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

Thursday 10 November 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 • Minutes of the meeting held on 8 September 2022 • Action Log • Matters Arising	0900 (5 mins)	Chair	*Verbal* *Attached* *Pages 3-15*	Note Note Approve Note
2.0	**Questions from the public**	0905 (5 mins)	Chair	TBC	Discuss
3.0	**Update from NHS North East London**	0910 (15 mins)	Zina Etheridge	*Verbal*	Discuss
4.0	**Governance Update Including Terms of Reference**	0925 (15 mins)	Jonathan McShane	Paper 4 *Pages 16-57*	Approve
5.0	**Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24)**	0940 (20mins)	Sadie King	Paper 5 *Pages 58-66*	Approve
6.0	**BCF Additional Funding Allocations**	1000 (20 mins)	Cindy Fischer	Paper 6 *Pages 67-71*	Approve

7.0	**Winter Planning**	1020 (20 mins)	Anna Hanbury	Paper 7 *Pages 72-91*	Discuss
8.0	**Community Diagnostic Centres**	1040 (15 mins)	Daniel Young	Verbal	Discuss
9.0	**Any Other Business**	1055 (5 mins)	Chair	Verbal	Discuss

Date of next meeting: Full meeting in public on Thursday 12 January 2023, 0900 to 1100 by Teams

Development session to be held on: Thursday 8 December 2022, 0900 to 1100 in the Boardroom, East London NHS Foundation Trust, 9 Alie Street, London, E1 8DE

Hackney

CITY OF LONDON

NHS North East London

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		
			Financial Interest	London Borough of Hackney	Mayor of Hackney	2016-09-19		
			Financial Interest	London Councils	Chair of Transport & Environment Committee	2020-10-01		
			Financial Interest	Local Government Association (LGA)	Member of LGA Environment, Economy, Housing & Transport Board	2018-08-01		
			Non-Financial Professional Interest	London Legacy Development Corporation (LLDC)	Non-Executive Director of London Legacy Development Corporation (LLDC) appointed by Hackney Council and the Mayor of London	2016-09-19		
			Non-Financial Professional Interest	London Office of Technology and Innovation	London Councils Digital Champion and lead for London Office of Technology and Innovation appointed by London Councils and the Mayor of London	2018-10-01		
			Non-Financial Professional Interest	Central London Forward	Board Member	2016-09-19		
Philip Glanville	Local authority rep on ICB Board	City & Hackney ICB Sub-committee City & Hackney Partnership	Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		

		Board ICB Board ICB Finance, Performance & Investment Committee						
			Non-Financial Professional Interest	Greater London Authority (GLA)	Co-Chair of Green New Deal Expert Advisory Panel	2021-03-01		
			Non-Financial Professional Interest	London Councils	Member of London Councils Ltd and London Councils Leaders' Committee	2016-09-19		
			Non-Financial Professional Interest	London Councils	Digital Champion / LOTI Lead	2020-10-01		
			Non-Financial Personal Interest	East London Foundation Trust	Resident Member	2019-08-01		
			Non-Financial Personal Interest	Unison	Union Member	2021-11-01		
			Non-Financial Personal Interest	Unite the Union	Member	2005-05-01		
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 01/11/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Stella Okonkwo	PMO Lead	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 Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
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.

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.

Minutes of City & Hackney Care Partnership Board & Sub Committee
09:30 – 11.30am, Thursday 08 September 2022
MS Teams

Members Present	Helen Fentimen, Elected Member, City of London Corporation Dr Stephanie Coughlin, Clinical / Care Director, NHS North East London Helen Woodland, Director of Adult Social Care, London Borough of Hackney Jacquie Burke, Director of Children's Services, London Borough of Hackney Cllr Chris Kennedy, Elected member, London Borough of Hackney Dr Haren Patel, PCN representative, Primary Care Network Dr Kirsten Brown, Primary Care Development Clinical Lead, Primary Care Tony Wong, Chief Executive Officer, Hackney Council for Voluntary Services Mark Gilbey-Cross, Director of Nursing, NHS North East London Sir John Gieve, Chair, Homerton Healthcare NHS Foundation Trust Donna Kinnair, Non-Executive Director, East London NHS Foundation Trust Caroline Millar, Chair, City & Hackney GP Confederation Ceri Wilkins, Elected Member, City of London Corporation Mary Durcan, Elected Member, City of London Corporation
Attendees	Matthew Knell, Senior Governance Officer, NHS North East London Shakila Talukdar, Governance Officer, NHS North East London (notes) Jonathan McShane, Integrated Commissioning Manager, NHS North East London Stella Okonkwo, PMO Lead, NHS North East London Anne-Marie Keliris, Head of Governance, NHS North East London Charlotte Pomery, Chief Participation and Place Officer, NHS North East London Simon Cribbens, Assistant Director - Commissioning and Partnerships, NHS North East London Dylan Jones, Chief Operating Officer, Homerton University Hospital NHS Foundation Trust Chris Lovitt, Committee Member, London Borough of Hackney Sophie Green, Project Manager in Central Neighbourhoods Team Sadie King, Programme Lead, Homerton University Hospital Dilani Russell, Deputy Director of Finance, North East London Agnes Kasprowicz, PCN representative, Primary Care Networks Lorraine Sunduza, Non-Executive Director, East London NHS Foundation Trust Steve Atkinson, Legal advisor, Brian Jacobson, NHS North East London
Apologies	Nina Griffith, Place Director (Delivery Director), NHS North East London Sunil Thakker, Director of Finance, NHS North East London Mary Fadairo, Governance Officer, NHS North East London Dr Sandra Husbands Director of Public Health, London Borough of Hackney Andrew Carter, Director, Community & Children's' Services, City of London Corporation Louise Ashley, Chief Executive Officer / Place Lead, Homerton Healthcare NHS Foundation Trust Paul Calaminus, Chief Executive Officer, East London NHS Foundation Trust Laura Sharpe, Chief Executive Officer, City & Hackney GP Confederation

No.	Agenda item and minute
1.	**Welcome, introductions and apologies:** Helen Fentimen (HF), chairing the meeting welcomed members and attendees to the meeting of the City and Hackney Health and Care Partnership Board (HCPB) and Sub-committee. Apologies are as listed above. Declaration of conflicts of interest: It was noted that new members to complete their declarations of interest.
2.	**Governance update including Terms of Reference:** **Confirmation of Chairing arrangements** Jonathan McShane (JMcS) and Simon Cribbens (SC) updated HCPB members on the Terms of reference drawing attention to pages 8 to 49 of the circulated papers. 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 two parts: the place based partnership board and the place sub-committee of NHS North East London. 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. Highlights from the presentation included: • Seeking approval of the Terms of reference in three parts 1. City and Hackney Health and Care Partnership Board 2. Sub Committee NEL ICB 3. Integrated Commissioning Board arrangements • Steve Atkinson (SA) from Brian Jacobson has been involved in developing the Terms of reference. • The first section of the Terms of reference is for the City and Hackney health and care board, collectively allows all the partners in place to collaborate strategic policy matters and oversee programmes of work. This is the body that sets vison and-strategy of the place and delivery. • It was noted that section two is a straightforward agreement to agree. • There is a meeting on 22 September to secure agreement on other two elements, in dialogue with governance and legal colleagues to see whether there is need of amendment as it requires formal agreement by community and children services committee. Comments from the Board included: • Final decisions will be at NEL level. HCPB noted the balance of interest across partners will be the same and all will be involved in decision making. • It was that legal consideration must come to board. • There is no reference to prevention – tackling racism, meaning of equity and health scrutiny is absence from reference this needs to be reflected. • Dentistry and Community pharmacy is absent from the Terms of references as well as public attendance – where they will be meeting.

	• ICB Terms of reference can only be approved by ICB. • JMcS welcomes HCPB members views on the primary care part of Terms of reference • The legal team at Hackney have agreed with some tidying up to be done, it was suggested it goes to cabinet. • Public and private meetings should be held in public it was suggested this is reflected in the Terms of reference • Group responsibilities to be separated, suggest six months for chairing. • The health care act section 75 doesn't allow local authority to delegate. • NHSE did a draft agreement on guidance in July, regulations haven t been published yet. It was noted that no one should be using joint committee power 2022/2023. • The safeguarding element of the document doesn't give enough detail about cost of living crisis, this is to be discussed with safeguarding adults team. • More work to be done on children services committee when guidance regulations is published. • JMcS and SA will advise HCPB when new regulations come out. **APPROVAL: NEL Sub committee for City and Hackney has been agreed for approval** **No further comments from the Board**
3.	**Update on the Anticipatory Care Pathway in City & Hackney (Neighbourhoods Programme)** Sophie Green (SG) and Sadie King (SK) talked members through slides 50 to 61 of the circulated report. Highlights from the presentation included: 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. • This work has been evolving and growing in last couple years, its been developed and shaped across the partnerships. Anticipatory care is long term plan commitment it is part of the ageing well programme alongside enhances health care homes it aims to utilise a proactive approach to working and supporting people living with long term health conditions, this is delivered through multi disciplinary teams and local communities. • There are care coordinator roles to support this, people in these roles will be based in communities. • The budget has been split in to the critical pathway which is around allied health professionals to work with care coordinators. • Falls programme called Atargo has been funded. • Recruitment process is underway, there is support on how to apply for roles. Springfield park are working with the public. This will be launched in winter. Comments from the Board included: • Evaluation - what metrics impact on what is being achieved, it was noted this needs to be a part of whole system adding value. There's work on neighbourhoods to navigate resources.

	• Waiting for national outcomes framework, this will start in October when the care coordinators are in place. • It was noted by the HCPB that outreach work for older people is a critical point. **No further comments from the Board**
4.	**Use of non-recurrent monies in the City and Hackney Partnership** Stephanie Coughlin (SC) talked members through slides 62 to 72 of the circulated report. Highlights from the report included: 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. Highlights from the presentation included: • It would be helpful to agree on how we manage and allocate unspent money. • The neighbourhood care board will oversee the money. • The paper outlines three stages. 1. The allocation for £1m funding, winter pressures and mental health. Top up health and Equalities bid, work around covid vaccinations for housebound patients and items cost of living pressures. 2. The neighbourhood health and care board will work up a process how bulk of money is allocated. 3. Enhances income of maximised services, outlines additional £250,000 Comments from the board: • Clarity of the here to help service £53,000 does that include benefits people receive. • Small grants funding - It was noted by the HCPB that food bank and lunches will be picked and ensure answers to this comes back to future meetings as well as the bit about asylum seekers. • Allocation on how 4.4 million is spent will be brought back to future meetings. **APPROVAL: Hackney and City approved stage 1 of the expenditures. Stage 2 report will be brought back.** **No further comments from the Board**
5.	**Better Care Fund** Cindy Fischer (CF) talked members through slides 73 to 77 of the circulated papers. Highlights from the presentation included: 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 ringfenced 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 • The guidance is frequently delayed. Likely to be a review and what guidance is in coming year. • Focus is on four priorities on better care funds, discharge being the bigger area and how to reduce admissions to long term residential care and reablement services. • Funding was put in for homeless hospital discharge team and support discharge planners. Also supports health and equalities plan overall. Comments from the Board included: • It was noted that Integrated better care funding for eligible residents in Hackney is withdrawn. • It was suggested to discuss finance in development sessions to understand connectivity. **APPROVAL: City and Hackney formally approved in principal** **No further comments from the Board**
6.	**Finance Report** This item was verbally updated by Dilani Russell (DR) Highlights from the discussion included: • No reporting is produced for month one and two. • Going forward from finance perspective is to look at NEL view alongside City and Hackney view. • For the nine months of the ICB's life received 3.9 billion, 54% goes to acute providers and cost against acute care.17.4% for primary care, 10% for mental health and rest is spread across community and continuing health and programme, and running of the ICB. • Outside of this also received transformation funding. This year the system development funds started at beginning of 5year long term plan, currently in the third year of the SDF monies received £79m of system development funds that is spread across, primary care, mental health, maternity, diagnostics and all kinds of areas. There are plans in NEL at place and NEL level to deliver services. Ageing well, virtual wards all areas have plans against funding to utilise. • Winter demand and capacity funding across NEL is £12.2m, City and Hackney received £1.8m of that funding. • £6.5m for health and equalities across NEL and City and Hackney received half a million of that. Most of it is non recurrent in sense it is for 2-3yrs. • At month five we looking at breakeven position for NEL, deficit of 77m has been managed down. The board noted and discussed the following points: • The HCPB seeking clarity for the funding for health and equalities is £6.5m how is that part of funding assessable, Anna Garner has plans of where this money is being spent.

	• Break even budget, inflation was provided, included covid and discharge funding, all pressures were included in the operating plan. • It was noted more work needs to be done as a board re financial reporting and mechanisms as well as risks and demands in the system. **No further comments from the Board**
7.	**Future meeting arrangements** Chair, Heather Flinders (HF) updated the HCPB • Plan is to have alternate private and development sessions of the board. • The next development session in October will be in person at Guildhall site. In November the board will meet in common again via teams. • Currently Thursday meetings clash with City of London council meetings. • Dates for future meetings have been circulated by Matthew Knell (MK) **ACTION: HCPB members to provide a response on dates.** **No further comments from the Board**
8.	**AOB** • Non-recurrent funding BCS commitments to be discussed at development sessions. • Tony Wong (TW) is involved in NEL infrastructure work, stated it is critical to shift focus and dedicate space. • Jonathan McShane (JMcS) is proposing discussions at nearer HCPB development sessions to discuss some of the issues and factor that in. **ACTION: JMcS and MK to schedule something in as soon as possible**
	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**

City & Hackney Health and Care Partnership Action Log

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0809 - 01	08-Sep-22	Thursday meetings are currently clashing with City of London council meetings. Future meeting arrangements - HCPB members to provide a response on dates.	All Members	10-Nov-22	Open	
0809 - 02	08-Sep-22	Jonathan McShane (JMcS) is proposing discussions at nearer HCPB development sessions to discuss some of the issues and factor that in. JMcS and MK to schedule something in as soon as possible	Jonathan McShane / Matthew Knell	10-Nov-22	Open	

City and Hackney Health and Care Board

10th November 2022

Title of report	Governance Update Including Terms of Reference
Author	Jonathan McShane, Integrated Care Convener
Presented by	Jonathan McShane
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 what were called 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	Approve
Previous reporting / discussion	Discussed at Hackney Health and Care Board 8 September 2022 Discussed at City of London Community and Children's Services Committee 3 November 2022
Next steps / onward reporting	N/A
Conflicts of interest	None
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.

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.
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.

Introduction/ Context/ Background/ Purpose of the report

At the September meeting of the City and Hackney Health and Care Board, Terms of Reference for the Place Sub Committee of the North East London ICB were agreed. The Terms of Reference for the City and Hackney Health and Care Board and what was called the Integrated Commissioning Board were not agreed as they had to be considered by the City of London's Community and Children's Services Board first.

There were also observations from board members on the draft Terms of Reference for the City and Hackney Health and Care Board and Integrated Commissioning Board.

It was suggested the Integrated Commissioning Board is renamed the City and Hackney Section 75 Board to avoid confusion with other boards within the new system and to reflect the nature of that committee's role. It was also suggested that there be specific references to the importance of prevention and public health and the partnership adopting an anti-racist approach to its work. This has been addressed in Section 5 which outlines the vision of the partnership, its priorities and cross cutting approaches.

There are some other minor changes made to the draft discussed at the September meeting:

- Page 8 (para 18) – The Chair's term is confirmed as 12 months.
- Page 8 (Para 19) – The Deputy Chair will be the local authority member who is the Chair in-waiting.
- Page 10/11 (Paras 26 and 27) – Updated to more clearly reflect anticipated meeting frequency.
- Page 13 (Para 45) – Updated with some detail to be clearer about the key expectations for managing conflicts.

The Terms of Reference for the Sub Committee of the North East London ICB are included for completeness even though they have already been agreed.

The board is asked to approve these Terms of Reference for the City and Hackney Health and Care Board and the City and Hackney Section 75 Board

Attachments
Draft Terms of Reference for the City and Hackney Health and Care Board
Draft Terms of Reference for the City and Hackney Section 75 Board
Terms of Reference for the City and Hackney Sub Committee of the North East London ICB

[logo]

CITY & HACKNEY

PLACE-BASED PARTNERSHIP

TERMS OF REFERENCE

Contents

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 Healthcare 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 Section 75 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'**).

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.

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

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 to 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.
Vision	4. The Board's vision is: Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive. The Board currently has three population health priority areas: • Giving children the best start in life • Improving mental health and preventing mental ill health • Improving outcomes for people with long term health and care needs The following cross cutting approaches will support the Board in its work: • Increasing social connection • Ensuring healthy local places • Supporting greater financial wellbeing • Joining up local health and care services around residents' and families' needs • Taking effective action to address racism and other forms of discrimination • Supporting the health and care workforce

Role of the Health and Care Board

5. 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.

6. 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 and wider Section 75 Board).
- 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 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 System Quality Group.

- 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

7. 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.

8. 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

9. 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.

10. 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 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.

11. 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

12. 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.

13. 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

14. 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

15. 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

16. The members of the Health and Care Board set out below at paragraph 23 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 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.

17. 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 partnership lead arrangements	18. 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 Section 75 Board, namely: (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee); (b) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Chair of the LBH Sub-Committee). 19. For the first 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 twelve months. Thereafter the role of Chair shall swap every twelve months. 20. The member mentioned at paragraph 18 above who is not the Chair for the time-being will be the Deputy Chair of the Health and Care Board. 21. 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. 22. The Chief Executive of the Homerton will be the Place Partnership Lead.
Membership	23. There will be a total of **26** members of the Health and Care Board, as follows: *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) Group Director for Adults, Health and Integration (LBH) (g) Group Director for Children and Education (LBH)

(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) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH) (**Chair,** *rotating*)

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

(n) Cabinet Member for Finance, Insourcing and Customer Service (LBH)

NHS Trusts/Foundation Trusts:

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

(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

24. 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

25. 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

26. 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

27. It is expected that the Health and Care Board will meet on a bi-monthly basis (subject to a minimum of four[1] occasions each year) and that such meetings will be held in tandem with the Place ICB Sub-Committee and the broader Section 75 Board.

28. However, the expectation for such bi-monthly 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

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

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 recommendations may be made.

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 or wider Section 75 Board in accordance with paragraph 27 above, its meetings shall be held consistently with paragraphs 48 to 53 of the Place ICB Sub-Committee's terms of reference and paragraph 33 of the Section 75 Board terms of reference. 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 the Section 75 Board. *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. However, each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions on behalf of their organisation as relevant to the Health and Care Board's remit or, at least, will have sufficient responsibility to discuss matters on behalf of their organisation and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance. 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, and consistently with the partner organisations' respective statutory

	duties, their own policies on conflict management[2] and applicable national guidance. 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.
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 feed back 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 6(e) above, the Health and Care Board will regularly report upon, and comply with any request of the System Quality Group for information or updates on, matters relating to quality which effect the ICS and bear on the System Quality Group'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.

[2] For the City of London Corporation the key guidance includes [ ].

Section 2 (Part A)
The City & Hackney Section 75 Board

Introduction

1. The arrangements for the City & Hackney Section 75 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 ('**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 Section 75 Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory sub-committee on matters within the sub-committee's authority.

Composition and authority

3. The Section 75 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 Sub-Committee of the ICB, which is established as a sub-committee reporting to the 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 ICB and to make decisions on matters relating to

these delegated functions, in accordance with its terms of reference and the associated 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 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 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 Section 75 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 Section 75 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);

	• 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 Section 75 Board will report to the relevant forum as determined by the ICB, LBH and COLC. The matters on which, and the arrangements through which, the Section 75 Board is required to report shall be determined by the ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets). 12. The Section 75 Board will present for approval by the ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the ICB and/or COLC and/or LBH (including in respect of aligned fund services). 13. The Section 75 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 Section 75 Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board. 14. The Section 75 Board will provide reports to the Health and Wellbeing Boards, the 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 Section 75 Board as part of its wider reporting arrangements. 15. The Section 75 Board functions through the scheme of delegation and financial framework agreed by the ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Section 75 Board is operating within all relevant requirements.
Chairing Arrangements	16. The chairing arrangements set out in the City & Hackney Health and Care Board's terms of reference shall apply equally to the Section 75 Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Section 75 Board.
Membership	17. The membership of the sub-committees which the Section 75 Board brings together is as follows: 18. COLC Sub-Committee: (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) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (**Chair of the LBH Sub-Committee**);

(b) Cabinet Member for Education, Young People and Children's Social Care;

(c) Cabinet Member for finance, Insourcing and customer Service.

20. The membership of the Place ICB Sub-Committee is 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 Section 75 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 Section 75 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 Section 75 Board's governance requirements, members of the City & Hackney Health and Care Board and its participants (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance at meetings of the Section 75 Board.

26. The following will be expected to attend the meetings of the Section 75 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);

(b) The City of London Corporation Chamberlain;

(c) LBH Group Director – Finance and Corporate Resources;

(d) LBH Group Director for Adults, Health and Integration;

	(e) LBH Group Director for Children and Education 27. Others may be invited to attend the Section 75 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 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 Section 75 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 Section 75 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 Section 75 Board shall meet whenever COLC, LBH and the ICB consider it appropriate that it should do so but the three sub-committees meeting as the Section 75 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). 33. Meetings of the Section 75 Board shall be held in accordance with Access to Information procedures for COLC, LBH and the ICB, rules and other relevant constitutional requirements. The dates of the meetings will be published by the ICB, LBH and COLC. The meetings of the Section 75 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 Section 75 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 ICB, COLC and LBH shall agree between them the format of the joint minutes of the Section 75 Board which will separately record the membership and the decisions taken by the Place ICB Sub-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 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, the ICB, LBH and COLC will manage the business of the Section 75 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 Section 75 Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Section 75 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-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.

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

	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 National Health Service Act 2006 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 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 2004.

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 and partnership lead 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 Partnership 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 National Health Service Act 2006 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 Healthcare 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 17 members of the Place ICB Sub-Committee, as follows: *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) Group Director for Adults, Health and Integration (LBH)

(g) Group Director for Children and Education (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) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH)

NHS Trusts/Foundation Trusts:

(k) Chief Executive (Homerton) (**Place Partnership 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.

	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 Section 75 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. [3] 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 Section 75 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 Section 75 Board may convene their own more regular meetings, for

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

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

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 Sub-Committee, which shall be in line with the ICB's agreed procedure [insert link].[4]

Recordings of meetings

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.

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

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 Section 75 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.

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) **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 PH&I 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

	reporting will take place via Finance and via NEL wide financial management reports. (c) **Quality, Safety and Improvement Committee.** Reports will be made to the Quality Safety and Improvement 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: [ ]

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.

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 Sub-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.

9. Oversee implementation of investments/transformation schemes, ensuring financial activity, Key Performance Indicators 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 are adequate governance and arrangements in Place that are 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 National Health Service Act 2006 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 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]

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.

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.

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

- 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

City and Hackney Health and Care Board

10 November 2022

Title of report	Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24).
Author	Sadie King Neighbourhoods Programme Lead
Presented by	Sadie King Neighbourhoods Programme Lead
Executive summary	• In November 2021 the ICPB approved the funding for phase 4 of the Neighbourhood programme over 22-24. This was a detailed budget for 22-23 and an estimated reduced budget for 23-24. This paper updates the Board on the key phases and achievements and outlines a detailed programme of work and budget for 23-24 (part 2 of Phase 4) • The Board is asked to review the rationale for the proposed Neighbourhood Programme Budget and approve the continued funding of the Programme through the Better Care Fund for 2023-2024 to drive forward the priority areas outlined.
Action required	Approve
Previous reporting / discussion	This paper has been discussed and recommended for approval across the system on the budget details for the second year of phase 4 : Place Based Delivery Group Sept 22, The Neighbourhoods Providers Alliance Group (Sept 22), and the City and Hackney Neighbourhoods Health and Care Board (October 22). The proposals outlined here are in line with what has been agreed at the November 21 Integrated Care Partnership Board.
Next steps / onward reporting	Continuous reporting is conducted through the Place Based Delivery Group, The Neighbourhoods Providers Alliance Group and the Children's Young Peoples Maternity and Families Neighbourhood steering group.
Conflicts of interest	none
Strategic fit	Which of the strategic corporate objectives does this report align with?
Impact on local people, health inequalities and sustainability	The aim of the Programme is to drive change that will address all Health inequalities through place based working through Neighbourhood multidisciplinary teams. Equality Impact Assessments are carried out for key new programmes of work and

	outcomes on addressing Health Inequalities have been set in the new Neighbourhoods Programme outcomes framework.
Impact on finance, performance and quality	The system has approved continued funding of the Programme through the Better Care Fund. This paper outlines the details of the budget for 23-24. There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	None

Neighbourhoods

City & Hackney Living Better Together

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Proposal for the Neighbourhoods Programme Business Plan 23-34: Paper for approval of City and Hackney Health and Care Board.

Sadie King. Neighbourhoods Programme Lead.

Executive Summary.

The Neighbourhood Programme was established in 2018 and is in the first year of phase 4 of delivery. This paper has been discussed and recommended for approval across the system on the budget details for the second year of phase 4 (Place Based Delivery Group, The Neighbourhoods Providers Alliance Group, and the City and Hackney Neighbourhoods Health and Care Board). The proposals outlined here are in line with what has been agreed at the November Integrated Care Partnership Board (now the City and Hackney Health and Care Board).

The introduction of Integrated Care Systems and dissolution of CCGs represents significant structural change in the NHS. Neighbourhoods continue to be the prescribed model for delivery of services at the hyper-local level. NHS England describe: "delivery being through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in Neighbourhoods" in their publication 'Integrating Care' published in November 2020, and this was cemented in the publication of the Fuller Review (2022).

Over the past year there has been a deepening of partner relationships working to deliver health and care in City and Hackney through the Neighbourhood model. These are evident in the coproduction of a new Organisational Development pilot, progress in MDM working, an agreed model for anticipatory care, and the strengthening of links between the community navigation system and statutory services. Sustainability plans are in progress for transition into business as usual for key community services (Adult Social Care, Community Mental Health, and Community Nursing) that have been supported by the Neighbourhood Programme.

In addition, we asked system partners to separately consider recurrent funding to deliver the model for voluntary sector, community and resident engagement and for community pharmacy as business as usual. The Resident Engagement strand of the Neighbourhoods development is undergoing some review in the light of a review of a wide ranging Equality Impact Assessment on Resident Engagement across City and Hackney. For this reason we are not recommending recurrent funding for the current model delivered between Healthwatch and HCVS as was previously anticipated. Instead we propose to postpone this for a year and continue 23-24 developing the Neighbourhood forums through grant funding with wider support and engagement from all Neighbourhood partners as the whole system starts to respond to the Fuller review and we develop a City and Hackney joined approach to resident engagement.

The Neighbourhoods Community Pharmacy contract has recently undergone a market testing process. It has now been agreed that the Pharmacy Services Partnership Ltd are the only appropriate providers and they will be awarded a 3 year contract in 2023. The work of Neighbourhoods community pharmacy continues to provide value for money evidence through vaccination programmes, a referral pathway from GPs that keeps non urgent cases away from GPs, and responding to local pressures rapidly such as the current medicine shortage issue.

Last year at the November ICPB .It was agreed that 23-24 work programme would continue to drive through the 4 priority areas of Phase 4 of the programme.

- **PRIORITY 1 To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs**
- **PRIORITY 2 To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1**
- **PRIORITY 3 To agree and deliver a system-wide OD plan to enable delivery of the Neighbourhood models.**
- **PRIORITY 4 Development of partnership and delivery structure in each Neighbourhood to enable residents, communities and services to come together with a focus on population health**

This would be with a reduced budget as the areas of Adult Social Care, Mental Health and Community Nursing have restructured on the Neighbourhood footprint and their change process can now be driven independently of external funding. The total approved Neighbourhoods Programme Funding for 21/22 was £738,496. At that point last year we predicted the costs for Neighbourhood Programme Funding for 23/24 at approximately £3533,00 + unspecified OD support (estimated £70,000). Total funding estimate £423,000. The system has agreed to separately fund the development of the model for voluntary sector, community and resident engagement and for Community Pharmacy also through the Better Care Fund.

Previous year's estimated budget for 23-24 approved by ICPB Nov 2021	
Neighbourhoods programme team	£ 178,000
Partnerships and Workforce Programme manager based in PCNs post to support OD work	£75,000
Small amount of funding to support residual work required across any of the project areas - will only be pulled on if absolutely required	£ 100,000
Potential use of funds to support OD work - TBC TBC - system partners to agree ceiling.	Unspecified, estimated (£70, 000) based on 30% reduction from phase 1 funding (22-23 pilot)
	Total = £423,000

With the new opportunities within Neighbourhoods to align Children's services with adults and embed Think Family approach across our services, the need to further innovate and test how far our model can be applied in secondary care (LTCs), the need to develop a City and Hackney Personalised Care approach and request

for funding from the Better Care Fund for a a programme manager post that delivers the MDM support and the new anticipatory care pathway (currently funded by Ageing Well). We are now proposing a 2023/24 budget of **£538,733**

The Board is asked to review the rationale for the proposed Neighbourhood Programme Budget and approve the continued funding of the Programme through the Better Care Fund for 2023-2024 to drive forward the priority areas outlined in the following paper.

This paper will cover:

1. Summary of programme phases and key achievements.
2. Priority areas for 23-24
3. The proposed budget

1. Summary of programme phases and key achievements.

Phase 1: 18/19: Developing the vision,

- We defined what Neighbourhoods meant for City and Hackney staff and residents and agreed the broad vision for Neighbourhoods.
- There was a significant amount of formal and informal engagement with residents and staff.
- We started early scoping work for the phase 1 services that form the core of the Neighbourhoods team (primary care, adult community nursing, adult social care, mental health).

Phase 2: 19/20: Developing Neighbourhoods models- test and learn,

- The system signed off the Neighbourhoods Operating Model, which set out the service model, ways of working and population health approach for Neighbourhoods, and mapped out a multi-year plan (this is being reviewed and will be scoped out in more detail with further options presented in the light of new evidence on best practice across the country and in order to take account of recent developments locally)
- We started testing and refining the Neighbourhood models of care for those core services within the Neighbourhoods teams (adult community nursing, adult social care, mental health).
- We launched the work with community pharmacy,
- There was early development of the multi-disciplinary services and pathways that would bring teams together.
- The National PCN contract was launched which gave a contractual incentive for primary care to work together in networks within each of our Neighbourhoods.

Phase 3: 20/21-21/22: Transformation in agreed priority areas and developing the Neighbourhoods team

The focus was on completing the transformation in those core Neighbourhood services and building the Neighbourhoods team.

2020/21

- The pandemic diverted focus away from some of the intended transformation, however, it also accelerated the implementation of Neighbourhood MDMs and new models of Community Navigation.

21/22

The transformation in most of the core Neighbourhoods services has been completed namely: Adult Community Nursing, Adult social care (long term team), Mental health (working age adults), Community Pharmacy. Community Navigation integration into neighbourhoods has progressed through network events, mapping, and investment in front door access. A new coproduced community navigation strategy will be launched in December 22. Further work is required on culture change, co-location and reviewing the matrix leadership model, to ensure we have a model that can achieve the ambitious outcomes we have for the Neighbourhoods Programme.

- The work with children's services has greatly progressed with a number of pilots and strategic work to align the wider transformation work with the Neighbourhoods Footprint.

- We launched the work on long term conditions (specialist teams) in this phase, starting with a pilot in community gynaecology. This has been a success and is now being implemented across all neighbourhoods.
- We agreed a system-wide OD pilot project and commissioned an action learning OD support project to ensure that we make the cultural shift required to realise the benefit of Neighbourhood working.
- We tested a model for community and voluntary sector partnerships, and resident involvement.
- We started to test our broader model for addressing health inequalities on a Neighbourhood footprint, which brought together the voluntary and community partnership with a smaller delivery group in the delivery of the PCN Inequalities DES. There has been a lot of learning from this work and consideration has gone into the work plan for 22-23 and 23-24 on how to support Health Inequality leadership in the PCNs, the new Neighbourhood Forums and build Quality Improvement and population Health Management skills in the workforce and communities engaging in health inequalities work.
- We developed a Neighbourhoods communications plan to support staff and resident understanding and involvement. We launched the City and Hackney Neighbourhoods website.
- We started working with an evaluation partner to undertake an independent review and a scoping report was delivered that highlighted some key successes of the Neighbourhoods Programme and made recommendations for areas of future focus.

Phase 4: 2022/23 – 23/24 This is the current phase of the programme

Phase 4 represents an exciting period for Neighbourhoods where many of the services are now configured on Neighbourhoods footprints and we are focusing on rolling out and embedding the Neighbourhoods based multi-disciplinary services. In addition we are continuously reviewing our model, addressing weaknesses and building on strengths as the system develops.

2022/23

- We have created a cross system plan and pilot to create a neighbourhoods induction programme and 3 year OD plan. We have established a wide partnership of OD, Change and Transformation leads from across the partnership to develop and oversee this work. The work has begun with an action learning project to embed Neighbourhood ways of working in our MDMs.

- We have coproduced with all partners a bespoke anticipatory care pathway for City and Hackney. This includes a core model of care coordination, a referral pathway through the voluntary sector as well as the GPs and an innovation of a devolved budget for each neighbourhood to ensure that the wider pathway addresses the particular Health Inequalities of each neighbourhood.

- We have begun to refine our Neighbourhood model of resident engagement through a wider City and Hackney review on resident engagement. The first in person Neighbourhood Forums have taken place. These will be supported by a cross partner Action Learning Set and a specialist social change organisation to support the development of use of technologies and methodologies in resident engagement that can address gaps highlighted by the recent review.

- The CYPMF Integrated work stream has been developing the approach with partners over the past 2 years, alongside a Programme Manager based at Homerton University Foundation Trust (since mid 2021). The focus is those children whose needs are **rising (Universal Plus or just below)** but not yet complex or high risk - a response that requires high level specialist services to take the lead role).

The CYPMF work is developing the work in accordance with 3 work stream priorities:

1. Strengthening the approach for **0-5 year olds and their families**
2. Developing the approach for **5-19 year olds and their families**
3. **Embedding a whole family approach** across Neighbourhoods to ensure that the needs of dependent children of vulnerable adults are addressed by CYP services.

There is wider strategic transformation on the horizon across Children, Young People and Families services being led by London Borough of Hackney and Hackney Education that means the landscape of how 'Early

Help' services are accessed is changing. This is being developed through the Early Help Implementation group and has included a review of 0-19 Children and Young People's Early help Services, the recent emergence of an 'Early Help hub' as a single front door for Early Help referrals and the expansion of the Children's Centres to become 'Family Hubs' which will be more closely co-terminus with the Neighbourhoods boundaries.

- The Neighbourhoods Programme has now created a Theory of Change that highlights key work areas and expected outcomes over short, medium and longer term. These are outcomes are further categorised into areas of Resident Outcomes, Staff Outcomes, Infrastructure Outcomes. Along with this is a detailed outcomes framework. An independent evaluation is being commissioned and we expect a first baseline measure to be ready for January 2023, establishing the potential for a longitudinal contribution analysis to assess the value of the Neighbourhoods Programme to the agreed outcomes of the Place Based Partnership.

2. Priority areas for 23-24 Continuing Phase 4.

The table below summarises the priorities of work for 23-24 continuing Phase 4

Priority Area	Work Plan areas
PRIORITY 1 To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs	• An anticipatory Care Pathway. • A coproduced Community Navigation Strategy. • Increased connection of the community navigation system with the core neighbourhood teams through OD support. • A neighbourhood strategy, work plan and delivery of a programme of work to embed Personalised Care.
PRIORITY 2 To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1	• Research, City and Hackney consultation and options paper on models of neighbourhood team structures. • Aligning the development of the CYPMF new Family Hubs with the Neighbourhoods model. • Aligning Housing with the Neighbourhoods model.
PRIORITY 3 To agree and deliver a system-wide OD plan to enable delivery of the Neighbourhood models.	• A programme of OD support across all partners to drive greater collaboration in Neighbourhoods and to support the integration of the PCNs with the wider Neighbourhoods Programme. • A Neighbourhoods Induction Programme. • A Neighbourhoods Estates Plan.
PRIORITY 4 Development of partnership and delivery structure in each Neighbourhood to enable residents, communities and services to come together with a focus on population health	• Further development of the Neighbourhood Forums with increased statutory sector engagement and support. • Alignment of PCNs with Neighbourhood Forums and review of partnership structure in the light of Health inequalities Des

	delivery. • Taking forward recommendations of the new City and Hackney Review on resident engagement.
Cross cutting: Addressing Health Inequalities: The production of Neighbourhood Profiles on Health Inequalities. Embedding anti-racist mind set and skills for service design and improvement project.	

In addition to the overarching work plan set out above the Neighbourhoods Programme proposes to **continue funding the change management work in the areas of Children's and Young People, Maternity and Families and long-term conditions**. These areas require more strategic support and innovation to embed on the Neighbourhood footprint and for us to understand what model of Neighbourhoods Teams structure is appropriate for City and Hackney longer term. This work is essential to achieving a jointly held vision for the health and care system across the place.

Proposal to extend Neighbourhoods change management work in Children's and Young People, Maternity and Families.

The CYPMF work stream is crucial to developing Neighbourhoods place based working. The work here started later and like many other areas was delayed by the resource pressures caused by the pandemic. The vision for the CYPMF Neighbourhoods work is:
We aim to ensure that children in City and Hackney have the best start in life and to maximise health and wellbeing outcomes for 0-19s and families by strengthening the local offer, improving pathways at neighbourhood level and embedding a whole Family approach.
The **focus** is those children whose needs are **rising (Universal Plus or just below)** but not yet complex or high risk - a response that requires high level specialist services to take the lead role).
The CYPMF work is developing the work in accordance with 3 work stream priorities:

1. Strengthening the approach for **0-5 year olds and their families**
2. Developing the approach for **5-19 year olds and their families**
3. **Embedding a whole family approach** across Neighbourhoods to ensure that the needs of dependent children of vulnerable adults are addressed by CYP services.

The wider strategic transformation across Children, Young People and Families, the emergence of an 'Early Help hub' as a single front door for Early Help referrals and the expansion of the Children's Centres to become 'Family Hubs' represents the possibility of a step change in City and Hackney place based integration of health and care as these services start to be more closely co-terminus with the Neighbourhoods boundaries.
In order to do this work we propose the continuation of the funding of programme management support both in the London Borough of Hackney and Homerton Hospital.

Proposal to extend Long Term Conditions/Secondary Care Neighbourhoods programme in 2023/24

The Neighbourhood Long Term Conditions work has achieved success in gynaecology through improving MDM working, linking secondary to primary care and providing Neighbourhood based virtual clinics. This is now established in all neighbourhoods and is being tested in nephrology. We believe that more innovation and testing of Neighbourhood working processes in secondary care is required in order to understand if hyper-local working can tackle health inequalities in the provision of secondary care and prevention work. This proposal therefore recommends continuing this work to focus more on tackling health Inequalities that remain.

The programme manager will work to sharing best practice and learning among Neighbourhoods secondary care/voluntary sector and PCNs to review and promote use of inequalities data on LTCs in areas of Gynaecology, Nephrology and a new Community cardiology/CVD prevention pilot. Cardiology/CVD prevention has been selected as an area in which to test neighbourhood working as there is increased

primary care (and patient) interest in CVD broadly (blood pressure/hypertension in particular), it builds on the current Community Nephrology pilot, which deals with a sub-section of CVD patients, and could develop through this additional pilot, e.g. by having clinical MDMs involving both Nephrology & Cardiology, and aligns with new work in the voluntary sector focussing on black men that has highlighted the need to develop a more intersection approach to tackling inequalities. There is also a increased national and local focus emerging on improving CVD management due to poor management and increasing disease since pandemic.

In addition the sustainability of this work is assured by additional support through the Neighbourhoods Organisational Development pilot resources from the City and Hackney Workforce Enabler strand on embedding anti -racist service design with specialist consultancy from University of East London and will resourced further through alignment with the work of Population Health Hub working new Health Inequalities programme (NEL funded). This represents a rigorous and systematic approach to embedding proportionate universalism (as proposed by Marmot) in City and Hackney in order to support people to improve outcomes proportionate to their level of need. We would be aiming to become a 'Marmot place' by taking a proportionate universal approach to service provision.

3. The proposed budget

Neighbourhoods Programme Funding proposal 23-24	**£538,733**
Neighbourhoods Central Team Posts Band 8 C Neighbourhoods Programme Lead (continuation from last year) 1FTE - £82,971 Band 8 B Neighbourhoods Programme Manager MDMS/Anticipatory Care £75820 (previously funded by Ageing Well Fund at 8A) Band 8 A Neighbourhoods Programme Manager Community Navigation 1FTE - £66,315 Band 8 A Neighbourhoods Partnerships and Workforce Manager (previously hosted by the Office of the PCNs) 1FTE - £75,060 Band 7 Project Manager Personalised Care (A new proposed post to deliver a strategy and work plan for a Neighbourhoods approach to Personalised Care) £49,218	£ 349,384
London Borough of Hackney Childrens' Families, Young People and Maternity Posts Budget breakdown Project Manager - Band (PO4) - 12 months - 1FTE - £59,100 Project Support Officer (PO2) - 12 months - 0.6FTE - £30,627.00	£89,727
Homerton Healthcare NHS Foundation Trust Band 8 B Programme Manager 0.5WTE 6 months funding (proposed to align new existing post with LBH CYPMF posts)	£23,422
North East London NHS **Long Term conditions Health Inequalities** Materials/venue hire: £5,000 2 PAs per week consultant time and 2 days/month Band 7 nursing time: £35,000 Project management (0.5WTE B8a): £36,200	£76,200

City and Hackney Health and Care Board

10 November 2022

Title of report	BCF Additional Funding Allocations
Author	Cindy Fischer, Commissioning Programme Manager
Presented by	Cindy Fischer, Commissioning Programme Manager
Executive summary	The Better Care Fund (BCF) plans were submitted on the 26/10/2022; however, there was unallocated funding to support system pressures. Partners have now had further discussions on how they would like to use this money.
Action required	Approve
Previous reporting / discussion	• The City and Hackney Health and Care Board gave approval in principal to the BCF plans on the 8/10/2022. • Hackney BCF Governance Group agreed the use of the funding allocated to system pressures on the 14/10/2022. • Agreements were made on the use of the City of London's spend for system pressures on the 24/10/2022.
Next steps / onward reporting	• Section 75 agreements to be amended once we receive confirmation of national assurance of the plans.
Conflicts of interest	N/A
Strategic fit	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 is 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 money proposed is within the minimum NHS contribution.
Risks	There are risks if this funding isn't agreed. We need to show spend against this funding and there will be financial pressures against the equipment service if not agreed here. Lowri House will also close in January if not agreed.

Purpose of the Report
The BCF Policy Framework for 2022-23 was published 19 July 2022 and we submitted BCF plans on the 26 September 2022. **The Board is being asked to approve** proposals for the funding of specific system pressures that hadn't previously been agreed.

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

Out of the Minimum NHS Contribution, there is **£23,611** that was allocated to system pressures. Partners have agreed this should go towards supporting hospital discharge over the winter period. This may include additional care via the rapid response service which is in place providing up to 72 hours of assessment and then onward support for complex packages of care. It may also support the purchase of equipment required to facilitate discharge.

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**

Out of the Minimum NHS Contribution, there is **£532,167** that was allocated to system pressures. Partners have agreed the funding should go to support the following services:

1. Integrated Community Equipment Service, Millbrook - £386,226
2. Routes to Roots, Providence Row - £45,640.00 (December – March)
3. Lowri House, Peabody Step Down Accommodation - £61,154.50 (Jan-March)

As the equipment service is activity based, the costs will fluctuate. LBH receive a credit back from Lowri House when service users are able to claim housing benefit so these costs may vary as well. As such we have left a small discretionary amount of £ £39,146 to support some variation from this forecast to actual costs and any other additional system pressures that may arise by the end of the year.

Integrated Community Equipment Service
The Integrated Community Equipment Service (ICES) is a key preventative service, enabling older people and disabled people, including children with disabilities to remain living independently. The service is responsible for delivering and maintaining equipment that supports Hackney residents' daily living. The service is accessed by health and social care prescriber practitioners across multiple teams within Homerton Healthcare, LB Hackney Adults and Children's services and Hackney Learning Trust (HLT) to promote safety and independence for residents.

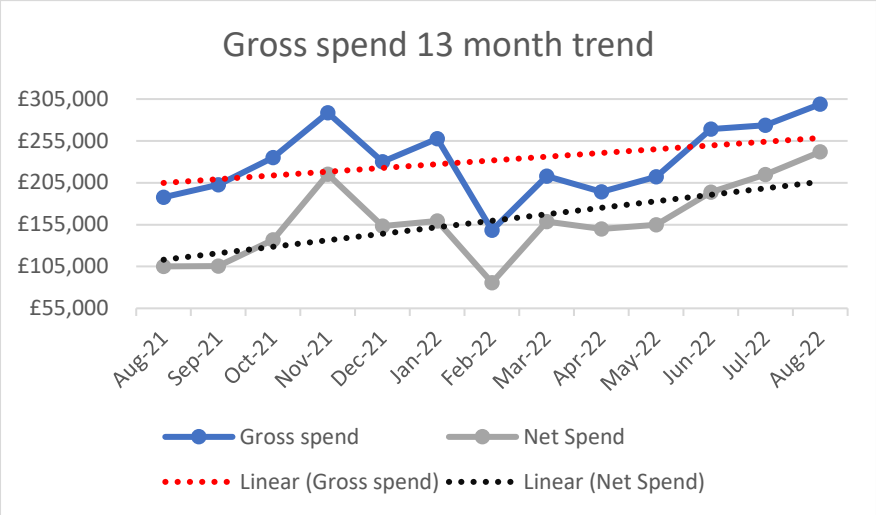
Throughout the last year we have seen the following with regards to the Equipment Service:

Hackney

CITY OF LONDON

NHS North East London

1. **Increase in supplier costs** –The supplier costs were linked to availability of shipping containers as well as inflationary pressures on equipment and staffing.
2. **Significant backlog of items** -There was a backlog of approx. 900 items from 2021-22; estimated worth of £200k, with costs charged upon delivery. This has resulted in increased costs between April and September, with a drop seen in September. We anticipate this will reduce further.
3. **Collections rates appear to have declined recently** – provider has acknowledged the need to advertise the collection function again which should offset future costs.
4. **Overall increase in demand** - The health element of the equipment service is currently predicted to be significantly overspent, compared to the social care side of the contract. This appears to indicate a greater acuity in the patients we are seeing. The national requirement that patients are discharged from hospital as soon as they 'no longer meet the criteria to reside in hospital' means that they have more complex needs at the point of discharge and equipment is required to safely meet their needs at home.



Forecast Financial Pressure

Homerton Spend	**£1,293,568**
Expenditure Budget	£789,748
Overspend Forecast	£503,820
Winter Pressures Funding	£117,594
Total Funding Requested	£386,226

Out of Hospital Care Model (OOHCM) Programme for People Experiencing Homelessness

In 2020, the Department of Health and Social Care, Ministry for Housing and Local Government and Ministry of Justice allocated £16 million through the Shared Outcomes Fund (SOF) to 'roll-out' and robustly evaluate models of out-of-hospital care for people who are homeless. Over the final quarter of 20/21 and 21/22, funding and improvement support are being provided to 14 Local Authority test sites and 4 sites working across London on an Integrated Care System (ICS) footprint.

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Research suggests that out-of-hospital care is effective and cost-effective in supporting safe, timely transfers of care for patients who are homeless (Cornes et al., 2019 & 2021). Out-of-hospital care is an umbrella term for a wide range of step-up/step-down service models that aim to prevent inappropriate admission and/or facilitate safe, timely discharge from hospital. Models shown to be effective and cost-effective in supporting safe timely transfers for patients who are homeless encompass the following key components:

- Multi-disciplinary working (e.g. health and social care and housing expertise), offering patient in-reach (in acute care and mental health) and specialist discharge co-ordination
- Access to a step-down intermediate care facility (this could include short term care/re-enablement within hostel accommodation), with clinical in-reach into the facility to ensure continuity of multidisciplinary support
- Housing support workers providing patient in-reach and discharge co-ordination and supporting patients in the community (floating support) until longer-term services are in place and working well (Cornes et al., 2019 & 2021)

City & Hackney Pathway Homeless Team
Prior to the national programme, the Hackney Discharge Group had already identified the need for a Pathway Homeless Team and in December 2020, the Integrated Commissioning Board approved a business case for 2 years funding. The money was provided by the CCG and enabled the recruitment of a full-time nurse and occupational therapist, and a GP working 6 sessions per week. As part of this new team, Hackney Council would align a housing worker and social worker. Mobilisation took place over 2021 and the service went live in January 2022.

Roots to Routes
The OOHCM funded Housing Link Workers who are active members within the Pathway Team. These workers build relations with people in hospital and in the community, ensuring people receive timely assessments, providing support to them until housing and or longer-term support is in place

Lowri House
The OOHCM also funded a 6-bed accommodation for step-up care which would prevent a hospital admission or step-down care following a hospital stay.

Service Delivery and Evaluation
The Team collects quarterly data which is submitted to the national programme. The charity Pathway also provide support as we joined as a franchise member. This includes the analysis of local data and outcomes from our service which will contribute to the development of a business care. They are currently finalising Q2 data; however below is a snapshot of activity from Q4 2021-22 and Q1 2022-23. The full report is available in the appendices.

	21-22 Q4	22-23 Q1	Total
Referrals	60	65	125
Accepted	54	60	114
%	90%	92%	91%

- Denominator 108

We are hoping an extension of the two services will enable more robust data to be collected and analysed against the benchmark data collected before the services began.

National Evaluation
In September 2021, King's College London, London School of Economics and Expert Focus were commissioned to undertake a 24-month evaluation of the OOHCM programme. The evaluation should be completed in Feb/March 2023 with publication of the final report in Aug 2023. This will help with national funding asks and will contribute to a local business case.

Risks and mitigations
There is a risk if these services are not funded.

The **equipment service** is essential to enable people to remain safe and independent in community settings. It is also a key enabler to timely hospital discharge. Partners have been working with the provider to complete an action plan to improve performance against the contract. This includes completion of the backlog and better management of collections of equipment which can be reused.

The contract ends in July 2023 and a working group has been created to start the procurement process. This involves looking at other existing frameworks which may create better value for money.

OOHCM Programme
The national team had sent a proposal to Treasury for additional funding for Q4 2022-23. They have unfortunately been unable to confirm further funding for the programme given the recent changes in Government.

Lowri House had funding for one year only and the contract ends in January 2023.
The Routes to Roots service has had additional funding agreed for a 9-month period from the Health Inequalities funding; however, additional funding via BCF for this current year will enable the service to run until the same time as the core Pathway Homeless Team.

Once we know the ICB allocation for 2023-24 we will review the funding allocated to the BCF to see if we can fund Lowri House to align the service the two year period of the Pathway team as well. During this time, we will work with other places across North East London and the national team to pull together a business case for recurrent funding.

Recommendations
The recommendation is for the Board to Approve plans to utilise the funding which had been allocated as system pressures within the 2022-23 BCF Plan.

Appendices

2022-23 BCF Plan C&H Health and Care	Q4 21-22+Q1 22-23 Pathway Team Overvi

Cindy Fischer, 26 October 2022

Hackney

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North East London Health & Care Partnership

City and Hackney Health and Care Board
10th November 2022

Title of report	City and Hackney Winter Plan
Author	Anna Hanbury, Unplanned Care Programme Lead
Presented by	Anna Hanbury
Executive summary	There is an expectation that winter will be very challenging this year The paper presents the City and Hackney partnership plan for 2022/23 with following key features • Partnership system plan – includes input from a wide range of system partners and considers winter across all of our programmes of work • Focuses on admission avoidance, discharge and community services as well as acute capacity • Driven by our local system needs, rather than criteria set by NHSE • Considers wider community based support – beyond just admission avoidance or discharge • Considers process to monitor and manage pressure in the system over winter The winter 'plan' is more than a single detailed plan for winter and consists of the following elements; • Core partnership action plan The plan identifies the main risks to the health and care system through the winter period and identifies the range of actions or projects underway across the system to address these risks. The plan also identifies critical system risks • Winter resilience schemes A range of non-recurrent schemes have been funded to support specific pressures over winter including; - NHSE funded demand and capacity initiatives - Local non recurrent funded schemes

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	• Escalation process The plan includes a process to monitor and manage pressure in the system over winter Details of these individual elements are attached as appendicies.
Action required	Note / discussion
Previous reporting / discussion	• City and Hackney Place based Partnership Delivery Group – 20th October 2021. • City and Hackney Neighbourhoods Health and Care Board – 25th October 2021
Next steps / onward reporting	A process to monitor and manage pressure in the system over winter is described – this includes ongoing review at the PbP Delivery Group meeting with a process to step up additional actions and oversight as required.
Conflicts of interest	N/A
Strategic fit	N/A
Impact on local people, health inequalities and sustainability	Supports vulnerable cohorts to stay well and avoid crisis over winter, including involving voluntary sector to reach wider community Supports health and social care services to manage the increased pressures over winter so that patients can continue to receive quality care if they need it
Impact on finance, performance and quality	Collectively the schemes proposed support sustained performance and quality of health and social services
Risks	Winter resilience proposal addresses key system risks around predicted winter pressures There are risks to delivery of some resilience schemes as a result of workforce challenges.

City and Hackney Winter Plan 2022/23

Introduction

Each year, partners across the City and Hackney system work together to support winter preparedness across the health and care system. The potential for further peaks of CoVID 19 and the risk of a concurrent flu outbreak mean that this winter could bring unprecedented challenges.

Historically winter planning has involved mainly urgent and emergency care (UEC) services/partners, driven by an approach set by NHS England. Over the last two years, we have taken a wider system approach to minimising the risks from winter including CoVID preparedness with oversight from the System Operational Command group. This year we are following a similar process with input and oversight from our Placed based Partnership Delivery Group.

Purpose

To inform the Board about our winter plan and give assurance that it will provide effective mitigation of risks identified and a process to manage those that emerge throughout the winter period.

Winter Planning Process

The key features of our winter planning process:

- Partnership system plan – includes input from a wide range of system partners and considers winter across all of our programmes of work rather than a standalone exercise with UEC partners
- Focuses on admission avoidance, discharge and community services as well as acute capacity
- Driven by our local system needs, rather than criteria set by NHSE
- Considers wider community based support – beyond just admission avoidance or discharge
- There is a much stronger focus on flu to really tackle longstanding challenges in this area.
- Incorporated readiness for peaks in CoVID combined with winter flu, RSV and other febrile respiratory conditions
- Considers process to monitor and manage pressure in the system over winter

National requirements and funding

Recognising that pressure on the NHS is likely to be substantial this winter, NHSE started planning for winter early, setting out core objectives and key actions for ICSs to rapidly increase capacity and system resilience ahead of winter.

These are not the basis or entirety of our winter plan but there is significant overlap. As part of NEL, we are required to respond to it as part of the national assurance process.

NHSE have committed monies to fund ICSs to deliver winter schemes that increase acute bed capacity either through additional beds in the system or reduced bed usage via admission avoidance or expedited discharge.

Elements of our winter plan

Our winter 'plan' is more than a single detailed plan for winter and consists of the following elements;

- **Core partnership action plan**
  - Actions across all programmes to mitigate key risks identified
  - Critical system risks

- **Winter resilience schemes**
  - NHSE funded demand and capacity initiatives
  - Local non recurrent funded schemes

- **Escalation process**
  - Process to monitor and manage pressure in the system over winter

The following sections of this paper describe each of these elements in more detail.

Core action plan

This is a document that sets out the key risks that partners have identified from each of their individual areas describing where these are being addressed and identifying any challenges.

Some of the actions sit within single organisations, some are a responsibility of partners within the City and Hackney system and some are NEL or even London-wide.

A copy of the plan is attached in appendix A.

Winter Resilience schemes

NHSE Winter Demand & Capacity Funding

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.

Detailed list of schemes attached in Appendix B

C&H non recurrent monies

At the August NHCB it was agreed that £1Mmonies, previously identified to support community transformation, be used to support in-year winter and current known cost of living pressures.

Acknowledging that NHSE funding had been agreed to support acute discharge and flow, it was agreed that local monies be directed towards other areas including winter pressures in mental health, housebound CoVID vaccination and immediate cost of living pressures.

Winter pressures in mental health

It was agreed to hold £300k to support mental health services through the winter to 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.

Mental health partners are currently finalising proposals for these funds in the following areas:

- Adult crisis care
- Starlight Ward Enhanced Care
- Increased capacity in CAMHS neurodevelopment team / Eating disorders & Bulimia

Description of these proposals at attached in Appendix C.

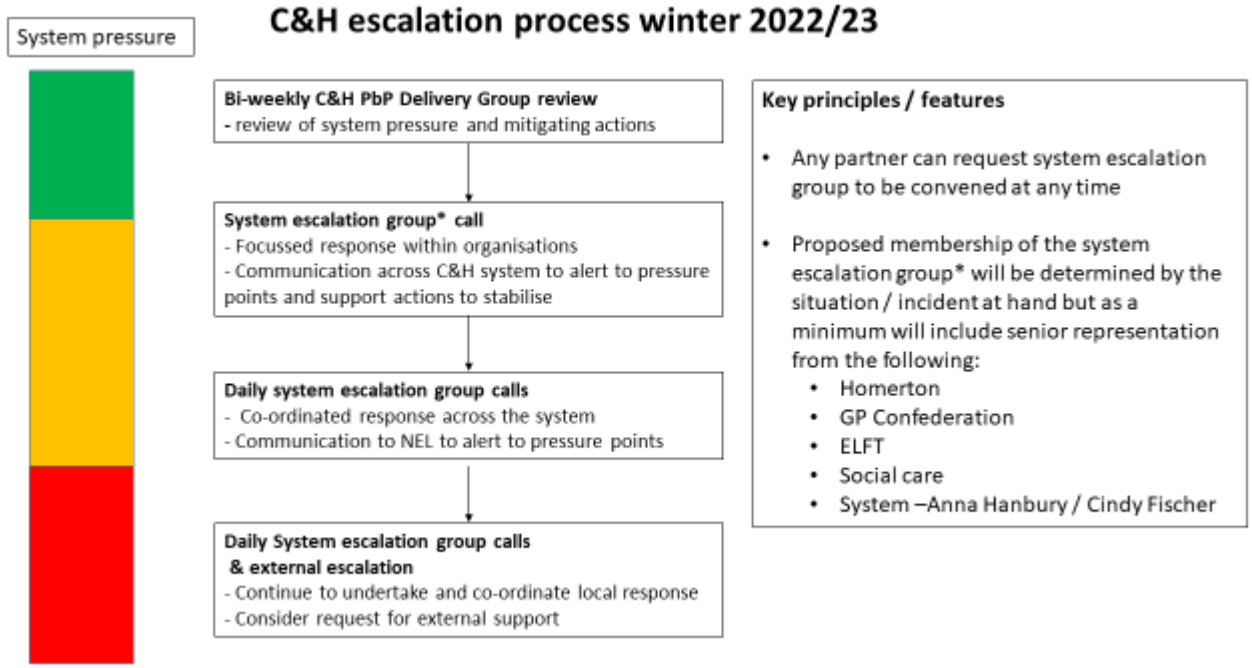
Escalation process

Previous sections of this paper have described a set of agreed core actions and initiatives to mitigate winter pressures.

An escalation process has also been agreed to monitor and manage pressure in the system over the winter months with the following key features:

- Bi-weekly review of system pressure (and oversight of core plan) by PbP Delivery Group (DG).
- Additional actions that can be implemented in response to increasing pressure in the system triggered by:
  - DG – following weekly review of system pressure
  - Key partners in the system at any time
- System escalation group
  - Representation from Acute/Primary care & system
  - Convened in response to increasing pressure – manages escalation actions
  - Meets daily during periods of increased pressure
  - Reports into DG to maintain oversight

The following diagram illustrates this process:



Conclusion / recommendations

The Board are asked to note the winter plan described and ongoing process to monitor and manage pressure through the winter.

Anna Hanbury, 27th October 2022

Appendix A

Core Action Plan

Topics / programmes	Draft C&H winter plan 22/23		C&H Leads
	Key Challenges	**Actions**	
111/999 support	Greater than expected demand through 111 – particularly low acuity primary care - impacting 111 performance and leading to increased pressure on urgent care services 111 clinical workforce requirements increase – adds workforce pressure that downstream UEC services experience (increase rates / rota gaps)	**Supporting LAS** – *actions being co-ordinated by NEL UEC* System discussion on approach to manage workforce pressure – pay rate framework, innovative approaches to maximise utilisation of scarce capacity **111 action –** increase utilisation of appropriate care pathways particular focus on capacity in community pharmacy **C&H Actions to minimise impact on downstream urgent care services**: -Maximising pathways into primary care, both core primary care and into Duty Doctor -Maximising use of community based rapid response services –Paradoc and IIT	Sue Graham (NEL UEC) Emma Rowland Anna Hanbury
Primary care • Readiness & capacity • Supporting primary care manage urgent demand	Primary care demand is currently very high from variety of factors - Supporting people away from hospital if possible - f/u demand from secondary care - vaccination programme - LTC catch up post covid Increased levels of primary care demand going to 111 (patients that either haven't tried or have been unable to get suitable appointment. This results in: - 111 pressure - onward referral to unnecessarily higher acuity settings (due to risk averse assessment and primary care capacity & access)	**Primary care resilience and capacity** Demand and capacity programme - commissioning GP confederation to supporting practices to understand quantum and variation in demand - and identify unmet demand use to plan capacity Place based resilience support for practices commissioned from local GP confederation - e.g. facilitated reflected learning sessions on pandemic management NEL allocation of regional WAF funding (capital) - Telephony solutions to support patient access / experience of access. Details tbc **Maximising use of community pharmacies as part of integrated pathways** - Overall high uptake of GPCPCS across C&H; allowing appointments for minor ailments to be safely re-directed where appropriate to local community pharmacies - Availability of C&H minor ailment scheme which enables free of charge supply of medicines to those eligible by low income – thus reducing likelihood of patients returning to GP for a prescription for over the counter medicines required for minor ailments	Anna Hanbury Richard Bull Laura Sharpe

	Patients seeking face to face after long period of virtual consultations	- Extension of CPCS to include referrals from A&E and Urgent Care centres - Introduction of NHSE commissioned BP case finding and monitoring service provided through community pharmacies - Increasing patient awareness, understanding and confidence in clinical expertise available in pharmacies - Recommissioned minor ailments scheme to provide alternative capacity to GP **Access to specialist advice in the community** Primary and secondary care pathways and communication agreed to support shared management of demand (and facilitate appropriate navigation from 111). Promotion of specialist advice lines. **Access to remote monitoring and @home pathways** Oximetry@home & Doorstep assessment service in place - ready to step up in line with demand Commissioning **additional urgent primary care capacity** on weekends and bank holidays October - March 2023 to mitigate gap in provision following introduction of PCN contract DES for Enhanced Access	
Community pathways and services **–** robust services and integrated pathways to manage urgent demand as close to home as possible	Unprecedented levels of demand – exceed capacity Appropriate activity not referred - lack of awareness / understanding / confidence - referral to acute care is easier New models of care not yet fully embedded Increase in temporary residents (refugee hotels) add pressure to the system	**Strengthened provision and access to - 2 hour community crisis response** - robust delivery of 2 hour standard from our crisis response services - strengthened capacity of teams, winter resilience workforce planning underway, HIE workforce bid - initiatives to maximise access and referral from all sources: - Review & streamlining access / referral pathway - Comms to improve awareness and understanding of UCR capability - including ongoing engagement between UCR teams and LAS - Promotions of direct referral from Telecare & care homes UCR services - Direct electronic booking from 111 - Paradoc - Development of NEL dashboard to monitor demand & capacity **EoL rapid response service** Continued commissioning of urgent EoL care service to provide specialist urgent response these patients in their home **Virtual wards and community pathways**	Anna Hanbury Mags Shaughnessy Mags Farley

		Development of ARI and Frailty virtual wards - building on existing services and pathways to increase capacity to care for people in their own homes. -30 ARI beds by December 2022, Frailty tbc Non recurrent funding ringfenced for **initiatives to support predicted extreme MH** pressures including: enhanced crisis pathway (ED liaison & urgent response team), Non recurrent funding to support **immediate cost of living pressures** for residents Work with partners to ensure that temporary residents have access to pathways and services to support their needs	
Acute services readiness and capacity	Homerton has a strong track record of delivering good performance through winter however recent years have presented significant challenges with extreme pressure on C&A capacity.	**Homerton winter planning process i**n place to support all elements of acute care - capacity, escalation, workforce planning, maintaining flow **NHSE funded schemes to support increased acute capacity** - 22 bed escalation capacity - Front door admission avoidance - 'take home and settle' resource in A&E, increase resource in non-emergency transport - Increased resource in discharge teams to support flow across 7 days (see detail below) **Frailty / Geriatrician at the front door** - Named Geriatrician for each day Monday- Friday service - Attend ED majors/ OMU and facilitate discharge alongside IIT - plans for enhanced model under consideration- tbc **SDEC** Maximising utilisation of SDEC - details tbc **High Intensity User Service** The high intensity users (HIU) service based at Homerton is provided in partnership between Homerton and ELFT. Provides high users of ED (and other UEC services) with MDT support to meet their needs away from ED where appropriate. Non-recurrent funding ringfenced for **initiatives to support predicted extreme MH pressures over winter** including: enhanced crisis pathway (ED liaison & urgent response team) MH support to Starlight (paeds) ward	Anna Hanbury Dylan Jones Osian Powell Mags Shaughnessy

Hospital flow and Discharge	Homerton has a strong track record of delivering good performance through winter however recent years have presented significant challenges with extreme pressure on C&A capacity. Risk of discharge delays as demand exceeds capacity in discharge teams as well as community bed an workforce capacity (domiciliary care) Additional pressure from CoVID – staff sickness and IPC / isolation periods for discharge back to care homes Increase complexity of patients and cost of care Severe pressure on budgets following end of Hospital Discharge Fund Supporting those most vulnerable during the winter months; ensuring key winter support items are available and distributed, supporting prevention. City do not currently have a designated setting arrangement in place. City - increase in temporary residents add to pressures in the system.	**Integrated Discharge Service/hub** manages both Homerton and out of borough hospital discharges through twice daily MDT meetings to review all patients who no longer meet the criteria to reside. **100 day challenge / discharge improvement plan** - actions underway to address gaps identified through 100-day challenge stocktake - focus on process and pathway to support out of borough discharge, early discharge and sustained 7day discharge **NHSE funded schemes** - additional step-down community capacity - Nursing home / Flats (interim and emergency) - Increased resource in discharge teams to support flow across 7 days: - Medical & nursing, therapies, pharmacy, discharge co-ordinators, transport (as above) - SW, brokerage, bridging and VCS - take-home & settle and equipment **Homeless discharge team in place with 6-bed accommodation** for step-up/step down support for homeless people. Mary Seacole Nursing Home continues to act as our **designated setting for CoVID positive patients** requiring discharge to a care home. **City of London** • City are monitoring market capacity and have spot purchase arrangements in place to support when necessary • Care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning utilizing spot purchased care provision. • A Rapid Response service facilitates hospital discharge by care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning. providing up to 72 hours of assessment and then onward pathway **Pharmacy** Implementation of NHSE commissioned Discharge Medicines Service	Cindy Fischer Mags Shaughnessy Mark Watson Helen Woodland Ellie Ward Ian Tweedie

Mental health capacity and pathways	There has been an increase in mental health demand as a result of the response to the pandemic Predicted increase in urgent and emergency mental health plus increasing pressures across all core mental health service having negative impact on waiting times and patient care Doubling in demand for CAMHS referrals and increase in the number of CYP being admitted to Starlight ward with underlying mental health disorders and /or behavioural issues. Most of these CYP have complex neurodevelopmental needs including ADHD / ASD and/or conduct disorders. Impact on A&E flow – long waits for MH beds Impact of CAMHS admissions on acute paediatric capacity	NHSE funding available to support winter pressure – Initial NEL bid for surge capacity has not been approved and is currently being revised. Local non-recurrent funds ring-fenced for finalising proposals for these funds in the following areas: • Adult crisis care • Starlight Ward Enhanced Care • Increased capacity in CAMHS NDT / E&B	Dan Burningham Greg Condon Amy Wilkinson
Supporting Children and Young People	Significant pressure on acute paediatric capacity from CAMHS admissions Impact of redeployment of specialist nurses / community staff where there are already challenging vacancy rates impacting service delivery Risk of measles and Polio outbreak given 'existing low levels of childhood immunisation uptake, exacerbated by the pandemic (national MMR campaign but resource not confirmed)	System wide joint UEC, CYP and PC **planning for surge management;** - HUHFT - Acute capacity planning and pathway review to optimise flow ○ Including agreement for Barts / RLH to accept paeds admission if Starlight is full or repurposed (implemented several times during the pandemic) - Primary and secondary care pathways and communication agreed to support shared management of demand (and facilitate appropriate navigation from 111) - Re-promotion of Paediatric advice line - Pulse oximeters available via NEL for any practice that does not have one (RSV management) - Development of Hatzola partnership in primary care – focus on imms / primary care capacity tbc - Public health messaging and communication to support parents reduce risk and manage illness including vaccination - Working with children's Social care, the CH Safeguarding Children's Partnership and LBH colleagues around pre-empting and mitigating cost of living pressures for families (i.e. trying to keep people warm, fed and well to prevent escalation in the NHS).	Amy Wilkinson Sarah Darcy

	Increased pressure to support children and parents within primary care and the community so that they only go to hospital when required	CAMHS pressure - Non recurrent funding ringfenced for **initiatives to support predicted extreme MH pressures over winter** including: MH support to Starlight (paeds) ward	
Communications campaign to help - people stay well and manage their conditions - choose wisely/appropriately if they need to access services - **Vaccinations – see CoVID/Flu section below**	Patients often default to GPs and A&E and aren't always aware that they can seek support from pharmacies and 111. Certain patient groups are more likely to present in person due to lack of knowledge around virtual access. A&E struggles in particular with high volumes of patients attending in person and with CoVID and flu in circulation in the winter this poses additional risk.	There is a national campaign promoting 111 online for access to urgent care services. NEL comms are being developed in line with national messaging but tailored to local need. **Access to urgent and emergency care services** • This campaign is being run at a NEL-level and a digital toolkit has been released which includes the campaign website, assets, and video • Messaging is centred around the fact A&E departments and 999 responders experience very high demand in winter and are not always required – patients should know which services to visit for their needs. • Messaging has been shared with local partners and relevant clinical stakeholders. **Winter vaccinations –** Winter immunisations campaign launched for flu but this year to also include Covid booster jab. **see CoVID & Flu section below.**	Katie Scott-Marshall
CoVID, flu (polio/measles)	Low rates of vaccine uptake in City and Hackney Biggest barriers are vaccine hesitancy and lack of knowledge around eligibility. Continued pressure on the vaccination campaign (engagement & comms) to continue to encourage vaccination – with new hesitancy taking up flu (and other vaccinations) due to the widespread coverage of CoVID vaccine hesitancy. ○ Particular concern in CYP related to this risk given existing low levels of childhood immunisation uptake (worse	Ambitious and comprehensive Flu programme which be strives to achieve target vaccination rates - dual vaccination with Covid-19 booster will be included where possible. This delivered via practices, PCNs, outreach, community pharmacy and hospitals. Oversight provided by C&H vaccination oversight group. Full childhood immunisation plan in place across all partners (utilising C&H non-recurrent monies). **Winter vaccinations communications** • National winter vaccinations campaign assets released, centred around the 'boost' messaging again – focus on availability of vaccines, reassurance on	Richard Bull Ben Greenbury Amy Wilkinson Katie Scott-Marshall

	in specific cohorts). This increases the risk of any outbreak but specific concern this winter is the potential for polio and measles .	safety of vaccines (Inc. clinical FAQs) and practicalities of how to get your vaccine. • NHSE funding for local authorities to develop local campaigns – C&H working on bid with public health • Weekly planning meeting has been set up to include Comms Manager for C&H in NEL, C&H Vaccinations Programme Director, Public Health Lead and Comms Leads for LBH and CoL respectively • We will use vaccination data to inform ongoing engagement work and ensure we continue to target the right groups • Local comms and engagement planning will include combination of: o Direct, targeted communications to reach audiences identified with specific needs/low uptake, where evidence shows they are more likely to benefit o Face to face engagement within the communities with the lowest levels of vaccination • CYP specific work with Hackney Education to promote vaccine uptake messages. • Channels will include social media, paid advertising (print and outdoor), face to face engagement events, newsletters, and utilising Community Champions.	
Reviewing IPC to ensure a proportionate response	There is a risk of outbreaks and poor management leading to poorer patient outcomes, extended lengths of stay and delayed discharges if there is not a proportionate IPC response.	NEL IPC Leads to continue to meet regularly as a point of sharing of best practice, updates on current guidance, discussion of system-wide IPC issues Hackney Council (C&H Public Health Team) has just in-housed an IPC Service which provides support to local care providers (previously run for 2 years by external organisation who no longer wishes to run it).	ALL
Wider programmes			
End of life	City and Hackney has lower levels of people dying at home than in England and London.	A range of services and initiatives have been put in place to support people to die in their preferred place – - Continued use of care planning with transition to the Urgent Care Plan from CMC - Primary care end of life service - Urgent end of life care service provided by Marie Curie - Urgent and out of hours access to end of life medicines through continued commissioning of the urgent end of life medicines service o Ten (10) Hackney community pharmacies provide in and out of hours palliative care medicines supply service to C&H patients	Matt Hopkinson

Support for people in the community	We need to enhance the support that we provide to people in the community in order to help them stay well and avoid crises. Increase in temporary residents (refugee hotels) add pressure to the system Homeless / rough sleeping cohort risk from potential extreme weather	There are a range of different pieces of work underway to support more vulnerable people in the community: - Primary care pathways detailed above. ACERs - Building on ACERs hospital at home service to provide a virtual ward for acute respiratory infection - ACERS community rapid diuresis response service– this provides a home based service to people with heart failure who are failing to respond to oral diuretics as an alternative to an inpatient stay. BP@ home: Project to enable patients with high blood pressure to monitor and manage their condition at home through loan of equipment and submission of data online with GP practice oversight Diabetes: Identifying those at highest risk who need review; self-management approach with roll-out of digital structured education offer (coming soon); integrated community specialists support within GP practices Long Term Conditions: Risk stratification tool being rolled out to practices (with training) to enable them to identify patients in greatest need of review including those with multiple conditions. Neighbourhoods teams supporting people with more complex needs who require a multi-agency response through the Neighbourhood MDTs. These can be re-focused to people that are specifically vulnerable during the winter months. We have been using the Neighbourhoods conversations to identify specific areas of concern within communities and to spread important public health messages **Supporting homeless** Sever weather emergency protocol in place to provide accommodation during periods of severe weather. Recognising likely pressure on this provision – partners are working collaboratively to ensure access to full range pathways and services now in place to support this cohort.	Charlotte Painter Richard Bull Sadie King

		Cost of Living Pressures Non-recurrent monies ring-fenced to support immediate response to cost of living pressures. Key partners convened to develop a joined-up response and oversee utilisation of funds in following areas: - maximising uptake of the council tax rebate - supporting those voluntary sector agencies that were under the most immediate pressure. - £50k to support City of London pressures specifically	
Care Homes	There are risks to social care providers as a result of the vaccine mandate or care homes.	We will continue to provide primary care services to care homes through the national DES and the Supplementary Care Homes service. Hackney Council (C&H Public Health Team) is now providing IPC Service which provides support to local care providers We have increased provision of multi-disciplinary personalised care and support planning through the Ageing Well programme	Cindy Fischer
Learning difficulty	People with learning disabilities can be excluded from services due to communication or service delivery models not being appropriate or targeted	Specific focus on increasing flu and CoVID vaccination rates amongst people with LD Care homes support described above includes LD care homes Winter Planning Guide developed for LD service providers to support minimising risk of infections, and ensure contingency plans are in place for the winter ahead.	Charlotte Painter

Critical system risks for winter

Critical risks from 2021/22

- Risk that demand on healthcare services exceeds capacity – either through a spike in CoVID infections or other through crisis or deteriorating health from other conditions
- Risk that we cannot discharge patients quickly and safely when they are medically optimised

- Risk that demand on children and young people's services exceeds capacity through CAMHS pressure
- Risk that we have insufficient workforce to manage demand – through a combination of fatigue, sickness and lack of new workforce

New risks 2022/23

- Risk that we cannot support our vulnerable residents to stay well through winter – exacerbated by impact of increased cost of living
- Risk of provider failure from novel challenges:
    - Extreme environmental conditions
    - Increased cost of living

Appendix B

NHSE funded schemes

Description of the scheme	Benefits expected from the scheme	Value
Stepdown Capacity (LBH/Homerton) These schemes predominantly provide additional bed capacity for the Homerton through discharge to step-down accommodation 7 days per week. This includes: • 3 block booked nursing home beds for higher acuity needs; • 4 interim flats for working age adults; • 20 interim Housing with Care flats. To further support our home first approach, we would commission a Home Care Bridging service to have dedicated care workers available 7 days per week	Support flow through and out of the hospital setting	£213,456.37
Enhanced weekend bridging package (home care & emergency accommodations) (LBH/Homerton) Weekend & Bank holiday homecare bridging service Access to Emergency B&B and Interim flats for working age adults	Support specific flow through and out of the hospital setting at weekends & Bank Holidays through provision of immediate home care and access to emergency interim accommodation.	£67,022.65

Enhanced weekend workforce Capacity (LBH/Homerton/Age UK) 2 brokers covering weekend and Bank holiday to support weekend discharge Age UK weekend support to facilitate weekend discharge SW post to support weekend discharge Weekend Discharge Co-ordinator	Additional capacity will support a reduction in demand on acute hospital beds through - admission avoidance & discharge by providing evening staff coverage within A&E & wards at weekends - expediting discharge – additional staff in discharge team	£54,191.21
Weekday winter bridging home care service (LBH/Homerton)	Weekday element of bridging and home care as above	£51,232.91
Weekday winter workforce Capacity (LBH/Homerton) Enhanced SW and Brokerage team & Age UK	Weekday element of additional capacity in discharge team as above	£229,187.20
Enhanced Access to Equipment	Support quicker access to equipment throughout week - - this scheme could provide simple effective mitigation of equipment related delays in discharge	£117,594.00
Additional weekend workforce for City of London Discharge 2 Assess service	Additional workforce to support weekend provision of D2A service	£12,569.14

Homerton additional workforce with key support to weekend discharge	Additional workforce in key teams to support weekend discharge: - Therapies - additional weekend therapies cover on wards to support complex discharge - Senior medical weekend discharge team to expedite discharges at weekend - Integrated Independence Team - increased capacity in rapid response and home treatment - Flow coordinator support role - no flow co-ordinator presence at weekends this will provide enhanced functionality - Pharmacy - Transport	£281,338.99
Homerton additional winter workforce - supporting discharge throughout week	Homerton Medical staffing -Additional senior medical staffing to provide 24/7 cover for urgent care pathways particularly to the acute admitting wards. facilitate clinical management and decision making. HAMU in reach nurse -HAMU in reach nurse to visit wards and support identification of HAMU suitable patients for expedited discharge	£189,410.94
Homerton contingency beds on Defoe Ward	22 bed extra capacity.	£671,899.99

Appendix C

Schemes to support pressures in mental health (C&H non-recurrent funding)

Scheme	Amount	*/ Comments*	Summary
Adult Crisis Care	£150,000	*Adult Directorate*	Increase crisis capacity in non-medical staffing. This is in order to increase capacity for our crisis assessment pathway on the HUH site. • Senior staff required to support the triaging of service users from the emergency department to our assessment suite at the Raybould unit, reducing length of stay in the emergency department and improving service user experience. • Staff to support the diversion of informal patients brought in by ambulance and police without medical need to bi-pass emergency department or if they do arrive in the emergency department can be triaged out of the department if deemed appropriate - with a service that has adequate staffing to ease pressure on the emergency department. • Bolster out of hours staffing where increased use of services is anticipated during the winter season.
Starlight Ward Enhanced Care	£90,000	*CAMHS / Paeds*	Additional Mental Health clinical support to HUH Starlight ward to manage CYP admitted to acute paediatric wards following a crisis presentation. Owing to system pressures and Local Authority challenges finding suitable placements for CYP with complex needs, more CYP are being held on starlight ward. In the longer term we are working as an ICB and LA partners to establish local placement offer that better meets the needs of these children. However, setting up this service will take a significant amount of time.
Increase capacity CAMHS ND / E&B	£65,000	*CAMHS*	Additional capacity for our Specialist CAMHS service in the NDT and E&B pathways.