Hackney

NHS
City and Hackney
Clinical Commissioning Group

Meeting-in-common of the City & Hackney Clinical Commissioning Group and London Borough of Hackney Integrated Commissioning Boards (Second Dispatch)

Meeting on Thursday 13 August 2020 9.30 am

Until further notice, this meeting will be held remotely

1. London Borough of Hackney Integrated Commissioning Board Agenda (Second Dispatch) (Pages 1 - 128)

Contact Alex Harries, Integrated Commissioning Governance Manager – alex.harries2@nhs.net;

1	**London Borough of Hackney Integrated Commissioning Board Agenda**	(Pages 1 - 22)

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

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

City & Hackney Local Outbreak Board

Joint Meeting in public of the two Integrated Commissioning Boards and the Community Services Development Board on
Thursday 13 August 2020
09:30-10.00
Microsoft Teams

Join Microsoft Teams Meeting

Chair – Cllr Christopher Kennedy

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	
2.	**Declarations of Interests**	Chair *For noting*	Verbal	-	
3.	**Questions from the Public**	Chair	None	-	09:30
4.	**Standard Operating Procedures**	Sandra Husbands *For noting*	Paper	2-6	09.30
5.	**Finance Report**	Sandra Husbands *For noting*	Paper	7-10	09.40
6.	**Covid Intelligence Presentation**	Diana Divajeva *For noting*	Presentation	11-17	09.50

Date of next meeting:

10 September, Format TBC

Hackney

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City and Hackney Clinical Commissioning Group

Title of report:	***LOCP Update - Standard Operating Procedures***
Date of meeting:	9 August 2020
Lead Officer:	Dr Sandra Husbands, Director of Public Health
Author:	Kiran Rao
Committee(s):	Local Outbreak Control Board
Public / Non-public	Public

Executive Summary:

The purpose of the report is to update the board on the development of a whole suite of standard operating procedures (SOPs) to demonstrate our preparedness to local businesses, organisations and communities by having these published, reviewed and used in a timely and effective manner.

By 12th August we will have published 9 SOPs in total for the following high risk settings: workplaces; education and schools; primary care (GPs); CQC registered care settings, non-CQC registered care, accommodation based support, day centres and at home (domiciliary) care settings; places of worship; transport hubs; takeaway and mobile catering; and rough sleeper settings.

Recommendations:

The **City and Hackney Local Outbreak Control** is asked to **NOTE** the report.

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

- To **NOTE** the report;

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

- To **NOTE** the report;

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	x	

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	x	Working collaboratively across the whole system, including the community and voluntary sector (and with local businesses) to respond to the local impact of the Coronavirus pandemic
Empower patients and residents	x	Empowering patients, residents, communities and staff with knowledge and understanding about how to reduce the risk of COVID-19, prevent/reduce the spread of infection and how to respond in the event of a possible/suspected outbreak

Specific implications for City

To provide accurate and useful standard operating procedure guidance for high risk settings in the City.

Specific implications for Hackney

To provide accurate and useful standard operating procedure guidance for high risk settings in Hackney.

Patient and Public Involvement and Impact:

Consultation has been completed with all single points of contact and stakeholders in City and Hackney to develop SOPs. Consultation has taken place with service users, for example, from businesses in the City to multi faith forums, including the Hackney Faith Forum.

Clinical/practitioner input and engagement:

Where appropriate, working groups that have clinical expertise have been involved in designing and signing off SOPS.

Communications and engagement:

Communications and stakeholder engagement is underway with all published SOPs. Communication leads for City and Hackney have distributed the SOPS via communication channels and single points of contact will be leading on stakeholder engagement with the support of the SOP working group. Communications will be amplified on phase 2 publication (12th August) with joint and improved communications across City and Hackney including enhanced internal systems to ensure each SOP is shared through all channels. **Comms Sign-off** Nathan Rodgers, Xenia Koumi - City of London, Tara Hudson - London Borough of Hackney

Equalities implications and impact on priority groups:

No specific equalities impacts have been identified

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

None

Main Report

Background and Current Position

The City and Hackney local outbreak control plan (LOCP) is underpinned by standard operating procedures (SOP) that operationalise the plan in various settings and contexts. SOP guidance is in production to ensure that accurate and useful information is provided to high risk settings. Each SOP provides information for prevention, mitigation and control of coronavirus. We explain how the test and trace system works locally in relation to the symptomatic individual(s) and to the setting. We also describe how support is activated by Public Health England London Coronavirus Response Cell (PHE LCRC) and City and Hackney Public Health with multi-agency partners. The guidance is intended to keep the setting safe and enables key individuals to know what to do in the event of symptomatic cases of coronavirus in their setting. Information aligns with national guidance, where possible, and includes frequently asked questions (FAQs).

Individual/ collective responsibilities and external support are described in easy to follow flowcharts and queries, support and early warning requests are directed to a local, centralised email service **testandtrace@hackney.gov.uk** which is fully operational.

The SOPs specify that each setting needs a single point of contact, to both receive information from the local authorities in relation to the SOP and/or LOCP. From late August we will further induct all Single Points of Contact (SPoCs). SPoCs conduct stakeholder engagement and resolve escalated queries via the email support service. We are also considering additional support services, for example, surgery sessions for businesses and other settings. From September onwards we will be testing these SOPs and using them in context to scenario planning. The following SOPs have already been completed and published: care homes; education and schools; primary care; and workplaces (generic). By early September further SOPs for the following high risk settings will be published and/or used internally: bars and restaurants; retail and close contact businesses; libraries; places of worship (including a specific SOP for the Charedi community); community clusters and mass gatherings.

The test and trace inbox has a management system with a rota of staffing that provides a 24 hour on call response to every query raised. A senior consultant is on duty to answer more complex queries and to accelerate concerns through an internal governance structure. A spreadsheet is completed to record all emails received and tasks and actions are recorded. We have good practice agreements in place, with crib sheets and supporting materials to effectively resource this service.

Conclusion

By early September we aim to have published a total of 15 SOPs and 2 internal only SOPs for high risk settings. We are communicating and engaging with high risk settings using these SOPs and have good systems in place to provide an email service and to review SOPs in line with national guidance changes.

Supporting Papers and Evidence:

SOP workplan to timeline Gantt chart to illustrate progress made

Sign-off:

Dr Sandra Husbands, Director of Public Health

Title of report:	*LOCP Finance Report*
Date of meeting:	9 August
Lead Officer:	Dr Sandra Husbands, Naeem Ahmed, Mark Jarvis
Author:	Sandra Husbands
Committee(s):	Local Outbreak Control Board
Public / Non-public	Public

Executive Summary:

Local authorities in England were allocated £300 million to support local work to prevent and manage outbreaks of COVID-19. These "Test and Trace" grants were based on the public health grant allocations and the City of London Corporation received £146,484, while the London Borough of Hackney received £3,100,891. This funding will enable both organisations to develop and implement tailored local Covid 19 outbreak plans. Both grants are being managed by the Director of Public Health, with decisions on spend being overseen by the COVID-19 Health Protection Board (which includes finance partners from both the City and Hackney) and scrutinised by this committee.

Anticipated spend is £913k to date for Hackney and £49k to date for the City of London.

As additional responsibilities for testing and contact tracing continue to be devolved to local level, and there will likely be further demands on this budget. The HPB will submit regular, monthly finance reports to the LOCB, so that the board can be assured that there is appropriate use of the funds, in line with the grant conditions.

Recommendations:

The **City and Hackney Local Outbreak Control Board** is asked to **NOTE** the report

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

- To **NOTE** the report;

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

- To **NOTE** the report;

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

Deliver a shift in resource and focus to prevention to improve the long term	☐	

Hackney

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

Specific implications for City

Specific implications for Hackney

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

	Test and Trace related spend	Anticipated spend 2020/21 Cost	Anticipated spend 2021/22 Cost	Anticipated spend Total Cost	Actuals Actuals to date	Actuals System commitments	Comments
1	Programme Manager	90,000		90,000		12,500	Costs based on Programme Manager in-post till the end of the FY. Cost to be split 80:20 with the CoL
2	PH Consultant (1 year fixed term contract)	117,074	39,025	156,098	0		80:20 cost split with Co: (Chief Officer 3) - commences on 1st July 2020.
3	Pan-London Outreach Testing - ADPH London	13,755		13,755	0		
4	VCS Test and Trace Programme	389,725	278,375	668,100			Agreed by the Health Protection Board.
5	Tableau software platform for COVID dashboard	17,000	17,000	34,000	0		Agreed by the Health Protection Board
	Communication costs including photography, leaflet creation + distribution and advertising costs	3,840			2,010	1,830	Comms plan agreed by the Health Protection Board
		631,394	**334,400**	**961,953**	**2,010**	**14,330**	

Supporting Papers and Evidence:

Appendix 1. Letter: Local Authority Test and Trace Service Support Grant Determination (2020/21) [No 31/5075].

https://drive.google.com/file/d/1AMwKGbMz9oa5r8zUrIu8RXwdeeROzgh3/view?usp=sharing

Sign-off:

Dr Sandra Husbands, Director of Public Health

Finance
London Borough of Hackney: Naeem Ahmed, Head of Finance

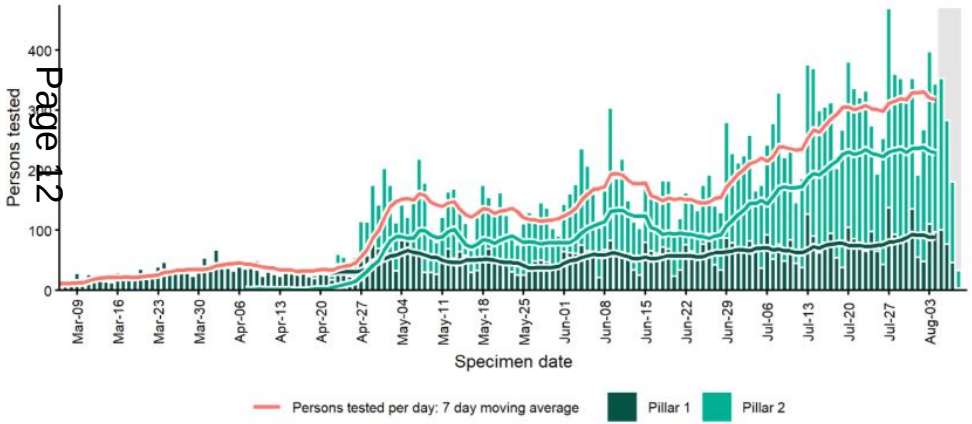
City of London Corporation: Mark Jarvis,

COVID-19 report to the Local Outbreak Board

Prepared by the City and Hackney Public Health Team
13 August 2020

Recent figures suggest that nearly three times more tests are now done in the community (Pillar 2) with a positivity rate of 2.8% compared with 0.7% for Pillar 1

Numbers of persons tested for Covid-19 cases daily in Hackney, by specimen date (up to August 8 2020)*



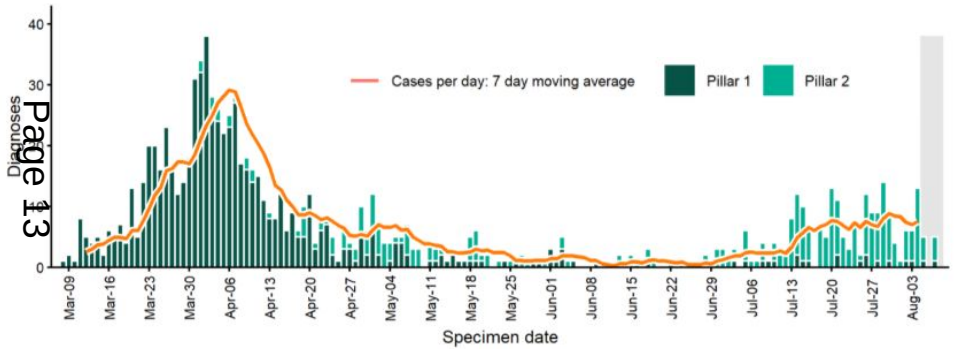
*4 most recent days subject to reporting delay - indicated by grey background

Data source: Public Health England

- The number of Covid-19 tests conducted through both Pillar 1 and 2 has increased month-on.
- In March and April 2020 the vast majority of tests was carried out via Pillar 1; in the following months, most tests were carried out via Pillar 2 route.
- Up to 8 of August a total of 22,459 were performed in Hackney: 8,183 were Pillar 1 and 14,276 Pillar 2.
- In the most recent fortnight (up to 8 of August), the number of Pillar 2 tests was nearly three times higher the number of Pillar 1 tests in Hackney: 3,039 versus 1,122, respectively.
- The latest fortnight data also show that tests done via Pillar 2 have higher positivity rate compared with Pillar 1: 2.8% versus 0.7%, respectively.

After a significant decline in the number of new Covid-19 cases in City and Hackney, an increase in cases was noticed starting July 2020

Epidemic curve of daily confirmed COVID-19 cases over time in Hackney, by specimen date (up to August 8 2020)*

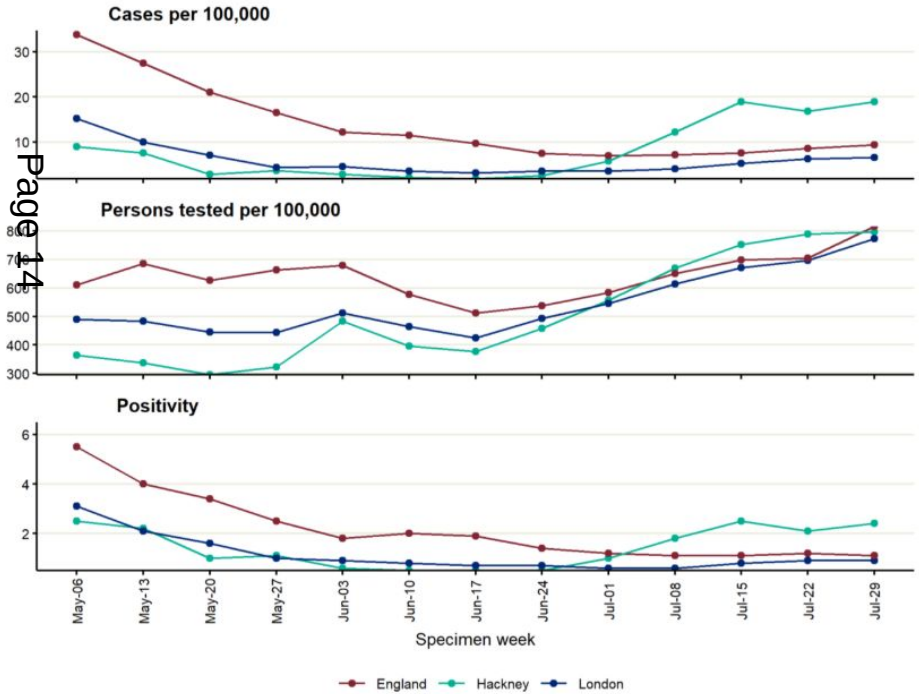


*4 most recent days subject to reporting delay - indicated by grey background

- The number of new Covid-19 cases registered in City and Hackney each day peaked in late March and beginning of April.
- The lowest number of daily cases were registered throughout June with the total of 30 cases that month.
- The number of new cases started increasing in July; the total number of new Covid-19 cases in July was 178.
- In the last 14 day period (25 July to 7 of August) there were 96 new cases in City and Hackney.
- This is comparable with the previous 14 day period (11 to 24 of July) when 95 new Covid-19 cases were diagnosed.

Data source: Public Health England

Starting July, crude incidence rates per 100,000 population in City and Hackney were higher than London and England average rates

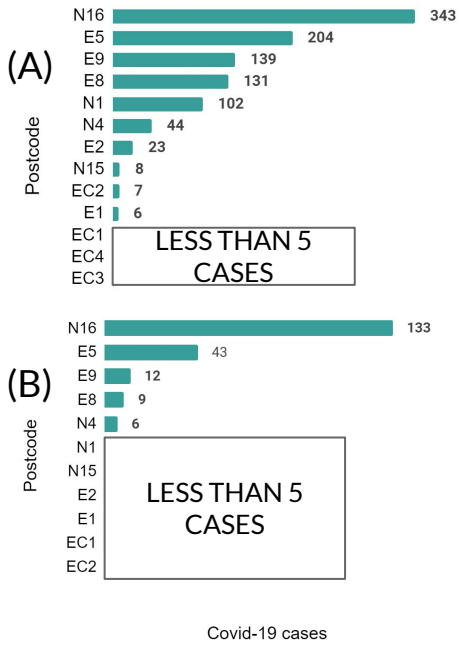


Data source: Public Health England

- The crude incidence rates per 100,000 population in City and Hackney were lower than England average rates until the end of June.
- In July, the incidence rates in Hackney surpassed the national and regional averages and remain higher than London and England incidence rates.
- The rate of testing per 100,000 population is currently comparable to the rates in London and England overall.
- Similarly to the incidence rate, the positivity rates have increased since July and are currently higher than those in London and England.

N16 and E5 postcode areas in Hackney accounted for 82% of all the new cases registered between July and 7 of August

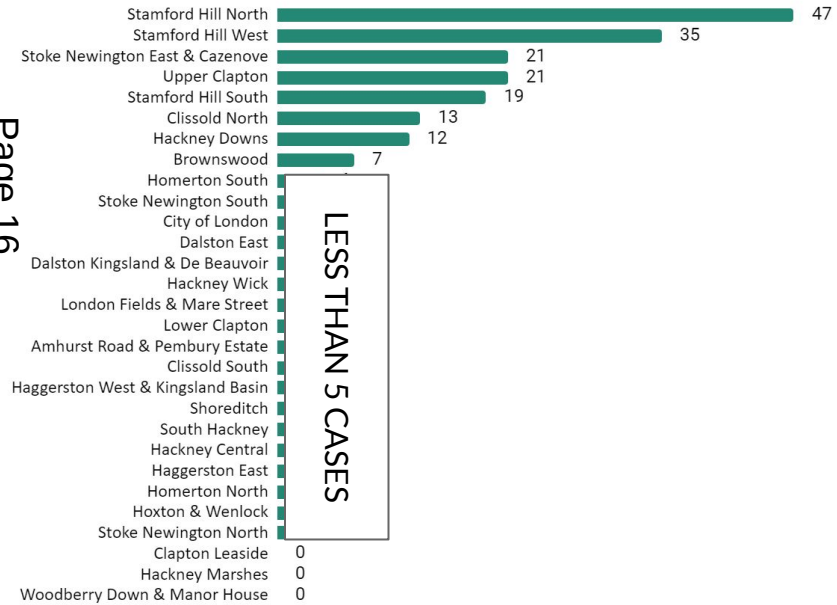
Total Covid-19 cases up to 7 of August (A) and cases between 1 of July and 7 of August (B), by postcode area



Data source: Public Health England.

- The following five postcode areas accounted for the 91% of all Covid-19 cases registered to date:
  - N16 - 343 (34%)
  - E5 - 204 (20%)
  - E9 - 139 (14%)
  - E8 - 131 (13%)
  - N1 - 102 (10%)
- Two postcode areas in Hackney accounted for 82% of all the new cases registered between July and 7 of August:
  - N16 - 133 (62%)
  - E5 - 43 (20%)

Eight Hackney MSOAs in the north of the borough accounted for over 80% of the total 216 cases since 1 July

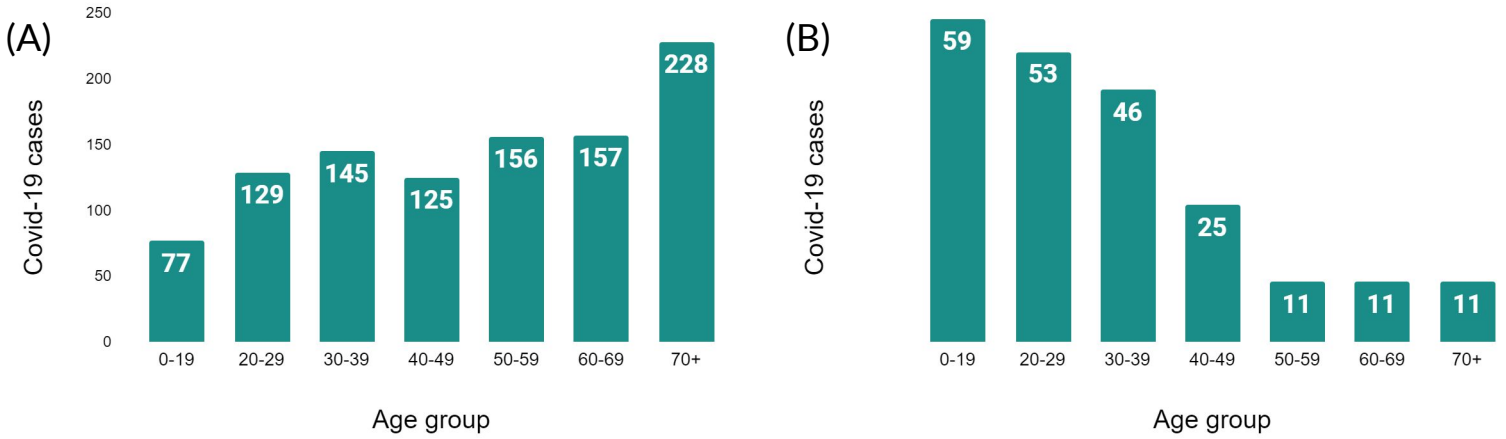


- Eight Middle Super Output Areas (MSOAs) in the north of the borough accounted for 175 (81%) new Covid-19 cases since 1 July
- The number of new cases in the remaining Hackney MSOAs and the City of London was either less than five or none
- The top five MSOAs with the highest cumulative number of Covid-19 cases up to 7 of August are:
    - Stamford Hill North, 83
    - Stamford Hill West, 68
    - Stoke Newington East & Cazenove, 57
    - Haggerston West & Kingsland Basin, 49
    - Stamford Hill South, 49

Data source: Public Health England. Definitions: A Middle Layer Super Output Area (MSOA) is a geospatial statistical unit used in England and Wales to facilitate the reporting of small area statistics. The mean population of a MSOA is 7,200, with a minimum population of 5,000.

Unlike the age distribution of all Covid-19 cases to date, most of the recent cases are diagnosed among the youngest age group

Total Covid-19 cases up to 7 of August (A) and cases between 1 of July and 7 of August (B), by age



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Notes from the extended ICB development session held on July 24th (1345 to 1545)

Aims for the session

- To consolidate on what has been learned about collaboration over the Covid-19 period and how we put that to use as we move forward.
- To understand the future relationship between the City and Hackney local system and the NEL One CCG.
- To identify areas where we are agreed on the new arrangements for collaboration at the operational and strategic level.
- To be clear on the follow up actions and timescales.

Points raised

- We need a focus on how we address the issue of inequalities as a system and ensure that we are population health-focused. Equalities needs to be at the forefront of our thinking, not an afterthought.
- There needs to be a much greater focus on the wider determinants of health and we need to set out how our new operating model and governance can support this.
- There is a need for further clarity on how people will be held to account in the new NEL system.
- The Group were positive about how partners worked together during Covid-19 and recognised the need to take some of that way of working and apply it to working together in future.
- An element of urgent, crisis response will need to be maintained and may need to be increased at certain points if there are local spikes.
- The balance needs to be right for both NEL and City and Hackney – anything that does not work for us locally is not fit for purpose.
- There needs to be more clarity about how PCNs will be at the heart of the new system and how PCN Clinical Directors will have a voice in the new governance arrangements.
- An element of urgent, crisis response will need to be maintained and may need to be increased at certain points if there are local spikes.
- There are concerns raised by clinical managers that staff could become burned-out in the event of further spikes or waves of COVID-19.
- More clarity is required about where the voice of the patient/the public/democratic representation is heard in the new system.
- COVID-19 is not the first and will not be the last pandemic. New infectious diseases will emerge and each of them will be high-consequence and require us to change our ways of working.

Points arising from the input on the future NEL – ICS Relationship

- The CCG is not disappearing but operating across a larger geography. Commissioning will change to be largely focused on population health planning.
- Whilst the single NEL CCG will hold the allocation for North East London it will delegate the vast majority of the funding to the three Integrated Care Partnerships. An 80:20 approach to delegation of resources was suggested. It was also suggested that this principle of delegating as much as possible to Integrated Care Partnerships should be enshrined in the NEL constitution,
- NEL will also take on some of the assurance duties currently undertaken by City and Hackney CCG. It will also take on some of the assurance role currently done at a London or national level.
- Responsibility for some areas of specialised commissioning are likely to move from a national level to NEL.

- NEL would not be able to delegate legal duties, as this would require a delegation from one statutory body to another. The idea is that the City and Hackney ICP would be a meeting-in-common of NEL CCG and LA partners. Provider partners as part of an alliance working within the Neighbourhood Health and Care Board could join this meeting with appropriate conflict management, much as it is now.
- We need to first think about how we aid services in City & Hackney and then consider how we do so outside of City & Hackney. We should locally have an opportunity to manage the pathway, including referrals that go outside the local geography.
- It would be helpful to understand, very clearly, our authority levels and budget responsibilities. Without this we run the risk of things being removed from local decision-makers if circumstances change.
- We also need to consider not just what is held at the system level but what we can delegate even further down to neighbourhood levels.
- Technically speaking, NHS England has authority to overrule CCG decision-making as it currently stands, but does not. It is not anticipated that there would be widespread overruling of decision-making by the centralised NEL team.

Reflections from group discussions

ICPB / Strategic Reflections

- Having a reduction in social and health inequalities as a guiding principle for our system is ambitious but right.
- The structure needs to enable us to have more fruitful and useful conversations that is not only medically-driven. Clinical input is valued but the language we use should not be at the expense of other partners.
- There is a great opportunity offered by bringing providers and commissioners closer together for the purposes of planning, quality improvement and system finance and performance management.
- We need more emphasis on patient leadership, they currently don't feel like equal partners in the proposed structure.
- There are still open questions around who is responsible for what, how this will impact on decision-making and financial sharing arrangements.
- Centralising and moving to a partnership board seems to be the way forward. There is some concern that this will repeat the dysfunction of the Transformation Board. There is agreement around objectives we have set for the system. We then need to focus on simplicity of access for the system.
- The boards should be set up so they are not merely debating chambers. The ICPB should set strategic objectives and monitor performance and support culture change.
- There is also a concern that there are difficult conflicts of interest if the lead officer has responsibility for the ICPB budget and their own institutions budget.

NHCPB / Operational Reflections

- We need to greater clarity on how PCNs and their Clinical Directors will be at the heart of this new way of working.
- There is an open question regarding the extent to which PCNs are able to input into decision-making and determine what is best for their own local populations.
- Some clarity over what we all mean by integration would be helpful. Is it pooling of resources or working more closely together?
- There is a great foundation to build on this and a huge amount of goodwill.
- The diagrams may be overly cold and technical. We need to build patients and neighbourhoods into the hierarchy of the governance charts.

- As a local system, we need to have freedom to act and take decisions to address the needs of our residents. We should not go back to transactional contracting and need to find a way to do that as a system.
- Providers and commissioners need to be empowered to work together and across organisational boundaries.

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