North East London
Integrated Care Board

Draft minutes – Audit & Risk Committee
18 October 2023, 2.00pm – 4.00pm, 4th floor, Unex Tower, Room F01

Members:	
Cha Patel (CPa) - Chair	Non-executive member
Imelda Redmond (IR)	Non-executive member – MS Teams
Sue Evans (SE)	Associate non-executive member
Kash Pandya (KP)	Associate non-executive member
In attendance:	
Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
Mark Kidd (MK)	Local Counter Fraud Specialist, RSM
Henry Black (HB)	Chief Finance and Performance Officer
Charlotte Pomery (CPo)	Chief Participation and Place Officer
Anne-Marie Keliris (AMK)	Head of Governance
Steve Collins (SC)	Director of Finance
Sunil Thakker (ST)	Director of Finance
Rob Adcock (RA)	Director of Finance
Paul Hunt (PH)	Finance Manager - MS Teams (item 9.3)
Anna McDonald (AMc)	Senior Governance Manager - notes
Keely Horton (KH)	Governance Officer - observer
Apologies:	
Tracy Rubery (TR)	Director of Partnerships, Impact and Delivery: Redbridge

1.0	**Welcome, introductions and apologies**
	The Chair welcomed everyone to the meeting. Apologies were noted.
1.1	**Declaration of conflicts of interest**
	The register of interests was noted and 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 Committee are listed on the ICB's register of interests. The register is available either via the Governance Team or the ICB's website.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 30 August 2023 were agreed as a correct record.
1.3	**Actions log**
	Freedom to speak up – forum in primary care – members noted the update which clarified that funding for this sits with primary care providers. The ICB will seek assurance from all system partners that they have an effective FTSU process in place and members noted that the reporting line for FTSU within the ICB is directly to the ICB board.

	All remaining actions were either on the agenda for discussion or marked as complete. **1.3.1 Matters arising** • **Updated assurance map 23/24** – the updated document was noted in regard to the entry relating to Individual Funding Requests. • **Update on the possibility of adapting the current format of the NEL Audit Chairs' meeting** – the meeting will continue in its current form with system finance committee chairs in attendance. The Chair and KP will continue to liaise on planning the agendas.
2.0	**Performance and planning**
	2.1 Procurement Group progress report PH presented the report on behalf of TR. The key messages were: • The procurement Group is meeting on a monthly basis and the terms of reference (ToR) for the group will continue to be reviewed in order to address the issues that have arisen during the year such as below threshold procurements, quoracy and urgent action. Any proposed changes to the ToR will be presented to the Finance, Performance and Investment Committee for approval. • Work to improving the accuracy of the ICB contracts register is continuing and a draft pipeline is under development with help from the chief officers in regard to ensuring leads are allocated correctly. • The aim is to have a fully updated register which will feed into the procurement pipeline and allow the ICB to re-profile its procurement activities to ensure a manageable pipeline for staff and the provider market. • Extensive work has been undertaken in regard to clinical contracts. Detail on all of them has been provided to the chair of the Procurement Group and the information will be shared at Procurement Group meetings on a quarterly basis to enable forward planning and to inform the procurement work programme. • A first draft of the procurement pipeline was presented to the Procurement Group in June. • Single tender waivers (STWs) including retrospective waivers continue to be submitted for endorsement. There is a robust process in place which challenges each submission. A total of 46 STWs have been submitted to date for 2023/24. • Work to improve ICB purchase order (PO) performance against revised national measures is continuing ahead of the mandated move to 100% PO compliance from April 2024 which is linked to the roll out of the new finance system. • There are two emerging risks; o Place decisions where providers may be members of sub-committees and have a conflict of interest o Delays in the formal approval of procurements -Tracy Rubery, in her role as Chair of the Procurement Group is liaising with the ICB's Governance Team in regard to onward reporting and approval routes to ensure transparency and clarity. As part of the discussion committee members: • Welcomed the progress made but raised concerns that progress is slow in some areas. The Chair emphasised the need for the committee to be assured that everything will be in place by April 2024 when the new system is due to be launched. PH agreed to feed back the concern at the next meeting of the

	Procurement Group and asked members to take in to account how progress is being hampered by the ICB's restructure. **ACTION:PH** • Welcomed the discussions at the Executive Management Team (EMT) meeting and were pleased to learn that messages are being communicated to staff in regard to what needs to be done. • Suggested it would be useful to include how we are prioritising the clinical and non-clinical contracts in the next procurement group report. **ACTION: TR** • Noted that discussions have taken place at EMT in regard to the Commissioning Framework for ICBs and ICSs. Members were also informed that training and awareness sessions are being planned in response to the Provider Selection Regime (PSR) guidance that is due to be published. The PSR will provide more flexibility for arranging healthcare services. • The Audit and Risk Committee: • Noted the report • Noted the register of procurement group decisions – April to June 2023 • Noted the summary of single tender waivers
3.0	**Information Governance and IT**
	No items
4.0	**Governance**
	No items
5.0	**Risk**
	5.1 Risk management update CPo presented the report which updated the committee on the Board Assurance Framework (BAF) and corporate risk register. The key messages were: • The current key risks on the BAF relate to: o Collaborative working across partners o Wider determinants of health/environment o Quality and safety of care o Delivery against control total and operating plan o Workforce o Population growth o Mutual accountability for commitments o Digital and estates o Anti-racist commitment o Being outward looking • The finance risk has been upgraded and we are very aware of the wider system risks in terms of fragility, not just in health but local authorities as well. This is being raised with NHSE. • There is still work to be done in terms of alignment - an overview of the recent discussion held at the Quality, Safety and Improvement Committee was given whereby the committee asked to see risks that specifically relate to quality, safety and improvement rather than the chief nurse risk register. A further discussion is planned for the Population Health and Integration Committee meeting on 25 October. As part of the discussion committee members: • Proposed having an assurance map which would provide an overall picture of the whole organisation and would help to inform the discussions on risk. NA

	suggested some of the information in the assurance map under agenda item 1.1.3 could be used as a good starting point. • Suggested the need for some of the risk ratings and targets on the corporate register to be more realistic such as procurement and capital. • Suggested the need for cross -referencing citing CHC as an example. • Recognised the need for a risk appetite review with the board. • Noted the number of ICS-wide risks being managed on the corporate risk register. DG commented on how the corporate risk register is managed by the ICB's EMT which could be creating a gap. He shared his experience of other ICBs who are considering whether to have an ICS-wide BAF or having an ICS BAF and a separate ICB BAF. CPo clarified that the ICB board want a system-wide BAF but agree the need for linkage. CPo to follow-up the points made during the discussion. **ACTION: CPo** The Audit and Risk Committee: • Noted the update • Noted that the BAF was considered by the Board **5.2 Digital risk** HB informed the committee of the bid recently submitted to secure resource for a system-wide cyber security approach which will bring together all the cyber security risks we have as a system and will put us in a much better position to be able to identify cyber security risks which are continuous. As part of the discussion, committee members: • Considered whether there are dangers of cross contamination from different parts of the ICS through our digital systems. The electronic patient record (EPR) was given as an example. HB agreed to follow this up with the digital lead and feedback at the next meeting. **ACTION: HB** • Questioned when the last cyber audit was undertaken and when the next one is due. NA to check and feedback to the committee. **ACTION: NA**. Members noted that the recent submission of the Data Security Protection Toolkit (DSPT) includes some digital elements. • Welcomed the suggestion from HB to provide a more substantive, broader update on digital risk to the committee going forward. **ACTION.HB** **5.2 North East London Foundation Trust (NELFT)** The Chair referred to the recent press release regarding an incident that had occurred in 2015 involving North East London Foundation Trust (NELFT). Members were informed that legal advice has been sought and noted that the ICB will need to consider what the risk implications could be for the ICB and the wider system should anything similar occur within the system going forward.
6.0	**External Audit**
	6.1 Progress report Given the timing in the year and the proximity of the last meeting on 30 August, DG gave a brief verbal update advising that work is about to commence in regard to the Mental Health Investment Standard and Value for Money risk assessment. As part of the discussion: • Recognised that the actions being taken as part of the financial recovery program will take time to take effect and concerns were raised in regard to the impact of this on the year-end position, DG commented that each ICB is

	experiencing similar challenges and other ICSs across the country are in deficit, and as such, there will be an element of benchmarking expectations. • Members noted the need to ensure that we align quality as well as performance in regard to value for money. The Audit and Risk Committee noted the update.
7.0	**Internal Audit**
	7.1 Progress report NA presented the report. The key messages were: • A draft of part 1 of the workforce strategy audit has been issued. • An additional piece of work is being undertaken to review Waltham Forest GP Federated network payments and governance which will help to support the ICB. An opinion will not be issued following the review but there will be learning and recommendations. • There are a growing number of outstanding actions, particularly relating to the Continuing Health care, IR35 and Medicines Optimisation reviews which have not been implemented by the agreed deadlines. The ownership of IR35 sits within HR. The responsible chief officer has appointed a new lead to take the actions forward. As part of the discussion, the committee members: • Acknowledged the different levels of maturity in regard to the GP federations and agreed that some of the recommendations from the review could be used as a support mechanism and provide next steps in regard to how we can work with them to help them to get where they need to be. Links to the contracts register and the wider commissioning framework and principles of engagement and transparency were noted and it was suggested that the outputs from the review could be applied to other grants. • Noted that the revised implementation date for IR35 is December which could impact on year-end. NA to provide a further update at the next meeting. **ACTION: NA** • Noted that the Head of Governance would be meeting with the Medicines Management team in the coming week. NA to share what has been provided to him recently to inform the discussion. **ACTION: NA.** The Audit and Risk Committee noted the report.
8.0	**Local Counter Fraud Specialist (LCFS)**
	8.1 Progress report MK presented the report. The key messages were: • Eleven referrals have been received since the last meeting which is a 50% increase on last year. A number of the referrals have been reported anonymously to the NHS Counter Fraud Authority (NHS CFA) and have lacked detail which has prevented further investigation. • Fraud awareness week takes place in November and staff will be invited to attend awareness sessions. As part of the discussion, committee members: • Noted that although an increase in the number of cases that can be investigated is being seen, they are low level and low value. • Discussed the personal health budget theft and received assurance that the issue had been identified straight away and everything that could be done has

	been done. MK to provide an update on this case at the next meeting. **ACTION: MK** The Audit and Risk Committee noted the report.
9.0	**Finance**
	9.1 Finance overview HB presented the report and gave the following key messages: • The month 5 financial performance for the ICB and ICS shows a year-to-date position with an adverse variance to plan of £16m for the ICB as part of a £74m adverse variance for the ICS. • A draft financial recovery plan (FRP) has been submitted to our regulators but formal approval of the revised £55m deficit has not been received yet. • The £55m does not include the impact of the industrial action. • A financial recovery director has been appointed and a Financial Recovery Board (FRB) has been established. The first meeting will be held on 27 October 2023. • As reported at the last meeting, a double lock mechanism is in place and the enhanced control environment across the ICS will continue to be tracked through the FRB. As part of the discussion, the committee members: • Noted the significant financial challenges particularly sustainability. • Welcomed hearing that the membership of the FRB is system-wide which will help to ensure joint ownership. • Noted that we are recording industrial action separately to the £55m and questioned if the rest of the system is doing the same. HB explained that there will always be a degree of subjectivity particularly in regard to CIP slippage and loss of productivity but added that we are trying to make it as structured as it can be. • Recognised the fragility in each of the local authorities within north east London with significant overspends in children's services and adult social care. HB advised that a system-wide workshop is being planned for December with our local authority colleagues and voluntary sector partners. This will provide an opportunity to share an understanding of the challenges each individual organisation is facing and also to discuss individual recovery plans to help avoid any un-intentional consequences. HB to include a high-level overview of our local authority finances as part of the next finance update to the committee at the next meeting so that the committee has a clear understanding of the risks to the system. **ACTION: HB** The Audit and Risk Committee: • Noted the report and the risks associated with the delivery of the finance operating plan. **9.2 Update on progress relating to the new finance system for April 2024** PH presented the report and gave the following key messages: • The internal work plan has received support from the Executive Management Team (EMT) and chief officers are working with the finance team to identify who the leads are within their respective areas. • Regular messages are being communicated to staff and a dedicated page on the staff intranet has been set up. • The project plan has not yet been received from NHSE. In the meantime, an internal Project Board has been established. RA is the senior responsible

	officer (SRO) and NA will attend the meetings. The main focus will be on ledger cleansing and Oracle hierarchy changes until the project plan has been received from NHSE. Finance colleagues have been working internally and across London in regard to setting up the ledger. The expectation is that the Oracle hierarchy will be rebuilt by end of November. • Finance colleagues are continuing to engage with contract teams in preparation for Purchase Order (PO) utilisation. The current figure for PO usage is 46%, this is expected to increase following the work achieved by individual teams such as IT and primary Care. The current figure for non-PO is 2,700. • Discussions regarding PO compliance in continuing health care are on-going which was flagged as one of the risks. As part of the discussion, committee members: • Recognised the impact that the ICB's restructure has had in regard to the lack of progress made in some areas. • Noted the risks involved and emphasised the need for continued support from the chief officers. • Noted the potential benefits of moving to a full PO system and how a complete cultural change is needed. • Requested regular update reports to ensure the committee is sighted on the progress and the risks involved. **ACTION: HB/PH** The Audit and Risk Committee: • Noted the report
10.0	**Future planning**
	10.1 Committee workplan – 23/24 The Committee members noted the workplan. **10.2 Items for exception report to next ICB board meeting** The Chair advised that an exception report for the November board meeting would be drafted in advance of the board meeting based on the minutes. **10.3 Items to disseminate** IR and KP to continue to discuss and closely monitor the major issues and challenges relating to quality and finance at the respective committee meetings that they chair.
11.0	**Items for information**
	11.1 Procurement group minutes The committee noted the minutes of the meeting held in August 2023. **11.2 Information governance group minutes** The committee noted the minutes of the meetings held in August and September 2023. The Chair welcomed the improvement in regard to the quality of both sets of minutes.
12.0	**Any other business and close**
	There were no additional items discussed.
	Date of next meeting – 13 December 2023

Minutes of the Executive Committee

Thursday 9 November 2023; 3.30pm – 5.00pm; via MS Teams

Members:	
Shane DeGaris (SD) - Chairing	Group Chief Executive, Barts Health NHS Trust
Paul Gilluley (PG)	Chief Medical Officer, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Francesca Okosi (FOk)	Chief People and Culture Officer, NHS North East London
Paul Calaminus (PC)	Chief Executive, NELFT
Louise Ashley (LAs)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Lorraine Sunduza (LS)	Interim Chief Executive, East London NHS Foundation Trust
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Sarah See (SS)	Managing Director of Primary Care, NHS North East London
Matthew Cole (MC)	Director of Public Health, London Borough of Barking and Dagenham *representing Gladys Xavier*
Christopher Spencer (CS)	Interim Strategic Director of People, London Borough of Waltham Forest *representing Heather Flinders*
Attendees:	
Archna Mathur (AM)	Director of Specialised Services and Cancer, NHS North East London Acute Provider Collaborative
Femi Odewale (FOd)	Managing Director, North East London Cancer Alliance
Susan Nwanze (SN)	Interim Director of Culture, Education and Workforce Transformation, NHS North East London
Laura Anstey (LAn)	Chief of Staff, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London
Apologies:	
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Matthew Trainer (MT)	Chief Executive, Barking, Havering and Redbridge University Hospitals Trust
Gladys Xavier (GX)	Director of Public Health, London Borough of Redbridge
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest

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

	No additional conflicts were declared.
1.2	Minutes of the meeting held on 7 September 2023
	The minutes of the meeting held on 7 September 2023 were agreed as an accurate record.
1.3	Actions log
	Members noted that there were no outstanding actions on the actions log. *At this point, the order of agenda items was changed.*
2.0	**Financial recovery overview**
	HB presented the report and explained the following points: • The Integrated Care System (ICS) reported a year to date deficit at Month 6 of £88.4m which gives an adverse variance to plan of £83.1m. • The actual deficit adjusted for the direct cost impact of the junior doctors' industrial action is £76.4m (£83.1m less £12.0m). This gives an adverse variance to the Financial Recovery Plan (FRP) of £4.9m. • A letter was been received from NHS England on 8 November which explained that in order to cover the costs of industrial action to date, the following has been agreed with the Treasury: o Allocating a total of £800 million to systems sourced from a combination of reprioritisation of national budgets and new funding. o Reducing the elective activity target for 2023/24 to a national average of 103%, which will now be maintained for the remainder of the financial year. • The additional funding will be conditional to the ICS achieving a breakeven position at year end and the plans to achieve this must be submitted to NHS England by 22 November. It is estimated that north east London would receive approximately £46m if the position is achieved. The plans must also be designed to protect urgent and emergency care, cancer and maternity activity. • The Finance Recovery Board is meeting on 10 November, followed by an informal meeting with NHS partner Chief Finance Officers where the plans will be discussed. A focus call with the NHS England regional team will take place on 24 November to review the submission. Members discussed the report and key points included: • It was highlighted that the additional funding from NHS England is not new monies, but will be taken from existing resource. • It will be important to try and identify additional measures that can be taken as soon as possible in order to report back to NHS England. The Executive Committee noted the report. *Henry Black left the meeting at 3.50pm.*
3.0	**Deep dive: cancer**
	AM and FOd presented the report and highlighted the following key points: • The North East London Cancer Alliance was formed on 1 April 2020 and is one of 21 cancer alliances across England. The Alliance helps to improve cancer prevention, diagnosis, treatment and care for local residents. To do this, we work with patients, residents, carers, hospitals, GP practices, health and care professionals, local authorities and community and voluntary organisations across north east London. • The North East London Cancer Alliance is committed to improving cancer outcomes and reducing inequalities for local people. The aim is to ensure that all residents have equal access to better cancer services so that we can:

	○ Prevent cancer ○ Spot cancer sooner ○ Provide the right treatment at the right time ○ Support people and families affected by cancer • We have been working in partnership with local authorities, GPs, community and voluntary groups and Public Health on a borough-by-borough basis to deliver the Targeted Lung Health Check Programme which offers free lung checks for people aged 55-74 who have ever smoked. The programme started in Barking & Dagenham in July 2022 and will ultimately reach all our boroughs in north east London by March 2027. • We are implementing Lynch Syndrome pathways across north east London for colorectal and endometrial cancers. Patients and their close relatives may be tested for Lynch Syndrome, which can be a risk factor for other cancers, as another mechanism to support with early diagnosis. • Work is happening in partnership with the charity Cancer Awareness in Teens and Twenties (CATTS) to deliver cancer awareness raising sessions within secondary schools to over 2,000 Year 10 and Year 11 pupils. • There have been some recent changes to cancer performance standards, modernising and simplifying them from 10 standards to three, with a focus on 28 days faster diagnosis. The changes ensure people are diagnosed and able to start treatment as quickly as possible. In order to deliver against the 28-day Faster Diagnosis Standard, our Trusts need to meet key timed milestones for each of the tumour sites, known as the Best Practice Timed Pathway. In particular, we are currently monitoring both colorectal and prostate pathways, as these represent some of the highest referral rates into acute hospitals nationally. • Over 600 patients have benefited from prehabilitation interventions resulting in increased fitness for treatment, reduced consequences of treatment and length of stay in hospital. • We are working with our partners to ensure that appropriate psychological support is available to all people affected by cancer and their significant others. We are implementing our 2023/2024 Psychosocial Development Plan to address inequities across the system and improve psychosocial support for people across north east London. • The statement from NHS England regarding financial challenges includes the fact that cancer will be protected, which has provided significant assurance. Members discussed the report and key points included: • The anchoring of cancer at a Place-level could be strengthened and having sight of any variation in outcomes within communities could help to identify any inequalities. • It would be helpful to have more data that can underpin this work that can link to causal factors such as childhood obesity and smoking cessation. The Executive Committee noted the report.
4.0	**NEL System people and culture strategy**
	SN presented the report and explained the following points: • Some gaps in the document have been identified which will be addressed for the next iteration of the strategy which include the need to draw out the vision more clearly and inclusion of the training plans and work happening at the Academy. • The task and finish groups that had been planned over the summer period did not go ahead due to the number of apologies received and industrial action taking place. The work of these groups will now be picked up by the newly established NEL People Board, which held its inaugural meeting today.

	• Throughout 2023 the ICB engaged partners from across local government, primary care, secondary care, independent social care and the voluntary sector on the strategy. Stakeholders including staff and representatives of our local communities attended strategy development sessions to have their say on what they would like to see included. • Valuable discussions took place at the People Board, Big Conversation events and the Integrated Care Board, as well as hackathons with the wider workforce to listen and learn from their experience. • The strategy is framed around four pillars; Attract, Retain, Innovate and Lead. One of the aims of the strategy is to work together to develop a system-wide health and social care workforce database and to put in place a robust integrated workforce planning system to ensure the long-term sustainability of our NEL health and social care workforce supply. Members discussed the report and points included the following: • Demanding workloads is a common theme from discussions with the system's workforce, therefore it will be important to build pressures into the strategy. The increasing demand will mean that we need to be innovative in terms of utilising the digital and artificial intelligence space in the longer-term as traditional methods will not be sufficient. • There is a need to build on the existing good practice taking place across the system and use the strategy as vehicle to support sharing best practice. • It is important to keep the joy in working in north east London and to energise the workforce. We should also be brave and highlight that inner/ outer London high cost allowance is an issue and frame how we plan to address this; if there is not a national solution we should consider a London-wide agreement. • Thought will be required as to what data is gathered in order to determine key factors such as the impacts of inner/ outer London high cost allowance, violence and aggression and cost of living. Once the data set is agreed by partners, a Memorandum of Understanding (MoU) will be put in place. • Openness, culture and support within the system will be key, but is also a large undertaking. Consideration will need to be given as to how we role model and learn from each other. • The financial implications and risks involved may be a cause for concern which will need addressing. The Executive Committee approved the principles of the people and culture strategy.
5.0	**Delivery plan for recovering access to primary care**
	JM and SS presented the report and highlighted the following points: • It is a national requirement to develop a Delivery Plan for Recovering Access to Primary Care (PCARP), however the ICB has decided to take this further by including plans for urgent and emergency care (UEC) and elective care also. • PCARP forms a two-year programme, incorporating four key areas to address the following aims: implementing modern general practice access, empowering patients to manage their own health, building capacity and cutting bureaucracy. • The Primary Care Delivery Group has executive oversight of the programme, reporting to the Primary Care Collaborative. Progress against specific components of the PCARP programme are also reviewed in the urgent and emergency care and planned care programme boards. • The Clinical Advisory Group (CAG) will devote a session every 4-6 weeks to provide strategic oversight to improving the primary-secondary care interface, and will reach into the acute and community collaboratives to enable this work. Local interface

	groups will sit alongside this session at CAG to ensure a two-way discussion between the NEL and Place governance as well as implementing delivery at Place. • The plan is GP-centric, but through working with the Collaborative it begins to expand into the other primary care providers. Members discussed the report and key points included: • Due to the growing population in north east London it will be important to build capacity into the plans, particularly given the aging GP workforce. The Fuller programme contains a workforce stream, so there should be correlation with this. • It would be helpful to understand whether there is any clinical variation based on the data available and to draw on the Primary Care Network plans regarding productivity. The Executive Committee noted the report.
6.0	**Clinical Advisory Group update**
	PG presented the report and explained the following points: • The Group had a discussion regarding the Lucy Letby case, which included the role of senior managers and executives and the need to avoid group-thinking. There were also discussions regarding how we can identify failures at an early stage and the safeguarding processes we currently have in north east London, such as the Child Death Overview Panel (CDOP). • Members discussed the reported rise in Covid-19 cases in the community and the increasing presentations of respiratory issues in emergency departments. The Group decided not to enact enhanced infection, prevention and control (IPC) measures at this stage based on recommendations from IPC leads but will continue to monitor the situation closely. • All ICBs are required to have procured and implemented Smart System Co-Ordination Centres by Winter 2023 to support ensuring the safest and highest quality of care possible for the population by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services. North east London's System Coordination Centre will be at Unex Tower, Stratford. • The Group discussed the work to date on winter planning for 2023/2024 as part of the wider approach to urgent and emergency care. The ICB will lead on high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of the strategic coordination centre. Members discussed the report and points included: • There is clinical input into the system coordination centre; however, an on-call rota for clinicians will not be needed as there will be out of hours clinicians available in emergency departments. The Executive Committee noted the report.
7.0	**Any other business**
	There was no other business to note
	Date of next meeting – 11 January 2024

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 30 October 2023, 1400 – 1645 held in room FO1, 4th Floor, Unex Tower, Station Street, Stratford, London, E15 1DA

Members:	
Kash Pandya (KP) - Chair	Associate Non-Executive Member, NHS North East London
Cha Patel (CP)	Non-Executive member for Audit, NHS North East London
Fiona Smith (FS)	Associate Non-Executive Member, NHS North East London
Dr Mohit Venkataram (MV)	NHS Trust Partner Member, East London NHS Foundation Trust
Dr Mark Rickets (MR)	Primary Care Partner Member, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Attendees:	
Marie Gabriel (MG)	Chair, NHS North East London
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Sunil Thakker (ST)	Director of Finance, NHS North East London
Clive Walsh (CW)	Interim Director of Performance, NHS North East London
Phil Orwin (PO)	Interim Financial Recovery Director, NHS North East London ICS
Michael Duff (MD)	Deputy Director of Finance – North East London, NHS England - London
Matthew Knell (MK)	Senior Governance Manager, NHS North East London
Charlotte Pomery (CPo)	Chief Participation and Place Officer, NHS North East London for item P2
Karina Christensen (KC)	Head of Commissioning & Contract Management, NHS North East London for item P2
Peter McDonnell (PMD)	Head of Ageing Well, NHS North East London for item P2
Sherifah Scott (SS)	Head of Contracts, NHS North East London for item P2
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Richard Fradgley (RF)	Executive Director of Integrated Care and Deputy Chief Executive, East London NHS Foundation Trust
Dan Burningham (DB)	Mental Health Programme Director, NHS North East London
Apologies	
No apologies	

Item No.	Item title
1.0	**Welcome, introductions and apologies:** The Chair, Kash Pandya (KP) welcomed those in attendance to the October 2023 meeting of the NHS North East London (NEL) Finance, Performance and Investment Committee (FPIC), noting apologies as indicated above. The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Committee. Dr Mohit Venkataram (MV) flagged that he held an interest in agenda item 4, the deep dive on the Mental Health Investment Standard (MHIS) as an Executive Director of East London NHS Foundation Trust (ELFT), one of the local mental health providers. There were no further declarations made pursuant to the agenda.

2.0	**Committee business:** a. Minutes of the last meeting b. Matters arising and action log The Committee received the minutes of the last meeting held on Monday 4 September 2023 and agreed them, subject to the following amendments: • On page 28 of the circulated paper package, an action be added to request more information on waiting lists for Clive Walsh (CW) and the performance team.
3.0	**Executive Update on Financial Recovery Plan delivery:** a. Continuing Healthcare - Variation of spend across "Place" Diane Jones (DJ) joined FPIC members to brief the meeting and support discussion for this item, taking those present through the circulated papers that covered the plans in place to achieve £15 million efficiency savings by year end and the work underway to further explore and develop what will be needed to ensure delivery. DJ briefed the FPIC that: • NEL remained on track to deliver planned levels of Continuing Healthcare (CHC) reviews in 2023/24, while efforts were being focussed on the processes and operating models in place across the different areas and across various providers within NEL to move towards a consistent model. • It was recognised that more control over assessments and brokerage was required, and plans were in place to address this by the end of January 2024. Work was also underway to look at the CHC supporting structures in place across NEL to expose any value for money or efficiency opportunities. This was being looked at carefully to ensure that all future structures would be best placed to hold the risk inherent in CHC. The FPIC thanked DJ and the team for the presentation and discussed the following points: • That work was ongoing to assess the risks present in this work, with the first Programme Board meeting due within the upcoming fortnight. • That this work would benefit from encouraging the nurturing of strong clinical leadership to ensure that effective change is delivered and continues to be supported in to the future. It was recognised that every individual CHC case was managed and overseen by a clinician in NEL, either through annual reviews or as part of a multi-disciplinary team (MDT). • There were some links to the work already discussed in the meeting around the ICB's EOL Strategy that could be explored, as well as risks to be assessed that the end results of this work could result in a further cost pressure for the ICB and/or system as a whole. • Take up of the Care Homes Any Qualified Provider (AQP), as discussed at a previous FPIC meeting, had not been as high as hoped and work continued to encourage providers to move on to the framework. • Detailed conversations would be needed with local authority partners on contributions and the split of care between them and the NHS, these were being started at the Place level and based on principles of integration and transparency to secure patient focussed care. There were issues to be addressed, for instance that the London wide AQP rate for the NHS was higher than standard local authority rates. • Broadly, the most significant driver behind the CHC overspend was that each package of care was increasing in cost, not that the total activity was increasing.

	This had been the trend in CHC for some time and the ICB team needed to pivot to address this issue. • The FPIC discussed whether the ICBs work on CHC was resourced and organised to deliver improvements and effect ongoing change, along with whether a strategy or operating model needed to be explored and documented to steer work on future structures. • It was recognised that efforts in relation to CHC must take a long-term view, acknowledging that local people were living longer with more complex conditions than in the past. This was in addition to the increase in the NEL population as a whole and in older demographics, coupled with the previously discussed increase in care costs. It was likely that a whole programme of work to explore the future strategy and delivery requirements around CHC was needed. • CHC costs and the overspend present in the current year remained one of the highest risks for the ICB and addressing it would require a careful balance across quality, value for money and patient choice. The ICB's Financial Recovery Board (FRB) would be monitoring the progress of work to address CHC through the rest of the year regularly and a CHC Cost Improvement Board had been stood up that could report to the FPIC periodically if required.
4.0	**Deep dive: Mental Health Investment Standard** Richard Fradgley (RF) and Dan Burningham (DB) joined the FPIC to present the circulated presentation to members, briefing members on the work of the mental health teams across the area to deliver against the Mental Health Investment Standard (MHIS) and meet the requirements of the NHS Long Term Plan. FPIC members thanked the team for the update on their work and discussed the following points: • Exploration of NEL's spend on mental health services and the MHIS was needed with partners, as current indications that the areas spend was around £25 million lower than comparable other areas across the country. The Mental Health Diagnostic work undertaken by PA Consulting will help provide clarity on the costs and returns across each specific mental health service, but that if additional funding was available, it may be best targeted at areas of particular pressure, for instance, non-contracted activity (NCA). • The FPIC recognised that both a long-term strategy to address some of the issues raised in the presentation and short-term plans to resolve immediate problems were required. Both should be supported by appropriate measures to ensure that any and all invest to save initiatives are evidenced and working as intended. • Focussed efforts were needed to address NCA and patients in high needs accommodation who could be cared for more effectively in more suitable environments or through effective step-down services. A shift to targeted community care was also needed, to include crisis care at home. • With regards to the right care, right person changes, data was expected to become available shortly to provide information on impacts, activity and costs. • The differences between business as usual and more programme-based investment needed to be explored and made clear, with effective measurement of returns on investment to ensure that NEL funds are being invested in the right place for the most impact for local people. The role of the Mental Health, Learning Disability and Autism Collaborative (MHLDAC) would be vital in this work.

	• That this work would benefit from being discussed in more detail at the local, Place level – supported by financial detail to enable transparent partner discussions and shape NEL wide strategy for these services. • That the FRB had already recognised that it would vital to both the financial stability of the NEL system, and for effective patient care for local people to be seen and cared for in the right place, at the right time. This would require increased capacity in Mental Health services to support patients who currently were being cared for in the acute setting. **ACTION:** Richard Fradgley (RF) and Dan Burningham (DB) to take the paper presented to the FPIC on to Place and Partnership Forums with additional content to cover financial detail for more detailed discussion of local needs to steer the future of this work.
5.0	**Performance Report:** a. Month 4, 2023-24 Performance Overview (month 5 Urgent & Emergency Care data) Clive Walsh (CW) briefed the Committee on the circulated performance report, highlighting that: • The verified position for August 2023 shows an improvement against the 4-hour Emergency Department (ED) standard with the overall trajectory being met. The system is being supported in Tier 1 (highest risk) for Urgent and EC services for 2023/24, with monthly meetings between NEL, NHSE (London) and the national UEC team. • Further consultant and junior medical staffing IA took place in October 2023 with the likelihood of regular strike action in the future, although a pause has been introduced for November 2023. The IA led to loss of elective capacity and contributed to the failure to meet the revised national requirement to treat all patients waiting > 78 weeks by 30 June 2023. Broadly speaking and based on experiences to date, months affected by IA were seeing a 25% drop in expected activity over the month. • The number of patients waiting more than 62 days for cancer treatment had now fallen, after the prior three months all saw rises. Barts Health moved into a Tier 2 position for organisations with a backlog above their fair share's requirement, significantly driven by IA, which continued to have an impact on performance due to staff redeployed to support urgent operational pressures. The nationally revised cancer standards will be implemented and applied to data from October 2023. A partial update on Pharmacy, Optometry and Dental (PODs) metrics was made available for the Committee that covered spend over since the ICB took on delegated responsibility for commissioning these areas of care. Further information will be provided by email after the meeting. • FPIC members had discussed the need to explore community service performance in previous meeting and the available data and measures would be explored with members ahead of the next FPIC meeting, where they could be included in the main performance report. The Committee thanked CW for the briefing and discussed the following points: • That there were some significantly long waiting times in some community health services (CHS) and that a deep dive on CHS could be beneficial in the near future. • That the ICB Board would receive the next iteration of the performance report ahead of the FPIC due to the scheduling of meetings in November 2023. • The impact of IA across NEL and where performance may be without it impacting across almost services. The Committee recognised that most performance measures were operating ahead of trajectory despite the impacts of IA. However, there were non-obvious impacts of IA, as it was now being planned for and bookings made around IA, rather than appointments being cancelled. There was work

	underway between NHSE and Trusts to double check and ensure that reporting is consistent across all providers in relation to IA impacted activity. • The Committee would be provided with a report that features both the old and new cancer metrics at the crossover point when it receives data from month 5 to enable comparison. Initial data was indicating that NEL was close to achieving these measures, but this would be confirmed in the coming month. • Data split or explorable by Provider and Place would be a useful feature in future reports and would help in the identification and sharing of good practices across NEL. • Data on primary care and waiting lists needed to be expanded on and explored in the Committee, particularly around diagnostics and information provided on whether any harm reviews have been undertaken, or may be needed. • Specific guidance from NHSE was expected on colonoscopy due to long waiting lists in many areas of the country and the potential for significant patient harm due to delays. • That any mutual aid capacity within NEL Trusts must take priority for local needs to be met before made available to other areas. • The advice and guidance system was proving to be a success with some 23% of the activity moving through the system being safely diverted away from the acute setting. • An improvement plan for the urgent treatment centre run by PELC at Barking Havering & Redbridge NHS University Trust (BHRUT) was un development with further information expected at the next FPIC meeting. • It was recognised that key CHS indicators relating to discharge and virtual wards were already red rated and below trajectory before winter pressures started coming in to effect and concern was raised about the robustness of this part of the system in the upcoming months. A virtual ward action plan was in production through the UEC team and further information on this would be available at the next meeting. **ACTION:** CW to circulated further information Pharmacy, Optometry and Dental (PODs) metrics outside of the meeting. **ACTION:** CW to include coverage of CHS data and metrics in the next iteration of the performance report, as discussed and agreed with FPIC Chair. **ACTION:** MK to add deep dive on community health services to the Committees forward plan.
6.0	**Finance:** a. Month 6, 2023-24 Finance Report • Variation to a s256 with LBBD, LBH & LBR. b. Financial Recovery Director update c. Review of North East London Integrated Care Board/System and Barts Health Trust Phil Orwin (PO) updated the FPIC on his role and work as interim Financial Recovery Director with the ICB, including that: • He had met with all local NHS providers and that the FRB, involving clinical, non-executive and representatives of all NHS providers had held its first meeting earlier in the month. • Work was underway to produce a detailed action plan that covered what would be achievable in the current financial year, the following year and within the next 4 years. There were several substantial strands of work emerging that could be relatively quickly mobilised for savings, including the movement of mental health

activity from the acute setting to more suitable services as discussed earlier in the meeting. Concept papers to explore these in more detail were in production.

- It would be important to utilise existing structures in this work wherever possible and there was no desire to create new governance structures or processes for this work.
- Barts Health, BHRUT and Homerton Healthcare NHS Foundation Trust (HHFT) were all working together to explore and document risks and opportunities and more information on the outcome of this work would become available soon.
- The FRB would undertake the detailed oversight and receive assurance on progress and outcomes of this work on a regular basis, and report to the FPIC as a Sub Committee. The FRB would be meeting fortnightly for the foreseeable future to ensure that this work proceeds at pace.

The FPIC thanked PO for the verbal update and discussed the following points:

- The year-to-date position at September 2023 indicated an adverse variance to plan of £17m for the ICB as part of a £83.1m adverse variance for the ICS. At month 6, factoring into account the impact of industrial action, the ICS is £5.4m (0.1% of allocation) adverse to its agreed Financial Recovery Plan trajectory. The ICB was not confident that all opportunities were being effectively explored and actions being mobilised. An increased focus was needed across the NEL system as a whole, with the FRB being a key part of addressing this.
- The plans in place across NEL and NHS partners appeared to be somewhat disparate, with little indication that good practices were being shared and learnt from.
- The ICB needed to recognise that NHS England (NHSE) were expecting a breakeven position at year end, not the £55 million deficit that the system was currently planning towards. The system needed to acknowledge that any deficit position would impact on the following year's needs for further savings.
- A response and action plan to the NHSE Review of North East London Integrated Care Board / System and Barts Health Trust was in production and would be taken forward through the FRB.
- The system as a whole needed to be clear and establish a shared understanding of risks across partners and the appetite for risk. Difficult conversations would need to be held with honesty and transparency.
- A commitment to, and review of returns on investment across the system would be needed to ensure that these are measured, evidenced and producing planned results under a stronger NEL wide process. Future investments would need to be supported by clear data and informatics to ensure the best utilisation of NEL funding for the best impact for local people.
- The role of clinical leadership in the system would be vital in sharing best practice and value for money and while the NEL focus may be on financial recovery, it must also ensure that the right care is being provided in the right place. There will be investment and movement of funding as part of this work and ensuring that links with Places to gather local views and experiences would be vital to NEL wide success.

HB briefed the Committee members on the overarching financial position of the ICB and NEL system along with the ask for approval for a variation to be made to section 256 (s256) arrangements with the London Boroughs of Barking and Dagenham (LBBD), Havering (LBH) and Redbridge (LBR). This variation would transfer commissioning responsibility, and funding, back to the ICB from the local authorities and align with the process undertaken in the other NEL areas. Other updates for the Committee included that:

	• The year to date position for the ICS and ICB included the costs of IA and corresponding loss of elective recovery funds (ERF) and as discussed earlier in the meeting, CHC costs were a significant concern for the system, along with prescribing spend, which had proven challenging to forecast due to price variability. • The ICB was looking at the region of a £178 million risk to the year end position and the financial recovery trajectory was becoming more challenging in the second half of 2023/24. • Forecasts indicated around a 12% overspend on agency costs at year end across the system and meeting this would require significant improvement in current practices. Much of this spend was driven by costs relating to IA cover and if IA ended, this 12% overspend would be more achievable. • NHSE were looking at options for more capital support for NEL trusts, recognising the specific issues present in the area. The ICB and system partners had prepared a list of critical risks and plans for any potential investment, and work had started on the production of a list of strategic wants for any further funding that may become available. More information on any funding was expected in January or February 2024. • The Committee recognised that PO's work on financial recovery would pick up on any quick wins around estates and capital expenditure, with more information on any of these available soon. • The FPIC discussed the inclusion of further information in future finance reports on cost improvement and productivity schemes (CIPs), with contingency plans, risks and clarity on recurrent/non-recurrent impacts. As the ICB moved in to the final quarter of the year, it would also help to start exploring what potential impacts might be expected on balance sheet reserves. **ACTION:** FPIC to be provided with lists for the use of any available capital funding, both the list relating to addressing critical risks and the one covering strategic wants at a future meeting. **APPROVAL:** The FPIC approved the variation to the S256 agreements between the ICB and LBBD, LBH and LBR to mobilise virtual ward services with the ICB as the lead commissioner and aligned with the other areas of NEL.
7.0	**CFPO Risk Register** Steve Collins (SC) briefed the Committee on the Chief Finance and Performance Officer's (CFPO) Risk Register since being presented at the last meeting. The register includes risks rated as scoring over 12. Committee members discussed the following points: • Ownership of the CHC risk, considering the Committee discussions earlier in the meeting and whether it was being recorded and scored correctly. While the FPIC concentrated on the CFPO risk register, similar and probably overlapping risks were being held in other Chief Officer's risk registers that may need to be addressed in the Board Assurance Framework. It was recognised that this risk was being monitored and discussed in the Quality, Safety & Improvement Committee (QSIC) and the Audit Committee (AC) had also picked up the risk to the system as a whole and received assurances that an action plan was in place and that movement on performance and the risk would be seen imminently.

	• Whether there were any risks that needed to be explored and documented around the merging of Chief Finance Officer roles between BHRUT and Barts Health The Committee noted the other contents of the report.
8.0	**Updates from Committee sub groups:** a. Primary Care Contracts Sub-Committee b. Business Case Assurance Group c. Procurement Group The Committee received and noted update reports from the Primary Care Contracts Sub-Committee (PCCSC), Business Case Assurance Group (BCAG) & Procurement Group (PG). Members raised the following items: • The Committee discussed why a practice had had a business case for a caretaker approved, but not for additional nursing support. Members were informed that the practice was not able to open and operate without a caretaker, while the Sub Committee had raised questions that needed to be resolved around the nurse apprentice roles. • The Committee asked for details on red rated risks from the PCCSC to be escalated to the FPIC in a future meeting. It was thought that the risks related to the primary care workforce as a whole and also recruitment to vacant and required roles. • Work was underway to review the roles and processes supporting the BCAG and PG, with the BCAG not featuring any clinical representation currently and both bodies concentrating on technical compliance rather than taking a more strategic approach. More information on changes to both of these bodies would be available in the near future. • The Committee requested that a regular report on the use of single tender waivers be made available to the FPIC in future meetings. **ACTION:** MK to work with Primary Care Contracts Sub-Committee to include information on red rated risks in future exception reports to the FPIC. **ACTION:** MK to work with finance team to secure regular report on the use of single tender waivers for information as part of standing agenda for future FPIC meetings.
9.0	**Any Other Business** a. Forward plan No items were added to the forward plan and no further business was discussed by the Committee.
Date of next meeting: Monday 30 November 2023, 1400-1600	

NHS
North East London

Minutes of the Population Health and Integration Committee

Wednesday 25 October 2023; 12.30pm - 2.30pm; Unex Tower and Microsoft Teams

Members:	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health & Care Partnership
Dr Jagan John (JJ)	Primary care partner member
Imelda Redmond (IR)	Non-executive member, NHS North East London
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Cllr Maureen Worby (MW)	Local authority partner member
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Louise Ashley (LA)	Chief Executive, Homerton Healthcare NHS Foundation Trust *via MS Teams*
Attendees:	
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Paul Calaminus (PC)	Chief Executive, NELFT
Adrian Loades (AL)	Corporate Director of People, London Borough of Redbridge *via MS Teams*
Raliat Onatade (RO)	Chief pharmacist and director of medicines and pharmacy, NHS North East London *via MS Teams for item 2.0 only*
Ada Onyeagwara (AO)	Head of medicines optimisation, NHS North East London *via MS Teams for item 2.0 only*
Anne-Marie Keliris (AMK)	Head of Governance, NHS North East London *for item 4.0 only*
Katie McDonald (KMc)	Governance Manager, NHS North East London (minute taker)
Apologies:	
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Noah Curthoys (NC)	Associate non-executive member, NHS North East London
Hilary Ross (HR)	Director of Provider Development and Collaboration, NHS North East London
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Fiona Taylor (FT)	Chief Executive, London Borough of Barking and Dagenham
Dr Neil Ashman (NA)	Chief Executive, The Royal London and Mile End Hospitals

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair welcomed those in attendance to the meeting and apologies were noted.
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared.

1.2	Minutes of the meeting held on 5 September 2023
	The minutes of the meeting held on 5 September 2023 were agreed as an accurate record.
1.3	Matters arising
	In relation to the discussions had on 5 September regarding effective system working between and across places, collaboratives and system, as detailed in section 2.0 of the minutes, it was confirmed that Tricordant is the organisational development partner that has been procured to support everyone's ability to develop effectively at pace. An all staff event has been organised for ICB colleagues which will have a focus on values and culture. The outputs from this work will be tied into the Board and Integrated Care System (ICS) priorities, and behavioural framework.
1.4	Actions log
	The Chair requested that ACT016 regarding information flow between committees and sub-committees is reopened as this is a common theme among several committees. It would be beneficial to develop a process map to clearly demonstrate how information should be shared. Members noted the actions taken since the last meeting and agreed to close ACT017 which is being presented at the next Integrated Care Partnership (ICP) Committee.
2.0	**A service proposal for the allocation of the shared ambition fund: North East London selfcare advice service from community pharmacy for socially vulnerable residents**
	RO and AO presented the report and explained the following points: • The proposal is to approve the first two years' allocation of the shared ambition fund (£528k per year, £1.056m total) which will be used for a commissioned service from community pharmacists, with a focus on the promotion of health and wellbeing, access to clinical pharmacy advice and support to the most vulnerable residents to self-manage their minor ailments, where the current cost of living pressures may impact on their ability to purchase medication when required. • The Selfcare Advice Service will provide local residents with clinical advice for managing their minor ailments or signpost to other integrated services which form part of the community pharmacy clinical framework e.g. hypertension case-finding, smoking cessation, or pharmacy contraceptive services. It will also provide additional benefit by confirming community pharmacies as accessible clinical services for residents, providing health advice, supporting health promotion and the prevention of ill-health and providing links to other local services including immunisations. • As well as access to clinical pharmacy support, the scheme will provide access to medication for the most vulnerable residents across North East London to self-manage their minor ailments, where the current rising cost of living may impact on their ability to purchase medicines. • The modelling for the service has been based on the Minor Ailments Scheme operating in City and Hackney and has been modelled up based on the metrics for certain conditions and the number of GP appointments used by these patients.

	• Other proposals for the fund were not prioritised for the following reasons:
	  o For childhood obesity, there was a view that any work across north east London might not align well with or add significant value to the in-depth work already underway at place, largely led through local authorities, and which needs to ensure a comprehensive and embedded plan for delivery. There was a view that sharing best practice and building on the extensive work across place in respect of childhood obesity might offer a way forward.
	  o For homelessness and refugees and asylum seekers, it was noted that whilst they constitute important communities as part of our work, they simultaneously received 'growth fund' money to support some the delivery of initiatives to improve their health and wellbeing.
	
	Members discussed the proposal and key points included the following:
	• Concerns were raised that the service could inadvertently cause inequalities in City and Hackney, who wouldn't be using the service until year two due to the existing Minor Ailments Scheme (MAS) which is in place. The data provided does not demonstrate whether the new service will result in a reduction in activity amongst cohorts currently using the MAS. The committee requested year one data for City and Hackney in order to monitor future activity.
	• Further thought will be required in relation to the metrics being used for the Key Performance Indicators (KPIs), in particular the metric regarding percentage reduction in GP appointments, as this may not be an accurate impact measure. It would also be beneficial to include a metric that can measure any impacts/ benefits to health inequalities and also have a greater emphasis on resident feedback. It was suggested that 'frequent fliers' are monitored to see whether A&E and GP attendances reduce as a result of the service; this cohort could also be utilised as a feedback group.
	• Targeted communications to those who meet the eligibility criteria will be important to ensure that the right people are aware that this is available to them. As the service is for vulnerable residents on a low income, it will be important to factor in that many may not have access to the internet or smart devices to receive information. Communications will also need to be explicit that this service is being piloted and has an end date in order to manage residents' expectations. There is also a risk that those who are not eligible for the service may be incorrectly signposted by GP receptionists and NHS 111, therefore it is important they are fully informed of the service before referring residents.
	• It will be important to closely monitor activity in order to have notice as to when the threshold is being neared. This will enable sufficient time to review the conditions included.
	• It would be beneficial for the committee to review the service and its performance after the first year.
	
	ACTION: RO to request year one data for City and Hackney to demonstrate whether there are any risks to creating inequalities within City and Hackney from year two.
	
	ACTION: An update on the service to be presented to the committee in October 2024.
	
	The Population Health and Integration Committee **approved** the use of the shared ambition allocation to fund the North East London Selfcare Advice Service from community pharmacy for socially vulnerable residents.

3.0	**Supporting Equity and Sustainability in North East London**
	ZE presented the report and explained the following points: • The slide set included in the report was presented to NHS England's Deputy Chief Executive and Chief Financial Officer, Julian Kelly, on 9 October by four of the ICB Board members. The purpose of the meeting was to demonstrate to our regulators how we will achieve financial sustainability in line with substantial population growth. • Following the Olympic Games being held in London in 2012, there has been an active and deliberate policy to focus on growth and regeneration in north east London (NEL). This has led to NEL continuing to be the fastest growing Integrated Care System in London, growing twice as fast as other ICSs. NEL also has the three fastest growing boroughs in England, and six of the 10 fastest growing boroughs in London. The rapidly growing population is experiencing some of the worst poverty and deprivation in the country, with poorer outcomes across many indicators and evidence of significant unmet need. • NEL continues to receive the lowest capital allocation in London and a significant contributory factor to the low capital allocation is the treatment of Private Finance Initiative (PFI) in the current methodology for deriving capital allocations. The higher the value of PFI assets, the greater the negative impact on the non-PFI asset capital allocation. This is particularly significant for NEL which has over half of the total London PFI assets by value. The capital challenges being faced means that: o Our allocation is absorbed by the maintenance of our existing basic infrastructure and equipment, o We lack investment for new technologies and digital to increase our productivity, o We have insufficient infrastructure to support our growing population. • North east London has a track record of successful transformation and innovation, as well as a highly diverse population which means there is great potential to be invested in. It would be beneficial to reflect and include local government in order to present a whole system ask to NHS England for additional non-recurrent revenue investment in a 10-year programme that seeks to strengthen, transform and grow capacity in primary and community services to help mitigate the unfunded increased population over and above that assumed in the funding formula. Members discussed the report and key points included: • It would be beneficial to discuss this further at a future ICB Board meeting in public and the local authority leaders' forum. Thought should also be given as to whether this should also be shared with local Members of Parliament. • It was suggested that an annex is added from local authorities in order to demonstrate support across the system; this can be reciprocated by NHS colleagues producing an annex for a local authority version. • The deprivation statistics in north east London do not necessarily reflect the disparity within boroughs; for example, City and Hackney has some very wealthy areas, but also some that are extremely deprived. The population in NEL is also transient in nature, which brings its own demands such as increasing mental health activity and maternity services. • It will be important to demonstrate to NHS England how we have an aligned focus on this work by embedding in place and provider collaborative sub-committees.

	ACTION: Report to be presented and discussed at a future ICB Board meeting in public and the local authority leaders' forum. The Population Health and Integration Committee noted the report.
4.0	**Risk review: Board Assurance Framework**

	The Chair presented the report and highlighted the following points:
	• Risk reviews are taking place regularly at committees of the ICB Board and a common theme of these discussions is that risks should not sit in isolation with just one committee having oversight; for example, some population health risks may have a quality impact that the Quality, Safety and Improvement Committee should also have sight of. Going forward, the Population Health and Integration Committee will review each of its risks in turn and consider any potential interface with other committees.
	• The committee were asked to consider the following points as part of their discussions:
	  o Does the wording of the risk adequately identify the its system nature?
	  o Does the risk adequately identify the risk from a population health perspective?
	  o Are risks to integration adequately described?
	  o Are the mitigations identified sufficient – are there additional mitigations we should be including? From a sector or a system perspective?
	  o Are the mitigations demonstrating progress at the pace and scale anticipated?
	  o Are there any mitigations where it is not clear how we are measuring progress towards reducing the overall risk?
	  o How does the Committee see its role in relation to any or all of the risks and mitigations identified?
	
	Members discussed the risks and key points included the following:
	• The nature of the strategic risks the committee holds responsibility for will have longer-term target dates; however, shorter term targets could be set for mitigating actions which would create momentum and a dynamic approach.
	• All risks on the Board Assurance Framework (BAF) have a risk appetite that is 'cautious', which does not necessarily demonstrate the priorities and current position in north east London. It was recommended that the ICB Board and its committees review the appetite for each risk.
	• It is important that committee agendas are reflective of the risks it holds responsibility for in order to maintain focus and provide assurance to the Board that they are being actively managed and mitigated. The Population Health and Integration Committee should have sight of work programmes for assurance.
	• There is innovative work happening across north east London which is mitigating some of the risks, however this is not reflected in the BAF. Research and innovation are enablers, so it would be beneficial for the ICB Board to discuss how we should approach and enact innovation.
	• The committee recommended that the responsibility for risk CSTO01, regarding ICS partners working together and with local people and communities, is held with the Population Health and Integration Committee opposed to the Integrated Care Partnership Committee.
	• It was requested that a report regarding the wider determinants of health is presented to the committee next year.

	ACTION: The Chair to recommend that ICB Board holds a discussion regarding how we should approach and enact innovation. **ACTION**: The BAF and risk register to be amended to reflect that the responsibility for risk CSTO01, regarding ICS partners working together and with local people and communities, will be held by the Population Health and Integration Committee. **ACTION**: Report regarding the wider determinants of health to be presented to the committee in 2024. The Population Health and Integration Committee noted the report.
5.0	**Sub-committee updates**
	The Chair invited representatives of the sub-committees to provide updates to the committee on any key points: <u>Barking and Dagenham</u> MW advised that the committees in common are holding a development session on 26 October with the aim of tying localities together from a local government and NHS perspective. It will be a very interesting session highlighting how the partnership can play a real role in delivering locally. <u>City and Hackney</u> LA informed the committee that City and Hackney's Place Delivery Director, Nina Griffith, is currently taking adoption leave and that Amy Wilkinson will be covering this role in the interim. Members thanked Nina for her work and support to the partnership. In preparation for the Metropolitan Police's launch of 'Right Care, Right Person', the partnership has been working with mental health Trust colleagues to ensure there is support for vulnerable residents. ZE added that the meetings taking place in north east London with borough commanders have not been initiated elsewhere in London, which is a positive reflection of our partnership working. <u>Havering</u> The Chair advised that she observed the Havering Place-based Partnership Board on 11 October which raised the question as to how the system can support London Borough of Havering with its financial challenges. As the health and care system across north east London is in a challenged financial position, further thought is required as to how health can support all local authorities and work to deliver a balanced system budget. <u>Redbridge</u> AL advised that Redbridge has a focus on early health and prevention and is reviewing how to integrate further in order to have a joined up, coordinated approach across the partnership. The Population Health and Integration Committee noted the updates.
6.0	**Any other business and close**
	MW advised the committee that the modular units for the new community diagnostic centre at Barking Community Hospital have arrived on site and that the centre is expected to open in Spring 2024. The Population Health and Integration Committee noted the verbal update.
Date of next meeting: 6 December 2023	

Final

North East London

Minutes of the Quality, Safety, and Improvement (QSI) Committee

Held on 18th October 2023

Members:	
Imelda Redmond (IR) - Chair	Non-Executive Member
Marie Gabriel (MG)	NEL ICB – Chair
Diane Herbert (DH)	Non-Executive Director
Dr Paul Gilluley (PG)	Chief Medical Officer
Diane Jones (DJ)	Chief Nursing Officer (V)
Charlotte Pomery (CP)	Chief Participation and Place Officer
Dr Jagan John (JJ)	Primary Care Partner Member
Cllr Maureen Worby (MW)	Local Authority Partner Member
Fiona Smith (FS)	Associate Non-Executive Member (V)
Attendees:	
Chetan Vyas (CV)	Director of Quality for item 3.0 & 4.0
Polly Pascoe (PP)	Assistant Director of Quality Development, NHS NEL - for item 7.0
Jenny Singleton (JS)	Assistant Director of Quality – for item 5.0
Celia Jeffreys (CJ)	Deputy Director of Safeguarding Adults, NHS NEL – for part of item 8.
Korkor Ceasar (KS)	Deputy Director of Safeguarding Children NHS NEL – for part of item 8.0
Dr Ben Molyneux (BM)	Associate Medical Director – for item 6.0 (V)
Sarah See (SS)	Managing Director of Primary Care – for item 6.0 (V)
Fiona Erne	Primary Care Transformation Lead (V)
Alison Goodlad	Deputy Director of Primary Care (V)
Dotun Adepoju (minutes)	Senior Governance Manager, NHS NEL
Apologies:	
Dr Mamta Vaidya	Chief Medical Officer (BHRUT)
Jane Lindo	North East London Director of Primary Care Commissioning and Development

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all members and attendees to the meeting. Apologies were noted as above. (V) connotes attendees who joined the meeting virtually otherwise all other listed attendees were physically present at the meeting in person.	
1.1.	**Declaration of conflicts of interest (DoI)**	
	• 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 18th October 2023 meeting. • No additional conflicts were declared.	

Item No.	Item title	Action
	• Declarations declared by members are listed on the ICB's Register of Interests. The Register is available via the Governance Team.	
1.2	**Draft Minutes of meeting of the previous meeting of 13-09-23**	
	• The minutes were agreed as accurate.	
1.3	**Actions Log**	
	• The closed action points were noted as were updates on items yet to be completed. • **Act 029:** Patient Safety Incident Response Framework (PSIRF). Feedback on the implementation of PSIRF. ➢ **Update:** to be brought back to the Committee in April 2024. • **Act 31:** NEL UEC Programme: QSI committee to receive updates on all programmes that report into the NEL UEC Programme Board. ➢ **Update**: to be brought back to the Committee in April 2024. Verbal updates could however be provided at each meeting through winter by Charlotte Pomery. • **Act 32**: Performance Report: Findings from the paediatric audiology national investigation. ➢ **Update:** Item is included in the agenda for this meeting but further updates will be provided to the Committee virtually in November based on regulatory requirements from NHSE and it will be brought back to the December meeting.	**PP** **PG/CP** **CV**
2.0	**Review of QSI Terms of Reference (ToR)**	
	The Chair explained that with the last two meetings of the Committee having been inquorate, there was need to review the Committee's terms of reference (ToR) with a view to amending it to minimise the impact of unavoidable absenteeism of members on quoracy at future meetings. The composition of the membership of the Committee as listed in the ToR was discussed. • The Committee learnt that the issue of non-attendance by some members of the Committee had to do with (i) unexpected changes in previously agreed QSI meeting dates at the beginning of the year. The late revisions to scheduled dates often clashed with diary commitments already in place for the year; (ii) the one Local Authority Partner member and one Primary Care Partner Member had commitments with other committees and groups on already agreed scheduled meeting dates. The late revision to previously agreed QSI dates often clashed with these other commitments. • The Committee was informed that the ToR for all the committees and sub-committees in the ICB were uniformly agreed and cleared with the Board at the onset of the NEL ICB. It was suggested that rather than have the QSI amend its own ToR, an MoU could be developed by the ICB with partner members of the various Committees to inform on their much needed participation in the committees to which they belong in the NEL ICB.	

Item No.	Item title	Action
	• The Committee was learnt that due to need for consistencies, having deputies standing in for members at meetings would not be suitable as a solution for quoracy at meetings. • Presently, the quoracy of the Committee will be at least <u>five</u> members and must include:(a) one Non-Executive Member; (b) the Chief Nursing Officer or Chief Medical Officer; (c) one Partner member. It was agreed that this could be reduced to <u>four</u> to allow for quoracy at future meetings. However, the process for changing and agreeing a new quoracy requires a change in the NEL ICB constitution and the NSHE would have to be informed. • Whilst Section 19 of the current ToR states that only members of the Committee have a right to attend Committee meetings, it however also lists a number of individuals who are not members of the Committee but will also be expected to attend the meetings. It was suggested that a member of the Transformation and Improvement team could be added to the list. ➢ **Action Point :** o ***Number of members' attendance for the meeting to be quorate to be reduced from five to four.***	**DA**
3.0	**Review of Strategic Risks**	
	Prior to the meeting, the chair had asked Fiona Smith (FS) to have a thorough review of the current risk register for the Committee. FS gave feedback on her review as follows: • There is a need to agree what level of risks should be presented to the Committee and what risks are held elsewhere within the organisation. o Strategic risks should be determined against the attainment of the set objectives of the ICB. • Need for an understanding by the Committee of the risk management process used by management at the different levels within the system so that Committee can have understanding of why items are listed in the risk register presented to them at the meetings. o For example, identification, escalation and de-escalation; o An example of a strategic of risk that should have been on the register was maternity services. The Committee receives regular updates on maternity and it has a high national profile, it is however not listed in the risk register. o The risk of industrial action and its impact on Quality is another that should have gone onto the register • There is a need for emerging themes of risks emanating from Place that would require an ICB approach to managing the risk for the system. o Care homes, impact on patients and the market sustainability as whole in the current economic climate could have been reflected in the risk register; o Impact of decisions on quality from a financial perspective could also go on the risk register. • The Chair thanked FS for her feedback and invited other contributions from members. • Other Committee members in their contribution noted that the management of the risk on Care homes lies with the local authorities,	

Item No.	Item title	Action
	who are themselves within the Place-based Partnerships and should have been identified in the mitigating actions in the risk register. • Some of the risks identified in the register were deemed to be too general and not specific. Examples included the risk on Inequality and on Workforce which were defined in general terms in the risk register. • It was also noted that there was no risk on the elective Waiting Lists which was deemed a very big risk in the system and it also impacted on Quality. • The Committee noted that whilst there are notable risk and discussions on Urgent Care and PELC[1] in winter pressures, there seems little focus on Planned Care in the risk register. • The Committee would also like to see regular updates on the improvements made by PELC following from its assessment by the CQC. • The Committee noted that it was important it does not lose sight of any risks across the system especially where these have been escalated as Business Assurance Framework (BAF) risks. Secondly, risks owned and managed by Chief Officers could feed into the strategic risk register via escalation if they have impact on the organisation. A risk appetite statement would also help inform on what sort of risks there are, and where they should reside within the system. • Management in response to the points raised by the Committee iterated its understanding of the requests heard at the meeting. Going forward, there is an understanding that the Committee would want to see an integrated strategic risk register on Quality. • The Chair in closing advised that a functional risk register is a live document and should ideally inform the agenda for the meetings of the Committee. There is a need for the Committee to see the impact, over time, of the mitigating actions in the risk register. This is more so for items forecast in the risk register as having a reduced overall rating by, for example, next April. Management was also advised not to include operational risks such as pay issues with a band 6 in the register. There is a need for a well-documented and updated risk register for the Committee to enable it give assurances to the Board on Quality. ➢ **Action Point :** • ***Management to provide an integrated strategic risk register with a first draft for the December Committee meeting.*** • ***Management to provide updates on improvements made by PELC following from its assessment by the CQC.***	**CV** **CV**
4.0	**Quality Exception Report**	
	Chetan gave a verbal update on three issues. • Following the National Quality Board Risk and Issues escalation procedure, a formal letter has been written to Richard House, a Children Hospice based in Newham informing them that the NHS NEL will now work with them through an Enhanced Surveillance approach to seek a range of assurances. The intention is to have monthly formal meeting	

[1] Partnership of East London Co-operatives (PELC) Limited Also known as PELC. This is an organisation that runs the health and social care services.

Item No.	Item title	Action
	with the Provider to gain assurance in a number of quality and safeguarding areas which have not progressed to expected levels through support from team members. The Chief Executive has informed Chetan that the Provider has commissioned external support to aid them with a range of improvements. • Cygnet[2] has been moved from Enhanced Surveillance Level to routine surveillance have informed NHS NEL they will be closing down Hansa Ward, a low secure ward for female mental health patients. NHS NEL do not have any patients on the ward but we are working in our role as a Host Commissioner with all Placing Commissioners, NHSE (London) and NHSE North West England (who hold the contract) to ensure all patients are safely transferred to other locations and their families are appropriately informed. • NELFT were placed under Enhanced Surveillance based on their Section 28 Coroner's report[3], based on a lack of actions completed and no evidence of learning being embedded. Additionally, NHS NEL have informed them of a range of quality and safeguarding concerns and we will be seeking assurances for these areas through the same Enhanced Surveillance approach i.e. monthly assurance meetings. *Comments* • The Committee enquired if the issues on Cygnet were related to their capacity on mental health beds. The meeting heard these were not related to quality matters or concerns but rather commercial issues. • The meeting learnt that the NHS prefers that no mental health inpatient be placed in the private/independent health sector. We are expected to be able to provide beds for all within the NHS provision. However, there have been pressures since the period of the pandemic which have meant having to place patients outside the NHS provision. These placements should ideally be within the local sphere/residence area of the patients.	
5.0	**Paediatric audiology**	
	Jenny Singleton (JS) summarised her paper. • NHSE has asked all ICBs in England to improve the quality of children's hearing services and ensure they are (i) delivering save care, (ii) are accredited and (iii) have appropriate governance in place. NELFT and Barts deliver these services in east London and neither are accredited. ICBs are required to report to their quality committees and NHSE London region on progress with key actions by 30 October 2023 and thereafter report on any outstanding actions including how accreditation is progressing until completed. • The Paediatric Hearing Improvement Programme : Service issues identified by NHSE include lack of clinical governance and oversight, poor reporting of data, poor interpretation of results, poor retention of diagnostic data, and lack of accreditation with UK Accreditation Services (UKAS), IQIPS (Improving Quality in Physiological Services) which	

[2] Cygnet Health Care is an independent provider of mental health services which operates over 150 centres with more than 2,500 beds across the UK.

[3] H.M Coroners in England and Wales have a duty to write a Regulation 28 (Reg. 28) report when they identify causes for concern that, if addressed, could prevent future deaths

Item No.	Item title	Action
	provide evidence of quality management and delivery systems for the CQC and other purposes. • A review of performance has taken place for NELFT and Barts Health. Barts report on their waiting lists (DM01) and are currently performing significantly below target with 33% of patients waiting over 6 weeks and a waiting list of 2,109 children according to the latest quarterly return. NELFT have not reported data on their waiting list, DMO1, for several years and the ICB currently has no indication of the size of their waiting list or performance relating to DM01. *Comments* • The Committee was very concerned that the review showed that NELFT was unable to provide the number of people on its waiting list. • The Committee commented that GPs have made complaints about the quality of service delivery by the providers. There are potential risks to the development children (in language skills, speech, etc) if they are not well served by these providers. There is a need to review and the way the contracts with providers are monitored. • The Committee learnt that management shares the same concerns as expressed by members. The Task and Finish Group is aware of the situation and are monitoring it and provide regular feedback to the Chief Nursing Officer. With regards to the waiting list, it could be that we are not asking for the right information from the providers. Work is ongoing to review the situation and updates would be brought back to the Committee. • Although the contractors provide the services for the whole of North East London, the Committee noted that there were disparities in the level and quality of service across the boroughs that make up NEL. • As this is a performance issue, the Committee noted that there is no sight of Community Service performance data where quality issues like this NELFT case could have been picked up earlier. • The meeting heard that Performance Committee and Planned Care knew about the situation but Quality was unaware of it. There is thus a need to bring Quality and Performance together to address this sort of gaps in the system and ensure there is a regular item on all agendas to discuss performance. • This issue also now has to be escalated to the Executive Committee of the ICB. However, the governance process means this needs to come back to the Committee for assurance before the next QSP Committee meets and so we will meet to discuss this particular issue • With regards to the question raised on whether providers could be sought outside of London, the Committee was informed that the report was a national issue with other service users in the same situation. The suggestion about whether the service could be contracted out to independent sector has been rejected by the National Paediatric Audiology Group because the quality of care cannot be assured. The IQIPS is the golden standard and that is the end of line for this piece of work. • There is a need for provider governance and assurance on quality at Place and a need to raise the profile of community services.	

Item No.	Item title	Action
	• The meeting heard that the service providers (Service Managers and Clinicians) are working on the waiting list. The providers have raised issues re workforce capacity and also funding challenges. • The Chair requested that going forward, the Committee would want to see NEL ICB Performance and Community Service data report at every meeting. • The Committee heard that support from the rest of the organisation would be helpful to the Service Managers, especially at NELFT. Support from the Committee would be appreciated in how the NHSE governance requirement is met in this piece of work. • It was suggested that Primary Care providers would be informed that work is ongoing to address the issue. ➢ **Action Point :** • ***Management to provide 'top line' data on Performance and Community Service at every meeting of the Committee.*** The Chair thanked Jenny Singleton for the report and for bringing the issues discussed to the attention of the Committee.	
6.0	Primary Care – deep dive.	
	Ben Molyneux presented the paper. • The paper describes : o The national context for Primary Care transformation. o The challenges of delivering sustainable services to our local people. o The current scale of primary care and the way our population access appointments. o Access, experience and recent patient survey information. o The work underway to improve primary care services and recruit and retain the workforce. • Other highlights noted were: o There has been progress in the past five years. o Long term support. o Primary Care on track to meet the operating plan trajectory of 1 million appointments by March 2024. o Workforce and staff training. o Survey results on Patient satisfaction with access has fallen. o Clinical time has doubled. o The weakest area is patient access to care. o Take up rate of the NHS App. <u>*Comments*</u> • The Committee noted that GP-Patient survey results which painted an overall very positive picture may not be reflective of NEL as a whole. Reality is that experiences would differ between, for example, City & Hackney when compared to that Barking & Dagenham. • It was suggested that the risk of GP Contract management as a result of CQC ratings could have been included in the Risk and Mitigations section of the report. • There has been an expressed need by Primary Care for time set aside for innovation and quality.	

Item No.	Item title	Action
	• The Committee would also want to know how NEL has performed when bench marked against other ICBs in London. • The Committee commented that the interface between Primary Care and other providers is also very important to note in an integrated care system. • The Committee noted that whilst the report was solely on General Practice, future reports on dentistry, opticians, etc would be useful too. The Chair thanked Dr Ben Molyneux and the team for the report which was very much appreciated by the Committee.	
7.0	Quality Scanning Report	
	Polly Pascoe summarised the report. The Quality Scanning Report provided updates on: o NHS System Oversight Framework and recent Enforcement Guidance published by NHS England. o NHS Annual Assessment approach and findings from the NEL ICB 2022/23 Annual Assessment. o Progress on the work of the Delivery & Continuous Improvement Review, including NHS IMPACT. NHS IMPACT is a single improvement approach published by NHS England. An accompanying self-assessment tool has also been published. • The Committee was asked if the report met their requirements and often would want to have the report. <u>*Comments*</u> • The Committee would want the report as standing item in its agenda and if they was nothing new to report, then there would be no need for it. • The Committee would also want to know what elements of quality it should be looking and with an understanding of how this is delivered across the whole organisation. ➢ **Action Point :** • ***Future agenda of the meeting to include Quality Scanning Report as a standing item with updates whenever there was something new to report.***	**PP**
8.0	**Safeguarding Policy papers – 2022-23**	
	Korkor and Celia jointly presented updated the Safeguarding policies for approval by the Committee. • The suite of updated policies listed below were submitted for approval by the NEL QSI committee. They are legacy documents approved by the governing bodies of both the single CCGs and the tri and bi-partite configurations of CCGs referred to as City & Hackney CCG, BHR CCG and TNW CCG. Together, this suite of documents is part of the NEL safeguarding governance framework that aims to give guidance and set out minimum standards for safeguarding practice in the organisation. The updated policy documents were: o NEL Safeguarding standards 2022-25 o NEL Safeguarding supervision policy 2022-25 o NEL Safeguarding Adults and Children Policy 2022-25	

Item No.	Item title	Action
	○ NEL Domestic Abuse Policy and Procedures 2022-25 ○ NEL Safeguarding children declaration 2023-24 • The Committee noted the scope of the policies were still 'commissioning provider' oriented rather than NEL ICS. • The Committee advised that the definition of child in the **NEL Safeguarding Adults and Children Policy 2022-25** policy document was correct except for Looked-After children . There is legal responsibility for Looked after children up to the age of twenty-five. Therefore, the policy could not be published as has been presented because it says we will have responsibility for the Looked after children only up to the age of eighteen. Management was advised to amend the document. • With regards to the **NEL Domestic Abuse Policy and Procedures 2022-25,** it has been agreed at the Board that when dealing with cases of domestic abuse "We Believe You". It is therefore, very important that this should be reflected in the policy document as our guiding principle. • The Committee was informed the **NEL Safeguarding children declaration 2023-24** is about the organisation's Safeguarding workforce team. Relevant clinical and non-clinical staff in the ICB need to have Level 3 training compliance, as this is mapped against roles. While Level 2 is the basic for delivery, Level 3 is for those members of staff who have more levels responsibility around working with families . • The Committee advised that the City of London should be listed explicitly as they are technically separate to the London Borough of Hackney. There is also a need for the document reflect how we as an ICS are focused and dealing with health inequalities and population health. • With regards to the complexity of the documents, contents and language used, the Committee was informed that this would be addressed as far as is possible but reflects the wording in statutory guidance. However, implementation of the safeguarding policies at Place will be governed by the multi-agency safeguarding boards and these tend to have a wider scope for communicating such policy information in the different languages needed. **Approval:** The policy papers were approved by the Committee subject to the amendments recommended by them.	
9.0	**Any Other Business** Local Maternity and Neonatal System (LMNS) It was noted that there was no LMNS update at the meeting. This would be brought to the next meeting.	
10	**Information Paper**	
	(i) Prescribing Quality and Efficiency Scheme. (ii) Community Pharmacy Pathfinder Programme. The information papers were noted.	
Date of Next meeting: 6th December 2023 @ 10:00 am – 12:30 noon **Venue:** Room F-01, Fourth floor		

Item No.	Item title	Action
	Unex Tower, 5 Station Road, London, E15 1DA	