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

Thursday 09 March 2023, 0900-1030 **online by Microsoft Teams**

Chair: Helen Fentimen

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** • Declaration of conflicts of interest • Minutes of the meeting held on 12 January 2022 • Action Log • Matters Arising	0900 (5 mins)	Chair	*Papers 1a, 1b & 1c* Pages 3-16	 Note Approve Note
2.	**Questions from the public**	0905 (5 mins)	Chair	*Verbal*	Discuss
3.	**Update from Place Lead**	0910 (10 mins)	Louise Ashley	*Verbal*	Discuss
4.	**Neighbourhoods:** • Neighbourhoods Community Navigation Strategy	0920 (30 mins)	Sadie King / Mark Young	*Papers 4a, 4b & 4c* Pages 17-31	Discuss
5.	**Finance report**	0940 (15 mins)	Sunil Thakker	*Paper 5a* Pages 32-49	Discuss
6.	**Place Sub-Committee Terms of Reference**	0955 (30 mins)	Charlotte Pomery	*Papers 6a, 6b & 6c* Pages 50-102	Approve
7.	**Any Other Business**	1025 (5 mins)	Chair	Verbal	Discuss

Date of next meeting: 1400-1600, Wednesday 10 May 2023, by Microsoft Teams

Development session to be held on: 1400-1600, Wednesday 12 April 2023 at Board Room, Trust Headquarters, 9 Alie Street, London E1 8DE

- Declared Interests as at 01/03/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
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		
Anna Hanbury	Urgent Care Programme Lead	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Stanmar Consulting Ltd	I am director for a limited company - Stanmar Consulting Ltd I previously worked as an independent consultant for a number of interim posts - LAS, Lewisham CCG and C&H CCG I have not had any active work through the company since transfer to direct employee at C&H CCG in 2016 and have no plans to accept any at present	2016-08-01		
Caroline Millar	Chair of the GP Confederation	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	2021-10-14		

					Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)			
			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 practice	0021-10-14		
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		
			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 Association	2020-10-09		
			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		
John Gieve	Chair of Homerton Healthcare	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Indirect Interest	Pause	My wife is a trustee of Pause, the charity to support women whose children have been taken into care, and a board member of Pause Hackney.	2015-06-01		
			Non-Financial Professional Interest	Homerton Healthcare NHS Foundation Trust	I am Chair of Homerton Healthcare whose interests	2019-03-01		

					are affected by ICP and City and Hackney Parnership decisions			
Kirsten Brown	Primary Care Clinical Lead for City and Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board Primary Care Collaborative sub-committee	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
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 ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	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,	2018-08-01		

					Economy, Housing & Transport Board			
			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 Board ICB Board ICB Finance, Performance & Investment Committee	Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		
			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	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for	2021-10-04		Declarations to be made at the beginning of meetings

		Board ICP Committee			Voluntary Services			

- Nil Interests Declared as of 01/03/2023

Name	Position/Relationship with ICB	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	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board 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.
Cindy Fischer	Commissioning Programme Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
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 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.
Simon Cribbens	Assistant Director - Commissioning and Partnerships	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 ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.

Louise Ashley	Committee membership	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICS Executive Committee	Indicated No Conflicts To Declare.

Minutes of City & Hackney Health and Care Board & City & Hackney Integrated Care Board Sub Committee meeting in common, in public
09:00 – 10:00am, Thursday 12 January 2023
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 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 Sir John Gieve, Chair, Homerton Healthcare NHS Foundation Trust Caroline Millar, Chair, City & Hackney GP Confederation Nina Griffith, Place Director (Delivery Director), NHS North East London Louise Ashley, Chief Executive Officer / Place Lead, Homerton Healthcare NHS Foundation Trust Antoinette Bramble, Elected Member, London Borough of Hackney Paul Calaminus, Chief Executive Officer, East London NHS Foundation Trust Simon Cribbens, Assistant Director - Commissioning and Partnerships, NHS North East London Jenny Darkwah, PCN representative, Primary Care Network Agnes Kasprowicz, PCN representative, Primary Care Network Chris Lovitt – Deputising for Dr Sandra Husbands Director of Public Health, London Borough of Hackney
Attendees	Matthew Knell, Senior Governance Officer, NHS North East London Shakila Talukdar, Governance Officer, NHS North East London (minute taker) Stella Okonkwo, PMO Lead, NHS North East London Cindy Fischer, Commissioning Programme Manager, NHS North East London Ruby Sayed, Member, Community & Children's' Services Sub-Committee, City of London Corporation Mark Carroll, Chief Executive, London Borough of Hackney Mark Rickets, Primary Care Lead, NHS North East London Jenny Zienau, Strategic lead (change and transformation), London Borough of Hackney
Apologies	Charlotte Pomery, Chief Participation and Place Officer, NHS North East London Robert Chapman, Elected Member, London Borough of Hackney Tony Wong, Chief Executive Officer, Hackney Council for Voluntary Services Lorraine Sunduza, Chief Nurse & Deputy CEO, East London NHS Foundation Trust Jonathan McShane, Integrated Commissioning Manager, NHS North East London Jacquie Burke, Director of Children's Services, London Borough of Hackney Sunil Thakker, Director of Finance, NHS North East London Dr Sandra Husbands Director of Public Health, London Borough of Hackney

	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** The governance team emailed staff to remind them to update their declaration of interests. **Minutes of the meeting held on 8 September 2022** HF asked the Health & Care Partnership Board (HCPB) for feedback on the minutes of the previous meeting held on 10 November 2022, which were agreed as an accurate record of the meeting. **Action Log** Action 0809 -01 -Matthew and Shakila have been working on alternatives dates for City and Hackney health and care partnership board meetings for 2023/24, these will be sent out to members and attendees. Action 1011- 01 Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24) Louise Ashley is still working on financial framework, this will be brought back in February 2023 board. Action 1011- 02 Financial Recovery Summit – leave action open. **Matters Arising** No matters arising were raised.
2.	**Update from Place Lead** Louise Ashley (LA) provided a verbal update to the HCPB members and highlighted that: • Added pressures were managed really well with covid and Strep. Good winter plan in place, systems working together. • Biggest issue was ITU beds at Homerton Hospital. There will be a new refurbished ITU opening over the next month. • Half a million of discharge money was shared for discharge funding. • The strikes affected the whole of NEL, it did not reach balloted threshold numbers to strike. Ambulance strike was really well organised, robust strike ran from 11am -11pm. Post-strike caused harm, people not able to come in to A&E. • With train strike, teacher strike and junior doctor strike happening, City and Hackney staff were committed to come to work. • The ICB is running deficit, Homerton Hospital are breaking even, they have a small deficit asked to support system finances Homerton and ELFT. • On a positive note new deputy chief executive (Baz Saddique) has been appointed to work across place, will be committed to place and collaborative works starting at the end of March 2023. Newly appointed chief executive Andreas starts next week. • Nearly16 clinical leads appointed, there will be a development programme for them. • Staff wellbeing will support all across place and identify. Comments and questions from the Board included: • The HCPB members noted City and Hackney are showing resilience how well people are working locally and suggested to promote this. • Although strike didn't meet threshold promote empathy for wider system and challenges.

	• It was noted that there will be a meeting with health and scrutiny about access to primary care. • It was noted that the figures of admission and attendance for C&H used to be 75% at the moment its nearer 2/3 this is having a knock-on impact. Transferred patients out of ITU, taking people on longer wait from outer boroughs. • Important to draw together threads on how C&H works. Boroughs are running big deficits. To build up better services and support people at home. • Chris Kennedy went to health inequalities summit on 11th January 2023, there were good building blocks, working on prevention agenda. **ACTION:** Nina Griffiths to bring back item on how partnership working has addressed winter together, with focus on how primary care has supported in 2 months' time to March meeting. Look at through lens of 'root causes of success' **ACTION:** HCPB members to look at work to document and share benefits of C&H working practices and their positive impacts on the system.
3.	**Questions from the public** There were no questions raised from the public.
4.	**Adult Social Care Discharge Fund and Section 75 Agreement Variations** Cindy Fischer (CF) talked HCPB members through slides 17-25 of the circulated papers and highlighted that: On the 18 November, the Government announced £500m to support social care to speed up discharge across mental and physical health pathways. 1. Spend incurred to 31 March 23 2. Funding to be pooled into the Better Care Fund (BCF), so both elements of this funding must be agreed between local health and social care leaders 3. Partners were required to submit a planned spending report by 16 December. Health & Wellbeing Board sign-off can follow afterwards. There is no national assurance process. Total Allocation: Hackney - £1,974,856 & City of London - £86,165 • Section 75 Agreement Variations to be signed by 31 January 2023 • A list of schemes of funding is listed in the paper. • There is a requirement for fortnightly activity reports from 6 January and a final spending report by 2 May 23. The BCF partnership group will monitor spend and agree any reallocation required. • Priority was looking at freeing up beds. Staffing to facilitate moving people out of hospital. There has been a lot of partnership discussion at the discharge group. • Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life • Mental health – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London. • Better Care Fund (BCF) partnership group with Hackney – discussions with Mental health exec, looked at programme was also taken to delivery group. • Recruitment is still in process in some areas. £50m of national funding has been allocated to NEL. • NHSE general acute waiting was applied to model. • Section 75 agreement allows partners to pool fund, this needs to be delegated for sign off by board.

	• ASC fund – local authority, Ian Williams has been delegated, all be done by end of January 2023. Comments and questions from the board included: • Agreements will be looked in to for funding for beds. The council has private rented landlords to use. Age UK helps with discharge – domiciliary care. • Housing schemes available – use funding block beds. The City have rapid response team to help with bed capacity. • There is a need to for recruitment to get social workers in. • The HCPB raised that the Terms of reference stated it was agreed we call ourselves C&H Section 75 board and were approved to take decisions. • It was noted when the ICB delegates this where the board can approve, it is planned for April 2023. The HCPB is not in position to formally approve this report, however can support this and take forward approval from April 2023.
5.	**Cost of Living Crisis** Nina Griffith (NG) provided HCPB members an update on slides 26-30 of the circulated papers and highlighted that: The paper presents an update on the work of the partnership to support residents with the cost of living crisis. • The aim is to support residents with Cost of Living (CoL) pressures, making sure individuals have trusted relationships and improve financial position and outcome. • There was an emergency response in summer 2022, it was agreed to fund crisis response type services. Additional funding was agreed to go in to food network. • Formalised structure on CoL in Hackney framework. In a better position in many areas because of partnership. • key aim of the programme is maintaining overall co-ordination of the various offers of support to ensure that they are complimentary and accessible, recognising that most of the support will be from partners that already have trusted relationships with residents, which is often in the voluntary sector or a trusted clinical professional. • Part of the co-ordination includes bringing together partners via the borough-wide Community Partnerships Networks, which was established during the pandemic and brings together food and advice partners; as well as developing hyper local place-based responses within each Neighbourhood. • As part of the immediate crisis response the Health and Care Board agreed £96k of funding to support the resilience of food banks over winter, with a specific focus on provision of culturally specific foods where there has been less provision (eg. Halal or kosher). • The work at Neighbourhood level has supported the mobilisation of warm spaces; a wide range of faith and community groups have expressed an interest in providing warm spaces to local residents. We have asked warm spaces to register on www.warmwelcome.uk so that there is a common, public register. This Website also provides support and guidance to potential providers; to date 23 spaces have registered. • Also made available small grants to support warm spaces, a total of 14 organisations in Hackney were successful with grants totalling £39k. We are exploring opportunities for social prescribers and members of the Money Hub to be based in warm hubs • Map and gap are ongoing pieces of work. Resident-facing staff need to be equipped to have honest and compassionate conversations with residents, offering them holistic support and knowing what is available to support them with financial pressures. • This work also aims to build partnerships between colleagues in council services, health, the third or voluntary and community sector and other key resident-facing services which will have long term benefits across a range of agendas beyond just cost of living.

	• Key work to date includes regular partnership-wide communications describing what help is available and a fortnightly 'tools for front line practitioners' session that is open to all people working in City and Hackney. • A direct referral route has just been launched from health and care services for residents to access £100 crisis funding for food and/or fuel from the Local Authority's Household Support Fund. To date 32 services have signed up to be referrers. • There are fortnightly meetings planned for this, meetings are recorded and newsletter circulated. There's a fantastic booklet with wide range of information. • The new LBH Money Hub launched in November and has been set up to reach out to improve residents' access to crisis funds while maximising their income at the same time. The team will also work to intervene earlier to prevent homelessness and build VCS capacity to support residents. The hub was supported by the Health and Care Board which agreed £509k of investment to increase the staffing and widen the remit of the team, including outreach work and staff with specific knowledge around housing and disability benefits. There were no questions or comments raised from the board.
6.	**Any Other Business:** Chris Lovitt (CL) provided a summary of COVID and flu rates and vaccinations. • Recognising that the NHS and social care are under severe and unprecedent pressure at the moment and thanking all the staff for their continued hard work under very stressful situations • There is still a degree of uncertainty about true infections levels of COVID and flu due impact of holiday season delaying reporting and that since the move to "living with COVID" there has been a significant reduction in surveillance and local COVID testing. • The best ways of protecting yourself from the most serious consequences of COVID or flu infection is to get vaccinated and the vaccinations are proving highly effective at current variants in circulation • COVID infection rates detected through local testing outside of hospital is (pillar 2) fairly low (due to low testing) • According to the ONS infection survey though, test positivity in London has been increasing throughout November from around 2% to 4.3% at the end of December 2022 • Locally, we have seen an increase in hospital patients with COVID w/e 4 of January, including those on ventilation, but the rates remain relatively low • According to UKHSA, peak flu rates in England and London were seen end of November and since have been going down; however, the Flu Survey, a different methodology, shows an increase in self-reported flu and COVID like symptoms (this may be associated with the return of children to education) • Similarly, hospitalisations with flu have seem to have passed their peak (no local data) • The most recent flu vaccination rates show an increase locally compared to last year but emphasising that it is not too late be immunised against flu either via the NHS free vaccination if you are eligible or through paying approx. £15 for the flu vaccination at community pharmacies if you are not eligible for free vaccination. • For COVID the latest coverage data from NEL shows that there are still significant numbers of eligible people for the seasonal booster who have not yet been vaccinated and so encouraging vaccination uptake at community pharmacies or GP practices would be encouraged (graph below for your information not for publication- for the publicly available information please see

	https://coronavirus.data.gov.uk/details/vaccinations?areaType=ltla&areaName=Hackney%20and%20City%20of%20London) • HCPB members to send any question they may have to Chris Lovitt via email
	Date of next meeting: Full meeting in public on Thursday 9 March 2023, 0900 to 1100 by Teams **Development session to be held on:** Thursday 9 February 2022, 0900 to 1100 at Committee Rooms 101-103, Hackney Town Hall, Mare Street E8 1EA

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
1011- 01	10-Nov-22	*Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24)* Louise Ashley (LA) to bring financial framework to future board meeting	Louise Ashley	Feb-23	Open	Update 12/01/23 Louise Ashley is still working on financial framework, this will be brought back to a future Board meeting.
1011- 02	10-Nov-22	*Financial Recovery Summit* Sunil Thakker (ST) to bring back updated action plan to next HCPB meeting.	Sunil Thakker	08-Dec-22	Open	
1201-01	12-Jan-23	*Update from Place Lead* 1. Nina Griffiths to bring back item on how partnership working has addressed winter together, with focus on how primary care has supported in 2 months' time to March meeting and through lens of 'root causes of success'.	HCPB members	31-Mar-23	Open	Update 01/03/23 - deferred from March to April 2023 meeting agenda.

Neighbourhoods

City & Hackney Community Navigation Strategy 2023 - 2025

1. Background

What is Community Navigation?

Community navigation is an umbrella term we use in City & Hackney to describe a wide range of roles and services that provide 1-2-1 non-medical person-centred support to residents, to improve wellbeing by addressing the wider determinants of health.

It is more than simply signposting, it involves listening to residents, realising what matters to them and focusing on their strengths, leading to the development of a person-centred support plan.

Navigation regularly involves connecting the resident to a range of support, focussing on non-medical services, advice and activities, and linking to statutory services when needed.

Community Navigation Provision

In City & Hackney we have a fantastic network of Community Navigation and have mapped at least 29 roles or services providing a broad range of Community Navigation support; acknowledging that there are many other Voluntary and Community Sector organisations and groups providing Community Navigation as a natural and integral part of their support.

The Community Navigation system supports a wide range of needs with some roles focused on supporting residents with low level needs and others supporting residents with a lot of complexity in their lives. There are services that have specific specialisms, working with older people, people with mental health issues or people living with HIV, and other services that support specific communities, such as the Haredi Jewish community or the Kurdish & Turkish communities.

The majority of Community Navigation roles are provided by the voluntary & community sector and funded by the statutory sector. Many services are organised around Neighbourhoods, with people in the Community Navigation roles working closely with the PCN and local GP surgeries, and supporting people living in the Neighbourhood.

A City & Hackney Community Navigation guide was developed to support understanding of Community Navigation, the range of roles available and how to refer to these roles. https://bit.ly/3udkIBt

2. Developing the strategy

Although this is the first Community Navigation strategy it builds on previous work completed in City & Hackney by the Community Navigation system that considered strategy and priorities; including the Community Navigation business case, developed in 2021 to seek funding for a set of resources to support the Community Navigation system. This business case did not progress in its whole form and funding for individual elements of the business case were sourced elsewhere. The business case had 4 overarching objectives.

Community Navigation Business Case 2021 - Key Objectives

To improve referral pathways into and out of community navigation provision	To ensure we have skilled navigators who can effectively work with one another and in a multi-agency way within Neighbourhoods
To improve quality standards across all navigation provision and enable us to better/more consistently assess outcomes for residents	To ensure that community navigation support is available to everyone who needs it - helping to reduce health inequalities

Building on the above objectives a Community Navigation workshop was held in September 2022 attended by people in Community Navigation roles, managers of Community Navigation services and people with relevant strategic roles. In the workshop there were a series of group exercises, attendees were asked to consider a range of priorities for Community Navigation and then as a group select the 3 most important priorities. The below 3 priorities were considered in more detail, with groups developing aims around the priority areas and thinking in more detail about how to achieve these aims.

Community Navigation Workshop - September 2022 - Top 3 Priorities

Role of Community Navigation in addressing the cost of living crisis	Maximising the impact of Community Navigation on addressing health inequalities in local communities	Career progressions and development opportunities for Community Navigation staff

The Community Navigation strategy was developed building on previous work in City & Hackney by the Community Navigation system, the above priorities from the Community Navigation workshop and discussions with a range of stakeholders.[1]

3. Community Navigation Priorities

There are 4 key priorities areas for Community Navigation from 2023 to 2025.

Community Navigation Priorities 2023 - 2025

Understanding the role of Community Navigation in addressing financial hardship and ensuring people in Community Navigation roles feel confident supporting people around financial hardship.	Maximising the impact of Community Navigation on addressing health inequalities in local communities and supporting City & Hackney residents who experience health inequalities
To ensure we have skilled navigators who feel supported and valued in their roles, and can effectively work with one another within their Neighbourhoods	Grow the understanding of Community Navigation and of the different Community Navigation roles in City & Hackney amongst residents and staff

[1] The Community Navigation strategy focuses on delivering Community Navigation services to adults. As Community Navigation for Children, Young People & Families develops it will be informed by the strategy.

These 4 key priority areas for Community Navigation can be broken down into the objectives outlined below.

Community Navigation Priorities - Objectives 2023 - 2025

Understanding the role of Community Navigation in addressing financial hardship and ensuring people in Community Navigation roles feel confident supporting people around financial hardship.

- Ensuring Community Navigation services are aware of what is being offered by the local authorities around financial hardship. Joining up local authority poverty reduction work and Community Navigation
- Strong community links - making sure organisations within the borough are aware of what each other does and referral routes in.
- Proactive outreach response - Placing Community Navigation in key locations where they could access people e.g. food banks or housing surgeries

Maximising the impact of Community Navigation on addressing health inequalities in local communities and supporting City & Hackney residents who experience health inequalities

- Developing a system to gather more centralised data around who is and isn't using Community Navigation services. Identify communities not being supported by Community Navigation.
- Supporting the Community Navigation system in each Neighbourhood to understand health inequalities within their Neighbourhood, identify where the expertise is and build relationships/links between organisations/communities.
- Support smaller organisations to provide Community Navigation to their communities.
- Initiate conversations with smaller organisations who support communities that experience health inequalities about providing Community Navigation support. Consult with them about potential ideas and be guided by them, providing backfill/vouchers to organisations to participate in this process. Focus on:
    - What matters to you and your communities? What does your community need and how would they like to access Community Navigation?
- Provide training around Community Navigation & signposting as needed for people in organisations who support communities that experience health inequalities.
- Strengthen links between smaller organisations and Community Navigation providers to enable cross-referral.
- Expanding network of Community Navigation - Identifying organisations and groups not participating in the network and inviting them. Supporting black-led and other BAME-led groups/organisations to participate providing backfill/vouchers as needed.

To ensure we have skilled navigators who feel supported and valued in their roles, and can effectively work with one another within their Neighbourhoods

- Explore the benefits and practicalities of using a competency framework for people in Community Navigation roles.
- Training provision - identify training needs of people in Community Navigation roles and address known skills gaps
- Explore options for Community Navigation professional development, specialist areas of interest, and progression to leadership roles.
    - This links with the wider Neighbourhoods OD programme particularly around inclusive recruitment around Community Navigation roles.
- The continued development of the Neighbourhood Navigation Networks meetings, allowing people in Community Navigation roles to increase understanding of roles, strengthen relationships, provide mutual peer support & share resources.
    - Within Neighbourhoods explore making groups/activities facilitated by Community Navigation roles more widely accessible and linked together.

Grow the understanding of Community Navigation and of the different Community Navigation roles in City & Hackney amongst residents and staff

- Further promote the Community Navigation Guide amongst people working in the PCNs and other staff.
- Develop information for residents around Community Navigation and the range of roles, linked to the Neighbourhoods website.
- Develop the understanding of specific Community Navigation roles by creating an easily digestible list of roles for both residents and staff
- Develop Community Navigation Induction for staff as part of wider Neighbourhoods induction.
- Provide more clarity about the purpose of the Community Navigation System Design Group and the Community Navigation Network, considering their future form.
- Work with LBH to further develop the Find Support Services and Better Conversations tools, ensuring they:
    - Represent Community Navigation services well
    - Include the broad range of voluntary sector (and statutory sector) organisations/groups that Community Navigation providers refer to.

4. Responsibility & Review

The delivery of the Community Navigation strategy will be the responsibility of the City & Hackney Community Navigation Network, comprising key Community Navigation providers and other relevant stakeholders.

The Community Navigation strategy delivers across all the priorities of the Integrated Care Partnership which feeds into the priorities of the Health & Wellbeing board[2].

The progress of the Community Navigation strategy will be reviewed through the City & Hackney Integrated Care Partnership Delivery Group with progress reported to the group periodically.

[2] Hackney Joint Health & Wellbeing Strategy - 2022/26 https://consultation.hackney.gov.uk/adults-health-integration/health-and-wellbeing-strategy/user_uploads/consultation-draft_-hackney-22_26-hwb-strategy-8.pdf

This process is being facilitated by the City & Hackney Central Neighbourhoods team and will be evaluated independently as part of the Neighbourhoods programme evaluation. Please email the Central Neighbourhoods Team on huh-tr.neighbourhoods.admin@nhs.net for more information

Review due - 31st January 2024

Neighbourhoods

City & Hackney Living Better Together

City & Hackney Health & Care Board
City & Hackney Community Navigation Strategy - March 2023
Mark Young

Neighbourhoods Programme Priorities 2023-24

- **Neighbourhoods Priority 1**: Addressing Rising Need : example anticipatory care pathway working ‘upstream’ with moderately frail residents
- **Neighbourhoods Priority 2:** Developing and improving multidisciplinary teams: example aligning mental health and complex needs MDTs, referral pathways for voluntary sector
- **Neighbourhoods Priority 3**: Supporting the Neighbourhoods workforce e.g. A neighbourhood way of working pilot
- **Neighbourhoods Priority 4**: Embedding a structure for resident involvement in Neighbourhood decision making e.g. Neighbourhood Forums aligning with PCN health inequalities work

Neighbourhoods

City & Hackney

Community Navigation Strategy 2023 - 2025

What is Community Navigation?

Community Navigation is a term we use in City & Hackney to describe a wide range of local services and roles that support residents around their wellbeing by listening to what's important to them and focusing on the person's strengths. It involves connecting the resident to non-medical services, advice and activities, as well as health or local council services as needed.

Community Navigation in City & Hackney

In City & Hackney we have a fantastic Community Navigation system of around 30 roles and services supporting residents with a wide range of needs. There are specialist services, for example those working with older people or people with mental health issues, and services that support people in specific communities.

Community Navigation Case Study 1

- Brian was referred to social prescribing by his GP because of low mood, bereavement and social isolation.
- The social prescriber offered a safe space to explore his feelings and lack of motivation.
- Brian agreed to befriending through the Compassionate Neighbour programme. He enjoys speaking to his befriender on a weekly basis, and is looking forward to meeting them in person to do things in the community.
- Brian agreed to a referral to St Joseph hospice for bereavement counselling.

The service helped Brian to "start to feel that someone knows you exist."

"My mind is starting to be alive now, I'm not as lonely. I have people around me who care"

Community Navigation Case Study 2

Hassan reported feeling much better in himself and in his 'body and mind'.

He noticed that he felt physically better keeping to a regular meal pattern and reducing portion size.

- Hasan was referred to a health & wellbeing coach by his GP for support to manage his pre-diabetes.
- The health & wellbeing coach and Hassan talked through his concerns, set goals together and discussed small actions to get fitter, eat well and lose weight.
- Hassan was supported to find appropriate activities such as men only swimming sessions. He moved from no exercise to walking 2 hours and swimming once each week.
- The health & wellbeing coach supported Hassan with establishing a regular pattern of meals with attention to portion size, increasing foods with low glycaemic index and preparing healthy snacks.

City & Hackney Community Navigation strategy

Co-produced - Range of people have been engaged with to create this strategy.

3 year strategy - 2023 to 2025

Who? The strategy is for residents, Community Navigation services and health, social care & voluntary sector providers.

Where? 2 version of final strategy to be distributed. A full text version and an accessible A4 version.

How? The Community Navigation Network is responsible for delivering the strategy.

Monitor - progress reported to the City & Hackney Integrated Care Partnership Delivery Group periodically.

Community Navigation Priorities 2023 - 2025

A wide range of people have been involved in developing four key priorities for Community Navigation for 2023 to 2025.

Community Navigation addressing financial hardship

- People in Community Navigation roles having the tools and knowledge to support residents around financial hardship.
- Meeting residents experiencing financial hardship in community locations.

Community Navigation addressing health inequalities in local communities

- Understanding who is and isn't using Community Navigation services.
- Supporting smaller organisations to provide Community Navigation to their communities.

Skilled, supported, valued staff working together effectively in Neighbourhoods

- Training and professional development for people in Community Navigation roles.
- Strengthen relationships between people working locally in Community Navigation roles.

Improve our understanding of Community Navigation

- Develop and distribute further information on Community Navigation for residents and staff.
- Support the improvement of local directories of services and tools that help residents find the support they need.

Thank you

Mark Young
mark.young14@nhs.net

Neighbourhoods

Neighbourhoods

City & Hackney
Community Navigation Strategy 2023 - 2025

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Find out more about Community Navigation

NHS
North East London

City & Hackney Health and Care Board Month 10 2022-23 Financial Reporting

Meeting name: CHHCB

Presenter: Sunil Thakker

Date: 9 March 2023

Executive Summary / Summary of Key Issues:	Purpose of Paper / Ask of the Board:
• The report outlines the year-to-date financial position for the ICS and the ICB. • The ICS and ICB have reported an unfavourable system variance to plan at month 10 of £44m, primarily due to inflationary pressures and slower than planned delivery of system savings and cost improvements. • The system has reported a forecast outturn deficit of £24.5m. • The report updates on the latest position on borough specific funds, which includes the following: ➢ Better Care Fund (BCF) ➢ Adult Social Care Discharge Fund ➢ S256 / 75 Funding ➢ Health Inequalities Funding ➢ Transformation and SDF Funding ➢ Winter Demand and Capacity Funding ➢ Voluntary and Community Sector	• Note the content of the report and the key risks to the expected year-end breakeven position.
Engagement:	**Specific Risks:**
Future financial and risk updates will be given to the ICB Board, ICB Finance, Performance and Investment Committee, the ICB Audit and Risk Committee and the Borough Place Based Board.	Financial risks are outlined in the paper. Key risks have been identified as inflation, efficiencies and funding availability for elective recovery. Further system risk has been identified in relation to workforce and pay pressures with partners and system wide investment programmes.

Contents

Executive Summary - Finance

Month 10 ICS Position - YTD £44.2m deficit against plan.

Provider deficit position of £44.7m, ICB deficit of £1m. At month 10 a planned deficit of £1.5m, resulting in a variance to plan of £44.2m. Main drivers are inflation, under delivery of efficiency target and ICB run rate pressures in CHC and prescribing.

Month 10 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(1.5)	0.0
Actual	£m	(45.7)	(24.5)
Variance Surplus / (Deficit)	**£m**	**(44.2)**	**(24.5)**

Financial Risks to the ICS Forecast outturn.

Gross risks of £53m at month 10.

Main drivers – inflation and delivery of efficiencies at Bart's and BHRUT.

System mitigations in the form of an expected additional resource from NHSE, resulting in a system reported year-end deficit of £24.5m

ICS Risk

		Gross Risk	Post Mitigations
Provider risk	£m	(53.0)	(35.0)
System Mitigation	£m	0.0	10.5
ICB Risk	£m	0.0	0.0
Total	**£m**	**(53.0)**	**(24.5)**

NEL ICB – YTD deficit of £1m against plan.

This position has moved due to the reversal of the prior month surplus generated by ERF claw back from providers.

ICB ongoing run rate pressures, relating largely to CHC, prescribing, under delivery of efficiencies, offset by non-recurrent mitigations.

Month 10 I&E NEL ICB

		YTD	Forecast
Target	£m	0.0	0.0
Actual	£m	(1.0)	0.0
Variance Surplus / (Deficit)	**£m**	**(1.0)**	**0.0**

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £151m. Actual delivery of £117.5m, resulting in year-to-date slippage of £33.5m.

The ICB reports break-even against the delivery of efficiencies at year-end, providers are reporting year-end slippage of £35.7m.

ICS Efficiencies

		YTD	Forecast
Target	£m	151.0	186.0
Actual	£m	117.5	150.3
Variance	**£m**	**(33.5)**	**(35.7)**

NEL Financial Summary Month 10 – Health

Month 10 Summary Position

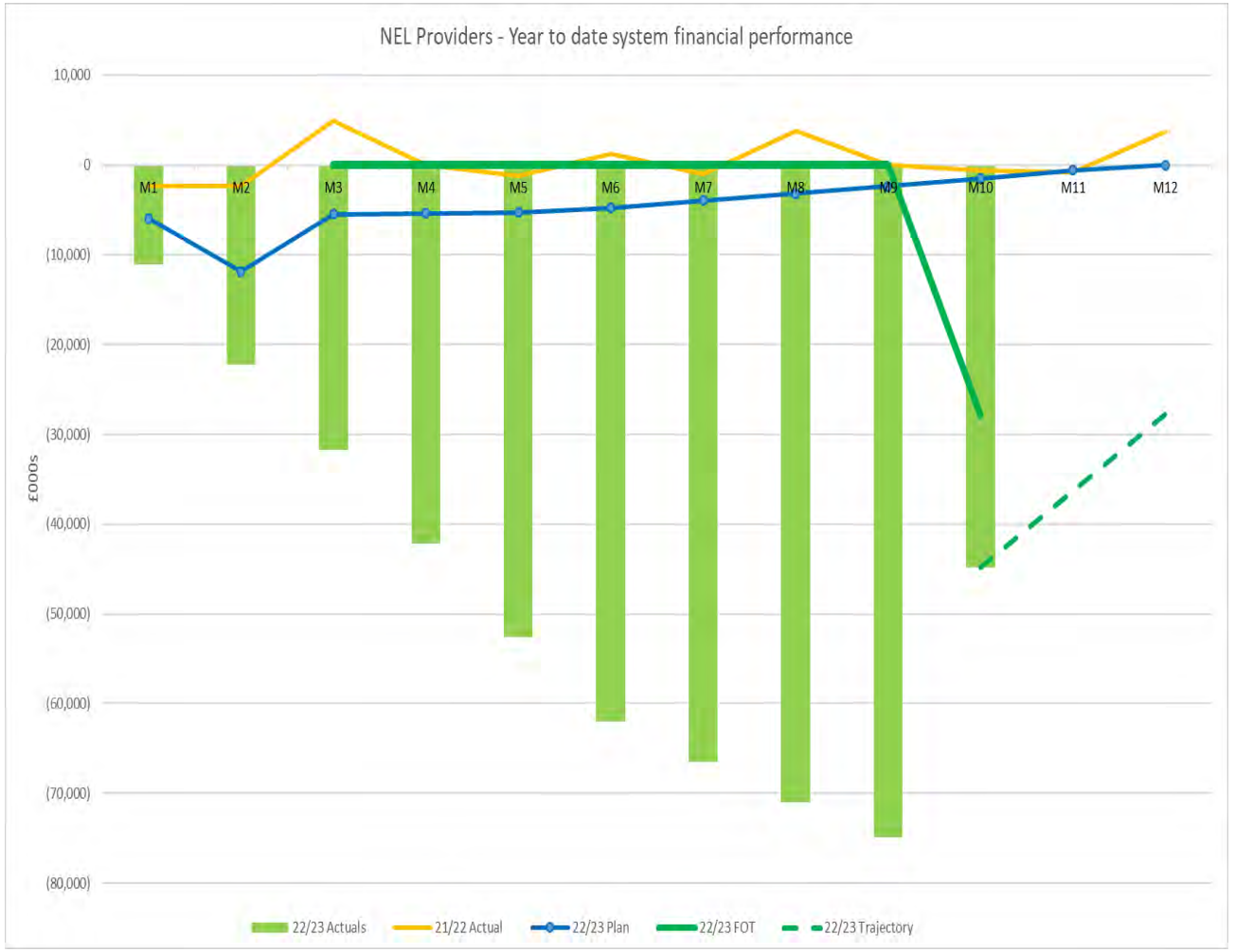
- The year-to-date ICS position against the plan is a **deficit of £44.2**. This is made up of a provider deficit of £43.2m and ICB deficit of £1m.
- The ICB has ongoing run rates in relation to CHC and prescribing which are offset by programme underspends and non-recurrent mitigations.
- There has been a change in reporting between months 9 and 10 which means that the impact of the ERF clawback has been reversed (prior to month 10 this was reported as an underspend in the ICB position and an overspend against the providers position).
- Across the NEL **health system** there are overspends reported due to slippage on the delivery of efficiencies.
- **System providers** are reporting pressures in relation to inflation and staffing.
- At month 10 the **forecast position is a reported deficit of £24.5m.** It has been agreed with regulators that the final reported year-end position will be £35m (£1m ICB and £34m system providers). Achievement of this will attract an additional resource from NHSE, resulting in a final year-end deficit of £24.5m (break-even ICB with a £24.5m system provider deficit). It is expected that the resource will be received in month 12, however it has been assumed as an income source in the forecast at month 10.

	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Position	**(1.5)**	**(44.7)**	**(43.2)**	**0.0**	**(24.5)**	**(24.5)**
ICB (CCG) Position	0.0	(1.0)	(1.0)	(0.0)	0.0	0.0
Total System Position	**(1.5)**	**(45.7)**	**(44.2)**	**0.0**	**(24.5)**	**(24.5)**

Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(0.9)	(21.3)	(20.5)	0.0	(14.6)	(14.6)
Barts Health	0.0	(20.3)	(20.3)	0.0	(12.9)	(12.9)
East London NHSFT	(0.5)	(0.1)	0.4	0.0	3.0	3.0
Homerton	(0.1)	(2.8)	(2.6)	0.0	0.0	0.0
NELFT	0.0	(0.2)	(0.2)	0.0	(0.0)	(0.0)
Total NEL Providers	**(1.5)**	**(44.7)**	**(43.2)**	**0.0**	**(24.5)**	**(24.5)**
NEL ICB	0.0	(1.0)	(1.0)	(0.0)	0.0	0.0
NEL System Total	**(1.5)**	**(45.7)**	**(44.2)**	**0.0**	**(24.5)**	**(24.5)**

Provider Year to Date Performance and Forecast position

- This graph compares 2022/23 actuals to 2021/22 actuals. It also compares it to the planned position and shows the trajectory required to achieve the revised forecast overspend of £24.5m.
- This data is for Barts, BHRUT, ELFT, Homerton and NELFT. Individual provider performance can be found in the appendices.
- The graph shows the month by month deficit position. At month 10 the year-to-date provider deficit is £44.7m. The reduction in deficit from previous months is in part as a result of the revised treatment of ERF.
- The trajectory to year-end shows a year-end deficit of £24.5m.
- Discussions have taken place across the system and with regulators and Barts and BHRUT have moved from a break-even position to report a forecast deficit in month 10.



Financial Risks, Mitigations and Efficiencies – Health

- The table below shows the financial risks and delivery of efficiencies reported to NHSE at month 10.

		Risk		Efficiencies			
Organisation / System wide	**Description of risk**	**Potential Impact before mitigations £m**	**Potential Impact after mitigations £m**	Year to date Plan £m	Year to date Actual £m	Year to date Variance £m	Forecast Variance £m
NHS Providers - Barts, BHRUT	Efficiency, inflation, NHS income, pay award, temporary staffing	(53.0)	(35.0)	118.0	84.5	(33.5)	(35.7)
North East London ICB	Run rate risk to break even position, CHC and prescribing	0.0	0.0	33.0	33.0	0.0	0.0
System Wide	National funding for hitting stretch target	0.0	10.5				
Total Risk - Health		**(53.0)**	**(24.5)**	**151.0**	**117.5**	**(33.5)**	**(35.7)**

Risks and Mitigations

- At month 10 the only organisations with outstanding risks are BHRUT and Bart's. These risks relate to delivery against the efficiency target and ongoing risks in relation to excess inflation. The gross risk of this is estimated to be £53m. System wide discussions and discussions with the regulators have taken place and whilst there are some identified mitigations it is likely that there will be an unmitigated risk to the financial position of £35m. Against this risk there is £10.5m national funding available for hitting the stretch target. This brings the overall risk after mitigations to £24.5m.
- Other providers and the ICB have identified mitigations that means there is no further risk to their 2022-23 reported position.
- However, within the ICB some of the mitigations have been non-recurrent. This means that there is an impact moving forwards into 2023/34 and the expected underlying start point for the 2023/24 plan is an underlying deficit of circa £79m. Additionally, the release of in-year benefits and accruals means that the total cash requirement in 2022/23 is £109m in excess of the estimated cash drawdown limit for the year.

Financial Risks, Mitigations and Efficiencies (continued) - Health

- The ICB CPFO has constituted a finance recovery group working across the whole of the ICS. This group will review and drive forward the in-year financial position, efficiency and savings targets and oversee the development of a 5 year system financial plan

Efficiencies

- The total year-to-date planned efficiency target for the NEL system is £151m.
- The year-to-date efficiencies delivered across the system is £117.5m, resulting in slippage across the system of £33.5m.
- The ICB is forecasting full delivery of efficiencies, with providers expecting year-end slippage of £35.7m.
- There are financial risks inherent in this assumption both in terms of delivery and the split of recurrent and non-recurrent delivery.

City & Hackney Neighbourhood Health and Care Board - Contents

Financial Governance at Place

The delegation of financial authorisation and governance for the current financial year is contained within the 2022/23 standing financial instructions and scheme of reservation and delegation. The SORD and SFIs, as with all governance, apply to all places and central teams.

- These documents detail that place based committees only have authorisation to approve financial spend on areas that have been formally delegated
- Within the current SORD the place has (where delegated) authority for business cases which only cover one place based partnership, procurement and contracting and section 75 agreements.
- Current year section 256 agreements will come under the governance that is included in the agreement.
- No other committee has financial authorisation within the Place.
- The authorisation only applies to one place, if more than one place is involved in the financial decision then it becomes a NEL decision.
- Section 75 agreements need to be signed off by the ICB Board – this is from national guidance, however the place then has authorisation as detailed in the terms of reference for the committee and within the agreement.

Financial year 2023/24

There is currently a review underway for the SFIs and SORD for next financial year – this will take into account the financial strategy and mutual accountability framework.

Better Care Fund (BCF) 2022-23

- BCF plans were submitted to NHSE in September 2022, this is shown in the table below.
- LBH Section 75 variation for 22/23 signed by CEO and the agreement is now with LBH legal for sealing.
- The ICB minimum spend contribution has increased in line with planning guidance by 5.66%.
- The BCF contains metrics for admissions avoidance, discharge to the usual place of residence (NHS), care home admissions and reablement (local authority). Additionally, for 2022/23 a demand and capacity template was submitted which includes urgent care response and discharge related services.
- Existing services in the ICB include payments to a number of local providers. These services are monitored as part of the overall month end close down process and are expected to report a breakeven position at year-end.

No.	Hackney	Planned Amount £'000	22/23 Year to Date £'000	22/23 Forecast £'000	(Overspend) / Underspend £'000
1	Minimum ICB Contribution	24,408	20,340	24,408	0
2	iBCF - LA	16,637	13,864	16,637	0
3	Disabled Facilities Grant (DFG) - LA	1,731	1,442	1,731	0
	Total	**42,776**	**35,646**	**42,776**	**0**

No.	City of London	Planned Amount £'000	22/23 Year to Date £'000	22/23 Forecast £'000	(Overspend) / Underspend £'000
1	Minimum ICB Contribution	845	704	845	0
2	iBCF - LA	324	270	324	0
3	Disabled Facilities Grant (DFG) - LA	37	31	37	0
	Total	**1,206**	**1,005**	**1,206**	**0**

Adult Social Care Discharge Fund 2022-23

- In September 2022 the government announced £500m to be distributed nationally through an Adult Social Care Discharge Fund.
- Of this, £200m is being paid to local authorities. The City and Hackney LA allocation is £1.21m.
- £300m is being paid to ICBs. The NEL allocation is £7.42m, of which £0.85m has been allocated to City and Hackney. This makes a total of £2.06m.
- The plan for use of the funding was submitted in December.
- Schemes funded by C&H and commissioned by LBH and CoL have been placed into the Section 75 variations.

No.	Source of funding	Hackney £'000	City of London £'000	Total £'000
1	ICB allocation	804	46	850
2	LA allocation	1,171	41	1,211
	Total	1,975	86	2,061

Section 256 / 75 Funding

- Over the last 8 years in City & Hackney there have been non-recurrent investment made in various parts of the system to allow for integrated commissioning to develop new ways of working.
- The forecast outturn considers a full year spend excluding any in-year slippage to schemes. It is the actual cost of the service that will be deducted from the fund as opposed to the planned spend. Any underspends against the plan will remain within the Sec.256/ Sec.75 agreement until the funds are depleted.
- The current value that has not been committed is £4,938k. This has reduced by £750k from last month after the approval of the VCS Enabler & Funding proposal by the C&H Health & Care Board.

No.	Funding Agreement	Scheme Name	Total £'000	Forecast Outturn £'000	Balance Remaining £'000	Movement From Prior Month £'000
1	Enablers	Communications and Engagement	150	150	0	0
2	Enablers	IT/Digital	750	750	0	0
3	Enablers	Workforce	1,150	1,150	0	0
4	Enablers	Estates & Property	610	610	0	0
5	Enablers	Primary Care	1,487	170	1,317	0
6	Enablers	VCS	540	540	0	0
7	Enablers	Population Health	1,037	0	1,037	0
	Sub Total		5,724	3,370	2,354	0
8	Sec.256	Local Place Investment	4,400	1,769	2,631	750
	Sub Total		4,400	1,769	2,631	750
9	Year-end Accrual	TIF	1,000	1,000	0	0
	Sub Total		1,000	1,000	0	0
10	Sec.75	Learning Disabilities	757	777	(20)	0
11	Sec.75	Integrated Discharge Hub	2,000	2,027	(27)	0
	Sub Total		2,757	2,804	(47)	0
	Total		13,881	8,943	4,938	750

Health Inequalities Funding 2022-23

- Total Health Inequalities funding of £6,570k received by the ICB in 2022/23.
- It was agreed that the majority of funding would be allocated to place to tackle health inequalities through place based partnerships.
- There were 2 pots of funding available to place. Pot A was an equal share and each borough was awarded £500k. Pot B was discretionary and allowed for bids of up to £600k. A panel evaluated the bids and funding was allocated based on those proposals that would make the greatest impact on health inequalities.
- Total funding awarded to City and Hackney was £900k (£500k pot A and £400k pot B).
- Place based partnerships nominated local authorities to hold and administer the funds, via a formal Section 256.
- The Section 256 agreement has been signed by the council and the ICB.
- Additionally there was C&H Place Based Partnership contribution of £200k. This is being transacted through the LBH Section 75 variation.
- The table below gives details of the total agreed funds.

No.	Project	Health Inequalities Fund Contribution £'000	C&H Place Based Partnership contribution £'000	Agreed Planned Amount £'000
1	Systematic approach to embedding proportionate universalism and become a 'Marmot place' in City & Hackney	475	25	500
2	Social prescribing community chest	25	0	25
3	CYP input to the piloting of CAMHS Youth Health Hub - Young Advisory Roles	62	38	100
4	Community engagement and piloting grassroots initiatives to improve childhood immunisations coverage	64	36	100
5	Interventions to support City and Hackney homeless population	118	66	184
6	Foot care for housebound patients	41	24	65
7	IPS Employment roles for SMI patients	115	65	180
8	C&H Place Based Partnership contribution adjustment	0	-54	(54)
	Total	**900**	**200**	**1,100**

Transformation and SDF Funding 2022-23

- The ICB has received system development funds (SDF) and other transformation funds that can be identified by place.
- Total funds identifiable to City and Hackney is £7,411k as detailed in the table below.
- Funding for virtual wards has been allocated to place. The aim of the funding is to prevent avoidable admissions or support early discharge out of hospital, with a national requirement to deliver virtual wards at a place / borough level. The model will be developed across the system partners. The City and Hackney share of the funding is £724k.
- The majority of the Mental Health (MH) SDFs are held in the ELFT contract. Therefore, the ICB is expecting full spend against these SDFs.

No.	Programmes	Workstreams	Planned Amount £'000	22/23 Year to Date £'000	22/23 Forecast £'000	(Overspend) / Underspend £'000
1	Ageing Well	Fair Shares Allocations	300	250	300	0
2	Ageing Well	Core Baseline	789	657	789	0
3	LD & Autism	Autism Diagnostic Pathway (CYP)	15	12	15	0
4	LD & Autism	Care and Treatment Reviews (CeTR)	10	9	10	0
5	LD & Autism	Community Capacity	216	180	216	0
6	Mental Health	Adult Mental Health Community (AMH Community)	2,055	1,713	2,055	0
7	Mental Health	Adult Mental Health Crisis (AMH Crisis)	368	306	368	0
8	Mental Health	Adult Mental Health Liaison (Crisis/Liaison flexible funding)	166	139	166	0
9	Mental Health	CYP community, Crisis and Eating Disorders	429	357	429	0
10	Mental Health	CYP Ed	30	25	0	30
11	Mental Health	MHST 19/20 sites wave 1&2 (MHST19/20)	893	744	893	0
12	Mental Health	MHST 21/22 sites wave 5&6 (MHST21/22)	307	256	307	0
13	Mental Health	Rough Sleeping existing sites	203	169	203	0
14	Mental Health	Suicide Bereavement	14	11	14	0
15	Mental Health	Suicide Prevention	61	51	61	0
16	Mental Health	Young adults (18-25)	289	241	289	0
17	Virtual Wards	Virtual Wards	724	603	724	0
18	Primary Care	Subject Access Requests - Non-SDF (included for planning only)	107	89	107	0
19	Primary Care	Additional PCN Leadership and Management funding Non-SDF (included for planning only)	249	207	249	0
20	Primary Care	Additional IIF funding Non-SDF (included for planning only)	185	154	185	0
		Total	**7,411**	**6,175**	**7,380**	**30**

Winter Demand and Capacity Funding 2022-23

- The NEL system was allocated £12,274k for winter demand and capacity funds.
- The City and Hackney share of this is £1,888k.
- Contracts variations are being actioned to enable payments to providers as detailed in the table.

No.	Description of the scheme and which boroughs or trusts it covers.	Provider	Agreed Planned Amount £'000	22/23 Forecast £'000	(Overspend) / Underspend £'000
1	Stepdown Capacity (LBH) 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.	Section 75 London Borough of Hackney who would contract with private social care providers and private landlords.	213	213	0
2	Enhanced weekend bridging package (home care & emergency accomodations) (LBH) Weekend & Bank holiday homecare bridging service Access to Emergency B&B and Interim flats for working age adults	Section 75 London Borough of Hackney	67	67	0
3a	Enhanced weekend workforce capacity (LBH/Age UK) 2 brokers covering weekend and Bank holiday to support weekend discharge SW post to support weekend discharge Age UK weekend support to facilitate weekend discharge	Section 75 London Borough of Hackney	31	31	0
3b	As above	Contract with Age UK East London	23	23	0
4	Weekday winter bridging home care service (LBH)	Section 75 London Borough of Hackney	51	51	0
5a	Weekday winter workforce capacity (LBH/Age UK) Enhanced SW and Brokerage team & Age UK	Section 75 London Borough of Hackney	185	185	0
5b	As above	Contract with Age UK East London	44	44	0
6	Enhanced Access to Equpiment	Homerton	118	118	0
7	Additional weekend workforce for City of London Discharge 2 Assess service	Section 75 City of London Corporation	13	13	0
8	Homerton additional workforce with key support to weekend discharge	Homerton	281	281	0
9	Homerton additional winter workforce - supporting discharge throughout week	Homerton	189	189	0
10	Homerton contingency beds on Defoe Ward	Homerton	672	672	0
	Total		**1,888**	**1,888**	**0**

Voluntary and Community Sector (VCS) 2022-23

- The table shows the total payments made to date to VCS organisations.

No.	Provider	Description of Service	Total Paid To Date £'000
1	Ability Bow	Delivery of specialist exercise referral service	20
2	Age UK East London	Homerton Take Home & Settle	156
3	Age UK East London	OPRG	16
4	Alzheimer's Society	Hackney Dementia Navigation	205
5	Barnardos	TIGER Light - NEL Contract	10
6	Birth Companions	Contract for Targeted Antenatal Classes	4
7	British Pregnancy Advisory Service	Termination of Pregnancy	43
8	City & Hackney GP Confederation	Block Contract Payments	3,165
9	City & Hackney GP Confederation	Primary Care Transformation Service Development Fund - Resilience Programme	450
10	City & Hackney GP Confederation	Other	82
14	City & Hackney Mind	Psychological Therapies Alliance Funds	854
15	City & Hackney Mind	Mental Health Suicide Prevention Programme	17
16	Family Action	CAMHS Alliance Contract Value	1,089
17	Family Action	Hackney WellFamily Service Agreed Funding	143
18	Family Action	Hackney Social Prescribing Service Agreed Funding Extension	56
19	Hackney Caribbean Elderly Organisation	HCEO Dementia Memory Wellbeing Project	30
20	Hackney Council For Voluntary Service	VCSE Enabler program Grant	240
21	Hackney Council For Voluntary Service	Neighbourhoods Development Project funding	25
22	Healthwatch Hackney	Neighbourhoods Involvement	54
23	Healthwatch Hackney	NHS Community Voice Involvement	13
24	Hoxton Health	Foot Health Service	3
25	Marie Curie	Nursing Charges	66
26	Marie Stopes International	For the provision of clinical services	3
29	PSP Ltd	Management & Admin Costs Community Pharmacy Leads	33
30	Richard House Trust	Palliative care services	38
31	Royal National Institute For Deaf People	Statutary grants Audiology Aftercare - Hearing Aid Helpers	5
32	Shoreditch Trust	Community Navigation Front Door	115
33	Shoreditch Trust	The Stroke Project Activities	114
34	Shoreditch Trust	The Stroke Project Non recurrent funding	15
35	St Josephs Hospice Hackney	Provision of Specialist Palliative Support Services (EOLC)	1,385
36	St Josephs Hospice Hackney	Bereavement Service	60
37	St Josephs Hospice Hackney	Funding for City & Hackney Namaste Care Service	42
38	Volunteer Centre Hackney	Community Champion led inititaives to support NHSE funded LTC project areas in City & Hackney	41
	Total		**8,590**

Summary

- **ICB and Health System Providers**
- In summary at month 10, the ICB reported a year-to-date overspend of £1m.
- System providers have a year-to-date overspend of £43.2m, making the total system overspend £44.2m.
- At month 10, there has been a movement from a forecast break-even position to a forecast deficit of £35m. Additionally, it is expected that if this position is achieved it will result in NHSE releasing £10.5m resource. This has been assumed in the month 10 position and the forecast outturn reported is, therefore a deficit of £24.5m.
- The system and ICB are in the process of developing plans to offset the ongoing risks and develop a 5 year financial plan.

City & Hackney Neighbourhood Health and Care Board:

- Spend directly attributable to City and Hackney place is currently expected to be broadly in line with plan by the end of the year.

City & Hackney place sub-committee

Thursday 9 March 2023

Title of report	Place Sub-Committee Terms of Reference
Author	Anne-Marie Keliris, Head of Governance
Presented by	Charlotte Pomery – Chief Participation and Place Officer
Contact for further information	charlotte.pomery@nhs.net
Executive summary	Colleagues across the Integrated Care System (ICS) partner organisations undertook a considerable amount of work in advance of the Integrated Care Board's (ICB) establishment on 1 July 2022 to determine the form and governance of the seven Place Based Partnerships. Broadly, the seven Place ICB Sub-Committees have consistent terms of reference, and the seven Partnership Boards have recognisably similar terms of reference but with variation to reflect local preferences, needs and vision. Building on the pre-existing relationships across north east London and the collaborations already in place, the intention for the Place governance in 'year one' was to make use of the new flexibilities in the legislation to establish a governance mechanism which would enable: (a) more formal integrated ways of working involving the broad range of partners across the ICS; and (b) the lawful and efficient delegation of functions based on the principle of subsidiarity. It was also important to ensure the governance arrangements enabled 'an evolutionary approach' where Places could take on increasing responsibility for aspects of the ICB's work overtime. This was consistent with national guidance which encouraged systems to 'build by doing.' The Place Mutual Accountability Framework ('MAF'), which has been developed through engagement, is now a significant step forward in this evolution. The MAF describes the activities intended to be undertaken at Place in a user-friendly, narrative form. The MAF will continue to be developed overtime, alongside the ICB's financial framework which is also important for understanding Places' responsibilities. The MAF will also need to be considered alongside an equivalent document proposed for the provider collaboratives, in order to make clear the delineation between the work done at Place and the work done by the collaboratives. However, the MAF gives a good level of clarity about the delegation of functions to Place and it is appropriate to

	reflect that in the Place governance as we move beyond year one. Accordingly, the terms of reference have been updated to tie in the MAF. This has been proposed in a way which avoids substantial redrafting or disruption to the arrangements which are now bedding in. The proposed changes made to the terms of reference are shown in tracked changes. But, in summary, the amendments involve adding a number of cross-references to the MAF throughout the document (especially at Annex 1) and adding references to the ICB's financial framework whilst recognising that the financial framework will continue to be developed during 2023/24. It was originally envisaged that Annex 1 would include a list of specific services that Places would have delegated commissioning responsibility. However, the suggested approach of linking the Annex to the MAF enables the arrangements for delegation to be updated from time to time without the need for revision to the seven sets of terms of reference. The approach enables an appropriate level of flexibility to continue the ongoing conversation about where and how functions are best exercised (e.g. taking into account any relevant learning from emerging practice across other ICSs and developing NHS England and Government policy). However, given the significance of the MAF in describing the delegation of functions to Place, any revision to it will require approval by the ICB. This has been secured by incorporating the MAF into the ICB's Governance Handbook. The MAF therefore has a similar status to the ICB's Scheme of Reservation and Delegation (SORD) or its Standing Financial Instructions.
Action required	Approval
Previous reporting	A first draft of the mutual accountability framework has been discussed for feedback at each place partnership and the ICB Executive Committee
Next steps/ onward reporting	Formal approval through ICB Board and update to the ICB governance handbook.
Conflicts of interest	None
Strategic fit	The terms of reference and mutual accountability framework is designed to support place partnerships to contribute to the achievement of all of the north east London's integrated care system's objectives: • to improve outcomes in population health and healthcare; • to tackle inequalities in outcomes, experience and access; • to enhance productivity and value for money; and • to support broader social and economic development.
Impact on local people, health inequalities and sustainability	North east London has a long history of successful pace-based working. Strengthening and spreading this across the integrated

	care system is critical to our overall success because places are: • where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care; • where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level; • where diverse engagement networks generate rich insight into residents' views; • where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and • where the NHS and local authorities as a partnership are held democratically accountable. This mutual accountability framework, when formally signed off, is designed to support place partnerships to fulfil these functions, in the interests of all residents.
Impact on finance, performance and quality	There are no additional resource implications (either revenue or capitals costs) arising directly from this report. However, the mutual accountability framework is designed explicitly to increase subsidiarity within north east London's integrated care system by empowering place partnerships with accountabilities across finance, performance, and quality. These will be captured in an updated version of the terms of reference for each Place's NHS north east London sub-committee.
Risks	There is a risk that, without clear articulation of the roles and responsibilities of each part of the integrated care system, partners will collectively not allocate resources and deliver transformation to best drive meaningful improvements to health, wellbeing, and equity in north east London. This document is, alongside complementary work being done on the accountabilities of other parts of the integrated care system, part of the mitigation of this risk.

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 Confederation

    (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[1] 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.

[1] Generally where the term 'member' is used in this document, it means a member of a governance structure within these terms of reference (i.e. the Health and Care Board, Section 75 Board, or Place ICB Sub-Committee), rather than being a reference to a 'local authority member' (i.e. a councillor).

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.
- the Place Mutual Accountability Framework.[2]

(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 Place-Based Partnership Plan, to develop the Place objectives and priorities and an

[2] The Place Mutual Accountability Framework describes what NHS North East London ICB asks the seven Place ICB Subcommittees and wider Place Based Partnerships to have responsibility for and, in turn, what the Place Based Partnerships can expect the ICB to achieve for them. The framework needs to be read alongside the equivalent document that focuses on the role of the provider collaboratives which operate across the ICS area. The current versions of these frameworks are published in the ICB's Governance Handbook.

associated outcomes framework for Place. A summary of these priorities and objectives can be found here.

(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 North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out here.

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 Confederation

(u) Chair, City & Hackney GP Confederation

(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[3] 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;

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

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

(d) One primary care member.

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

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

37. 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. This shall include the Chair asking any person who is not a member to withdraw from all or part or a meeting in order to facilitate open and frank discussion on particular matters.

38. 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.

	Recordings of meetings 39. 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* 40. 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. 41. 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* 42. Governance support will be provided to the Health and Care Board by the ICB's governance team. *Confidential information* 43. 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	44. 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. 45. 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. 46. 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. 47. 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	48. 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[4] 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	49. 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. 50. 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. 51. 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 here) 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. 52. 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	53. 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

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

Compliance with Terms of Reference	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.

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.

North East London
Integrated Care Board

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** and described in further detail in the Place Mutual Accountability Framework which the annex refers to. 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~~ may be updated with the approval of the Board, on the recommendation of the PH&I Committee. The remit of the Place ICB Sub-Committee is also described in the Place Mutual

Accountability Framework, which may be updated by the Board taking into account the views of the PH&I Committee.

~~9.~~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 can be found here.

~~10.~~11. In addition, the Place ICB Sub-Committee will support the wider ICB to achieve its agreed deliverables, 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;

~~(d)~~(e) The Place Mutual Accountability Framework and the NHS North East London Financial Strategy and developing ICS Financial Framework;

~~(e)~~(f) The PBP Plan.

~~11.~~12. The Place ICB Sub-Committee will also prioritise delivery against the strategic priorities of the North East London Integrated Care System (see here) and its design and operating principles set out here.

~~12.~~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.

~~13.~~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

~~14.~~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.

Delegated Functions	~~15.~~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 the Constitution. 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	~~16.~~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* ~~17.~~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~~.~~; ~~(d)~~(e) The evolving Voluntary, Community and Social Enterprise Sector Alliance/Collaborative. ~~18.~~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* ~~19.~~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 20~~0~~144. *Establishing working groups* ~~20.~~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	~~21.~~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. ~~22.~~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. ~~23.~~24. The Deputy Chair of the Place ICB Sub-Committee is the Deputy Chair of the Health and Care Board. ~~24.~~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. ~~25.~~26. The Chief Executive of the Homerton will be the Place Partnership Lead.
Membership	~~26.~~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. ~~27.~~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. ~~28.~~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 Confederation

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

~~29.~~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 ~~30.~~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. ~~31.~~32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.
Participants	~~32.~~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. ~~33.~~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) ~~34.~~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	~~35.~~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~~.~~, which includes the NHS North East London Financial Strategy and developing ICS Financial Framework. ~~36.~~37. The Chair will be invited to attend the Finance Performance and Investment Committee where the Committee is considering any issue relating to the resources allocated in relation to the Delegated Functions.

Meetings, Quoracy and Decisions	~~37.~~38. 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.~~39. 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.[5] ~~-~~Additional meetings may be convened on an exceptional basis at the discretion of the Chair. ~~39.~~40. 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.~~41. 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 instance where agenda items do not require a statutory decision of the Place ICB Sub-Committee. ~~41.~~42. 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.~~43. 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.~~44. 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.~~45. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. *Voting*

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

~~45.~~46. 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.~~47. 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.~~48. 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.~~49. 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.~~50. 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.~~51. 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.~~52. 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.~~53. 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.~~54. There shall be a section on the agenda for public questions to the Sub-Committee, which shall be in line with the Integrated Care Board's agreed procedure as set out on our website here. *Recordings of meetings* ~~54.~~55. 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.~~56. 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.~~57. 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. ~~57.~~58. 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.~~59. 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.~~60. Governance support to the Place ICB Sub-Committee will be provided by the ICB's governance team. *Conflicts of Interest* ~~60.~~61. 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.~~62. 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.~~63. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.
Disputes	~~63.~~64. 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.~~65. 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.~~66. 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.~~67. Where a matter is referred to the PH&I Committee under paragraph ~~64~~65, 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.~~68. 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~~65: (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph

	~~64~~65 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.~~69. 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.~~70. 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 here. ~~70.~~71. 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.~~72. 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.~~73. The Place ICB Sub-Committee will review its effectiveness at least annually.

	~~73.~~74. 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: 8 September 2022 (Initial version by ICB Board on 1 July 2022)

Version: 2.0

Date of review: 1 April 2023

Annex 1 - ICB Delegated Functions

Commissioning functions

In addition to the specific activities set out in this Annex 1 below, ~~T~~the Place ICB Sub-Committee will have delegated responsibility for exercising the ~~ICB's commissioning functions at Place in relation to the following~~ functions described in the Place Mutual Accountability Framework at Place. These functions are referred to below as 'the **Place Commissioning Functions**.'~~specified services (the '**Specified Services**'), in line with ICB policy:~~

The Place Mutual Accountability is contained in the ICB's Governance Handbook and should be read alongside the equivalent accountability framework which describes the role of the provider collaboratives.

Where Place Commissioning Functions relate to a particular service they must be exercised in line with the ICB's relevant commissioning policy for that service.~~[section to be completed by end of 2022 following confirmation]~~

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 needed ~~at Place~~ in connection with the exercise of the Place Commissioning Functions and ~~for the Specified Services,~~ in line with relevant 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 to be set out in the PBP Plan, and summarised here, 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. It shall also be consistent with, and aimed at delivery of, the Place Mutual Accountability Framework at Place.

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 here, 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~~, connected with the exercise of the Place Commissioning Functions, 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~~ the Place Commissioning Functions.

Finance

~~The Place ICB Sub-Committee will undertake the following specific activities in relation to financial control and contracting:~~The Place ICB Sub-Committee will have delegated financial management and control, as detailed below and within the ICB's SFIs. The Finance, Performance and Investment Committee will continue to have oversight of NEL wide financial decisions, including where coordination/planning for the services concerned is best undertaken over a larger footprint. However, there will be ongoing dialogue in order to ensure a joined up approach, ensure financial sustainability, and as the NHS North East London Financial Strategy and ICS the ICB's Financial Framework develops.

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, ~~.~~and ensure there is sufficient funding across the life of the investment.

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~~ services connected with the Place Commissioning Functions, 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,~~.~~ and NHS North East London Financial Strategy and developing ICS Financial Framework.

~~11.~~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 exercise of the Place Commissioning Functions~~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~~ exercise of the Place Commissioning Functions at Place.~~;~~

- 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~~.~~ being delivered at Place.

- 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. To develop arrangements for integrated services, including primary care, through local neighbourhoods

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.

FINAL DRAFT, FOLLOWING FEEDBACK

North East London Health & Care Partnership

A framework for mutual accountability between north east London's place partnerships and NHS North East London

Introduction

North east London's place partnerships are uniquely placed to drive the integration between health and care that will improve residents' wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that residents face. Reshaping north east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside residents and communities to effect change sustainably.

This draft document continues our discussion about what NHS North East London asks place partnerships to hold accountability for and, in turn, what the partnerships can expect NHS North East London to achieve for them. It will sit alongside an equivalent document that focuses on the role of provider collaboratives to help build our understanding of how the system overall will work best.

We recognise that our system is new and evolving, and much of this draft document seeks to outline the principles which will guide this evolution to support improved health and wellbeing for local residents.

Zina Etheridge – Chief Executive Officer, NHS North East London

Background

The North East London Health and Care Partnership (NELHCP) brings together the NHS, local authorities, and community organisations across north east London to work in partnership with local people to support them to live healthier, happier lives.

Our approach is built on an understanding that partnership, conversation, and collaboration underpin all that we do. We see that place shapes and strengthens system and that system enables and builds place, underlining our appreciation of the need for our workforce to participate through a range of inter-connecting networks (operating at neighbourhood, place, collaborative, system, region, and nation) in order to be most effective in improving outcomes for everyone. NHS North East London has adopted the principle of subsidiarity to encapsulate this approach as applied to governance, decision-making, strategy, and delivery of models of care. This means we will facilitate tasks being performed at the most local level, closest to those most likely to be directly affected, and only carry out tasks that cannot be carried out at that more local level.

As north east London's integrated care system, we are ambitious and actively draw on best practice locally and internationally. We are clear that we are moving beyond performance management to maximising value, and beyond our individual responsibilities to create a shared endeavour and mutual accountability for delivering benefit and opportunity for our residents. We are committed to continuous improvement and innovation across and with all partners, meaningful

co-production and resident participation, and working in integrated ways together to provide better health and care outcomes for our growing and diverse population of over two million people. At the heart of our partnership is a shared commitment to meaningful participation with residents and partners, a passion for equality and addressing health inequalities, and ensuring that system collaboration underpins continuous improvements to population health and the integrated delivery of health and care services. To operate effectively, we understand that our system needs to develop continually, to be resilient, and to respond coherently and in partnership to emergencies and emerging challenges.

Our seven place partnerships and our five provider collaboratives are crucial building blocks of North East London's integrated care system. Together they play distinct but crucially interdependent roles in driving the improvement of health, wellbeing, and equity for all residents. As we mature as a system, we will increasingly call on each other to support the achievement of outcomes and to enable the collaboration and partnership on which we all rely. We recognise that this support will look different for different pathways but we recognise the fundamental importance of building relationships, sharing perspectives and working alongside local residents to facilitate this support.

The places of north east London have a long history of successful pace-based working. Strengthening and spreading this across north east London is critical to our overall success because places are:

- where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;
- where local authorities can seek partner input into, and support for, their work to improve the wider determinants of health, which extends into areas including housing, education, employment, food security, community safety, social inclusion and non-discrimination, leisure and open spaces, and air pollution;
- where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;
- where diverse engagement networks generate rich insight into residents' views;
- where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and
- where the NHS and local authorities as a partnership are held democratically accountable, through health and wellbeing boards and overview and scrutiny committees.

Aligned to this, our collaboratives play a critical role in bringing together NHS provider trusts, primary care networks, and VCSE organisations across the whole of north east London to make use of their combined resources and expertise. We have collaboratives for acute care; mental health, learning disabilities, and autism; community services; primary care; and the VCSE sector. Across these five collaboratives, partners are focused on:

- reducing unwarranted variation and inequality in health outcomes, access to services and experience;
- improving resilience by, for example, providing mutual aid;
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value;
- spreading innovation and best practice; and
- ensuring a strong voice for users of their services and other provision in ICS decision-making.

Principles for working together as place, collaborative, and system

- Our approach is built on a shared understanding of subsidiarity: that decisions are best taken closest to those most affected by them. There is freedom to lead, innovate, experiment, and deliver through place partnerships, without non-value-adding interventions from NEL-wide structures.
- Subsidiarity will be enabled by financial and functional delegation to place sub-committees and to provider collaboratives where required.
- Aligned to this is a shared belief that the place partnerships created in our new arrangements are equal partnerships, with organisations, including collaboratives, coming to the table as equal partners to improve outcomes for local residents.
- Our model of working together sees place partnerships holding responsibility for the health and wellbeing of their local population, for key local outcomes, for improving care and support, and for reducing health inequalities, calling on collaboratives and NHS North East London to support.
- Our ambition is for system to support the journey towards greater integration strategically and operationally, building on best practice in places and recognising this might look different in each place.
- We are committed to working from existing arrangements in each place to develop the capacity and infrastructure that best supports place partnerships to respond to the specific and varied health and wellbeing needs of their local populations.
- NHS North East London will play a role in facilitating partners across the patch to enable effective place working, including problem-solving with and on behalf of place partnerships, advocating for the centrality of place, and organising teams and processes in ways that recognise the relevance of place.
- NHS North East London supports the approach that places shape the system and the system shapes places, and will address behaviours that promote the idea of it as an organisation standing apart from places rather than built from them, such as how its teams communicate and how north east London-wide work is described.
- Place partnerships and provider collaboratives are equal and co-dependent partners in the improvement of health, wellbeing, and equity. They will frequently rely on each other to achieve their objectives. For example, provider collaboratives will often depend on place partnerships for the insight required to ensure that north east London-wide programmes of work meet the varied needs of communities across north east London. Equally, place partnerships will rely on provider collaboratives to leverage the capacity and expertise that enables their residents to be cared for in the quickest and safest way possible. The links between place partnerships and provider collaboratives will come from the overlap of leaders, focused engagement on particular areas work, and formally through the population health and integration committee of the Integrated Care Board.
- Place partnerships will recognise their role within, and contribution to, the wider system in line with the principle of subsidiarity. This means that, whilst places work principally to respond to the needs and aspirations of their local residents and communities, they will also work in alignment with co-created wider approaches and, along with provider collaboratives, to deliver local elements of wider programmes. Whilst some such approaches and programmes may span north east London, some may cover identified geographies within this or dedicated communities for example.

Delivering care and support that improve health, wellbeing, and equity

Our shared work to improve health, wellbeing, and equity combines outcomes and priorities identified by each place partnership with north east London-wide programmes in which places play a critical strategic and delivery role alongside collaboratives and NHS North East London.

We are already identifying clear and quantifiable outcomes goals – co-produced with our residents – so that we can be clear about the impact we are making. Where these already exist, they will be at the front and centre of the outcomes model.

Area	Place partnership accountabilities
Overall ambition	Place partnerships will be responsible for the health and wellbeing of their local populations. In order to support this, a key role of place partnerships will be to convene a range of partners and enable their contribution to the delivery of integrated local care, based on smaller neighbourhoods and reflecting the system and community assets held locally. Each place will facilitate and co-ordinate the work necessary across collaboratives and geographies to ensure that all residents can access same-day urgent care when they need it and deliver continuity of care for agreed cohorts of residents in line with the Fuller Stocktake and any associated policy or legislative developments. Through prevention and earlier intervention, focused on the wider determinants of health and wellbeing, place partnerships will help to reduce the proportion of the population needing the most acute health and social care, including hospital stays and residential and nursing care, creating health and wellbeing for a wider range of residents for longer. Partners will also work together in integrated ways to minimise pressure on the social care front door, including by promoting earlier intervention and the use of community assets that support residents to avoid reaching crisis. In the context of a rapidly growing population, this approach is key to moderating the growth in demand for both NHS health provision and local authority social care, which is critical to our system's long-term sustainability.
Leadership and infrastructure	Places hold a number of key strategic functions for the integrated care system, including: • relationships with local authorities, local providers, community groups, and residents; • participation and co-production with residents; • the insight to understand and tackle local population health and inequalities; • supporting system financial sustainability; and • building integrated models of insight, planning, and delivery. In order to fulfil these functions, places will need the resources identified in the proposal for core place teams, as well as support from north east London-wide teams who will provide embedded teams or individuals working at place. Places will be supported by an effective financial strategy and the requisite delegations for decision making. We envisage the leadership role at place as a system leadership role that builds on the strengths and assets of local communities and of our system, actively convening conversations, facilitating different perspectives, hosting partners to share best practice and building collaborative approaches. We will need to remind ourselves constantly of our system gaze, scanning a range of elements to build the strengths-based system we need.

Neighbourhood working	The place partnership will facilitate strong connections within each neighbourhood, building integrated teams encompassing NHS and social care services, the wider local government offer, and community-led care and support. Along with a central role for primary care, including the primary care collaborative, this joined-up locality working will strengthen the integration of health and care and directly drive better local outcomes. ➢ *How NHS North East London will help* Where a lack of geographical coherence of primary care networks poses a challenge to neighbourhood working in a place, NHS North East London will work with the primary care collaborative and places to support and drive the alignment of footprints to maximise the impact of neighbourhood working.
Partnership working	The place partnership will promote and enable the widest possible view of partnership working. This means working beyond statutory health and care organisations and ensuring that representatives from (for example) the voluntary sector, housing, and police are actively involved in the work of the partnership. This wide view of partnership includes a default to meaningful engagement of, and co-production with, residents. The place partnership lead and NHS North East London will together support the development of the partnership as a high-functioning executive team. This includes the encouragement of peer collaboration and constructive debate between partners, along with transparency and candour about organisational challenges. The Place Partnership Lead, the Director of Partnerships, Impact and Delivery, the Clinical Lead, and the collaboratives' leads in each place will together manage the business of the partnership as well as leading co-production, innovation, and the sharing of best practice. On safeguarding specifically, there is an important opportunity to join up existing statutory forums with the work of the broader partnership. Statutory arrangements are not affected by the development of the place partnership or the sub-committee of NHS North East London. However, the place partnership can play a vital role in facilitating the contribution of safeguarding leads' expertise into the broader agenda of the place partnership, including care model and pathway design. Equally, the place partnership can help to facilitate all partners' contribution towards additional preventative work across the safeguarding agenda. ➢ *How NHS North East London will help* NHS North East London will connect place partnerships with each other, including robust mechanisms to share learning and leading practice across place partnership leads, clinical and care professional leaders, and staff from all levels in partner organisations. NHS North East London will also provide elements of development support across the seven places, by agreement with the place partnership leads.
Mental health and wellbeing	The place partnership, working closely with provider collaboratives at place, will develop and, through its partners, deliver integrated services that enable residents with mental ill-health to live well in the community. This will focus on agreed priority cohorts and prioritise prevention and more equitable access to services. The place partnership lead will ensure a strong focus on the wider mental wellness agenda, including access to employment and access to community-based care and support networks, rather than our collective historic default to focus on the acute end of mental health services.

Babies, children, and young people	Place partnerships, working closely with provider collaboratives at place, will make sure that north east London's places are the best places for babies, children and young people to develop and grow. Place partnerships will take an all-age approach, with parity between the needs of babies, children, young people, and adults, as the basis for sustainable long-term improvements to population health and wellbeing. The place partnership lead will drive creation of a coherent approach to early years, adolescents, and young people up to the age of 24, bringing in partners from across the NHS, local government (families, education, housing), and community organisations, working with parents and families and building holistic support for all babies, children and young people.
Workforce	The place partnerships will lead local design of more integrated workforce models, based around neighbourhoods and focused on community delivery by a broad range of clinical and care professionals alongside VCSE. Place partnerships will also enable local employment by forging effective links with local education and training institutions. The place partnership lead will sponsor this work whilst participating in, and facilitating broader place contributions to, NEL-wide work on broader systemic issues relating to recruitment, retention, design of new roles, and skills development across north east London.
Long-term conditions	Place partnerships have a significant role in ensuring a strong focus on prevention and early intervention, convening work across collaboratives, places and system and facilitating the creation of health-promoting communities and neighbourhoods. Partnerships will support the co-ordination of end-to-end pathway responses for residents at risk of and experiencing long-term conditions, working at different geographies to facilitate the best outcomes for local residents and communities. Please see the annex for further detail.
Community-based care	Place has a significant role in co-ordinating care in the community, ensuring a strong focus on prevention and early intervention, working across collaboratives, places and system and creating health-promoting communities and neighbourhoods for all. Much of the focus will be on a multi-agency approach to Ageing Well, ensuring that north east London is a good place to age, for example with dementia-friendly policies which could be met by the all-age approach supported by place partnerships. Place partnerships will seek to ensure residents can be supported at the end of their lives, dying with dignity in the place of their choice. This could include ensuring good information, advice, and guidance, palliative care at home, effective community support, and residential options are all available, reflecting the cultural and specific needs of our diverse populations. Place partnerships will ensure informal carers are well supported through the experience of end-of-life care for their loved ones. Please see the annex for further detail.
Learning disability and autism	Recognising the leadership role for local authorities in valuing people with learning disabilities and autism to lead fulfilling lives, place partnerships will bring together partners at a place level, including to improve the levels of employment, independent living, and quality of life for people with a learning disability. Place partnerships will enable good system working and ensure the

	needs of people with learning disabilities and autism are considered across all pathways. Place partnerships will work with all partners to seek to ensure people with learning disability and autism do not experience inequality of outcomes across any health or wellbeing domain, as reflected here and in performance and quality metrics. Place partnerships working across partners will be accountable for improving the rates of Learning Disability Health Checks carried out annually, and how the outcomes of these checks are followed through. Place partnerships will work with the Mental Health, Learning Disability and Autism Collaborative to ensure that Transforming Care responses are timely and support the principles of independent, community-based living for this cohort.
Carers	Place will play an active role in facilitating and joining up work across partners to ensure that carers are valued, supported to care, and able to enjoy fulfilling lives beyond their caring responsibilities. This will include developing a joint carers' strategy and action plan, as well as delivering on the NHSE metrics and deliver against specific targets on carer assessments, commissioning carer support agencies, etc. Place partnerships will work with local authority leads to ensure carers' strategies reflect wider system working and build awareness of the need for identification and support to carers to be system-wide. Place partnerships will deliver strengthened carers' offers that reflect the needs of their local communities and build best practice.
Homelessness	Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of those sleeping rough or facing homelessness by: • ensuring GP registration and primary care support to this cohort; • improving access to secondary and tertiary care as appropriate; • recognising the needs of the homeless population for all levels of support, care, and treatment across mental and physical health; and • co-ordinating local support to the street homeless population and participating in work led by local authorities work to improve their health and wellbeing outcomes.
Asylum seekers and refugees	Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of asylum seekers and refugees, including those accommodated in Home Office hotels, by: • ensuring GP registration and primary care support to this cohort; • improving access to secondary and tertiary care as appropriate; • recognising the needs of the asylum seekers for all levels of support, care, and treatment across mental and physical health; and • co-ordinating local health and wellbeing support to the asylum seeker and refugee population and participating in work led by local authorities to improve their health and wellbeing outcomes.
Person-centred care	Place partnerships will be held accountable for enabling person-centred care in their local area. This will include bringing together a range of initiatives that support residents and communities to be at the centre of decisions that are made around their care, reflecting the principle of 'Nothing about us, without us'. Ways of testing effectiveness in this area could include rates of

	satisfaction and levels of personal health budgets and direct payments in a specified area and for specific communities.
Health creation and primary prevention	Place partnerships will lead for ensuring that the wider determinants of health are effectively understood and influence approaches to all areas of accountability. Place partnerships will lead on the involvement of the whole local authority and wider partners to build an effective model for addressing wider determinants and their impacts on health and wellbeing. Place partnerships will be held accountable for supporting models to reduce health inequalities and improve health and wellbeing through a series of performance and quality metrics, attached.
Immunisations	Place partnerships are key in enabling uptake of immunisations across all communities in a local area. They will be accountable for the vaccination and immunisation rates of their local population, across children and adults and for routine and reactive vaccination programmes. Places will be required to ensure capacity for all vaccination and immunisations activity and to support take up with a focus on inequalities and ensuring equitable take up across all communities.
Local system flow	As the principal forum for local health, care and wellbeing partners, place partnerships have a critical role in addressing more immediate operational pressures whose resolution require input from multiple organisations. The place partnership lead will ensure that place-based mechanisms exist to convene relevant partners as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures. This will be with the support of the relevant commissioning and transformation teams from within NHS North East London and will ensure the pressures on all parts of the system are paid equivalent attention.

Accountability for improving performance and quality at place

Many of the performance and quality metrics – and related outcomes for residents – that NHS North East London is required to deliver can be achieved only through effective collaboration in place partnerships. Each partnership is working on a performance and quality metrics framework that will set out in greater detail the metrics for which place partnerships are responsible and will be held accountable, whether the lead is with the NHS, the local authority, or other partners.

These metrics are a combination of performance and quality metrics contained in NHS North East London's operating plan, which is agreed each year with NHS England; the Better Care Fund Plans approved by Health and Wellbeing Boards in each local authority area; and in place partnership delivery plans, based on locally-identified priorities. The partnership will monitor performance and quality, identify trends and clusters of concern, agree and implement corrective action where necessary, and sense check data quality, with the support from the relevant local and north east London-wide commissioning and transformation teams from NHS North East London.

How NHS North East London will help

NHS North East London will direct its people to work with place partnerships to develop their approaches in each of the areas described above, specific to the local context. This includes offering the tools, capacity, and skills required. It will build up north east London-wide approaches from work done at place. These north east London-wide approaches will aim to remove systematic barriers which obstruct effective place-level work. It will also work with places to direct additional available financial resources to support work in these areas.

Additional commitments from NHS North East London:

Theme	Commitment
Localism and subsidiarity	• NHS North East London will operate, and shape the wider north east London health and care partnership, around a *default to place* – the assumption that places (and neighbourhoods within them) are the optimum organising footprint for our work unless there is a clear reason for operating at a larger scale • NHS North East London will provide its leaders at place with sufficient autonomy and flexibility to work in the ways required to deliver for their places, as well as encouraging and enabling this way of working in provider trusts • NHS North East London will ensure the ICB Board effectively delegates to Place Sub-Committees the functions and financial influence required to deliver its accountabilities – with an objective of this coming into place from 1 April 2023, with the requisite place-level engagement on new sub-committee terms of reference approvals happening in advance of this
Capacity to deliver	• NHS North East London will lead all partners across the health and care partnership to devise an integrated workforce strategy that sets out how the workforce needed in each place will be delivered • NHS North East London will organise its own workforce so that it supports the work of each place partnership, including through a core team based permanently in each place and an extended team at place drawn from colleagues working in NEL-wide structures • NHS North East London colleagues who are part of the extended team will spend time in the places to which they are aligned, building local knowledge and relationships

	• NHS North East London will encourage other partners who work across multiple places to align their structures and teams to place partnerships, where this supports delivery of place partnerships' objectives • NHS North East London will fund the substantial portion of clinical and care professional leadership roles operating at place
Money	• NHS North East London will lead the codesign of a system-wide financial strategy, including place partnerships, which will move investment into community health services and support the transformation required for place partnerships to deliver their objectives • This will include NHS NEL working with partners to agree the specific budgets for which place sub-committees hold responsibility, along with and the associated requirements (such as reporting and treatment of over/under-spends). NHS NEL's objective is that, subject to system agreement, place sub-committees take on these responsibilities during the 2023/24 financial year (potentially at different points in the year for different places), with all places responsible for delegated budgets ready for the 2024/25 planning round • An underpinning principle of the financial strategy will be that allocations are made to trusts and place sub-committees on the assumption of active and meaningful engagement with partners in how they are invested, through the place sub-committees and the broader place partnerships as well as through the provider collaboratives • NHS North East London will support the development of a strategic overview of all funding enabling health and wellbeing in each place – including money spent by the NHS, local government, the direct schools grant and other education spending, and other public services – to create the insight required for each place partnership to exert influence across a greater spread of relevant investment • NHS North East London's financial strategy will drive a levelling up agenda so that the money spent on health services in each place is increasingly in line with relative need and reflects the pressures of population growth
Data and insight	• NHS North East London will provide place partnerships with the shared data and insight collectively agreed to be required to improve local outcomes, focused on outcome measures, service performance, and the information needed to plan and evaluate local transformation work • This will be in the form of a defined data set agreed between NHS NEL and the place partnerships • As part of the financial development programme, NHS NEL will lead the co-design of a suite of reports and tools that support discussions between place partners within places about the best allocation of capacity. These will include benchmarking of finance and performance and operational data and support transparency within and between places. • NHS North East London will provide capacity for bespoke local analysis commissioned and directed by place partnerships

	• NHS North East London will also lead on working across partners to resolve issues that inhibit effective provision and sharing of data, including information governance, conflicting data sets, and unclear points of contact

Annex

We recognise that there are some specific areas where place partnerships and collaboratives working together will need to determine by pathway how we best enable population health and wellbeing.

Examples of areas where we may work to define roles in more detail include:

- **Long Term Conditions**
  - In addition to the roles and functions outlined above, places could be required to:
    - understand local needs, have insight into local communities and plan for future needs;
    - deliver engagement and outreach into our diverse communities to build awareness and community support;
    - innovate to deliver primary and secondary prevention;
    - identify and manage long-term conditions;
    - develop integrated teams that support people with rising and complex needs, which will encompass a lot of long-term conditions management (Fuller);
    - empower patients to manage their own health as far as possible;
    - support people to live independently and well at home, avoiding admission to hospital or long-term care;
    - develop out of hospital services that support people with long-term conditions;
    - implement a consistent community-based rehabilitation offer; and
    - share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.
- **Ageing Well**
  - In addition to the roles and functions outlined above, places could be required to:
    - understand local needs, have insight into local communities and plan for future needs;
    - deliver engagement and outreach into our diverse communities to build awareness and community support;
    - innovate to deliver primary and secondary prevention for older residents and those in need of community-based care;
    - develop integrated teams that support people in need of community-based care, aligning with implementation of the Fuller Stocktake;
    - empower patients to manage their own health as far as possible;
    - support people to live independently and well at home, avoiding admission to hospital or long-term care;
    - develop out-of-hospital services that support and are accessible to local residents;
    - implement a consistent community-based rehabilitation offer; and

- share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.