BHR Integrated Care Partnership

Better care, better lives, together for all

Barking and Dagenham, Havering and Redbridge
Integrated Care Partnership Board

27 January 2022

1.00pm – 3.00pm

via Microsoft Teams

MS Teams etiquette: could people keep their cameras off and sound on mute when they are not speaking. The Chair will keep her camera and sound on all the time along with the person presenting or commenting. People can indicate to the Chair when they would like to speak using the 'hand' function and the chair will invite them into the conversation.

	Item	Time	Lead	Attached/ verbal	Action required
1.0	**Welcome, introductions and apologies**	**1.00**	**Chair**	**Verbal**	**Note**
1.1	Declaration of conflicts of interest			**Attached**	**Note**
1.2	Minutes of the meeting held on 25 November 2021			**Attached**	**Approve**
1.3	Actions/matters arising			**Attached**	**Note**
2.0	**Managing Director's report**	**1.05**	**CJ**	**Attached**	**Note**
3.0	**BHR ICP risk management**	**1.15**	**SR**	**Attached**	**Note**
4.0	**Integrated Care System development**	**1.35**	**CJ**	**Attached**	**Approve**
4.1	Final proposal - Developing our Barking and Dagenham, Havering and Redbridge Partnership within the North East London Integrated Care System context				
5.0	**Transformation**				
5.1	BHR Health & Care Academy 2022/23 and beyond	**1.55**	**KK**	**Attached**	**Approve**
6.0	**BHR ICP performance**				
6.1	BHR priority actions update	**2.10**	**SR**	**Attached**	**Note**
6.2	Finance report	**2.20**	**SC**	**Attached**	**Note**
7.0	**Any other business**	**2.30**	**All**	**Verbal**	**Discuss**
8.0	**Items for information**				
8.1	Confirmation of virtual Area Committee approval: • Ageing Well' overarching business case	**2.35**	**Chair**	**Verbal**	**Note**

	Item	Time	Lead	Attached/ verbal	Action required
8.2	• Dementia pathway – Havering business case • Expansion of the BHR community falls service business case • Voids and Nominations agreement Minutes of relevant forums: • Integrated Care Executive Group • Health & Care Cabinet • Quality & Performance Oversight Group • Integrated Safeguarding assurance Board		**Chair**	**Attached**	**Note**
9.0	**Questions from the public**	**2.40**		**Verbal**	**Discuss**
	Date of next meeting – 31 March 2022				

Glossary of terms and abbreviations

Term	Explanation
A&G	Advice and Guidance
A&E	Accident and Emergency
AF	Atrial Fibrillation
AO	Accountable Officer
ADL	Activities of Daily Living
APC	Area Prescribing Committee
APMS	Alternative Provider Medical Services
AQP	Any qualified provider
BCF	Better Care Fund
BP	Borough Partnership
BCP	Business Continuity Plan
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
BMA	British Medical Association
C&H	City and Hackney
CAMHS	Children and Young People Mental Health Services
CCG	Clinical Commissioning Group
CCS	Complex Care Service
CCU	Critical Care Unit
CD	Clinical Director
CDOP	Child Death Overview Panel
CEG	Clinical Effectiveness Group
CEO	Chief Executive Officer
CEPN	Community Education Provider Network
CFO	Chief Finance Officer
CHC	Continuing Healthcare

CHS	Community Health Services
CHSCS	Community Health and Social Care Services
CIL	Community Infrastructure Levies
CIP	Cost Improvement Plan
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
CTT	Community Treatment Team
CVS	Council of Voluntary Services
CYPP	Children and Young Person Plan
DES	Direct Enhanced Service
DoH	Department of Health
DSPG	Data Security & Protection Group
DToC	Delayed Transfer of Care
EBI	Evidence Based Interventions
ECG	Electrocardiogram
ED	Emergency Department
EOL/ EOLC	End of Life/ End of Life Care
EPR	Electronic Patient Record
FOI	Freedom of Information
FSPPDM	Financial Sustainability Plan Procurement Delivery and Monitoring
FYE	Full Year Effect
GBAF	Governing Body Assurance Framework
GLA	Greater London Authority
GMC	General Medical Council
GMS	General Medical Services
HCAIs	Healthcare Associated Infections
HCC	Health and Care Cabinet
HEE	Health Education England
HLP	Healthy London Partnership

HSC	Health Scrutiny Committee
HWBB	Health & Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICEG	Integrated Care Executive Group
ICP	Integrated Care Partnership
ICPB	Integrated Care Partnership Board
ICS	Integrated Care System
ICM	Integrated Case Management
ICSG	Integrated Care Joint Health and Social Care Steering Group
IG	Information Governance
IFR	Individual Funding Request
IRS	Intensive Rehabilitation Service
IST	Intensive Support Team
ITU	Intensive Therapy Unit
JAD	Joint Assessment and Discharge Service
JCC	Joint Commissioning Committee
JHWS	Joint Health & Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
KGH	King George Hospital
KPIs	Key Performance Indicators
LAC	Looked After Children
LAS	London Ambulance Service
LAs	Local Authorities
LCFS	Local Counter Fraud Specialist
LD	Learning Disability
LES	Local Enhanced Service
LETB	Local Education and Training Boards
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSCB	Local Safeguarding Children's Board

LTC	Long Term Conditions
MASH	Multiagency Safeguarding Assessment Hub
MD	Managing Director
MLU	Mid-wife Led Unit
MOU	Memorandum of Understanding
MPIG	Minimum Practice Income Guarantee
MSK	Musculoskeletal
MSRB	Maternity Systems Readiness Board
NEL	North East London
NELCA	North East London Commissioning Alliance
NELFT	North East London Foundation Trust
NELHCP	North East London Health and Care Partnership
NHSE/I	NHS England and Improvement
NICE	National Institute for Health and Care Excellence
OD	Organisation Development
ONEL	Outer North East London
OOH	Out of hours
OPD	Outpatient department
PALS	Patient Advice and Liaison Service
PCCC	Primary Care Commissioning Committee
PEF	Patient Engagement Forum
PELC	Partnership of East London Cooperatives
PHE	Public Health England
PBP	Place Based Partnership
PMCF	Prime Minister's Challenge Fund
PMO	Project Management Office
PMS	Personal Medical Services
POD	Point of Delivery
PPGs	Patient Participation Groups
PPI	Patient and Public Involvement
PSED	Public Sector Equality Duty

PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality Outcome Framework
RAG	Red, Amber, Green
RTT	Referral to Treatment
SAB	Safeguarding Adults Board
SCB	Safeguarding Children's Board
SCN	Strategic Clinical Network
SDPB	System Delivery Programme Board
SEND	Special Educational Needs and Disability
SLAM	Service Level Agreement Monitoring
SMT	Senior Management Team
SPA	Single Point of Access
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plan
TDA	Trust Development Agency
TNW	Tower Hamlets, Newham and Waltham Forest
ToR	Terms of Reference
UCC	Urgent Care Centre
UCL	University College London
UCLP	University College London Partners
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
VFM	Value for Money
WICs	Walk in Centres
WTE	Whole Time Equivalent
YTD	Year to Date

Barking & Dagenham, Havering and Redbridge Integrated Care Partnership's Conflicts of Interest Register
Date - 18 January 2022

Conflicts of interest will remain on the register for a minimum of 6 months following expiry

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Member of
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Atul	Aggarwal	Havering Clinical Chair; NEL CCG	Maylands Healthcare	X			Direct	GP Partner	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Maylands Healthcare Ltd	X			Direct	Director and shareholder in on-site pharmacy	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Parkview Dental Practice			X	Indirect	Sister is an NHS dentist within Havering	1996	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Essex Medicare LLP	X			Direct	Part-owner (which owns Westland Clinic, Hornchurch. Space leased to: •Inhealth (Diagnostics) •Nuffield Health (Brentwood)	2014	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Havering Health Ltd	X			Direct	Shareholder. GP partner at Maylands Surgery (Dr Kendall) is a Director	2014	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Barking, Dagenham and Havering LMC		X		Direct	Co-opted Member	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Westlands Clinic (Langton Dental) who has an outsourced contract with BHRUT for oral surgery)			X	Indirect	Spouse is a dentist	2018	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			New Medical Centre (Havering Practice)			X	Direct	Family GP practice	1990	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Havering and Wellbeing Board		X		Direct	Member	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Anglia Ruskin University Medical School		X		Direct	Lecturer	2019	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Caroline	Allum	Executive Medical Director; NELFT	Care City		X		Direct	Board member	TBC	TBC	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB

Henry	Black	Acting Accountable Officer; NEL CCG	BHRUT			X	Indirect	Wife is employed as Assistant Director of Finance	Jul-05	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Tower Hamlets GP Care Group			X	Indirect	Daughter is a Social Prescriber	Jul-05	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			NHS Clinical Commissioners		X		Direct	Board Member	Jul-05	Jul-21	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Andrew	Blake-Herbert	Chief Executive; London Borough of Havering	London Borough of Havering	X			Direct	Employed as Chief Executive	May-16	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Steve	Collins	Acting Chief Finance Officer; NEL CCG	Trisett Limited (business support service)		X		Direct	Director	2003	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Sevenoaks Primary School		X		Direct	Chair of Governors	2002	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Hope Church Sevenoaks		X		Direct	Chair of Trustees	2020	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Fegans (charity)			X	Indirect	Wife is Chair of Trustees	2017	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			PwC			X	Indirect	Daughter is employed as a Senior Associate	2019	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Joe	Fielder	Chair - NELFT	None									BHR ICPB
Jason	Frost	Councillor; London Borough of Havering; Cabinet Member for Health & Adult Care Services; Chair of Havering Health & Wellbeing Board	Local care provider which receives CHC patients			X	Indirect	Mother is employed as a registered nurse	Apr-21	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Ceri	Jacob	Managing Director; BHR ICP; NEL CCG	None									BHR ICPB
Jagan	John	Chair; NEL CCG	Parkstone Holdings Ltd	X			Direct	Director	Feb-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Aurora Medcare	X			Direct	GP Partner	Jan-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB

			Parkview Medical Centre	X			Direct	GP Partner	Mar-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Together First Limited (GP Federation)	X			Direct	Practice is a shareholder	May-14	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Harley Fitzrovia Health Limited	X			Direct	Director and shareholder	Jan-18	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Aurora Medcare			X	Indirect	Other employed GPs are family members	Jan-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			New West Primary Care Network			X	Indirect	Brother/ GP Partner is the Clinical Director	Nov-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Personalised Care - Healthy London Partnerships and NHS England Region		X		Direct	Clinical Lead	Mar-17	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			NELFT - Barking & Dagenham Community Cardiology Service		X		Direct	GP with Special Interest (GPwSI) in Cardiology	Aug-11	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Barking & Dagenham Health and Wellbeing Board		X		Direct	Deputy Chair	2018	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Monifieth Limited **Historic**	X			Direct	Director and shareholder	Mar-18	Oct-20	Historic	BHR ICPB
			Diagnostics 4u (previously Monifieth Ltd)	X			Direct	Director and shareholder	Oct-20	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Adrian	Loades	Corporate Director of People; London Borough of Redbridge	None									BHR ICPB
Anil	Mehta	Redbridge Clinical Chair; NEL CCG	Fullwell Cross Medical Centre	X			Direct	GP Partner	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Metropolitan Police	X			Direct	Forensic Medical Examiner	2015	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			The Cleaning Company			X	Indirect	Sister-in-law is the owner	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			NHSE	X			Direct	GP Appraiser	2015	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Healthbridge Direct (GP Federation)	X			Direct	Shareholder	2014	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB

			Fouress Enterprise Ltd	X			Direct	Director	2015	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Prescon	X			Direct	Ad-hoc screening work	2018	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			London Healthwise Ltd (non-trading)		X		Direct	Director	2009	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			GMC		X		Direct	Associate	2019	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Ilford Lane Surgery (Redbridge practice)			X	Direct	Registered patient (family)	2000	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Redbridge Health and Wellbeing Board		X		Direct	Vice Chair	2013	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Anglia Ruskin University Medical School		X		Direct	Lecturer	2019	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Queen Mary University of London		X		Direct	GP Tutor	2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Kash	Pandya	Lay Member; NEL CCG	Southend-on-Sea Borough Council	X			Direct	Independent Audit Committee Member	2016	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Essex Police, Fire and Crime Commissioner's Audit Committee	X			Direct	Independent Audit Committee Member	2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			University of Essex		X		Direct	Independent Audit Committee Member	2014	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Brentwood Citizen's Advice Bureau			X	Direct	General Advisor	2009	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Metro Bank			X	Indirect	Son is employed as Procurement Manager	2019	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Accenture			X	Indirect	Son is employed as Senior Legal Counsel	2017	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Sangeetha	Pazhanisami	PCN Clinical Director; Redbridge	Clayhall Group Practice	X				GP partner	2014	Current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Healthbridge Direct (GP Federation)	x				Shareholder			No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB

			NHSE	x				Appraiser			No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Mark	Santos	Councillor; London Borough of Redbridge	To be advised via - online recording system - 'Disclose'									BHR ICPB
Gurmeet	Singh	PCN Clinical Director; Havering	To be advised via - online recording system - 'Disclose'									BHR ICPB
Rt Hon Jacqui	Smith	BHR ICPB member	Barking, Havering and Redbridge University Hospitals Trust - Chair in common	x				Chair in common with Barts Health Trust	01/10/2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Sandwell Children's Trust	x				Chair in common with Barts Health Trust	01/10/2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Jacqui Smith Advisory Limited	x				Director	01/10/2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Dalgety limited	x				Non-Executive Director	01/10/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Global Partners Governance	x				Associate	01/10/2021	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Jo Cox Foundation			x		Chair in common with Barts Health Trust	01/11/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Kings Fund		x			Trustee	01/10/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			The Precious Trust			x		Chair	01/10/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			UCL Partners		x			Director	01/10/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
			Barts Charity		x			Trustee	01/10/2021		No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Magda	Smith	Medical Director; BHRUT	None									BHR ICPB
Claire	Symonds	Action CEO, London Borough of barking and Dagenham	To be advised via - online recording system - 'Disclose'									BHR ICPB
Matthew	Trainer	Chief Executive BHRUT	None									BHR ICPB
Narendra	Teotia	Clinical Director; Barking & Dagenham North Primary Care Network	Together First CIC (B&D GP Federation)	X			Direct	Shareholder	2014	current	No immediate action required. Declarations made at the beginning of meetings. Will not be involved in any decision making regarding the conflict.	BHR ICPB
Jacqui	Van-Rosum	Actiing NELFT, CEO and BHR ICPB member	None									BHR ICPB

Maureen	Worby	Councillor & Cabinet member for Social Care & Health Integration - LBBD	None									BHR ICPB
N.B - historic entries to remain on register for min of 6 months												
Tony	Chambers-historic	CEO, BHRUT - historic	None									**Historic** (*entry to remain on the register for minimum of 6 months)*
Michael	Bell - historic	Chair; BHRUT historic	BHRUT	X			Direct	Chairman	Apr-21	current		**Historic** (*entry to remain on the register for minimum of 6 months)*
			Croydon Health Services NHS Trust	X			Direct	Chairman	Apr-21	current		
			MBARC Ltd (service commissioning)	X			Direct	Director	Apr-21	current		
			Strasys Management Consulting	X			Direct	Senior Associate Consultant	Apr-21	current		
			ZPB Consulting Ltd	X			Direct	Senior Advisor	Apr-21	current		
			DAC Beachcroft LLP	X			Direct	Senior Leadership and Governance Advisor	Apr-21	current		
Chris	Naylor - historic	LBBD, CEO - historic	None									
Oliver	Shanley - historic	Chief Executive; NELFT-historic	None									

BHR Integrated Care Partnership
Better care, better lives, together for all

Draft minutes – BHR Integrated Care Partnership Board

25 November 2021

1.00pm – 3.00pm

Via MS Teams

Members:

Cllr Maureen Worby (MW)	ICPB Chair (LBBD)
Kash Pandya (KP)	Lay Member, Governance & Area Committee Chair, NEL CCG
Ceri Jacob (CJ)	Managing Director, BHR ICP
Steve Collins (SC)	Acting Chief Finance Officer, NEL CCG
Jacqui Smith (JS)	Joint Chair, BHRUT & Barts Health
Matthew Trainer (MT)	Chief Executive, BHRUT
Joe Fielder (JFi)	Chair, NELFT
Jacqui Van Rossum (JVR)	Executive Integrated Care Director (London), NELFT (representing Oliver Shanley)
Andrew Blake-Herbert (ABH)	Chief Executive, LBH
Adrian Loades (ALo)	Corporate Director of People, LB Redbridge
Cllr Mark Santos (MS)	LB Redbridge
Dr Jagan John (JJ)	NEL CCG Chair and B&D Clinical Chair
Dr Atul Aggarwal (AA)	Havering Clinical Chair
Dr Anil Mehta (AMe)	Redbridge Clinical Chair
Dr Narendra Teotia (NT)	PCN Clinical Director, B&D
Dr Shabnam Ali (SA)	PCN Clinical Director, Redbridge (Representing Dr Pazhanisami)

Attendees:

Steve Rubery (SR)	Director of Planning & Performance, BHR ICP
Kirsty Boettcher (KB)	Deputy Director, Transformation, BHR ICP
Anna McDonald (AMcD)	Business Manager, BHR ICP
Anne-Marie Keliris (AMK)	Head of Governance, NEL CCG
Caron Bluestone (CB)	Associate Lay Member, BHR ICP
Jayam Dalal (JD)	Associate Lay Member, BHR ICP
Emily Plane (EP)	Programme Lead, BHR ICP
Tracy Rubery (TR)	Director of Transformation, BHR ICP
Dr Rami Hara (RH)	Deputy B&D Clinical Chair
Dr Caroline Allum (CA)	Executive Medical Director, NELFT
Melissa Hoskins (MH)	Head of Communications and Engagement, BHR
Ross Arnold (RA)	CEO Redbridge GP Federation
Hanh Xuan-Tang	Deputy Director of Recovery Planning, BHR ICP
Jeremy Kidd (JK)	Deputy Director of Transformation - Planned Care, BHR
Mark Dumbrill (MD)	Redbridge CAMHS, NELFT
Dr Jwala Gupta (JG)	Havering PCN, Clinical Director
Dr Narinderjit Kullar (NK)	Havering PCN, Clinical Director

Apologies:

Oliver Shanley (OS)	Chief Executive, NELFT
Cllr Jason Frost (JFr)	LB, Havering
Ahmet Koray (AK)	Director of Finance, BHR ICP (rep SC)
Dr Sangeetha Pazhanisami (SP)	PCN Clinical Director, Redbridge
Henry Black (HB)	Acting Accountable Officer, NEL CCG
Dr Gurmeet Singh (GS)	PCN Clinical Director, Havering
Chris Naylor (CN)	CEO, LBBD
Magda Smith (MSm)	Chief Medical Officer, BHRUT

1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting and apologies received were noted.	
1.1	**Declarations of conflicts of interest**	
	The chair reminded everyone of their obligation to declare any interest they may have on any issues arising at the meeting. No additional conflicts of interest were declared. The register of interests was noted.	
1.2	**Minutes of the last meeting**	
	The notes of the meeting held on 30 September 2021 were agreed as an accurate record.	
1.3	**Actions/matters arising**	
	ICPB members noted the action taken since the last meeting.	
2.0	**Managing director's report**	
	CJ presented the update report which covered the following areas: • BHR Process to articulate our local vision for collaboration at a multiborough level • Anchor Organisations – procurement workshop • Contracting discussion • Organisational Development • St George's health and well-being hub outline business case • Enhancing population awareness project for cancer • New conflicts of interest management system In addition, CJ recapped on the recent appointment of Zina Everidge to the position of Chief Executive Officer Designate for the NEL ICS and BHR ICPB members welcomed the appointment. The Chair commented on the positive news regarding the St George's health and wellbeing hub and added that she will be keen to hear more about how it links in with tri-borough plans going forward. The Chair also commented on the update in regard to 'Community Links' noting that the group is	

	Newham based and stressed the need to ensure they are provided with the most appropriate contacts across BHR including GPs to ensure they liaise with the sectors already in place in BHR. CJ to follow-up with SR and TR on this outside of the meeting. Members of the ICPB: • Noted the update.	CJ/SR/ TR
3.0	**BHR Integrated Care Partnership Risk Management**	
	SR presented the risk update and advised that the current key NEL CCG level risks relate to: • Underperformance against H1 metrics, specifically elective recovery • Continuing Healthcare • Use of resources and financial balance. A further risk is being developed in relation to health inequalities. The risk relating to vaccine delivery has been added and specifically relates to workforce challenges. The degree of change regarding the nature of the risk will continue to be a feature given the fast-changing pace of the programme and guidance. The current key risks within BHR ICP relate to: • Meeting the needs of children with learning difficulties and mental health needs, and access to services and discharge from inpatient beds • Appropriate digital infrastructure • Financial balance across the BHR system, including the Local Authorities position • Workforce, including adult social care provider workforce • Risk of the impact of future waves of COVID-19 • Backlog of elective activity KP emphasised that the risk relating to financial balance and resources/workforce is significant across the NEL system. The Chair agreed and asked for the narrative in regard to this to be more explicit so that it fully reflects the financial pressures and workforce pressures in Local Authorities as well as health. JFi asked what the contingency plans are in regard to the impact of the decision to make the Covid-19 vaccination mandatory for staff. AL responded from a Local Authority perspective and advised they are working very closely with social care providers and the concern is mainly the impact on the 'home care' sector from 1 April 2022. MT updated ICPB members in regard to BHRUT staff and confirmed that currently 84% of staff have been double vaccinated and work is continuing to provide as much information as possible to staff in order to increase the up-take. Workforce is also a significant issue at BHRUT and discussions with Barts Health and PELC are being held. ICPB members supported the view that it is the responsibility of each organisation to progress the vaccine agenda. CJ advised that £6.3m of funding has been received in NEL to support hospital discharge and is being shared with Local Authorities and Providers.	SR

	Some of the money is being used for roles such as therapists and social workers and members were briefed on work being undertaken by the BHR Academy looking at medium to longer terms solutions. Further possible solutions that can be undertaken collectively in the short term are also being considered. Other areas that have an impact on workforce such as the differences in pay rates across the NEL boroughs were discussed. Concerns were expressed about funding discrepancies between the inner NEL boroughs and the outer NEL boroughs and reference was made to a recent report on primary care presented to ICS leads. ICPB members agreed the differences need to be addressed as a priority in order to achieve the planned improvements in health inequalities. Members were assured that there is firm commitment going forward to level up the funding across the NEL boroughs and the Chair asked for the primary care report to be shared with ICPB members after the meeting. Members of the ICPB: • Noted the current risks to the BHR ICP and the key risks to the NEL CCG Governing Body. • Agreed that the narrative relating to financial balance and resources/workforce needs to be more explicit so that the risk register fully reflects the financial pressures and workforce pressures in Local Authorities as well as health.	CJ SR
4.0	**Patient and Public engagement update**	
	JD provided an update on the development of a BHR system-wide approach to patient and public engagement. New guidance from NHSE/I on the expectations on how integrated care partners should work with people and communities has led to a refocus on the original proposals discussed earlier in the year. System partners have committed to co-designing the structure with local patient representatives and the voluntary and community sector and an overview of all the work that is continuing at a borough level and a NEL level was given. JD proposed that the CCG hosts a workshop that will help to involve local patient representatives, voluntary and community sector organisation and individual residents in the shaping of the engagement structure. The workshop will enable each borough to share their plans and attendees will help co-design the approaches. The workshop will also consider how to involve or seek the views of those less digitally-able to ensure the future approaches support equitable inclusion of feedback and views from across our diverse communities. The importance of having the voice of residents in every provider area was noted together with the need to provide as much information as possible to the wider communities so they have a greater understanding of the ICS. Members of the ICPB: • Noted the update. • Approved the proposals for the next steps	
5.0	**Integrated Care System Development**	
	5.1 Developing our Barking and Dagenham, Havering and Redbridge Partnership within the North East London Integrated Care System context	

	CJ presented the proposal which has been developed in partnership across health and care. The output from all the discussions that have taken place have been shared with partners and Place Based Partnerships and have been collated together into a proposal for ongoing multi borough collaboration. It was noted that BHR has a strong and successful history of working collaboratively and CJ fed back that system partners are keen to continue to collaborate on areas such as the Integrated Sustainability Plan (ISP) and the associated Transformation Board work, the BHR Health and Care Academy and the BHR Health & Care Cabinet. CJ suggested the need to formally review the areas of collaboration every six months going forward. It was noted that multi-borough collaboration means wider than BHR, including for example, Waltham Forest and Redbridge working together in regard to Whips Cross Hospital. ICPB members were assured that the BHR Integrated Care Executive Group (ICEG) endorsed the proposal as its meeting on 18 November 2021 and CJ outlined what the next steps will need to be in terms of governance. A final proposal will be presented to the ICPB at the next meeting. It was acknowledged that the BHR system has successfully worked collaboratively for some time. Members of the ICPB: • Approved the proposal for ongoing collaboration in BHR. • Noted the further work to be undertaken to define how the areas of multi-borough collaboration will be overseen	
6.0	**Transformation**	
	6.1 BHR Transformation Boards 21/22 – key progress and achievements to date HX presented the report which provided an update against the key milestones of each of the Transformation Boards and the current 21/22 forecasted impact against targets set out in the ISP for each Transformation Board. The key messages in the report were given and attention was drawn to the key impacts of the transformation schemes that sit within each Transformation Board. Overall, the impact of the Transformation Boards is positive and they are delivering the expected shift in activity and it is expected that the activity levels will be sustained as we move forward. The Chair commented on the positive and informative report and suggested it would be helpful to present it at the Overview & Scrutiny Committees. It was noted that as we move forward, the Place Based Partnership Boards will need to understand the transformation journey and help to drive it to ensure delivery. Members of the ICPB: • Noted the current progress of the Transformation Boards in relation to the delivery of transformation schemes in 21/22 • Noted the achievements made to date in terms of reducing activity in secondary care through the provision of alternative services through transformation. **6.2 BHR community phlebotomy update** The new pilot model for community phlebotomy provision started on 1 July 2021 and JK advised that it is progressing well with high levels of patient	TR

	satisfaction being reported. The patient satisfaction survey results were included in the report and an overview of the key messages particularly in regard to the positive feedback on travel time was given to ICPB members. JK to follow up on a request made by RH for the survey results to be broken down by age groups and provider groups. Members of the ICPB: • Noted the update.	JK
7.0	**BHR ICP Performance**	
	7.1 BHR priority actions progress update SR presented the update on the agreed four key priorities for the BHR ICP; recovering well; addressing inequalities and prevention; Anchor Organisations; Leadership, Culture, and Leading Change. The report included a 'plan on a page' for each of these areas and the progress made was noted. It was also noted that a deep dive on 'addressing inequalities and prevention' had been undertaken at the BHR ICEG meeting on 18 November 2021. Members of the ICPB • Noted the progress update. **7.2 Winter Plan** The update provided a summary of the actions being taken in line with NHSE's ten-point plan for urgent care including the additional services and capacity being put in place to mitigate the identified risks. Additional investment has been agreed for winter 21/22 and the additional capacity was outlined in the report. KB advised that the winter plan will be updated to reflect additional primary care funding and additional discharge funding recently been received. BHRUT is developing a more detailed winter plan and KB confirmed she is liaising with all the leads to ensure the BHR system developments and the impacts are captured. It was reiterated that one of the biggest risks system-wide is staffing and that the demand in urgent care has significantly increased. A substantial winter communications campaign will begin week commencing 29 November 2021 which is across all partners in health and social care. The follow-up session to the recovery summit held in July was referenced and CA commented how useful it was and explained that all the actions to support the pressures within urgent care were reviewed and work is being progressed at pace. Capacity issues in primary care were flagged and it was suggested that a more holistic approach is needed to improve capacity and address demand. ICPB members agreed that communicating the right messages to the public is key to ensuring they are supported to access the most appropriate setting for treatment, first time. The additional monies for Local Government in regard to hospital discharge were referenced and ABH commented that consistency is needed in regard to how the money is distributed as some ICS's are following a different process to NEL. CJ clarified that the recent £6.3m referred to earlier in the meeting is new additional money targeted to Trusts and Local Authorities	

	and that the funding that ABH referenced is the hospital discharge fund which is different money. CJ added that not all areas of London have followed the same approach used in South East London. Members of the ICPB • Noted the update. **7.3 Finance report** NEL CCG and the ICPs have submitted a break even plan for the second half of the financial year (H2) and it is expected that a break-even position will be achieved. At Month 7 NEL CCG has reported a break-even position on the core budgets, with a reported variance. The break-even position in BHR ICP has been achieved using non-recurrent mitigations (forecast £8.7m) and this relates to the overspend reported in H1. BHR are expecting to manage the H2 position within budget. NHS contracts continue to be paid on a block basis. The key risks relate to the independent sector, prescribing, NEL corporate costs and in-envelope Covid spend in primary care. The change to the Elective Recovery Fund (ERF) was outlined and SC gave an overview of areas where investment funding has been secured for NEL. Members were advised that the System Development Fund will continue into 2022. Further discussion took place in regard to the emerging risks relating to workforce and Local Authority funding and SC reiterated the message that we will work together as a system to address the risks. Concern was expressed about the reported projected underspend in health for Continuing Health Care (CHC) in contrast with the situation being experienced in Local Authorities. Concern was also raised as to whether the discussions on how the hospital discharge pathway funding would be distributed were held system-wide, noting that the pathway is a significant cost for Local Authorities. SC confirmed that the hospital discharge pathway plan was drawn up in partnership with Local Authority finance colleagues and clarified that it is a claims process and encouraged Local Authority colleagues to ensure that claims that are eligible and meet the criteria are submitted. The Chair asked SC to discuss the reported underspend in CHC with the BHR Local Authorities finance leads out side of the meeting. Members of the ICPB • Noted the BHR ICP H2 and full year budgets in line with the planned system submission.	SC
8.0	**Any other business**	
	No additional items were raised.	
9.0	**Items for information**	
	9.1 BHR Area Committee approvals ICPB members were advised that the following items received Area Committee approval at the start of November 2021: • Individual Placement Support business case • COPD Community Redesign Project • Heart Failure with reduced Ejection Fraction	

	• Proposal to extend BHR's community ophthalmology service (Evolutio) • Single Tender Waiver request to extend existing provision by North West Ostomy Services (NWOS) dressings provision services to BHR patients. **10.1 Minutes of relevant fora:** The minutes of the following meetings were noted: • Integrated Care Executive Group – September and October 2021 • Health & Care Cabinet – September and October 2021 • Finance sub-committee – September and October 2021 • Quality & Performance Oversight Group – September and October 2021 • Integrated Safeguarding assurance Board – October 2021	
11.0	**Any other business**	
	There was no other business.	
12.0	**Questions from the public**	
	Question asked by Mark Dumbrill in advance of the meeting: Are the ICPB members aware that young people in Redbridge aged sixteen and seventeen are currently unlikely to receive any specialist CAMHS treatment due to the long waiting times for both assessment and any subsequent recommended treatment, and that adult mental health services in Redbridge are refusing to accept referrals for these young people until they turn 18, meaning they then must join new waiting lists for assessment and any subsequent treatment? **Response:** The ICPB is aware that there are pressures on service within CAMHS currently, due to high numbers of children and young people being referred to the service. NELFT is increasing the service capacity above the usual establishment level by contracting with additional staff, who will be onstream shortly. Review clinics have been introduced that are run by psychologists and assistant psychologists to identify C&YP who would benefit from group intervention - 350 C&YP have been reviewed through this process so far. Adult mental health services are not refusing to accept referrals for young people until they turn 18. If the young person is open to CAMHS, a discussion can take place in the NELFT transitions meeting for a referral to adult mental health services after they reach the age of 17 ½. If the young person is suitable for a referral, they will get their first appointment before their 18th birthday to ensure a smooth transition between services. Not all CYP are suitable for transfer to adult mental health services and adult mental health services are not able to accept referrals for young people who are not already under CAMHS prior to their 18th birthday. There is a workstream under the Mental Health Transformation programme that is reviewing the transitional processes and how they can be improved over the course of this year. The CCG has a set of actions in place with NELFT to address this issue and we will be tracking this through our quality committees.	

	Date of next meeting – 27 January 2021	

Integrated Care Partnership Board – open actions

Action ref:	Meeting date	Action required	Lead	Required by	Status
2.0 Managing director's report	**29 Nov 2021**	Community Links - SR and TR to ensure 'Community Links' are provided with the most appropriate contacts across BHR to ensure they liaise with the sectors already in place in BHR.	SR/TR	Jan 2022	Catch 22 (previously Community links) have been asked for an update on their mobilisation and recruitment plan, including details around any particular organisations that they have been in touch with across BHR. Update awaited.
3.0 BHR Integrated Care Partnership Risk Management	**29 Nov 2021**	Narrative relating to financial balance and resources/workforce to be more explicit so that the risk register fully reflects the financial pressures and workforce pressures in Local Authorities as well as health. The primary care report presented to ICS leads to be shared with ICPB members outside of the meeting for information.	SR/PD CJ	March 2022 Dec 2021	In progress. **Complete.**
6.1 BHR Transformation Boards 21/22 – key progress and achievements to date	**29 Nov 2021**	The report to be presented to the Overview & Scrutiny Committees.	TR	Dec 2021	Presented to Redbridge OSC 11 Jan 2022. B&D OSC scheduled for February 2022. Awaiting date for Havering OSC.
6.2 BHR community phlebotomy update	**29 Nov 2021**	JK to follow up on a request made by RH for the survey results to be broken down by age groups and provider groups.	JK	Dec 2021	Being actioned as part of 6 month review to determine what is possible in terms of breaking down the data.

7.3 Finance report	**29 Nov 20221**	Discussion points relating to the hospital discharge programme and CHC to be followed-up with the BHR Local Authorities' finance leads out side of the meeting.	SC/AK	Dec 2021	**Complete** - CCG and LA colleagues have met to discuss the position and draw assurance that all claims are robust and utilise the budget available to the NEL system.

CLOSED ACTIONS

Action ref:	Meeting date	Action required	Lead	Required by	Status
1.1 Declarations of Interest	**May 2021**	Outstanding declaration of interests forms to be submitted.	All	Nov	Electronic system now operational.
5.1 BHR ICP risk management approach	**May 2021**	All current completion dates to be reviewed. Risk register to be aligned with each of the BHR Local Authorities risks.	PD/AM K	Nov	**Complete** - review undertaken. With the move to a NEL ICS and place based partnerships, work to develop a risk management strategy and policy of the ICS is underway and will form part of the place based partnership delegation arrangements.
2.0 Managing Director's report	**30 Sept 2021**	Sultan Taylor to be included when the summary of ICPB agenda items is shared with the three PCN ICPB members for on-ward sharing with his non-exec directors colleagues.	EP	Nov	**Complete** – MD's report will be shared in advance of each ICPB meeting.
3.0 BHR ICP Risk Management	**30 Sept 2021**	SR to update the risk register with a narrative that reflects the discussion held.	SR	Nov	**Complete** - risk register updated.

Action ref:	Meeting date	Action required	Lead	Required by	Status
4.1 Developing our BHR partnership within the North East London integrated care system context	30 Sept 2021	A proposal on what the BHR Borough Partnerships will collaborate on post April 2021 to be brought to a future ICPB meeting.	CJ/EP	Nov	**Complete** – update presented under agenda item – 5.1
		Going forward a more detailed update on one or two areas of the Borough Partnership areas of development to be presented rather than an overall update on all of them.	CJ/EP	Nov	**Complete** – update presented under agenda item 7.1
		Each of the BHR Borough Partnerships to be asked to consider what the top three 'asks' for their PCNs are in terms of development and to undertake their own self-assessment to see where they need more support in order to direct the support where it is needed most.	CJ/EP	Nov	**Closed** - being progressed with PCN leads and outcome will be shared. Place Based Partnership development is being progressed through the development session workshops and the BHR Place Based Partnerships are now directly involved in the NEL level piece of work around ICS development. This is starting with sessions with each BHR Place Based Partnership to work through current governance implications.
		Strong impact of social media messaging – patient Engagement lead to with Communications Team as to how this can be strengthened as part of patient and public engagement.	JD	Nov	**Closed** - considered with partner communication and engagement leads to develop a shared and effective approach. It will form part of a NEL-wide approach to public

Action ref:	Meeting date	Action required	Lead	Required by	Status
					engagement.
5.1.1 BHR primary care development	**30 Sept 2021**	JD to discuss with the Communications Team ways in which the advantages of having some appointments remotely can be best communicated to the public.	JD	Nov	**Closed** - Communications and engagement plan for primary care agreed for NEL with specific actions for BHR. Explaining the new model of primary care in an accessible way (including the benefits of virtual triage and appointments) is a key theme. Materials and messages are being tested with local community groups and patient representatives to ensure clarity of message.
		An update on primary care development to be presented in six months.	SS	Mar	**Complete** - added to f/wrd plan for March 2022.
8.0 Winter plan assurance	**30 Sept 2021**	Children's services to be included as part of the support package discussions as well as adult services.	KB	Oct	**Closed** - There are separate developments in relation to children that are being taken through the C&YP Transformation Board. Comms messages on management of childhood illness on-going and additional hub appointments for children being considered.

Action ref:	Meeting date	Action required	Lead	Required by	Status
9.1 BHR priority actions progress update	**30 Sept 20221**	**Clinical Harm process** - a more detailed discussion to be held at the BHR Quality & Performance oversight Group.	SR	Nov	**Complete.**
		Waiting list at BHRUT - a report on the demographics of people on the waiting lists was requested together with data on the number of BHR residents being referred to the independent sector for treatment.	SR	Nov	**Complete** – information shared with members.

BHR Integrated Care Partnership Board

27 January 2022

Title of report	Managing Director's Report – BHR Integrated Care Partnership Update
Author	Emily Plane, Programme Lead, BHR System Development
Presented by	Ceri Jacob, Managing Director, Barking and Dagenham, Havering and Redbridge Integrated Care Partnership (BHR ICP)
Contact for further information	e.plane@nhs.net
Executive Summary	This paper sets out progress on the BHR approach to further developing our local partnership within the wider context of the developing North East London Integrated Care System (ICS). It provides an update on: - The latest planning guidance published on 24 December 2022, which states that in order to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised target date of 1 July 2022 has been agreed for the new arrangements to take effect and ICBs to be legally and operationally established. - The implications for this from a NEL and BHR perspective (partners have been preparing for this and in many ways welcome the delay which gives us more flexibility to prepare for the new arrangements while managing significant winter pressures). - Our final BHR vision for collaboration at a Multi Place Based level - Development of the clinical and care leadership model for the North East

	London ICS and our BHR Place Based Partnerships – next steps - Ongoing development of our Place Based Partnerships and local partnership priorities
Action Required	ICPB members are asked to: ▪ **NOTE AND COMMENT** on the detail of this paper and the next steps to further develop our local partnership/multi place based collaboration within the wider context of the developing North East London Integrated Care System
Where else has this paper been discussed?	This is a recurring report from the BHR ICP Managing Director to members of the BHR Integrated Care Partnership Board
Next steps/ onward reporting	N/A; this report is intended to update members of the BHR Integrated Care Partnership Board on progress of our partnership work
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Every element of work referenced in this report has the aim of embedding more integrated working with a view to making best use of resources and improving outcomes for local people. Reducing inequalities is a key priority for the BHR Partnership as described within the body of this report
Conflicts of Interest	There are no conflicts of interest arising from this report
Strategic Fit	All areas of progress noted in this report align with national, North East London Integrated Care System, and BHR Integrated Care Partnership strategy
Impact on finance, performance and quality	There are no direct finance, performance and quality impacts from this report at this stage
Risks	One of the key overall risks for 2021/22 is associated with ensuring that our BHR Partnership is prepared for the legislative changes described in the planned Health and Social Care Bill, from 1 July 2022.
Equality Impact	Not applicable at this stage

1. Introduction

1.1 The latest Operating Plan guidance (December 2021) and anticipated new Health and Social Care Bill both reinforce our approach to support the ongoing establishment and development of Borough Partnerships, alongside our multiborough partnership collaboration approach in Barking and Dagenham, Havering and Redbridge.

1.2 2021/22 is a key transition year and it is essential that as a Partnership we collectively consider the options for delegation and which option we believe would work best for us; support development of our Place Based Partnerships and thinking around what functions they would like to take on in the coming years; continue to take forward work on our key enabling programmes such as establishment of the BHR Health and Care Academy, ongoing development of the BHR Integrated Sustainability Plan and digital and estates programmes. **The final articulation of the BHR vision for multi Place Based Collaboration will be discussed in more detail under agenda item 4.**

Progress update – key areas

Progress update since the last ICPB meeting on key partnership initiatives	
Implications of the latest Planning Guidance and revised target date of 1 July 2022 for the new arrangements to take effect and ICBs to be legally and operationally established.	- The latest planning guidance published on 24 December 2022, states that in order to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised target date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards to be legally and operationally established. - Partners had already been preparing for this and in many ways the additional three months gives us more flexibility to prepare for the new arrangements while managing significant winter pressures. - This will also provide additional time to work on our wider operating model, our approach to clinical and care leadership and other key aspects of the ICS transition. The revised programme plan and updated timeline will be shared as soon as possible. - In the meantime, Moorhouse Consulting have been appointed to work with partners on the operating model and any supporting organisational redesign for the ICB. - Moorhouse Consulting will also be working with on the design of our Integrated Care System People Function; this will involve engagement with both ICS staff and wider partners. - The consultation on the senior structure for the ICB has now been completed, and job descriptions are in development, with the intention to recruit to these roles throughout February 2022. - Zina Etheridge is taking up the post of ICB Chief Executive Designate at the end of February 2022 and recruiting to the senior team will be one of her initial priorities. - Another aspect of the move to an ICB for NEL involves some changes to the NEL Commissioning Support Unit (NEL CSU). The NEL Integrated Care system has always worked closely with CSU colleagues; Communications, HR and complaints

	teams have already successfully transferred over the last two years. A consultation with remaining CSU staff will be initiated shortly and ICEG members will be kept updated on progress. - As part of this process, and in consultation with CCG management teams, NEL CSU colleagues will now have the ability to apply for internal vacancies at all London CCGs involved in the CSU transition. This has been the case for North East London CCG roles for some months. This will be in place until the staff transfer across to NEL CCG / ICB and other London destinations.
BHR vision for collaboration at a multiborough level	The final articulation of the BHR vision for multi Place Based Collaboration will be discussed in more detail under **agenda item 4**.

Clinical and Care Leadership model for NEL	- Development of proposals for the clinical and care leadership model for the North East London ICS and our BHR Place Based Partnerships continues to progress.
	- Current Clinical Leads have been written to setting out the implications of the extension of the CCG until the end of June 2022. Individual, more detailed letters will go out shortly which will include further information on the extension of current Clinical Lead roles, and will set out the end dates for roles.
	- There are some roles which will be standard across the seven Place Based Partnerships which include:
	  o System Place Based Leads x 7 (one for each Place Based Partnership)
	  o Primary Care Development Leads x 7 (one for each Place Based Partnership)
	- Draft job descriptions for the System Place Based Lead, and the Primary Care Development Lead, alongside a more generic job description for the other clinical and care roles are being developed and will be shared with partners shortly.
	- It is intended that the System Place Based Lead and Primary Care Development Lead roles will be recruited to in February, with the intention that these will be in post by March 2022.
	- Executive team appointments will take place in February 2022, including the ICB Chief Medical Officer and Chief Nurse posts.
	- The NEL finance team are working on outlining the budgets for clinical and care leadership for each PBP, and will share this shortly
	- Each Place Based Partnership is being asked to consider and set out a proposal for clinical and care leadership by the end of February 2022
	
	From a BHR perspective:
	- Our approach will need to take into account our proposal around ongoing multi borough collaboration
	- Ceri Jacob will be meeting with each BHR Place Based Partnership towards the end of January/ early February 2022 to talk through the clinical and care leadership model that's needed from their perspective

Ongoing development of our BHR Place Based Partnerships	- Our BHR Place Based Partnerships continue to develop and progress.
	- The Havering Place Based Partnership have recruited an interim Place Based Partnership Development Director who will be taking up post from 1 March 2022 to 31 March 2023.
	- BHR Place Based Partnership development sessions continue, with the next planned for Wednesday 9th Feb 2022. The agenda will include:
	  ○ Finance strategy and links to delegation - Steve Beales, Assistant Director – ICS Implementation and Steve Collins, Acting Chief Finance Officer
	  ○ Provider Collaboratives and links to PBPs - Selina Douglas/Ceri Jacob/Lee Basso
	  ○ General ICS update and Q&A session - Chris Cotton
	  ○ Progress update from each Place Based Partnership - PBP Leads
	- BHR Partners continue to utilise dedicated time at the Joint Commissioning Board meetings to discuss Place Based Partnership development in the context of the NEL Integrated Care System. The next meeting on Monday 14th February will focus on Quality and the Place Based Partnerships, and will be joined by Chetan Vyas, Director of Quality Development, and Justin Roper, Acting Deputy Director of Quality and Safety, from the NEL team.
	- Further discussion is planned with Archa Mathur, Director of Performance and Assurance on the outcomes framework and what elements of this it is anticipated will be delivered at a Place Based Partnership level.

2. Risks and mitigations

2.1 A full risk register for our BHR Integrated Care Partnership has been developed, capturing our key risks; this feeds up into the North East London Integrated Care System Risk Register. This will be discussed in more detail under agenda item 3.

2.2 One of the key overall risks for 2021/22 is associated with ensuring that our BHR Partnership is prepared for the legislative changes described in the 'integration and innovation' White Paper from July 2022.

3. Recommendations

3.1 Members of the BHR Integrated Care Partnership Board are asked to note and comment on the progress to develop our BHR Place Based Partnership and ongoing multi borough collaboration, within the wider context of the North East London Integrated Care System, detailed within this report.

Emily Plane, Programme Lead, BHR System Development
January 2022

BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Integrated Care Partnership Board

27 January 2022

Title of report	BHR ICP Risk Management
Author	Anna McDonald – Senior Governance Manger, BHR ICP
Presented by	Steve Rubery, Director of Planning & Performance, BHR ICP
Contact for further information	anna.mcdonald@nhs.net
Executive summary	At the time of writing, the Governing Body Assurance Framework (GBAF) is due to be presented to the NEL CCG Governing Body on 26 January 2022. Further work continues to refine the overall register and GBAF to ensure ICP/borough risks are managed appropriately locally, but that key risks of significant score or applicable across NEL are escalated to the Governing Body. The current key **NEL CCG** risks relate to: • Underperformance against H2 metrics, specifically elective recovery • Continuing healthcare • Use of resources and finance balance. • Health inequalities • Vaccine delivery – workforce challenges A further risk has been added in relation to the **vaccination of all health and social care front line NHS staff.** Since the last ICPB meeting one new risk relating to health inequalities has been added to the **BHR ICP** risk register and further details can be found in the attachment. The current key **BHR ICP** risks relate to:

	• Children with learning difficulties and mental health needs and access to services and discharge from inpatient beds • Appropriate digital infrastructure • Financial balance across the BHR system, including the Local Authorities • Workforce, including adult social care provider workforce • Risk of future waves of COVID-19 • Backlog of elective activity • Health inequalities
Action required	Discuss and note.
Where else has this paper been discussed?	Risks will be reviewed and managed at all levels and flow as follows: Group/Committee – Quality & Performance, Finance Clinical oversight – Health and Care Cabinet Executive oversight – Integrated Care Executive Group Assurance – Integrated Care Partnership Board/Area Committee and NEL CCG Governing Body.
Next steps/ onward reporting	Regular updates will be presented to the ICPB.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	That the CCG and local integrated care partnerships are actively managing and mitigating the key risks to our system and in meeting our corporate objectives which include a focus on high quality and safe services and tacking inequalities.
Conflicts of interest	There are no conflicts of interest associated with this report.
Strategic fit	Corporate objectives: 1. High quality services for patients 2. Put patient experience at the centre of our delivery 3. Ensure the best use of resources 4. Support our people to thrive 5. Develop our NEL integrated care system 6. Recover from the pandemic and be prepared for future waves
Impact on finance, performance and quality	Risks to delivery of financial balance, performance standards and high-quality care are addressed.
Risks	This report is about how we manage risks.

Equality impact	N/A

BHR Integrated Care Partnership Risk Register

ID no.	Date raised	Initial risk score	Corporate objective	Risk description	Previous rating	Current rating			Target rating	Target completion date	Mitigating actions		Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details (risk criteria for escalation being reviewed)	Close Down Status
						Likelihood	Impact	Risk Score (1-25)			Completed	Uncompleted						
BHR ICP 001_21	04/05/2021	8	Develop our NEL integrated care system	If the different accountability structures across health and social care (planning regimes and funding frameworks) are not reconciled with the new governance structures, system working may be compromised which could impact the effectiveness of the Integrated Care System (ICS) and ICP from April 2022.	8	2	4	8	6	Mar-22	• Creation of a strong BHR ICP governance structure, with the ICP Board as a sub committee of North East London (NEL) CCG. • BHR Joint Commissioning Board established.	Development of a BHR Integrated Sustainability Plan which will bring together a whole system view of the scale of the financial and activity challenge, including social care - in development	Ceri Jacob	Anne-Marie Keliris	ICPB	N		Open
BHR ICP 003_21	04/05/2021	8	Support our people to thrive/ Develop our NEL integrated care system	If Primary Care Networks and GP Federations do not reach sufficient stages of maturity, it will impact on the system's ability to improve quality and implement new models which could affect service delivery and patient experience/ outcomes. There will be further linked risk of the ability of Primary Care Networks to lead and influence at borough level. This will be especially important due the national spotlight on primary care services to deliver locally.	9	3	3	9	6	Mar-22	• Ongoing evening PCN / Federation development sessions • Agreement that Federations will work to support PCNs to deliver their key priorities. Piece of mapping work underway to set out the key 2021/22 priorities for PCNs to support this • Primary care development plans submitted and agreed, this will support key priorities 21/22.	• Strong focus on supporting the establishment of Place Based Partnerships	Anil Mehta	Sarah See	ICEG	N		Open
BHR ICP 004_21	04/05/2021	16	Develop our NEL integrated care system	There is a risk that culture change will not embed quickly enough at each level of the system to support the Integrated Care System development at the pace required."	12	3	4	12	6	Jun-22	•Organisational development programme undertaken for the BHR ICP governance structure and members. • Partners have co developed and signed up to the BHR System Sustainability Plan • Partner ownership of the BHR Transformation Boards has been progressed, linked to the ISP.	•BHR Placed Based Partnerships (PBPs) to embed an OD approach in their roadmaps post April 2022 to embed new ways of working • Development of PBPs and Provider Collaboratives are underway to further embed partnership work / take forward ICS development.	Ceri Jacob / CEOs	Emily Plane	ICPB	N	Score of 12 or above - escalate to NEL CCG corporate risk register.	Open
BHR ICP 005_21	04/05/2021	20	Support our people to thrive/ Develop our NEL integrated care system	If the current workforce is unavailable to deliver the new system models of care whilst maintaining current services, then delivery will be severely compromised now and in the long-term future which could impact on patient outcomes and staff wellbeing.	12	3	4	12	6	Mar-22	• Presented to NEL People Board on 16th Sept to provide the wider NEL leadership group with an overview of the local BHR ICS approach to workforce developments • BHR Health and Social Care Academy established to support BHR workforce to adapt to new ways of working and deliver more integrated Care - first ICS in the country to have achieved this level of strategic development • BHR Health and Social Care Academy formally launch on 23rd Sept • A Data Management Dashboard, showcased on the 23rd Sept (benefits for workforce planning. A single digital platform with total baseline workforce, i.e., total health and care workforce) developed to strengthen workforce planning capabilities and will underpin ICS development • AHP deep dive event held on 18 November with 84 staff from all partnership organisations in attendance. Aim to clarify the BHR Health and Care Academy's approach to AHP needs and workforce planning approaches systemwide. Approach and plans now identified to 'grow our own' workforce.	Outcomes from the deep dive AHP event aim to develop collective collaboration to develop meaningful careers for young people in our communities	Kathryn Halford	Alison Crewe Dr Jyoti Sood	ICEG	N	Score of 12 or above - escalate to NEL CCG corporate risk register.	Open
BHR ICP 007_21	04/05/2021	20	Ensure the best use of resources	If the BHR system cannot sustainably reach financial balance, this could create a gap across partners which may require cost savings to be made that could impact on services and outcomes for local people; potentially increasing inequalities. This may also have implications for the investment of transformation schemes.	16	4	4	16	12	Mar-22	• A sub-group of the BHR ICP finance committee has been established to develop an integrated sustainability plan using the outputs of the Transformation Boards to inform the position across the system.	• Allocations received for H1 (first six months of 2021/22) with plans developed that manage the resource and financial risk. Allocations for H2 remain outstanding and plans will need to reviewed once resources confirmed. • Beyond H1, development of a BHR Integrated Sustainability Plan to bring together a whole system view of the scale of the financial and activity challenge, including social care.	Ahmet Koray	System DoFs	ICEG / ICPB	N	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open
BHR ICP 008_21	04/05/2021	20	Recover from the pandemic and be prepared for future waves	Do we have the estate capacity required to deliver activity required for the future / new models of care	12	3	4	12	12	Dec-21	Provider estate has been segregated to support cohorting of COVID, and non-COVID pathways		Carolyn Botfield	Leads from estates for BHR including provider estates leads	SOCG	Y	Score of 12 or above - escalate to NEL CCG corporate risk register.	Open
BHR ICP 009_21	04/05/2021	20	High quality services for patients	If the number of children with LD and Mental Health needs cannot access or move on from inpatient beds, this could result in poor patient outcomes which would further impact the health and care system as the patients transition into adult services. (Children are presenting from around 14 and often with complex histories including being in care of Child Protection services. This has been exacerbated by Covid and appears that this trend is set to increase).	20	4	5	20	12	Dec-21		• Meeting held linking in with the CAMHS Task and Finish group to ascertain what plans have been developed to meet future potential surges - to include representatives from the 3 LA to address issues relating to social care, delayed discharge, safeguarding and provider collaborative reps. NELFT are confirming attendees from both community and Interact/CYPHTT provision. Whipps Cross is being requested to attend to agree common approaches. TOR, actions and required outcomes for subsequent distribution and assurance. • Urgently review the services that are in place for this cohort, and what this means for developments of community services - including system reconfigurations to enable a holistic 18-25 pathway, especially with many more young people transferring to adults.	Jacqui Van Rossum	Elaine Allegretti	SOCG / CYP Transformation Board	N	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open
BHR ICP 010_21	04/05/2021	16	Support our people to thrive/ Recover from the pandemic and be prepared for future waves	If the adult social care provider workforce continues to face significant pressures relating to the pandemic response this could result in an increase in staff absences and affect staff members' wellbeing. This could then impact on the delivery of services and quality of care.	16	4	4	16	10	Dec-21	• Business continuity plans reviewed. • Asymptomatic NHS staff testing is being rolled out across the sector	• Mutual aid across providers being negotiated, including e.g. extra care, home care staff supporting in extremis • Mental health & wellbeing package for frontline provider staff, and currently reviewing a package that can be introduced to managers. • Ongoing recruitment campaign (London's Proud to Care) to bring people back into or into for the first time the social care workforce, including apprenticeships and career pathways. working. • Care home staff currently being vaccinated. Will extend to other care staff in next few weeks	Jacqui Van Rossum	DASSs	SOCG	N	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open

BHR Integrated Care Partnership Risk Register

BHR ICP 011_21	04/05/2021	16	Develop our NEL integrated care system	If the Borough Partnerships are not sufficiently developed by April 2022 in line with the legislative changes regarding the statutory ICS, the Partnerships will not be prepared to effectively manage the additional funding and responsibilities associated with them. This could then impact on the delivery of services to patients and residents.	12	3	4	12	6	Jan-22	• Roadmaps now in place and signed off via ICPB for all 3 Borough Partnerships. • Second tranche of funding support (£100k per BP) also released to Borough Partnerships. • Ongoing series of workshops across BHR to support Borough Partnership development • Havering Placed Based Partnership post now at the offer stage.	• BHR ICP focus on ensuring that Borough Partnerships are established • Process to determine areas to continue to collaborate on post April 2022 set up. Paper to be discussed at ICEG meeting on 16 December.	Ceri Jacob	BHR Borough directors / DASSs	ICPB	N	Score of 12 or above - escalate to NEL CCG corporate risk register	Open
BHR ICP 012_21	01/06/2021	16	Support our people to thrive/ recover from the pandemic and be prepared for future waves	Risk of future waves of COVID 19 and uncertainty of how these will play out	16	4	4	16	8	Feb-22	Recovery summit workshop by partners held on 6th July 2021 to prepare alongside the ongoing capacity pressure of delivering the vaccination programme Recovery Summit actions followed up and have had a Recovery Summit Star Chamber 24 November and will have monthly oversight by the HACC Chair and SOCG.		Jacqui Van Rossum	Steve Rubery	SOCG	N	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open
BHR ICP 013_21	01/06/2021	16	High quality services for patients	The Coronavirus (CV19) Pandemic and subsequent lockdowns / reduction in face to face appointments has resulted in a backlog of elective activity which needs to urgently be addressed. On top of a backlog in many areas of elective activity that BHR was trying to address pre-pandemic. There is a risk going forward that additional peaks in covid activity alongside staff having to isolate/being unwell due to the virus, could impact on our ability to address this backlog of activity across each element of the system.	16	4	4	16	9	Mar-22		• BHRUT clinicians carry to out a clinical review of the backlog lists to prioritise the most urgent, to reduce the risk of clinical harm resulting from longer waiting times • Increase capacity to clear the backlog	Lee Basso	Richard Pennington	SCOG	N	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open
BHR ICP 014_21	01/06/2021	12	High quality services for patients	If the system is not able to create the capacity to meet the sustained and significant increase in demand for MH services, there is a risk that waiting lists will grow / an increasing number of people suffering with mental health issues will present at ED. As a result of CV19 pandemic and subsequent national lockdowns, there are a number of people of all age groups presenting with mental health needs, from low level to serious mental illness (SMI). These are across all ages (with particular increases in the younger cohort) and relate to a number of different factors including joblessness, home situation, homelessness, anxiety etc	12	3	4	12	8	Mar-22		• Transformation programme jointly with partners particularly for the SMI cohort - looking at the entire pathway for this group of people and how they can be better managed through an integrated system • Utilise national transformation funding for the community SMI programme • Crisis business case being developed with CCG and NELFT looking at specific provisions designed to meet crisis demand - for sign off by the MH Transformation Board by end August	Jacqui Van Rossum	Selina Douglas	SCOG / MH Transformation Board	N	Score of 12 or above - escalate to NEL CCG corporate risk register	Open
BHR ICP 016_21	02/08/2021	20	Ensure the best use of resources	If the appropriate digital infrastructure is not implemented to support interoperability between IT systems, this will remain a barrier to information sharing to support the delivery of integrated care.	20	4	5	20	6	Mar-22		• BHR IT system lead and role to be identified / agreed, alongside key priorities • NEL CCG wide strategy to be developed • Scope what is currently in place • Look at how other ICS/ICPs have developed their digital infrastructure • Identify system budget • Sharing data/ organisations to update software / systems to facilitate interoperability)		Rob Meaker / Umesh Gadhvi	ICEG		Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF	Open
BHR ICP 017_21	02/08/2021	9	High quality services for patients	If the appropriate business intelligence infrastructure is not implemented, the BHR system will be unable to create accurate population health models or be able to share information at resident and population levels. This could result in duplication of work and inaccuracies.	9	3	3	9	6	Jan-22		Design work on fit for purpose business intelligence infrastructure has commenced, and wave 3 Population Health Management programme is underway.	Steve Collins / Bryan Matthews	Ahmet Koray Umesh Gadhvi	Finance Committee	N		Open
BHR ICP 018_21	02/08/2021	16	Put patient experience at the centre of our delivery	Health inequalities have been exposed and exacerbated as a result of the pandemic. There is a risk of widening health inequalities in the absence of focused and systematic action across the ICS.	New	4	4	16	12		ICS Health Inequalities monthly Steering Group co-chaired by Paul Calaminus (CEO ELFT) and Jason Strelitz (DPH Newham) to oversee development and delivery of the programme plan which is supported by a dedicated NEL PH Consultant. Proposal to establish a senior Population Health Board for the ICS which the Health Inequalities Steering Group will feed into	• Local health inequality plans to be developed to address health equity, prevention, population health management and wider determinants of health through our role as anchor institutions • Work underway (via Anchor organisations) to embed an approach to 'growing our own' workforce, increasing opportunity for local people to access careers in health and care through development of the BHR Health and Care Academy • Place Based Partnerships (PBP) and PCNs developing more integrated models of health and care, increasing access to health and care services for local people, tailored to the needs of local people • Population Health Management pilots underway across BHR PCNs • Development of the BHR JSNA to be accessible to health and care staff and BHR PBPs online to improve tailoring of health and care services to address local needs	TBC	TBC	ICPB	Y	Score of 12 or above - escalate to NEL CCG corporate risk register and 15 or above escalate to GBAF.	Open

BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Integrated Care Partnership Board

27 January 2022

Title of report	Proposal for ongoing multi borough collaboration in Barking and Dagenham, Havering and Redbridge and beyond
Author	Emily Plane Programme Lead, BHR System Development
Presented by	Ceri Jacob Managing Director BHR Partnership
Contact for further information	e.plane@nhs.net
Executive Summary	In Barking and Dagenham, Havering and Redbridge (BHR) our Place Based Partnerships (PBPs) are in the process of being established, and there is recognition that the form and functions that they take on from April-July 2022, will evolve over time as they become more established. BHR Partners have undertaken a process to consider and articulate the key areas that we believe we should continue to collaborate on at a BHR level; this is important as we move into April - July 2022 to ensure that we do not lose momentum around key areas of progress, such as the commitments set out in the BHR Integrated Sustainability Plan and the associated Transformation Boards which sit at a BHR level. This paper sets out the key proposal from these discussions. This will be shared with NEL colleagues to feed into and shape the framework that is being developed for the NEL Integrated Care System, and will also be used to help to shape and inform the local governance arrangements of our BHR Place Based Partnerships.
Action Required	ICPB members are asked to: ▪ **NOTE AND COMMENT** on the proposal for ongoing collaboration in BHR, including

	consideration of how partner organisations will seek to align resources to the BHR collaboration and BHR Place Based Partnership elements of the system ▪ **ENDORSE** the proposal for ongoing collaboration in BHR ▪ **NOTE** the further work to be undertaken to define how the areas of multi-borough collaboration will be overseen by the BHR Integrated Care Executive Group and what the terms of reference for this group could look like post April/July 2022.
Where else has this paper been discussed?	This proposal has been developed in partnership with partners from across health and care, including discussion at the BHR Joint Commissioning Board meeting, individual organisation discussions, and discussion with Place Based Partnership Boards. Initial outputs from the process have also been shared with North East London colleagues. Members of the BHR Integrated Care Executive Group reviewed and **endorsed** the process to develop this proposal at their meeting on 19 August 2021, received an update on progress at their September 2021 meeting, and **endorsed** the initial outputs from the discussions as reported at the ICEG meeting in November 2021, with **final review and endorsement** of the proposal virtually in December 2021.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	As set out in the recent White Paper and reiterated in recent guidance, Place Based Partnerships, alongside Primary Care Networks and Provider Collaboratives, are the foundation blocks of Integrated Care Systems. Ahead of planned legislative changes in July 2022, it is imperative that we ensure that our BHR approach to Integrated Care System development is clear, and that we continue to strengthen our local arrangements ahead of this date.
Conflicts of Interest	None identified.
Strategic Fit	This paper relates directly to all emerging BHR System priorities alongside the emerging priorities of the North East London Integrated Care System.
Impact on finance, performance and quality	None identified at this stage.
Risks	With legislative changes planned nationally to place Integrated Care Systems on a statutory footing from July 2022, it is imperative that as a

	BHR system we continue to build on the momentum and progress that we have built, and that key foundation blocks which will be essential to providers post July 2022, such as the BHR Integrated Sustainability Plan and Transformation Boards, continue to be taken forward.
Equality Impact	Not applicable at this stage.

1. Introduction

1.1 In Barking and Dagenham ,Havering and Redbridge (BHR) our Place Based Partnerships (PBPs) are in the process of being established, and there is recognition that the form and functions that they take on from July 2022, will evolve over time as they become more established.

1.2 There is an ask from Place Based Partnerships to the North East London (NEL) Integrated Care System (ICS) that a framework is developed, making clear what elements and functions will need to be uniform across the seven NEL Place Based Partnerships, and what will be open to local decision.

1.3 BHR Partners have undertaken a process to consider and articulate the key areas that we believe we should continue to collaborate on at a BHR level; this is important as we move towards July 2022 to ensure that we do not lose momentum around key areas of progress, such as the commitments set out in the BHR Integrated Sustainability Plan and the associated Transformation Boards which sit at a BHR level.

1.4 This process has involved a series of interviews with partner organisations from across health and social care and Healthwatch (the full list of interviews is set out in **Appendix 1**), alongside discussion with each Place Based Partnership as a group, seeking views on key areas of ongoing collaboration for BHR partners and Waltham Forest.

1.5 This paper sets out the key proposal from these discussions. This will be shared with NEL colleagues to feed into and shape the framework that is being developed for the NEL Integrated Care System, and will also be used to help to shape and inform the local governance arrangements of our BHR Place Based Partnerships.

2. The BHR Process to articulate our proposal for multi borough collaboration

2.1 The BHR process has involved a series of interviews with partner organisations across health, care and wider organisations alongside discussion with Place Based Partnerships, seeking views on key areas of ongoing collaboration for BHR partners and multi-borough working.

2.2 This series of interviews and meetings were conducted by Ceri Jacob, Managing Director of the BHR Integrated Care Partnership, alongside the BHR Borough Directors, Sharon Morrow, Tracy Rubery and Sarah See, supported by Emily Plane, Programme Lead for BHR System Development, and Debbie Harris, Business Manager.

2.3 The interviews and meetings took place between September and November 2021.

2.4 **Appendix 1** brings together the outputs from these discussions into a proposal for ongoing multi borough collaboration at a BHR and wider level, and is being presented to BHR Integrated Care Executive Group members and BHR Integrated Care Board Members for consideration and endorsement.

2.5 Once endorsed, this proposal will be shared with NEL colleagues to feed into and shape the framework that is being developed for the NEL Integrated Care System.

3. BHR proposal for ongoing multi-borough collaboration

3.1 Through the 'collaboration' interviews and discussion with Partners, it has been agreed that the three BHR Place Based Partnerships will continue to collaborate around the following key areas at a BHR level as set out below. A more detailed description can be found at **Appendix 1**.

3.2 Oversight and delivery of the BHR Integrated Sustainability Plan, and associated Transformation Boards which include:

- 3.2.1 Children and Young People Transformation Board
- 3.2.2 Long Term Conditions Transformation Board
- 3.2.3 Older People/ Frailty Transformation Board
- 3.2.4 Unplanned Care Transformation Board

3.3 This will be reviewed on a six monthly basis

3.4 Work will continue on the Primary Care transformation agenda across each borough

3.5 The BHR Mental Health Transformation Board will be led from a NEL level, and Providers across BHR and wider (including collaboration with Waltham Forest) will be taken forward by the Mental Health Provider Collaborative.

3.6 The Planned Care Transformation Board will be folded into the NEL Planned Care Board with local transformation delivery led and coordinated by the BHR Delivery Group.

3.7 For Cancer transformation the BHR group will remain, linking in the NEL Board

3.8 BHR Health and Care Academy, noting that NEL colleagues are keen to learn from and roll out this integrated model more widely than BHR

3.9 The Health and Care Cabinet will continue until the NEL Clinical Senate is fully re-established

3.10 The System Operational Command Group will continue to manage system pressures collectively across health providers and the LAs for as long as partners find it helpful with frequency to be agreed by the members

3.11 Redbridge PBP will continue to work with WF PBP on the Whipps Cross Development

3.12 B&D PBP will continue to work with Newham PBP on planning for population growth

3.13 Post July 2022 it is proposed that the BHR Integrated Care Executive Group meeting continues for a period of time (subject to a review of the terms of reference and wider governance arrangements), with a key role around overseeing the BHR element of the multiborough collaboration work, and delivery of key areas.

3.14 Consideration of what is required at a BHR level around the key enablers of estates and digital, to link in with the NEL workstreams around this and embed transformation

3.15 The full details for the BHR proposal for multi borough collaboration and what should sit at each level of the system can be found in **Appendix 1**, including what needs to be in place to support this.

4. Proposed BHR governance to support continued collaboration

4.1 The current BHR Partnership structure includes an Integrated Care Partnership Board, supported by a BHR Integrated Care Executive Group.

4.2 It is proposed that the following key governance arrangements are required at a BHR level to support continued multi borough collaboration around the key areas identified in this paper

- It is proposed that the **Integrated Care Executive Group (ICEG)** evolves to continue oversight of the agreed areas of collaboration, ensuring delivery and unblocking key issues. This will be chaired on a rotating basis amongst BHR partner organisation leads. Delegation of this function will be from the PBP Boards.
- The **BHR Integrated Care Partnership Board** TBC following discussions with the HWBB Chairs and BHR NHS provider Chairs
- The **Health and Care Cabinet** is recognised as a key clinical and professional forum, and will continue to meet at a BHR multi-borough level, with strong links in to Waltham Forest/BARTs (Clinical Professional Advisory Group)
- The **System Operational Command Group** is recognised as a key forum which has delivered significant partnership initiatives during the Pandemic, and allowed partners from across the three BHR boroughs to respond to key system challenges in a meaningful and timely manner. It is proposed that this group continues post July 2022 for as long as providers and Local Authorities feel it adds value to the ability to respond to system pressures across the three BHR Boroughs
- **Joint Commissioning Board** – To be decided (Local Authority leads and PBP Borough Directors to lead, with oversight of the Better Care Fund / Section 75 plans)

4.3 It is proposed that the multiborough collaboration arrangements are reviewed on a six monthly basis as the wider ICS and Place Based Partnerships evolve to ensure that these arrangements remain fit for purpose. Draft terms of reference for the evolved BHR Integrated Care Executive Group will be drafted as part of the next steps for this proposal.

4.4 There is recognition that BHR collaborative work will need to align to and work alongside the Provider Collaboratives that are in the process of being established.

5. Next steps

5.1 The BHR Integrated Care Partnership Board to review this proposal at their meeting in January 2022 and recommend to the Place Based Partnerships and NEL ICB Executive

5.2 Once this proposal has been agreed, terms of reference to be drafted for ICEG in its new form, to support it to oversee the key areas of BHR multi borough collaboration, and making clear where the BHR ICEG will sit within the wider NEL ICS governance structure

5.3 BHR multi borough arrangements to be reviewed on a six-monthly basis from July 2022 to ensure they are fit for purpose within the context of wider ICS developments (the Place Based Partnerships and Provider Collaboratives) and to respond to the needs of Place Based Partnerships as they become more mature.

6. Risks and mitigations

6.1 A full risk register for our BHR Integrated Care Partnership has been developed, capturing our key risks; this feeds up into the North East London Integrated Care System Risk Register.

6.2 One of the key overall risks for 2021/22 is associated with ensuring that our BHR Partnership is prepared for the legislative changes described in the 'integration and innovation' White Paper from July 2022, which the BHR process for multi-borough collaboration is intended to positively impact.

5.3 Resource and capacity to develop the key BHR elements of the NEL Integrated Care System ahead of July 2022 remains a key challenge.

7. Recommendations

7.1 Members of the BHR Integrated Care Partnership Board are asked to;

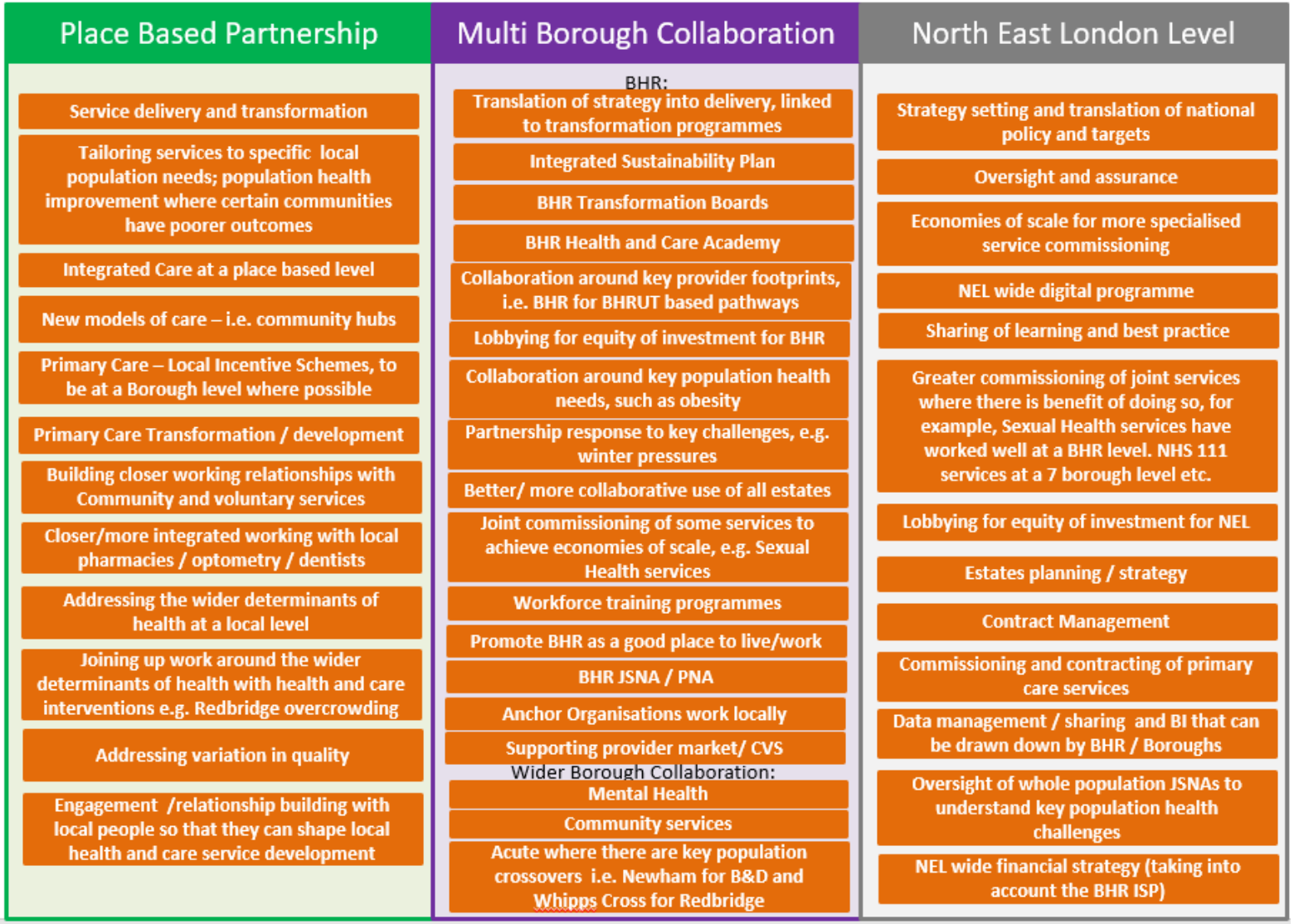
- **NOTE AND COMMENT** on the proposal for ongoing collaboration in BHR, including consideration of how partner organisations will seek to align resources to the BHR collaboration and BHR Place Based Partnership elements of the system
- **ENDORSE** the proposal for ongoing collaboration in BHR
- **NOTE** the further work to be undertaken to define how the areas of multi-borough collaboration will be overseen by the BHR Integrated Care Executive Group and what the terms of reference for this group could look like post July 2022.

Emily Plane, Programme Lead, BHR System Development
January 2022

Attachments:

- **Appendix 1** – Barking and Dagenham, Havering and Redbridge – Our proposal for ongoing collaboration

Appendix 1 – BHR proposal for ongoing multi borough collaboration



Appendix 2 – Summary of key meetings and interviews conducted as part of this process

Partners interviewed	Lead Interviewer	Support	Meeting date
Redbridge PCNs ▪Dr Shujah Hameed – Red + LMC Lead Greg Cairnes	Tracy Welsh	Debbie Harris	21.09.21 9.30 – 10.30
Primary Care – CCG ▪Dr Jagan John ▪Dr Anil Mehta ▪Dr Atul Aggarwal ▪Jane Lindo ▪Sarah See	Ceri Jacob	Debbie Harris	30.09.21 9.00 – 10.00
B&**D Primary Care meeting** ▪Dr Arun Sharma ▪Dr Shanika Sharma ▪Sandeep Sharma ▪Craig Nikolic	Sharon Morrow	Debbie Harris	30.09.21
London Borough of Havering ▪Andrew Blake Herbert ▪Cllr Jason Frost ▪Barbara Nicholls ▪Mark Ansell ▪Sarah See	Ceri Jacob	Emily Plane	07.10.21 3.00 – 4.00
BHR Clinical Leaders meeting ▪PCN CD and CCG Clinical Leaders from across BHR	Ceri Jacob	N/A	07.10.21
BHRUT ▪Matthew Trainer ▪Jacqui Smith ▪Magda Smith ▪Hannah Coffey	Ceri Jacob	Emily Plane	15.10.21 11.30 – 12.30
London Borough of Redbridge ▪Lesley Seary ▪Cllr Mark Santos ▪Adrian Loades ▪Gladys Xavier ▪Tracy Rubery	Ceri Jacob	Emily Plane	20.10.21 1.00 – 2.00
London Borough of B&D ▪Chris Naylor ▪Cllr Maureen Worby ▪Elaine Allegretti ▪Matthew Cole ▪Sharon Morrow	Ceri Jacob Dr Jagan John	Emily Plane	21.10.21 11.00 – 12.00
NELFT ▪Oliver Shanley ▪Joe Fielder ▪Jacqui Van Rossum ▪Dr Caroline Allum	Ceri Jacob	Emily Plane	21.10.21 1.00 – 2.00
B&D PCNs: ▪Dr Shanika Sharma, B&D	Sharon Morrow	Emily Plane	
Havering PCNs and Federation: ▪Dr Jwala Gupta / Dr Kullar, Hav + Dr Madhu Patak ▪Dr Dan Weaver / Urvashi Bhagat	Sarah See	Emily Plane	12.10.21 4.00 – 5.00
Waltham Forest: ▪Dr Ken Aswani ▪Sue Boon ▪Mark Lobban	Ceri Jacob	N/A	27.10.21 11am
CCG Ley Members ▪Jayam Dalal ▪Kash Pandya ▪Khalil Ali	Ceri Jacob	Debbie Harris	29.10.21
Healthwatch ▪B&D – Richard Vann + Manisha Modhvadia ▪Redbridge – Cathy Turland ▪Havering – Anne-Marie Dean	Hav – Sarah See B&D – Sharon Morrow Redbridge – Tracy Welsh	Emily Plane	**BD** 20.10.21 10am **H** 18.10.21 1.30pm **R** 11.11.21 10-11
PELC ▪Chad Whittington – Chief Executive, PELC	Emily Plane	N/A	01.11.21 1.00pm – 1.30pm

In addition to individual discussion with organisations as set out in the above table, discussion also took place with individual BHR Place Based Partnerships on the following dates:

Place Based Partnership	Lead Interviewer	Support	Meeting date
Havering Place Based Partnership meeting	Ceri Jacob	Debbie Harris	15.11.21 1.30pm – 3.00pm
Redbridge Place Based Partnership meeting	Ceri Jacob	Emily Plane	25.10.21
B&D Place Based Partnership meeting	Ceri Jacob	Debbie Harris	29.10.21 1.00pm – 2.30pm

BHR Integrated Care Partnership

Better care, better lives, together for all

Barking and Dagenham, Havering and Redbridge

Our proposal for ongoing collaboration

December 2021






Introduction

In BHR our Place Based Partnerships are in the process of being established, and there is recognition that the form and functions that they take on, between April – July 2022, will evolve over time as they become more established.

There is an ask from Place Based Partnerships to the NEL ICS that a framework is developed, making clear what elements and functions will need to be uniform across the seven NEL Place Based Partnerships, and what will be open to local decision.

BHR Partners have undertaken a process to consider and articulate the key areas that we believe we should continue to collaborate on at a BHR level; this is important as we move into July 2022 to ensure that we do not lose momentum around key areas of progress, such as the commitments set out in the BHR Integrated Sustainability Plan and the associated Transformation Boards which sit at a BHR level.

This process has involved a series of interviews with partner organisations from across health and social care and Healthwatch (full list of interviews is set out in **Appendix 1**), alongside discussion with each Place Based Partnership as a group, seeking views on key areas of ongoing collaboration for BHR partners and Waltham Forest.

This paper sets out the key proposal from these discussions. This will be shared with NEL colleagues to feed into and shape the framework that is being developed for the NEL Integrated Care System, and will also be used to help to shape and inform the local governance arrangements of our BHR Place Based Partnerships.

Agreed areas for continued BHR Place Based Partnership Collaboration

Through the 'collaboration' interviews and discussion with Partners, it has been agreed that the three BHR Place Based Partnerships will continue to collaborate around the following key areas at a BHR level (a full list of what was agreed to sit at each level is illustrated in **Appendix 2**):

- Oversight and delivery of the **BHR Integrated Sustainability Plan**, and associated **Transformation Boards** which include:
  - Children and Young People Transformation Board
  - Long Term Conditions Transformation Board
  - Older People/ Frailty Transformation Board
  - Unplanned Care Transformation Board
- NB: this will be reviewed on a six monthly basis
- Work will continue on the Primary Care transformation agenda across each borough
- The BHR Mental Health Transformation Board will be led from a NEL level, and Providers across BHR and wider (including collaboration with **Waltham Forest**) will be taken forward by the Mental Health Provider Collaborative.
- The Planned Care Transformation Board will be folded into the NEL Planned Care Board with local transformation delivery led and coordinated by the BHR Delivery Group.
- For Cancer transformation the BHR group will remain
- **BHR Health and Care Academy**, noting that NEL colleagues are keen to learn from and roll out this integrated model more widely than BHR
- **The Health and Care Cabinet** will continue until the NEL Clinical Senate is fully re-established
- **The System Operational Command Group** will continue to manage system pressures collectively across health providers and the LAs for as long as partners find it helpful with frequency to be agreed by the members
- Redbridge PBP will continue to work with WF PBP on the Whipps Cross Development
- B&D PBP will continue to work with Newham PBP on planning for population growth
- Consideration of what is required at a BHR level around the key enablers of estates and digital, to link in with the NEL workstreams around this and embed transformation

What we will need in place to support this:

- An understanding of the NEL programmes so that we can ensure that there is no duplication
- An understanding of the running costs available for each Place Based Partnership both for managerial support and clinical leadership
- A core team around each Place Based Partnership comprised of CCG and partner staff who can work in a genuinely integrated way to deliver the PBP asks
- Agreement that managerial and clinical leads can support not just their own PBP but also work on a multi-borough basis for defined pieces of transformation work when necessary
- Access to NEL or BHR PMO team to support Business Intelligence and reporting

How this will operate in practice – proposed BHR governance

The current BHR Partnership structure includes an Integrated Care Partnership Board, supported by a BHR Integrated Care Executive Group.

It is proposed that the following key governance arrangements are required at a BHR level to support continued multi borough collaboration around the key areas identified on the previous page:

- It is proposed that the **Integrated Care Executive Group (ICEG)** evolves to continue oversight of the agreed areas of collaboration, ensuring delivery and unblocking key issues. This will be chaired on a rotating basis amongst BHR partner organisation leads. Delegation of this function will be from the PBP Boards.
- The **BHR Integrated Care Partnership Board** TBC following discussions with the HWBB Chairs and BHR NHS provider Chairs
- The **Health and Care Cabinet** is recognised as a key clinical and professional forum, and will continue to meet at a BHR multi-borough level, with strong links in to Waltham Forest/BARTs (Clinical Professional Advisory Group)
- The **System Operational Command Group** is recognised as a key forum which has delivered significant partnership initiatives during the Pandemic, and allowed partners from across the three BHR boroughs to respond to key system challenges in a meaningful and timely manner. It is proposed that this group continues post April 2022 for as long as providers and Local Authorities feel it adds value to the ability to respond to system pressures across the three BHR Boroughs
- **Joint Commissioning Board** – To be decided (Local Authority leads and PBP Borough Directors to lead, with oversight of the Better Care Fund / Section 75 plans)

It is proposed that the multiborough collaboration arrangements are reviewed on a six monthly basis as the wider ICS and Place Based Partnerships evolve to ensure that these arrangements remain fit for purpose. Draft terms of reference for the evolved BHR Integrated Care Executive Group will be drafted as part of the next steps for this proposal.

There is recognition that BHR collaborative work will need to align to and work alongside the Provider Collaboratives that are in the process of being established.

Next Steps

- The BHR Integrated Care Partnership Board to review this proposal at their meeting in January 2022 and recommend to the Place Based Partnerships and NEL ICB Executive

- Once this proposal has been agreed, terms of reference to be drafted for ICEG in its new form, to support it to oversee the key areas of BHR multi borough collaboration, and making clear where the BHR ICEG will sit within the wider NEL ICS governance structure

- BHR multi borough arrangements to be reviewed on a six monthly basis from July 2022 to ensure they are fit for purpose within the context of wider ICS developments (the Place Based Partnerships and Provider Collaboratives) and to respond to the needs of Place Based Partnerships as they become more mature.

APPENDICES

Appendix 1

Interviews to shape our proposal for ongoing collaboration

The following interviews were held:

Partners interviewed	Lead Interviewer	Support	Meeting date
Redbridge PCNs ▪ Dr Shujah Hameed – Red + LMC Lead Greg Cairnes	Tracy Welsh	Debbie Harris	21.09.21 9.30 – 10.30
Primary Care – CCG ▪ Dr Jagan John ▪ Dr Anil Mehta ▪ Dr Atul Aggarwal ▪ Jane Lindo ▪ Sarah See	Ceri Jacob	Debbie Harris	30.09.21 9.00 – 10.00
B&**D Primary Care meeting** ▪ Dr Arun Sharma ▪ Dr Shanika Sharma ▪ Sandeep Sharma ▪ Craig Nikolic	Sharon Morrow	Debbie Harris	30.09.21
London Borough of Havering ▪ Andrew Blake Herbert ▪ Cllr Jason Frost ▪ Barbara Nicholls ▪ Mark Ansell ▪ Sarah See	Ceri Jacob	Emily Plane	07.10.21 3.00 – 4.00
BHR Clinical Leaders meeting ▪ PCN CD and CCG Clinical Leaders from across BHR	Ceri Jacob	N/A	07.10.21
BHRUT ▪ Matthew Trainer ▪ Jacqui Smith ▪ Magda Smith ▪ Hannah Coffey	Ceri Jacob	Emily Plane	15.10.21 11.30 – 12.30
London Borough of Redbridge ▪ Lesley Seary ▪ Cllr Mark Santos ▪ Adrian Loades ▪ Gladys Xavier ▪ Tracy Rubery	Ceri Jacob	Emily Plane	20.10.21 1.00 – 2.00
London Borough of B&D ▪ Chris Naylor ▪ Cllr Maureen Worby ▪ Elaine Allegretti ▪ Matthew Cole ▪ Sharon Morrow	Ceri Jacob Dr Jagan John	Emily Plane	21.10.21 11.00 – 12.00
NELFT ▪ Oliver Shanley ▪ Joe Fielder ▪ Jacqui Van Rossum ▪ Dr Caroline Allum	Ceri Jacob	Emily Plane	21.10.21 1.00 – 2.00
B&D PCNs: ▪ Dr Shanika Sharma, B&D	Sharon Morrow	Emily Plane	
Havering PCNs and Federation: ▪ Dr Jwala Gupta / Dr Kullar, Hav + LMC lead Madhu Patak ▪ Dr Dan Weaver / Urvashi Bhagat	Sarah See	Emily Plane	12.10.21 4.00 – 5.00
Waltham Forest: ▪ Dr Ken Aswani ▪ Sue Boon ▪ Mark Lobban	Ceri Jacob	N/A	27.10.21 11am
CCG Ley Members ▪ Jayam Dalal ▪ Kash Pandya ▪ Khalil Ali	Ceri Jacob	Debbie Harris	29.10.21
Healthwatch ▪ B&D – Richard Vann + Manisha Modhvadia ▪ Redbridge – Cathy Turland ▪ Havering – Anne-Marie Dean	Hav – Sarah See B&D – Sharon Morrow Redbridge – Tracy Welsh	Emily Plane	**BD** 20.10.21 10am **H** 18.10.21 1.30pm **R** await response CT
PELC ▪ Chad Whittington – Chief Executive, PELC	Emily Plane	N/A	01.11.21 1.00pm – 1.30pm

Discussion with Place Based Partnerships

In addition to individual discussion with organisations as set out on the previous slide, wider partnership discussion will also take place as follows:

Place Based Partnership	Lead Interviewer	Support	Meeting date
Havering Place Based Partnership meeting	Ceri Jacob	Debbie Harris	15.11.21 1.30pm – 3.00pm
Redbridge Place Based Partnership meeting	Ceri Jacob	Emily Plane	25.10.21
B&D Place Based Partnership meeting	Ceri Jacob	Debbie Harris	29.10.21 1.00pm – 2.30pm

Appendix 2 — Initial emerging themes from the discussions

Key themes from the discussions that have taken place to date are summarised below. A full record of the discussions with each partner has been recorded separately and can be shared with partners.

- One of the strongest themes to emerge from all of the partnership discussion to date is that BHR in particular has a strong and successful history of partnership working, with innovative and important partnership programmes that partners are keen to continue to collaborate on, such as the BHR Transformation Boards, the associated Integrated Sustainability Plan (ISP) and the BHR Health and Care Academy. There is a strong belief that there is real value in continuing to collaborate at a BHR and wider multi place based level.
- Recognition that BHR level collaboration seems to lend itself well to delivering innovation and transformation in a timely manner. Discussion noted that there will be benefit and economies of scale for working on a wider (e.g. NEL) footprint around some areas, however, need to ensure that this does not mean that innovation is delayed by working at this level / being across too large a footprint.
- The emerging preferred form of delegation from the NHS Board to Place Based Partnerships is a "committee of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources", although this may evolve and change over time as the place Based Partnerships and local arrangements become more mature.
- Keen to allow Place Based Partnerships to develop over time and organically, with recognition that we may initially undertake more at a multi borough level from April 2022, with more then moving to the Place Based Partnerships over time as they become more established. Multi-borough working must not undermine development of the Place Based Partnership Boards (PBPBs) as place is still the main focus.
- Mental Health will sit at a NEL level from April 2022 in terms of the Transformation Board, linking with the Provider Collaborative approach. BHR plans relating to local service changes and the BHR Integrated Sustainability Plan will need to be taken into account.
- Recognition that unpicking some budgets and services to be delivered at a place based level may be tricky initially due to historical commissioning of services on a wider footprint within block contracts, however, there is ambition to deliver more at a place based level over time, and agreement that just because it may be difficult to unpick some services to be delivered more locally/innovatively, this shouldn't be a blocker to attempting to do this.
- Resource will be absolutely key to delivering at each level of the system, and it is imperative that resource is distributed equitably based on the work that will sit at each level of the system, for example, partners need to consider and put into place the resource that is required at a Place Based Partnership level to ensure that these can progress.
- Whatever governance is established to frame each level of the system needs to be agile and flexible to ensure that we don't get bogged down in bureaucracy.

Appendix 2

Proposed areas for continued multiborough collaboration

Place Based Partnership

- Service delivery and transformation
- Tailoring services to specific local population needs; population health improvement where certain communities have poorer outcomes
- Integrated Care at a place based level
- New models of care – i.e. community hubs
- Primary Care – Local Incentive Schemes, to be at a Borough level where possible
- Primary Care Transformation / development
- Building closer working relationships with Community and voluntary services
- Closer/more integrated working with local pharmacies / optometry / dentists
- Addressing the wider determinants of health at a local level
- Joining up work around the wider determinants of health with health and care interventions e.g. Redbridge overcrowding
- Addressing variation in quality
- Engagement /relationship building with local people so that they can shape local health and care service development

Multi Borough Collaboration

BHR:

- Translation of strategy into delivery, linked to transformation programmes
- Integrated Sustainability Plan
- BHR Transformation Boards
- BHR Health and Care Academy
- Collaboration around key provider footprints, i.e. BHR for BHRUT based pathways
- Lobbying for equity of investment for BHR
- Collaboration around key population health needs, such as obesity
- Partnership response to key challenges, e.g. winter pressures
- Better/ more collaborative use of all estates
- Joint commissioning of some services to achieve economies of scale, e.g. Sexual Health services
- Workforce training programmes
- Promote BHR as a good place to live/work
- BHR JSNA / PNA
- Anchor Organisations work locally
- Supporting provider market/ CVS

Wider Borough Collaboration:

- Mental Health
- Community services
- Acute where there are key population crossovers i.e. Newham for B&D and Whipps Cross for Redbridge

North East London Level

- Strategy setting and translation of national policy and targets
- Oversight and assurance
- Economies of scale for more specialised service commissioning
- NEL wide digital programme
- Sharing of learning and best practice
- Greater commissioning of joint services where there is benefit of doing so, for example, Sexual Health services have worked well at a BHR level. NHS 111 services at a 7 borough level etc.
- Lobbying for equity of investment for NEL
- Estates planning / strategy
- Contract Management
- Commissioning and contracting of primary care services
- Data management / sharing and BI that can be drawn down by BHR / Boroughs
- Oversight of whole population JSNAs to understand key population health challenges
- NEL wide financial strategy (taking into account the BHR ISP)

BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Integrated Care Partnership Board

27 January 2022

Title of report	Barking, Havering and Redbridge Health and Care Academy – Proposed New Delivery Team
Author	Kenye Karemo, Director of Education Kathryn Halford OBE, SRO BHR Academy
Presented by	Kenye Karemo, Director of Education
Contact for further information	Kenye Karemo, Director of Education
Executive summary	• Key issues • Recommendations
Action required	Approve
Where else has this paper been discussed?	Kathryn Halford OBE, SRO BHR Academy
Next steps/ onward reporting	Reporting to ICEG/ICPB
What does this mean for local people? **How does this drive change and reduce health inequalities?**	BHR Academy team structure and delivery model will reflect local population needs, and enable equitable and transparent learning and development pathways for all.
Conflicts of interest	The Committee is asked to note an interim team is currently in place. Questions arising from this will be managed by the SRO.
Strategic fit	The BHR Academy will enable, Barking & Dagenham, Havering and Redbridge to meet their collaborative working commitments, including those detailed within the NEL Anchor Organisations Charter.
Impact on finance, performance and quality	Effective implementation of the proposed delivery model will facilitate improvements in recruitment and reduction practices, and positively impact the residents' well-being and economic resilience.
Risks	No immediate risks have been identified at this point. Full risk assessment will be undertaken at point of implementation with partner organisations, backed up by an equality impact assessment
Equality impact	Equality impact assessment to be completed at point of recruitment to ensure equity of access to opportunities, and development pathways.

1. Purpose

This paper proposes an enhanced delivery team for the Barking, Havering, and Redbridge (BHR) Health and Care Academy. The essence of the proposed delivery team is to optimise the continued delivery of BHR Academy's ambitions and address the new and emerging organisational obligations and expectations of local people and staff.

2. Introduction

Barking, Havering and Redbridge Academy is a multi-organisational endeavour aimed at recruiting, training and retaining a *world class diverse workforce, to address system issues that will improve outcomes for local people.* Implicit within this collaborative effort, is the commitment to partnership working and enabling partner organisations to become '*employers of choice'* for local people.

Following a series of review and partnership engagement activities, the BHR Academy was formally launched on 23rd September 2021. It is currently supported by a programme team which reflects the initial requirements and demands from partner organisations.

3. The Proposal – alternative BHR Academy Delivery Model

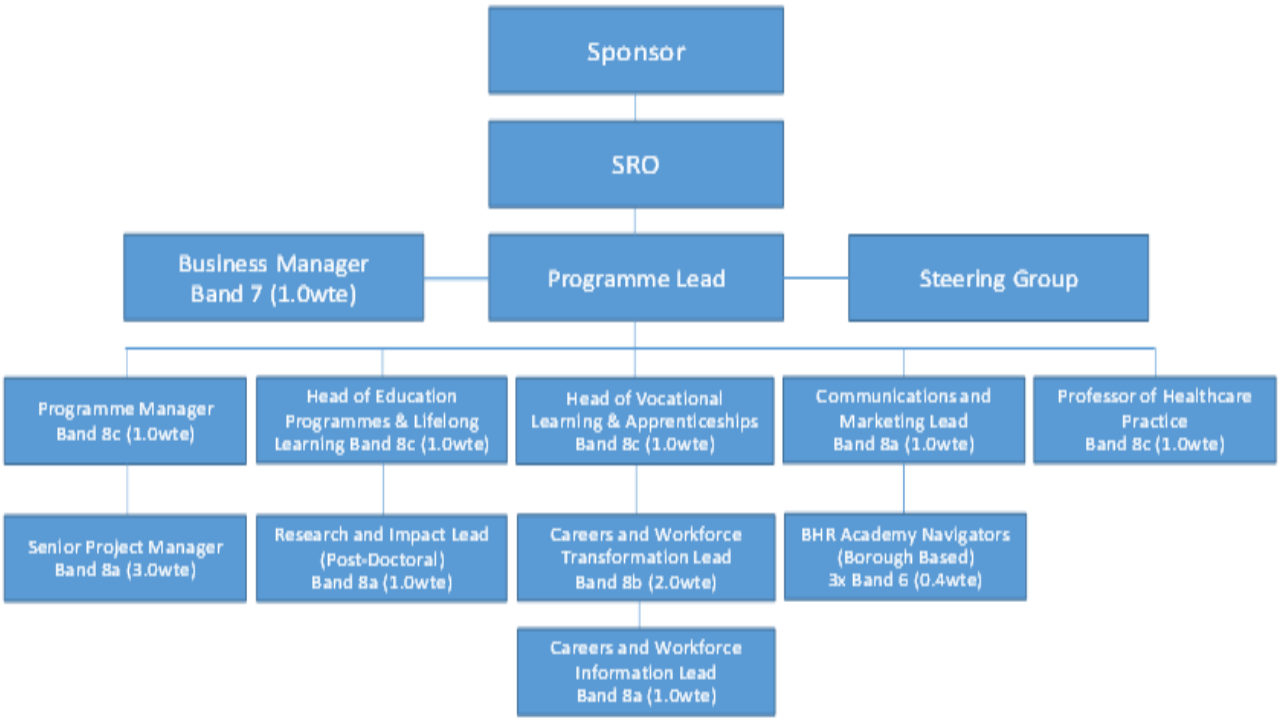
Over the last six to nine months, several high-profile engagement events and workshops have increased local partners' understanding of the Academy's core purpose and the huge potential to deliver benefits across the partnership and to the local population. These events also served as a platform for a 'BHR wide' conversation about the merits and benefits of 'growing our own' workforce models and enhancing recruitment and retention across BHR.

These events have been well received and have generated a lot of interest and enthusiasm for collaborative working across the partnership. These interactions have triggered an increase in new and innovative solutions to address common workforce challenges and share best practice. It is evident that an enhanced delivery team is required to achieve the new and emerging needs for innovative and relevant education and training requirements across the system.

It is incumbent to harness these efforts to maintain the momentum achieved to date. A review of the activities and plans suggest that additional resources are required to help facilitate the delivery of the agreed outcomes. The proposed delivery team therefore aims to strengthen programme delivery arrangements and diversify the Academy's infrastructure, to enable it to deliver on its core priorities and promote collaborative approaches that,

- are evidence-based
- aligned to the demographics of local people
- improve the quality of education and development programmes
- routinely capture programme benefits and outcomes
- contribute to the body of regional and national knowledge on the transformative impact of health and care academies on local populations

This modified infrastructure offers an opportunity to engage a team of experts with the relevant skills and knowledge to deliver place-based education and development programmes and career progression pathways delivered at scale. The BHR Academy is at a key crossroad where dedicated input from the relevant subject matter experts would assure delivery and enable innovation required in line with local ambitions and lessons learned (and being learned) from the pandemic. See below an illustrative outline of the proposed delivery team.



An illustration of the current model can be found in Appendix 1

4. Implications

To date the academy has been funded on a pump prime basis with the most recent funds of £250K approved in 2021. This approach has not facilitated the growth as originally envisaged and does not promote value for money.

The new delivery costed at £1.0M per year builds on the existing team and provides the expertise required to deliver the expected outcomes of this collaborative venture in relation our workforce and value for mon

The research based activities enabled by the new delivery model positions the BHR Academy as a centre of excellence for action research and continuous improvement in recruitment and retention processes and outcomes.

5. Conclusions

The BHR Academy has gotten off to a good start. As with most projects, emerging demands have indicated a new set of skills and expertise is required. These new skills will enable place-based education and training and career pathways to be developed and utilised across partnership organisation.

6. Recommendations

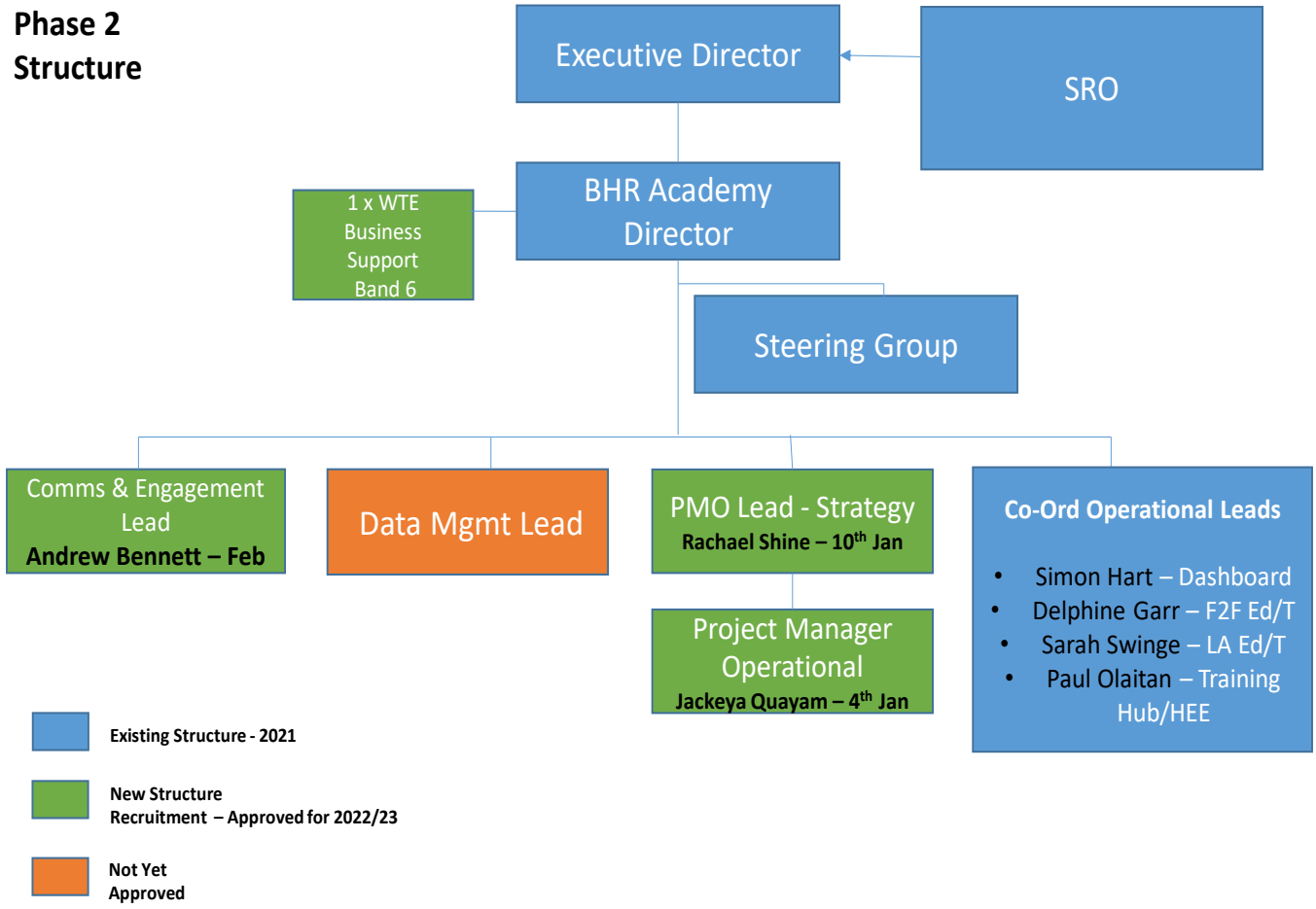
The Committee is asked to:

- Note the content of this paper
- Endorse the recommended new team as proposed

Appendix 1: BHR Academy Programme Team
(as at 10 January 2022)

Team Structure : Jan 2022 – April 2023

Phase 2 Structure



BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Integrated Care Partnership Board

27 January 2022

Title of report	BHR Priority actions progress update
Author	Emily Plane, Programme Lead, BHR System Development
Presented by	Steve Rubery Director of Planning and Performance
Contact for further information	e.plane@nhs.net
Executive Summary	BHR Partners have identified a number of key priorities that we are collectively taking forward, framed around: - Recovering well - Addressing inequalities and prevention - Anchor Organisations - Leadership, Culture, And Leading Change A plan on a page has been developed for each of these areas, and the report at appendix 1 provides an update on progress with RAG ratings against the key actions. At the request of ICPB members, we are in the process of including key data/indicators to show the impact of the measures that we are taking. We have for this report included key headline data for 'recovering well'.
Action Required	Members are asked to note the progress to take forward the partnership priorities.
Where else has this paper been discussed?	This is a recurring report which will be shared with ICPB members at each meeting
Next steps/ onward reporting	N/A; this report is intended to update members of the BHR Integrated Care Executive Group and BHR Integrated Care Partnership Board on progress of our key priority areas
What does this mean for local people?	Every element of work referenced in this report has the aim of embedding more integrated

How does this drive change and reduce health inequalities?	working with a view to making best use of resources and improving outcomes for local people. Reducing inequalities is a key priority for the BHR Partnership.
Conflicts of Interest	There are no conflicts of interest arising from this report
Strategic Fit	All areas of progress noted in this report align with national, North East London Integrated Care System, and BHR Integrated Care Partnership strategy
Impact on finance, performance and quality	There are no direct finance, performance and quality impacts from this report at this stage
Risks	Capacity, in the context of transitioning to an ICS from July 2022 and establishing our Borough Partnerships, alongside continuing to deliver transformation, is an ongoing risk, which is being mitigated by bringing in additional resource where required, e.g. funding to support Borough Partnership development
Equality Impact	Not applicable at this stage

Appendices:
Appendix 1 – BHR Priority Actions progress update

Emily Plane
Programme Lead, BHR System Development
January 2022

BHR Integrated Care Partnership

Better care, better lives, together for all

BHR Integrated Care Partnership

Key Priority Areas – PROGRESS UPDATE

Last updated: January 2022






BHR ICP Priority – RECOVERING WELL

BHR Integrated Care Partnership
Better care, better lives, together for all

Overall Objective

To develop a **joined-up approach to recovery in BHR**. Building on borough based work on recovering communities, this element will focus on supporting better health and well-being providing a joined up, system approach to recovery.

SRO / Sponsor

Sponsor: Jacqui Van Rossum
SRO: Steve Rubery
with SOCG

2021/22 Aims

- Restoration and Recovery: manage the impact of and respond to the ongoing Pandemic and vaccination programme
- Address immediate operational pressure of demand and unmet need
- Manage backlog of activity safely
- Focus on improving staff wellbeing, recognizing the long term impact of the pandemic on individuals, teams and services
- Review service changes with a view to embed those which have had a positive impact

2021/22 Key Workstreams

Restoration and Recovery

BHR Recovery and Restoration plan first draft May 2021	Complete
Review and inclusion of Social Care Provider Recovery and Restoration into the master BHR Plan June 2021	Complete
BHR Recovery Summit – 6th July 2021	Complete
BHR Recovery Summit action plan developed	Complete
Ongoing review and update of the Recovery and Restoration plan via SOCG fortnightly	Complete – merging into winter plan
Leads progressing actions agreed at the BHR Recovery Summit	In progress
In Depth review of Recovery Summit actions at Oct Health and Care Cabinet meeting	Complete
Monthly meetings with Action Owners and HCC leaders to monitor progress	In progress

Surge planning, and meeting demand and unmet need

In preparation for the BHR Recovery Summit, analysis completed on current demand across the BHR system, with action plan developed to address this	Complete
NEL Group convened to ensure a consistent approach to surge planning, feeding into the SOCG meetings	Complete
Ongoing Vaccination Programme delivery, including planning to roll out usual vaccination programme alongside COVID	In progress
NELFT/BHRUT/Providers planning response to anticipated surge in Children's Respiratory cases this winter	In progress
Winter planning started which will take all of this into account	In progress

Staff Wellbeing

Ongoing review / discussion at SOCG on initiatives that we can collectively undertake to improve staff wellbeing	Ongoing
Individual organizations are progressing 'thank you' programmes for front line staff	In progress
BHR Health and Care Academy are working on a number of measures to improve staff wellbeing, including initiatives to improve career progression and access to training and development e.g. portfolio placement opportunities	In progress
Piece of work underway around Allied Health Professionals to seek to improve recruitment and retention	In progress

Service Changes

Service Change record collated at a BHR level, recording all of the key service changes that have taken place in recent months, including current status	Complete
Service Changes updated on a regular basis, and reviewed monthly through SOCG meetings and feeding in to NEL record	Complete

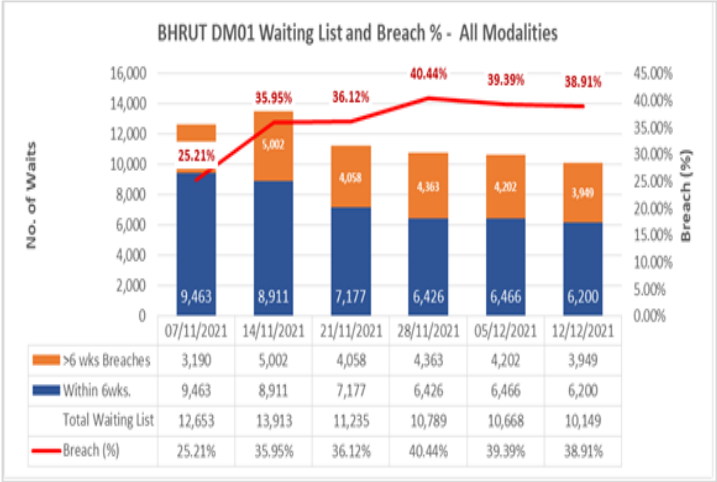
BHR ICP Priority – RECOVERING WELL

Elective Position

BHRUT overall RTT Trajectory	Oct-21	Nov-21	Dec-21	Trend
18 weeks + - Actual	17,400	18,734	18,281	↑
Waiting list – Actual	51,619	54,236	54,265	↑
RTT performance % - Actual	66.3%	65.5%	66.3%	↘
52 weeks + - Actual	997	1,054	983	↘

- The overall number of patients on the waiting list has continued to increase based on the latest provisional data to w/e 12th December.
- The increase in the waiting list from October coincides with a similar growth in the number of patients waiting 18+ weeks
- The 52+ week waiters are continuing to improve. The May-21 position was 1,638 52 weeks waiters compared to the provisional December position of 983.
- The level of 40 week waiters has slightly improved with the latest reported position at c3.2k compared to c3.5k reporting in previous weeks.
- Over recent months (October-December), c45% of Elective activity (Ordinary Elective and Day Cases) relate to patients on the P1-4 list.

Diagnostics



- The provisional number of patients on the waiting list has been gradually improving over recent weeks, with the w/e 12th December reporting c10.1k currently on the list. This is a significant improvement on the previous months position.
- The proportion of patient with 6> week breaches increasing with 39% of patients breached compared to 25% at the beginning of November.
- Performance remains a challenge across nearly all Modalities
- Challenges remain in Imaging Modalities which are reporting the following % breaches for the week ending 12/12/21 (unvalidated current data) :
  - MRI 59.28% (from 41% in Nov)
  - CT 46.72% (from 33% in Nov)
  - NOUS 28.35% (up from 14.31% the previous month)

Referrals

- GP Referrals into BHRUT, A&E referrals and 'other' referrals has remained relatively stable over recent weeks with the current weeks with c2.5k referrals per week to BHRUT from BHR practices.
- Consultant internal referrals have reduced in the latest reporting week (19/12/21) from c800 previously to c700.
- The reported level of Outpatient 1st activity for September indicates that activity is at 94% of 19/20 levels. There is a risk that an increasing rate of referral (demand) will exceed capacity resulting in increased pressures on the growing waiting list.

BHR Place Based Partnership Development Sessions - FORWARD PLAN

Monday 15th November 2021 7.30pm – 9.00pm

ICS Clinical and professional Leadership Development

Hilary Ross

Care City work and how they can support development of Place Based Partnerships

John Craig v

Progress update from each Place Based Partnership

PBP Leads

Thursday 9th December 2022 1.30pm – 3.00pm

Performance Improvement at each level in the developing ICS

Archna Mathur Diane Jones

General ICS update(resources) and Q&A session

Chris Cotton

Progress update from each Place Based Partnership – Population Health Management focus

PBP Leads

Wednesday 9th February 2021 12.00pm – 2.00pm

Finance strategy and links to delegation

Steve Beales / Steve Collins

Provider Collaboratives and links to PBPs

Selina Douglas/Ceri Jacob/Lee Bass

General ICS update and Q&A session

Chris Cotton

WRES Update

Dr Jyoti Sood

Progress update from each Place Based Partnership

PBP Leads

March 2022 TBC

Progress update from each Place Based Partnership

PBP Leads

NEL Transformation / development of networks

Simon Hall / Hilary Ross

General ICS update and Q&A session

Chris Cotton

Our BHR Partnership Development Programme – Plan on a Page

Overall Objective

Continue to establish and develop the key BHR elements of the NEL Integrated Care System in preparation for July 2022 and beyond

SRO / Sponsor

Sponsor: BHR ICPB
SROs: Chief Executives & MD on BHR ICEG, BHR Chairs

What we are collectively progressing to support BHR into the new ICS

Agree areas that we believe the Borough Partnership Boards should continue to collaborate on and contribute to NEL discussions on the overall shape of the ICS

A process to take this forward is underway, via discussion with partners.
December 2021

BHR Partnership (ICPB) key priority workstreams

Continue to progress the key workstreams with oversight from ICEG/ICPB/HCC:

- Recovering Well
- Addressing inequalities and Prevention
- Anchor Organisations
- Leadership, culture, and leading change

BHR Integrated Sustainability Plan

- BHR ISP agreed and socialised
- Refresh / agree requirements of Transformation Boards to deliver the ISP
- Process for one off investment fund across key areas of the BHR system / transformation

Continue to progress work of BHR Transformation Boards

- Business Case Approval process streamlined across Partnership
- Work with ISP lead to map out investment and savings requirements
- Map requirements of enabling programmes e.g. workforce

Borough Partnership Boards Development

Ongoing development of BPBs in BHR:

- Operationalise Roadmaps
- Progress key priority areas
- Phase 2 funding (£100k per borough) released
- BHR Development Sessions
- Local Authorities and health partners leading this process
- Explore delegation options and prepare for agreed NEL decision

Provider Collaborative Development

Support continued development of Provider Collaboratives through the CEOs and CCG Chair:

- Primary Care
- Acute
- Community / Mental Health
- Establish links from NEL collaboratives to BPBs in BHR

Progress enabling workstreams / programmes

- BHR Health and Care Academy establishment and development of BHR workforce Dashboard
- Digital Programme in BHR
- Business Intelligence
- Estates in BHR
- **NB** – enabling workstreams must relate to NEL wide workstreams

Primary Care Network Development

- Ongoing programme of support and development for PCNs – monthly sessions
- Progress programme of support for PCN CDs including mentoring
- Progress programme of support for PCN managers
- Progress QI programme approach
- Develop MDT approach with Borough Partnerships
- Strengthen role in Borough Partnerships
- Progress key role of PCNs to address variation and reduce inequalities

Organisational Development

- Progress BHR Clinical and professional Leadership development work (+secure commitment to develop leadership)
- Continue and expand OD programme started with ICEG / NHS Elect
- Initiate OD programme with wider staff so that they can shape the system and processes, ahead of formal steps to July 2022

New Models of Care – Key Developments

- St Georges Hospital
- Barking Riverside
- Ilford Exchange
- Beam Park
- Barking Community Hospital service planning

Engaging with local people to shape our work

- Establish People's Board – BHR
- Borough Partnerships to link in / engagement with local people in an ongoing way
- Non-Executive Director – Patient lead appointed

KEY
Complete
In Progress
Overdue

BHR ICP Priority – ADDRESSING INEQUALITIES AND PREVENTION

BHR Integrated Care Partnership
Better care, better lives, together for all

Overall Objective

To develop and embed a comprehensive approach to addressing inequalities and prevention at every level of the BHR Integrated Care Partnership.

SRO / Sponsor

Sponsor: Health and Care Cabinet
SRO: Dr Remi Odejinmi with HCC and BHR Prevention Group

2021/22 Aims

Developing an approach to Population Health Management in BHR; strong emphasis on the prevention, self-care, addressing inequalities and using all community assets – led via the BHR Transformation Boards and Place Based Partnerships

Supporting key priorities from each of our Borough Partnerships

2021/22 Key Workstreams

Progress BHR specific elements of prevention and addressing inequalities

Seek to learn from Care City's work on inequalities and to involve Care City in the work of the BHR Prevention Group	In progress
Borough Partnerships have submitted expressions of interest to take part in a Population Health management programme – process being led at a NEL level. Meeting towards the end of July to identify the successful areas.	Complete
Loxford (Redbridge) and B&D (Borough) progressing PHM Pilots	In progress
BHR Health and Care Cabinet Obesity workshop – September 2021	Complete
Progress BHR obesity action plan under oversight of the HCC	In progress

Supporting key priorities from each of our Borough Partnerships

Phase 1 £25,000 funding to BP's	Complete
19th May development workshop	Complete
Submission of Roadmaps 31st May	Complete
Feedback provided to BPs – 4 June	Complete
ICEG to review/endorse 2nd phase	Complete
£100,000 Phase 2 funding release	Complete
Borough Partnerships to use £100,000 to bring in resource to take forward their development	Complete
Recruit to Borough Director role for Havering	Complete
Borough Partnerships to take forward Operationalisation of their Roadmaps	In progress
NEL to draft a framework for Borough Partnership development within ICS, with BHR input	In progress
26th Jul – 2nd Borough Partnership development workshop	Complete
3rd Borough Partnership Workshop arranged 7th September	Complete
4th Borough Partnership Workshop arranged November	Complete
5th Borough Partnership Workshop – December 9th	Complete
6th Borough Partnership Workshop – February 2022	In progress
7th Borough Partnership Workshop – February 2022	In progress

BHR ICP Priority – ANCHOR ORGANISATIONS

BHR Integrated Care Partnership
Better care, better lives, together for all

Overall Objective

Agree a collective approach to fulfilling our social obligations as Anchor Originations to our local communities and workforce, linking with the NEL Anchor Organisations workstream.

SRO / Sponsor

Sponsor area 1: Jacqui Van Rossum/ Kathryn Halford
Sponsor/SRO area 2: Barbara Nicholls with BHR HCA Steering Group

2021/22 Aims

Launching the BHR Health and Care Academy, to improve recruitment and retention and increase employment opportunities for local population

Support and develop the communities we serve as 'anchor organisations', through community development and spending money locally to promote local economic development and sustainability

2021/22 Progress on Key Projects

BHR Health and Care Academy

BHR Health and Care Academy Group established – Ali Crewe	Complete
Programme Lead in place – Ali Crewe	Complete
BHR Health and Care Academy Business Case developed	Complete
BHR HCA Business Case to be reviewed and approved	Complete
Agreement of funding envelope to establish a PMO for the Academy	Complete
Establish team to drive forward the work of the Academy	In progress
Piece of work being taken forward immediately around AHPs, including a survey of all AHP staff across the system and recruitment of Project Manager	In progress
Programme of work to support development of the MSK pathway	In progress
Development of a Workforce Dashboard with clear baseline for the system and identification of gaps	In progress
Link Transformation Board requirements into the BHR Workforce Dashboard	In progress

Procurement

Pull together workshop with procurement leads, HR and contract leads to look at what we can collectively do around procurement. What areas can we collectively focus on as a first step, are there any key procurements coming up that we could do something collectively around	Complete
Workshop on 20th October - Directors of Strategy to brief their Procurement leads ahead of this	Complete
Second BHR Procurement workshop to be held in December 2021	Complete
Third BHR Procurement workshop to be held in Jan/Feb 2022	In progress

Long COVID

Louise Brent, Long COVID project manager to scope what further can be done around supporting people with Long Covid – Havering Public health projections suggest the numbers could be very high, likely more than we know about through e.g. the referrals to the long covid service	In progress
Barbara Nicholls to speak to Adrian Loads and Elaine Allegretti re LBR and LBBD engagement.	In progress

BHR ICP Priority – LEADERSHIP, CULTURE, AND LEADING CHANGE

BHR Integrated Care Partnership
Better care, better lives, together for all

Overall Objective

Develop and embed an comprehensive approach to developing leadership, embedding a BHR culture, and leading change

SRO / Sponsor

Sponsor: Ceri Jacob
SROs: As set out below

2021/22 Aims

- Development and delivery of the BHR ICP Integrated Sustainability Plan
- Supporting primary care networks, along with developing Borough Partnerships, and multidisciplinary leadership
- Continued development of the BHR partnership arrangements within the wider north east London Integrated Care System
- Develop a clear, streamlined and strong framework for decision making and mutual accountability

2021/22 Key Workstreams

BHR Integrated Sustainability Plan

Refreshed data showing the gap BHR - Secondary Care Activity – developed	Complete
Update with Principles to ICEG/ICCB May	Complete
Develop agreed Activity Plans for BHRUT for 21/22 and 22/23	Complete
Develop more detailed efficiency aspirations (activity reductions) by TB	Complete
Draft ISP for review/approval	Complete
Final ISP for Approval – June/July 2021	Complete
Comms & OD plan to Partners July/Aug	Complete
Final Plan engagement Sept/Oct	Complete
Finalise Growth Analysis of Transformation Changes July	Complete
MH + Primary Care invest incorporated	Complete
De-risk impact on acute partners 2 yr +	Complete
Agree process for managing indicative budgets for TBs (August)	Complete
Finalise work on proposed monitoring of impact	Complete
Take through NEL CCG approval - Sept	Complete

Lead: Mark Eaton/Steve Rubery

Supporting PCN Development

Engagement with PCN CDs to design an approach to development and support	Complete
NHS Elect Commissioned to undertake initial PCN interviews – end May 2021 – 10 interviews	Complete
Outputs from NHS Elect interviews reviewed and developed into a proposal for ongoing PCN Development	Complete
PCN Development session – 27th July – to review next steps for PCN development	Complete
BUDDYING: Match PCN CDs with CCG CDs for ongoing peer support	Complete
MENTORING: Match each PCN CD to a senior clinician from across BHR for dedicated mentoring sessions	Complete
BHR Heads of Primary Care to set up **regular meetings with the PCN Managers** for their respective Boroughs	In progress
Further session on PCN development to be held and 1-1 discussions with PCN CDs – Sarah See	In progress

Lead: Sarah See

Development of local arrangements within NEL ICS

May ICEG and ICPB OD sessions	Complete
Continued ICP development driven by Directors of Strategy	ongoing
Discuss and agree at via ICEG BHR OD programme and next steps	In progress
Develop a clear, streamlined and strong framework for **decision making and mutual accountability**	In progress
Continued support for development of PCNs and Borough Partnerships within wider ICP structure	In progress
Ongoing OD / building of relationships and strengthening of Borough Partnerships position within the wider Partnership structure.	In progress
BHR feeding in to and shaping proposals around the how NEL ICS will form, responding to the latest guidance and Health and Social Care Bill	In progress

Leads:
Ceri Jacob, Jacqui Van Rossum, Lee Basso, Barbara Nicholls

BHR Integrated Care Partnership Board

27 January 2022

Title of report	Finance Report, month 9 (December 2021)
Item number	
Author	Julia Summers, Head of Finance, BHR ICP
Presented by	Ahmet Koray, Director of Finance, BHR ICP
Contact for further information	ahmet.koray@nhs.net
Executive summary	**Key issues** The CCG has submitted a H2 plan to NHSEI and budgets have been set for the full financial year across the three integrated care partnerships. The CCG and ICP plans are part of the NEL system plan which has been set to break-even. At month 9 (period to end of December 2021), BHR ICP and each of the ICPs in NEL CCG have reported a break-even position across core budgets. However, delivery of the position has been reliant on the use of non-recurrent opportunities totalling £8.6m**.** A further £6.9m has been identified from these non-recurrent opportunities to fund the Integrated Sustainability Plan (investments). The total value of investments is expected to require £20m. As with previous reporting periods, a deficit has been reported against centrally held CCG budgets in relation to specific allocation arrangements in place. NHSE/I will make the hospital discharge pathway (HDP) / Covid and ERF allocation available post month end and until this is received, the position is reported as a deficit.

	The Operating Plan for 2022/23 has been released, however specific finance guidance including allocations, have not yet been shared by NHSEI. As soon as this financial guidance becomes available, a set of plans will be developed and presented back to ICPB for review and comment. **Recommendations** BHR ICPB is asked to note the contents of the attached presentation.
Action required	Note
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	Monthly updates to BHR ICP Finance Committee, NEL CCG Finance Committee and Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Delivery of Financial plan Delivery of Financial plan
Conflicts of interest	N/A
Strategic fit	Finance – delivery of financial position
Impact on finance, performance and quality	Delivery of Financial Plan
Risks	Financial risks are outlined in the attached paper.
Equality impact	N/A

NHS
North East London
Clinical Commissioning Group

Month 9 Finance Overview Report 21/22

Meeting name: BHR Integrated Care Partnership Board
Presenter: Ahmet Koray
Date: 27 January 2022

Finance Report Month 9

CONTENTS	
Month 9 (December 2021) Executive Summary	Page 2 - 3
Month 9 position BHR ICP	Page 4
21/22 full year variances - BHR and NEL Breakdown	Page 5
BHR ICP key variances - Acute	Page 6
BHR ICP key variances - Continuing Healthcare	Page 7
BHR ICP key variances - Primary Care and Prescribing	Page 8
BHR ICP key variances - Other	Page 9
Hospital Discharge Pathway / Covid	Page 10
Elective Recovery Fund	Page 11
Financial Accounts Performance Metrics	Page 12
Summary	Page 13
Appendix 1 - NEL Funds	Page 14
Appendix 2 - Investments (funded from non-recurent reserves in 21/22	Page 15

Month 9 (December 2021) Executive Summary

- The CCG have submitted a H2 plan to NHSE and budgets have been set for the full financial year across the three integrated care partnership systems for NEL CCG. The CCG plan is a break-even position. **The total annual budget for BHR ICP is £1,274m, which is part of the total NEL CCG budget of £3,935m.**

- A full review of financial information has been undertaken for Month 9. This shows a high level of consistency with the Month 8 reported position. With the exception of the Hospital Discharge Pathway (HDP), Covid, Elective Recovery Fund (ERF), Winter Access Fund (WAF) and Additional Roles Reimbursement Scheme (ARRS), the year-to-date and forecast positions are consistent with H1 reporting and **BHR ICP has reported a break-even position against the full year plans.**

- As previously reported, budgetary pressures continue with Independent Sector (IS) contracts, prescribing and CHC budgets.

- To meet these pressures, the use of **non-recurrent mitigations totalling £7.6m and accessing CCG Covid contingency funds (£1m)** has been required. **Additionally, £6.9m of non-recurrent reserves** have been released into the financial position **to fund investments agreed at Finance Committee and Area Committee.** The BHR H2 plan assumes that spend will remain within plan.

- The independent sector (IS) planned budget was increased in H2 to reflect the expenditure profile. H2 IS spend is more or less in line with the budget set, meaning that the reported forecast overspend largely relates to H1. In Month 9 there was additional pressure in BHR caused by increased use of IS, however this financial pressure has been funded by the release of CCG contingency funds into the BHR position.

- **BHR ICP budget has increased by £9m in Month 9** as a result of an increase in allocation for additional discharge funding (£3.7m), contingency transfer from the non ICP budget (£3m) and the transfer of SDF and winter budgets to ICPs (Learning difficulties and Autism, Mental Health and Ageing Well, totalling £2.3m).

Month 9 (December 2021) Executive Summary

- The table below highlights the level of mitigation required for BHR ICP and the other NEL ICPs **to deliver the breakeven forecast position**

NEL CCG Financial Summary H2 2021-22	Forecast Variance - ICP Breakdown				
	BHR £m	C&H £m	TNW £m	Non ICP £m	NEL £m
In Year (Surplus) / Deficit Before Mitigation	**10.7**	**1.8**	**42.1**	**26.2**	**77.3**
Retrospective Funding expected for HDP/Covid & ERF	-2.1	0.0	-1.9	-26.2	-30.2
Adjusted (Surplus) / Deficit after NHSE expected top up	**8.6**	**1.8**	**40.3**	**0.0**	**47.1**
Covid Contingency	-1.0	-0.1	-5.1	0.0	-6.1
Non Recurrent Mitigation	-7.6	1.9	-35.2	0.0	-40.9
In Year (Surplus) / Deficit	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- The Month 9 forecast **assumes that all SDF, MHIS and other specific transformation funds are fully spent**. However, there remains a risk of slippage against a number of these investments as mobilisation in some cases has taken longer than anticipated.

- As discussed in H1 reports, **the CCG needs to be aware of its recurrent underlying position moving into 22/23 and be aware of the impact of this on the ICB and providers.**

- The CCG has started to receive draft guidance for 22/23. Once all the planning documentation is received a ICP and system plan will be developed and updates provided for review and comment.

Month 9 Position – *BHR ICP*

- The position before CCG mitigations and after NHSE anticipated top-ups shows **a full year pressure of £8.6m, relating to the pressure seen in H1. BHR ICP expects to manage H2 within the budget allocated.**

- The use of contingency and non-recurrent mitigations has been necessary to **meet budgetary pressures with the acute independent sector, CHC and prescribing. Additionally £6.9m non-recurrent reserves have been released into the position to fund investments agreed at finance and area committees.** Other Primary care pressures, i.e. hub arrangements, have been mitigated through the use of covid contingency funds and expected NHSE funding.

- **The use of non-recurrent mitigations and the anticipated NHSE top-up means that the CCG position for H2 is break- even.**

- Appendix 1 includes NEL CCG level information and central ICS funds. Appendix 2 details agreed investments funded through non recurrent mitigations.

BHR ICP Financial Summary H2 2021-22	Month 9				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	494.6	501.7	7.1		659.9	672.4	12.5	
Mental Health & LD	95.3	95.7	0.5		127.5	127.8	0.3	
Community Health Services	78.7	80.7	2.0		106.3	109.2	2.9	
Continuing Care	58.6	62.2	3.5	2	79.0	80.7	1.7	
Other Programme	29.9	25.6	-4.3	3	40.7	31.7	-8.9	3
Prescribing	78.2	79.1	0.9		103.8	105.0	1.1	
Primary Care Services	14.6	15.3	0.7		19.4	20.3	1.0	
Primary Care Co-Commissioning	91.9	91.9	0.0	3	122.5	122.5	0.0	3
Running Costs	11.2	11.2	0.0	3	15.0	15.0	-0.0	3
Central Reserves & Efficiency Requirement	-0.0	0.0	0.0	3	0.0	0.0	0.0	3
TOTAL EXPENDITURE	**953.0**	**963.5**	**10.5**		**1,273.9**	**1,284.6**	**10.7**	
Revenue Resource Limit Total	**-953.0**	**-953.0**	0.0	3	**-1,273.9**	**-1,273.9**	0.0	3
In Year (Surplus) / Deficit Before Mitigation	**0.0**	**10.5**	**10.5**		**0.0**	**10.7**	**10.7**	
Retrospective Funding expected for HDP/Covid & ERF		-0.7	-0.7	3		-2.1	-2.1	3
Adjusted (Surplus) / Deficit after NHSE expected top up		**9.8**	**9.8**			**8.6**	**8.6**	
Covid Contingency		-0.7	-0.7			-1.0	-1.0	
Non Recurrent Mitigation		-9.1	-9.1			-7.6	-7.6	
In Year (Surplus) / Deficit	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	

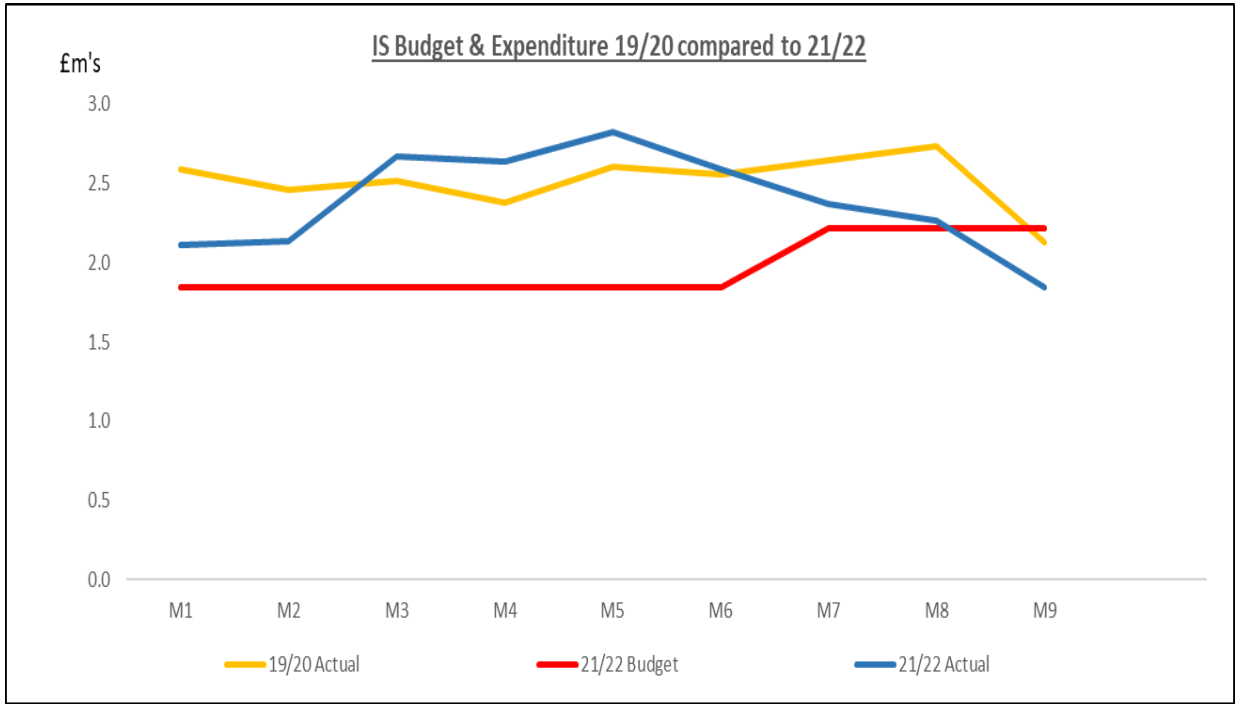
21/22 full year variances – *BHR and NEL Breakdown*

- This table shows the forecast BHR ICP and NEL CCG variances, including level of the deficit before non-recurrent mitigation.
- The table highlights some consistent trends **across NEL, particularly with regard to acute and prescribing.**
- NEL CCG is expecting an additional £30.2m of retrospective funding from NHSE / I (forecast position). Of this £17.3m relates to the Hospital discharge programme , **which is reported as a pressure in the Community Health Services line.** £3.2m relates to ERF, £7.5m WAF, £0.7m ARRS and £1.5m other Covid.
- Further detail on specific variances relating to acute, continuing care and prescribing can be found on the next few slides.

NEL CCG Financial Summary H2 2021-22	Forecast Variance - ICP Breakdown	
	BHR £m	NEL £m
Acute	12.5	16.5
Mental Health & LD	0.3	0.3
Community Health Services	2.9	21.2
Continuing Care	1.7	-0.4
Other Programme	-8.9	-13.9
Prescribing	1.1	2.9
Primary Care Services	1.0	7.7
Primary Care Co-Commissioning	0.0	8.2
Running Costs	-0.0	-0.0
Central Reserves	0.0	34.8
TOTAL EXPENDITURE	**10.7**	**77.3**
Revenue Resource Limit Total	**0.0**	**0.0**
In Year (Surplus) / Deficit Before Mitigation	**10.7**	**77.3**
Retrospective Funding expected for HDP/Covid & ERF	-2.1	-30.2
Adjusted (Surplus) / Deficit after NHSE expected top up	**8.6**	**47.1**
Covid Contingency	-1.0	-6.1
Non Recurrent Mitigation	-7.6	-40.9
In Year (Surplus) / Deficit	**0.0**	**0.0**

BHR ICP key variances - *Acute*

NEL CCG Financial Summary H2 2021-22	Forecast Variance - ICP Breakdown	
	BHR £m	NEL £m
Acute	12.5	16.5



- **BHR ICP have an acute forecast overspend of £12.5m compared to £6.3m at Month 8.** This increases to £16.5m at a NEL level.
- NHS block contracts are reported as breakeven.
- Forecast overspends are reported on BHR ICP **against urgent care (£0.9m), non contract activity (£1.7m) and independent sector (IS) providers (£5.8m).**
- Additionally, there is a **£4m reported overspend against BHRUT for schemes the ICP has agreed to support outside of the block contract.** These schemes are specifically around winter arrangements and the frailty unit and have been funded from non-recurrent reserves in other programmes.
- The forecast position on the independent sector has deteriorated since Month 8 as the ERF income assumptions have reduced from £3.3m to £2.1m .
- Overall H2 spend is more or less in line with H2 budget and is below the 19/20 run rate. The IS position will continue to be monitored by the NEL team and updates given to future committees.
- NCA forecast spend has increased slightly in Month 9 as a result of invoices from one specific eye patient service provider.

BHR ICP key variances – *Continuing Healthcare*

NEL CCG Financial Summary H2 2021-22	Forecast Variance - ICP Breakdown	
	BHR £m	NEL £m
Continuing Care	1.7	-0.4

BOROUGH	ANNUAL BUDGET £m	FORECAST OUTTURN £m	FORECAST VARIANCE £m
BARKING AND DAGENHAM	18.6	18.7	0.1
HAVERING	27.9	29.8	1.9
REDBRIDGE	32.5	32.2	-0.3
BHR ICP	**79.0**	**80.7**	**1.7**

BHR ICP Packages		
	Package Numbers Per Month	Movement Month on Month
M2	1,581	
M3	1,613	32
M4	1,660	47
M5	1,651	-9
M6	1,687	36
M7	1,721	34
M8	1,753	32
M9	1,736	-17
Packages Mvmt M2 to M9 =		155

ICP	BHR - M9			
CHC Type	Start of Period Packages	New Packages	Removed Packages	End of Period Packages
Adults	712	204	209	707
Children	75	10	9	76
FNC	966	38	51	953
Total =	**1,753**	**252**	**269**	**1,736**

- **BHR are reporting a full year forecast overspend of £1.7m**. The NEL forecast underspend is £0.4m
- The BHR position reflects a **deterioration of the forecast position by £0.8m.** The current forecast is based on the latest information and represents an **increase in the number of clients needing 1 to 1 and 2 to 1 care**. At month 9 the package information shows that the number of packages have steadied, but costs associated with packages have increased.
- The information on packages of care shows the split across adults, children and funded nursing care.
- CHC is traditionally volatile and further updates will be given to Committee.

BHR ICP key variances – *Primary Care and Prescribing*

NEL CCG Financial Summary H2 2021-22	Forecast Variance - ICP Breakdown	
	BHR £m	NEL £m
Prescribing	1.1	2.9
Primary Care Services	1.0	7.7
TOTAL PRIMARY CARE	**2.1**	**10.6**

- **The BHR forecast variance on primary care and prescribing is £2.1m**. This increases to £10.6m across NEL.
- The prescribing forecast variance is based on the latest available data (month 7).
- The driver behind the overspend is the increased number and in some cases, cost of prescriptions.
- Primary Care Services show a forecast overspend of £1m which largely relates to reclaimable covid costs.
- The main drivers of the remaining overspend include; Covid service related costs including access (hubs), oxygen and additional costs to support 111 downstream pressures. This has been fully mitigated by the release of the CCG Covid contingency.

BHR ICP key variances - *Other*

1. **Mental Health** – at Month 9 there is no reported variance against mental health. The MHIS plan has been set for the full financial year and the Month 9 return to NHSE assumes that spend is in line with plan. The majority of SDF and spending review funds (SR) for mental health have transferred to NELFT and ELFT for them to deliver the services. At Month 9, NELFT and ELFT have confirmed slippage on the year-to-date position, with recovery against plan expected by year-end. This remains a risk to the system as a proportion of the plans are dependent on successful recruitment.

2. **Corporate Pressures** – corporate pressures continue against the NEL corporate budget, including Business Intelligence arrangements that are now being funded by the CCG rather than nationally through NHSEI.

3. **Investments** – as detailed in the ISP, non-recurrent funding sources have been agreed to pump prime pathways in 21/22, with the aim that savings will be delivered in the next financial year. These are detailed in Appendix 2. Total funding agreed is £9m, with £6.9m committed in the Month 9 forecast. The balance is expected to be utilised in quarter 4 of this financial year. Spend is reported against service areas (largely acute and CHS), with non-recurrent mitigations offsetting the spend in other programme services.

Hospital Discharge Pathway / Covid

Hospital Discharge Pathway

- HDP is reimbursed on actual spend against a notional budget capped at £20.4m for H1 and £17.9m for H2 (total £38.3m) for NEL CCG.
- **BHR ICP expenditure is £9.1m year-to-date and a forecast of £12.8m.**
- At month 9 NHSEI have reimbursed £15.3m across NEL for H1. **Therefore, at month 9 there is an additional HDP year-to-date claim of £8.3m**, with £17.3m expected for forecast costs.
- H2 forecast spend across NEL is, therefore, just under the H2 cap. **There is a risk that any further increase in forecast costs will breach the H2 cap.**

	LA YTD M8 £m	CCG YTD M8 £m	Total YTD M8 £m	LA FOT £m	CCG FOT £m	Total YTD £000s
BHR ICP	7.0	2.1	9.1	8.9	3.9	12.8
CH ICP	1.1	0.3	1.4	1.3	0.4	1.7
TNW ICP	5.5	7.6	13.1	8.1	9.9	18.0
Total	**13.6**	**10.0**	**23.6**	**18.4**	**14.1**	**32.5**
HDP Funds received Q1&2			-15.3			-15.3
Outstanding HDP claim			**8.3**			**17.3**

Other Covid

- Other than HDP, the majority of Covid costs are funded within the CCG baseline.
- **BHR ICP has a forecast claim of £0.9m in relation to vaccination costs**.

Elective Recovery Fund

	Total ERF
Elective Recovery Fund	**H1 £m**
BHRUT	7.5
Barts Health	12.1
Homerton	3.4
NEL CCG	3.5
Total ERF	**26.5**
Funding distributed - Trusts	-22.9
Funding distributed - NEL CCG	-3.5
Outstanding ERF claim	**0.0**
H2 CCG IS forecast	3.2
Total expected H2 ERF	**3.2**

- ERF plans submitted to NHSE/I captures information from NHS and non-NHS providers. The H1 position resulted in a claim of £26.5m which has been fully reimbursed.
- £22.9m of the total £26.4m was payable to BHRUT, Barts and Homerton.
- The remaining £3.5m was allocated to the CCG to fund the non NHS costs elective recovery costs.
- In Month 9 activity at the independent sector has increased as a result of a transfer of activity from acute providers. From a system perspective this means that the expected ERF income expectation in H2 is £3.2m. **At month 9 BHR ICP are expecting £2.1m of these funds**.
- This expectation is based on the latest assumptions about IS activity data and the expected income receivable has reduced from Month 8 as a result of the modelling on the latest data. Any changes to activity data will impact the expected ERF income. Further updates will be given to committee as the information becomes available.

Financial Accounts Performance Metrics

- The Better Payment Practice Code (BPPC) performance measure requires 95% or more of invoices, in terms of value and volume to be paid within 30 days of receipt of the invoice, unless there is a dispute. Performance **across NEL CCG** is shown in the table below:

	2021/22 AP9 - DEC 21		2021/22 AP8 - NOV 21		2021/22 Year to date		2020/21 Outturn	
	Number	£000	Number	£000	Number	£000	Number	£000
Non-NHS Payables:								
Total Non-NHS trade invoices paid in the year	5,842	77,142	7,570	76,569	56,893	617,231	89,808	865,136
Total Non-NHS trade invoices paid within target	5,731	76,049	7,412	75,839	54,215	597,580	85,961	824,785
Percentage of non-NHS trade invoices paid within target	98%	99%	98%	99%	95%	97%	96%	95%
NHS Payables:								
Total NHS trade invoices paid in the year	411	243,367	298	226,036	2,885	2,107,832	12,449	2,407,453
Total NHS trade invoices paid within target	407	243,304	257	225,306	2,749	2,100,937	11,472	2,395,694
Percentage of NHS trade invoices paid within target	99%	100%	86%	100%	95%	100%	92%	100%
Combined non NHS and NHS:								
Total Non-NHS trade invoices paid in the year	6,253	320,508	7,868	302,605	59,778	2,725,063	102,257	3,272,589
Total Non-NHS trade invoices paid within target	6,138	319,353	7,669	301,145	56,964	2,698,517	97,433	3,220,479
Percentage of all trade invoices paid within target	98%	100%	97%	100%	95%	99%	95%	98%

- The BPPC targets were met in December.

Summary

- NEL CCG and the ICPs have submitted a break even plan for H2. It is expected that a break-even position will be achieved for the year. BHR ICP have set a H2 budget that does not rely on the use of non-recurrent mitigations.

- At Month 9 NEL CCG has reported a break-even position on the core budgets, with a reported variance as a result of the outstanding NHSE/I retrospective top-up for HDP, claimable Covid, WAF and ERF.

- The break-even position in BHR ICP has been achieved using non-recurrent mitigations (forecast £8.6m) relating to the overspend reported in H1. An additional £6.9m has been released into other programme services to pump prime investments to support the Integrated Sustainability Plan (ISP).

- NHS contracts continue to be paid on a block basis. However, within the reported position there are risks on the independent sector, prescribing, NEL corporate costs and in-envelope Covid spend in primary care.

- BHR ICP and NEL CCG has received funding for service transformation. Plans are being developed by transformation leads. At month 9 it is assumed that the funds are fully committed. There is a risk of slippage and delivery against these funds.

Appendix 1 – NEL Funds

NEL CCG Financial Summary H2 2021-22	Month 9				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	1,633.7	1,643.5	9.8		2,173.2	2,189.6	16.5	
Mental Health & LD	297.1	297.5	0.5		397.3	397.6	0.3	
Community Health Services	264.4	275.6	11.2		348.3	369.5	21.2	2
Continuing Care	123.4	124.9	1.5		164.9	164.5	-0.4	3
Other Programme	109.6	102.2	-7.4	3	147.3	133.4	-13.9	3
Prescribing	187.4	189.9	2.5		250.1	253.0	2.9	
Primary Care Services	60.3	66.5	6.2		80.1	87.7	7.7	2
Primary Care Co-Commissioning	256.3	256.9	0.5		344.5	352.7	8.2	
Running Costs	28.8	28.8	0.0	3	38.5	38.5	-0.0	3
Central Reserves	-3.6	21.3	24.9		-8.8	26.0	34.8	
TOTAL EXPENDITURE	**2,957.3**	**3,007.1**	**49.8**		**3,935.4**	**4,012.6**	**77.3**	
Revenue Resource Limit Total	**-2,957.3**	**-2,957.3**	0.0	3	**-3,935.4**	**-3,935.4**	0.0	3
In Year (Surplus) / Deficit Before Mitigation	**0.0**	**49.8**	**49.8**		**0.0**	**77.3**	**77.3**	
Retrospective Funding expected for HDP/Covid & ERF		-11.5	-11.5	3		-30.2	-30.2	3
Adjusted (Surplus) / Deficit after NHSE expected top up	**0.0**	**38.3**	**38.3**		**0.0**	**47.1**	**47.1**	
Covid Contingency		-4.7	-4.7			-6.1	-6.1	
Non Recurrent Mitigation		-33.6	-33.6			-40.9	-40.9	
In Year (Surplus) / Deficit	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	

Appendix 2 – Investments (funded from non-recurrent reserves in 21/22)

Scheme	Transformation Area	Non Recurrent Budget £000s	Commitments at Month 9 £000s	Further forecast - Q4 £000s
PINS-Hospital at Home Pathway	CYP	29	-	29
ACR Hypertension	Long term Conditions	10	-	10
Complex Wound care Programme/Dressings and Lymphedema	Long Term Conditions	137	-	137
Non Invasive Ventilation (NIV)	Long Term Conditions	55	-	55
(ACP) Pharmacist in the Community Treatment Team (CTT)	Older People	34	-	34
Ambulatory BHR Nurse-led Catheter Clinic- - Interim Measure	Older People	41	-	41
Community Complex Dementia	Older People	182	-	182
Expansion of the community falls service	Older People	217	-	217
Home First Pilot	Older People	250	200	50
Hospital Discharge Service	Older People	550	550	-
BI Analyst	Other Non Recurrent Schemes	17	-	17
Frailty Service	Other Non Recurrent Schemes	2,539	2,539	-
Phlebotomy	Other Non Recurrent Schemes	1,253	1,214	-
Redbridge Multiple Sclerosis Specialist Nurse	Other Non Recurrent Schemes	7	-	7
Reducing health inequalities through cardiovascular disease prevention	Other Non Recurrent Schemes	-	-	84
Training Hub to provide LTC training for the ARRs roles	Other Non Recurrent Schemes	15	-	15
Community Minor Surgery	Planned Care	80	-	80
MSK e-referral Tool	Planned Care	256	-	256
MSK New Model Of Care-EOR	Planned Care	70	-	70
Ambulatory care	Urgent Care	56	-	56
ED care Navigators	Urgent Care	133	-	133
Pilot HALO (Hospital Ambulance Liaison Officer)	Urgent Care	105	105	-
Virtual Ward	Urgent Care	168	-	168
Winter scheme 1 - Community Beds	Urgent Care	322	-	322
Winter scheme 1 - End of Life Care Home Pilot	Urgent Care	51	-	51
Winter scheme 1 - Intensive Rehab Service	Urgent Care	655	655	-
Winter scheme 1 - Queens beds - Skye A ward	Urgent Care	1,479	1,479	-
Winter scheme 1 - Therapy assessment in ED	Urgent Care	189	189	-
Winter scheme 1 - Weekend nursing home discharges	Urgent Care	8	-	8
		8,908	**6,931**	**2,021**

BHR Integrated Care Partnership
Better care, better lives, together for all

Draft minutes - Integrated Care Executive Group

18 November 2021 at 3.30pm – 5.00pm
Via MS Teams

Members:

Ceri Jacob (CJ)	Managing Director, BHR ICP – chair
Oliver Shanley (OS)	Chief Executive, NELFT
Caroline Allum (CA)	Medical Director, NELFT & Health & Care Cabinet Chair
Magda Smith (MS)	Chief Medical Officer, BHRUT
Matthew Cole (MC)	Director of Public Health, LBBD
Adrian Loades (AL)	Director of People, LBR
Craig Nikolic (CNi)	Chief Operating Officer, B&D GP Federation
Ross Arnold (RA)	Chief Executive, Redbridge GP Federation

Attendees:

Lee Basso (LB)	Director, Strategy & Partnership, BHRUT
John Craig (JC)	Chief Executive, Care City
Steve Rubery (SR)	Director of Planning & Performance, BHR ICP
Tracy Rubery (TR)	Director of Transformation, BHR ICP
Anna McDonald (AMc)	Business Manager, BHR ICP
Rob Adcock (RA)	Deputy Chief Finance Officer, BHR ICP
Hanh Xuan-Tan	Deputy Director, Recovery Planning, BHR ICP
Jeremy Kidd (JK)	Deputy Director, Transformation – Planned Care BHR ICP

Apologies/not present:

Henry Black (HB)	Acting Accountable Officer, NEL CGG
Matthew Trainer (MT)	Chief Executive, BHRUT
Chris Naylor (CNa)	Chief Executive, LBBD
Barbara Nicholls (BN)	Director of Adult Services, LBH
Jacqui Van Rossum (JVR	Executive Integrated Care Director, NELFT
Steve Collins (SC)	Acting Chief Finance Officer, NEL CCG
Ahmet Koray (AK)	Director of Finance, BHR ICP
Emily Plane (EP)	Programme Lead, BHR ICP
Urvashi Bhagat (UB)	Chief Executive, Havering GP Federation
Carrie-Anne Wade (CW)	Strategic Communications Leader, NELFT

1.0	**Welcome, introductions and apologies**	
	The chair welcomed everyone to the meeting and apologies for absence were noted.	
1.1	**Declarations of conflicts of interest**	
	The register of interests was noted and the chair reminded everyone of their obligation to declare any interest they may have on any items discussed at the meeting.	

	No additional conflicts of interest were declared.	
1.2	**Minutes of the last meeting**	
	The minutes of the meeting held on 21 October 2021 were agreed as an accurate record.	
1.3	**Action log/matters arising**	
	The actions log was noted and updated accordingly.	
2.0	**Transformation**	
	2.1 BHR Transformation Boards 21/22 key milestones and Integrated Sustainability Plan (ISP) impact TR presented the report which provided an update against the key milestones of each of the Transformation Boards and the current 21/22 forecasted impact against targets set out in the ISP for each Transformation Board. Significant progress has been made and the Transformation Boards are forecast to exceed the year 1 target. The key messages in the report were given and attention was drawn to the key milestones. TR flagged that some of the data in the report relates to August. It was also highlighted that there are some issues with registrar staffing at BHRUT which has resulted in a dip in outpatient activity. In terms of the elective recovery programme, a reduction in activity levels overall will not be seen yet due to the elective backlog and the recovery plan that is in place. CNi asked whether an impact assessment has been undertaken in regard to how many MSK cases will return to general practice. TR confirmed it is known that the Single Point of Access (SPA) for MSK is reducing the number of outpatient appointments and a piece of work is going to be undertaken to see how many of the referrals through the SPA have returned back to primary care and the outcome will be picked up as part of the evaluation of the MSK scheme. CNi referred to the duty doctor scheme and questioned whether the funding will be available in the new financial year if the pilot is successful. CJ clarified that where possible, the intention is to have all Local Incentive Schemes (LIS) on 3 year contracts but explained that the duty doctor scheme still needs to go through the correct finance process before future funding can be confirmed. MS highlighted the need to recognise that there are many different factors to consider when looking at shifts in activity as the effects of the pandemic need to be factored in. When looking at schemes in areas such as emergency care, there is a need to be mindful of what other care settings the individuals have been re-directed to. TR agreed and clarified that the data is monitored against 19/20 and added that the PMO team members are working with system colleagues to develop sets of outcome measures. AL suggested the need to review the report from a Local Authority finance perspective and said he would organise a small group to do that. TR offered her support. Positive comments on the new style of reporting were given and the following actions were agreed:	AL

	• Include a note on the front sheet of future reports to make it clear that the data is monitored against 19/20. • Continue to work towards including the mental health programme in the new format for reporting • Include a narrative in regard to the red ratings that explains what the impact is and the action needed ICEG members: • Noted the current progress of the Transformation Boards in relation to the delivery of transformation schemes in 21/22 against the targets set out in the ISP, and the current performance against the key milestones for each Transformation Board. **2.2 Older People and Frailty Transformation Board strategy refresh** The strategy and engagement stage of the transformation work is being progressed through a series of task and finish groups via the Older People and Frailty Transformation Board and the BHRUT clinical strategy work. SM explained that the report sets out the approach the Transformation Board is proposing in order to deliver its transformation plan over the next 2 years. Moving forward the transformation plan focuses on a small number of high impact areas supported by an end to end delivery approach. SM advised that in order to fully understand the need for change and the benefits of transformation it has been recommended that a diagnostic is undertaken in the priority areas to build the evidence base and inform the next stage of transformation delivery. A significant amount of work will be needed to deliver the scale of change required, which will require commitment from all organisations. SM advised that members of the Task & Finish Group have had the opportunity to brief their own organisational leads and ICEG members were asked to support the continuation of the planned work. OS commented that although he is familiar with the work that has been undertaken in the wider Essex area covered by NELFT he has not been sighted on this piece of work and would need to confirm the views of the local leaders and clinicians within NELFT and take the matter to the NELFT executive team and possibly the Board before committing to the work overall. He added that it would be good to quantify the cost implications and resource requirements. CNi asked on behalf of UB how this links in with the PCN agenda and added that we need to ensure there is no duplication of work. SM responded that the intention is to the work in a way that enables the boroughs to implement the work working collectively and that undertaking the diagnostic will provide a better understanding of what we can do differently as a system. MS commented that a lot of work has already been carried out in this area and questioned what the diagnostic will add to all the information that has already been gathered. Some members felt there is a need for greater organisational feedback and it was suggested that further internal discussion is needed. SM advised that a piece of work has been undertaken in regard to 'discharge' and one of the findings shows that we do not have system-level 'discharge' information. MS flagged that other system areas have an SRO for 'discharge' but BHR doesn't. CJ confirmed that Matthew Trainer has very recently been given the CEO lead for 'discharge' for NEL with support from CJ.	TR/HX

	AL voiced his concern from a Local Authority perspective and said he would like to see a greater focus on the outcomes and objectives that local Authorities want to see as it currently appears an overly health focussed model in regard to the outcomes and there needs to be more focus on outcomes for residents & communities. JC referred to section 3.1 of the report in regard to the suggested three areas of focus and questioned whether it is too soon to draw the scope so decisively at this time. CJ thanked ICEG members for the feedback and suggested a possible way forward would be to hold a meeting consisting of; a senior clinician and appropriate management executive from each organisation; a Local Authority representative and Care City. SM clarified that there has been a senior clinician and management lead from each organisation on the Task & Finish group and suggested that it would be better for them to have the conversations within their own organisations in order to get the wider support. An update could then come back to the next ICEG meeting that includes more detail on the costing and funding options. CJ asked SM to ensure that her team leads take the conversations forward. CNi asked for UB to be included. ICEG members: • Agreed that more time for internal discussions within their own organisations is needed before the paper can be supported. • Agreed to receive an updated paper at the December meeting that includes detail on costing and funding options.	SM
3.0	**BHR ICS development**	
	3.1 Our proposal for ongoing multi-borough collaboration in BHR and beyond CJ presented the proposal which has been developed in partnership with partners across health and care. The output from all the discussions that have taken place have been shared with partners and Place Based Partnerships, and have been collated together into a proposal for ongoing multi borough collaboration. A number of strong themes have emerged from all of the partnership discussions and CJ referred to one in particular that highlights the strong and successful history of partnership working in BHR, with innovative and important partnership programmes that partners are keen to continue to collaborate on, such as the BHR Transformation Boards, the associated Integrated Sustainability Plan (ISP) and the BHR Health and Care Academy. The BHR System Command Operational Group (SOCG) and BHR Health & Care Cabinet are also areas that system colleagues would like to continue going forward. CJ explained that the next steps following approval by ICEG members would be to present the framework to NEL CCG and NEL ICS for consideration as part of the wider work on establishment of the NEL ICS. That would be followed by the development of a proposal for governance and oversight of areas of ongoing collaboration. The ICPB will cease to exist in its current form and CJ suggested that the ICEG could continue to meet but in a slightly	

different format with a rotating system chair and that it would become the forum for overseeing the areas that the system works on collaboratively. CJ suggested the need for ICEG to review the areas of collaboration every six months.

CNi updated ICEG members on the different views that are being expressed at borough level in B&D in regard to what should be worked on at borough level and what needs to be done collaboratively. CJ confirmed that strategy and setting outcomes and standards will all sit at a NEL level and the planning in regard to how the transformation that is necessary in order to deliver the agreed outcomes and standards can happen at either a borough level or multi-borough level depending on what it is.

MS reflected on the future of the BHR H&CC and explained it is multi-agency and multi- professional and unless there is something similar that can replace it, it needs to remain until there is an equivalent forum that can take its place.

OS added that we need to maintain some anchor points throughout the transition and we need to make sure the strong sense of collaboration across BHR is not lost as we focus more on 'place'.

CJ concluded the discussion by summing up that the H&CC and SOCG will continue for the foreseeable future.

ICEG members:

- Noted the proposal for ongoing collaboration in BHR, including consideration of whether it would be of value if the BHR Health and Care Cabinet continues post April 2022.
- Endorsed the proposal for ongoing collaboration in BHR
- Noted the further work to be undertaken to define how the areas of multi-borough collaboration will be overseen

3.2 B&D Place based partnership update

CNi outlined the different demographics within the three BHR boroughs and explained that a paper has been drafted on Place Based Partnerships which will be presented at the next meeting of the B&D Borough Partnership. Discussions have been held with system colleagues and the draft document has been shared with the CCG's legal team - Brown Jacobson. The short to mid-term aim in B&D is for the Borough Partnership to become a committee of the ICB and the mid to long term aim is to have Section 75 agreements for adults and children. CNi advised that the expectation is that BHR system partners will take the final version to their respective organisations' boards by July 2022.

OS and CJ emphasised the importance of undertaking a 'read across' which needs to be done at a NEL level as well as a borough level. CJ added that the CCG is in the process of trying to confirm what the 'ask' is of Place Based Partnerships in NEL.

AL agreed that there are differences in the population within the boroughs but added that there are a number of similarities too but to different extents that need to be reflected. AL referred to discussions that he and Elaine Allegretti had recently with the London Borough of Newham and flagged the need for

	boroughs to learn from each other as how issues can be responded to and added that this needs to be included in our collective thinking as partnerships. CJ thanked CNi for the update. *CNi circulated the draft document to ICEG members during the meeting.*	
4.0	**ICP performance**	
	4.1 BHR priority actions progress update As agreed at the last ICEG meeting, the report focussed on one key priority - 'addressing inequalities and prevention'. The key messages were discussed: MC fed back on the discussion held at the November meeting of the BHR Health & Care Cabinet (H&CC) following a joint presentation on the BHR Prevention Working Group and the Terms of Reference (ToR) for the group. H&CC members had expressed mixed views as to the value of the working group and some members felt that there is a level of duplication in this area and it was agreed that discussions would be held outside of the H&CC before agreeing the way forward. MS recapped on her follow-up discussion with Gladys Xavier (GX) where it was agreed that there is a need to look at what is happening at a NEL level and at a borough level in terms of the overall prevention work. As the newly appointed Chair of the H&CC, MS advised she has requested a meeting with the relevant people including Tracy Rubery (TR) to undertake a mapping exercise looking at what is happening where to avoid duplication and avoid people attending different meetings to discuss the same thing. MC added that he is also meeting with TR about the future of the Cancer Transformation Board. SMo clarified that there is a NEL Prevention Group and the next meeting is on 20 November which GX will be attending. SM suggested the need to embed the prevention work in all the work being undertaken rather than having a separate workstream. MS to give a verbal update to ICEG members in December on the H&CC's recommendation regarding the Prevention Working Group. ICEG members: • Noted the update.	MS
5.0	**Any other business**	
	5.1 BHR Academy Sponsor To date NELFT has been the sponsor of the BHR Academy and a senior lead in BHRUT has been the SRO. CJ advised there is an opportunity now to review the sponsor role to ensure the Academy reflects and meets the needs of the whole BHR system. The benefits of having a joint sponsor going forward in order to bring together the perspectives from Local Authorities, NELFT, BHRUT, and Primary Care were explained and CJ confirmed she has had an opportunity to discuss this with OS, KH and the BHR Clinical Chairs' and advised that if ICEG members were happy with the suggestion she would send an e-mail after the meeting to EA, BN, AL. ICEG members agreed the suggested way forward. A proposal will be presented to ICEG members at the December meeting by Kathryn Halford.	CJ KH

6.0	**Items for information**	
	8.1 ICPB – November agenda ICEG members noted the agenda. **8.2 BHR Quality & Performance Oversight Group minutes** ICEG members noted the minutes of the meeting held in October 2021.	
	Date of next meeting – 16 December 2021	

BHR Integrated Care Partnership

Better care, better lives, together for all

Health and Care Cabinet

Thursday 11 November 2021
(via MS Teams)

Members:

Magda Smith (MS) – Chair	Medical Director, BHRUT
Kathryn Halford (KH)	Chief Nurse, BHRUT
Atul Aggarwal (AA)	Havering Clinical Chair, NEL CCG
Jagan John (JJ)	NEL CCG Chair / B&D Clinical Chair
Caroline Allum (CA)	Medical Director, NELFT
Debbie Smith (DS)	Director of Nursing, NELFT
Chris Tuckett (CT)	Associate Director of AHPs, NELFT
Gladys Xavier (GX)	Director of Public Health, LBR
Leila Hussein (LH)	Social Care representative, LBR
Matthew Cole (MC)	Director of Public Health, LBBD
Mark Ansell (MA)	Director of Public Health, LBH
John Peters (JP)	Acting Medical Director (Whipps Cross), Barts Health
Shanika Sharma (SS)	Clinical Director for B&D PCN
David Derby (DD)	Havering GP Federation
Janaka Perera (JP)	Community pharmacy representative
Norah Rao (NR)	Practice Nurse representative
Jyoti Sood (JS)	HEE representative

Attendees:

Ramneek Hara (RH)	B&D Clinical Lead, NEL CCG
Remi Odejinmi (RO)	BHRUT inequalities lead
Tha Han (TH)	Public Health Consultant, LBH
Uzma Haque (UH)	B&D Clinical Lead, NEL CCG
Emily Plane (EP)	Programme Lead, BHR System Development, NEL CCG
Jane Leaman (JL)	Consultant in Public Health (interim), LBBD
Ahmed Soliman (AS)	Deputy Medical Director (Quality Improvement and Clinical Outcomes) and Consultant Emergency Physician, BHRUT
Keeley Chaplin (KC)	Minute taker, BHR ICP, NEL CCG
Martin Vernon (MV)	Senior Clinical Advisor, Whipps Cross Hospital - item 2
Lauren Ellis (LE)	Health and Care Services Strategy Programme Manager, Whipps Cross Redevelopment Programme, Barts Health - item 2
Hilary Ross (HR)	Director of Strategic Programmes, ELHCP - item 5
Rachel Parris (RP)	Senior Programme Lead, ICS Clinical and Care Professional Leadership, ELHCP - item 5
Peter McDonnell (PMD)	Lead Commissioner Older People and Frailty, BHR ICP, NEL CCG – item 6
Eric Ayesu-Boapeah (EAB)	Public Health Principal, LBBD – item 6
Yaccub Enum (YE)	Public Health Principal, LBBD – item 6
Ikenna Obianwa (IO)	Public Health Manager, LBR – item 6
Richard Clements (RC)	Programme Manager, NEL CCG - item 6

Apologies:

Anil Mehta (AM)	Redbridge Clinical Chair, NEL CCG
Kate Dempsey (KD)	Social Care representative, LBH
Susanne Knoerr (SK)	Social Care representative, LBBD
John Craig (JC)	CEO, CareCity
Rahul Singal (RS)	Pharmacy Lead, NELFT

		Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all to the meeting and apologies were noted as listed above.	
1.1	Declaration of conflicts of interest	
	None declared.	
1.2	Minutes of the meeting held on 14 October 2021	
	The minutes of the last meeting were **agreed**.	
1.3	Matters/actions arising	
	The updated action log was **noted** and it was agreed to close action 175, 177, 178, 179. EP updated that a Recovery Summit session is going to be held by Steve Rubery with action owners in the next few weeks to go through progress against agreed actions since the July 2021 Summit in detail.	
2.0	**Whipps Cross Clinical and Professional Advisory Group**	
2.1	MV gave an overview of the Whipps Cross Clinical and Professional Advisory Group (CPAG) noting that representation has increased across the system including from BHR colleagues: • Key priorities include; better end of life care in communities, enhanced health support for care homes, discharge to assess processes and obligations, mental health community crisis response and mental health cognitive assessments. • The CPAG works in a similar way to the BHR cabinet and is overseeing a number of workstreams such as the Centre for Care Excellence at Whipps Cross. The CPAG is working with the QMUL and UCL to forge academic collaboration. • A common outcomes framework is being developed based on local care priorities. A digital hub is being established that will connect and provide digitally enabled health and care services to support care delivery close to and within people's homes. • The CPAG is working through its engagement with all stakeholders and the terms of reference have been refreshed. Acute frailty and population health management is potentially funded and could be done through a PCN DES. TH suggested MV link up with the population health management work being undertaken at a NEL level. KLC to share contact with MV. Members **noted** the update on the Whipps Cross Clinical and Professional Advisory Group.	KLC
3.0	**Prevention Working Group**	
	UH and TH are both leading the BHR Prevention Working Group and provided the update to the cabinet: • The group is a sub-group of the Adult Transformation Boards and links with other workstreams to deliver progress on key prevention priorities. It consists of a core steering group that is meeting quarterly and a task and finish group that meet six-weekly.	

		Action
	• The group will map existing prevention services across BHR and will develop a workplan aligned to the prevention priorities of the transformation boards. • Any gaps will be identified using a variety of sources such as the JSNA and public health data. • The group is working with PCNs on population health. GX added that prevention is being embedded into transformation boards but there may be a risk of duplication. UH and TH will meet with GX to discuss this in more detail and feedback. JS reminded all to include education and training (eg Health Education England and the BHR Academy) when looking at new or revised services and that reasonable adjustments are made for learning disabilities. Members **noted** the discussion on the prevention working group and the terms of reference presented for information and that further discussions are needed to clarify any potential duplication of work.	UH/GX
4.0	**NEL Local Pharmaceutical Committee update**	
	JP provided members with an update on the NEL Local Pharmaceutical Committee (LPC) including: • There is a revised staffing structure and a new Chief Officer will join in January. • The updated strategy focuses on the delivery of the contractual framework and engagement to support key priorities. • The community pharmacy transformation group has workstreams which include prevention, interoperability, PCN engagement, vaccine programmes and care homes. • As well as responding to the Covid pandemic, the flu programme has been a good opportunity for joint working and enhancing access for patients. • Funds have been identified to integrate community pharmacy into the broader system and the NEL Digital Board has submitted a bid to NHSE for an allocation against the tech fund which will be used to procure the relevant platform for delivery of DMS, if successful. • Each PCN has been allocated a community pharmacy PCN lead supported by the quality pharmacy framework. • The Community Pharmacist Consultation Service (CPCS) has progressed with 50 practices now live across NEL. Once the integration lead is recruited to work will continue to increase these. • The joint pharmacy needs assessment will be presented to members at a later meeting. SS advised that PCNs are keen to engage with community pharmacy but has been difficult for practices to sign up without a suitable IT platform. JP advised there is an interim solution and will arrange for further communication on this.	Forward planner JP

		Action
	The Cabinet **noted** the update from the LPC and that an update and the Joint Pharmacy Needs Assessment will be brought back at a future meeting.	
5.0	**Update on place based clinical / professional lead models and leads**	
	HR gave members a short overview of the NEL ICS clinical and care professional care leadership model for the ICS. The work will build-in national guidance and requirements for April 2022 moving from a CCG to a new ICS that will support integration through broader clinical care leadership and will need to be clear what is needed at place-based level and what will be at NEL level. Discussions have begun to scope the priorities for the ICS clinical and care professional leadership model and broader strategy and to recruit to roles. Longer-term work will look at training and development as it is important to support a pipeline of leadership talent for the future. An engagement document is being finalised. Cabinet members **noted** the verbal briefing and that a more detailed report will be presented for discussion at the next meeting.	
6.0	**Transformation boards concept plans**	
6.1	Ageing well	
	PMD presented the overview of the concept for the Ageing Well programme for BHR, including its impact and the proposed spending plan. LH asked why, under the enhanced care in care homes, there is no investment into discharge to assess therapy in Redbridge. PMD advised this relates to the block booked beds pilot scheme and if Redbridge agreed to join the pilot this will be factored into the plan. The BHR Health and Care Cabinet gave its **support** to the Ageing Well concept plan.	
6.2	Reducing health inequalities through cardiovascular disease prevention, a diagonal approach	
	IO presented the concept plan to members which aims to reduce health inequalities through cardiovascular disease (CVD) through a diagonal approach. MA asked if any funds would be made available to the local authority to pick up costs relating to the point of access testing such as the related consumables are expected to be funded by the local authority. GX advised Redbridge will be using their prevention monies from the CCG and will discuss this scheme further with MA. IO added that point of care testing in Redbridge will identify people earlier as pre-diabetic or with high cholesterol. IO clarified that the equality impact assessment on the programme is due to be updated next year. The BHR Health and Care Cabinet **supported** the concept of reducing health inequalities through cardiovascular disease prevention.	GX/MA

		Action
6.3	Improving access to Health checks for BAME communities aged 30 to 39 living in Barking and Dagenham	
	YE and EAB presented the concept to improve access to health checks for BAME communities living in Barking and Dagenham. MS highlighted that bidding from the voluntary sector is being encouraged and it is good to engage with the local communities in this way. engage. The BHR Health and Care Cabinet **supported** the concept plan to improve access to Health checks for BAME communities aged 30 to 39 living in Barking and Dagenham.	
6.4	Diabetes Structured Education	
	RC presented the concept for the development of an educational hub for people diagnosed with diabetes. MS noted there is a gap in service for newly diagnosed 16-17-year olds and asked if this particular cohort would be picked up. RC advised it is not specified but will take this back and build it in. The BHR Health and Care Cabinet **supported** the concept.	RC
6.5	Diabetes Insulin Pumps	
	The concept to provide a consultant-led insulin pump service was presented to members. The BHR Health and Care Cabinet **supported** the concept.	
7.0	**Any other business**	
7.1	Action from the Planned care Transformation Board	
	Members agreed to transfer an action from the planned care transformation board regarding the development of inequalities work. The Health and Care Cabinet will undertake monitoring and reporting against access to services in relation to inequalities (including digital inequalities) to ensure that transformation is not adversely affecting patient cohorts.	
8.0	**For information**	
8.1	BHR Priorities Plan on a Page	
	The health and care cabinet are the sponsors on workstreams addressing prevention and the update was **noted**.	
9.0	**Date of next meeting**	
	9 December 2021 at 1:30pm-3:00pm	

BHR Integrated Care Partnership
Better care, better lives, together for all

BHR Health System Quality and Performance Oversight Group
4 November 2021 by MS Teams

Minutes

Members

Dr Sarah Heyes (SH) - CHAIR	Redbridge Clinical Lead, NEL CCG
Steve Rubery (SR)	Director of Planning and Performance, BHR ICP, NEL CCG
Mark Gilbey-Cross (MGC)	Deputy Nurse Director, BHR ICP, NEL CCG
Lorraine Bess (LB)	Director of Nursing (Quality & Patient Safety), BHRUT
Caron Bluestone (CB)	Associate Lay Member for Quality, Performance & Finance, BHR ICP, NEL CCG
Kathryn Halford OBE (KH)	Chief Nurse, BHRUT
Dr Magda Smith (MSm)	Chief Medical Officer, BHRUT
Jacqui van Rossum (JvR)	Executive Integrated Care Director (London), NELFT
Susan Smyth (SuS)	Director of Nursing (Clinical Effectiveness), NELFT
Sue Elliott (SE)	Director of Nursing, Quality and Governance, PELC

Attendees

Dr Atul Aggarwal (AA)	Havering Clinical Chair, NEL CCG
John Flood (JF)	NEL Provider Performance Director, NELCSU
Carol White (CW)	Integrated Care Director (Havering), NELFT
Richard Pennington (RP)	Acting Chief Operating Officer, BHRUT
Hilary Shanahan (HS)	Interim Head of Quality & Clinical Governance, BHR ICP, NEL CCG
Wellington Makala (WM)	Executive Chief Nursing Officer / Executive Director AHP & Psychological Professions, NELFT
Tracy Rubery (TR)	Director of Transformation, BHR ICP, NEL CCG
Ronan Fox (RF)	Children's Commissioning Manager, BHR ICP, NEL CCG
Keeley Chaplin (KLC)	(Minute taker) Governance Team, BHR ICP, NEL CCG

Apologies

Ceri Jacob (CJ)	Managing Director, BHR ICP, NEL CCG
Sharon Morrow (SM)	Director of Integrated Care, BHR ICP, NEL CCG
Jacky Hayter (JHa)	Director of Performance and Business Intelligence, NELFT
Debbie Smith (DS)	Director of Nursing / Patient Experience, NELFT
Dr Vincent Perry (VP)	Deputy Medical Director, NELFT
Dr Ramneek Hara (RH)	Deputy Barking & Dagenham Chair, NEL CCG
Dr Anil Mehta (AM)	Redbridge Clinical Chair, NEL CCG
Diane Jones (DJ)	Director of Nursing & Quality, NEL CCG
Dr Ahmed Soliman (AS)	Deputy Medical Director of Quality Improvement and Clinical Outcomes, BHRUT

No.	Agenda item and minute
1.0	**Welcome, introductions and apologies**
	The Chair welcomed all to the virtually held meeting. Apologies were noted as above.

No.	Agenda item and minute
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on issues arising at the meeting which might conflict. There were no conflicts of interest declared pursuant to the business of this oversight group.
1.2	Minutes of the meeting held on 7 October 2021
	The minutes of the BHR Health System Quality and Performance Oversight Group held on 7 October 2021 were duly **noted and approved**.
1.3	Matters/actions arising
	The actions log was **noted** and members agreed to close ACT086, ACT013, ACT021 and ACT026.
2.0	**Assurance**
2.1	Inpatient mental health transformation plan
	WM presented members with an overview regarding the progress, highlights, and risks in relation to the delivery of the Inpatient Mental Health Transformation Plan. WM highlighted that the team continue to find creative ways to ensure ward-based colleagues are aware of the transformation plan and the impact this work is starting to make. Amongst the actions being taken, a body camera pilot commenced in June and this has now been extended until December and has been received positively by staff and service users. Meetings are regularly held to discuss the advocacy pathway and the interface between the role of the Mind advocacy service and the other statutory providers including Voice Ability and Cambridge House. SH noted the importance of the voice of the service user and of staff which is a great initiative. WM agreed to bring back a report on progress in 2022. The group **noted** the update.
2.2	Ofsted's focused visit to LBBD progress report
	RF provided members with an update on Ofsted's focused visit to the London Borough of Barking and Dagenham in May 2021. The report provides the draft action plan developed as a result of the OFSTED inspection. The action plan will be presented to the LBBD Safeguarding Executive Board for final approval and implementation. The action plan development and outcomes will be reported to Children and Young People (CYP) Transformation Board, and the BHR Integrated Safeguarding Assurance Board (ISAB). SH noted the transition from children to adult services has often been difficult and asked how would this be done differently? RF advised they are building on good practice and that a dedicated mental health worker in Children and Adolescent Mental Health Services (CAMHS) will link with the local authority for the service user's transition. This is a multi-agency scheme and all partners are contributing to the action plan. A progress report can be provided in February 2022. MGC advised that this is a national issue and the chairs of children's and adults' safeguarding boards are developing an improvement plan which MGC will share with members when made available. The group **noted** the contents of the report and the detailed joint work taking place in Barking and Dagenham.

No.	Agenda item and minute
2.3	BHRUT Serious Incident (SI) Thematic Review
	LB presented a summary report on the serious incident thematic review with the full report being presented to the BHRUT board in Spring 2022 A thematic review of SIs from January 2019 to December 2020 was undertaken which encompassed complaints, PALs, litigations, site visits and conversations with staff and patients at both BHRUT sites. Due to a change in leadership the final report will be presented to the BHRUT board in January and an update to this group can be provided in February 2022. The report acknowledges that there has been different leadership over the years which has impacted upon some of the cultural issues identified and the key focus is on engagement and becoming a good learning organisation. It was also acknowledged that availability of staff time has been an issue and impacted on the quality of the SI reports. Funding has been secured to bring in external resource to support the organisation with reporting processes and help with the backlog which has built up due to the response to the Covid-19 pandemic when the SI process was paused. Members noted the update and to receive a detailed report in February 2022.
2.4	BHRUT Maternity CQC report
	KH presented an update in relation to the final inspection report received from the Care Quality Commission (CQC) following their unannounced focussed inspection of our Maternity Services which was undertaken in June 2021. The ratings of Good under the domains of Effective, Caring and Responsive have been retained, as has the rating of Required Improvement for Safe. The rating for Well Led was downgraded to Requires Improvement, which has led to the overall rating of Requires Improvement. An action plan that addresses the Must Do's alongside the Should Do's and other findings is being developed. This plan and all other CQC plans will be amalgamated into one Improvement Plan. Delivery will be monitored by the Maternity Assurance Board and reported via the appropriate reporting mechanisms to the Trust's Board. SH asked if the issues raised by the whistle-blowers that had instigated the visit had been addressed? KH advised that they had raised an issue relating to the process for undertaking reviews and that this has since been resolved. There was also an issue raised of staff culture split and additional roles have now been recruited to that will provide more interaction between junior and senior staff. Recruitment into vacancies at director level is progressing. In addition to these a new associate medical director has been appointed that will be working with MS. A re-inspection is expected in 2022. Members **noted** the update.
3.0	**Quality**
3.1	BHR System Quality and Safeguarding Report

	MGC provided an overview of quality and safeguarding issues and risks across the BHR system highlighting:
	
	• BHRUT
	  • Since the previous report, no Never Events have been declared.
	  • There have been two Regulation 28 Reports issued to the Trust and the Department of Health and Social Care since the previous report. Both responses are due back to the coroner in December.

No.	Agenda item and minute

	• NELFT
	  • Since the previous report, no Never Events have been declared.
	  • The Looked After Children (LAC) quality improvement programme which includes the quality of Initial Health Assessments (IHA) is progressing and an update report will be circulated to members. **Action MGC**
	  • MGC requested a copy of the content of LAC training package. **Action: JVR to send to MGC**
	  • CW advised that community-based clinicians are able to request investigations however they do not receive an automatic notification when the results are available to them. A solution is being sought for the electronic system however each borough has put in a system to track results until then.
	  • There has been one Regulation 28 Report issued since the previous report. A joint response with ELFT to the coroner is required by 15 December 2021.
	
	The Group **noted** the detail of the report and actions being taken to date to mitigate the identified risks.

3.2	BHRUT Quality Report
	LB presented the group with the 'flash' report to provide assurance on the Trust's most up to date Quality and Safety data for September 2021 and highlighted the following: • Publication of the statistics from the National Reporting and Learning Service (NRLS) were delayed nationally due to testing of a new format. • Three level 3 investigations have been commissioned within the past 18 months. One investigation is complete, and the Trust is currently reviewing factual accuracy of the report. Two are currently with the CCG and are ready to commence. • There was one outbreak of Covid reported in September resulting in the full closure of a ward at KGH. Post infection reviews are undertaken for every patient testing positive 8 days or more following admission. • Winter planning continues and the Trust has purchased ten mobile devices (canopy style tents) that can be deployed for patients that may require isolation. • Internal auditors reviewed safeguarding adults' policies, training and governance with a focus on LD and reported significant assurance with minor opportunities for improvement. • The CQC inspected Radiotherapy, Radiology and Cardiology at Queen's Hospital in September. All resultant actions require completing by 22 December. MGC noted there is to be a planned peer review of the NEL designated Trauma Unit in November. LB clarified that this is a regular peer review with the last one taking place approximately 4 years ago. The Group **noted** the report.
3.3	NELFT Quality Report
	The NELFT quality and safety summary report and risk exceptions was presented to members. It was noted that NELFT hold a formal quality and safety committee on a bi monthly basis with a deep dive on alternate months. SE asked if the report format could be reviewed in terms of updates being shown under the six domains. JVR advised that the report layout had been agreed with NELFT board members but will discuss this change with them. **Action JVR** The Group **noted** the content of the report.

No.	Agenda item and minute
3.4	PELC Quality Report
	SE presented the PELC integrated quality report noting the following: • There is a scheduled CQC visit in November which will undertake a comprehensive inspection of PELC services at Queens, Barking and Harold Wood. Resulting action plans will be shared at a future meeting once available. • There are four open SIs, one of which is still waiting for the police investigation to conclude. Key learning from the other three includes the use of chaperoning, a review of processes and training and clearer signs for patients. • There has been a focus on the patient experience and actions from this includes updating literature to ensure patients are aware they may be advised to move to other locations and the website is being developed to advise on waiting times at each location. • It was noted the RAG rating in the report was not updated and a revised report will be circulated to members. **Action SE** • SE had requested Urgent Health UK if they can advise on benchmarking all urgent treatment centres. This was pre Covid and SE will follow this up with them. **Action SE** • The PEWS under 5s audit report (July 2021) showed that; whilst there was evidence of recording of observations, out of 2103, in 796 cases, the observations were not documented in the appropriate box. SE clarified that each one had been scrutinised and there are no concerns relating to this issue. The Group **noted** the content of the report.
4.0	**Performance**
4.1	System performance report
	JF provided updates by exception on performance against constitutional standards highlighting the following: • Elective care has seen a drop in activity but there are concerns relating to an increase in the Referral to Treatment (RTT) patient treatment list (PTL). This is an issue across the whole of NEL. • Diagnostics has not recovered to the standard but is stable and challenged in several services. • Cancer 2 week waits (ww) is doing well but there remains a challenge in meeting the 62-day standard. • The 4-hour waits at A&E continues to be challenged with activity returning to pre Covid levels. • For Mental Health the IAPT waiting times from first to second appointment in Redbridge is starting to improve. CW noted that there is a national issue with a shortage of staff which could lead to a quality concern and that this could be an area that could be looked at as a system. AA asked if there has there been any impact following the 'blitz' clinics held at BHRUT and if mutual aid from partners in NEL could be sought. JF advised the overall patient list is not improving but the 'blitz' clinics may have stopped them increasing. RP added that they have seen more patients than historically during September and October, however following IPC guidance reduces the number of slots that can be offered. There have been initiatives that are targeting longest waiting patients so will expect to see reductions in 52ww. Mutual aid has been sought for breast 2ww referrals but so far has not been made available and work is ongoing on this.

No.	Agenda item and minute
	SH asked how GPs can help and noted the the system does not give details of capacity for services. RP advised that work is being done on the extranet that will provide waiting times and waiting list sizes until this can be provided on ERS. RP suggested an opportunity to work on a single point of access (SPA) as referrals can come in different ways or are duplicated. CB queried the reason for the wait for testicular cancer being worse than other specialities. RP advised that it could be the need for a pre-check diagnostics being undertaken prior to attending the appointment. SH shared her concerns regarding the backlog and the risk of harm to these patients. KH advised that they share these concerns and recognise also that patients are coming in requiring more complex care. RP added that they are following the Royal College of Surgeon guidance to prioritise patients and a harm review process is in place which includes triangulating patients with admissions and non-elective lists. The group **noted** the content of report and actions being taken to address risks.
4.2	BHRUT performance challenges and recovery
	Members **noted** the report of operational performance in BHRUT and actions being taken to reverse downward trends.
4.3	NELFT performance challenges and recovery
	It was agreed that the next meeting would receive a deep on pressure in Mental Health and CAMHS services. The main concern is despite receiving additional resource they cannot appoint the staff and are working closely with the BHR Academy to bring additional resource into the system. The NELFT performance report for which was duly **noted**.
4.4	PELC performance report
	SE presented the PELC performance report which is part of the integrated quality report. SE noted that there is a challenge with the 4-hour performance. This s a key focus but since April it has deteriorated from 98% down to 80% but is now up to 92%. PELC are working closely with BHRUT to address this. SE announced that this will be her last meeting of this group and members wished her well on her retirement. The Group **noted** the contents of the report.
5.0	**Any other business**
5.1	**Stroke services** SH raised an issue with access to the early supporting discharge team in Wanstead and Woodford. CW is now the NELFT lead for stroke and will link with Dr Ann Baldwin to discuss this further. **Action CW**
5.2	**GP IT systems** SH and AA highlighted issues with GP IT systems not being fit for purpose. They have raised it with the GP IT team and AA has requested this be added to their risk register as they could be a risk in recording clinical data and provision of e-consultations.
6.0	**Date of next meeting**
	2 December 2021

North East London
Clinical Commissioning Group

Integrated Safeguarding Assurance Board Meeting
Wednesday 24 November 2021 @ 09:30 – 12:00: MS Teams / Room 7BC North House

Minutes

Present	Initials	Title
Doug Tanner	DT	Children's & Maternity Commissioning Lead
Eve McGrath	EM	Designated Nurse Adult Safeguarding Havering **– Chair**
Jeanette Ford	JF	Child Death Overview Panel (CDOP) Manager (BHR ICP)
Jessica Barlow	JB	Child Death Overview Panel (CDOP) Co-Ordinator (BHR ICP)
Jig Tailor	JT	Senior Commissioning & Contract Manager BHR
Jo Wingrave	JW	Business Manager Safeguarding (BHR ICP) - **Minutes**
Kate Byrne	KB	Designated Nurse Safeguarding Children & LAC B&D
Liz Adamson	DrLA	Designated Dr Safeguarding Children Havering
Paul Archer	PA	Designated Nurse Safeguarding Children & LAC Havering
Ruth Rothman	RR	Nurse Consultant Safeguarding Children & PC Redbridge
Sophie Niall	DrSN	Designated Doctor for LAC (BHR ICP)
Stephen Hynes	SH	Designated Nurse Adult Safeguarding Redbridge
Sue Nichols	SN	Designated Nurse Safeguarding Children & LAC Redbridge
Apologies / Not present		
Ceri Jacob	CJ	Managing Director (BHR NEL CCG)
Gillian McNeice	GM	Project Lead PINS Children's Commissioning
Hilary Shanahan	HS	Interim Head of Quality & Clinical Governance
Maggie Jeffrey	MJ	Deputy Head of Commissioning & Contract Management
Mark Gilbey-Cross	MGC	Deputy Nurse Director (BHR ICP)
Richard Burack	DrRB	Named GP Safeguarding Children (B&D and Havering)
Ronan Fox	RF	BHR Children's Lead
Sarah Luke	DrSL	Designated Dr Safeguarding Children B&D and Redbridge
Suhana Karim	SK	Business Manager Quality
Vikki Gatley	VG	Designated Clinical Officer for SEND

No	Agenda Item & Minute
1.	i. **Welcome, introductions and apologies:** Due to the restrictions during Covid-19 the meeting took place via MS Teams with some members joining from room 7B/C North House. Apologies received for MGC, meeting chaired by EM. EM welcomed everyone to the meeting and apologies were noted ii. **Declaration of conflict of interest** ***(Types of interest - financial, non-financial professional, non-financial personal, indirect)*****:** EM invited attendees to express any conflicts of interest. None were expressed

2.	**Minutes of previous meeting and matters arising:** Minutes of the last meeting held on Wednesday 27 October 2021 were reviewed and agreed
3.	**Action Log:** The Action Log was reviewed and updated accordingly
4.	**Children's Commissioning Assurance Report:** DT presented the report, highlighting the following: • DT offered a Q&A to members around the main CYP programmes update within the attached paper and apologised for VG being unwell and hence not being able to attend • DT reported Bethan Stott as a new staff member starting next week 29/11/21 • DT updated on the SEND baseline programme being undertaken and asked for any inputs around lack of SALT early intervention being used as a safeguarding issue • KB helpfully suggested a system approach would be to review the numbers requiring SALT remedial work within YOS as an indication of system affect • SN kindly offered to send across information relating to SALT needs for LAC which was identified as a relevant cohort needing additional capacity • DrSN added that there are figures on the numbers of children requiring health services with an obligation for the clinician to make referrals to all the health services that the child requires. DrSN to forward the national data and narrative to DT • DT left the meeting due to another commitment
5.	**Barking and Dagenham Safeguarding Assurance Report – Children:** KB presented the report, highlighting the following: • SI trackers arrived late so not updated on the report for the October Tracker • The main concern is in relation to 2021/17377 raised by Barts Health Trust. 5 requests have been made for the 72-hour report, which is delayed and has not been received, KB to ask MGC to continue to chase • Concern from DCS at ex partnership level re maternity at Newham and BHRUT hospitals in particular in relation to learning • Serious Case Reviews: Child F report significantly delayed with the draft expected in December • Child E (Greenwich) who was murdered, with 5 children involved one of whom is a B&D child. More learning expected to arise from this incident, as a result of a Joint Learning Review • LAC 2.5 IHA at 34% is concerning as this was 52%. Uncovered paperwork is delayed in being returned to the LA which is impacting the completion rate. Late paperwork is due to named Doctor for LAC now being part-time and therefore a stricter process is in place for staff covering this work • Child 249: A JAR meeting was held regarding a 15-year-old boy found dead in a body of water on 03/11/21. All agencies were represented at the meeting and handled really well by BHRUT. The cause of death remains unclear and awaiting the minutes of the meeting • Child 251: A baby found at home lifeless but despite CPR attempts, sadly died on 12/11/21 • Child 252: A 7-year-old boy attended ED with difficulty breathing and, despite all resuscitation attempts, sadly died in ED. This case will be considered for a LEDER review • Child 253: A 16-year-old girl found at home lifeless by her mother • All 4 above child deaths will be subject to a JAR/MAM convened by BHRUT • KB asked members to please note section 3.0 re Doncaster and 3.6 – 3.8 of the report
6.	**Havering Safeguarding Assurance Report – Children:** PA presented the report, highlighting the following: • NELFT is in a similar position as last month in terms of assurance. The CCG is currently receiving validated data but safeguarding training data is not included in the last dashboard, so the CCG is unaware of SG children's training compliance. We should receive this data next month and have an update on assurance at the next ISAB meeting

	• LAC: one of the key members of the Admin team, who was shared between NELFT and the LA sadly died suddenly a few weeks ago, which has had a significant impact on the team. This has caused significant delays in IHR paperwork and a downturn in performance is expected, but someone who can fill this role has been identified • SIs risks remain the same re maternity, currently chasing the CSU for outcomes to have an overview of the final reports • Child deaths: 2 reported in this period both relate to a single incident where to boys were stabbed and killed by a 19-year-old male. A decision from the rapid review meeting, is that criteria has been met for a child safeguarding practice review. The recommendation has gone to 3 strategic partners who have ratified this decision and the case has been submitted to the national panel for approval
7.	**Redbridge Safeguarding Assurance Report – Children:** SN presented the report, highlighting the following: • No update for SIs following the review of the October trackers from the varies health organisations • SI 22/3265 a 21-month-old baby boy thematic review of missed fracture to identify overarching features. SI report completed but due to miscommunication no reference to the thematic review further discussions underway and who undertook the SI • SI recently received, and not included on this report, of a 15-year-old boy who was arrested 100 yards from the CAHMS unit in relation to a murder in Scotland, update to be added to report for the next ISAB meeting • 3 child deaths; 2 expected and 1 unexpected, CDOP No 244. 2 x JAR for this case as complex • Issue escalated from BHRUT re unborn babies not being connected to CP-IS system via mothers' details when they have an unborn CPP, details of person in Havering shared with the Redbridge data analyst • LAC (12) all 8 slots for November for IHAs have been allocated to pre-adoption medicals, ongoing discussions
8.	**Designated Doctor for LAC BHR IHA Report:** DrSN presented the report, highlighting the following: • DrSN reported that it has emerged that that all referrals to specialist services from the paediatric teams are done by completing paper referral letters/forms. Therefore, medical staff are unable to routinely evidence, track and manage referrals, this is not clinically effective or safe and in the case of LAC is in breach of statutory guidance • Email correspondence form the head of cardio-respiratory diagnostics at QH has confirmed that despite community paediatricians requesting GPs make referrals to a paediatric cardiology diagnostics service at QH, with the exception of ECGs, the commissioning of the paediatric cardiac diagnostics has (for the last decade), not sat within Queens but within the community. Since March 2020 all cardiac diagnostics has been in the community setting. With the confusion around the actual pathway DrSN commented that it is hard to imagine how any of the children requiring this service have actually been seen • DrLA asked DrSN about Cardiology: DrSN does not fully understand but commented that it may have been rolled into a community block contract. DrLA will raise this matter on the agenda at a paediatrician meeting on Friday 26/11/21. A discussion followed between DrSN and DrLA regarding cardiology referrals for children. DrSN to forward the information to DrLA for discussion at the meeting on Friday
9.	**Barking & Dagenham Adults Safeguarding Assurance Report:** EM presented the report highlighting the following:

	• SG Adult training and Prevent training are currently at amber status as training needs analysis for Safeguarding Adults level 2 and 3 has not been completed and so needs to be progressed once the training needs analysis workstream has been agreed across NEL CCG • NEL BHR CCGs Level 1 training compliance figures are good for SG adults and Prevent, but need to ensure all staff are trained at Level 2 and Level 3. Some online training is available for SG Levels 2 and 3 which can be circulated • Practice Plus Group. Ilford, Q4 figures are good and EM has requested 2021/22: Q1 and Q2 data • A new B&D Prevent lead has sent a summary and an invitation to prevent training which appears quite comprehensive and intense • The Prevent team are currently working with groups to provide external funding for specialist projects to protect high risk groups • Primary Care continues to have no Named Doctor for Adult SG • CQC rating for B&D practices at 89.2% rated 'Good', 8.1% rated 'Requires Improvement' and 2.7% rated 'Inadequate'. • The Victoria Medical Centre was rated overall inadequate and the practice handed back their contract to commissioners and are now no longer responsible for the provision of care in B&D • LeDeR system issues are gradually being addressed and we have started allocating cases to reviewers. 3 new notifications and 2 in October 2021, one of which is completed and one allocated to a reviewer. A number of discussions are ongoing re allocation of reviews • Domestic abuse referral figures continue to be high as shown in the report presented. Multi-agency Report considering 6-12 cases per week. EM continues to attend Community Safety Partnership meetings in B&D • SAR is currently being progressed regarding a 68-year-old gentleman, who had developed pressure ulcers under the care of the district nurses, and sadly passed away in October 2020 • EM shared Simon.Cornwall@lbbd.gov.uk contact details for Prevent
10.	**Havering Adults Safeguarding Assurance Report:** EM presented the report highlighting the following: • SG Adult training and Prevent training for Havering staff are currently at amber status as training needs analysis for Safeguarding Adults level 2 and 3 has not been completed and so needs to be progressed once the training needs analysis workstream has been agreed across NEL CCG • NEL BHR CCGs Level 1 training compliance figures are good for SG adults and Prevent, but need to ensure all relevant staff are trained at Level 2 and Level 3. Some online training is available for SG Levels 2 and 3 which can be circulated • PELC training figures for Q1 and Q2 are satisfactory • Barleycroft Care Home: concerns raised re the recording of food and fluid charts for patients. A number of meetings have been held to review further action to be taken, awaiting outcome of concerns raised • LDMR: Havering had 5 new notifications in June and 2 in October. 2 allocated to reviewers and progress is being made • SAR of a 31-year-old female with emotionally unstable personality disorder, who sadly committed suicide in November 2020. SI undertaken by NELFT and now being considered by the SAR panel
11.	Redbridge Adults Safeguarding Assurance Report: SH presented the report, highlighting the following: • A CHC Programme Manager for NHS North East London CCG has taken over the LPS workstream as an interim measure following the leaving of pervious lead. The new interim will focus on progress the development of a NEL Business Case. The Interim Head of CHC has developed a draft business scoping document and cost implementation paper. EM and SH continue to be a part of the NEL LPS working group.

	• On 24th October 2021 a secondment opportunity was cascaded to all Safeguarding network Chairs by the Head of Safeguarding Transformation Nursing and Quality Directorate, NHS England & NHS Improvement /London Region in relation to the offer of a secondment/fixed term contract opportunity within NHSEI London Region Safeguarding Team for the post of LPS Clinical Lead, to help support ICS's with their planning and implementation of the proposed new LPS legislation from April 2022. SH will update on progress at next meeting • In October 2021 EMG and SH completed the first draft of a London Safeguarding Adults Partnership Audit Tool (SAPAT), on behalf of the BHR ICP element of NEL CCG. The tool was submitted to the tri-borough (BHR) partnership for approval in advance of deadline 31/11/21 • The Redbridge SG Adults Annual Report was presented and approved at the NEL Quality, Safety and Improvement Committee in November • On 17/11/21 GP training was provided virtually at the Redbridge GPs Protected Learning Event (PLE). 199 participants attended. EM and SH facilitated the Safeguarding Adults Level 3 Training and since the session SH has received correspondence from GPs around complex–case patients. A meeting took place with an LBR GP practice on 22/11/21 to discuss 5 complex cases • Training for the CCG remains compliant for Q2 • Supervision remains unchanged since the October ISAB report • NELFT no further updates re SG Adults training compliance for Q2 with no data received from NELFT • Holly Private Hospital achieved compliance in SG and Prevent • One new concern identified in November 2021 with Normanshire Supported Living Services. Establishments are discussed at the LQSG, which is chaired by EM, and remain in progress with further updates to be provided in the report at the next ISAB meeting • No new updates within Primary Care • SH happy to circulate Prevent update to members on request • Across NEL CCG there have been a total of 47 LeDer reviews allocated since transfer to NHS England LeDer Platform web-based system. Redbridge had 3 allocated in June 2021 and 1 in September 2021. 3 Initial reviews have been undertaken one of which may progress to a Focused Review .SH discussing the case with reviewer today • Modern Slavery: Recent MS webinar 16/11/21 attended by SH as part of Adult Safeguarding Week. SH to share, with members, the NHS England presentation • No further updates since October on the 3 LBR Domestic Homicide Reviews, which are still in progress. SAR George action plan remains in progress by RSAB (no RSAB updates) • The National SG Adults week took place 15th – 21st November 2021- SH promoted the week via the Comms Team with a series of webinars and discussion events • SH to share, with members, a Covid-19 presentation from a webinar held on 19/11/21
12.	**Designated Doctor Safeguarding Assurance Report (Havering):** DrLA presented the report, highlighting the following: • There is disappointment in regard to the interviews for the new consultant for Named Doctor Safeguarding role as no appointment was made. The post is being re-advertised, but the situation continues with no Named Doctor in post • The Designated Doctor role has no action in that respect so DrLA is continuing to provide cover • With regard to the Child Sexual Abuse action 159 (21), DrLA sent an email to Anna Riddell for clarification on what is expected in terms of health referrals
13.	**Named GP Safeguarding Assurance Report (Havering and Barking & Dagenham):** Apologies received for DrRB; report for noting
14.	**Designated Doctor Safeguarding Assurance Report (Redbridge and Barking & Dagenham):** Apologies received for DrSL, JF presented the report, highlighting the following:

	• Child Death Review process has a backlog of cases to be highlighted. 83 last year and the number has risen to 95 • DrSN and JF met with MGC to discuss this and unfortunately there have also been a lot of child deaths this year. The bulk of open cases are sitting with the acute hospitals, 45 with BHRUT, 5 with Barts, 5 with GOSH and 5 with other hospitals, with CDOP only holding 19 cases which are to be heard over the next 3 panels • There are mitigating circumstances for the backlog that has risen since last year with MGC, DrSL and JF putting strategies is place to address the backlog of CDRMs in the provider trusts
15.	**Redbridge Nurse Consultant Safeguarding Children Assurance Report:** RR presented the report, highlighting the following: • DrRB and RR have finalised the Section 11 audit document and are now awaiting feedback from the NEL Named GPs • RR will be attending a meeting with Sherine Howell tomorrow regarding communication between GPs and CAMHS. A further update will be provided in the report at the next ISAB
16.	**Child Death Overview Panel (CDOP) Update:** JF presented the report, highlighting the following: • Continuing situation at BARTs with no CDR Practitioner in post, so a backlog of 14 cases some nearly 2 years old • JF met with Clare Hughes who now has funding and is now trying to recruit to the post • JF has shared the list of cases and all the work that the CDOP team have done on the cases with Clare Hughes • JF highlighted that it had been a very difficult year with regards to child deaths, with 37 up to this point this year compared to 27 last year, adding that KB, PA and SN had reported a lot of difficult cases this year so it has been difficult for the BHRUT team who have held a large number of JAR meetings
17.	**Escalations:** None raised
18.	**AOB:** • DrLA gave feedback on the recent lunchtime learning session of the Association of Child Health Professionals at which Sir Alan Wood was speaking. He gave very powerful support to the role of the Designated Professionals and concern that the influence of the role is at risk of being diminished in the new commissioning arrangements • RR added that she could hear that this month had been quite an emotional regarding child deaths, and she hoped that the designated nurses for SG children and CDOP colleagues were able to access the support they needed and if not we, as a team, would want to help • JB reminded the Q&S team members of the team day in the Office on Friday 26/11/21, and Friday on 16th December for team lunch in Romford, and asked if all could please respond
19.	**Date of next meeting:** Wednesday 22 December 2021 @ 10:00 – 12:00