

## **Meeting-in-common of the City & Hackney Clinical Commissioning Group and London Borough of Hackney Integrated Commissioning Boards**

**Meeting on 11 June 2020 10 am**

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- 1 London Borough of Hackney Integrated Commissioning Board Agenda** (Pages 1 - 64)

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# Agenda Item 1

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

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

**Joint Meeting in public of the two Integrated Commissioning Boards on  
Thursday 11 June 2020, 10.00 – 12.00  
Zoom**

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Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	10.00
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	3-8	
3.	Questions from the Public	Chair	None	-	
4.	Minutes of the Previous Meeting & Action Log	Chair <i>For approval</i>	Paper	9-18	
<b>Covid-19 response</b>					
5.	ICB Development	Carolyn Kus <i>Update</i>	Verbal	-	10.05
6.	Homelessness Update	Siobhan Harper <i>For discussion</i>	Paper (from previous meeting)	19-21	10.10
7.	Phase Two Update	David Maher <i>For discussion</i>	Paper (to follow – 05/06)	-	10.30
8.	Prevention Workstream Transformation:	Jayne Taylor	Paper	22-31	10.45

	<ul style="list-style-type: none"> <li>• Making Every Contact Count</li> <li>• Community Navigation</li> <li>• Find Support Services</li> </ul>	<i>For endorsement</i>			
9.	<b>Reward &amp; Recognition Policy</b>	Jon Williams  <i>For approval</i>	Paper	32-58	11.15
10.	<b>Test, Track &amp; Trace Update</b>	Sandra Husbands  <i>Update</i>	Briefing (to follow)	-	11.30
11.	<b>Provider Alliance Update</b>	Jonathan McShane  <i>Update</i>	Verbal (Paper to follow 08/06)	-	11.45
<b>For information items</b>					
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	IC Glossary	59-63	-

**Date of next meeting:**

**9 July, Zoom**

Integrated Commissioning  
2020 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	07/11/2019	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
Asian Women's Resource Centre	Trustee & Chairperson	Non-pecuniary interest				
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
					Partner works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	01/03/2019	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Centre for Couple Relationships	Director	Non-Pecuniary Interest
				Southwark Giving	Chair	Non-Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest				
Early Intervention Foundation	Trustee	Non-Pecuniary Interest				
n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest				
Gary	Marlowe	25/06/2019	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
Tower Ward Club	Member	Non-Pecuniary Interest				
Christopher	Kennedy	25/06/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
Local GP practice	Registered patient	Non-Pecuniary Interest				
Dhruv	Patel	12/08/2019	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				P&A Developments	Company Secretary	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP J P Morgan American Investment Trust PLC Ord	Pecuniary Interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of Building Engineers	Member	Non-Pecuniary Interest
				Institution of Engineering and Technology	Member	Non-Pecuniary Interest
				City & Guilds of London Institute	Associate	Non-Pecuniary Interest
				Association of Lloyd's members	Member	Non-Pecuniary Interest
				High Premium Group	Member	Non-Pecuniary Interest
				Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest



Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	31/05/2019	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
					Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
Chats Palace	Board Member	Non-Pecuniary Interest				
Carol	Beckford	09/07/2019	Transition Director	Hunter Health Group	Agency Worker	Non-Pecuniary Interest
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer	Hackney Council for Voluntary Service	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest
			Member	Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.		Non-financial personal interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director	Pecuniary Interest
					<ul style="list-style-type: none"> <li>- CHCCG Neighbourhood Involvement Contract</li> <li>- CHCCG NHS Community Voice Contract</li> <li>- CHCCG Involvement Alliance Contract</li> <li>- CHCCG Coproduction and Engagement Grant</li> <li>- Hackney Council Core and Signposting Grant</li> </ul> <p>Based in St. Leonard's Hospital</p>	

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

**and**

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

**Minutes of meeting held in public on 14 May 2020**  
**Microsoft Teams**

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure	London Borough of Hackney
Cllr Caroline Selman	Cabinet Member for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	CCG Chair	City & Hackney CCG
David Maher	CCG Managing Director	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

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

**In attendance**

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney
Gary Marlowe	Governing Body GP member	City & Hackney CCG

Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Commissioning Programme Convenor	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Golledge	Neighbourhoods Programme Lead	City & Hackney CCG
Nina Griffith	Unplanned Care Workstream Director	City & Hackney CCG
Ruby Sayed	Deputy Chair, Children and Community Services Committee	City of London Corporation
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Dr. Stephanie Coughlin	Clinical Lead	Homerton Hospital
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Tim Shields	Chief Executive	London Borough of Hackney
<b>Apologies – ICB members</b>		
Jane Milligan	Accountable Officer	NELCA
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Children's Social Care	London Borough of Hackney
<b>Other Apologies</b>		
Mark Jarvis	CFO	City of London Corporation

## 1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. The Chair, Randall Anderson, opened the meeting.
- 1.2. Apologies were noted as listed above.
- 1.3. Randall Anderson noted that this was the first formal ICB since the granting of Royal Assent to the Coronavirus Act 2020 and publication of secondary legislation enabling the Board to take decisions virtually.

## 2. DECLARATIONS OF INTERESTS

2.1. Jake Ferguson declared an interest in relation to the Neighbourhoods item as the HCVS were named in the paper.

2.2. **The City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. **The Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

**3. QUESTIONS FROM THE PUBLIC**

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

**4. MINUTES OF PREVIOUS MEETING AND ACTION LOG**

4.1. **The City Integrated Commissioning Board:**

- **APPROVED** the minutes of the Joint ICB meeting held in public on 13 March 2020.
- **NOTED** the updates on the action log.

4.2. **The Hackney Integrated Commissioning Board:**

- **APPROVED** the minutes of the Joint ICB meeting held in public on 13 March 2020.
- **NOTED** the updates on the action log.

**5. ICB Terms of Reference**

5.1 The ICB Terms of Reference had been submitted to the Board for endorsement. The changes were the addition of a paragraph noting that the Board would meet virtually. There had also been minor amendments made to portfolio titles of members.

5.1 **The City Integrated Commissioning Board**

- **ENDORSED** the revisions to the Terms of Reference.

5.2 **The Hackney Integrated Commissioning Board**

- **ENDORSED** the revisions to the Terms of Reference.

**6. Covid-19 Response – Phase 2 Guidance**

6.1 David Maher introduced the paper. Points raised in introduction included:

- Elective activity had been stepped down and patients in hospital had, as far as appropriate, been discharged back into community services.
- There is an expectation that there will be at least one more Covid-19 peak as we move out of lockdown.
- There will, in future, be a differentiation between covid and non-covid patients in hospital and community settings.
- Services were likely to remain virtual by default unless there was a clear clinical justification and benefit.

- The ICB had a crucial role to play, particularly in addressing health inequalities going forward.
- Some of the detail of this is still being worked-through with stakeholder input, in particular political membership and acute chief executives.
- Primary care treatment hubs were in place throughout Hackney. There had been initial issues with high levels of staff being required to shield (due to being vulnerable to complication from covid-19) or go into self-isolation (due to having covid-19 symptoms). This had since subsided.
- There had been a concerning spike in suicides during the lockdown. All suicides were of people who had been known to mental health services.
- There will be quite a lot of work taking place over the summer on moving towards a single CCG structure.

## Discussion

6.2 Jake Ferguson raised the issue of health inequalities. We need a collective system response to this as BAME individuals had been disproportionately represented in covid-19 deaths. The ICB should have a co-produced strategy to address health inequalities. David Maher responded that there was a lot of work to be done on understanding the covid-19 impact on BAME communities and individuals. The Neighbourhoods teams would be well set-up to deal with this, however it was an iterative process.

- **It was agreed that a dedicated paper on health inequalities be brought back to the ICB for either June or July.**

6.3 Several attendees raised the issue of digital exclusion. It is important to realise that the “digital first” approach was a legitimate response to a serious pandemic, however we need to think about how we move forward and re-instate a degree of face-to-face work.

6.4 Gary Marlowe also expressed concern at the move towards a very centralised way of delivering services. This may be justifiable in terms of covid-19 but there was a risk of destabilising district general hospitals.

- **David Maher would bring back an update to the next meeting on what the ICB role would be in Phase 2 of the covid-19 response.**

6.5 In terms of likely future demand on mental health services, David Maher stated that there was currently a comprehensive staff offer. There was a growing acknowledgment that demand for mental health services had not been as high as anticipated and the reasons for this were not yet clearly understood. There was work ongoing to try and understand this.

### 6.6 The City Integrated Commissioning Board

- **NOTED** the update.

### 6.7 The Hackney Integrated Commissioning Board

- **NOTED** the update.

## 7. Covid-19 Hospital Discharge Service – Variation to S75 Agreements

7.1 The item was introduced by David Maher. He noted that this system was constantly changing and due to the need to move at pace, our engagement with partners had not been as good as it could have been.

7.2 Gary Marlowe responded to a question on whether discharged patients needed to be tested for coronavirus. He stated that whilst technically a test was required, there were instances where people were being discharged and placed before results came through.

7.3 Mark Ricketts highlighted that the antibody tests would also be a very important piece of the response to covid-19. However there were still technical issues regarding the test and scaling it up to the general public that needed to be worked through.

### 7.11 The City Integrated Commissioning Board

- **NOTED** that the City of London S75 variation was signed and sealed on 7<sup>th</sup> May 2020;
- **NOTED** the report,

### 7.12 The Hackney Integrated Commissioning Board

- **NOTED** that the London Borough of Hackney S75 variation was signed and sealed on 30<sup>th</sup> April 2020;
- **NOTED** the report.

## 8. City & Hackney Service Changes

8.1 The item was introduced by Carolyn Kus.

8.2 Cllr Kennedy raised the issue of CAMHS Tier 2 mentioned in the report.

- **David Maher and Carolyn Kus to get a written response from the Mental Health team on the CAMHS Tier 2 services.**

### 8.3 The City Integrated Commissioning Board

- **NOTED** the report.

### 8.4 The Hackney Integrated Commissioning Board

- **NOTED** the report.

## 9. CCG Contracting Position

9.1 Sunil Thakker introduced the item.

9.2 Helen Fentimen noted that in ordinary circumstances the contract monitoring for one year would inform the next. She therefore asked what data capture was continuing during the covid period given we expect some degree of normality to resume? Sunil Thakker responded that the process would be iterative and would be brought back to ICB as things

move on. David Maher also responded that we need to think through the model for resourcing health and care services and how we join-up with providers in a different way.

- **Randall Anderson, Carolyn Kus and Alex Harris to work through re-establishing virtual ICB development sessions.**

#### 9.3 The **City Integrated Commissioning Board**

- **NOTED** the report.

#### 9.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

### 10. Provider Alliance Update

10.1 Jonathan McShane introduced the item. Formal work on the provider alliance had been paused several weeks ago due to the Sars-Cov-2 pandemic. The interim arrangement was focused on transformation investment monies. There was also an indication of an intention from providers to pursue deeper integration. The current situation had seen greater collaboration with providers through the System Operational Command (SOC) and the Neighbourhoods work. There was a meeting of the provider alliance and the CCG in the next two weeks, and then a paper would be brought back to a future ICB.

10.2 David Maher also stated that the SOC had been an embodiment of our Neighbourhood Health and Care partnership way of working. We need to take the best elements and leadership of that for a future model that would continue to make a program of work that improves residents' lives.

10.3 Honor Rhodes stated that we need to ensure third sector representation on this provider alliance work. The voluntary and community sector have played a key role in the covid response and need to be involved much more in all future discussions.

- **David Maher and Jonathan McShane to share a paper with the ICB at a future meeting on the provider alliance approach to service delivery, outcomes and patient experience.**

#### 10.4 The **City Integrated Commissioning Board**

- **NOTED** the update.

#### 10.5 The **Hackney Integrated Commissioning Board**

- **NOTED** the update.

### 11. Testing, Tracking and Tracing

11.1 Due to the ongoing Covid-19 situation, the Chair requested that this item be discussed by the ICB as a matter of urgency. The update was provided by Sandra Husbands and included the following points:

- There had been several plans around for tracing but nothing concrete had been provided yet.



- The first pillar of the program was the app being trialled on the Isle of Wight. This was due to be rolled out on Monday but so far there had only been a 30-40% uptake on this. The purpose of the app would be to alert people that they have been in contact with someone who has had a positive coronavirus test.
- Tier 1 of the staffing was specialist services with relevant experience from a variety of sectors.
- Tier 2 staff were approximately 3,000 people who had been recruited through NHS Jobs to perform a variety of specialist services.
- Tier 3 of staff were largely administrative staff employed by outsourcing agencies.

## Discussion

11.2 Cllr Kennedy stated that himself and the Mayor had written to the Department for Health and Social Care asking that Hackney be considered as a possible trial area for contact tracing.

11.3 Jake Ferguson stated that he hoped that there would be some resourcing associated with this. There was an opportunity to build relationships for our local communities. There were, in some segments of the community, a high level of mistrust towards official institutions and they therefore may not wish to install an official government app.

- **Sandra Husbands to provide further details on discussions that have taken place on communications and contact-tracing.**

11.4 Randall Anderson stated that he was concerned that the view from central government was that the app was the bulk of what was required. Sandra Husbands also added that there was an over-reliance on the app. In Singapore there had been an uptake of only 20% despite them having had a fairly severe SARS outbreak and a bad covid-19 outbreak. South Korea, which had employed a successful contact tracing program, had not used an app at all.

11.5 Helen Fentimen expressed concern about a national approach to contact tracing, and she could not understand why the central government agencies felt they were better placed than local agencies to do this work. There were too many interfaces where this could go wrong. Traditional contact-tracing measures were effective and had a proven track record of working.

- **Councillor Kennedy to raise the possibility of a London-wide vanguard program with relevant partners.**

## 12. Neighbourhoods Year 3 Business Case

12.1 The item was introduced by Nina Griffith, Mark Golledge and Stephanie Coughlin. It was highlighted that the Neighbourhoods model had been a necessary way of working during the pandemic and would enable the next phase of covid-19 working. We also needed to think about wider services outside of purely statutory ones.

12.2 There had been a lot of work undertaken to support the establishment of primary care networks. The pilot in Clissold Park, meanwhile, had very positive results and has been supporting our roll-out across all eight neighbourhoods.

12.3 Honor Rhodes asked how this work would link-up with formal governance structures. Nina Griffith responded that this had not been progressed as much as would have been ideal due to the need to pause regular program governance during the pandemic. There had now, however, been a coming-together of system partners and a shared sense of wanting to move things along quickly. Randall Anderson noted that this question may be a suitable topic for a future ICB development session.

- **Anne Canning stated that she would bring back a paper to a future ICB on the interface between Neighbourhoods and the CYPMF workstream.**

12.4 It was noted that next month there may be an identification of population health priorities for neighbourhoods. Members stated that it would be helpful to understand the interaction between the wider determinants of health, the Health and Wellbeing Boards and how these would flow to the ICB. Nina Griffith responded that we have been developing health outcomes however the Health and Wellbeing Boards had a wider remit.

12.5 In terms of the voluntary sector, covid-19 had not been part of our thinking when the business case was first written. The discussions with the voluntary sector had been focused on developing infrastructure that would enable the service delivery side of things.

12.6 We have developed good data about population health needs, including our health needs, service provision and outcomes. We are planning to run a number of Neighbourhood-level partnership groups in May to look at the data and allow them to think about what our priorities were.

12.7 Cllr Kennedy commended this work. He requested that the teams start talking to the wider stakeholders such as housing associations. He also requested that we consider the impact of this beyond the first 1,000 days. Mark Golledge responded that there had already been calls with housing teams today to progress those conversations.

12.8 Jake Ferguson expressed concern at the lack of consideration of equalities on the cover sheet. Nina Griffith responded that this was an administrative error in transferring information over a variety of cover sheets.

- **Nina Griffith to provide ICB with a one-page briefing on equalities issues in the Neighbourhoods work.**

### **13. Homelessness Update**

13.1 Due to time constraints, the briefing would be uploaded to the website.

- **Siobhan Harper to take questions on the homelessness update via e-mail. Alex Harris to upload the briefing to the City of London and Hackney websites.**

**Date and time of next meeting**

The next meeting will be held on 11 June – virtual.

## City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-1	A dedicated <b>health inequalities paper</b> would be brought back to ICB in either June or July	David Maher	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-2	An update to be brought to the <b>June</b> meeting of the ICB on the ICB role in <b>Phase 2 of covid planning.</b>	David Maher	14/05/2020	Jun-20	Closed.	Phase 2 discussion is on the agenda.
ICBMay-3	David Maher and Carolyn Kus to get a written response from the Mental Health team on the <b>CAMHS Tier 2 services.</b>	David Maher / Carolyn Kus	14/05/2020	May-20	Closed.	This was circulated.
ICBMay-4	Sunil Thakker to bring back updated progress report on <b>CCG contracting position.</b>	Sunil Thakker	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-5	David Maher and Jonathan McShane to share a paper with the ICB at a future meeting on the <b>provider alliance approach to service delivery, outcomes and patient experience.</b>	Jonathan McShane	14/05/2020	Jul-20	Open.	Provider alliance discussion is on the agenda for June and a more detailed paper will be brought back in July.
ICBMay-6	Sandra Husbands to provide further details on discussions that have taken place on <b>communications and contact-tracing.</b>	Sandra Husbands	14/05/2020	Jun-20	Open.	Contact tracing is on the agenda for June.
ICBMay-7	Councillor Kennedy to raise the possibility of a <b>London-wide vanguard scheme</b> with relevant partners.	Cllr Kennedy	14/05/2020	Jun-20	Closed.	This was raised - resulted in City and Hackney being in the London learning Cluster for Track and Trace
ICBMay-8	Anne Canning stated that she would bring back a paper to a future ICB on the <b>interface between Neighbourhoods and the CYPMF workstream.</b>	Anne Canning	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-9	Nina Griffith to provide ICB with a one-page briefing on <b>equalities issues in the Neighbourhoods work.</b>	Nina Griffith	14/05/2020	Jun-20	Closed.	Circulated with June agenda pack.

## Homelessness Update- May 2020

### Headlines

- Significant increase in number of residents in need of homeless services across both City of London and London Borough of Hackney
- 90+ residents supported with accommodation by the City- their normal capacity is 42 with a handful of individuals moving in/out each month
- 220+ residents supported by newly procured accommodation in Hackney (208 beds)- around 100 of these residents would not normally receive housing, but instead be offered other forms of support.
- CoL have procured a 20 bed hostel and LBH have procured 2 hotels and other accommodation to meet the increased demand
- CoL/LBH have expressed concerns about the sustainability of expanded provision
- LBH are keen to ensure that any C19 emergency accommodation does not become supported accommodation for high needs clients through the back door due to safeguarding responsibilities
- East London Found Trust has launched a new Homeless Outreach Service to deliver care in hostels/hotels- staffed by 1 WTE GP and 4 nurses

### Number of Street-Homeless

LBH have reported a reduction to 8 street-homeless residents not accessing support services. LBH are providing rapid accommodation and support services to support patients to access accommodation in C19 model outside of and separately to the normal temporary accommodation provision. Outreach and task meetings are in full operation incorporating the Police, Mental Health and other partners and also visiting street/soup kitchen venues as is normal practice.

CoL report 14 street-homeless residents. Services are working with them to support access to accommodation. Task meetings involving Outreach, CoL Police, Mental Health Services and Substance Misuse run weekly. There are also 6 scheduled outreach shifts per week. Shifts are supported by Mental Health, Substance Misuse, and Doctors of the world.

### Accommodation Provision

Both London Borough of Hackney and City of London have expanded their provision of accommodation to meet the demands of COVID-19.

LBH's Benefits and Housing Needs Service with Adult Social Care Commissioning have procured two main hotels and a number of self-contained studio properties to provide 247 beds in total, with 195 for those who do not currently have a care package. However, floating support is on site provided by Riverside through Engage Hackney, Age UK and St Mungos Housing First workers.

A full meal package of 3 meals per day has been provided.

The increase in residents needing support and the continued flow from the street (up to 5 per day) means that full assessments of residents and their move on options has not been completed yet. However, headline groups are below: 219 residents have been housed in hotel provision and they are all single people: 22 NRPF, 7 hospital discharges, 116 rough sleepers (some of these are very entrenched with high needs) and 74 low needs single homeless.

The City have procured a 20 bed Youth Hostel for 12 weeks. There are currently 8 residents in the hostel. Since early March, the City has assisted a total of 93 individuals- 57 of whom have been placed in Greater London Authority procured accommodation. The remaining individuals have been placed in a variety of settings and locations- all with a degree of support from the City. 20 individuals are currently accommodated in directly procured contingency accommodation within the Square Mile. Under normal circumstances, the City of London supported accommodation pathway consists of around 42 beds with a handful of moves in/out every month.

A COVID Care Hotel has been set up in Newham for residents who are COVID symptomatic. Hotels/Hostels have received communications on how to refer. 10 patients are currently using the accommodation. Inner North East London (City and Hackney, Waltham Forest, Newham, and Tower Hamlets) have expanded provision to a total of 842 beds for homeless residents.

### **Primary Care and Outreach**

Unregistered patients continue to be directed to the Greenhouse Practice for homeless patients.

East London Foundation Trust have launched a Homeless Outreach Service. This is based in the Greenhouse and is staffed by 1 WTE GP and 4+ nurses. They will cover all local authority and Greater London Authority commissioned hotels/hostels in INEL- offering support to register, full health checks and general medical care. Dr Dorothy Briffa is the clinical lead.

The UCL Find and Treat Service is also providing care and testing via outreach.

### **Substance Misuse**

Services continue to run- moving to virtual where this is possible. For those on Opioid Substitute Treatment, patients have been reviewed case-by-case to ensure pick-up arrangements are appropriate. Patients can nominate an appropriate person to collect their medicine or receive it by delivery- where this is appropriate.

### **Sustainability**

Both City of London and LBH expressed concerns about the increase in demand on services.

City of London reported that it is likely that local authorities will be required to house homeless residents with No Recourse to Public Fund and those who do not have historical connections to the area. The Select Committee on Homelessness met in May and maintained that decisions on housing individuals with NRPF would continue to be made on a case-by-case basis and would be for councils to make. Both City of London and LBH are housing residents who fall under this criteria. LBH reported higher volume of people at risk of rough sleeping- additional units, support staff and funding will continue to be needed to support this.

The Pan London Housing Directors, London Councils and GLA have agreed a strategy with MHCLG which includes health as an integral part and meet regularly. Next steps are underway with weekly data collection to inform an action plan for move on for both the GLA provision and the individual boroughs provision. The strategy can be found here:

[https://drive.google.com/file/d/1aavV77IFnHAK4F\\_9t0C-uFmuJffxjChQ/view?usp=sharing](https://drive.google.com/file/d/1aavV77IFnHAK4F_9t0C-uFmuJffxjChQ/view?usp=sharing)

Hackney feedback on the below areas:

Private Rented Sector Accommodation - the PRS is unsettled because of the corona pandemic. Whilst there are properties available procuring and accommodating residents will be challenging. We do not know which landlords will remain in the market nor their appetite for tenants reliant on benefit.

Existing Supported Accommodation pathways - these are well established but have limited supply and have no voids. The Council has the following provision in place, however all schemes are full with waiting lists, therefore Adult Social Care Commissioning will need to establish additional units and support for residents to the pathways.

Entrenched rough sleepers who have previously been very difficult to engage, are now thriving and much healthier since brought into hotel accommodation. Relationships are being formed with key workers and the next step to settled accommodation and sustaining a good health outcome, provided the right type of accommodation and support can be sourced and provided is closer than ever.

May 2020

<b>Title of report:</b>	Update on Prevention workstream transformation programmes to support the Covid-19 response - Make Every Contact Count, Community Navigation, Find Support Services
<b>Date of meeting:</b>	11/06/2020
<b>Lead Officer:</b>	Jayne Taylor - Prevention Workstream Director
<b>Author:</b>	Jayne Taylor, Prevention Workstream Director  Kate Wignall, Prevention Workstream Programme Manager  Tamsin Briggs, MECC Programme Manager  Meg Dibb-Fuller, Digital Lead, Prevention Workstream
<b>Committee(s):</b>	Integrated Commissioning Board
<b>Public / Non-public</b>	Public

### Executive Summary:

Since March 2020, the Covid-19 pandemic has had a huge impact on the local health and care system and there are considerable health and wellbeing needs emerging in the community. Three key Prevention transformation programmes have strengthened and supported the local Covid-19 humanitarian response.

1. **Make Every Contact Count (MECC).** During Covid-19, work under the MECC programme has included developing a training module to support call handlers to have sensitive and supportive conversations with people calling Hackney Council's coronavirus helpline; a similar training offer has also been delivered to housing officers working on the Let's Talk befriending project for Council tenants who are shielding and/or over 70. As the system plans to move into the second phase of the response, planning is underway to adapt the MECC programme and commence a phased restart of the full programme. This paper provides a high level overview of these plans.
2. **Community navigation.** Extensive prior engagement to inform the development of a Neighbourhood community navigation model and the design of an integrated Social Prescribing and Community Navigation Service (procurement temporarily paused) enabled us to quickly mobilise resources to support Hackney's coronavirus helpline referral pathway. Social prescribers are also now embedded in the Neighbourhood MDTs being established on an accelerated timetable.
3. **Find Support Services map.** The excellent preparatory work undertaken over recent months to develop a local directory of (health and care) services established a strong platform on which to quickly build the [Find Support Services](#)



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[online resource](#), which has become one of the cornerstones of the council's Covid-19 response to support vulnerable residents.

**Recommendations:**

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

- To **NOTE** how Prevention transformation programmes have adapted to support the Covid-19 response and proposals on how to move forward during the next phase of the pandemic;
- To continue to **ENDORSE** Make Every Contact by acting as visible champions for embedding the principles of MECC across the local health and care system as a key component of next phase planning .

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

- To **NOTE** how Prevention transformation programmes have adapted to support the Covid-19 response and proposals on how to move forward during the next phase of the pandemic;
- To continue to **ENDORSE** Make Every Contact Count by acting as visible champions for embedding the principles of MECC across the local health and care system as a key component of next phase planning.

**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	Y	Supporting frontline staff to work in new ways to use their interactions with the public, to promote positive mental and physical health and wellbeing. Developing the workforce's competence and confidence to address the 'wider determinants' of health - such as financial security, employment, housing or social connections.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	Y	Ensuring that patients, residents and staff know what impacts their health and



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	wellbeing, what they can do to improve it and what local support is available.
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**Specific implications for City**

The Department for Children and Community Services (DCCS) were involved in the co-design and testing phase of the MECC programme (pre-Covid), with approximately 50 staff from DCCS contributing to a co-design workshop (which took place during a departmental meeting in December). Unfortunately the pilot training sessions were postponed due to the pandemic.

Virtual MECC training has only been piloted in Hackney so far, and we will be working with the City’s MECC lead to build on this learning and seek opportunities to test a similar approach in the City.

Similarly, the Community Navigation Covid Network has been primarily focused on supporting Hackney Council’s Covid-19 helpline, but we are keen to explore how this learning can be used to enhance the City of London’s ongoing support to vulnerable residents.

**Specific implications for Hackney**

None at this stage.

**Patient and Public Involvement and Impact:**

Our Prevention resident representative (Ida Scoullas) is a member of the MECC steering group. Resident engagement formed an important component of the scoping activity and the programme continues to build on these foundations, taking a fully collaborative approach to designing, testing, implementing and evaluating.

Co-production has been, and continues to be, a key principle in developing a Neighbourhood Community Navigation model, as well as the Find Support Services online resource.

**Clinical/practitioner input and engagement:**

There is clinical and practitioner membership of the MECC steering group. Training has been co-designed with service managers and frontline staff.

The Neighbourhood Community Navigation and Find Support Services programmes of work have involved extensive clinical and practitioner engagement, and continue to do so.

**Communications and engagement:**



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A MECC communications and engagement strategy has been developed by listening to and developing an understanding of the needs of residents, frontline staff, and other key stakeholders. We presented a draft strategy to the Integrated Commissioning Communications and Engagement Enabler Group in November 2019, for input and endorsement. The strategy will now be reviewed to take into the context of the Covid-19 pandemic.

Comms and engagement has been, and continues to be, a key principle in developing a Neighbourhood Community Navigation model, as well as the Find Support Services online resource. Key stakeholders and system partners are kept informed and updated both through regular communications and engagement sessions. The development of Hackney's Covid-19 helpline/online form and Find Support Services map continues with Hackney IT, Public Health, VCS, community navigators and staff from the contact call centre.

### **Equalities implications and impact on priority groups:**

MECC and Community Navigation offers substantial opportunities to address health inequalities and improve health outcomes in relation to the wider ('social') determinants of health.

### **Safeguarding implications:**

To be considered as part of programme development, in line with the workstream's agreed approach to safeguarding.

### **Impact on / Overlap with Existing Services:**

The aim of the scoping phase of the MECC programme was to identify other local programmes and projects that the MECC programme can build on, to embed the approach across the system without comprising existing good practice. Examples of related services and initiatives include the '3 conversations' approach in adult social care (Hackney), motivational interviewing training in general practice and the roll out of 'systemic social work' (a person-centred care model) in the City. This scoping exercise has informed where to target resources in a way that will bring about the greatest added value.

The Covid-19 helpline is working with Hackney Council's contact call centre and housing service about future roll out of MECC training and how it can align to service priorities.

As part of the development of a Neighbourhood community navigation model we are working with the GP Social Prescribing lead and PCN clinical director to ensure that the new service complements the new link worker provision. Operationally we are working very closely with Family Action (Social Prescribing provider). This is a prevention focused intervention; community navigation services help to reduce pressures on primary care and hospital services.



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## Main Report

### Introduction

1. The Covid-19 pandemic presents new challenges to the local health and care system: less face-to-face contact with residents, moving to telephone and online advice and support, redeployed staff and increasingly vulnerable residents/communities. It is now even more important to ensure our residents are able to access support for their wider needs, and in a timely manner.
2. Following the announcement of 'lockdown' measures by the Prime Minister on 23 March 2020, Prevention workstream transformation programmes (work to develop a Neighbourhood Community Navigation model and Make Every Contact Count (MECC), supported by a directory of services) have quickly adapted to respond to residents' emerging wider health and wellbeing needs which have resulted from, or been exacerbated by, from the pandemic.
3. This paper gives a high level overview of how the MECC and Community Navigation programmes in particular have been repurposed to respond to the pandemic, as well as a forward plan to commence a phased restart of the MECC programme specifically (an update on Community Navigation will follow at a later date).

### Repurposed work to support residents with their broader health and wellbeing needs

#### *Hackney Covid-19 coronavirus helpline*

4. At the beginning of the pandemic, the focus for the helpline was on ensuring vulnerable residents received emergency food and medicine deliveries. This has now evolved to helping residents who raise broader health and care needs to connect to the support they need. This includes (but is not limited to) referral to advice agencies, community navigation and signposting to 'check in and chat' services available in the voluntary and community sector (VCS).

#### *Utilising local community navigation services*

5. Community navigation services have specialist skills of providing holistic one-to-one strengths-based support and detailed knowledge of the wider statutory and voluntary sector. Their service models are based on effective assessment of needs/ strengths, building trusting relationships, and developing residents' self awareness and skills. Where appropriate, they also help residents access other sources of support in the community. Prior to the Covid-19 pandemic, there was a well established network (approx 20) of community navigation service providers operating in the City and Hackney. Throughout the pandemic they have been supporting their existing service



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users to navigate change and make sense of government advice and restrictions, as well as taking new referrals as more residents become vulnerable or in need of support.

#### *Community Navigation Covid Network*

6. In response to the current crisis, a Community Navigation Covid Network (CNCN) has been formed which comprises a number of pre-existing community navigation providers and advice agencies ([Family Action](#), [Shoreditch Trust](#), [Mind](#), [Riverside](#), [Dementia service - ELFT and Alzheimer's Society](#), [Citizens Advice Bureau](#) and [Age UK](#))
7. The CNCN have been receiving referrals via Hackney Council's online form triage process since 9 April. They received 185 referrals (24% of all triaged cases) up to 31 May. Since 6 May, the CNCN have been taking referrals directly from calls made to the helpline, with Shoreditch Trust operating as the single point of access through their existing contract with Public Health. Over 60 calls have been recorded offering information, signposting and direct referrals to a range of organisations.

#### *Embedding VCS organisations into the current process*

8. Strong partnership working has been established between CNCN organisations and statutory teams. For example, via the CNCN, a process has been developed with Children and Families Services to ensure early help and screening for children, young people and families. This enhances the offer and contributes to inter-professional learning between areas of expertise.

#### *City of London*

9. The City of London has also set up a helpline telephone line and online form for vulnerable residents who need support. However, to date, we have not formally linked in the CNCN to this resource.

### **Emerging staff training needs resulting from Covid-19 pandemic**

10. It quickly emerged that several staff groups (those working on the Covid-10 coronavirus helpline and also Hackney Council housing officers who have been making proactive calls to vulnerable tenants through their 'Let's Talk' offer) required training to build their confidence and competence to speak to residents about their wider health and care needs (in addition to the food and medicine offer) - or 'make every contact count'. Qualitative analysis of the Coronavirus helpline calls has shown that issues facing residents are wide ranging (including financial hardship, relationship breakdown and mental health issues), which is echoed in feedback from the 'Let's Talk' team.
11. In line with the MECC programme's principles, workshops were quickly organised with helpline staff to co-design a bespoke (virtual) training offer using MECC programme training resources. The helpline staff and 'Let's Talk' team have essentially become MECC early adopter sites. The co-designed training centers around the 10 skills areas for good conversations and resources available to help staff signpost to statutory and voluntary sector organisations.



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12. Three virtual training sessions were delivered and are in the process of being evaluated. Initial feedback from the sessions shows that staff enjoyed the virtual format of the training. Coupled with other benefits (reduced overhead costs, no travel for participants), a virtual training offer may warrant further consideration as part of wider roll-out of MECC training.

### **Forward planning for a phased restart of the MECC programme**

13. This programme has multiple workstreams and the MECC project team has thus far ensured that all streams are moving forward in parallel. However, it is recognised that during the current pandemic a phased restart will be required and we will work closely with the MECC leads from our partner organisations to re-engage with the programme when they are ready.
14. Below is a summary of how each workstream will be amended to enable restart.

#### *MECC training delivery*

15. An evaluation of the virtual pilot training will be undertaken and the recommendations used to inform future training delivery. We will begin to re-engage the early adopter services previously identified to promote virtual training as part of a wider training offer.
16. Roll out of virtual training will be aligned with other system programmes of work that have been accelerated as a result of the crisis e.g. the Neighbourhood programme/ Neighbourhood multi-disciplinary teams.

#### *Action planning with partner organisations*

17. This is an important part of the programme to embed MECC practice and principles across the health and care system. Before Covid-19, we were working closely with MECC leads from key partner organisations to develop action plans to implement the recommendations from the scoping report. We appreciate that some partner organisations may not have the capacity to pick this work up again until the pressure from the current emergency has reduced significantly. We therefore propose to be led by each partner organisation's time-frame individually and restart this work when partners are ready. However, we do need to bear in mind the time limited nature of the programme funding and will be seeking to progress activity within this workstream as soon as is practicably possible.

#### *MECC digital solutions*

18. The MECC signposting tool has been fast-tracked to come in line with the creation of the [Find Support Services map](#), development of which was accelerated to respond to the



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Covid-19 crisis. A funding proposal is being prepared for consideration by the IT Enabler Board to develop the MECC signposting tool into a long-term solution, as well as a proposal to create a platform to build a MECC community of practice (i.e. a centralised repository that holds MECC resources and hosts an online forum to facilitate sharing best practice and peer support).

#### *Communications and branding*

19. The MECC project team will review the communications and engagement strategy that was approved by the IC Comms and Engagement enabler group in November, and make any necessary amendments in light of recent events. MECC branding and logo development will also be restarted with Hackney Council's design team.

#### *Steering group meetings*

20. April's MECC steering group was cancelled and the next meeting is due to take place on 16th June. Following a positive response from members, we plan to restart the meetings to re-engage partner organisations with the programme, but at the same time appreciate that some NHS members may struggle to attend at short notice.

#### **Next steps for the MECC programme**

21. Conduct an evaluation of the virtual MECC training sessions delivered so far, and make any necessary adjustments before promoting as part of a wider MECC training offer to early adopter sites (starting with the rest of Hackney Council's contact centre and housing officers).
22. Develop an interim evaluation report and make recommendations on how MECC can support next phase planning, including what could/should be achieved during the second year of the programme in the changed context of Covid-19.
23. Re-engage the MECC leads from our partner organisations to agree priority next steps, starting with a steering group meeting on 16th June.

#### **Conclusion**

24. Since early March, the Covid-19 emergency has had, and will continue to have, a huge impact on the local health and care system and the public they serve. The pandemic has exacerbated health inequalities and vulnerabilities within local communities. The local health and care system has responded quickly, working in new ways to support residents during this very challenging time. Flexibility and partnership working has been pivotal to respond as effectively as possible. The quote in Appendix 1 from the Director of Customer Services at Hackney Council demonstrates the journey they have been on



and how, more than ever before, services need to focus on wider health and wellbeing - of staff and the public.

Appendix 1







**Kelly Page** · 1st

Director – Customer and Digital at Human Engine

4d · 🌐



I have just had possibly the most emotive meeting I have held with my team at [London Borough of Hackney](#) or any of my teams throughout my career. Listening to calls from residents reaching out for help in their darkest times in order to change a culture of KPIs and adherence that has been embedded in us CS managers for years. Giving advisors the freedom to stay on a call for as long as they need with no pressure, only to make "every contact count" has led to some of the best support of customers I have ever heard, frequent call times of over an hour but with an average of 6 minutes!! There must be something in this new way of working? Thanks [Kate Wignall](#) for supporting me and my team even if you did bring us to tears.

[#localgovernment](#) [#publicsector](#) [#customerexperience](#) [#customerservice](#) [#vulnerable](#) [#performance](#)

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<b>Title of report:</b>	<i>ICS City &amp; Hackney Integrated Care System Reward &amp; Recognition Policy</i>
<b>Date of meeting:</b>	11 <sup>th</sup> June 2020
<b>Lead Officer:</b>	Jon Williams – Executive Director, Healthwatch Hackney
<b>Author:</b>	Jamal Wallace – ICS Communication & Engagement Enabler Group Lead.
<b>Committee(s):</b>	[Integrated Care Communications & Engagement Enabler Group – ICCEEG – for consultation – 24 <sup>th</sup> July 2019]  [Integrated Care Communications & Engagement Enabler Group – ICCEEG - for endorsement - 13 <sup>th</sup> November 2019]  [Accountable Officer Group - for endorsement - 12 <sup>th</sup> May 2020]
<b>Public / Non-public</b>	Public

### Executive Summary:

The City & Hackney Integrated Care System Reward & Recognition policy details processes and procedures that enable Public Representatives to receive reimbursement of expenses and payment for their involvement in engagement activities at a decision-making level.

In order to prevent undue attrition and maintain motivation in the role, the policy offers consistent methods of reward and recognition; with monetary incentives paid at the equivalent rate of the London living wage at £12.05 per hour (including an added 12.07% holiday allowance). As a gesture of goodwill and faith, an honorarium payment of £200 will be offered to all 9 Public Representatives recognized in post as of the 31 December 2019.

This policy focuses only on payment rewards to Public Representatives appointed to ICB Care workstreams, the Mental Health Coordinating Committee, the enabler groups and Neighbourhood Steering Group. Members should note in addition to this support, wider public involvement in integrated commissioning is encouraged by the funding of the Time Credits and Coproduction (and other involvement) events run by the care workstreams. Funding for all this activity is held by Healthwatch Hackney on behalf of Integrated Commissioning Board under a Section 75 Agreement. Healthwatch Hackney will administer these funds and spend is monitored by the City and Hackney CCG.

With this policy in place there is further opportunity to promote public involvement in local work to develop the integrated care system. This policy removes financial barriers that disable participation and attracts new, diverse and seldom heard voices to the role of Public Representative. This is an important measure in order to ensure the ICS is able to achieve system strategic objectives to meet the health & well-being needs of the local population.

**Recommendations:**

- The **City Integrated Commissioning Board** is asked:
- To **APPROVE** this policy for implementation
- The **Hackney Integrated Commissioning Board** is asked:
- To **APPROVE** this policy for implementation

**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	<input type="checkbox"/>	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	The policy supports this objective.
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The policy supports this objective.
Empower patients and residents	<input checked="" type="checkbox"/>	The policy supports this objective.

**Specific implications for City**

This policy implements a process of reward and recognition that will be available to City residents recruited to the role of Public Representative.

**Specific implications for Hackney**

This policy implements a process of reward and recognition that will be available to Hackney residents recruited to the role of Public Representative.

**Patient and Public Involvement and Impact:**

The City & Hackney Integrated Care System Reward & Recognition policy was developed through consultation with the care workstream public representatives who attend the ICCEEG.

At present, there are 9 Public Representatives covering 14 positions at present across the Systems Care Workstreams and Enabler Groups. These representatives play an important and central role of public voice within the System’s structure by acting as a critical friend, offering an alternative perspective and insight from the community. They are

vital in shaping a sustainable care system and public services, fit for the population they serve.

With this policy in place, the system is better able to empower residents and promote co-production and public involvement in the local work to develop services. This policy removes financial barriers that disable participation and attract new, diverse and seldom heard voices to the role of Public Representative. This approach displays commitment to principles of reciprocity, transparency and public value which in turn promotes trust and enables the system to develop services truly fit for the population of City & Hackney.

**Clinical/practitioner input and engagement:**

N/A

**Communications and engagement:**

The City & Hackney Integrated Care System Reward & Recognition policy was developed through consultation at the Integrated Commissioning Communications and Engagement Enabler Group, which consists of communications and engagement professionals from partner organisations as well as public representatives. The policy was recommended for implementation by the Chair's of the Integrated Commissioning Communications and Engagement Enabler Group, Jon Williams (Director of Healthwatch Hackney) and Ann Sanders (CCG Governing Body Lay Member).

**Comms Sign-off:** at Communications and Engagement Enabler Groups - 13<sup>th</sup> November 2019.

**Equalities implications and impact on priority groups:**

This policy seeks to increase engagement and awareness of system intentions. This policy will also reduce financial barriers of seldom heard and marginalised populations.

**Safeguarding implications:**

N/A

**Impact on / Overlap with Existing Services:**

There are a number of remuneration policies in operation across the patch, including ELFT's participation scheme and LBH expert by experience. The rewards honoured by this policy are exclusive to the role of public representative. It therefore does not impede the ability of representatives to participate in wider paid involvement.

### Supporting Papers and Evidence:

Appendix 1 - Reward & Recognition Claim Form  
Appendix 2 - Reward & Recognition Involvement Agreement  
Appendix 3 - Reward & Recognition Policy Information Sheet  
Appendix 4 - Level of payments for involvement that people who use services can accept (info from SCIE)  
Appendix 5 - Reward & Recognition funding summary.

### Sign-off:

ICCEEG – Endorsed for further senior approval. 13<sup>th</sup> November 2019  
AOG – Endorsed for final approval and implementation at ICB. – 12<sup>th</sup> May 2020.

Workstream SRO: David Maher

# Reward and Recognition Policy

## Integrated Care System: City & Hackney

### 1. Policy Statement

The Integrated Care System (ICS) is committed to involving the public (residents, patients, services users and carers) in the transformation of Health and Care services within City and Hackney.

The ICS values the time and effort contributions of Public Representatives and also acknowledges the need to remove financial barriers that can prevent active participation.

Without an agreed policy offering consistent and adequate reward and recognition, there is the risk that existing Public Representatives may lose motivation and drop out. An inability to offer reward and recognition is also limiting the ability to recruit new and diverse voices such as those in fulltime work, younger people or those with caring responsibilities (including caring for children).

The ICS therefore aims to promote inclusion and views the provision of reward and recognize as a symbol of reciprocity, a principle agreed to in the Coproduction Charter by the partner organisations of the ICS.

This policy sets out how the ICS will reward and recognise Public Representatives for their contributions to the decision-making process and reimburse out-of-pocket expenses incurred.

### 2. Definitions

*i) Public Representatives:*

Public Representatives are residents, patients, service users and carers that have been appointed to champion the public perspective on decision making boards within Care Workstreams and System Enabler groups.

In some contexts, these individuals are referred to as 'service user', 'expert by experience', or 'resident representatives'. However, within this policy the term 'Public Representative' is used to define members of the public for which ICS partners commission health and care services: all people who are registered with a GP practice in City and Hackney or deemed of usual residence in the boroughs.

*ii) Involvement*

Is defined as the involvement of patients and members of the public in the design, management, review and delivery of services.

*iii) Expenses*

“Expenses” refer to the following out-of-pocket expenses incurred by patients or members of the public to take part in a meeting, training event, interview panel, defined task or work programme that they have been invited to.

“Travel expenses” refer to the cost that a Public Representative must pay in order to travel to and from a meeting, event or activity to which they have been invited.

“Meal subsistence” refers to the sum permitted to cover the cost of a meal or refreshments for a Public Representative who is attending a meeting, event or activity during meal times

“Childcare expenses” refer to the cost that a Public Representative must pay in order to commission a third party to care for and supervise a child or children, for whom they have a principal caring responsibility. Direct family members (i.e. parents and siblings) are included in the category of third party care provider

“Carer costs” refer to the costs that a patient or member of the public must pay in order to commission a third party to care for and/or supervise a person with special needs, for whom they have a primary caring responsibility. Direct family members (i.e. parents and siblings) are included in the category of third party care provider.

*iv) Reward and Recognition Involvement payment*

Reward and recognition payment are defined as a specific benefit to acknowledge involvement by Public Representatives. Rewards include but are not limited to monetary payments, shop/other vouchers, Time credits and training.

*v) Organiser*

The “organiser” refers to the member of staff who is responsible for inviting patients or members of the public to the meeting, training event, interview panel or defined task or work programme.

*vi) Budget Holder / R&R authoriser*

The “budget holder” refers to the member of staff who is responsible for authorising payments made in accordance with this policy.

### **3. Scope**

- i) This policy applies to Patient and Public Representatives that have been appointed to Care Workstreams and System Enabler groups within the Integrated Care System in City and Hackney.
- ii) This policy does not apply to open or public events to which users can attend but are not individually invited.
- iii) This policy does not apply to members of the public invited to take part in other meetings or events in a different capacity.

### **4. Background**

This policy is to reward and recognise the contributions of residents, patients, services users and carers within City & Hackney Integrated Care System. This partnership involves NHS City and Hackney Clinical Commissioning Group (CCG), Hackney Council (LBH) and City of London Corporation (COLC) working together with essential providers such as: Homerton University Hospital Trust (HUHT), East London Foundation Trust (ELFT) and the GP confederation to improve City and Hackney residents’ health and wellbeing. This governance arrangement went live on 1 April 2017.

It is an ambition of the Integrated Commissioning Board that the public are equal partners in its work. To this end the role of Public Representatives was created to position members of the public in key roles in the care workstreams, enabler groups and related sub-groups.

Public Representatives play a leadership role within the System’s structure by acting as a critical friend, offering an alternative perspective as well as identifying and managing potential risk as equal decision-makers. Representatives are also linked in with wider engagement/involvement structures and help identify when wider groups of users need to be involved and jointly plan and facilitate this with their workstreams.

The Public Representative role involves the below duties:

- Attend and contribute to Care Workstream Management Boards, Steering Group or Enabler Groups meetings in person and via email.
- Work collaboratively with the Care Workstream and Enabler Group members as they design and implement service developments.
- Raise issues important to local residents, patients, service users and carers relevant to the care area.
- Keep informed of what residents, patients, service users and carers are saying about the care area and wider health and social care issues.

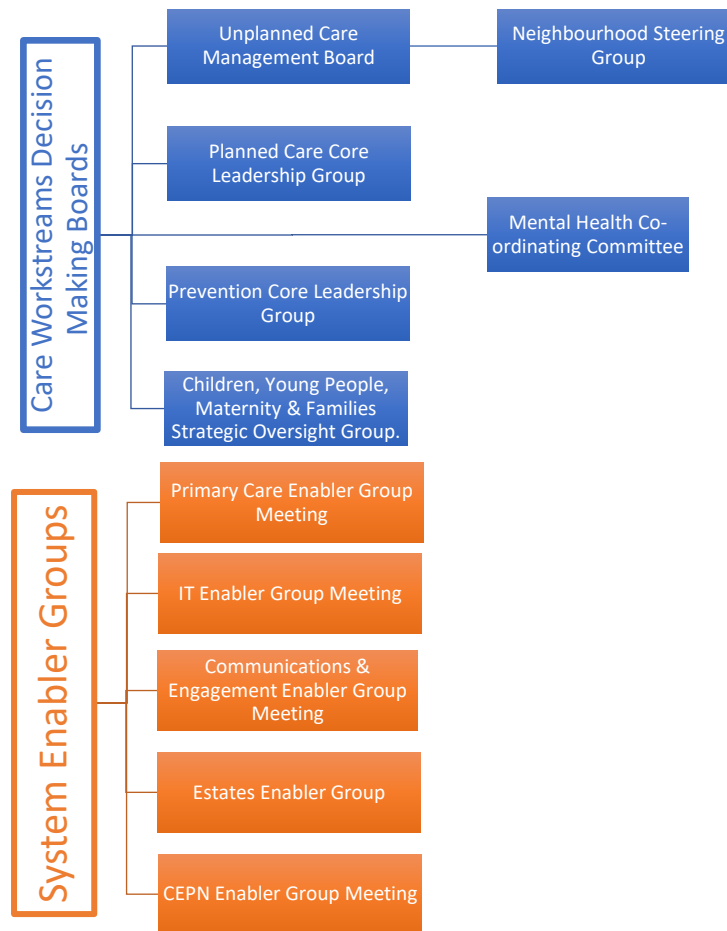


- Comment on issues from a resident, patient, service user or carer perspective providing an impartial and independent view, challenging and acting as a critical friend to other Workstream members.
- Act as a link between the Care Workstream Management Boards, Steering group or Enabler Groups and wider public/service user involvement.

We involve people because they:

- Residents in the London Borough of Hackney or City of London and/or
- use NHS health, social care or public health services within these areas.

This policy applies only to appointed Public Representatives who are involved in the Integrated Care System structures which includes the below groups:



The Reward and Recognition funding was calculated on the Public Representatives attending Care Workstream decision making boards or System

Enabler Group meetings. Limitations are therefore in place to ensure the reward and recognition budget is not overspent.

In the instance where sub-groups are formed and require Public Representatives in attendance, the meeting organiser is required to submit a business case / proposal expressing the following details:

- The function and objectives of the subgroup.
- The expected frequency of the sub group meetings.
- The expectations of Public Representatives in attendance and the impact of Public Representatives in the decision making process.

This policy does not automatically apply to any involvement that members of the public undertake with an Integrated Care partner organisation beyond the direct work and governance structures of the Integrated Care System. Individual programmes or organisations within City and Hackney and beyond are encouraged to apply this policy or an adapted version for their involvement structures.

## 5. Purpose

This Reward and Recognition Policy should recognise the experience and value Public Representatives bring and recognise the time they commit. The policy will also address the current power imbalance between professionals and those accessing services. Without reward or recognition Public Representatives are the only attendees present who are not paid or rewarded for their contributions.

This policy is designed to set out a consistent framework of reward and recognition. It is important that all Public Representatives involved in Integrated Care System feel adequately supported and able to contribute in a meaningful way. Offering recognition and reward as part of public involvement is important if our local system is to effectively involve local people. There is clear evidence that patient and public involvement (PPI) and co-production creates better and more appropriate services which lead to better health and wellbeing. As such, funding reward and recognition is an 'invest to save' approach. This is further supported by Nesta <sup>1</sup>who have produced a business case for a 'People Powered Health', suggesting investment in co-productive methods, empowering patients, their families and communities to be directly involved in the management of healthcare could see a reduced cost of

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<sup>1</sup> Nesta - The People Powered Health programme ran between 2011 and 2013. It supported the design and delivery of innovative services for people living with long term health conditions. [Click here for online report.](#)

managing patients with long-term conditions by up to 20 per cent and potentially save the NHS in England £4.4 billion a year.

This Policy is also in line with local and national guidance around co-production:

- Co-production Charter for Health and Social Care: City & Hackney<sup>2</sup>: “Co-production is defined as designing, reshaping or delivering services in equal partnership with the people who use them in order to create better services and outcomes.”
- Care Act 2014 Guidance: “Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered”
- Care Act 2014 Guidance: “In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services, but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that **are co-produced** with individuals, families, friends, carers and the community.”

## 6. Reward & Recognition Involvement Payment - scale

In accordance with national guidance from the Department of Health, suggesting the use of clear policy and procedure in the application of payment and reimbursement of expenses. Under this policy, engagement activity is split into three “Levels” (or categories). The following scale applies for this policy.

### **Engagement Activity Levels**

**Level 1: 'Open Activity'**. People choose to give information or feedback on open access engagement opportunities, for example responding to online surveys, consultations or attending open public meeting.

These activities **do not** qualify for a Reward and Recognition (R&R) Involvement payment

**Level 2: 'Involvement Activity'**. Where People are invited to participate in engagement activities in which public opinion and feedback is sought. This may require the participant's physical presence, or could incur an out-of-pocket expense in order to participate.

These activities **do not** qualify for a Reward and Recognition (R&R) Involvement payment. However, it may be appropriate to meet certain expenses in relation to

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<sup>2</sup> Co-production Charter for Health and Social Care: Hackney and City. [Online here](#) and [Easy Read here](#).

the participant's access needs. It will remain at the discretion of the organiser to arrange non-monetary forms of recognition for public involvement in Level 1 & 2 activities.

**Level 3: 'Co-production / Decision Making Activity'**. Involves when we seek joint decisions, encourage additional ideas and decide what to do in partnership with the public. This applies to Integrated Care System Public Representatives when they are actively involved in the following activities:

- Involvement in Care Workstream Management Boards, steering groups and Enabler Groups including;
  - Planning, facilitating, chairing engagement events as part of the Public representative role.
  - Involvement in recruitment and staff interviews
  - Involvement in procurement panels and service evaluations
  - Delivery of training to staff

These activities **do qualify** for a R&R Involvement payment in acknowledgment of the experience and value they bring, and the time individuals commit.

Please see table 6.1. Example of engagement activities and the corresponding level within the Involvement Payment scale.

**6.1. Reward & Recognition – Engagement Activity Levels table.**

Activity -examples	Level	Reward & Recognition (R&R) for Involvement	Funding Level
Attendance at public meeting	1	Not applicable	
Attendance at a road show	1	Not applicable	
Attendance at an exhibition	1	Not applicable	
Completion of surveys/polls	1	Not applicable	
Activities attend by an NHS/ASC officer but organised by external group/organisation	1	Not applicable	
Attendance at boards meetings (as a member of the audience)	1	Not applicable	
Activity -examples	Level	Reward	
Stakeholder event -invited	2	Out of pocket expenses	
Part of discussion group	2	Out of pocket expenses	
Attendance at a seminar or workshop	2	Out of pocket expenses	
Public panels	2	Out of pocket expenses	

One to one interview	2	Out of pocket expenses	
Focus group	2	Out of pocket expenses	
Coproduction Group	2	Out of pocket expenses	
<b>Activity -examples</b>	<b>Level</b>	<b>Reward</b>	
One to one interviews (more length, sensitive or complex)	3	Expenses + R&R payment	
Involvement in care workstream, enabler group or an agreed sub-group of these.	3	Expenses + R&R payment	
Involvement in recruitment	3	Expenses + R&R payment	
Involvement in tendering panel	3	Expenses + R&R payment	
Involvement in delivering staff training	3	Expenses + R&R payment	
Chairing Co-production meetings	3	Expenses + R&R payment	

*Please Note: Prior to the beginning of a participant's involvement, the activity Organiser will indicate the level of Reward & Recognition involvement payment available at completion of the event or activity.*

## 7. Reward and Recognition

### 7.1. Reimbursement of expenses

Public Representatives will be repaid the exact costs of reasonable expenses they have incurred as part of their role where a receipt is provided. All expenses must be agreed in advance with the Organiser & Budget Holder.

Expenses can include:

- travel costs – public transport or taxi for those with accessibility needs
- replacement child care costs
- replacement carer
- subsistence, where a meeting takes place over a normal meal time
- stationery, phone costs, etc.

Wherever possible, the Integrated Care System will aim to pay directly for any expenses (e.g. taxi for those with accessibility needs) so that public representatives are not left out-of-pocket while repayments are processed.

A repayment of the exact costs of out-of-pocket expenses incurred for paid or voluntary involvement will not be treated as income for those in receipt of state benefits, should recipients make the appropriate declaration. Participants can claim expenses payments regardless of whether they accept or decline Reward & Recognition involvement payments.

## 7.2 Reward & Recognition (R&R) Involvement Payments

*“Public Representatives will be offered Reward and Recognition Involvement payments where ‘we are deciding together and acting together’ (Level 3).*

Guidance for Jobcentre Plus staff defines a “service user” as follows: “a person who has used or is using or may potentially use or is otherwise affected by (for example a carer) services”.

Organisations that may involve people who use services and carers include:

- ‘Where the services concerned are delivered by a body which has a statutory duty to provide services in the field of health or social care or social housing and who is consulted by these bodies’
- Or by an alternative body (for example, educational establishments or voluntary and charitable organisations) who conduct research or monitoring or planning in order to improve services through user involvement’.

Where involvement is with the above bodies:

- Repayment of expenses for paid involvement (in addition to reimbursed expenses for voluntary involvement) is ignored for benefit purposes
  - An offer of payment for involvement that is declined, or a lower amount is paid, or is paid to a charity, is not treated as having been received (described as notional earnings).

This recommendation is also in line with NHS England guidance<sup>1</sup> and Department of Health Guidance<sup>2</sup> for councils that recommends service user (Public Representative) involvement payments be offered to members of the public who are involved in decision-making with health and social care staff.

Any Reward and Recognition Payment must reflect Hackney Council's commitment to the London Living Wage (currently £10.75 per hour - to be updated in line with the [current rate annually](#)).

Participants are entitled to holiday pay of 12.07% which should be added to the hourly rate as involvement is sporadic. This brings the recommended hourly involvement payment to **£12.05**.

Those accepting payments would not be employees and not entitled to sick pay, maternity pay or pension.

Participants qualifying for the above can choose whether they want to:

1. Take part on a wholly voluntary basis

2. Receive a partial payment in line with their benefits threshold and disregard the remainder.
3. Receive payment in full.
4. Donate payment to selected charity

### ***7.3 Accepting payments while on benefits***

It is essential that we ensure those who accept Reward and Recognition Involvement payments are not disadvantaged or left out of pocket in anyway. This is particularly relevant for those in receipt of any state benefits. Those in receipt of state benefits have sole responsibility to ensure the rules governing payment are adhered to. Therefore, must declare any fees, rewards or specific benefits, to the necessary authority, as a result of their involvement and participation within the Integrated Care System.

People who are considering paid or unpaid involvement with the Integrated Care System should speak with their personal adviser at Jobcentre Plus before starting.

- People in receipt of benefits will not be affected by repayment of out-of-pocket expenses.
- People in receipt of benefits may now decline an offer of a payment, ask to be paid a lower amount, or ask for the payment to be made to a charity. This will not be treated as if they had been paid the full amount on offer. This is referred to as 'notional earnings' in the rules and regulations.

Information about **the level of payments for involvement that people who use services can accept** is available here (Appendix 4)

## **8. Process for Reward & Recognition Involvement Payments & expenses repayment**

Public Representatives that wish to received Reward and Recognition payments will be required to adhere to the following processes:

### ***8.1 To register for R&R Involvement Payments***

In order to register for R&R Involvement Payments. Public Representatives need to meet with the Budget Holder / Authoriser for an induction meeting. Within the induction meeting the Public Representative will be expected to:

- Read through and discuss the Reward & Recognition policy (a copy will be provided)
- Sign the R&R Involvement agreement
- Submit bank details and personal information – payments will be made via ...

- Alert the necessary benefits office of expected additional income (if in receipt of state benefits)

### **8.2 To claim expenses**

To claim expenses, the Public Representative is expected to:

- Complete the expenses section of the Reward and Recognition Claim form.
- Produce an original receipt for all expenses claimed.
- Submit the Reward and Recognition Claim form and receipts to organiser

The Organiser will:

- co-sign agreed expenses and submit to Budget Holder

The Budget Holder will:

- Authorize payment of expenses
- Alert Claimant of the authorised expense payment

### **8.3. To claim R&R Involvement Payments**

In order to claim for a Reward & recognition Involvement payment, the Public Representative will be expected to:

- Attend the relevant decision-making group / complete a level 2 activity.
- Complete the claimant section of the Reward and Recognition Claim form
- Submit the reward and recognition Claim form to the organiser.

The organiser will:

- Complete the Organiser section of the Reward and Recognition Claim form
- Submit the Reward and Recognition Claim form to the Budget Holder

The Budget Holder will:

- Process the Reward and Recognition Claim form
- Authorize and arrange for payment to Claimant bank account
- Alert Claimant of the authorised R&R Involvement Payment.



Appendix 1

**Reward & Recognition Claim Form**

**The Claimant**

Your Full Name	
Your Home Address	
Care Workstream / System Enabler Group	

**The Meeting / Event**

Name of the Organiser	
Name of the meeting / event	
Date of the meeting / event	
Place of meeting / event	
Duration of meeting / event attended	

**Expenses**

	<b>Amount</b>
Travel Expenses	
Meal subsistence	
Child Care / Carer costs	
Other Expenses	
<b>TOTAL</b>	

## Reward and Recognition Involvement Payment

<p>Please indicate your preferred Reward &amp; Recognition involvement payment option</p>	<ul style="list-style-type: none"> <li>• Voluntary basis (no payment) <input type="checkbox"/></li> <li>• Receive partial payment <input type="checkbox"/></li> <li>• Receive Full Payment <input type="checkbox"/></li> <li>• Donate payment to charity <input type="checkbox"/></li> </ul>
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**“This is to confirm that I was involved in the meeting, event or activity described and that the above is a true record of my out-of-pocket expenses and / or the Reward & Recognition Involvement Payment I should receive in relation to this.**

**I understand that accepting a reward payment may affect my state benefits. I am fully aware that it is my sole responsibility to inform my local benefit office, Jobcentre Plus and Inland Revenue of any fee, reward or specific benefit from involvement that I receive from the Integrated Care System.**

**I understand that using child care providers and carers is done at my own risk.**

**I understand that payments are processed on a monthly basis, meaning it can take up to 4 weeks for funds to reach my account”.**

**Signed by Claimant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***For the Organiser***

<p>Please confirm the expenses requested were agreed prior to spend.</p>	<p style="text-align: center;"><b>YES</b> <input type="checkbox"/> <span style="margin-left: 200px;"><b>NO</b> <input type="checkbox"/></span></p>
<p>Please indicate level of involvement undertaken</p>	<p><b>Level 1: Open Activity</b> <input type="checkbox"/>  <b>Level 2 : Involvement Activity</b> <input type="checkbox"/>  <b>Level 3: Decision Making Activity</b> <input type="checkbox"/></p>
<p>Please confirm the claimant attended the meeting for the stated duration</p>	<p style="text-align: center;"><b>YES</b> <input type="checkbox"/> <span style="margin-left: 200px;"><b>NO</b> <input type="checkbox"/></span></p>

**Signed by Organiser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use**

Claimant has signed Reward and Recognition Agreement form / bank details on record	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total for expenses	Amount: _____
R&R Involvement Payment (Duration X Hourly rate)	Sum: <u>Hours X £11.82</u> Amount: _____
<b>Overall TOTAL</b> (Expense + Reward)	<b>Amount:</b> _____

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**Bank details form**

Date: \_\_\_\_\_

Your Full Name	
Your Home Address	
Bank details	Name of bank:  Account number:  Sort code:

## Appendix 2

### **Reward & Recognition Involvement Agreement**

In line with the City & Hackney Integrated Care System “Reward and Recognition Policy”, you may be entitled to a specific benefit or reward for the activity or task you are involved with. This agreement outlines the terms on which this reward is offered for people who are involved on a regular basis.

You will need to read, sign and date this agreement in order to receive the Reward & Recognition Involvement Payment or specific benefit. The reward will also be conditional upon your carrying out the involvement activity offered and agreed to.

If you would like help or support to understand the information in this agreement, please contact the staff member who is organising the involvement activity or task.

#### **The City & Hackney Integrated Care System:**

- i) Will work in line with the “Reward & Recognition Policy”.
- ii) Is not obliged to offer you any involvement activity or offer you any further tasks once each activity or task is over.
- iii) Will comply with the policies, general protocol, standards and conduct applicable to Integrated Care System(ICS) and partner organisations. This includes confidentiality, health and safety, anti-discriminatory practice and commitment to the Co-production Charter.
- iv) The staff member organising the task or activity will explain to you the policies, general protocols, standards and conduct applicable to the area in which you are working. We have the right to end your involvement in the activity or task if you do not comply with these.
- v) Will decide if a DBS check is needed if you are involved in an activity or task that brings you into contact with children or vulnerable adults. We are responsible for organising this and meeting any associated costs.
- vi) Will provide a safe and healthy environment for involvement activities and tasks. In some cases, if we are concerned about you taking on any responsibilities that could have an effect on your health, we will talk to you about this. We may require you to be referred to occupational health who can give further advice on what action to take.

**The individual involved in an activity or task for which they receive a specific benefit:**

- i) Is not obliged to take part in any involvement activities that are offered or to undertake any further tasks or activities once each one is over.
- ii) Can chose not to accept the Reward & Recognition (R&R) Involvement payment or to donate this to a third party.
- iii) Will be able to demonstrate they are able to legally work in the United Kingdom in accordance with the Asylum and Immigration Act (1996).
- iv) Will report any accidents or incidents to the staff member organizing the involvement activity or task.
- v) Will comply with the policies general protocols, standards and conduct applicable to the area in which you are working. This includes confidentiality, health and safety, respect for others and anti-discriminatory practice.

During the time when you are involved in an activity or task, your relationship with City & Hackney Integrated Care System will be that of an independent adviser. This is not employment.

For the avoidance of doubt, it is agreed and understood that participating in an involvement activity or task does not constitute a contract of employment between you and City & Hackney Integrated Care System. It does not imply any obligation to provide you with any specific benefits or rewards. It does not imply any obligation on your part to accept the activity or task that is offered.

I have read and understood the above and agree to the terms of this agreement.

Signed by Public Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

*(On behalf of City & Hackney Integrated Care System)*

## Appendix 3

### Reward & Recognition Policy Information Sheet for Public Representatives

#### Reward and Recognition Policy

The Integrated Care System (ICS) is committed to involving the public (residents, patients, services users and carers) in the transformation of Health and Care services within City and Hackney. The ICS values the time and effort contributions of Public Representatives and also acknowledges the importance of working closely with those in receipt of care, in order deliver high quality services that reflect the needs of the community.

In reflection of this principle the City & Hackney Integrated Care System Reward & Recognition policy enables members of the public, appointed to the role of Public Representatives, to receive reimbursement of expenses and payment for their involvement in engagement activities at a decision-making level.

#### Out of Pocket Expenses

Expenses include:

- Travel expenses - the cost of travel to and from a meeting, event or activity to which they have been invited.
- Meal subsistence - the limited sum permitted to cover the cost of a meal or refreshments for a Public Representative who is attending a meeting, event or activity during meal times.
- Childcare and carer expenses - for those with parental or main care giver responsibilities, should third party / external support required in order to attend or commit to a function.

Please note: Patient Representatives are encouraged to discuss expenses proactively with the event Organiser or Budget Holder, so that we can prevent you from being out of pocket in the first instance.

#### Reward & Recognition Payments

In accordance with national guidance from the Department of Health, the Reward & Recognition policy offers consistent methods of payment for involvement in engagement activities at a decision-making level.

Under this system of reward and recognition, engagement activities has been divided into three "Levels" (or categories):

**Level 1: 'Open Activity'**. People choose to give information or feedback on open access engagement opportunities, for example responding to online surveys, consultations or attending open public meeting.

These activities **do not** qualify for a Reward and Recognition (R&R) Involvement payment

**Level 2: 'Involvement Activity'**. Where People are invited to participate in engagement activities in which public opinion and feedback is sought. This may require the participant's physical presence, or could incur an out-of-pocket expense in order to participate.

These activities **do not** qualify for a Reward and Recognition (R&R) Involvement payment. However, it may be appropriate to meet certain expenses in relation to the participant's access needs. It will remain at the discretion of the organiser to arrange non-monetary forms of recognition for public involvement in Level 1 & 2 activities.

**Level 3: 'Co-production / Decision Making Activity'**. Involves when we seek joint decisions, encourage additional ideas and decide what to do in partnership with the public. This applies to Integrated Care System Public Representatives when they are actively involved in the following activities:

- Involvement in Care Workstream Management Boards, steering groups and Enabler Groups including;
  - Planning, facilitating, chairing engagement events as part of the Public representative role.
  - Involvement in recruitment and staff interviews
  - Involvement in procurement panels and service evaluations
  - Delivery of training to staff

These activities **do qualify** for a R&R Involvement payment in acknowledgment of the experience and value they bring, as well as the time individuals commit.

Payment for Reward and Recognition of Level 3 activities are honoured at the rate of the London living wage, currently £10.75 per hour - to be updated in line with the [current rate annually](#)). In addition, Participants are entitled to holiday pay of 12.07% which should be added to the hourly rate as involvement is sporadic. This brings the recommended hourly involvement payment to **£12.05**.

It is important to note that those accepting payments are not deemed as employees and therefore not entitled to sick pay, maternity pay or pension.

Participants qualifying level 3 reward and recognition payments can choose whether they would like to:

1. Take part on a wholly voluntary basis
2. Receive a partial payment in line with their benefits threshold and disregard the remainder.
3. Receive payment in full.
4. Donate payment to selected charity

Please see appended examples of engagement activities and the corresponding activity level within the Involvement Payment scale.

### **Key Contact:**

To talk to us about your Reward and Recognition Involvement payments, or to register for payments, please contact Jamal Wallace – ICS Communications & Engagement Enabler Group Lead via email: [jamal@healthwatchhackney.co.uk](mailto:jamal@healthwatchhackney.co.uk)

## Appendix 3.1

### Reward & Recognition Policy Information Sheet for Public Representatives

#### Reward & Recognition – Engagement Activity Levels table.

Activity -examples	Level	Reward & Recognition (R&R) for Involvement
Attendance at public meeting	1	Not applicable
Attendance at a road show	1	Not applicable
Attendance at an exhibition	1	Not applicable
Completion of surveys/polls	1	Not applicable
Activities attend by an NHS/ASC officer but organised by external group/organisation	1	Not applicable
Attendance at boards meetings (as a member of the audience)	1	Not applicable
Activity -examples	Level	Reward
Stakeholder event -invited	2	Out of pocket expenses
Part of discussion group	2	Out of pocket expenses
Attendance at a seminar or workshop	2	Out of pocket expenses
Public panels	2	Out of pocket expenses
One to one interview	2	Out of pocket expenses
Focus group	2	Out of pocket expenses
Coproduction Group	2	Out of pocket expenses
Activity -examples	Level	Reward
One to one interviews (more length, sensitive or complex)	3	Expenses + R&R payment
Involvement in care workstream, enabler group or an agreed sub-group of these.	3	Expenses + R&R payment
Involvement in recruitment	3	Expenses + R&R payment
Involvement in tendering panel	3	Expenses + R&R payment
Involvement in delivering staff training	3	Expenses + R&R payment
Chairing Co-production meetings	3	Expenses + R&R payment

*Please Note: Prior to the beginning of a participant's involvement, the activity Organiser will indicate the level of Reward & Recognition involvement payment available at completion of the event or activity.*



Appendix 4.

***Level of payments for involvement that people who use services can accept (from Social Care Institute for Excellence (SCIE): Paying people who receive benefits – Co-production and participation)***

**Employment and Support Allowance or Incapacity Benefit**

People who receive Employment and Support Allowance or Incapacity Benefit may now earn up to an absolute limit of £125.50 net a week without any time limit. The one-year limit has been abolished for Employment and Support Allowance and Incapacity Benefit.

Employment and Support Allowance, Incapacity Benefit and Housing Benefit are not affected by these earnings providing people follow mandatory benefit procedures and apply to do Permitted Work. The amount of paid involvement must be under 16 hours a week.

People who receive incapacity-based benefits are required to get Jobcentre Plus permission before earning any money. They must download the form PW1 for Permitted Work, complete it and return it to Jobcentre Plus. They should state that they are doing 'service user involvement' so that Jobcentre Plus is informed and made aware that reimbursed expenses must be ignored and notional earnings should not be applied.

**Income Support, Jobseeker's Allowance or Pension Credit**

People who receive Income Support, Jobseeker's Allowance or Pension Credit are only allowed to earn £5, £10 or £20 a week before their benefit is reduced on a pound-for-pound basis (their benefit reduced by £1 for every £1 they are paid over the relevant limit). Recipients of Income Support for incapacity must also apply for Permitted Work before starting. They can earn up to £125.50 a week but earnings over £20 reduce the amount of Income Support they receive on a pound-for-pound basis.

**Carer's Allowance**

People who receive Carer's Allowance can earn up to an absolute limit of £120 net a week. If they also receive Housing Benefit or another means-tested benefit, earnings over £20 a week will lead to reductions of their benefit.

**Making use of the benefit rule that may treat earnings as averaged over a pay period**

Where people receive any of the above benefits for living costs, the Department for Work and Pensions can average out payments for involvement (or work) over a payment period if there is more than one involvement event in the pay period. For example, a payment of up to £60 for two involvement events over a 12-week payment period may not lead to a reduction of Jobseeker's Allowance even if the person can only

earn up to £5 a week (£5 x 12 weeks = £60). Jobcentre Plus will look at each situation to decide if this applies or not.

### **Universal credit**

Universal credit is being phased in and is intended to replace the existing benefits by 2022.

People who receive Universal Credit can start work or involvement at any time and do not need to get permission before starting.

However, when a person has been paid for involvement they must tell Jobcentre Plus before their next payment of Universal Credit is due. They can do this online. It is important to say that it is a payment for service user involvement so that Jobcentre Plus knows that repaid expenses must be ignored and notional earnings do not apply.

The earnings of people receiving Universal Credit will always be averaged over a calendar month as it is paid monthly (where the current benefits are worked out on a weekly basis).

Universal Credit is paid for living costs including housing costs. It allows some people to earn up to a certain amount in a month. This is called a '**work allowance**'. Different groups of people have different amounts of a work allowance.

All payments for involvement (or work) will lead to Universal Credit being reduced by 63 pence for every £1 over the allowance. This does not affect entitlement. There is no limit on the number of hours of paid involvement (or work) that are allowed.

### **Work allowance rates for people who are in receipt of Universal Credit**

There are two rates of **work allowance** for Universal Credit.

The lower rates are for people who are in receipt of Universal Credit for the costs of their rent.

The higher rates of work allowance are for people who are in receipt of Universal Credit that does not include any amount for housing costs (rent).

### **Universal Credit lower work allowance**

People in the following groups who are in receipt of Universal Credit that includes rent costs have a work allowance of £192 per calendar month:

- single people responsible for one or more children or qualifying young persons
- single people with limited capability for work
- joint claimants responsible for one or more children or qualifying young persons.

This means that for the above groups of people earnings of up to £192 per calendar month have no effect on Universal Credit including the costs of rent (but not mortgage costs).

## **Universal Credit higher work allowance**

People in the following groups who are in receipt of Universal Credit that does NOT include rent have a work allowance of £397 per calendar month:

- single people responsible for one or more children or qualifying young persons
- single people with limited capability for work
- joint claimants responsible for one or more children or qualifying young persons.

This means that for the above group[s] of people earnings of up to £397 per calendar month have no effect on Universal Credit.

## **Mortgage interest**

People who claim Universal Credit for the costs of mortgage interest must take care.

Universal Credit for mortgage interest will be stopped entirely for 39 weeks if the person receiving Universal Credit earns any money at all, even just £5.

Reimbursed expenses for involvement are ignored. Jobcentre Plus should be told that the payments are for service user involvement.

## **Council Tax Support/Reduction**

Council Tax Benefit was replaced by Council Tax Reduction in 2013. The official name is Council Tax Reduction but most councils call it Council Tax Support.

Each local authority makes its own rules on charging for Council Tax for people of working age. In some local authorities, people who are in receipt of benefits may be charged if they have earnings from involvement, although the local authority may average payments over several weeks. People should contact their council and find out about the local arrangements.

The rules have not changed for people who are in receipt of a pension.

Appendix 5 – Reward & Recognition Policy grant funding breakdown – City & Hackney Healthwatch Grant Agreement.

## SCHEDULE 2 – THE GRANT

1. The value of this agreement is £193,350.58 which is set aside for Co-production and Patient Engagement related to Integrated Commissioning.
2. The amounts that have been allocated to Co-production and Patient Engagement related to Integrated Commissioning are detailed in the table below.

DESCRIPTION	NOTES	AMOUNT
Engagement and Coproduction Manager	Apr19-Mar20	£ 44,391.00
Engagement and Coproduction Manager 10% Management Fee 19/20	Apr19-Mar20	£ 4,439.10
Management Overhead		£ 5,000.00
Involvement and Participant Access Need Payments		£ 32,644.08
Time Credits	ex VAT	£ 40,833.35
Workstream coproduction (2019/20 estimate)	3 events, 10 activities	£ 20,000.00
	<b>Sub-total</b>	<b>£ 147,307.53</b>
Workstream coproduction (2020/21 estimate)	3 events, 10 activities	£ 20,000.00
Engagement and Coproduction Manager	Apr20-Sep20	£ 22,195.50
Engagement and Coproduction Manager 10% Management Fee April 20/September 20	Apr20-Sep20	£ 2,219.55
Rooms (100 x 10 meetings) Travel (30 x 10) Refreshments (180) + 10% management fee		£ 1,628.00
	<b>Sub-total</b>	<b>£ 46,043.05</b>
	<b>TOTAL</b>	<b>£ 193,350.58</b>

## Integrated Commissioning Glossary

ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DToc	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking,

		<p>Havering &amp; Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.</p>
FYFV	NHS Five Year Forward View	<p>The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.</p>
IAPT	Improving Access to Psychological Therapy	<p>Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.</p>
IC	Integrated Commissioning	<p>Integrated contracting and commissioning takes place across a system (for example, City &amp; Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.</p>
ICB	Integrated Commissioning Board	<p>The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.</p>
ICS	Integrated Care System	<p>An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local</p>

		authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LBH	London Borough of Hackney	Local authority for the Hackney region
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.
MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.



STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty vanguard sites were established and allocated funding to improve care for people in their areas.

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