North East London
Integrated Care Board

Newham ICB Sub Committee meeting

Friday 1 March 2024, 14.30 – 15.00pm
Via MS Teams

Chair: Abi Gbago/Simon Ashton

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0 1.1 1.2 1.3	**Welcome, introductions and apologies** • Declaration of conflicts of interest • Minutes from 3 November 2023 • No outstanding actions	14.30 (5 mins)	Chair	Verbal Attached Attached *Pages 1 - 6*	Note Note Approve
2.0	**Questions from the public**	14.35 (10 mins)	Chair	Verbal	Discuss/ note
3.0	**Finance update**	14.45 (10 mins)	Sunil Thakker	Attached *Pages*	Note
4.0	**Any Other Business**	14.55	Chair	Verbal	Discuss
Date of next meeting **ICB sub-committee: 3 May 2024**					

- Declared Interests as at 20/02/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
Karen Livingstone	Chief Executive of Newham Health Collaborative,	Newham Health and Care Partnership Newham ICB Sub-committee	Financial Interest	Newham Health Collaborative	Chief Executive of Newham Health Collaborative. We are a Primary Care provider - providing services to the residents of Newham for vaccination, General Practice appts in the evenings and weekends, some home visiting	2020-10-05		Declarations to be made at the beginning of meetings

					services, health checks and a range of primary care support services.			
Muhammad Naqvi	Newham Primary Care Development Lead	Newham Health and Care Partnership Newham ICB Sub-committee Primary Care Collaborative sub-committee	Financial Interest	Woodgrange Medical practice	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee	2012-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Newham Health and Wellbeing Board	Co-Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee	2021-01-01		Declarations to be made at the beginning of meetings
Nadeem Faruq	Primary care lead Newham	Newham Health and Care Partnership Newham ICB Sub-committee	Indirect Interest	Market Street Health Group	Chair of Newham Health Colaboraitve and GP partner Market Street Health Group	2020-08-01	2021-12-24	Declarations to be made at the beginning of meetings
			Indirect Interest	Patient First Socail Entreprise	MSK GPwSI - 1 session per week	2016-03-01	2023-10-30	
Ryan Suyat	Borough Transformation Lead	Newham Health and Care Partnership Newham ICB Sub-committee	Non-Financial Personal Interest	Balaam Street Surgery	I am a registered patient of this practice	2023-04-01		

- Nil Interests Declared as of 20/02/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Delivery	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Richard Fradgley	Director of Integrated Care	Community Health Collaborative sub-committee Mental Health, Learning Disability & Autism Collaborative sub-committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Jo Frazer-Wise	Newham Head of Delivery and Place / Acting Interim Director of Delivery	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Jack Squires	Designated Nurse Safeguarding Children	Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Marie Trueman-Abel	Head of Commissioning and Transformation / Interim Director of Delivery	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Zahieda Chowdhury	Senior Transformation Lead	Newham ICB Sub-committee Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Rima Vaid	Clinical Director, Newham Health and Care Partnership	Clinical Advisory Group Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Simon Reid	Director of Commissioning	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Simon Ashton	Chief Executive Newham University Hospital	Acute Provider Collaborative Joint Committee Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Jason Strelitz	Member of Newham Health and Care Partnership Board	Clinical Advisory Group Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Julie Pal	Member of Newham Health and Care Partnership	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Vik Verma	Director of Children and Young People's Services	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.

Minutes of the Newham ICB Sub-Committee

3 November 2023

Members:	
Colin Ansell (CA) (Chair)	Place Partnership Lead, London Borough of Newham (LBN)
Dr Rima Vaid (RV)	Clinical/Care Director, NHS North East London
Jo Frazer-Wise (JFW)	Newham Director of Delivery (Interim/job share), NHS North East London
Marie Trueman- Abel (MTA)	Newham Director of Delivery (Interim/job share), NHS North East London
Jason Strelitz (JS)	Director of Adult Social Care and Public Health, LBN
Karen Livingstone (KL)	Chief Executive Officer, Newham Health Collaborative
Muhammad Naqvi (MN)	Primary Care Development Clinical Lead
Sunil Thakker (SA)	Executive Director of Finance, NHS North East London
Richard Fradgley (RF)	Director of Integrated Car & Deputy Chief Executive Officer, East London Foundation Trust - **(V)**
Julie Pal (JP)	Chief Executive, Healthwatch Newham
Vik Verma (VV)	Director of Children's Services, LBN
Simon Ashton (SA)	Chief Executive Officer, Newham University Hospital
In Attendance:	
Charlotte Pomery (CP)	Chief Participation and place Officer, NHS North East London
Sarah Wilson (SW)	Director of Specialist Services (Children's), East London NHS Foundation Trust
William Cunningham-Davis (WCD)	Director of Primary Care, NHS North East London **– (V)**
Nadeem Faruq (NF)	Chair, Newham Health Collaborative
Dotun Adepoju (DA) (Minutes)	Senior Governance Officer, NHS North East London
Apologies:	
Chetan Vyas (CV)	Director of Quality, NHS North East London

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 others listed attendees were physically present at the meeting.	
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 3rd November 2023 meeting. No additional conflicts were declared.	

1.2	**Minutes from the previous meeting – 1 September 2023**	
	Minutes from the previous meeting were agreed as an accurate record.	
1.3	**Action Log**	
	Actions were updated accordingly	
2.0	**Questions from the Public**	
	No questions from the Public were received.	
3.0	**System development plan**	
	Jo Frazer-Wise (JFW) gave a brief summary of the presentation on ICS System Planning and what it means for Newham. Highlights included: • The ICB system planning cycle. • The development of the Joint Forward Plan. • What this means for Newham • Newham Health and Care Partnership vision, aims and priorities. JFW concluded that there is a need to agree on what the priorities would be in the operating plan for the next year. *Comments from the Board:* • It was suggested that Partnership Board should have planning as annual programme in its work schedule (forward job plan) and to have a process in place for monitoring implementation of the plan during the year. • The Sub-Committee heard that in planning for next year, the priorities should come from the Joint Planning Groups and be based on identification of clear priorities areas and capacities that would require business investment. • Advisable that efficiency proposals do not impact each other's priorities. Mental health, for example, would need to be prioritised. • As part of the planning process, there is a need to be aware of sources of funding that are coming to an end this year and how this would impact services going forward. • The Board was informed that while the Finance division is reviewing recurrent and non-recurrent expenditures, it should be noted that future funding will be driven by the ongoing Financial Recovery Plan. An update on this exercise by the Finance division could be brought back to the Sub-Committee at a future meeting. • Members acknowledged that recurrent and non-recurrent pressures are also beginning to reflect in future planning and priority setting. The Board noted the update.	
4.0	**Finance update**	
	Sunil Thakker presented the Finance paper that outlined as follows: Highlights included: • Updates on the year-to-date and forecast position of the ICS, ICB as at August 2023. • The ICS have reported an unfavourable system variance to plan at Aug 23 of £74m, primarily due to inflationary pressures and under delivery of savings target, staffing (including agency usage) industrial action and other run rate pressures. However, the forecast position remains in the plan.	

	• The ICB have reported an unfavourable variance to plan at Aug 23 of £16m, primarily due to prescribing, Mental Health and under delivery of efficiencies. However, the forecast position remains in the plan. *There were no comments from the Board:* The Board noted the update.	
5.0	**AOB**	
	• The Chair once again extended apologies to those who had been kept waiting online for the late start of the sub-committee meeting, amongst whom was Phil Owen. The ICB's Financial Recovery Director. This was due to the severe challenges setting up of the NEL IT connection system in the meeting room venue. This led to a late start of the partnership Board meeting which itself led to a late start of the Sub-Committee. • JFW informed the meeting that this would be taken up with the appropriate quarters in the ICB at Unex Tower.	
Date of next meeting 1 March 2024		

Newham ICB sub-committee

1st March 2024

Title of report	M09 2023-24 Financial Reporting
Author	Sunil Thakker, Director of Finance
Presented by	Sunil Thakker, Director of Finance
Contact for further information	Sunil.Thakker@ nhs.net
Executive summary	**Key issues** • The attached presentation outlines the year-to-date and forecast position of the ICS, ICB as at December 2023. • Month 9 ICS Position - YTD £53.8m deficit variance against plan. The month 9 year to date deficit is £59.2m, with an adverse variance to plan of £53.8m. The forecast position includes the agreed H2 deficit of £25m and the costs of industrial action for December and January (£17.3m), which totals a deficit of £42.4m. The main spend drivers are inflation, efficiency slippage, staffing, and other run rate pressures. • NEL ICB – YTD deficit variance of £11.4m against plan. The ICB planned year-to-date surplus of £11.5m. The year-to-date reported position is a small surplus of £0.1m which gives an adverse variance to plan of £11.4m. At month 9 the ICB continues to meet the financial recovery plan (FRP) trajectory. The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies. **Recommendations** • Note the contents of the report
Action required	Note
Previous reporting	N/A
Next steps/ onward reporting	Regular updates to Newham Healthcare Partnership Board
Conflicts of interest	No conflicts of interest
Strategic fit	Which of the ICS aims does this report align with? • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	Update on financial sustainability of the system
Impact on finance, performance and quality	Financial plans are set of the resources available. The report provides an update on financial performance.

Risks	Risks are flagged on slide System Risk and Efficiencies tab.

1.0 Introduction

1.1 The Month 09 finance report provides the partnership board with an update of the ICB and wider NEL system financial position.

1.2 The Partnership Board is asked to note the information in the presentation attached to this report. The attachment will be available to the committee electronically and a hard copy can be provided on request.

1.3 The report provides a summary of the Month 9 financial position and describes the drivers of spend and risks to the reported position.

1.4 This paper links to the requirement to deliver a break even position.

2.0 Key messages

2.1 The NEL health system is operating in an economic climate facing significant pressures and uncertainty. As a result of the current pressures the year to date position for health partners is a deficit of £53.8m against plan. At Month 09 the health system is forecasting a deficit of £42.4m at year end.

3.0 Month 09 Reporting

3.1 The attached presentation details the financial position of the ICB and NEL health partners. It flags pressures in the system in relation to inflation, under delivery of efficiencies and run rate pressures in continuing healthcare & prescribing.

4.0 Risks and mitigations

4.1 Potential impact of risk across NEL health system after mitigations £17.3m of risk at M09.

4.2 Mitigations are being driven through the financial recovery plan and throughout each of the organisations in the NEL health system.

5.0 Conclusion / Recommendations

5.1 The partnership board is asked to note the information in the attached document.

6.0 Attachments

6.1 Month 09 2023-24 Financial Reporting

7.0 End

NHS
North East London

Month 9 2023-24 Finance Overview

Meeting name: Newham ICB Sub-Committee

Presenter: Sunil Thakker

Date: 1st March 2024

Executive Summary - Finance

Month 9 ICS Position - YTD £53.8m deficit variance against plan.

The month 9 year to date deficit is £59.2m, with an adverse variance to plan of £53.8m.

The forecast position includes the agreed H2 deficit of £25m and the costs of industrial action for December and January (£17.3m), which totals a deficit of £42.4m.

The main spend drivers are inflation, efficiency slippage, staffing , and other run rate pressures.

Month 9 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(5.5)	0.0
Actual	£m	(59.2)	(42.4)
Variance Surplus / (Deficit)	**£m**	**(53.8)**	**(42.4)**

Financial Risks to the ICS Forecast outturn.

The risk reported to NHSE is month 9 relates to potential industrial action in February and March. The value of this is assessed to be in line with the costs reported for December and January (£17.3m).

This risk is unmitigated as the ICS is expecting further information on the treatment of industrial action.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(17.3)	(17.3)
Non Recurrent mitigations	£m	0.0	0.0
Total	**£m**	**(17.3)**	**(17.3)**

NEL ICB – YTD deficit variance of £11.4m against plan.

The ICB planned year-to-date surplus of £11.5m. The year-to-date reported position is a small surplus of £0.1m which gives an adverse variance to plan of £11.4m. At month 9 the ICB continues to meet the financial recovery plan (FRP) trajectory.

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

Month 9 I&E NEL ICB

		YTD	Forecast
Target	£m	11.5	15.4
Actual	£m	0.1	14.4
Variance Surplus / (Deficit)	**£m**	**(11.4)**	**(1.0)**

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £197.4m. Actual delivery of £173.5m, resulting in under delivery of £23.8m.

Efficiencies have been recategorized in the ICB to include those that are cash releasing. Non cash releasing efficiencies are included in the FRP stretch.

Under delivery is expected to continue year end with forecast slippage of £28.7m.

ICS Efficiencies

		YTD	Forecast
Target	£m	197.4	277.8
Actual	£m	173.5	249.2
Variance	**£m**	**(23.8)**	**(28.7)**

NEL ICS - Financial Summary Month 9

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
North East London ICB	11.5	0.1	(11.4)	15.4	14.4	(1.0)
Providers	(17.0)	(59.4)	(42.4)	(15.3)	(56.8)	(41.4)
ICS Total	**(5.5)**	**(59.2)**	**(53.8)**	**0.0**	**(42.4)**	**(42.4)**

Month 9 Summary Position

- The year-to-date ICS variance to plan is a **deficit of £53.8m**. This is made up of a provider deficit of £42.4m and ICB deficit of £11.4m.
- Between month 7 and month 8 reporting the ICS submitted an updated forecast position to NHSE as part of the H2 submission. This included the impact of the industrial action allocation, the revised ERF target and further run rate improvements across the system. This moved the system forecast from a break even position to a £25m deficit. Month 9 was the first month of reporting against the revised plan.
- As per the month 9 reporting guidance, the forecast position was increased from the revised planned deficit to include the additional costs of industrial action for December and January. The costs of this in the forecast is £17.3m which brings the total reported deficit in month 9 to £42.4m.
- Industrial action remains a risk for the remainder of the financial year. This risk has been reported to NHSE and could be in line with the costs included in the month 9 forecast.

NEL ICS Financial Summary Month 9

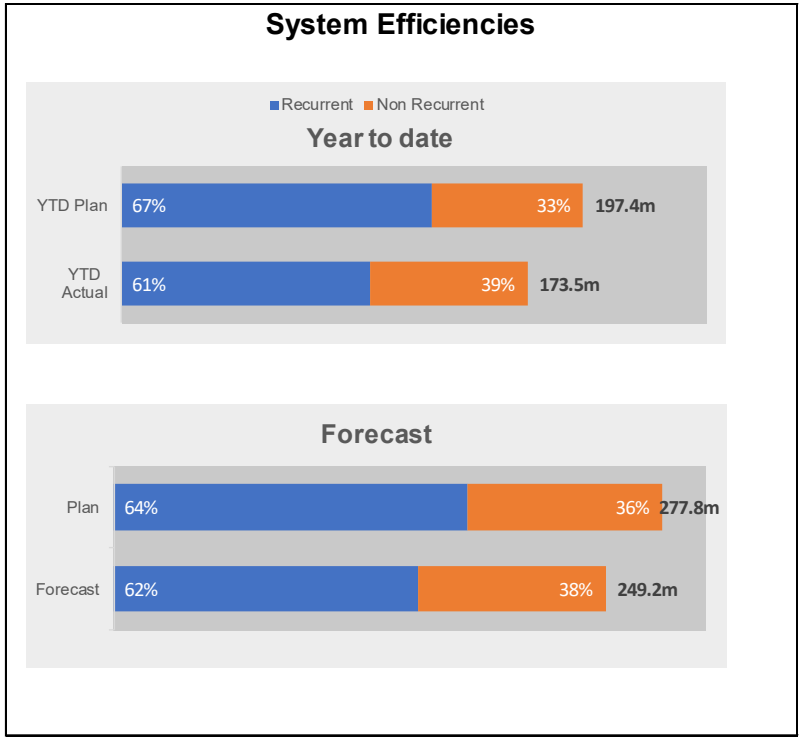
Organisations	Year to date			Reported Forecast			Industrial Action (IA)	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	IA cost M9 & 10 £m	IA adjusted Forecast £m
BHRUT	(3.6)	(22.5)	(18.9)	(0.2)	(16.8)	(16.7)	2.6	(14.2)
Barts Health	(20.9)	(34.7)	(13.8)	(27.8)	(47.2)	(19.4)	10.8	(36.4)
East London NHSFT	2.5	(2.0)	(4.5)	5.4	4.0	(1.4)	1.4	5.4
Homerton	0.1	(4.9)	(5.0)	0.2	(3.4)	(3.6)	2.2	(1.3)
NELFT	4.9	4.8	(0.2)	7.0	6.6	(0.4)	0.4	7.0
Total NEL Providers	**(17.0)**	**(59.4)**	**(42.4)**	**(15.3)**	**(56.8)**	**(41.4)**	**17.3**	**(39.4)**
NEL ICB	11.5	0.1	(11.4)	15.4	14.4	(1.0)	0.0	14.4
NEL System Total	**(5.5)**	**(59.2)**	**(53.8)**	**0.0**	**(42.4)**	**(42.4)**	**17.3**	**(25.0)**

Month 9 Summary Position

- One of the main drivers of the year-to-date position is an under delivery against the efficiency target. The total year-to-date position on efficiencies is an under delivery of £23.8m, with expected year-end slippage of £28.7m.
- The ICB overspend is driven by under delivery of efficiencies and run rate pressures in prescribing, mental health and CHC. The run rate pressures are driven by a combination of volume and price increases. Within the forecast position the ICB has assumed that it will deliver £104.9m cost improvement schemes and additional FRP stretch measures.
- Provider efficiency slippage accounts for £11.5m of its reported year-to-date overspend. System providers are also reporting pressures in relation to inflation, industrial action and staffing (including pay awards and agency usage).
- In terms of agency, providers are exceeding the agency cap set by NHSE for 23/24 (£140.6m). Year-to-date agency spend is £141.4m. The extrapolated run rate suggests that provider outturn spend on agency could be in the region off £188.5m. However, providers are expecting to put corrective measures in place and have reported forecast agency spend of £172.7m (£32.1m above the cap).
- At month 9 it was agreed that the system would move to reporting a £25m forecast deficit. **The actual forecast deficit reported at month 9 is £42.4m**. This is made up of the agreed deficit of £25m and additional industrial action costs for December and January, totalling £17.3m.

System Efficiencies – Month 9 and Forecast

- The total year-to-date planned efficiency target for the NEL system is £197.4m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £173.5m, resulting in under delivery against the target of £23.8m.
- Delivery of efficiencies is a major risk to the system and there was a slow start to the delivery of efficiency schemes. The FRP has detailed a stretch to existing schemes which will improve the delivery run rate. It is, therefore, expected that there will be improvements in the identification and delivery of efficiencies over the remaining months of the financial year.
- At year-end the ICB is forecasting under delivery against the efficiency target of £13.3m, with providers expecting under delivery of £15.3m. The total year-end position is a forecast under delivery of £28.7m.
- The information on the right is based on information submitted to NHSE from ICB data sources and provider financial returns. The chart shows the proportion of recurrent and non-recurrent schemes both in terms of the plan and actual performance.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Effieciency	**142.8**	**131.3**	**(11.5)**	**195.2**	**181.8**	**(13.3)**
NEL ICB	54.6	42.3	(12.3)	82.6	67.3	(15.3)
Total System Efficiency	**197.4**	**173.5**	**(23.8)**	**277.8**	**249.2**	**(28.7)**

NEL ICS – Risks

- The **risk reported to NHSE at month 9** (over and above the reported position) **is £17.3m**. This risk is in relation to ongoing industrial action in February and March. This risk is unmitigated and it is expected that the treatment of additional industrial action will be confirmed ahead of year-end.

Whilst the ICS expects to hit the agreed H2 position, there are risks that will need to be managed to year-end and into the new financial year;

- **ICS Efficiencies –** there is a risk of further slippage on the cost improvement programmes. Expected cost improvement delivery between months 10 and 12 is £75.7m. This equates to delivery of over £25m per month and includes a range of grip and control initiatives being implemented through our financial recovery arrangements, for example agency staff expenditure.

- **Run rate pressures** – both providers and the ICB are reporting on-going run rate pressures. It is expected that these will be managed but there is a level of outstanding risk, for example ongoing price, activity increases and complexity seen in ICB prescribing and Continuing Healthcare placements.

- **Non-recurrent mitigations** – the ICS has used significant non-recurrent mitigations to deliver the current financial position (benefits released following a review of the balance sheet). Forecast efficiency delivery is expected to be £249.2m at year-end. Of this, £94.7m (38%) is non-recurrent. The split of this between providers and the ICB is shown in the table below. The underlying position across the whole ICS will need to be reviewed to inform 2024/25 planning and link into the financial recovery process.

	Forecast Efficiency Delivery				
	Total £m	Recurrent £m	%	Non Recurrent £m	%
NEL Providers	181.8	136.0	75%	45.8	25%
NEL ICB	67.3	18.4	27%	48.9	73%
Total System Efficiency	**249.2**	**154.5**	**62%**	**94.7**	**38%**