North East London
Integrated Care Board

NHS North East London Integrated Care Board

30 November 2022, 1.30pm – 4.05pm, Council Chamber, Barking Town Hall, Town, Hall Square, Barking, IG11 7LU – (MS Teams link available on request)

	Item	Time	Lead	Attached/ verbal	Action required
1.0	**Welcome, introductions and apologies**	1.30	Chair	Verbal	Note
1.1	Declaration of conflicts of interest			Attached	Note
1.2	Minutes of the meeting held on 28 September 2022			Attached	Approve
1.3	Matters arising			Attached	Note
1.4	Action log			Attached	Note
2.0	**Resident story**	1.35	TBC	Verbal	Discuss and note
3.0	**Chair and chief executive reports**				
3.1	Chair's report	1.55	Chair	Attached	Note
3.2	Chief executive officer's report	2.00	ZE	Attached	Note
4.0	**Board assurance**				
4.1	Board assurance framework	2.05	CP	Attached	Discuss and note
5.0	**Strategy**				
5.1	Integrated Care Strategy	2.20	JM	Attached	Note
5.2	Developing the ICS workforce strategy	2.35	FO	Attached	Note
6.0	**Finance and performance overview**	2.50	HB	Attached	Note
7.0	**Governance**				
7.1	Executive committee exception report	3.05	ZE	Attached	Note
7.2	Quality, safety and improvement committee exception report	3.10	IR	Attached	Note
7.3	Finance, performance and investment committee exception report	3.15	HB	Attached	Note
7.4	Population health and integration committee exception report	3.20	Chair	Attached	Note
7.5	Governance handbook and constitution update	3.25	CP	Attached	Approve
8.0	**Board forward plan**	3.40	Chair	Attached	Discuss
9.0	**Questions from the public**	3.45	Chair	Verbal	Discuss
10.0	**Any other business and close**	4.00	Chair	Verbal	Discuss
Date of next meeting: 25 January 2023					

NHS
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Integrated Care Board

North East London Integrated Care Board Register of Interests

- Declared Interests as at 14/11/2022

Name	Position/Relationship with NEL ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Andrew Blake-Herbert	Chief Executive; London Borough of Havering	ICB Board ICB Workforce & Remuneration Committee ICS Executive Committee	Financial Interest	London Borough of Havering	Employed as Chief Executive	2021-05-01		Declarations to be made at the beginning of meetings
Diane Herbert	Non Executive Member	ICB Board ICB Workforce & Remuneration Committee	Non-Financial Professional Interest	Hertfordshire Partnership University Foundation Trust (HPFT)	Non executive director	2019-05-19		
Diane Jones	Chief Nurse	ICB Board ICB Quality, Safety & Improvement Committee ICS Executive Committee	Non-Financial Professional Interest	Royal College of Nursing (RCN)	Professional membership	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Midwives (RCM)	Professional membership	1994-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Nursing & Midwifery Council (NMC)	Professional membership	1992-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Clinical Senate	Member	2017-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Homerton Hospital	Midwife (honorary contract)	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Group B Strep Support (GBSS)	Director and Trustee	2020-01-01		Declarations to be made at the beginning of meetings
Dr Mark Rickets	ICB Primary Care Partner Member AND Clinical Lead for Primary Care	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Workforce & Remuneration Committee ICS Executive Committee	Financial Interest	Nightingale Practice	Salaried GP	2022-02-02		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	GP Confederation	Nightingale Practice is a member	2022-02-02		Declarations to be made at the beginning of meetings
			Indirect Interest	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Homerton University Hospital NHS Foundation Trust	Non-executive Director	2022-02-02		Declarations to be made at the beginning of meetings

			Indirect Interest	Point of Care Foundation	My wife is an Associate with the Point of Care Foundation whose work includes being a mentor for NEL ICS Schwartz Rounds	2022-03-01		Declarations to be made at the beginning of meetings
Dr Paul Francis Gilluley	Chief Medical Officer	ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICS Executive Committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01		
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01		
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01		
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01		
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01		
Henry Black	Chief Finance and Performance Officer	ICB Audit and Risk Committee ICB Board ICB Finance, Performance & Investment Committee ICS Executive Committee	Indirect Interest	BHRUT	Wife is Assistant Director of Finance	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Tower Hamlets GP Care Group	Daughter is Social Prescriber	2020-01-01		Declarations to be made at the beginning of meetings
Jagan John	Primary Care Board representative	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICS Executive Committee	Financial Interest	Parkstone Holdings Ltd	Director	2020-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Aurora Medcare (previously known as King Edward Medical Group)	GP Partner	2020-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Parkview Medical Centre	GP Partner	2020-05-01		Declarations to be made at the beginning of meetings
			Financial Interest	Together First Limited (GP Federation)	Practice is a shareholder	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Harley Fitzrovia Health Limited	Director and Shareholder	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Diagnostics 4u (previously Monifieth Ltd)	Director and Shareholder	2020-10-01		Declarations to be made at the beginning of meetings

			Indirect Interest	Aurora Medcare (previously known as King Edward Medical Group)	Other GPs are family members	2020-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	New West Primary Care Network	Brother / GP Partner is the Clinical Director	2020-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Personalised Care – Healthy London Partnerships and NHS England London Region	Clinical Lead	2017-05-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London Foundation Trust – Barking and Dagenham Community Cardiology Service	GPWSI in Cardiology	2011-08-01		Declarations to be made at the beginning of meetings
			Financial Interest	Buxton Medica	GP partner is director and practice is share holder	2021-10-31		
			Non-Financial Professional Interest	Barking & Dagenham, Havering and Redbridge University Hospitals Trust	Associate Medical Director for Primary Care in BHRUT	2022-09-01		Declarations to be made at the beginning of meetings
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Workforce & Remuneration Committee ICP Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Race and Health Observatory	Chair of the RHO	2020-07-23		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23		Declarations to be made at the beginning of meetings
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	UKHSA	Associate NED	2022-04-25		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13		Declarations to be made at the beginning of meetings

Marie Price	Director of Corporate Affairs	ICB Audit and Risk Committee ICB Board ICP Committee	Indirect Interest	Greater London Authority	Partner works as NE London region regeneration lead	2017-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Lower Clapton GP Practice, Hackney	Registered as a patient at a GP practice in NEL. Lower Clapton GP Practice, Hackney	2008-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Cadence Partners	Close friends with managing partner and head of operations. Cadence Partners is an executive search firm.	2018-12-03		Declarations to be made at the beginning of meetings
			Indirect Interest	Hackney Council	Close friend with Strategic Director Engagement, Culture and OD (also responsible for communications)	2020-01-01		Declarations to be made at the beginning of meetings
Paul Calaminus	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICS Executive Committee	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings
			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		

Philip Glanville	Local authority rep on ICB Board	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee	Financial Interest	London Borough of Hackney	Mayor of Hackney	2016-09-19		
			Financial Interest	London Councils	Chair of Transport & Environment Committee	2020-10-01		
			Financial Interest	Local Government Association (LGA)	Member of LGA Environment, Economy, Housing & Transport Board	2018-08-01		
			Non-Financial Professional Interest	London Legacy Development Corporation (LLDC)	Non-Executive Director of London Legacy Development Corporation (LLDC) appointed by Hackney Council and the Mayor of London	2016-09-19		
			Non-Financial Professional Interest	London Office of Technology and Innovation	London Councils Digital Champion and lead for London Office of Technology and Innovation appointed by London Councils and the Mayor of London	2018-10-01		
			Non-Financial Professional Interest	Central London Forward	Board Member	2016-09-19		
			Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		
			Non-Financial Professional Interest	Greater London Authority (GLA)	Co-Chair of Green New Deal Expert Advisory Panel	2021-03-01		
			Non-Financial Professional Interest	London Councils	Member of London Councils Ltd and London Councils Leaders' Committee	2016-09-19		
			Non-Financial Professional Interest	London Councils	Digital Champion / LOTI Lead	2020-10-01		
			Non-Financial Personal Interest	East London Foundation Trust	Resident Member	2019-08-01		
			Non-Financial Personal Interest	Unison	Union Member	2021-11-01		
			Non-Financial Personal Interest	Unite the Union	Member	2005-05-01		

Sue Evans	Interim Non Executive Member	ICB Audit and Risk Committee ICB Board	Non-Financial Professional Interest	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	North East London NHS	Self and family users of healthcare services in NEL	2017-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	St Aubyn's School Charitable Trust	Trustee and Director of Company Ltd by Guarantee	2013-01-01		Declarations to be made at the beginning of meetings
Zina Etheridge	Chief Executive Officer Designate of the Integrated Care Board for north east London	ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Workforce & Remuneration Committee ICP Committee ICS Executive Committee	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine at Royal Berkshire hospital	2022-03-17		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 14/11/2022

Name	Position/Relationship with NEL ICB	Committees	Declared Interest
Francesca Okosi	Chief People and Culture Officer	ICB Board ICB Workforce & Remuneration Committee ICS Executive Committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Maureen Worby	Councillor In London Borough of Barking & Dagenham	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee	Indicated No Conflicts To Declare.
Caroline Rouse	Member of IC Board (VCS rep)	ICB Board	Indicated No Conflicts To Declare.
Shane Degaris	ICB member	ICB Board ICS Executive Committee	Indicated No Conflicts To Declare.
Imelda Redmond	NEM	ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee	Indicated No Conflicts To Declare.
Johanna Moss	Chief strategy and transformation officer	ICB Board ICB Population, Health & Integration Committee ICP Committee ICS Executive Committee	Indicated No Conflicts To Declare.

North East London
Integrated Care Board

Draft minutes – NHS North East London ICB board

28 September 2022 – 1.30pm – 3.30pm, Unex Tower, 4th Floor

Members:	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health and Care Partnership
Zina Etheridge (ZE)	Chief executive officer, NHS North East London
Paul Calaminus (PC)	NHS trust partner member
Shane DeGaris (SD)	NHS trust partner member (via MS Teams at 2.00pm)
Cllr Maureen Worby (MW)	Local authority partner member
Mayor Philip Glanville (PG)	Local authority partner member
Caroline Rouse (CR)	CVSE partner member
Diane Jones (DJ)	Chief nursing officer, NHS North East London
Henry Black (HB)	Chief finance and performance officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Dr Mark Rickets (MR)	Primary care partner member
Dr Jagan John (JJ)	Primary care partner member
Diane Herbert (DH)	Non-executive member, NHS North East London
Imelda Redmond (IR)	Non-executive member, NHS North East London
Sue Evans (SE)	Interim non-executive member, NHS North East London
Attendees:	
Andrew Blake-Herbert (ABH)	Local authority executive participant
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Francesca Okosi (CO)	Chief people and culture officer, NHS North East London
Marie Price (MP)	Director of corporate affairs, NHS North East London
Anne-Marie Keliris (AMK)	Head of governance, NHS North East London
Anna McDonald (AMc)	Senior governance manager, NHS North East London
Dr Anil Mehta (AMe)	GP principal and clinical director for Redbridge (item4,1)
Hilary Ross (HR)	Director of strategic development, NHS North East London (item 5.0)
Sam Walker (SW)	Engagement and community communications manager, NHS North East London (item 2.0)
Apologies:	
Will Tuckley (WT)	Local authority executive participant
Manisha Modhvadia (MM)	Healthwatch participant

1.0	**Welcome, introductions and apologies**
	The Chair welcomed members to meeting including members appointed since the first meeting held on 1 July 2022: Cllr Maureen Worby and Mayor Philip Glanville, Caroline Rouse and Sue Evans. Will Tuckley and Andrew Blake-Herbert will alternate their attendance as local authority executives and Manisha Modhvadia will attend future meetings as the Healthwatch participant. The Chair also welcomed members of the public who had joined to observe this meeting in public using a virtual link. The Chair also explained that we will be moving to hybrid meetings

	starting from the next meeting on 30 November 2022 whereby, the public will have the option to either observe in person or virtually. A question had been submitted in advance by a member of the public, and the Chair confirmed it would be addressed later on the agenda. Clarification on the decision to not use the 'chat function' on MS Teams was given by the Chair who explained that it is to ensure that the public are able to fully observe the meeting, including being able to follow the meeting debate and decision making, without distraction.
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. Declarations declared by members of the ICB are listed on the ICB's Register of Interests. The Register is available either via the Governance Team or on the ICB's website.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held 1 July 2022 were agreed as a correct record.
1.3	**Matters arising**
	The ICB board noted the update on the July resident story and the action being taken.
1.4	**Action log**
	The ICB board noted the action taken since the last meeting. Further to action 3.2 - SE provided an update following the due diligence report on the CCG closedown being presented to the ICB's Audit and Risk Committee on 21 September 2022. SE confirmed that the committee members were satisfied with the report and were assured that the few remaining issues were being picked up as part of the ICB's duties and functions.
2.0	**Resident story**
	The Chair welcomed Sam Walker (SW) to the meeting to share the story on behalf of a resident who is a registered carer for their child and partner, both of whom have complex needs including mental health. The key messages were: • That there is inconsistent access to support. • The difficulties in obtaining autism and learning disability diagnoses in adults. • The current system is too inflexible and fails to recognise the family dynamic of patients, their wider support networks and the impact complex care needs has on any treatment delivered in isolation. • The lack of responsibility found in any of the organisations involved. • The in-consistency and frequent changes in secondary care staff which increases the risk of mistakes being made. • The difficulties experienced by residents trying to access services when there are language barriers.

	• The difficulties people living with disabilities experience because they are unable to access services. • The need for diagnosis services to identify fluctuations in conditions. • The need for recognition of carers. • The need for action to address race and disability health inequalities • The need for clear care plans to be in place for patients at the start of their care. • The need for greater emphasis to be placed on preventative care. • The need for greater recognition of the insight carers can offer healthcare professionals, so they are able to work in partnership with clinicians to support the patient's need. • The need for the savings that carers provide to the healthcare system to be acknowledged. The Chair thanked SW for presenting the open and honest feedback on behalf of the carer adding that it is an appropriate system example as it covers the different challenges of access, across provision, which is something that has been highlighted by Healthwatch, as a key complex issue for the ICB to address. Discussion points included: • The system carers strategy that is being produced to support carers and how each borough will carry out an assessment, (based on local existing strategies), on how they recognise and include carers on their journey as part of the strategy. IR gave an overview of her experience as former chief executive of Carers UK and offered support to DJ in developing the strategy. • The need for the current level of engagement with carers to improve and for carers from all backgrounds to be involved in order to address health inequalities. • The need for services to be designed with the help of carers, working with them to reflect their skills and expertise. • The importance of continuity of care and relationships alongside consistency when designing pathways. • The work that is being undertaken that is looking at having smaller teams to advocate and navigate the system. • The mental health summit that took place on 21 September and all the good work that local authorities are doing with carers. • The work being undertaken in regard to people with learning disabilities and the plans to have trained people on site who support patients and carers. • The need to be more resilient in terms of what more can be done to support carers and their families. Using the tools that are already in place such as existing networks that support carers and the importance of regular communication with those networks to ensure that carers are made aware of future plans and any changes that will affect them. The Chair asked SW to pass on thanks from the board members for sharing the experience and outlined the actions that will be taken forward by the ICB board: • A summary outlining the action that will be taken by the board will be sent to the carer. **ACTION: CP** • A follow-up will be made so that the carer is involved in the on-going dialogue. **ACTION: CP** • An update will be presented to the board in November explaining progress as a result of the carer's experience having been shared. **ACTION: CP**

3.0	**Chair and chief executive reports**
	3.1 Chair's report The Chair began by acknowledging the sad passing of Queen Elizabeth II, sending condolences to her family and recognising the impact this has had on our residents and staff. The following key areas in the report were highlighted: • The various activities undertaken by the Chair and non-executive members since the last meeting, in particular, the on-going work being taken forward through the Healthwatch Collaborative. The Chair updated the board on the recent agreement with the collaborative, whereby, Manisha Modhvadia will attend future board meetings as a participant observer which will enable the voice of people and communities to be further enhanced within the ICB discussions. • The Integrated Care Strategy. • The views of NEL Trust Chairs on the system approach to quality and risk management. • The focus of the ICS on social justice and our commitment to be an ICB defined by its proactive commitment to equity. Initial discussions have taken place between the Chair and PG on what a specific LGBTQ+ equity commitment could encompass for north east London. • The mental health summit. As part of the discussion, board members welcomed the focus on the LGBTQ+ community and emphasised the importance of addressing inequity together as a system. Monkeypox was cited as an example of where the community felt there was not an equitable approach. The on-going anti-racism work being undertaken by each borough was also noted and will shape our work as part of our commitment to being an anti-racist ICS. The ICB board noted the report. **3.2 Chief executive's report** ZE presented her report and highlighted the following areas: • Recent key developments within the ICB. • Place based partnerships – a correction was made to the table included in the report, so that it showed that Adrian Loades is the Corporate Director of People, for the borough of Redbridge and not Newham as stated. • Provider Collaboratives. • Development of voluntary community social enterprise alliances. • Integrated Care Partnership. • System partners. • Winter planning. • Various site visits across north east London. • 2021/2022 annual report for the former North East London Clinical Commissioning Group - this has been published on the ICB website. https://northeastlondon.icb.nhs.uk/news/publications/annual-reports-and-accounts/ The ICB board noted the report.
4.0	**Quality**
	4.1 System quality, safety and improvement report

	The report was presented by DJ to provide the board with an update on the development of a quality system framework. Dr Anil Mehta joined the discussion, speaking on behalf of the Redbridge Place Partnership to share examples of how quality improvement is beginning to operate at Place. The key points highlighted were: • Engagement is continuing with partners across the system to enable the ICS to develop a single view of quality to ensure 'high quality, personalised and equitable care for all our residents'. • A shared management system is being developed to create an integrated approach to quality. • The successful co-production approaches that will be built on in order to ensure we work with our residents to improve services. • An overview from Dr AMe on the agreement at Place level to have a Quality Improvement Group, which will draw on local placed based work, to ensure there is a cross local level collaborative approach to avoid duplication. The Group will focus on care pathways, patient journeys of care, and quality issues that are common across the system rather than the issues experienced in one particular area. Local intelligence will also be shared in order to triangulate the issues. Discussion points included: • The need for future reports not to be health services focused. • The need to build on what is already in place such as local Safeguarding Boards. • The need to reference the cost of living crisis and the impact to care providers as well as residents and other parts of the system. • The need to evidence that there is a feedback loop to patients and people who are accessing the system and who have been asked for their views. • The importance of feeding back to the people providing the care. • The importance of not having a blame culture. • The need for a clear understanding of the complexities of the system and a clear understanding of what will be at Place level, what will be at a collaborative level and what will be at system level. • The Chair fed back comments provided by non-executive members; reports need to have cross-cutting themes and priorities for improvements and show how any gaps and variations will be addressed in order to add value to the system. Data needs to be included on diagrams provided so that there is a shared understanding of this and a joint understanding on how things are progressing. • Whether the approach will serve all communities within north east London. • The importance of learning from the variations between neighbourhoods. • The differences between safety and quality. • The need to know where the key areas are that need improvement and also to be able to demonstrate how we are improving them and why, with a system approach to quality improvement. • The need to understand where risks sits, noting that risk would be discussed later on the agenda. Board members agreed that this was a good start and acknowledged that it is work in progress. DJ thanked members for their valuable comments and confirmed that they will be taken forward in order to develop a report that provides the board with the level of assurance required. IA added that this is an on-going learning project and all the comments will be taken in to account. The Chair sought agreement to

	delegate the on-going work to the Quality, Safety and Improvement Committee and this was agreed. An update was requested for a future meeting. **ACTION: DJ/IA** The ICB board: • Considered the approach to creating a system wide framework • Considered the approach to place and collaboratives • Agreed to delegate the on-going development to the Quality, Safety and Improvement Committee.
5.0	**Development of the Integrated Care Strategy**
	HR presented the report and highlighted the key points: • The system Strategy Task & Finish (T&F) Group was set up in August 22 to support the development of the Integrated Care Strategy. The group meets regularly to ensure there is wide participation in the development of the strategy and includes representatives from provider collaboratives, place based partnerships and Healthwatch. • The strategy will set the local framework for the new ICS Joint Forward Plan required by March 2023. It needs to address local Joint Strategic Needs Assessments (JSNAs) and align with local health and wellbeing strategies. • An engagement plan is being developed to ensure there is a process to support involvement of local people, key stakeholders and groups including local Health and Wellbeing Boards. Community insights will also be drawn on with the help of Healthwatch. • A series of workshops are planned which will bring key partners together to develop our four system flagship priorities for the ICS feeding into the Interim Integrated Care strategy. There will also be a further workshop on the cost of living. • The aim is to present the strategy to the Integrated Care Partnership in January 2023. As part of the discussion, a suggestion was made to include workforce as one of the building blocks. **ACTION: HR.** The previous north east London long term plan was referenced and it was suggested that some of the learning from that could be used. HB referenced the financial strategy that the Integrated Care Strategy will also underpin. The ICB board noted the report.
6.0	**NHS North East London approach to winter planning 2022/23**
	ZE began by providing assurance to the board that the ICB is focussed on all the points set out in the Secretary of State's recently published plan for the NHS, noting that some are linked to winter planning. An overview of the report content was given and the key points were: • The winter plan is a system-led working document which will be adapted and refined in line with the changing position over the coming months. • Our objective is to ensure that residents of north east London are able to access the care and support they need to help them to keep well this winter. • The plan will ensure that the eight core winter objectives set out in NHS England's winter requirements are met. Discussion points included: • The importance of concentrating on early intervention and preventive care noting that the plan is beginning to address both.

	• The importance of having a realistic approach about what can be achieved and the need to have a balance between that and the regional and national 'ask'. • The need for providing support to our workforce in terms of the cost of living crisis. • Income maximisation within the NHS and how Primary Care Networks (PCNs) could engage their social prescribers to sign post people to where helpful advice on benefits is available. • The £500m recently announced by the Secretary of State – clarification was given that it is not new funding, it is money from existing NHS budgets. • The likelihood of industrial action in the workforce and how that could be reflected in the winter plan. • The support that the voluntary sector is providing and work that place-based partnerships and localities are undertaking. • The winter plan becoming a system resilience plan going forward, recognising that the system pressures are throughout the year now, not just during the winter period. The ICB board noted the report.
7.0	**Finance and performance overview**
	HB clarified that the report content presented financial performance of the health partners and performance against the constitutional standards. Work to broaden the report in regard to local authorities and the voluntary sector is continuing and will evolve as we move forward. The key highlights on financial performance were: • The finance position at month 5 continues to be challenging with the ICB and the wider ICS facing significant financial pressures and uncertainty. • The year-to-date position for the system is a £48.1m deficit, which is a variance to plan. • The system has reported a forecast outturn to plan for year-end. • The report included the June performance position and outlined key issues across a number of areas including urgent and emergency care. • The final system operating plan submitted to NHS England in June 2022 included the financial plan for both the ICB and system providers. The ICB element of the plan had been previously endorsed by the former NEL CCG Finance Committee in June 2022 and HB explained that ICB board approval was now needed along with approval of the health inequalities Section 256 agreements with local authority partners. • The opening budget for the CCG/ICB was £3994.8m. • System provider plans have been signed off by their respective boards. Discussion points included: • From a local authority perspective, the need for a continued commitment to levelling up was flagged and for provider colleagues to begin the process of disaggregating budgets to Place. HB explained that the financial strategy is focussed on having greater visibility at Place and the formula used is now based on need rather than the historic formula which focussed on access. Data from sources such as local JSNAs is being used. • How cost improvement plans link into our priorities for productivity as a system. HB to include information on that in the next report. **ACTION: HB.**

	• The need to have a budget that reflects the four aims of the ICS and highlights transformation and integration. • Timelines for the financial strategy and the five year strategy - HB confirmed the timelines will be met for the national five year strategy and the medium-term financial strategy. There will be an annual planning submission and the template for that is awaited. Key highlights on performance against constitutional standards were given and the discussion points included: • A request from the Chair for future performance reports to include deep dives to demonstrate the level of action being taken as a system to address any challenges in regard to the constitutional standards. **ACTION: HB.** • A suggestion to consider 'non' constitutional performance together with quality. Discussion about developing a suite of performance reporting at place is ongoing. This should better reflect local partners priorities than just narrow NHS constitutional standards, and should focus on quality improvement, with the performance and quality teams working together on development. The Chair asked for the discussion to be continued outside of the meeting**. ACTION: DJ/HB** • The format of future reports – active dashboards rather than static tables were suggested. Run charts instead of RAG ratings and information on population growth and the cost per resident. **ACTION: HB** The ICB board: • Noted the content of the report and the key risks to the expected year-end breakeven position. • Noted the performance report. • Approved the ICB plan/budget. • Approved the Section 256 agreements for four of the seven boroughs and agreed to grant delegated authority to the ICB Chief Executive and Chief Finance and Performance Officer to sign off the remaining three boroughs.
8.0	**Governance**
	8.1 Governance update and outcomes of July board development CP presented the report. The key highlights were: • The continued development of the ICB board, its committees and sub-committees. • Amendments to the Standing Financial Instructions (SFIs). • Amendments to the Scheme of Reservation and Delegation (SoRD). • Amendments to the membership of the quality, safety and improvement committee. • The proposal for our decision-making principles – the Chair recapped on the discussion held at the board development session in July and explained the principles were one of the outcomes from the session and they will shape our decision making as a board. Once agreed, the final six principles will be included in the updated Governance Handbook that will be presented to the board at the next meeting in November. CP added that discussions will be held with the Place partnerships about how the agreed principles can be supported and developed at Place as part of the on-going work. The discussion focussed on the decision-making principles and the main points were: • Members thanked governance colleagues for the work undertaken and supported the list of principles.

- PG welcomed the references back to communities. He flagged the need for NHS North East London to continue to engage and communicate with local councils, councillors, scrutiny committees etc as those present at the ICB meetings are there in their capacity as ICB board members. The Chair responded advising that there is a rolling programme for her and ZE to engage with them separately.
- The importance of testing and challenging ourselves as a board on how we are using and achieving the principles.
- How the principles developed when the seven CCGs merged into one could be taken into consideration.
- Staff need to be reflected as well as residents. DH fed back on discussions she has been involved in regarding the different approaches needed whereby the approach as a system to staff will be different to the approach to staff as individual employers of the individual organisations. The Chair suggested having a report on what ICB board members responsibilities are in regard to the health and social care workforce. **ACTION: DH/FO**
- The need to define what the meaning of the term 'resident' is.

The Chair drew the discussion to a close by confirming that an update on the final principles will be presented at the next meeting. **ACTION: CP/MP**

The ICB board:

- Noted the progress to date and next steps
- Discussed the proposed decision-making principles
- Delegated production of final set to Chair and Director of Corporate Affairs
- Approved the changes to the Standing Financial Instructions (SFIs)
- Approved the changes to the membership of the quality, safety and improvement committee

8.2 Risk management update

CP gave an overview of the content of the report and the key discussion points were:

- The need to reflect the sustainability and stability of the care market as a significant risk to the whole system.
- The need to understand how the risk was identified and the process for remedying the risks – the Chair clarified that a board assurance framework would be presented to the board going forward.
- The need to include retention alongside recruitment under 'operational risk.
- The need to have ICB risks and the wider system risks.
- The need to consider how well defined the risks are that used to be managed through contract risk.
- Understanding partnership risk and individual organisational risk. The importance of partnership support if a particular organisation comes under reputational pressure, the partnership needs to provide support.
- The importance of considering what risk looks like across the system and what it looks like to an individual resident.

The Chair summed up the discussion by saying that the feedback will be taken forward by CP and her team adding that consideration needs to be given to the different approaches to assessing risk and more discussion is needed about where risk sits and risk appetite. **ACTION: CP.** The Chair also fed back comments that non-executive chairs of the Trusts members had given including the need to meet statutory obligations whilst not being NHS centric.

	The ICB board: • Noted the report and the discussion. • Noted that a system board assurance framework (BAF) will be presented to the board at the November meeting. **ACTION: CP**
9.0	**Board forward plan**
	The Chair advised that the forward plan will be discussed at the October board development session and presented to the board at the November meeting and published on the website. **ACTION: CP/MP**. In the meantime, members were invited to pass any views or suggestions to the Chair.
10.0	**Questions from the public**
	The Chair advised that a number of questions had been submitted in advance of the meeting by Mary Burnett who was unable to ask them directly. The Chair summarised the questions, which are printed in full below with the response. Q1. ICB's Financial Plans a) Has the ICB sought advice from a Consultancy when formulating its Financial Plans, either for 2022/23 or for the longer term? b) If so, which Consultancy? c) How were they appointed? d) What was the specification for their work for the ICB? e) What reduction on total forecast expenditure by NHS Providers did they suggest? Q2. Management Consultancy Contracts a) Please list all Management Consultancy contracts concerning NHS provision in the ICB area that have been active during the last 12 months or are set to take place over the next 12 months. b) Which of these have been arranged through the Health Systems Support Framework? Response: Q1 a) The ICB has not engaged consultants to help formulate the 2022/23 financial plans, and will use its internal resources in developing its longer-term plans. b) N/A as per answer given under a) c) N/A. Generally, where consultants are commissioned, they are framework providers invited to respond to specific tendered pieces of work. d) N/A as per answer given under a) e) N/A as per answer given under a) Q2 a)The ICB publishes information on the public facing website which shows the details of all signed contracts, including management consultancy contracts, and invoices paid https://northeastlondon.icb.nhs.uk/about-the-north-east-london/how-we-spend-our-money/monthly-expenditure-over-30000/ b) The ICB has not yet used the new national Health Systems Support Framework that has been introduced but does use similar national frameworks such as NHS SBS Frameworks and Crown Commercial Service Frameworks. A summary of questions submitted and answered by the board will be uploaded here https://northeastlondon.icb.nhs.uk/about-the-north-east-london/our-board/questions-from-members-of-the-public/

11.0	**Any other business and close**
	There were no further items for discussion.
	Date of next meeting – 30 November 2022

Matters Arising

Matters Arising – item 2.0 on action log from last meeting

Introduction:

At the September meeting of the NHS North East London Board, the resident story focused on the issues experienced by a carer in navigating the local health and care system. Their experience showed inflexible services, a lack of ownership by organisations and poor support for themselves, their partner and their child. The specific issues for the carer are being followed up through continued engagement and advocacy through the place-based team. In addition, the carer is actively involved in developing the borough carers' strategy and plan. A carers' support service is being procured through the local authority, informed by carer experience. A member of staff from the ICB will be sitting on the evaluation panel.

System next steps:

Following this, the next steps are as follows:

- Local authorities already have in place, or are refreshing, Carers' Strategies informed by the experience of local carers. It is the intention that the additional and specific ICB duties with regard to carers will be delivered through Joint Carers' Strategies in each Place, promoting integrated approaches and a more holistic view of carers' needs and the carers' offer
- The specific duties include involvement of carers in hospital discharge processes and the involvement of carers in engagement and participation work as well as wider objectives to deliver the carers' commitments set out in the Long Term Plan
- The system 'Working with People and Communities Strategy' adopted in July 2022, sets out an explicit commitment for co-production and participation of carers, one of the ICB duties encapsulated in the Health and Care Act 2022. The detailed action plan being developed will ensure this continues to be addressed as a system priority
- Areas for development include increased identification of carers in primary and secondary care settings, awareness of carers' role and needs across the health and care landscape, co-ordinated support offers for carers and joined up carer data across the system
- There is already work in our Winter Communications engagement work to target carers for flu and Covid vaccinations and wider stay well messages
- Charlotte Pomery, Chief Participation and Place Officer is the dedicated ICB Senior Responsible Officer for carers and is linking through the NEL DASS Group and through each Place based Partnership to enable the development of an integrated Carers' Strategy in each Place
- Charlotte is also working with the lead in NHS London and leads across ICBs in London to build on and share best practice and developing links with carers' leads in our Trusts
- The ICB will build on the recent staff 'Hackathon' session where colleagues explored the issues and potential solutions to carers' concerns. A particular area of focus was the ICB's offer to carers within its workforce and as a priority we will explore, with colleagues from across the organisation, the best and most flexible models of support for employees with caring responsibilities

- The aim is to develop a north east London position statement which will link to the detailed and joint Carers' Strategies in each Place, which themselves will reflect the wider health and care landscape over time

A further progress report will come to the Board in March 2023

NHS
North East London
Integrated Care Board

ICB board – action log

OPEN ACTIONS					
Agenda item	**Meeting date**	**Action required**	**Lead**	**Required by**	**Status**
2.0 Resident story	**28 Sept 2022**	A summary outlining the action that will be taken by the board will be sent to the carer. A follow-up will be made so that the carer is involved in the on-going dialogue. An update on the progress made as a result of the carer's experience having been shared to be given at the next meeting.	CP CP CP	Oct 2022 Oct 2022 Nov 2022	Covered under 1.3 – matters arising.
4.1 System quality, safety and improvement report	**28 Sept 2022**	The board delegated the on-going development to the Quality, Safety and Improvement Committee and asked for an update at a future meeting.	IA/DJ	Nov	Verbal update on progress given as part of the Quality, Safety and Improvement Committee's exception report - agenda item 7.2.
5.0 Development of the Integrated Care Strategy	**28 Sept 2022**	Workforce to be included as one of the building blocks in the Integrated Care Strategy.	HR	Oct 2022	Complete.
7.0 Finance and performance overview	**28 Sept 2022**	Discussions about considering 'non' constitutional performance together with quality to take place outside of the board meeting.	HB/ DJ	Nov 2022	Discussions about quality and performance reporting have begun and the development of local metrics are ongoing.

OPEN ACTIONS					
Agenda item	**Meeting date**	**Action required**	**Lead**	**Required by**	**Status**
		Information on how cost improvement plans link into our priorities for productivity as a system to be included in the next report. Future performance reports to include deep dives to demonstrate the level of action being taken as a system to address any challenges in regard to the constitutional standards; active dashboards; run charts. Information on population growth and the cost per resident to be included in the next report.	HB HB	Nov 2022	Will be incorporated into the finance and performance reporting going forward. The month 7 report contains more detail on productivity and performance deep dives. Will form part of the place-based reporting. Specific cost per resident analysis will take place as part of the annual budgeting process for determining resource allocation.
8.1 Governance update and outcomes of July board development	**28 Sept 2022**	A report explaining what ICB board members responsibilities are in regard to the health and social care workforce to be presented at the next meeting. An update on the final principles to be given at the next meeting.	DH/ FO CP	Nov 2022 Nov 2022	ICB board members have a responsibility to agree a workforce strategy and the progress/next steps on this are outlined in item 5.2 on the agenda. Included as part of the governance handbook under agenda item 7.5
8.2 Risk management update	**28 Sept 2022**	The feedback given to be taken forward and a board assurance framework (BAF) to be presented to the board at the November meeting.	CP	Nov 2022	Agenda item 4.0.
9.0 Board forward plan	**28 Sept 2022**	Forward plan to be discussed at the October board development session and presented to the board at the November meeting and published on the website.	CP	October/ November 2022	Agenda item 8.0.

CLOSED ACTIONS					
Agenda item	**Meeting date**	**Action required**	**Lead**	**Required by**	**Status**
2.0 Resident story	**1 July 2022**	An update on progress made regarding the daily challenges faced by people who are profoundly deaf or hearing impaired when accessing health, care and wider services in north east London to be given at the next board meeting.	CP	Sept 2022	**Complete** - Covered under 1.3 – matters arising.
3.2 Chief executive's report	**1 July 2022**	Due diligence report on CCG closedown to be presented to the ICB's Audit and Risk Committee and progress advised to the ICB board.	SE	Sept 2022	**Complete** - Audit and Risk Committee chair to give verbal update.
4.2 Working with people and communities' strategy	**1 July 2022**	Update on the strategy to be presented to the ICB board at its meeting in January 2023.	CP	Jan 2023	**Complete** – added to forward plan.
5.1 Governance and finance arrangements for ICB establishment	**1 July 2022**	Updated version of the governance handbook to be presented to the board in November 2022 ahead of a more fundamental review for January 2023 (in time for April 2023).	CP	Nov 2022 / Jan 2023	**Complete** – added to forward plan.
		Further work in regard to the Quality, Safety and Improvement Committee's terms of reference and the Scheme of Reservation and Delegation to be undertaken at the board development session on 20 July.	DJ/IR/ HB	July 2022	**Complete** - and covered within the governance paper/will be incorporated in the updated Governance Handbook which will be provided in November 2022.

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Chair's Report
Author	Marie Gabriel
Presented by	Marie Gabriel - Chair
Contact for further information	Marie Gabriel, Chair Marie.gabriel1@nhs.net
Executive summary	• Key issues: This paper sets out the view of Partner non-executives on our system workforce and financial strategy. It also reports on the progress of the Integrated Care Partnership, (ICP) and provides information on key national and local priorities to shape our thinking and forward agenda.
Action required	• Recommendations: To note the report
Previous reporting	None
Next steps/ onward reporting	Non-Executive views taken into account by this Board meeting
Conflicts of interest	None
Strategic fit	• To improve outcomes in population health (through local employment) • To tackle inequalities in outcomes, experience and access (through good employment) • To enhance productivity and value for money (through ICS financial strategy) • To support broader social and economic development (through local employment.)
Impact on local people, health inequalities and sustainability	The focus on workforce seeks to improve meaningful employment for the diversity of our local residents and our staff, many of whom are local residents, which is evidenced to address inequalities. Financial strategy will improve our sustainability. Equalities impact assessments will be required for both workforce and financial strategies.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report and instead it seeks to inform our financial strategy.
Risks	The content of the report will inform financial and workforce mitigations.

1.0 Introduction

1.1 I am pleased to welcome Manisha Modhvadia and Johanna Moss to their first formal Integrated Care Board (ICB) meeting. Manisha is our Healthwatch representative and her nomination by her colleagues means that all our Board partner membership is now complete. Johanna is our Director of Strategy and Transformation and her arrival means that all of our ICB Senior Executive Team is in place. Our last Board position is for an Audit Chair, with the final interview being held on 21st November 2022.

1.2 This report informs the Board of the key points arising from NEL Integrated Care System, (ICS) Non-Executive meetings, to ensure their views are taken into account in Board decision making. It also informs the Board of the Chair and Non-Executive most significant activities, which will particularly inform the strategic direction of the Board. Importantly, it reports on the work of the Integrated Care Partnership, (ICP), and of its Steering Group.

1.3 The report specifically has a focus on workforce, arising from a visit to North East London by the Chair of NHS England, the development of Framework 15 by Health Education England and the NEL ICS Non-Executive Member and Trust Chairs Group discussion.

2.0 Chair's and NEM's Activities

2.1 I begin by outlining the work of the ICP, which, (although it has been meeting since November last year to agree our Integrated Care System (ICS) purpose, priorities and design principles), held its first formal meeting since its statutory establishment, on 23rd November. At the time of writing this report this ICP meeting has not yet happened but it will consider the ongoing development of our strategy for the ICP including emerging themes following a series of workshops. It will also discuss our four system priorities and how we should work differently with residents on these. I will provide an update on the outcomes of the meeting which will be an opportunity for a wide range of voices to steer and shape our emerging strategy and direction. I would like to acknowledge colleagues on the ICP Steering Group, who had worked through the Terms of Reference and also the agenda ahead of the 23 November. The Steering Group have also informed my objectives as Independent Chair, which are currently being redrafted before sharing with Board members.

2.2 I would like to thank the team at Woodgrange Practice and the BHRUT, Primary Care and NELFT staff who attended Barking Community Hospital for their openness in sharing their experiences with Richard Meddings, NHS England Chair, who visited us on 25th October. Richard had asked specifically to visit an outstanding primary care practice, delivering services to a community experiencing social and economic challenges and to specifically have conversations with frontline staff. A range of topics were discussed and Richard is to return, but just 3 specific areas debated included:

- The importance of better integration of services, focused on the specific need to improve the communication between primary care and secondary care clinicians, with residents at the centre, rather than a focus on unnecessary processes and professional boundaries. Richard and I were clear that this was the purpose of Integrated Care Systems and the Board may wish to consider how we can harness this enthusiasm and enable/prioritise improved working and communication between primary and secondary clinicians and professionals.
- The impact of low staff morale caused by negative media and national commentators, whilst staff steadfastly strive to tackle high demand without the full

capacity to do so. The ask of NHSE was for them to provide an evidenced and supportive narrative in response and to be realistic in its expectations. Richard was able to provide examples of how this response was developing nationally but the Board may wish to consider what more we can do as a whole system to advocate for our staff and engage the front line in capacity solution discussions.

- Both Richard and staff were interested in the removal of unnecessary layers of bureaucracy, including performance and information asks from NHSE but also protocols that prevented us from delivering solutions. Staff were able to offer suggestions from reducing QOF to re-examining safety protocols that prevented vaccines to move from one floor to another. It would be useful for us to consider how we can engage staff in reducing the bureaucratic burden we place on them and ourselves as an ICS.

2.3 Health Education England (HEE) presented its draft Framework 15 at the London People Board, which I co-chair. The aim of the Framework is to ensure that there is a reference point for the national health and care system so that it understands how HEE will approach workforce planning and will provide a structure for decision making for both annual and longer-term workforce plans. It begins with an exploration of the current shape of the health and care workforce, recognising that whilst the workforce has grown significantly it does not feel like that because demand has risen faster than supply. It also recognises that the workforce is focused on responding to care needs rather than prevention, despite the intent to shift care to community settings, (just as in 2001, currently 80% of nursing and midwifery staff are based in the acute sector) and that most care is provided by our residents, with approximately £9m unpaid carers. It next considers both the future shape of care, which should be more equitable, more focused on health creation, more personal and more joined up, and the future shape of work that enables us to retain staff, which should provide more time to care, to learn, to be part of a multidisciplinary team and to live. The Framework recognises that the changes to care and work will also change the shape of education, to a model of lifelong learning, that allows for flexible, adaptive and multidisciplinary team learning within a global labour market. The Framework is critical for the ICB as we agree our own health and care workforce plan for North East London. This is particularly true as the Framework contains a commitment to progress being driven by local partnership plans and to being part of the national integrated planning processes, so clarity is needed on what we need in terms of workforce.

2.4 The Framework concludes with a suggestion of what action we could take now, which in summary is to:

- Keep the people we have, with a relentless focus on retention and an improved work offer
- Develop our people further, so that we can fully utilise and invest in the skills and talents of our current workforce
- Significantly grow the pluripotential and generalist workforce so that can be deployed across all sectors and settings
- Create new flexible routes into local caring careers, offering good work to our population, improving diversity and seizing the opportunity of a time limited bulge in 18-year-olds
- Developing shared solutions to shared problems across our health and care system.

2.5 The NEL Trust Chairs and ICB Non-Executive members received a presentation on the ICS approach to workforce from the ICB Chief People Officer, Francesca Okosi, which

considered our ICS workforce responsibilities and our progress in meeting them. The meeting identified the following:

- The need to take a co-production approach when working with partners to find new solutions
- A consideration of how to build on volunteering as a pathway into employment
- Recognition that career decisions begin at school and a consideration of how young people could be become interested in health
- The need to find out why people prefer to work as locums/bank workers and see if we can address these reasons through our employment offer
- The early identification of what we do at NEL level, at place and within providers so that it adds value and not bureaucracy
- Our focus for HEE funding will be on integrated planning, clinical leadership, and solutions to address workforce supply challenges
- Our ICS focus should be on creating an inclusive workforce with meaningful employment for the communities we serve. Meaningful employment also means a focus on career progression, retention and maximising learning opportunities
- Noted the challenges in inner and outer London weighting and the need to provide the London Living wage to all staff, including sub-contractors
- There is a need to have a consistent approach to Bank and Agency rates across the system, and to have this approach effectively co-ordinated
- We should build on existing collaboration, including around education.

2.6 The Chairs meeting also considered a presentation by our Chief Finance and Performance Officer, Henry Black, on our ICB Financial Strategy. The key discussion points focused on allocation decisions, and included:

- Recognition of the fine balance challenge of addressing funding inequities whilst not disincentivising service transformation. An incentive to Provider Collaboratives and Places could be the ability to reinvest productivity and service improvement savings into services when they occur
- Clear and agreed system objectives are needed. Mental Health, community health and primary care are part of the system solution to urgent care and elective backlog but also need investment
- The NHSE commitment to payment by results for another year could be a challenge to trying different approaches to system balance
- There is a need to build trust, transparency, an evidence based and benchmarked approach and confidence in the way we work as a system, particularly as each organisation is financially in a different place, with differing resources and there are financial pre-commitments on the system
- We need a clinically driven priority process for investment
- In terms of recovery, we must avoid pushing costs on to local authorities
- The responsibility to balance the NEL budget is the responsibility of all partners.

3.0 Recommendation

3.1 The Board is asked to note this report.

Marie Gabriel – Chair
1/11/2022

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Chief Executive Officer's Report
Author	Zina Etheridge, Chief Executive Officer
Presented by	Zina Etheridge, Chief Executive Officer
Contact for further information	Laura Anstey l.anstey@nhs.net
Executive summary	The following report provides an update on our continued development of NHS North East London.
Action required	Note
Previous reporting	N/A
Next steps/ onward reporting	N/A
Conflicts of interest	N/A
Strategic fit	The report relates to the chief executive's intentions for the ICB and ICS and aligns to our strategic purpose, priorities and objectives. • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The ICB will enable us to have greater impact as we are enabled to work in a more integrated way across health and care organisations in north east London.
Impact on finance, performance and quality	N/A
Risks	N/A

1.0 Introduction

1.1 It has been another busy period following the last board meeting with a focus on continuing to work closely with partners and further embed the Integrated Care Board's role, particularly its role as a convenor and bringing together partners across the system through workshops and key discussions. You will note the board paper on developing the Integrated Care Partnership Strategy and the work underway over September, October and November to further refine our four ICS priorities. In addition, we have held a system wide workshop on cost of living and I have brought the system together to develop a plan for managing our system financial recovery and there has also been a continued focus on preparing for winter. The following report provides an overview of my recent activity and focus.

1.2 This paper is for information.

2.0 Financial Recovery Summit

2.1 This month I chaired a system wide discussion about the financial position of the north east London system. A range of partners from the NHS and local authorities including clinicians, finance and workforce leads and others came together to look at how we can best work as a system to reduce the system deficit, support the workforce and manage elective recovery – ensuring patients receive the care and support they need.

At the session, attendees heard from a team at Whipps Cross Hospital about how they have taken a quality improvement methodology to improving theatre productivity and ensuring patients are treated more efficiently. BHRUT shared the work they have been doing on managing agency staff and local government also shared their current position.

Partners discussed how they could best address the challenges faced by the system and agreed a set of next steps for bringing teams together to develop a formal financial recovery plan for north east London, with a focus on better management of temporary staffing, improvements to workforce productivity and a key objective of long term financial sustainability. Further detail is provided in the finance and performance overview paper.

3.0 Preparing for winter

3.1 Further to my update at the last board meeting, work is ongoing to refine our winter plan framed around the core objectives for North East London:

- Helping people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
- Ensuring that we are planning for and delivering the capacity we need for those who do need it;
- Ensuring that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
- When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.
- Maintaining elective activity throughout the winter period ensuring patients are supported to improve their overall health.

We have established a regular system pressures meeting which includes attendees from trusts, local authorities, London Ambulance Service (LAS), as well as clinicians. This meeting will be the core system meeting to manage and respond to key

pressures over the winter months. The winter plan will continue to be iterated as winter progresses and individuals have been identified to lead on each area of the plan. In addition there is a piece of work on risk being led by clinicians. This is focused on ensuring there is a better understanding of risk across the whole system.

4.0 System visits

4.1 **Haven Children's hospice** – In October I met with Siân Wicks, Chief Executive and her team and heard about the work they do to support children with life limiting conditions and their families and other terminally ill children focussed on getting the most out of life, however long. We had a helpful discussion about the integration of services for children, and it was an important reminder of the need to make sure babies, children and young people are a central part of our system.

4.2 **St Bartholomew's Hospital** - During my recent visit, I saw first-hand the fantastic services that they provide to residents of north east London. It was particularly interesting to see how technology is enabling productivity improvements too – and in particular to hear about how machine learning and artificial intelligence are increasing the speed at which scans and other medical images can be interpreted. Thank you to Charles Knight, CEO and the team for a very interesting visit.

4.3 **Physician's Response Unit** (PRU) – I spent some time out on visits with the PRU, which is the mobile service operated by Barts health from the Royal London. It seeks to provide emergency medicine in the community by going to those residents who can either be treated at home by an emergency medicine doctor or who can be assessed at home and them supported by community-based services. It was a really good insight into what happens when we don't manage to put our residents into community based services before they get to an acute need, as well as how much of a difference those services make in terms of improving outcomes when we do.

5.0 King's Fund Annual Conference. Marie Gabriel and I spoke at the Kings Fund annual conference in November about the challenges and opportunities of leading in a complex system. During the discussion I reflected on system leadership and what it involves with a focus on how the system looks different depending on where you sit within it and how relationships are key to making things work. This is why the ICB is important as it is the glue that holds the system together and helps everyone collectively navigate it.

6.0 Good news stories

6.1 **HSJ top 50** - Congratulations to our chair Marie Gabriel on again being listed in the Health Service Journal's (HSJ) annual list of the 50 most influential Black, Asian and minority ethnic leaders alongside Tanya Carter, chief people officer at NHS East London Foundation Trust. Marie and Tanya have been recognised by the HSJ for their contributions to the NHS.

6.2 **Diabetes award wins** – I am pleased to report that the North East London Type 1 Diabetes Transformation (NATALIE), and the work around Diabetic Ketoacidosis won in two separate categories at the 2022 Quality in Care (QiC) Awards.

The NATALIE project is a collaboration by NHS North East London, Transformation Project (STP)/Barts Health NHS Trust/Homerton University Hospital/Clinical Effectiveness Group. The aim of the project was to reduce the significant variation in access for people with type 1 diabetes, and increase patient experiences. A region

wide audit of where people with type 1 diabetes accessed care was undertaken, leading to the development a primary care toolkit, a high-risk register, and the use of an app.

Diabetic Ketoacidosis is a serious acute complication of diabetes and fatal if not treated. There is an established link between mental health struggles and recurrent Diabetic Ketoacidosis and recent studies have indicated that mental health treatment can reduce recurrence. This intervention screened for people having current admissions and offered mental health follow-up for those at risk for readmissions.

Congratulations and well done to the team involved on this really impressive win.

6.3 **Safeguarding** - I would also like to congratulate Eve McGrath from the NHS North East London team on winning an NHS Safeguarding award. The award was in recognition of her dedication to ensuring the strategic priorities of the adult safeguarding agenda were maintained in Barking and Dagenham, Havering and Redbridge at a time when those areas were experiencing challenges with resources.

Zina Etheridge
November 2022

North East London
Integrated Care Board

NHS North East London ICB Board

30 November 2022

Title of report	Board Assurance Framework
Author	Anne-Marie Keliris, Head of Governance
Presented by	Charlotte Pomery, Chief Participation and Place Officer
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Executive summary	The paper outlines progress to date and presents the initial draft Board Assurance Framework (BAF) which captures the highest risks to meeting the integrated care system (ICS) aims, our purpose and four priorities. The BAF has been developed following a series of discussions through this Board's last meeting and October development session, along with executive, committee and wider partnership sessions. Given this is the initial year of the ICB and ICS, where we are testing and developing our system, the risk management process and BAF will be further refined. The current key risks on the BAF relate to: • Ownership of ICP integrated care strategy • Air quality • Health inequalities • Collaborative working across partners • Delivery against control total and operating plan • Resourcing of ICB and ICS structures • Population growth Risks on quality and workforce are included at high level and will be further discussed and developed for the next version of the BAF.
Action required	To consider and note the proposed Board Assurance Framework.
Previous reporting	ICB executive management team
Next steps/ onward reporting	• Audit and Risk Committee for assurance. • ICB and system executive to review the corporate risk register in December 2022. • Board to receive updated BAF in January 2023
Conflicts of interest	N/A

Strategic fit	Implementing the risk strategy and policy for the ICB will support achievement of the ICB's corporate objectives through managing risks to delivery. It relates to all ICS aims: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The paper sets out key risks within the ICB and system in order to achieve our aims for our population.
Impact on finance, performance and quality	Relates to achievement of our corporate objectives on these matters.
Risks	This report relates specifically to risk. The key risk in relation to this process is ensuring that we retain high levels of delegation but ensure a joined-up approach to ensure proper management and oversight of risk both locally and NEL wide.

1.0 Background

1.1 The purpose of the Board Assurance Framework (BAF) is to set out the key risks to the Integrated Care Board (ICB) in achieving its objectives and priorities. As both a statutory NHS organisation and the integrated care system (ICS) convener, the ICB's risk register includes those risks affecting delivery of the wider ICS aims, purpose and objectives. It sets out the controls and actions in place to manage those risks.

1.2 The ICB has a responsibility to maintain sound risk management processes and ensure that internal control systems are appropriate and effective and where necessary to take remedial action. It is a key part of good governance. The risk review uses the standard NHS methodology that considers the likelihood of the risk alongside its severity. The risk score takes account of the mitigating action proposed. This then gives a risk score and categorisation of:

1-3 Low Risk Low Priority	**4-6 Medium Risk Moderate Priority**	**8-12 High Risk High Priority**	**15-25 Very High Risk Very High Priority**

1.3 The BAF is constructed around the aims of the ICS:

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To support broader social and economic development

As the ICB and system develops over the year, a full set of strategic objectives will be established and in place for April 2023. The BAF will be updated monthly to reflect the progress being made, as well as identifying any new risks.

2.0 Risk appetite

2.1 The ICB Board sets the ICB's risk appetite. The chart below shows the appetite grading for risks based on their potential impact

Appetite description	Appetite level
Averse: Avoidance of risk is a key objective • Our tolerance for uncertainty is very low • We will always select the lowest risk option • We would not seek to trade off against achievement of other objectives	1
Cautious: We have limited tolerance of risk with a focus on safe delivery • Our tolerance for uncertainty is limited • We will accept limited risk if it is heavily outweighed by benefits • We would prefer to avoid trade off against achievement of other objectives	2
Open: We are willing to take reasonable risks, balanced against reward potential • We are tolerant of some uncertainty • We may choose some risk, but will manage the impact • In the right circumstances, we will trade off against achievement of other objectives	3
Bold: We will take justified risks. • We expect uncertainty	4

Appetite description	Appetite level
• We will choose the option with highest return and accept the possibility of failure • We are willing to trade off against achievement of other objectives	

3.0 Process for escalation

3.1 Risks managed through the committees of the ICB that are rated 15 or above should be considered for escalation to the Board. The escalated risk will still be maintained in the committee's/chief officer portfolio register. In addition, risks raised through the Board and the Integrated Care Partnership will be considered for inclusion.

4.0 Progress to date

4.1 The Board previously discussed and agreed its risks as a system to include the following, which have been shared with executives who have developed their risk registers and content for the attached BAF:

- Financial
  - Insufficient funding to achieve our core outcomes
  - Lack of parity in capital and revenue funding
  - Funding tied in to specific initiatives in the long-term

- Reputational
  - Lack of trust and confidence including from our local residents – impacting on prevention e.g. take up of immunisations
  - Clarity over our role in relation to our local population and as part of regional and national system response
  - Reputation, as stated above impacts on a range of factors including access, to the extent that the core delivery of our plans is affected

- Economic and political
  - Significant shift in direction of national policy and legislation
  - Risk of being a conduit for nationally determined issues and lose ability to maintain focus on our priorities and way of working so that national priorities overcome
  - Inflation, energy increases
  - Environmental sustainability
  - Variation across north east London due to health and wider inequalities
  - Lack of local employment mechanisms with missed opportunities for improvement in health and wellbeing outcomes

- Clinical and quality – (beyond operational risks and pressures)
  - Lack of a shared approach to culture and risk
  - Lack of a shared learning and transparent culture

- Operational risks – that are so significant has to have widespread impact including provider/partner failure and workforce
  - Not being able to recruit with no pipeline for critical roles
  - Lack of wage competitiveness in the labour market
  - Staff wellbeing and morale

- Pressures within one part of the system – that have significant knock-on impacts to other parts of the system if not mitigated, wherever and however generated.

4.2 The Audit and Risk Committee continues to receive updates on the development of the risk management process, there has been a positive internal audit review of risk arrangements reported to the September Audit and Risk Committee.

4.3 During November, the executive management team reviewed the new chief officer portfolio risk registers which have been used to develop the attached BAF.

5.0 Risks for escalation

5.1 The current risks, along with initial scores, escalated to the Board Assurance Framework are as follows, with the detail included in the appendix.

- The Integrated Care Partnership (ICP) Strategy guides the work of the ICS and the ICB. If the ICP Strategy is not co-produced with stakeholders, including residents, and owned by all partners including the NHS, local government, the wider public services and the voluntary, community and social enterprise sector, there is a risk of a lack of buy-in to the plans resulting in the ICB being unable to fulfil its priorities, to deliver system working or to manage its reputation with key regional and national partners (16)

- Air quality in NEL is poor and we have the highest rates of deaths in the UK related to air pollution. If a strategic partnership action is not taken to improve air quality the residents will continue to experience illness and death as a result and in turn put pressure on the NHS. (16)

- Health inequalities have been exposed and exacerbated as a result of the pandemic. The cost of living crisis threatens to further widen inequalities. There is a risk of increasing health inequalities in the absence of focused and systematic action across the ICS. (16)

- The overall pressures on the system of increasingly complex demand, stretched funding and workforce capacity pose the risk that there is inadequate attention paid to the quality of experience and outcomes for residents and patients across health and care and a risk of increased inequalities, poorer outcomes and service failures. (score to be confirmed)

- The system is not able to deliver against operating plan and meet its statutory duties to achieve financial breakeven for 2022/23, leading to increased scrutiny from NHS England, requirement to go into recovery and services to patients reduced. (20)

- There is a risk that the lack of a coherent, whole system workforce strategy, workforce planning and capacity means the system is able neither to deliver the ICP Strategy, the Joint Forward Plan and the Operating Plan nor to meet its statutory duties, leading to increased scrutiny from NHS England, requirement to go into recovery and services to patients reduced. (score to be confirmed)

- If the ICB does not effectively or sufficiently resource its own and wider ICS structures (including place partnerships and provider collaboratives) to deliver the ICP Strategy, the Joint Forward Plan and the Operating Plan, there is a risk that the ICS as a whole will not be effective in delivering the levels of performance and transformation needed to meet residents' health and wellbeing needs (16)

- If ICS partners do not work together in a collaborative way and with our residents, communities and stakeholders to address the wider determinants of health, to optimise their role as anchor organisations and to facilitate system working this may result in a failure to deliver on the ICS aims, purpose and priorities (16)

- There is a risk that partners fail to work collaboratively and innovatively to address the significant growth in population across north east London over the coming years, with poorer health and wellbeing outcomes and impacts on social and economic development for our whole population. (16)

6.0 Next steps

6.1 The Head of Governance will continue to review the corporate risk register and meet with risk champions to review risks and current mitigations. The ICB and ICS executive teams will continue to discuss the organisation and system wide risks to ensure further development and refinement of the BAF.

DRAFT Board Assurance Framework November 2022 – Dashboard

North East London Integrated Care Board

Please note that this is the first draft board assurance framework (BAF) has been developed following a number of board, partnership and department discussions. Further detail is attached for the majority of risks in the table below, with further discussion to take place particularly in relation to risks relating to quality, workforce and population growth.

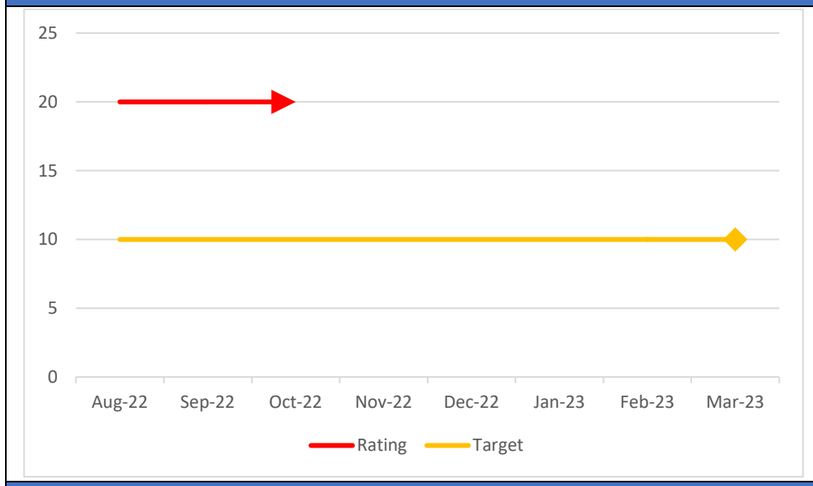
ICS Aim	Order in BAF	Risk Description	Risk Owner	Responsible Committee	Risk Score	
					Oct/Nov	Target
To improve outcomes in population health and healthcare	**2**	The Integrated Care Partnership (ICP) Strategy guides the work of the ICS and the ICB. If the ICP Strategy is not co-produced with stakeholders, including residents, and owned by all partners including the NHS, local government, the wider public services and the voluntary, community and social enterprise sector, there is a risk of a lack of buy-in to the plans resulting in the ICB being unable to fulfil its priorities, to deliver system working or to manage its reputation with key regional and national partners	Johanna Moss	ICP Committee	**16** **NEW RISK TO BAF**	**8**
	3	Air quality in NEL is poor and we have the highest rates of deaths in the UK related to air pollution. If a strategic partnership action is not taken to improve air quality the residents will continue to experience illness and death as a result and in turn put pressure on the NHS.	Paul Gilluley	Population Health and Integration Committee	**16** **NEW RISK TO BAF**	**6**
To tackle inequalities in outcomes, experience and access	**4**	Health inequalities have been exposed and exacerbated as a result of the pandemic. The cost of living crisis threatens to further widen inequalities. There is a risk of increasing health inequalities in the absence of focused and systematic action across the ICS.	Johanna Moss Clinical lead – Paul Gilluley	Population Health and Integration Committee	**16** **NEW RISK TO BAF**	**9**
	Framework to be developed	The overall pressures on the system of increasingly complex demand, stretched funding and workforce capacity pose the risk that there is inadequate attention paid to the quality of experience and outcomes for residents and patients across health and care and a risk of increased inequalities, poorer outcomes and service failures.	Diane Jones	Quality, Safety and Improvement Committee	**To be confirmed**	**To be confirmed**
To enhance productivity and value for money	**1**	The system is not able to deliver against operating plan and meet its statutory duties to achieve financial breakeven for 2022/23, leading to increased scrutiny from NHS England, requirement to go into recovery and services to patients reduced.	Henry Black	Finance, Performance and Investment Committee	**20** **NEW RISK TO BAF**	**10**
	Framework to be developed	There is a risk that the lack of a coherent, whole system workforce strategy, workforce planning and capacity means the system is able neither to deliver the ICP Strategy, the Joint Forward Plan and the Operating Plan nor to meet its statutory duties, leading to increased scrutiny from NHS England, requirement to go into recovery and services to patients reduced.	Francesca Okosi	Workforce and Remuneration Committee	**To be confirmed**	**To be confirmed**

ICS Aim	Order in BAF	Risk Description	Risk Owner	Responsible Committee	Risk Score	
					Oct/Nov	Target
	5	If the ICB does not effectively or sufficiently resource its own and wider ICS structures (including place partnerships and provider collaboratives) to deliver the ICP Strategy, the Joint Forward Plan and the Operating Plan, there is a risk that the ICS as a whole will not be effective in delivering the levels of performance and transformation needed to meet residents' health and wellbeing needs	Henry Black	Finance, Performance and Investment Committee	**16** **NEW RISK TO BAF**	**4**
To support broader social and economic development	**6**	If ICS partners do not work together in a collaborative way and with our residents, communities and stakeholders to address the wider determinants of health, to optimise their role as anchor organisations and to facilitate system working this may result in a failure to deliver on the ICS aims, purpose and priorities	Charlotte Pomery	Population Health and Integration Committee	**16** **NEW RISK TO BAF**	**To be confirmed**
	7	There is a risk that partners fail to work collaboratively and innovatively to address the significant growth in population across north east London over the coming years, with poorer health and wellbeing outcomes and impacts on social and economic development for our whole population.	Charlotte Pomery	Population Health and Integration Committee	**16** **NEW RISK TO BAF**	**To be confirmed**

*detailed sheets with risk rationale, mitigations, controls and assurances are in development and will be discussed through respective committees and presented within the next BAF report to the Board in January.

Board Assurance Framework – November 2022

ICS Aim	To enhance productivity and value for money							Risk applies to ICB	Risk applies to ICS	Risk reference	CFPO01
								✓	✓		
ICS priority	Children and young people		Mental health		Employment and workforce		Long term conditions			Risk owner	Henry Black
	✓		✓		✓		✓			Responsible committee	Finance, Performance and Investment Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest			Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓				
Risk description	**The system is not able to deliver against operating plan and meet its statutory duties to achieve financial breakeven for 2022/23, leading to increased scrutiny from NHS England, requirement to go into recovery and services to patients reduced**										

Score history and targets	Initial rating (LxS)	Initial date	Rationale
	**20**	August 2022	The system has a control total (CT) agreed with NHSE that is required to be delivered. There is considerable risk at present to achievement of the CT due to lack of long-term transformation and delivery of cost improvement programmes (CIPs), elective recovery backlog, winter pressures and workforce shortages. The risk goes beyond a financial risk and impacts on all areas of the system.
	Target rating (LxS)	**Target date**	**Rationale**
	10	March 2023	Mitigations in place should aid the reduction in the risk score and allow the system to deliver its statutory financial duty. However, the prerequisite to this is the reduction in spend across the system.
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	20	October 2022	The system has a control total (CT) agreed with NHSE that is required to be delivered. There is considerable risk at present to achievement of the CT due to lack of long-term transformation and delivery of cost improvement programmes (CIPs), elective recovery backlog, winter pressures and workforce shortages. The risk goes beyond a financial risk and impacts on all areas of the system.

Controls and assurances
Monthly system level reporting and ongoing review of specific financial risks and opportunities. Reports presented to the Executive Committee monthly and the Finance, Performance and Investment Committee bi-monthly.
Financial performance reported and reviewed by regional/national teams
Agreed Internal Audit and Counter Fraud Programmes with RSM which are reported to the bi-monthly Audit and Risk Committee
Annual External Audit with KPMG which is reported to the Audit and Risk Committee
Barking Havering and Redbridge University Hospitals Trust (BHRUT) have enhanced support from NHS England relating to system oversight framework (SOF) 4 position. Assurances are reported at meetings with regional and national teams.
Internal ICB processes to deliver greater transparency on future spend; including business case process where assurance is provided by the Business Case Assurance Group.

Mitigations/ actions to address the risk	Target date
ICS Chief Finance Officers (CFO) meetings with all system partners have been established with outcomes agreed.	Completed
Providers have been given additional funding for elective care (Elective Recovery Fund – ERF)	31.03.23
System-wide discussions are taking place to discuss the drivers of the deficit, via the financial recovery summit and system finance groups	31.03.23
System wide formal recovery programme to be stood up with key groups to take forward different areas of recovery; including workforce productivity, corporate services and temporary staffing.	31.03.23
System partners have internal efficiency programmes in place to deliver savings for this financial year	31.03.23
Finance team continues to identify ICB savings to be enacted for this financial year to be able to deliver the breakeven position that is statutorily required	31.03.23
Within the ICB - development of CIP and recovery plans for continuing health care (CHC) and prescribing.	31.03.23

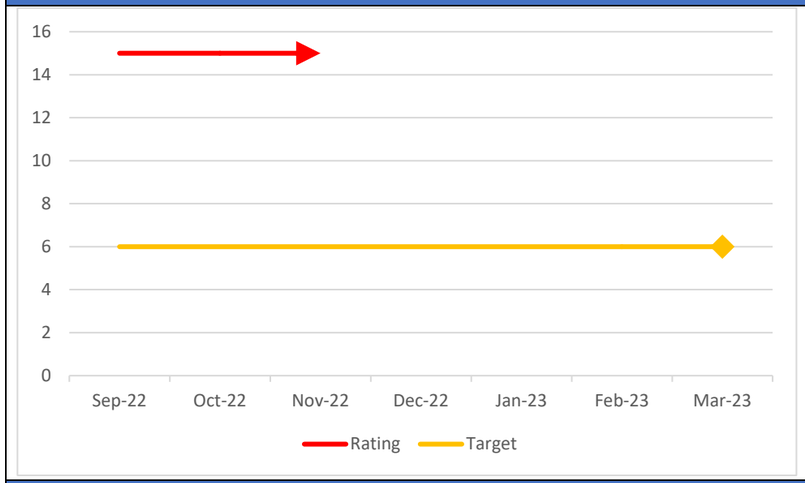
ICS Aim	To improve outcomes in population health and healthcare							Risk applies to ICB	Risk applies to ICS	Risk reference	CSTO02
								✓	✓		
ICS priority	Children and young people		Mental health		Employment and workforce		Long term conditions			Risk owner	Johanna Moss
	✓		✓		✓		✓			Responsible committee	ICP Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest			Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓				
Risk description	The Integrated Care Partnership (ICP) Strategy guides the work of the ICS and the ICB. If the ICP Strategy is not co-produced with stakeholders, including residents, and owned by all partners including the NHS, local government, the wider public services and the voluntary, community and social enterprise sector, there is a risk of a lack of buy-in to the plans resulting in the ICB being unable to fulfil its priorities, to deliver system working or to manage its reputation with key regional and national partners										

Score history and targets	Initial rating (LxS)	Initial date	Rationale
A trend graph is unavailable as this is a newly added risk	**16**	Nov 2022	At the point of this risk being identified the extent of engagement required to co-produce the strategy whereby it was jointly owned by all partners was challenging. The reputational and operational impact of not developing a coproduced strategy would be severe as it's one of the key purposes of the ICP to provide the strategic framework for the local health system.
	Target rating (LxS)	**Target date**	**Rationale**
	8	March 2023	Significant work has been planned to ensure there is full engagement with a wide variety of stakeholders and partners reducing the likelihood.
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	15/11/22	

Controls and assurances
Review of current data and information including JSNAs from all 7 PBP and NEL population profile
ICP strategy development - key focus on securing PBP and provider collaborative input including engaging executives from provider collaborative e.g. Trust Chairs and Snr executives
ICP strategy discussed at CAG to ensure clinical engagement and input
ICP strategy task and finish group established to ensure system wide engagement and involvement
The ICB Executive Management Team, ICP Committee, to receive regular updates

Mitigations/ actions to address the risk	Target date
Task and finish group established with broad range of involvement from ICP system to oversee development and drafting of the strategy	In Progress
ICP strategy to be socialised at staff meeting, and shared with senior leadership for cascading to partners	In Progress
ICP strategy discussed at borough level with 8 x Health & Well Being Boards and 7 Place Based Partnerships	In Progress
PPE engagement on the ICP strategy through working with Healthwatch and CVS in NEL	In Progress
Series of workshops that include wide range of partners from across the system - over 200 attendees for BCYP and over 100 participants for all the others	In progress

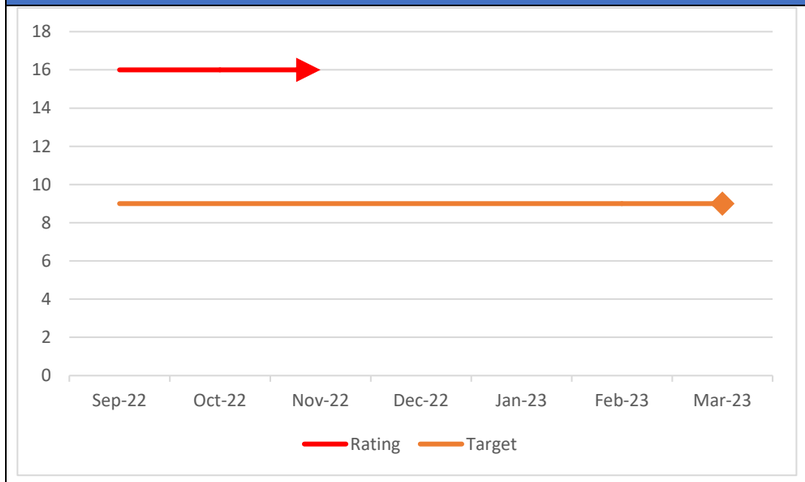
ICS Aim	To improve outcomes in population health and healthcare							Risk applies to ICB	Risk applies to ICS	Risk reference	CMO (no. tbc)
								✓	✓		
ICS priority	Children and young people		Mental health		Employment and workforce		Long term conditions			Risk owner	Paul Gilluley
	✓		✓		✓		✓			Responsible committee	Population Health and Integration Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest			Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓				
Risk description	**Air quality in NEL is poor and we have the highest rates of deaths in the UK related to air pollution. If a strategic partnership action is not taken to improve air quality the residents will continue to experience illness and death as a result and in turn put pressure on the NHS.**										

Score history and targets	Initial rating (LxS)	Initial date	Rationale
	**16**	September 2022	NEL currently has the highest rates of air pollution in the UK and the impact of air pollution on ill health is known and individuals suffer harm because of it. The additional pressure put on the NHS system due to ill health arising from air pollution has a severe operational and reputational risk.
	Target rating (LxS)	**Target date**	**Rationale**
	6	March 2024	An ambitious target to contribute towards the reduction in air pollution locally as a system hence reducing the likelihood and thereby reducing the harm it causes to individuals and the impact on NHS as a whole.
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	15/11/22	

Controls and assurances
ICS Net Zero SROs meet regularly as a system group
Reports presented to the Population health management and health inequalities steering group
Reports presented to the Population Health and Integration Committee

Mitigations/ actions to address the risk	Target date
Work with ICB partners to promote and support active staff travel approaches across NEL including walking, cycling and use of public transport	In Progress
Introduce low emission car rental scheme Dec 2023	December 2023
Implementation of Green plan focus on reducing carbon footprint and improving air quality by supporting staff across NEL Integrated Care System (ICS) to be making low-carbon decisions - every day. Clinical lead identified to champion air quality and drive strategic relationships with wider system to focus on addressing air quality and to highlight health cost of poor air quality on people's health outcomes	In Progress
Travel and transport working group established with involvement from across ICB system	In Progress
Introduced salary sacrifice staff bike scheme across ICB	In Progress

ICS Aim	To tackle inequalities in outcomes, experience and access							Risk applies to ICB	Risk applies to ICS	Risk reference	CSTO01
								✓	✓		
ICS priority	Children and young people		Mental health		Employment and workforce		Long term conditions			Risk owner	Johanna Moss
	✓		✓		✓		✓			Responsible committee	Population Health and Integration Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest			Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓				
Risk description	**Health inequalities have been exposed and exacerbated as a result of the pandemic. The cost of living crisis threatens to further widen inequalities. There is a risk of increasing health inequalities in the absence of focused and systematic action across the ICS.**										

Score history and targets	Initial rating (LxS)	Initial date	Rationale
	**16**	September 2022	This is an ongoing risk and has been consistently highlighted over the last 2 years highlighted by the COVID-19 pandemic. The widening health inequalities have also been exacerbated by the cost of living crisis.
	Target rating (LxS)	**Target date**	**Rationale**
	9	March 2023	Work underway to reduce the impact of health inequalities by working with system partners to address systemic issues that underpin health inequalities as well as making the health system more able to address health inequalities through use of data , training, setting of system wide priorities and outcomes, and provision of resources and tools to support teams to better respond to health inequalities.
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	15/11/22	In addition to local programmes of work, there is a much greater central focus on tackling health inequalities and we have made significant progress towards developing a plan to address health inequalities across a number of domains. It will, however, take more time to fully embed these approaches systematically across the ICS and for some longer-term work e.g. on wider determinants to make an impact. Further, external issues around the cost of living pressures and growing NEL population will increase the risk likelihood and severity, and this is a core concern and threat to the health of our whole population, but disproportionately those who are already experiencing health inequalities.

Controls and assurances
Reports presented to the population health and health inequalities steering group
Reports presented to the Population Health and Integration Committee

Mitigations/ actions to address the risk	Target date
Core role of place-based partnerships taking action on health inequalities and cost of living at local level close to and with communities.	In Progress
Key role for provider collaborative to ensure equity of access, promote prevention and MECC, role as anchor institutions etc	In Progress
Focus on equity in Covid-19, polio and wider vaccination programmes.	In Progress
Analysis of NHS waiting lists by ethnicity, deprivation and other key characteristics including LD, and taking action based on the results.	In Progress
Targeted NEL-wide action to implement a consistent step-down pathway for homeless people, and support for asylum seekers and refugees.	In Progress
Health inequalities £6.6m funding supporting projects across NEL to empower and support places to reduce health inequalities.	In Progress
Health Inequalities incorporated into the ICP strategy and golden thread throughout the strategy	In Progress

ICS Aim	To enhance productivity and value for money							Risk applies to ICB	Risk applies to ICS	Risk reference	CFPO (no. tbc)
								✓	✓		
ICS priority	Children and young people		Mental health					Employment and workforce	Long term conditions	Risk owner	Henry Black
	✓		✓					✓	✓	Responsible committee	Finance, Performance and Investment Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest			Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓				
Risk description	**If the ICB does not effectively or sufficiently resource its own and wider ICS structures (including place partnerships and provider collaboratives) to deliver the ICP Strategy, the Joint Forward Plan and the Operating Plan, there is a risk that the ICS as a whole will not be effective in delivering the levels of performance and transformation needed to meet residents' health and wellbeing needs**										

Score history and targets	Initial rating (LxS)	Initial date	Rationale
A trend graph is unavailable as this is a newly added risk	**16**	November 2022	This current rating is based on the fact that inherited NEL CCG (NEL-wide and sub-system) structures remain largely in place, which means that they do not fully reflect the current transformation priorities of the ICS and the role of place partnerships and provider collaboratives in delivering them.
	Target rating (LxS)	**Target date**	**Rationale**
	4	April 2023	The work under way as part of phase two of the ICB's restructure will aim to optimally align NHS NEL's total staff resource to the system's transformation priorities. Implementation is currently scheduled for March and April 2023, following a formal consultation exercise. This includes the transformation directorate, which will include a flexible pool of transformation delivery staff, and the PMO, which will lead on the portfolio management of transformation initiatives.
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	15/11/22	

Controls and assurances	
Reports presented to the ICB's Executive Management Team	
Reports presented to the ICP committee	
Mitigations/ actions to address the risk	**Target date**
Work is underway to develop and then mobilise the ICP strategy and Joint Forward Plan, with a clear and transparent prioritisation methodology for how transformation resource is allocated	In Progress
The development of the ICB PMO as part of the phase two restructure will embed portfolio management across the ICS in a way that enables visibility of, and improvement to, the impact of transformation programmes, as means of further guiding resource deployment	In Progress
Development of place partnerships and provider collaborative underway to further embed a collaborative pan-system approach to the resourcing of transformation initiatives	In Progress

ICS Aim	To support broader social and economic development			Risk applies to ICB	Risk applies to ICS	Risk reference	CPPO04
					✓		
ICS priority	Children and young people	Mental health	Employment and workforce	Long term conditions		Risk owner	Charlotte Pomery
	✓	✓	✓	✓		Responsible committee	Population Health and Integration Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest	Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓		
Risk description	**If ICS partners do not work together in a collaborative way and with our residents, communities and stakeholders to address the wider determinants of health, to optimise their role as anchor organisations and to facilitate system working this may result in a failure to deliver on the ICS aims, purpose and priorities**						

Score history and targets	Initial rating (LxS)	Initial date	Rationale
A trend graph is unavailable as this is a newly added risk	**16**	Nov 2022	The current rating reflects the positive partnership working in the lead up to ICB establishment and in developing the new partnership structures, governance and collectively agreed purpose, priorities and operating principles. However, the rating reflects that these arrangements are new and are yet to be fully tested, with a recognition that organisational priorities, demands and politics can sometimes mitigate against a fully collaborative approach.
	Target rating (LxS)	**Target date**	**Rationale**
	TBD	TBD	TBD
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	23/11/22	

Controls and assurances
The implementation of ICB and ICS governance structures which include various committees and sub-committees which are held on monthly or bi-monthly basis with ICS partners. Minutes of these meetings can be provided for assurance

Mitigations/ actions to address the risk	Target date
Development of the accountability framework.	TBD
Development of the system financial strategy.	TBD
Adoption and implementation of the refined Working with People and Communities Strategy	TBD
Development of the Place Partnerships	TBD
Development of the Provider Collaboratives	TBS
Consideration of wider Marmot and health inequality and population health management approaches in all areas of work	TBD

ICS Aim	To support broader social and economic development				Risk applies to ICB	Risk applies to ICS	Risk reference	CPPO (no. tbc)
					✓	✓		
ICS priority	Children and young people	Mental health	Employment and workforce	Long term conditions			Risk owner	Charlotte Pomery
	✓	✓	✓	✓			Responsible committee	Population Health and Integration Committee
Boroughs impacted	B&D	C&H	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest	Risk appetite level (1-5)	To be decided based on descriptions on last page.
	✓	✓	✓	✓	✓	✓	✓		
Risk description	**There is a risk that partners fail to work collaboratively and innovatively to address the significant growth in population across north east London over the coming years, with poorer health and wellbeing outcomes and impacts on social and economic development for our whole population.**							

Score history and targets	Initial rating (LxS)	Initial date	Rationale
A trend graph is unavailable as this is a newly added risk	**16**	Nov 2022	Given the rapid population growth expected in north east London, there is a need to develop the infrastructure required to support people's health and wellbeing against a challenging economic backdrop.
	Target rating (LxS)	**Target date**	**Rationale**
	TBD	TBD	TBD
	Current rating (LxS)	**Latest review date**	**Rationale and key progress/ updates since last report**
	Same as initial rating as this is a newly added risk	23/11/22	

Controls and assurances
The implementation of ICB and ICS governance structures which include various committees and sub-committees which are held on monthly or bi-monthly basis with ICS partners. Minutes of these meetings can be provided for assurance

Mitigations/ actions to address the risk	Target date
Establishment of Local Infrastructure Forums	TBD
Development of long-term Strategic Infrastructure Approach	TBD
Dedicated work with local authorities through Place Partnerships and cross-Place Partnership working	TBD
Progress of development projects such St George's, Havering and the Ilford Exchange in Redbridge.	TBD

SUPPORTING INFORMATION

Appetite description	Appetite level
Averse: Avoidance of risk is a key objective	1
Cautious: We have limited tolerance of risk with a focus on safe delivery	2
Open: We are willing to take reasonable risks, balanced against reward potential	3
Bold: We will take justified risks.	4

Committees of the Integrated Care Board:

- Population Health and Integration Committee
- Quality, Safety and Improvement Committee
- Audit and Risk Committee
- Finance, Performance and Investment Committee
- Workforce and Remuneration Committee
- Executive Committee

Aims of the Integrated Care System:

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To support broader social and economic development

Risk grading matrix

Risk Category	
	Severe
	High
	Medium
	Low

											Likelihood					
											Rating	**1**	**2**	**3**	**4**	**5**
											Description	**Rare**	**Unlikely**	**Possible**	**Likely**	**Certain**
											Probability	**<10%**	**10% - 24%**	**25% to 45%**	**50% - 74%**	**>75%**
Severity	**Rating**	Description	A Objectives/ projects	B Harm/injury to patients, staff visitors & others	C Actual/potential complaints & claims	D Service disruption	E Staffing & competence	F Financial	G Inspection/ Audit	H Adverse media						
	1	**Insignificant**	Insignificant cost increase/time slippage. Barely noticeable reduction in scope or quality	Incident was prevented or incident occurred and there was no harm	Locally resolved complaint	Loss/ interruption more than 1 hour	Short term low staffing leading to reduction in quality (less than 1 day)	Small loss <£1000	Minor recommendations	Rumours	1	**1**	**2**	**3**	**4**	**5**
	2	**Minor**	Less than 5% cost or time increase. Minor reduction in quality or scope	Individual(s) required first aid. Staff needed <3 days off work or normal duties	Justified complaint peripheral to clinical care	Loss of one whole working day	On-going low staffing levels reducing service quality	Loss of 0.1% budget.	Recommendations given. Non-compliance with standards	Local media	2	**2**	**4**	**6**	**8**	**10**
	3	**Moderate**	5-10% cost or time increase. Moderate reduction in scope or quality	Individual(s) require moderate increase in care. Staff needed >3 days off work or normal duties	Below excess claim. Justified complaint involving inappropriate care	Loss of more than one working day	Late delivery of key objectives/service due to lack of staff. On-going unsafe staff levels. Small error owing to insufficient training	Loss of more than 0.25% of budget.	Reduced rating. Challenging recommendations. Non-compliance with standards	Local media lead story	3	**3**	**6**	**9**	**12**	**15**
	4	**Major**	10-25% cost or time increase. Failure to meet secondary objectives	Individual(s) appear to have suffered permanent harm. Staff have sustained a "major injury" as defined by the HSE	Claim above excess level. Multiple justified complaints	Loss of more than one working week	Uncertain delivery of services due to lack of staff. Large error owing to insufficient training	Loss of more than 0.5% of budget.	Enforcement action. Low rating. Critical report. Major non-compliance with core standards	Local media short term	4	**4**	**8**	**12**	**16**	**20**
	5	**Severe**	>25% cost or time increase. Failure to meet primary objective	Individual(s) died as a result of the incident	Multiple claims or single major claims	Permanent loss of premises or facility	No delivery of service. Critical error owing to insufficient training	Loss of more than 1% of budget.	Prosecution. Zero rating. Severely critical report.	National media more than 3 days. MP concern	5	**5**	**10**	**15**	**20**	**25**

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Integrated Care Strategy
Author	Hilary Ross Director of Strategic Development
Presented by	Johanna Moss Chief Strategy and Transformation Officer
Contact for further information	hilary.ross1@nhs.net
Executive summary	• The Integrated Care Partnership (ICP) is expected to produce an interim strategy to provide direction for the system including the new NHS 5-year plan due next March. • Work to develop the strategy includes engagement with local health and wellbeing boards, place based partnerships and a series of stakeholder workshops focusing on our four system priorities. • Participation in the system workshops has been very high with over 100 attendees at every workshop so far and over 200 people in attendance at the Babies, Children and Young People event on 3 November. • There is a strong sense of what we can do to support place based partnerships and provider collaboratives at the system level to improve integration and build a culture of collaboration and trust. • There is universal support for a central focus on equity and tackling health inequalities as well as a desire to see an ambitious approach to working differently with residents through co-production. • Workforce has been a central theme in all the workshops and other discussions to date.
Action required	Note
Previous reporting	Earlier updates have been discussed at the ICB Board, ICP Steering Group and other meetings as per the engagement plan in the pack.
Next steps/ onward reporting	The full list of forums where the strategy is being discussed is included in the engagement plan in the pack
Conflicts of interest	N/A
Strategic fit	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development

Impact on local people, health inequalities and sustainability	Working hand in hand with local people to improve population health and tackle inequalities are central to the strategy.
Impact on finance, performance and quality	N/A
Risks	The short timeline for producing integrated care strategies has been recognised nationally and as such initial strategies are anticipated to be interim.

North East London Health & Care Partnership

NHS North East London

Development of the NEL Integrated Care Strategy

Update: November 2022

Summary of progress

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an integrated care strategy for the area.

- Partners across the ICS have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system. These priorities will be at the heart of our integrated care strategy in NEL.

- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships might aim to produce an interim strategy around December 2022 ahead of further guidance in June 2023. The strategy will set the direction for the system including the new NHS 5-year Joint Forward Plan due in March 2022.

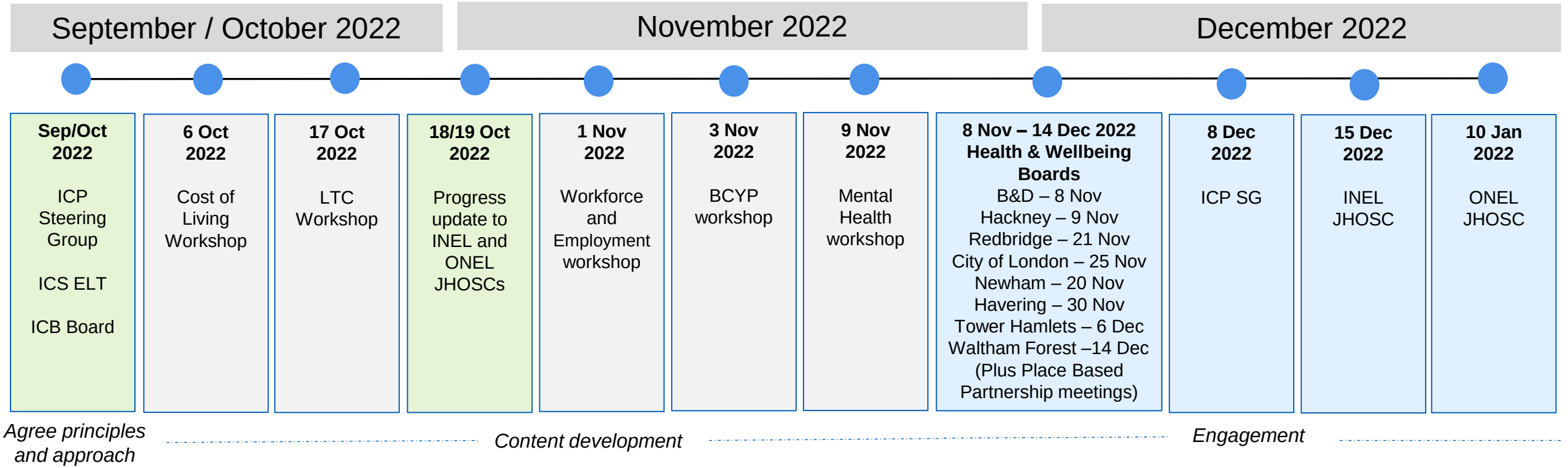
- A **Strategy Task & Finish Group** chaired by Zina Etheridge, CEO NHS NEL is supporting development of the strategy.

- As per the timeline in the slides, the intention in NEL is to **sign off the interim strategy** at a full meeting of the integrated care partnership in **January 2023** following a period of engagement with local health and wellbeing boards, joint overview and scrutiny committees and also place based partnerships.

- The Strategy Task and Finish Group has set up a data and analytics workstream to support the strategy development. It has also overseen a series of well attended **system-wide stakeholder workshops** to feed into the strategy process. The workshops during October and November focused on progressing our system priorities of *babies, children and young people; mental health; long term conditions;* and *workforce and employment.* In addition, over 120 people attended a workshop on our system response to the cost of living increase.

The following slides illustrate the engagement timeline and provide a flavour of the emerging content from the workshops on the four ICS priorities and our system focus on the cost of living and health inequalities and the cost of living.

Engagement timeline and key milestones



Interim Integrated Care Strategy Sign Off:

Full Meeting of Integrated Care Partnership 11 January 2023

Alignment to:

- 2 year system intentions development
- Joint Forward Plan development (guidance due Oct 22)
- 2 year operational planning

The ICB Board will be meeting on 25 January 2023 and will need to consider the Integrated Care Strategy in development of the NHS Joint Forward Plan due before April 2023

Data and insights to support the strategy development

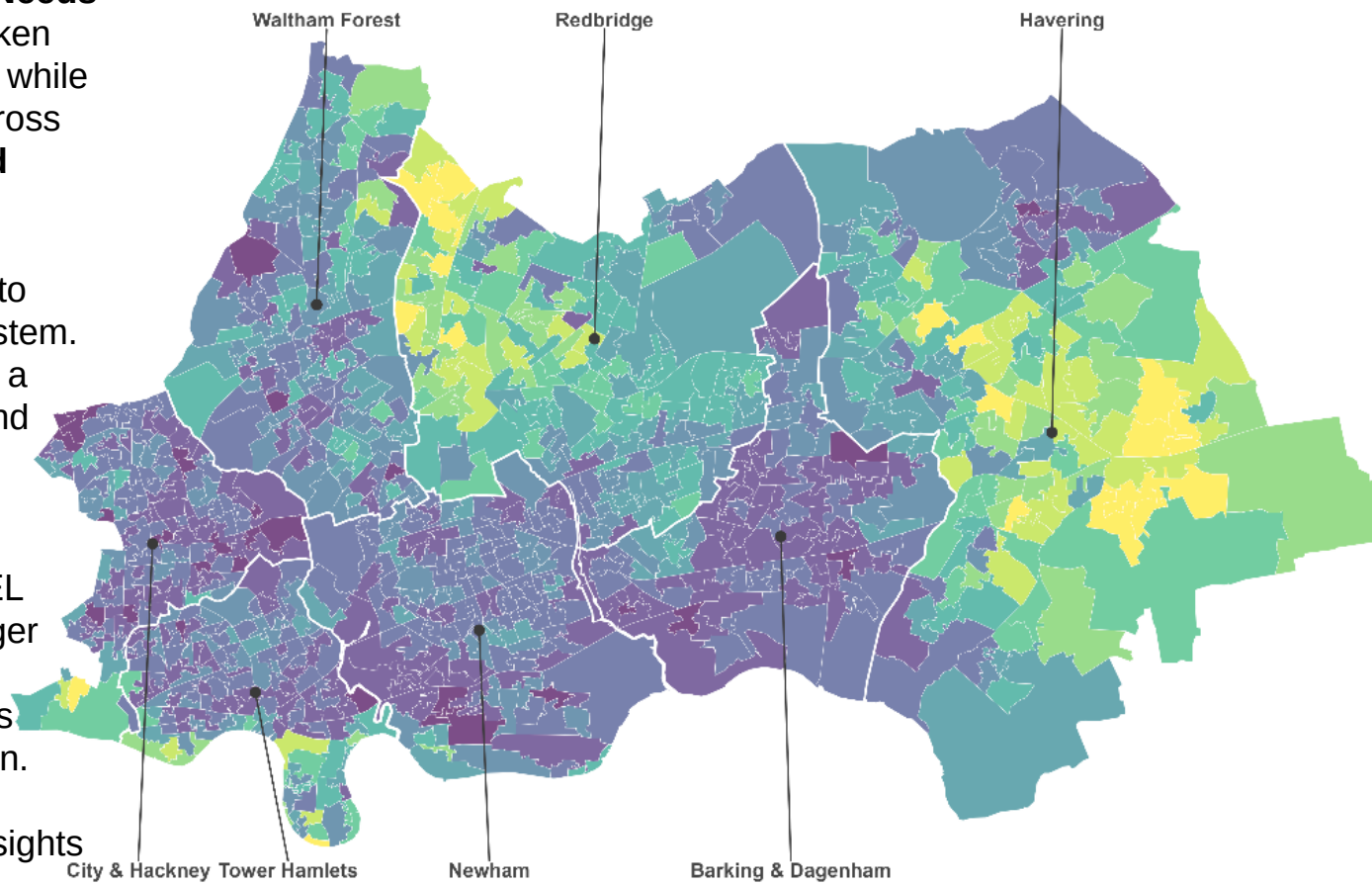
The strategy must address needs as set out in local **Joint Strategic Needs Assessments** (JSNAs) and align to local priorities. We have undertaken rapid reviews of local JSNAs and health and wellbeing strategies and while there is currently no standardised approach to JSNAs and several across NEL are out of date, we are attending meetings of all **NEL health and wellbeing boards** to discuss local priorities during Nov/Dec.

Earlier this year we developed a **Population Health Profile for NEL** to strengthen our understanding and focus on population health as a system. The report includes analysis of deprivation across NEL and highlights a range of indicators relating to wider determinants, healthy lifestyles and prevention as well as major conditions.

We have recently completed an analysis of the **Mayor of London's Survey of Londoners**, having commissioned a 'top-up' sample in NEL jointly with Directors of Public Health across the partnership. The larger sample has enabled us to draw out meaningful findings for our local population including on self-reported experience of ill health as well as factors affecting health such as housing, income and civic participation.

The **Healthwatch** team in NEL has also undertaken an analysis of insights in relation to the four ICS priorities and health inequalities.

We have established a **data and analytics working group** which is meeting fortnightly to oversee this work with whole system representation.



From our NEL Population Health Profile, this map shows lower super output areas (typically 1,500 residents or 650 households) shaded according to deprivation using the Index of Multiple Deprivation 2019 deprivation decile.
*The **more deprived** areas are illustrated by **darker colours**.*

Developing our ICS priorities

Providing the best start in life for the babies, children and young people (BCYP) of NEL

Collaboration and Coproduction

Partnership with staff and residents

- **Supporting staff is what we do** Systemically build staff engagement into our strategy, through NEL, place and collaborative structures, whilst also focussing on frontline impact and supporting specific key workforce roles.
- **Co-production at heart of strategy** Our BCYP are our strongest assets in our communities, their voice needs to be amplified across our plans. Embedding co-production will require skilled collaboration with children, young people and families.
- **Targeted programmes for teams** Develop supportive staff programmes, on areas as such as trauma informed care and quality improvement, empowering teams to support vulnerable communities and address growing inequalities

Integration and Prevention

Joined up, needs-led care around families

- **Maximise role of family hubs** Place family hubs at centre of community based care strategies. Include development of integrated care teams, supported by analytics, pooled budgets and shared data.
- **Develop clearly defined prevention priorities** Support places to focus on the most deprived twenty percent of the population, specific local cohorts, as well as develop NEL prevention priorities, such as obesity and oral health, that would realise the greatest health benefit.
- **Holistic care, addressing cost of living** Use social prescribing and MDTs to maximise links to community assets including VCFSE services. Consider prevention approaches for first 1000 days, and across maternity and mental health services.

Supporting Vulnerable BCYP

Addressing health inequalities

- **Address inequalities experienced by vulnerable groups** Strategy to address inequalities experienced by BCYP with LTCs, mental health and SEND, groups impacted by pandemic and cost of living. Emphasis on 0-24 approach, ensuring support in place for those transitioning to adult services.
- **Strengthening the voice and advocating for vulnerable groups** Need to ensure a strong voice for these groups across system, for mental as well as physical health. Also need to embed systematic advocacy via professionals.
- **Strong enabling infrastructure** Strong BCYP presence needed in enabling workforce programme and across LTC and mental health programmes. Digital plans across education, health and social care to ensure families only have to tell their story once.

Supporting everyone living in NEL with a long term condition to live a longer, healthier life

Prevention	Continuity of Care	Collaboration and Community
• Develop a system-wide approach to prevention, which overcomes compartmentalisation in health care, involves local authorities and links with health and wellbeing strategies • Using trusted locations and trusted leaders to deliver prevention care and messages • Consider developing a health coaching approach to consultations with health care professionals	• Avoids repeated 're-assessments' – where service-users have to keep repeating something that is written already in the medical notes • Care-planning should have the service-user at the heart, and subsequent care-givers will refer back to these care plans • Take time to listen to listen to service-users and understand the wider determinants of health • De-medicalising care of LTC	• Understanding and improving health literacy of residents • Delivering healthy living messages to children and families • Further developing trust with our residents, ensuring we build long term relationships. • Empower local communities

Supporting everyone with or at risk of a mental health condition in NEL

To improve outcomes, quality, value & equity for people with, or at risk of, mental health conditions or learning disability and autism

Prioritising what matters to service users and carers	Delivering place based priorities for mental health reflecting the needs, assets and aspirations of local communities	Improving access and integration, including NHS Long Term Plan must-dos	Spending our money wisely to meet growing demand, ensure equity, and supporting our staff
Accelerate the delivery of the seven priorities service users and carers have identified as most important to them	*Renew and refresh our focus on developing and delivering place-based priorities for mental health that reflect the needs, assets and aspirations of residents and communities*	*Improve access, and equity of for children, adults, and older adults, including people with dementia from our diverse communities and go further in embedding integrated approaches to whole person mental and physical health care across the lifecourse*	*Understanding more deeply the impact of the money we spend on mental health, addressing areas of inequity and ensuring we are doing everything we can to grow and develop our most important asset – our staff.*

OUR KEY STRATEGIC FOCUS: SERVICE USER & CARER PRIORITIES FOR MENTAL HEALTH

1. Putting what matters to service users and carers front and centre of everything we do
2. Improving outcomes for children, young people and families
3. Enabling and supporting patient leadership throughout our system and place-based structures
4. Embedding and standardising our approach to peer support across NEL
5. Improving cultural awareness and cultural competence across NEL
6. Providing more and better support to carers
7. Improving peoples' first contact with mental health services, and during key points of transition such as discharge

Working together to create meaningful work opportunities for people in north east London

Theme	Actions
Transformation / Innovation	• Looking at future and current challenges through an innovative lens to create meaningful work opportunities. • Embed transformative/innovative ways of working to address the themes and outputs in the strategy (thinking outside the box). • Redesign roles to address the workforce supply challenges.
Recruitment	• Making our recruitment processes lean and accessible • Creating effective partnerships with our communities to access work opportunities in health and care
Retention	• Develop our workforce and seek to retain them not only within our organisations but across NEL • Build processes to support inter organisation transfers
Health and Well being	• A consistent offer to support staff to recover from the pandemic • Support for staff to manage through the cost of living approaches • Build a targeted health and well-being offer at NEL level for all staff building on our Keeping Well NEL Platform
Addressing Inequity	• Access to training across NEL • Work across employers to develop solutions to ensure progress and a plan that at our workforce is demographically representative and reflect the community it serves • Identifying the groups in the communities in our demographic which are under-represented in the workplace, including ethnic communities, neurodivergent people and those with mental health conditions.
Grow our Talent	• Create a consistent pipeline and offer that educates, training and employs staff in NEL, utilising system wide approaches for all sectors • Utilise and promote opportunities for local residents to work and build careers in our organisations • Redesign work and skill requirements that match the demand of the future population.
Developing a NEL employment deal	• A consistent offer of development, flexibility and mobility across organisations that all in NEL sign up to, including recognition of skills across sectors and professions

Mitigating the impact of the cost of living – key actions from our system workshop

Workforce	Influencing	Voluntary and community sector	Prescription costs	Vulnerable people and pathways	Travel (patients and staff)
Establish a system wide group to share and develop workforce initiatives, including increasing access to support for care workers	Use our collective voice to influence regional and national policy	Sustained support for the community and voluntary sector through development of our Community and Voluntary Sector Collaborative	Develop proposals to support vulnerable groups with the cost of prescriptions aligned to our work on long term conditions	Review specific pathways including frailty and maternity to identify and increase support for particularly vulnerable people impacted by wider determinants such as fuel poverty	Identify opportunities to support travel to appointments (patients) and cost of parking/travel for staff

Progress developing our ICS health inequalities approach

North East London Health & Care Partnership

Oversight through our Population Health and Integration Committee

Potential to develop Population Health and Inequalities (HI) Outcomes Framework :
Underserved groups identified through 4 system priorities
Most deprived 20% population / people living in poverty (basket of indicators)
CORE20PLUS5 outcomes
HI high impact areas we are lacking in
Insights on what matters most to residents

System roles and responsibilities

• Targeted action to tackle health inequalities including wider determinants and primary prevention among most deprived neighbourhoods, those living in poverty and other 'underserved' groups as identified locally • Support delivery of the health inequalities ambitions in relation to the four system priorities and cost of living response • Ensure co-production of programmes with local residents and community groups • Build local infrastructure and develop partnership working for inequalities including with CVS and local authorities	Place based partnerships
• Work hand in hand with local residents to deliver equity of access, experience and outcomes in health and care services • Strengthen focus on prevention and personalisation through collaboratives and clinical networks • Deliver on the CORE20PLUS5 key clinical areas of health inequalities – continuity of care in maternity; health checks for those living with serious mental illness, vaccine uptake for those living with COPD; early cancer diagnosis; hypertension case finding • Tackle digital exclusion • Contribute to addressing wider determinants of health through role as anchor institutions	Provider Collaboratives
Develop and support system enablers including - • Development of Population Health Management (PHM) to enable risk stratification, targeted proactive care and prevention through improved population health data and analytics, capability building, shared learning and training • Training, development and fellowships for health inequalities through a NEL HI Academy • Data and analytics to support greater understanding of HI and impact of actions (exploring ideas such as a NEL Population Health Observatory) • Development of HI Communities of Practice and other shared learning / development platforms • Ensure health inequalities addressed in all policies and strategies including our system financial strategy	System

Population Health and Inequalities Steering Group

How we work as a system: emerging crosscutting themes

A range of partnership-wide discussions have taken place including with the inner and outer Joint Health Overview and Scrutiny Committees, ICB Board, and Integrated Care Partnership Steering Group.

In addition to this, discussions are currently taking place with each of the health and wellbeing boards and separately with their respective place based partnerships.

So far -

- Partners across the system have been keen to engage in the strategy process.
- There is strong support for our four system priorities which were originally selected through a series of system wide stakeholder workshops.
- There is also strong support for a focus on health inequalities and equity running through the strategy.

•**Co-production with residents** drawing on individual and community strengths and assets, rebalancing power

•Greater focus on **prevention** across all parts of our system including primary prevention, wider determinants of health including poverty and our role as ‘anchors’

•**Holistic and personalised care** that is integrated seamlessly across service or organisational boundaries

•A **high trust environment** supporting partnership working, collaboration and integration across all parts of our system, with the contribution all partners valued equally

•Working as a **learning health system** to drive continuous development, improvement and shared learning

•A relentless focus on **equity** underpinning all that we do including ‘levelling up’, and clear roles for all parts of our system in tackling health inequalities

Draft outline structure for the strategy

Context

- ICS aims
- JSNAs
- HWB priorities
- NEL Population Health Profile
- Local insights
- Wide analyses
- National guidance and priorities

Strategic challenges

- Population growth
- Scale of deprivation
- Cost of living
- Health inequalities
- Historic underinvestment

System assets

- Richly diverse communities
- Our people
- Our partners and partnerships
- Anchor institutions

ICS mission and values

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

Improve quality and outcomes	Secure greater equity	Create value	Deepen collaboration

Our 4 ICS Priorities

Babies, Children & Young People	Long Term Conditions	Mental Health	Workforce and Employment

Our ambition
System priorities / actions including prevention and health inequalities
Outcomes

In the context of the current economic situation (including the impact of cost of living)

Securing the foundations of our system

- Residents at the heart of everything we do
- Financial sustainability and value
- Sustainability of core services
- Equity of provision, access, experience and outcomes
- Embedding integration at all levels
- Tackling health inequalities including our system response to cost of living increase
- Embedding a population health approach

How we will work differently as a system

- Develop a strengths based approach to working with communities
- Innovation and research including digital technology (and exclusion)
- Deepen collaboration through development of place based partnerships and provider collaboratives, integrated commissioning and budgets
- Accelerate development of enablers for population health and tackling health inequalities – shared data, prevention, PHM, personalisation, anchor approach to wider determinants

Further work

Plans for further engagement and development of our system approach

Impact

What good will look like for local people and our workforce including our progress on tackling health inequalities

'I' statements
e.g.

- 'I can access urgent care when I need to'
- 'I can continue to live at home with the support I need'

Proposed design approach and positioning

Status: In line with national expectations, to produce an *interim* strategy by Dec (ICP sign off in Jan) with opportunity to refresh after further guidance in June 23 and annually thereafter. Ideally will identify where further work is needed given it is interim.

Positioning: As the start of a dynamic process of system development, learning and improvement and including processes for feeding into and responding to local JSNAs and HWB strategies – as opposed to static one-off document.

Period covered: Providing direction for the system for the next five years in line with the period covered by the Joint Forward Plan. Also with an eye to the longer term planning horizon in support of key challenges in NEL such as population growth and tackling health inequalities (to be developed further for future iterations).

Audience: Aimed at partners within NEL ICS as opposed to public facing. Published online.

Length: Aim for 20-30 pages ensuring use of plain language and avoiding jargon, acronyms etc.

Local flavour: Recognisably ‘north east London’ highlighting our distinct population, assets, challenges and approach and not a generic rehash of policy. Covering off but not limited to requirements in the guidance.

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Developing the ICS workforce strategy
Author	Francesca Okosi, Chief People and Culture Officer
Presented by	Francesca Okosi, Chief People and Culture Officer
Contact for further information	Francesca Okosi, Chief People and Culture Officer, francesca.okosi@nhs.net
Executive summary	As an ICS we want to work with partners to transform and move to a one NEL workforce that can work across the health and care system This presentation provides: • an understanding of our shared workforce challenges and priorities across health and care • key themes and actions from the workforce strategy workshop held on 1 November 2022. • Next steps between December 2022 to March 2023
Action required	To note
Previous reporting	• NEL ICS Trust Chairs and ICB non-executives meeting on 12 October. • Remuneration and Workforce Committee on 19 October
Next steps/ onward reporting	This will be discussed in various forums across the ICB and ICS as part of the development of the strategy.
Conflicts of interest	No conflicts to report
Strategic fit	• To improve outcomes in population health and healthcare • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The development of the ICS workforce strategy will have a positive impact on local people by driving and supporting broader social and economic development in terms of employment opportunities.
Impact on finance, performance and quality	At this time there are no additional resource implications/revenue or capitals costs arising from this report, however as the workforce strategy is developed the financial impact will be taken into account.
Risks	No risks currently identified

NHS
North East London

NEL Integrated Care Board
NEL ICS People and Workforce Strategy

Output from the workshop and next steps

Francesca Okosi, Chief People and Culture Officer

30 November 2022

Introduction

NHS
North East London
Integrated Care Board

Our NEL ICS priority

Employment and workforce commitment – “to work together to create meaningful work opportunities and employment for people in NEL now and in the future”.

Our Opportunity

We want to transform the lives of our population, by providing meaningful employment opportunities across North East London, that are accessible to all, in organisations whose values align to their own and where they are able to thrive.

To work together to create one NEL workforce, in environments where colleagues are supported to do their jobs and develop their skills to provide excellent patient care.

For NEL to be known as a place where people want to come and build their careers.

Our NEL Population

North East London
Integrated Care Board

Our population is currently **2.02 million**

- We are the most diverse We are the most diverse ICS in the country with over half (53%) of NEL's population identifying as Black, Asian or from an ethnic minority compared with 11% across England overall.

- Our population is young relative to England we have a greater proportion of people under the age of 39.

- We have the highest birth rate in the UK, with the population expected to grow by **120,000** in the next five years and by **270,000** in the next 20 years. This is equivalent to adding another place the size of Waltham Forest, Havering or Hackney

- The vast majority of our working age population (75%) are employed but we also have some high levels of unemployment coupled by local health and care workforce gaps

- More than 1 in 4 people in north east London live in areas ranked in the most 20% deprived in England.

Our current Workforce

North East London Integrated Care Board

We have 94,200 paid staff working in health and care services in NEL.

- 46,000 in Social Care

- 44,100 in NEL Providers (not including bank and agency)

- 4,100 in General Practice

This number does not including staff employed by the voluntary sector and carers

Data used is from different sources but accessed through Health Education England's e-product where in addition we can compare these data sets across regions and integrated care systems these have been used

What we know?

NHS
North East London
Integrated Care Board

We have a high level of vacant posts, resulting in an increased reliance on temporary staffing and increasing costs and turnover rising following the pandemic

We have an ageing workforce - meaning that a large percentage of highly skilled and experienced staff are due to retire in the coming years – Primary and Social Care have some specific challenges with General Practice Nurses and care workers

High levels of sickness absence, with musculoskeletal injuries and stress/anxiety being two of the top reasons for absence

Significant disparity in pay between sectors and employment models (more permanent posts in Health, In Social Care a high proportion of Zero hours)

Wage increases in other sectors, retail and service industries

The current demand on services means that a flexible employment offer is limited in some areas

NHS
North East London
Integrated Care Board

Overview of the workshop

- The workshop was face-to-face with 33 attendees from health, care, local authority and the third sector.
- This was a first step in listening to colleagues and people working in different sectors of the workforce, which will support us in developing a more holistic, person-focused approach and help them achieve the best outcomes possible.
- The insight gathered will be triangulated with findings from the voluntary sector workshop on 20th October and the workshop with social care workforce workshop on 25th October.

Reflections on story board walk-around

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- Delegates were asked to observe some posters that highlighted key data on our population, workforce across NHS trusts, primary care, social care and our future workforce.
- The audience logged onto Menti and were asked to provide us with their reflections on the storyboard.
- We also received feedback from post-it notes and the key themes highlighted were around training and qualifications, growing from our local population and ensuring equity between health and care.

Word-cloud of responses from delegates

What one thing can we do together to grow our workforce in health and care?

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- Delegates shared their thoughts interactively on what we could do together to grow our workforce in health and care.
- The most common response was to commit to collaborative working across all sectors in NEL.

Innovation of workforce from care enablement champions

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- Jo Barter, NEL Apprentice Lead and James Sinclair, COO Care City led a session innovative workforce example, the care enablement champions.
- This included an outline on the need and impact on residents and care delivery
- What has been done in collaboration to make this happen
- What it has achieved and sustainability requirements

Comments back to the facilitators
• A more consistent and joint financial approach between health and care needs to be planned to avoid inequity across both sectors
• There is a larger workforce in the care sector and we need to retain staff in care when they qualify by offering career pathways that are aligned to health
• Central commissioner planning is key to retaining and developing roles across health and care and need to be consistent and long term
• If we upskill staff in care roles, they can deliver health and care in the appropriate setting
• Joint working across organisations to establish the right conditions e.g. training and supervision to address disparity in care

Group discussions

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Participants were separated into 5 groups and asked to answer 4 questions.

1. What are the opportunities for growing our workforce?
2. What are the key challenges and can we define them?
3. What needs to change to address barriers and who needs to be involved?
4. How do you want this reflected in the strategy?

Developing content for the strategy- key themes and actions from the Workforce Strategy Workshop

- **Stakeholders from all parts of our ICS attended a workshop on 1st November- delegates represented a wide range of sectors and providers including health, care, local authority and the voluntary sector.**
- **Delegates came together and shared their motivation to improve the need to address the disparity within our workforce in NEL.**
- **There was broad agreement on considerations and work to address the challenges across key priorities extracted from the input of the group discussions.**

Theme	Actions
Transformation / Innovation	• Looking at future and current challenges through an innovative lens to create meaningful work opportunities. • Embed transformative/innovative ways of working to address the themes and outputs in the strategy (thinking outside the box). • Redesign roles to address the workforce supply challenges.
Recruitment	• Making our recruitment processes lean and accessible • Creating effective partnerships with our communities to access work opportunities in health and care
Retention	• Develop our workforce and seek to retain them not only within our organisations but across NEL • Build processes to support inter organisation transfers
Health and Well being	• A consistent offer to support staff to recover from the pandemic • Support for staff to manage through the cost of living approaches • Build a targeted health and well-being offer at NEL level for all staff building on our Keeping Well NEL Platform
Addressing Inequity	• Access to training across NEL • Work across employers to develop solutions to ensure progress and a plan that at our workforce is demographically representative and reflect the community it serves • Identifying the groups in the communities in our demographic which are under-represented in the workplace, including ethnic communities, neurodivergent people and those with mental health conditions.
Grow our Talent	• Create a consistent pipeline and offer that educates, training and employs staff in NEL, utilising system wide approaches for all sectors • Utilise and promote opportunities for local residents to work and build careers in our organisations • Redesign work and skill requirements that match the demand of the future population.
Developing a NEL employment deal	• A consistent offer of development, flexibility and mobility across organisations that all in NEL sign up to, including recognition of skills across sectors and professions

Next steps

North East London Integrated Care Board

Between December 2022 and March 2023

- Submission of the People and Workforce Chapter of the ICS Strategy - December.
- Further engagement with stakeholder groups, including Primary Care, Local Government, voluntary and community services and the wider care sector.
- Work with further and higher education institutions.
- Engagement with local people and our staff.
- Involvement from NEL Staff Partnership Forum.

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Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Month 7 2022-23 Finance and Performance Overview
Author	Finance and Performance team
Presented by	Henry Black, Chief Finance and Performance Officer
Contact for further information	henryblack@nhs.net
Executive summary	**Key Items** • The report outlines the year-to-date financial position for the ICS and the ICB. The ICB budgeted allocation to the end of October was £2,366m. • The ICS have 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. • The report includes the August performance position, outlining key issues across a number of areas including urgent and emergency care. • The report updates on the submitted Better Care Fund (BCF) plan.

Action required	• Note the content of the report and the key risks to the expected year-end breakeven position.
	• Note the performance report
	• Approve the borough BCF plans:
	  ○ Approve the signing of a variation to an existing Section 75 agreement to add the BCF Plan and BCF financial schedules for 2022/23 with:
	  ○ Approve the retrospective signing of a Section 75 agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial Schedules for 2021/22.
	  ○ Approve the delegation of the authority to sign a Section 75 Agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial

	Schedules for 2022/23 to the Waltham Forest Place Based Sub-Committee.
Previous reporting	N/A
Next steps/ onward reporting	Future financial and risk updates will be given to the ICB Board, ICB Finance, Performance and Investment Committee and the ICB Audit and Risk Committee.
Conflicts of interest	No conflicts of interest
Strategic fit	NEL wide plans are set on the financial resources available. The report provides an update of financial performance against the plan.
Impact on local people, health inequalities and sustainability	Update of financial sustainability and performance of the system.
Impact on finance, performance and quality	Delivery of the financial plan and meeting the control total is a mandated requirement.
Risks	Financial risks are outlined in the paper. Key risks have been identified as inflation, efficiencies and ICB run rate pressures within CHC and prescribing. Further system risk has been identified in relation to workforce and pay pressures with partners and system wide investment programmes.

NORTH EAST LONDON ICB BOARD – FINANCE AND PERFORMANCE OVERVIEW

1. Purpose of the Report

The finance report provides the ICB Board with an update on the year-to-date and forecast position of both ICB and NEL system. Updates are given on drivers of spend and risks to the underlying financial position.

The performance report provides an update of the latest performance across North East London. The ICB Board is asked to note the information included the finance and performance report.

The Better Care Fund (BCF) update recommends that the ICB Board approve the 2022/23 BCF Section 75 arrangements.

2. Month 7 Finance Overview, BCF update and System Performance Overview

The month 7 year-to-date position across the NEL system is a overspend variance to plan of £53.1m. This is made up of a provider overspend variance of £62.5m with an ICB underspend position of £9.4m.

The reported year-to-date variance is summarised by statutory organisation in the table below.

Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(2.5)	(23.6)	(21.0)	0.0	0.0	0.0
Barts Health	0.0	(32.7)	(32.7)	0.0	0.0	0.0
East London NHSFT	(1.1)	(3.7)	(2.6)	0.0	(0.0)	(0.0)
Homerton	(0.3)	(5.7)	(5.4)	0.0	(0.0)	(0.0)
NELFT	0.0	(0.8)	(0.8)	0.0	0.0	0.0
Total NEL Providers	**(4.0)**	**(66.5)**	**(62.5)**	**0.0**	**0.0**	**0.0**
NEL ICB	0.0	9.4	9.4	(0.0)	(0.0)	(0.0)
NEL System Total	**(4.0)**	**(57.1)**	**(53.1)**	**0.0**	**(0.0)**	**(0.0)**

The majority of the year-to-date pressures are held within BHRUT and Barts. All organisations are currently reporting a forecast outturn to plan despite the year-to-date pressures faced.

The key drivers for overspends at a system level are as follows;

- **Inflation** – providers have reported additional costs in relation to inflation being higher than planned levels.

- **Provider Payroll costs** – providers have reported pressures in relation to staff pay, including agency staffing. Average total monthly pay across all providers is £237m and is on an upward trajectory compared to the same period last year. Average payroll increased in month 6 due to the backdated pay award paid in September. Three of the five providers are showing month 7 payroll spend in line with month 5 (once the pay

award has been factored in). However, BHRUT has seen a decrease in spend and NELFT have seen an above average increase (7.7%).

- **Agency spend** – providers have flagged payroll pressure, specifically in relation to spend on agency staff. The total amount forecast to be spent is £182m. However, extrapolation of current rates indicates that the year-end position without mitigation would be in the range of £196m to £216m. This is an increase on prior month's forecast range and would cause the ICS to breach the agency cap imposed as part of the operating plan.

- **Efficiency and cost improvement plans** - the total system efficiency and cost improvement plan at month 7 is £99.4m. Providers and the ICB have assessed performance against this target and are reporting slippage against the plan of £32m. These plans included an overall reduction in payroll costs have not been seen across the system. Of the efficiency and cost improvement plans delivered, the system is falling short in delivering the benefits recurrently. This means that efficiency and cost improvements remain an outstanding risk for the delivery of in year financial balance and the recurrent impact into financial year 2023/24.

- By the end of the financial year there is expected to be some recovery in the delivery of efficiency plans and the system shortfall in the forecast position is expected to be £11m.

- **Elective Recovery** - the system has been given specific funds to help deliver elective recovery though the reduction of waiting lists. At month 7 targets have not been met and therefore £21.6m of funds have been held within the ICB year-to-date position and a correlating pressure reported within provider accounts. NHSE have confirmed that they will not claw back any elective recovery funds and that any elective recovery risk should be managed at system level.

2.1.1 - ICB year to date position

A level of efficiencies was built into the ICB budgets in the planning cycle. However, there is still an unidentified efficiency target which has led to a year-to-date pressure of £16.9m at month 7. The ICB has a continued run rate pressure in continuing health care (CHC) of £3.6m relating to high cost package and observation costs and a run rate pressure in prescribing of £2.9m (4% of budget). The prescribing pressure has been driven by activity and price increases, with price concession increases a significant risk to the year-end forecast. Part of these pressures are offset by other ICB budgets, with the remainder offset by the clawback of elective recovery funds from system providers and non-recurrent balance sheet mitigations. This is shown in the table below.

Month 7	YTD Variance £m
ICB Run Rate Pressures	
Operating Plan Budgetary Pressure	16.9
Community Health	(0.1)
Continuing Care	3.6
Primary Care - Delegated	(0.0)
Primary Care - Other	2.9
Programme Corporate	(0.2)
Other Areas	(3.4)
Total Pressure	**19.7**
Mitigation	
ERF Clawback	(21.6)
Identified non-recurrent mitigations	(7.2)
Gap Mitigation - Other	(0.3)
Total Mitigation	**(29.1)**
Month 7 Position	**(9.4)**

2.1.2 - 2022/23 Forecast

The expected forecast position for the NEL system is a breakeven position. However, the straight line forecast at a system level based on the current run rate shows that there is a risk of a significant overspend, and organisations will work through further actions that can be taken to address this.

2.1.3 - ICB Forecast position

The ICB has a number of underlying run rate pressures, however at month 7 it is continuing to report a forecast breakeven. This is highlighted in the table below.

Month 7	FOT Variance £m
ICB Run Rate Pressures	
Operating Plan Budgetary Pressure	38.0
Community Health	1.7
Continuing Care	7.6
Primary Care - Delegated	0.0
Primary Care - Other	5.9
Programme Corporate	3.1
Other Areas	(5.1)
Total Pressure	**51.3**
Mitigation	
Identified non-recurrent mitigations	(21.5)
Gap Mitigation - Other	(29.8)
Total Mitigation	**(51.2)**
Month 7 Position	**0.0**

To enable this position to be achieved the ICB will need to deliver a number of mitigating actions in the latter part of the financial year. Delivery of these mitigating actions and a

reduction in run rate will need to occur in areas that the ICB has influence and the ability to impact spend.

Delivery of mitigating actions will be challenging in the latter part of the year, and will need to consider non recurrent and recurrent measures. This will include; continuing to review and deliver efficiency opportunities, working with system wide partners to drive a sustainable financial position across the ICS, reviewing the delivery, profiling and impact of all investments, and analysing non-recurrent opportunities including a review of all balance sheet items and provisions. To date approximately £21.5m of non-recurrent mitigations have been identified.

Delivery of the forecast outturn clearly represents a risk to the ICB, further updates will be given to future committee meetings.

2.1.4 - Risks and mitigations

As outlined above the ICB and ICS are facing year-to-date financial pressures but have reported a forecast outturn to plan position. The total gross risk identified at month 7 across the system is £135.5m. Mitigations of £107.2m have been identified, this includes £25m which will need to be delivered through the finance recovery summit actions. Therefore, the residual risk reported to NHSE is £28.3m. These risks relate to revenue risks only and they will need to be eliminated to allow delivery of the system plan.

The table below summarises the risks identified.

Organisation / System wide	Description of risk	Risk Level	Potential Impact before mitigations £m	Potential Impact after mitigations £m
BHRUT	Efficiency delivery and waste	High	(26.0)	(16.0)
Barts	Inflation - in plan	High	(27.0)	(27.0)
Barts	NHS income/funding: contracting & SLA	Medium	(0.1)	(0.1)
Barts	NHS income/funding: ERF	High	(0.7)	(0.7)
ELFT	Efficiencies - delivery	High	(7.8)	(5.5)
ELFT	Pay award	High	(1.0)	(1.0)
Homerton	Temporary staffing/ efficiency delivery	High	(5.0)	(2.2)
Homerton	NHS income/funding: ERF	High	(0.1)	(0.1)
Homerton	Inflation - out of plan	High	(0.8)	(0.8)
North East London ICB	Run rate risk to break even position	High	(15.4)	0.0
North East London ICB	CHC	High	(7.6)	0.0
North East London ICB	Prescribing	High	(7.9)	0.0
System Wide	ERF risk of delivery	High	(36.0)	0.0
System Wide	Strike action	High	0.0	0.0
System Wide	Mitigation	Medium	0.0	25.0
Total Risk			**(135.5)**	**(28.3)**

- **Inflation, workforce pressures, elective recovery** and **delays in efficiencies** and cost improvement will continue to manifest as risks throughout the remainder of the financial year, as described in the table above.
- **Activity and prices increase in continuing health care** – the pressures seen at the end of 2021/22 have continued. Additionally, there is a risk moving into 2023/24 in relation to costs associated with the hospital discharge pathway.

- **Non recurrent measures supporting recurrent spend** – both providers and the ICB have non-recurrent funds supporting spend in 2022/23 (for example, Covid funds). This supports the in-year position but may result a pressure in 2023/24.

Given the year to date position, and the level of risk within the forecast outturn, the ICS partner organisations are working together to try to mitigate the financial pressures. **Potential mitigations** to offset the financial risks identified include;

- **Finance Recovery Summit**

  Chief Executives, Chief Finance officers and Directors across health and social have convened a system finance risk summit. Issues discussed included; The month 6 financial position and forecast, drivers of the financial deficit and system next steps and actions for the second half of the financial year.

  Further updates to the Board, FPIC and other sub groups will be given throughout the financial year – key messages from the summit include;

  - Drivers of the deficit work including theatre utilisation, temporary staff controls and Whipps Cross Improvement programme are starting to see some improvement in productivity and cost control. Best practice in these areas needs to be shared and delivered through a system wide driver of the deficit initiative.
  - A system Workforce and Productivity group to be set up to deliver on the staffing and productivity agenda, to include; delivery of the agency cap in H2, facilitation of a process to allow the most appropriate staff to work in the most appropriate setting, analysis and action relating to the causes of use of off framework agency staff.
  - Organisations agreed where possible, to deliver the planned position in the second half of the financial year. This would include non-recurrent mitigations, for example balance sheet review, delivery of efficiencies and review of all investments. This is a challenging target but will allow the system to take steps to deliver a sustainable financial position.

3 - Better Care Fund (BCF) via a formal Section 75 (s75)

National guidance requires NEL ICB to create a BCF plan and enter into a Section 75 agreement to create a pooled budget with each local authority in the area of the ICB.

The purpose of this paper is to request the approval for the ICB to enter into, or vary existing, Section 75 agreements. The ICB Board is **recommended to formally approve** the signing of a variation to an existing Section 75 agreement to add the BCF Plan and BCF financial schedules for 2022/23 with:

i. The City of London Corporation
ii. The London Borough of Hackney
iii. The London Borough of Newham
iv. The London Borough of Tower Hamlets
v. The London Boroughs of Barking and Dagenham, Havering, and Redbridge (joint Section 75 Agreement)

The ICB Board is **recommended to formally approve** the retrospective signing of a Section 75 agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial Schedules for 2021/22.

The ICB Board is **recommended to approve the delegation of the authority** to sign a Section 75 Agreement with the London Borough of Waltham Forest that will contain the BCF Plan and BCF Financial Schedules for 2022/23 to the Waltham Forest Place Based Sub-Committee.

The value of the BCF plans by borough are shown in the table below.

	Borough	ICB contribution £m	ICB additional contribution £m	iBCF contribution £m	iBCF additional contribution £m	DFG contribution £m	TOTAL £m
2022/23	Barking & Dagenham	17.5	0.2	10.7	0.0	1.9	30.2
	City of London	0.8	0.0	0.3	0.0	0.0	1.2
	Hackney	24.4	0.0	16.6	0.0	1.7	42.8
	Havering	21.6	0.5	6.8	0.0	2.1	30.9
	Newham	27.3	30.2	17.2	80.5	2.8	158.0
	Redbridge	21.7	0.5	10.1	0.0	2.4	34.6
	Tower Hamlets	24.5	12.5	16.8	0.8	2.3	56.9
	Waltham Forest	21.5	0.0	9.5	0.1	2.4	33.4
	TOTAL 2022/23	**159.2**	**43.9**	**88.1**	**81.4**	**15.6**	**388.1**
2021/22	Waltham Forest	20.4	0.0	9.2	0.1	2.4	32.0

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ICB Board Performance Report 30 November 2022

Published Month – August (M5) 2022

ICB Board Performance Report

- This report covers the main Operating Plan metrics and other key performance requirements including, Elective, Cancer, Diagnostics, Urgent Care and Mental Health. Monthly indicators are based on Nationally published data for **August and September 2022** where available.

Elective Care:

- The number of patients waiting two or more years for their planned care has reduced at Barts Health – 51 patients are now waiting (down from 68 in July). However, this remains the highest in London. Neither Homerton or BHRUT have any patients waiting over two years.

- The number of patients currently waiting 18 months or more (usually described as more than 78 weeks), has also continued to come down across all our trusts but the overall waiting list for planned care continues to increase. Most of the increase relates to outpatient appointments.

- The number of patients being seen in our hospitals both as outpatients and inpatients is stable but not as high as we had planned. The nationally set objective is for this activity to be 104% of 2019 levels (reflecting recovery to pre-pandemic levels of activity):

    - Consultant outpatient activity is at 98% of pre pandemic levels, with BHRUT reporting the lowest levels

    - Inpatient activity is currently 91% with Barts Health with the lowest levels

- The NEL Planned Care Recovery and Transformation Programme is leading the overarching transformation work to support planned care performance and delivery against national priorities (increasing capacity, prioritising treatment, transforming the way elective care is provided and better information and support for patients), with the aim to reduce waiting times for elective care in line with the national recovery plan so that no one is waiting more than 52 weeks by March 2025. This is being delivered via a number of key workstreams and interventions to manage demand (waiting list management and outpatient and community based interventions), optimise existing capacity (mutual aid, Independent sector, productivity, efficiency and workforce) and create new capacity (via community diagnostic hubs, high volume surgical hubs).

- Key immediate remedial actions this month remain focussed on eliminating 104 week waits, and no waits of 18-months (78 weeks) by year end. Barts Health is the biggest challenge in terms of size and scale, but has made significant progress with both the volume of 104ww and 78ww continuing to come down. Actions to support achievement include weekly assurance meetings with the region. Barts Health is also required to undertake a Board self-certification process signed off by Trust Chairs and CEOs by November 11, 2022, including assurance on waiting list management, outpatient waiting list validation, outpatient transformation and surgical and theatre productivity. At NEL level, a range of support and analysis to better understand waiting lists and referrals has been undertaken in a range of specialities e.g. Trauma and Orthopaedics. Mutual aid across NEL and the use of the independent sector also continues to be a key remedial action to support waiting list reduction, targeted at the longest waiting patients, and equity of access.

ICB Board Performance Report

Diagnostics:

- North East London continues to have more people waiting for an imaging investigation (e.g. MRI and CT) than in the rest of London.
- There are more people waiting over 6 weeks for diagnostics at Barts Health than other trusts.
- The diagnostics improvement workstream sits within the Planned Care Programme.

Cancer:

- The Faster Diagnosis Standard (FDS, which aims to ensure patients are diagnosed more quickly) for cancer patients in NEL is the best across London, meaning patients receive a diagnosis quickly in NEL.
- Treatment for patients within 62 days from urgent GP referral still requires improvement as a result of challenges associated with diagnostic imaging delays, increased referrals, and speed of diagnostic reports. The NEL Cancer Alliance is working with Providers to address these issues.

Urgent Care:

- Acute Trust Emergency Departments (ED) continue to be significantly pressured.
- In Sept-22, 69% of patients were seen within 4-hours of arrival at ED, BHRUT being the most challenged with the most patients waiting more than 4 hours from arrival, and over 12 hours from a decision being made that the patient requires admission.
- There are significant delays for patients arriving by ambulance in NEL with 1,192 patients in Aug-22 waiting more than 1-hour to be transferred from London Ambulance service care following arrival at hospital. Queen's Hospital is seeing the longest delays following arrival by ambulance at hospital.

ICB Board Performance Report

Mental Health:

- A number of measures of service performance are improved in Aug-22 compared with the end of 2021/22. However, the plans we set for end of 2022/23 remain at some risk since the rate of improvement does need to increase substantially in the latter part of the year.

- Our plans are aimed at improving access to services and increasing the numbers of people including Children and Young People gain access to the help they need. Services affected include; Improving Access to Psychological Therapies (IAPT, talking therapies), Children and Young (CYP) mental health access, Perinatal mental health support to women, Dementia diagnosis and physical health checks for people with Serious Mental Illness (SMI). The Mental Health, Learning Disability and Autism Board oversees the development of a response to these issues.

- Whilst not meeting trajectories, the NEL position compared with other systems is mixed; for CYP access and SMI health checks this is positive, for Dementia, performance is poor compared to other London regions.

- There are recovery plans place within the mental health programme, for IAPT, Children and Young Peoples (CYP) access and Perinatal access. These recovery plans are supported by clinically led NEL wide groups. These plans propose changes to mental health service models to improve effectiveness, and productivity and address health and social inequalities and also the alignment of investment and workforce planning. Examples of actions being undertaken include:

    - IAPT Access – recovery actions include a focus on recruitment and increasing referral rates into services, and increasing uptake of group work

    - CYP Access – recovery actions include increasing primary care access to the service, improving digital access, and increasing access in schools via the Mental Health support teams as well

    - Perinatal – increasing capacity through recruitment and the development of a broader range of interventions.

NHS North East London ICB board

30 November 2022

Title of report	Executive Committee exception report
Author	Laura Anstey, Chief of Staff
Presented by	Zina Etheridge, Chief Executive
Contact for further information	l.anstey@nhs.net
Executive summary	The inaugural meeting of the executive committee was held on 16 November 2022 but this has been meeting on an informal basis since the start of the ICB. This exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. At the meeting on 16 November 2022, the committee approved its terms of reference. The minutes of this meeting will be presented to the Board once approved by the committee. This report provides an overview of the agenda items discussed and any resulting actions and relevant items from a meeting in October.
Action required	The Board is asked to note the report.
Previous reporting	None – this is an exception report from 16 November meeting
Next steps/ onward reporting	The committee meets again on 12 January 2023 and a regular exception report will be presented to the Board along with any approved minutes.
Conflicts of interest	No conflicts of interest have been identified in relation to this report.
Strategic fit	Which of the ICS aims does this report align with? • To enhance productivity and value for money • To support broader social and economic development • To improve outcomes in population health and healthcare • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	The committee has an overall focus on addressing inequalities, reducing variation and improving equity for all the people of north east London while ensuring participation and co-production is central to our collective approach.
Impact on finance, performance and quality	The committee is established to provide executive oversight of the ICS system budget and financial delegations to ensure delivery of system control total and financial improvement trajectory. Provide executive oversight of system finance and associated risks. Ensure opportunities for bidding for transformational funding are

	maximised and provide oversight of bids. Approve matters in line with the scheme of reservation and delegation.
Risks	The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 The inaugural meeting of the executive committee of the Integrated Care Board was held on 16 November 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. It also references a key discussion from an informal meeting which took place on 20 October.

1.2 The Board is asked to note this report.

2.0 Key messages

2.1 In October at an informal meeting of the committee and in response to ongoing challenges in performance on planned care and in particular reducing the numbers of people having to wait more than 18 months for their treatment, the executive leadership team discussed progress to understand whether further system input was needed in order to support improvement. It was noted that significant progress was being made but that anticipated pressures in the urgent and emergency care pathway over winter pose a risk to this. Actions are in place to mitigate this risk as far as possible. The committee explored a range of issues and noted that there is a programme of work in place in the Acute Provider Collaborative including enhanced governance and weekly operations groups. Overall activity levels need to get back up to 2019/20 levels and there is significant system commitment and support in place to achieve this.

2.2 At the inaugural formal executive committee on 16 November the committee approved its terms of reference and discussed a number of key items: community diagnostic centres, specialised services, emergency preparedness, resilience and response, financial position, transfer of dental, pharmacy and optometry services, fuller programme and ICP strategy. The minutes of this meeting will be presented to the Board once approved by the committee.

2.3. The committee noted the work undertaken on a public consultation for the proposed new community diagnostic centres (CDCs) and that the consultation responses significantly agreed with the plans to build CDCs at Mile End Hospital and Barking Community Hospital. In addition, there is a planned third site and more work is needed to agree where this one should be located. Further analysis will be undertaken on this and a revised plan presented back to the committee. The executive approved the continued development of the initial two sites.

2.4 The committee were updated on the ongoing programme of work to delegate specialised services to ICBs (noting that some mental health specialised services have been delegated for some time and some services will remain nationally commissioned). Specialised services are services that support people with rare and complex conditions. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. There had been an expectation that commissioning of many of these services (around 150 services in with a total budget is in the region of £600m for north east London) would

be delegated to ICBs. The committee noted that the arrangements for all ICBs including North East London will instead be a joint arrangement with NHS England during 2023/24 with full delegation in April 2024. There are a number of risks and opportunities associated with delegation – the joint working arrangements will allow some of the opportunities to start to be realised whilst the risks are better understood and mitigated. The committee also noted that on the 18 November the pre-delegated assessment framework (PDAF) is being formally submitted to NHSE London. Finally, the committee noted that the governance sits with the APC but other parts of the system will be closely involved.

2.5 The committee approved the emergency planning resilience and response policy for the Integrated Care Board. It is a formal requirement that the policy is approved by the executive committee given the ICB's role as a category one responder. Those in Category One are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category One responders are subject to the full set of civil protection duties under the Act. The Board will receive a report of the yearly assurance outcomes in the new year.

2.6 The committee noted the current work under way on the delegation of the NHSE commissioning responsibility for Dentistry, Optometry and Pharmacy (DOPs) to ICBs on 1 April 2023. This is a requirement from the Health and Social Care Act 2022 and means ICBs will have more control and influence over the development of local services and greater flexibility in how these services are planned and delivered. Collaborative working and managing contractual and practice issues locally has the potential to lead to greater understanding of the population health needs and to support more stabilised and sustainable service offers to improve equity of access and reduce health inequalities. In addition London ICBs have come together to agree the commissioning and operating model for delegated functions across London and NHS North East London has been identified as the recommended ICB to host the DOPs function for London. In the proposed operating model DOPs Services Commissioning will continue at a London level, with North East London ICB operating as the lead.

2.8 These changes will bring additional responsibilities including significant budgets and risk as we take on more accountabilities from April next year. We will be working through how to manage these carefully with robust plans in place. Most importantly this change presents opportunities to transform services across London and North East London expanding the role of the ICB in planning health services for north east London and bringing change for the local population. The committee noted the update.

2.9 The committee also received a number of other short updates. Firstly on the financial position – with Henry Black, Chief Finance and Performance Officer highlighting the recent system financial recovery summit and commitment to resolving the ICS deficit. A short update on the Fuller programme of work which is about implementing the stocktake undertaken by Professor Claire Fuller on integrated primary care. A programme of work is underway in North East London with a system wide workshop taking place on 29 November. Finally, the committee noted the latest progress on development of the ICP strategy. This is due for submission in January 2023 and an update is being presented to the board today.

3.0 Risks and mitigations

3.1 The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

Author: Laura Anstey, Chief of Staff
Date: 18.11.2022

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Report from the Quality Safety and Improvement (QSI) committee, held on 12 October 2022 exception report
Author	Diane Jones, Chief Nursing Officer
Presented by	Imelda Redmond, Non Executive Director & Diane Jones
Contact for further information	Diane Jones, diane.jones11@nhs.net
Executive summary	The inaugural meeting of the Quality Safety and Improvement (QSI) committee was held on 12 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. • At the meeting we discussed how to present information so that the Committee can be clear that they are focused on key issues. • The team provided us with a report that focused on 'the exceptions', a report summarising the key quality performance points discussed at the QSI in October 2022 • The committee reviewed an updated policy on Individual Funding Requests (IFR). This policy replaces the CCG legacy polices with one overarching ICB policy that standardises the process across all Boroughs. The decision-making process and language has been updated to reflect the ICB approach. • The committee reviewed the new draft Fertility policy and recommended its approval, once the financial elements are approved by the Finance committee (subsequently approved at the Finance Performance and Investment Committee (FPIC) 31 October 2022). • The committee approved the documents listed below.

Action required	The board is asked to:
	• Note the areas of quality improvement and quality assurance discussed by the QSI committee
	• Note that the QSI committee approved the following:
	  ○ Individual Funding Request policy (IFR)
	  ○ Fertility policy
	  ○ All age safeguarding annual reports 2021/22
	  ○ Learning Disability mortality Review (LeDeR) annual report 2021/22
	  ○ Child Death Overview Panel (CDOP) annual report 2021/22

Previous reporting	The topics covered in this report has previously been considered and scrutinised by the QSI committee.

Next steps/ onward reporting	The policies will be shared widely along with an implementation plan. The annual reports and policies will be available on the ICB's website to ensure the public can access them.
Conflicts of interest	There are no known conflicts of interest
Strategic fit	This report aligns with: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	Each topic is an area of service delivery which aims to improve the quality of care for local people through recognising opportunities for quality improvement and or implementation of an updated new policy. A quality and inequalities impact assessment has been undertaken where required e.g. the Individual funding Request (IFR) and Fertility policy.
Impact on finance, performance and quality	The IFR and fertility policy will have a financial impact depending on the treatment required and the amount of eligible people. The policies was presented to the Finance Performance and Investment Committee (FPIC) to agree how these new cost pressures will be handled. All the topics show improved performance, although in some areas such as Polio vaccination, there is still a lot more needed to improve uptake. All the topics highlight areas for further quality improvements, particularly where joint working at place is beneficial for local delivery.
Risks	Of the topics discussed by QSI the greatest risks noted are Workforce – capacity Maternity – Delivery against the Ockenden recommendations Uptake of vaccinations – Polio, Covid and Flu

Quality Safety and Improvement committee exception report

1.0 Purpose of the report

1.1 This report provides the Board with an overview of the items discussed at the QSI committee held on 12 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. There were rich discussions reflecting the strategic importance of the papers presented to the work of all partners.

1.2 The Board is asked to note this report.

2.0 Key messages

2.1 The Committee approved its terms of reference alongside a discussion about the purpose and system risks which will help to inform the forward planning of items for discussion and or approval.

2.2 The committee heard about Looked After Children (LAC) wellbeing reviews, the vaccination campaigns and Maternity.

2.3 Each paper outlined current issues and how they were being addressed to improve the quality of care. There was an update on the recent LAC wellbeing reviews conducted in August 2022. It outlined system risks associated with performance on completion of statutory health assessments, workforce capacity and data quality. The committee were assured with progress on quality improvement measures implemented as a result of the system conversations.

2.4 The committee were assured by the efforts being made by each place to ensure every resident has opportunity to be vaccinated where necessary and or required (Covid 19, Flu, Monkey Pox, Polio, and Measles Mumps and Rubella). There was discussion around areas of lower uptake and what other measures could be taken, but overall the committee is satisfied that NEL residents are accessing vaccinations particularly the most vulnerable in care settings or their own homes.

2.5 The committee were given an overview of the progress being made to improve care across maternity services, with particular reference to the immediate and essential actions outlined in the Ockenden report. There was discussion around meeting the needs of global majority women, where we know receive worse care than White women. The committee heard about the Equality and Equity plan and further work planned to engage with pregnant and post birth women.

2.6 The committee approved the following policies

- Individual Funding Request policy (IFR)
- Fertility policy
- All age safeguarding annual reports 2021/22
- Learning Disability mortality Review (LeDeR) annual report 2021/22
- Child Death Overview Panel (CDOP) annual report 2021/22

3.0 Risks and Mitigations

The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

3.1 There are no additional risks arising as a result of this report.

Diane Jones
15 November 2022

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Finance, performance and investment committee exception report
Author	Katie McDonald, Governance Manager
Presented by	Henry Black, Chief Finance and Performance Officer Kash Pandya, Associate non-executive member/ Chair of the finance, performance and investment committee
Contact for further information	Katie.mcdonald3@nhs.net
Executive summary	The inaugural meeting of the finance, performance and investment committee was held on 31 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. At the meeting on 31 October 2022, the committee approved its terms of reference, as well as the terms of its sub-committees, and relevant finance policies. The minutes of this meeting will be presented to the Board once approved by the committee. This report provides an overview of the agenda items discussed and any resulting actions.
Action required	The Board is asked to note the report.
Previous reporting	None – this is an exception report from the 31 October meeting
Next steps/ onward reporting	The committee meets again on 6 January 2023 and a regular exception report will be presented to the Board along with any approved minutes.
Conflicts of interest	No conflicts of interest have been identified in relation to this report.
Strategic fit	This report aligns with our aims: • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	One of the committee's responsibilities is to review and approve allocation of contingency funding which is to include transformation, productivity and to aid the reduction of health inequalities for the residents of north east London.
Impact on finance, performance and quality	The committee is established to provide assurance and oversight to the Board on the robustness of the short- and long-term financial strategy and management for the ICB. It will provide assurance to the ICB on operational performance as it relates to the Operational Planning guidance for acute and non-acute metrics, both constitutional and non-constitutional standards as appropriate.

Risks	The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 The inaugural meeting of the finance, performance and investment committee was held on 31 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference.

1.2 The Board is asked to note this report.

2.0 Key messages

2.1 The finance, performance and investment committee held its inaugural meeting on 31 October 2022 where it approved its terms of reference, as well as the terms of its sub-committees, and relevant financial policies. The minutes of this meeting will be presented to the Board once approved by the committee.

2.2 The committee received an update on the current financial position for the ICS and the ICB as well as an overview of the July performance position, outlining key issues across a number of areas including urgent and emergency care. The Chief Finance and Performance Officer updated members on discussions that took place at the ICS Financial Recovery Summit which took place earlier that day and included colleagues from all Trusts and local authorities in north east London. The committee welcomed the proposal to develop a systemwide financial recovery plan and the commitment of all participants to work together to achieve required financial targets for 2022/23. However, the committee remained concerned about the scale of the challenges faced in achieving this objective.

2.3. The committee noted the plans being developed to determine systemwide financial allocations for 2023/34, including the setting up of an investment pool to drive innovation and transformation.

2.4 The committee approved the business case for creating a single fertility policy across north east London. The estimated cost is £2.1m recurrently and the changes will improve4outcomes for people seeking fertility treatment and improve patient experience. The new policy will deliver equitable access to our residents across north east London and reflects the latest clinical evidence. It will also address health inequalities in our existing policies.

2.5 The committee approved the Primary Care Prescribing Efficiency Plan 2022/23 which will promote efficient medicines use across GP practices in north east London, reduce the current variation in primary care prescribing and support collaboration with key partners to identify opportunities for system wide prescribing efficiencies.

2.6 The committee approved the standard operating procedure for operating Primary Care Rebate Schemes (PCRS) which provides a set of underlying principles and a governance framework to manage the implementation of PCRS as offered by the pharmaceutical industry. The updated procedure sets out a single central process for managing primary care rebates across north east London.

3.0 Risks and mitigations

3.1 The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

3.2 The are no additional risks arising as a result of this report.

Author: Katie McDonald, Governance Manager
Date: 03.11.2022

North East London
Integrated Care Board

NHS North East London ICB board

30 November 2022

Title of report	Population health and integration committee exception report
Author	Katie McDonald, Governance Manager
Presented by	Marie Gabriel, ICS Chair/ Chair of the Population Health and Integration Committee
Contact for further information	Katie.mcdonald3@nhs.net
Executive summary	The inaugural meeting of the population health and integration committee was held on 26 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. At the meeting on 26 October 2022, the committee approved its terms of reference and discussed its forward plan for future meetings. The minutes of this meeting will be presented to the Board once approved by the committee. This report provides an overview of the agenda items discussed and any resulting actions.
Action required	The Board is asked to note the report.
Previous reporting	None – this is an exception report from the 26 October meeting
Next steps/ onward reporting	The committee meets again on 13 December 2022 and a regular exception report will be presented to the Board along with any approved minutes.
Conflicts of interest	No conflicts of interest have been identified in relation to this report.
Strategic fit	Which of the ICS aims does this report align with? • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	The remit of the committee is to identify opportunities to support and improve effective population health management and integration of health and care services at place and within collaboratives for the residents of north east London.
Impact on finance, performance and quality	N/A
Risks	The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 The inaugural meeting of the Population Health and Integration Committee was held on 26 October 2022 and this exception report outlines the key messages and actions taken by its members in accordance with its terms of reference. There were rich discussions reflecting the strategic importance of the papers presented to the work of all partners.

1.2 The Board is asked to note this report.

2.0 Key messages

2.1 The Population Health and Integration Committee (the Committee) held its inaugural meeting on 26 October 2022, where it approved its terms of reference and discussed its forward plan for future meetings. The minutes of this meeting will be presented to the Board once approved by the Committee.

2.2 The first item on the agenda was the population health profile for north east London which supports the shift towards a population health approach for the system with clarity on the shared population health and inequalities challenges across north east London. The Committee welcomed the information in the report, commenting on the need to connect with wider data sets, to promote its contents widely so that it can be applied in a number of contexts and to continue to develop the profile. There was a particular ask that the data is used at Place Partnerships and in Collaboratives to drive change.

2.3 The paper set the context and discussion around the next item as the data on population health supports understanding of the significant health inequalities which are linked to wider social and economic inequalities, as well as structural racism and discrimination. The Committee discussed in some depth how we need as a system to evolve our approach to addressing inequalities so that it is fully embedded in our work and we can evidence the change we are seeking to make. It was recognised that this is work in progress and a more detailed paper on the emerging ICS approach to health inequalities is scheduled for the next Committee. Focus was given to the need to identify poverty explicitly as a driver for inequality as well as the broader frame of deprivation. This led to further discussion on the importance of recognising power dynamics and creating equality of power with residents and service users.

2.4 A paper was presented that outlined the work to date in developing the North East London Working with People and Communities Strategy. The strategy is central to our approach to engaging with local residents in order to improve health and wellbeing and to deliver our wider objectives, including system sustainability. Whilst the Committee endorsed the work to date, it underlined the importance of the Strategy setting out an ambitious vision and roadmap to implementation including a focus on moving beyond collaboration to co-production, on user/patient led models and on reciprocity and recognition as examples. The discussion about power dynamics set out above informed this phase of the meeting. The Committee supported the approach which is built on direct resident and community participation, whilst recognising the role of the voluntary and community sector in extending reach. The Committee also supported a Big Conversation with residents in the Spring and it was agreed that work would get underway to enable this.

2.5 Progress updates were presented by place and collaborative leads on developments since the formation of the ICS in July 2022. A discussion ensued about the

importance of continuing conversations across collaboratives and with places as each further develops, including for example how pathways are created, how accountability is understood across those pathways and how ultimately delegation will support this.

2.6 It was suggested and agreed that using deep dives to feed back on developments across the system in terms of Place Partnerships, Collaboratives and north east London would be helpful. These could be thematic rather than sectoral in their approach – for example, focusing on improving mental health and wellbeing for example across the system and how each element enables better outcomes for all residents.

3.0 Risks and mitigations

3.1 The duties of the committee will be driven by the ICS and organisation's objectives and the associated risks. An annual programme will be agreed before the start of the financial year which will be flexible to new and emerging priorities and risks.

3.2 There are no additional risks arising as a result of this report.

Author: Katie McDonald, Governance Manager
2.11.2022

North East London
Integrated Care Board

NHS North East London Board Meeting

30 November 2022

Title of report	Governance Handbook and Constitution Update
Author	Marie Price, Director of Corporate Affairs
Presented by	Charlotte Pomery, Chief Participation and Place Officer
Contact for further information	marie.price9@nhs.net
Executive summary	At its inaugural meeting on 1 July, the Board agreed the initial Governance Handbook, which sets out the governance arrangements for the organisation, including terms of reference (ToRs) and governance policies. Since then there has been further discussion on each committee's ToRs with the respective chair and chief officer, along with the chief executive and chair. In addition, the majority of committees have now met to consider and agree their ToRs. There is further work underway regarding the ToR of sub-committees, both at place and collaborative to agree the scope and specificity of delegation. The Integrated Care Partnership (ICP) steering group has also since been established and draft terms of reference developed for the wider ICP Committee, were approved on 23 November. All updated and proposed terms of reference are included in the updated handbook which is available here. At the September Board meeting the high-level principles for decision making were approved, subject to a final edit. These are included in the revised handbook. The delegation agreement for primary care (GP services) is also now included in the handbook. Further feedback received on the handbook post 1 July has been considered and is reflected in the revised version. The Constitution is a separate document, which the governance handbook complements. NHS England advised of several amendments required for all ICB constitution which relate to points of technical detail rather than substantive matters and are attached as Appendix 1.
Action required	To agree: • the updated Governance Handbook • the proposed amendments to the Constitution
Previous reporting	ICB Board 1 July and each ICB Committee

Next steps/onward reporting	The Governance Handbook will then be further reviewed in March 2023, and annually after that.
Conflicts of interest	Not applicable
Strategic fit	Links to overall design and governance of the ICB and integrated care system as established on 1 July 2022 and to support all four core objectives: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The new inclusive governance is designed to support the new organisation and system to make improvements to access, experience and outcomes for local people - with an overall focus on tackling health inequalities.
Impact on finance, performance and quality	There are no immediate financial implications.
Risks	There are no immediate risks identified.

Appendix 1 – Proposed Constitution amendments from NHS England

- Section 1.4.7 (f) – Health and Care Act reference ‘section 14Z44’ corrected to read ‘section 14Z45’

- Section 3.2.4 – Reference to the ‘sections 56A to 56K of the Scottish Bankruptcy Act 1985’ replaced with ‘Part 13 of the Bankruptcy (Scotland) Act 2016’.

- Section 3.2.7 – ‘A health care professional (within the meaning of section 14N of the 2006 Act)….’. First line updated to remove reference to section 14N of the 2006 Act and capital letters for ‘Health Care Professional’. Line to read as follows ‘A Health and Care Professional or other professional……..’.

- Section 7.1.1 – Reference to ‘paragraph 11(2)’ amended to ‘paragraph 12(2)’.

- Appendix 1 – Add definition of ‘Health Care Professional’ to the table. Definition to be added: ‘An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.’

Integrated Care Board Forward Plan 2022/23

	30-Nov-22	25-Jan-23	29-Mar-23	
Resident story				
Update on issues raised by carer				
Update on issues raised by the deaf community				
Chair and chief executive reports				
Chair's report				
Chief executive officer's report				
Governance				
Executive committee exception report				**Exception reports will include a copy of the committee's final approved minutes (only once agreed by its members)
QSI committee exception report				
FPI committee exception report				
PHI committee exception report				
Audit and risk committee exception report				
Workforce and remuneration committee exception report				
Approval of governance handbook				
Approval of the Q1 CCG annual accounts				
Finance and Performance				
Overview report				
Assurance				
Board Assurance Framework				
Quality				
Commissioner/ICB Statements for Provider Quality Accounts				
Freedom to Speak Up - annual report			To be c/fwrd to 2023/24 - May meeting	
Strategy				
Integrated Care Strategy				
Updated working with people and communities strategy				
Joint forward plan (5 year plan)				