Public Document Pack

Integrated Commissioning Sub Committee

Date: **THURSDAY, 11 MARCH 2021**

Time: **10.00 am**

Venue: **MICROSOFT TEAMS**

1. **INTEGRATED COMMISSIONING BOARDS**

For Information
(Pages 1 - 184)

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City Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

Hackney Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the London Borough of Hackney

Joint Meeting in public of the two Integrated Commissioning Boards on Thursday 11 March 2021, 10.00 – 12.00
Microsoft Teams

Click here to join the meeting

Item no.	Item	Lead and purpose	Documentation type	Time	Page No.
1.	**Welcome, introductions and apologies**	Chair	Verbal	10.00	-
2.	**Declarations of Interests**	Chair *For noting*	Paper		3-7
3.	**Questions from the Public**	Chair	None		-
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper		8-16
5.	**CCG Transition Update**	David Maher *For noting*	Paper	10.05	17-44
6.	**Population Health Hub Scoping Paper**	Sandra Husbands *For discussion*	Paper	10.30	45-59
7.	**Health Inequalities Steering Group**	Anna Garner *For*	Paper	10.50	60-72
8.	**Monthly Finance Update**	Sunil Thakker *For noting*	Paper	11.10	73-83
9.	**Register of Escalated Risks**	Matthew Knell *For noting*	Paper	11.20	84-92
10.	**ICP Strategic Enablers Funding 2021/22**	Lee Walker *For noting*	Paper	11.30	93-98

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

11.	**S75 Extension 2021/22**	Lee Walker *For approval*	Paper / Appx	11.45	99-108
Items for Information					
-	**Integrated Commissioning Glossary**	*For information*	Paper	-	109-114

Date of next meeting:

8 April 2021 – Microsoft Teams

Integrated Commissioning
2021 Register of Interests

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	19/11/2020	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Governing Bencher	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Worshipful Company of Haberdashers	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson / Director	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	21/07/2020	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships (manages the City Wellbeing Centre)	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	27/08/2020	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	12/08/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Board - Deputy Chair Company Director Labour Group - Deputy Chair	Pecuniary Interest
				JNC for Teachers in Residential Establishments	Member	Non-Pecuniary Interest
				JNC for Youth & Community Workers	Member	Non-Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				Hackney Schools for the Future (Ltd)	Director	Pecuniary Interest
				St Johns at Hackney	PCC	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				St Johns at Hackney	Church Warden & License Holder	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				National Contextual Safeguarding Panel	Member	Non-Pecuniary Interest
				National Windrush Advisory Panel	Member	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Christians on the Left	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	09/07/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/10/2020	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				University of Cambridge	Co-opted member, Careers Service Syndicate	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board	Freelance Project Work		Pecuniary Interest
			Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuiary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Jane	Milligan	07/10/2020	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				NEL Commissioning Support Unit	Partner is employed substantively (to Aug 2020)	Indirect Interest
				Central London Community Healthcare	Partner is Director of Partnerships and Integration	Indirect Interest
				NHS England	Partner on secondment as Director of Primary Care Development (to Aug 2020)	Indirect Interest
				Action for Stammering	Partner is a Trustee	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	14/01/2020	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
				Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party Member, Unite Trade Union Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest Non-financial personal interest Non-financial personal interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Non-pecuniary interest
Sandra	Husbands	26/08/2020	Director of Public Health	Association of Directors of Public Health Faculty of Public Health Faculty of Medical Leadership and Management	Member Fellow Member	Non-Pecuinary Interest Non-Pecuinary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	Pecuniary Interest

Meeting-in-common of the Hackney Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

Minutes of meeting held in public on 11 February 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Philip Glanville	Mayor	London Borough of Hackney
Cllr Caroline Woodley	Cabinet Member for Family, Early Needs and Play	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
Jane Milligan	Accountable Officer	North East London Commissioning Alliance
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Anne Canning	Group Director: Children's, Adults and Community Health	London Borough of Hackney
Annie Roy	Project Officer: Integration	City of London Corporation

Ann Sanders	Governing Body Lay Member	City & Hackney CCG
Caroline Millar	Chair	City & Hackney GP Confederation
David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Strategic Director: Adults, Public Health and Integration	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Gary Marlowe	GP Member	City & Hackney CCG
Haren Patel	Clinical Director	PCN
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jenny Darkwah	Clinical Director	PCN
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Liz Hughes	Representative	Hackney Council for Voluntary Services
Nina Griffith	Workstream Director: Unplaned Care	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Sandra Husbands	Director of Public Health	London Borough of Hackney
Siobhan Harper	Workstream Director: Planned Care	London Borough of Hackney
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
Vanessa Morris	CEO	Mind in City, Hackney and Watlham Forest
	Members of the public were also present on the call, though are not named here for privacy reasons.	

Apologies – ICB members

Cllr Rebecca Rennison

Other apologies

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Dr Mark Rickets, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. Jake Ferguson noted a conflict in relation to Item 5. Jon Williams also added that Healthwatch were an advisor to the voluntary sector enabler.

2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. Questions from the Public

3.1. There were no questions from members of the public.

4. Minutes of the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. Voluntary and Community Sector Enabler – Business Case

5.1. Jonathan McShane introduced the item. He noted that the ICB should view the VCS enabler as a system resource. Mark Rickets added, as a procedural matter, that the board would be endorsing rather than approving the item as the CCG governing body held the resource which was tied to the prevention investment standard.

5.2. Vanessa Morris noted that since the VCS Enabler workstream had been approved in July there had been a serious inequality problem which had been exacerbated by the current crisis. In particular, we were building our outreach to the black and Caribbean communities.

5.3. Jake Ferguson noted that work had begun on this in April 2020 and much of it had been originally planned to fall under the prevention investment standard. The voluntary and community sector in Hackney consisted of roughly 800 organisations, and the toolbox would bring those organisations together to co-ordinate their work on a monthly basis to gather evidence of what was working in terms of engaging our communities.

5.4. Liz Hughes outlined the approach that would be taken with regard to VCSE Assemblies, particularly pointing to the example of vaccine hesitancy in the community.

5.5. Mark Rickets asked about the role of the System Sponsor. Jake Ferguson responded that the role would serve as an ambassador to understand the status quo around a specific issue, gather data, work to understand what the system feels the role of the voluntary sector would be and then for the VCS to agree areas of focus.

5.6. Jake Ferguson noted that in the case of vaccine hesitancy, we would be aiming to engage in dialogue with communities. Most people who were hesitant were not necessarily so because of conspiracy theories, but simply they wanted to make rational decisions about which vaccine to take but felt that they did not have the information available. He also noted that many people were not engaging in mainstream sources and were at the whim of social media algorithms – therefore they were placing faith in information that reached them via their phones which were not necessarily trustworthy.

5.7. Randall Anderson stated that he had concerns on this specific proposal – particularly as it is built on non-recurrent funding. If we were to build this function, it would be something that we would surely aim to keep. Secondly, he was unsure that the staffing model was correct as it appeared to be based on the non-recurrent funding model. Jake Ferguson responded that the original proposal had a larger grant allocation but the CCG correctly identified the resource which could be dedicated. On staffing, this was a reflection of under-investment in the voluntary sector.

5.8. David Maher added that the CCG had been a strong ambassador of the voluntary sector in City & Hackney. He also added that having the VCS as an enabler in the system was crucial, particularly in the context of the inequalities issues highlighted by the current pandemic. He also added that if this was approved, the voluntary sector would be significantly contributing to overall system effectiveness as people could receive a greater standard of care in the community.

5.9. Sunil Thakker added that we would need to revisit the investment on this new programme of work in the new financial year. System-level conversations would need to take place around the ongoing funding for this enabler group going forward but we were currently in an emergency funding situation.

5.10. Helen Fentimen added that there was a national framework for integration of the VCS to integrated care systems. She also asked about the relationship between the assemblies and neighbourhoods. Cllr Kennedy also added that the assembly could potentially become an unwieldy system that would cut across the work that needed to be done with communities. He also noted that the LBH policy team had not engaged with this to the degree they would like.

5.11. Jake Ferguson responded that we had been learning from the examples of other areas across the country, and there was a great deal of sharing and learning going on. In terms of evaluation, investment that goes through grant programs had a variety of mechanisms for evaluation what worked. In terms of working with the local authority policy teams, he was happy to work with them in the future. With regard to capacity, the investment requested here was not large enough to provide long-term sustainability to the VCS. Liz Hughes also responded that the assemblies would work alongside the Neighbourhoods teams.

5.12. Honor Rhodes stated that this should be fully integrated into the long-term functioning of the ICS. She also added that she was interested in how we could engage young people as there was a lot we could do in terms of our children and young people mental health service provision. She also offered to assist with service evaluation.

5.13. Marianne Fredericks added that the voluntary sector organisations were well-trusted within their communities. The enabler would be very useful for the City of London as there were currently a lot of informal groups.

5.14. Sunil Thakker also noted that this would be going via the CCG governance procedures if the ICB endorsed it today.

- **David Maher stated that he would follow-up on the System Sponsor detail with Mark Rickets, Sunil Thakker, Jonathan McShane and Jake Ferguson.**

5.15. The **City Integrated Commissioning Board**

- **NOTED** the report including the proposed VCSE Assembly model and decision making process to agree local priorities for action which can be undertaken by the VCSE in partnership with public bodies. The ICB and other parts of the system will be expected to work with the new Assembly and VCSETLG to identify key priorities which the VCSE can deliver community-focused and community led solutions to.
- **ENDORSED** the contract award of £300,000 to Hackney CVS on behalf of the Voluntary and Community Sector Transformation Leadership Group (VCSETLG) with funds from the unspent CCG PINS allocation for 2020/21.
- **ENDORSED** the role of a System Project Sponsor to work with the VCSETLG and Assembly to ensure smooth system integration alignment and to support the development of business cases for investment

5.16. The **Hackney Integrated Commissioning Board**

- **NOTED** the report including the proposed VCSE Assembly model and decision making process to agree local priorities for action which can be undertaken by the VCSE in partnership with public bodies. The ICB and other parts of the system will be expected to work with the new Assembly and VCSETLG to identify key priorities which the VCSE can deliver community-focused and community led solutions to.
- **ENDORSED** the contract award of £300,000 to Hackney CVS on behalf of the Voluntary and Community Sector Transformation Leadership Group (VCSETLG) with funds from the unspent CCG PINS allocation for 2020/21.
- **ENDORSED** the role of a System Project Sponsor to work with the VCSETLG and Assembly to ensure smooth system integration alignment and to support the development of business cases for investment

6. Integrated Care Evaluation Framework

6.1. Anna Garner introduced the item. Helen Fentimen noted that she had asked questions regarding evaluation at the previous ICB but had not seen this reflected in the paper. In particular, she wished to see more specific and tangible discussions of outcomes.

Anna Garner stated that she agreed in the importance of emphasising outcomes and if a conversation outside the meeting was necessary she would be happy to facilitate that.

6.2. Randall Anderson responded that he was unsure how much this would ultimately cost. Furthermore, he expected that, once this was approved, the Neighbourhoods groups would be up and running and therefore this proposal may have been brought about slightly late.

6.3. Honor Rhodes also added that this had arisen from an acknowledgment that organizational restructures don't always have objective metrics for evaluation and this work was designed to provide us with these measures. David Maher added that this was an ongoing piece of work but we had committed to it some time ago.

6.4. Cllr Kennedy added that we could get significant benefit from integration in places where hospital discharge and adult social care intersected.

6.5. Sunil Thakker asked if this was funding earmarked from underspend several years ago. Anna Garner responded that this was right and this was based on previous work that had been paused during the pandemic. Sunil Thakker stated that he would follow this up with Anna after the meeting.

6.6. Cllr Bramble highlighted the need to build-in flexibility to respond to the changes that have taken place.

6.7. The **City Integrated Commissioning Board**

- **APPROVED** the content of the evaluation framework.

6.8. The **Hackney Integrated Commissioning Board**

- **APPROVED** the content of the evaluation framework.

7. Housing First Update

7.1. Siobhan Harper introduced the item. The model had proven effective and the next steps were to build in evaluation of the service in order to provide a basis for ongoing funding of the scheme.

7.2. Cllr Rennison added that the scheme was very positive. She asked about the specific pathways into housing first for homeless people. Siobhan Harper responded that this was initially managed through partner organisations but there was a great deal of flexibility within the process.

7.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

8. Monthly Finance Update

8.1. Sunil Thakker introduced the item. He noted that the previous figure of £7.5m deficit had been managed and we were now in a break-even position.

8.2. Ian Williams also added that the council's financial position was challenging, and all local authorities had been placed into difficult situations. Much of the expenditure which made up the overspend in LBH related to covid-19 pressures. We would be receiving extra money for costs relating to covid-19 but they were related to a variety of costs and not just those related to social care. He also stated that he would bring back a paper on next year's budget.

- **Ian Williams to bring back a report on the 2021/22 budget to a future ICB.**

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

9. Workstream and Program Risk Registers

9.1. Matthew Knell introduced the item, noting that nearly all workstreams were reporting Q4 risks.

9.2. Randall Anderson stated that he was pleased to see the changes in the risk registers and appreciated that there was a lot of pressure right now due to covid-19, but this was a time in which we needed to pay attention to risks. He was unsure, however, as to why the CCG merger was listed as a red risk.

9.3. In relation to ICOM1, Carol Beckford stated that this was placed onto the register in the event that the merger would be deferred. As we approach April 2021, this risk is becoming less pertinent and the risk could likely be closed. Cllr Kennedy added that he was not sure the risk should be closed as we were not sure what the operational pressures would be in the new financial year. David Maher added that much of this would be covered under the March development session.

9.4. Matt Hopkinson added that the CYPMF19 risk had been escalated and next month would be reported as a red risk. There was a briefing paper in relation to this risk which could be shared with the ICB.

- **Matt Hopkinson to share briefing paper on risk CYPMF19 with the ICB.**

9.5. The **City Integrated Commissioning Board**

- **NOTED** the registers.

9.6. The **Hackney Integrated Commissioning Board**

- **NOTED** the registers.

AOB & Reflections

- Cllr Bramble thanked the voluntary sector for all the work that they had been doing during this difficult period.
- Honor Rhodes added that we should think more about gratitude at future meetings, particularly in relation to staff and residents.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBFeb-1	David Maher stated that he would follow-up on the **System Sponsor detail** with Mark Rickets, Sunil Thakker, Jonathan McShane and Jake Ferguson.	David Maher	11/02/2021	Mar-21	Open	
ICBFeb-2	Ian Williams to bring back a report on the **2021/22 budget** to a future ICB.	Ian Williams	11/02/2021	Mar-21	Open	Date TBD.
ICBFeb-3	Matt Hopkinson to share briefing paper on **risk CYPMF19** with the ICB.	Matt Hopkinson	11/02/2021	Mar-21	Open	

Title of report:	**Progress update on our transition to a City & Hackney Integrated Care Partnership and single NEL CCG**
Date of meeting:	11 March 2021
Lead Officer:	David Maher – CCG Managing Director
Author:	Carol Beckford – Transition Director (Interim) Nic Ib – Consultant (CSU)
Committee(s):	• CCG Members Forum – 18 February 2021 • CCG Governing Body – 26 March 2021
Public / Non-public	Public

Executive Summary:

The purpose of this paper is to provide and update on progress on transition to the Integrated Care Partnership and the NEL CCG merger.

We also attach, for information, the NEL paper entitled "Integration and innovation: working together to improve health and social care for all: Overview of Government White Paper setting out legislative proposals for Integrated Care Systems and what this means for NEL"

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the contents of the paper

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the contents of the paper

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	Transition to a new City & Hackney wide integrated care operating model to focus on addressing population health outcomes
Empower patients and residents	☐	

Specific implications for City

Members of the City of London will contribute to shaping the new Integrated Care Partnership

Specific implications for Hackney

Members of London Borough of Hackney will contribute to shaping the new Integrated Care Partnership

Patient and Public Involvement and Impact:

Representatives of PPI Committee will participate in the discussion on the development of the ICP at the Development session 16 March 2021

Clinical/practitioner input and engagement:

There was discussion on an earlier draft of this paper at the CCG Members Forum – 18 February 2021. Representatives of Members Forum will participate in the discussion on the development of the ICP at the Development session 16 March 2021.

Communications and engagement:

Communications and engagement signoff is not required for this paper. However, the communications and engagement team will use the contents of this paper to create internal and external communications content.

Equalities implications and impact on priority groups:

Not required at this stage

Safeguarding implications:

No safeguarding issues

Impact on / Overlap with Existing Services:

There is no impact on existing service provision

Main Report

Background and Current Position

This paper sets out:

- The City & Hackney – Integrated Care Partnership priorities
- Progress on the development of the two boards (ICPB and NH&CB)
- The City & Hackney local system
- Clinical leadership within the local system
- Subgroups of the ICP and NH&CB - progress
- TUPE consultation with CCG staff / Due diligence and CCG closedown
- Transitional management arrangements
- Transition oversight during 2021/22
- Lay and associate members & clinical leads
- Key events March to May 2021
- Benefits of the ICP and single CCG

.

Options

There are no options for consideration.

Proposals

We recommend that the Transition Oversight Group oversee the establishment of the 2021 transitional arrangements in support of the operating model and single CCG and adapts its membership to ensure it represents the wider partnership from April 2021.

Conclusion

The ICPB and NH&CB, underpinned by key subgroups will oversee the City & Hackney local system from April 2021.

Supporting Papers and Evidence:

No appendices

Sign-off:

City & Hackney CCG: David Maher – CCG Director

Progress update on our transition to a City and Hackney Integrated Care Partnership and a single NEL CCG

11 March 2021

Content

City & Hackney: Integrated Care Partnership Priorities

Major Transformation Programmes: Children, Young People, Families and Maternity

(Giving every child the best start in life)

	Children, Young People, Families and Maternity
Priority 1	Address increased risks associated with **safeguarding vulnerable children** presented by the pandemic and its economic and social consequences
Priority 2	Expand and adapt current and future **CAMHS** and other provision to better meet specific community-based **family mental health and emotional health and wellbeing needs**
Priority 3	A community-specific, long-term strategy to turn around our historically low local take-up of **childhood immunisations**, building on recent achievements
Priority 4	Further integration of support for **disability and additional needs** which pro-actively responds to recent significant increases
Priority 5	Achieving **quality improvements in maternity** and adapting to direct and indirect COVID risks
Priority 6	Continuing to develop whole-system **support to families** which addresses inequalities and builds more effective partnerships with communities and the voluntary sector
Priority 7	Ensuring that multi-agency work and **service delivery models in Neighbourhoods** link effectively with services and strategies for children, young people, maternity and families

City & Hackney: Integrated Care Partnership Priorities

Major Transformation Programmes: Neighbourhoods and Communities (Living Well)

	Neighbourhoods and Communities
Priority 1	Ensuring that all primary and community and voluntary **services in Neighbourhoods are accessible and safe in the context of the coronavirus**, and that we have suitable plans in place to reduce the impact of seasonal flu and a potential second wave
Priority 2	Implementing **new models of care across different services and organisations** to promote more personalised, joined-up, holistic and preventative care delivered in Neighbourhoods
Priority 3a	Developing a range of **urgent and rapid response services** which allow residents to be treated closer to home, and to reduce time spent in hospital
Priority 3b	Improving **support to people in crisis** or in distress; reducing the rising admission on psychiatric wards and mental health A&E attendance
Priority 4	**Addressing a wider range of people's mental health and wellbeing needs at home**, within primary care and through culturally appropriate local community resources, and supporting people with Severe Mental Health Illness and personality disorder in the community through MH community transformation and expanding digital access
Priority 5	Restoration of elective activity and reducing the numbers of people waiting for care as a result of the coronavirus pandemic including **proactively focusing targeted interventions on those residents with long term conditions who are most at risk**

City & Hackney: Integrated Care Partnership Priorities

Major Transformation Programmes: Rehabilitation and Independence (& Aging well)

	Rehabilitation and Independence
Priority 1	**Better integrating the health and care offer to residents in care homes and residential settings** as a local system, including more proactive support by primary care, and better support for testing and infection prevention and control
Priority 2	Ensuring that the 'in for good' approach taken to **support homeless people and rough sleepers** is maintained and built upon
Priority 3a	Building on **effective discharge processes** while maintaining consistent and effective discharge and continuity of care for residents
Priority 3b	Ensuring that we **improve end-of-life care** within our health care system, including all age psychological support for families in relation to bereavement
Priority 4a	Developing new pathways and services for **residents with long term rehabilitation needs after COVID-19**
Priority 4b	**Supporting people with dementia** by improving diagnostic rates and developing the community dementia hub outreach programme
Priority 5	Ensuring that we proactively monitor and **address the additional needs of particularly vulnerable patients** such as patients with learning disabilities and patients most likely to be adversely affected because of inequalities resulting from the pandemic, including digital integration of care and digital inclusion
Priority 6	**Addressing the impact of the pandemic on depression and anxiety** by expanding IAPT access, including access for people with LTCs

Progress on development of the two boards

Integrated Care Partnership Board

Overview

- The City and Hackney Integrated Care Partnership will have new governance arrangements built around an Integrated Care Partnership Board (ICPB) and a Neighbourhood Health and Care Board (NHCB)
- The ICPB will be a broad partnership body that sets the overall vision and strategy for the local system
- The NHCB will be responsible for delivery based on a mandate issued by the ICPB

Terms of Reference

- Draft Terms of Reference for ICPB have been produced and are being reviewed by lawyers from partner organisations
- We have asked for references to the Health and Wellbeing Boards and the current Integrated Commissioning Board (which will continue as part of ICPB) to be more explicit
- A consolidated pack that sets out ToR for ICPB and NHCB and explains how business will be transacted in practice will be produced with a view to getting approval from the ICB development session on 16th March

Membership

- Membership is now settled subject to final approval from the ICB development session

Neighbourhood Health and Care Board

Overview

- The first transitional meeting of the Neighbourhood Health and Care Board will take place in March
- It will review Terms of Reference and receive a briefing on the local system financial context for next year. The NHCB will confirm bids for investment (and consider prioritisation principles) of the Transformation Investment Fund from the interim Alliance Agreement
- The first meeting of the NHCB will also agree a forward work programme of topics for the NHCB to consider in its first three months of existence

Considering transitional governance

In particular, the work forward work programme will consider transitional governance and distributed accountability in the following areas:

- Transition from the AOG to the NHCB – ensuring that all AOG responsibilities and accountabilities are considered
- Transition from the SOC to the System Delivery Group
- Arrangements for local system clinical leadership
- Developments to system-wide programme management arrangements, and evolution of existing integrated commissioning workstream arrangements
- Review of SRO responsibilities for system enablers and effectiveness of existing arrangements

Proposed board membership and roles

Integrated Care Partnership Board

There is limited guidance on the membership of an ICP Board. The board should reflect the breadth of the local health and care system and should include providers. Members of the CCG Area Sub Committee will be members of ICPB. In City and Hackney we want to build on the existing ICB including the democratic accountability that comes from having elected members on the board. Non-executive and lay members could lead on specific areas for the board

Existing ICB membership

- 3 elected members from each of LB Hackney and City of London

CCG Area Sub Committee

- Borough Clinical Chair
- NEL Accountable Officer
- NEL Finance Director
- City and Hackney ICP Lead
- NEL Lay Member for City and Hackney

Additional ICPB Members

- City and Hackney Associate Lay Member who Chairs the People and Place Group
- Director of Public Health
- 1 Senior officer from each of LB Hackney and City of London
- 2 representatives from Primary Care Networks
- 2 representatives (NED and CEO) – GP Confed
- 2 representatives (NED and CEO) – Homerton
- 2 representatives (NED and CEO) – ELFT
- ICP Clinical Lead
- 1 representative – voluntary and community sector
- 1 representative from City Heallthwatch and 1 representative from Heallthwatch Hackney

Neighbourhood Health and Care Board

Until recently we have labelled local system roles as “System Lead”. From now on we will label these roles as “ICP Lead” to avoid confusion with the wider NEL integrated care system

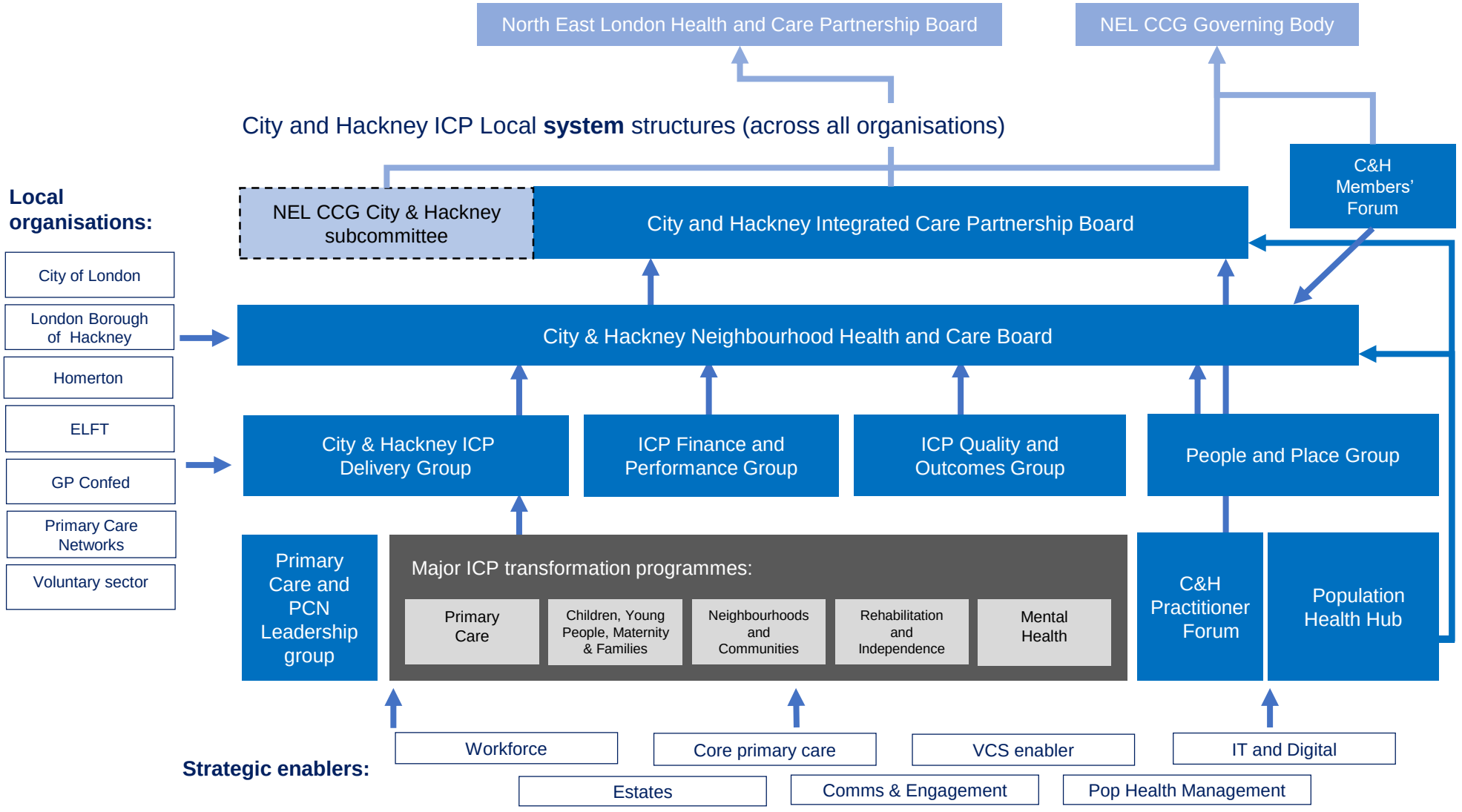
Organisational leadership roles

- Accountable officer / executive for East London FT
- Accountable officer / executive for City and Hackney GP Confed
- Accountable officer / executive for Homerton University Hospital FT
- Group Director with responsibility for adult services, LB Hackney
- Group Director with responsibility for children’s services, LB Hackney
- Group Director with responsibility for health and social care, City of London Corporation
- Primary Care Network Clinical Directors x 2

Local system level leadership

- ICP Executive Lead – Tracey Fletcher
- ICP Clinical Lead
- ICP Operational Delivery Lead
- ICP Financial Lead
- ICP Quality Lead

The City & Hackney local system

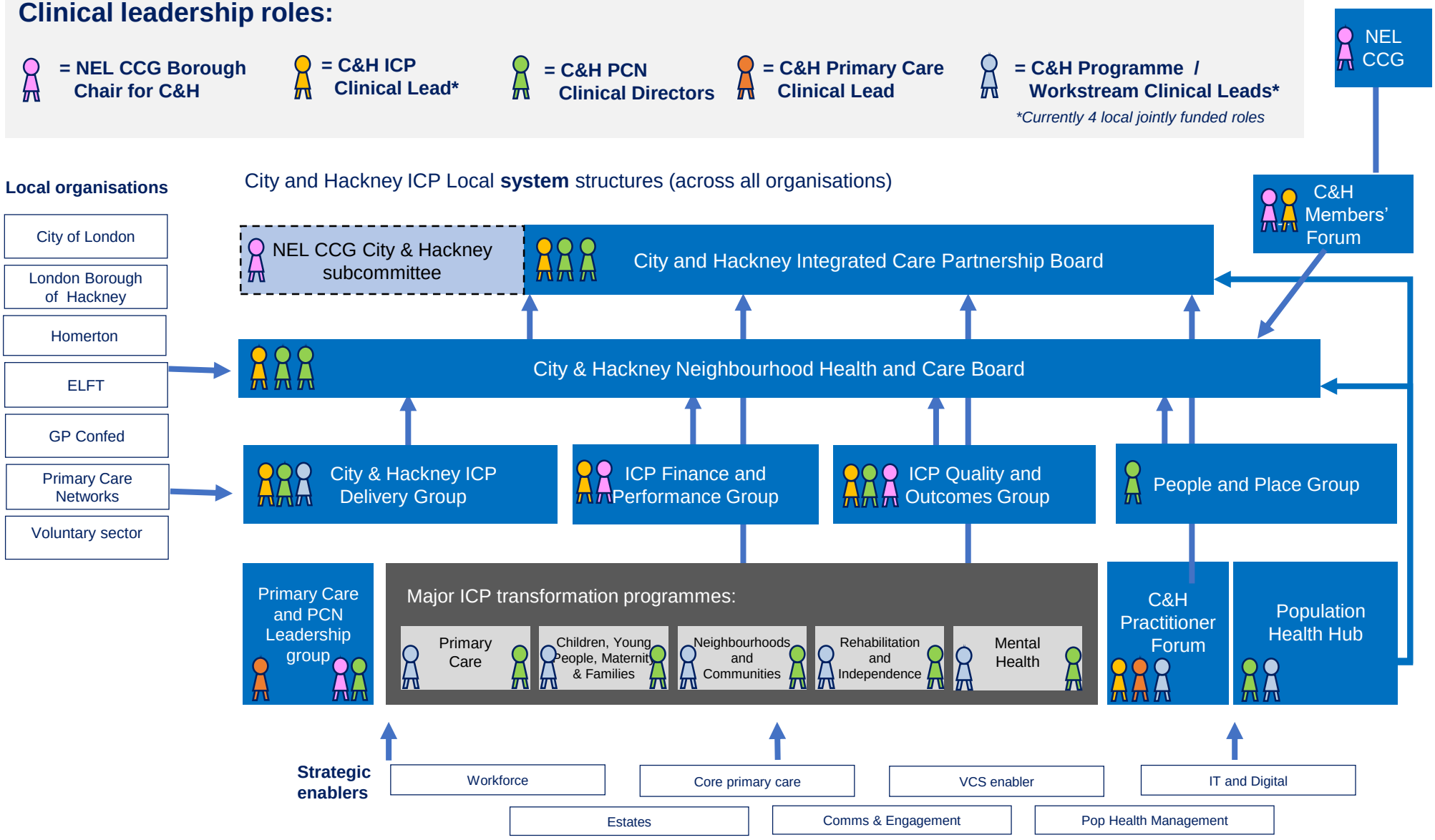


Clinical leadership within the new C&H system

Clinical leadership roles:

- = NEL CCG Borough Chair for C&H
- = C&H ICP Clinical Lead*
- = C&H PCN Clinical Directors
- = C&H Primary Care Clinical Lead
- = C&H Programme / Workstream Clinical Leads*

*Currently 4 local jointly funded roles



Subgroups of ICPB and NH&CB – progress

The ambition is to put three subgroups of the ICPB and NH&CB in place by April 2021. The current status:

- **Finance & Performance**: The immediate focus has been on ensuring legal and compliance readiness for the CCG merger. In March work will take place with finance and performance leads from the local system to discuss how plans, priorities, budgets and performance will be reviewed and monitored on behalf of the ICP so that the subgroup can commence its transitional meetings from April 2021

- **Quality & Outcomes**: Subject to Covid-19 pandemic priorities there will be a workshop with clinicians and managers accountable for oversight of quality and outcomes in the local system. This workshop is likely to take place in March 2021. The NEL Quality Group has already met with City & Hackney representation. Current information suggests that our local Quality & Outcomes subgroup is likely to be established April/May 2021

- **People & Place**: The People and Place sub-group will cover PPI, Equality and Diversity, Sustainability and Social Value. To ensure that the subgroup can address its wider scope there has been a survey of stakeholders to determine what is known and understood about the three themes and to determine potential future ambitions. The local system People & Place subgroup aims to be established in transitional form by April 2021

The formal accountabilities of the subgroups to the ICPB and NH&CB need to be confirmed and documented in their respective terms of reference and subsequently endorsed/signed off by the appropriate senior governance forum (ICPB/NH&CB). This will confirm where each subgroup gets its power, authority and autonomy from.

TUPE Consultation with CCG staff

- TUPE consultation with CCG closed 19 February 2021. The official report of the outcome of the TUPE consultation will be made available by NEL by mid-March 2021.

Due diligence & CCG closedown

- The due diligence process to oversee the transfer of assets and contracts from the seven CCGs to the single NEL CCG is underway and is being led by the Director of Corporate Affairs (NEL), supported by NEL's lawyers (Browne Jacobson).
- Scope of due diligence includes areas such as: contracts and commercial agreements, clinical governance, estates, intellectual property etc. CCG SMT members who have oversight of contracts are ensuring that contract and contract durations will be as expected for the City & Hackney local system.
- Scope of closedown includes areas such as: governance, assets and liabilities, claims and litigation etc.
- Within City & Hackney the Executive Director of Finance and his team are leading and coordinating City & Hackney's contribution to this programme of work.

Transitional management arrangements

- The NEL Accountable Officer (Jane Milligan), the ICP Executive Lead (Tracey Fletcher) and the City & Hackney CCG Managing Director (David Maher) have agreed the transitional management arrangements for CCG staff working in the City & Hackney local system on the departure of the Managing Director at the end of March 2021.
- An Interim Director of CCG Transition has been appointed from the CCG senior team. Siobhan Harper will take on the role for a minimum of 6 months. Siobhan has previously been a Deputy Chief Officer for the CCG and has led the Planned Care workstream for many years.
- This role will support Mark Rickets in his role as chair, and Tracey Fletcher in her role as ICP Lead within the NEL ICS to develop further ways of integrating and improving our work locally.
- This role will also ensure the principles we established during the merger debate are realised and enshrined across the new operating model.
- CEC and PCNs will continue to meet in the spirit of developing a new clinical leadership model over the summer which reflects the wider opportunities for clinical and practitioner leadership

Transition oversight during 2021/22

A Transition Oversight has been established to oversee transition to the new operating model. Its purpose is to provide challenge to the system and ensure all of the necessary transition actions are delivered satisfactorily – the technical requirements, the support to staff and preservation of the best of City & Hackney's culture in the new system: which means leaving the City & Hackney CCG with a sense of pride. This group will meet monthly. Group membership is as follows:

Members of the Transition Oversight Group.

- Sue Evans – CCG Governing Body Lay Member (Chair)
- Honor Rhodes – CCG Governing Body Lay Member
- Ann Sanders – CCG Governing Body Lay Member
- Gary Marlowe – CCG Clinical Vice Chair
- Kirsten Brown – CCG Governing Body Member
- Anna Garner – CCG Staff representative

Transition Leads

- Tracey Fletcher – CEO Homerton UFT
- David Maher – CCG Managing Director to 31 March 2021. (Interim Transition Director from 1 April 2021)

This Transition Oversight Group Membership is designed to get the group launched. Partners need to be part of the process of agreeing the scope of the group and setting priorities. Therefore, this group will evolve over time depending on where we are in the Transition Programme during 2021/2022

Lay and associate members & Clinical leads

Lay and associate members: NEL Governing Body & City & Hackney local system

- It has been agreed that within the City & Hackney local system there will be a NEL CCG lay member who will be a member of the City & Hackney Area Committee. The successful candidate Sue Evans has been appointed.
- In addition, there will be three associate lay members who will work with the ICPB, NH&CB, local subgroups and enabler groups. The appointment process for the City & Hackney associate lay members is underway and will be complete before end March 2021

Clinical leads

- In the interests of continuity and stability City & Hackney have agreed with NEL to renew the current arrangements with nearly all clinical leads for the local system from April 2021 through to March 2022. This creates a firm foundation for the development of the major programmes and priorities which underpin the new operating model

Key events – March to May 2021

MARCH	APRIL	MAY
	• CCG **Merger complete, CCG staff transferred to NEL CCG** (1st) • Lay & Associate Lay **Members in place** (1st) • Clinical leads re-appointed	
ICB/ICPB meeting (11th)	First **ICPB** meeting (8th)	Second **ICPB** meeting (13th)
First **NH&CB** meeting (Date not set)	Second **NH&CB** meeting (Date not set)	Third **NH&CB** meeting (Date not set)
• **Transition Oversight Group** Meeting (8th) • **ICPB Development Session** (16th)	**Transition Oversight Group** Meeting (Date not set)	**Transition Oversight Group** Meeting (Date not set)
Enabler Group SRO arrangements confirmed (Date not set)		
• Existing CCG **Governance mapped to new operating model** governance (Date not set) • Local system **Quality & Outcomes** workshop (24th)	First transitional **People & Place** Group meeting (Date not set)	
New **leadership and management** arrangements in place (Date not set)	NEL/ICP **Mandate** received (Date not set)	ICP/NH&CB **Mandate** agreed (Date not set)
• **Departure of CCG MD** (19th March) • Directors of Finance meeting to discuss principles of **Finance & Performance subgroup** (Date not set)	First transitional **Finance & Performance subgroup** meeting (Date not set)	

Benefits of the new Integrated Care Partnership approach & single CCG

- **Clinicians** will continue to lead on service improvements for patients with improved interfaces with social care and other community services
- **Primary Care leadership** will continue to be the anchor for quality improvements through the CH Members Forum, the Primary Care and PCN Leadership Group (which replaces the Clinical Executive) and the NEL CCG Governing Body. PCN Clinical Directors will have representation on the ICPB and the NH&CB.
- Decision-making will sit as **locally as possible** with improved levels of accountability by involving partners at all levels
- An opportunity to **really build Primary Care Networks** and support and embed clinical leadership at a neighbourhood level
- The Integrated Care Partnership Board will be an opportunity for improved integration and **increased accountability** by including our providers as partners
- A NEL ICS helps strengthen what we have achieved. It allows us to **influence specialised commissioning** and creates more efficient interfaces with regulators
- **Increased transparency** for our residents with major planning decisions happening across the partnership in public and with clear clinical leadership
- Improved **opportunities for maximising the City & Hackney pound** with current CCG allocation held locally, and partner organisations accountable for maintaining financial and social value as a partnership
- **To ensure primary care remains the bedrock of our planning, we introduced a triple lock to ensure resources and leadership are appropriately weighted towards those resources closest to people and their communities. This triple lock includes a commitment to maintain or increase both core and enhanced primary care investment, plus a commitment to ensure GP voice at all levels of decision making**

East London Health & Care Partnership

Integration and innovation: working together to improve health and social care for all

Overview of Government White paper setting out legislative proposals for Integrated Care Systems and what this means for NEL

White paper - key points to note

East London Health & Care Partnership

The white paper outlines plans to build on the 2019 NHS Long Term Plan and proposes the following:

- **Improving accountability in the system**. A merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England.
- **Legislate for integrated care systems**, focusing on integration within the NHS to remove boundaries to collaboration as well as integration involving greater collaboration between the NHS and local government and wider partners
- NHS and local authorities will be given a **duty to collaborate** with each other
- **ICS's will be put on a statutory footing** comprising of an ICS health and care partnership bringing together the NHS, local government and partners alongside an ICS NHS body which will be responsible for the day to day running of the ICS
- A key responsibility for these systems will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
- There are also measures around **reducing bureaucracy** (a focus on changes to competition law and procurement) and improving accountability (more powers for the Secretary of State over NHS England)

ICS legislation

East London Health & Care Partnership

- A statutory ICS will be formed from
  - NHS ICS body
  - ICS health and care partnership

Integrated Care System

NHS ICS body	Health and care partnership
Will merge some of the functions currently being fulfilled by STPs with the functions of a CCG and will be responsible for: • Day to day running of the ICS • Developing a plan to meet the health needs of the population within their defined geography; • Developing a capital plan for the NHS providers within their health geography; • securing the provision of health services to meet the needs of the system population	Will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and be responsible for: • developing a plan that addresses the wider health, public health, and social care needs of the system • the ICS NHS Body and Local Authorities will have regard to that plan when making decisions.

A key responsibility for ICSs will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector as well as delegate to emerging **provider collaboratives**

ICS Governance

East London Health & Care Partnership

NHS ICS body

- Each ICS NHS body will have a unitary board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
- The board will, as a minimum, include:
  - A chair and the CEO
  - Representatives from:
    - NHS trusts
    - general practice
    - local authorities
    - others determined locally for example non-executives.
- NHSE will publish further guidance on how Boards should be constituted, including how chairs and representatives should be appointed.

Health and care partnership

- Members of the ICS Health and Care Partnership could be drawn from a number of sources including:
  - Health and Wellbeing Boards within the system
  - partner organisations with an interest in health and care (including Healthwatch, voluntary and independent sector partners and social care providers)
  - and organisations with a wider interest in local priorities (such as housing providers).
- ICS should set up a Partnership and invite participants – local areas can appoint members and delegate functions to it as they think appropriate.
- The ICS Health and Care Partnership could also be used by NHS and Local Authority Partners as a forum for agreeing co-ordinated action and alignment of funding on key issues

Clinical leadership - ICSs will also need to ensure they have appropriate clinical advice when making decisions.

How the ICS will work

East London Health & Care Partnership

Financial remit - a duty will be placed on the ICS NHS Body to meet the system financial objectives which require financial balance to be delivered. The ICS NHS Body will not have the power to direct providers but arrangements will be supplemented by a new duty to compel providers to have regard to the system financial objectives so both providers and ICS NHS Bodies are mutually invested in achieving financial control at system level.

Duty to collaborate - placed on NHS organisations (both ICSs and providers) and local authorities with the Secretary of State for Health and Care to be able to issue guidance on what delivery of this duty means

Triple Aim duty on health bodies, including ICSs focused on: better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

Joint committees - proposing to create provisions relating to the formation and governance of these joint committees and the decisions that could be appropriately delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

Collaborative commissioning – focus on working across ICS boundaries allowing services to be arranged for combined populations - allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a "double-delegation".

Patient voice – role of Healthwatch and others in strengthening patient voice at place and system levels – focus on genuine co-production

What this means for North east London

East London Health & Care Partnership

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs will become one single CCG for NEL, we will still be establishing our ICS board and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities

A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down to the local level, but NEL ICS will maintain some functions where it is appropriate to operate at scale.

People at the heart of everything we do

We are committed to:

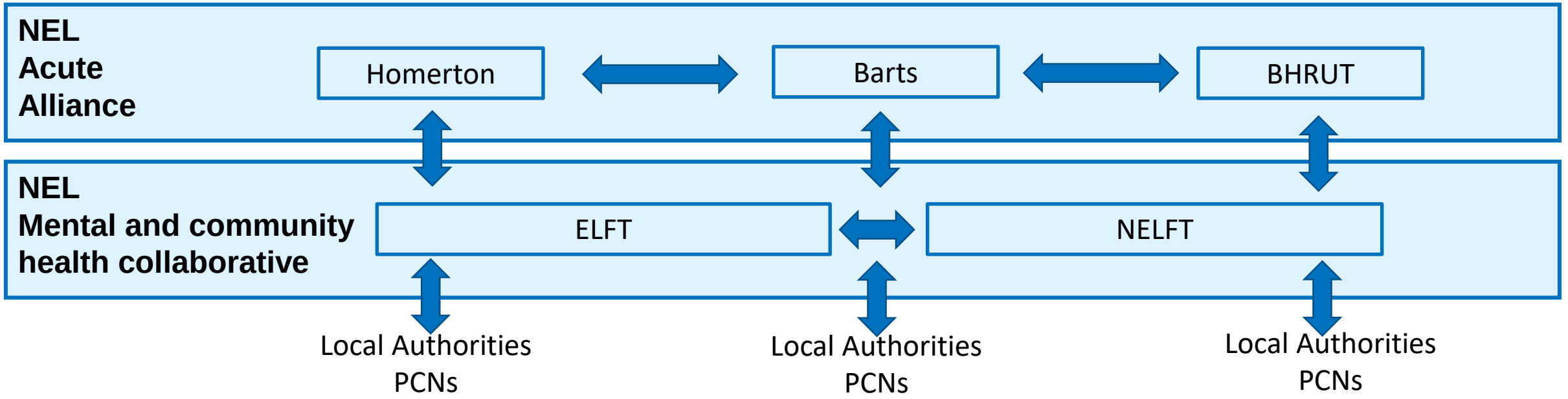
- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

Provider collaboration

East London Health & Care Partnership

NHS provider trusts will be expected to be part of provider collaboratives, in order to:

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.



Expected timeline

- The Bill is likely to go through Parliament in the summer, with Royal Assent expected by January 2022.
- We will be aiming to move in to a transition phase in NEL from September 2021.

Title of report:	City & Hackney Population Health Hub - scoping paper
Date of meeting:	11 March 2021
Lead Officer:	Sandra Husbands
Author:	Sandra Husbands, Jayne Taylor, Anna Garner
Committee(s):	Integrated Care Board 11/03/21 - for discussion/feedback
Public / Non-public	Public

Executive Summary:

In August 2020, City and Hackney ICB approved the dissolution of the Prevention Workstream and endorsed the recommendation to create a new Population Health 'Hub'. Around the same time, both Health and Wellbeing Boards (in the City and Hackney), as well as City & Hackney ICB, adopted the King's Fund population health framework to guide local action to improve population health and reduce inequalities.

Since then, a new City & Hackney Health Inequalities Steering Group has been convened, focused initially on mitigating the inequalities impacts of COVID-19 (see separate paper on today's agenda). The Steering Group has identified a number of priorities for action that fall within the scope of the proposed Population Health Hub.

This scoping paper outlines the proposed purpose and functions of the new Population Health Hub, and describes the system resources required to enable the Hub to operate effectively.

This is a discussion paper and is presented to the Board to invite comment and opinion to shape the design and effective operation of the Hub.

Recommendations:

The **City Integrated Commissioning Board** is asked to consider and provide feedback on the following questions:

- Does the stated purpose and proposed functions of the Population Health Hub meet the needs and ambitions of the new City & Hackney Integrated Care Partnership?
- Are there any other existing resources or supporting infrastructure that should/could play in to the Hub?
- What commitment are ICB partners able/willing to contribute to resource the Hub - in ££ or in kind?
- Where should the Population Health Hub sit within the new ICP governance

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

structures? How will it interact with other (enabler) groups?

The **Hackney Integrated Commissioning Board** is asked to consider and provide feedback on the following questions:

- Does the stated purpose and proposed functions of the Population Health Hub meet the needs and ambitions of the new City & Hackney Integrated Care Partnership?
- Are there any other existing resources or supporting infrastructure that should/could play in to the Hub?
- What commitment are ICB partners able/willing to contribute to resource the Hub - in ££ or in kind?
- Where should the Population Health Hub sit within the new ICP governance structures? How will it interact with other (enabler) groups?

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	✓	The proposed purpose of the Hub is to provide timely and actionable intelligence, develop practical tools and lead specific projects to influence and support system partners to improve population health and reduce inequalities
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

This is a City and Hackney proposal.

There are some limitations on data availability for the City of London (due to small numbers and the need to protect anonymity) that may prevent localised intelligence being available to support some aspects of the work of the Hub. We will work closely with City partners to seek alternative sources of data and intelligence wherever possible.

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

Specific implications for Hackney

None. This is a City and Hackney proposal.

Patient and Public Involvement and Impact:

This is an early discussion paper. There has been no patient or public involvement to date.

Clinical/practitioner input and engagement:

This is an early discussion paper. There has been no clinical/practitioner involvement to date.

Communications and engagement:

This is an early discussion paper. There has been no comms and engagement on these proposals to date. A comms and engagement plan will be developed when a more detailed proposal has been developed.

Comms Sign-off
N/A - see above

Equalities implications and impact on priority groups:

By supporting system partners to take a population health approach, the Hub will make a direct contribution to tackling health inequalities across the City and Hackney.

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

The proposed functions of the Population Health Hub will improve the design and delivery of existing services and pathways, and have a positive impact on service access, experience and outcomes across the health and care system.

Main Report

SEE SEPARATE POWERPOINT SLIDES

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Sign-off:

Sandra Husbands, Director of Public Health This paper was also endorsed by AOG members (03/03/21)

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CITY & HACKNEY POPULATION HEALTH HUB SCOPING PAPER (for discussion) - MARCH 2021

Sandra Husbands

Jayne Taylor
Anna Garner
Diana Divajeva
Chris Lovitt
Mark Golledge

BACKGROUND AND CONTEXT

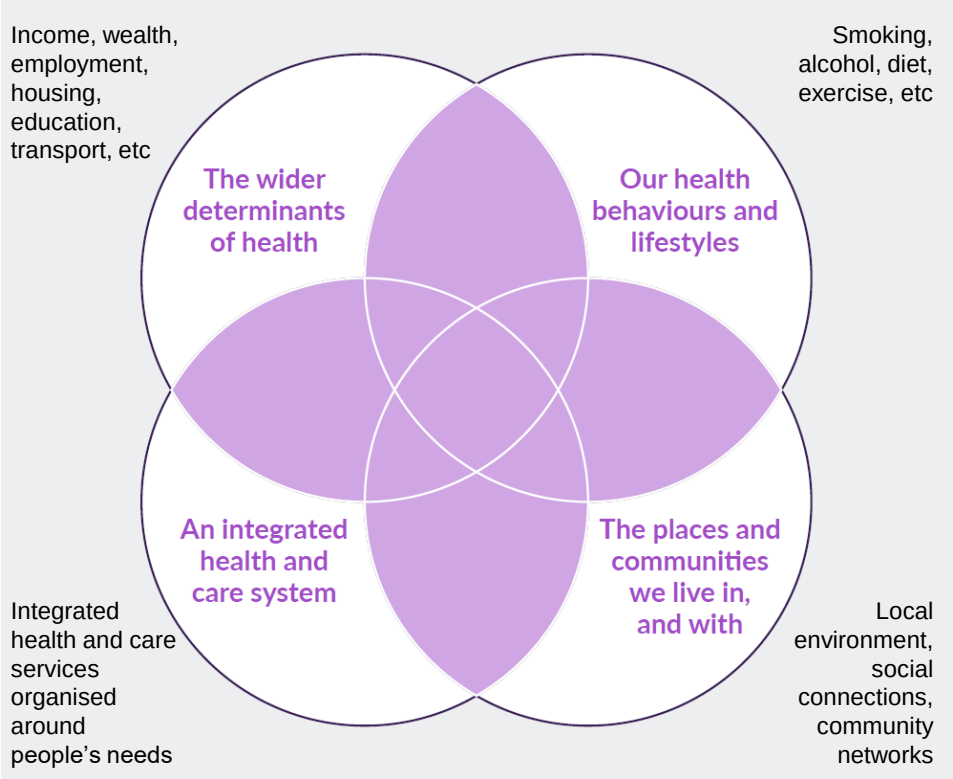
In August 2020, City and Hackney ICB approved the dissolution of the Prevention Workstream (one of four workstreams established to deliver transformation programmes in support of the objectives of the City & Hackney integrated care system) and endorsed the recommendation to create a new Population Health 'Hub'.

Around the same time, both Health and Wellbeing Boards (in the City and Hackney), as well as City & Hackney ICB, adopted the King's Fund population health framework to guide local action to improve population health and reduce inequalities.

Since then, a new City & Hackney Health Inequalities Steering Group has been convened, focused initially on mitigating the inequalities impacts of COVID-19. The Steering Group has identified a number of priorities for action that fall within the scope of the proposed Population Health Hub.

The outline proposals set out in this paper were strongly endorsed by AOG members on 2 March 2021.

POPULATION HEALTH FRAMEWORK



Source: King's Fund

Population health is described by the King's Fund as...

"...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system."

Taking a population health approach means:

- rebalancing investment across the four 'pillars'
- focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact
- system partners taking shared responsibility for improving population health.

Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.

PURPOSE

The proposed City and Hackney Population Health Hub will be a **shared, system resource** with the following broad aim.

- To provide timely and actionable intelligence, develop practical tools and lead specific projects to influence and support system partners to improve population health and reduce health inequalities.

It will do this by:

1. supporting the development and implementation of both the City's and Hackney's Health and Wellbeing Strategies
2. supporting the C&H Integrated Care Partnership to take a population health approach in the design and delivery of health and care services for local people - enabling more efficient use of system resources and improving outcomes
3. supporting the development and implementation of Neighbourhood population health plans
4. working in partnership with the C&H Health Inequalities Steering Group to support delivery of its priority action plans
5. leading on the delivery of key population health programmes and initiatives (incl Make Every Contact Count, Prevention Investment Standard, community health champions).

Rather than a formalised group with associated governance structures, it is envisaged that the Hub will be a collaborative of existing and new capacity and resources that will combine to develop and implement a programme of work as part of a City and Hackney population health framework.

The Hub will ensure effective deployment of appropriate analytical resources in response to system needs.

PROPOSED FUNCTIONS OF THE HUB

	ACTIVITIES TO SUPPORT POPULATION HEALTH OBJECTIVES	Role of Hub
1 Intelligence & analysis	● Timely analysis of data (including linked individual-level data, in accordance with Caldicott principles) to inform decision making ● Integrate qualitative and quantitative intel to create actionable insights ● Utilise existing population health intelligence (JSNA, Neighbourhood Profiles, etc) and community insight to produce recommendations for action ● Produce/maintain accessible and interactive dashboards for users to produce their own intelligence ● Undertake population health needs assessments, service monitoring and evaluation, health/equality impact assessments, health equity audits, etc ● Training function to build wider system analytical capacity ● Health economic analysis	Lead
2 Evidence & guidance	● Proactive and reactive literature reviews to inform service redesign, commissioning and wider strategy development ● Rapid evidence reviews to inform timely decision-making; full lit reviews as part of longer-term strategic planning ● Leverage wider knowledge management resources e.g. from Public Health England ● Ensure planning informed by latest evidence-based guidelines (from NICE etc)	Lead
3 Research & evaluation	● Agree priorities for research and use to establish/cement academic partnerships, and collaborate on funding bids, for population health research & evaluation. Ensure research is locally relevant and results implemented for improvement	Lead
4 Community insight	● Expertise and support in the design of community insight and research activity ● Analysis and interpretation of community insight on population health needs and assets	Support
5 Service improvement	● Use of population health intelligence, evidence and research as part of an enhanced Quality Improvement approach that drives innovation through whole service/pathway improvement	Support
6 Embed prevention & health equity in local decision-making	● Development of tools, resources and interventions to (a) leverage a shift in focus and investment towards prevention (b) incentivise and facilitate routine consideration of health equity in decision making and service planning	Lead/support

EXISTING RESOURCES & SUPPORTIVE INFRASTRUCTURE

CITY & HACKNEY

PEOPLE / GROUPS

C&H System Intelligence Group
- C&H Public Health Intelligence Team
- LBH Data & Insights Team
- NHS Information and Performance teams (CCG, Homerton, ELFT, ?GPC)
- LBH and CoL Information & Performance teams (adults, children)

C&H Public Health specialist staff
NHS Quality (Improvement) Teams C&H IC comms & engagement group
IT Enabler

DATA & INSIGHTS

JSNA, Neighbourhood/PCN Profiles, Ward Profiles
Population needs assessments
Service evaluations and audits
Commissioned services activity/performance data
NHS acute, community, primary care data
LBH Policy & Strategic Delivery insights
City, Hackney Healthwatch resident feedback
NHS, local authority comms & engagement team insights
HCVS/VCSE community insights

DATABASES, SYSTEMS, PLATFORMS

PH COVID-19 Tableau dashboard
C&H JSNA website
NHS patient databases/systems
CoPlug
Qlik, Mosaic (LBH)

NEL

NEL Inequalities Intelligence & Insights Group
NEL analysts group (informal)
CEG (WEL, C&H)
WEL Financial Strategy Team
NEL CSU
NHSE ICS Pop Health Management Development Programme - NEL group

CoPlug?
East London primary care database (CEG)
Discovery
NEL CCG data warehouse/repository
NEL COVID-19 Recovery & Resilience and Leading Indicators dashboards

LONDON & NATIONAL

PHE London Knowledge & Evidence Specialist

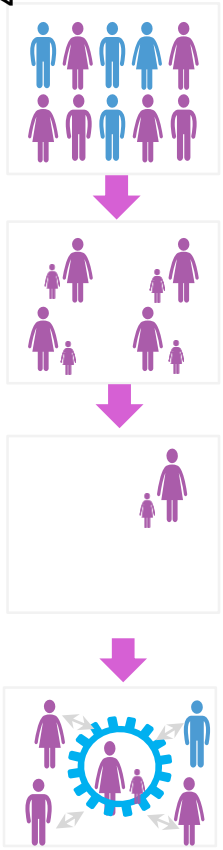
GLA Datastore
PHE Fingertips

RESOURCE REQUIREMENTS - CORE TEAM/CAPACITY

ROLE/FUNCTION	RESOURCED FROM
Accountable Officer (DPH)	Public Health
Lead Public Health Consultant for Population Health	Public Health
??Senior day-to-day strategic programme lead (1xFTE)??	TBC
Pop Health programme manager (1xFTE)	Public Health
C&H ICP Head of Performance & Pop Health input	CCG/ICP
Principal Public Health Analyst input	Public Health
Population health analyst (1xFTE)	TBC
Qualitative research/community insight methods expertise	TBC
Behavioural science expertise	LB Hackney Change Support Team
Health economics expertise	TBC
Knowledge management/evidence review expertise	TBC
Quality improvement expertise and capacity	TBC
Academic partnership(s)	UEL/QMU/UCLP/TBC
Population health project officer (specific projects TBD) x2	TBC
Admin support	TBC

CASE STUDY EXAMPLE:
Benefits of a C&H Population Health Hub resource

ANTICIPATORY CARE APPROACH IN NEIGHBOURHOODS



1. We need to understand the numbers and breakdown of people living with multiple long-term conditions within each Neighbourhood
e.g. numbers living with 2+, 3+, 4+, 5+ LTCs and the breakdown by age, ethnicity and list of LTCs.

2. With practitioner / clinical input we need to define a manageable cohort (of those with multiple LTCs) that would benefit from proactive and coordinated care in the community and associated numbers e.g. people in a particular high risk cohort (severe COPD) + more than 2 LTCs.

3. The Neighbourhood Team (inc. care coordinators) need to run a list of these residents for proactive contact (risk stratification) e.g. run a list from EMIS (across the Neighbourhood / PCN as a whole rather than GP Practice) to identify patients. Referrals by professionals into MDTs will continue.

4. The Neighbourhood Team (including care coordinators) will focus on person-centred engagement with residents. This will focus on what matters to people and develop a person-centred care plan. It will be supported by evidence-based interventions and bring together the MDT to deliver coordinated support.

Anticipatory care is about taking a population-health approach to supporting residents within Neighbourhoods. It will (in due course) become a core contract requirement for Primary Care Networks - but requires work from all system partners to be successful.

We are already progressing with this approach in City and Hackney because it is key to delivering Neighbourhoods. It will build on the Neighbourhood Multi-Disciplinary Meetings which were established last year.

This approach involves:

- A focus on holistic person-centred care (rather than supporting individual long-term condition pathways).
- A proactive and preventative approach that identifies a specific cohort of residents within a Neighbourhood with rising needs. They will often have long-term care needs in the community.
- Person-centred discussions with residents which focus on what matters to them.

Over time we would want to develop a more sophisticated approach which takes into account wider social factors.

The population health hub can support in the areas highlighted on the following slide.

ANTICIPATORY CARE: HOW POPULATION HEALTH HUB CAN ASSIST

The Population Health Hub can support the delivery of anticipatory care in the following areas

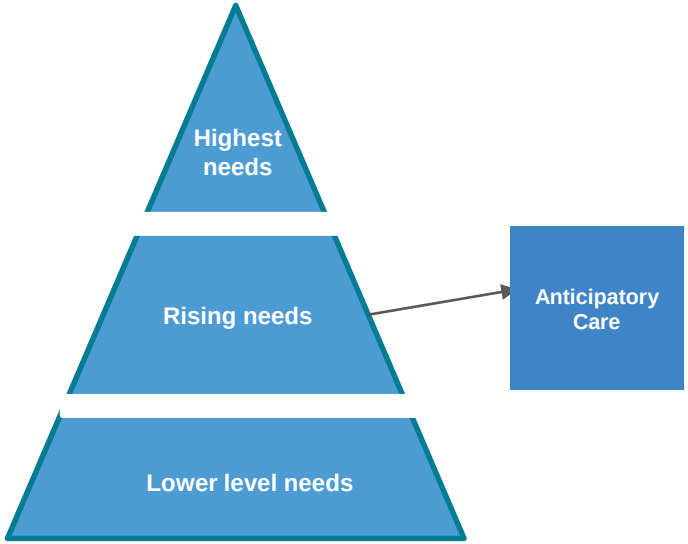
1. **Evidence based research** into approaches that support people with multiple long-term conditions i.e. what evidence of impact locally, regionally and nationally that supports people at an earlier stage.

1. **Initial analytical modelling (alongside clinician and practitioner input) to define the cohort of residents** (in this case people with multiple long-term conditions) that can be supported through the anticipatory care approach.

1. **Support the development of a theory of change and evaluation framework** (working alongside Cordis Bright who are providing input to this).

1. **Three part data review which (taking the identified cohort) considers:**
    a. **Data analysis of the cohort of residents across City and Hackney** and by each Neighbourhood - including breakdown by population characteristics (ethnicity, age, gender etc.)
    b. **Resident engagement which identifies what matters to people** and real world challenges
    c. **Engagement with care teams and professional** providing care or supporting the population to understand their perspective on the cohorts needs and assets

1. **Throughout - intelligence and evidence-led service design / quality improvement methodologies** to deliver on the project.



Anticipatory care is about focusing on those residents with rising and supporting them at an earlier stage to manage their needs well in the community.

Case finding (be it electronically and via professional judgement) will focus on those at risk of escalation rather than those for whom the crisis episode is happening.

It is about holistic person-centred needs rather than individual long-term condition pathway management.

QUESTIONS FOR ICB

1. Does the stated purpose and proposed functions of the Population Health Hub meet the needs and ambitions of the new City & Hackney Integrated Care Partnership?
2. Are there any other existing resources or supporting infrastructure that should/could play in to the Hub?
3. What commitment are ICB partners able/willing to contribute to resource the Hub - in ££ or in kind?
4. Where should the Population Health Hub sit within the new ICP governance structures? How will it interact with other (enabler) groups?

Title of report:	City & Hackney Health Inequalities Steering Group - Update
Date of meeting:	11 March 2021
Lead Officer:	Sandra Husbands
Author:	Jayne Taylor
Committee(s):	Integrated Care Board 11/03/21 - for discussion/feedback
Public / Non-public	Public

Executive Summary:

COVID-19 is acting as a catalyst for local action to tackle long-standing health inequalities. The City & Hackney Health Inequalities Steering Group has been convened to provide a focal point for this work, to ensure our collective efforts have maximum impact, and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership.

Membership of the steering group is drawn from across the two local authorities, the voluntary sector, NHS (CCG, Homerton, Barts Health, ELFT, Primary Care Networks) and both City and Hackney Healthwatch. It is chaired by Dr Sandra Husbands, Director of Public Health.

The Steering Group has met three times, twice in workshop sessions to rapidly develop a set of strategic priorities for mitigating further inequalities impacts of COVID-19. 10 broad areas for system-wide action have been defined, with four of these prioritised by the steering group to take a lead role in progressing over the coming 12 months:

1. equalities data and insights - routine collection and analysis of equalities data and insight to inform action
2. tools & resources - develop/enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
3. tackling structural racism and systemic discrimination - adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions
4. community engagement, involvement and empowerment - build trust and adopt flexible models of engagement to work in partnership with residents to improve population health.

It is intended that the Steering Group will advise and support the development of the two new Health and Wellbeing strategies for the City and Hackney, as well as a population health delivery plan for the Integrated Care Partnership Board. The Steering Group will work closely with the proposed new Population Health Hub on the delivery of priority actions. Over time, it is expected that the work of the Steering Group and HWB Boards will increasingly align. As such, the scope and purpose of the Steering Group will need to be kept under regular review.

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Recommendations:

The **City Integrated Commissioning Board** is asked to:

- note the progress made by the Health Inequalities Steering Group in developing a set of strategic priorities for local action to tackle health inequalities exposed and exacerbated by COVID-19
- consider and respond to the questions posed in section 5 of this paper.

The **Hackney Integrated Commissioning Board** is asked to:

- note the progress made by the Health Inequalities Steering Group in developing a set of strategic priorities for local action to tackle health inequalities exposed and exacerbated by COVID-19
- consider and respond to the questions posed in section 5 of this paper.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	✓	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	✓	

Specific implications for City

N/A. The work of the Steering Group covers both City and Hackney.

Specific implications for Hackney

N/A. This is a City and Hackney proposal.

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Patient and Public Involvement and Impact:

A resident engagement framework is in development, which will set out how we will work with residents to develop and implement our plans.
One of the four priority areas for action of the Steering Group is community engagement, involvement and empowerment. Our plans for this work will be developed over the coming weeks/months.

Clinical/practitioner input and engagement:

Steering Group membership includes two PCN clinical directors. Engagement with the wider clinical and practitioner workforce will be facilitated by senior representatives of partner organisations who sit on the Steering Group.

Communications and engagement:

A short briefing paper was circulated to key stakeholders in November, explaining the purpose and scope of the new Steering Group.
A comms and engagement is being developed by the Steering Group to ensure stakeholders are kept informed of progress with this work.

Comms Sign-off
TBC

Equalities implications and impact on priority groups:

The sole purpose of the Steering Group is to reduce health inequalities and improve outcomes for vulnerable communities, aiming to mitigate the disproportionate impacts of the current pandemic

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

Priority actions to tackle health inequalities as described in this paper require system-wide action, including changes to the way we design and deliver services. The specific implications for existing services will become clearer as more detailed actions plans are developed.

Sign-off:

Sandra Husbands, Director of Public Health

Hackney

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Main Report

1 Context and purpose of the City & Hackney Health Inequalities steering group

COVID-19 is acting as a catalyst for local action to tackle long-standing health inequalities, with a huge amount of work already underway across the City and Hackney to mitigate the inequalities impacts of the pandemic, as well as longer-term plans to improve the wider social and environmental influences on health.

Box 1: Inequalities impacts of COVID-19[1]

The ***direct*** health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions (especially those with multiple conditions), care home residents and staff, those working in other public facing occupations, as well as individuals and families living in socially deprived circumstances.

Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The ***indirect*** health impacts of service re-prioritisation, lockdown, social distancing and the longer-term economic consequences of the pandemic will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of

The City & Hackney Health Inequalities Steering Group has been convened to provide a focal point for this work, to ensure our collective efforts have maximum impact, and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership.

The draft objectives of the steering group are to:[2]

- collect and monitor information about health inequalities in the City and Hackney and the actions being taken to address these
- help prioritise further measures needed to prevent, and reverse existing, health inequalities (in the short and long-term)
- mobilise local action by working in partnership to influence decisions and empower others to act
- use our collective resources to support the effective delivery of priority actions to reduce health inequalities.

[1] A fuller evidence briefing on the inequalities impacts of COVID-19 is available on request

[2] Terms of Reference will be signed off at the steering group meeting in March

The steering group's immediate priority is to mitigate longer-term health inequalities impacts of COVID-19 through coordinated local action. Broader strategic priorities for tackling health inequalities will be developed in partnership with the Health and Wellbeing Boards, as part of the HWB strategy refresh process.

2 Membership

The work of the steering group is guided by the same population health framework adopted by both City and Hackney Health Wellbeing Boards and the City & Hackney Integrated Care Board (ICB). Membership of the steering group has been designed to reflect all four 'pillars' of a population health system as defined by this framework (see appendix A).

The steering group is committed to involving residents in a meaningful way in shaping its plans. Rather than appoint one or two 'resident reps' to sit on the steering group, a resident engagement framework (underpinned by a set of engagement principles) is being co-developed to guide the approach.

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Table 1: City & Hackney Health Inequalities Steering Group Membership

Name	Position and organisation	Role/population health system pillar representing
Sandra Husbands	Director of Public Health, LB Hackney and City of London Corporation	Chair
Malcolm Alexander	Chair, Hackney Healthwatch	Places & communities pillar
Angela Bartley	Consultant in Population Health, ELFT	Integrated health & care system pillar
Ian Basnett	Director of Public Health, Barts Health	Integrated health & care system
Gail Beer	Chair, City of London Healthwatch	Places & communities
Nick Brewer/Jenny Darkwah (shared)	PCN Clinical Directors	Integrated health & care system
Jane Caldwell	CEO, Age UK East London	Places and communities
Jake Ferguson	CEO, Hackney CVS	Places and communities
Anna Garner	Head of Performance & Integrated Commissioning Alignment, City & Hackney CCG	Integrated health & care system
Claire Hogg	Director of Strategic Implementation & Partnerships, Homerton Hospital	Integrated health & care system
Sonia Khan	Head of Policy & Strategic Delivery, LBH	Wider determinants/ Places & communities
David Maher	Managing Director, City & Hackney CCG	Integrated health & care system
Kate Smith	Head of Strategy & Performance, City of London Corporation	Wider determinants
Jayne Taylor	Consultant in Public Health, LBH and CoLC	Operational lead (PH health inequalities portfolio lead)
Resident involvement - TBC		Places and communities

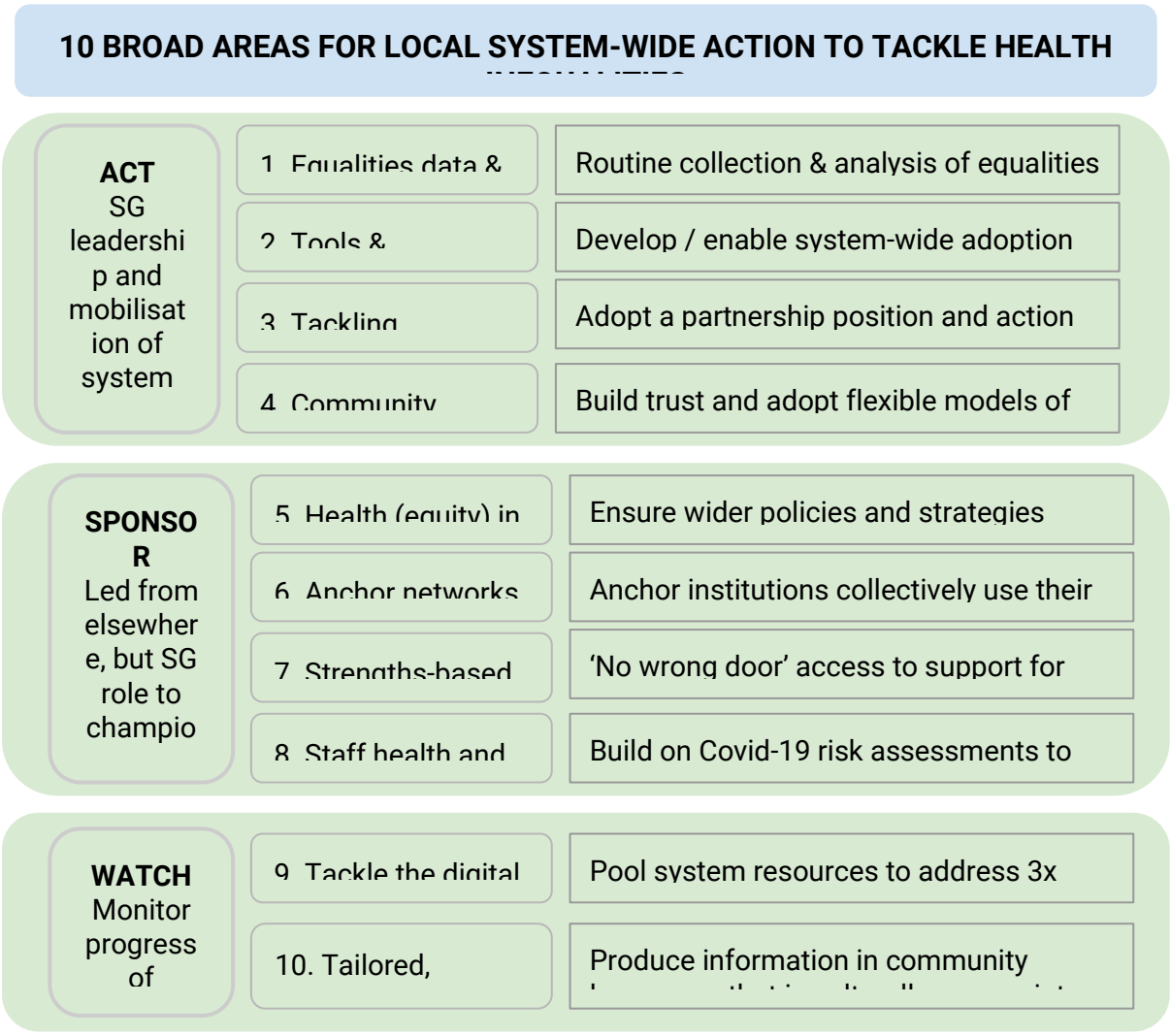
3 Steering group priorities

Following two strategic priority setting workshops (in December and February), 10 broad areas for action have been defined, with four of these prioritised by the steering group to take a lead role in progressing over the coming 12 months. These four priorities were selected as areas where steering group leadership could collectively mobilise system resources to add most

value to existing work that is underway (or establish new programmes of work where needed).

A named lead for each of the four priority areas for action has been identified from the steering group membership, who will be responsible for developing and overseeing implementation of detailed action plans. These plans will not start from scratch, but will build on existing programmes of work (see appendix B), and describe how they will explicitly address the inequalities impacts exposed by COVID-19 - e.g. which groups/communities, health outcomes and/or service areas the plans will focus on. Action plans will be developed in response to the key lines of enquiry summarised in appendix C.

Figure 1: Steering group priority areas for action



4 Governance

It is intended that the steering group will advise and support both Health and Wellbeing Boards, and the Integrated Care Partnership Board. It will provide expert advice and input to the development of the two new Health and Wellbeing strategies, as well as a population health delivery plan for City and Hackney's integrated care partnership (including Neighbourhood population health plans).

The steering group will work closely with, and provide support to, other delivery and strategic groups (at both City & Hackney and NEL level) with the relevant expertise and levers to take action to tackle health inequalities.

Formal governance arrangements are yet to be fully determined and will need to be flexible to wider changes within the integrated care system (including the establishment of a new City & Hackney Population Health Hub). It is also anticipated that the work of the steering group and the Health and Wellbeing Boards will increasingly align over time, as the HWB Boards take more of a leadership role in improving population health and tackling health inequalities through a 'health in all policies' approach. As such, the scope and purpose of the steering group will need to be kept under constant review.

5 Questions for ICB

1. How can the HI steering group best support the work of the new C&H integrated health and care partnership, and vice versa?
2. What support can the Board provide in progressing work to ensure routine collection and analysis of equalities data across partner organisations? (a national requirement)
3. What tools/resources would help to more effectively and consistently embed consideration of health inequalities in the Board's decision-making?
4. How do we ensure that the work of the steering group and the new ICPB are (and remain) aligned?

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Appendix A: King's Fund Population Health Framework

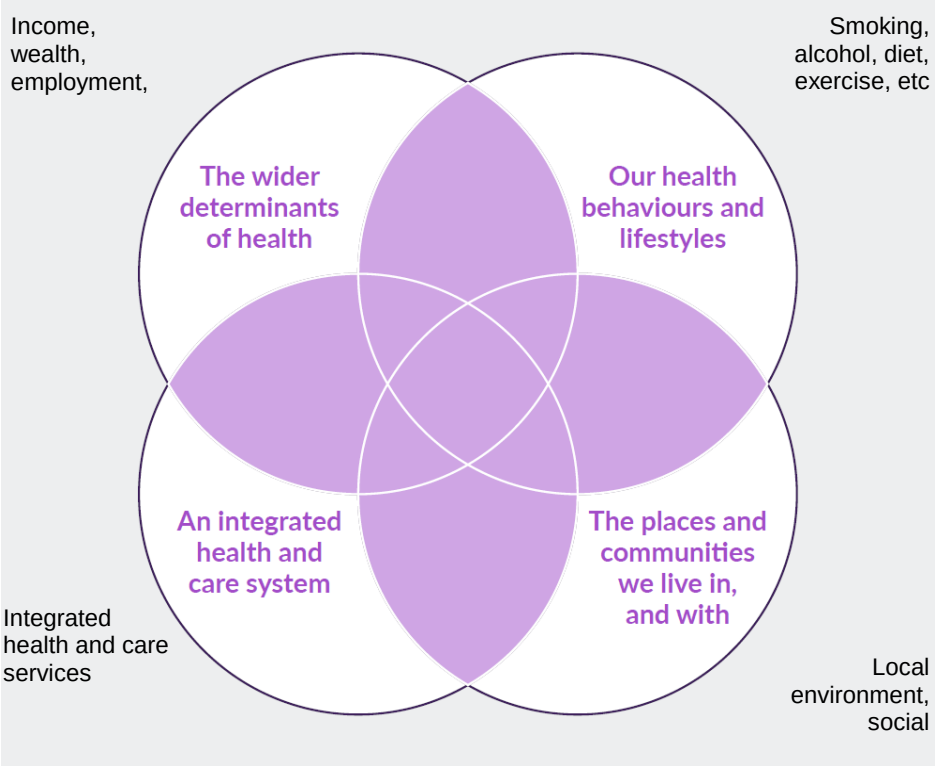
Population health is described by the King's Fund as...

"...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system."

Taking a population health approach means:

- rebalancing investment across the four 'pillars' (wider determinants, health behaviours, places and communities, integrated health and care system)
- focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact
- system partners taking shared responsibility for improving population health.

Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.



Appendix B: Mapping priority actions to existing work/assets

	System enablers, existing infrastructure/services/projects (not an exhaustive list)
1. Equalities data & insights Routine collection and analysis of equalities data and insight to inform action	C&H JSNA/Neighbourhood Profiles (incl CoPlug pop health intel resource) COVID-19 health inequalities evidence pack C&H COVID-19 dashboards C&H COVID-19 insight log NEL COVID-19 recovery & resilience dashboard Equalities data stocktake across health/care services underway Plans for development of inequalities indicators and monitoring tool NEL analytics resource/dashboards C&H Population Health 'Hub' (planned) C&H System Intelligence Group COVID-19 vaccine inequalities data group
2. Tools and resources Develop, and enable system-wide adoption of, tools to facilitate routine consideration of health equity in decision-making	Inequalities Toolkit (collation of tools and resources) CCG/system Equality & Diversity Group CoLC EIA of pandemic response Contractual levers (links with data theme above) Prevention Investment Standard?
3. Tackling structural racism and systemic discrimination Adopt a partnership position and action plan to tackle discrimination within local institutions	Established anti-racism and inclusive leadership programmes being strengthened in both LBH and CoLC NHS partner inclusive leadership programmes (ELFT, Homerton, Training Hub/Workforce Enabler) HCVS anti-racism manifesto
4. Community engagement, involvement and empowerment Build trust and adopt flexible modes of engagement, shifting balance of power based on nuanced understanding of specific communities	Public Health Community Champions programme LBH Policy and Strategic Delivery team community development work Hackney Improving Outcomes for Young Black Men (YBM) Programme Place based learning network and board Newly forming City and Hackney People and Place Group HCVS networks VCSE assembly HI SG resident engagement framework under development

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5. Health equity in all policies approach Ensure wider policies and strategies explicitly consider and address health inequalities	City and Hackney Health & Wellbeing Boards both recently adopted a 'health in all policies' (HiaP) approach - focusing on social and economic determinants of health as a strategic priority Hackney Inclusive Economy Strategy City of London Social Mobility Strategy
6. Anchor networks Anchor institutions collectively use their local economic power to lead action on reducing inequalities/poverty reduction	Work started in C&H to create an anchor network – supported by Renaisi NEL Anchor Charter City of London assets – business connections and CoLC philanthropy funds Local authority apprenticeship programmes Project Search (supported internship programme) Barts Health 'Healthcare Horizons' work with 30+ local schools
7. Strengths-based, holistic approach to service provision Enable residents to access support to address their wider health and wellbeing needs, wherever and however they come into contact with local services ('no wrong door')	Funded MECC programme Community navigation network and commissioned providers Neighbourhood Community Navigation model - business case in development Neighbourhood OD business case in development Organisation workforce training and development plans Adult Social Care adoption of strengths-based approach (Hackney, and soon City)
8. Staff health and wellbeing Build on COVID-19 vulnerability/risk assessments to implement strengths-based approaches to provide ongoing support for wider staff wellbeing needs	COVID-19 workplace vulnerability/risk assessments Work led by HR/OD teams within partner organisations Local authority business engagement teams C&H Workforce Enabler/Training hub City of London Business Healthy Network
9. Tackle the digital divide Partnership work and pool resources to address 3x dimensions of digital exclusion: • skills • connectivity • accessibility	LBH digital inclusion programme - Digital 'buddies' - Improving Digital Inclusion Partnership workstream CoLC digital inclusion work programme C&H IT enabler function C&H GP Confed Digital QI programme Age UK digital inclusion work
10. Tailored, easily accessible information about local services and wider wellbeing support	Comms and engagement teams across partner organisations

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Produce info in community languages that is culturally appropriate and responsive to the needs of diverse communities and vulnerable groups	Newly forming City and Hackney People and Place Group (as part of Integrated Health and Care Partnership governance) Public Health Community Champions programme LBH Change Support team (behavioural insights expertise)

Appendix C: Key lines of enquiry for developing the steering group's four priority action plans

- Why is this a priority? How will taking action in this area help reduce health inequalities exposed/exacerbated by COVID-19?
- What specifically are we aiming to achieve? Which inequalities will be addressed by taking action in this area?
- What is the value added of the steering group taking a lead role in progressing this work?
- What (further) action is needed to tackle health inequalities within the scope of this priority area?
- What action needs to/should be done at City & Hackney level?
- What other/existing programmes and projects contribute to achieving our objectives? How do we align all of this work?
- Whole else is/should be involved? How do we mobilise appropriate system resources for maximum impact?
- Who will do the work?

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Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 10
Date of meeting:	
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for Integrated Commissioning Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At month 10, the CCG reported a YTD underspend of £0.6m against a YTD allocation of £414m. This position includes an allocation top-up of £8.8m to cover M1-M10 Covid-19 expenditure and other overspends.
The CCG is now reporting a break even position. The previously reported deficit of £7.6m has been reduced due to further mitigations identified during the month. The CCG is assured that this position will be maintained till year-end. The full year forecast outturn of £499.8m includes £9.5m Covid-19 spend of which £8.8m is reimbursed by NHSE/I.

At Month 10, LBH is forecasting an overspend of £6.8m inclusive of £4.5m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £2.3m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

At Month 10, the City of London Corporation is forecasting a year end adverse position of £0.4m.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

City of London Corporation
London Borough of Hackney
City and Hackney CCG

Integrated Commissioning Fund
Financial Performance Report

Month 10 - 2020/21

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ity and Hackney CCG – Position Summary at Month 10, 2020/21

- In response to COVID-19, a temporary financial regime was put in place to cover the period 1 April 2020 to 31 July 2020. This was then extended for a further two months, to September, whilst the restart plan for NEL was being developed.

- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure

Table 1

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
- **Acute** - **Mental health** - **Community health** - **Continuing care** - **Prescribing** - **Other primary care** - **Other programme services** - **Primary care delegated** - **Running costs**	NHS Trusts	Block contract value covering all NHS services
	Independent sector providers included within the scope of national contracts (Appendix 2)	Baseline adjustments to exclude spend on acute services for suppliers included in the national IS contract
	Other providers	Growth assumptions have been applied to adjusted baseline positions to calculate expected 2020/21 spend

From M7 onwards the NHSE/I top-up funding mechanism only applies to Hospital Discharge costs. Other Covid and Non-Covid costs over and above the CCG's allocation form part of the overall deficit declared which are to be partly mitigated by NEL STP held Covid and growth funds and partly mitigated by CCG non-recurrent gains. The position

ity and Hackney CCG – Position Summary at Month 10, 2020/21

	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	18,896	15,684	15,676	8	18,887	9
		Planned Care	6,595	5,496	5,357	139	6,428	167
		Prevention	265	221	210	11	265	(0)
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		25,756	21,401	21,243	157	25,580	176

	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Aligned	Commissioned	Unplanned Care	121,904	101,207	102,356	(1,149)	122,929	(1,025)
		Planned Care	209,821	174,491	172,964	1,527	208,103	1,719
		Prevention	4,422	3,018	3,010	9	4,446	(24)
		Childrens and Young People	56,696	47,658	48,476	(818)	58,588	(1,893)
		Corporate and Reserves	38,671	24,857	23,975	882	30,050	8,621
	Aligned Budgets Grand total		431,515	351,231	350,781	450	424,117	7,398
Subtotal of Pooled and Aligned			**457,271**	**372,632**	**372,024**	**608**	**449,697**	**7,574**
In Collab		Primary Care Co-commissioning	50,189	41,547	41,547	0	50,731	(542)
Grand Total			**507,460**	**414,179**	**413,531**	**648**	**499,814**	**7,646**
CCG Total Resource Limit			**499,825**	**411,111**	**411,111**	**0**	**499,825**	**0**
SURPLUS/(DEFECIT)			(7,635)	(3,068)	(2,420)	(648)	(11)	(7,646)

- **Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. These are expected to underspend by £0.2m at M10.
- Non-recurrent schemes and QIPP Transformation schemes that do not form part of business as usual continue to be on-hold, with the savings and the respective investments revisited for future years.

- At month 10, the CCG reported a YTD underspend of £0.6m against a YTD allocation of £414m. This position includes an allocation top-up of £8.8m to cover M1-M10 Covid-19 expenditure and other overspends.
- The CCG is now reporting a full year break even position. The previously reported deficit of £7.6m has been reduced due to further mitigations identified during the month. The CCG is assured that this position will be maintained till year-end.
- The full year forecast outturn of £499.8m includes £9.5m Covid-19 spend of which £8.8m is reimbursed by NHSE/I.
- Acute services continue to remain on block contract and the CCG is reporting all spend in line with the funding values as prescribed by NHSE. From M7, the CCG is no longer making smaller value payments (under £0.5m.) to NHS Providers as required by M1-M7 Contract and Payments Guidance. The remaining Trusts continue to receive payments at the same value, with the exception of the Homerton (who will receive an additional £0.8m per month) in respect of the Covid fund and growth monies.
- Prescribing budget is reporting YTD breakeven position, with an underlying year end forecast overspend of £0.6m, an improvement of £0.1m from previous month. The CCG is utilising prior year accruals to meet the overspend. The year-end forecast takes into account the Covid-19 impact and resulting cost pressure of all Concessions & NCSO on total actual cost of all prescribing including increase in Category M prices.
- Primary Care is forecasting an overspend of £0.5m, which includes Primary Care Co-Commissioning (£0.5m), reinstated due to loss under the Covid-19 temporary financial regime, resulting from reworking the CCG programme budgets. The difference relates to LES forecast underspends.
- Property services is reporting a YTD underspend of £0.8m, and a forecast underspend of £0.8m in line with the previous month. The YTD underspend is due to receipt of credits following resolutions of old disputed debts.
- Additional cost pressures envisaged at year-end from annual leave accruals, work-in-progress adjustments, RTT back log clearance contribute to the Trust movements, whilst the CCGs continue to balance additional 2nd wave Covid-19 cost pressures with underspends elsewhere in the portfolios.

***Accruals are included in the CCG YTD and forecast position, however they are only included in the forecast position of LBH and CoLC.**

London Borough of Hackney – Position Summary at Month 10, 2020/21

	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Variance £000's	Forecast Prior Mth Variance £000's
Pooled and Aligned Budgets	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,271	425	846	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	1,271	425	846	1,525	-	-
		Unplanned Care (including income)	6,697	1,238	5,460	5,581	2,886	2,695	6,182	515	472
		Planned Care (including income)	71,668	35,803	35,864	59,723	64,398	(4,675)	78,992	(7,325)	(7,264)
		CYPM	9,539	-	9,539	7,949	2,294	5,655	9,539	-	-
		Prevention	24,559	-	24,559	20,466	13,082	7,384	24,547	13	13
		LBH Revenue subtotal	112,463	37,041	75,422	93,719	82,660	11,059	119,260	(6,797)	(6,779)
Grand total			**113,989**	**38,566**	**75,422**	**94,991**	**83,085**	**11,905**	120,786	(6,797)	(6,779)

113,998

At Month 10, LBH is forecasting an overspend of **£6.8m** inclusive of £4.5m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £2.3m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

Government Funding announced to date (£32.349m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it ceases expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

In addition, to funding referred to above the Council has been allocated specific funding for care providers and NHS Track and Trace Services:

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19 of which the council received £0.5m. A further £546m was recently announced, of which the council will receive £0.9m. The Council is required to passport the majority of these funds to care providers to support infection control.
- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid-19 outbreak plans. A City and Hackney Health protection Board has been established and plans are being developed to allocate these funds accordingly.

Forecast positions in relation to the workstreams are as set out below:

CYPM & Prevention Budgets: Public Health constitutes the vast majority of LBH CYPM & Prevention budgets which is forecasting a small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities using the same percentage growth in allocations from 2019/20.

Unplanned Care: The majority of the forecast underspend of £515k relates to Interim Care and is offset by overspends on care package expenditure which sits in the Planned Care work stream.

Planned Care: The Planned Care workstream is driving the LBH overspend. This is primarily due to:

- Learning Disabilities (LD) Commissioned care packages within this workstream is the most significant area of pressure, with a £2.0m overspend after a contribution of £2.7m forecasted (actual position currently is £2.56m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 to establish the baseline for the following financial year.
- Physical & Sensory Support reflects an overspend of £2.3m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £1.3m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid-19 related expenditure.
- Mental Health is forecasted to overspend by £1m and this is due to externally commissioned care packages (£1.4m) which is offset by an underspend on staffing (£0.4m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

Management actions to mitigate the cost pressures include *My Life, My Neighbourhood, My Hackney* and increasing the uptake of direct payments. These actions are subject to ongoing review.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

London Borough of Hackney - Risks and Mitigations Month 10, 2020/21

London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Pressures remains within Planned Care	6,797	100%	6,797	100%
TOTAL RISKS	**6,797**	**100%**	**6,797**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
My Life, My Neighbourhood, My Hackney	TBC	TBC	TBC	TBC
Review one off funding	6,797	100%	6,797	100%
Uncommitted Funds Sub-Total	**6,797**	**100%**	**6,797**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

*Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

London Borough of Hackney – Wider Risks & Challenges

Covid 19 is having a major impact on the operation and financial risk of the Council. To date, the Government has only allocated £32.349m of Emergency Grant Funding to Hackney, however estimates suggest that cost pressures across the Council will be in excess of the funding allocated. Given the recent announcement of a third national lockdown, cost estimates linked to Covid 19 will need to be revisited and will be revised as further information becomes available. It must be stressed that Covid19 expenditure continues to reduce the flexibility and resilience of the council's financial position.

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very difficult choices in identifying further savings. While the Government has committed to further financial support in relation to coronavirus for the coming year, overall funding still fails to address the continued growth in demand faced by local authorities and, on a day-to-day basis, the Government continues to pursue its commitment to austerity. This means that even in the midst of a global pandemic, we have had to identify savings of £11m in order to balance the coming year's budget.

- Fair funding review, although delayed due to Covid-19, could redistribute already shrinking resources away from most inner London boroughs including Hackney.

- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient. There has been an additional £300m of Social Care grant funding announced for Local Authorities in the latest Spending Review 2020, and Hackney will receive a further £3.3m of funding.

- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed White Paper.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

City of London Corporation – Position Summary at Month 10, 2020/21

				YTD Performance			Forecast Outturn	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD	Unplanned Care	65	65	63	2	65	-
		Planned Care	118	85	-	85	85	33
		Prevention	60	60	45	15	60	-
Pooled Budgets Grand total			243	210	108	102	210	33

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD	Unplanned Care	342	235	143	92	342	-
		Planned Care	4,218	3,505	3,435	71	4,253	(35)
		Prevention	1,270	763	505	257	1,270	-
		Childrens and Young People	1,400	989	1,233	(244)	1,750	(350)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,230	5,491	5,315	176	7,616	(386)
Grand total			**7,473**	**5,701**	**5,423**	**278**	**7,826**	**(353)**

* DD denotes services which are Directly delivered .
* Aligned Unplanned Care budgets include iBCF funding
* Comm'ned = Commissioned

- At Month 10, the City of London Corporation is forecasting a year end adverse position of £0.4m.
- Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend (£33k) at year end.
- Aligned budgets are forecast to overspend at year end (£385k).This is largely due to the pressures on children's social care.
- No additional savings targets have been set against City budgets for 2020/21.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

Integrated Commissioning Fund – Savings Performance Month

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 10, these schemes continue to be on-hold.

London Borough of Hackney

- Savings proposals are currently being reviewed, as to date no savings have been agreed for LBH

City of London Corporation

- The CoLC did not identify a saving target to date for the 2020/21 financial year.

Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	11 March 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors & Programme Managers
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 11 March 2020
Public / Non-public	Public.

Executive Summary:

This report presents the escalated risks for the three Integrated Care Workstreams and the IC Operating Model / CCG Merger Program.

Updated Risk Scores from Previous Meetings

IC Operating Model / CCG Merger

- There are no red-rated risks from this area of work; all risks in this program are either amber or green-rated.

Children, Young People, Maternity and Families.

- CYPMF19 regarding demand for CAMHS support has increased from score 12 (amber) to score 15 and is now a red-rated risk.

Unplanned Care

- No changes to risk scores since last submission.

Planned Care

- No score changes however risks marked as "new risks" without a full scoring projection that have inherent red-rated scores are escalated to the board.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the registers.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the registers.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The risk register supports all the programme objectives
Empower patients and residents	☒	The risk register supports all the programme objectives

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Siobhan Harper – Director: Planned Care
Amy Wilkinson – Director: Children, Maternity, Young People and Families
Nina Griffith – Director: Unplanned Care
Carol Beckford – Transition Director

Unplanned Care Workstream Risk Register - February 2021

Cover Sheet

				Risk Score Over time							Objective					
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movemen	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movemen	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	n/a	16	12	16	↑	SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports	16			✓	✓	
20 / UCTBC3	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the pandemic.	20	12	n/a	16	16	16	↔	Partnership arrangements in place through Well Street Common Partnership and scoping work currently underway in Shoreditch Park and the City. Our aim through Neighbourhoods is to have some form of partnership in place across all 8 Neighbourhoods (building on collaboration in PCNs) which brings together statutory, voluntary and community and residents to understand and respond to population health needs. Neighbourhood Conversations being led by HCVS is starting to do this. This will also draw on population health profiles developed in 2020/21. Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities. The Discharge Workstream business case for a Homeless Hospital Discharge Team was approved before Christmas and contractual mechanisms are being reviewed to mobilise the service by the new fiscal year.	16	✓	✓		✓	✓

Children, Young People, Maternity and Families Workstream Risk Register - February 2021

Cover Sheet

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	15	15	15	⟺	Responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes: 1. Commissioning of GP confederation catch up programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation. 2.Proposal being devleoped for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom) 3.The Back to school communications campaign on childhood immunisations finished on 25 September, and communicaitons are now focusing on flu immunisations. 4. New system governance and delivery structures in place, led by public health 5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. Update 01/21 - over winter in the 2nd peak imms coverage continues to deteriorate. GPC funding has focused on the flu campaign with the imms badged funding (£100k) to be accrued to 21/22. Progress has been made in developing the future strategy with a focus on call and recall and vaccine hesitancy. NE Hackney PCNs are developing immunisations champions roles and plan to commission an Imms coordinator to ensure this work is prioritised in the context of the Covid vaccine.	15		✓		✓	
19	Potentially significant increased demand for CAMHS support througout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London.	12	9			12	12	15	↑	CAMHS have flexibly supported families during the peak of COVID, alongside schools, and there are robust plans in place for this to continue. We are now becoming more concerned about ongoing impacts of the pandemic on adolsecent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fornightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service. LBH CAMHS clinical services are removing (from April 2021) their service offer to CYP that comes under Young Hackney and the gap will need to be picked up by ELFT CAMHS adding to the surge issues. We are currently attempting to establish the impact of this at a system level and associated costs.	15	✓	✓		✓	✓

Integrated Commissioning Board managed risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	Comment
PCTBC5	COVID	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter	20	9	x	x	x	15	**Increasing**	There continues to be more positive news on capacity for cancer treatment across north east London. The team is working to secure sites and good progress has been made. We are able to keep cancer services running in all areas. We now have independent sector capacity to support cancer diagnostics and surgery for north east London. In summary: • London Independent (located near the Royal London Hospital) is our cancer surgery hub. This will be the location for the following: colorectal, spinal and gynae. Teams are all working together collaboratively. • Other outer London independent sector capacity, including Holly house, Spire London East, Spire Hartswood, the Treatment centre and inhealth will deliver cancer diagnostics, and non-complex cancer surgical treatments • Complex work will take place at The London clinic: complex gynae, HPB, interventional radiology, complex colorectal. • At King Edward VII, we will be able to undertake complex breast surgery. • At Wellington, there will also be complex breast surgery as well as nuclear medicine. • NHS 'green' capacity is in place at St Barts for Lung cancer surgery, and Homerton have maintained day surgery capacity. Diagnostics - Providers continue to prioritise cancer diagnostics, including endoscopy and biopsies. We have increased capacity within the Independent Sector to minimise delays in diagnosing / ruling out cancer. Outer London independent sector sites are being used to maintain cancer diagnostic work as well as benign P2 work. Patients may be asked to attend these independent sector sites for diagnostics.	12	/					
PC14	COVID	Increase in mortality for residents with a learning disability as a result of COVID (increase in Learning Disabilities Mortality Review (LeDeR) Programme reporting)	20	9	x	x	x	x	**New risk**	To mitigate COVID's impact, the Integrated Learning Disability Service is proactively following up with patients on it's caseload to conduct welfare checks. For patients not on the service caseload, Primary Care are conducting checks. GPs have clear guidance for identifying patient via CEG searches and protocol for what to discuss with patients when they are contacted. Vaccinations being offered to patients with LD- who are extremely clinical vulnerable. Patients who are not extremely clinically vulnerable- fall in group 6 and will need to wait for the groups ahead to receive their vaccine. Resources have been promoted by the council and CCG- a winter planning handbook has been shared with patients. Annual Health checks are ongoing. Ongoing monitoring of LeDeR reporting.	12	/					
PC15	COVID	Risk of COVID outbreaks at care homes and commissioned placements for residents with a learning disability	16	9	x	x	x	x	**New risk**	Vaccinations being provided to Staff and Residents. Infection Protection and Control sessions are being held at care homes. Public Health and CCG looking at options for enhancing this provision. Standard Operating Procedures in place to address outbreaks. Winter planning handobooks shared with patients and staff. NEL reviewing options for further online training called Restore2mini.	9	/					
PC16	COVID	Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	16	9	x	x	x	x	**New risk**	Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. Review of LTC contract for 21/22 in pipeline to address fallout from COVID, particularly for vulnerable groups. This will also focus on LTC recovery and how to manage the situation post-COVID.	16	/					
PC17	COVID	Impact of COVID on the health of the rough sleepers and asylum seeker populations	20	9	x	x	x	x	**New risk**	Rough Sleeper and Health Partnership Group in place to oversee response. ELFT Outreach Service providing outreach clinics to accommodation housing both rough sleepers and asylum seekers. Proactive outreach being undertaken by LAs to ensure rough sleepers are offered accommodation. Working group has been set up to manage the rollout of vaccines to these two groups. Plan for a mixed model of vaccination centres with support and an outreach model. All asylum seekers have been registered at Hoxton/Greenhouse. Regular fortnightly meetings are in place with all stakeholders to discuss asylum seeker needs and how to respond best to them. Current roll out of covid vaccinations at both the Homeless and Asylum Seeker hotels w/c 15.02.21 by the ExCel Vaccination team.	16	/					
PC7	BAU	NCSO- Limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure. As a result of EU exit, there is risk of transport delays of medicines which could lead to limited stock availability of medicines (which could further drive up the cost of commonly prescribed drugs).	20	9	20	20	20	20	**Same**	The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020. For 2020/21, as of January 2021 prescribing data is only available for April -October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition to a cost pressure of £367,788 for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M per month from CCGs by increasing the cost of these drugs from June 2020. The estimated cost impact for C&H CCG for this clawback is £412,090 over June2020 to March 2021. Previous low scores was due to it these cost pressures being fully mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. So in previous years prescribing budget has always remained break even or underspent. An additional prescription cost factor arising from Covid pandemic is that there appears to be much higher compliance with medicines or at least with having prescriptions being dispensed with upto 30% higher rates of prescriptions dispensed.	20			/			

PC8	BAU	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	**Same**	ILDS is currently £2milion overspent this financial year. This is in part as a result of extra support needs around covid (e.g. increased 1:1 support). With the current Pandemic, it's highly unlikely that savings could be made. To note - Following a paper prepared for the ICB, the budget position has improved by several million £s than in previous years; however, as end of year overspend is >£1million risk remains at 20 (red) and will likely rise to 25 by next time when overspend is certain.	20			/			
PC13	BAU	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	5	9	20	20	20	20	**Reducing**	Funding for Years 2 and 3 of the service has been agreed by partner organisations. Working group to be developed to focus on enchanced outcomes monitoring- building on the original proposal.	5			/	/		
PC19	BAU	Impact of the LBH Cyber Attack on local Planned Care Services	20	9	x	x	x	x	**New risk**	Services that use Hackney Council IT infrastructure have had ongoing issues caused by October's Cyber-Attack. This has impacted a range of services and has caused issues with access to the social care client database. Secure google sheets are being used as a fallback option in the interim. Project Group led by Ilona Sakulakis addressing the issue and Cybercrime are investigating. Regular risk reporting to senior figures within the council is ongoing.	9						
PC21	BAU	No decision has been made by government about the continuation of discharge to assess funding from April 2021 onwards. Systems should therefore assume that individuals discharged from hospital from 1 April 2021 onwards who require care and support will need to be funded from locally agreed funding arrangements which will have an impact on CCG Continuing Healthcare, and Adult social care budgets. Without a clear process, this could have a detrimental impact on hospital discharge.	20		x	x	x	x	**New risk**	This is a new risk from the 19 February and no update as yet.	20		x	x			

Title of report:	Integrated Care Partnership – Strategic Enablers Funding 2021/22
Date of meeting:	11th March 2021
Lead Officer:	Sunil Thakker
Author:	Lee Walker
Committee(s):	CCG Finance and Performance Committee – for approval – 24th February 2021 CCG Governing Body – for approval – 26th February 2021 Integrated Commissioning Board – for endorsement – 11th March 2021
Public / Non-public	Public

Executive Summary:

The City and Hackney system will have 7 strategic enablers that support the Integrated Care Partnership.

It has been proposed to the CCG Governing Body that it should look to fund the enablers programmes of work (circa £3.56m) on a non-recurrent basis to enable smooth transition.

Non-recurrent funding will be derived from a combination of in year underspends, balance sheet gains, upsides from dispute resolutions.

This paper seeks endorsement from the ICB for this non-recurrent funding in all seven of the ICP enablers.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **ENDORSE** the non-recurrent investment in the ICP enabers.

The **Hackney Integrated Commissioning Board** is asked:

- To **ENDORSE** the non-recurrent investment in the ICP enabers.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	

Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

The investment has been summarised by enabler group but is not broken down separately into City of London and London Borough of Hackney amounts.

Specific implications for Hackney

The investment has been summarised by enabler group but is not broken down separately into City of London and London Borough of Hackney amounts.

Patient and Public Involvement and Impact:

The paper has not been through a patient consultation process.

C&H has a precedent for making non-recurrent investments in enabler groups. The first occasion when this happened was in 2014/15 where the CCG invested in Social Prescribing and the IT Enabler. The CCG has made investments in enablers in most of the years since then. It is therefore unlikely that this investment would change the public perception of service providers because this activity is consistent with previous CCG activities.

Clinical/practitioner input and engagement:

Not applicable – the proposal is driven by finance.

Communications and engagement:

Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners? - **Yes**

No communications and engagement has taken place however communication / engagement before this funding is distributed to provider – this depends on how the funding is deployed.

Comms Sign-off
No applicable – no comms sign-off has been sought.

Equalities implications and impact on priority groups:

The paper proposes additional investment without the decommissioning or adjustment to any services and although an EQIA has not been undertaken it is unlikely that there is a detrimental impact on any protected groups from making this non-recurrent investments.

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

To date the CCG has invested in these enablers so there is overlap with these programmes of work: - Workforce enabler (2015/16 and 2016/17) - IT Enabler (2014/15, 2015/16 and 2016/17) - LBH Integrated Care Plans (2015/16, 216/17 and 2017/18) - Social Prescribing and Peer Support (2014/15) - Estates and Property (2016/17, 2017/18 and 2020/21) - Handyperson from Home (2015/16) - City of London Specific Plans / Neighbourhoods Alliance (2015/16, 2016/17 and 2018/19)

Main Report

Background and Current Position

The Strategic Enablers Funding paper has been considered and approved by both the CCG FPC and the CCG Governing Body and is now being presented to the ICB for endorsement.

Options

The funding of £3,56m is being distributed through a combination of Section 256 Agreements, a Grant Agreement and a variation to the existing SLA for Communications that exists between the CCG and LBH.

Proposals

The detailed business case for the VCS Enabler has already been considered by ICB. None of the agreements proposed here require competitive tendering before award.

Conclusion

ICB is asked to endorse this non-recurrent investment.

Supporting Papers and Evidence:

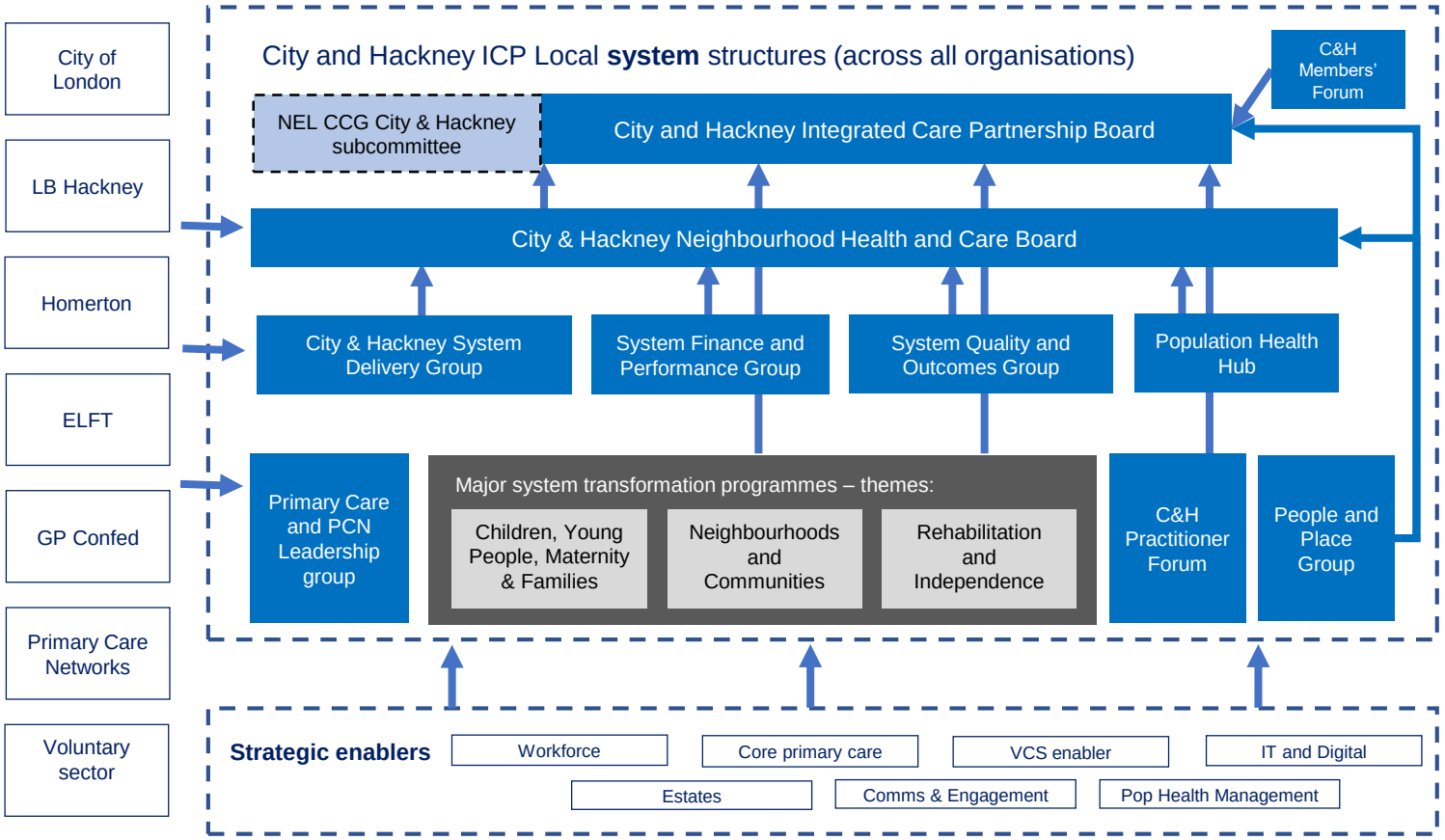
Summary of strategic enabler funding and purposes – see slides.

Sign-off:

Workstream SRO: **Sunil Thakker, Executive Director of Finance**
London Borough of Hackney: [*insert name and title*]
City of London Corporation: [*insert name and title*]
City & Hackney CCG: [*insert name and title*]

Integrated Care Partnership – Strategic Enablers Funding 2021/22

Background:
The formal sense of a commissioner / provider split will change as the common goal of all organisations within City and Hackney coalesces around the vision set by the Integrated Care Partnership Board (ICPB). The purpose of this paper is to discuss and approve the proposed investments that will continue to facilitate the Strategic Enablers that support the City & Hackney ICP Local system functions.



Strategic Enablers

Following are the Enablers and the proposed funding:

COMMS & ENGAGEMENT	IT & DIGITAL	WORKFORCE	ESTATES	PRIMARY CARE	VCS	POPULATION HEALTH
•Overarching Communications & Engagement	•Single view of a persons health and care record	•Workforce strategy & vision	•Estates strategy & planning	•Primary care – core and transformation	•Voluntary sector involvement and delivery	•Population Health data management, and population modelling and analysis
•Communications specific	•Coordinated care and care planning	•Data gathering	•Capital & Investment strategy	•Primary Care Transformation and PCN Development	•Involvement in policy development and decision making across health and social care	•Establish common framework for investment in Prevention
•Engagement specific	•Population health – data sets	•Workforce planning	•Estates delivery	•GP IT services	•Provide strategic support for VCS role in delivering services across health and social care	•Address deprivation and Health Inequalities
•Population engagement & experience	•Information and control for patient empowerment	•Education & Training, Organisation Development & cultural change	•Primary Care provision	• Continued support to underpin the Primary Care Triple Lock commitment.	•Capacity building to impact integrated system locally	•Guide use of block funding and pump prime prevention initiatives where necessary
	•Improve access to online services for the digitally excluded	•Nursing/midwifery/AHP – leadership and engagement	•Commercial developments			•Be responsible for Information Governance
			•Corporate governance: estates and facilities			•Establish data systems for data linkage

Investing in prevention is a system priority for City and Hackney. The aim is to shift the balance between our focus, resources and spending towards 'prevention' and away from 'reactive interventions' (those which act to manage the impact of a negative situation, but do little to prevent negative consequences or future reoccurrence).

£150,000	£750,000	£1,150,000	£410,000	£500,000	£300,000	£300,000	£3,560,000
Variation to Comms SLA with London Borough of Hackney	**Sec.256**	**Sec.256 x4**	**Extension to existing Sec.256**	**Sec. 256**	**Grant Agreement with Guidance Letter**	**Sec. 256**	

NELCCG closes down on 31st March 2022, leading the way to the creation of NEL ICS, hence the investment is non-recurrent for one year and will derive from a combination of underspends, balance sheet gains, upsides from dispute resolutions. Further more, the accompanying business cases that support the rationale for the investment is in line with City & Hackney ICP operating model.

Title:	S75 Agreement Extension 2021/22
Date of meeting:	11 March 2020
Lead Officer:	Lee Walker – Senior Commissioning Manager
Author:	Lee Walker – Senior Commissioning Manager
Committee(s):	Integrated Commissioning Board, 11 March 2020
Public / Non-public	Public.

Executive Summary:

On the 1st April 2021 the CCGs in north east London will merge to form NEL CCG. This will mean some changes to the way agreements are undertaken as NEL CCG becomes the commissioner.

In order to ensure continuity and assurance for services across the region the programme team have been looking at all contracts and agreements currently in place; including the Section 75 agreements.

For City and Hackney these changes will mean the following:

- Extension of the current section 75 agreement for 2021/22; with some updates
- Agreement will be with NEL CCG, not City and Hackney
- Changes in the committee that will sign off the agreement and monitoring of pooled funds
- Some updates of the schedules within the agreement to bring it up to date

However, the services provided and the funding will not change, and the changes taking place are designed to ensure continuity and ensure that the relationships continue to develop. Once guidance has been issued regarding the Better Care Fund there may need to be discussions on this funding.

The basis for this proposed extension covering 2021/22 is already part of the Section 75 approved by ICB ((Clause 2.1) and is therefore not an approval of a new agreement

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the extension.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the extension.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The risk register supports all the programme objectives
Empower patients and residents	☒	The risk register supports all the programme objectives

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Appendices 1&2 – S75 Agreement Deeds of Variation

Sign-off:

City & Hackney Accountable Officers Group – 2 March 2021

Section 75 Agreement

Request for approval to execute extensions to the Section 75 Agreements for 2021/22

– London Borough of Hackney -

- The City of London -

Agreements for next financial year

On the 1st April 2021 the CCGs in north east London will merge to form NEL CCG. This will mean some changes to the way agreements are undertaken as NEL CCG becomes the commissioner.

In order to ensure continuity and assurance for services across the region the programme team have been looking at all contracts and agreements currently in place; including the Section 75 agreements.

For City and Hackney these changes will mean the following:

- Extension of the current section 75 agreement for 2021/22; with some updates
- Agreement will be with NEL CCG, not City and Hackney
- Changes in the committee that will sign off the agreement and monitoring of pooled funds
- Some updates of the schedules within the agreement to bring it up to date

However, the services provided and the funding will not change, and the changes taking place are designed to ensure continuity and ensure that the relationships continue to develop. Once guidance has been issued regarding the Better Care Fund there may need to be discussions on this funding.

Basis for the extension

- Section 75 Agreements for LBH and CoL were both issued on an initial April 2019 to March 2020 term and with 1+1+1 extension options
- Both Section 75 Agreements were duly extended for 2020/21 in February 2020
- The basis for this proposed extension covering 2021/22 is already part of the Section 75 approved by ICB ((Clause 2.1) and is therefore not an approval of a new agreement

CCG merger and transfer

- A CCG is a statutory body which exists because it is listed in government legislation/statute. When NEL CCG is created the name of the organisation is added to the relevant legislation at the same time as City & Hackney CCG is removed.
- The change of statute will bring City & Hackney CCG to an end on 31st March and bring NEL CCG into being on 1st April. At that point all contracts and contractual obligations that sit with any of the 7 north east London CCGs will transfer to NEL CCG.
- All agreements, including Section 75 Agreements, will undergo the statutory transfer process.
- City & Hackney CCG can agree to extend the Section 75 Agreements before the end of March and all the obligations automatically transfer to NEL CCG.

Necessary amendments and updates to the Section 75

- This proposed extension provides continuity so only necessary amendments to the Section 75 will be made when the extension is signed off. From 1st April 2021:
  - All references to, and responsibilities of the ICB are replaced with the Integrated Care Partnership Board
  - ICPB Terms of Reference replace ICB Terms of Reference (Schedule 2)
  - The BCF payment values for 2020/21 will 'roll over' into 2021/22 until charges to the values or plan are required by guidance – important for financial continuity through merger
  - Covid-19 Discharge (scheme 1) and Hospital Discharge Service (scheme 2) funding arrangements will end on 31st March 2021
- Some minor changes will be made to the 2020/21 and 2021/22 financial schedules where budget values have changed

Continuity and Development

- Better Care Fund guidance is usually published in the autumn of the year in which they need to take effect therefore agreement on BCF schedules usually happens much later in the year.
- It should be expected that several variations will need to be signed off during 2021/22 which are likely to include.
  - BCF uplift in line with NHS uplift
  - Revision to the BCF plan and associated service specification changes
  - Details about Hospital discharge arrangements and pathways
  - Financial adjustments to schemes funded via the S75 e.g. CAMHS alliance, Neighbourhoods Project, BCF, IIT etc.

Agreements for subsequent years

As there will be one CCG across the North East London region it is preferable and beneficial for all section 75 agreements to follow a similar format.

We plan for this to be:

- All agreements to move onto the same template with different schedules to reflect BCF plans, pooled budget value, scheme specifications, system governance of the pooled funds etc.
- All agreements to be one year long with option for one year extension
- Governance aligned across NEL CCG area
- Ensuring value for money for patients is achieved across the region

However, this will be undertaken with consultation and agreement of all parties before the current Section 75 Agreements expire.

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be

		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.

ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
IPC	Integrated Personal Commissioning	
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.

MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
MI	Myocardial Infarction	Technical name for a heart attack.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.
NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PD	Personality Disorder	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of

		delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty

		vanguard sites were established and allocated funding to improve care for people in their areas.
VCSE	Voluntary Community and Social Enterprise	

Dated 2021

(1) **THE MAYOR AND COMMONALTY AND CITIZENS OF THE CITY OF LONDON**

- and -

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP**

DEED OF VARIATION

TO THE

FRAMEWORK SECTION 75 AGREEMENT FOR THE DEVOLUTION OF HEALTH AND SOCIAL CARE SERVICES IN THE CITY OF LONDON (INCLUDING THE BETTER CARE FUND)

THIS DEED is made on 2021

PARTIES

(1) **THE MAYOR AND COMMONALTY AND CITIZENS OF THE CITY OF LONDON** a corporation by prescription of Guildhall, PO BOX 270, London, EC2P 2EJ (the **"City"**)

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP** of 3rd Floor, Block A, St Leonard's Hospital, London, N1 5LZ (the **"CCG"**)

each a "**party"** and together the "**parties**".

BACKGROUND

A This Deed is supplemental to the framework Section 75 Agreement for the devolution of health and social care services in City of London (Including the Better Care Fund) entered into by the parties on 5 July 2019 and as subsequently varied by the parties on 13 December 2019 to incorporate the new Better Care Fund Plan for 2019 and 2020, and on 7th May 2020 to incorporate the Coronavirus Discharge Arrangements and on [date tbc] to incorporate the Hospital Discharge Service Arrangements (the "**Agreement"**).

B The Initial Term of the Agreement was extended for a further year until 31st March 2021 (the Extended Term) pursuant to Clause 2.1 of the Agreement by way of a letter (the Extension Letter) signed on behalf of the parties.

C In accordance with the Agreement, each of the parties has agreed to amend the Agreement as set out in this Deed.

AGREEMENT:

1. DEFINITIONS AND INTERPRETATION

Unless otherwise provided the words and expressions defined in, and the rules of interpretation of, the Agreement shall have the same meaning in this Deed.

2. AMENDMENTS TO THE AGREEMENT

The parties agree that the Agreement is amended as set out in Schedule 1.

3. VARIATION DATE

The parties agree that the amendments set out in this Deed shall be deemed to have taken effect from 1st April 2021.

4. AGREEMENT IN FULL FORCE AND EFFECT

This Deed is supplemental to the Agreement and, subject to the amendments described in this Deed, the Agreement shall remain in full force and effect.

5. CONFIRMATION AND INCORPORATION

The parties further agree and declare that the terms of the Agreement except as varied by this Deed are confirmed as if the same were set out in this Deed in full and that such terms as so varied shall for all purposes (including but without limitation for the purposes of s2 of the Law of Property (Miscellaneous Provisions) Act 1989) be deemed to be incorporated in this Deed.

6. COUNTERPARTS

This Deed may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all parties shall constitute a full original of this Deed for all purposes.

7. GOVERNING LAW

This Deed and any dispute or claim arising out of, or in connection with, it, its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales.

8. JURISDICTION

The parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of, or in connection with, this Deed, its subject matter or formation (including non-contractual disputes or claims).

EXECUTED as a deed by the parties and delivered on the date set out at the start of this Deed.

Executed as a Deed by affixing the common seal of **THE MAYOR AND COMMONALTY AND CITIZENS OF THE CITY OF LONDON**

in the presence of:

……
Authorised Signatory

Executed as a Deed by the CCG acting by **DAVID MAHER** under delegated authority from the Accountable Officer

……

David Maher
Managing Director
NHS City and Hackney
Clinical Commissioning Group

in the presence of:

……..

Name:

Address:

Occupation:

SCHEDULE 1
VARIATION

The parties agree to amend the Agreement in accordance with this Schedule 1.

1. The definition of Expiry Date within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   Expiry Date *means 23:59 on 31 March 2022.*

2. Clause 2.1 (Term) is deleted in its entirety and replace with the following:

   *"This Agreement shall come into force on the Commencement Date and shall expire on the Expiry Date ("**Initial Term**"), subject to earlier termination in accordance with its terms or at law, unless the Parties agree in writing to extend the term of this Agreement, not later than 1 month before the end of the Initial Term. For the avoidance of doubt, this Agreement has already been extended for the maximum of two further one year periods ("**Extended Term**")."*

3. The definition of the Integrated Commissioning Board shall be deleted entirely and replaced with the definition of the Integrated Care Partnership Board:

   Integrated Care Partnership Board *means the joint committee of Health and Care Partner Organisations responsible for review of performance and oversight of this Agreement comprising the North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee, the London Borough of Hackney Integrated Commissioning Committee, and the City of London Corporation Integrated Commissioning Committee; meeting together as the City and Hackney Integrated Care Partnership Board (ICPB) with the terms of reference as set out in Schedule 2.*

4. At all places where the Integrated Commissioning Board or Integrated Commissioning Committee appears this shall be removed and replaced with Integrated Care Partnership Board

5. At all places where ICB appears this shall be removed and replace with ICPB.

6. Annex 1 of Schedule 1 of this Deed of Variation shall be replaced entirely Schedule 2 (Governance), Part One and Part Two.

7. The definition of the COVID-19 Hospital Discharge Service within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   COVID-19 Hospital Discharge Service *means the discharge flow arrangements put in place for all patients discharged between 19th March 2020 and 31st August 2020 as part of the COVID-19 response and as defined at Part Five of Schedule 1 of this Agreement and the HM Government document 'COVID-19 Hospital Discharge Service Requirements', and which came to an end of 31st March 2021*.

8. The definition of the Hospital Discharge Service within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   Hospital Discharge Service *means the discharge flow arrangements put in place for all patients discharged on of after 1st September 2020, which supersedes the COVID-19 Hospital Discharge Service, and are as defined at Part Six of Schedule 1 of this Agreement and the HM Government document 'Hospital Discharge Service Policy and Operating Model' published on 21st August 2020, and which came to an end on 31st March 2021*.

9. Annex 2 of Schedule 1 of this Deed of Variation is appended to Table 1: Integrated Commissioning Fund Contributions at Part Two (Budget Contributions) of Schedule 1 of the Agreement in order that the **Better Care Fund contribution values for 2020/21** are added to

the Table 1 at Part Two.

10. Annex 3 of Schedule 1 of this Deed of Variation is appended to Table 2: Workstream Service listing for CoL & CCG at Part Two (Budget Contributions) of Schedule 1 of the Agreement in order that **additional budget lines** are added to the Table 2 at Part Two.

ANNEX 1

SCHEDULE 2 – GOVERNANCE

PART ONE – OVERVIEW

1. The clinical and care principles by which the Pooled Fund will be operated will be overseen by the Integrated Care Partnership Board. The Integrated Commissioning Board shall constitute a joint committees of both Parties, and once the Partnership Regulations have been appropriately clarified and subject to further approval of the CCG and the Council, the Integrated Care Partnership Board will constitute a Joint Committee of the CCG and the Council in compliance with the Local Government Act 1972 and the 2006 Act, which permit the creation of a joint committee.

2. The Integrated Care Partnership Board represents the interests of both Parties in securing improved operation of the local health economy.

3. The Integrated Care Partnership Board will set out the key priorities and principles for the Pooled Fund through which improvements to clinical and care outcomes and to financial sustainability will be secured.

4. Decisions to pool funding and management of Services or commissioning areas will be made by the Integrated Care Partnership Board.

5. Decisions to deploy funds from the CCG Contingency Fund will require the written authorisation of the CCG's Chief Financial Officer.

6. The management of the Integrated Commissioning Fund is facilitated via the Pooled Fund Manager, the Finance Economy Group and the Task and Finish Group, as further set out in the Financial Framework.

7. As the Health and Wellbeing Board includes representatives of a number of organisations (including providers) who are not statutory commissioners of local health and care services, it is not appropriate to require the Health and Wellbeing Board to take decisions relating to the Pooled Fund. The Health and Wellbeing Board will however be kept informed of the performance of the Integrated Commissioning Fund.

PART TWO – TERMS OF REFERENCE OF INTEGRATED CARE PARTNERSHIP BOARD

DRAFT
City and Hackney Integrated Care Partnership Board Terms of Reference

incorporating the following statutory committees:

North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee

London Borough of Hackney Integrated Commissioning Committee

City of London Corporation Integrated Commissioning Committee

1 Introduction	1.1	The Health and Care Partner Organisations listed below as Members of the City and Hackney Integrated Care Partnership Board ("ICPB") have come together to enable the delivery of integrated population health and care services in the City and Hackney area, as set out in more detail below.
	1.2	The ICPB will be responsible for making decisions on policy matters relevant to the City and Hackney Integrated Care Partnership ("ICP") and, where applicable, on matters that it has been asked to manage on behalf of a constituent Member of the ICP.
	1.3	As far as possible, Members will exercise their statutory functions within the ICP governance structure, including within the ICPB. This will be enabled through delegations to specific individuals or through specific committees or other structures established by Members meeting in parallel with the ICPB. Part 1 of these Terms of Reference apply to the ICPB generally.
	1.4	However, where a Reserved statutory decision needs to be taken by one or more statutory organisation only, the structures set-out in Part 2 of these Terms of Reference will apply.
	1.5	The ICPB arrangements build on the Integrated Commissioning Board arrangements that were in place in City and Hackney prior to the formation of the new single NEL CCG. The three statutory commissioning committees/sub-committees established by the CCG and the local authorities may, where appropriate, continue to meet in-common in addition to operating as part of the ICPB, in order to exercise their commissioning functions.
	1.6	To facilitate these arrangements, the following statutory committees have been formed:
	1.7	City of London Integrated Commissioning Sub-Committee, formed as a sub-committee of its Community and Children's Services Committee;

	1.8 London Borough of Hackney Integrated Commissioning Sub-Committee, reporting to its Cabinet; 1.9 NHS North East London ("NEL") CCG Governing Body City and Hackney ICP Area Committee, formed as a Committee of the Governing Body. 1.10 Each of the above committees/sub-committees has the authority to make decisions on behalf of its respective establishing organisation, in accordance with Part 2 of these Terms of Reference. 1.11 In many cases, it is expected that such decisions will be able to be taken at meetings of the ICPB, as a result of either individual member representatives exercising delegated authority or through one or more statutory committee convening a quorate meeting and making the decision as a committee. Members of the ICPB will be present at such times subject to the management of any conflicts of interest. 1.12 Whether decisions are taken under Part 1 or Part 2 of these Terms of Reference, decisions taken by the ICPB and Partner Organisations will reflect national and local priority objectives and strategies. 1.13 The ICPB is established and constituted in accordance with the Codes of Conduct: code of accountability in the NHS (July 2004) and the UK Corporate Governance Code (June 2010).

Part 1: Terms of Reference for the ICPB	
2 Status	2.1 The ICPB is a non-statutory partnership body, that brings together representatives from across the ICP area to make decisions on policy matters relating to the ICP and on matters that the Member organisations have asked it to manage on its behalf. 2.2 It also incorporates Member-specific structures that have been established in order to enable statutory decisions to be taken within the ICPB structure, to the extent permitted by law. These are set-out in Part 2. 2.3 The ICPB is founded on the basis of a strong partnership with representation from across the City and Hackney health and care system, including from the CCG, local provider trusts, local authorities, primary care providers and voluntary sector partners. 2.4 The ICPB will be supported by the Neighbourhood Health and Care Board ("NH&CB"), which will lead on the delivery of the ICP strategy and vision agreed by the ICPB, consistent with the Mandate agreed between the ICPB and the NH&CB. The NH&CB is a non-statutory board. 2.5 Both the ICPB and the NH&CB may be supported by sub-groups. 2.6 The ICPB will formally commence its operation on 1 April 2021.
3 Principles	3.1 The ICPB and its Members agree to abide by the following principles: 3.1.1 Encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible. 3.1.2 Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. 3.1.3 Assume joint responsibility for the achievement of outcomes. 3.1.4 Commit to the principle of collective responsibility and to share the risks and rewards (in the manner to be determined as part of the agreed transition arrangements) associated with the performance of the ICP Objectives. 3.1.5 Adhere to statutory requirements and best practice by complying with applicable laws and standards including

	EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation. 3.1.6 Agree to 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.
4 Role	4.1 The ICPB will seek to act in the best interest of residents in the City and Hackney health and care system as a whole, rather than representing the individual interests of any of its members. 4.2 The role of the ICPB is as follows: 4.2.1 To set a local system vision and strategy, which reflects both priorities determined by local residents and communities and the C&H ICP contribution to NEL ICS; 4.2.2 Be accountable for system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy; 4.2.3 Oversee the use of resources within delegated financial allocations and promote financial sustainability; 4.2.4 Establish a local outcomes framework and assure itself that performance against this will be achieved; 4.2.5 Agree the Mandate and associated annual objectives with the NH&CB and hold the NH&CB to account for delivery of these; 4.2.6 Exercise those functions that a constituent statutory organisation has asked the ICPB to manage on its behalf; 4.2.7 Ensure that co-production is embedded across all areas of operation, consistent with the City and Hackney co-production charter. 4.3 Where a Member organisation has asked the ICPB to manage functions on its behalf, these are set out in Part 2 to these ToR. The ICPB may in turn ask that these management functions are devolved to another part of the ICP governance structure, provided that it ensures appropriate oversight and reporting arrangements are in place so as to meet its own obligations, as set out in Part 2 to these ToR.
5 Duties	5.1 The ICPB's duties shall include: 5.1.1 producing and championing a coherent vision and strategy for health and care for the ICP;

		5.1.2 developing and describing the high-level strategic objectives for the system that are related to health and wellbeing; 5.1.3 producing an outcomes framework for the whole of the ICP to deliver increasing healthy life expectancy, address local variation and seeking to reduce health inequalities; 5.1.4 promoting stakeholder engagement which will include engaging with staff, patients and the population; 5.1.5 developing a coherent approach to measuring outcomes and strategic objectives; 5.1.6 ensuring the delivery of high-quality outcomes, putting patient safety and quality first; 5.1.7 having oversight and management of the ICP financial resources, reporting to the ICS and to Member organisations as appropriate; 5.1.8 having responsibility for the collective delivery of those responsibilities that the ICPB is asked to manage on behalf of one of its Members, as set out in Part 2 of these Terms of Reference.
6 Geographical Coverage	6.1	The ICPB shall cover the City and Hackney ICP Area, which is coterminous with boundaries of the City of London and the London Borough of Hackney.
7 Membership	7.1	ICPB Member representatives are selected so as to be representative of the constituent organisations who form the ICP, but attend to promote the greater collective endeavour. 7.2 ICPB Members representatives are expected to make good two-way connections between the ICPB and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of patients and the general public. 7.3 The Membership of the ICPB shall include representatives of the following organisations: • Dr Sandra Husbands – DPH, City and Hackney • Tracey Fletcher – Chief Exec, Homerton • Sir John Gieve – Chair, Homerton • Laura Sharpe – Chief Exec, GP Confederation • Caroline Millar – GP Confederation • Paul Calaminus – Chief Exec, ELFT

	• Eileen Taylor – NED, ELFT • Andrew Carter – Director of Community and Children's Services, Corporation of London • Tim Shields – Chief Executive, LB Hackney • John Williams, Healthwatch Hackney • Paul Coles – City of London Healthwatch • Jake Ferguson – Chief Executive, HCVS • Ann Sanders – Lay Member, City and Hackney CCG • Sue Evans – Lay Member, City and Hackney CCG • 2 x PCN Clinical Directors 7.3.1 LBH representatives (operating as the LBH Integrated Commissioning Committee) • Cllr Chris Kennedy • Cllr Rebecca Rennison • Cllr Anntoinette Bramble 7.3.2 CoL Representatives (operating as the CoL Integrated Commissioning Committee) • Councilman Randall Anderson • Councilman Marianne Fredericks • Councilman Helen Fentimen 7.3.3 NEL CCG Representatives (operating as the NEL CCG Governing Body City and Hackney Area Committee) • ICP Managing Director or other similarly senior ICP lead • Governing Body Lay Member • Borough Clinical Chair • Accountable Officer or nominated deputy • Chief Finance Officer, or nominated deputy 7.4 The ICP Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties.

	7.5	The arrangements regarding decision making, administrative support for the ICPB and management of conflicts of interest are set out below.
8 Chairing Arrangements	8.1	The Chair of the ICP Board will be selected from among the Members representatives of the Board.
	8.2	The Chair of the ICP Board will have the following specific roles and responsibilities: 8.2.1 be a visible, engaged and active leader; 8.2.2 have sufficient time, experience and the right skills to carry the full responsibilities of the role; 8.2.3 ensure that the Board supports the operation of the CCG; 8.2.4 promote the governance design principles in the Board's operation, as follows: (a) 80:20 local:NEL; (b) clinically led; (c) resident driven; (d) size balanced with appropriate representation; (e) sensitive to democratic accountability; (f) recognises sovereignty; 8.2.5 create an open, honest and positive culture, encouraging partnership working and consensus decision-making; 8.2.6 comply with the CCG's governance requirements in terms of procedures for decision-making, including in relation to managing actual and potential conflicts of interest; 8.2.7 ensure reporting requirements are complied with.
	8.3	At its first meeting, the Board will appoint a Deputy Chair drawn from its Member representatives.
9 Meetings and Decision Making	9.1	The ICP Board will operate in accordance with the ICS governance framework, as set out in the ICS Governance Handbook, except as otherwise provided below.
	9.2	The quoracy for the ICP Board will be nine, including a representative from each of the Members. Each representative must have appropriate delegated responsibility from the partner organisation they represent to make decisions on matters within the ICPB's remit.

	9.3 There will no less than six meetings per year. 9.4 Meetings shall be held in public and members of the public will have an opportunity to ask questions. The ICPB may resolve into private session as provided in the ICS's Standing Orders or, where appropriate, in accordance with the arrangements governing one or more of the statutory committees operating in parallel with the ICPB. 9.5 Other senior representatives of the Members may be invited for specific items where necessary. 9.6 Meeting dates are set by the governance team for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to members and attendees within five days of the meeting. 9.7 A minimum of five working days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers. 9.8 The Chair may agree that members of the ICPB may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. 9.9 The Chair may determine that the ICPB needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually. 9.10 The aim will be for decisions of the ICPB to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions. 9.11 In situations where any decision(s) require the exercise of Member organisation(s) reserved statutory functions, then these should be made solely by the organisation(s) in question, pursuant to the Member-specific arrangements set out in Part 2 of these Terms of Reference. To the extent permitted by law, discussion and decision-making in relation to reserved statutory functions will take place within the ICPB structure. 9.12 Conflicts of interest will be managed in accordance with the policies and procedures of the ICS and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued by NHS England to the NHS ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)

	9.13	A member of the CCG Governance team shall be secretary to the committee and shall attend to take minutes of the meeting and provide appropriate support to the chair and committee members.
10 Accountability and Reporting	10.1	The ICPB will report to the NEL ICS in relation to the exercise of its functions.
	10.2	The ICPB will ensure that it complies with any Member-specific reporting requirements that apply in relation to statutory functions that it is asked to exercise on behalf of a Member.
	10.3	The NH&CB will report to the ICPB on those responsibilities that the ICPB has asked the NH&CB to discharge on behalf of the ICP.
	10.4	The ICPB will receive reports from the Health and Wellbeing Boards/borough partnerships and make recommendations to them on matters concerning delivery of the ICP priorities and delivery of the ICP outcomes framework. Health and Wellbeing Boards will continue to have statutory responsibility for the Joint Strategic Needs Assessments.
11 Working Groups	11.1	In order to assist it with performing its role and responsibilities, the ICPB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the ICPB will report directly to it.
	11.2	The terms of reference for any working group established by the ICPB will be incorporated within the ICS Governance Handbook. Where any working group is established to support ICPB in performing functions the NEL CCG Governing Body City and Hackney Area Committee has asked it to manage, the terms of reference for such group will also be incorporated within the CCG Governance Handbook.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The IPCB will carry out an annual review of its functioning and provide an annual report to the NEL ICS and to constituent Member organisations, where it has been asked to manage functions on their behalf. This report will set out the ICPB's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The ICPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

Part 2: City and Hackney ICP Area Committee of the NEL CCG North East London CCG Governing Body

This Part sets out the Member-specific arrangements that have been established, both in terms of setting out any statutory functions that the ICPB has been asked to exercise on behalf of a Member organisation and the associated Member-specific governance arrangements that have been established in order to enable decision-making on reserved statutory functions.		
1 Status of the Committee	1.1	The Committee is a committee of the North East London CCG Governing Body, established in accordance with Schedule 1A of the 2006 Act and with the specific provisions contained within the CCG's Constitution and in the NHS Act 2006.
	1.2	The Committee will commence its operation on 1 April 2021.
2 Role of the Committee	2.1	The Committee has been established in order to enable the CCG to take decisions on the Delegated Functions within the ICPB structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The Delegated and Reserved Functions are summarised below and are also set out in the CCG's SoRDM and in the SoRDM for the ICPB.
	2.2	In each case, where the Committee has been asked to oversee the development of a policy, framework or other equivalent, this includes the function of providing assurance to the North East London CCG Governing Body on the appropriateness of the policy, framework or other equivalent in question.
3 Authority	3.1	The Committee is authorised by the North East London CCG Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires in this regard from any employee within the CCG and all employees are directed to cooperate with any request made by the Committee.
	3.2	The Committee is also authorised by the North East London CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
	3.3	The Committee will be responsible for determining any additional or reconfigured sub-structural arrangements to support fulfilment of the Committee's remit.
4 Delegated Functions	4.1	The Delegated Functions that the Committee will exercise include the following. In general, and subject to the Reserved Functions, the intention is that the Delegated Functions will be exercised within the ICPB structure.
	4.2	*Part 2: Commissioning Strategy: the Committee will have lead responsibility for the CCG's commissioning strategy in the ICP*

	area. This includes exercising the following specific functions in this context: 4.2.1 overseeing the health and care needs assessment process within the ICP area and supporting the CCG in the overall health and care needs assessment process in the ICP; 4.2.2 overseeing the development of the commissioning vision and outcomes setting, and supporting the CCG in the development of the overall commissioning vision and outcomes setting, within the ICP area; 4.2.3 overseeing the development and implementation of service specification and standards within the ICP area, ensuring that these are consistent with the overarching principles agreed by the CCG; 4.2.4 overseeing the development and implementation of a decommissioning policy within the ICP area, ensuring consistency with the overall policy agreed by the CCG. *4.3 Part 3: Population health management: the Committee will have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context:* 4.3.1 ensuring appropriate arrangements are in place to support the ICP to carry-out predicative modelling and trend analysis; 4.3.2 overseeing and implementing information governance arrangements within the ICP area; 4.3.3 overseeing the development and implementation of system incentives and re-alignment in order to deliver a response population health driven system. *4.4 Part 4: Market management: the Committee will work the ICPB, asking it to manage aspects of market management as appropriate, as part of its overall role in relation to this function, as follows:* 4.4.1 working with the ICPB to evaluate health and care services in the ICP area; 4.4.2 working with the ICPB to design and develop health and care services; 4.4.3 agreeing the strategic market shape for the ICP area, ensuring consistency with the overall objectives and principles agreed by the CCG for the ICP;

	4.4.4 leading on horizon scanning within the ICP area. *4.5 Part 5: Financial and contract management : the Committee will support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the North East London CCG Governing Body and exercising the following functions:* 4.5.1 managing the budget for the ICP area, ensuring that it operates within the agreed CCG financial accountability and reporting framework; 4.5.2 managing the allocation of budgets to any Borough sub-committee established by the Committee and ensure that accountability and reporting arrangements are in-place, consistent with the overall financial accountability and reporting framework agreed by the CCG; 4.5.3 overseeing the development of a financial plan for the ICP area and, once approved by the North East London CCG Governing Body, manage the plan, ensuring that all North East London CCG Governing Body reporting requirements are met; 4.5.4 leading on tendering and procurement within the ICP area; 4.5.5 leading on contract design for health services commissioned within the ICP area; 4.5.6 working with the ICP Board to manage supply chain for health and care services within the ICP area; *4.6 Part 6: Monitoring performance: the Committee will support the CCG in discharging its statutory reporting requirements and in discharging its duties in relation to quality and the improvement of services, as follows:* 4.6.1 working with the ICPB to manage and monitor contracts for health and care services in the ICP area; 4.6.2 working with the ICPB to ensure continuous quality improvement in health and care services within the ICP area; 4.6.3 complying with statutory reporting requirements in relation to services being commissioned in the ICP area; 4.6.4 working with the ICPB in relation to safeguarding, ensuring that all CCG policies and procedures are appropriately implemented within the ICP area; 4.6.5 overseeing safeguarding interventions, working with the ICPB;

	4.6.6 leading on performance review and management for the ICP area; *4.7 Part 7: Stakeholder engagement and management: the Committee's overall role is to support the CCG in discharging its statutory duty under section 14Z2 in relation to public involvement and consultation. This includes, but is not limited to the following responsibilities:* 4.7.1 overseeing the development of the ICP engagement strategy and implementation plan; 4.7.2 overseeing the development and delivery of patient and public involvement activities, as part of any service change process in the ICP area; 4.7.3 facilitating and promote clinical and professional engagement within the ICP area. 4.8 In exercising the Delegated Functions, the Committee's role is to support the CCG in discharging its statutory duties. 4.9 When exercising any Delegated Functions, the Committee will ensure that it has regard to the statutory obligations that the CCG is subject to including, but not limited to, the following statutory duties set out in the 2006 Act: 4.9.1 Section 14P – Duty to promote the NHS Constitution 4.9.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically 4.9.3 Section 14R – Duty as to improvement in quality of services 4.9.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty) 4.9.5 Section 14U – Duty to promote involvement of each patient 4.9.6 Section 14V – Duty as to patient choice 4.9.7 Section 14W – Duty to obtain appropriate advice 4.9.8 Section 14X – Duty to promote innovation 4.9.9 Section 14Z – Duty as to promoting education and training 4.9.10 Section 14Z1 – Duty as to promoting integration

	4.9.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities) 4.9.12 Section 14O – Registers of interests and management of conflicts of interest 4.9.13 Section 14S – Duty in relation to quality of primary medical services 4.9.14 Section 223G – Means of meeting expenditure of CCGs out of public funds 4.9.15 Section 223H – Financial duties of CCGs: expenditure 4.9.16 Section 223I: Financial duties of CCGs: use of resources 4.9.17 Section 223J: Financial duties of CCGs: additional controls on resource use 4.10 Annex 2 sets out which of the above Delegated Functions are Reserved Functions, to be exercised by the Committee only. 4.11 In performing its role, the Committee will exercise its functions in accordance with its Terms of Reference; the terms of the delegations made to it by the North East London CCG Governing Body and the financial limit on its delegated authority, which shall be the total budgeted resource allocated to the Committee. 4.12 Where there is any uncertainty about whether a matter relates to the Committee in its capacity as a decision-making body within the CCG governance structure or whether it relates to its wider local system role as part of the ICPB, the flowchart included in Annex 3 to these Terms of Reference will be followed to guide the Chair's consideration of the issue.
5 Geographical Coverage	5.1 The geographical area covered will be the same as the ICPB.
6 Membership	6.1 There will be a total of five members, as follows: • Accountable Officer or nominated deputy • Chief Finance Officer or nominated deputy • Governing Body Lay Member (Chair) • Borough Clinical Chair • ICP Managing Director or other similarly senior ICP lead 6.2 Any member of the ICPB will have a standing invite to attend all meetings of the Committee.

	6.3	Although attendees will not have a formal decision-making role in relation to the Delegated Functions and will not be entitled to vote on such matters, they will be encouraged to participate in discussions and to contribute to the decision-making process, subject always to the Committee operating within the CCG's governance framework, including in relation to managing actual and potential conflicts of interest.
7 Chairing Arrangements	7.1	The role of Chair of the Committee will be performed by the Governing Body Lay Member who is also a member of the Committee.
	7.2	At its first meeting, the Committee will appoint a Deputy Chair drawn from its membership.
8 Secretariat	8.1	Secretariat support will be provided to the Committee by the governance team.
9 Meetings and Decision Making	9.1	The Committee will operate in accordance with the CCG's governance framework, as set out in its Constitution and CCG Governance Handbook, except as otherwise provided below.
	9.2	The quoracy for the Committee will be three and must include one executive director, one lay member and one clinical director.
	9.3	The Chair may agree that members of the Committee may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.
	9.4	The Chair may determine that the Committee needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually.
	9.5	Each member of the Committee shall have one vote. Attendees do not have voting rights.
	9.6	The aim will be for decisions of the Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal.
	9.7	Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote.
	9.8	Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
	9.9	Conflicts of interest will be managed in accordance with the policies and procedures of the CCG and shall be consistent with

		the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to CCGs ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)
	9.10	Members of the Committee 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.
	9.11	Where confidential information is presented to the Committee, all members will ensure that they comply with any confidentiality requirements.
	9.12	The Committee will meet [bi-monthly]. The frequency of meetings may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings set out above.
10 Accountability and Reporting	10.1	The Committee shall be directly accountable to the North East London CCG Governing Body.
	10.2	The Committee will ensure that it reports to the North East London CCG Governing Body on a bi-monthly basis and that a copy of its minutes is presented to the North East London CCG Governing Body, for information.
	10.3	In the event that the North East London CCG Governing Body requests information from the Committee, the Committee will ensure that it responds promptly to such a request.
11 Sub-committees	11.1	In order to assist it with performing its role and responsibilities, the Committee is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the Committee will report directly to it.
	11.2	The terms of reference for any sub-committee established by the Committee will be incorporated within the CCG Governance Handbook.
	11.3	The Committee may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the Committee's SoRDM, which shall be maintained by the Secretariat to the Committee and incorporated within the CCG Governance Handbook.
	11.4	The Committee may delegate funds from its overall budget to a sub-committee, provided that appropriate accountability and

		reporting arrangements are agreed and that these reflect the Committee's own financial reporting requirements.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The Committee will carry out an annual review of its functioning and provide an annual report to the North East London CCG Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The terms of reference of the Committee shall be reviewed by the North East London CCG Governing Body at least annually.

Annex [1]: Functions that the ICP Board will manage on behalf of the Committee

The Committee, operating in accordance with its terms of reference, hereby asks the ICPB to manage the following functions on its behalf:

1 Developing, agreeing and implementing the ICP vision and outcomes, ensuring that this reflects the agreed CCG-specific vision and outcomes;

2 Supporting the CCG Committee in relation to market management, including through managing the following:

- 2.1 service evaluation; and
- 2.2 service design and development.

3 Supporting the CCG Committee in relation to financial and contract management, specifically through supply chain management.

4 Leading on planning and delivery within the ICP, ensuring that in doing so the outcomes are consistent with the ICP commissioning strategy agreed by the Committee, as follows:

- 4.1 community-based assets identification and integration;
- 4.2 integrated pathway-design;
- 4.3 service and care coordination;
- 4.4 place-based planning;
- 4.5 evidence-based protocols and pathways;
- 4.6 cost-reduction and demand management;
- 4.7 workforce strategy.

5 Support the CCG Committee in relation to monitoring performance, including through managing the following:

- 5.1 contract management and monitoring;
- 5.2 promoting continuous quality improvement;
- 5.3 safeguarding interventions and learnings;
- 5.4 regulatory liaison and relationship;
- 5.5 regular public outcome reporting.

6 Support the CCG Committee in relation to stakeholder engagement and management, including through the following:

- 6.1 political engagement;
- 6.2 clinical and professional engagement;
- 6.3 public and community engagement;

6.4 provider relationship management;

6.5 strategic partnership management.

7 When managing functions on behalf of the Committee, the ICPB will ensure that it has regard to the statutory duties that the Committee is subject to, including but not limited to the following:

7.1 Section 14P – Duty to promote the NHS Constitution

7.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically

7.3 Section 14R – Duty as to improvement in quality of services

7.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)

7.5 Section 14U – Duty to promote involvement of each patient

7.6 Section 14V – Duty as to patient choice

7.7 Section 14W – Duty to obtain appropriate advice

7.8 Section 14X – Duty to promote innovation

7.9 Section 14Z – Duty as to promoting education and training

7.10 Section 14Z1 – Duty as to promoting integration

7.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)

7.12 Section 14O – Registers of interests and management of conflicts of interest

7.13 Section 14S – Duty in relation to quality of primary medical services

7.14 Section 223G – Means of meeting expenditure of CCGs out of public funds

7.15 Section 223H – Financial duties of CCGs: expenditure

7.16 Section 223I: Financial duties of CCGs: use of resources

7.17 Section 223J: Financial duties of CCGs: additional controls on resource use

8 The ICPB will report to the Committee on a [monthly] basis.

9 The Committee may revise the scope of the functions that it has asked the ICPB to manage on its behalf.

Annex 2: Reserved Functions to be exercised by the Committee only

1 CCG Reserved Functions

1.1 This list sets out the key CCG functions that will be the exercised at the ICP level and where a formal, legal decision may be required by the CCG. The list is not an exhaustive list of the CCG's functions and should be read alongside the CCG Constitution and the CCG Handbook.

1.2 The functions set out below may be exercised in the following ways:

1.2.1 by each of the CCG Governing Body ICP Area Committees established by the NEL CCG Governing Body; and/or

1.2.2 by individuals with delegated authority to act on behalf of the CCG and within the scope of such delegated authority.

1.3 Subject to ensuring that conflicts of interest are appropriately managed, the CCG Reserved Functions may be exercised by (a) or (b) at a meeting of the ICP Board.

1.4 Approving commissioning plans (and subsequent revisions to such plans) developed in order to meet the agreed ICP population health needs assessment and strategy;

1.5 Approving demographic, service use and workforce modelling and planning, where these relate to the CCG's commissioning functions;

1.6 Approving proposed health needs prioritisation policies and ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities;

1.7 Approving the CCG's financial plan for the ICP area;

1.8 Approving financial commitments where these relate to delegated CCG budgets;

1.9 [To agree specific financial reporting mechanisms and associated approvals with Henry];

1.10 [To agree risk management arrangements within each ICP];

1.11 Approving procurement decisions, where these relate to health services commissioned by the CCG;

1.12 Approving contract design, where these are developed specifically to reflect health needs and priorities within the ICP area;

1.13 Approving health service change decisions (whether these involve commissioning or de-commissioning);

1.14 Overseeing and approving any stakeholder involvement exercises proposed, consistent with the CCG's statutory duties in this context;

1.15 Approving ICP-specific policies and procedures relating to the above, where these are different to any NEL CCG policies and procedures;

1.16 Approving a proposal to enter into formal partnership arrangements with one or more local authority, including arrangements under section 75 of the NHS Act 2006;

1.17 Other matters at the discretion of the CCG Governing Body BHR ICP Area Committee or individuals with delegated authority acting on behalf of the CCG, where it is considered

that the matter is one that should be considered and determined by the CCG alone (including where this is necessary in order to ensure appropriate management of conflicts of interest).

2 We will also need to agree how specific treatment decisions, safeguarding, CHC etc. are dealt with and the list will need revising accordingly once we have discussed this.

Annex 3: Decision-Making Flow Chart

1 Does any legislation expressly place a function or duty on a statutory body or bodies which means that it and only it should determine the issue in question?

[If it does that statutory body or group of bodies should make the decision.]

2 Should no statutory body or bodies hold such a function or duty then is the issue an ICS matter?

[If it is then the matter should go to the proper part of the ICS governance for determination.]

3 If the issue is an ICS matter, is it one that is within the ICPB's scope of responsibility?

[If it is, then the matter should go to the ICPB for determination]

4 Does the issue in question cover decisions that may fall for determination in both statutory forums and the ICPB? If the split in decision making is apparent then that should be followed, otherwise the matter should be referred to [the ICP Executive Group for agreement on the approach to be followed].

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ANNEX 2

Table 1-1: £10,443,615 CCG BCF contribution to LBH in 2020/21

London Borough of Hackney BCF Budget 2020/21	19/20 Outturn	19/20 Less Non-Recurrent Allocation	19/20 Outturn excluding NR funding	ADD BACK 19/20 Non-Recurrent Allocation	20/21 Uplift inc. NR funding	20/21 Total Plan inc. NR funding	% Change between 2021 and 1920 Plan excluding NR funding	Area of Spend	Comments
Maintaining eligibility criteria	£3,226,882	(£263,000)	£2,963,882	£263,000	£176,188	£3,403,070	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Services to support carers	£741,176	£0	£741,176	£0	£10,376	£751,552	1.40%	Other	Mapped to Social Care in 2019/20 BCF Template Submission
Community equipment and adaptations	£1,098,039	£0	£1,098,039	£0	£59,953	£1,157,992	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Targeted preventative services	£409,653	£0	£409,653	£0	£22,367	£432,020	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
LA bed based interim beds	£369,532	£0	£369,532	£0	£20,176	£389,708	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Telecare	£271,343	£0	£271,343	£0	£14,815	£286,158	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Integrated Independence Team (IIT)	£3,891,645	(£18,000)	£3,873,645	£18,000	£54,483	£3,946,128	1.40%	Other	Mapped to non-Social Care in 2019/20 BCF Template Submission
Management Cost Officer Post	£73,000	£0	£73,000	£0	£3,986	£76,986	5.46%	Social Care	Mapped to non-Social Care in 2019/20 BCF Template Submission but assume - 50% Adult Social Care
Total	**£10,081,270**	**(£281,000)**	**£9,800,270**	**£281,000**	**£362,345**	**£10,443,615**	**3.59%**		

Table 1-2: £276,121 CCG BCF contribution to CoL in 2020/21

City of London BCF Budget 2020/21	19/20 Outturn	19/20 Less Non-Recurrent Allocation	19/20 Outturn excluding NR funding	20/21 Uplift	20/21 Total Plan	% Change between 2021 Plan and 1920 Plan	% Change between 2021 and 1920 Plan excluding NR funding	Area of Spend	Comments
CoL-Care Navigator Service	£60,000	£0	£60,000	£7,944	£67,944	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Reablement Plus	£65,000	£0	£65,000	£8,606	£73,606	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Carers' support	£11,352	£0	£11,352	£1,503	£12,855	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Mental health reablement & floating suppo	£120,000	£0	£120,000	£1,716	£121,716	1.43%	1.43%	Other	*Mapped to non-Social Care in 2019/20 BCF Template Submission*
Total	**£256,352**	**£0**	**£256,352**	**£19,769**	**£276,121**	**7.71%**	**7.71%**		

Table 1-3: £11,909,301 CCG BCF contribution paid directly to providers in 2020/21

NHS City and Hackney CCG 2020/21 BCF Expenditure	Payment Method	BCF Budgets Allocated	BCF Budgets NOT Allocated	BCF Expenditure Total 2020/21
Acute - Homerton	Block	£2,081,189		£2,081,189
CHS - Homerton	Block	£5,323,041		£5,323,041
End of Life - St. Joseph's Hospice	Contract 20/21	£2,698,175		£2,698,175
Neighbourhood - CoL	Sec.75	£20,280		£20,280
Neighbourhood - ELFT			£113,182	£113,182
Neighbourhood - GP Confederation	Contract 20/21	£220,685		£220,685
Neighbourhood - Healthwatch Hackney	Contract 20/21	£56,425		£56,425
Neighbourhood - Homerton			£297,338	£297,338
Neighbourhood - LBH	Sec.75	£121,680		£121,680
Neighbourhood Clinical Lead Development - L	Sec.75	£92,331		£92,331
Neighbourhood- HCVS	Contract 20/21	£201,076		£201,076
Realignment of services	n/a	£519,546	£0	£519,546
Urgent Care - Age UK	Contract 20/21	£164,352		£164,352
Total CCG BCF Expenditure		**£11,498,781**	**£410,520**	**£11,909,301**

Table 1-4: Summary table showing total CCG contribution is £22,629,037 against the minimum pooled fund contribution amount of £21,919,580

NHS City and Hackney CCG 2020/21 BCF Expenditure	BCF Budgets Allocated	BCF Budgets NOT Allocated	BCF Expenditure Total 2020/21
Acute - Homerton	£2,081,189		£2,081,189
CHS - Homerton	£5,323,041		£5,323,041
EoL/ UC - St Joe's and Age UK	£2,862,527		£2,862,527
Neighbourhoods	£712,477	£410,520	£1,122,997
Non-Recurrent realignment	£234,546	£285,000	£519,546
Social Care - LBH and CoL	£10,719,736		£10,719,736
Total CCG BCF Expenditure	**£21,933,516**	**£695,520**	**£22,629,037**

NB Table 1-1 and Table 1-2 contribution amounts roll forward into 2021/22 until further notice or are superseded by guidance. Non-recurrent funding allocated in 2020/21 will be re-visited in 2021/22 in line with CCG minimum contribution requirements.

ANNEX 3

PART TWO – BUDGET CONTRIBUTIONS

Table 2: Workstream service listing for CoL & CCG

Organisation	Updated workstream	Flag	Workstream	Scheme/Service	Provider	Workstream Board/ Service Type	Budget Amount 20/21	LBH Split	CoI Split	Directly Delivered?
CoL	Aligned Unplanned Care		Aligned Unplanned Care	Street Triage (contracted via CCG)	ELFT	Unplanned care	£95,342		£95,342	No

Organisation	Updated workstream	Flag	Workstream	Scheme/Service	Provider	Workstream Board/ Service Type	Budget Amount 21/22	LBH Split	CoI Split	Directly Delivered?

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Dated 2021

(1) **LONDON BOROUGH OF HACKNEY**

- and -

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP**

DEED OF VARIATION

TO THE

FRAMEWORK SECTION 75 AGREEMENT FOR THE DEVOLUTION OF HEALTH AND SOCIAL CARE SERVICES IN LONDON BOROUGH OF HACKNEY (INCLUDING THE BETTER CARE FUND)

THIS DEED is made on 2021

PARTIES

(1) **LONDON BOROUGH OF HACKNEY** of Hackney Service Centre, 1 Hillman Street, London E8 1DY (the **"Council"**)

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP** of 3rd Floor, Block A, St Leonard's Hospital, London, N1 5LZ (the **"CCG"**)

each a "**party"** and together the "**parties**".

BACKGROUND

A This Deed is supplemental to the framework Section 75 Agreement for the devolution of health and social care services in London Borough of Hackney (Including the Better Care Fund) entered into by the parties on 5 July 2019 and as subsequently varied by the parties on 13 December 2019 and on 16 April 2020 and on 30 April 2020 and on 5 February 2021 (the "**Agreement"**).

B In accordance with the Agreement, each of the parties has agreed to amend the Agreement as set out in this Deed.

AGREEMENT:

1. DEFINITIONS AND INTERPRETATION

Unless otherwise provided the words and expressions defined in, and the rules of interpretation of, the Agreement shall have the same meaning in this Deed.

2. AMENDMENTS TO THE AGREEMENT

The parties agree that the Agreement is amended as set out in Schedule 1.

3. VARIATION DATE

The parties agree that the amendments set out in this Deed shall be deemed to have taken effect from 1st April 2021.

4. AGREEMENT IN FULL FORCE AND EFFECT

This Deed is supplemental to the Agreement and, subject to the amendments described in this Deed, the Agreement shall remain in full force and effect.

5. CONFIRMATION AND INCORPORATION

The parties further agree and declare that the terms of the Agreement except as varied by this Deed are confirmed as if the same were set out in this Deed in full and that such terms as so varied shall for all purposes (including but without limitation for the purposes of s2 of the Law of Property (Miscellaneous Provisions) Act 1989) be deemed to be incorporated in this Deed.

6. COUNTERPARTS

This Deed may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all parties shall constitute a full original of this Deed for all purposes.

7. GOVERNING LAW

This Deed and any dispute or claim arising out of, or in connection with, it, its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales.

8. JURISDICTION

The parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of, or in connection with, this Deed, its subject matter or formation (including non-contractual disputes or claims).

EXECUTED as a deed by the parties and delivered on the date set out at the start of this Deed.

Executed as a Deed by affixing the
common seal of **LONDON BOROUGH
OF HACKNEY**

in the presence of:

……
Authorised Signatory

……
Authorised Signatory

Executed as a Deed by the CCG acting by
DAVID MAHER under delegated authority
from the Accountable Officer

……

David Maher
Managing Director
NHS City and Hackney
Clinical Commissioning Group

in the presence of:

……..

Name:

Address:

Occupation:

SCHEDULE 1
VARIATION

The parties agree to amend the Agreement in accordance with this Schedule 1.

1. The definition of Expiry Date within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   Expiry Date *means 23:59 on 31 March 2022.*

2. Clause 2.1 (Term) is deleted in its entirety and replace with the following:

   *"This Agreement shall come into force on the Commencement Date and shall expire on the Expiry Date ("**Initial Term**"), subject to earlier termination in accordance with its terms or at law, unless the Parties agree in writing to extend the term of this Agreement, not later than 1 month before the end of the Initial Term. For the avoidance of doubt, this Agreement has already been extended for the maximum of two further one year periods ("**Extended Term**")."*

3. The definition of the Integrated Commissioning Board shall be deleted entirely and replaced with the definition of the Integrated Care Partnership Board:

   Integrated Care Partnership Board *means the joint committee of Health and Care Partner Organisations responsible for review of performance and oversight of this Agreement comprising the North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee, the London Borough of Hackney Integrated Commissioning Committee, and the City of London Corporation Integrated Commissioning Committee; meeting together as the City and Hackney Integrated Care Partnership Board (ICPB) with the terms of reference as set out in Schedule 2.*

4. At all places where the Integrated Commissioning Board or Integrated Commissioning Committee appears this shall be removed and replaced with Integrated Care Partnership Board

5. At all places where ICB appears this shall be removed and replace with ICPB.

6. Annex 1 of Schedule 1 of this Deed of Variation shall be replaced entirely Schedule 2 (Governance), Part One and Part Two.

7. The definition of the COVID-19 Hospital Discharge Service within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   COVID-19 Hospital Discharge Service *means the discharge flow arrangements put in place for all patients discharged between 19th March 2020 and 31st August 2020 as part of the COVID-19 response and as defined at Part Five of Schedule 1 of this Agreement and the HM Government document 'COVID-19 Hospital Discharge Service Requirements', and which came to an end of 31st March 2021*.

8. The definition of the Hospital Discharge Service within Clause 1 (Defined Terms and Interpretation) of the Agreement is deleted and replaced with the following:

   Hospital Discharge Service *means the discharge flow arrangements put in place for all patients discharged on of after 1st September 2020, which supersedes the COVID-19 Hospital Discharge Service, and are as defined at Part Six of Schedule 1 of this Agreement and the HM Government document 'Hospital Discharge Service Policy and Operating Model' published on 21st August 2020, and which came to an end on 31st March 2021*.

9. Annex 2 of Schedule 1 of this Deed of Variation is appended to Table 1: Integrated Commissioning Fund Contributions at Part Two (Budget Contributions) of Schedule 1 of the Agreement in order that the **Better Care Fund contribution values for 2020/21** are added to

the Table 1 at Part Two.

10. Annex 3 of Schedule 1 of this Deed of Variation is appended to Table 2: Workstream Service listing for LBH & CCG at Part Two (Budget Contributions) of Schedule 1 of the Agreement in order that **additional budget lines** are added to the Table 2 at Part Two.

ANNEX 1

SCHEDULE 2 – GOVERNANCE

PART ONE – OVERVIEW

1. The clinical and care principles by which the Pooled Fund will be operated will be overseen by the Integrated Care Partnership Board. The Integrated Commissioning Board shall constitute a joint committees of both Parties, and once the Partnership Regulations have been appropriately clarified and subject to further approval of the CCG and the Council, the Integrated Care Partnership Board will constitute a Joint Committee of the CCG and the Council in compliance with the Local Government Act 1972 and the 2006 Act, which permit the creation of a joint committee.

2. The Integrated Care Partnership Board represents the interests of both Parties in securing improved operation of the local health economy.

3. The Integrated Care Partnership Board will set out the key priorities and principles for the Pooled Fund through which improvements to clinical and care outcomes and to financial sustainability will be secured.

4. Decisions to pool funding and management of Services or commissioning areas will be made by the Integrated Care Partnership Board.

5. Decisions to deploy funds from the CCG Contingency Fund will require the written authorisation of the CCG's Chief Financial Officer.

6. The management of the Integrated Commissioning Fund is facilitated via the Pooled Fund Manager, the Finance Economy Group and the Task and Finish Group, as further set out in the Financial Framework.

7. As the Health and Wellbeing Board includes representatives of a number of organisations (including providers) who are not statutory commissioners of local health and care services, it is not appropriate to require the Health and Wellbeing Board to take decisions relating to the Pooled Fund. The Health and Wellbeing Board will however be kept informed of the performance of the Integrated Commissioning Fund.

PART TWO – TERMS OF REFERENCE OF INTEGRATED CARE PARTNERSHIP BOARD

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City and Hackney Integrated Care Partnership Board Terms of Reference

incorporating the following statutory committees:

North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee

London Borough of Hackney Integrated Commissioning Committee

City of London Corporation Integrated Commissioning Committee

1 Introduction	1.1	The Health and Care Partner Organisations listed below as Members of the City and Hackney Integrated Care Partnership Board ("ICPB") have come together to enable the delivery of integrated population health and care services in the City and Hackney area, as set out in more detail below.
	1.2	The ICPB will be responsible for making decisions on policy matters relevant to the City and Hackney Integrated Care Partnership ("ICP") and, where applicable, on matters that it has been asked to manage on behalf of a constituent Member of the ICP.
	1.3	As far as possible, Members will exercise their statutory functions within the ICP governance structure, including within the ICPB. This will be enabled through delegations to specific individuals or through specific committees or other structures established by Members meeting in parallel with the ICPB. Part 1 of these Terms of Reference apply to the ICPB generally.
	1.4	However, where a Reserved statutory decision needs to be taken by one or more statutory organisation only, the structures set-out in Part 2 of these Terms of Reference will apply.
	1.5	The ICPB arrangements build on the Integrated Commissioning Board arrangements that were in place in City and Hackney prior to the formation of the new single NEL CCG. The three statutory commissioning committees/sub-committees established by the CCG and the local authorities may, where appropriate, continue to meet in-common in addition to operating as part of the ICPB, in order to exercise their commissioning functions.
	1.6	To facilitate these arrangements, the following statutory committees have been formed:
	1.7	City of London Integrated Commissioning Sub-Committee, formed as a sub-committee of its Community and Children's Services Committee;

	1.8 London Borough of Hackney Integrated Commissioning Sub-Committee, reporting to its Cabinet; 1.9 NHS North East London ("NEL") CCG Governing Body City and Hackney ICP Area Committee, formed as a Committee of the Governing Body. 1.10 Each of the above committees/sub-committees has the authority to make decisions on behalf of its respective establishing organisation, in accordance with Part 2 of these Terms of Reference. 1.11 In many cases, it is expected that such decisions will be able to be taken at meetings of the ICPB, as a result of either individual member representatives exercising delegated authority or through one or more statutory committee convening a quorate meeting and making the decision as a committee. Members of the ICPB will be present at such times subject to the management of any conflicts of interest. 1.12 Whether decisions are taken under Part 1 or Part 2 of these Terms of Reference, decisions taken by the ICPB and Partner Organisations will reflect national and local priority objectives and strategies. 1.13 The ICPB is established and constituted in accordance with the Codes of Conduct: code of accountability in the NHS (July 2004) and the UK Corporate Governance Code (June 2010).

Part 1: Terms of Reference for the ICPB	
2 Status	2.1 The ICPB is a non-statutory partnership body, that brings together representatives from across the ICP area to make decisions on policy matters relating to the ICP and on matters that the Member organisations have asked it to manage on its behalf. 2.2 It also incorporates Member-specific structures that have been established in order to enable statutory decisions to be taken within the ICPB structure, to the extent permitted by law. These are set-out in Part 2. 2.3 The ICPB is founded on the basis of a strong partnership with representation from across the City and Hackney health and care system, including from the CCG, local provider trusts, local authorities, primary care providers and voluntary sector partners. 2.4 The ICPB will be supported by the Neighbourhood Health and Care Board ("NH&CB"), which will lead on the delivery of the ICP strategy and vision agreed by the ICPB, consistent with the Mandate agreed between the ICPB and the NH&CB. The NH&CB is a non-statutory board. 2.5 Both the ICPB and the NH&CB may be supported by sub-groups. 2.6 The ICPB will formally commence its operation on 1 April 2021.
3 Principles	3.1 The ICPB and its Members agree to abide by the following principles: 3.1.1 Encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible. 3.1.2 Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. 3.1.3 Assume joint responsibility for the achievement of outcomes. 3.1.4 Commit to the principle of collective responsibility and to share the risks and rewards (in the manner to be determined as part of the agreed transition arrangements) associated with the performance of the ICP Objectives. 3.1.5 Adhere to statutory requirements and best practice by complying with applicable laws and standards including

	EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation. 3.1.6 Agree to 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.
4 Role	4.1 The ICPB will seek to act in the best interest of residents in the City and Hackney health and care system as a whole, rather than representing the individual interests of any of its members. 4.2 The role of the ICPB is as follows: 4.2.1 To set a local system vision and strategy, which reflects both priorities determined by local residents and communities and the C&H ICP contribution to NEL ICS; 4.2.2 Be accountable for system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy; 4.2.3 Oversee the use of resources within delegated financial allocations and promote financial sustainability; 4.2.4 Establish a local outcomes framework and assure itself that performance against this will be achieved; 4.2.5 Agree the Mandate and associated annual objectives with the NH&CB and hold the NH&CB to account for delivery of these; 4.2.6 Exercise those functions that a constituent statutory organisation has asked the ICPB to manage on its behalf; 4.2.7 Ensure that co-production is embedded across all areas of operation, consistent with the City and Hackney co-production charter. 4.3 Where a Member organisation has asked the ICPB to manage functions on its behalf, these are set out in Part 2 to these ToR. The ICPB may in turn ask that these management functions are devolved to another part of the ICP governance structure, provided that it ensures appropriate oversight and reporting arrangements are in place so as to meet its own obligations, as set out in Part 2 to these ToR.
5 Duties	5.1 The ICPB's duties shall include: 5.1.1 producing and championing a coherent vision and strategy for health and care for the ICP;

	5.1.2 developing and describing the high-level strategic objectives for the system that are related to health and wellbeing; 5.1.3 producing an outcomes framework for the whole of the ICP to deliver increasing healthy life expectancy, address local variation and seeking to reduce health inequalities; 5.1.4 promoting stakeholder engagement which will include engaging with staff, patients and the population; 5.1.5 developing a coherent approach to measuring outcomes and strategic objectives; 5.1.6 ensuring the delivery of high-quality outcomes, putting patient safety and quality first; 5.1.7 having oversight and management of the ICP financial resources, reporting to the ICS and to Member organisations as appropriate; 5.1.8 having responsibility for the collective delivery of those responsibilities that the ICPB is asked to manage on behalf of one of its Members, as set out in Part 2 of these Terms of Reference.
6 Geographical Coverage	6.1 The ICPB shall cover the City and Hackney ICP Area, which is coterminous with boundaries of the City of London and the London Borough of Hackney.
7 Membership	7.1 ICPB Member representatives are selected so as to be representative of the constituent organisations who form the ICP, but attend to promote the greater collective endeavour. 7.2 ICPB Members representatives are expected to make good two-way connections between the ICPB and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of patients and the general public. 7.3 The Membership of the ICPB shall include representatives of the following organisations: • Dr Sandra Husbands – DPH, City and Hackney • Tracey Fletcher – Chief Exec, Homerton • Sir John Gieve – Chair, Homerton • Laura Sharpe – Chief Exec, GP Confederation • Caroline Millar – GP Confederation • Paul Calaminus – Chief Exec, ELFT

	• Eileen Taylor – NED, ELFT • Andrew Carter – Director of Community and Children's Services, Corporation of London • Tim Shields – Chief Executive, LB Hackney • John Williams, Healthwatch Hackney • Paul Coles – City of London Healthwatch • Jake Ferguson – Chief Executive, HCVS • Ann Sanders – Lay Member, City and Hackney CCG • Sue Evans – Lay Member, City and Hackney CCG • 2 x PCN Clinical Directors 7.3.1 LBH representatives (operating as the LBH Integrated Commissioning Committee) • Cllr Chris Kennedy • Cllr Rebecca Rennison • Cllr Anntoinette Bramble 7.3.2 CoL Representatives (operating as the CoL Integrated Commissioning Committee) • Councilman Randall Anderson • Councilman Marianne Fredericks • Councilman Helen Fentimen 7.3.3 NEL CCG Representatives (operating as the NEL CCG Governing Body City and Hackney Area Committee) • ICP Managing Director or other similarly senior ICP lead • Governing Body Lay Member • Borough Clinical Chair • Accountable Officer or nominated deputy • Chief Finance Officer, or nominated deputy 7.4 The ICP Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties.

	7.5	The arrangements regarding decision making, administrative support for the ICPB and management of conflicts of interest are set out below.
8 Chairing Arrangements	8.1	The Chair of the ICP Board will be selected from among the Members representatives of the Board.
	8.2	The Chair of the ICP Board will have the following specific roles and responsibilities: 8.2.1 be a visible, engaged and active leader; 8.2.2 have sufficient time, experience and the right skills to carry the full responsibilities of the role; 8.2.3 ensure that the Board supports the operation of the CCG; 8.2.4 promote the governance design principles in the Board's operation, as follows: (a) 80:20 local:NEL; (b) clinically led; (c) resident driven; (d) size balanced with appropriate representation; (e) sensitive to democratic accountability; (f) recognises sovereignty; 8.2.5 create an open, honest and positive culture, encouraging partnership working and consensus decision-making; 8.2.6 comply with the CCG's governance requirements in terms of procedures for decision-making, including in relation to managing actual and potential conflicts of interest; 8.2.7 ensure reporting requirements are complied with.
	8.3	At its first meeting, the Board will appoint a Deputy Chair drawn from its Member representatives.
9 Meetings and Decision Making	9.1	The ICP Board will operate in accordance with the ICS governance framework, as set out in the ICS Governance Handbook, except as otherwise provided below.
	9.2	The quoracy for the ICP Board will be nine, including a representative from each of the Members. Each representative must have appropriate delegated responsibility from the partner organisation they represent to make decisions on matters within the ICPB's remit.

	9.3 There will no less than six meetings per year. 9.4 Meetings shall be held in public and members of the public will have an opportunity to ask questions. The ICPB may resolve into private session as provided in the ICS's Standing Orders or, where appropriate, in accordance with the arrangements governing one or more of the statutory committees operating in parallel with the ICPB. 9.5 Other senior representatives of the Members may be invited for specific items where necessary. 9.6 Meeting dates are set by the governance team for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to members and attendees within five days of the meeting. 9.7 A minimum of five working days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers. 9.8 The Chair may agree that members of the ICPB may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. 9.9 The Chair may determine that the ICPB needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually. 9.10 The aim will be for decisions of the ICPB to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions. 9.11 In situations where any decision(s) require the exercise of Member organisation(s) reserved statutory functions, then these should be made solely by the organisation(s) in question, pursuant to the Member-specific arrangements set out in Part 2 of these Terms of Reference. To the extent permitted by law, discussion and decision-making in relation to reserved statutory functions will take place within the ICPB structure. 9.12 Conflicts of interest will be managed in accordance with the policies and procedures of the ICS and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued by NHS England to the NHS ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)

	9.13	A member of the CCG Governance team shall be secretary to the committee and shall attend to take minutes of the meeting and provide appropriate support to the chair and committee members.
10 Accountability and Reporting	10.1	The ICPB will report to the NEL ICS in relation to the exercise of its functions.
	10.2	The ICPB will ensure that it complies with any Member-specific reporting requirements that apply in relation to statutory functions that it is asked to exercise on behalf of a Member.
	10.3	The NH&CB will report to the ICPB on those responsibilities that the ICPB has asked the NH&CB to discharge on behalf of the ICP.
	10.4	The ICPB will receive reports from the Health and Wellbeing Boards/borough partnerships and make recommendations to them on matters concerning delivery of the ICP priorities and delivery of the ICP outcomes framework. Health and Wellbeing Boards will continue to have statutory responsibility for the Joint Strategic Needs Assessments.
11 Working Groups	11.1	In order to assist it with performing its role and responsibilities, the ICPB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the ICPB will report directly to it.
	11.2	The terms of reference for any working group established by the ICPB will be incorporated within the ICS Governance Handbook. Where any working group is established to support ICPB in performing functions the NEL CCG Governing Body City and Hackney Area Committee has asked it to manage, the terms of reference for such group will also be incorporated within the CCG Governance Handbook.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The IPCB will carry out an annual review of its functioning and provide an annual report to the NEL ICS and to constituent Member organisations, where it has been asked to manage functions on their behalf. This report will set out the ICPB's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The ICPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

Part 2: City and Hackney ICP Area Committee of the NEL CCG North East London CCG Governing Body

This Part sets out the Member-specific arrangements that have been established, both in terms of setting out any statutory functions that the ICPB has been asked to exercise on behalf of a Member organisation and the associated Member-specific governance arrangements that have been established in order to enable decision-making on reserved statutory functions.		
1 Status of the Committee	1.1	The Committee is a committee of the North East London CCG Governing Body, established in accordance with Schedule 1A of the 2006 Act and with the specific provisions contained within the CCG's Constitution and in the NHS Act 2006.
	1.2	The Committee will commence its operation on 1 April 2021.
2 Role of the Committee	2.1	The Committee has been established in order to enable the CCG to take decisions on the Delegated Functions within the ICPB structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The Delegated and Reserved Functions are summarised below and are also set out in the CCG's SoRDM and in the SoRDM for the ICPB.
	2.2	In each case, where the Committee has been asked to oversee the development of a policy, framework or other equivalent, this includes the function of providing assurance to the North East London CCG Governing Body on the appropriateness of the policy, framework or other equivalent in question.
3 Authority	3.1	The Committee is authorised by the North East London CCG Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires in this regard from any employee within the CCG and all employees are directed to cooperate with any request made by the Committee.
	3.2	The Committee is also authorised by the North East London CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
	3.3	The Committee will be responsible for determining any additional or reconfigured sub-structural arrangements to support fulfilment of the Committee's remit.
4 Delegated Functions	4.1	The Delegated Functions that the Committee will exercise include the following. In general, and subject to the Reserved Functions, the intention is that the Delegated Functions will be exercised within the ICPB structure.
	4.2	*Part 2: Commissioning Strategy: the Committee will have lead responsibility for the CCG's commissioning strategy in the ICP*

	area. This includes exercising the following specific functions in this context: 4.2.1 overseeing the health and care needs assessment process within the ICP area and supporting the CCG in the overall health and care needs assessment process in the ICP; 4.2.2 overseeing the development of the commissioning vision and outcomes setting, and supporting the CCG in the development of the overall commissioning vision and outcomes setting, within the ICP area; 4.2.3 overseeing the development and implementation of service specification and standards within the ICP area, ensuring that these are consistent with the overarching principles agreed by the CCG; 4.2.4 overseeing the development and implementation of a decommissioning policy within the ICP area, ensuring consistency with the overall policy agreed by the CCG. *4.3 Part 3: Population health management: the Committee will have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context:* 4.3.1 ensuring appropriate arrangements are in place to support the ICP to carry-out predicative modelling and trend analysis; 4.3.2 overseeing and implementing information governance arrangements within the ICP area; 4.3.3 overseeing the development and implementation of system incentives and re-alignment in order to deliver a response population health driven system. *4.4 Part 4: Market management: the Committee will work the ICPB, asking it to manage aspects of market management as appropriate, as part of its overall role in relation to this function, as follows:* 4.4.1 working with the ICPB to evaluate health and care services in the ICP area; 4.4.2 working with the ICPB to design and develop health and care services; 4.4.3 agreeing the strategic market shape for the ICP area, ensuring consistency with the overall objectives and principles agreed by the CCG for the ICP;

	4.4.4 leading on horizon scanning within the ICP area. *4.5 Part 5: Financial and contract management : the Committee will support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the North East London CCG Governing Body and exercising the following functions:* 4.5.1 managing the budget for the ICP area, ensuring that it operates within the agreed CCG financial accountability and reporting framework; 4.5.2 managing the allocation of budgets to any Borough sub-committee established by the Committee and ensure that accountability and reporting arrangements are in-place, consistent with the overall financial accountability and reporting framework agreed by the CCG; 4.5.3 overseeing the development of a financial plan for the ICP area and, once approved by the North East London CCG Governing Body, manage the plan, ensuring that all North East London CCG Governing Body reporting requirements are met; 4.5.4 leading on tendering and procurement within the ICP area; 4.5.5 leading on contract design for health services commissioned within the ICP area; 4.5.6 working with the ICP Board to manage supply chain for health and care services within the ICP area; *4.6 Part 6: Monitoring performance: the Committee will support the CCG in discharging its statutory reporting requirements and in discharging its duties in relation to quality and the improvement of services, as follows:* 4.6.1 working with the ICPB to manage and monitor contracts for health and care services in the ICP area; 4.6.2 working with the ICPB to ensure continuous quality improvement in health and care services within the ICP area; 4.6.3 complying with statutory reporting requirements in relation to services being commissioned in the ICP area; 4.6.4 working with the ICPB in relation to safeguarding, ensuring that all CCG policies and procedures are appropriately implemented within the ICP area; 4.6.5 overseeing safeguarding interventions, working with the ICPB;

	4.6.6 leading on performance review and management for the ICP area; *4.7 Part 7: Stakeholder engagement and management: the Committee's overall role is to support the CCG in discharging its statutory duty under section 14Z2 in relation to public involvement and consultation. This includes, but is not limited to the following responsibilities:* 4.7.1 overseeing the development of the ICP engagement strategy and implementation plan; 4.7.2 overseeing the development and delivery of patient and public involvement activities, as part of any service change process in the ICP area; 4.7.3 facilitating and promote clinical and professional engagement within the ICP area. 4.8 In exercising the Delegated Functions, the Committee's role is to support the CCG in discharging its statutory duties. 4.9 When exercising any Delegated Functions, the Committee will ensure that it has regard to the statutory obligations that the CCG is subject to including, but not limited to, the following statutory duties set out in the 2006 Act: 4.9.1 Section 14P – Duty to promote the NHS Constitution 4.9.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically 4.9.3 Section 14R – Duty as to improvement in quality of services 4.9.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty) 4.9.5 Section 14U – Duty to promote involvement of each patient 4.9.6 Section 14V – Duty as to patient choice 4.9.7 Section 14W – Duty to obtain appropriate advice 4.9.8 Section 14X – Duty to promote innovation 4.9.9 Section 14Z – Duty as to promoting education and training 4.9.10 Section 14Z1 – Duty as to promoting integration

	4.9.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities) 4.9.12 Section 14O – Registers of interests and management of conflicts of interest 4.9.13 Section 14S – Duty in relation to quality of primary medical services 4.9.14 Section 223G – Means of meeting expenditure of CCGs out of public funds 4.9.15 Section 223H – Financial duties of CCGs: expenditure 4.9.16 Section 223I: Financial duties of CCGs: use of resources 4.9.17 Section 223J: Financial duties of CCGs: additional controls on resource use 4.10 Annex 2 sets out which of the above Delegated Functions are Reserved Functions, to be exercised by the Committee only. 4.11 In performing its role, the Committee will exercise its functions in accordance with its Terms of Reference; the terms of the delegations made to it by the North East London CCG Governing Body and the financial limit on its delegated authority, which shall be the total budgeted resource allocated to the Committee. 4.12 Where there is any uncertainty about whether a matter relates to the Committee in its capacity as a decision-making body within the CCG governance structure or whether it relates to its wider local system role as part of the ICPB, the flowchart included in Annex 3 to these Terms of Reference will be followed to guide the Chair's consideration of the issue.
5 Geographical Coverage	5.1 The geographical area covered will be the same as the ICPB.
6 Membership	6.1 There will be a total of five members, as follows: • Accountable Officer or nominated deputy • Chief Finance Officer or nominated deputy • Governing Body Lay Member (Chair) • Borough Clinical Chair • ICP Managing Director or other similarly senior ICP lead 6.2 Any member of the ICPB will have a standing invite to attend all meetings of the Committee.

	6.3	Although attendees will not have a formal decision-making role in relation to the Delegated Functions and will not be entitled to vote on such matters, they will be encouraged to participate in discussions and to contribute to the decision-making process, subject always to the Committee operating within the CCG's governance framework, including in relation to managing actual and potential conflicts of interest.
7 Chairing Arrangements	7.1	The role of Chair of the Committee will be performed by the Governing Body Lay Member who is also a member of the Committee.
	7.2	At its first meeting, the Committee will appoint a Deputy Chair drawn from its membership.
8 Secretariat	8.1	Secretariat support will be provided to the Committee by the governance team.
9 Meetings and Decision Making	9.1	The Committee will operate in accordance with the CCG's governance framework, as set out in its Constitution and CCG Governance Handbook, except as otherwise provided below.
	9.2	The quoracy for the Committee will be three and must include one executive director, one lay member and one clinical director.
	9.3	The Chair may agree that members of the Committee may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.
	9.4	The Chair may determine that the Committee needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually.
	9.5	Each member of the Committee shall have one vote. Attendees do not have voting rights.
	9.6	The aim will be for decisions of the Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal.
	9.7	Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote.
	9.8	Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
	9.9	Conflicts of interest will be managed in accordance with the policies and procedures of the CCG and shall be consistent with

		the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to CCGs ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)
	9.10	Members of the Committee 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.
	9.11	Where confidential information is presented to the Committee, all members will ensure that they comply with any confidentiality requirements.
	9.12	The Committee will meet [bi-monthly]. The frequency of meetings may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings set out above.
10 Accountability and Reporting	10.1	The Committee shall be directly accountable to the North East London CCG Governing Body.
	10.2	The Committee will ensure that it reports to the North East London CCG Governing Body on a bi-monthly basis and that a copy of its minutes is presented to the North East London CCG Governing Body, for information.
	10.3	In the event that the North East London CCG Governing Body requests information from the Committee, the Committee will ensure that it responds promptly to such a request.
11 Sub-committees	11.1	In order to assist it with performing its role and responsibilities, the Committee is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the Committee will report directly to it.
	11.2	The terms of reference for any sub-committee established by the Committee will be incorporated within the CCG Governance Handbook.
	11.3	The Committee may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the Committee's SoRDM, which shall be maintained by the Secretariat to the Committee and incorporated within the CCG Governance Handbook.
	11.4	The Committee may delegate funds from its overall budget to a sub-committee, provided that appropriate accountability and

		reporting arrangements are agreed and that these reflect the Committee's own financial reporting requirements.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The Committee will carry out an annual review of its functioning and provide an annual report to the North East London CCG Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The terms of reference of the Committee shall be reviewed by the North East London CCG Governing Body at least annually.

Annex [1]: Functions that the ICP Board will manage on behalf of the Committee

The Committee, operating in accordance with its terms of reference, hereby asks the ICPB to manage the following functions on its behalf:

1 Developing, agreeing and implementing the ICP vision and outcomes, ensuring that this reflects the agreed CCG-specific vision and outcomes;

2 Supporting the CCG Committee in relation to market management, including through managing the following:

- 2.1 service evaluation; and
- 2.2 service design and development.

3 Supporting the CCG Committee in relation to financial and contract management, specifically through supply chain management.

4 Leading on planning and delivery within the ICP, ensuring that in doing so the outcomes are consistent with the ICP commissioning strategy agreed by the Committee, as follows:

- 4.1 community-based assets identification and integration;
- 4.2 integrated pathway-design;
- 4.3 service and care coordination;
- 4.4 place-based planning;
- 4.5 evidence-based protocols and pathways;
- 4.6 cost-reduction and demand management;
- 4.7 workforce strategy.

5 Support the CCG Committee in relation to monitoring performance, including through managing the following:

- 5.1 contract management and monitoring;
- 5.2 promoting continuous quality improvement;
- 5.3 safeguarding interventions and learnings;
- 5.4 regulatory liaison and relationship;
- 5.5 regular public outcome reporting.

6 Support the CCG Committee in relation to stakeholder engagement and management, including through the following:

- 6.1 political engagement;
- 6.2 clinical and professional engagement;
- 6.3 public and community engagement;

6.4 provider relationship management;

6.5 strategic partnership management.

7 When managing functions on behalf of the Committee, the ICPB will ensure that it has regard to the statutory duties that the Committee is subject to, including but not limited to the following:

7.1 Section 14P – Duty to promote the NHS Constitution

7.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically

7.3 Section 14R – Duty as to improvement in quality of services

7.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)

7.5 Section 14U – Duty to promote involvement of each patient

7.6 Section 14V – Duty as to patient choice

7.7 Section 14W – Duty to obtain appropriate advice

7.8 Section 14X – Duty to promote innovation

7.9 Section 14Z – Duty as to promoting education and training

7.10 Section 14Z1 – Duty as to promoting integration

7.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)

7.12 Section 14O – Registers of interests and management of conflicts of interest

7.13 Section 14S – Duty in relation to quality of primary medical services

7.14 Section 223G – Means of meeting expenditure of CCGs out of public funds

7.15 Section 223H – Financial duties of CCGs: expenditure

7.16 Section 223I: Financial duties of CCGs: use of resources

7.17 Section 223J: Financial duties of CCGs: additional controls on resource use

8 The ICPB will report to the Committee on a [monthly] basis.

9 The Committee may revise the scope of the functions that it has asked the ICPB to manage on its behalf.

Annex 2: Reserved Functions to be exercised by the Committee only

1 CCG Reserved Functions

1.1 This list sets out the key CCG functions that will be the exercised at the ICP level and where a formal, legal decision may be required by the CCG. The list is not an exhaustive list of the CCG's functions and should be read alongside the CCG Constitution and the CCG Handbook.

1.2 The functions set out below may be exercised in the following ways:

1.2.1 by each of the CCG Governing Body ICP Area Committees established by the NEL CCG Governing Body; and/or

1.2.2 by individuals with delegated authority to act on behalf of the CCG and within the scope of such delegated authority.

1.3 Subject to ensuring that conflicts of interest are appropriately managed, the CCG Reserved Functions may be exercised by (a) or (b) at a meeting of the ICP Board.

1.4 Approving commissioning plans (and subsequent revisions to such plans) developed in order to meet the agreed ICP population health needs assessment and strategy;

1.5 Approving demographic, service use and workforce modelling and planning, where these relate to the CCG's commissioning functions;

1.6 Approving proposed health needs prioritisation policies and ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities;

1.7 Approving the CCG's financial plan for the ICP area;

1.8 Approving financial commitments where these relate to delegated CCG budgets;

1.9 [To agree specific financial reporting mechanisms and associated approvals with Henry];

1.10 [To agree risk management arrangements within each ICP];

1.11 Approving procurement decisions, where these relate to health services commissioned by the CCG;

1.12 Approving contract design, where these are developed specifically to reflect health needs and priorities within the ICP area;

1.13 Approving health service change decisions (whether these involve commissioning or de-commissioning);

1.14 Overseeing and approving any stakeholder involvement exercises proposed, consistent with the CCG's statutory duties in this context;

1.15 Approving ICP-specific policies and procedures relating to the above, where these are different to any NEL CCG policies and procedures;

1.16 Approving a proposal to enter into formal partnership arrangements with one or more local authority, including arrangements under section 75 of the NHS Act 2006;

1.17 Other matters at the discretion of the CCG Governing Body BHR ICP Area Committee or individuals with delegated authority acting on behalf of the CCG, where it is considered

that the matter is one that should be considered and determined by the CCG alone (including where this is necessary in order to ensure appropriate management of conflicts of interest).

2 We will also need to agree how specific treatment decisions, safeguarding, CHC etc. are dealt with and the list will need revising accordingly once we have discussed this.

Annex 3: Decision-Making Flow Chart

1 Does any legislation expressly place a function or duty on a statutory body or bodies which means that it and only it should determine the issue in question?

[If it does that statutory body or group of bodies should make the decision.]

2 Should no statutory body or bodies hold such a function or duty then is the issue an ICS matter?

[If it is then the matter should go to the proper part of the ICS governance for determination.]

3 If the issue is an ICS matter, is it one that is within the ICPB's scope of responsibility?

[If it is, then the matter should go to the ICPB for determination]

4 Does the issue in question cover decisions that may fall for determination in both statutory forums and the ICPB? If the split in decision making is apparent then that should be followed, otherwise the matter should be referred to [the ICP Executive Group for agreement on the approach to be followed].

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ANNEX 2

Table 1-1: £10,443,615 CCG BCF contribution to LBH in 2020/21

London Borough of Hackney BCF Budget 2020/21	19/20 Outturn	19/20 Less Non-Recurrent Allocation	19/20 Outturn excluding NR funding	ADD BACK 19/20 Non-Recurrent Allocation	20/21 Uplift inc. NR funding	20/21 Total Plan inc. NR funding	% Change between 2021 and 1920 Plan excluding NR funding	Area of Spend	Comments
Maintaining eligibility criteria	£3,226,882	(£263,000)	£2,963,882	£263,000	£176,188	£3,403,070	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Services to support carers	£741,176	£0	£741,176	£0	£10,376	£751,552	1.40%	Other	Mapped to Social Care in 2019/20 BCF Template Submission
Community equipment and adaptations	£1,098,039	£0	£1,098,039	£0	£59,953	£1,157,992	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Targeted preventative services	£409,653	£0	£409,653	£0	£22,367	£432,020	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
LA bed based interim beds	£369,532	£0	£369,532	£0	£20,176	£389,708	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Telecare	£271,343	£0	£271,343	£0	£14,815	£286,158	5.46%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
Integrated Independence Team (IIT)	£3,891,645	(£18,000)	£3,873,645	£18,000	£54,483	£3,946,128	1.40%	Other	Mapped to non-Social Care in 2019/20 BCF Template Submission
Management Cost Officer Post	£73,000	£0	£73,000	£0	£3,986	£76,986	5.46%	Social Care	Mapped to non-Social Care in 2019/20 BCF Template Submission but assume - 50% Adult Social Care
Total	**£10,081,270**	**(£281,000)**	**£9,800,270**	**£281,000**	**£362,345**	**£10,443,615**	**3.59%**		

Table 1-2: £276,121 CCG BCF contribution to CoL in 2020/21

City of London BCF Budget 2020/21	19/20 Outturn	19/20 Less Non-Recurrent Allocation	19/20 Outturn excluding NR funding	20/21 Uplift	20/21 Total Plan	% Change between 2021 Plan and 1920 Plan	% Change between 2021 and 1920 Plan excluding NR funding	Area of Spend	Comments
CoL-Care Navigator Service	£60,000	£0	£60,000	£7,944	£67,944	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Reablement Plus	£65,000	£0	£65,000	£8,606	£73,606	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Carers' support	£11,352	£0	£11,352	£1,503	£12,855	13.24%	13.24%	Social Care	Mapped to Social Care in 2019/20 BCF Template Submission
CoL-Mental health reablement & floating suppo	£120,000	£0	£120,000	£1,716	£121,716	1.43%	1.43%	Other	*Mapped to non-Social Care in 2019/20 BCF Template Submission*
Total	**£256,352**	**£0**	**£256,352**	**£19,769**	**£276,121**	**7.71%**	**7.71%**		

Table 1-3: £11,909,301 CCG BCF contribution paid directly to providers in 2020/21

NHS City and Hackney CCG 2020/21 BCF Expenditure	Payment Method	BCF Budgets Allocated	BCF Budgets NOT Allocated	BCF Expenditure Total 2020/21
Acute - Homerton	Block	£2,081,189		£2,081,189
CHS - Homerton	Block	£5,323,041		£5,323,041
End of Life - St. Joseph's Hospice	Contract 20/21	£2,698,175		£2,698,175
Neighbourhood - CoL	Sec.75	£20,280		£20,280
Neighbourhood - ELFT			£113,182	£113,182
Neighbourhood - GP Confederation	Contract 20/21	£220,685		£220,685
Neighbourhood - Healthwatch Hackney	Contract 20/21	£56,425		£56,425
Neighbourhood - Homerton			£297,338	£297,338
Neighbourhood - LBH	Sec.75	£121,680		£121,680
Neighbourhood Clinical Lead Development - L	Sec.75	£92,331		£92,331
Neighbourhood- HCVS	Contract 20/21	£201,076		£201,076
Realignment of services	n/a	£519,546	£0	£519,546
Urgent Care - Age UK	Contract 20/21	£164,352		£164,352
Total CCG BCF Expenditure		**£11,498,781**	**£410,520**	**£11,909,301**

Table 1-4: Summary table showing total CCG contribution is £22,629,037 against the minimum pooled fund contribution amount of £21,919,580

NHS City and Hackney CCG 2020/21 BCF Expenditure	BCF Budgets Allocated	BCF Budgets NOT Allocated	BCF Expenditure Total 2020/21
Acute - Homerton	£2,081,189		£2,081,189
CHS - Homerton	£5,323,041		£5,323,041
EoL/ UC - St Joe's and Age UK	£2,862,527		£2,862,527
Neighbourhoods	£712,477	£410,520	£1,122,997
Non-Recurrent realignment	£234,546	£285,000	£519,546
Social Care - LBH and CoL	£10,719,736		£10,719,736
Total CCG BCF Expenditure	**£21,933,516**	**£695,520**	**£22,629,037**

NB Table 1-1 and Table 1-2 contribution amounts roll forward into 2021/22 until further notice or are superseded by guidance. Non-recurrent funding allocated in 2020/21 will be re-visited in 2021/22 in line with CCG minimum contribution requirements.

ANNEX 3

PART TWO – BUDGET CONTRIBUTIONS

Table 2: Workstream service listing for LBH & CCG

Organisation	Updated workstream	Flag	Workstream	Scheme/Service	Provider	Workstream Board/ Service Type	Budget Amount 20/21	LBH Split	Col Split	Directly Delivered?
LBH	**Aligned Public Health**		**Aligned Public Health**	**Care Home IPC service (contracted via CCG)**	**C&H GP Confederation**	**Prevention**	**£70,000**	**£70,000**		**No**
CCG	Aligned Children/ Young people		**Aligned Children/ Young people**	Bump Buddies (contracted via LBH)	The Shoreditch Trust	Childrens	£25,000	£25,000		No
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Coordinator (Band 5 - 1WTE); Project Coordinator (Band 5 - 1WTE)	LBH - HLT	Childrens	£95,776	£95,776		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Manager (Band 7 - 1WTE); Project Manager (Band 7 - 1WTE)	LBH - HLT	Childrens	£139,413	£139,413		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Online Counselling; Digital Improvement	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Adverse Childhood Events (ACEs); Adverse Childhood Events (ACEs)	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	ACEs in Schools (TIPS); ACEs in Schools	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Crisis: Youth Offending Team; Crisis: Youth Offending Team	CFS Clinical Team	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Contingency; Project Contingency	LBH - HLT	Childrens	£12,800	£12,800		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance –**	CYP Mental Health and Wellbeing Café; CYP Mental Health and Wellbeing Café	LBH	Childrens	£17,130	£17,130		Yes

			LBH Fund Holder							
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	LBH COACH Programme (MH Gang) ; LBH COACH Programme (MH Gang)	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Clinical Lead (Band 8c - 0.1 WTE); Digital Improvements / Youth Justice - Temitope	LBH	Childrens	£21,655	£21,655		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Transitions - Care Leavers CQUIN Pilot (Year 1); Transitions	LBH	Childrens	£22,718	£22,718		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	WAMHS Universal ; Wellbeing Framework Partners	LBH - HLT	Childrens	£99,365	£99,365		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS start-up costs; Schools	Interlink/Sunbeams/Children Ahead	Childrens	£39,720	£39,720		No
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	0-5 Clinical supervision of MAT clusters; 0-5	LBH - HLT	Childrens	£7,280	£7,280		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS WFP; Schools	LBH - HLT	Childrens	£13,685	£13,685		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS Community Coordination ; Schools	Interlink/Sunbeams/Children Ahead	Childrens	£8,600	£8,600		No
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Programme Manager (Band 8a - 1WTE); Programme Manager (Band 8a - 1WTE)	LBH - HLT	Childrens	£175,025	£175,025		Yes

Organisation	Updated workstream	Flag	Workstream	Scheme/Service	Provider	Workstream Board/ Service Type	Budget Amount 21/22	LBH Split	Col Split	Directly Delivered?
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Coordinator (Band 5 - 1WTE); Project Coordinator (Band 5 - 1WTE)	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Manager (Band 7 - 1WTE); Project Manager (Band 7 - 1WTE)	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Online Counselling; Digital Improvement	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Adverse Childhood Events (ACEs); Adverse Childhood Events (ACEs)	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	ACEs in Schools (TIPS); ACEs in Schools	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Crisis: Youth Offending Team; Crisis: Youth Offending Team	CFS Clinical Team	Childrens	£27,587	£27,587		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Project Contingency; Project Contingency	LBH - HLT	Childrens	£7,000	£7,000		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	CYP Mental Health and Wellbeing Café; CYP Mental Health and Wellbeing Café	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	LBH COACH Programme (MH Gang) ; LBH COACH Programme (MH Gang)	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Clinical Lead (Band 8c - 0.1 WTE); Digital Improvements / Youth Justice - Temitope	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Transitions - Care Leavers CQUIN Pilot (Year 1); Transitions	LBH	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	WAMHS Universal ; Wellbeing Framework Partners	LBH - HLT	Childrens	£99,365	£99,365		Yes

CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS start-up costs; Schools	Interlink/Sunbeams/Children Ahead	Childrens	£0	£0		No
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	0-5 Clinical supervision of MAT clusters; 0-5	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS WFP; Schools	LBH - HLT	Childrens	£0	£0		Yes
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Schools - Charedi Schools WAMHS Community Coordination ; Schools	Interlink/Sunbeams/Children Ahead	Childrens	£0	£0		No
CCG	Aligned Children/ Young people		**CAMHS Alliance – LBH Fund Holder**	Programme Manager (Band 8a - 1WTE); Programme Manager (Band 8a - 1WTE)	LBH - HLT	Childrens	£0	£0		Yes

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