North East London Integrated Care Partnership

10 April 2024; 11:00-13.00; **Venue** F01, 4th Floor, Unex Tower, Stratford

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 of last meeting – 9 January 2025 Matters arising and action log	11:00	Chair	 Attached Attached Attached	 Note Approve Note
2.0	**Questions from the public**	11:15	Chair	Verbal	Discuss
3.0	**Chair's feedback from the ICB and the Changes to ICBs and NHSE**	11:30	Chair	Verbal	Consider
4.0	**ICP Development session: Review and draft workplan**	11.50	Charlotte Pomery	Attached	Discuss
5.0 5.1	**Prevention: from sickness to health** VCFSE Strategy development	12:10	 Najnin Islam	 Slides	 Discuss
6.0	**Partner updates**	12.40	Chair	Verbal	Discuss
7.0	**Any other business**	12:50	Chair	Verbal	Discuss
Date of next meeting: 10 July 2025					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 02/04/2025

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
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	Non-Financial Personal Interest	Pomery McGregor Consultancy Limited	Director of consultancy company, with husband who is also a director of the company. There are no employees and I have not carried out work through the company since 2011 and have never carried out any work in north east London	2009-06-01	Current	No action required as no conflicts declared.
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09	Active	
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09	Active	
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09	Active	
			Non-Financial Personal Interest	Hackney Joint Estate Charities	Sit in the board as trustee	2014-04-07	Active	
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05	Active	

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
Dr Paul Francis Gilluley	Chief Medical Officer	Clinical Advisory Group ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01	Active	
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01	Active	
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01	Active	
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01	Active	
			Non-Financial Personal Interest	National Opera Studio	Member	2023-08-01	Active	
			Non-Financial Professional Interest	University of East London	Health Fellowship	2024-10-01	Active	
			Non-Financial Professional Interest	Greater London Authority	Appointed to the Mayoral Cultural Leadership Board	2025-02-27	Active	
Eileen Taylor	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust	ICP Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Non-Financial Professional Interest	MUFG Securities EMEA PLC	Non Executive Director	2019-04-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from 1 January 2023	0202-01-31	Active	
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01	Active	
Elspeth Paisley	Member of B&D Place Based Partnership	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICP Committee	Non-Financial Personal Interest	Healthwatch	Member of the Healthwatch board	2021-01-04	Active	Declarations to be made at the beginning of meetings
			Indirect Interest	Community Resources	Health Inequalities Funding 2022-23 from NHS North East London to Community Resources for Change as the incumbent secretariat for the BD Collective	2022-07-06	Active	
Gillian Ford	Councillor Deputy Leader, Cabinet Member for Adults and Wellbeing	Havering ICB Sub-committee Havering Partnership Board ICP Committee	Non-Financial Personal Interest	Avon Road surgery	Patient of the practice	2012-06-30-	2023-08-16	Declarations to be made at the beginning of meetings
Ian Buckmaster	Member of Committee	Havering ICB Sub-committee Havering Partnership Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Personal Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01	Active	Declarations to be made at the beginning of meetings
Jenny Ellis	Member of Redbridge Partnership Board and ICB Sub committee, ICP Committee and NEL VCSE Collaborative Leadership Group	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Redbridge Council for Voluntary Service (Redbridge CVS)	Some Redbridge CVS services are funded by NEL ICB and Redbridge Placebased Partnership.	2020-01-19	Active	Declarations to be made at the beginning of meetings
			Financial Interest	Odd Eyes Theatre Company	Trustee of a charity that may be eligible for some NEL ICB and partnership committee funding schemes	2018-05-24	Active	

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
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Remuneration Committee ICP Committee NEM Remuneration Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01	Active	
			Financial Interest	Race and Health Observatory	Chair of the Race and Health Observatory, (paid). The Race and Health Observatory are now considering the potential to enter into contracts with NHS organisations to support their work to tackle racial and ethnic health inequalities	2020-07-23	Active	
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01	Active	
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23	Active	
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16	Active	
			Non-Financial Professional Interest	UK Health Security Agency	Associate NED, (paid), UKHSA works with health and care organizations to ensure health security for the UK population	2022-04-25	Active	
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13	Active	
Mark Santos	Redbridge Cllr & Cabinet Member Adult Services & Public Health	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Positive East	I am the Executive Director of the HIV Charity Positive East. Positive East receives statutory income via NEL Local Authorities & NHS via London HIV Fast Track Cities & via ICB supporting opt out HIV testing in Emergency Departments	2022-04-01	Active	Declarations to be made at the beginning of meetings
			Indirect Interest	Bart's Health	My sister is a Finance Manager at Barts Health	2022-04-01	Active	
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02	Active	
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02	Active	

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
Michael Armstrong	Co-Chair Care Providers Voice	Havering Partnership Board ICP Committee	Financial Interest	Havering Care Homes	Director of Havering Care Homes	2014-01-03	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Havering Care Association/ CPV	Non exec Director	2018-11-01	Active	
			Non-Financial Professional Interest	NHS England - London Region	Care Home special advisor to Health and care in the community team	2018-11-01	Active	
			Financial Interest	NEL ICB	I am a paid Clinical and Care Lead in NEL ICB in Havering.	2023-04-01	Active	
Neil Wilson	Cabinet Member for Health and Adult Social Care	ICP Committee	Non-Financial Professional Interest	London Borough of Newham	Cabinet Member for Health and Adult Social Care	2022-05-25	Active	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Labour Party	Member of The Labour Party	1981-09-01	Active	
			Non-Financial Personal Interest	The Co-operative Party	Member of the Co-operative Party	1990-01-01	Active	
			Indirect Interest	Barts Health	My nephew is a ST5 Registrar, Cardiology	2022-10-01	Active	
Sarah Betteley	Chair Barking, Havering and Redbridge University Trust	ICP Committee	Non-Financial Professional Interest	Hertfordshire Partnership University NHS Foundation Trust (HPFT)	I am Chair of HPFT	2021-01-01	Active	Declarations to be made at the beginning of meetings
Vanessa Morris	Member of City and Hackney Neighbourhood Health and Care Board	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub committee	Financial Interest	Mind in the City, Hackney and Waltham Forest	Employer	2019-12-09	Active	Declarations to be made at the beginning of meetings
			Financial Interest	Mind in North East London/ Mind in London	Direct and indirect potential interests through business and campaigning partnerships	2024-01-01	Active	
Zina Etheridge	Chief Executive Officer Designate of the Integrated Care Board for north east London	Acute Provider Collaborative Joint Committee Clinical Advisory Group ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Remuneration Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee NEM Remuneration Committee	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine at Royal Berkshire hospital	2022-03-17	Active	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	UCL Partners	Member of the Board of UCLP on behalf of NHS NEL and by extension a Director	2023-09-18	Active	
			Non-Financial Professional Interest	Mission Employable	I have recently become a trustee of Mission Employable who provided supported employment placements for young people with a learning disability. They do not work in NEL.	2024-11-15	Current	No action required as no conflicts declared.

- Nil Interests Declared as of 02/04/2025

Name	Position/Relationship with ICB	Committees	Declared Interest
Dianne Barham	Healthwatch, Tower Hamlets	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Cathy Turland	Member of a committee	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indicated No Conflicts To Declare.
Catherine Perez Phillips	Committee member	ICP Committee	Indicated No Conflicts To Declare.
Gulam Kibria Choudhury	Member	ICP Committee	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Rachel Cleave	Member of NEL ICB and ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICP Committee	Indicated No Conflicts To Declare.
Paul Rose	Chair of the Havering Compact	Havering Partnership Board ICP Committee	Indicated No Conflicts To Declare.
Jenny Hadgraft	Partnership working	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICP Committee	Indicated No Conflicts To Declare.
Mary Durcan	Member of a committee	City & Hackney ICB Sub-committee ICP Committee	Indicated No Conflicts To Declare.
Maureen Worby	Member of committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT

Minutes of the North East London Integrated Care Partnership

Thursday 9 January 2025; 10:00-12:00 Unex Tower, Stratford and via MS Teams

Members:		
Dame Marie Gabriel OBE	(MG)	Chair, NHS North East London
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Louise Mitchell	(LM)	Cabinet Member, London Borough of Waltham Forest
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Adam Sharples	(JS)	Acting Chair, Barts Health
Colin Lynch	(CL)	Non-Executive Director, NELFT (deputising for Eileen Taylor)
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London
Rachel Cleave	(RC)	Healthwatch City of London
Sally Beavan	(SB)	Healthwatch Hackney
Cathy Turland	(CT)	Healthwatch Redbridge
Dianne Barham	(DB)	Waltham Forest Healthwatch
Jenny Ellis	(JE)	Redbridge CVS
Mike Armstrong	(MA)	Care Providers Voice
Attendees:		
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Najnin Islam	(NI)	Partnerships Development Director, VCSE Collaborative
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Keeley Chaplin	(KC)	Minutes – Governance Lead, NHS North East London
Apologies:		
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham (Vice Chair)
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Gulam Choudhury	(GC)	Cabinet Member, London Borough of Tower Hamlets
Mehboob Khan	(MK)	Acting Chair, BHRUT
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and NELFT
Jenny Hadgraft	(JH)	Healthwatch Barking & Dagenham
Ian Buckmaster	(IB)	Healthwatch Havering
Jasmine Smith	(JS)	Healthwatch Newham
Matthew Adrien	(MA)	Healthwatch Tower Hamlets
Elspeth Paisley	(EP)	Barking & Dagenham CVS
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Newham CVS
Vicky Scott	(VS)	Tower Hamlets CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Gladys Xavier	(GX)	Director of Public Health, London Borough of Redbridge
Diane Jones	(DJ)	Chief Nursing Officer, NHS North East London

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all members of the ICP and members of the public to the meeting of the Integrated Care Partnership (ICP).	

Item No.	Item title	Action
	Introductions were made and apologies were noted as above. The meeting was not quorate however as no decisions were required the Chair agreed the meeting could continue.	
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 Integrated Care Partnership (ICP). Declarations made by members of the ICP are listed on the Register of Interests. No further declarations were advised. The register is also available from either the Governance Team or on the ICB's website (northeastlondonicb.nhs.uk)	
1.2.	Minutes of last meeting	
	The minutes of the meeting held on 24 October 2024 were noted as a correct record.	
1.3.	Matters arising	
	Members reviewed the action log and noted action ACT020 had been completed. For ACT017 an update was provided as follows: ACT017: ICS Strategy Success Measures CP shared the final draft of resident success measures developed out of the 'Big Conversation' and which inform the resident outcomes framework. The measures presented are high level taken from a long list of 110 outcome measures set out in the framework. The list has been tested widely across north east London (NEL) with both residents and partner organisations which aims to make a difference to the local population and drive the work of the ICS. The Good Care Framework has been incorporated where appropriate (care that is person centred, competent, accessible and trustworthy). Members agreed the proposed set of success measures presented and will consider a measurement relating to an increase in self-care, if not included. Local authority colleagues are also considering a partnership measure for housing. The Partnership also welcomed the draft resident outcome framework, with a debate about the measure for long term conditions which will be considered and a conclusion made by our Executive leadership. It also asked for the ICB to ensure that Resident Success Measures are applied through each layer of our system working, which was confirmed intent. It was noted that the outcome measures are high level and that these are a selection of 110 outcome measures set by the NHS England framework. The Partnership agreed that it would be useful for the ICP to receive a report on the NHS England Outcome Framework. It was also noted that the measures will inform our strategic commissioning strategy. At a future meeting, it was suggested members could focus on a specific priority area such as the reduction in the rate of increase in long term	

Item No.	Item title	Action
	conditions (LTC) eg diabetes or cardiovascular disease (CVD) seeking assurances that the success measures are working. Members noted that a new reforming elective care for patients' plan has been published which includes a requirement for Trusts to measure customer experience. **Action:** The draft outcomes framework will be circulated to members once available. The success measures will be presented to the ICB Board for final approval which will ensure that success measures are applied throughout the system.	CP
2.0	**Questions from the public**	
	No questions were submitted from members of the public.	
3.0	**Chair's feedback from the ICB**	
	Feedback from the Chair was provided: • The discussion on community cohesion was good and has fed into the work on the Anti-Racist strategy. • A summary of the Voluntary, Community, Faith, and Social Enterprise (VCFSE) Strategy development will be presented to the ICB Board. • There has been a lot of discussions on government policy consultations and how best to respond, inform and shape these. • The system is managing well with the challenge of winter, but noted there has been extremely high demand relating to respiratory issues. • The system is working together to maximise value on money we spend. • The working with people and community strategy is being refreshed. • The ICB's green plan has been approved by the ICB Board but with the current financial pressure, it will be important to consider what should be prioritised and to be creative attain its ambitions. Chair's appraisal The Chair's appraisal process will commence with a 360-feedback request. The ICP Steering Group informs the development and review of the Chair's objectives which is led by the Vice Chair. New guidance on the Chair's appraisal process is due to be published in March 2025.	
4.0	**Horizon scanning – into 2025 and beyond**	
	Charlotte Pomery (CP) provided members with a presentation setting out the wider policy and legislative context for the partnership operating as a system. CP highlighted the following: • The government have set out their focus on five missions: economic growth; clean energy; reducing crime; reforming childcare and education; NHS fit for the future. • These are supported by three shifts for the NHS: from hospital to the community; analogue to digital; sickness to prevention. • The 10-year plan will focus on the mission to build the NHS fit for the future which focuses on these three shifts and engagement has commenced. • The Get Britain Working White Paper focuses on supporting people into good work which aim to provide health benefits.	

Item No.	Item title	Action
	• The Devolution White Paper has wide ranging plans to strengthen devolution and decentralise decision making. It suggests mayors become chairs or vice chairs of ICPs. • Operating Planning guidance is due in January 2025, and it is anticipated that this will focus on the three shifts and accelerating integrated neighbourhood working. Members discussed these policy and legislative changes and key points were: • The government have announced an increase of 1.5m new homes. There is already an increase in population in NEL, and this will further increase pressure on the local infrastructure including social care, healthcare and education. • The need to transform and improve within a challenging financial context for all partners. This included the challenge of investing in climate change. • There has yet not been a Devolution announcement for London as it does not have a combined authority, but the mayor has adopted the mission driven approach. The Mayor's London Growth Plan is expected to be launched in February 2025. • Policy changes relating to workforce will impact employers who will have additional duties of care to their employees. Some social care organisations may struggle both in terms of finance and recruitment. This is further impacted by the national insurance increases they are expected to make as well as expected to invest in climate change. • Upskilling people is important however another view is that it is downgrading the roles of others. • A recent survey of Social Care providers identified some are close to closure. The national insurance increase is challenging viability, there is little growth in new bed numbers and there is no investment in new stock despite a growing elderly population. Concerns are also being raised by nursing homes and hospices regarding the assisted dying bill announcement, Members noted that this Bill would take some time to come to fruition and would likely affect only a small number of residents. It was agreed that Mike Armstrong (MA) would share details of the survey with the Chair to share with the London People Board • Local people want locality hubs to deliver integrated care and not just co-located diagnostic services within the community such as mental health services. • There is a government emphasis on reducing elective waits and guidance has not yet been provided. There should be an equal focus on the shift to care closer to home and a reduction in community services waiting times. • Daniel Waldron has been appointed as the system Chief People Officer who will lead on further development of the Integrated Care Workforce Strategy, already considered by the ICP. The meeting noted the importance of a continued focus on the social care workforce within this strategy. Daniel will be invited to a future meeting to update on progress. • How to further create psychological safety across organisations to help facilitate conversations and the ability to take creative key risks and challenge should be considered by the Integrated Care Board. • The need to prioritise a continued dialogue and participation of residents and communities to help inform decisions made.	

Item No.	Item title	Action
	• Continue to influence and inform national teams and government and offer solutions. Members noted the update. **Actions:** MA to share survey findings with the Chair	 MA
5.0	**Workplan of the Integrated Care Partnership**	
	Charlotte Pomery (CP) provided an overview of the workplan of the integrated care partnership which considers the purpose of the ICP and follows a discussion held by the steering group. Regular development sessions are proposed that feed into and inform discussions at the regular ICP meetings. Members discussed the content and the following was noted: • It was suggested that a report from each place based partnership to showcase the work they are doing be considered, however it was agreed that a report on system working at place be added for members to understand the solutions that are developing across the system. • Digital is a topic that will be added to the ICP workplan. • Progress on the Integrated Care Workforce Strategy will be added and this should include the social care independent sector. Members noted the workplan and agreed the items above are added.	
6.0	**Winter update**	
	Paul Gilluley (PG) provided members with an update: • Winter pressures started early in September 2024. There was a large surge in Urgent and Emergency Care (UEC) seen over Christmas and into the new year. • During December, 72 hour waits in the Emergency Department (ED) reduced and though demand was high the flow of patients was reported as good. • The main reason for the surge over the new year was due to respiratory conditions, particularly flu. Positivity rates in London have continued to rise in the community as well as in hospital. • Numbers of flu cases across London, including NEL, are significantly higher than at this point last winter and case rates are increasing. Admissions to the Intensive Care Unit (ICU) for flu are high. Covid case rates, however, are currently low compared to peaks over the last 12 months. Autumn booster vaccine uptake is relatively low although it is higher for Havering than in other NEL boroughs. • Cold weather increases the risk of cardiovascular conditions, strokes and broken bones. Staff have been managing this extremely well however there is added pressure due to staff sickness. • All organisations are aware of the pressures and mitigations are in place locally and as a system to manage these. Mike Armstrong (MA) provided an update on the care provider sector: • Vaccination rates for flu in care homes has been good however there has been less uptake for covid vaccinations. • Care provision was very busy over Christmas.	

Item No.	Item title	Action
	• Hospitals are struggling to discharge patients. The care providers have beds available however the acute providers report that they are unable to place people out of hospital. **Action:** Paul Gilluley to consider if any action could be taken in support of this. • Some delays in discharge are caused when the patient is allocated to a care provider however it can be days or weeks before the patient is released by the hospital. This could be due to a number of factors such as specialist equipment ordering. • DB reported a decline in patient experience in emergency services than the previous quarter. Much of the bad experience reported was due to lack of communication and attitude of staff. • AS shared an example of good cross partnership work undertaken between NELFT and Whipps Cross Hospital. Their A&E had performance issues and NELFT provided support to manage the front door and urgent treatment centre which vastly improved performance and reduced the time for initial assessment and reduced the flow into A&E. • There has been an improvement for mental health service users with a limited number of out of area placements for NEL patients as well as a good flow from urgent and emergency care into mental health. Members noted the verbal update.	PG
7.0	**Partner updates**	
	No further updates or issues were raised by partner members.	
8.0	**Governance update**	
	Members noted the update provided on governance and approved the steering group terms of reference for a further year as well as noting the revised ICP committee terms of reference.	
9.0	**Any other business**	
	• Members of the ICP congratulated Marie Gabriel for receiving her Damehood in the new year's honours list for her many years of dedication to improving equality and equity and to the communities of north east London. • As this is the last formal meeting that Sir John Gieve is attending before leaving his role at Homerton Healthcare, the Chair thanked Sir John for his time, support and dedication on leading the Trust and providing an excellent example of partnership working in the ICP, particularly at place.	
	Date of next meeting – 10 April 2025	

Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT017	25/04/24	3.0	**Success measures** To discuss detail to feedback to communities and to the collaboratives. CP, DB and the Head of Communications and Participation have met and discussed the plan to feedback on the success measures agreed following the Big Conversation. Healthwatch colleagues have met with engagement leads and feedback should commence from August. 10/24 Update: In conjunction with HealthWatch, a survey to test the success measures has been shared with the North East London (NEL) People's Panel (made up of 2,200 NEL residents) and asked for further comments from members of the public. HealthWatch are also testing this with their respective communities, ensuring a broad and inclusive approach. The final set of success measures will be finalised and shared at the next ICP	CP/DB	Completed	Action completed. A survey has been discussed at the People's Panel and will be tested by HealthWatch.
ACT021	09/01/25	1.3	**Outcomes Framework** The draft outcomes framework will be circulated to members once available.	CP	April 2025	
ACT022	09/01/25	4.0	**Horizon scanning – into 2025 and beyond** Mike Armstrong (MA) would share details of the survey of social care providers which highlights challenges they face, with the Chair to share with the London People Board MA to share survey findings with the Chair	MA	Completed	Survey shared with MG
ACT023	09/01/25	6.0	**Winter update** Hospitals are struggling to discharge patients. The care providers have beds available however the acute providers report that they are unable to place people out of hospital. Paul Gilluley to consider if any action could be taken in support of this.	PG	April 2025	

Integrated Care Partnership

10th April 2025

Title of report	ICP Development session: Review and draft workplan
Author	Charlotte Pomery, Chief Participation and Place Officer NHS North East London
Presented by	Charlotte Pomery, Chief Participation and Place Officer NHS North East London
Contact for further information	charlotte.pomery@nhs.net
Executive summary	Attached to this brief report is the draft workplan for the ICP for the year ahead and the improvement plan.
Action / recommendation	Members of the Partnership are asked to note the output from the development session and consider the attached work plan, and to further consider whether the work plan adequately reflected the intended areas of focus for the year head.
Previous reporting	N/A
Next steps/ onward reporting	This will be a standing item on the Partnership's agenda going forward.
Conflicts of interest	None known at this stage
Strategic fit	This report aligns with each of the four ICS aims: • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The core business of the ICP has a lasting impact on local people, health inequalities and sustainability. In considering the work plan for the Committee, members should be mindful of how the work plan can have a positive impact on these issues and ensure that it is optimising opportunities for such impact.
Has an Equalities Impact Assessment been carried out?	N/A at this point.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising directly from this report although the

	ICP will pay attention to supporting financial sustainability across the system through its various roles.
Risks	None identified at this stage – but risks could arise if the ICP's work plan is not aligned to its terms of reference and core priorities as a Committee of the Board.

Integrated Care Partnership

Draft work plan 2025/26

Introduction

Integrated care partnerships (ICPs) bring together an alliance of partners concerned with improving the care, health and wellbeing of their local population.

The ICP is run by NHS organisations and upper-tier local authorities as a joint committee of partners who all have a role in improving local health, care and wellbeing. The partnership may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

ICPs have one important statutory responsibility – to develop, publish and keep under review their integrated care strategy – and they may also take on additional responsibilities, as agreed locally between the members.

North East London ICP has agreed that we want to act as a core and collaborative enabler of the three strategic shifts set out in the Darzi Review and anticipated as framing the 10 year Health Plan, shifts: from treatment to prevention; from acute to community; from analogue to digital.

We have also agreed that we want to reshape the way we work as a partnership in light of the shifts, the 10 year Health Plan and our refreshed Integrated Care Strategy.

We have limited detail at the time of writing, but we know that we will need to make 50% reductions in the running costs of ICBs by the end of 2025, with significant restructuring required to achieve this whilst retaining our ability to carry out our core purpose and focus.

In light of the above, it is proposed that our work plan for the year will focus on:

- Refresh of the Integrated Care Strategy
- Response across the partnership to the 10 year Health Plan
- Work to support the three shifts for each of our partners

Proposed work plan

April	July	October	January
All three shifts			
• ICP development plan • Update and discussion on ICB and NHSE announcements • Key issues for partners	• Key issues for partners • Integrated Care Strategy refresh update • 10 year Health Plan update • Update on ICB restructure	• Key issues for partners • Committee effectiveness • Integrated Care Strategy refresh update/sign off • Update on ICB restructure	• Key issues for partners • Work programme
Prevention: from sickness to health			
• VCFSE Strategy development		• Drugs and alcohol	• Response to economic inactivity
Closer to home: from hospital to community			
	• Role of adult social care – including update on ASC Commission	• Integrated neighbourhood working	•
Modernising: from analogue to digital			
	• Approach to digital strategy development • Primary care and digitalisation	• Digital strategy	•
Items to be scheduled – this includes items we know will be coming through the pipeline but timelines are yet to be established			
• Working with People and Communities Strategy refresh			

North East London Integrated Care Partnership: Improvement plan – 2024/2025

The Improvement Plan is structured into three themes:

- Strategy
- Governance
- Partnerships and Resident Engagement

Each theme has a number of linked issues and actions, which, when combined, are intended to address the concerns and comments of ICP members surfaced during the recent development session. The improvement plan touches on all members of the ICP and comments are sought to enable collective implementation

Incorporating link to three shifts:

1. Sickness to prevention: Focusing on preventing sickness, not just treating it.
2. Hospital to community: Moving more care from hospitals to communities
3. Analogue to digital: Making better use of technology in health and care

Theme	Issue	Background and what needs to be done	Link to 3 shifts	Lead	Time frame	Assurance mechanism	Current status
Strategy	Integrated Care Strategy	Review the Integrated Care Strategy and aligned Forward Plan. Forward Plan to reflect review in January 2025	1. 2. 3.	CPPO	January	ICP	Date on forward planner
	Success Measures	Implement Integrated Care Strategy Success Measures and use to monitor impact of Strategy as part of review, above. Confirm community support for success measures Timetable focused reporting back on progress against the success measures aligned to review above	1. 2.	CPPO CPPO CPPO	January October 2024 At ICP meetings	ICP	Completed Update to ICP Added to forward plan
	ICP Member impact	ICP members to identify strategic change in their own organisations which may have an impact on the Integrated Care Strategy and other strategies of the partners. Updates from partners and active participation in strategic discussions	1. 2. 3.	All Chair/ All	Ongoing Ongoing from now	ICP	Identified at each meeting through presentations by constituent organisations Ongoing
	Alignment of ICP with ICB	Continue to influence the ICB and system with effective links to partnership and delivery structures. Chair actively to refer items between ICB and ICP and identify impact of discussion/work in one setting on the other Partners to include reference to ICP in wider system discussions and to bring strategic discussions into the ICP		All Chair/ CPPO All	Ongoing from now	ICP	Established reports from ICP to ICB with recommendations & feedback from ICB. Develop report back and briefings to ICP. Above to be implemented immediately

Theme	Issue	Background and what needs to be done	Link to 3 shifts	Lead	Time frame	Assurance mechanism	Current status
	Effective forward planning	Comprehensive forward plan to ensure in line with strategic direction of the ICP. Focus on themes at each meeting in line with work programme – contributions to be sought from all partners	 1. 2. 3.	CPPO CPPO	Ongoing At each ICP	ICP	Established and discussed at steering group and reviewed at ICP On forward plan
	Good practice	1. All to share good practice initiatives with clearer opportunities for boroughs to 'level up' on provision of services. 2. Ensure discussions on themes and items are followed through and translated to actions/next steps in a systematic way 3. Prioritise items and themes to build impact over time in line with the Strategy	1. 2. 3.	CPPO CPPO CPPO	Ongoing from now	ICP	Continuous development through immediate actions including: 1. Key areas to level up being discussed by local government, 2. Clarity during the meeting on next steps 3. Priority setting through ICP work plan
Governance	ICP Development	Ensure that the ICP has a programme of continuous development ensuring sufficient time is allocated to effectively establish understanding of the role and responsibilities of the ICP following the approval of the interim Integrated Care Strategy. Agree and programme development sessions throughout the year		Chair/ CEO CPPO	 January & July 2025	ICP	Established - as part of forward plan Extend meetings to accommodate twice yearly development sessions.
	Style of meetings	Meetings in person allow for members to build on effective working relationships and thereby maximise opportunities for involving all in discussions. Holding meetings in a		Chair	Every meeting now held in person	ICP	Completed

Theme	Issue	Background and what needs to be done	Link to 3 shifts	Lead	Time frame	Assurance mechanism	Current status
		physical environment will allow for smaller breakout discussions to take place in workshop-style sessions will ensure all voices are heard. Booking of meetings to reflect needs above All members to commit to in-person meetings at agreed frequency		CPPO All			Requires continued support from members
	Lack of diversity in ICP	ICP does not adequately reflect the diversity of populations across north east London Build diversity over time, recognising role of each partner in ensuring appropriate representation		All All	From now Review in July 2025 - development session		Ensure governance representation reflected in NEL workforce strategy and considered as part of collaborative discussions
	Reflection of equal partnership in the ICP	Active participation of all partners in presentations / preparation of papers / discussions Preparation of agenda items to include contributions from all members, with presentations/papers from across the ICP Papers to be focused, short and shared in advance Effective forward planning to ensure all partners, including smaller voluntary groups for example have the capacity and resources to contribute.		CPPO CPPO All contri-butors CPPO	From now Ongoing Ongoing Ongoing		Ensure this is considered as part of the forward plan work Use steering group to identify items from across partnership and set agendas
	Chairing arrangements	Build equity of partnership through VCSE involvement in Vice Chairing arrangements. To be taken forward by April 2025		Chair	April 2025	ICP	In progress

Theme	Issue	Background and what needs to be done	Link to 3 shifts	Lead	Time frame	Assurance mechanism	Current status
Partnerships and Public Engagement	Resident at the heart of discussions	Holding meetings in person and in public will enable local people to engage and participate more effectively with the ICP. Meetings to be promoted and advertised on ICB and Partner websites and at other meetings Agenda planning to reflect voice of local residents Big Conversation and co-production to be reflected in all papers and presentations		CPPO CPPO /All CPPO All	Ongoing	ICP	Partially in place – engagement required to take forward in full
	Partnership input	All partners to propose key agenda items and themes for discussion. Agenda to reflect partnership input whilst ensuring impact and prioritisation	1. 2. 3.	All	Ongoing	ICP	As part of forward plan
	Appropriate representation from all sectors	Review committee membership regularly, including review of chairing arrangements		Chair/ CPPO	Annually	ICP	As part of development session

NEL Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) Collaborative

Developing a VCFSE strategy – Becoming an equal system partner

April 2025

Vicky Scott
CEO Tower Hamlets CVS | Tower Hamlets VCFSE representative

Najnin Islam
Partnerships Development Director

North East London Health & Care Partnership

Purpose of the NEL VCFSE Collaborative

- Ensure VCFSE contribution and integration.
- Raise VCFSE profile, increase understanding and promote the value of working collaboratively.
- Identify new opportunities and align funding opportunities.
- Develop shared learning, training and capacity building.
- Support infrastructure through peer advice, support and development to build parity across NEL

North East London Health & Care Partnership

Current Leadership Group

Barking and Dagenham

Elspeth Paisley, BD Collective

City & Hackney

Bejal Shah, CEO Hackney CVS

Havering

Shelley Hart, CEO, Havering Volunteer Centre

Andreea Albu, CEO, Age UK Havering, Redbridge & Barking and Dagenham

Newham

Sandra White, Compost London

Susanne Rauprich, Chair, One Newham

Redbridge

Jenny Ellis, CEO, Community Action Redbridge

Tower Hamlets

Vicky Scott, CEO Tower Hamlets CVS

Waltham Forest

Vanessa Morris, CEO, Mind in the City, Hackney, and Waltham Forest

Monwara Ali, CEO, Waltham Forest Community Hub

* 5 additional representatives to be recruited in April/May 2025

North East London Health & Care Partnership

Priorities for VCFSE Collaborative

Develop a system wide **'state of the sector'** report

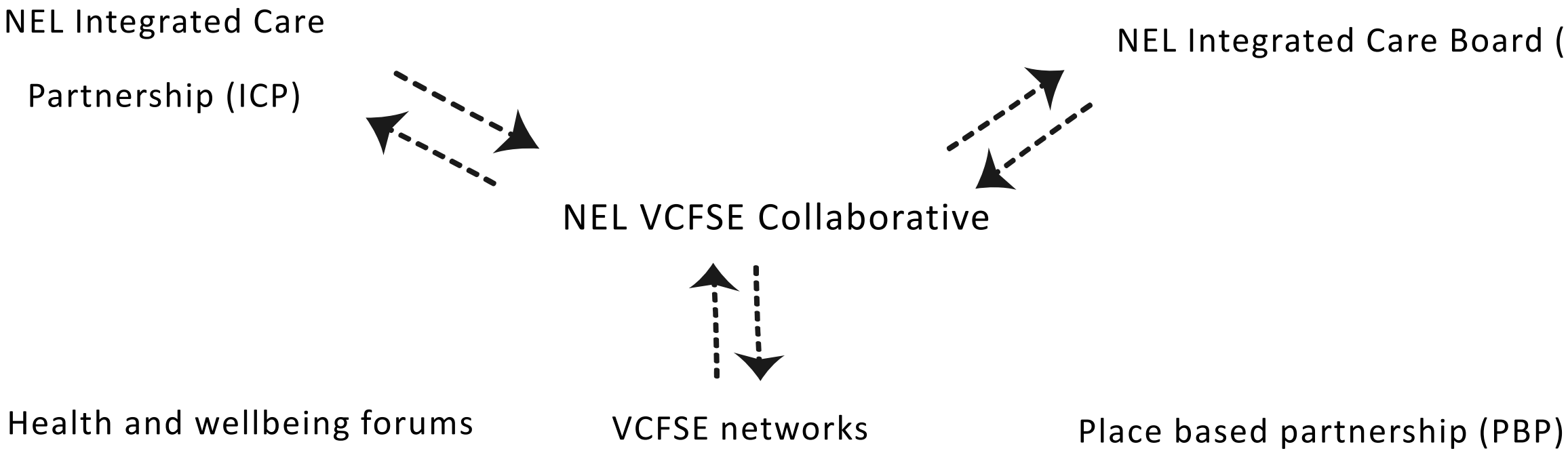
Develop a **VCFSE strategy** to raise the profile of the sector and support the VCFSE as an equitable system partner to address local health inequalities and improve health outcomes of the communities in NEL.

Priority areas:

1. Communications strategy
2. Evidence and Impact
3. Housing, Advice and Welfare
4. Employment/Workforce/Volunteers – Thematic representative
5. Babies, Children & Young People (BCYP) – Thematic representative
6. Mental Health (MH) – Thematic representative
7. Long Term Conditions (LTC's) – Thematic representative

North East London Health & Care Partnership

How do we communicate?



Place based rep and thematic rep (where appropriate) will attend H&WF and PBP, and another relevant forums

Monthly highlights report will be circulated

How do we effectively maintain the primacy of the hyperlocal approach

North East London Health & Care Partnership

Interim NEL state of the sector analysis

Total charities and social enterprises located here
Charities who list this as AOO and social enterprises based here
9,381

Charities located here
Charities with HQ here
7,549

Social enterprises located here
1,832

Charity trustees
37,152

Employees of large charities
Charities with an income over 0.5M
93,673

Charity volunteers
Charities with an income above 10k
37,152

Total Funding
Total funding awarded from Jan 2021 to Jan 2025.
347M

Some of the challenges

A third of VCFSE groups (36%) needed to draw on their reserves to pay for essentials in the last 12 months

78% have not secured their funding for the next 12 months

- (50% partially secure, 27% not secure, 2% close to closure)

The biggest financial challenges organisations are facing:

- Uncertainty about funding (63%)
- Cost of delivering services increasing (61%)
- Increase in the demand for their service/s (59%)

North East London Health & Care Partnership

Focus group feedback

Don’t feel truly valued

Multiple consultations with no feedback or recognition of support

Strong sense of frustration of cuts in LA and ICB, towards central government and lack of hope

Disconnect from ICB and health system, including primary care

Health system partners ‘don’t understand VCFSE’ which is a big barrier in enabling whole system working

Preventative approach requires a radical shift in organisational development, cultural

Perception of lack of capability

Physical barriers such as digital interoperability a big barrier

North East London Health & Care Partnership

Focus group feedback

Can VCFSE be at the table in start of commissioning of services and codesign services?

Can ICB/health and LA colleagues attend VCFSE events and organisations?

Can we start to operationalise joined up working, especially with INTs?

Can there be an ‘agent’ that mediates between Health and VCFSE? *(Could we use the VCFSE Collaborative to be commissioning arm for all VCFSE contracts?)*

More transparency and avoid ‘changing the goalposts’

Can VCFSE lead on thorny issues that focus on prevention, but often comes from ‘health’

‘Understand the system’ training

Strategy – Purpose

Develop a VCFSE strategy on behalf on the ICP

Reposition VCFSE as an equitable system partner

- Maximise value of VCFSE in addressing health inequalities.
- Enable the shift from ‘treatment to prevention’.
- Embed VCFSE in integrated neighbourhood work.
- Improve effective partnership work.
- Understand how partners can support VCFSE.
- Focus on what good looks like.
- Understand the VCFSE

North East London Health & Care Partnership

Questions

1. How can you support as us with our challenges and work towards shared goals?

2. How do we enable whole system working, with VCFSE sector as an equitable partner?

3. How can you support us to use and implement the strategy?

4. What can we do now with existing infrastructure?

5. Do we currently integrate smaller VCFSE groups, and how can we do this better?

6. How can we support you to understand the VCFSE better?

North East London Health & Care Partnership