East London NHS
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC

27 April 2017

Title	**Strategic Activity Update**
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Purpose of the Report:

To provide the Board with an update on strategic activity and planning at national and local level.

Summary of Key Issues:

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	☒	The Trust's strategic and operational plans are structured around the three strategic priorities, and therefore include actions to support each priority.
Improving staff satisfaction	☒	As above
Maintaining financial viability	☒	The Trust's financial viability may be adversely affected if commissioners do not provide parity of esteem funding for mental health services

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
Various	Versions of this report have been submitted to the Council of Governors and internal Trust meetings.

Implications:

Equality Analysis	The Trust's Equality Strategy is aligned to the Trust's strategic objectives. Major service developments and CRES proposals that are included in the operational plan for 2016/17 are subject to Quality Impact Assessments.
Risk and Assurance	The development and implementation of a robust operational plan reduces risks in relation to the financial and operational sustainability of the Trust. As part of the development of the operational plan, the Board has had a session on key and emerging risks, which has been used to refresh the Board Assurance Framework.
Service User/Carer/Staff	The operational plan includes proposals to further improve the experience of service users/carers and staff.
Financial	The financial implications of this year's planning round are set out in

	the plans.
Quality	The Trust's Quality Improvement Programme is the central feature of the Trust's long term strategy and operational plans.

Supporting Documents and Research material

a. NHS England 5 year forward view
b. NHS Improvement guidance on the 2017/19 annual planning review

Glossary

Abbreviation	In full
CRES	Cash Releasing Efficiency Saving

1.0 Background/Introduction

1.1 The Trust Board has the legal power to approve the Trust's strategic plans. In developing the plans, the Board must have regard to the view of the Council of Governors.

1.2 The Trust operates in an increasingly more complex and diverse health and social care economy which is continually changing and developing the landscape of health and social care commissioning and service provision.

1.3 This report includes horizon scanning, which involves the systematic examination of potential threats, opportunities and likely future developments in order to assess the trust's readiness to respond to threats and opportunities and to ensure it remains both resilient and opportunistic.

1.4 The external drivers for change place increasing demands upon the Trust's capacity for strategic decision making, planning and management. The pace and volume of change is increasing and it is therefore important that senior decision-makers within the trust are kept abreast of strategic developments, both internally and externally. This report aims to fulfil this requirement.

1.5 The Trust is part of two Sustainability and Transformation Plan (STP) footprints, i.e. North East London, and Bedfordshire, Luton & Milton Keynes. The footprints are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and local other health and care services who together have developed Sustainability and Transformation Plans (STPs) for accelerating the implementation of the Five Year Forward View (5YFV).

1.6 The main purpose of STPs is to set out how each local area will, by 2021:

- Close the health and wellbeing gap.
- Close the care and quality gap.
- Close the financial and efficiency gap.

1.6 As part of its commitment to the STPs, the trust is required to develop and submit a two year operational plan, aligned to each of the STPs. This is referred to as the Operational Plan 2017-19.

2.0 Update on the National Context: Emerging Themes, Policies and Initiatives

2.1 In March 2017, the Department of Health issued 'The Government's Mandate to NHS England for 2017-18'. The mandate sets out the Government's objectives and requirements for NHS England, as well as its budget to help ensure the NHS is accountable to Parliament and the public. Every year, the Secretary of State must publish a mandate to ensure that NHS England's objectives remain up to date.

2.2 Headlines from NHS England (2017) *Next Steps on the NHS Five Year Forward View*

Following the mandate, the NHS England (2017) *Next Steps on the NHS Five Year Forward View* has been published, which sets out national strategy for the

next two years. The document outlines progress against the triple aim to date, and notes the following priorities for 2017/18 and beyond:

- Improving A&E performance, including upgrading the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services
- Strengthening access to high quality GP services and primary care
- Improvements in cancer services (including performance against waiting times standards) and mental health
- Accelerate service redesign locally through Sustainability and Transformation Partnerships and Accountable Care Systems
- Focus on enablers workforce, safer care, technology and innovation.

Next Steps reiterates a number of national commitments already in the public domain regarding mental health, for example (by 2019):

- 24 Hour "core 24" mental health teams in nearly half acute hospitals
- 1500 mental health therapists in primary care
- 200,000 more people accessing psychological therapies
- 4 new mother and baby units, and boost beds in existing 15 units to increase capacity by 49%
- 20 new or expanded specialist perinatal services
- An extra 49,000 children and young people being treated through NHS commissioned community services
- 150-180 new CAMHS Tier 4 specialist inpatient beds
- An extra 280,000 physical health checks for people with serious mental illness
- New Transition, Intervention and Liaison mental health services for veterans
- New specifications for mental health provision for people in secure and detained settings
- Investment in mental health provider technology through Mental Health Global Digital Exemplars.

Next Steps makes a clear commitment to developing integrated, accountable care:

Our aim is to use the next several years to make the biggest national move to integrated care of any major western country (p. 31)

It notes that PACS (1.1%) and MCPs (1.9%) have seen lower growth in emergency admissions and bed days compared with England (3.2%) from January to December 2016. To promote accountability for emergency admissions, *Next Steps* notes that Vanguard site budgets could potentially be top-sliced if they do not limit growth below the national average.

It notes that Sustainability and Transformation Partnerships will be developed to support system delivery of sustainability and transformation plans. It notes that STP's will need to proactively engage clinicians to drive change and engagement with communities and patients to mobilise collective action on health creation. It notes:

- Ø STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations.
- Ø STPs will need a basic governance and implementation 'support chassis' including a Board, a chair/leader (who are appointed via a formal process) and programme management support.
- Ø Some STPs will become Accountable Care Systems where they will get more control and freedom over the health system in their area

Next Steps commits to a number of initiatives to achieve financial balance to 2018/19, including:

- Ø Free up 2000 to 3000 hospital beds (NHS Improvement/NHS England/with local authorities) by focussing on utilising the £1bn made available in the March 2017 budget to local authorities to focus on reducing DTOC
- Ø Further clamp down on temporary staffing costs and improve productivity (NHS Improvement lead)
- Ø Use the NHS' procurement clout (NHS Improvement lead)
- Ø Get best value out of medicines and pharmacy (NHS England lead)
- Ø Reduce avoidable demand and meet demand more appropriately (PHE and NHS England lead with local authorities)
- Ø Reduce unwarranted variation in clinical quality and efficiency (NHS Improvement lead)
- Ø Estates, infrastructure, capital, and clinical support services (NHS Improvement lead and DH lead)
- Ø Cut the costs of corporate services and administration (NHS England and NHS Improvement)
- Ø Collect income the NHS is owed (NHS Improvement lead)
- Ø Financial accountability and discipline for all trusts and CCGs (NHS Improvement and NHS England)

2.3 There is an increasing trend of developing organisation form and contracting approaches across the NHS. Highlights include:

- · Approximately 50/220 CCGs are involved in mergers or shared leadership arrangements
- · Provider mergers in the mental health/community sector include SEPT/NEPT; Derbyshire community/Derbyshire Healthcare
- · Manchester "out of hospital" services have been put out to tender for a 10 year, £6bn contract; Dudley CCG have previously announced the tender of an Multi-Speciality Community Provider (MCP) contract
- · CCGs have allocated non-recurrent funding for "primary care transformation", in line with the Primary Care 5YFV

3.0 Update on Sustainability and Transformation Plans (STPs)

3.1 <u>North East London STP</u>

Since the last SDB, the North East London STP Board has considered an outline business case for Whipps Cross development, and more generally considered estates priorities across the STP footprint. The STP was required to submit a delivery plan to NHS England by 31/3/17, which includes 56 objectives against

the five STP priorities for mental health, including FYFV for Mental Health deliverables.

CCGs are being asked to hold their 1% risk reserve in order to support deficits in the acute sector.

A revised Partnership Agreement (formally Memorandum of Understanding), is attached for review and approval.

The key principles remain the same. The main changes are:

- Including the development of Accountable Care Systems in scope (section 4.1)
- A more defined list of major system changes to be considered (section 8)
- More detailed plans for stakeholder involvement, including a Community Group (Appendix A.1)

The Partnership Agreement will be refreshed on a quarterly basis.

3.2 Bedford Luton and Milton Keynes STP

BLMK has been noted in *Next Steps* as a potential national pilot site for Accountable Care System development. Work is underway in BLMK to establish the views of all system partners on the most appropriate next steps in ACS development, with interviews taking place with the senior leaders of each organisation. Work on the development of out of hospital service design is underway within each of the three STP patches.

The ACS is expected to involve the development of a mental health network.

4.0 Update on the Operational Plan 2017-19

4.1 The trust was required to re-submit financial information to NHSI by 27th March.

4.2 The trust submitted a plan that will deliver a surplus of £4.5m in 2017/18 and 4.5m in 2018/19.

4.3 Directorate are being asked to refresh their local operational plans.

4.4 The feedback from the consultation with members and governors was presented and discussed at a Trust-wide event in March. The key priorities identified were as follows:

- Improving communication
- Prevention and early intervention
- Ensuring access for all service users, including disabled, LGBT and older people
- Effective CAMHS services
- Integrated pathways of care and good transition arrangements
- Focus on recovery orientated practice
- Support for carers

4.5 These priorities will be incorporated into the plan and a formal response will be issued to the Council.

5.0 Update on Strategic Partnership activity

5.1 Bedfordshire

- The Trust developing partnerships with other local providers in order to deliver high quality integrated care

5.2 Newham

- The Trust will be supporting Newham GP Federation in its development, initially through the Executive Director of Commercial and Business Development conducting a scoping exercise and acting as their CEO.

5.3 City & Hackney

- The City & Hackney CCG and the Local Authority have approved proposals to deliver integrated commissioning, including pooled budgets. The Trust will be represented on a Transformation Board which will develop proposals for service provision.

5.4 Luton

- The Trust developing partnerships with other local providers in order to deliver high quality integrated care

5.5 Tower Hamlets

- The Trust has commenced providing community health services under an alliance contract with involves the Tower Hamlets Together partnerships (Barts Health, GP federation, Local Authority and ELFT).

5.6 Meeting with NHS Improvement (NHSI)

- Lord Carter and his team visited the Trust and met with the Executive Team to discuss the operational productivity programme or Carter programme, the result of the recommendations in the Carter Review. The Trust will be participating in the development of national metrics for mental health and community health care trusts.

6.0 Action being requested

6.1 The Board is asked to:

- **RECEIVE** and **NOTE** the report for information
- **DISCUSS** and **APPROVE** the revised North East London Partnership Agreement

East London Health and Care Partnership

Partnership Agreement

Version 2.10

31 March 2017

1. Purpose

This Partnership Agreement describes how the health and social care partners in East London (EL) (listed in **Appendix D**) will co-operate as The East London Health and Care Partnership (ELHCP), setting out the partnership arrangements to support the implementation of the East London Sustainability and Transformation Plan (EL STP).

This Partnership Agreement, built on the EL STP Memorandum of Understanding (MOU), is separate to the East London Sustainability and Transformation Plan (STP). Sign- off or endorsement of the overarching STP will take place on an individual organisational or borough level.

PART 1 – PARTNERSHIP ARRANGEMENTS

2. Introduction

Delivering the Forward View NHS Planning Guidance 2016-17 to 2020-21 released in December 2015[1] set out a requirement for local areas to come together develop a shared five-year sustainability and transformation plan.

The launch of the sustainability and transformation planning process signalled a new paradigm, with a move towards greater local co-operation including the need to work in the partnership to develop strategy and change at a local level.

In response to this guidance 20 organisations across East London – in The City of London, Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest - have been working together to develop the EL STP:

- The EL STP describes how these Parties will co-operate to turn the ambitions of the NHS Five Year Forward View into reality and deliver the vision of better health and wellbeing, improved quality of care and stronger NHS finance and efficiency.

The EL STP acts as a system level plan for change supported by and aligned to a number of local plans to address certain challenges, such as:

- City and Hackney (CH): Hackney devolution pilot, bringing providers together to deliver integrated, effective and financially sustainable services.
- Barking and Dagenham, Havering and Redbridge (BHR): bringing together health and social care services under a single local accountable care system (devolution pilot)
- Newham, Tower Hamlets and Waltham Forest (WEL): "Transforming Services Together" programme to improve the local health and social care economy.

[1] Delivering the Forward View, NHS Planning Guidance 2016-17 to 2020-21, NHS England, December 2015, https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

An initial set of governance arrangements was established to oversee and manage the development of the draft EL STP that was submitted to NHS England and NHS Improvement on 30 June 2016.

Following this submission the programme moved into the next phase, focused on detailed planning and the mobilisation and implementation of the delivery programmes. The partnership arrangement now needs to be updated to reflect these changes agreed by the STP Board in focus and branding, so that it supports the prioritisation of the different elements of the EL STP projects.

3. Objectives of the ELHCP Partnership arrangements

The objectives of the ELHCP Partnership arrangements are to:

- Support effective collaboration and trust between commissioners, providers, people and carers to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the EL system
- Provide a robust framework for system level decision making, and clarity on where and how decisions are made on the development and implementation of the EL STP
- To review and ensure clinical sustainability of services at STP level
- Provide clarity on system level accountabilities and responsibilities for the EL STP
- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations in East London
- Enable collaboration between Parties to achieve system level financial balance over the 5 year STP timeframe and deliver the system control total (once agreed), while safeguarding the autonomy of organisations
- Ensure learning and capacity building across the three accountable care systems.

4. Scope of the ELHCP Partnership arrangements

4.1. In scope

- Partnership arrangements for the East London STP
- Partnership arrangements for the implementation of the STP schemes defined in the East London STP
- Alignment with the wider health system plans and partnership , including devolution programmes and regional boards
- Development and operation of the partnership arrangements for the EL STP Financial Strategy to achieve the system control total
- Support the development of Accountable Care Systems to enable working towards a sustainable health economy by moving away from tariff based system to a capitation based system to achieve financial stability and to incentivise the right clinical behaviours

4.2. Out of scope

- Organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities
- Local partnership arrangements for the delivery of local (non-East London wide) programmes:
    - Hackney devolution pilot
    - Barking and Dagenham, Havering and Redbridge (BHR) Accountable Care System (devolution pilot)
    - Transforming Services Together programme.

5. Principles for the ELHCP Partnership

The development of effective system level partnership arrangements, mobilisation and implementation of the delivery programmes in the EL STP requires collaboration and active engagement (where relevant) from all Parties to ensure the interests of all Parties are appropriately represented.

A key aspect of this process is the agreement of a common set of principles for partnership ways of working and culture. Accordingly, the Parties have adopted the following as a basis for collaborative working between the parties:

- ELHCP Principles (as set out below)
- ELHCP Financial Principles (agreed by the Finance Strategy Group in March 2017 as set out at **Appendix B**)
- The Nolan Principles (as set out at **Appendix B**)

ELHCP Principles

- **Participation**: Representation and ownership from health and social care organisations ('The Parties'), local people and lay members to clearly demonstrate collaborative and representative decision making
- **Collaboration**: All Parties will work collaboratively to deliver the overall EL STP strategy, in the best interests of the wider system and local people
- **Engagement**: Local people will be engaged and involved in the ELHCP governance to ensure their views and feedback are considered in the decision making processes. This engagement should operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups)
- **Accountability**: Define clear accountabilities, delegation procedures, voting arrangements and streamlined governance structures to support continuous progress and timely decision making. Delegation of work to the groups with the relevant expertise and authority to deliver it

- **Autonomy**: Recognise the autonomy of the Parties (health and social care partners) of the ELHCP Partnership. Operate in a manner that is compliant with legal duties and responsibilities of each constituent organisation and the NHS and Local Authorities as a whole (e.g. legal responsibility for consultation on service changes). Ensure alignment with the local organisations' governance and decision making processes recognising statutory and democratic procedures

- **Subsidiarity**: Ensure subsidiarity so that decisions are taken at the most local level possible, and decisions are only taken at a system level where there is a clear rationale and benefit for doing so

- **Professional Leadership**: Demonstrate strong professional leadership and involvement from clinicians and social care to ensure that decisions have a robust case for change and senior level support

- **Accessibility**: Ensure complete transparency in all decision making to support the development of mutual trust and openness between organisations. Provide the necessary assurance to system partners on key decisions. Collaborative working and information sharing between working groups to ensure consistency.

- **Good Governance**: Recognise that good system level governance will require robust planning and horizon scanning to ensure that proposals are presented to the statutory organisations in a timely way, that align with their local governance and decision making processes. However, where necessary local organisations will try to be flexible to support the system level governance.

6. Governance structure

The current proposed governance structure for the ELHCP Partnership is included in **Appendix A**.

This appendix also includes draft summary terms of reference for the key governance groups in this structure, which will be refined further by the groups.

7. Voting rights and process

Voting rights and processes will be defined in relevant terms of reference.

8. Major system changes

The key system level decisions that will fall under the scope of the ELHCP Partnership arrangements are outlined below.

This list will be updated from time to time to reflect the latest set of EL system level decisions:

- Approval of the EL STP

- Budget for the EL STP programme

- System level financial strategy and system control total

- Whipps Cross Hospital re-development strategy

- Changes to King George Hospital Emergency Department
- The relevant elements of the East London Mental Health strategy
- The relevant elements of the East London Primary Care strategy
- East London system level estates plan
- The approach to specialised commissioning for the East London sector
- Risk pooling principles and financial arrangements
- Delegation in place to allow Tower Hamlets CCG Remuneration Committee to approve Very Senior Management posts on behalf of all the other ELHCP CCGs.
- Decisions about capital allocations

PART 2 – MISCELLANEOUS LEGAL PROVISIONS

9. Liability

This Partnership Agreement describes arrangements for aligned decision making of the Parties which they agree is necessary to achieve the objectives in Clause 3.

Parties agree that the governance bodies set up under this Partnership Agreement do not have any authority to make binding decisions on behalf of the Parties and that each Party (and not the governance bodies) will retain liability for the actions of the relevant Party.

10. Duration of the Partnership Agreement

This Partnership Agreement replaces shadow arrangement and takes effect from 1 April 2017.

The Parties expect the duration of the Partnership Agreement to be for the period of 2017-2021 in line with the duration of the STP or otherwise until its termination in accordance with Clause 14.

11. Effect of the Partnership Agreement

This Partnership Agreement does not and is not intended to give rise to legally binding commitments between the Parties.

The Partnership Agreement does not and is not intended to affect each Party's individual accountability as an independent organisation.

Despite the lack of legal obligation imposed by this Partnership Agreement, the Parties:

- Have given proper consideration to the terms set out in this Partnership Agreement; and
- Agree to act in good faith to meet the requirements of this Partnership Agreement.

12. Subsidiarity

The Parties acknowledge and respect the importance of subsidiarity.

The Parties agree for the need for many decisions to be made as close as possible to the people affected by them.

13. Dispute resolution process

All Parties will make every effort to work collaboratively in the best interests of the East London system, and to avoid disputes. Should disputes arise the parties will follow the agreed dispute resolution process to resolve the disputes as quickly as possible and to minimise impact on delivery.

Individual Party's concerns should be raised in the first instance with the Independent Chair of the ELHCP Partnership Board. This should be in writing clearly stating the basis of the concerns, including where applicable the concerns and the rationale behind the dispute.

The Independent Chair will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the Independent Chair will propose a formal resolution process, which may involve reference to national guidance and best practice.

14. Termination

Each Party may terminate its participation in this Partnership Agreement by giving the other Parties no less than 30 days' notice in writing.

The Independent Chair will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the Independent Chair will propose a formal resolution process, which may involve reference to national guidance and best Practice. Parties may terminate the Partnership Agreement with the written agreement of all of the Parties.

15. Law

This Partnership Agreement will be governed by the laws of England and the courts of England will have exclusive jurisdiction.

16. Review process

This Partnership Agreement will be reviewed and updated from time to time to enable good practice governance to be recognised and built upon to identify and address areas for development.

17. Code of conduct

The Finance Strategy Group has agreed ELHCP principles which are listed in **Appendix B**.

The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The seven Nolan principles are listed in **Appendix B**.

The Parties are asked to adopt these above principles as the basis for collaborative working across the partnership arrangements.

18. Amendment

Parties agree that this Partnership Agreement may be varied only with the written agreement of all of the Parties. Such amendments will be included in an addendum/appendix to this Partnership Agreement.

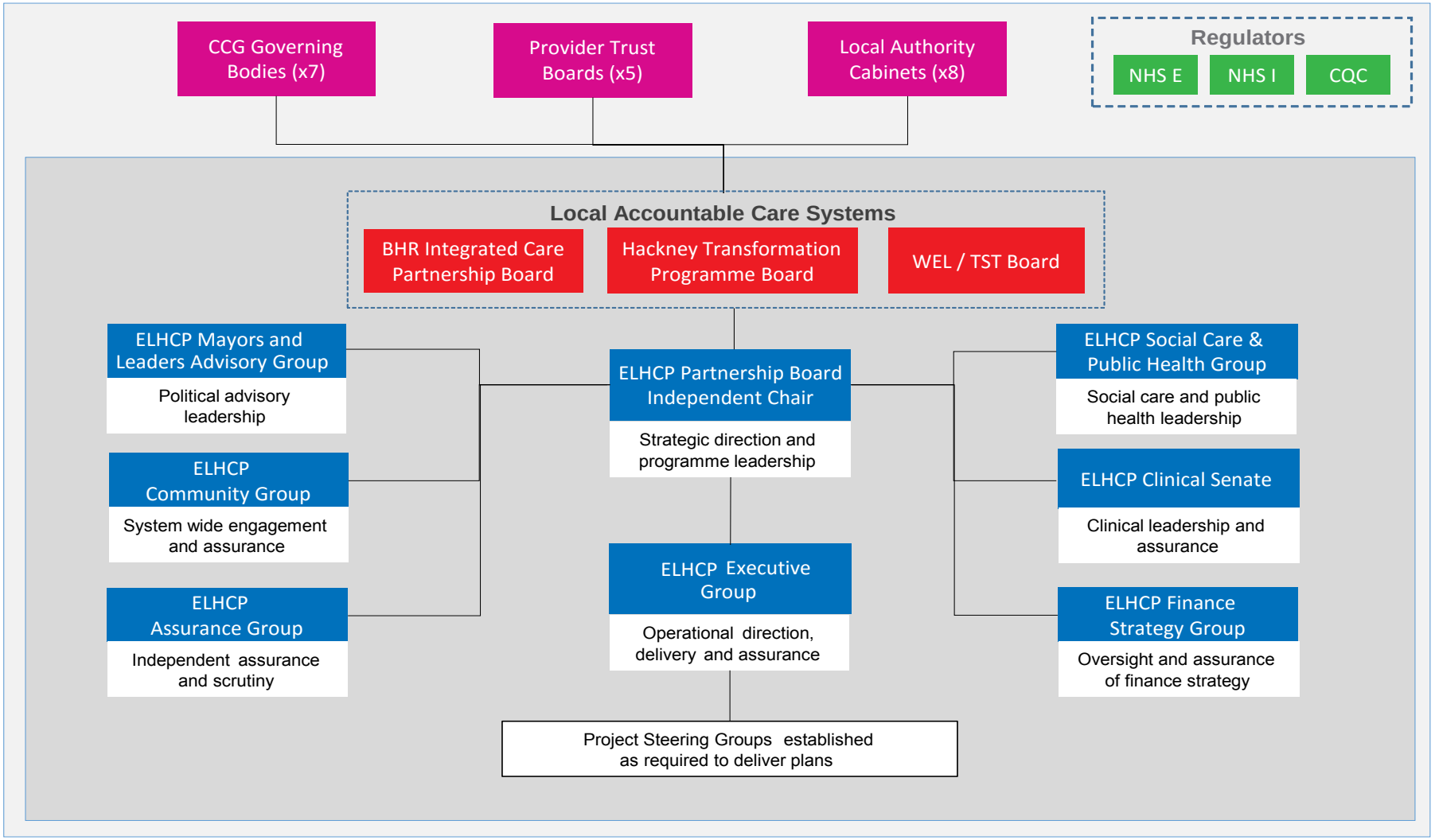
Appendices

Appendix A – Governance
Appendix B – Principles
Appendix C – Roles
Appendix D – Sign off by the Parties

Appendix A.1 Governance Structure for the East London Health and Care Partnership

East London Health & Care Partnership

Governance structure



Appendix A.2 Draft Terms of Reference for ELHCP Governance Groups

A 2.1 Draft Terms for Reference for the ELHCP Partnership Board

Purpose

- To provide strategic direction to the ELHCP STP programme (based on the decisions by the statutory organisations)
- To oversee and assure the delivery of all elements of the ELHCP STP Plan
- To address / resolve escalated system-level risks and issues
- To generate effective partnership working and a sense of common purpose between the system partners
- To provide oversight and assurance of the funding for the ELHCP STP programme
- To approve initiatives/frameworks/tests/plans/collaborative commissioning/standards

Membership

- 1 x Independent chair
- 1 x ELHCP STP Executive Lead
- 1 x Chief Executive of Barts Health NHS Trust
- 1 x Chief Executive of the Homerton University Hospital Foundation Trust
- 1 x Chief Executive of Barking, Havering and Redbridge University Hospital NHS Trust
- 1 x Chief Executive of East London Foundation Trust
- 1 x Chief Executive of North East London Foundation Trust
- Nominated Representative/s of East London Commissioners (CCGs)
- 1 x Chair of Local Workforce Action Board[1]
- 2 x Co-Chairs of the Clinical Senate
- 1 x Acute Sector Clinician[2]
- 1 x Mental Health Sector Clinician[2]
- 2 x Nominated representative from the Community Group
- 1 x Local Authority Chief Executive representative from Barking, Havering, Redbridge area
- 1 x Local Authority Chief Executive representative from City and Hackney area
- 1 x Local Authority Chief Executive representative from Tower Hamlets, Waltham Forest, Newham area
- 1 x Representative from the Mayors and Leaders Advisory Group
- 1 x Representative from a Director of The Social Care and Public Health Group

Additional Attendees / Advisory

- Representatives of GP federations
- 1 x HealthWatch observer
- 1 x representative from the ELHCP Finance Strategy Group
- 1 x NHS England representative (regulator)
- 1 x NHS Improvement representative (regulator)
- 1 x NHS England Specialised Commissioning representative
- 1 x Local Authority representative for prevention commissioning
- 1 x Health Education England representative
- 1 x UCLP

[1] The chair of the Local Workforce Action Board (LWAB) will be represented as an accountable office of one of the Parties

[2] Endorsed by the ELHCP Clinical Senate

Quorum

At least three quarters of the membership of the ELHCP Partnership Board, including:

- An Independent Chair (or an agreed deputy)
- 1 x acute trust representative
- 1 x mental health trust representative
- 1 x CCG representative
- 1 x Clinical Senate representative
- 1 x Local Authority representative
- 1 x Community Council representative

Voting arrangements

This is a unitary board, where motions will be passed by a majority vote, where a majority is defined as at least three quarters of the votes cast.

In advance of any vote all voting members must declare any potential conflicts of interest. The Independent Chair will decide on whether any potential conflict of interest should preclude a member from voting on a particular issue.

Reporting

This ELHCP Partnership Board reports and is accountable to the statutory organisations in the ELHCP system

Frequency

Monthly. Alternative month seminar meeting.

Under exceptional circumstances extra ordinary meetings of the ELHCP Partnership Board may be arranged.

Requests for extraordinary board meetings must be raised to the Independent Chair for consideration.

A.2.2 Draft Terms for Reference for East London Health and Care Partnership (ELHCP) Executive Group

Purpose

- Provide operational direction and assurance to the delivery of the STP plan, ensuring it provides high quality, sustainable integrated care for the people of East London (EL)
- Provide a forum for the Executive Group to identify and appraise solutions and options for addressing the major system-wide service, quality and financial challenges. Ensure a pipeline and forward plan/work programme of to take forward solutions.
- Provide oversight and assurance to the key governance groups in the ELHCP governance that report into the Executive Group, reviewing quality, operational delivery, transformation, performance and financial management.
- Hold Senior Responsible Officers (SROs) to account for the development and delivery of the STP delivery plans, addressing the service, quality and financial challenges
- Ensure opportunities for bidding for transformational funding are maximised and provide oversight to bid.
- Provide oversight and assurance to the Finance Strategy Group in developing the financial strategy
- Assure the collective delivery of Quality, Innovation, Productivity and Prevention (QIPP)/Cost Improvement Programme (CIP) across the system, providing oversight to the three system delivery Boards.
- Drive the delivery of the EL STP programme at pace
- Manage risk and mitigation plans, escalating key risks and issues to the East London Health and Care Partnership (ELHCP)Board
- Oversee the development of a programme of organisational development (at system level) to support the strengthening of the ELHCP and the delivery of the STP
- Identify the key messages and communications required to enable local people and staff in EL to understand the ambitions and impacts of the STP on health and care services and outcomes
- Ensure adequate resource is available to support the ELHC STP programme of work, including providing oversight to the sourcing of support external to EL from other parts of the wider system, e.g. Healthy London Partnership, NHS England/Improvement resources.
- Analyse the gap in the system

Membership

- 1 x ELHCP STP Executive Lead(Chair)
- 1 x ELHCP STP Finance Lead
- 1 x Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust
- 1 x Chief Executive, Homerton University Hospital Foundation Trust
- 1 x Chief Executive, Barts Health NHS Trust
- 1 x Chief Executive, East London NHS Foundation Trust
- 1 x Chief Executive, North East London NHS Foundation Trust
- 1 x Chief Executive, London Borough of Waltham Forest, ELHCP LA Lead & representing the Waltham Forest and East London (WEL) system
- 1 x Chief Executive, London Borough of Hackney, representing the City and Hackney system
- 1 x Chief Executive, London Borough of Havering, representing the Barking, Redbridge and Havering system
- 1 x Chief Officer, Barking, Havering and Redbridge CCGs
- 1 x Chief Officer, Newham CCG
- 1 x Chief Officer, Tower Hamlets CCG
- 1 x Chief Officer, City and Hackney CCG
- 1 x Chief Officer, Waltham Forest CCG

- 1 x BHR & WELC POD Director, North East London and Anglia Commissioning Support Unit
- 1 x ELHCP STP Programme Director
- 1 x ELHCP STP Director of Communications
- 1 x ELHCP STP Director of Provider Collaboration
- 1 x representative from the Clinical Senate

Reporting

Reports and is accountable to the ELHC Partnership Board

The following groups report to the Executive Group:

- Operating Planning Group
- Finance and Activity Group
- Transformation Steering Group (TSG) (N.B. The steering groups associated with the 8 delivery plan work streams report into the TSG e.g. Local Workforce Action Board, Digital etc.)
- The delivery Boards for the three systems: City & Hackney, WEL, BHR

Frequency

Monthly

Quorum

Chair of the group or the delegated member to represent the chair.

2 x Chief Executives of provider trusts

3 x Chief Officers of CCGs

1 x Chief Executive of LA

3 x ELHCP Directors

Deputies

Where members of the group are unable to attend a specific meeting, deputies with executive level accountabilities may be substituted.

Standing Items

Reports from:

- Operating Delivery Group
- Finance and Activity Group
- Transformation Steering Group (N.B. The steering groups associated with the 8 delivery plan work streams report into the TSG e.g. Local Workforce Action Board, Digital etc.)
- The delivery Boards for the three systems: City & Hackney, WEL, BHR
- Items as required on: communications and engagement, OD, governance

A.2.3 Terms for Reference for ELHCP Clinical Senate

Purpose

- To develop the clinical strategy that will deliver the requirements set out in the East London Sustainability and Transformation Plan, considering the three main areas that the STP addresses:
    - The health and wellbeing gap
    - The care and quality gap
    - The financial gap
- Not only addressing current issues but addressing needs beyond the horizon of the 5-Year Forward View
- To ensure that this strategy reduces the variation in care with the aim of giving every resident of East London access to the same standard of care and chances of good health and good healthcare outcomes; it being understood that local delivery systems will vary in structure and function
- The Clinical Senate will look for cost-effective solutions that free up resource to be directed to appropriate priority areas
- Their advice should support the development of appropriate commissioning and contractual arrangements
- To ensure that quality and safety of care is properly considered in its work and recommendations and provide relevant assurance especially around reconfiguration and service redesign
- To oversee arrangements for measuring the access to and quality of care on a systematic basis across key results areas to enable benchmarking
- Discuss options for changes to services, making joint recommendations to the Boards of the various NHS Organisations across East London, both commissioner & provider;
- To monitor system issues or vulnerable services
- To work together to identify system solutions
- To design and recommend clinical change to the Transformation Steering Group for initiative work-up

Principles

- To be ambitious for the population we serve and act as their advocates
- To be a collaborative coalition of professionals who can think, advocate and advice beyond the walls of our individual organisations to support this common purpose, in so doing gaining understanding of the whole care pathway
- Provide a forum where collective knowledge on clinical issues and strategic options for reconfiguration and transformation can be shared and discussed
- Provide a mechanism for increased participation and advice from clinicians and other professionals in strategic direction setting in East London
- Thus being able to lead transformational change across the whole care pathway
- To attend regularly, contribute regularly and be encouraged and supported to do so and to build a powerful, authoritative, collaborative body
- To be focused, use our time wisely and complete our business effectively
- Seek and commission expert advice from within East London and beyond as necessary and look to learn from successes here and elsewhere
- To commit to develop as leaders and visibly support the development of clinical leadership among the wider body of clinicians in East London
- To demonstrate that we can deliver recommendations for transformational change to build confidence in our capability

Membership

Co-chair, Appointed from CCG Chairs below

Co-chair, Appointed from Medical Directors below

CCG Chair, City & Hackney CCG

CCG Chair, Tower Hamlets CCG

CCG Chair, Newham CCG

CCG Chair, Waltham Forest CCG

CCG Chair, Havering CCG

CCG Chair Barking and Dagenham CCG

CCG Chair, Redbridge CCG

Medical Director, Barts Health NHS Trust

Medical Director, Homerton University Hospital Foundation Trust (HUH)

Medical Director Barking, Havering and Redbridge University Hospital NHS Trust (BHRUT)

Medical Director, East London Foundation Trust (ELFT)

Deputy Medical Director North East London Foundation Trust (NELFT)

NHS England Medical Director for North East London

NHS England Medical Director for Specialised Commissioning London

Director of Nursing, Barts Health NHS Trust

Director of Nursing, HUH

Director of Nursing, BHRUT

Director of Nursing, ELFT

Director of Nursing, NELFT

A GP provider lead – nominee to be agreed by GP Federations

A Director of Adult Social Services

Director of Public Health, Newham STP PH Lead

SRO, Transformation Programme ELHCP STP

STP and Accountable Officer BHR CCGs

Queen Mary University London Representative

UCL Partners

CAG Medical Directors Barts Health Hospital Sites (N=3)

Nurse Directors Barts Health Hospital sites (N=3)

Decision Making & Quorum

Quorum: At least 1 Co-chair 2 CCG Chairs and 2 Provider Directors (Medical or Nursing), SRO (or their representatives), and ensuring all three of the local areas are represented

Administration and Handling of Meetings

The ELHCP STP PMO will be responsible for providing administrative support to the meeting and for circulating agenda and papers at least seven days in advance of the meeting taking place.

Frequency, conduct and reporting of Meetings

- There should be an annual planned work programme that sets out the priorities based on the Sustainability and Transformation Plan that is agreed with the STP Programme Board.
- Meetings should be held 2-monthly to synchronise with the STP Board.
- In alternate months the Clinical Senate should meet to discuss key clinical issues related to other STP programmes, for political awareness and horizon scanning and to support its development
- The Chair and the SRO for Transformation supported by any other Clinical Senate Members present, will present findings and recommendations to the STP programme board so that accountable officers can consider and enact them as individual organisations and in the collaborative systems emerging in north eat London
- Each paper presented should have clear rationale in regard to the above and clearly set out what decisions are required
- A clear annual work programme based on transformation programme with clear links to STP deliverables; this should include “quick wins”
- Ensure appropriate interaction and alignment with other work programmes the particularly the Workforce Programme through specific papers but through regular updates and attendance which could be scheduled into the work programme
- The clinical senate should continuously reflect on its effectiveness and could briefly review this at the end of each meeting and could use local resources such as the Staff College to support this
- Action notes from each meeting will be taken and approved at the subsequent meeting. Action notes will be forwarded to the Integrated Care Coalition (ICC), Transforming Services Together Board (TSTB) and Hackney Health and Social Care Transformation Board.

Resources

- Members of the Clinical Senate will be supported in their attendance and work by their individual organisations and these roles are not additionally remunerated
- Administrative and analytic support will be provided by the STP Programme and through its PMO.
- The Co-chairs are expected to commit one day a month each to the programme, again resourced by

their organisation

Accountability/Governance

The clinical Senate is accountable to the East London Health and Care Partnership Board.

A.2.4 Terms for Reference for Social Care and Public Health Group

Purpose

- To provide professional leadership and assurance in social care and public health
- ToR to be confirmed by the Group in 2017.

Membership

- Directors of Public Health
- Directors of Social Care
- Other TBC

Quorum

To be confirmed

Reporting

Advisory to ELHCP Partnership Board.

The Group will provide a social care and public health view on all issues before these are presented to the ELHCP Partnership Board (and these meetings will be scheduled to enable this flow of business).

Frequency

To be confirmed

A.2. 5 Draft Terms for Reference for ELHCP Finance Strategy Group

Terms for Reference for ELHCP Finance Strategy Group

Purpose

- To lead the development of the ELHCP integrated financial strategy
- To provide strategic direction on the approach to achieving the overall system control total making recommendations to the ELHCP Board for onward recommendation to partner governing bodies/boards.
- To oversee and make recommendations on the allocation of the Sustainability and Transformation Funding including Estates and Technology Transformation funding
- To manage the central CCG risk pool and other matters as requested by the STP Board

Membership

- 1 x ELHCP STP Independent Chair
- 1 x ELHCP STP Executive SRO
- 1 x ELHCP STP Finance Lead
- 5 x Trust Directors of Finance
- 3 x CCG representatives
- 2 x Audit Chair
- 1 x NHSE London Finance Director
- 1 x NHSI representative
- 3 x nominated Local Authority Director of Finance

Reporting

Reports and is accountable to the ELHCP Partnership Board

Frequency

Bi-monthly / quarterly

A.2.6 Draft Terms for Reference for the ELHCP Community Group

Purpose:

The Community Group is established as a subgroup of the East London Health and Care Partnership. Representing key partners and stakeholders, community (patient and public involvement groups) and the Voluntary Community Social Enterprises sector, its purpose is to act as a reference group to the Partnership – helping it to develop strategies, plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences.

The Group will be formed of key organisations and individuals, who through their pooled knowledge, skills and expertise of the east London health and care landscape, can bring a unique perspective on the changes that may be needed in order to achieve the Partnership's goal of helping the people of east London live happy, healthy and independent lives.

In its capacity, the Group will have the scope to contribute to decisions taken at Board or Executive level, through Group member representation at the Board and any other relevant committees or groups.

Aims:

1. To collaborate with the wider Partnership (i.e. Board, other committees and member organisations) acting as a reference group for the development of strategies, plans and activities;
2. To recommend the most appropriate ways in which the Partnership should seek to engage, involve, consult and collaborate with local people;
3. To support effective Partnership communications and engagement activity, especially through the Group members' existing channels;
4. To support the Partnership's STP delivery plans and priorities

The STP delivery plans are: Delivery plan 1 - Promote prevention and personal and psychological wellbeing in all we do; Delivery plan 2 - Promote independence and enable access to care close to home; Delivery plan 3 - Ensure accessible quality acute services ; Delivery plan 4 - Provider Productivity; Delivery plan 5 - Estates Infrastructure; Delivery plan 6 - Specialised Commissioning; Delivery plan 7 - Workforce; Delivery plan 8 - Digital Enablement

Objectives:

An initial objective of the Group will be to review and agree the purpose, proposed structure and ways of working. This will also be reviewed and agreed on an annual basis.

More broadly, and once the Group is formally established, its longer terms objectives as a reference group and communications and engagement network are outlined below.

1. Devise an effective working model for the Group to engage with the wider Partnership;
2. Ensure the interests of the organisations and groups/bodies the Group represents are epitomised;
3. Work closely with the Partnership's communication and engagement leads to ensure information and communication/ engagement activity and inputs are well designed and effective, adhere to best practice, and reach intended audiences;
4. Contribute to policy development through the creation of time limited reference groups, which considering how specific goals and challenges of the STP can best be met, taking information and views from external groups.

Accountability and Reporting Arrangements:

The Group is accountable to the Partnership Board.

The Group will have two nominated representatives at every Partnership Board; however, there may be occasions where representation from more than two Group members is required, for example, to present/update on a specific piece of work.

The Board will nominate one representative (other than the Group representative) to attend Group meetings. Equally, a nominated representative from one of the other committees may be required to attend Group meetings.

Membership:

The proposed membership takes account of the various patient/public groups, voluntary, community and third sector organisations, specialist charities, education, business and professional representatives (such as the Police). Each organisation is invited to put forward two members that will represent them at the Community Group. Members should be at a senior level within their organisations, and have a comprehensive understanding of the health and social care agenda, at a local, regional and national level.

The full Group will be expected to meet at least twice a year. Outside of the formal Annual General Meeting type meetings, there is an expectation that relevant members will meet to deliver or support more focused pieces of work, including undertaking equalities impact assessments e.g. around Prevention.

The membership has been grouped within their relevant sector.

1. Patient/public groups	2. Voluntary/third sector/specialist orgs	3. Community group
• Healthwatch • Patient Advisory Board • Patient Participation Networks	• Age UK • Stroke Association • Diabetes UK • Cancer Research UK • Macmillan Cancer • British Heart Foundation • Mind • Alzheimer's Society • Community Waltham Forest	• Faith Groups
4. Education	**5. Business**	**6. Professional/other**
• Queen Mary University • Youth Parliament • University of East London • Local Colleges • Local Schools	• Chambers of Commerce • East London Business Alliance • Canary Wharf Group • City of London	• London Ambulance Service • Police • Fire Service • Local Medical Committee • Local Pharmacy Committee • Local Opticians • Staff-side Representatives/Unions • Independent Influencers • Foundation Trust Council/s • Equalities Group/s

Nomination and the Role of the Chair, Vice Chair and Sub-Group Leaders:

The Community Group must nominate a chair and vice chair. It will ultimately be for the Group to decide the process for doing this; however a suggestion could be through a ballot process.

The Group might also want to nominate two chairs; one representing the patient voice and the second, representing the professional, statutory and business organisations. These are essentially the two overarching and distinct membership groups of the Group. They might comprise both a chair and vice chair.

The Chair/s or vice chair/s represent the Group at Programme Board level, and as such represent the interests and consensus view of the Group.

Sub-group leaders will be selected by members for discreet, targeted pieces of work. They will be responsible for leading the delivery for a specific project, and will feed back to the Programme Board and the wider Group on the outcomes/outputs of their work.

Quorum:

While the Group is not a formal decision making body, and more of a reference group, it is suggested there be a quorum for meetings of the whole Group – namely 50% membership, including at least the Chair or Vice Chair.

Frequency of Meetings:

It is suggested the Group will meet twice a year unless otherwise agreed. Any sub-groups of the Group may meet more often as appropriate.

Authority:

The Group is authorised to investigate any activity within its terms of reference. It is authorised to seek and may secure the information it requires from any Partnership organisation and all employees are directed to co-operate with any request made by the Group.

Monitoring Effectiveness:

In so far as is required, in order to support the continual improvement of the Group will complete an annual self-assessment of the effectiveness of the Partnership; present a report to each Partnership Board meeting; and undertake an annual review of the terms of reference for the Group, reaffirming its purpose and objectives. This Group will review the results of the assessment of its effectiveness and adjust its terms of reference accordingly.

Review of Terms of Reference:

The terms of reference will be reviewed annually and sent to the Board for ratification.

Additional:

The Partnership communications and engagement team will coordinate and provide administrative support to the principal meetings of the Group. However, any sub-groups of the Group may need to nominate one of its members (on a rotational or static basis) to coordinate and administer its own activities.

The Group will have access to the East London Health and Care Partnership's dedicated online resource – the Briefing Room – and will be able to use all available materials for their communication and engagement activity. Members of the Group will be able to submit content to the Briefing Room but would need to adhere to the site's editorial style and protocol and seek approval from the Partnership communications and engagement.

A small budget may be available from the East London Health and Care Partnership for the facilitation of meetings.

A.2.7 Draft Terms for Reference for ELHCP Assurance Group

Purpose

- To provide independent challenge and assurance to the ELHCP STP Board on the STP Plan and its delivery.
- To provide independent assurance to the constituent organisations within the ELHCP STP about the objectivity and transparency of the STP Plan and its delivery.

Membership

- NHS Trust audit chairs (5 members).
- CCG audit chairs (7 members, currently 4).
- Local Authority audit chairs (7 members).

Reporting

- To the ELHCP STP Board.
- To the Boards, Governing Bodies and Councils of the constituent organisations within the ELHCP STP. This would be through the audit chair of each organisation or other arrangements to be determined locally.

Remit

- Assess the effectiveness of the Board Assurance Framework established by the ELHCP STP, including commenting as necessary on developing governance and accountability arrangements.
- Assess compliance with the Memorandum of Understanding (MoU) agreed by the ELHCP STP.
- Assess the adequacy of the arrangements established to account for the funds available to the ELHCP STP from the NHSE and constituent organisations.
- Ensure that there are effective arrangements in place for the external and internal audit of the resources available to the STP.
- Assess the arrangements established by the ELHCP STP to secure economy, efficiency and effectiveness in the use of resources.
- Assess the effectiveness of the arrangements established to manage conflicts of interests that might arise.

The Group may, as necessary, request the attendance of any ELHCP STP officer or Board member to a `meeting of the Group to seek explanations about the issues under consideration.

Frequency

- At least four times a year.

Quorum

- A minimum of three members, including at least one audit chair from an NHS Trust, a CCG and a local authority.

Resources

- ELHCP STP officers to provide support and advice to the Group as requested.

A.2.8 Terms for Reference for Mayors and Leaders Advisory Group

Purpose

- To provide a forum to represent the views of political leaders in East London on the ELHCP Partnership
- To provide feedback to the ELHCP Partnership Board on elements of the plan
- To provide a forum for political engagement on the EL STP

Membership

- Leader or nominated representative of London Borough of Waltham Forest[1]
- Mayor or nominated representative of London Borough of Hackney[1]
- Chair of Policy & Resources Committee or representative of City of London Corporation[1]
- Mayor or nominated representative of London Borough of Tower Hamlets[1]
- Mayor or nominated representative of London Borough of Newham[1]
- Leader or nominated representative of London Borough of Barking and Dagenham[1]
- Leader or nominated representative of London Borough of Havering[1]
- Leader or nominated representative of London Borough of Redbridge[1]
- Independent EL STP Chair

Reporting

Advisory to the ELHCP Partnership Board

Frequency

Quarterly

[1] To be nominated by the respective local authority

Appendix B – Principles

In addition to the ELHCP Principles in Section 5, the Parties have adopted the following:

- ELHCP Financial Principles (agreed by the Finance Strategy Group in March 2017)
- The Nolan Principles

B.1. ELHCP Finance Principles

The following principles were approved by the Finance Strategy Group in March 2017:

All members of the ELHCP Partnership pledge the following:

B.1.1 System Control:

Commitment to delivering a system control total.

B.1.2 Openness and transparency:

Openness and transparency, with all parties agreeing to share information.

B.1.3 Shared objectives:

A shared objective of mutual support. Joint and shared accountability for system income & expenditure (I&E) between providers and commissioners and shared mutual responsibility and accountability for the control of operational expenditure.

B.1.4 Accountability:

That providers and commissioners are equally accountable for planning and managing the delivery of care in a way that meets demand and delivers constitutional standards.

B.1.5 Clinical strategy:

That commissioning, service planning and transformation must be based on a clinical strategy that is constrained within a determined financial envelope.

B.1.6 Incentives:

Current payment systems do not incentivise delivery of improved outcomes. Changes to the reimbursement of patient pathways is needed to incentivise whole system efficiency and effectiveness and improved outcomes delivered through better system integration.

B.1.7 Transformation Programme:

A clinical transformation programme must be jointly owned by providers and commissioners. It must be operationalised and delivered by provider clinicians and operational professionals and they must be properly resourced, incentivised and held to account for delivery.

B.1.8 Compensation:

Where key strategic decisions may be in the best interests of the patient but may have a differential impact on individual organisations, the beneficiaries of any change must fairly compensate the losing entity.

B.1.9 Transitional support:

Transitional support must enable acute providers to deal with stranded costs associated with moving to new models of care.

B.1.10 Prevention:

Prevention and upstream investment need to be prioritised to enable our residents to lead healthier lives.

B.2 The Seven Nolan Principles

B.2.1 Selflessness:
Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

B.2.2 Integrity:
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

B.2.3 Objectivity:
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

B.2.4 Accountability:
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

B.2.5 Openness:
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

B.2.6 Honesty:
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

B.2.7 Leadership:
Holders of public office should promote and support these principles by leadership and example.

Appendix C – Roles of the governance bodies

1. Partnership Board

The ELHCP Partnership Board will:

a) approve the EL STP;
b) review and update the EL STP, when necessary;
c) prepare a EL STP programme plan, which will:
    - convert the high level EL STP into individual projects;
    - prioritise the projects taking into the account, for example, the following:
        - **benefits** - which projects are "low hanging fruit', which can be implemented quickly and simply
        - to achieve a material benefit and which projects will lead to the greatest benefits;
        - **funding** - which projects do not require funding, which projects do require funding, but the
        - funding can be procured and which projects require funding and the funding will not be
        - available at this stage;
        - **dependencies** - which projects have dependencies upon the implementation of other projects;
        - **complexity** – which projects are complex and might be better implemented once the Parties have more experience of working together;
    - allocate projects to different phases, starting with phase 1;
    - offer an initial view as to which Parties may be interested in each relevant project or whose services may
    - be affected by the project e.g. if the project affects acute care;
    - communicate the programme plan and the reasoning behind it clearly to the Parties;

d) prepare a communication plan, which will generate effective partnership working and a sense of common purpose between the Parties;
e) circulate "Lessons Learned" reports from the ELHCP Project Boards, with its comments.

2. ELHCP Clinical Senate/ ELHCP Finance Strategy Group/ ELHCP Community Group/ ELHCP Assurance Group

The **ELHCP** Clinical Senate/ **ELHCP** Finance Strategy Group/ **ELHCP** Community Group/ **ELHCP** Assurance Group will:

a) provide advice to the EL STP on all matters referred to in Paragraph 1; and
b) on request, provide advice to the EL STP Project Boards.

Appendix D – Sign Off by the Parties

Through signing this East London Health and Care Partnership Agreement the Parties listed below will:

- Agree to the objectives in this document and work collaboratively to achieve these
- Agree to the partnership principles and processes outlined in this document
- Recognise the partnership structure outlined in this document for the ELHCP and support this locally

The signatories to this Partnership Agreement should be properly authorised to represent their respect organisations in entering into the commitments outlined in this document.

Signed on behalf of:	Signature:	Name:	Title:	Date:
Barking and Dagenham CCG				
Barts Health NHS Trust				
Barking, Havering and Redbridge University Hospitals NHS Trust				
City and Hackney CCG				
City of London Corporation				
East London NHS Foundation Trust				
Havering CCG				
London Borough of Barking and Dagenham				
London Borough of Hackney				
London Borough of Havering				
London Borough of Newham				
London Borough of Redbridge				
London Borough of Tower Hamlets				
London Borough of Waltham Forest				
Newham CCG				
North East London NHS Foundation Trust				
The Homerton University Hospital NHS Foundation Trust				
Tower Hamlets CCG				
Redbridge CCG				
Waltham Forest CCG				

ENDS