NHS
North East London
Clinical Commissioning Group

NEL CCG Governing Body

25 August 2021

Title of report	Audit & Risk Committee Chair's report
Item number	7
Author	Anna McDonald, Business Manager, Governance Team
Presented by	Kash Pandya, Lay Member – Governance and Chair of the Audit & Risk Committee
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Executive summary	The key messages from the NEL CCG Audit & Risk Committee meeting held on 21 July 202 are set out below: • The committee noted a comprehensive overview of the NEL ICS Oversight and Assurance Framework. • An update on digital risks and IG issues was noted and a number of suggestions for consideration were made in regard to the IT risk register. • Progress on the GBAF was noted and the committee and members were invited to put forward related suggestions for the discussion at the Governing Body OD session held on 28 July. • A very helpful overview of the lessons learned from the recent merger was presented and the committee expressed a view that the learning should be used as a foundation for mainstream learning going forward. • Progress made by the Procurement Group was noted and the committee welcomed the news that having one central contracts database for the CCG is on target for September 2021 and that the number of Single Tender Waivers will begin to decrease. • The final version of the ISA 260 was discussed and a report on the follow-up of the recommendations made by KPMG will be presented at the next meeting.

	• A report on outstanding debtors was noted and committee members were pleased to hear that more regular reports on this are planned. Draft minutes of the meeting held on 21 July 2021a re attached as an appendix to this report.
Action required	The Governing Body is asked to note the update and the minutes of the meeting held in July 2021.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	A regular report on key messages from the Audit & risk Committee will be presented at each meeting of the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The Committee will ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Governing Body.
Conflicts of interest	There are no conflicts of interest in regard to this report.
Strategic fit	The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives.
Impact on finance, performance and quality	The Committee will work closely with other committees established by the Governing Body to ensure there are no assurance gaps.
Risks	The Committee will review the adequacy and effectiveness of the risk register and defined mitigating actions, particularly relating to the most significant risks, to assure that risks are being properly reviewed and effectively managed.
Equality impact	N/A

North East London
Clinical Commissioning Group

Draft minutes - NEL CCG Audit & Risk Committee

21 July 2021 - 9.00am - 11.30am

Via MS Teams

Present – Members	
Kash Pandya (KP) - Chair	Lay Member, Governance
Charlotte Harrison (CH)	Independent Secondary Care Specialist
Sue Evans (SE)	Lay Member, Primary Care
Noah Curthoys (NC)	Lay Member, Performance
Khalil Ali (KA)	Lay Member, PPI
In attendance - officers	
Steve Collins (SC)	Acting Chief Finance Officer, NEL CCG
Rob Adcock (RA)	Deputy Director of Finance ICP-BHR
Archna Mathur (AMa)	Director of Performance & Assurance, NEL CG
Marie Price (MP)	Director of Corporate Affairs, NEL CCG
Anna McDonald (AMc)	Business Manager, ICP- BHR
Niall Canavan	CIO, NEL ICS and Hommerton Hospital
Ros Clark	Head of Procurement, NEL CSU
Carl Edmunds	Deputy Director ICS Programme, NEL CCG
In attendance - Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Jessica Spencer (JS)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
Gemma Higginson (GH)	LCFS, RSM
Apologies	
Henry Black (HB)	Acting Accountable Officer
Ahmet Koray (AK)	Director of Finance (BHR)
Sunil Thakker (ST)	Director of Finance (TNW)
Steve Rubery	Director of Planning & Performance

1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting and apologies were noted.	
1.1	**Declaration of conflicts of interest**	
	The chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NEL CCG.	

	No additional conflicts of interest were declared. The registers of interests held for NEL CCG Governing Body members and staff are available from the Company Secretary.	
1.2	**Minutes of the last meeting**	
	The minutes of the meeting held on 7 June 2021 were agreed as a correct record.	
1.3	**Matters arising**	
	The actions log was reviewed and actions were updated accordingly.	
2.0	**Directorate risk overview**	
	2.1 Performance management risks AMa gave an overview of two papers that had been shared for information ahead of the meeting; NEL CCG oversight & assurance framework; NHS system oversight 2021/22 - Memorandum of Understanding between NHSE/I London region and NEL ICS. The oversight and assurance approach has been redesigned across the NEL ICS with the aim of creating an environment of mutual accountability and process that allows us to hold ourselves to account for delivery of the ICS strategic ambition and to use the process to facilitate service and performance improvement. The NEL Oversight and Assurance framework is designed to dovetail the national NHS Systems Oversight Framework (SOF) and forms the basis of the MoU with NHS London region. It will ensure that the ICS has accountability to oversee and assure systems within NEL for delivery, driving a greater degree of autonomy, access to resources for the ICS and clear triggers for escalation and regional intervention. NEL ICS has a strategy to support recovery from Covid-19 aligned to national planning guidance whilst also starting to re-align delivery against the Long Term Plan (LTP) objectives and ensure a clear focus on improving patient experience, financial sustainability and improving population health as aligned to the NHS triple aims. The Chair welcomed the comprehensive update and suggested the slides could be shared with the Governing Body at a future OD session. AMa agreed to follow up the suggestion with MP. KA asked how system partners are contributing to the NHS triple aims. AMa explained that in regard to mapping across the system, performance is being looked holistically in terms of quality, access and experience. KA also asked if consideration has been given to long Covid-19 as a potential risk to the system. AMa agreed it is a risk but explained that there are currently no metrics associated with long Covid-19. The Chair suggested he and KA could follow this up with the appropriate persons outside of this committee. SE commented that she is keen for the ICPs and place-based structures to have guidance on what they are expected to be challenging in terms of performance and asked whether a structure is being prepared which will support the borough-based partnerships in terms of reporting. AMa responded that it is work in progress and explained that a mixed model would	AMa /MP KP/ KA

	be needed as some metrics will need to be by borough/place and others such as acute will need to be by Trust. NA commented that NEL CCG continues to look and prepare further ahead in comparison to other CCGs. DG referred to the new standards for reporting going forward and commented that some current standards are not being reported on by Trusts as a result of the pandemic and asked how it is being determined what is an acceptable level of performance reporting and what is not acceptable. AMa responded that new metrics are being measured in shadow form but they are not reported as yet and confirmed that the current 4-hour A&E standard is still being reported. The committee thanked AMa for the helpful overview. *Archna Mathur left the meeting.*	
3.0	**Information Governance**	
	3.1 Digital risks – IT/IG SC informed the committee that the major focus for the IT team continues to be working towards NEL CCG having one single effective IT service and members were briefed on the outstanding issues in regard to the business case. Risks and mitigations are being worked through and an update was given in regards to data sharing risks and GDPR. NC commented that there will be increased scrutiny going forward in regards to how the ICS uses data and confirmed that work is being progressed in order to ensure that the CCG's documentation and processes are fit for purpose. KA commended the IT Team for the safe transfer from seven CCGs to one NEL CCG. He referred to capital costs and said it would have been helpful to have had more information on that in the report. SC confirmed that capital investment has been included in the budget and clarified the reasons why no significant capital costs have been incurred, he also updated members in regards to current double running costs linked to the CSU. KA referred to GDPR and asked whether assurance could be provided that that all NEL GP practices had paused sharing the data by the end of June. SC explained that Primary Care Networks (PCNs) and Local Medical Committees (LMCs) have undertaken a robust process of liaising with GP practices on the national requirement. NA referred to the IG Toolkit submission and it was noted that it is not yet known whether the CCG will be required to do a final IG Toolkit submission in March 2022. NA also asked if consideration has been given as to whether IG will be managed collectively in the ICS or if it will continue to sit within each individual organisation and NC responded that it is likely there will be one central ICS IG identity. The Chair referred to the IT risk register and suggested the following would be useful; consider what the risks are in regard to delivering the IT/digital strategy; review the risk rating for cyber fraud; consider adding business continuity. SC agreed to consider the suggestions in regard to how we respond to occurrences that are highly unlikely to happen but would have a major impact if they did happen. NC advised that a draft strategy had been worked on	SC

	towards the end of 2020 and that work is being re-started. It is a strategy for the ICS and will include providers, etc The committee noted the update. *Niall Canavan left the meeting.*	
4.0	**Governance**	
	4.1 ICS developments MP updated the Committee on the progress following the latest guidance and reported that a number of working groups are underway such as one with Local Authority mayors and leaders looking at critical areas such as their membership on the ICS board and how they want to convene the partnership. A large event is being organised for early October to set the ambition and priorities for the ICS and also to agree membership of key bodies which will enable the key meetings to begin operating in shadow form based on what each area has agreed. Separate meetings are taking place in regards to the CCG element and workforce in regard to moving from the current ICP arrangements to more of a place-based, borough focus. A new full-time director is being recruited to lead on the ICS development programme. The committee noted the update. **4.2 Governing Body Assurance Framework (BAF) – further developments** Progress on developing the BAF is continuing and a further in-depth meeting with senior management is planned for 27 July to consider the overall NEL register in detail, particularly as we begin to develop the strategic plans for the next half of the year including ICS development, winter preparations and other key areas. SE commented that as we look at the current NEL ICPs, we must try not to lose sight of what has worked in the BHR structure in recent years. SE also referred to the possibility of extra costs that may be incurred in regard to the borough partnerships infrastructure and asked whether any guidance has been issued on how to manage that. MP reassured the Committee that the overall plan is set the system up as a partnership rather than creating separate individual teams and to also take the best from everything that has worked previously. More guidance is expected on place-based partnerships and financial delegation. KA stressed the importance of keeping staff involved and supported as we move forward. MP referred to the up-coming Governing Body development session and asked members to let her know if there are any particular areas they would like to be discussed. The committee noted the update. *Marie Price left the meeting.* SC commented on the importance of recognising that place-based partnerships are very different to the former CCGs. It will no longer be a buyer/supplier relationship that was in place in the past, it will be a partnership.	KP/ KA/ SE/ NC/ CH

	4.3 CCG Merger Programme: lessons learned CE gave an overview of the lessons learned from the merger of seven CCGs into one NEL CCG and explained how the lessons learned offer both a useful insight and guide into the establishment and running of the forthcoming ICS programme. Committee members agreed that learning for future change is critical and members suggested the report could be used as a foundation for mainstream learning going forward. The importance of organisational development underpinning the ICS programme was agreed and also the importance of ensuring the ICS develops in such a way that supports local thinking and local delivery was stressed. DG commented that the timescales for ICS development are likely to start moving very quickly and gave his view on areas that will require particular focus such as external stakeholder management. NA agreed with DG and added that prioritisation is key, what needs to happen from 1 April 2022 and what can be carried forward after 1 April needs to be very clear. The Committee thanked CE and noted the lessons learned and the action plan. *Carl Edmunds left the meeting.*	
5.0	**Planning & performance**	
	5.1 Procurement Group progress report/risks RC began by assuring the committee that although there is a high number of STWs, the number is expected to reduce due to the work that has been undertaken in regard to the contracts database across the seven boroughs. Since the report was written, the level of PO compliance has moved from 88% to 99%. A briefing report on lessons learned from a potential contract award regarding the ENT service was attached to the update report and RC advised that improved early engagement on procurement advice is now happening and requests for procurement training are being received. Overall the compliance and assurance processes are showing a very positive upward trend. SE asked whether progress is being made in terms of having one set of systems and processes for procurement across NEL CCG. RC responded that different systems are still operating but assured the committee that phenomenal progress is being made and work is on track in order to have one central updated contracts database for NEL CCG by the end of September 2021. NA commended the CCG for the achievement in regard to PO compliance and commended RC and her colleagues for the procurement pipeline. NA referred to planned changes to legislation which will potentially see less contracts having to go through a tendering process and asked whether the impact of that is starting to be seen. RC responded that the team is planning towards that happening and suggested it would be prudent to undertake a form of due diligence as things progress towards becoming an ICS in order to provide assurance on viability and financial sustainability of suppliers in view of there being a commitment for longer term contract awards going forward.	

	KA flagged the importance of not losing the good work that has been happening across the NEL system. RC confirmed that a pan-NEL CCG approach is a central part of the prioritisation and pipeline. SC suggested it would be helpful to receive more clarity and assurance from the Procurement Group on how the bringing together the different arrangements supports the reduction in inequalities; how we reflect our procurements processes in support of Anchor Organisations across the system and how we factor in our social responsibilities. RC clarified what the mandatory requirements are in regard to inequalities and social responsibility. The Chair asked for the next report to include more about how the contracts register is being updated so that it is a useful management tool. **5.1.1 Register of procurement decisions – Q1** The committee noted the register which RC advised had been provided for information. **5.1.2 Singe tender waivers (STWs) x 12** The Chair welcomed the update given earlier in the meeting that the number of STWs is expected to decrease. SC clarified the reason for one of the STWs having an end date of 2023 and also confirmed that Finance & Performance Committee members and TNW Area Committee members have been sighted on the ENT STW. The committee: • Noted the progress made to date on the procurement pipeline, including the forecasted position relating to STWs required and any STWs endorsed by PG for approval; • Noted the risks to the procurement pipeline. • Noted appendix 1 – Procurement Group briefing report - ENT Service. *Ros Clarke left the meeting.*	SR
6.0	**External Audit**	
	6.1 ISA 260 – final version DG recapped on the two outstanding matters raised as part of the audit at the June meeting and confirmed that NHSE approved the resource allocation transfer just before the accounts were due to be signed off which allowed seven un-qualified opinions to be issued on the financial statements for the seven CCGs. In regard to the retrospective approval needed from NHSE in regard to the payment made by Waltham Forest CCG, the regulatory opinion needed to be qualified due to the retrospective approval needed from NHSE but also because retrospective approval needed to be obtained internally as well from both the Remuneration Committee and the Governing Body. DG highlighted that recent guidance has been issued by NHSE on payments of this nature and stressed the need for the guidance to be understood and embedded into systems and processes going forward. SC confirmed that an update report on how the recommendations made in the final ISA 260 have been followed up and implemented will be presented at the September meeting.	SC

	The Chair recapped the Value for Money report (VFM) needs to be uploaded to the public facing NEL CCG website alongside the annual reports/accounts and DG confirmed the deadline as 20 September 2021. The committee noted the update.	SC/ MP
7.0	**Internal Audit**	
	7.1 Progress report NA confirmed that a final report around transfer and balances has been issued with a substantial assurance rating. Two draft reports have been issued on 'new models of care' and 'assurance mapping' and they will be included in the next report. The only actions outstanding in regard to legacy actions relate to continuing healthcare, none are overdue and they will be followed through to their implementation dates. NA referred to the recent ICS workshop and confirmed that the update on that will be shared in the coming week. The Chair recapped on what was said at a previous meeting about the need to be agile in regard to the audit plan given the all the changes taking place. **7.2 The NED network** The committee noted the briefing provided for information.	NA
8.0	**Local Counter Fraud Specialists (LCFS)**	
	8.1 Progress report GH advised that the focus for the start of the financial year has been on scoping activity. The first meeting of the ICS level LCFS forum was held on 20 July 2021 and GH confirmed the forum includes providers. The next meeting is expected to be held in January 2022, when more will be known about which organisation will be responsible for which particular functions and the format for the meeting will be agreed at that meeting. In terms of investigations, there have been seven new referrals since the start of the financial year covering a broad range and details of those and on-going investigations were included in the report. In regard to training sessions, GH reported that a meeting has been arranged with the HR & OD teams to agree the approach for staff level awareness sessions. The Governing Body OD session on fraud & bribery scheduled for September will also include conflicts of interest. A discussion will also be held to agree the most appropriate way for LCFS to access GPs and practice managers in the current climate. The Chair welcomed the joint working with providers at an ICS level. In regard to prescription fraud, the Chair advised that GH will provide a general update on the work in this area undertaken by the fraud team that sits within NHSE. KA suggested linking in with the local Drug and Alcohol Teams as they are a multi-agency groups. SC updated the committee on a historic fraud case relating to the legacy Newham CCG and advised that the first repayment of funds totalling £45k has been received.	GH

9.0	**Finance**	
	9.1 Finance Overview SC explained that the update to the committee would be verbal as the main report was being presented to the Finance & Performance Committee on 28 July. The CCG is reporting on plan for Qtr1. There are a number of questions in regard to wave 3 of the pandemic and what that means as unlike wave 2, Covid-19 activity and the elective recovery are still being managed. The elective recovery funding has been revised unfavourably for Qtr2 however, SC assured the committee that the intention is to continue to work through the backlog which could mean there is a financial risk of between £8-12m. The Chair commented it that it is a worrying unknown situation and thanked SC for the update. **9.2 Outstanding Debtors** SC presented the report which provided a high-level summary of the level of debt currently outstanding to the CCG, detail of individual debts and also an outline of the actions being taken to reduce debt levels. The committee members were assured that maintaining debt at manageable levels remains a priority. A Financial Accounts Operational Group is being set up to monitor and drive a wide range of balance sheet issues which will build on the good work completed as part of the merger of the 7 legacy CCG ledgers. The group will monitor the progress of debt recovery as part of its remit and in due course reports will be presented to the committee. SC thanked the Finance Team for all the work undertaken to date and for the on-going work. The Chair commented that the report provides a very encouraging picture going forward. The committee noted the update and welcomed future reports. **9.3 Operation of delegated arrangements at ICP level** SC explained that a brief update will be taken to the next Governing Body meeting in regard to the narrative supporting the delegation at ICP level right. A minor modification has been made recently to reflect the disparity of sizes around the ICPs and also to cover proposals involving more than one borough across different ICPs. There has also been a minor tweak to credit card limits to address the different limits between senior officers and business managers.	
10.0	**Key messages to feedback to the Governing Body** A short paper will be drafted for the next meeting of the Governing Body.	KP/ AMc
11.0	**Any other business**	
	11.1 Work plan The Committee noted the work plan.	
12.0	**Items for information**	
	12.1 Procurement Group minutes The committee noted the minutes of the meeting held in June. **12.2 Information Governance Group minutes** The committee noted the minutes of the meeting held in June.	
	Date of next meeting – 29 September 2021	

North East London
Clinical Commissioning Group

Governing Body meeting - Wednesday 25 August 2021

Title of report	Primary Care Commissioning Committee Chair's report
Item number	7
Author	Sue Evans, Deputy CCG Chair and Lay Member - Primary Care
Presented by	Sue Evans, Deputy CCG Chair and Lay Member - Primary Care
Contact for further information	katemcfadden-lewis@nhs.net

Executive summary	The key messages from the NEL CCG Primary Care Commissioning Committee meeting held on 14 July are:
	• The Londonwide Primary Care Operating Model was agreed as the model for NEL CCG
	• The allocation of the Covid Capacity Expansion Fund within NEL CCG was ratified
	• The Committee approved the commissioning of three LIS and LES schemes for TNW the next 12 months:
	  ○ Palliative care and Demand Management Scheme for Waltham Forest to support equalisation of service provision across TNW
	  ○ Flu Antiviral Service to prevent out of season flu outbreaks across TNW
	  ○ standardised Medicines Optimisation Scheme across TNW.
	• It was agreed to procure the lists of both Rainham Health Centre and Upminster Medical Centre, both currently under caretaking arrangements, under one APMS contract
	• It was agreed to disperse the patient list of Esk Road Medical Centre, following the notification from the partners of the intention to hand back their contract
	• The Committee approved the decision to issue a Remedial Breach Notice to The Firs Medical Centre and Carpenters Practice.
	• The Committee received updates on the ICP substructures, the NEL LIS equalisation programme, risks and the financial position.
	
	The approved minutes of the meeting are attached as an appendix to this report.

Action required	The Governing Body is asked to note the update.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	A regular report on key messages from the Primary Care Commissioning Committee will be presented at each meeting of the Governing Body.

What does this mean for local people? **How does this drive change and reduce health inequalities?**	In exercising its functions, the Committee must comply with the statutory duties as set out in the NHS Act, including ensuring quality of primary medical services, reducing inequalities, patient involvement and patient choice, and will provide appropriate independent assurance to the Governing Body.
Conflicts of interest	None.
Strategic fit	The Committee functions as the corporate decision-making body for the management of the primary care delegated functions to NEL CCG.
Impact on finance, performance and quality	The Committee will oversee primary care services, ensuring consistency and value for money across NEL.
Risks	The Committee will review the Primary Care risks and mitigating actions at each meeting.
Equality impact	N/A

NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee meeting

2-4.30pm Wednesday 14 July 2021, Microsoft Teams

Minutes

Present	
Khalil Ali	Lay Member for Patient and Public Involvement, NEL CCG
Steve Collins	Acting Chief Finance Officer, NEL CCG
Sue Evans (Chair)	Lay Member for Primary Care and Deputy CCG Chair
Charlotte Harrison	Secondary Care Consultant, NEL CCG
Ceri Jacob	Managing Director, BHR ICP, NEL CCG
Kash Pandya	Lay Member for Governance, NEL CCG
Fiona Smith	Registered Nurse, NEL CCG
In attendance	
Yasser Allybokus	Commissioning Manager , NEL CCG
Richard Bull	Primary Care Director, City & Hackney ICP, NEL CCG
Greg Cairns	Local Medical Committee (Londonwide)
Gohar Choudhury	Assistant Head of Primary Care, NEL CCG
William Cunningham-Davis	Primary Care Director, TNW ICP, NEL CCG
Angela Ezimora-West	Primary Care Team, NEL CCG
Mike Fitchett	Independent GP
Alison Goodlad	Deputy Director Primary Care, NEL CCG
Rachel Halksworth	Senior Consultant NEL Healthcare Consulting
Lorna Hutchinson	Assistant Head Primary Care, NEL CCG
Natalie Keefe	Deputy Director Primary Care, BHR ICP, NEL CCG
Manisha Modhvadia	HealthWatch, Barking and Dagenham
Kate McFadden-Lewis (minutes)	Board Secretary, NEL CCG
Anil Mehta	Clinical Chair, Redbridge, NEL CCG
Muhammad Naqvi	Clinical Chair, Newham, NEL CCG
Rob Neave	Principal Healthcare Consultant, NEL CSU
Azeem Nizamuddin	Independent GP
Abdul Rawkib	Senior Commissioning Manager, NEL CCG
Mark Rickets	Clinical Chair, City & Hackney/ GP lead for Primary Care NEL CCG
Sarah See	Primary Care Director, BHR ICP, NEL CCG
Tina Teotia	Local Medical Committee (Redbridge)
Cathy Turland	HealthWatch, Redbridge
Gladys Xavier	Director of Public Health, London Borough of Redbridge
Apologies	
Selina Douglas	Managing Director, TNW ICP, NEL CCG
Siobhan Harper	Director for Transformation, City & Hackney ICP, NEL CCG

Item	
1	**Welcome, introductions, apologies** Sue Evans welcomed attendees to the meeting and apologies were noted. There were no declarations of interest.
2	**Minutes of the last meeting and matters arising** The minutes of the last meeting were accepted as an accurate record. The updated Terms of Reference were attached for information.
3	**Londonwide Primary Care Operating Model (NEL-wide)** Alison Goodlad presented the Londonwide Primary Care Operating Model, which has been refreshed from the original model produced in 2015 to reflect the significant changes to the primary care commissioning landscape. Alison highlighted that although the model will need further review leading up to the planned ICS reform, significant changes to the approach are not anticipated. In discussion, the Committee noted the clear and pragmatic interpretation of the NHS England guidance, and approved the model for adoption by North East London CCG.
4	**Covid Capacity Expansion Fund** Alison Goodlad presented on the Covid Capacity Expansion Fund, which has been released nationally to support general practice during the covid-19 pandemic and recovery, with seven priority areas identified in guidance from NHS England and Improvement. This funding was allocated last year on a half raw/ half weighted capitation basis across general practice in NEL, and it is recommended that the same approach is taken again this year. Practices are asked to document how this funding has been spent, and to submit their plans for this year's allocation. Discussion points included: i. the importance of the continuation of this funding for this year, with the highest number of complaints across the system regarding access to GP appointments, it is important that GPs are supported to address this ii. concerns around capacity and general availability of workforce, as well as the relatively short timescale to spend the allocation iii. that although the funds are for individual practices, there is the option to group together for greater impact iv. the importance of patient education and managing patient expectations around how services are now accessed and best used, particularly those using total triage. GPs are required to keep a detailed log of all spend for audit purposes, as well as information on the desired outcome of this spend and whether the outcome was met. It was agreed to bring a report on the impact of this funding to a future meeting once this information is collated. (**ACTION: CJ/ AG)** The committee ratified the Covid Capacity Expansion Fund within NEL CCG.
5	**Supplementary Network Services** William Cunningham-Davis presented the funding request for: • Commissioning a Palliative care and Demand Management Scheme for Waltham Forest to support equalisation of service provision across TNW • Commissioning a Flu Antiviral Service to prevent out of season flu outbreaks across TNW • Commissioning a standardised Medicines Optimisation Scheme across TNW.

	Although the funding to support the levelling up process across TNW is significant, it will result in considerable benefit to patient care. Discussion points included: i. the need to ensure quality oversight as well as finance, with clear outcome measures in place ii. assurance that these schemes have been scrutinised and discussed in detail at the TNW ICP primary care meeting iii. the importance of including detailed information around the equalities impact of these schemes iv. with the NEL LIS equalisation programme now in place, recognition that any new or existing contracts may change if reviewed by the programme. There was a general discussion around the minimum data set needed on the PCCC papers cover sheet to help assure members that robust scrutiny had been undertaken at a local level. If there are any suggestions for additional information, please email Alison Goodlad and Ceri Jacob. (**ACTION: ALL**) The Committee approved the commissioning of these three LIS and LES schemes for the next 12 months.
6	**Commissioning Intentions: Decisions of the future of the practice lists – Upminster Medical Centre and Rainham Health Centre** Gohar Choudhury presented on the future of the Upminster Medical Centre and Rainham Health Centre, both currently under caretaking arrangements. With the list sizes relatively small, it is recommended that the two lists are procured under one APMS contract, remaining in their current locations with Rainham Health Centre as the main site and Upminster as a branch site The Upminster Medical Centre premises are owned by the previous GMS contract holders and there is therefore a risk to securing these premises. This is being managed by the estates team, who are exploring options, including suitable alternative premises if necessary. In discussion, the Committee noted the challenge in Havering with a number of practice closures. This issue is being explored by the local primary care group and a report will come to a future meeting in a few months time. (**ACTION: KML** - on the planner) The Committee approved the recommendation to procure the lists of both Rainham Health Centre and Upminster Medical Centre under one APMS contract.
7	**Commissioning Intentions: Decision on the future of Esk Road Medical Centre list** Abdul Rawkib presented on the future of the patient list at Esk Road Medical Centre, following the notification from the partners of the intention to hand back their contract on 30 September 2021. Given the small list size and availability of suitable practices with capacity, it is recommended to disperse the patient list. The Committee approved the recommendation.
8 **8a**	**Remedial breach notices** **The Firs Medical Centre** Lorna Hutchinson presented on the Remedial Breach Notice for the Firs Medical Centre following the Inadequate rating by the Care Quality Commission (CQC). The Committee were given assurance that the practice is being closely managed by the local primary care team who are ensuring the action plan is being delivered, and that the safety issues that were raised were immediately addressed and continue to be monitored.

8b	**Carpenters Practice** Lorna Hutchinson presented on the Remedial Breach Notice for Carpenters Practice following the Inadequate rating by the CQC. The CQC visited the practice following concerns raised by a whistle-blower and found significant issues. The Committee were given assurance that the practice is being closely managed by the local primary care team, who are ensuring the action plan is implemented. The safety issues were immediately addressed and continue to be monitored, and the infection control team will inspect all three sites covered by the contract. It was agreed to include a regular report on all CQC breaches across north east London to future PCCC meetings. (**ACTION: KML**) The Committee approved the decision to issue a Remedial Breach Notice to The Firs Medical Centre and Carpenters Practice.
9	**Rainham Health Centre Caretaking procurement (Chair's Action)** Alison Goodlad reported to the Committee that Porters Avenue Health Centre was approved, through Chairs action on 9 June 2021, as the Caretaker contract for Rainham Health Centre following the death of Dr Abdullah, who was the sole GP Partner. The Committee noted the caretaking arrangements.
10	**Substructures - ICP updates:** • BHR - Sarah See • TNW - William Cunningham-Davis • C&H - Richard Bull Alison Goodlad gave a brief overview on the primary care decision making process and overarching principles. Discussion points included: i. the need to ensure sufficient detail in the ICP updates to assure the Committee of the robustness of local processes, in particular clarity around how quality and the patient voice will be involved ii. that this is the structure until 31 March 2022; the work on the borough based partnerships and structures within the ICS will begin later this year iii. the importance of ensuring that the ICP Associate Lay Members are engaged and updated.
11	**Equalisation of LISs** Mark Spencer updated on the LIS Equalisation programme. In discussion, the Committee noted progress on the three priority areas. It was agreed to include suggestions for future LISs in the next report. (**ACTION: MS/ RN**)
12	**Finance update** Steve Collins updated the Committee on the primary care budgets across NEL, reporting that the overall NEL position is £2.6m headroom. The planning process for H1 (half-year 1) is complete and there are some risks to maintaining the financial position, including historic rent issues, investment in digital, uncertainty around the H2 envelope and potential efficiency expectations and the continued pressures throughout the system. In discussion, it was agreed to include an update on recruitment to the additional primary care roles in a future report to the Committee. (**ACTION: SC**)
13	**Risk Register** Alison Goodlad presented the draft NEL Primary Care risk register, which brings together the legacy CCG primary care risks into the NEL CCG format. This will be reviewed with ICP leads before the next meeting.

14	**Questions from the public**: None.
15	**AOB** Ceri Jacob advised the Committee of an urgent decision to be made via virtual agreement around the close monitoring of LISs and LESs, which was stood down to enable practices to deal with Covid-19. The paper will include the proposal to extend these arrangements for quarter 2, as a reflection of the continued pressures, and outline any impact this will have on patients.

NHS
North East London
Clinical Commissioning Group

Governing Body meeting - Wednesday 25 August 2021

Title of report	Remuneration Committee Chair's report
Item number	7
Author	Noah Curthoys, Lay Member for Performance
Presented by	Noah Curthoys, Lay Member for Performance
Contact for further information	katemcfadden-lewis@nhs.net
Executive summary	The key messages from the first meeting of the NEL CCG Remuneration Committee meeting held on 30 June 2021 are: • The Committee's Terms of Reference were adopted • The Committee were updated on how the key requirements set out in the ICS Design Framework will impact on the CCG workforce • The Committee approved the proposal to establish a People and Culture Group • The Committee approved the rates and number of sessions for Governing Body Clinical and Lay Members • The Committee approved the proposed review of Director salaries, which now brings improved equity in salary across the Senior Management Team, as well as the establishment of a Director of ICS transition on a 12 month FTC.
Action required	The Governing Body is asked to note the update.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	A regular report on key messages from the Remuneration Committee will be presented at each meeting of the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The Committee is in place to ensure all decisions on the remuneration and conditions of service of CCG staff are fair, transparent and consistent, as well as to ensure that the Governing Body has the right balance of skills, knowledge and perspectives required to function effectively.
Conflicts of interest	None.
Strategic fit	The work of the Committee will support the following corporate objectives: • Ensure the best use of resources • Support our people to thrive
Impact on finance, performance and quality	The Committee will oversee the remuneration of all CCG staff, ensuring consistency and value for money across NEL.
Risks	The Committee will review any corporate risks as assigned by SMT and the Governance Team as necessary
Equality impact	N/A

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 August 2021

Title of report	Finance & Performance Chair's report
Item number	7
Author	Sophia Beckingham
Presented by	Noah Curthoys – Lay Member for Performance
Contact for further information	sophia.beckingham@nhs.net
Executive summary	A Finance & Performance Committee was held on 28 July 2021. Items discussed and reviewed at the Finance & Performance Committee are as follows: • The committee's discussed the performance of NEL providers against constitutional standards and H1 plans. The committee also received an update on recovery plans where NEL providers continue to work on decreasing PTL and incomplete RTT pathways. The cancer over 62 day backlog is also decreasing but falling short of predicted trajectories. • The committee noted the increased pressure in 111 and urgent care, and the solutions which had been adopted to decrease this pressure and build resilience in the emergency care system. • The committee were updated on the flooding major incident, which affected two hospitals (Whipps Cross and Newham). The sites have since recovered but it caused significant pressure and use of mutual aid and patient transfer. • The committee agreed funding for 111 first and additional downstream clinics in primary care hubs to support 111 over the coming months. • The committee discussed and supported the plans for a Phlebotomy service review. • The committee received the month 3 finance report, which outlined that the CCG were reporting a break even position and was on plan. Deficits included in the report were due to the retrospective

	claim process the CCG is in engaged on with NHSE. The draft minutes of the meeting are attached as an appendix to this report.
Action required	The Governing Body is asked to note the update.
Where else has this paper been discussed?	Finance and Performance Committee.
Next steps/ onward reporting	A regular report on key messages from the Finance and Performance Committee will be presented at each meeting of the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The Committee: • provides assurance to the public and the Governing Body on the robustness of the in-year financial strategy and financial management for the CCG and spend of public funds • gains assurance on the longer term financial strategy and planning to ensure stability of the health services for the people of NEL • scrutinises the performance of providers and of the CCG against established contractual, statutory and KPI metrics, and act based on these findings • Agrees and recommends business cases and contract awards.
Conflicts of interest	There are no conflicts of interest in regard to this report.
Strategic fit	The Committee reviews and monitors the financial strategy and operational financial plans of the CCG and the current and forecast financial position of the overall CCG budget. In addition, it approves business cases that are beneficial to the public and fit within the CCG financial plans that are within delegation limits.
Impact on finance, performance and quality	The Committee will manage the key areas of finance and performance as outlined in this report.
Risks	The Committee will review and monitor system wide operational performance in accordance with national operational planning guidance and advise on risks and mitigations. The committee will Manage system risks to the CCG's financial performance and of plans to mitigate their impact. A risk based report shall be sent to the CCG Governing Body every 2 months; along with any necessary progress reports, recommendations and formal requests for approval in relation to contracting activity.
Equality impact	N/A

NHS
North East London
Clinical Commissioning Group

NEL CCG Finance and Performance Committee Meeting
28 July 2021 from 10h00 to 11h30, Microsoft Teams

Minutes

In attendance

Name	Role	Committee Role	Organisation
Noah Curthoys	Lay Member for Performance	Chair	NEL CCG
Steve Collins	Acting Chief Finance Officer	Member	NEL CCG
Archna Mathur	Director of Performance & Assurance	Member	NEL CCG
Fiona Smith	Independent Clinical Representative – Registered Nurse	Member	NEL CCG
Kash Pandya	Audit Chair	Member	NEL CCG
Ken Aswani	Clinical Chair Waltham Forest	Member	NEL CCG
Sam Everington	Deputy CCG Clinical Chair and Clinical Chair Tower Hamlets	Attendee	NEL CCG
Sophia Beckingham	Senior Governance Lead	Attendee	NEL CCG
Gloria Taplin	Governance Officer	Attendee (Minutes)	NEL CCG
Rob Adcock	Deputy Director of Finance	Attendee	NEL CCG (BHR ICP)

Apologies:

Name	Role	Committee Role	Organisation
Mark Ricketts	Clinical Chair City & Hackney	Member	NEL CCG
Sunil Thacker	Director of Finance	Attendee	NEL CCG (C&H and TNW ICP)
Ahmet Koray	Director of Finance	Attendee	NEL CCG (BHR ICP)

No.	Agenda item and minute
1.	Noah Curthoys (NC, Committee Chair and NEL CCG Lay Member for Performance) welcomed the group, noted apologies and confirmed that the meeting was quorate. Sam Everington (Deputy Clinical CCG Chair and Clinical Chair Tower Hamlets) indicated he is a Non-Executive Director for East London Foundation Trust, and that this had been noted on his conflicts of interest form.

	Minutes of Meeting held on 23 June 2021 were agreed as correct.
2.	**Performance Report** Archna Mathur (Director of Performance and Assurance, NEL CCG) presented the performance report, outlining that the report covered the areas of constitutional standards: elective, diagnostics and cancer, Phase 3 Operating Plan and ED Performance (weekly A&E report). Key highlights from the report included: • Referral to Treatment (RTT) pathways continue to rise beyond 19/20 levels but that the 52 and 78 week wait are slowly decreasing • Outpatient activity was largely in line with H1 with c 97% business as usual outpatient activity being delivered but noted that the activity for outpatients was on a downwards trend and there was growth in the non-admitted Patient Treatment List. • Cancer over 62 day backlog is decreasing but other measures were falling short of H1 trajectories. • Patterns being experienced in outpatient activity and backlogs were similar across London. Fiona Smith (Fiona Smith, Independent Clinical Member - Registered Nurse) queried whether the demand was non-recurrent and due to the pandemic. AM explained that the pandemic had exacerbated demand, but that unmet need and higher acuity presentations via urgent care were a key driver, and this was anticipated to continue. Sam Everington (SE, Clinical Chair, TNW ICP NEL CCG) queried if the system would plan to expand advice and guidance. AM explained that there is a large amount of work taking place to increase advice and guidance, notwithstanding its inclusion in the operating plan. AM noted that 12% of total referrals should be made via advice and guidance and it is likely that H2 would see an increase on this current 12% to near 20%. SE noted the example in Birmingham where 60% advice and guidance was reached, and queried if the NEL plans were as ambitious. AM explained that the NEL plans mirror the national operating plan and the trusts were challenged in their performance by the CCG, but noted that plans had to be in place where realistic goals which could be met. AM confirmed that the system was working to deliver on the requirements as they are stipulated by NHS England. AM outlined Mental Health performance for NEL, highlighting that within dementia services, all boroughs except Tower Hamlets continue to underperform against the national standard in May 2021 driving the NEL CCG position to a non-compliant, albeit improving, position. Kash Pandya (KP, Audit Chair, NEL CCG) queried the level of funding versus the performance levels for mental health, and asked for the background regarding this. AM explained that the current data available is likely reflective of the effects of Covid-19 waves, citing dementia services as an example of a service that would have been suspended but is now working to recover to a pre-Covid-19 position. The data highlights the variation at which different dementia services are recouping their activity. AM noted the workforce constraints and risks which had further impacted recovery. Steve Collins (SC, Acting Chief Finance Officer, NEL CCG) noted that the CCG have to recognise that the workforce risk has been and will continue to be an operational challenge. AM updated the committee on E&D Performance, noting that performance against the 4 hour standard continues to be a risk at Queens's hospital with daily performance of around 65%.

	Ambulance handover delays over 30 mins also present a performance risk across Queens, Newham and Whipps Cross hospitals. AM noted that A&E, UTC and 111 demand had increased, and had creating challenge for the London Ambulance Service (LAS) and NEL acute trusts. NHS 111 calls in NEL were often exceeding 20-50% verses plan and resulted in increased patients booking in to the urgent treatment centres. A&E walk in attendances had also increased, resulting in some trusts such as BHRUT experiencing ambulance queues and black breaches. AM explained that meetings to facilitate system wide solutions and discuss alternative approaches were taking place. AM updated the committee on the major incident caused by the flooding of Whipps Cross and Newham Hospitals that had impacted the services and the wider system due to ambulance diverts, cohorting/moving of patients and staff relocating to other sites to support patient care. AM noted the excellent mutual aid and support from other hospitals and trusts across NEL, who expedited discharges to create additional capacity and move activity away from the challenged sites. AM noted that the flood had an impact on electives at Whipps Cross and generated cancellations. SE noted that XX place Surgery was flooded and the historical flooding issues within the Alderney Building. SE stated that there needed to be more proactive management of this estates issue and asked that this be reviewed by the CCG. The committee NOTED the update. • **Action: F&PJuly2021 #1**: Include Advice and Guidance as a deep dive topic area for a future committee – SB & AM – September 2021
3.	**111 and UEL System Pressures** Steve Collins (Interim Chief Finance Officer, NEL CCG) presented the paper outlining the case for approving additional funding to support UTC and 111, noting AM's previous update regarding 111 and UTC pressures. SC explained that NHS 111 is currently undergoing a surge in demand far outstripping existing service provision, noting that in the previous months the service has operated at an average 53% above baseline. SC explained that this level of surge represents an area of considerable risk of harm to patients and comes with financial implications. SC explained that further to the surge conditions outlined by AM, national funding of 111 First would cease at the end of July and that NEL would likely see further deterioration of service provision if the existing arrangements were not maintained. SC noted the current surge in demand, and outlined an ask by commissioners to extend the provision of additional hubs "downstream" in primary care for August and September. SC noted that additional hubs have been running since the end of June and have mitigated some of the pressures in the system, and that not to extend runs the risk of a deterioration in the UEC system. SC explained that the costs by scheme and periods were 1.9m for 111 First for Aug 21 to mar 22, and Downstream funding of 1.8m from Jul 21 to Sep 21 resulting in a total cost of 3.7m. KP noted that it would be useful to see in business cases such as this the access to hubs data and if the hubs are being as utilised as much as possible. FS queried if the providers were able to mobilise any additional services and had the quality of staff in order to provide what was in the business case. SC noted that 111 and services included in the proposal have already been staffed appropriately.

	The finance committee **APPROVED** the following funding requests: • Commissioning 111 First from Aug 21 for the remainder of 21/22 (after the cessation of national funding); and • Commissioning additional clinics "downstream" in primary care hubs to support 111 service during the next couple of months (subject to further review).
4.	**Phlebotomy Review** SC presented the Phlebotomy review, noting that it had been discussed within TNW as an area of risk which required urgent review. SC explained that the proposed review would evaluate how phlebotomy services will support recovery and what changes can be made to improve service provision and support primary care to meet the needs of patients. SE noted that the success of phlebotomy services is vital to recovery and reducing waiting lists, and suggested that a task and finish group led by a clinician and a senior manager from within the finance team be established to lead the review. SE noted that an ideal service would base phlebotomy services within general practices with a twice daily pick up of specimens with a supporting financial model. SE noted this would require buy-in from primary care colleagues but that the challenges within the current phlebotomy services were resulting in patients waiting longer than necessary for their tests. SC explained that in addition to reducing waiting times, changes to the service model would alleviate pressures within the acute sector and support the reduction of A&E attendances. Ken Aswani (KA, Clinical Chair Waltham Forest) noted the overall strategic direction of phlebotomy, and felt that this proposal was the right direction and would positively benefit the system, as well as support earlier cancer diagnosis and long term condition management. KA felt that the proposed model was straight forward but would require service level agreements with practices to sign and deliver the service. KP voiced concern that there was a potential to pay twice for a service which is already being provided, which was additional rationale to bottom out any issues within phlebotomy. SC noted that the points raised and explained he would discuss this with primary care and the MDs and will provide a report to the committee at the August meeting. The committee supported the Phlebotomy review, and **NOTED** the update. • **Action: F&PJuly2021 #2 –** SC to ensure report regarding Phlebotomy services returns to F&P in August Meeting
5.	**Update on Transformation Review** SC noted the year-end challenges and explained that a number of Transformation workshops had taken place to review the transformation strategy for NEL. SC noted that the system did not have a collective understanding of funding allocations, streams or prioritisation of transformation areas within NEL and the workshops were designed to support a shared understanding of these areas. SC explained that two sessions had been held at ICP level with Chairs and Clinical colleagues. SC committed to holding more sessions, nothing they had proved valuable and had acted as learning exercises for those involved. SC explained that providing credible rationale and staffing to deliver transformation plans was the key area of challenge within these workshops.

	SC noted that as a result of these sessions, a deeper understanding of which areas of funding are pre-allocated to areas of transformation (such as the mental health investment fund) had been gained, and future sessions will assess specific transformation areas and provide more granularity of funding, planning and delivery. SC noted that additional information had been included in the finance report. KA thanked the team for holding these sessions with the chairs, and noted that Covid-19 and H2 uncertainty had limited the CCGs ability to be as strategically led as in normal years. KA felt that the CCG would in the near future have to review and decide which areas to invest in which would best provide population health improvement. The committee **NOTED** the update.
6.	**Finance Report for Month 3** SC introduced the end of Q1 finance report, noting that the report outlined a deficit which was due to the retrospective claim process the CCG was engaged in with NHS England for a number of areas. The impact of these items was a year to date deficit of £10.7m and a H1 forecast deficit of £18.2m across NEL. This aside, NEL CCG were reporting a break even position on the core budgets and the underlying position was on plan. SC explained that providers generally continue to be on block contracts and highlighted CHC as a continuing area of risk. Additional areas of challenge include elective recovery (ERF) funding and noted that the CCG were continuing do everything possible to support elective recovery and develop services for patients (including expanding Advice and Guidance). SC noted that Covid funding showed an overspend similar to ERF, which was due to ensuring the vaccine programme was resilient, meeting targets and vaccinating patients. SC outlined the challenges within CHC, highlighting the emergent challenges in BHR which is seeing an increase in CHC patients. SC explained that this is likely due to services rebooting and exposes the unmet demand within CHC during Covid-19. SC updated the committee on Mental Health investment fund, explaining that the audit and review on Mental Health investment standards had been paused and was due to be reinstated in 2021/22. SC also noted that there are some emerging pressures in activity driven areas that have been managed via non recurrent measures. SC noted that some issues which remained from the merger and NHS England had reminded all NHS organisations of the statutory requirement regarding payments. SC confirmed that the lag of invoicing had nearly been resolved. The committee **NOTED** the update.
7.	**Any Other Business** • **Action: F&PJuly2021 #3 -** SB to establish the availability of the F&P Committee members over the next four weeks for a meeting to discuss items that are urgent for approval.
Date of next meeting: 25 August 2021 from 10.00-11.30am	

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 August 2021

Title of report	Quality, Safety and Improvement Committee (QS&I) Chair's report
Item number	7
Author	Fiona Smith, Chair of QS&I Committee, and Independent Clinical Member – Registered Nurse
Presented by	Fiona Smith, Chair of QS&I Committee, and Independent Clinical Member – Registered Nurse
Contact for further information	jasonclarke@nhs.net
Executive summary	The first NEL CCG Quality, Safety and Improvement Committee was held on 14 July 2021. The committee welcomed Khalil Ali, Lay Member – Patient and Public Involvement, NEL CCG, reflecting the commitment to public and patient engagement in ensuring the delivery of high-quality services to the people of north east London. The Governing Body are advised that the main items discussed and reviewed were as follows: • The committee was provided with an update on the national quality boards quality and safety framework and compared this with the evolving NEL CCG quality governance model. It was noted that a draft memorandum of understanding has been developed by NHS England to outline the management of key responsibilities at a local and regional level. The committee discussed the approach to aligning the NEL quality agenda with the oversight and assurance framework and agreed to periodically review the governance framework to ensure the eventual safe transfer for the delivery and oversight of the statutory functions to the NEL ICS. • The committee had the opportunity to review the governance framework of the Local Maternity System (LMS) and received an update on the neo-natal/still birth deaths deep dive audit undertaken earlier this year. The Governing Body are advised that the LMS includes the three acute trusts within NEL, and has responsibility for assuring the NEL Governing Body, through the NEL QS&I committee for the delivery of the improvement programme relating to the Ockenden review, alongside the overall delivery of safe high quality maternity services in NEL. • The committee received a report on the NEL Providers' Quality Accounts and Quality Priorities for 2021-22 and was assured that the CCG had delivered its responsibility to review the Quality Account of providers of NHS services to ensure they meet the required standard and to provide any

	relevant feedback. The committee noted that the NEL provider forum were exploring a joined-up approach to quality improvement using economies of scale given the common themes emerging of patient engagement, violence and aggression, and pressure ulcers. • The committee reviewed the NEL Quality Report and heard updates from the Quality Leads for City and Hackney, Barking, Havering and Redbridge and Tower Hamlets, Newham and Waltham Forest ICPs. The committee discussed the emerging theme from patient feedback of access to primary care services and the quality of primary care services. The committee have requested an update on quality and access in primary care for a future meeting. The minutes of the meeting are attached as an appendix to this report.
Action required	The Governing Body is asked to note the update.
Where else has this paper been discussed?	NEL Quality, Safety and Improvement Committee.
Next steps/ onward reporting	A regular report on key messages from the QS&I Committee will be presented at each meeting of the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The Committee: • provides assurance of internal governance and quality standards where the CCG has responsibility for regulatory standards and statutory requirements • Has an oversight of quality across the NEL system and works to the benefit of NEL patients • Will oversee areas of assurance relating to patient experience.
Conflicts of interest	There are no conflicts of interest in regard to this report.
Strategic fit	The Committee is responsible for system assurance regarding quality and safety and patient experience and has a collective view of risks to quality through sharing relevant information, data and intelligence to understand emerging concerns and risks across providers and the system. It identifies themes and trends across the system and utilises its reports and data to scrutinise and assure the system that quality objectives are met and issues reviewed accordingly.
Impact on finance, performance and quality	The Committee will manage the key areas of risk to quality and safety as outlined in the QS&I TOR.
Risks	The Committee will review and monitor system wide quality issues in accordance with and advise on risks and mitigations. The committee is responsible for Quality and safety risks on the Board Assurance Framework and agree any action for improvement
Equality impact	N/A

NHS
North East London
Clinical Commissioning Group

NEL Quality, Safety and Improvement Committee
14 July 2021 at 12:00pm, held on MS Teams

Minutes

Present	
Khalil Ali (KA)	Lay Member – Patient and Public Involvement, NEL CCG
James Chapman (JCh)	Head of Continuing Care
Jason Clarke (Minutes) (JCl)	Senior Governance Lead, TNW ICP
Mark Gilbey-Cross (MGC)	Deputy Nurse Director, BHR ICP
Charlotte Harrison (CH)	Independent Clinical Member - Secondary Care Clinician, NEL CCG
Alison Herron (AH)	SRO NEL LMS/Associate Director of Midwifery and Gynaecology - RLH
Dr Jagan John (JJ)	NEL CCG Chair and Clinical Chair – Barking and Dagenham
Diane Jones (DJ)	Chief Nurse, NEL CCG
Archna Mathur (AM)	Director of Performance and Assurance, NEL CCG
Dawn Newman-Cooper (DNC)	Assistant Director of NEL LMS Maternity Programmes
Jennifer Singleton (JS)	Head of Quality, C&H ICP
Fiona Smith (Chair) (FS)	Independent Clinical Member – Registered Nurse, NEL CCG
Chetan Vyas (CV)	Director of Quality and Safety, TNW ICP

No.	**Agenda item and minute**
1.	Diane Jones welcomed members to the meeting and introductions were made. No conflicts of interest were declared.

2.	**Minutes of the meeting on 26 May 2021** The committee approved the minutes from the previous meeting as accurate. **Action: QS2021#3** Jason Clarke (JC) to create an action log to present to the committee at each meeting.
3.	**National update** Chetan Vyas (CV) provided an update on the national developments in the quality and safety agenda, noting that the evolving NEL quality model had been presented to the NEL CCG Board and at the Quality and Safety Committee. CV noted that the expectation is that the statutory functions for the delivery and oversight of the quality agenda will transfer to the NEL ICS Board. Within the update, CV also noted that: • section 2.5 of the report outlined the key expectations of an ICS, with regards to the delivery and collaborative oversight of the quality agenda. • section 2.6 referenced the national quality board guidance, highlighting the requirement to ensure that the core principals of quality and safety are embedded during the 2021/22 transition period. • section 2.8 indicates that a number of the functions to be delivered through the ICS currently span quality, control/assurance and improvement. • government ministers wrote a formal letter to CCG Accountable Officers in June 2021, re-affirming the commitment the statutory duties currently with CCGs would be expected to transfer to ICS NHS bodies CV informed the committee that the report was for noting, and to stimulate discussion amongst members. Archna Mathur (AM) noted that it was a helpful update. AM also highlighted the link to other regulators such as the CQC and NHSE. AM went on to speak about the importance of aligning the quality agenda with the oversight and assurance framework. AM informed members that a draft memorandum of understanding has been developed with NHS England to outline the management of key responsibilities at a local and regional level. Diane Jones (DJ) also noted that the update was a helpful summary and helps to shape the thinking around the role of the ICS quality committee. DJ stated that it was important to recognise that the terms of reference will be iterative and evolving. DJ stressed the importance of ensuring that patient engagement was embedded within the quality agenda, and is engaging with borough Healthwatch representatives to commence these discussions. Fiona Smith (FS) noted that appendix A of the report was really helpful in outlining the key requirements or outcomes expected from the ICS. This would enable the relevant mapping to the oversight framework. FS noted that it would be helpful to begin to consider how we will develop and embed patient participation within NEL.

	FS asked members to consider if there were any additional functions, not mentioned, that would enable us to address the requirements outlined in appendix A. CV noted that the majority of the functions outlined in appendix A would naturally sit with quality and safety, but that some functions such as complaints, CHC and IPC might sit elsewhere. The committee heard that there will still remain a requirement for reporting of these functions through the quality committee, although the operational management of these functions may sit elsewhere. The committee were reminded that it was important that the development of our local ICS model is flexible, and had the ability to be iterative given the speed at which developments were required to take place. Khalil Ali was delighted to hear that patient engagement and feedback was considered as part of the development of the model. KA highlighted that understanding the key metrics and mapping will be essential. With reference to the evolving patient engagement work stream, KA highlighted the importance of the patient voice but also noted that it was important for primary care, PCNs and the ICS to work collaborative to understand how patient engagement can be more effective. Members agreed that this should remain as a standing item, and that at the next meeting there would be a more in depth look at the mapping in order to consider, and further develop the NEL response to the national framework although this wouldn't necessarily be a formal report or paper. **ACTION: QS2021#4** JC to add national update to the agenda for the next meeting. **ACTION: QS2021#5** JC to include review of ToR on the agenda for the October meeting. Review TOR in October.
4.	**Neo-natal/Still birth deaths update** Alison Herron (AH) introduced the report and set out the overarching framework of the Local Maternity System (LMS), key outlines and findings of the deep dive audit undertaken earlier this year. Dawn Newman-Cooper (DNC) noted that the LMS consists of the 3 acute trusts within NEL, with AH as the NEL SRO. AH informed the committee that there were a number of workstreams supporting the feed into and out of the national programmes and gave a brief overview of the governance and reporting structures, noting the highlight reports into the NEL LMS Board are subsequently reported into the NEL Quality and Safety Board. AH noted that the LMS has been building and developing its governance structures since April 2021, and is keen to ensure that it is robust and fit for purpose. AH noted that the LMS has the responsibility for holding Trusts in NEL to account for the safety of maternity services for those accessing them. AH noted the link with CQC and other regulators, who feed information in locally within NEL but also to NHSE, stressing the importance quality reporting leading to a 'no surprises' approach. DNC briefed the group on the deep dive that was undertaken as a result of a rise in the number of still births and neonatal deaths across NEL in December and January 2021. DNC stated that trusts submit a monthly safety dashboard, and a deep dive was undertaken as a result of a trend that was these monthly returns identified. The deep dive was commission to ensure that we were able to identify any thematic trends and look deeper at any potential shared learning. The LMS Safety work stream reported

	the audit findings to the NEL LMS Board and ultimately this will be shared with the London Perinatal Regional Board. The deep dive did identify some data quality issues, which are being looked into ensure transparency and accurate oversight. DNC noted that North Central London are our buddy LMS, with the aim of building external peer review and support into the wider governance and assurance mechanism. AH noted that the slides showed the top 5 identified contributory factors in the number of still births, but did note to the group the importance of not being complacent just because they are expected outcomes based on the demographic within NEL. AH stressed the importance of identifying and sharing learning across NEL in the longer term in the areas we can affect. This would enable us to avoid preventable cases of still births or neo natal deaths. KA highlighted the importance of taking a more of a proactive approach, where we can, stressing the importance of looking at the individual circumstances. E Asiatic and other minority backgrounds featured consistently in the factors regarding still birth. KA noted the importance of remembering that in some areas in NEL there is a majority ethnic demographic, and asked the committee to consider how NEL could invest more at the start of the pathway with the info we have. JJ noted that it was helpful to see the data, stating that it highlights the importance of a whole system approach and not just a Trust approach. Maternity buddies, practices, primary care, communities, faith leaders have an important role to play in improving maternity services across NEL. DJ stated that the snapshot given indicates the collaborative approach needed to develop the safety of maternity services within NEL. DJ stressed the importance of early intervention and effective population health management in supporting the improvement in safety across maternity services. Jenny Singleton (JS) stated the importance of a deeper dive into ethnicity, noting that a public health lens was required, which would enable a review, and ultimately reflection into associated attitudes and behaviours. JS noted that the patient safety response framework helps to consider causal factors and any potential reviews into SIs. Charlotte Harrison asked whether mental health had an impact. CV agreed that it would be good to understand that in more detail, noting that while some of the questions asked may be out of scope, the NEL maternity commissioners may have data regarding the whole system approach and any additional contributory factors not reflected or present in this specific audit. AM informed the committee that there was a regional maternity call taking place on Friday, noting that the conversation at this committee meeting presented a number of important lines of enquiry for regional team to consider. FS noted that the ambition of the NEL ICS is to go beyond the recommendations of the Ockenden Report. This would involve thinking more about population health management and issues with health inequalities that arose pre-pregnancy. Greater engagement from community services and providers would support a collaborative approach enabling better long term outcomes. AH and DNC should discuss with Diane regarding reporting to the NEL Governing Body because the LMS reports through this committee. FS noted the importance of using

	established reporting lines and governance framework to address concerns, reminding the committee that the governance framework should deliver assurance. The high level presentation at this forum enabled the identification of trend analysis and interfaces as quickly as possible to see and be proactive and be supportive. At ICS level there should be appropriate levels of scrutiny to support the assurance process.
5.	**NEL Provider Quality Accounts and Quality Priorities for 2021-22** Justin Roper (JR) introduced the report, informing the committee that the CCG has a responsibility to review the Quality Account of providers of NHS services to ensure it meets the required standard, and provide any feedback to those organisations. The report notes that while the quality accounts have not been attached to the paper presented to the committee, they are available on request. The paper outlines the key quality priorities for NHS Trusts within NEL for 2021/22 as well as key themes identified across the main NEL providers. JR informed the committee that there was a discussion at the NEL provider forum to ascertain how this can be taken forward using economies of scale, given the number of areas of overlap particularly around patient engagement, violence and aggression, and pressure ulcers. JJ noted that there was a national metric of quality experience which would help with some of the standardisation. JS noted that Manchester has one quality account for all providers, and that it was worth having conversations with providers to discuss how this could possibly be developed in NEL. KA noted that C&H co-design to engage with patients and commended BHRUT on the quality of their communication with patients. FS noted that the report was interesting, highlighting that providers might not realise the overlap and areas of commonality. FS also stated that it was important to continue to have conversations about the development of an ICP Quality Account. Recognising that Manchester were further ahead in their ICS development, it was felt that their current position is a helpful steer regarding the direction of travel we might want to consider within NEL. It was likely that the approach at this stage would remain local to individual Trusts and that they would continue to be accountable through the quality forum. The committee did feel it was important to start thinking about the ‘so what’ question and development of future priorities. The committee highlighted the lack of standardisation of metrics and felt that the wider assurance process could be strengthened by ensuring that there are updates throughout the year on the key priorities of providers. **ACTION: QS2021#6** JC to build quality assurance/quality accounts updates into the forward plan for 2021/22.
6	**Quality Report** Quality Leads noted that there was nothing for immediate flagging within the C&H, BHR or TNW ICPs.

	KA provided some feedback regarding the complaints data contained within the report. KA noted the importance of presenting a method of reporting the improvements made as a result of complaints made, similar to the “You said, we did” approach. KA did also note that there may be some consideration for re-branding as ‘patient feedback’ instead of complaints. KA went on to remind the committee of the importance of recording, and reporting on, compliments received by services as well to developed a wider feedback mechanism. FS noted that one of the key themes coming through was access to primary care services and the quality of primary care services. FS asked members for their thoughts regarding the role of this committee in further understanding and investigating the high number of concerns raised. The committee sought to understand where the complaints currently go and what do we do with them. Concerns relating to service access in primary care are a wider system issue, and we are now in receipt of significant feedback to indicate that this is a concern. The committee were keen to establish the ask regarding primary care quality, quality governance and the oversight and assurance process. It was felt that this required a deep dive into the quality of primary care across NEL, particularly access and GP alerts. CV noted that this clearly needs more work and a full system review. CV agreed that the quality team should work with the primary care directorate and NEL Primary Care team to get an understanding of the key challenges. Stressing that this will require an iterative approach, CV committed to reporting back to this committee in September with an update. **ACTION: QS2021#7 Quality Team to report back to the September Committee meeting with an initial understanding of the challenges leading to the high number of complaints regarding patient access and quality of care in primary care services** **ACTION: QS2021#8 JC to add primary care deep dive (including a review of their ToR, primary care access and GP alerts) to the committee’s forward planner.**
Date of the next meeting: 8 September 2021 at 12:00pm on MS Teams	

North East London
Clinical Commissioning Group

NEL CCG Governing Body

25 August 2021

Title of report	BHR Integrated Care Partnership Board (incorporating BHR CCG Area Committee) - update
Item number	7
Author	Anna McDonald, Business Manager, BHR ICP
Presented by	Kash Pandya, BHR ICP Area Committee Chair
Contact for further information	anna.mcdonald@nhs.net
Executive summary	The key messages from the BHR Integrated Care Partnership Board meeting held on 29 July 2021:- • Noted an update on the latest ICS development guidance. • Noted the on-going development of the BHR Integrated Care Partnership (ICP). • Noted progress in regard to BHR ICP priority actions. • Noted an update on the BHR Borough Partnerships development. • Noted and discussed a report on the Barts Health/BHRUT collaboration. • Noted current risks to the BHR ICP, the risk management cycle and the key risks to the NEL CCG Governing Body. • Agreed the next steps in regard to the Integrated Sustainability Plan. • Supported the next phase of development for the BHR Health and Care Academy. • Noted the month 2 finance position and key messages. • Noted that the Hospital Discharge Service business case received virtual approval from the BHR Area Committee.
Action required	The Governing Body is asked to note the update and the minutes of the meeting held on 29 July 2021.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	A regular report on key messages from the BHR ICPB will be presented at each meeting of the Governing Body.

What does this mean for local people? **How does this drive change and reduce health inequalities?**	The ICPB will seek to act in the best interest of residents in the BHR health and care system as a whole, rather than representing the individual interests of any of its members.
Conflicts of interest	There are no conflicts of interest in regard to this report.
Strategic fit	The ICPB provides strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the BHR ICP.
Impact on finance, performance and quality	The ICPB will: • ensure the delivery of high-quality outcomes, putting patient safety and quality first. • have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. • Approve proposed health needs prioritisation policies ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities. • Receive recommendations from the ICP Finance and Performance Sub-Committee and make decisions on matters referred to it by that sub-Committee.
Risks	The ICPB is currently developing a risk register that covers the most critical risks to the BHR ICP and will form part of the overall NEL CCG risk management process.
Equality impact	N/A

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

Draft minutes - Integrated Care Partnership Board

29 July 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
Henry Black (HB)	Acting Accountable Officer, NEL CCG
Steve Collins (SC)	Acting Chief Finance Officer, NEL CCG
Ceri Jacob (CJ)	Managing Director, BHR ICP
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
Tony Chambers (TC)	Chief Executive, BHRUT
Joe Fielder (JFi)	Chair, NELFT
Oliver Shanley (OS)	Chief Executive, NELFT
Andrew Blake-Herbert (ABH)	Chief Executive, LBH
Cllr Jason Frost (JFr)	LB, Havering
Cllr Mark Santos (MS)	LB Redbridge
Dr Gurmeet Singh (GS)	PCN Clinical Director, Havering
Dr Sangeetha Pazhanisami (SP)	PCN Clinical Director, Redbridge

Attendees:

Leila Hussain (LH)	LB, Redbridge
Kenye Karemo (KK)	Director of Nursing, BHRUT
Steve Rubery (SR)	Director of Planning & Performance, BHR ICP
Emily Plane (EP)	Programme Lead, BHR ICP
Pam Dobson (PD)	Deputy Director, Corporate Services, BHR ICP
Mark Eaton (ME)	BHR System Recovery Adviser
Anna McDonald (AMcD)	Business Manager, BHR ICP
Caron Bluestone (CB)	Associate Lay Member, BHR ICP
Jayam Dalal (JD)	Associate Lay Member, BHR ICP
Alwen Williams (AW)	Chief Executive, Barts Health
Jo Andrews (JA)	Carnall Farrar
Elaine Allegretti (EA)	Director, People & Resilience, LBBD
Diane Mckerracher (DM)	Redbridge GP Federation, Interim CEO
Sophia Jaques (SJ)	Member of the public
Hannah Tang	Member of the public

Apologies:

Mike Bell (MB)	Chair, BHRUT
Ahmet Koray (AK)	Director of Finance, BHR ICP (rep SC)
Adrian Loades (ALo)	Corporate Director of People, LB Redbridge
Dr Caroline Allum (CA)	Chair – Health & Care Cabinet
Tracy Welsh (TW)	Director of Transformation, BHR ICP

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 27 May were agreed as an accurate record.	
1.3	**Actions/matters arising**	
	ICPB members noted the updates and actions taken since the last meeting.	
2.0	**Managing director's report**	
	CJ presented the update report which covered the following areas: • Latest ICS development guidance • Recovery & restoration of services • On-going development of our BHR Integrated Care Partnership (ICP) • Identification of key priorities for BHR ICP • Getting partnership governance right • Supporting the development of Borough Partnerships • Development of a BHR System Integrated Sustainability Plan • London vaccination summit The Chair thanked CJ for the comprehensive update and added that it demonstrates the significant amount of joint working happening across the BHR system, noting that this needs to be maintained in order to ensure that we continue to build the benefits achieved by working together as a system. Members of the ICPB: • Noted the update.	
3.0	**Update on the provider collaboration between BHRUT and Barts Health**	
	TC explained that the focus of the work and the benefits that the collaboration is seeking to achieve are; ▪ reducing inequalities; ▪ Undertaking a needs assessment and levelling up where possible; ▪ alignment of strategies; ▪ building on improvements at borough level and building on the good relationships across NEL. Next steps include continued engagement with partners, and a focus on addressing the urgent & emergency care challenges across the system. An example of the benefits of collaboration that we are already seeing is that a very senior doctor from the Royal London Hospital has been seconded into BHRUT to work with the clinical teams within the emergency department at Queen's Hospital on areas such as leadership and processes. Other work	

	around elective care and workforce efficiency were given as practical examples of the benefits of collaboration. AW added that clinicians across NEL have worked very well together in response to the Covid-19 pandemic and the plan is to build on the strong relationships to continue to improve services for the populations served by Barts Health and BHRUT going forward. The intention is to work together across NEL to co-design the collaboration and make services as high quality and as resilient as possible. There are a number of joint appointments already in areas such as cardiology and the plan is to develop this further. AW assured the ICPB that concerns expressed by BHR, particularly around population growth overall particularly in B&D and Newham are appreciated and understood. The partnership will consider how it can work together to make sure the right services are in the right place, acknowledging the feedback from particularly BHR partners around the need to ensure that local services remain local. The principle of the BARTs/BHRUT collaboration continues to be to 'house' services as locally as possible where possible. The collaboration will focus on delivering improvements and will be held to account collectively by partners. HB endorsed everything that was said and reiterated that the collaboration between the two Trusts' is within the context of the national changes in legislation, moving away from having an internal market where providers had to compete for resources, and having a stronger focus on collaboration. The ICS has an overall intent to address inequalities and the pockets of deprivation where they are most profound; working collectively, collaboratively and supporting Borough Partnerships is exactly the way to do this. Local Authority Councillor members of the ICPB expressed concerns that they had not been interviewed as part of the 'Appreciative Inquiry' process and added that the views that have been sought do not extend wider than health bodies and Local Authority Chief Executives. It was also noted that Borough Partnerships are not referenced in the report and that the figure quoted in relation to the growth of the catchment area of the two trusts over the next ten years has been underestimated. BHRUT's catchment area across South Essex was also flagged. In addition, lack of engagement with primary care was raised as a concern. TC and AW thanked members for their very helpful comments. AW reiterated the importance of Borough Partnerships and added that the collaboration is about benefitting the whole population across NEL and not about creating a single organisation. AW explained that all of the comments received today will be taken on board and advised that the follow-up report will be more specific on the areas of collaboration, the benefits, and how impact will be measured. TC brought the conversation to a close by adding that the ICS structure and design will enhance engagement with Borough Partnerships and clarified that although the Homerton Hospital is not formally a part of the collaboration, it is a very clear key part of it. Members of the ICPB: • Noted the update. *Alwen Williams left the meeting.*	
4.0	**BHR ICP risk management**	
	PD presented the update report and provided an overview of the progress made to date to develop a comprehensive ICP risk register. Further discussion on NEL-wide risks and how they will be defined and added to the NEL corporate risk	

	register and the process to feed into the NEL Governing Body Assurance Framework (GBAF) are continuing. Currently, risks with a significant rating score of 12 will escalate to the NEL corporate risk register and those with a severe rating score of 15 will be escalated to the GBAF. The Risk Management Strategy and policy have both been re-configured and the expectation is they will be ratified in September once the process for escalating risks has been fully agreed. In regard to the three NEL ICPs, any risks in-common across the three will have a risk owner at a NEL level. Two risks in-common have been identified to date relating to digital infrastructure and provider estates for delivery of 'business as usual' (BAU) alongside Covid-19 activity and have initially been escalated to the to the GBAF. There are currently 14 risks on the BHR ICP risk register. Four new risks have been added since the last ICPB meeting: • 3rd wave of the pandemic / staff capacity • Backlog of elective activity • Significant increase in demand for mental health services • Long Covid Ten risks are rated 'severe' and are being reviewed in terms of the mitigations and target dates for completion. Going forward, a standard risk report will be presented to the ICPB detailing existing risks, new risks and any that have been deescalated. KP referred to previous discussions about the need to align the risk register with each Local Authority and the need for the target dates to be reviewed. PD confirmed that both requests will be actioned in advance of the next meeting. KP also suggested the need to add a new risk relating to the Mental Health Investment Standard (MHIS) in regard to the ability to meet the requirements. OS confirmed that the related investment money is being received by NELFT and added that the key challenge in terms of delivery relates to workforce issues. OS commented that the interface between BHR level risks and NEL level risks is not completely clear and cited the risk relating to C&YP with mental health needs as an example of something that is a BHR issue, a NEL issue and also an issue at a national level and as such, the risk needs to be flagged at every opportunity. PD agreed to follow this up outside of the meeting with the relevant leads. Members of the ICPB: • Noted the current risks to the BHR ICP, the risk management cycle and the key risks to the NEL CCG Governing Body.	PD PD
5.0	**Integrated Care System development**	
	5.1 Borough Partnership development EP recapped that the three BHR Borough Partnerships (BPs) submitted their development roadmaps at the end of May 2021 which were reviewed and endorsed by the BHR Integrated Care Executive Group in June 2021. The CCG has released phase 2 development funding of £100,000 per BHR BP to support operationalisation of the development roadmaps and the BPs have confirmed their intention is to use most of this funding for project management resource. All three BHR BPs have identified mental health as a key challenge that they wish to focus on, reflecting current pressures within the BHR system and the pressures that BHR residents are experiencing as a result of the pandemic. In addition, each BP	

	has identified individual key areas to focus on; B&D - C&YP, MDT and care homes; Havering - social inclusion, housing and joblessness; Redbridge - improving childhood vaccination and overcrowding in housing. A second workshop session with the BHR BPs was held on 26 July and one of the key actions arising from the session was a request made by the BPs for NEL CCG to be very clear on what the operating framework for the BPs is in regard to where they will be required to do things once across the seven NEL boroughs and what will be within their remit to design locally. In response, a proposal is being developed together with system partners to articulate the view locally on what should sit at each level, this will then feed into the work being done to shape the NEL framework. The BPs have reiterated the importance of digital support and data sharing and that is being looked at a BHR and NEL level. A further workshop session will be held in September and in the meantime learning will continue to be shared across the three BPs. OS commented on the importance of the system working together and being focussed on the work of the BPs in order to demonstrate that issues such as housing, employment etc, which play an important role in achieving positive outcomes/ have a strong impact on wellbeing, are being addressed and are making a difference. JJ referred to the new NHS structures and the stressed the importance of the BPs in the delivery aspect of the ICS system. He asked for a view on the expected timeline in regards to knowing when we have effective borough partnerships in BHR. CJ reiterated that health, social care, public health and services around the wider determinants of health all working together is what will make the BHR system strong and the BPs able to really make a difference. CJ added that it is not expected that BPs will be fully formed by April 2022, however, there does need to be reasonable rapid progress and the projects the BPs want to focus on for the remainder of the financial year are about forming relationships, understanding each-others issues and perspectives and shaping the governance post April 2022. KP suggested drawing on the learning from the Better Care Fund (BCF) in regard to borough partnership working as we move forward and also the need to consider personal health budgets and social prescribing and this was agreed. Members of the ICPB: • Noted the detail of this paper and the next steps for development of the BHR Borough Partnerships. • Considered the operating model and implications for the Integrated Care System / Borough Partnership development of the latest ICS guidance / Health and Social Care Bill	
6.0	**Transformation**	
	6.1 Integrated Sustainability Plan ME presented the update and gave an overview of the proposed aims and objectives of the Integrated Sustainability Plan (ISP). The ISP is designed to deliver the triple aim of improving the long-term health of the BHR population, reducing pressure on the health and care system and achieving financial sustainability. The objectives in order to deliver on the triple aim were highlighted. The Chair asked how the ISP links in with the work of the BPs, transformation and the collaboration with Barts Health. CJ explained that a good deal of the implementation will be at borough level in terms of NELFT and community services. BHRUT serves the three BHR boroughs and in terms of Barts Health, it is important to include them in our planning as Redbridge patients flow into Whips Cross Hospital and Barking patients flow into Newham General Hospital.	

	JFr referred to objectives two and three and asked whether there is recognition that areas such as housing and employment can be what is driving some health needs. CJ responded that prevention is very often not impacted by 'spend' in health, rather it is 'spend' in social care and public health services that have an impact traditionally, however we are looking to address this collectively going forward. The work that is happening in Redbridge to look at mitigating the impacts of overcrowding was cited as an example of this. ME explained that within the ISP it is possible to say how much of the reduction of what needs to be achieved is within each borough and gave Trauma & Orthopaedics in Havering as an example. Members welcomed the proposed nonrecurrent investment monies related to prevention. Local Authorities confirmed that their Directors of Public Health have started to think through how this pot of funding can be spent to have a positive impact on prevention / outcomes for local people. ME addressed further questions raised by MS and JFi on the financial assumptions and the need to have longer term planning as well as shorter term needs to meet the annual budget. The Chair brought the discussion to a close by summing up that the ISP provides a very clear sense of direction and will be a key tool for Providers to use going forward into the new work post April 2022 to drive efficiencies and transformation. Members of the ICPB:- • Agreed the next steps and timeline. • Considered other evidence may be needed to add to the clinical case. • Discussed how we may further represent Local Authorities within the ISP **6.2 BHR Health & Care Academy** KK explained that the Academy is an innovative way of addressing education and workforce priorities and challenges across BHR as a partnership but primarily, it is a way for the ICP to enact anchor organisation practices and contribute to reducing the impact of inequalities through education, employment opportunities and wellbeing. The agreements made by the BHR system to date in regard to funding the academy were recapped and KK outlined the next steps for future development. The formal launch of the Academy is scheduled to take place in September 2021. ICPB members agreed that this demonstrates excellent collaboration across the BHR system and the Academy will be of huge benefit to the whole system in terms of future workforce realisation. The Chair stressed the importance of linking in with the career's offices across the three BHR boroughs. Members of the ICPB:- • Supported and endorsed the next phase of development for the BHR Health and Care Academy.	
7.0	**BHR ICP performance**	
	7.1 BHR priority actions progress update CJ recapped on the four agreed key priorities for the ICP; recovering well; addressing inequalities and prevention; anchor organisations; and leadership culture and leading change. Progress on each priority was included in the report and CJ confirmed progress is being tracked and regular updates will be provided going forward. Key data indicators are being identified to highlight the impact of the measures being taken, alongside enabling us to identify what is working well,	

	and changing our approach if something needs to change as we move forward was stressed. CJ asked the Chair for her view as to whether a detailed update on one or two of the priorities would be best at each meeting or if a high-level update on all four priorities would be most useful. The Chair responded that the current 'plan on a page' format would be most helpful as it provides an overview on each of the priorities. Members of the ICPB: • Noted the progress made to date. **7.2 Finance report** SC gave the overall headlines for the first half of 2021/22 and explained that the report provides the NEL position and then is broken down by ICP. The BHR system has a core budget of £615.7m for the first half of the year and has available non-recurrent transformation funds to help drive forward the sustainability plan. It is assumed at Month 2 that these funds will be fully committed in year. SC gave an overview of the emerging pressures in terms of; acute; mental health; hospital discharge programme; prescribing; continuing healthcare. SC advised that a number of discussions have taken place in regard to the growing demand in non-elective attendances and 111 calls and the CCG is looking to extend the primary care hub until at least to the end of September 2021 and NHS 111 services possibly until the end of the financial year in order to help meet the increasing demand. The Chair suggested that further communication to the public is needed to pro-actively promote that GP surgeries are open. SC stressed the importance of understanding the demand that is going via NHS 111. The service is handling approximately 30-70% more daily calls now than it was two years ago (pre-pandemic). JJ concurred and added that the demand is being seeing across the system and highlighted a piece of work being undertaken at a NEL level in regard to crafting the key messages that need to be communicated out to the public. AA briefed the ICPB about action that his GP practice is taking to try to address the perception that surgeries are closed. From 9 August, patients at the practice will be offered the choice of having a telephone or face to face appointment. ICPB members welcomed the initiative. CJ referred to incidents of aggression towards some GP practice staff from members of the public that is occurring and stressed that this is not acceptable. An update was given in regard to the planned communications out to the public which will reinforce the message that GP surgeries are open and have been throughout the pandemic and will also explain the new model of care now in place in regard to provide digital as well as face to face appointments, as well as the different ways of managing NHS 111 referrals into primary care. Members of the ICPB: • Noted the finance update and welcomed the messages that will be communicated out to the public in regard to the new model of care.	
8.0	**Items for information**	
	8.1 Hospital discharge service business case The Chair confirmed that the business case received virtual approval from the Area Committee on 6 July 2021. **8.2 Minutes of relevant fora:** The minutes of the following meetings were noted:	

	• Integrated Care Executive Group – May and June 2021 • Health & Care Cabinet – May and June 2021 • Finance sub-committee – July 2021 • Quality & performance Oversight group – April and June 2021	
9.0	**Any other business**	
	None.	
10.0	**Questions from the public**	
	No questions from the public had been received.	
	Date of next meeting – 30 September 2021	

NHS
North East London
Clinical Commissioning Group

NEL CCG Governing Body

25 August 2021

Title of report	City and Hackney Integrated Care Board / Integrated Care Partnership Board summary update
Item number	7
Author	Dr Mark Rickets, City and Hackney Chair, NEL CCG
Presented by	Dr Mark Rickets, City and Hackney Chair, NEL CCG
Contact for further information	matthew.knell@nhs.net
Executive summary	The City and Hackney (C&H) Integrated Care Board (ICB) met on Thursday 8 July 2021 and discussed: • Revised Integrated Commissioning Partnership Board (ICPB) and Neighbourhood Health and Care Board (NHCB) Terms of Reference (ToR) that had taken account of feedback provided at previous meetings. New versions of the documents were discussed by the ICB in light of the upcoming changes to local NHS structures covered in the draft 2021-22 Health and Care Bill. The City and Hackney Area Committee will meet as part of the ICPB in common with partner Committees; • The ICPB elected Randall Anderson, Common Councillor for Aldersgate in the City of London as Chair of the ICPB; • The ICPB received an update on the work of its Inequalities Steering Group, and discussed how to seize the opportunities for partnership working covered in the framework. The ICPB asked to be kept updated on the work and its impacts in the local area, plus the funding needs to make it a success; • The ICPB was briefed on the work of the local Child and Adolescent Mental Health Service (CAMHS), recognising the increases encountered in complex and eating disorder related cases through the pandemic. Referrals overall were increasing in 2021 and pressures within the system were being actively monitored and responded to; • The draft Children & Young Peoples Emotional Health & Wellbeing Strategy was received by the ICPB and feedback was given for inclusion in a

	final version of the document due for approval in August 2021; • The ICPB was updated on the work underway on the development of an Integrated Care System (ICS) across North East London (NEL).
Action required	The NEL Governing Body is asked to: 1. Note this update from the Integrated Care Board (ICB); 2. Receive and note the ICB draft minutes.
Where else has this paper been discussed?	N/A
Next steps / onward reporting	A regular report on key messages from the C&H Integrated Care Partnership Board (ICPB) will be presented at each meeting of the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The City and Hackney Area Committee meets together with partners, in public to take local decisions on decisions on the functions delegated to it as the ICPB. Meeting in public promotes transparency and allows discussion and challenge in real time with members of the public. The Committee holds specific functions related to population health management, including lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality as well as for stakeholder engagement and management, including the discharge of NEL CCGs statutory duty in relation to public involvement and consultation.
Conflicts of interest	There are no conflicts of interest in regard to this report.
Strategic fit	The Committee exercises a variety of delegated functions granted to it by the NEL GB and as such, has relevance to all of NEL CCGs Corporate Objectives.
Impact on finance, performance and quality	The Committee will report to the NEL CCG Governing Body on a bi-monthly basis and a copy of its minutes are presented to the NEL CCG Governing Body, for information and assurance purposes.
Risks	The Committee will hold and review an ICP risk register and monitor progress against defined mitigating actions, particularly relating to the most significant risks, to assure that risks are being properly reviewed and effectively managed.
Equality impact	N/A

Meeting-in-common of the Hackney Integrated Commissioning Board
(Comprising the NEL CCG City & Hackney Area Committee and the London Borough of Hackney Integrated Commissioning Committee)

And

Meeting-in-common of the City Integrated Commissioning Board
(Comprising the NEL CCG City & Hackney Area Committee and the City of London Corporation Integrated Commissioning Committee)

Minutes of meeting held in public on 8 July 2021
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Chris Kennedy	Cabinet Member for Health, Adult Social Care & Leisure	London Borough of Hackney
Cllr Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Cllr Caroline Woodley	Cabinet Member for Families, Early Years, Parks & Play	London Borough of Hackney

North East London CCG City & Hackney Integrated Commissioning Committee

Mark Rickets	Borough Clinical Chair	City & Hackney Integrated Care Partnership / NE London CCG
Siobhan Harper	Transition Director	City & Hackney Integrated Care Partnership / NE London CCG
Sue Evans	Lay Member	NE London CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC (ICB Chair)	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Marianne Fredericks	Member, Community & Childrens' Services Sub-Committee	City of London Corporation

Hackney

CITY OF LONDON

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City and Hackney Clinical Commissioning Group

In attendance

Alex Harris	Integrated Commissioning Governance Manager	City & Hackney Integrated Care Partnership / NE London CCG
Amy Wilkinson	Workstream Director: Children, Young People, Maternity & Families	City & Hackney Integrated Care Partnership / London Borough of Hackney
Andrew Carter	Director, Community & Childrens' Services	City of London Corporation
Angela Bartley	Deputy Director of Population Health	East London NHS FT
Annie Roy	Project Manager: Integration	City of London Corporation
Catherine Macadam	Lay Member	NE London CCG
Caroline Millar	Acting Chair	City & Hackney GP Confederation
Ellie Duncan	Programme Manager: Children, Maternity & CAMHS	City & Hackney Integrated Care Partnership / NE London CCG
Haren Patel	Clinical Director	Office of the Primary Care Network
Jenny Darkwah	Clinical Director	Office of the Primary Care Network
John Gieve	Chair	Homerton University Hospital NHS FT
Jonathan McShane	Integrated Care Convenor	City & Hackney Integrated Care Partnership / NE London CCG
Jon Williams	Executive Director	Healthwatch Hackney
Laura Sharpe	Chief Executive	City & Hackney GP Confederation
Matthew Knell	Head of Governance & Assurance	City & Hackney Integrated Care Partnership / NE London CCG
Paul Calaminus	Chief Executive	East London NHS FT
Sandra Husbands	Director of Public Health	London Borough of Hackney
Sarah Wilson	Director of Specialist Services	East London NHS FT
Simon Cribbens	Deputy Director, Community & Childrens' Services	City of London Corporation
Stella Okonkwo	ICP Programme Manager	City & Hackney Integrated Care Partnership / NE London CCG
Steve Collins	Acting Chief Finance Officer	NE London CCG
Sunil Thakker	Executive Director of Finance	City & Hackney Integrated Care Partnership / NE London CCG
Susan Masters	Health and Social Care Policy Lead	Hackney Council for Voluntary Services
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS FT

Apologies – ICB Members

Cllr Bramble (LBH)

Ruby Sayed (CoL)

Other apologies

Jake Ferguson

Ian Williams

Stephanie Coughlin

Helen Woodland

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Randall Anderson, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. Susan Masters added that she was a Councillor in Newham however this did not cause any conflicts in relation to items on the agenda.

2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. Questions from the Public

3.1. There were none.

4. Minutes of the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. ICPB / NHCB Terms of Reference (ToR)

5.1. Jonathan McShane introduced the item. He noted that this version of the ICPB ToR has been updated to reflect the comments and clarifications requested by members. Adding that, in the proposed legislation there had previously been reference to an ICS

partnership body. This had changed to simply integrated care partnership at the ICS level. This would affect what the board ultimately called itself.

5.2. Haren Patel asked if the new meetings would be in-person or if they would take place virtually. Jonathan McShane responded that there was value in coming together but there were also benefits to holding meetings virtually as that freed up peoples' diaries. We would ultimately be guided by whatever social distancing guidance was released.

5.3. Cllr Kennedy complimented the ICPB Terms of Reference on having taken on board the comments received last time. He added that the legislation coming down the line had potential to make requirements of us that we were not yet aware of. We needed to know what the local place-based partnerships would be called as this would affect what the ICPB called itself in the future. Jonathan McShane added that we need to be cognizant of what would happen at the local level but we would also be waiting on guidance from NHS England.

5.4. Siobhan Harper added that the expectation was that the bill would reach committee stage by September. Six months after that we would transition from being a CCG to an ICS. Tracey Fletcher added that we would need to review both terms of reference at the end of the year in light of the new legislation.

5.5. Jonathan McShane added that the NHCB terms of reference would be changed to say that the NHCB would be accountable to, as opposed to would "report to" the ICPB.

5.6. The City Integrated Commissioning Board

- **APPROVED the terms of reference, but were inquorate. Full ratification of decisions will be taken at the next available ICPB meeting.**

5.7. The Hackney Integrated Commissioning Board

- **APPROVED the terms of reference.**

6. Election of a Chair

6.1. Mark Rickets nominated Randall Anderson as Chair of ICPB and Cllr Chris Kennedy as Vice Chair. Cllr Robert Chapman seconded.

6.2. The **City Integrated Care Partnership Board**

- **APPROVED** the election of Randall Anderson ad Chair of ICPB and Cllr Chris Kennedy as Vice-Chair.

6.3. The **Hackney Integrated Care Partnership Board**

- **APPROVED** the election of Randall Anderson as the Chair of ICPB and Cllr Chris Kennedy as the Vice-Chair.

7. Inequalities Steering Group: Tools and Resources Priority Theme

7.1. Angela Bartley introduced the item. She noted that an ambition of the steering group was to look at how to: develop and drive a consistent health equity approach across city and Hackney; understand where these inequalities were happening within our communities and different groups and how to make health inequality part of our

business as usual, day to day working arrangements and share learning with other areas.

7.2. Susan Masters suggested that we have a standing item on inequalities at the ICPB. She also asked how the voluntary sector could be more involved due to resourcing. Angela Bartley responded that the work would not necessarily require a complex process. Sandra Husbands added that there are opportunities for collaborative working on these issues.

7.3. Caroline Woodley noted that there is need to be mindful of the language we use as often it could be technical which may potentially alienate people.

- **Cllr Caroline Woodley, Sandra Husbands and Angela Bartley to discuss simplification of language outside the meeting.**

7.4. Siobhan Harper added that the framework presented was helpful for us to start to think about how we apply these concepts in the way we deliver, commission and plan for our services. We could also use this as a way to demonstrate how our system operates.

7.5. Honor Rhodes suggested that we set ourselves a challenge to think about how much will need to be spent to deliver this work. Sunil Thakker confirmed that in terms of investment available for this program, we had begun to have internal conversations. However, this will need to be expanded to the wider team.

7.6. Randall Anderson added that there is an opportunity to embed this analysis in everything we are asked to approve. Catherine MacAdam advised that we might consider ensuring that items presented to the ICPB go through a series of equalities questions as If we are embedding equalities work within our discussions we will need to do so in an inclusive way. She added that the People and Place Group would be using an approach called “time to think” which worked on the assumption that everyone in the room had an equal voice.

- **Update on investment underpinning this program of work to be brought back to ICPB.**

7.7. John Gieve noted that there was a potential for this to become an industry in itself. Adding that, the board should aim to set measurable targets for the next three years on specific inequalities which would then task specific teams to bring back theories of change and then the board could monitor performance on this.

7.8. Sandra Husbands said that in terms of accountability, we need to consider what this would mean for the board. This should not take the form of simply having reports from the Health Inequalities Steering Group but rather, there should be a deeper analysis of how people work together both at board level and throughout our various organisations. Mark Rickets added that the ICPB had a role in setting the culture and expectations of our organisations.

7.9. Jon Williams noted that currently, there is no lead for the digital divide work in the ICPB and that the ICPB would need to identify a lead for this programme of work.

7.10. The **City Integrated Care Partnership Board**

- **NOTED** the report.

7.11. The **Hackney Integrated Care Partnership Board**

- **NOTED** the report.

8. CAMHs Update

8.1. Amy Wilkinson introduced the item. She noted that we were especially concerned about complex cases and eating disorders. The amount of cases had increased, as had the complexity of those cases. Some issues were directly related to the pandemic but we had also extended the Tier 3 pathway.

8.2. Sarah Wilson added that services had responded across the system to the challenges of the pandemic and a lot of work had been done around co-production to listen to children and young people about their needs. We will need to build on this and establish an integrated way of helping our young people.

8.3. Sandra Husbands noted that this was a good opportunity to test our commitment to reduce inequalities. Many young people had the perception of a postcode lottery so how are we ensuring equity? Sarah Wilson responded that we were embedding a whole life approach to health and wellbeing. Amy Wilkinson also added that we had a variety of outreach services to specific demographic communities, including the Orthodox Jewish communities, young black men, and other services for black and minority ethnic young people.

8.4. Jon Williams noted that the trends for CAMHS referrals demonstrated that these were much higher in 2021. This could potentially be a serious issue in relation to opening up the economy, as many younger people would not be vaccinated. Sarah Wilson responded that pressures on capacity had been identified throughout the system. However, the system could function better, if we worked in a more integrated way.

8.5. Cllr Woodley enquired about the data in relation to online platforms and how young people had come to these platforms. She also noted that some people with special educational needs had presented with eating disorders where they had not in the past. Sarah Wilson responded that we had received short-term transformation money and we had recruited two people to look at the digital offer from a young persons' perspective. In terms of eating disorders, there was a growth in anorexia and bulimia but also a general increase in disordered eating amongst children and young people. There was no immediate explanation for this, but a leading theory is that it could be related to the lack of structure and order in their lives more generally.

8.6. Mark Rickets asked a question in relation to resourcing and the extent to which this work was meeting the needs of our young people? Adding that, we should collectively be looking at where our resources is best deployed. Amy Wilkinson responded that we had performed a quick response to the covid-19 crisis and an analysis of what the impact of this will need to be done. Sarah Wilson also added that the pressure on staff was intense at the moment.

8.7. Susan Masters asked if there were other disadvantaged groups that we had missed as there were a large number of organisations in City & Hackney and if there were plans

to work with the voluntary sector?. Sarah Wilson responded that the third sector were embedded throughout all of our plans. Adding that, we will need to utilise all parts of the system safely to provide the right care.

8.8. Honor Rhodes reminded members that we will need to honor the idea that children are brought up in families and that the family unit was a resource. Most children who lived with parental abuse or neglect had been presented to the CAMHS service. In Tower Hamlets, 40% of children had identified parental conflict as a significant problem. 'The child' should be set within the context of their family, and our reporting should acknowledge this.

8.9. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.10. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

9. Children & Young People Emotional Health & Wellbeing Strategy

9.1. Amy Wilkinson introduced the item. She noted that this had been around the system for some time, and there had been formal consultation for three months.

9.2. Cllr Kennedy added that we need to consider health in the wider context and for there to be more emphasis on this in the strategy.

9.3. Cllr Woodley informed members that there would be an early years strategy launch in August, as well as the early help review.

- **Item to be brought back to August for final approval. The ICPB did not approve the strategy.**

10. NEL ICS Update

10.1. Siobhan Harper introduced the item. She noted that the first draft of the system development plan had been submitted to the regional office at the end of June. This presented an early picture of what the ICS functions might be. The process was starting to take shape, and locally we need to think more creatively about what this would mean for NEL.

10.2. Cllr Kennedy added that we had great experience and ability at a local level and there was the concern that when the ICS replaced the CCG, that the TUPE process could remove people from their local areas. He therefore asked what the board could do now to ensure we hold onto this knowledge expertise as much as possible. Siobhan Harper responded that we will need to be mindful of this. Currently with the area committee, the delegation we currently operated under was a CCG delegation, not an ICS delegation. There would be requirements in the future in terms of support for the development of provider collaboratives and other aspects of the system.

11. Monthly Finance Report

11.1. Sunil Thakker introduced the item. The report was not an integrated report as the LBH and CoL do not undertake M2 reports. A fully integrated report would be brought back to the next meeting. We were currently on track to deliver a break-even position.

12. Register of Escalated Risks

12.1. Matthew Knell introduced the item. He noted that we were looking to launch a revised risk register in September.

13. AOB & Reflections

13.1. Sue Masters updated the Board on the recent VSC Assembly. She noted that this was a test of the enabler model and getting the voluntary sector to share their experience of what is and isn't working in our systems. The information from the breakout sessions was being decanted into a business case and an update would be brought to the ICPB in due course.

13.2. Honor Rhodes noted that the quality of papers continued to be high. She also noted that there was often a consensus in our conversations, which was arrived at quite quickly. The board could, in future, potentially consider in greater depth how to tease out disagreements and air them in a constructive manner.

13.3. Catherine Macadam also added that the board should consider how we work together and challenge each other, as well as present more flexible ways of engaging in debates.

13.4. John Gieve noted that the papers were quite long and discursive documents. We may need to think of a way of drawing out what the decision points were and using them as a way to guide discussions in future.

NHS
North East London
Clinical Commissioning Group

Governing Body meeting - Wednesday 25 August 2021

Title of report	TNW Area Committee update
Item number	7
Author	Muna Ahmed, TNW Committee Manager (Interim)
Presented by	Fiona Smith, TNW Area Committee Chair
Contact for further information	muna.ahmed2@nhs.net
Executive summary	The Area Committee met on 29 July and was run alongside the TNW Delivery Group. The key messages were as follows: • The intention to continue to run the TNW Area Committee alongside the TNW Delivery Group • The Managing Director update stated that the focus was still on Covid vaccinations and planning had started on Covid booster and flu immunisations and wave 3 planning. • The Director of Education from London Borough of Tower Hamlets presented the SEND annual report for 2020. The report had previously been to the Tower Hamlets Mayor's Advisory Board and Cabinet. The Committee noted the priorities and progress and approved the report. • The Committee noted the financial positions for NEL and TNW ICP in the month 3 financial update. • The Committee noted the summary of the July Finance and Performance Committee and the investment approvals in Children and Young Peoples and Continuing Health Care services; non-recurrent funding in H1 for hospital discharges approval; and additional capacity for the Estates Team approval. • The Committee noted the presentation by the OD lead on the staff survey results, further staff engagement and the interventions in progress to address the issues highlighted in results and staff engagement.
Action required	The Governing Body is asked to note the update and the minutes of the meetings held on 29 July 2021.
Where else has this paper been discussed?	This is a summary paper for the Governing Body and hasnot been presented anywhere else.
Next steps/ onward reporting	A regular report on key messages from the TNW Area Committee will be presented at each meeting of the Governing Body.

What does this mean for local people? **How does this drive change and reduce health inequalities?**	The TNW Area Committee will seek to act in the best interest of residents within the TNW health and care systemas a whole, rather than representing the individual interestsof any of its members.
Conflicts of interest	There are no conflicts of interest concerns in relation to this report.
Strategic fit	The Area Committee retains its core accountabilities until 31 March 2022. Going forward, the Area Committee will be held in common with the Delivery Group and as such provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the TNW ICP.
Impact on finance, performance and quality	The TNW Area Committee/ICB Board will: • ensure the delivery of high-quality outcomes, puttingpatient safety and quality first. • have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating toequality and inequality. • Approve proposed health needs prioritisation policies ensuring that this enables the CCG to meet its statutoryduties in relation to outcomes, equality and inequalities. • Receive recommendations from the ICP Finance andPerformance Sub-Committee and make decisions onmatters referred to it by that sub-Committee.
Risks	A TNW system risk register is currently in development andwill cover the key strategic and operational risks to the TNW ICP and will form part of the overall NEL CCG risk management process.
Equality impact	The delegated functions of the Area committee include the following: Population health management: the Committee will have lead responsibility for population modelling and analysis within the TNW area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context: • ensuring appropriate arrangements are in place to support the TNW partnership to carry-out predicative modelling and trend analysis, • overseeing and implementing CCG information governance arrangements within the TNW area, • overseeing the development and implementation of system incentives and re-alignment in order to deliver a responsive population health driven system.

NHS
North East London
Clinical Commissioning Group

Tower Hamlets, Newham and Waltham Forest (TNW)
Area Committee
Thursday 29 July, 13:45 – 14:45, Microsoft Teams

Minutes

Present:	
Members	
Fiona Smith (FS) **(Chair)**	NEL CCG Board Independent Nurse
Sam Everington (SE)	Borough Chair, Tower Hamlets
Ken Aswani (KA)	Borough Chair, Waltham Forest
Muhammad Naqvi (MN)	Borough Chair, Newham
Selina Douglas (SD)	TNW Managing Director, NEL CCG
Chetan Vyas (CV)	TNW Director of Quality and Safety, NEL CCG
Christopher Cotton (CC)	TNW Director of Strategy and System Transformation, NEL CCG
Steve Collins (SC) (item 3.3b)	NEL CCG Chief Finance Officer (Acting)
Attendees	
Steve Nyakatawa (SN) (item 3.2)	Director of Education, London Borough of Tower Hamlets
Leon Karim (LK)	TNW Head of Finance, NEL CCG
Nicola Weaver (NW) (item 3.3c)	Senior OD Lead, NEL CCG
Muna Ahmed (MA)	TNW Committee Manager (interim), NEL CCG
Apologies	
Henry Black (HB)	NEL CCG Accountable Officer (Acting)
Sunil Thakker (ST)	TNW Executive Director of Finance (Acting), NEL CCG

No.	Agenda item and minute
3 General business	
3.0	**Welcome, introductions and apologies** FS welcomed everyone to the Area Committee meeting and informed all members and attendees from the TNW Delivery Group that the Area Committee has been established to ensure, on a delegated basis, the statutory functions and responsibilities of the CCG are undertaken for the TNW system. FS advised the meeting that the Area Committee and Delivery Group meetings would be run together as there is significant overlap in the subject matter between the Area Committee business and the Delivery Group and that the Area Committee will benefit from the wider contribution of the Delivery Group members. Apologies were noted, as above.
	Conflicts of interest No further interests were declared.
	Quoracy The meeting was declared quorate.
3.1a	**Minutes from the previous meeting** The Committee agreed the minutes from 10 June 2021, as an accurate record of the meeting.
3.1b	**Action log** *TNWAC-1 1.1 Confirmation of Area Committee Chair and Appointment of Deputy Chair - Deputy Chair of the TNW Area Committee to be confirmed* The Committee agreed that Selina Douglas will be the deputy chair. SD accepted the role. Close. *TNWAC-2 2.1 Managing Director's Update - SD to bring the TNW plan on the staff survey results to a future Committee. SD to invite members of SEGway and/or staff networks to present the Staff Survey at the July meeting.* On the agenda. Nicola Weaver, OD, to present an update on the Staff Survey. Close. *TNWAC-3 2.1 Managing Director's Update* *SD to provide an update on the TNW Delivery Group held to discuss system pressures, at the next Committee.* This was covered in the Delivery Group section of the meeting. Close. *TNWAC-4 2.1 Managing Director's update* *CV to investigate sending regular mass texts to encourage Covid vaccinations, in TNW. CV to provide a report on Covid vaccinations at the next meeting.* CV reported that progress has been made at pace with Covid vaccinations, since the last meeting. The number of people vaccinated has increased and the team is planning phase 3. Close.
3.1c	**Matters arising** None raised.

Items for approval	
3.2	**Tower Hamlets SEND Annual Report 2020** Steve Nyakatawa presented the item. SN highlighted the 5 priorities: 1. Leading SEND. 2. Early identification and assessment. 3. Commissioning effective services to meet local needs. 4. Good quality education provision for all children. 5. Supporting successful transitions (from childhood to adult) and promoting independence. SN informed the Committee that the report has been to the Mayor's Advisory Board in Tower Hamlets and the Cabinet yesterday. SN highlighted the priorities and progress for 2020 and noted the challenges brought about by the pandemic and how they were met: - Internal SEND improvement board has been strengthened. - SEND improvement plan has been reviewed and refreshed with co-production from children, young people, carers and parents. - SEND dashboard has been re-designed to align with the SEND strategy and allows for local leaders to hold the local area to account for performance. - Children and young people's (CYP) voice – the young people's forum has continued to meet virtually. - Local offer website – has been redesigned following feedback. Reported high level of user satisfaction. Will continue to review. - High levels of engagement with 4 and 5 year olds – met target as 90% of 4 and 5 year olds were screened (vision and hearing). - Focus on Education Health and Care Plans – working to improve the timeliness and quality. A recovery plan is in place. - Ensure sufficient local placements for SEND cohort – expanding local schools and increasing capacity. - Transitions – refreshed and re-focused to ensure a smooth transition for young people with SEND, into adulthood. SN noted that the priorities for next year will be amended, in light of the recent SEND inspection. FS queried whether any issues had been raised at the Mayor's Advisory Board or Cabinet. SN stated that no questions or queries were raised. Warwick Tomsett added that Cabinet acknowledged it was a partnership inspection and a partnership plan and improvement. A system wide approach. Warwick Tomsett also informed the Committee of the significant work being undertaken on the Autism Spectrum Disorder (ASD) pathway to reduce waiting times for ASD assessments and re-design the pathway so that it is holistic and integrated. The other area of focus is the Speech and Language Therapy (SLT) service, to provide a cohesive offer. Warwick Tomsett stated that the SEND Review Board which is held monthly, will monitor the improvement plan and will go through the borough system.

	FS thanked SN for the presentation. The Committee approved the Tower Hamlets SEND annual report for 2020**.**
Other items	
3.3b	**TNW M3 finance update** Leon Karim presented the item and reported that at the end of June 2021, the NEL system is currently ahead of plan by £2.7m due to Elective Recover Fund (ERF) earnings and improved Covid cost run rates. Year to date actual surplus is £0.3m. The projected financial position to the end September H1 (half year 1 from April to September) is an overspend of £0.6m, mainly driven by the Covid cleaning costs in NELFT. The NEL CCG year to date and projected financial position is break-even. The financial position for TNW ICP is a year-to-date overspend of £5.7m and forecast overspend of £9.6m which relates to unadjusted Covid and ERF costs and are outside the system budget. The CCG will submit a top up application to NHSE/I for these, which follows the process that was in place last year. The anticipated top up means that the revised TNW ICP position for the first 3 months and H1 is break-even. System Development Funding and spending review funding – there is £50m available. The majority of the funding has spending plans approved and the remaining funding is still in development. The Committee noted the TNW M3 finance update.
3.3d	**Summary: TNW finance and performance sub-committee** CC highlighted from the summary: - TNW F&P Committee had received several Children and Young People (CYP) investment requests which have been co-ordinated and reviewed. CC can share a detailed list of the funding approved for CYP services. - Hospital Discharge Funding – non-recurrent funding has been approved for H1. - Additional capacity for the Estates Team has been approved, as they will now service BHR ICP, in addition to TNW ICP. There was a discussion about outpatients. SE informed the Committee about a pilot due to take place in Tower Hamlets to move towards advice and guidance. SE also asked about resource into primary care. SD stated that a project plan is being developed with involvement from clinical leads. SE and SD to discuss further offline. **Action: CC to share a breakdown of the CYP services that have had funding approved.** **Action: SE and SD to provide an update on the pilot in Tower Hamlets to move towards advice and guidance. Also, the issue around resources into primary care.** The Committee noted the Summary of the TNW Finance and Performance Committee.
3.3a	**TNW Managing Director update** SD highlighted that focus has been on Covid vaccinations. Currently planning Covid boosters and flu immunisations. Covid wave 3 planning groups have also been established.

	SD stated that her last day with NEL CCG will be 15th October and will be starting with NELFT on 1st November. SD thanked everyone on the Board, peers and colleagues for their support over the years. The Committee noted the Managing Director's update.
3.3c	**CCG staff survey response update** Nicola Weaver presented the item. This was the second time the survey had been undertaken by NELCA. The data can be disaggregated by borough (TNW) and directorate level. The survey was carried out between October and November 2020. The response rate was 85%. The survey results were published in March 2021. The NEL results were below the CCG average, particularly in Equality and Diversity, Inclusion and Morale. There was an improvement in health and wellbeing. The TNW results were below the NELCA average, particularly in Equality, Diversity Inclusion, and Morale. There were some marginal gains from the previous survey. The free text questions highlighted the positivity in how staff were experiencing flexible and home working and would like it to continue. Staff relayed concerns around leadership and unrealistic workloads, as well as impact on physical and mental health over the pandemic. Staff also wanted to see improved regular communications. The survey highlighted differential experiences for people with protected characteristics, particularly bullying and harassment and career progression experienced by black, asian and minority ethnic (BAME) colleagues and colleagues with long term illnesses and disabilities. Following the publication of the results, a TNW all staff engagement session was held in March and a range of engagement and listening events were held. The information was collated into 10 thematic areas. 1. Vision, purpose and strategic priorities – staff felt unclear about the vision. 2. Culture and leadership – issues around bullying and harassment. 3. Communications, staff engagement, involvement and voice. 4. Roles, responsibilities and workload – lack of clarity on roles and increased workload. 5. Governance and decision making – unclear on decision making process. 6. Learning and development and career development – capabilities not used or value and unable to see career progression. 7. 1-1s and appraisal – inconsistent. 8. Team development – teams had not had the time to develop relationships when WEL merged and then there was the pandemic. 9. Ways of working and wellbeing. 10. People management and HR – lack of clarity in HR support available. A NEL wide culture and leadership programme was launched to develop a more compassionate, collaborative, and inclusive culture and leadership. NW informed the Committee of the interventions to address the results and themes. NW highlighted the interventions under the headings of the NEL culture and leadership programme:

	1. Vision and values - TNW priorities and overview – focus across TNW at staff briefings, NEL CCG vision and corporate objectives, engage staff in ICS development, and values and behaviours charter. 2. Teamwork - facilitated team development sessions in summer and autumn, team effectiveness assessments and team working best practice. 3. Equity and inclusion - Staff networks, reverse/reciprocal mentoring, diversity and inclusion learning suite (focus on respect), de-biasing recruitment and an ED&I Strategy. 4. Support and Compassion - developing role of Segway committee, engagement opportunities, clarity on ways to feedback, new intranet, newsletter, wellbeing resources and wellbeing pilot. 5. Learning and innovation - people management cycle, L&D opportunities including NHS Elect, coaching, learning needs analysis, new L&D programme, QI, and leadership and management development programmes. 6. Goals and performance - People Management Cycle, 1:1s and appraisal – ensuring regular team meeting, induction – welcome meetings, clear message – recruit to posts. NW confirmed that staff and staff networks have been and will be involved in developing the interventions and will be included in the assessment of the interventions. FS asked Delivery Group members from ELFT and Barts Health to reflect the learning from their organisations and advise if there were any key actions that might be added to the work as described by NW. Richard Fragley shared that their programme of staff engagement in ELFT has taken over five years and creating a sense of belonging, which is difficult for CCGs as they are in the process of transition. RF stated that they focused on supporting clinical leaders, devolved accountability, supporting middle managers to practice kindness and compassion and staff participation. RF advised NW that she was welcome to discuss the plan with the Director for Workforce and OD at ELFT to see what collaboration might add value. Ralph Coulbert from Barts Health reported that they focused on equality and inclusion and improving everyday lives for staff e.g. improving IT and health and wellbeing interventions. NW thanked RF and RC for sharing their experiences and offers to assist with the programme. The Committee noted the Staff Survey Response update.
3.3e	**Summary: TNW Quality, Safety and Improvement sub-committee** The Committee noted that the TNW QSI scheduled for July did not take place and has been rescheduled for August to fall in line with the TNW F&P meeting.
4 Any other business	
4.1	**Any other business** None raised.
4.2	**Next meeting**: Thursday 7 October 2021, 1-3pm, via Microsoft Teams