



Community & Children's Services Committee

Date: THURSDAY, 22 SEPTEMBER 2022
Time: 2.30 pm
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members:

Ruby Sayed (Chairman)	Laura Jørgensen
Helen Fentimen (Deputy Chairman)	Florence Keelson-Anfu
Joanna Tufuo Abeyie	Alderman Alastair King DL
Deputy John Absalom	Frances Leach
Caroline Addy	Natasha Maria Cabrera Lloyd-Owen
Munsur Ali	Alderman Ian David Luder
Jamel Banda	Alderman Bronek Masojada
Matthew Bell	Timothy James McNally
James Bromiley-Davis	Benjamin Murphy
Anne Corbett	Deputy Susan Pearson
Aaron Anthony Jose Hasan D'Souza	Piper
Mary Durcan	Henrika Priest
Sophie Anne Fernandes	Jason Pritchard
Deputy John Fletcher	Naresh Hari Sonpar
Deputy Marianne Fredericks	Ceri Wilkins
Steve Goodman OBE	Deputy Philip Woodhouse
John Griffiths	
Alderman Gregory Jones KC	

Enquiries: Julie Mayer tel. no. 020 7332 1410

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<https://youtu.be/VE3tuqojPAs>

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John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**

To agree the minutes of the previous Committee meeting

For Decision
(Pages 7 - 14)

4. **OUTSTANDING ACTIONS - TO FOLLOW**

For Information

5. **ADULT SKILLS AND COMMUNITY LEARNING: OFSTED INSPECTION REPORT - JUNE 2022**

Report of the Director of Community and Children's Services

For Information
(Pages 15 - 28)

6. **RESPONDING TO POVERTY AND COST OF LIVING PRESSURES**

Report of the Director of Community and Children's Services

For Decision
(Pages 29 - 40)

7. **HOUSING SPECIFIC WINTER MEASURES**

Report of the Director of Community and Children's Services

For Decision
(Pages 41 - 44)

8. **CITY & HACKNEY HEALTH AND CARE PLACE BASED PARTNERSHIP - DRAFT TERMS OF REFERENCE**

Report of the Director of Community and Children's Services.

For Decision
(Pages 45 - 88)

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

11. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non-Public Reports

12. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous Committee meeting

For Decision
(Pages 89 - 96)

13. **ARTIZAN STREET LIBRARY**

Report of the Director of Community and Children's Services

For Decision
(Pages 97 - 104)

14. **HOUSING REVENUE ACCOUNT (HRA) COMMERCIAL TENANTS UPDATE**

Report of the Director of Community and Children's Services and the City Surveyor

For Decision
(Pages 105 - 114)

15. **ASSESSMENT CENTRE FOR ROUGH SLEEPERS - GW4/5 - REQUEST FOR A DELEGATED AUTHORITY**

Report of the Director of Community and Children's Services

For Decision
(Pages 115 - 116)

16. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

17. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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COMMUNITY & CHILDREN'S SERVICES COMMITTEE

Wednesday, 20 July 2022

Minutes of the meeting held at Guildhall at 4.00 pm

Present

Members:

Helen Fentimen (Deputy Chair)	Alderman Gregory Jones QC
Joanna Tufuo Abeyie	Frances Leach
Jamel Banda	Alderman Ian David Luder
Aaron Anthony Jose Hasan D'Souza	Alderman Bronek Masojada
Mary Durcan	Deputy Susan Pearson
Deputy John Fletcher	Jason Pritchard
Deputy Marianne Fredericks	Naresh Hari Sonpar
Steve Goodman OBE	Deputy Philip Woodhouse

Officers:

Andrew Carter	- Director of Community and Children's Services
Carol Boswarthack	- Community and Children's Services
Simon Cribbens	- Community and Children's Services
Chris Pelham	- Community and Children's Services
Mike Kettle	- Community and Children's Services
Dean Elsworth	- Community and Children's Services
Paul Murtagh	- Community and Children's Services
Sandra Husbands	- Director of Public Health, LB Hackney
Chris Lovitt	- Deputy Director of Public Health, LB Hackney
Andrew Trathan	- London Borough of Hackney
Sam Hutchings	- Town Clerks
Julie Mayer	- Town Clerks
Mark Jarvis	- Chamberlains
Andrew Cusack	- City Solicitors
Ola Obadara	- City Surveyors
Chandni Tanna	- Communications, Town Clerks

1. APOLOGIES

Apologies were received from Ruby Sayed, Chair*, Deputy John Absalom, Caroline Addy, Matthew Bell, Ceri Wilkins*, Ben Murphy, Florence Keelson Anfu*, Natasha Lloyd Owen, Tim McNally*, James Bromiley-Davis, Henrika Priest, Alderman Alastair King, Munsur Ali*, Philip Woodhouse, Sophie Fernandes.

**Members joining remotely.*

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

Alderman Ian Luder had spoken on Crescent House at the Planning and Transportation (P&T) Committee on 19th July 2022. When Alderman Luder addressed the P&T Committee, he stated that he would leave the room during any discussion on this matter at today's Community and Children's Services Committee meeting.

3. **MINUTES**

RESOLVED, that – the public minutes and non-public summary of the meeting held on 8th June 2022 be approved.

4. **OUTSTANDING ACTIONS**

The Committee received the outstanding actions list.

In respect of affordable food provision, the Director reminded Members of their agreement at their last meeting to consider responses to food poverty such as a pantry as part of a wider discussion and decision on a '*Tackling Poverty Strategy*', at a meeting in the Autumn of 2022. The Director reminded Members that food vouchers are still available and thanked Common Councillor Mary Durcan for her update in respect of St Luke's. The Director also stressed that the Department does not have capacity to deliver this project without a specialist partner.

5. **HOUSING REVENUE ACCOUNT - UPDATE ON 5 YEAR PLAN AND 30 YEAR FINANCIAL PROJECTIONS**

The Committee received a report of the Chamberlain and the Director of Community and Children's Services, which presented an update on the 5-year finance plan for the Housing Revenue Account (HRA) and set out financial projections for the 30-year period. Members noted the key risks and challenges and two options to ensure the HRA retains positive reserves going forward. The Resource Allocation Sub Committee had approved Option 2, as set out below.

During the discussion on this item, the following points were noted:

- a) Officers' hard work and the tenacity of Members was commended but it was noted that the position is not sustainable, even with the funding assistance.
- b) The water rates rebate had been factored into the projections, as had loss of income from HRA properties and this was being monitored.
- c) Projections in terms of inflation and income had been pegged at 5%. As this was linked to the RPI, one would compensate the other, but all service departments need to find appropriate savings within their budget envelopes.

- d) The report presents 5-year estimates and not a budget, which will be presented to service committees in the Autumn. If recommendation 2 in the report is approved, the projects will go ahead and be reviewed as part of the Autumn budget report.
- e) HRA borrowing will be allocated to the Major Works Programme, to improve existing stock. All the available Section 106 funding has been earmarked for new schemes, and this will generate rental income.
- f) CIL funding is used for community based projects, which cannot be funded from the HRA, but it is held centrally and subject to a bidding process. The Government requires a certain percentage of CIL funding to be allocated to neighbourhood projects, and this is managed by the City Bridge Trust. The electric vehicle charging points on estates was noted as an example.
- g) The Chair and Deputy Chair of the Housing Management and Almshouses Sub Committee have arranged a series of visits to the City's estates, together with an opportunity to speak to the residents. The first visit was scheduled for Avondale Estate, and Members were asked to contact the Chair/Deputy Chair of the Housing Sub if they would like to join either this, or any future visit.

RESOLVED, that –

1. The adverse implications of the latest 5-year financial plan for the HRA and the 30-year financial projections be reviewed and noted as currently projected to go into deficit by the end of 2023-24 and Option 2 in the report be approved: i.e. – to seek to fund the capital fire safety works, at a cost of up to £15 m, outside the HRA envelope, with £5m from City Cash and £10m from City Fund, of which half would be on the basis of being ultimately repaid, potentially from the value of property surplus to housing requirements.
2. Additionally, an external review be carried out to suggest areas of potential savings to enable longer-term remodelling of the HRA and to ensure its ongoing financial viability; and it be noted that:
 - a) there remains a risk of delays to the delivery of new build projects at Sydenham Hill and York Way causing further loss of related rental income;
 - b) further remaining risks include significant construction inflation above current levels of provision and the potential for non-recovery of leaseholder elements of the cost of planned major works given the outcome to the Great Arthur House cladding case; and
 - c) the 30-year financial projections show headroom for new major works programme begins to emerge from 2025/26 under Option 2 as the revenue position recovers.

6. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

1. Family Information Service – use of ‘memojis’

The City Parent Forum have asked for contacts to be named officers and if the website could be changed to show the line management structure?

The Assistant Director (People) advised that the Parent Carer Forum recently made this request to the Education and Early Years' Service. The City Corporation's Information Officer and Data Protection lead has confirmed that: *'Where there is no need to provide personal data, then we should be supplying generic contact details instead, whether this be on the website or in newsletters'*.

The Assistant Director further advised that using a generic email address ensures a timely response to any enquiries and mitigates the risk of individual members of staff being away, not accessing emails and responses to enquiries being delayed. The generic email address is checked on a regular basis and there have not been any complaints / concerns regarding the timeliness of responses to enquiries.

Whilst not mentioning names/ personal contact details, the Website clearly sets out the roles of the Education and Early Years Team. If enquiries to the generic email progress to requiring an officer response, then personal contact details will be shared accordingly. Having reviewed the sites of 14 other London local authorities, only one uses personal contact details and the remaining sites use generic emails. The memojis have now been removed from the site.

2. Establishing a community hub, using part of the Barbican Library space

The Head of Barbican and Community Libraries advised that she is currently working with the Barbican Residents' Association, who are applying for CIL Neighbourhood funding for a much needed hireable space in the library which will also provide additional space for library events, meetings, quiet study and a much needed income stream. Members noted that officers cannot apply for grants from this fund. Whilst the facilities will be offered at favourable rates for community use, it will remain a library space and not a community centre, as anything else would require a change of use application. Members noted that the Barbican Residents' Association is being supported in progressing the design and planning application, which will also require Listed Building consent, obtaining quantity surveying estimates and making the CIL application, subject to governance of the fund.

The Head of Barbican and Community Libraries advised that, whilst she is very supportive of this proposal, she was unable to give an indication of when it might be complete as it is subject to external procedures beyond her control and that a recent overhaul of the grant process had caused a delay.

3. Crescent House – considered by the Planning and Transportation (P&T) Committee on 19th July 2020.

Alderman Ian Luder left the room during the discussion on this question.

A Member expressed concerns at a perceived lack of engagement with residents and the gap between the decision being taken and the planning application being submitted. The Member also asked when the works would start on 'Flat 37' and asked for assurance of future engagement with residents, in terms of variations, and for work to start on the windows themselves by the end of 2022.

The Director advised that a meeting of Cripplegate Ward Members had been arranged for 25th July 2022, where a full response would be provided and the programme would be circulated to Community and Children's Services Members. This meeting would also confirm the next steps in terms of communications to residents.

In response to a supplementary question about the large number of objections, and whether this might suggest a fault in the process, the Deputy Chair advised that she has spoken briefly to the Chair of Planning and would provide feedback after she has spoken to the Chair (of this Committee).

The Director further advised that this is a pilot scheme, which seeks to demonstrate the full range of options. The Chair of Community and Children's Services had made a statement at the start of the P&T Committee, setting out this position. The objectors had given a presentation to the P&T Committee and discussed their concerns with officers ahead of this. A detailed Q&A document had been produced, which was shared with members before being made available to residents. Members were also reminded that an option put forward by the objectors had not been ruled out.

4. Tudor Rose Court

The Chair asked a question about Tudor Rose Court in respect of the City of London Corporation's lease, which was granted to Network Housing Association in 1998, to develop housing for the elderly at Tudor Rose Court. Members noted that this is the only housing scheme of this kind within the City. However, Since 1998, the head lease had passed from Network Housing Association, to Stadium, to Hanover and now to Anchor Housing Association. Over the years, the terms of the tenancy agreements have gradually been extended and made more onerous than was originally intended by the City Corporation.

Anchor is now requiring elderly tenants to pay for major works, including replacement lifts and flooring to all common parts, which was never intended by the City Corporation. An annual sinking fund contribution from tenants, which was never provided for in the head lease, has more than doubled in one year. Furthermore, the 19 City-nominated elderly tenants have endured increasingly

poor management from successive housing association landlords, and escalating costs of management. In 2022/23 Anchor increased tenants' management fee costs by over 100%, without consultation or justification in terms of value for money.

Members agreed unanimously that this presents a serious issue for many elderly City residents and that, if those residents had been direct City tenants, they would not incur these escalating costs. Given that there was never any intention by the City Corporation, acting as freeholder and nominator, to make tenants liable for major works under the terms of the head lease, Members asked if advice could be sought from the City Solicitor in terms of challenging Anchor Housing Association's actions.

The following questions had not been provided in advance and officers agreed to provide a response to all Members, after the meeting

- a) A Member asked about a delay in repairing leak on the Golden Lane Estate and asked officers to ensure that contact details are up to date.
- b) Some parents and children had experienced static electric shocks from some of the equipment at the Middlesex Street Play area. A Member asked if this could be remedied in time for the school holidays. The Director urged Members not to wait until Committee to bring such matters to his attention, and to let him know if officers do not respond to queries in a timely manner.
- c) A Member asked if the car park shutters at Middlesex Street had been fixed and, in order to ensure the safety of bikes, could officers also investigate the provision of a bike parking shed or secure area.
- d) There were no carers at the Volunteers Event on Monday, 18th July and a Member asked if invitations could be wider next year.

7. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Director thanked Portsoken Members for their open letter on behalf of the residents of Middlesex Street, to which he had responded. Members were reminded of the decision taken at the last meeting; i.e. - the first step would be to decide if the space is needed for housing purposes and consider options for the commercial tenants. There is a break clause in the majority of tenancies, in terms of re-letting, extending or relocating, based on whether the business model is commercially viable. The Director stressed that this would be for the Committee and not the Director to decide. Members were reminded that the consultation period ends at the end of July, in respect of the change of use of 6 units and a car park, and the outcome would be reported to Members in September 2022.

At 5.50 pm and 6.10 pm, Members agreed to extend the meeting to conclude the business on the agenda.

The Town Clerk confirmed that the 'Awayday' to discuss the Terms of Reference and composition of the Sub Committees would take place on 12th September 2.30pm.

8. **EXCLUSION OF THE PUBLIC**

RESOLVED, that - under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

Item no(s)	Para No(s)
9-19	3

9. **NON-PUBLIC MINUTES**

RESOLVED, that – The non-public minutes of the meeting held on 8th June 2022 be approved.

9.1 **Non-Public Outstanding Actions**

The Committee received the non-public outstanding actions list.

10. **LONG TERM MODEL FOR THE CITY MENTAL HEALTH STREET TRIAGE**

The Committee considered and approved a report of the Director of Public Health.

11. **ISLEDON HOUSE INFILL REPORT - GATEWAY 5 - ISSUES REPORT**

The Committee considered and approved a report of the Director of Community and Children's Services.

12. **YORK WAY ESTATE PROVISION OF SOCIAL HOUSING - GATEWAY 5 - AUTHORITY TO START WORK**

The Committee considered and approved a report of the Director of Community and Children's Services

13. **ROUGH SLEEPING ASSESSMENT CENTRE - REQUEST FOR A DELEGATED AUTHORITY AT GATEWAY 5**

The Committee considered and approved a report of the Director of Community and Children's Services and the City Surveyor.

14. **INSTALLATION OF SPRINKLERS IN SOCIAL HOUSING BLOCKS - GATEWAY 5 - ISSUES REPORT**

The Committee considered and approved a report of the Director of Community and Children's Services.

15. **SUMNER BUILDINGS AND AVONDALE SQUARE**

The Committee considered and approved a report of the Director of Community and Children's Services.

**16. LEISURE SERVICES (GOLDEN LANE LEISURE CENTRE) -
PROCUREMENT UPDATE**

The Committee considered and approved a report of the Director of Community and Children's Services.

17. GREAT ARTHUR HOUSE CURTAIN WALL

The Committee considered and approved a report of the Director of Community and Children's Services.

**18. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE
COMMITTEE**

There were no questions.

**19. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT
AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED
WHILST THE PUBLIC ARE EXCLUDED**

Two items were discussed whilst the public were excluded.

The meeting ended at 6.30 pm

Chairman

**Contact Officer: Julie Mayer tel. no. 020 7332 1410
julie.mayer@cityoflondon.gov.uk**

Agenda Item 5

Committee(s): Community and Children's Services Committee	Dated: Thursday 22 nd September 2022
Department Of Community and Children's Services	
Subject: Adult and Community Learning Ofsted Inspection Report - Monday 14 th June – Friday 17 th June 2022	Public For Information
City's Corporate Plan: <ol style="list-style-type: none"> 1. People are safe and feel safe 2. People enjoy good health and wellbeing 3. People have equal opportunities to enrich their lives and reach their full potential. 4. Communities are cohesive and have the facilities they need 	Corporate Plan Numbers. 1,2,3,4
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	N/A
Source of Funding	Grant Funding
Has the funding source been agreed with the Chamberlain's Department?	Yes
Report of: Andrew Carter: Director of Community and Children's Services	
Report author: Barbara Hamilton: Department of Community and Children's Services: Adult Skills, Education and Apprenticeships.	

Summary

A full Ofsted inspection of the City of London Corporation's Adult and Community Learning Service took place on Tuesday 14th June – Friday 17th June 2022.
The Inspection results were as follows:

Overall effectiveness	Good
The quality of education	Good
Behaviour and attitudes	Good
Personal development	Good
Leadership and management	Good
Adult learning programmes	Good
Apprenticeships	Good
Overall effectiveness at previous inspection	Good

The Ofsted inspection report made the following three recommendations:

- Leaders and managers should ensure that targets set by tutors for apprentices and learners challenge them to develop their skills beyond the minimum requirements for their qualifications.
- Tutors should provide feedback on learners and apprentices work that is clear, concise and helps learners and apprentices to improve
- Leaders and managers should ensure that they have an accurate overview of the quality of provision offered by subcontractors.

Main Report

Background:

1. The Ofsted Inspection report confirmed that the Adult Skills and Education Service provides a good standard of education and training for residents and employers in the City of London.

2. The report confirmed that training support is also provided to residents who live in neighbouring local authority areas. The inspection team reviewed the Service's response to the needs of approximately 350 learners; each learner had enrolled on an average of two or three courses. The team was impressed with the Service's quick response to the needs of learners, especially those needing accredited high level ESOL, Functional Skills Maths and English.

3. The Inspection report confirmed that a majority of courses were designed to support those learners who needed to acquire new skills to enable them to secure sustainable employment.

4. The report also reviewed the apprenticeship provision. The team commented on the high number of apprentices who secured a distinction grade at the end of their apprenticeship training.

5. The report confirmed that learners and apprentices are fully supported throughout their learning journey. All tutors, teachers and assessors are highly knowledgeable, qualified, and experienced in their individual teaching areas. Many have extensive industry experience. Relevant up to date information is skilfully transferred to learners and apprentices.

7. The service was commended on its very quick response to the skills needs of learners and employers. This level of response would ensure that learners were able to efficiently response to job vacancies.

8. The Ofsted inspection graded the Safeguarding provision as being good. Learners and apprentices felt safe during their learning. Learners also had knowledge and confidence to report any Safeguarding concerns.

9. Learners and apprentices continue to benefit from good careers advice. A dedicated programme has been set up to support all learners with CV preparation, confidence building and interview practice. The inspectors were impressed with the number of learners who had secured qualifications and employment because of the 'Grow programme'.

Current Position:

10. The Adult Skills and Education Service has prepared a detailed action plan to respond to the three Ofsted recommendations.

Key Data:

11. The Adult Skills and Education Service prepare monthly data which is sent to the main funding agencies. This data was used to form the Ofsted inspection performance judgement.

12. Corporate and Strategic Implications:

The action plan sets out the response to the Ofsted Inspection recommendations. These actions will also form part of the Adult Skills and Education Service's annual Quality Improvement Plan.

Financial Implications:

13. The annual budget for this Service follows an academic year and not a financial year. The main grant funding is awarded for the start of the September teaching delivery year. Additional funding for this service is available throughout the year.

Resources Implications:

14. None

Legal Implications:

15. There are no immediate legal, Risk, Climate or Security implications identified.

Equalities Implications:

16. The proposals in this report comply with the City Corporations Public Sector principles of the Equality Duty Act 2010.

Conclusion:

17. The Service was graded an overall Good.

Appendices:

Appendix 1

Post Ofsted Inspection Action Plan

Appendix 2

City of London Corporation's Adult and Community Learning Ofsted Inspection
Report – 14th – 17th June 2022.

Barbara Hamilton

Head of Adult Skills, Education and Apprenticeships
Department of Community and Children's Service

T: Mobile Telephone Number 07920 70 30 87

E: Barbara.Hamilton@cityoflondon.gov.uk

Inspection of City of London Adult Community Learning

Inspection dates:

14 to 17 June 2022

Overall effectiveness	Good
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The quality of education	Good
Behaviour and attitudes	Good
Personal development	Good
Leadership and management	Good
Adult learning programmes	Good
Apprenticeships	Good
Overall effectiveness at previous inspection	Good

Information about this provider

The City of London Adult Skills and Education Service (ASES) is based in the community and children's services department. It provides education and training for residents and employees in the City of London and its neighbouring local authorities and uses sites both inside and outside the borough. At the time of the inspection, around 350 learners were studying courses. Approximately 150 learners were on accredited courses that lead to qualifications, mostly in English and mathematics. Around 200 learners were enrolled on non-accredited courses that do not lead to qualifications. These courses provide skills for employment or support them to increase their confidence, reduce feelings of loneliness or help people participate more fully in their local communities and with their families. The number of apprentices enrolled with the service has decreased recently to around 45, the majority in business-related subjects. ASES works with six subcontractors who teach a very small number of their apprentices.

What is it like to be a learner with this provider?

Learners and apprentices study in a friendly and supportive environment. From the point at which they enquire about a course, staff give them as much time as they need to ask questions and find out all the information they need. This level of support and encouragement continues throughout their studies.

Learners and apprentices are taught by assessors and tutors who are highly qualified and have relevant industry knowledge and experience. Many staff who teach vocational subjects have current industry experience in the subjects they teach. They use this skilfully to ensure that they pass on up-to-date knowledge and skills to their learners.

Leaders put on courses that meet the immediate needs of learners. For example, learners can attend short courses in English for speakers of other languages (ESOL) in which teachers help them quickly learn language skills so that they can begin to converse in English.

Learners and apprentices feel safe and know how to report concerns. Assessors thoughtfully deliver safeguarding topics that help apprentices understand how to keep themselves safe. For example, apprentices learn about the potential risk of abuse and exploitation and dealing with sexual harassment.

What does the provider do well and what does it need to do better?

Leaders and managers focus effectively on the moral responsibility that the ASES has in helping residents to improve their employment prospects, as well as their health and well-being. They link the strategic plan for the adult education service closely to the adult skills, education and cultural plans of the corporation. They ensure that the offer of education and skills training is targeted to a wide range of population groups.

Leaders and managers work rapidly with partners to provide courses for newly arrived Afghan refugees. Staff respond quickly to put on ESOL courses for refugees, many of whom could not speak any English. Tutors work out of two local hotels where refugees are housed to ensure that language support is available to as many of the refugees as possible. Leaders and managers also have good links with a local charity that provides interpreting and volunteer work. This helps learners who are new to the country to gain confidence and settle into life in the United Kingdom, before being relocated to other parts of the country.

The ASES steering group operates independently of the council. It provides an effective challenge to senior leaders. Members of the group have a good understanding of the service and the quality of the curriculum offered. Despite being independent of the council's formal committees, matters are reported to the strategic director for escalation to the elected representatives as required. As a

result, leaders and managers have a good overview of the quality of the provision offered by the service.

Tutors provide good support to learners and apprentices. They have a secure understanding of the apprenticeship standards and use this well to plan their lessons. For example, in accountancy apprenticeships, tutors recognise that the basics of bookkeeping need to be understood in detail before apprentices can start learning about management accounts. They plan the curriculum accordingly, with a heavy emphasis on teaching bookkeeping skills in the early stage of the course.

Tutors support learners effectively to develop their skills through clear explanations and good use of strategies to check learning. In art lessons, learners develop their skills enabling them to produce work of a high standard. In ESOL lessons, tutors help those with almost no spoken English to develop confidence in speaking. In a few instances, tutors do not correct errors in learners' use of English. For example, they do not place sufficient emphasis on showing learners where stresses come in words or the pronunciation of local place names. This results in learners, at times, repeatedly making the same mistakes in their spoken English.

Most apprentices receive helpful feedback on their work from tutors. They also have regular reviews in which they evaluate their progress with their employer and assessor. Apprentices in business administration and customer service receive feedback from tutors encouraging them to work towards a distinction. Tutors provide clear guidance on what apprentices need to do to achieve this. However, apprentices on the procurement apprenticeship and learners on some ESOL courses do not receive feedback which is sufficiently detailed and helps these apprentices or learners to improve.

Most tutors set targets that help apprentices and learners make progress. However, in a small number of cases, targets for apprentices are not always challenging enough and do not encourage apprentices to go beyond the minimum requirements of their qualification. In non-accredited ESOL lessons, learners often exceed their targets quickly. Teachers do not subsequently set targets that challenge learners further to develop their language skills. As a result, a few apprentices and learners are not challenged sufficiently well.

Tutors create a calm and relaxed environment in which to learn. In apprenticeships, tutors create a calm environment and are skilful at engaging apprentices in discussions. Consequently, apprentices and learners are motivated to learn and demonstrate a good attitude to learning. They are polite and respectful to their peers and tutors and demonstrate behaviours that are appropriate to the workplace.

Tutors help learners apply their learning to be active citizens. For example, in philosophy lessons, learners develop their critical thinking skills and apply these to evaluate and discuss current affairs. They also apply their philosophical knowledge to the concept of law and democracy. They recognise how respect and tolerance towards each other apply when discussing controversial issues, which they feel safe to do. In ESOL classes, learners start to access local services independently, such as

joining the public library, using public transport and accessing their local medical surgery. This leads to female learners in particular feeling empowered that they can access services, such as medical services, on their own.

Staff provide a wide range of opportunities for learners to stay physically and mentally healthy, such as cooking and Christmas card making at various community locations. ESOL learners can also access other opportunities provided by the City of London, such as football, chess and a homework club in their temporary accommodation. Apprentices and learners have access to local running and football clubs, nature walks and healthy eating workshops. As a result, learners and apprentices are helped to maintain a healthy lifestyle, improve their mental health and reduce feelings of isolation.

Learners and apprentices benefit from good careers advice. Through a dedicated careers programme, referred to as The Grow Project, staff support learners who wish to change careers. They help people develop their confidence through writing curriculum vitae and learning interview techniques, particularly for online interviews. The volunteer programme for ESOL learners in a local hospice's retail shops helps learners develop the skills needed to work in customer service roles.

Staff support learners effectively for their next steps. In non-accredited ESOL courses, staff use process cards on which they record what learners can do. These can be taken by learners if they leave education or should they move out of the area unexpectedly.

Leaders and managers meet with subcontractors frequently. These meetings include a review of compliance and quality issues. However, leaders do not review sufficiently well the quality of education and apprentices' experiences at subcontractors. As a result, leaders and managers do not have an accurate enough understanding of the quality of subcontracted provision.

Safeguarding

The arrangements for safeguarding are effective.

Leaders and managers have a positive culture of safeguarding. This is led by the director who communicates effectively to staff their responsibility for safeguarding. All staff have been trained beyond the minimum requirements. As a result, staff can discharge their responsibilities effectively.

Leaders and managers have a good overview of any safeguarding issues. They track concerns well, referring to external agencies as appropriate. The director and members of the safeguarding steering group receive frequent reports on any safeguarding concerns.

Apprentices and learners feel safe and have an appropriate understanding of the risks associated with living in, or near to, the City of London. They know who to contact should they have any concerns.

What does the provider need to do to improve?

- Leaders and managers should ensure that targets set by tutors for apprentices and learners challenge them to develop their skills beyond the minimum requirements of their qualification.
- Tutors should provide feedback on learners' and apprentices' work that is clear, concise and helps learners and apprentices improve.
- Leaders and managers should ensure that they have an accurate overview of the quality of provision offered by subcontractors.

Provider details

Unique reference number	51359
Address	PO Box 270 EC2P 2EJ
Contact number	020 7606 3030
Website	www.cityoflondon.gov.uk
Principal/CEO	Andrew Carter
Provider type	Community learning and skills
Date of previous inspection	23 to 26 May 2016
Main subcontractors	London Metropolitan University Capel Manor College The college of animal welfare Ltd Professional Training Solutions Ltd Just IT training Ltd The West Midlands Creative Alliance Ltd

Information about this inspection

The inspection team was assisted by the head of service, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. The inspection was carried out using the [further education and skills inspection handbook](#) and took into account all relevant provision at the provider. Inspectors collected a wide range of evidence to inform judgements, including visiting learning sessions, scrutinising learners' work, seeking the views of learners, staff and other stakeholders, and examining the provider's documentation and records.

Inspection team

Steve Lambert, lead inspector

Pamela Wallace

Sherrilee Dougan

Her Majesty's Inspector

Ofsted Inspector

Ofsted Inspector

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Ofsted Report June 2022 Recommendation Action Plan (as per QIP)

Code / Priority	Improvement Area (Intent)	Success Criteria (Impact)	Actions (Implementation)	Action Owner (unless otherwise specified)	By When
42 OFS	Leaders and managers should ensure that targets set by tutors for apprentices and learners challenge them to develop their skills beyond the minimum requirements of their qualification .	All learners will be able to articulate that they were stretched and challenged throughout their learning journey. Distinction pass rates for apprentices remain significantly above national average	Review of course curriculum to ensure all programmes have stretch and challenge - ESOL and Functional Skills to be geared towards achieving a higher level where a learner is achieving the maximum expectations. CPD programme in place for tutors to be extended to learners, particularly those highly achieving (CityLearning modules). Extend GCSE opportunity to maths learners who are achieving maximum expectations of functional skills programmes.	MH & cluster managers / RS / MB / KS ST MH / RS	Oct 2022 (initiate process); Nov 2022 completion Sep 2022 Dec 2022
43 OFS	Tutors should provide feedback on learners and apprentices work that is clear, concise and helps learners and apprentices improve.	Quality checks recognise that all learner feedback from tutors within portfolios is sufficiently constructive and developmental to provide positive steer to all learners..	Further CPD on feedback to be provided to tutors in CPD Day Monthly Quality Assurance checks on both e-portfolios to continue with a deep dive on quality of feedback Monthly tutor caseload and performance reviews to include quality of feedback as an agenda item.	MH / ST ST MH/JM	Nov 2022 Montly ongoing Monthly ongoing
44 OFS	Leaders and managers should ensure that they have an accurate overview of the quality of provision offered by subcontractors.	Leaders and managers will have a clear understanding of the quality of delivery for all sub-contractors enabling swift intervention where a sub-contractor is not meeting the expectations of the Quality Framework.	Review of the Observation / Quality monitoring forms to ensure all terminology is consistent with the EIF (as picked up by HMI); all continuous improvement recommendations to be SMART and in line with Ofsted expectations Schedule of visits to be generated for each 6 months, leading to detailed reports. 6 monthly survey with learners to assess impact of learning; 23 monthly review of learner session feedback	EPM EPM EPM	Sep 2022 Sep 2022 Sep 2022

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Committee: Community and Children's Services	Dated: 22/09/2022
Subject: Responding to poverty and cost of living pressures	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	Y/N
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Zoe Dhami, Strategy Officer, Community and Children's Services	

Summary

This report sets out the actions and proposed activity in response to cost of living pressures. It further seeks approval for an amendment to the Stronger Communities Grant programme to enable an element of this activity.

Recommendation

Members are asked to:

- Note the report and action plan
- Approve an amendment to the Stronger Communities Grant criteria to allow for six months a "warm space" criteria to fund activities and spaces over the winter period.

Main Report

Background

1. Current cost of living pressures will widen the number of households facing hardship and struggling with the cost of essentials such as food and fuel. The City Corporation has been delivering a range of responses across the many areas of poverty and hardship that residents are struggling with. It is working with partners to mitigate where it can the increased pressures that will occur this winter, focusing on advice, food, financial help, winter warmth, employment and wellbeing.
2. The actions developed and progressed deliver primarily to those who live in the Square Mile, but it should be noted that City Advice is available to those who

work in the Square Mile, and those who live on the City Corporation's housing estates in other local authority areas. City Corporation tenants outside of the Square Mile are also supported and signposted to support by housing staff including the specialist tenancy sustainment team.

3. The picture of poverty is complex – relating to areas such as food and fuel poverty, digital exclusion, in-work poverty, and housing poverty. Therefore, there are a range of actions being delivered to mitigate the impact and risk of poverty, including targeted responses.

Current response

Household Support Fund

4. Government has provided local authorities with a Household Support Fund (HSF). The expectation is that it should primarily be used to support households in the most need particularly those including children and pensioners who would otherwise struggle with energy bills, food and water bills.
5. Government guidance required at least 50 per cent of funding in the first round of the HSF to be awarded to households with children.
6. The HSF is administered by the City Corporation's Benefits Team in the Chamberlain's Department. This enables it to be targeted in line with data and intelligence related to benefit categories known to that team.
7. In the first round of funding – for the period 1 October 2021 to 31 March 2022 – the City Corporation made 270 awards, distributing £45,207. The breakdown of awards is as follows:

Total Value of Awards Split by Category		
	Spend (£s)	Cases
a) Food	£10,071.71	224
b) Energy and Water	£9,963.74	13
c) Essentials linked to Energy and Water	£2,475.99	9
d) Wider Essentials	£14,432.77	21
e) Housing Costs	£8,262.73	3
e) Total	£45,206.94	270

8. A second round of HSF – for the period 1 April 2022 to 30 September 2022 - has provided the City Corporation £63,000 to allocate. Guidance sets out that at least one third of the funding must be allocated to families with children and at least one third to pensioner households, with local authority discretion on the remaining third.

9. Local authorities should ensure that the grant is primarily allocated to residents to meet their immediate needs i.e. to help those struggling with food, energy and water bills and with other essentials.

10. The City Corporation's approach and beneficiary areas are set out below:

TARGETED HELP	£	No assisted (estimated)	Delivered by
Families in receipt of Housing Benefit(HB)/Council Tax Reduction Scheme (CTRS)/Universal Credit (UC) £300 payment for utility bills	£14,700	49	Chamberlains
Pensioners in receipt of HB/CTRS £150 payment for utility bills	£16,500	110	Chamberlains
Others in receipt of HB/CTRS £100 payment for utility bills	£12,700	127	Chamberlains
TOTAL	£43,900	286	
APPLICATION / CRITERIA BASED HELP			
Food Vouchers to Support Groups and Frontline services operating in the City: Families and pensioners must be prioritised to ensure 1/3 allocation rule is met	£4,000		Partner agencies
City Advice to target utility debt Families and pensioners must be prioritised to ensure 1/3 allocation rule is met	£9,000		City Advice
Top Emergency Support Payment Scheme to deal with energy bills.	£1,000		Lambeth
OTHER			
6. Contingency to top up above schemes if required or support other individuals who need support	£3,000		
7. Administration	£2,100		
TOTAL	£63,000		

Energy Rebate

11. The City Corporation has administered the government's £150 energy rebate to households in England in council tax bands A-D. Where households pay by direct debit this has been credited directly. Those not paying by direct debit need to apply. In support of this the Benefits Team has written to and emailed every household concerned. If households still do not claim the rebate, it will be credited to their account to offset against the current council tax liability or create a credit on the account. This can then be claimed as a refund at a later date or offset against a future liability.

Emergency support scheme

12. The "emergency support scheme" aims to support and assist those experiencing a crisis or an emergency, including families and individuals under exceptional pressure.
13. Support includes high street vouchers, food vouchers and fuel payments.
14. Those supported must be 16 years of age or over and currently live in the City of London, or have recently been housed by the City of London on one of our estates. They must also be in receipt of certain benefits, such as Universal Credit, Housing Benefit, Pension Credits or Jobseekers Allowance.
15. More information is available here: [Emergency support scheme - City of London](#).

Council Tax Reduction Scheme

16. The City Corporation continues to award Council Tax Reduction Support (CTRS) up to 100% of a claimant's Council Tax liability. This differs from many local authorities that cap the level of the CTRS scheme. Entitlement to council tax reduction is means tested and worked out according to personal circumstances, household income and capital and other factors.
17. There are currently 98 pensioner households, and 154 working age households in receipt of this benefit in the Square Mile.

Discretionary Housing Payments

18. The government has made this funding available to local authorities in order to support households in receipt of Housing Benefit or the housing element of Universal Credit to meet shortfalls in their rent. Such shortfalls can be because of benefit caps, Local Housing Allowance restrictions or other pressures.

Holiday Activity and Food programme

19. The Holiday Activities and Food (HAF) Programme is a government initiative that aims to provide healthy food and enriching activities during the school holidays, primarily to children and young people aged 5 to 16 who are eligible for benefits related to free school meals. It is funded by the Department for Education.

20. In the Easter Holiday, the City Corporation's HAF programme funded access to the Aldgate School's 10 day play scheme. The school's scheme was open to all, but was fully funded by the HAF programme for those eligible for FSM. As the school offer did not include food, and in order not to identify those children funded by HAF, the Corporation used an element of the discretionary HAF funding to provide a universal food offer to all attendees. This ensured it also reached those children whose families may be on the cusp of eligibility for FSM.
21. The summer programme was hosted by the Golden Lane Leisure Centre and ran for four weeks in August. HAF funding provided free access to the "Fit for Sport summer camp" – which provided a range of activity and food – for those eligible for free school meals. A third of the participants were those supported by the HAF programme.
22. A further programme is planned for the Christmas holiday period.

Awareness raising

23. The City Corporation is implementing a communications plan to raise public awareness of existing benefits, services and programmes to alleviate poverty. A single web page – called "Getting Help with the Cost of Living" - provides information about advice, benefits, managing debt, employment and more. It is evolving and will be updated as plans and services develop. It can be accessed here [Getting help with the cost of living - City of London](#).
24. A press release, social media coverage, local communications channels and partner agencies have been used to promote the web page.
25. A range of communications are being developed to ensure we reach the widest audience. These include City Advice pop up events at the Golden Lane and Portsoken Community Centres. Both events are open to residents from across the City.

Tackling food poverty

26. The HSF has been deployed to provide direct help with food costs, and indirect support by providing support to other household costs such as utility bills. Further support has been provided through the HAF programme to deliver food and activity to children eligible from term time free school meals.
27. Emergency food bank support had been provided to City residents through the First Love Foundation. Take up in the City was limited, and the service closed to new referrals. Emergency support has been maintained through the provision of emergency food vouchers via City Advice and the Corporation's social care services. To broaden the reach of food voucher support it is proposed to utilise the HSF to provide food vouchers with a wider base of support agencies in the City, including Age UK, City Connections, the Children and Family Centre and Society Links.

28. St Luke's Community Centre – located just north of the City – provides a range of food support services. It operates a food hub and has just launched a food co-operative, and a food pantry is also proposed. The food hub provides food support to residents living in St Luke's area of benefit – which in the City includes Golden Lane estate - who are on a low income and in financial difficulty. There are currently no fees for the Food Hub, however, the proposed alternative Food Pantry model will be based on a weekly fee in order to meet anticipated greater needs. St Luke's accepts referral and individual referrals and supports those meeting its criteria.
29. The City Corporation is working with the London Borough of Tower Hamlets (LBTH) to secure access for residents in the east of the City to their Whitechapel "food store". The food stores are membership based, with members paying £3.50 weekly for food and essentials valuing £20-30. Beneficiaries are referred by advice and support agencies and given an initial three month membership. The City is negotiating access for 30 members in the immediate term, utilising funding from the City & Hackney Health and Care Board allocated to cost of living initiatives. Further consideration will be given to the viability of a City based food store, based in principal on funding an extension of the LBTH commissioned provision.

Winter warmth

30. As part of its wider action plan, the City Corporation is developing a "Warm winter welcome" campaign. This will provide a directory of warm spaces and events – such as libraires, community centres and activities in cultural and faith spaces in the Square Mile.
31. To encourage a range of opportunities, it is proposed that a temporary amendment is made to Stronger Communities Grant criteria, to make available "warm spaces small grants" to fund activity and access where people can come together and stay warm. The aim is to create friendly, welcoming and non-judgmental spaces in which everyone is welcome.
32. It is proposed that Small Grants are available to community organisations to fund activity and access where people can come together and stay warm. Grants of up to £2,000 are available and applications can be made on rolling basis. Funding is available to new organisations or those that already hold a Stronger Communities Grant'
33. Members are asked to approve this amendment to the Stronger communities Grant criteria for a period of six months.
34. Officers are looking at other initiatives including targeted use of the HSF and winter warmth packs.

Free access to computers at libraries

35. City Corporation lending libraries offer free access to computers, Wi-Fi, scanning and low cost printing/photocopying to make sure everyone has equal access to

the support that is available to them. Staff will also assist with creating email accounts and can provide assistance with form filling. Membership is not necessary.

Action plan

36. Appendix 1 presents the “Responding to poverty and cost of living pressures – action plan”. This is a high level summary, capturing a range of actions that aim to alleviate the impact of cost of living pressures. It is a developing plan that will change over time as proposals, funding and other opportunities arise.
37. A multi-agency steering group has been assembled with membership from across the voluntary and community sector, Guinness Trust, and City Corporation officers from across the Department of Community and Children’s Services (the department) and the Chamberlain’s Department.
38. The plan includes actions relating to employment support – led by the City Corporation’s Connecting Communities team. This provides support to those seeking work, and those seeking training and support whilst in work to help progress their career.
39. Other actions related to areas such promoting school uniform vouchers; affordable childcare support; staff training to signpost; and promoting resources that help with budgeting. The plan reflects a commitment to maximise every opportunity available through City Corporation and partner services to mitigate the impact of cost of living pressures.
40. While a steering group provides ideas and direction to shape delivery, the department has very limited capacity and resource to project manage and co-ordinate such delivery.
41. Additional services and initiatives are likely to require the identification of additional revenue budget. However, the City will benefit from a one-off allocation of circa £50,000 from the City and Hackney Health and Care Board to tackle cost of living pressures.

Corporate & Strategic Implications

Strategic implications

42. The poverty reduction action plan aligns to the commitments of the Corporate Plan, Joint Health and Wellbeing Strategy and Children and Young People’s Plan.

Corporate implications

43. This piece of work aligns with and will support the following outcomes of the Corporate Plan:

Contribute to a flourishing society

2. People enjoy good health and wellbeing

3. People have equal opportunities to enrich their lives and reach their full potential
4. Communities are cohesive and have the facilities they need

Financial implications

44. Current activity is being funded through resources made available from government and in principle funding from the City & Hackney Health and Care Board. Further initiatives may require additional funding to be identified, but given the pressures on departmental and corporate finances cannot be guaranteed.

Resource implications

45. Officers from the Chamberlains Department and Department of Community and Children's Services have absorbed this work within existing capacity. However, further growth in activity would require dedicated resource.

Legal implications

46. None

Risk implications

47. None

Equalities implications

48. Targeted action on reducing poverty in the City of London will work towards reducing health and wellbeing, and income inequality across the Square Mile. Poverty disproportionately impacts on those with protected characteristics.

Climate implications

49. None

Security implications

50. None

Conclusion

51. The City Corporation has taken action to support the residents impacted by the cost of living crisis. A multi-agency steering group has been set up to oversee the implementation of an action plan to progress further initiatives in order to maximise the impact that can be delivered through the services offered and funding available.

Appendices

- Appendix 1 – Responding to poverty and cost of living pressures: Action Plan

Zoe Dhami

Strategy and Projects Officer, Department of Community and Children's Services

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Responding to poverty and cost of living pressures

Action plan

The plan below summarises a more detailed plan overseen by a multi-agency steering group

Objective	Activity
Priority 1: Communications	<ul style="list-style-type: none"> Promote awareness of available benefits and other financial support via traditional media, social media and existing programmes and networks. Run targeted activities and events to raise awareness of benefit entitlements, encourage take-up Deliver a ‘no wrong door’ approach across tackling poverty programmes and services including ‘warm referrals’ and signposting between services where possible. Design and distribute leaflet to all households
Priority 2: Targeting financial assistance	<ul style="list-style-type: none"> Distribute Housing Support Fund to households in need (third round expected) Maximise take up energy rebate Promote existing financial help: Emergency Support Scheme; School uniform vouchers; affordable childcare; Council Tax support; Adult Social Care Early Intervention: providing assistance – including purchasing goods – to those on the margin of formal care thresholds
Priority 3: Tackling food poverty	<ul style="list-style-type: none"> Provide food support through the Housing Support Fund – directly, and third party food voucher distribution Promote St Luke’s community centre food support offer to those living on Golden Lane Estate Secure access to Tower Hamlets “food store” offer for those living in East of the City

Objective	Activity
	<ul style="list-style-type: none"> • Deliver school holiday Health Activity and Food Programme for children eligible for Free School Meals • Promote Healthy Start scheme to eligible households
Priority 4: Winter warmth	<ul style="list-style-type: none"> • Creation of a “warm spaces directory” • Delivery of warms spaces small grants programme • Cold Weather Packs: secure wider funding and distribution
Priority 5: Increasing income from employment	<ul style="list-style-type: none"> • Promotion of Connecting Communities – Bridge to Success programme, providing support to access training, build confidence, overcome any barriers to employment and find employment • improving access to affordable childcare
Priority 6: Wellbeing	<ul style="list-style-type: none"> • promote services for those whose mental health is affected by money worries • promote smoking cessation services

Further information

[Getting help with the cost of living - City of London](#)

[Emergency support scheme - City of London](#)

Agenda Item 7

Committee:	Dated:
Community and Children's Services	22 September 2022
Subject: Housing Specific Winter Measures	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Paul Murtagh Assistant Director Housing & Barbican	

Summary

The purpose of this report is to seek Members views on, and approval (if appropriate) to a suite of housing specific thermal winter measures to homes on its social housing estates where, residents will have to go through at least one more winter with poorly performing single-glazed windows.

Recommendations

The Committee is asked to:

1. Consider and give its views on the suite of housing specific thermal winter measures proposed for homes on the City of London Corporation's (the Corporation) social housing estates where, residents will have to go through at least one more winter with poorly performing single-glazed windows.
2. Agree which of the housing specific thermal winter measures, if any, set out in this report should be pursued.
3. Agree whether the housing specific thermal winter measures that Members wish to pursue, should also be offered to leaseholders on the social housing estates in question and, if so, whether such measures should be rechargeable.

Main Report

Background

1. Blocks of flats on the Grade II Listed Golden Lane Estate still have original single-glazed windows and, the replacement/refurbishment of the windows is long overdue. Whilst there is a project in place to improve the thermal performance of the structure of the blocks of flats, including replacing/refurbishing the windows, it

is subject to a complicated and lengthy Listed Building Application, that requires extensive consultation with several stakeholders including Historic England and The Twentieth Century Society.

2. Although recently, an accelerated programme has been put in place to attempt to reduce the time it will take to replace/refurbish the windows on blocks of flats on the Golden Lane Estate, residents will still have to go through at least one more winter with poorly performing single-glazed windows.
3. Since May this year, officers have been meeting regularly with Golden Lane/Cripplegate Members to review progress and issues with the Window Replacement/Refurbishment Programme on the Golden Lane Estate, specifically with regard to Crescent House where, the windows are in the poorest condition.
4. In the knowledge that residents in Crescent House and across the whole of the Golden Lane Estate, will have to go through at least one more winter with poorly performing single-glazed windows, Members asked officers to consider and report back on possible housing specific thermal winter measures that could be undertaken in the interim period to reduce residents' energy bills and increase the thermal performance of their homes.

Considerations

5. In addition to the Golden Lane Estate, George Elliston House and Eric Wilkins House on the Avondale Square Estate are the only two estates that currently either, do not have replacement double-glazed windows or, do not have firm plans and dates for the installation of new windows.
6. Members will recall that plans for George Elliston House and Eric Wilkins House, that would have seen the redevelopment of the site of the two blocks to provide additional new homes as well as, providing for the extensive refurbishment of the blocks, were rejected due to the cost of the project and the inherent risks involved. These two blocks will undergo major refurbishment works in the future, including replacement windows and other thermal improvement works however, this will not be done before the onset of winter. The rest of the blocks on the Avondale Square Estate have had replacement double-glazed windows installed and, a project was completed last year to refurbish and repair the windows.
7. The Corporation's social housing estates at William Blake, Holloway, Southwark, Sumner Buildings, Windsor House, and Sydenham Hill are all scheduled to have replacement windows installed over the next 12 months. Unfortunately, several of these advanced projects are currently 'on-hold', pending the completion of the Corporation's Capital Projects Review.
8. Members will be aware that the windows to all homes and communal areas to the Corporation's Dron House Estate have recently been successfully replaced with full double-glazing throughout.

Residents Affected

9. Of the two estates left with single-glazed windows where, there are currently no firm plans and dates for the installation of new windows, Golden Lane has 293 tenants and 273 leaseholders. George Elliston House and Eric Wilkins House have 46 tenants and 15 leaseholders.

Measures Available

10. There are some relatively smaller measures that can be undertaken in the interim period to reduce residents' energy bills and increase the thermal performance of their homes. These are set out below:

	Measure	Cost
1.	Installation/replacement of hot water cylinder jacket.	£40 each
2.	Replacement or installation of electronic heating thermostat.	£50 each
3.	Installation of foil backing to radiators.	£15 per radiator
4.	Installation of thermal curtains.	£90 per window
5.	Draught-proofing to windows and doors.	£2 per metre

11. With associated labour, approximate costs for the installation of the above measures would be in the region of £600 per property. This equates to approximately £205,000 for our tenanted homes and, £173,000 for leaseholders, assuming a full take up by all tenants and leaseholders.
12. A recent similar 'grant-funded' proposal to support 32 eligible homes in Cullum Welch House on the Golden Lane Estate, resulted in only four households taking up the offer (an acceptance rate of 12.5%). If this is representative of residents across the Golden Lane Estate and George Elliston House and Eric Wilkins House, the costs will be considerably less than those contained in Paragraph 11 above. It should also be noted that if any, or all the above measures are carried out, thermal performance would only be improved by a relatively small amount.
13. If Members do agree to proceed with the installation of the interim measures to the Corporation's tenanted properties, the cost can be met from the current budget provision for the respective window replacement/refurbishment programmes provided for within the Housing Revenue Account (HRA). However, if Members agree that the same measures should be offered to leaseholders on our social housing estates, alternative funding will need to be found.
14. Consideration has also been given to offering affected tenants a 'one-off' winter rent credit to assist with their heating bills, equivalent to the per property cost of the interim measures set out above (approximately £600).
15. If Members are minded to explore this option, officers will need to take further legal advice and complete an Equalities Impact Assessment.
16. This option has potential advantages in terms of administration, guaranteed levels of take up and, potentially, a more immediate impact on suppressing the additional heating costs arising from the window specific issues set out in this report.

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Committee: Community and Children's Services	Dated: 22/09/2022
Subject: City & Hackney Health and Care Place Based Partnership – draft terms of reference	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	n/a
Report of: Andrew Carter, Executive Director of Community and Children's Services	For Decision
Report author: Simon Cribbens, Community and Children's Services	

Summary

This report shares with Members the draft terms of reference for the bodies that as a whole represent the City and Hackney "place based partnership". The terms of reference for the City and Hackney Health and Care Board, and the City and Hackney Integrated Commissioning Board are subject to review and formal agreement, including that of this committee. The report seeks delegation of approval to enable timely decision making in the even the next City and Hackney Health and Care Board falls before this Committee's next meeting.

Recommendation

Members are asked to:

- Note the draft terms appended
- Delegate authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to approve the terms of reference for the City and Hackney place based partnership arrangements.

Main Report

Background

1. In February 2017 Members agreed the arrangements and terms of reference for the City and Hackney Integrated Commissioning Board (ICB). For the purposes of formal decision making in relation to local authority functions, the City Corporation was represented by a sub-committee of the Community and Children's Services Grand Committee, that met in common - under the umbrella of the ICB - with a sub-committee of Hackney Council members, and a sub-committee of the then City and Hackney Clinical Commissioning Group (CCG).

Current Position

2. The Health and Social Care Act (the Act) 2022 introduces legislative change that consolidates many of the approaches of the City and Hackney ICB. It also introduces changes that require a revision of local structures and their terms of reference.
3. These changes include the replacement of CCG at local levels with larger structures. The City of London now sits within the larger North East London “system” in which the functions of the CCG are the responsibility of NHS North East London Integrated Care Board (ICB), known as NHS North East London.
4. Each of these larger systems are required to establish “place based partnerships” which may exercise statutory functions delegated to them. The North East London system as a whole brings together seven “place based partnerships” – of which the City and Hackney is one. It is the intention that each will comprise a partnership board structure. Locally this will be known as the City and Hackney Health and Care Board.
5. The desire of the North East London ICB is to devolve funding and commissioning to place based partnerships where possible and appropriate. Some services will be more appropriate to commission at the system level (such as specialist services).
6. A key legislative enabler of placed based functions is Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. These enable local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources.
7. Prior to the recent Act, Section 75 arrangements were agreed between the relevant local authorities (City Corporation and Hackney) and the City and Hackney CCG.
8. Under the new Act these arrangements will be agreed between the relevant local authority and a sub-committee of the North East London ICB. The terms of reference for this sub-committee are subject to NHS governance and set out in Section 2b of the Appendix 1. They invite a representative of each local authority to sit on the sub-committee. No local authority functions are delegated to this sub-committee. These terms of reference are agreed.
9. Section 75 arrangements can only be agreed between the sub-committee of the North East London ICB and the City Corporation and Hackney Council. A separate group – currently, and somewhat confusingly, named the City and Hackney ICB – is established for this function. The draft terms of reference for this group are set out in Section 2a of Appendix 1.
10. The expectation is that many of the discussions that will inform the statutory partners’ decisions under these arrangements will take place within place based

partnerships. For City and Hackney this will happen through aligned meetings between the sub-committees which comprise the City and Hackney ICB (City Corporation, Hackney, NHS NEL sub-committee) and the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory committee on matters within the committee's authority.

11. The draft terms of reference for the City and Hackney Health and Care Board are set out in Section 1 of Appendix 1.
12. The draft terms of reference set out in Section 1 and Section 2a are subject to comment and approval of the City Corporation. They continue the principle of the approach agreed by Members in 2017, but are updated to reflect the changes of the recent Act.
13. The Comptroller and City Solicitor is currently reviewing the draft terms and will comment and propose revisions accordingly, and they are also subject to comment from colleagues including those from Hackney.
14. The operation of the City and Hackney ICB will function through the attendance and decision making of a sub committee (the current ICS Sub Committee) of this Committee, and therefore are subject to this Committee's approval.
15. It is intended that such approval is secured at this Committee's next meeting in November, ahead of the City and Hackney Health and Care Board. However, the latter's date is subject to change. It is therefore proposed that approval is delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman to allow for a timely decision in the event the rescheduled Health and Care Board falls before the next meeting of this Committee.

Corporate & Strategic Implications

Strategic implications

16. The work of the City and Hackney Health and Care Board delivers to priorities of the Corporate Plan, Joint Health and Wellbeing Strategy and Children and Young Peoples Plan.

Financial implications

17. None

Resource implications

18. None

Legal implications

19. None

Risk implications

20. None

Equalities implications

21. Tackling health and wider inequalities is a priority objective of the City and Hackney Health and Care Board, and will support the City in meeting its commitments and Public Sector Equalities Duty.

Climate implications

22. None

Security implications

23. None

Conclusion

24. The revised terms of reference presented, and the practice of the City and Hackney Health and Care Board, reflect the principle of approaches agreed previously by Members. Their revision responds to the changes of the Health and Social Care Act.

Appendices

- Appendix 1 – CITY & HACKNEY PLACE-BASED PARTNERSHIP TERMS OF REFERENCE (draft)

Background Papers

- Integrated Commissioning for Health and Social Care – Community and Children's Services, 17 February 2017

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Appendix 1

CITY & HACKNEY PLACE-BASED PARTNERSHIP TERMS OF REFERENCE

Contents

Introduction

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

Section 2:

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

Annex 1: Delegated ICB functions to be exercised at Place

Annex 2: Place objectives and priorities

Annex 3: ICB deliverables 2022/2023

Annex 4: Strategic priorities and operating principles of the ICS

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

INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System ('**ICS**') have come together as a Place-Based Partnership ('**PBP**') to enable the improvement of health, wellbeing and equity in the City & Hackney area ('**Place**'):
 - (a) The NHS North East London Integrated Care Board (the '**ICB**')
 - (b) London Borough of Hackney ('**LBH**')
 - (c) City of London Corporation ('**COLC**')
 - (d) East London NHS Foundation Trust ('**ELFT**')
 - (e) Homerton University NHS Foundation Trust ('**Homerton FT**')
 - (f) Hackney Council for Voluntary Service
 - (g) City of London Healthwatch
 - (h) Healthwatch Hackney
 - (i) City & Hackney GP Federation
 - (j) City & Hackney's Primary Care Networks ('**PCNs**')
2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBH and COLC.
3. These terms of reference for the PBP incorporate:
 - (a) As **Section 1**, terms of reference for the City & Hackney Health and Care Board (the '**Health and Care Board**'), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters relevant to Place, and oversee joint programmes of work relevant to Place.
 - (b) As **Section 2**, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:
 - The City & Hackney Integrated Commissioning Board, which brings together the Place ICB Sub-Committee referred below and a sub-committee of each of the local authorities in order to enable aligned commissioning decisions at Place in relation to partnership arrangements made under section 75 of the National Health Service Act 2006.
 - The City & Hackney Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**'), which is a sub-Committee

of the ICB's Population Health & Integration Committee ('**PH&I Committee**').

4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the PBP governance structure, including as part of meetings of the Health and Care Board. This will be enabled (i) through delegations by the partner organisations to specific individuals or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Health and Care Board.
5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain ICB functions at Place.
6. There is overlap in the membership of the Health and Care Board and the governance structures described in Section 2. In the case of the Health and Care Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.
7. Where a member of the Health and Care Board is not also a member of a structure described in Section 2, it is expected that the Health and Care Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Health and Care Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.
8. All members of the Health and Care Board or a structure whose terms of reference are contained at Section 2 shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Section 1

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

Status of the Health and Care Board	<ol style="list-style-type: none"> 1. The City & Hackney Health and Care Board ('the Health and Care Board') is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent consider strategic policy matters and oversee joint programmes of work relevant to Place. 2. Where applicable, the Health and Care Board may also make recommendations on matters a partner organisation asks the Health and Care Board to consider on its behalf.
Geographical coverage	<ol style="list-style-type: none"> 3. The geographical area covered will be Place, which for the purpose of these terms of reference is the area which is coterminous with the administrative boundaries of the London Borough of Hackney and the City of London Corporation.
Role of the Health and Care Board	<ol style="list-style-type: none"> 4. The purpose of the Health and Care Board is to consider the best interests of service users and residents in City & Hackney, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Health and Care Board members participate in the Health and Care Board to - as far as possible - promote the greater collective endeavour. 5. The Health and Care Board has the following core responsibilities: <ol style="list-style-type: none"> (a) To set a local system vision and strategy, reflecting the priorities determined by local residents and communities at Place, the contribution of Place to the ICS, and relevant system plans including: <ul style="list-style-type: none"> • the Integrated Care Strategy produced by the NEL Integrated Care Partnership ('ICP'); • the 'Joint Forward Plan' prepared by the ICB and its NHS Trust and Foundation Trust partners; • the joint local health and wellbeing strategies produced by the City of London and Hackney Health and Wellbeing Boards ('HWBs'), together with the needs assessments for the area. (b) To develop a Place-based Partnership Plan ('PBP Plan'), which shall be: <ul style="list-style-type: none"> • aimed at ensuring delivery of relevant system plans, especially those listed above.

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

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

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

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

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

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

	<p>(f) To oversee the use of resources and promote financial transparency;</p> <p>(g) To make recommendations about the exercise of any functions that a partner organisation asks the Health and Care Board to consider on its behalf;</p> <p>(h) To ensure that co-production is embedded across all areas of operation, consistent with the City & Hackney co-production charter;</p> <p>(i) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:</p> <ul style="list-style-type: none"> • improve outcomes in population health and healthcare; • tackle inequalities in outcomes, experience and access; • enhance productivity and value for money; • help the NHS support broader social and economic development. <p>(j) To support the ICS to deliver against the strategic priorities of the ICS and the ICS operating principles set out in Annex 4.</p>
<p>Statutory decision-making</p>	<p>6. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference, and are not matters to be decided upon by the Health and Care Board.</p> <p>7. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Health and Care Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.</p>
<p>Making recommendations</p>	<p>8. Where appropriate in light of the expertise of the Health and Care Board, it may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making.</p> <p>9. Note that where the Health and Care Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Health and Care Board does shall restrict or undermine that responsibility. However, when considering and</p>

Collaborative working

making recommendations in relation to such functions, the Health and Care Board will ensure that it has regard to the statutory duties which apply to the partner organisation.

10. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.

11. The Health and Care Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups.

12. The Health and Care Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Health and Care Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Health and Care Board.

Collaboration with the City & Hackney HWBs

13. The Health and Care Board will work in close partnership with the HWBs and shall ensure that the PBP Plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs and the associated needs assessments, as well as the overarching Integrated Care Strategy produced by the ICP.

Collaboration with Safeguarding Adults/Children's Board

14. The Health and Care Board will also work in close partnership with the City & Hackney Safeguarding Children Partnership and the City & Hackney Safeguarding Adults Board.

Principles of collaboration and good governance

15. The members of the Health and Care Board set out below at paragraph 22 and the partner organisations they represent agree to:

- Encourage cooperative behaviour between constituent members of the ICS, including the partner organisations, and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible.
- Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated.
- Assume joint responsibility for the achievement of outcomes within their control.
- Commit to the principle of collective responsibility for the functioning of the Health and Care Board and to share the risks and rewards associated with the performance of the

Chairing and executive lead arrangements

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

- Adhere to statutory requirements and best practice by complying with applicable laws and standards including procurement and competition rules, data protection and freedom of information legislation.
- Work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.
- Commit to evolving these partnership arrangements as national policy and legislation aimed at health and social care integration develops.

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

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

- (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee);
- (b) Lead Member for Health, Adult Social Care and Leisure (Chair of the LBH Sub-Committee).

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

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

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

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

Membership

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

ICB:

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

Local authority officers:

- (e) Director of Community and Children's Services (COLC)
- (f) Director of Adults' Services (LBH)¹
- (g) Director of Children's Services (LBH)²
- (h) Director of Public Health for City & Hackney

Local authority elected members:

- (i) The Chairman of the Community and Children's Services Committee (COLC)
- (j) The Deputy Chairman of the Community and Children's Services Committee (COLC) (**Chair, rotating**)
- (k) The Chairman of the Health and Wellbeing Board (COLC)
- (l) Lead Member for Health, Adult Social Care and Leisure (LBH) (**Chair, rotating**)
- (m) Lead Member for Education, Young People and Children's Social Care (LBH)
- (n) Lead Member of Finance, Housing Needs and Supply (LBH)

NHS Trusts/Foundation Trusts:

- (o) Chief Executive (Homerton) (**Place Executive lead**)
- (p) Non-Executive Director of Homerton
- (q) Director of ELFT
- (r) Non-Executive Director ELFT

Primary Care:

- (s) Place Based Partnership Primary Care Development Clinical Lead

¹ Confirm title
² Confirm title

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

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

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

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

Quoracy

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

- (a) Two of the members from the ICB;
- (b) At least one member from each local authority;
- (c) One of the members from an NHS Trust or Foundation Trust;
- (d) One primary care member.

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

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

Papers and notice

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

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

Virtual attendance

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

Admission of the public

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

be held in accordance with the Place ICB Sub-Committee's terms of reference in Section 2. Otherwise, whether a meeting of the Health and Care Board is to be held in public or private is a matter for the Chair.

Recordings of meetings

37. Except with the permission of the Chair, no person admitted to a meeting of the Health and Care Board shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Meeting minutes

38. The minutes of a meeting will be formally taken and a draft copy circulated to the members of the Health and Care Board together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair. Verbatim minutes of the meeting will not be held, instead key points of debate, actions and decisions will be captured.
39. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Place ICB Sub-Committee and/or other place governance structures in Section 2.

Governance support

40. Governance support will be provided to the Health and Care Board by the ICB's governance team.

Confidential information

41. Where confidential information is presented to the Health and Care Board, all those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Decision-making

42. The Health and Care Board is the primary forum within the PBP for bringing a wide range of partners across Place together for the purposes of determining and taking forward matters relating to the improvement of health, wellbeing and equity across Place. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.
43. The Health and Care Board does not hold delegated functions from the partner organisations, but each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions for their organisation on matters within the Health and Care Board's remit or, at least, will have sufficient responsibility and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.

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

Section 2 (Part A)

The City & Hackney Integrated Commissioning Board

Introduction

1. The arrangements for the City & Hackney Integrated Commissioning Board set out in these terms of reference enable aligned decision-making between the following statutory partners who have established integrated commissioning arrangements under powers conferred by section 75 of the National Health Service Act 2006 (**'Section 75'**) and associated secondary legislation:
 - (a) The City of London Corporation (**'COLC'**)
 - (b) The London Borough of Hackney (**'LBH'**)
 - (c) The North East London Integrated Care Board (**'NEL ICB'**)
2. The expectation is that many of the discussions that will inform the statutory partners decisions under these arrangements will take place within overall City & Hackney Place-Based Partnership (**'PBP'**). This will happen through aligned meetings between the sub-committees which comprise the Integrated Commissioning Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory committee on matters within the committee's authority.

Composition and authority

3. The Integrated Commissioning Board brings together the following sub-committees of the statutory partner organisations:
 - (a) COLC's Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee (**'the COLC Sub-Committee'**);
 - (b) LBH's Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet (**'the LBH Sub-Committee'**); and
 - (c) the City & Hackney ICB Sub-Committee, which is established as a sub-committee reporting to the NEL ICB's Population Health and Integration Committee (**'the Place ICB Sub-Committee'**).
4. The COLC Sub-Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and the scheme of delegation and reservation for the integrated commissioning arrangements.
5. The LBH Sub-Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.
6. The Place ICB Sub-Committee has authority to exercise the functions delegated to it by the NEL ICB and to make decisions on matters relating

Section 75 pooled fund arrangements

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

7. Where section 75 pooled fund arrangements have been established, the following arrangements will apply:
 - (a) Members of the COLC Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the NEL ICB ("**City Pooled Funds**");
 - (b) Members of the LBH Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the NEL ICB ("**Hackney Pooled Funds**").
8. The LBH Sub-Committee shall have no authority in respect of City Pooled Funds and vice versa.
9. For services where no pooled fund arrangement is in place, the Integrated Commissioning Board arrangements may be used to make recommendations to the Place ICB Sub-Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement. Recommendations about services may also be made through the City & Hackney Health and Care Board.

Objectives

10. The Integrated Commissioning Board will support the development of the City & Hackney Place Based Partnership, through:
 - (a) taking commissioning decisions in relation to the services which fall within the scope of the section 75 arrangements referred above (including in relation to, for example, service re-design, contracting and performance, planning and oversight);
 - (b) supporting the City & Hackney Health and Care Board to develop the plans for the Place, achieve its priorities and objectives, and to fulfil its responsibilities as set out in its terms of reference;
 - (c) developing and scrutinising commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;
 - (d) approving clinical and social care guidelines, pathways, service specifications, and new models of care;
 - (e) ensuring its decisions are made in a timely manner, with full consideration to:
 - statutory duties of the relevant organisation(s);

Accountability and reporting

- relevant in term and longer term Place, system and national plans, policy, priorities and guidance (as appropriate);
- the City & Hackney Co-Production Charter;
- best practice and benchmarked performance;
- relevant financial considerations.

11. The Integrated Commissioning Board will report to the relevant forum as determined by the NEL ICB, LBH and COLC. The matters on which, and the arrangements through which, the Integrated Commissioning Board is required to report shall be determined by the NEL ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).
12. The Integrated Commissioning Board will present for approval by the NEL ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the NEL ICB and/or COLC and/or LBH (including in respect of aligned fund services).
13. The Integrated Commissioning Board will receive reports from the statutory partners on decisions made by those bodies where authority for those decisions is retained by them, but the matters are relevant to the work of the Integrated Commissioning Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board.
14. The Integrated Commissioning Board will provide reports to the Health and Wellbeing Boards, the NEL ICB Board or the NEL Integrated Care Partnership and other committees as required. The City & Hackney Health and Care Board may provide such reports on behalf of the Integrated Commissioning Board as part of its wider reporting arrangements.
15. The Integrated Commissioning Board functions through the scheme of delegation and financial framework agreed by the NEL ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Integrated Commissioning Board is operating within all relevant requirements.

Chairing Arrangements

16. The chairing arrangements set out in City & Hackney Health and Care Board's terms of reference shall apply equally to the Integrated Commissioning Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Integrated Commissioning Board.

Membership

17. The membership of the sub-committees which the Integrated Commissioning Board brings together is as follows:
18. COLC Sub-Committee:

- (a) The Deputy Chairman of the Community and Children's Services Committee (**Chair of the COLC Sub-Committee**);
- (b) The Chairman of the Community and Children's Services Committee;
- (c) The Chairman of the Health and Wellbeing Board.

19. LBH Committee:

- (a) Lead Member for Health, Adult Social Care and Leisure (**Chair of the LBH Sub-Committee**)
- (b) Lead Member for Education, Young People and Children's Social Care;
- (c) Lead Member of Finance, Housing Needs and Supply.

20. Members of the City & Hackney Place ICB Sub-Committee, as set out in its terms of reference.

Nominated deputies

- 21. Any member of the LBH Sub-Committee may appoint a deputy who is a Cabinet Member.
- 22. The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Sub-Committee.
- 23. The Place ICB Sub-Committee's terms of reference set out its provision for nominating deputies.
- 24. Notwithstanding the above, any member appointing a deputy for a particular meeting of the Integrated Commissioning Board must give prior notification of this to the Chair.

Participants

- 25. As the three sub-committees shall meet in common, the members of each sub-committee shall be in attendance at the meetings of the other two sub-committees. It is also expected that meetings of the Integrated Commissioning Board will largely take place within the PBP structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the Integrated Commissioning Board's governance requirements, members of the City & Hackney Health and Care Board and attendees (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance.
- 26. The following will be expected to attend the meetings of the Integrated Commissioning Board, contribute to all discussion and debate, but will not participate in decision-making:
 - (a) The Director of Community and Children's services (Authorised Officer for COLC);

	<ul style="list-style-type: none"> (b) The City of London Corporation Chamberlain; (c) LBH Group Director – Finance and Corporate Resources; (d) LBH Group Director – Children, Adults and Community Services. <p>27. Others may be invited to attend the Integrated Commissioning Board's meetings in a non-decision-making capacity. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair.</p>
Quorum	<p>28. Quoracy requirements are as follows:</p> <ul style="list-style-type: none"> (a) For the COLC Sub-Committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference). (b) For the LBH Sub-Committee the quorum will be two of the three Council Members (or deputies duly authorised in accordance with these terms of reference). (c) For the Place ICB Sub-Committee the quorum will be as set out in its Terms of Reference.
Voting	<p>29. Each of the COLC, LBH and NEL ICB sub-committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a sub-committee is impossible, that sub-committee may take its decision by simple majority, and the Chair's casting vote if necessary. The COLC Sub-Committee, the LBH Sub-Committee and Place ICB Sub-Committee will each aim to reach compatible decisions.</p> <p>30. Matters for consideration by the three sub-committees meeting in common as the Integrated Commissioning Board may be identified in meeting papers as requiring positive approval from all three sub-committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Sub-Committee, the LBH Sub-Committee and the Place ICB Sub-Committee.</p>
Meetings and administration	<p>31. The Integrated Commissioning Board's members will be given no less than seven clear working days' notice of its meetings. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting. In urgent circumstances these timescales may be truncated.</p> <p>32. The Integrated Commissioning Board shall meet whenever COLC, LBH and the NEL ICB consider it appropriate that it should do so but the three sub-committees meeting as the Integrated Commissioning Board would usually meet bi-monthly and at least four times a year, noting that the City & Hackney Health and Care Board may meet more frequently (i.e. monthly).</p>

Conflicts of interest

33. Meetings of the Integrated Commissioning Board shall be held in accordance with Access to Information procedures for COLC, LBH and the NEL ICB, rules and other relevant constitutional requirements. The dates of the meetings will be published by the NEL ICB, LBH and COLC. The meetings of the Integrated Commissioning Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (August 2014).
34. Governance support will be provided to the Integrated Commissioning Board and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the City & Hackney Health and Care Board. The NEL ICB, COLC and LBH shall agree between them the format of the joint minutes of the Integrated Commissioning Board which will separately record the membership and the decisions taken by the NEL ICB Committee, the COLC Sub-Committee and the LBH Sub-Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.
35. Decisions made by the COLC Sub-Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Sub-Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Place ICB Sub-Committee may be subject to review by the NEL ICB's board or its Population Health & Integration Committee, or as further set out in the Place ICB Sub-Committee's terms of reference or the wider governance arrangements. However, NEL ICB, LBH and COLC will manage the business of the Integrated Commissioning Board, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.
36. The partner organisations represented in the Integrated Commissioning Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Integrated Commissioning Board members will comply with the arrangements established by the organisations that they represent or the ICS as a whole, and any national statutory guidance applicable to the organisation. As a minimum, this shall include ensuring that:
- (a) a register of the members interests is maintained;
 - (b) any actual or potential conflicts are declared at the earliest possible opportunity;
 - (c) all declarations and discussions relating to them are minuted.
37. In respect of the COLC Sub-Committee and the LBH Sub-Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate. Members of the Place ICB Sub-Committee shall act in accordance with the sub-

Review

committee's terms of reference and the ICB's conflicts of interest policy and procedures.

38. The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.

DRAFT

Section 2 (Part B)

Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board

Status of the Sub-Committee	<ol style="list-style-type: none"> 1. The City & Hackney Sub-Committee of the North East London Integrated Care Board ('the Place ICB Sub-Committee') is established by the Population Health & Integration Committee (the 'PH&I Committee') as a Sub-Committee of the PH&I Committee. 2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub-Committee and may only be changed with the approval of the Board of the ICB ('the Board'). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board. 3. The Sub-Committee and all of its members are bound by the ICB's Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB. 4. These terms of reference should be read as part of the suite of terms of reference for the City & Hackney Place-Based Partnership ('PBP'), including the terms of reference for the City & Hackney Health and Care Board ('the Health and Care Board') in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.
Geographical coverage	<ol style="list-style-type: none"> 5. The geographical area covered will be Place, as defined in the Health and Care Board's terms of reference in Section 1.
Purpose	<ol style="list-style-type: none"> 6. The Place ICB Sub-Committee has been established in order to: <ol style="list-style-type: none"> (a) Enable the ICB to exercise the Delegated Functions at Place in a lawful, simple and efficient way, to the extent permitted by the ICB's Constitution and as part of the wider collaborative arrangements which form the PBP. (b) Support the development of collaborative arrangements at Place, in particular the development of the PBP. 7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at Annex 1. 8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions. 9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 will be updated with the approval of the Board, on the recommendation of the PH&I Committee. 10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place ('the PBP Plan'), which has been agreed with the PH&I Committee and the partner

Key duties relating to the exercise of the Delegated Functions

Collaborative working

organisations represented on the Health and Care Board. A summary of the PBP's priorities and objectives is contained at **Annex 2**.

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

established by the ICB or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups.

Collaboratives

18. In particular, in addition to an expectation that the Place ICB Sub-Committee and Health and Care Board shall collaborate with each other as part of the PBP, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the ICS:

- (a) The North East London Mental Health, Learning Disability & Autism Collaborative;
- (b) The Combined Primary Care Provider Collaborative;
- (c) The North East London Acute Provider Collaborative;
- (d) The North East London Community Collaborative.

19. Some members of the Place ICB Sub-Committee may simultaneously be members of the above collaborative structures, to further support collaboration across the system.

Health & Wellbeing Boards and Safeguarding

20. The Place ICB Sub-Committee will also work in close partnership with:

- (a) The HWBs and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategies and the assessments of needs, together with the NEL Integrated Care Strategy as applies to Place; and
- (b) the Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and
- (c) the Safeguarding Children's Partnership established by the local authority, ICB and Chief Officer of Police, under section 16E of the Children Act 2014.

Establishing working groups

21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.

Chairing Arrangements

22. The Place ICB Sub-Committee will be chaired by the Chair of the City & Hackney Health and Care Board who is appointed on account of their

Membership

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

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

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

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

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

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

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

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

- (a) The NHS North East London Integrated Care Board (the '**ICB**')
- (b) London Borough of Hackney ('**LBH**')
- (c) City of London Corporation ('**COLC**')
- (d) East London NHS Foundation Trust ('**ELFT**')
- (e) Homerton University NHS Foundation Trust ('**Homerton FT**')
- (f) [Hackney Council for Voluntary Service]
- (g) [City of London Healthwatch]
- (h) [Healthwatch Hackney]
- (i) City & Hackney GP Federation
- (j) City & Hackney's Primary Care Networks ('**PCNs**')

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

ICB:

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

Local authority officers:

- (e) Director of Community and Children's Services (COLC)
- (f) Director of Adults' Services (LBH)
- (g) Director of Children's Services (LBH)
- (h) Director of Public Health for City & Hackney

Local authority elected members:

- (i) The Deputy Chairman of the Community and Children's Services Committee (COLC)
- (j) Lead Member for Health, Adult Social Care and Leisure (LBH)

NHS Trusts/Foundation Trusts:

- (k) Chief Executive (Homerton) (Place Executive lead)
- (l) Director of ELFT

Primary Care:

- (m) Place Based Partnership Primary Care Development Clinical Lead
- (n) PCN clinical director

Voluntary sector

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

Healthwatch

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

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

Participants

32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.
33. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.
34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:
- (a) Any members or attendees of the Health and Care Board (i.e. in Section 1)
 - (b) Any members or attendees of the City & Hackney Integrated Commissioning Board (i.e. in Section 2: Part A)
35. The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.

Resource and financial management

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

Meetings, Quoracy and Decisions

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

Scheduling meetings

38. The Place ICB Sub-Committee will aim to meet on a bi-monthly basis and, as a minimum, shall meet on four occasions each year.⁴ Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
39. The Place ICB Sub-Committee will usually hold its meetings together with the Health and Care Board and other sub-committees which comprise the City & Hackney Integrated Commissioning Board, as part of an aligned meeting of the PBP. Although the Place ICB Sub-Committee may meet on its own at the discretion of its Chair, it is expected that such circumstances would be rare.
40. The Place ICB Sub-Committee acknowledges that the Health and Care Board and other sub-committees which comprise the City & Hackney Integrated Commissioning Board may convene their own more regular

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

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

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

Quoracy

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

- (a) Two of the members from the ICB;
- (b) At least one member from each local authority;
- (c) One of the members from an NHS Trust or Foundation Trust;
- (d) One primary care member.

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

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

Voting

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

Papers and notice

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

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

Virtual attendance

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

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

Admission of the public

49. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.
50. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.
51. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.
52. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the Place ICB Sub-Committee and others in attendance.
53. There shall be a section on the agenda for public questions to the committee, which shall be in line with the ICB's agreed procedure [insert link].⁵

Recordings of meetings and publication

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

Confidential information

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

Meeting Minutes

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

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

Behaviours and Conduct

57. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Health and Care Board and/or Integrated Commissioning Board.

Legal or professional advice

58. Where outside legal or other independent professional advice is required, it shall be secured by or with the approval of the Director who is responsible for governance within the ICB.

Governance support

59. Governance support to the Place ICB Sub-Committee will be provided by the ICB's governance team.

Conflicts of Interest

60. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.

61. Members will be expected to behave and conduct business in accordance with:

- (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business.
- (b) The NHS Constitution;
- (c) The Nolan Principles.

62. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.

Disputes

63. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place ICB Sub-Committee in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to:

- (a) a matter for wider determination within the ICS; or
- (b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative,

then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

Referral to the PH&I Committee

64. Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the ICB area and/or is a decision which would have an impact across the ICB area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee.
65. With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&I Committee for consideration then the following applies:
- (a) The Chair of the Place ICB Sub-Committee, at his or her discretion, may determine that such a referral should be made.
 - (b) Two or more members of the Place ICB Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee.
66. Where a matter is referred to the PH&I Committee under paragraph 64, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.
67. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 64:
- (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 64 should be referred to the PH&I Committee for determination; or
 - (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.

Accountability and Reporting

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

And will report matters of relevance to the following:

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

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

Date of approval: [] 2022

Version: []

Date of review: []

Annex 1 - ICB Delegated Functions

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

Commissioning functions

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

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

Health and care needs planning

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

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

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

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

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

5. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the PBP Plan, in so far as the plan requires the exercise of ICB functions.
6. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the Place objectives and priorities, contained within the PBP Plan and summarised at Annex 2, in so far as they require the exercise of ICB functions.
7. Overseeing the implementation and delivery of each HWB's joint local health and wellbeing strategy, in so far as the strategy requires the exercise of ICB functions.

Market management, planning and delivery

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

1. Making recommendations to the Board of the ICB / PH&I Committee in relation to health service change decisions (whether these involve commissioning or de-commissioning).
2. Approving commissioning policies in relation to the Specified Services, in line with ICB policy.
3. Approving demographic, service use and workforce modelling and planning, where these relate to ICB commissioning functions being exercised at Place.

Finance

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

1. Plan and monitor the budgets delegated to the Place ICB Sub-Committee and take action to ensure they are delivered within the financial envelope.
2. The committee will take shared responsibility, along with partners, for the health outcomes of their population, and will work with those partners to develop a shared plan for improving health outcomes and maintaining collective financial control.
3. Review and understand any variations to plan within the delegated budget and take appropriate action to mitigate these.
4. Oversee any required recovery plans in order to ensure financial balance is achieved at Place.
5. Ensure financial plans are triangulated with performance and quality.
6. Ensure any known financial risks are escalated to the ICB's Finance, Performance and Investment Committee and the ICS Executive, as appropriate.
7. Review performance of the contracts within Place, [in relation to the Specified Services,] to ensure services and activity are being delivered in line with contractual arrangements.
8. Review and understand the financial implications of new investments and transformation schemes.

9. Oversee implementation of investments/transformation schemes, ensuring financial activity, KPIs and required outcomes are delivered.
10. Review and agree any procurement decisions in relation to the Specified Services, as appropriate, in line with the ICB's Standing Financial Instructions and Procurement Policy.
11. Ensure financial decisions are taken in line with the ICB's Standing Financial Instructions.
12. In relation to financial risk share arrangements (including but not limited to section 75, 76 and section 256 agreements), the Place ICB Sub-Committee shall:
 - Review any current in year arrangements applicable to Place, ensuring that funding is spent appropriately in line with contractual agreements;
 - Review the risks and benefits of the allocation of funding and approve spend on pooled budgets based on recommendations from those leading the work and where all parties are in agreement;
 - Receive reports on the schemes funded through this mechanism to ensure it is delivering the expected outcomes and benefits;
 - Review the funding and arrangements for the subsequent financial year and ensure there is adequate governance and arrangements in Place that is consistent with other places across the ICB's area;
 - Review and make recommendations in relation to proposals for the ICB to enter into new agreements under section 75 of the 2006 Act with the local authority at Place. In accordance with the Constitution, any such arrangements must be authorised by the Board of the ICB.

Quality

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

1. Providing assurance that health outcomes, access to healthcare services and continuous quality improvement are being delivered at Place, and escalate specific issues to the Population Health & Integration Committee, the Quality Safety and Improvement Committee and/or other governance structures across the ICS as appropriate.
2. Complying with statutory reporting requirements relating to the Specified Services, in particular as relates to quality and improvement of those services.
3. In addition, the Place ICB Sub-Committee will have the following responsibilities on behalf of the ICB at Place, in relation to quality:
 - Gain timely evidence of provider and place-based quality performance, in relation to the Specified Services;
 - Ensure the delivery of quality objectives by providers and partners within Place, including ICS programmes that relate to the place portfolio.
 - Identify, manage and escalate where necessary, risks that materially threaten the delivery of the ICB's objectives at Place and any local objectives and priorities for Place.

- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
 - Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services.
 - Hold system partners to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
 - Share good practice and learning with providers and across neighbourhoods.
4. Ensure key objectives and updates are shared consistently within the ICB, and more widely with ICS and senior leaders via the ICS System Quality Group ('SQG') and other established governance structures.

Primary Care

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

1. [TBD]

Communication and engagement with stakeholders

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

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

Population health management

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

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

Emergency planning and resilience

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

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

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

[Examples]

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

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Annex 3 – ICB deliverables 2022/3

[Examples. NEL deliverables to be added once available]

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

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

ICS strategic priorities

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

ICS operating principles

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

Annex 5 – Key statutory duties under the 2006 Act

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

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