North East London Health & Care Partnership

City and Hackney Health and Care Board & City & Hackney Integrated Care Board Sub Committee meeting in common

Thursday 8 September 2022, 0900-1100 online by Microsoft Teams

Chair: Helen Fentimen

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	**Welcome, introductions and apologies:** • Declaration of conflicts of interest	0905 (5 mins)	Chair	Paper 1 Pages 3-7	Note
2.0	**Governance update including Terms of Reference:** • Confirmation of Chairing arrangements	0910 (20 mins)	Jonathan McShane	Paper 2 & 2a Pages 8-49	Approve
3.0	**Update on the Anticipatory Care Pathway in City & Hackney (Neighbourhoods Programme)**	0930 (20 mins)	Sophie Green	Papers 3 & 3a Pages 50-61	Discuss
4.0	**Use of non-recurrent monies in the City and Hackney Partnership**	0950 (20 mins)	Stephanie Coughlin	Papers 4, 4a & 4b Pages 62-72	Approve
5.0	**Better Care Fund**	1010 (15 mins)	Helen Woodland / Cindy Fischer	Paper 5 Pages 73-77	Approve
6.0	**Finance Report**	1025 (20 mins)	Dilani Russell / Sunil Thakker	Verbal	Discuss

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7.0	**Future meeting arrangements**	1045 (5 mins)	Chair	Verbal	Discuss
8.0	**Any Other Business**	1050 (10 mins)	Chair	Verbal	Discuss

Date of next meeting: Full meeting in public on Thursday 10 November 2022, 0900 to 1100 by Teams

Development session to be held on Thursday 13 October 2022, 0900 to 1100 in Committee Room 4, Guildhall, 71 Basinghall Street, London EC2V 7HH

NHS North East London Clinical Commissioning Group

Name	Position/Relationship with CCG	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Andrew Carter	Executive Director, Community & Children's Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Director – Community & Children's Services for City of London Corporation	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Member of Association of Directors of Adult Social Services	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Childrens Services	Member of Association of Directors of Childrens Services	2021-05-13		
			Non-Financial Personal Interest	CoramBAAF	CoramBAAF Board Chair	2021-12-06		
Caroline Millar	Acting Chair	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City and Hackney GP Confederation	Acting Chair for City and Hackney GP Confederation	2021-10-14		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	Independent Adjudicator, for the Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	2021-10-14		
			Non-Financial Personal Interest	Clissold Park User Group	Treasurer for Clissold Park User Group	2021-10-14		
			Non-Financial Personal Interest	Vox Holloway	Trustee for Vox Holloway	2021-10-14		
			Non-Financial Personal Interest	Barton House Group Practice	Registered patient at Barton House Group Practice	2021-10-14		
			Non-Financial Personal Interest	Allerton Road Medical Centre	Immediate family members registered at this	0021-10-14		

					practice			
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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		
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
Dr Haren Patel	Joint Clinical Director, Hackney Marsh Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Hackney Marsh Primary Care Network	Joint Clinical Director for Hackney Marsh Primary Care Network	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Latimer Health Centre	Senior Partner at Latimer Health Centre	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Acorn Lodge Care Home	Primary Care Service Provision to Acorn Lodge Care Home	2020-10-10		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Pharmacy in Brent CCG	Joint Director for pharmacy in Brent CCG	2020-10-10		
			Non-Financial Professional Interest	NHS England	GP Member of the NHS England Regional Medicines Optimisation Committee	2020-10-10		
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Lower Clapton Group Practice	GP Principal at Lower Clapton Group Practice	2020-10-09		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Member of the British Medical	2020-10-09		

					Association			
			Non-Financial Professional Interest	Royal College of General Practitioners	Member of the Royal College of General Practitioners	2020-10-09		
Helen Fentimen	Common Council Member	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Common Council Member of the City of London Corporation	2020-02-14		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-02-14		
			Non-Financial Personal Interest	Unite Trade Union	Member of Unite Trade Union	2020-02-14		
			Non-Financial Personal Interest	Prior Weston Primary School and Children's Centre	Chair of the Governors, Prior Weston Primary School and Children's Centre	2020-02-14		
Kirsten Brown	Primary Care Clinical Lead for City and Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Financial Interest	Lawson Practice Partnership	I am a GP partner at Lawson Practice and Spring Hill Practice	2013-02-01		Declarations to be made at the beginning of meetings
			Financial Interest	City and Hackney GP Confederation	I am a partner at the Lawson Practice and Spring Hill Practice both of which are member practices of City and Hackney GP confederation	2013-02-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	UCLH	I am a patient at UCLH	2017-06-01		
Laura Sharpe	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City & Hackney GP Confederation	Chief Executive of the City & Hackney GP Confederation	2021-04-23		Declarations to be made at the beginning of meetings
Matthew Knell	Senior Governance Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Finance, Performance & Investment Committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care	Non-Financial Personal Interest	Queensbridge Group Practice	Registered patient with this local GP Practice.	2017-01-01		

		Partnership Board Waltham Forest ICB Sub-committee						
Nina Griffith	I am seconded to NEL CCG as Director of Delivery for the City and Hackney Partnership	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Personal Interest	UNICEF	Global Guardian for UNICEF	2016-07-01	2022-06-06	
Paul Calaminus	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings
			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 31/08/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Stella Okonkwo	Project Officer, C&H ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Jenny Darkwah	Clinical Director, Shoreditch Park and City Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Helen Woodland	Group Director, Adults, Health and Integration	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.

Sandra Husbands	Director of Public Health, City of London & London Borough of Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
John Gieve	Member of City and Hackney ICPB	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.

City and Hackney Place Sub-Committee

8 September 2022

Title of report	Governance Update Including Terms of Reference
Author	Marie Price, Director of Corporate Affairs
Presented by	Jonathan McShane, Integrated Care Convener
Contact for further information	Matthew Knell, Senior Governance Manager
Executive summary	NHS North East London was established on 1 July 2022, with a commitment to ensuring there are strong place-based partnerships with decisions made close to local communities. At the first meeting of the NHS North East London Board the high level governance arrangements for the system, set out in a governance handbook, were agreed, subject to a more detailed review this financial year. The attached terms of reference come in three parts: the place-based partnership board, the place sub-committee of NHS North East London and the Integrated Commissioning Board arrangements we use in City and Hackney. These have been developed with local partners, with the support of governance and legal advisers. National guidance on delegation was issued in July this year, with more expected to enable extensive delegation of ICB functions from 1 April 2023. Discussions with partners from North East London Health and Care Partnership about our arrangements for delegation continue. These terms of reference will be further updated to reflect the outcome of this, with a full review in advance of April 2023.
Action required	To consider, discuss and approve the terms of reference.
Previous reporting	NHS North East London Board established all committees and sub-committees at the inaugural meeting on 1 July, with draft terms of reference approved subject to local agreement.
Next steps/ onward reporting	Once the terms of reference have been approved locally, the outcome will be reported to and agreed through the Population Health and Integration Committee and NHS North East London Board.
Conflicts of interest	N/A
Strategic fit	Place-based partnerships are central to our system's design and operation, so this enabling governance supports our objective to ensure decision making is rooted in local places.

Impact on local people, health inequalities and sustainability	Place-based partnerships are closest to communities, so play a key role in addressing these – noting that at a north east London level there will be a focus on ensuring improvements in access, experience and outcomes for the whole population.
Impact on finance, performance and quality	The place-based partnership and place sub-committee will consider local finance, performance and quality issues, making decisions as appropriate in line with these terms of reference. The Integrated Commissioning Board arrangements ensure that local authority partners are able to take decisions within the context of the partnership board.
Risks	That there is a lack of clarity on the remit for the sub-committee, however this should be mitigated following the outcome of the further discussions on accountability and delegation. Duplication / complexity in terms of decision making, which should be mitigated as we test and learn during this first year, ensuring arrangements are refined and clear from 1 April 2023.

Terms of reference

1.0 Background

1.1 The NHS North East London Integrated Care Board (ICB), known as NHS North East London, was established on 1 July. NHS North East London sits within a wider integrated care system, the North East London Health and Care Partnership. The partnership includes heath and care statutory partners, including all eight local authorities, five NHS Trusts, local Healthwatch and community/voluntary sector organisations.

1.2 At the first meeting of the NHS North East London Board the high level governance arrangements were agreed, and set out in a governance handbook. Given not all of the statutory guidance and regulations have been issued, the governance, including terms of reference for all committees and sub-committees, was agreed subject to each committee agreeing them, along with a more detailed review later this year.

1.3 Place-based partnerships are a key feature of the new system, with plans to delegate significant decision making and accountabilities more locally. Delegation options in year one are curtailed given the delay to establishing ICBs and ICSs on a statutory footing. Since forming NHS North East London, national guidance on delegation on ICB functions has been issued, with further detail expected to ensure plans can be developed for year two, from 1 April 2023.

2.0 Developing the terms of reference

2.1 The terms of reference have been developed through an aligned approach across North East London, which has involved input from each of the seven places over a period of nine months. The terms of reference are in three parts, the first sets out the arrangements for the local place-based partnership board and have been developed with local partners, the second part outlines the arrangements for the place based sub-committee of NHS North East London's Board and the third sets out our Integrated Commissioning Board arrangements which allow local authority partners to take decisions within the partnership board. The sub-committee arrangments are largely consistent across north east London given this sub-committee is the route through which the board can formally delegate decision making.

2.2 Each area is deciding how the partnership board and sub-committee will meet, with the majority running both meetings in a seamless way given the significant overlap in membership and alignment of the committee's responsibilities with the broader remit of the partnership board.

3.0 Next steps

3.1 Further detail will be added to the terms of reference once delegation arrangements are finalised and a more detailed review and update will take place in advance of 1 April 2023.

3.2 A forward plan will be developed for consideration at the next meeting outlining the reports and decisions for 2022/23.

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CITY & HACKNEY

PLACE-BASED PARTNERSHIP

TERMS OF REFERENCE

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Introduction

Section 1: Terms of reference for the City & Hackney Health and Care Board (‘**the Health and Care Board’**)

Section 2:

Part A: Terms of Reference for the City & Hackney Integrated Commissioning Board

Part B: Terms of reference for the City & Hackney Sub-Committee of the ICB (the ‘**Place ICB Sub-Committee’**).

Annex 1: Delegated ICB functions to be exercised at Place

Annex 2: Place objectives and priorities

Annex 3: ICB deliverables 2022/2023

Annex 4: Strategic priorities and operating principles of the ICS

Annex 5: Key statutory duties under the National Health Service Act 2006

INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System (‘**ICS**’) have come together as a Place-Based Partnership (‘**PBP**’) to enable the improvement of health, wellbeing and equity in the City & Hackney area (‘**Place**’):

    (a) The NHS North East London Integrated Care Board (the ‘**ICB**’)

    (b) London Borough of Hackney (‘**LBH**’)

    (c) City of London Corporation (‘**COLC**’)

    (d) East London NHS Foundation Trust (‘**ELFT**’)

    (e) Homerton University NHS Foundation Trust (‘**Homerton FT**’)

    (f) Hackney Council for Voluntary Service

    (g) City of London Healthwatch

    (h) Healthwatch Hackney

    (i) City & Hackney GP Federation

    (j) City & Hackney’s Primary Care Networks (‘**PCNs**’)

2. ‘Place’ for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBH and COLC.

3. These terms of reference for the PBP incorporate:

    (a) As **Section 1**, terms of reference for the City & Hackney Health and Care Board (the ‘**Health and Care Board**’), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters relevant to Place, and oversee joint programmes of work relevant to Place.

    (b) As **Section 2**, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:

    - The City & Hackney Integrated Commissioning Board, which brings together the Place ICB Sub-Committee referred below and a sub-committee of each of the local authorities in order to enable aligned commissioning decisions at Place in relation to partnership arrangements made under section 75 of the National Health Service Act 2006.

    - The City & Hackney Sub-Committee of the North East London Integrated Care Board (the ‘**Place ICB Sub-Committee’**), which is a sub-Committee of the ICB’s Population Health & Integration Committee (‘**PH&I Committee’**).

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4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the PBP governance structure, including as part of meetings of the Health and Care Board. This will be enabled (i) through delegations by the partner organisations to specific individuals or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Health and Care Board.

5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain ICB functions at Place.

6. There is overlap in the membership of the Health and Care Board and the governance structures described in Section 2. In the case of the Health and Care Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.

7. Where a member of the Health and Care Board is not also a member of a structure described in Section 2, it is expected that the Health and Care Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Health and Care Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.

8. All members of the Health and Care Board or a structure whose terms of reference are contained at Section 2 shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

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Section 1
Terms of reference for the City & Hackney Health and Care Board

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Status of the Health and Care Board	1. The City & Hackney Health and Care Board ('the Health and Care Board') is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent consider strategic policy matters and oversee joint programmes of work relevant to Place. 2. Where applicable, the Health and Care Board may also make recommendations on matters a partner organisation asks the Health and Care Board to consider on its behalf.
Geographical coverage	3. The geographical area covered will be Place, which for the purpose of these terms of reference is the area which is coterminous with the administrative boundaries of the London Borough of Hackney and the City of London Corporation.
Role of the Health and Care Board	4. The purpose of the Health and Care Board is to consider the best interests of service users and residents in City & Hackney, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Health and Care Board members participate in the Health and Care Board to - as far as possible - promote the greater collective endeavour. 5. The Health and Care Board has the following core responsibilities: (a) To set a local system vision and strategy, reflecting the priorities determined by local residents and communities at Place, the contribution of Place to the ICS, and relevant system plans including: • the Integrated Care Strategy produced by the NEL Integrated Care Partnership ('**ICP**'); • the 'Joint Forward Plan' prepared by the ICB and its NHS Trust and Foundation Trust partners; • the joint local health and wellbeing strategies produced by the City of London and Hackney Health and Wellbeing Boards ('**HWB**s'), together with the needs assessments for the area. (b) To develop a Place-based Partnership Plan ('**PBP Plan'**), which shall be: • aimed at ensuring delivery of relevant system plans, especially those listed above.

- developed in conjunction with the governance structures in Section 2 (e.g. the Place ICB Sub-Committee).
- agreed with the Board of the ICB and the partner organisations.
- developed by drawing on population health management tools and in co-production with service users and residents of City & Hackney.

(c) As part of the development of the PBP Plan, to develop the Place objectives and priorities and an associated outcomes framework for Place. A summary of these priorities and objectives is contained at **Annex 2**.

(d) To oversee delivery and performance at Place against:

- national targets.
- targets and priorities set by the ICB or the ICP, or other commitments set at North East London level, including commitments to the NHS Long Term Plan.
- the PBP Plan, the Place objectives and priorities and the associated outcomes framework.

(e) To provide a forum at which the partner organisations operating across Place can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality, escalating such matters to the NEL ICS System Quality Group ('**SQG**') as appropriate. Meetings of the Health and Care Board will give place and local leaders an opportunity to gain:

- understanding of quality issues at place level, and the objectives and priorities needed to improve the quality of care for local people.
- timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the SQG.
- positive assurance that risks and issues have been effectively addressed.
- confidence about maintaining and continually improving both the equity, delivery and quality of their respective services, and the health and care system as a whole across Place.

	(f) To oversee the use of resources and promote financial transparency; (g) To make recommendations about the exercise of any functions that a partner organisation asks the Health and Care Board to consider on its behalf; (h) To ensure that co-production is embedded across all areas of operation, consistent with the City & Hackney co-production charter; (i) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to: • improve outcomes in population health and healthcare; • tackle inequalities in outcomes, experience and access; • enhance productivity and value for money; • help the NHS support broader social and economic development. (j) To support the ICS to deliver against the strategic priorities of the ICS and the ICS operating principles set out in **Annex 4**.
Statutory decision-making	6. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference, and are not matters to be decided upon by the Health and Care Board. 7. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Health and Care Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.
Making recommendations	8. Where appropriate in light of the expertise of the Health and Care Board, it may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making. 9. Note that where the Health and Care Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Health and Care Board does shall restrict or undermine that responsibility. However, when considering and

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	making recommendations in relation to such functions, the Health and Care Board will ensure that it has regard to the statutory duties which apply to the partner organisation. 10. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.
Collaborative working	11. The Health and Care Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups. 12. The Health and Care Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Health and Care Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Health and Care Board. *Collaboration with the City & Hackney HWBs* 13. The Health and Care Board will work in close partnership with the HWBs and shall ensure that the PBP Plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs and the associated needs assessments, as well as the overarching Integrated Care Strategy produced by the ICP. *Collaboration with Safeguarding Adults/Children's Board* 14. The Health and Care Board will also work in close partnership with the City & Hackney Safeguarding Children Partnership and the City & Hackney Safeguarding Adults Board.
Principles of collaboration and good governance	15. The members of the Health and Care Board set out below at paragraph 22 and the partner organisations they represent agree to: • Encourage cooperative behaviour between constituent members of the ICS, including the partner organisations, and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible. • Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. • Assume joint responsibility for the achievement of outcomes within their control. • Commit to the principle of collective responsibility for the functioning of the Health and Care Board and to share the risks and rewards associated with the performance of the

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objectives and priorities for Place, and the associated outcomes framework, set out in the PBP Plan.

- Adhere to statutory requirements and best practice by complying with applicable laws and standards including procurement and competition rules, data protection and freedom of information legislation.

- Work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.

- Commit to evolving these partnership arrangements as national policy and legislation aimed at health and social care integration develops.

16. In addition to the Seven Principles of Public Life, members of the Health and Care Board will endeavour to make good two-way connections between the Health and Care Board and the partner organisation they represent, modelling a partnership approach to working as well as listening to the voices of patients and the general public.

Chairing and executive lead arrangements

17. The Health and Care Board will adopt a rotating arrangement in relation to its Chair, with responsibility being shared between the chairs of the two local authority sub-committees which form part of the City & Hackney Integrated Commissioning Board, namely:

    (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee);

    (b) Lead Member for Health, Adult Social Care and Leisure (Chair of the LBH Sub-Committee).

18. For the first [six/twelve] months following the Health and Care Board's formal approval of these terms of reference, the Chair of the COLC Sub-Committee shall be the Chair; following which the Chair of the LBH Sub-Committee shall chair for a period of [six/twelve] months. Thereafter the role of Chair shall swap every [six/twelve] months.

19. The Deputy Chair of the Health and Care Board will be the [ ].

20. If for any reason the Chair and Deputy Chair are absent for some or all of a meeting, the members shall together select a person to chair the meeting.

21. The Chief Executive of the Homerton will be the Place Executive Lead.

Membership

22. There will be a total of **26** members of the Health and Care Board, as follows:

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ICB:

(a) Delivery Director for City & Hackney

(b) Clinical Care Director for City & Hackney

(c) Director of Finance or their nominated representative

(d) Director of Nursing/Quality or their nominated representative

Local authority officers:

(e) Director of Community and Children's Services (COLC)

(f) Director of Adults' Services (LBH)[1]

(g) Director of Children's Services (LBH)[2]

(h) Director of Public Health for City & Hackney

Local authority elected members:

(i) The Chairman of the Community and Children's Services Committee (COLC)

(j) The Deputy Chairman of the Community and Children's Services Committee (COLC) (**Chair,** *rotating*)

(k) The Chairman of the Health and Wellbeing Board (COLC)

(l) Lead Member for Health, Adult Social Care and Leisure (LBH) (**Chair,** *rotating*)

(m) Lead Member for Education, Young People and Children's Social Care (LBH)

(n) Lead Member of Finance, Housing Needs and Supply (LBH)

NHS Trusts/Foundation Trusts:

(o) Chief Executive (Homerton) (**Place Executive lead**)

(p) Non-Executive Director of Homerton

(q) Director of ELFT

(r) Non-Executive Director ELFT

Primary Care:

(s) Place Based Partnership Primary Care Development Clinical Lead

[1] Confirm title
[2] Confirm title

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	(t) Chief Executive, City & Hackney GP Federation (u) Chair, City & Hackney GP Federation (v) PCN clinical director (w) PCN clinical director *Voluntary sector* (x) Chief Executive Officer, Hackney Council for Voluntary Service *Healthwatch* (y) [Chief Executive], City of London Healthwatch (z) [Chief Executive], Healthwatch Hackney 23. With the permission of the Chair of the Health and Care Board, the members, set out above, may nominate a deputy to attend a meeting of the Health and Care Board that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final. Each member should have one named nominee to ensure consistency in group attendance. Where possible, members should notify the Chair of any apologies before papers are circulated.
Participants	24. The Health and Care Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair of the Health and Care Board.
Meetings	25. The Health and Care Board will operate in accordance with the evolving ICS governance framework, including any policies, procedures and joint-working protocols that have been agreed by the partner organisations, except as otherwise provided below: *Scheduling meetings* 26. The Health and Care Board will normally meet monthly. 27. On a bi-monthly basis, subject to a minimum of four occasions each year, the Health and Care Board will hold its meetings in tandem with the Place ICB Sub-Committee[3] and broader Integrated Commissioning Board.

[3] In the first financial year of operation the Place ICB Sub-Committee is only expected to meet on three occasions.

28. The expectation for such meetings to be held in tandem will not preclude the Health and Care Board from holding its own more regular or additional meetings.

29. Changes to meeting dates or calling of additional meetings will be convened as required in negotiation with the Chair.

Quoracy

30. For a meeting of the Health and Care Board to be quorate, six members will be present and must include:

    (a) Two of the members from the ICB;

    (b) At least one member from each local authority;

    (c) One of the members from an NHS Trust or Foundation Trust;

    (d) One primary care member.

31. If any member of the Health and Care Board has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

32. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Papers and notice

33. A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

34. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

35. It is for the Chair to decide whether or not the Health and Care Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

36. Where the Health and Care Board meets jointly with the Place ICB Sub-Committee in accordance with paragraph 27, its meetings shall

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	be held in accordance with the Place ICB Sub-Committee's terms of reference in Section 2. Otherwise, whether a meeting of the Health and Care Board is to be held in public or private is a matter for the Chair. *Recordings of meetings* 37. Except with the permission of the Chair, no person admitted to a meeting of the Health and Care Board shall be permitted to record the proceedings in any manner whatsoever, other than in writing. *Meeting minutes* 38. The minutes of a meeting will be formally taken and a draft copy circulated to the members of the Health and Care Board together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair. Verbatim minutes of the meeting will not be held, instead key points of debate, actions and decisions will be captured. 39. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Place ICB Sub-Committee and/or other place governance structures in Section 2. *Governance support* 40. Governance support will be provided to the Health and Care Board by the ICB's governance team. *Confidential information* 41. Where confidential information is presented to the Health and Care Board, all those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.
Decision-making	42. The Health and Care Board is the primary forum within the PBP for bringing a wide range of partners across Place together for the purposes of determining and taking forward matters relating to the improvement of health, wellbeing and equity across Place. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place. 43. The Health and Care Board does not hold delegated functions from the partner organisations, but each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions for their organisation on matters within the Health and Care Board's remit or, at least, will have sufficient responsibility and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.

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	44. Members of the Health and Care Board have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. Externally, members will be expected to represent the Health and Care Board's views and act as ambassadors for its work. 45. In the event that the Health and Care Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of the statutory committees/sub-committees in Section 2 taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees/sub-committees may utilise voting on matters they are required to take decisions on.
Conflicts of Interest	46. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, which shall be consistent with partner organisations' respective statutory duties and applicable national guidance.
Accountability and Reporting	47. The Health and Care Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Health and Care Board will also report to the ICP. 48. Members of the Health and Care Board shall disseminate information back to their respective organisations as appropriate, and feedback to the group as needed. 49. The Health and Care Board and the HWBs will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Health and Care Board receives from the HWBs will include the HWBs' recommendations to the Health and Care Board on matters concerning delivery of the Place objectives and priorities (see Annex 2) and delivery of the associated outcomes framework. The HWBs will continue to have statutory responsibility for the joint strategic needs assessments and joint local health and wellbeing strategies. 50. Given its purposes at paragraph 5(e) above, the Health and Care Board will regularly report upon, and comply with any request of the SQG for information or updates on, matters relating to quality which effect the ICS and bear on the SQG's remit.
Monitoring Effectiveness and Compliance with Terms of Reference	51. The Health and Care Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations. This report will outline and evaluate the Health and Care Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the Health and Care Board will review its terms of reference and agree any changes it considers necessary.

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Section 2 (Part A)
The City & Hackney Integrated Commissioning Board

Introduction

1. The arrangements for the City & Hackney Integrated Commissioning Board set out in these terms of reference enable aligned decision-making between the following statutory partners who have established integrated commissioning arrangements under powers conferred by section 75 of the National Health Service Act 2006 (‘**Section 75’**) and associated secondary legislation:

    (a) The City of London Corporation (‘**COLC**’)

    (b) The London Borough of Hackney (‘**LBH**’)

    (c) The North East London Integrated Care Board (‘**NEL ICB’**)

2. The expectation is that many of the discussions that will inform the statutory partners decisions under these arrangements will take place within overall City & Hackney Place-Based Partnership (‘**PBP**’). This will happen through aligned meetings between the sub-committees which comprise the Integrated Commissioning Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory committee on matters within the committee’s authority.

Composition and authority

3. The Integrated Commissioning Board brings together the following sub-committees of the statutory partner organisations:

    (a) COLC’s Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC’s Community and Children’s Services Committee (‘**the COLC Sub-Committee’**);

    (b) LBH’s Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet (‘**the LBH Sub-Committee’**); and

    (c) the City & Hackney ICB Sub-Committee, which is established as a sub-committee reporting to the NEL ICB’s Population Health and Integration Committee (‘**the Place ICB Sub-Committee’**).

4. The COLC Sub-Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and the scheme of delegation and reservation for the integrated commissioning arrangements.

5. The LBH Sub-Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

6. The Place ICB Sub-Committee has authority to exercise the functions delegated to it by the NEL ICB and to make decisions on matters relating

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to these delegated functions, in accordance with its terms of reference and the associated NEL ICB governance framework.

Section 75 pooled fund arrangements

7. Where section 75 pooled fund arrangements have been established, the following arrangements will apply:

   (a) Members of the COLC Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the NEL ICB ("**City Pooled Funds**");

   (b) Members of the LBH Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the NEL ICB ("**Hackney Pooled Funds**").

8. The LBH Sub-Committee shall have no authority in respect of City Pooled Funds and vice versa.

9. For services where no pooled fund arrangement is in place, the Integrated Commissioning Board arrangements may be used to make recommendations to the Place ICB Sub-Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement. Recommendations about services may also be made through the City & Hackney Health and Care Board.

Objectives

10. The Integrated Commissioning Board will support the development of the City & Hackney Place Based Partnership, through:

    (a) taking commissioning decisions in relation to the services which fall within the scope of the section 75 arrangements referred above (including in relation to, for example, service re-design, contracting and performance, planning and oversight);

    (b) supporting the City & Hackney Health and Care Board to develop the plans for the Place, achieve its priorities and objectives, and to fulfil its responsibilities as set out in its terms of reference;

    (c) developing and scrutinising commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;

    (d) approving clinical and social care guidelines, pathways, service specifications, and new models of care;

    (e) ensuring its decisions are made in a timely manner, with full consideration to:

    - statutory duties of the relevant organisation(s);

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	• relevant in term and longer term Place, system and national plans, policy, priorities and guidance (as appropriate); • the City & Hackney Co-Production Charter; • best practice and benchmarked performance; • relevant financial considerations.
Accountability and reporting	11. The Integrated Commissioning Board will report to the relevant forum as determined by the NEL ICB, LBH and COLC. The matters on which, and the arrangements through which, the Integrated Commissioning Board is required to report shall be determined by the NEL ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets). 12. The Integrated Commissioning Board will present for approval by the NEL ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the NEL ICB and/or COLC and/or LBH (including in respect of aligned fund services). 13. The Integrated Commissioning Board will receive reports from the statutory partners on decisions made by those bodies where authority for those decisions is retained by them, but the matters are relevant to the work of the Integrated Commissioning Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board. 14. The Integrated Commissioning Board will provide reports to the Health and Wellbeing Boards, the NEL ICB Board or the NEL Integrated Care Partnership and other committees as required. The City & Hackney Health and Care Board may provide such reports on behalf of the Integrated Commissioning Board as part of its wider reporting arrangements. 15. The Integrated Commissioning Board functions through the scheme of delegation and financial framework agreed by the NEL ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Integrated Commissioning Board is operating within all relevant requirements.
Chairing Arrangements	16. The chairing arrangements set out in City & Hackney Health and Care Board's terms of reference shall apply equally to the Integrated Commissioning Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Integrated Commissioning Board.
Membership	17. The membership of the sub-committees which the Integrated Commissioning Board brings together is as follows: 18. COLC Sub-Committee:

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	(a) The Deputy Chairman of the Community and Children's Services Committee (**Chair of the COLC Sub-Committee**); (b) The Chairman of the Community and Children's Services Committee; (c) The Chairman of the Health and Wellbeing Board. 19. LBH Committee: (a) Lead Member for Health, Adult Social Care and Leisure (**Chair of the LBH Sub-Committee**) (b) Lead Member for Education, Young People and Children's Social Care; (c) Lead Member of Finance, Housing Needs and Supply. 20. Members of the City & Hackney Place ICB Sub-Committee, as set out in its terms of reference. *Nominated deputies* 21. Any member of the LBH Sub-Committee may appoint a deputy who is a Cabinet Member. 22. The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Sub-Committee. 23. The Place ICB Sub-Committee's terms of reference set out its provision for nominating deputies. 24. Notwithstanding the above, any member appointing a deputy for a particular meeting of the Integrated Commissioning Board must give prior notification of this to the Chair.
Participants	25. As the three sub-committees shall meet in common, the members of each sub-committee shall be in attendance at the meetings of the other two sub-committees. It is also expected that meetings of the Integrated Commissioning Board will largely take place within the PBP structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the Integrated Commissioning Board's governance requirements, members of the City & Hackney Health and Care Board and attendees (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance. 26. The following will be expected to attend the meetings of the Integrated Commissioning Board, contribute to all discussion and debate, but will not participate in decision-making: (a) The Director of Community and Children's services (Authorised Officer for COLC);

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	(b) The City of London Corporation Chamberlain; (c) LBH Group Director – Finance and Corporate Resources; (d) LBH Group Director – Children, Adults and Community Services. 27. Others may be invited to attend the Integrated Commissioning Board's meetings in a non-decision-making capacity. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair.
Quorum	28. Quoracy requirements are as follows: (a) For the COLC Sub-Committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference). (b) For the LBH Sub-Committee the quorum will be two of the three Council Members (or deputies duly authorised in accordance with these terms of reference). (c) For the Place ICB Sub-Committee the quorum will be as set out in its Terms of Reference.
Voting	29. Each of the COLC, LBH and NEL ICB sub-committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a sub-committee is impossible, that sub-committee may take its decision by simple majority, and the Chair's casting vote if necessary. The COLC Sub-Committee, the LBH Sub-Committee and Place ICB Sub-Committee will each aim to reach compatible decisions. 30. Matters for consideration by the three sub-committees meeting in common as the Integrated Commissioning Board may be identified in meeting papers as requiring positive approval from all three sub-committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Sub-Committee, the LBH Sub-Committee and the Place ICB Sub-Committee.
Meetings and administration	31. The Integrated Commissioning Board's members will be given no less than seven clear working days' notice of its meetings. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting. In urgent circumstances these timescales may be truncated. 32. The Integrated Commissioning Board shall meet whenever COLC, LBH and the NEL ICB consider it appropriate that it should do so but the three sub-committees meeting as the Integrated Commissioning Board would usually meet bi-monthly and at least four times a year, noting that the City & Hackney Health and Care Board may meet more frequently (i.e. monthly).

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33. Meetings of the Integrated Commissioning Board shall be held in accordance with Access to Information procedures for COLC, LBH and the NEL ICB, rules and other relevant constitutional requirements. The dates of the meetings will be published by the NEL ICB, LBH and COLC. The meetings of the Integrated Commissioning Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (August 2014).

34. Governance support will be provided to the Integrated Commissioning Board and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the City & Hackney Health and Care Board. The NEL ICB, COLC and LBH shall agree between them the format of the joint minutes of the Integrated Commissioning Board which will separately record the membership and the decisions taken by the NEL ICB Committee, the COLC Sub-Committee and the LBH Sub-Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

35. Decisions made by the COLC Sub-Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Sub-Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Place ICB Sub-Committee may be subject to review by the NEL ICB's board or its Population Health & Integration Committee, or as further set out in the Place ICB Sub-Committee's terms of reference or the wider governance arrangements. However, NEL ICB, LBH and COLC will manage the business of the Integrated Commissioning Board, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of interest

36. The partner organisations represented in the Integrated Commissioning Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Integrated Commissioning Board members will comply with the arrangements established by the organisations that they represent or the ICS as a whole, and any national statutory guidance applicable to the organisation. As a minimum, this shall include ensuring that:

(a) a register of the members interests is maintained;

(b) any actual or potential conflicts are declared at the earliest possible opportunity;

(c) all declarations and discussions relating to them are minuted.

37. In respect of the COLC Sub-Committee and the LBH Sub-Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate. Members of the Place ICB Sub-Committee shall act in accordance with the sub-

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	committee's terms of reference and the ICB's conflicts of interest policy and procedures.
Review	38. The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.

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Section 2 (Part B)
Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board

Status of the Sub-Committee	1. The City & Hackney Sub-Committee of the North East London Integrated Care Board (‘**the Place ICB Sub-Committee’**) is established by the Population Health & Integration Committee (the ‘**PH&I Committee’**) as a Sub-Committee of the PH&I Committee. 2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub-Committee and may only be changed with the approval of the Board of the ICB (‘**the Board’**). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board. 3. The Sub-Committee and all of its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB. 4. These terms of reference should be read as part of the suite of terms of reference for the City & Hackney Place-Based Partnership (‘**PBP**’), including the terms of reference for the City & Hackney Health and Care Board (‘**the Health and Care Board**’) in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.
Geographical coverage	5. The geographical area covered will be Place, as defined in the Health and Care Board’s terms of reference in Section 1.
Purpose	6. The Place ICB Sub-Committee has been established in order to: (a) Enable the ICB to exercise the Delegated Functions at Place in a lawful, simple and efficient way, to the extent permitted by the ICB’s Constitution and as part of the wider collaborative arrangements which form the PBP. (b) Support the development of collaborative arrangements at Place, in particular the development of the PBP. 7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at **Annex 1**. 8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions. 9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 will be updated with the approval of the Board, on the recommendation of the PH&I Committee. 10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place (‘**the PBP Plan’**), which has been agreed with the PH&I Committee and the partner

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	organisations represented on the Health and Care Board. A summary of the PBP's priorities and objectives is contained at **Annex 2**. 11. In addition, the Place ICB Sub-Committee will support the wider ICB to achieve its agreed deliverables, as set out in **Annex 3**, and to achieve the aims and the ambitions of: (a) The Joint Forward Plan; (b) The Joint Capital Resource Use Plan; (c) The Integrated Care Strategy prepared by the NEL Integrated Care Partnership; (d) The HWBs' joint local health and wellbeing strategies with the HWBs' needs assessments for the area; (e) The PBP Plan. 12. The Place ICB Sub-Committee will also prioritise delivery against the strategic priorities of the ICS and the ICS operating principles set out in **Annex 4**. 13. In supporting the ICB to discharge its statutory functions and deliver the strategic priorities of the ICS at Place, the Place ICB Sub-Committee will, in turn, be supporting the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to: (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development. 14. The Place ICB Sub-Committee is a key component of the ICS, enabling it to meet the 'triple aim' of better health for everyone, better care for all and efficient use of NHS resources.
Key duties relating to the exercise of the Delegated Functions	15. When exercising any Delegated Functions, the Place ICB Sub-Committee will ensure that it acts in accordance with, and that its decisions are informed by, the guidance, policies and procedures of the ICB or which apply to the ICB. 16. The Sub-Committee must have particular regard to the statutory obligations that the ICB is subject to, including, but not limited to, the statutory duties set out in the 2006 Act and listed in **Annex 5**. In particular, the Place ICB Sub-Committee will also have due regard to the public sector equality duty under section 149 of the Equality Act 2010.
Collaborative working	17. In exercising its responsibilities, the Place ICB Sub-Committee may work with other Place ICB Sub-Committees, provider collaboratives, joint committees, committees, or sub-committees which have been

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	established by the ICB or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups. *Collaboratives* 18. In particular, in addition to an expectation that the Place ICB Sub-Committee and Health and Care Board shall collaborate with each other as part of the PBP, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the ICS: (a) The North East London Mental Health, Learning Disability & Autism Collaborative; (b) The Combined Primary Care Provider Collaborative; (c) The North East London Acute Provider Collaborative; (d) The North East London Community Collaborative. 19. Some members of the Place ICB Sub-Committee may simultaneously be members of the above collaborative structures, to further support collaboration across the system. *Health & Wellbeing Boards and Safeguarding* 20. The Place ICB Sub-Committee will also work in close partnership with: (a) The HWBs and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategies and the assessments of needs, together with the NEL Integrated Care Strategy as applies to Place; and (b) the Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and (c) the Safeguarding Children's Partnership established by the local authority, ICB and Chief Officer of Police, under section 16E of the Children Act 2014. *Establishing working groups* 21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.
Chairing Arrangements	22. The Place ICB Sub-Committee will be chaired by the Chair of the City & Hackney Health and Care Board who is appointed on account of their

specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.

23. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

24. The Deputy Chair of the Place ICB Sub-Committee is the Deputy Chair of the Health and Care Board.

25. If the Chair has a conflict of interest then the Deputy Chair or, if necessary, another member will be responsible for deciding the appropriate course of action.

26. The Chief Executive of the Homerton will be the Place Executive Lead.

Membership

27. The Place ICB Sub-Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Sub-Committee.

28. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the ICB. This is permitted by the ICB's Constitution and amendments made to the 2006 Act by the Health and Care Act 2022.

29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:

    (a) The NHS North East London Integrated Care Board (the '**ICB**')

    (b) London Borough of Hackney ('**LBH**')

    (c) City of London Corporation ('**COLC**')

    (d) East London NHS Foundation Trust ('**ELFT**')

    (e) Homerton University NHS Foundation Trust ('**Homerton FT**')

    (f) [Hackney Council for Voluntary Service]

    (g) [City of London Healthwatch]

    (h) [Healthwatch Hackney]

    (i) City & Hackney GP Federation

    (j) City & Hackney's Primary Care Networks ('**PCNs**')

30. There will be a total of [   ] members of the Place ICB Sub-Committee, as follows, noting that the Place Executive lead (nominated by each Place) will also be a member.

ICB:

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(a) Delivery Director for City & Hackney

(b) Clinical Care Director for City & Hackney

(c) Director of Finance or their nominated representative

(d) Director of Nursing/Quality or their nominated representative

Local authority officers:

(e) Director of Community and Children's Services (COLC)

(f) Director of Adults' Services (LBH)

(g) Director of Children's Services (LBH)

(h) Director of Public Health for City & Hackney

Local authority elected members:

(i) The Deputy Chairman of the Community and Children's Services Committee (COLC)

(j) Lead Member for Health, Adult Social Care and Leisure (LBH)

NHS Trusts/Foundation Trusts:

(k) Chief Executive (Homerton) (Place Executive lead)

(l) Director of ELFT

Primary Care:

(m) Place Based Partnership Primary Care Development Clinical Lead

(n) PCN clinical director

Voluntary sector

(o) [Chief Executive Officer, Hackney Council for Voluntary Service]

Healthwatch

(p) [Chief Executive], City of London Healthwatch

(q) [Chief Executive], Healthwatch Hackney

31. With the permission of the Chair of the Place ICB Sub-Committee, the members, set out above, may nominate a deputy to attend a meeting of the Place ICB Sub-Committee that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

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32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.

Participants

33. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.

34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:

    (a) Any members or attendees of the Health and Care Board (i.e. in Section 1)

    (b) Any members or attendees of the City & Hackney Integrated Commissioning Board (i.e. in Section 2: Part A)

35. The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.

Resource and financial management

36. The ICB has made arrangements to support the Place ICB Sub-Committee in its exercise of the Delegated Functions. Financial responsibilities of the Place ICB Sub-Committee are contained in the list of Delegated Functions in Annex 1, and further information about resource allocation within the ICB is contained in the ICB's Standing Financial Instructions and associated policies and procedures.

Meetings, Quoracy and Decisions

37. The Place ICB Sub-Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Governance Handbook and wider ICB policies and procedures, except as otherwise provided below:

Scheduling meetings

38. The Place ICB Sub-Committee will aim to meet on a bi-monthly basis and, as a minimum, shall meet on four occasions each year.[4] Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

39. The Place ICB Sub-Committee will usually hold its meetings together with the Health and Care Board and other sub-committees which comprise the City & Hackney Integrated Commissioning Board, as part of an aligned meeting of the PBP. Although the Place ICB Sub-Committee may meet on its own at the discretion of its Chair, it is expected that such circumstances would be rare.

40. The Place ICB Sub-Committee acknowledges that the Health and Care Board and other sub-committees which comprise the City & Hackney Integrated Commissioning Board may convene their own more regular

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[4] In the first financial year of operation the Place ICB Sub-Committee is only expected to meet on three occasions.

meetings, for instance where agenda items do not require a statutory decision of the Place ICB Sub-Committee.

41. The Board, Chair of the ICB or Chief Executive may ask the Sub-Committee to convene further meetings to discuss particular issues on which they want the Sub-Committee's advice.

Quoracy

42. The quoracy for the Place ICB Sub-Committee will be six and must include the following of which one must be a care or clinical professional:

    (a) Two of the members from the ICB;

    (b) At least one member from each local authority;

    (c) One of the members from an NHS Trust or Foundation Trust;

    (d) One primary care member.

43. If any member of the Sub-Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

44. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

45. Decisions will be taken in accordance with the Standing Orders. The Sub-Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Sub-Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Sub-Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

46. A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

48. It is for the Chair to decide whether or not the Place ICB Sub-Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless

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agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

49. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.

50. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.

51. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

52. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the Place ICB Sub-Committee and others in attendance.

53. There shall be a section on the agenda for public questions to the committee, which shall be in line with the ICB's agreed procedure [insert link].[5]

Recordings of meetings and publication

54. Except with the permission of the Chair, no person admitted to a meeting of the Place ICB Sub-Committee shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Confidential information

55. Where confidential information is presented to the Place ICB Sub-Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Meeting Minutes

56. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Place ICB Sub-Committee, together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair.

[5] To be provided by ICB Governance Team in due course.

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	57. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Health and Care Board and/or Integrated Commissioning Board. *Legal or professional advice* 58. Where outside legal or other independent professional advice is required, it shall be secured by or with the approval of the Director who is responsible for governance within the ICB. *Governance support* 59. Governance support to the Place ICB Sub-Committee will be provided by the ICB's governance team. *Conflicts of Interest* 60. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.
Behaviours and Conduct	61. Members will be expected to behave and conduct business in accordance with: (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business. (b) The NHS Constitution; (c) The Nolan Principles. 62. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.
Disputes	63. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place ICB Sub-Committee in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to: (a) a matter for wider determination within the ICS; or (b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative, then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

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Referral to the PH&I Committee

64. Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the ICB area and/or is a decision which would have an impact across the ICB area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee.

65. With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&I Committee for consideration then the following applies:

    (a) The Chair of the Place ICB Sub-Committee, at his or her discretion, may determine that such a referral should be made.

    (b) Two or more members of the Place ICB Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee.

66. Where a matter is referred to the PH&I Committee under paragraph 64, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.

67. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 64:

    (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 64 should be referred to the PH&I Committee for determination; or

    (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.

Accountability and Reporting

68. The Place ICB Sub-Committee shall be directly accountable to the PH&I Committee of the ICB, and ultimately the Board of the ICB.

69. The Place ICB Sub-Committee will report to:

    (a) **PH&I Committee.** The PH&I Committee, following each meeting of the Place ICB Sub-Committee. A copy of the meeting minutes along with a summary report shall be shared with the Committee for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.

    And will report matters of relevance to the following:

    (b) **Finance, Performance and Investment Committee.** Such formal reporting into the ICB's Finance, Performance and Investment Committee will be on an exception basis. Other

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	reporting will take place via Finance and via NEL wide financial management reports. (c) **Quality, Safety and Improvement ('QSI') Committee.** Reports will be made to the QSI Committee in respect of matters which are relevant to that Committee and in relation to the exercise of the quality functions set out at Annex 2 below. 70. In the event that the Chair of the ICB, its Chief Executive, the Board of the ICB or the PH&I Committee requests information from the Place ICB Sub-Committee, the Place ICB Sub-Committee will ensure that it responds promptly to such a request. *Shared learning and raising concerns* 71. Where the Place ICB Sub-Committee considers an issue, or its learning from or experience of a matter, to be of importance or value to the North East London health and care system as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the PH&I Committee, the Chair or Chief Executive of the ICB, the Board, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees, as appropriate.
Review	72. The Place ICB Sub-Committee will review its effectiveness at least annually.
	73. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: [ ] 2022

Version: [ ]

Date of review: [ ]

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Annex 1 - ICB Delegated Functions

[Section to be completed following conclusion and decision by partner-wide system executive leadership team of 'transformation cycle' work on functions]

Commissioning functions

The Place ICB Sub-Committee will have delegated responsibility for exercising the ICB's commissioning functions at Place in relation to the following specified services (the '**Specified Services'**), in line with ICB policy:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Health and care needs planning

The Place ICB Sub-Committee will undertake the following specific activities in relation to health and care needs planning, through embedding population health management:

1. Making recommendations to the PH&I Committee in relation to, and contributing to, the Joint Forward Plan and other system plans, in so far as relates to the exercise of the ICB's functions at Place.
2. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery at Place of the Joint Forward Plan, the Integrated Care Strategy and other system plans, in so far as they require the exercise of ICB functions.
3. Overseeing the development of service specification standards at Place for the Specified Services, in line with ICB policy.
4. Working with the Health and Care Board on behalf of the ICB, to develop the PBP Plan including the Place objectives and priorities and a Place outcomes framework.

    The PBP Plan shall be developed by drawing on data and intelligence, and in coproduction with service users and residents of City & Hackney. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, each HWBs' joint local health and wellbeing strategies and associated needs assessments, and other system plans.

    In particular, this shall include developing the Place priorities and objectives set out in the PBP Plan, and summarised in Annex 2, and an associated outcomes framework developed by the PBP.

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The PBP Plan shall be tailored to meet local needs, whilst maintaining ICB-wide operational, quality and financial performance standards.

5. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the PBP Plan, in so far as the plan requires the exercise of ICB functions.

6. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the Place objectives and priorities, contained within the PBP Plan and summarised at Annex 2, in so far as they require the exercise of ICB functions.

7. Overseeing the implementation and delivery of each HWB's joint local health and wellbeing strategy, in so far as the strategy requires the exercise of ICB functions.

Market management, planning and delivery

The Place ICB Sub-Committee will undertake the following specific activities in relation to market management, planning and delivery:

1. Making recommendations to the Board of the ICB / PH&I Committee in relation to health service change decisions (whether these involve commissioning or de-commissioning).

2. Approving commissioning policies in relation to the Specified Services, in line with ICB policy.

3. Approving demographic, service use and workforce modelling and planning, where these relate to ICB commissioning functions being exercised at Place.

Finance

The Place ICB Sub-Committee will undertake the following specific activities in relation to financial control and contracting:

1. Plan and monitor the budgets delegated to the Place ICB Sub-Committee and take action to ensure they are delivered within the financial envelope.

2. The committee will take shared responsibility, along with partners, for the health outcomes of their population, and will work with those partners to develop a shared plan for improving health outcomes and maintaining collective financial control.

3. Review and understand any variations to plan within the delegated budget and take appropriate action to mitigate these.

4. Oversee any required recovery plans in order to ensure financial balance is achieved at Place.

5. Ensure financial plans are triangulated with performance and quality.

6. Ensure any known financial risks are escalated to the ICB's Finance, Performance and Investment Committee and the ICS Executive, as appropriate.

7. Review performance of the contracts within Place, [in relation to the Specified Services,] to ensure services and activity are being delivered in line with contractual arrangements.

8. Review and understand the financial implications of new investments and transformation schemes.

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9. Oversee implementation of investments/transformation schemes, ensuring financial activity, KPIs and required outcomes are delivered.

10. Review and agree any procurement decisions in relation to the Specified Services, as appropriate, in line with the ICB's Standing Financial Instructions and Procurement Policy.

11. Ensure financial decisions are taken in line with the ICB's Standing Financial Instructions.

12. In relation to financial risk share arrangements (including but not limited to section 75, 76 and section 256 agreements), the Place ICB Sub-Committee shall:

    - Review any current in year arrangements applicable to Place, ensuring that funding is spent appropriately in line with contractual agreements;

    - Review the risks and benefits of the allocation of funding and approve spend on pooled budgets based on recommendations from those leading the work and where all parties are in agreement;

    - Receive reports on the schemes funded through this mechanism to ensure it is delivering the expected outcomes and benefits;

    - Review the funding and arrangements for the subsequent financial year and ensure there is adequate governance and arrangements in Place that is consistent with other places across the ICB's area;

    - Review and make recommendations in relation to proposals for the ICB to enter into new agreements under section 75 of the 2006 Act with the local authority at Place. In accordance with the Constitution, any such arrangements must be authorised by the Board of the ICB.

Quality

The Place ICB Sub-Committee will undertake the following specific activities in relation to quality:

1. Providing assurance that health outcomes, access to healthcare services and continuous quality improvement are being delivered at Place, and escalate specific issues to the Population Health & Integration Committee, the Quality Safety and Improvement Committee and/or other governance structures across the ICS as appropriate.

2. Complying with statutory reporting requirements relating to the Specified Services, in particular as relates to quality and improvement of those services.

3. In addition, the Place ICB Sub-Committee will have the following responsibilities on behalf of the ICB at Place, in relation to quality:

    - Gain timely evidence of provider and place-based quality performance, in relation to the Specified Services;

    - Ensure the delivery of quality objectives by providers and partners within Place, including ICS programmes that relate to the place portfolio.

    - Identify, manage and escalate where necessary, risks that materially threaten the delivery of the ICB's objectives at Place and any local objectives and priorities for Place.

- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
- Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services.
- Hold system partners to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
- Share good practice and learning with providers and across neighbourhoods.

4. Ensure key objectives and updates are shared consistently within the ICB, and more widely with ICS and senior leaders via the ICS System Quality Group ('SQG') and other established governance structures.

Primary Care

The Place ICB Sub-Committee will undertake the following specific activities in relation to primary care:

1. [TBD]

Communication and engagement with stakeholders

The Place ICB Sub-Committee will undertake the following specific activities in relation to communications and engagement:

1. Overseeing and approving any stakeholder involvement exercises proposed specifically in Place, consistent with the ICB's statutory duties in this context and the ICB's relevant policies and procedures. Such stakeholder engagement shall include political engagement, clinical and professional engagement, strategic partnership management and public and community engagement.
2. Overseeing the development and delivery of patient and public involvement activities, as part of any service change process occurring specifically at Place.

Population health management

The Place ICB Sub-Committee will undertake the following specific activities in relation to population health management:

1. Ensuring there are appropriate arrangements at Place to support the ICB to carry out predictive modelling and trend analysis.

Emergency planning and resilience

The Place ICB Sub-Committee will undertake the following specific activities in relation to emergency planning:

1. At the request of the any of the PH&I Committee or the Board, in relation to a local or national emergency, prepare or contribute to an emergency response plan for implementation at Place, coordinating with local partners as necessary.

Annex 2 - Place objectives and priorities (per PBP Plan)

[Examples]

1.	[Develop and integrate pathways to improve health outcomes in people with severe multiple disadvantage, incorporating homelessness]
2.	[Integrate care leaver support programmes and define required outcomes]

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Annex 3 – ICB deliverables 2022/3

[Examples. NEL deliverables to be added once available]

1.	[Implement population health management across all PCNs, proactively using data and intelligence to tackle inequalities in access and outcomes.
2.	Use data to address unwarranted variation and to manage demand.
3.	Develop and implement IAPT pathways, integrating talking therapy pathways within community and secondary care pathways.
4.	Contribute to planned care recovery through design and implementation of pathways, demand management, advice and guidance and health optimisation in line with ICS developed pathways.
5.	Consistently support urgent care flows through long-term condition management, community crisis response, timely discharge from hospital and integrated support for people to remain at home if possible.
6.	Contribute to COVID-19 recovery, in line with national, local and regional priorities.
7.	Participate in the community services review and implement the core care model to meet local population needs.
8.	Lead and coordinate the development of PCNs (neighbourhoods), implementing national requirements within the PCNs.

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Annex 4 - Strategic priorities of the ICS 2022/23 & ICS operating principles

ICS strategic priorities

1	**Employment and workforce:** To work together to create meaningful work opportunities for people in North East London
2	**Children and Young People:** To make North East London the best place to grow up
3	**Long term conditions:** To support everyone living with a long term condition in North East London to live a longer, healthier life
4	**Mental Health:** To improve the mental health and well-being of the people of North East London

ICS operating principles

1	**Improving quality and outcomes** – Individually and together, we will continuously improve access, experience and outcomes for and with our residents, with a specific focus on delivering integrated care in the neighbourhoods where our residents live and work. We will seek to learn together and from international best practice to continuously improve quality, to re-invent our ways of working and better secure our outcomes.
2	**Securing greater equity** – We will resolutely tackle inequality in outcomes and experience for our residents and staff, harnessing the diversity of our NEL experience to create better and more responsive solutions and utilising our combined resources to tackle the causes of inequality. We embrace the right of our residents to meaningfully participate, as an equal part of our team, benefiting from the strengths that they bring as individuals and communities.
3	**Creating value** – We will transparently work with our residents and staff to secure the maximum, sustainable benefit from our physical, digital and financial resources, re-purposing what we have, reducing waste and taking care of our environment. Critically we will support and enable our most important resource, our staff, to reach their potential, enjoy work and be able to effectively contribute to our vision.
4	**Deepening collaboration** – We will work in meaningful partnership towards shared goals, holding each other to account for the commitments we have made to each other and to our residents. We will set resident interest and the common good as our defining success measure and we will support our staff to lead and deliver across organizational boundaries. Our key collaboration will be with our residents, who will drive and co-deliver and evaluate the outcomes of our partnership.

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Annex 5 – Key statutory duties under the 2006 Act

- Section 14Z32 – Duty to promote the NHS Constitution
- Section 14Z33 – Duty to exercise functions effectively, efficiently and economically
- Section 14Z34 – Duty as to improvement in quality of services
- Section 14Z35 – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
- Section 14Z36 – Duty to promote involvement of each patient
- Section 14Z37 – Duty as to patient choice
- Section 14Z38 – Duty to obtain appropriate advice
- Section 14Z39 – Duty to promote innovation
- Section 14Z40 – Duty in respect of research
- Section 14Z41 – Duty to promote education and training
- Section 14Z41 – Duty to promote integration
- Section 14Z43 – Duty to have regard to the wider effect of decisions
- Section 14Z44 – Duties as to climate change etc
- Section 14Z45 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)
- Section 14Z30 – Registers of interests and management of conflicts of interest
- Section 223GB – Financial requirements on the ICB [where set by NHS England]
- Section 223GC – Financial duties of the ICB: expenditure
- Section 223L – Joint financial objectives for the ICB [where set by NHS England]
- Section 223M – Financial duties of the ICB: use of resources
- Section 223N – Financial duties of the ICB: additional controls on resource use
- Section 223LA – Financial duties of the ICB: expenditure limits

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North East London Health & Care Partnership

City and Hackney Health and Care Board

8th September 2022

Title of report	An Update on the Anticipatory Care Pathway in City & Hackney (Neighbourhoods Programme)
Author	Sophie Green Neighbourhoods Project Manager
Presented by	Sophie Green Neighbourhoods Project Manager
Executive summary	This report will update on the development of the anticipatory care pathway in City and Hackney, leading to discussion.
Action required	**Discussion**
Previous reporting / discussion	Place Based Delivery Group approved funding for the Anticipatory Care pathway in June 2022. Procurement committee is upcoming on the 2nd of September.
Next steps / onward reporting	Currently no other formal plans to discuss the pathway with the system.
Conflicts of interest	No conflicts of interest identified
Strategic fit	Which of the strategic corporate objectives does this report align with? • Improving mental health and preventing mental ill-health • Preventing and Improving outcomes for people with long-term health and care needs • Preventing and Improving outcomes for people with long-term health and care needs • Ensuring healthy local places • Joining up local health and care services around residents and families' needs • Increasing social connection
Impact on local people, health inequalities and sustainability	Taking a Neighbourhood approach to the delivery of the pathway in City and Hackney will enable local solutions to be found to specific inequalities in each population. People from lower socio-economic groups, particularly unmarried men and ageing post-menopausal women are more likely to experience frailty or long-term conditions and are less likely to engage in preventative activities. In addition, people with Diabetes and COPD are at major risk for frailty worsening and increased lack of motivation impacting on accessing preventative care. There is an ongoing Equality Impact Assessment that will explore in more depth intersectionalities of

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	inequality found in the Neighbourhood cohorts as part of an evaluation. The model has been scoped with sensitivity to local need and with all system partner needs and workforce support. The final financial envelope for anticipatory care has not been confirmed for 23-24.
Impact on finance, performance and quality	We will be reviewing the funding arrangements for Anticipatory Care in due course when we fully understand the final amount to be allotted from the Ageing Well Community Services Development Fund.
Risks	

City & Hackney Living Better Together

An Update on the Anticipatory Care Pathway in City & Hackney (Neighbourhood Programme)

This 'update on Anticipatory Care' paper has been written in preparation for **discussion** at the Health and Care board on the 8th of September 2022.

Background

NHS England (NHSE) have committed funding to support the delivery of the Ageing Well objectives within each system. Anticipatory Care (AC) funding for primary care is through the additional roles reimbursement scheme (ARRS); community and other service funding via the Service Development Fund. City and Hackney (C&H) had £1.14m in 21/22 across Ageing Well programmes. Given AC was not defined at that time by NHSE, it was agreed by the System Operation Command Group that £500,000 per annum from Ageing Well Funding would be held back to support AC. This money is now being used to fund community services, voluntary and independent sector services.

System approval for funding proposals (for use of the Ageing Well Community SDF) was gained from system partners in the **place based delivery group** (PBDG) in the **June 2022.** Prior to this the proposals were discussed with the Anticipatory Care Oversight Group, the Neighbourhood Providers Alliance Group, Primary Care Network Clinical Directors and the Primary Care Leadership Group.

The relevant financial and procurement committees also approved the proposals in **August** and **September** this year. The funding will be used to implement and develop the anticipatory care (AC) pathway.

Paper by: Sophie Green (Neighbourhoods Project Manager) and Sadie King (Neighbourhoods Programme Lead)

This paper includes:

1) The national and local context for AC
2) What has been agreed across C&H and what does AC set out to achieve?
3) How does AC fit with Neighbourhood priorities?
4) An overview of the AC model
5) How are we using the funding?
6) Innovating with a devolved budget
7) Timelines

Neighbourhoods

City & Hackney Living Better Together

1) National and local context

Anticipatory care is described by NHS England in the following way.

> *Anticipatory Care is an NHS Long Term Plan commitment alongside urgent community response and enhanced health in care homes. It aims to provide proactive and personalised health and care for a targeted subset of individuals living with multiple long-term conditions including frailty (MLTC) who could benefit most, delivered through multidisciplinary teams (MDTs) in local communities.*
>
> *The care model aims to optimise use of the health and care system for individuals with MLTC by intervening proactively and holistically while the patient is at home. This should reduce avoidable use of unplanned care and avoidable exacerbations of ill health.*

The draft anticipatory care framework published (for information only) outlines the six core elements of the model (figure 1). These are all incorporated in the C&H model and will be discussed later in this paper.

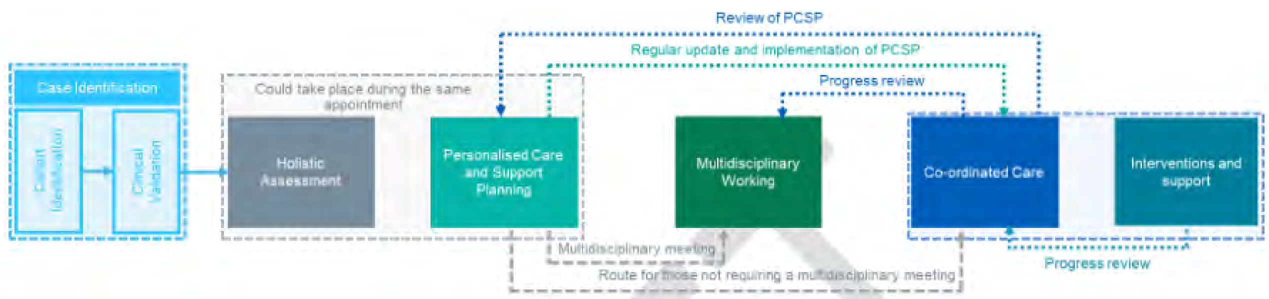

Figure 1

The draft guidance includes **person centred aims** around improving health outcomes and quality of life, reducing health inequalities and delivering a more personalised care experience. **System aims** describe improving access to proactive services in the community, improving staff satisfaction and opportunities for development, more effective integration of health and care as well as further developing the evidence base.

The draft guidance also suggests in the first year of delivery, systems should prioritise working with people with living with frailty, those experiencing health inequalities and those using unplanned care to manage their conditions.

A final version of the framework is expected in the coming months which will outline detail on funding and delivery, data collection, measurement and confirmed timelines. We have been assured of funding in 23/24 for AC but at present do not know exactly how much this will be.

To mitigate the risks associated with the delay in publishing the final framework, the Neighbourhoods team has been actively involved in the national AC community of practice, roundtable discussions with NHSE/I, an AC NEL sharing and learning forum and regular meetings with a senior programme manager from the London Health and Care in the Community team. This has enabled regular dialogue, ensuring our proposed cohort and pathway benefits residents of C&H and is not outside the remit of the national programme.

2) What has been agreed across C&H and what does AC set out to achieve?

Working proactively with people to improve their outcomes has long been considered by partners in C&H. After extensive agreement across the system, we have chosen to focus on identifying people living with **moderate frailty** and 3 or more **long term conditions (LTC)**. In our proof of concept work in Springfield Park we worked with those who were over 65. However, we know in some Neighbourhoods we will need to lower this age range to truly address health inequalities.

AC aims to work proactively with people (informed by population health management) to improve their health and wellbeing, understanding what matters to them, whilst addressing and reducing health inequalities. We think that by identifying those living with moderate frailty (who may or may not be showing signs of rising need) and finding out what matters to them most it, we can plan for better outcomes together. Supporting people earlier before they develop more complex health and care needs, we believe will avoid the need for more reactive and intensive care interventions in the future. It was also felt this would be a good cohort to truly test personalised care which could then be embedded across the system. The AC pathway supports the Neighbourhood model of community based, multi-disciplinary care closer to home, with a focus on working across organisations and services to think very holistically about people's needs.

It has been agreed that Homerton Healthcare will host a team of 8 Care Coordinators and 2 Allied Health Professionals who will be key to delivering the AC service over the next 18 months. Agreement has been reached on rolling out the AC model across all 8 Neighbourhoods in Autumn 2022.

3) How does AC fit with Neighbourhood priorities?

The Neighbourhood programme has prioritised 'taking a more proactive and joined up approach to supporting C&H residents with rising needs'. In addition to continuing to redesign services that will make up Neighbourhood based blended teams to support residents with rising needs. AC is about

providing proactive and personalised health and care for people, by understanding local assets and opportunities across a Neighbourhood footprint. This aligns with the Neighbourhood Programme priorities and is why facilitation of the development of AC is sitting within the Central Neighbourhoods Team.

The AC pathway has a strong focus on addressing health inequalities through improved identification of people who are likely to have worse outcomes, and a person centred, multi-agency response that addresses people's holistic needs.

The proposed AC pathway exemplifies what is envisioned as a Neighbourhoods way of working with a strong focus on demedicalisation of care and closer involvement of the voluntary sector, working preventatively with a focus on a small Neighbourhood population and finding locally appropriate solutions. For this reason, the new pathway is being supported by a new programme of Organisational Development across C&H.

4) An overview of the AC model (figure 3)

After extensive engagement and discussion the AC pathway was agreed with system partners. This builds on the proof of concept work in Springfield Park (October 2021 – March 2022), it will continue to be tested and shaped further over the next 18 months within each Neighbourhood.

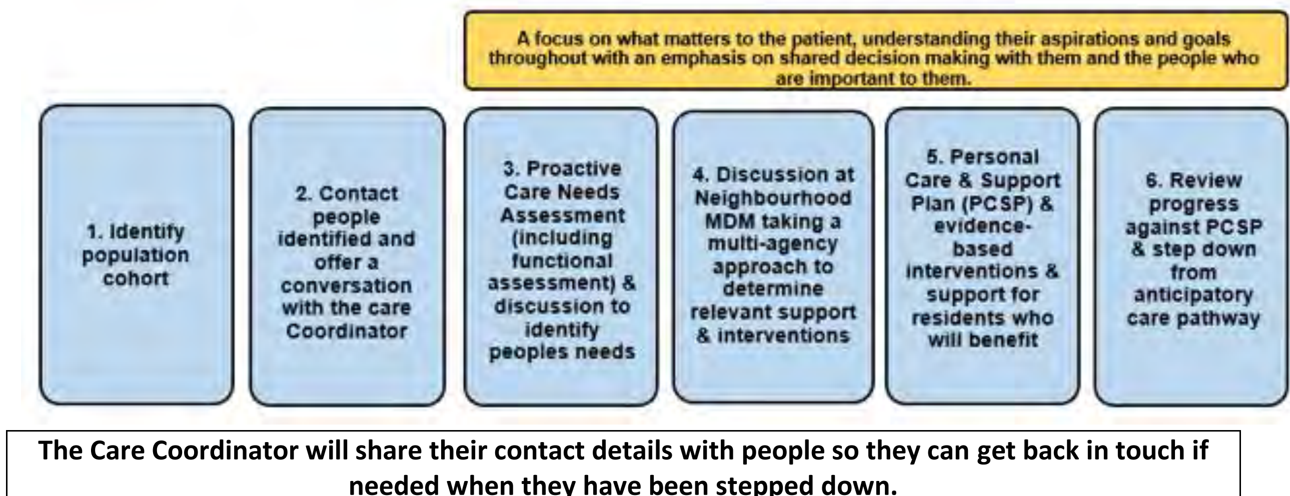

Figure 3

i) Identifying the cohort

- Care Coordinators and practice staff will use the C&H Long Term Condition Management and Prioritisation Tool developed by local GP Dr Chris Carvalho and the Clinical Effectiveness Group.
- This utilises a broad range of data from the EMIS system including frailty scores, ethnicity, level of deprivation, detail on LTC's and more.
- In addition, collaboration with Volunteer Centre Hackney will identify people demonstrating rising need and moderate frailty who could benefit from the AC pathway (further information in section 5).

ii) Contacting those identified

- The Care Coordinators will work flexibly to describe the offer and benefits of AC to people identified.
- We will build on existing resident engagement work to think about a new name for the service, how we best outline it people through letter, phone call, text message or word of mouth.
- The Care Coordinator will understand who the person may already have existing relationships with.

iii) Proactive care Needs Assessment

- Although this is referred to as an assessment it will be a conversation between the Care Coordinator and the person identified to find out what matters to them, what a good day looks like, how are they managing, as well as validating their frailty score.
- This conversation could take place in a range or different ways and in a range of different locations to suit the resident. It might need to be completed over a number of appointments.

iv) Multi Disciplinary Meeting (MDM)

- We trialled specific AC huddles in the proof of concept, but system partners advised they would prefer to utilise the time within existing MDMs for these discussions. Neighbourhood MDMs are very established and embedded. They have good infrastructure around administration and chairing, the Neighbourhood teams have existing relationships which will benefit the AC pathway.
- For example, these could be discussions to determine if the person would benefit from, talking therapies, discussion around income maximalisation, a Comprehensive Geriatric Assessment, falls prevention classes or other physical activity.

v) Person Centred Care and Support Planning

- The Care Coordinator will work with the person using a strengths based approach, identifying goals and timeframes that are meaningful to the person. This will capture what matters and how the person can be supported to age well.
- The may need a number of conversations to complete and could include other members of the MDT.
- This document (in a form suited to the individual) will belong to them.

vi) Review progress and step down from pathway

- We will be doing further work to understand what time frames for review look like and describing when the person is stepped down from the pathway.
- The Care Coordinator will share their contact details so the person can get in touch with them even if they have been stepped down. It maybe the persons needs are best met by another service e.g. a more specialist service, or if they need acute medical intervention.

5) How are we using the funding?

Approved Ageing Well Anticipatory Care Budget	**£492,493**
Neighbourhood MDMs (Management Support 0.6 WTE B5 Admin, MDM chairs, 2.0 WTE B4 Admin, non-pay costs, overheads 10%)	**£134,396**
Critical Pathway - Case Finding with Volunteer Centre Hackney (**£15,000**) - 1.6 WTE AHP roles (**£118,274.86**)** - OTAGO Provision with MRS Independent Living (**£46,275**)** - Resident Engagement fees (**£2,347.52**) - Group Psychological supervision (**£840**) **22/23 and 23/24 funding approval requested	**£182,737**
Devolved budget - 8 Neighbourhood budgets X £21, 919.95 Part of this budget could be used by Neighbourhoods for Frailty awareness training, Community Pharmacy pilot or mini budgets.	**£175,359**

Table 1

CRITICAL PATHWAY ACROSS ALL NEIGHBOURHOODS
Case finding work with Volunteer Centre Hackney (VCH) - Will utilise coffee mornings and the VCH befriending network and to find residents who maybe suitable for AC. Those who are moderately frail with LTCs and potentially demonstrating rising need. - Through their trusted relationships with people VCH will discuss the AC offer and explore potential benefits. - VCH is also working together with Public Health in the City of London, to recruit, train and support residents to become peer researchers. They will talk to their peers/neighbours/friends about what they believe to be priorities for health and wellbeing in the area and help co-produce the Health and Wellbeing Strategy with Public Health. We will understand the learning coming out of this work and how it relates to AC.
1.6 WTE Band 7 AHP roles to supervise the 8 Care Coordinators and develop the AC pathway (2.0 WTE in total) - This will be in addition to the 0.4 WTE funding provided by the PCNs. These posts will support the management and clinical supervision of the Care Coordinators. - They will play a key role in developing the pathway with partners using a test and learn approach. - To explore how people can be supported at an earlier stage in a timely way from therapeutic services and wider system partners, moving from reactive to proactive approaches. - Work to understand how AC and Care Coordinators can work alongside voluntary and community services to proactively manage those with therapeutic needs (such as those with fear and risk of falling, reduced physical activity and community access). This may also involve therapeutic assessment, interventions and management in complex cases. These posts will be hosted and managed by Homerton Healthcare.
Service provision via MRS Independent Living for the home-based OTAGO exercise programme (OEP) - In the proof of concept we heard from many people they felt much less confident in accessing their communities and leaving their homes (having spent long periods of time indoors during the pandemic). - By funding the home-based OTAGO exercise programme (an evidenced based home exercise intervention aiming at reducing the risk of falls in people living with frailty), we aim to support people to feel more confident out and about.
Resident engagement - A coproduction group will work for at least 8 consecutive sessions on a meaningful piece of work, contributing lived experience to problem solving and designing of parts of pathway. - Payment for C&H residents time, transport and refreshments - Topics will include name/branding of the pathway and co-design of frailty aware Neighbourhood training by UEL (subject to selection as part of the Devolved Budgets proposal see below).
Group Psychological supervision for care coordinators - Care Coordinators to have monthly 2 hour session (as a group) with a Clinical Psychologist - We know from the proof of concept work the Care Coordinators will regularly be working with

residents with low mood, worries, pain, challenging experiences of the pandemic and poor sleep, as well as grappling with issues related to socio-economic deprivation. - We believe strongly this new role will benefit from having access to regular psychologically informed reflective practice groups, with a specialist mental health for Older Adults Clinical Psychologist. This will be provided by East London Foundation Trust.

Table 2

6) Innovating with a devolved budget

Working alongside the critical pathway will be an innovative 'devolved' budget, that will drive the coproduction of local solutions to meet the needs within each Neighbourhood. This will help create genuine cross organisational, hyper local decisions with residents as partners. This represents approximately £21,900 per Neighbourhood, which will be divided according to context/need/size (for example some Neighbourhoods may contain more assets related to AC).

The feasibility of this has been discussed with Hackney CVS, City of London and Hackney Healthwatch who are supporting the development of the Neighbourhood Forums. The forums will be facilitated by people from local organisations, who know and understand the Neighbourhoods.

We believe taking these proposals to the early phases of the new forums and establishing working groups with the Primary Care Networks and other systems partners at Neighbourhood level to oversee the AC pathway development will drive forward the Neighbourhood model and fulfil the AC direct enhanced service (DES) of coproduction.

The table below (table 3) represents evidence based pilots we have codesigned with system partners to address the wider anticipatory care pathway development needs. We believe these pathways should be bespoke to each Neighbourhood's needs regarding the system structures and the particular local cohort.

We have scoped these projects and associated costs in order to offer informed solutions based on the proof of concept and research undertaken and what is available locally. These are however only suggestions for utilising the funding, we acknowledge Neighbourhoods may come together and agree they wish the funding to be used differently.

DEVOLVED BUDGET – POSSIBLE PILOT SUGGESTIONS
A frailty aware Neighbourhood: Cohort awareness training - This pilot has been developed in partnership with University of East London. - Dr Darren Sharpe will co-produce with system partners and residents a face-to-face training for practitioners, resident volunteers and the voluntary sector services training on falls awareness and the psychology of frailty including the consideration of the cultural diversity of City and Hackney and structural racism. - UEL and Dr Sharpe in particular is uniquely placed to carry out this work as a system partner, a researcher already deeply familiar with place and as an anti-racist training provider.
Community pharmacy 'touch point' pilot - We want to utilise the longitudinal relationships community pharmacies have with their patients to engage people in AC. We would like to explore these relationships and interactions in a more nuanced way, as well as being alert to rising need when it is recognised by pharmacy staff. - This pilot builds on our understanding that our pharmacies are rooted in communities in a way other statutory services are not and are uniquely placed to 'hold in mind' the cohort, including those who are not engaging in the AC offer. We would like to consider if Pharmacy staff having 'making every contact count' based conversations impacts take up of the AC offer.
Mini budgets for barriers/enablers pilot. - This mini budget pilot will give one off or sometime reoccurring budgets from £50 to £500, to appropriate participants, who identify a particular barrier/enabler to their engagement in activities that they believe support their health and wellbeing. - This will be managed through an existing system of prepayment cards via LBH and administrated by the care coordinator. - Insights into barriers/enablers gathered from analysis of the use of the budgets will be collated through the Neighbourhood working group, supported by the system Anticipatory Care Oversight Group to problem solve within the system.

Table 3

7) Timelines

i. National timelines

Systems are asked to develop plans for AC, and must:

- Ensure these are developed in line with the newly published forthcoming AC framework (full framework expected **Autumn 2022**)
- Delivery plans should be submitted by systems for review in **Q3 2022/23**, with delivery of the plan starting no later than **April 2023**, when the PCN DES starts.

ii. Evaluation

- For **evaluation** of future phases of the AC pilot we are proposing a 2 year developmental evaluation between October 2022 - April 2024 carried out by an Independent evaluator.

- We believe this will ensure system knowledge is maximised and helps create economies of scale for familiarisation and capacity to engage in evaluation for the staff and residents.

iii. Roll out of the Programme

- Recruitment of the Care Coordinators and AHP roles between **August and September** 2022
- Induction of AC staff **September-November 2022** depending on recruitment
- Roll out of the AC pathway across 8 Neighbourhoods from **October 2022** onwards

North East London Health & Care Partnership

City and Hackney Health and Care Board

8th September 2022

Title of report	**Use of non-recurrent monies in the City and Hackney Partnership**
Author	Nina Griffith, Director of Delivery
Presented by	Stephanie Coughlin, Clinical Director
Executive summary	The Integrated Care Partnership Board previously agreed to hold a portion of unspent monies locally within a non-recurrent system fund to support our partnership aims. As such, £4.4m was placed in a S256 with London Borough of Hackney (LBH) and an additional £1m is currently in place with the ICB. This paper presents the approach agreed by the Neighbourhoods Health and Care Board (NH&CB) for allocation of the monies. We are also presenting a proposal for use of the first portion of the monies for approval by the City and Hackney Health and Care Board
Action required	Approve
Previous reporting / discussion	Integrated Care Partnership Board April 2022, Update on use of S256 to hold the non-recurrent monies Local Area Committee April 2022, Agreement of the S256 Neighbourhoods Health and Care Board, July and August 2022: Development of proposals in the attached report
Next steps / onward reporting	If approved, these projects will be mobilised We will return to a future meeting with a proposal for the outstanding monies as part of the stage 2 process
Conflicts of interest	The proposals include investment in services provided by the following organisations: London Borough of Hackney (the income maximisation service) East London Foundation Trust (the mental health winter pressures funding)
Strategic fit	This report aligns with the following City and Hackney strategic focus area: Supporting Greater Financial Wellbeing
Impact on local people, health inequalities and sustainability	The proposals in the paper have been developed to address local health inequalities across our local population. For example, the income maximisation service will be targeted at those groups that are most vulnerable to cost of living pressures (older people, the disabled, vulnerable families and care leavers).

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Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	Please state any risks to the delivery and if possible relate to existing risks.

Use of non-recurrent monies in the City and Hackney Partnership

The Integrated Care Partnership Board previously agreed to hold a portion of unspent monies locally within a non-recurrent system fund to support our partnership aims.

As such, £4.4m was placed in a S256 with London Borough of Hackney (LBH) and an additional £1m is currently in place with the ICB.

This paper presents the approach agreed by the Neighbourhoods Health and Care Board (NH&CB) for allocation of the monies. We are also presenting a proposal for use of the first portion of the monies for approval by the City and Hackney Health and Care Board

Approach for use of the monies

The following approach and process was agreed by the Neighbourhoods Health and Care Board for use of the monies:

Key principles for use of the monies

- These are non recurrent resources and must be used as such – for example to fund one off cost pressures, to support transformation ideally with a view to longer term cost efficiencies
- Investment should support delivery of our agreed strategic focus areas and the integrated delivery plan
- Investment is available to all members of the partnership including the voluntary sector, though it may be directed to one provider it should support partnership working
- The NH&CB will oversee the process, including recommending any bids for ultimate approval by the City and Hackney Health and Care Board (CHHCB)

The process

We are considering the money in two stages:

1. Stage 1: £1m of the monies is used to support known, current pressures, including winter and short-term cost of living pressures.

2. Stage 2: In September and October the Neighbourhoods Health and Care Board identify where to direct the remainder (and bulk) of the funds. Fuller funding proposals will then be developed collaboratively around these topic areas. The aim is to have full proposals in place by November. Topics will include work to support delivery of the Integrated Delivery Plan and more medium-term proposals around cost of living pressures. We will also need to consider ongoing support to our system enablers as part of this process.

Stage 1 Proposals

Work has been undertaken to determine use of the stage 1 monies and the following proposals have been approved by the NH&CB.

Agreed areas of spend	Proposal	Amount
Winter Pressures in mental health	Agreement to hold monies to support mental health services through the winter. These will be used to support crisis response and home treatment teams in both adults and CAMHS, in order to try to keep people safely at home where possible.	£300k across CAMHS and Adult services
Top up to health inequalities bids	£6.6m of health inequalities monies were given to the ICS. Each place was given £500k, plus the opportunity to bid for up to £600k more. Due to the quality of bids submitted only £400k out of our £600k bids was able to be supported. We are proposing to utilise £200k from stage 1 funds to enable full delivery of our proposed schemes. These cover the following areas: -Outreach and enhanced health services to homeless people -Outreach foot health to	£200k
Covid vaccination - housebound	The covid vaccination is funded through a national item of service payment. This is sufficient for clinic based delivery but does not cover the full costs of housebound vaccination.	£20k
Cost of living pressures: Immediate pressures	Immediate support to our food networks to ensure that they can continue their vital work. This will be focused particularly on the more specialist and smaller food banks (eg. Kosher, halal) that are under most pressure. The bid includes money to bulk buy food to provide to organisations and also £60k for small grants pot that community based organisations can apply for .	£96k
Cost of living pressures: Immediate pressures	Immediate support to our 'Here to help' service in order to maximise uptake of the council tax rebate. This can give up to £300 to the most vulnerable households, however, we know uptake in the borough is low (50% at start of month). This benefit is only available until end September. The additional money will be used to fund the 'Here to help' team in the local authority to take a more proactive approach to reaching people and helping them to access this. (note that the political landscape is changing and this team can also support uptake of any new benefits as they get announced by government)	£53k
Cost of living pressures: Immediate pressures	Additional support to City of London residents. Whilst all of the Hackney services can support City residents, we know that local, community based support will also be needed in the City.	£50k

	Schemes being developed, but will likely include a food offer in the East of the City.	
Cost of living pressures – medium term approach	Funding to enhance and extend the income maximisation service within LBH. The service will give targeted support to vulnerable residents to access all benefits available to them. Focus will be on: Older people Disabled people Vulnerable Families Young people leaving the care system Full bid appended	£509k

A note on the proposals:

Winter pressures

NHSE have committed money to each ICS to support acute discharge and flow through winter. We have secured £1.88m in City and Hackney, which is supporting the Homerton acute services, local authority discharge services, step down capacity and home care capacity from October to March. Therefore we are not asking for any further local monies to support these areas.

Cost of living pressures

We have convened a group that brings together key partners to develop a joined-up response to cost of living pressures. This group has overseen the process to determine spend of this money. We agreed that, as part of the phase 1 process we would focus on areas of immediate pressure. We planned to spend a little longer developing more medium term proposals to support cost of living pressures as part of determining stage 2 monies.

However, through discussions, we have identified the need for a bid that falls between the remits of stage 1 and 2. This is for an enhanced income maximisation service. Given the strong case for this bid we are putting this forward now for approval. Part of the monies to fund it (c. £250k) will need to come from stage 2 monies. We will also continue to consider what further may be required to support living that could fall within the stage 2 process. These will fully reflect the strengths of our voluntary sector in responding to challenges and a broader discussion with safeguarding teams.

Given the value of the proposed income maximisation service we have included in appendix A the full details of the bid

Conclusions and next steps

The City and Hackney Health and Care Board is asked to approve the proposals for use of the stage 1 monies

We will return to a future meeting with proposals for the stage 2 monies.

The City and Hackney High Cost of living Crisis Projects - Funding Template

August 2022

As more households across City and Hackney become vulnerable to the rising cost of living, The City and Hackney Place Based Partnership are responding to this crisis by making available resources to support various projects targeting support for our residents. This template is being used to gather information for funding requests from these areas of work.

Please complete the below template with an explanation of how you intend to use any funding allocated to this project.

1. NAME OF PROJECT

Income Maximisation: Increasing the incomes of Hackney residents through higher take up of benefits.

2. SHORT SUMMARY, AIMS AND OBJECTIVES

Please describe the aims and objectives of this project. Also include the benefits and impact expected from the implementation of this work

2.1 Aim

This project aims to increase the monthly incomes of our lowest income residents, by £1m a year, through targeted benefits uptake work.

We will focus on two target populations:

- Those on the edge of Adult Social Care: those who are older; living with a disability or long term condition; and who are or are supported by a carer.
- Low income families with children, particularly focusing on those affected by the two child benefit cap

2.2 Background:

- It is well evidenced that poverty is associated with worse health outcomes. People in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20%. In 2019, Hackney was the 22nd most deprived local authority in England.
- Therefore, practical interventions seeking to alleviate poverty in Hackney are likely to result in improved health outcomes, as well as increased income for individuals.
- By focusing on the Edge of Care population, we hope to alleviate pressures on the health and care system, especially during the winter of 2022/23; similarly supporting children's social care through our work with families.
- It is not in our gift to solve the underlying causes of poverty in Hackney. But one of the easiest and most sustainable ways to help low income households in Hackney is to increase benefits uptake.
- Nationally, over £15m worth of benefits go unclaimed every year, and uptake rates in Hackney are particularly low. Other councils and organisations are well ahead of Hackney in demonstrating the value of running uptake campaigns.
- The biggest opportunities to drive uptake to residents are around Pension Credit, Pension Age Housing Benefit, Council Tax Reduction and funded childcare:
    - 50% of eligible pensioners are missing out on Pension Credit which is worth on average £3,000pa and includes free access to key health services such as dental treatment and prescriptions.
    - 43% of families are missing out on funded 570 hours a year of childcare for two year olds

- As well as Council Tax Reduction, there are other discretionary schemes that LBH offers to support those in crisis; we know there is work to do to improve access to these.

2.3 Proposal

The Income Maximisation service will do three things:

1. **Proactive outbound work**
    - We will use existing data sets to identify those who are underclaiming, and do targeted outreach work to support these residents to apply. LBH's Benefits and Housing Needs Service has recently procured the LIFT dashboard which will allow us to deliver this work (sample screenshots here)
    - We are currently running a trial through the Here to Help service, with link workers making outbound calls to drive Pension Credit uptake, and we want to extend this to in person events in the community and through door knocking.
    - Staff in the team will all have refreshed MECC training and use our Core Competencies model to ensure financial help is linked to holistic support. In particular, we know that housing need is the key driver of poverty in Hackney, so we will place a housing needs specialist within this team, who will have the protected time necessary to support residents with monthly budgeting, understanding the housing options available to them, and support to make the best decisions possible.

2. **Invest in VCS capacity:**
    - We know that there are many areas of our communities that the Council cannot reach - even when we have data to show that residents are missing out on financial support, we need a good enough relationship with them to even start the conversation.
    - To do this we will improve access to Hackney's discretionary schemes (see below) to improve transparency and save time for those in the VCS supporting vulnerable residents.
    - We will also invest in a project team who are available to invest in training and capacity building for VCS partners, doing accessible training sessions on issues like: understanding who is eligible for key benefits and how to apply; understanding the housing crisis in Hackney and what options are available to those currently in PRS.
    - We will expand our Link Work team's capacity to take inbound referrals so any VCS advocates who are getting stuck on routes in to the Council have an easy route to get quick, quality support
    - When we create new frontline roles we will begin by advertising these as one year secondment options to staff in our VCS partners: we are currently working to understand whether this would be an attractive offer to partners, we think this it could be a valuable way of building deeper relationships and understanding, and offering professional development opportunities to partners
    - The LBH Grants Team will also top up existing grants to create an "Income Maximisation Champion" in each of Hackney's 8 Neighbourhoods.

3. **Improving access to Hackney's discretionary and crisis schemes**
    - As well as investing in the front line staff needed to do this uptake work, we are also redesigning internal processes in Hackney's Benefits and Housing Needs service in order to:
        - Improve access to our own discretionary and crisis schemes
        - Combine financial support with holistic support, in particular with housing needs advice

- Include long term follow up support for any residents receiving a financial award from our local schemes
- Explore new approaches to chasing arrears from our residents, to ensure this is trauma-informed and effective
- We have begun to research this work, through a co-production process with partners, the community and best practice research from the sector - we now need to invest in a project team who can do the hard change management work of redesigning services.

2.4 Benefits and Impact Expected:

We believe that in year one this service could increase the incomes or reduce costs of residents by at least £1m annually, through increased uptake of key benefits. This would represent a 2:1 ROI in year one alone.

This estimate is based on other councils' outcomes from using the LIFT dashboard for example in Greenwich who indicated that their local food bank use grew more slowly than in neighbouring boroughs during the pandemic, linked to their proactive benefits take up work.

Sustainability:

This is one of the more sustainable ways to invest non-recurrent monies because:

- The one off project work to redesign access to discretionary schemes will have a continuing impact, saving time for VCS advocates. An early pilot has shown we can reduce the time taken applying for schemes from 2.5 hours of answering over 200 questions on three forms to just 20 minutes answering 15 questions.
- Benefits uptake work is a very good way to use non-recurrent funds - a one off intervention results in a long term, sustainable improved income for the resident. To identify a resident missing out on Pension Credit, successfully make contact, and sign them up to the scheme takes about 90 minutes of staff time, but is worth on average £3,000 per year on an ongoing basis to them.

Knock on impacts in health and care

We believe that this would have significant impacts for the wider health and social care system through:

- Reduced pressure on GP appointments, where the primary presenting need is financial rather than medical
- Reduced incidence of cardiovascular and respiratory issues, as well as preventing existing conditions such as arthritis and rheumatism worsening, from reduction of damp and cold in pensioners' properties
- Reduced incidence of poor nutrition due to food poverty, with positive impact for those with Diabetes and other LTCs
- Reduced social isolation and poor mental health from increased uptake of connecting activities
- Reduced pressure on children's social care and early help services, through targeted housing and financial support for those struggling

Supporting City of London residents

There are a couple of ways in which we can expand this work to support City residents:

- We can extend training and advice to VCS organisations working in the City as well as Hackney
- We can share our service design approaches to improving access to local discretionary schemes and support City colleagues to look at their own processes if necessary.

3. PROJECT COSTS

What is the cost of this project? Please provide a breakdown of the projected cost of this project

The true total cost of running the Income Maximisation service is around £1m annually. Most of this is the cost of benefits staff who will assess and process the several million pounds worth of local discretionary schemes which LBH awards every year. LBH's Benefits and Housing Needs Service are making this investment, with our support.

We are asking here for £509k which will deliver three things:

1. Create additional frontline capacity to support our communities through the imminent winter crises. **Total cost: £263k.**
2. Invest in project team to deliver the start-up costs of designing and implementing a new way of working within the Council, and delivering a rigorous ROI evaluation of this work after year one to make the longer term funding case. See further breakdown of this work below. **Total cost: £205k.**
3. Run a short term grants programme to create Income Maximisation Champions in each of the eight Neighbourhoods, to sustainably invest in VCS capacity in this area. **Total cost: £40k.**

Start up work which the project team will deliver:

- **Co-design with communities:** to change the way residents access local discretionary schemes, to improve transparency and save time
- **Service design and change management:** changing job descriptions and investing in training and development, to ensure benefits assessors are offering holistic, trauma informed support whilst making financial awards
- **Behaviourally informed communications and evaluation:** We embed a behavioural insights approach into everything we do, and will spend this first year running A/B tests on the way we communicate our offer, to ensure we are constantly iterating and improving our approach, to ensure we overcome low trust in the Council as far as possible and reach as much of our communities as possible. Our BI Analyst will lead on all communications but will also lead on the evaluation and ROI of this work, to make the longer term case for change.
- **Investment in VCS capacity through tools and training:** To give the VCS the support they need to help their communities with financial inclusion, we will invest in high quality, flexible, responsive training and support.

Total breakdown of roles and costs is as follows:

Role	**FTE**	**Grade**	**Total Cost** (incl. staffing on cost)

Frontline team and direct costs:			
PIP Appeals Specialist (0.8 FTE)	0.8	PO3	£44,127
Housing needs advisor	1	PO3	£55,159
Link Workers 3 FTE	3	S02	£134,043
Direct project costs (comms, research)			£30,000
Project team:			
Strategic Programme Manager	1	P09	£75,306
Behavioural Insights Analyst	1	P09	£75,306
Project Officer	1	PO3	£55,159
VCS Grants:			
£5k top up awards to 8 organisations			£40,000
Annual Total			**£509,100**

4. DURATION

What is the duration of this project?

This is 12 months of service delivery, aiming to mobilise by October 2022, in time to support residents over winter. We have some staff in place on fixed term contracts who we would extend to begin delivering quickly.

5. ADDRESSING INEQUALITIES

Will this work address inequalities within any specific groups in the community ie any particular focus on reaching the most deprived neighbourhoods and underserved groups.

Traditionally, council services use a “comms and outreach” model for these types of services: we create application forms and processes, advertise them through comms channels and community organisations, and wait for people to come to us.

There’s an enormous equalities challenge built into this status quo - it is those with the most assets, resources and trust in the Council which hear our messages and apply to our services.

Through this service we are exploring what it would look like to turn this on its head - by using our data to proactively target people we know are eligible for support, we are cutting out lots of barriers for residents. We are doing the hard work to find and go to our communities, rather than asking them to come to us.

Where we know they are eligible for support, we’re not asking them to fill out application forms, repeating information we already hold about them. Instead we’re letting them know that we’re making payments to them, and just asking to confirm key details and taking consent where absolutely necessary.

We have demonstrated this approach can work and achieve better equalities outcomes with previously work on protecting against benefits sanctions on the basis of missed EUSS applications;

and targeting DHP payments to those most at risk of homelessness, successfully paying out £0.5m in under 10 weeks.

By investing in VCS through both capacity building and direct financial support, we will ensure that we reach the widest range of Hackney's communities as possible.

Throughout the year we will use public data sets to showing heat maps of deprivation and inequality in Hackney against heat maps of where the residents we've supported are, to understand whether we are achieving our equalities objectives, and change our approaches if we are not delivering equitably.

6. OUTCOMES / EXPECTED BENEFITS

How will you know if the projects have been successful? What are the outcomes you expect to see as a result of this work and do you intend to measure progress against these outcomes?

We will draw up a specific list of just 5 of the most meaningful KPIs. These will populate a dashboard updated monthly which we will share with relevant stakeholders. This list is likely to include:

- £ value of benefits uptake
- # residents supported to gain higher income
- # residents gaining holistic support with wider needs

7. Your contact details

Zoe Tyndall, zoe.tyndall@hackney.gov.uk 07908 850 659

North East London Health & Care Partnership

City and Hackney Health and Care Board

8 September 2022

Title of report	Better Care Fund 2022-23
Author	Cindy Fischer, Commissioning Programme Manager
Presented by	Cindy Fischer, Commissioning Programme Manager
Executive summary	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF). The BCF Planning Policy Framework for 2022-23 was published 19 July 2022 and systems are required to submit BCF plans by the 26 September 2022. The NHS contribution to the BCF has increased by 5.66% in line with the NHS Long Term Plan settlement. City and Hackney's total ICB allocation is £25,253,585. • City of London: £845,259 • London Borough of Hackney: £24,404,326
Action required	Approve
Previous reporting / discussion	Hackney BCF Governance Group supported the draft plan at a meeting on the 11 August 2022.
Next steps / onward reporting	Formal approval is via Health and Wellbeing Boards • City of London Health and Wellbeing Board sign-off: 16 September • London Borough of Hackney Health and Wellbeing Board sign-off: date to be confirmed
Conflicts of interest	N/A
Strategic fit	Which of the strategic corporate objectives does this report align with?

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	Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life
Impact on local people, health inequalities and sustainability	The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support. The aim to provide better integrated health and social care services, resulting in an improved experience and better quality of life. An equalities impact assessment has not been undertaken on the BCF as a whole. Assessments have been done on individual services when established or changed over time.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The NHS cost of £25,253,585 has been met from within existing resources."
Risks	The BCF is a funding mechanism for many of the ICBs community services and Local Authority statutory responsibilities. Any risks are reported via organisational risk registers as appropriate.

Introduction

The Better Care Fund was launched in 2015 to join up the NHS, social care and housing services so that older people, and those with complex needs, can manage their own health and wellbeing and live independently in their communities for as long as possible.

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

There was limited change to the 2022 to 2023 Better Care Fund policy framework to provide continuity for systems during this transitional period of health and social care reform.

The BCF brings together ring-fenced budgets from ICB allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF).

The BCF Planning Policy Framework for 2022-23 was published 19 July 2022 and systems are required to submit BCF plans by the 26 September 2022.

The NHS contribution to the BCF has increased by 5.66% in line with the NHS Long Term Plan settlement. City and Hackney's total ICB allocation is £25,253,585.

The Board is being asked to Approve our 2022-23 BCF Plans, prior to Health and Wellbeing Board approval and submission to NHSE on the 26 September 2022.

Overview of Plans

The BCF plans support delivery of the City and Hackney Partnership Integrated Delivery Plan and enables implementation of some of the transformation programmes and "big ticket items". This includes working to reduce health inequalities for our residents.

Our local plan for 2022-23 plan is a continuation of core service provision and transformational initiatives that seeks to join up health and social care.

Funding remains in place for implementation of care act duties, carers services and reablement in addition to the ICBs core community services.

Neighbourhoods continues to be a strategic priority for City and Hackney and is funded through the BCF plan.

Expenditure

City of London	Income
Disabled Facility Grant (DFG)	£37,091
Minimum NHS Contribution	£845,259
iBCF	£323,659
Total	**£1,206,009**

Scheme ID	Scheme Name	Commissioner	Expenditure (£)
1	Care Navigator	LA	£60,000
2	Hospital Discharge Scheme	LA	£255,394
3	Carers Support	LA	£13,583
4	Disabled Facilities Grant	LA	£37,091
5	iBCF	LA	£323,659
6	Neighbourhoods Programme	CCG	£29,422
7	Adult Cardiorespiratory Enhanced + Responsive Service (ACERS)	CCG	£22,094
8	Bryning Day unit/Falls Prevention	CCG	£13,771
9	Asthma	CCG	£1,364
10	St Joseph's Hospice	CCG	£82,240
11	Paradoc	CCG	£20,348
12	Adult Community Rehabilitation Team	CCG	£87,718
13	Adult Community Nursing	CCG	£210,876
14	Pathway Homeless Hospital Discharge Team - HH	CCG	£3,518

15	Pathway Homeless Hospital Discharge Team -ELFT	CCG	£2,646
16	Pathway Charity Franchise Fee	CCG	£600
17	DES supplementary care homes services	CCG	£5,475
18	GP out of hours home visiting service	CCG	£12,599
19	System Pressures	CCG	£23,611
	Total		**£1,206,009**

London Borough of Hackney

Area	Income
Disabled Facility Grant (DFG)	£1,730,686
Minimum NHS Contribution	£24,408,326
iBCF	£16,636,745
Total	**£42,775,757**

Scheme ID	Scheme Name	Commissioner	Expenditure (£)
1	Services to support Carers	LA	£741,176
2	Community equipment and adaptations	LA	£1,098,039
3	Maintaining eligibility criteria	LA	£4,291,481
4	Targeted preventative services	LA	£409,653
5	Telecare	LA	£302,355
6	Interim Beds	LA	£369,532
7	Management Officer Post	LA	£74,329
8	Integrated Independence Team (LBH)	LA	£1,701,861
9	Integrated Independence Team (HH)	CCG	£2,364,481
10	Neighbourhoods Programme	CCG	£1,124,874
11	Adult Cardiorespiratory Enhanced + Responsive Service (ACERS)	CCG	£714,377
12	Bryning Day unit/Falls Prevention	CCG	£428,757
13	Asthma	CCG	£33,124
14	St Joseph's Hospice	CCG	£2,659,092
15	Paradoc	CCG	£901,006
16	Adult Community Rehabilitation Team	CCG	£3,052,967

17	Adult Community Nursing	CCG	£2,558,475
18	Age UK - Take Home and Settle	CCG	£208,566
19	Discharge Coordinators	CCG	£167,543
20	GP Out of Hours Home Visiting Service	CCG	£407,371
21	Pathway Homeless Hospital Discharge Team - HH	CCG	£113,736
22	Pathway Homeless Hospital Discharge Team -ELFT	CCG	£85,555
23	Pathway Charity Franchise Fee	CCG	£19,400
24	DES supplementary care homes services	CCG	£111,144
25	IBCF meeting adult social care need	LA	£16,636,745
26	Disabilities Facilities Grant	LA	£1,730,686
27	System Pressures	CCG	£469,432
	Total		**£42,775,757**

A small portion of funding has been held back to support discharge and other system pressures. We are in the process of establishing whether we need to support pressures or to repurpose to something new. Some potential areas are:

- Hospital discharge independent review
- Additional funding to the Integrated Community Equipment Service to meet increase in costs attributed to health equipment

Risks and mitigations

There are no risks that need to be brought to the Board. The BCF is a funding mechanism for many of the ICBs core community services and the Local Authority statutory responsibilities. Any risks are reported via organisational risk registers as appropriate.

Recommendations

The recommendation is for the Board to Approve the 2022-23 BCF Plan.

Cindy Fischer
26 August 2022