

Minutes of the Executive Committee
Thursday 12 January 2023; 3.30pm – 5.30pm; via MS Teams

Members:	
Zina Etheridge (ZE) - Chair	Chief Executive Officer, NHS North East London
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Paul Gilluley (PG)	Chief Medical Officer, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Francesca Okosi (FO)	Chief People and Culture Officer, NHS North East London
Shane DeGaris (SD)	Group Chief Executive, Barts Health NHS Trust
Paul Calaminus (PC)	Chief Executive Officer, East London NHS Foundation Trust
Jacqui Van Rossum (JVR)	Acting Chief Executive Officer, North East London NHS Foundation Trust
Louise Ashley (LAs)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Sarah See (SS)	Managing Director of Primary Care, NHS North East London
Will Tuckley (WT)	Chief Executive, London Borough of Tower Hamlets
Tim Aldridge (TA)	Corporate Director of Children and Young People, London Borough of Newham
Attendees:	
Susan Nwanze (SN)	Interim Director of OD and Education, NHS North East London <i>for item 2.0 only</i>
Daniel Phelps (DP)	Corporate Director of Children's Social Care, London Borough of Waltham Forest <i>representing Heather Flinders</i>
Steve Collins (SC)	Director of Finance, NHS North East London <i>representing Henry Black</i>
Laura Anstey (LAn)	Chief of Staff, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London
Apologies:	
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Matthew Trainer (MT)	Chief Executive, Barking, Havering and Redbridge University Hospitals Trust
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest
Gladys Xavier (GX)	Director of Public Health, London Borough of Redbridge

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair welcomed members to the meeting of the Executive Committee of the Integrated Care Board and apologies were noted.
1.1	Declaration of conflicts of interest

	<p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee.</p> <p>No additional conflicts were declared.</p>
1.2	Minutes of the meeting held on 16 November 2022
	The minutes of the meeting held on 16 November 2022 were agreed as an accurate record.
1.3	Actions log
	Members noted the actions taken since the last meeting.
2.0	Developing the ICS workforce strategy
	<p>FO presented the report and explained:</p> <ul style="list-style-type: none"> • Key themes from the workshop held in November included the need to create new roles with new skillsets to fill systemic gaps, creating a combined recruitment process will be beneficial, there is a need to tackle retention issues in care and health, and the importance of staff’s health and wellbeing and their socioeconomic activity. • Between January and March 2023 codesigning the strategy will begin with stakeholder groups, including primary care, local government, voluntary and community services and wider care sector partners. Work with further and higher education institutions will start and the baseline will be established for the five-year strategy. • There are examples of good work happening across places so work is happening to join up conversations and share best practice such as innovative role options and integrated roles. • Pay parity is an important element and North East London is currently exploring models that other ICSs have introduced, such as minor wound care being built into care roles. • Between April and June 2023, a detailed action plan will be worked up to sit underneath the strategy. As part of the action plan, champions and quick wins will be identified as well as how different funding streams can help. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> • There is a lot that we want to achieve as a system so it would be beneficial to set annual priorities and objectives as part of the five-year strategy. • The strategy should be inclusive of students and how we retain them in north east London. • Thought should be given as to what makes an enjoyable job as this could assist in retaining staff. • Regarding pay parity, the difference in inner/ outer London pay is an issue. This has been raised with the NHSE regional team who have confirmed that this is an issue which will be escalated nationally. The pay disparity is also in issue within the care sector so consideration should be given as to how wide the issue is and what the resolution could be. • The ‘Keeping Well NEL’ funding is at risk so other options such as a London-wide piece could be explored. ZE, FO and JVR agreed to discuss this further outside of the meeting. <p>ACTION: FO to meet with WT and local government colleagues to discuss the wider aspects of workforce issues.</p> <p>ACTION: ZE, FO and JVR to discuss the Keeping Well NEL funding outside of the meeting.</p>

	<p>The Executive Committee noted the report.</p> <p><i>At this point, the order of agenda items was changed.</i></p>
4.0	ICS strategy
	<p>The Chair presented the report and highlighted:</p> <ul style="list-style-type: none"> • The ICP Committee has approved this as an interim strategy as further work is required regarding resident involvement which will take place in early spring as part of The Big Conversation. The Big Conversation will be a set of conversations regarding the ICS priorities and what matters to residents in order enable codesign. A detailed update on this will be presented to the Population Health and Integration Committee. • Through engagement, six cross-cutting themes to underpin our approach as an ICS have been identified: <ul style="list-style-type: none"> ○ Tackling health inequalities ○ Greater focus on prevention ○ Holistic and personalised care ○ Co-production with local people ○ Creating a high trust environment that supports integration and collaboration ○ Operating as a learning system driven by research and innovation. <p>The Executive Committee noted the report.</p>
5.0	Financial position update
	<p>SC presented the report and noted:</p> <ul style="list-style-type: none"> • The year-to-date deficit reported by system in November 2022 was £58.6m. • Providers reported £71.0m deficit with the ICB reporting a £12.4m surplus. The surplus relates to £24.5m from the Elective Recovery Fund clawed back from providers but held by the ICB, as required by regulators. • M8 reported a breakeven forecast outturn, however the system will submit a change in M10 within the range of £30m to £35m deficit. This position will require a number of partially offsetting surpluses, an element of system rebalancing funds across providers and extensive non-recurrent support. The deficit will be split between BHRUT and Barts Health with NELFT and ELFT reporting a breakeven position. <p>The Executive Committee noted the report.</p>
3.0	Joint forward plan update
	<p>The Chair presented the report and explained:</p> <ul style="list-style-type: none"> • The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP). As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership and relevant joint local health and wellbeing strategies, whilst addressing universal NHS commitments. • A template has not been provided, therefore the JFP is being codesigned with partners for what is best for north east London in terms of both content and design. • The Strategy Task and Finish Group and ICP Steering Group will focus on the JFP, however additional local authority representation at the Task and Finish Group would be welcomed. <p>Members discussed the report with key points including:</p>

	<ul style="list-style-type: none"> • ELFT and NELFT both sit within more than one ICS therefore consideration should be given as to how this is noted. ZE, PC and JVR agreed to discuss this further outside of the meeting. • For non-NHS partners, the guidance can be difficult to navigate so additional local authority representation on the Task and Finish Group will be explored. The Chair suggested that a section 151 officer would be beneficial. • The ICS has identified within the priority of babies, children and young people that the transition between child and adult services (ages 16-25) could be improved. <p>ACTION: ZE, PC and JVR to discuss ELFT and NELFT's arrangements for feeding into more than one Joint Forward Plan as their organisations are part of more than one ICS.</p> <p>ACTION: WT to identify another local authority representative for the Strategy Task and Finish Group; preferably a section 151 officer.</p> <p>The Executive Committee noted the report.</p>
6.0	Integrated Care Board – draft board agenda
	<p>The Chair presented the draft Integrated Care Board agenda and explained that the primary care deep dive item will be circulated more widely.</p> <p>The Executive Committee noted the draft Board agenda for its meeting on 25 January 2023.</p>
7.0	Any other business
	There was no other business to note.
	Date of next meeting – 9 February 2023

Minutes of the Executive Committee
Thursday 9 February 2023; 3.30pm – 5.30pm; via MS Teams

Members:	
Paul Calaminus (PC) - Chair	Chief Executive Officer, East London NHS Foundation Trust
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Paul Gilluley (PG)	Chief Medical Officer, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Francesca Okosi (FO)	Chief People and Culture Officer, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Jacqui Van Rossum (JVR)	Acting Chief Executive Officer, North East London NHS Foundation Trust
Louise Ashley (LAs)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Sarah See (SS)	Managing Director of Primary Care, NHS North East London
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Gladys Xavier (GX)	Director of Public Health, London Borough of Redbridge
Attendees:	
Darren McAughtrie (DM)	Corporate Director, Adult Social Care & Quality Standards, London Borough of Waltham Forest (<i>for Heather Flinders</i>)
Laura Anstey (LAN)	Chief of Staff, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London
Apologies:	
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Shane DeGaris (SD)	Group Chief Executive, Barts Health NHS Trust
Matthew Trainer (MT)	Chief Executive, Barking, Havering and Redbridge University Hospitals Trust
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest
Will Tuckley (WT)	Chief Executive, London Borough of Tower Hamlets
Tim Aldridge (TA)	Corporate Director of Children and Young People, London Borough of Newham

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair welcomed members to the meeting of the Executive Committee of the Integrated Care Board and apologies were noted.
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.

1.2	Minutes of the meeting held on 12 January 2023
	The minutes of the meeting held on 12 January 2023 were agreed as an accurate record.
1.3	Actions log
	<p>Members noted the actions taken since the last meeting:</p> <ul style="list-style-type: none"> • ACT001 – agreed to close as action has been completed. • ACT002 – agreed to close as action has been completed. • ACT003 – to remain open. • ACT004 – agreed to close as action has been completed. • ACT005 – agreed to close. PC and JVR agreed to raise any issues separately with ZE should they arise. • ACT006 – to remain open. CP highlighted that Will Tuckley will be stepping down from his role at London Borough of Tower Hamlets, therefore the lead may need to be reassigned.
2.0	Clinical Advisory Group establishment and Terms of Reference
	<p>PG presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Since the Board’s approval of the Governance Handbook, there has been further discussion on the establishment of the Clinical Advisory Group as a sub-committee of the Executive Committee. • The Clinical Advisory Group has been operating as a stand alone meeting with no formalised reporting mechanism to a committee of the Board. • The Clinical Advisory Group will report on its activity to the Executive Committee on a monthly basis in order to provide a clinical voice to executives. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> • The terms of reference membership should be amended to include children’s social care representation. <p>ACTION: The Clinical Advisory Group’s terms of reference to be amended to state “Director of Adult and/ or Children’s Social Services” opposed to “Director of Adult Social Services” in relation to sections 16(i) and 16(j).</p> <p>The Executive Committee approved the establishment of the Clinical Advisory Group as a sub-committee of the Executive Committee and its terms of reference, subject to the change noted above.</p> <p><i>Andrew Blake-Herbert and Francesca Okosi joined the meeting at 3.40pm.</i></p>
3.0	Update on the transfer of London-wide Dental, Optometry and Pharmacy Services (DOPS)
	<p>SS presented the report and explained:</p> <ul style="list-style-type: none"> • NHS England will be transferring the London-wide Dental, Optometry and Pharmacy Services to ICBs from April 2023. • All London ICBs have agreed the commissioning and operating model for delegated functions across London. North East London ICB has been supported to host the Dental, Optometry and Pharmacy Hub team on behalf of all five London ICBs. NEL ICB will host the London-wide DOPS services for a transitional period of at least 18 months until such time as individual London ICBs have developed their own commissioning and contract management arrangements. • ICB partners are currently working together via a transition programme to put in place effective operational and governance arrangements for the hosting

	<p>arrangements, including a Memorandum of Understanding to be signed by all London ICB Boards by 1 April 2023.</p> <ul style="list-style-type: none"> • The staff transfer of the DOPS Hub team to NEL ICB will take place by 1 July 2023. The region will host the team on behalf of the London ICBs for the first quarter of the year until this date. This will be underpinned with the delegation arrangements and MoUs with each ICB, to ensure the right conditions are in place for a successful transfer. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> • Infection control audits for dentistry will be transferred to the ICB and this will be stipulated within the MoU. • The MoU should clarify who would be responsible for any potential workforce risks. • Primary care complaints will also transfer from NHS England to the ICB as part of this work, but a separate paper will be presented to the committee regarding this at a later date. <p>The Executive Committee noted the report.</p>
4.0	2023/24 Priorities and Operational Planning Update
	<p>HB presented the report and highlighted:</p> <ul style="list-style-type: none"> • The national deadline for final submission of the operating plan is 30 March 2023. • The overall allocation increase includes a significant imbedded efficiency requirement for the system of 3.7%. • The NHS Long Term Workforce Plan is to be published next spring and is the area where time will need to be invested. Appropriate governance has been established with system Chief People Officers who will triangulate efforts with finance and trajectories. • The total planned deficit for the ICB is £54.9m. Excluding non-recurrent support, the system indicates a start point deficit of £208m in providers and £74m in the ICB. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> • Local authorities are required to set a balanced budget. The details of these could be shared within the system to provide an overall picture. • The standard definition of productivity is cost per value weighted activity unit (VWAU), which is the standard NHS metric used for elective recovery. It would be beneficial to develop more sophisticated measures of value per money invested across wider care settings. • There needs to be a change in mindset when talking about operational planning. Rather than focussing on how much money needs to be saved, there should be thought on how to spend the monies available to the system. This change in mindset could improve morale and encourage the system to think differently. Reviewing the totality means there is the opportunity to target spend and therefore reduce wastage. • It would be beneficial if the joint forward plan could describe planning and include whether there is a way of determining spend in localities and how this could be re-profiled. • Transparency across the system will be needed in order to work through issues together. Contracts should avoid adding a flat rate 2% growth for demographics until there is a transparent sense of productivity. • Consideration should be given as to how local people can be involved in the operating, as they may be able to identify areas of waste. • Fortnightly touchpoint meetings should be established to review the operating plan's progress.

	<p>ACTION: Fortnightly touchpoint meetings to be established to review the operating plan's progress.</p> <p>The Executive Committee noted the report.</p>
5.0	Month 9 Finance update
	<p>HB presented the report and explained the following points:</p> <ul style="list-style-type: none"> • The year to date deficit reported by system is £56.2m (£53.8m variance to plan). • Providers reported a £74.6m deficit with £18.5m surplus at North East London ICB. The ICB surplus relates to £27.6m of the Elective Recovery Fund clawed back from providers but held in the system, as required by London. Once adjusted, the ICB was in deficit of £9.1m. • Actioning the forecast outturn change protocol has been deferred to M10, where North East London will report a challenging £35m deficit. This position has been agreed with London and national colleagues. • Meeting the stretch target will allow access to: <ul style="list-style-type: none"> ○ £10.5m additional revenue funding in 2022/23 ○ £8.5m additional capital funding in 2023/24 • The £10.5m additional funding should be accounted for in the forecast outturn change protocol, which improves the system deficit forecast to £24.5m <p>The Executive Committee noted the report.</p>
6.0	Emergency Preparedness, Resilience and Response (EPRR) Workplan
	<p>HB presented the report and outlined the following:</p> <ul style="list-style-type: none"> • Following the NHS England EPRR Assurance process, the EPRR team and NHS England agreed a position of partially compliant. Although the ICB was overall in a substantial position with noted examples of best practice, areas such as EPRR resource, organisational training and understanding, and internal business continuity planning required further development. A workplan has been developed to improve the current position. <p>Members discussed the report and key points included:</p> <ul style="list-style-type: none"> • The ICB has a representative at each of the individual Borough Resilience Forums to enhance system working. • Some boroughs have amended their footprints in order to align with ICSs. <p>The Executive Committee noted the report.</p>
7.0	Any other business
	There was no other business to note.
8.0	Key messages to feedback to the ICB Board (exception report)
	<p>The committee requested the following topics are included in its exception report to the ICB Board in March 2023:</p> <ul style="list-style-type: none"> • Establishment of the Clinical Advisory Group as a sub-committee of the Executive Committee • The transfer of London-wide Dental, Optometry and Pharmacy Services (DOPS) • Approach to operational planning
	Date of next meeting – 9 March 2023

Agreed minutes – Audit & Risk Committee
7 December 2022 at 2.00pm – 4.30pm - room F01, Unex Tower, 4th Floor

Members:	
Sue Evans (SE) – Chair	Interim non-executive member
Imelda Redmond (IR)	Non-executive member
Kash Pandya (KP)	Associate non-executive member
Noah Curthoys	Associate non-executive member – on MS Teams
In attendance:	
Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
Mark Kidd (MK)	Local counter fraud specialist
Henry Black (HB)	Chief finance and performance officer
Steve Collins (SC)	Executive director of finance
Marie Price (MP)	Director of corporate affairs
Rob Adcock (RA)	Director of finance
Sunil Thakker (ST)	Director of finance- on MS Teams
Tracy Rubery (TR)	Borough director-Redbridge (item 4.0) on MS Teams
Cha Patel (CP)	Incoming non-executive member and audit chair
Diane Jones (DJ)	Chief Nursing Officer (item 4.3) on MS Teams
Sophia Beckingham (SB)	EPRR lead (item 3.0) on MS Teams
Anna McDonald (AMc)	Senior governance manager
Apologies:	
None.	

1.0	Welcome, introductions and apologies	
	The Chair welcomed Cha Patel to the meeting as an observer in advance of her taking up the role of non-executive member and future audit chair.	
1.1	Declaration of conflicts of interest	
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared. The registers of interests held for ICB members and staff are available from the Governance Team.	
1.2	Minutes of the last meeting	
	The minutes of the meeting held on 21 September 2022 were agreed as a correct record pending one minor change.	
1.3	Actions log	
	The committee noted the action taken since the last meeting.	

	<p>Action 3.1 Framework for digital integrity and current IT risks – KP suggested it would be helpful to gain an understanding of how cyber fraud across the wider system is being managed. HB explained it will be included as part of business continuity section of emergency preparedness, resilience and response.</p>	
2.0	<p>Performance and planning</p>	
	<p>2.1 Procurement Group progress report including risks TR presented the report to update committee on the progress made to date and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The focus between now and the end of the calendar year is to get the contracts register fully up to date and some positive progress is being made. • Borough Directors are now directly inputting into the process to update the contracts register. • Between August - November 2022 there were 20 STWs in total, 15 related to extensions of existing contracts and 5 were direct awards. • A new process is in place to streamline the approval process, which has improved the position of the register of procurement group decisions. • In relation to e-procurement, the latest position shows 95.4% compliance in respect of POs and this is expected to continue on an upward trend. • The new business case approval process includes an options appraisal which will be conducted as part of any future procurement strategy decision so that any opportunities for wider integration are appropriately considered. • The financial sustainability assurance element of the business case will be looked at to ensure that we are not disadvantaging certain sectors such as charities. • The biggest risk relates to staffing capacity constraints and the ongoing work in relation to the re-structure. <p>The key discussion points were:</p> <ul style="list-style-type: none"> • NA welcomed the progress in regard to the contract register but commented that assurance is needed that we will not see a sudden surge in the final quarter of the financial year. TR confirmed she will reiterate the message at the next Procurement Group meeting. ACTION: TR • KP asked for two additional columns to be added to the STW tab of the register of procurement group decisions that explains why the STW was necessary and whether it was a repeat extension. ACTION: TR • The committee welcomed the update on PO compliance, noting that the exemptions will need to be monitored. <p>The Audit and Risk Committee noted the progress report.</p>	<p>TR</p> <p>TR</p>
3.0	<p>Emergency preparedness, resilience and response (EPRR) update</p>	
	<p>HB began by commending SB for what has been achieved to date. SB highlighted the key messages in the report:</p> <ul style="list-style-type: none"> • The EPRR team have been focusing on supporting the organisation to become a category one responder under the civil contingencies act 2004. 	

	<ul style="list-style-type: none"> • The EPRR policy suite includes the EPRR policy, the Incident Response Plan and the Business Continuity Plan plus additional guidance where required. The suite was agreed at the Senior Leadership Executive Committee on 16 November 2022. • Committee members were asked to note that the policy states that EPRR will report to the Audit & Risk Committee, via a newly established ICB Resilience Group. • Since the report was drafted, the ICB has received an amber assurance rating following our recent self-assurance submission. • A summary of the key areas of work for the EPRR team was given. <p>The key discussion points were:</p> <ul style="list-style-type: none"> • Industrial action - there is currently none planned for north east London but it was noted that the London Ambulance Service may possibly take action and that is being closely monitored. If industrial action were to be taken, it is covered as part of the ICBs major incident plan. • Artic Willow exercise – the learning from the recent exercise will be picked up as part of the action plan. • Clarification on how EPRR links in with local authority incident planning was given and SB confirmed the link is through the Borough Resilience leads. • Clarity was requested as to where EPRR feeds into and whether the newly established ICB Resilience Group will report to this Committee – The Executive Committee will provide executive coordination of strategy and system response to incidents and emergencies, including in relation to the ICB’s duties under section 252A of the 2006 Act and by virtue of being a category 1 responder under part 1 of the Civil Contingencies Act 2004. This will include approving the ICB’s arrangements for business continuity and emergency planning, preparedness and resilience. The Audit and Governance Committee will continue to receive updates for assurance. <p>The Board will receive a statement of compliance in relation to EPRR annually. In the meantime, it was agreed that the Resilience Group meeting minutes will come to the Committee for information going forward.</p> <p>The Audit & Risk Committee noted the report.</p>	
<p>4.0</p>	<p>Governance</p>	
	<p>4.1 Update on CCG Q1 report and accounts MP advised that no concerns were raised following the draft submission to NHS England. HB added that the Q1 accounts was a technical exercise and attention was drawn to the progress report under agenda item 5.1. The time table for the month 12 annual report has been received and the guidance will be available on 2 January 2023. A draft Head of Internal Audit Opinion (HoIAO) needs to be submitted to NHS England on 10 March. MP to circulate the table. ACTION: MP</p> <p>4.2 Risk management update MP presented the report. The key messages were:</p> <ul style="list-style-type: none"> • The legacy risks from the CCG has transferred to the ICB chief officers. 	<p>MP</p>

	<ul style="list-style-type: none"> • Board level discussions have taken place and a draft Board Assurance Framework (BAF) was presented to the board on 30 November. Following that, a further discussion was held at the Executive Management meeting resulting in some minor changes. • An internal audit on governance will be undertaken by RSM in January 2023. <p>The key discussion points were:</p> <ul style="list-style-type: none"> • NA welcomed the fact that the BAF did not feel like a continuation of the CCG's BAF. • The complexities involved in getting the narrative right were acknowledged and NA commented that it will take a while to set the appropriate controls. • The importance of getting the scaling and calibration right was flagged, using the probability of climate change as an example. • The difficulty of being able to differentiate between strategic risks and operational risks was noted. KP suggested including timescales. • Ways in which the committee will receive assurance going forward and the scrutiny process were discussed and it was suggested that undertaking deep dives would be helpful. <p>The Audit & Risk Committee:</p> <ul style="list-style-type: none"> • Noted the update. • Noted that RSM will be reviewing progress on BAF/Risk work in January 2023. • Agreed further discussion is needed to ensure the controls and mitigations are robust. ACTION: MP <p>4.3 Freedom to speak up (FTSU) guardian service</p> <p>DJ presented the report to inform the committee of the plans to implement an independent Freedom to Speak Up Guardian Service for staff. The key points were highlighted:</p> <ul style="list-style-type: none"> • Following feedback received from staff, it was agreed that a more independent approach was needed. • The independent service will commence from 23 January 2023 and in the interim, the Chief Nursing Officer will cover the role of speak up guardian. • Quarterly reports will be presented to the Workforce and Remuneration Committee. <p>The key discussion points were:</p> <ul style="list-style-type: none"> • Committee members welcomed having a more independent approach. • Concern was raised about including general grievances such as a change in working conditions. IR gave her view that they are issues that line managers should be able to address. DJ clarified that staff should go to their line manager or HR in the first instance and that FTSU is an alternative route, particularly for staff who feel they cannot speak to anyone internally. • Committee members agreed that the policy needs to be absolutely clear on what needs to be discussed with line managers. • The need to learn from cases and be able to demonstrate as an organisation the action taken and what the organisation has learnt from it was emphasised. 	MP
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	<ul style="list-style-type: none"> • Clarification was given that the independent service will not undertake any investigations, that would always come back to the ICB. • The process for staff who are not employed by the ICB needs to be clear. • Guidance from NHS England is awaited, in the meantime, the director of quality development is looking at the process. <p>The Audit & Risk Committee noted the update.</p>	
5.0	External Audit	
	<p>CCG Q1 audit plan</p> <p>DG presented the draft ISA260 audit plan for the financial statements of NHS North East London CCG for the period ending 30 June 2022.</p> <p>The key messages were:</p> <ul style="list-style-type: none"> • The report outlined the risk assessment and planned audit approach. Substantive work is being undertaken now through to January and an update will be provided at the next meeting. • DG summarised how the plan differs to previous plans and outlined the key changes. The aim is to have a consistent approach • The committee noted that there remains a risk that disaggregated pension data may not be available for the remuneration reports. • The ICB audit plan for Q2-4 will be presented at the next meeting. <p>The Audit and Risk Committee noted the progress report.</p>	
6.0	Internal Audit	
	<p>6.1 Progress report</p> <p>NA presented the report. The key messages were:</p> <ul style="list-style-type: none"> • Final reports have been issued for: <ul style="list-style-type: none"> ○ HfMA Financial Sustainability Checklist – a substantial assurance rating was received. NA suggested this will prove useful in terms of the learning that can be taken forward. Some of the evidence gathered will be shared with DG. ○ Transfer of Balances – this was a positive review which received a substantive assurance rating. ○ Continuing Healthcare and Personal Health Budgets – this was a follow-up review and it had not progressed as well as expected. • A draft report on IR35 has been issued, and the final report will be presented at the next Audit committee meeting. <p>The key discussion points were:</p> <ul style="list-style-type: none"> • The committee members thanked the Finance Team for achieving a substantive assurance rating for the HFMA checklist. KP to discuss with HB outside of the meeting if the areas that need improvement should be followed up at the Finance and Investment Committee meeting. ACTION: KP/HB. • Concerns were raised about the Continuing Healthcare and Personal Health Budgets audit and outstanding action points, noting that the committee needs assurance on both. It was agreed that this will continue to be a real challenge as demand will continue to increase. 	KP/HB

	<p>A progress report was requested for the March meeting. ACTION: DJ.</p> <ul style="list-style-type: none"> Contracts register action points. NA advised, concerning the addition of dental, optometry and pharmacy contracts (DOPs), that the level of responsibility is not fully known yet. HB added that our ICB would be hosting the contracts management on behalf of all London ICBs. <p>The Audit & Risk Committee noted the progress report.</p>	DJ
7.0	Local counter fraud specialists	
	<p>7.1 progress report MK presented the report. The key messages were:</p> <ul style="list-style-type: none"> Fraud & Bribery and Conflicts of Interest (COI) training sessions are taking place with staff via MS Teams. NHS England have yet to update their COI on-line training package. Four new referrals have been received since the last report in September. An increase in alerts is being seen and that is expected to continue due to the cost of living crisis. MK will be meeting with HB and SC in January about the National Fraud Initiative. Thematic reviews are being undertaken but NEL ICB is not included as part of the reviews. <p>The Chair asked if a training session on Fraud & Bribery and COI is planned for ICB board members. MP agreed to speak to Marie Gabriel. ACTION: MP.</p>	MP
8.0	Finance	
	<p>8.1 Finance overview SC presented the report. The key messages were:</p> <ul style="list-style-type: none"> The ICB budgeted allocation to the end of October was £2,366m. The ICS has reported an unfavourable system variance to plan at month 7 of £53.1m, primarily due to inflationary pressures and slower than planned delivery of system savings and cost improvements. Within the ICS year to date position, the ICB has reported an underspend of £9.4m which includes the clawback of £21.6m of Elective Recovery Funds from system partners. The system and ICB has reported a forecast outturn to plan. System leaders attended a financial recovery summit to discuss actions required by the system to deliver financial targets. <p>The key discussion points were:</p> <ul style="list-style-type: none"> Planning for next year - SC advised the guidance is expected to be available by the end of December 2022. Draft operating plan – the due date is 23 February 2023. DG advised they are seeking advice from NHS England in regard to resource limit responsibilities. <p>The Audit & Risk Committee noted the update.</p>	

9.0	Future planning	
	<p>9.1 Items for exception report to January ICB board The Chair explained that only approved minutes will accompany exception reports, therefore the minutes of today's meeting would not meet the deadline for the January ICB meeting, as they will still be in draft form. The following topics were suggested for inclusion in the exception report; CHC; EPRR process; LCFS training, FTSU guardian service. The exception report will be drafted in advance of the board meeting on 25 January 2023. ACTION: Chair/AMc.</p> <p>9.2 Committee's work plan The committee noted the work plan.</p>	Chair/ AMc
10.0	Any other business	
	There were no other items for discussion.	
11.0	Items for information	
	<p>11.1 Procurement group minutes The committee noted the minutes.</p> <p>11.2 Information governance group minutes The committee noted the minutes.</p>	
	Date of next meeting – 1 February 2023	

Held on 7th December 2022

Members:	
Imelda Redmond (IR) - Chair	Non-Executive Member, NHS NEL board member
Marie Gabriel (MG)	Chair, NHS NEL
Fiona Smith (FS)	Associate Non-Executive Member, NHS NEL
Cllr Maureen Worby (MW)	Councillor, London Borough of Barking & Dagenham
Dr Jagan John (JJ)	Primary Care board member, NHS NEL board member
Diane Jones (DJ)	Chief Nursing Officer, NHS NEL Item 9.0
Dr Paul Gilluley (PG)	Chief Medical Officer, NHS NEL (part) – Item 3.0
Charlotte Pomery	Chief Participation & Place Officer – NSH NEL
Attendees:	
Mark Gilbey-Cross (MGC)	Director of Nursing, NHS NEL- for item 2.2
Chetan Vyas (CV)	Director of Quality Development, NHS NEL – for item 4.0
Korkor Ceasar (KC)	Associate Director, Children's Safeguarding, NHS NEL – for items 2.3. 2.4 & 6.0.
Philippa Cox (PC)	Assistant Director of Maternity Programmes NHS NEL – for item 5
Celia Jeffreys (CJ)	Associate Director, Safeguarding Adults, NHS
Moira Coughlan (MC)	Deputy Director for Screening, Prevention and Vaccination, NHS NEL – for item 2.1
Carla Morgan (CM)	Senior programme manager urgent care – for items 7.0 & 8.0
Sarah See (SS)	Director of Primary Care Transformation – NHS NEL
Sandra Moore (SM)	Assistant Director of Quality – NHS NEL
Rohan Jhangiani (RJ)	NHS Graduate Management Trainee , Quality Development Team, NHS NEL, observing meeting
Dotun Adepoju (DA) (minutes)	Senior Governance Manager, NHS NEL
Apologies:	
Kirsty Boethcher	Deputy Director of Delivery - Unplanned Care

Item No.	Item title	Action
1.0	Welcome, introductions and apologies	
	<ul style="list-style-type: none"> • The Chair welcomed all members and attendees to the meeting. As it was quite a full agenda she stated the format of the meeting for attendees presenting papers. Presenters to be concise, indicate purpose of paper, why it was brought to the Committee and finally what was the 'ask' in the papers for the Committee. • For minutes of the Committee's meetings going forward, these should reflect: <ul style="list-style-type: none"> ○ 'Assurance' when stated in the minutes should mean the Committee has seen evidence and are assured. ○ 'Reassurance' to indicate that the Committee is aware and are on it or ○ 'Information' if and when it is just to inform the Committee. 	

Item No.	Item title	Action
1.1.	Declaration of conflicts of interest (DoI)	
	There were no new declarations at the meeting.	
1.2	Draft Minutes of meeting of the previous meeting of 12-10-22	
	<ul style="list-style-type: none"> • Para 1 of the minutes under the heading ‘Welcome, Introduction & Apologies’ which stated the expectations from Committee papers should have been recorded as action point. • On the discussion on BMI the point in relation to IVF access was whether this had unintended inequality impacts. This is because we know that certain communities tend to be under weight and others over weight. • Para 9 under ‘Approval of Annual Reports’ needed to reflect that the papers were CCG reports and needed to be signed off as part of the Committee’s statutory responsibility. Whilst the members of the Committee had read the reports, there was no formal confirmation at the meeting that the Committee had been assured. • Marie Gabriel (MG) raised the point that she felt the minutes specific to the Annual Safeguarding reports do not accurately reflect the discussion in the meeting and need to be updated. For clarity she outlined that whilst she understood the content of the reports related to the final year of NHS North East London Clinical Commissioning Group we need to think about a way to ensure Place based Partnerships are having the relevant conversations regarding Safeguarding, understand the content and their role in driving improvement and how their role works with the Safeguarding Boards and Partnerships. The minutes did not appear to reflect the discussion regarding concerns about duplication with work at borough/place and the need for a focus on added value at system level. • Still on Safeguarding, there was the comment on “<i>how does the Committee assure itself of services delivered within the geographical sphere of the NEL</i>” that needed to be recorded. The question was also asked about non NEL based providers and how we ensure safeguarding in out of area placements. • The Chair requested that minutes of meetings should not be amended rather addendums should be added if changes needed to be made • The minutes were noted. 	
2.0	Quality Exception Reports	
2.1	<u>Immunisation Report</u> <ul style="list-style-type: none"> • Moira Coughlan (MC) presented the report. • ICS to prevent illness and hospital admissions. This is particularly important for Covid and flu as part of winter planning. • All Care Home residents in NEL have been visited and offered Covid vaccinations. Uptake for Covid vaccinations has declined for the general public. It is low for particular ethnic groups. Covid and flu vaccinations are also low for health and social care staff. • There is plenty of capacity by providers across NEL so the issue is one of demand. There are borough specific communications and engagement activities to address this. • The school vaccination team are awaiting authorisation to start the secondary school programme. This delay may impact on uptake. 	

Item No.	Item title	Action
2.2	<p>Whilst uptake for children’s immunisations is historically low across North East London it is important to be aware that c72,000 children in NEL received the Polio booster.</p> <ul style="list-style-type: none"> • <u>Recommendation:</u> The Committee was asked to note the actions taken to address uptake including specific actions to address health inequalities and uptake amongst staff. <p><u>Comments:</u></p> <ul style="list-style-type: none"> • There is an observed low uptake of vaccinations by staff and there is a need to reflect actions taken to address it. It was noted that while there are challenges, this is being addressed and lessons shared across the boroughs. MC confirmed that learning is routinely shared across boroughs through the NEL team and through the System wide NEL Immunisations, Vaccinations and Screening Board • Seeing as Places are devoting initiatives to ensure increase in take up rate of vaccinations, the question was asked whether feedback via reports was made to Place-based Partnerships. MC explained that borough specific data, intelligence and information is routinely discussed in borough partnership meetings which would feed into Place-based Partnership Boards <p>The Committee requested further information that showed uptake of vaccinations across the System and were assured that this level of information is available however MC was mindful of bringing too much detail – she confirmed she will share this information at the next meeting.</p> <ul style="list-style-type: none"> ➤ <u>Action Points:</u> <ul style="list-style-type: none"> ▪ Moira Coughlan to provide further information on vaccinations across the system. <p><u>Quality Report</u></p> <ul style="list-style-type: none"> • The report was presented by Mark Gilbey-Cross (MGC). • The report was to bring to the attention of the Committee, items by exception relating to the quality of care services provided across North East London (NEL). In addition, the report outlined quality related work under way at place. • The report showed the CQC ratings of Health Providers which ranged from ‘requires improvement’ to ‘outstanding’. However, Barts Health NHS and Barking Havering & Redbridge University NHS Trust (BHRUT) were rated as ‘requiring improvement’. • The Local Authority Ofsted ratings ranged from good to outstanding but Barking and Dagenham were rated as ‘requiring improvement’. • He drew the attention of the Committee to the details in the report of those providers requiring improvement. <p><u>Comments:</u></p> <ul style="list-style-type: none"> • MG commented that she would have expected to see something on the long wait for mental health patients in emergency departments (EDs) as a quality issue and how the System is working together to address this. • It would be helpful to see more information regarding how Placed-based Partnerships are working in the System based on their role around quality, what do they see as their priorities and how are they supporting quality improvement at Place. 	Action MC

Item No.	Item title	Action
	<ul style="list-style-type: none"> • Can we move the report away from Provider led updates and more to System updates. • Dr Jagan John (JJ) added: it was good to see content re-Care Quality Commission ratings across General Practice but we need to ensure we are consistent in our reporting to the Committee as some information was felt to be incorrect. • It would be good to understand the outcome of the Medical Examiner inspection regarding deaths at BHRUT as this is something he is aware has taken place and how learning from this is taken across the System • MG wanted to understand the role of the Primary Care Collaborative in supporting improvement and improving quality across General Practice • Questions asked by the Committee ranged from where else do the reports go and who else needs to see them, do the local committees have access to these reports, what was expected of the Committee from the report in the format it has been presented? • Chetan Vyas (CV) added that Quality Leads at Place have been supporting Place based Partnerships in developing their Quality Governance structures, understanding variations through the concept Place Quality Report and working them to develop their local Quality Priorities, aligned to functions of Quality at Place (according to the National Quality Board publication) – he went on to confirm that each Place is at a different stage in their journey but we can bring an update to the next Committee meeting. • The Chair added for the next iteration of this report the Committee would need to understand issues, what actions have been undertaken to mitigate/address and what is being asked of the Committee. <ul style="list-style-type: none"> ➤ Action Points: <ul style="list-style-type: none"> ▪ Exception reports to the Committee to reflect issues, what actions have been undertaken to mitigate/address and what is being asked of the Committee. ▪ Chetan Vyas to present an update on progress made at Place regarding their Quality governance, priorities and improvement programmes being developed, aligned to the functions of quality that need to be undertaken at Place. 	<p style="text-align: right;">Action All</p> <p style="text-align: right;">Action CV</p>
2.3	<p><u>Safeguarding Children Report</u></p> <ul style="list-style-type: none"> • Korkor Ceaser (KC) presented the paper which can be summarised as follows: • The paper was to highlight the actual and potential safeguarding risks: their direct and indirect impacts on NEL ICB and service users (many of whom are already vulnerable). • The report highlighted system risks, unwarranted variation and health inequalities and outlined the improvement plans in progress. • The Committee were asked to note the report and approve recommendations which are based on statutory guidance, best practice and where possible service-user feedback. 	
2.4	<p><u>Safeguarding Adults Report</u></p> <ul style="list-style-type: none"> • Korkor Ceaser (KC) presented the paper which is summarised as follows: 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • Multiple Safeguarding Adults Review (SAR's) and Domestic Homicide Review (DHR's) are under way across NEL. Designates at Place still on SAR and DHR panels and reviews are signed off by Associate Director for Safeguarding. Learning and impact from reviews shared in this report and via 7 min briefings. Designates obtain assurance from providers and partners around how the learning and impact is disseminated across the organisation. • Extensive positive partnership working is taking place across the system and at Place and this can be seen within the report. • Safeguarding adults risks and mitigations at Place described. Ongoing work taking place with partnerships, quality directorate and Safeguarding adult boards. • The Committee were recommended to note the report. <p><u>Comments on both Safeguarding reports:</u></p> <ul style="list-style-type: none"> • The Chair initially commented that both these reports were not exception reports based on the level of detail included. • Regarding the Children's report, the Committee noted that the report clearly outlined the workforce challenges and urged some urgency in recruiting to vacant roles. With regards to immigration of unaccompanied children media reports, it would useful to ensure that none under the care of the NEL geographic sphere were lost in the system. • The Chair suggested it would be helpful to have one Safeguarding Report going forward to avoid duplication. • The Chair requested that less jargon and acronyms were used in future reports or a glossary was added. • The Committee asked how these reports are shared at Place and KC responded by saying all content included is discussed at shared in Place Safeguarding Forums routinely which then forms such assurance reports. • The Chair added that future reports should outline what mitigations/ improvements are put in place where statutory breaches are reported. <ul style="list-style-type: none"> ➤ Action Point: <ul style="list-style-type: none"> ▪ Korkor Ceasar - With regards to immigration, to provide the Committee with assurance that unaccompanied children under the care of NEL geographic sphere were not lost in the system. 	Action KC
3.0	Learning Disability and Autism (LDA) <ul style="list-style-type: none"> • Dr Paul Gilluley presented the paper. • Following from the recent media documentaries regarding concerns around the care and treatment of patients with a learning disability and autism, there was a formal letter from Clare Murdoch (Mental Health Director, NHS England) to all systems asking for assurances regarding the safety and quality in all mental health, rehabilitation and learning disability wards across local systems. • The paper presented was for assurance to the committee, and it briefly summarised the measures both providers trusts within NEL ICS (NELFT and ELFT) have put in place. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • Provider trusts are accountable for ensuring that the services they deliver are safe as part of their CQC registration and their Board assurance processes. • Equally the ICB have formal contracts with NELFT and ELFT to deliver a range of mental health services, including in-patient care. NHSE will seek assurance from the ICB regarding the quality and safety of in-patient care via NHSE regional and national assurance meetings and through the Mental Health and Learning Disability Collaborative Senior Responsible Officer (SRO). <p><u>Comments</u></p> <ul style="list-style-type: none"> • The paper was well received by the Committee and its purpose well understood. It was recommended as standard for the sort of reports that should be brought before the Committee. • The Committee enquired about staff training on communication skills for interacting with non-verbal service users and were updated. • DJ informed the Committee was informed that there were no out-of-borough placements of service users and assurances are sought through the Host Commissioner arrangements that are in place • The meeting heard that while we would rather have service users out of hospitals and as near to their homes as much as possible, care and treatments reviews are held every 6 months by both the provider and independent assessors as a form of 'safety valve'. There are also periodic Well-Being reviews of services users within and those in out-of-borough placements. The summary of these reviews are provided to the Learning Disabilities and Autism Board. • The Chair requested she would want to see an update on the number of Wellbeing reviews undertaken against the number that needed to be completed and their outcomes for assurance. <ul style="list-style-type: none"> ➤ Action Point: <ul style="list-style-type: none"> • Dr. Paul Gilluley to present an update at the next Committee meeting on the number of Wellbeing reviews undertaken against the number that needed to be completed. 	Action PG
4.0	<p>Care Homes and Home Care</p> <ul style="list-style-type: none"> • Chetan Vyas (CV) presented the report on behalf of Selda Bicer, Care Provider Programme Manager. • The report showed a table of the autumn vaccines booster programme. There has been 82% uptake of Covid Seasonal Booster and approximately 61% update of Flu Seasonal Booster. • Mapping exercises are undertaken to understand what progress has been made by PCNs in implementing the programme. The team are continuing to do this. • There are gaps and not all PCNs are delivering the requirements of the programme. Further work to be undertaken with PCNs to support delivery. • A dashboard has been put in place to monitor compliance against programme delivery. • Continued work to integrate with social care colleagues to support delivery of the programme. • Updates on the programme are being provided on a monthly basis to the NEL Care Home Provider Forum. 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> The Committee noted the paper. 	
5.0	<p>NEL Maternity Services Update</p> <ul style="list-style-type: none"> The paper was presented by Philippa Cox. The paper provided an update on maternity services across NEL and included: <ul style="list-style-type: none"> An update on the progress of all Trusts in achieving the Ockenden 7 Immediate and Essential Actions (IEAs). All maternity services in NEL have had their Ockenden assurance visits and have received their reports. There have been some improvements with compliance against the 7 Immediate and Essential Actions (IEAs) but no Trust has 100% compliance. The next steps following the Ockenden assurance visits An update for the publication of the independent investigation of Maternity and Neonatal Services at East Kent Hospitals University NHS Foundation Trust. A summary of the Barts Health CQC report which was published on 16/11/22. A summary of the Equity and Equality action plan which was submitted to NHSE and the feedback that we have received. <p><u>Comments</u></p> <ul style="list-style-type: none"> The Committee felt that the report, whilst detailed, could have provided a more System view of maternity services across NEL Noted that the report was not able to provide greater assurance of the quality maternity services for local women, with the Homerton Hospital Foundation Trust the only NEL hospital giving confidence in terms of maternity care which could result in a greater risk to services at the Hospital if more women across NEL chose to attend there. The Committee indicated it would have liked to have seen how the Acute Care Collaborative is taking this information on to drive improvement and also Primary Care Collaborative to understand, what if anything can be done at Primary Care Recognised the work undertaken through the Equity and Equality Survey however MG felt it perhaps could have been nuanced so that the different needs of women from different groups/communities were being taken onboard. Wants to see a more System focussed report at the next meeting and a clearer indication on what improvements need to be undertaken and how is the System taking this forward plus how learning is being shared across NEL to reduce variation in care. DJ responded that at this moment in time full assurance on aspects of maternity services across NEL could not be provided and that was the reason this level of detail was being presented to the Committee DJ added the Committee will see from the Risk paper being presented at the meeting, that the risks are clearly outlined within the Chief Nursing Officer Risk Register with regards to Maternity, acknowledging aspects of improvement will be extrapolated more explicitly in future reports. Additionally, the NEL Local Maternity and Neonatal System are undertaking a range of improvement programmes to improve the quality and experience of women who use maternity services across NEL 	

Item No.	Item title	Action
	<ul style="list-style-type: none"> • Finally, DJ added that the work done through Maternity Mates with regards to the Equality and Equity survey was nuanced towards local groups and a one-size fits all approach was intentionally not sought .So additional surveys were undertaken to understand the choices made by women across NEL and what influenced them to make these decisions, and there is little evidence to suggest women are going outside NEL for their maternity care. • The Committee would want to discuss how the system was managing to meet 'patient's choice' at future meetings. ➤ Action Point: <ul style="list-style-type: none"> • Philippa Cox to present a System focussed update at future meetings. 	<p style="text-align: center;">Action PC</p>
6.0	<p>Policy for Approval</p> <ul style="list-style-type: none"> • The Committee was asked to approve the four policies listed above. <ul style="list-style-type: none"> ○ Safeguarding Supervision 2022-25 ○ Safeguarding Standards 2022-25 ○ Integrated Safeguarding Strategy ○ Domestic Abuse Policy 2022-25 • Noting that these were CCG policies that had been re-purposed for the ICB, the Committee would want to see the revised policies re-presented but with tracked changes so that it could see the amendments to the documents. • The Chair noted that the covering paper had information on the financial implications of the failure of the ICB to adequately equip a safe workforce and gain system assurance. Based on this she noted that the Committee should take its time in reviewing these policies and suggested a small group undertakes the detailed review and reports back to the Committee. • It was suggested that the Committee could consider the Domestic Abuse Policy and they suggested the NEL System Quality Group, Place based Partnership Boards and Safeguarding Boards should also review these policies as that would make them system policies. • KC advised the Committee that the policies were indeed for the staff at NHS NEL to ensure they are protected and are able to undertake their roles within the System but primarily within NHS NEL. • KC also assured the Committee that the policies have been developed with involvement from the Human Resource Team. • The Chair requested these steps are undertaken and brought back for approval at the next meeting. <ul style="list-style-type: none"> ➤ Action Point: <ul style="list-style-type: none"> • A small group to undertake detailed study and review of the policies presented to the Committee for approval. • Korkor Ceasar – to bring back the policy approval cover note to the next meeting for formal approval by the Committee. 	<p style="text-align: center;">Action QSI</p> <p style="text-align: center;">Action KC</p>

Item No.	Item title	Action
7.0 & 8.0	<p>UTC Pathway Update & BHRUT Emergency Department (ED) pathway update</p> <ul style="list-style-type: none"> • Carla Morgan (CM) standing in for Kirsty Boettcher gave verbal update as follows: • Partnership of East London Cooperatives (PELC) has had a Care Quality Commission (CQC) inspection. • PELC is a not-for-profit organisation delivering Urgent care at four Urgent Treatment centres (UTC) which are Queens Hospital UTC, Romford King George Hospital UTC, Goodmayes Barking Hospital UTC, Barking, Harold Wood UTC, Harold Wood and GP Out of Hours (Home Visiting) and a service to the Homeless. • The inspection found some breaches of regulation and a request for plans to address the findings has been made by the CQC. The issues of concern were record keeping of the arrival times of patients and when they are seen for their initial clinical assessment which should be about 15 minutes after arrival. These were two key areas requiring urgent actions by PELC. • In terms of governance there is a need for robust risk management system. There is also a need to ensure that complaints by service users are responded to on time. • Prior to the CQC inspection, BHRUT implemented some changes within the ED Pathways which were intended to improve safety and improve flow from ED into wards at a faster pace. • UTCs are experiencing a spike in Strep A cases. Additional funding has been secured to allow for the commissioning of more GP appointments in the GP Access hub. • PELC has responded to the CQC findings and put processes and personnel in place. An Improvement Plan is in place which NHS NEL is monitoring. • The Chair and MG also raised the point that it would be good to receive an update at the February meeting regarding how the CQC will be assessing ICS's going forward. • The Committee would like to see a flow of how Place based Quality Committee work fits into the System? • The Committee welcomed the verbal update. <ul style="list-style-type: none"> ➤ Action Point: <ul style="list-style-type: none"> ▪ Chetan Vyas to provide the Committee with information on how Place based Quality Committee work fits into the System? . ▪ Chetan to provide information regarding how the CQC will be assessing ICS's going forward. 	Action CV
9.0	Review of Risk Register	
	<ul style="list-style-type: none"> • Diane Jones (DJ) presented the risk register. There are 34 risks in the operational risk register of which three were rated from 15 above based on the 5 x 5 risk matrix system. • <u>Risk description:</u> <i>“Risk that low levels of childhood immunisations in a borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population” – status at Red and rated at 15 in the matrix.</i> • <u>Risk description:</u> <i>“Infection Prevention & Control. Currently no IPC team in place for NEL ICB. Interim IPC Lead covering sick leave until Mid-August at which point person in post on leave through to retirement in</i> 	

Item No.	Item title	Action
	<p><i>September '22. Inability to provide education and training programme, attendance at outbreak meetings and Provider organisation IPC Committee meetings all of which are sources of assurance" – status at Red and rated at 16 in the matrix.</i></p> <ul style="list-style-type: none"> • <u>Risk description:</u> “<i>There are significant changes to the NHS resulting from the Mental Capacity (Amendment) Act 2019 (MCAA), which introduces the Liberty Protection Safeguards (LPS) . The new LPS system will change how the current system works for Depriving people of their Liberty (DoLs). There are a number of key statutory changes to the CCG responsibilities” – status at Red and rated at 15 in the matrix.</i> • DJ added: Whilst the Risk Register is in iterative form, it is evident that the risks identified will naturally form part of the forward planner for the Committee • The Register currently has a lot of detail based on the ask for each Chief Officer to have developed their specific Risk Registers, so what will be included, as noted, are both operational and strategic risks, the latter that may form part of the ICB Board Assurance Framework (depending on the risk rating). <p><u>Comments</u></p> <ul style="list-style-type: none"> • The Committee would welcome a session on risk appetite at a future meeting to understand the risks it will need to hold. • It was suggested that there could be a strategic risk around Urgent Treatment Care (UTC) and Emergency pathway given the capacity and quality stretches around delivery. Given previous discussions above, there could also be risks around discharge of adults with Safeguarding concerns. DJ responded that these will be added to the next version as they have recently been reported by officers and the team update the Register on a monthly basis. • Following discussions around the difference between operational and strategic risks, the Chair requested that only high-level strategic risks be presented at the meetings. <ul style="list-style-type: none"> ➤ <u>Action Point:</u> <ul style="list-style-type: none"> • Diane Jones to present strategic risks at Committee meetings. • The Committee to have session on risk appetite to enhance understanding of the risks it holds. 	<p>Action DJ</p> <p>Action QSI</p>
10.0	Any Other Business	
	<ul style="list-style-type: none"> • The Committee acknowledged the work put into developing the papers and comments provided are there to ensure the Committee is focussing on the right things going forward from an assurance and improvement perspective. • The Committee added that the new way in which the Committee needs to work within the System will take time to bed in and reiterated their mandate to the team to continue to refine reports and the Chair committed to working with DJ and the team to continue to develop reports. • No other AOB were reported. 	

Item No.	Item title	Action
	Papers for Information were noted.	
A	Primary care, GP access report. - <u>Comments</u> : Paper gives the current state of primary care. What is the role of Primary Care collaborative?	
B	Draft Forward Job Plan – - <u>Comments</u> : too many items in the monthly FJP. The document is to be reviewed by DJ and the Chair before the next meeting.	
	Date of Next meeting: 8th February 2023 Venue: Room F01, Unex Tower (in person).	

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 6 January 2023, 1000 – 1200 meeting via Microsoft Teams

Members:	
Kash Pandya (KP) - Chair	Associate non-executive member, NHS North East London
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Cha Patel (CP)	Non-Executive member for Audit, NHS North East London
Dr Mark Ricketts (MR)	Primary Care Partner Member
Mohit Venkataram (MV)	NHS Trust Partner Member
Mayor Philip Glanville (PG)	Local Authority Partner Member
Attendees:	
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Steve Beales (SB)	Assistant Director, ICS Implementation, NHS North East London
Clive Walsh	NHS North East London
Jeremy Kidd	NHS North East London
William Cunningham-Davis	NHS North East London
Saem Ahmed	NHS North East London
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Apologies	
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Dr Jagan John (JJ)	Primary care partner member
Alison Glynn (AG)	Head of commissioning and contract management, NHS North East London

Item No.	Item title
1.0	<p>Welcome, introductions and apologies:</p> <ul style="list-style-type: none"> Declaration of conflicts of interest <p>The Chair, Kash Pandya (KP) welcomed those in attendance to the January 2023 meeting of the North East London (NEL) Finance, Performance and Investment Committee, highlighting that two new members were joining the Committee – Cha Patel (CP), Non-Executive member for Audit, NHS North East London and Mohit Venkataram (MV), joining the Committee as the NHS Trust Partner Member.</p> <p>Apologies were received as indicated above. It was clarified that Dr Mark Ricketts would be filling the Primary Care Partner Member role in the Committee, as set out in the Terms of Reference agreed at the previous meeting, while Dr Jagan John would be attending as a Primary Care Partner participant. The Committee's Terms of Reference would be kept under regular review, with the next version to address the feedback gathered in the October 2022 meeting.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.</p>

<p>2.0</p>	<p>Committee business:</p> <ul style="list-style-type: none"> • Minutes of the last meeting • Action Log • Matters Arising <p>The Committee received minutes of the meeting that had taken place on Monday 31 October 2023 and agreed them as an accurate reflection of the meeting. The Committee recognised that the two actions arising from the meeting had been closed and confirmed that Steve Collins (SC) would provide the Committee with information on policies agreed through other NEL bodies as required in future meetings.</p> <p>ACTION: Matthew Knell (MK) to send Terms of Reference for Audit & Risk Committee and Finance, Performance & Investment Committee (FPIC) to Cha Patel & Mohit Venkataram.</p> <p>ACTION: MK to investigate whether reporting process needed from FPIC sub groups to FPIC on a standing basis in an exception report style to provide assurance to Committee.</p> <p>ACTION: Steve Collins (SC) to ensure that FPIC receives list of corporate policies signed off by other bodies within NEL on a regular basis.</p> <p>ACTION: MK to place update on HFMA checklist progress on forward plan for Monday 27 February 2023 meeting.</p>
<p>3.0</p>	<p>Month 8 2022-23 Finance & Performance Overview</p> <p>Rob Adcock (RA) joined the Committee to support discussion of the circulated Month 8 2022-23 Finance & Performance report, briefing members on its contents.</p> <p>The Committee discussed the variance against plan and the underlying drivers of deficits in the system, recognising the incoming change to the forecast out turn position as a result of NHS England's (NHSE's) change in protocol. Specific discussions concentrated on:</p> <ul style="list-style-type: none"> • Risks present in prescribing across NEL and whether the issues being encountered were specific to NEL, or a regional/national pressure. The Committee was briefed that much of the pressure being encountered was due to inflation and volatility around national pressures and was present across the country. • The robustness of the mitigations in place to enable NEL to reach a breakeven position at year end. The Committee was updated that all providers were working jointly to address agency pricing pressures, which were seeing positive impacts and that the mitigations in place did include the mobilisation of reserves and non-recurrent funding to support the breakeven position. The Committee discussed how messaging across the system will need to pivot towards a pressured financial environment across the whole of NEL and how the work underway to explore and confirm that committed funding had been spent would support the finance team. • That further work was underway to review discharge funding and assure that it had been committed across NEL Boroughs on a fair basis to address capacity and demand. • The Committee discussed how important partnership working would be, both across NHS organisations but also with Local Authorities in the new environment, particularly to ensure transparency and a shared approach to potentially challenged continuing healthcare (CHC) provision. • The Committee recognised that local authority partners were also experiencing similar pressures, particularly in the adult social care arena and flagged the risk of partners retreating to protect individual organisations positions, when partnership working was likely to produce better whole system outcomes in the face of the current pressures.

- The Committee discussed what level of assurance could be placed in the mitigations in place to ensure that a break even year end position is achieved. The Committee was briefed that all system Chief Finance Officers had signed on to the approach and that there was determination to follow the plan agreed across the system. There was also recognition that a substantial element of the cost pressures were driven by non-elective and urgent care, which were not as controllable as other areas of care.
- The Committee asked to receive further detail, including a risk assessment of the 2023/24 allocations/budgets at a future meeting to support the Committee's ability to endorse the plans for the Integrated Care Board (ICB) Board. This detail would also need to include information on the mitigations in place against risk, and the consequences of those mitigations in terms of any impacts on service performance, quality or capacity.
- The Committee discussed how it may be possible to also examine the impact of existing innovations and service improvements on the future system position, perhaps through their current status and performance.

Clive Walsh (CW) joined the Committee to brief members on the circulated Performance report, and the Committee discussed the following points:

- That there was concern around the deteriorating position around cancer 62 day waits, with NEL being the only area in London experiencing this issue. NHSE were engaged in supporting a substantial response across providers and performance would be monitored closely.
- That future iterations of the performance report would benefit from expanded information on previous months/quarters performance, run rates and trends to provide a fuller picture not just of current performance, but also trajectory.
- That the Committee may need to explore how to be assured that detailed discussions and appropriate management of performance issues is being managed elsewhere across the system.

ACTION: MK to place deep dive on prescribing on FPIC forward plan for April 2023 meeting.

ACTION: MK to place detailed plans for 2023/24 allocations/budgets for FPIC endorsement on the forward plan for the February 2023 meeting.

ACTION: MK to place item on risk assessing and rating the mitigations in place for this year's financial plan on the forward plan for the February 2023 meeting.

ACTION: MK to place item on mitigating innovations / service changes being mobilised across NEL, and their current statuses in terms of mobilisation, performance etc on the forward plan for the February 2023 meeting.

ACTION: Clive Walsh (CW) to look at including information on historical trends and projected performance in future performance reports to the FPIC.

4.0

Capital

SC verbally briefed the Committee on the initial information on capital allocations in 2023/24 and the following financial year, highlighting that the NEL allocation would be pressured by the local large private finance initiatives (PFIs) and high priority works required across the patch, particularly those in relation to fire compliance and technology modernisation. SC confirmed that a partnership approach was being pursued around this area of work, with an investment prioritisation process in place to steer this work with partners. The ICB Board had discussed this area of work recently, recognising the risks and mitigations in place, which included that the upcoming Community Diagnostics Centre's initiatives were funded

	<p>through separate funding streams, while North East London NHS Foundation Trust (NELFT) were assessing the sale of existing premises to fund investment at the St Georges site.</p> <p>CP flagged that she may hold a conflict of interest in this area of work, as she holds a position on the Board of the Community Health Partnership, which holds PFI contracts in the area.</p> <p>The Committee discussed:</p> <ul style="list-style-type: none"> • Whether an up to date estates strategy was in place and recognised across NEL partners and whether this strategy adequately addressed the required move towards net zero and modern working arrangements. • Whether underutilised space across NEL was being addressed, recognising that some perverse incentives were present in the relationships between NHS partners, NHS Property Services and Community Health Partnership. <p>ACTION: MK to place deep dive on Estates Strategy on the forward plan for a future meeting.</p> <p>ACTION: SC to hold conversation with Kash Pandya on how to use the FPIC to best support the teams work and needs around Capital spend and funding.</p>
<p>5.0</p>	<p>NHS System Oversight Framework (SOF) 2022/23</p> <p>SC verbally briefed the Committee members on the latest System Oversight Framework (SOF) position, noting that the Integrated Care System (ICS) remained at level 3 as a whole, with Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) operating at level 4. Drivers behind these positions related to operational productivity, sustainable workforce, reducing agency expenditure and finances as a whole.</p> <p>The Committee requested to be kept updated on this item at future meetings.</p> <p>ACTION: MK to ensure that this item returns as standing item on FPIC agendas in the short to medium term.</p>
<p>6.0</p>	<p>Business Cases for FPIC approval:</p> <ul style="list-style-type: none"> • Community Phlebotomy <p>Jeremy Kidd (JK) joined the Committee to support discussion and recommend approval of the circulated business case. JK briefed the Committee members on the proposal and the Committee discussed the following points:</p> <ul style="list-style-type: none"> • The Committee recognised that the case under consideration was for recurrent funding and aligned with other, similar phlebotomy services across NEL and that without such a service in place, primary care would not be able to meet the demand for phlebotomy services in Barking, Havering and Redbridge (BHR). • The Committee examined and discussed the background of the service in BHR across primary and secondary providers, noting that a move towards Neighbourhood based phlebotomy should probably remain a long-term aim. • The Committee noted that transport costs indicated in the circulated paper appeared to be high and needed to pivot towards a net zero goal. Additionally, it was highlighted that key performance indicators (KPIs), particularly around timeliness of complaints recording and data protection would need to be monitored closely to ensure compliance with statutory requirements. This performance monitoring would be undertaken through the normal NELFT services performance and quality process.

- It was recognised that the service under discussion would be in addition to that delivered under a primary care local incentive service (LIS) and that work would continue to assess a move to an electric transport fleet, along with the potential to install centrifuge laboratory equipment at local locations to reduce transport distances and time.
- The Committee requested that the contracting process involve a time limited contract, for the shortest realistic time period and include a commitment to move towards net zero and embrace the green agenda. The Committee asked to be notified if this contracting period exceeded 3 years.

APPROVAL: The Finance, Performance and Investment Committee (FPIC) supported and approved the business case for a Community Phlebotomy service in Barking, Havering and Redbridge (BHR), delivered by North East London NHS Foundation Trust (NELFT) on the following conditions:

- That the contracting process explicitly include coverage of a move to green transport, reduction in transport costs and a commitment to net zero.
- That the contract out in place cover the shortest realistic time period, to allow for a longer term, neighbourhood based phlebotomy service to be developed and commissioned.
- That the FPIC be notified if the contracting period exceeds 3 years for this service.

ACTION: Jeremy Kidd (JK) to ensure that mobilisation of phlebotomy service takes account of net zero commitments, particularly with regards to transport of samples.

ACTION: JK to ensure that contract length for the phlebotomy service is agreed for the shortest possible period and to provide an update back to the FPIC if this period is longer than 3 years.

7.0

NHS NEL Financial Strategy

Steve Beales (SB) drew the Committee members attention to the circulated paper, highlighting key points and asking for the Committees feedback and recommendation before the strategy proceeded to the ICB Board for decision, likely in March 2023.

The Committee thanked SB for the comprehensive document and discussed the approach to risk and mitigation based funding and investment that the paper set out, including:

- The Committee explored whether a mixture of the investment approaches set out in the circulated papers could be utilised to ensure that core system needs are anchored at the NEL level, while allowing for overarching themes and collaboration needs to be addressed at Places and with Partners. In any case, a strong emphasis on partnership working and transparency across the entire 'pot' would be needed to support system buy-in and realise joint benefits.
- The Committee recognised that building a shared understanding, and approach to finances and financial information across the whole of NEL would be vital to the success of the system as whole, along with clarity on where responsibilities and decision-making sit in the new structures.
- Further linkages between this work with a clinical leadership strategy and network needed to be explored, to support the Place led approach and overarching strategy.
- Work may be needed to explore what system behaviours or processes might be needed to ensure ownership of finances across each Place and system as a whole.
- The Committee agreed that clarity on allocations, budgets and costs would be vital in ensuring that delegations can be managed properly at Place and recognised across the system.

	<p>RECOMMENDATION: The Finance, Performance and Investment Committee (FPIC) supported the NHS NEL Financial Strategy as circulated with meeting papers, endorsing the financial framework as set out in section 4 of the paper. The FPIC recommended that NHS NEL budgets should be delegated to the Place level by default, and only remain held by NEL centrally when a thematic approach was warranted by exception, recognising that further work to provide precise details on allocations and budgets was to follow.</p>
8.0	<p>2023/24 Allocation update</p> <p>SC updated Committee members on the recently received allocations for 2023/24 from NHSE, noting that the ICB finance team were still exploring the underlying detail and that further information would become available at the following meeting. SC shared some initial information via slides, highlighting that a first draft operating plan was due from the ICB back to NHSE in early February 2023 and that the approach taken for 2023/24 and onwards was something of a reversion to pre-pandemic practices, with the return of elements of Payment by Results (PbR). The total allocation was looking to contain a flat percentage uplift on current year funding, although technical guidance would follow.</p> <p>Members committed to posing any initial questions to SC by email before mid January 2023, following which SC would produce a supporting written response for sharing.</p> <p>ACTION: MK to share the presented slides with FPIC members.</p> <p>ACTION: FPIC members to pose any questions on this subject and the slides back to SC by Friday 13 January 2023.</p> <p>ACTION: SC to produce written responses / FAQ in response to any questions for circulation to FPIC members by Friday 20 January 2023.</p>
9.0	<p>Feedback from the Financial Recovery Group:</p> <ul style="list-style-type: none"> NHS England Forecast Out-Turn change protocol <p>SC briefed the Committee members on discussions from the most recent Financial Recovery Group (FRG) and the NHSE offer to make a one off change to the system's forecast out turn, which had been extensively discussed earlier in the meeting. SC noted that NHSE had committed to providing some form of additional funding for areas that met forecast out turn positions, and that if the position was missed, there would be financial implications for the system.</p> <p>The Committee requested that the briefing note provided with circulated papers also be provided to the ICB Audit Committee for information. SC flagged that the ICB Board would also be asked to discuss this subject and be kept up to date on progress.</p> <p>ACTION: MK to arrange for the circulated paper to also be provided to the NHS NEL Audit Committee.</p>
10.0	<p>Oversight and update on transfer of delegated responsibility for commissioning of Pharmacy, Optometry and Dental services from NHS England to London ICBs hosted by NEL ICS</p> <p>William Cunningham-Davis (WCD) joined the Committee to support discussion on this agenda item, briefing members on the circulated paper.</p> <p>The Committee thanked WCD and team for their work on this transfer of delegated responsibilities, highlighting that a more detailed update would need to return in February</p>

	<p>2023 to provide assurance on the due diligence that is underway. The Committee also discussed:</p> <ul style="list-style-type: none"> • That clarity has been provided that there will be no carry forward of deficits and that budgets have been shared from NHSE to NEL. • That a risk based approach across London partners will be adopted and that there may be an emerging issue around dentistry, which appeared to be underspending year on year. <p>ACTION: MK to place return of this item on the forward plan for February 2023, when it will be a more substantial item covering due diligence and the risk based approach.</p>
<p>11.0</p>	<p>Any Other Business</p> <p>SC flagged that a small number of business cases had been approved by BHR CCGs at their close down, without finance committee oversight at the time. These would be circulated separately to FPIC members after the meeting with a request for them to be noted and any questions or issues flagged by return.</p> <p>The Committee discussed what development or training needs and offers may be open to the members and partners, noting that earlier discussions had covered the need to build clear, consistent financial knowledge across the area.</p> <p>ACTION: MK to update upcoming FPIC meetings with 3 hour run time, with a 5 minute break allocated on the agenda.</p> <p>ACTION: MK to circulate BHR CCGs business cases from SC, that were agreed at the close down of the CCG, when no Finance Committee was in place. The FPIC will be asked to note these cases, as the services have already mobilised.</p> <p>ACTION: SC to raise ongoing Committee development and training with Marie Price and investigate what opportunities may be available and supportive.</p>
<p>Date of next meeting: Monday 27 February 2023 1400 – 1700</p>	

Minutes of the Population Health and Integration Committee

Tuesday 13 December 2022; 2.00pm - 4.00pm; MS Teams

Members:	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health & Care Partnership
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Cllr Maureen Worby (MW)	Local authority partner member
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Imelda Redmond (IR)	Non-executive member, NHS North East London
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Noah Curthoys (NC)	Associate non-executive member, NHS North East London
Louise Ashley (LA)	Chief Executive, Homerton Healthcare NHS Foundation Trust
Attendees:	
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Colin Ansell (CA)	Interim Chief Executive, London Borough of Newham
Adrian Loades (AL)	Corporate Director of People, London Borough of Redbridge
Ralph Coulbeck (RC)	Chief Executive, Whipps Cross Hospital
Paul Calaminus (PC)	Chief Executive, East London NHS Foundation Trust
Jacqui Van Rossum (JVR)	Acting Chief Executive, North East London NHS Foundation Trust
Dr Mark Ricketts (MR)	Primary care partner member
Hilary Ross (HR)	Director of Provider Development and Collaboration, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London (minute taker)
Apologies:	
Fiona Taylor (FT)	Acting Chief Executive, London Borough of Barking and Dagenham
Andrew Blake-Herbert (ABH)	Chief executive officer, London Borough of Havering
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest
Dr Jagan John (JJ)	Primary care partner member
Will Tuckley (WT)	Chief Executive, London Borough of Tower Hamlets

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair welcomed those in attendance to the meeting and introduced Louise Ashley as the committee's NHS Trust Partner Member, as required in the committee's updated terms of reference. The terms of reference can be found at the following website https://northeastlondon.icb.nhs.uk/our-organisation/our-governance .

1.1	<p>Declaration of conflicts of interest</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB.</p> <p>No additional conflicts were declared.</p>
1.2	<p>Minutes of the meeting held on 26 October 2022</p> <p>The minutes of the meeting held on 26 October 2022 were agreed as a correct record.</p>
1.3	<p>Actions log</p> <p>Members noted the action taken since the last meeting and agreed to close ACT001.</p>
2.0	<p>Population health management in north east London</p> <p>HR presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Population health management is a key enabler for identifying health inequalities and the groups affected as well as tackling these inequalities through prevention and delivery of targeted and proactive care. The system recently took part in a national development programme for population health management and during a series of system action learning sets identified a number of areas where the system needs to develop, in order to support the effective use of population health management within primary care networks and place-based partnerships. • Work is underway with project leads from the place-based partnerships to understand the learning from the health inequalities funding received this year, despite projects being at an early stage of development. • Through the strategy engagement and wider discussions, partners have been feeding back the areas where system support on health inequalities should be prioritised – capability building, intelligence and capacity. • All work is overseen by the Population Health and Inequalities Steering Group which is chaired by Dr Paul Gilluley. <p>Members discussed the report, with key points including:</p> <ul style="list-style-type: none"> • It would be beneficial to understand the learning across the system in order to determine what is the best practice that can be upscaled. The Joint Forward Plan could be a mechanism to identify what can be scaled up. • There is the opportunity to be bolder by committing to not tolerate healthcare racism which is a driver of some health inequalities. • The strategy and tackling health inequalities need to integrate as one is a subset of the other. • The system is striving to develop a culture where partners look at all work through a health inequalities lens going forward. • There is a need to be ambitious with the strategy, but with a focussed link to quality, workforce and finance. • There is some variation in the data being pulled together, which needs to be reviewed in order for the digital space to be used as an enabler. • The Marmot work in Waltham Forest is a good example of ‘going big by going small’ and it would be beneficial to have a case study from each place and collaborative going forward. <p>ACTION: Waltham Forest to present a deep-dive into their partnership at the next meeting.</p>

	The Population Health and Integration Committee noted the report.
3.0	Emerging place, collaborative and system working: integration and collaboration
	<p><i>Jacqui van Rossum joined the meeting at 2.35pm.</i></p> <p>CP presented the report and explained the following:</p> <ul style="list-style-type: none"> • North East London ICS is a newly forming system as the development of the Integrated Care Partnership, the Integrated Care Board, Place Partnerships and Collaboratives get underway. Each element of the system is exploring ways to be effective in neighbourhoods, places and across north east London in the context of limited resources and in relationships. • The governance structure supports the ICS to be accountable to our population by reflecting the core purpose and aims across all decision making. The ICB Board and Place Sub-Committees meet in public in order to support transparency and visibility for local residents. • As a growing population with financial constraints, there is a need to change what and how services are provided; investing in prevention, making the system efficient and productive, optimising estate through co-location and integration, building community diagnosis and early identification, upskilling all partners to contribute fully and focusing specialisms where they can have most impact. <p>Members discussed the report with points including:</p> <ul style="list-style-type: none"> • This is the foundation of whether the system is a success and it is a positive starting point. • Further work is required to determine how place-based partnerships and collaboratives can feed up into the Quality, Safety and Improvement Committee. • It is important to understand how the partnership interfaces using place-based and collaborative examples as there is a need to ensure that all are moving toward a shared ambition and not unintentionally preventing the ambition of one another. <p>ACTION: Establish a standing agenda item for place-based partnerships and collaboratives to demonstrate interfaces.</p> <p>The Population Health and Integration Committee noted the report.</p>
4.0	Integrated care strategy progress update and development of success measures
	<p>JM and HR presented the report and outlined the following:</p> <ul style="list-style-type: none"> • The content being developed for the strategy document specifically relates to the four system priorities – Babies, Children and Young People, Long Term Conditions, Mental Health, and Local Employment and Workforce. • The content has been shaped by a series of system workshops involving people working in all parts of the system and local residents, as well as discussions with local health and wellbeing boards and place-based partnerships. • Throughout the engagement, the importance of the strategy providing direction on how we will operate differently as an integrated system with population health and tackling inequalities at its core was highlighted. The following cross-cutting themes have emerged as priorities for the system in

	<p>north east London and success measures are being developed to indicate how progress will be monitored:</p> <ul style="list-style-type: none"> ○ Co-production with residents drawing on individual and community strengths and assets, rebalancing power ○ Greater focus on prevention across the whole of our system including primary and secondary prevention and the wider determinants of health and care outcomes ○ Holistic and personalised care that is integrated seamlessly across service and organisational boundaries ○ A high trust environment supporting partnership working, collaboration and integration across the whole of our system with the contribution all partners valued equally ○ Working as a learning health system, making the best use of data, evidence and insight to drive continuous development and improvement, supported by shared learning ○ Working together as a system to tackle health inequalities including a relentless focus on equity underpinning all that we do. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> ● It would be beneficial to understand how the local Health and Wellbeing Boards' priorities fit into the strategy. ● It could be helpful if further reference is made to local people's homes and environments as residents' homes can have a significant impact on their health and wellbeing. ● Metrics and smart measures will be developed over time as the strategy progresses. <p>The Population Health and Integration Committee noted the report.</p>
5.0	Setting our ambition for working with people and communities
	<p>CP presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> ● At the heart of the system is a shared commitment to co-production and meaningful participation with residents, local communities and partners which will help to build a more equitable future by addressing health inequalities and ensuring that system collaboration underpins continuous improvements to population health and the integrated delivery of health and care services. ● The Working with People and Communities Strategy was developed in collaboration with partners and local people and through engagement it is clear that there is a system ambition to ensure co-production is at the heart of everything we do and that the five themes set out in the strategy should be tested against this ambition. ● The benefits of adopting truly embedded models of volunteering, peer support and strengths-based working lie in the reciprocal dynamic we can build – residents and local people are empowered to contribute, as well as to comment, which means that we are optimising the strengths of everyone across a truly whole system. ● A Big Conversation has been planned in the spring with residents and communities in north east London as a direct way to gain insights from residents who use, and do not use, the range of services available across the system. <p>Members discussed the report with key points including:</p> <ul style="list-style-type: none"> ● There is a need to build on best practice and to establish what our residents' ambition is.

	<ul style="list-style-type: none"> • Understanding the interfaces between partnerships will help to determine how this work feeds into existing structures and platforms, rather than adding on top. • Specific work will be required with voluntary and faith groups as the VSCE collaborative will not be sufficient. • Receiving an update on planning for the Big Conversation would be beneficial to the committee. <p>ACTION: An update on planning for the Big Conversation to be scheduled for a future meeting.</p> <p>The Population Health and Integration Committee noted the report.</p>
6.0	Any other business and close
	There was no other business to note.
Date of next meeting: 22 February 2023	