Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Hackney Scrutiny Commission are requested to attend the meeting of the group to be held as follows

Wednesday 10 January 2024

7.00 pm

Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

The press and public are welcome to join this meeting remotely via this link:
https://youtube.com/live/He0nB5ppjIc

Back up live stream link: https://youtube.com/live/WONw13DiCfA

If you wish to attend please give notice and note the guidance below.

Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Dawn Carter-McDonald
Interim Chief Executive, London Borough of Hackney

Members: **Cllr Ben Hayhurst (Chair), Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Sharon Patrick (Vice-Chair), Cllr Ifraax Samatar, Cllr Claudia Turbet-Delof and Cllr Humaira Garasia**

1 Labour and 1 Conservative vacancy

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

Access and Information

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at https://hackney.gov.uk/council-business or by contacting Governance Services (020 8356 3503)

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council.

We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet.

We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - https://hackney.gov.uk/coronavirus-support

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease, and all recording equipment must be removed from the meeting. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Advice to Members on Declaring Interests

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in

another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission, or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email dawn.carter-mcdonald@hackney.gov.uk

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website http://www.hackney.gov.uk/contact-us.htm or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

Scrutiny Panel

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Hackney

Health in Hackney Scrutiny Commission 10th January 2024 **Update on the implementation of the Met Police's 'Right Care Right Person' model**	Item No **4**

PURPOSE

To receive an update from the Director of Adult Social Care and Operations on how the 'Right Care Right Person' model has been working in Hackney since its implementation.

OUTLINE

At its meeting on 17 July the Commission discussed with local health and care partners that some patients may fall between the safety nets here should Metropolitan Police proceed with implementing this new 'Right Care Right Person' model as planned on 31 August. This represents a fundamental change to when Police will be deployed, particularly around welfare concerns, mental health incidents or missing persons or those who have absconded from hospital. Reassurances were given and the Chair asked for an update after 6 months.

The minutes of that discussion and the papers considered are here: https://hackney.moderngov.co.uk/mgAi.aspx?ID=42598

The Met Police proceeded with implementing the policy on 1 November.

Attached please find a briefing on the impact of the changes and the Chair has invited:

Georgina Diba, Director - Adults Social Care and Operations

to provide a further verbal update.

ACTION

The Commission is requested to give consideration to the report and discussion and make any recommendations as necessary.

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WHAT IS RIGHT CARE, RIGHT PERSON?

RCRP is an operational model that provides guidance on the way the **MPS responds to health related calls.**

RCRP is aimed at making sure the **right agency deals with health-related calls, instead of the police being the default first responder** where there is a concern about a person's physical or mental health.

RCRP CONTEXT

2020 — RCRP introduced and piloted by **Humberside** in 2020 in a phased approach

Feb 2023 — **Letter from Home Secretary** announcing the intention for a **National Partnership agreement to implement RCRP**

May 2023 — **MPS Commissioner** confirms to London's Health & Social Care providers that the **MPS will introduce RCRP by Autumn 2023**

July 2023 — **RCRP National Partnership Agreement** signed by Home Office, NPCC, APCC, CoP, NHS, and Dept. for Health & Social Care

Sept 2023 — **MPS RCRP policy written,** legal advice received and formally signed off by MPS Management Board

1st Nov 2023 — **MPS operational go-live for RCRP**

A partnership approach
to ensure the right response
by the right professional

Right Care
Right Person

Right Care, Right Person

Briefing Pack for Partner Agencies

Right Care, Right Person team, Metropolitan Police Service
September 2023

METROPOLITAN POLICE

MORE TRUST | LESS CRIME | HIGH STANDARDS

THE FOUR PILLARS OF RCRP

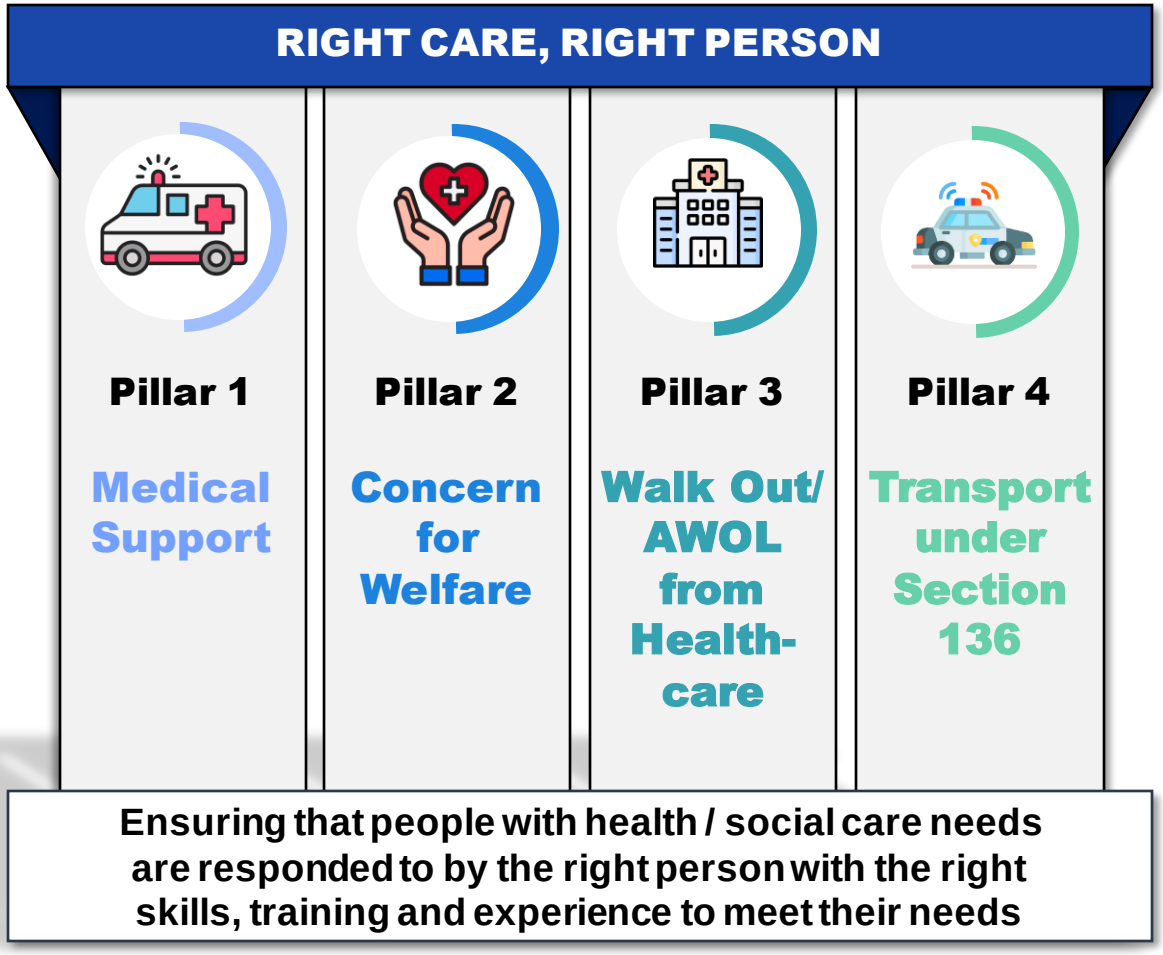
The MPS RCRP policy applies to four health-related pillars only

PILLAR 1:
MEDICAL SUPPORT

When a member of the public requests medical support Incidents in which police are already present when medical support is requested or required

PILLAR 2:
CONCERN FOR WELFARE

When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual



PILLAR 3:
WALK-OUT / AWOL

When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services

PILLAR 4:
TRANSPORT UNDER S136

Transporting a person detained under s136 to a health based place of safety and undertaking a timely handover to a medical professional

PILLAR 1: MEDICAL SUPPORT

The MPS' RCRP policy defines Medical Support as…

> *Requests made directly to police that relate to a person's physical or mental health*

- As a general rule, the **MPS will not respond** to requests for medical support as this is not a matter for police

Exceptionally, the MPS may respond to members of the public seeking medical support…

- Where there is an immediate risk to life/serious harm and no ambulance or other healthcare professional is available. This situation should only arise very rarely e.g. during an ambulance strike
- The person concerned poses a risk to the safety of others and a police response is necessary in order to prevent crime and protect the lives of others
- MPS officers encounter a member of the public who requests / needs medical support in the course of normal policing duties e.g. whilst on patrol

PARTNER EXPECTATIONS

Other agencies will generally be better placed to respond to requests for medical support, such as health or social care

As a general rule, partners are expected to respond to requests for medical support without the assistance of police

This ensures the public receives the right response by the right professional and helps to avoid inappropriate criminalisation, particularly of those in mental health crisis

PILLAR 2: CONCERN FOR WELFARE

The MPS' RCRP policy defines a welfare check as...

> *When a request is made for police to visit someone who is believed to be vulnerable or at risk for a wide variety of reasons*

- As a general rule, the **MPS will not respond** to a concern for welfare request as it is not a matter for the police. A concern for welfare call by definition does not engage one of the core policing functions as it is essentially a request to check if someone is ok
- **Exceptionally** the MPS may attend if there is an immediate risk to life/serious harm and the MPS are the most appropriate agency to respond e.g. specialist negotiator capability is required
- Police will continue to attend incidents that relate **core policing functions, e.g. where a crime has been committed**

PARTNER EXPECTATIONS

Welfare checks should be conducted by the agency who is already engaged with the individual / family and who already owns a legal duty of care

It is recommended that partners alter their operating practices to ensure their staff are available to carry out their own checks / assess risk adequately

Police do not have power of entry for a concern for welfare check

This ensures the public are seen by the service they are engaged with; continuity is maintained and the person conducting the check is able to meet their care needs

PILLAR 3: WALK OUT/AWOL FROM HEALTHCARE

The MPS' RCRP policy defines AWOL / walk-out as...

> *Generally relating to services provided by any healthcare setting where a patient may have attended for physical or mental health treatment*

- As a general rule the **MPS will not automatically respond** to a request to locate a patient who has walked out / AWOL from health care settings
- **Exceptionally** the MPS may respond to requests if there is an immediate threat to life/serious harm (not incl. suicide ideation) and the MPS are the most appropriate agency to respond
- The MPS will respond when the patient is subject to **Part III Mental Health Act** where they are connected to criminal proceedings

PARTNER EXPECTATIONS

Health care providers are expected to fulfil their own obligations, and take all appropriate steps to locate walk out/AWOL patients for whom they have responsibility

Many Healthcare Trusts have signed a joint responsibility agreement for Walk Out / AWOL under **the Affinity Protocol** with the MPS

This ensures the relationship between patient and provider is maintained and ongoing care and support is not compromised by unnecessary intervention by the officers

PILLAR 4: PATIENT TRANSPORT AND HANDOVERS UNDER SECTION 136

The MPS' RCRP policy...

Aligns with existing agreements (Londoners Crisis Care Pathway) regarding the transport and handover of members of the public under Section 136, outlining MPS responsibilities and expectations clearly

- When officers detain a person under Section 136 Mental Health Act, **LAS must be contacted** to transport the person to a health-based place of safety

- **Officers may decide to use an MPS vehicle** to transport the person to a health facility **if officers at the scene** judge that the ambulance ETA would cause a delay to the **detriment of the person's health**, or create a **risk to anyone present**

PARTNER EXPECTATIONS

When officers make the decision to detain a person under Section 136 Mental Health Act, the LAS are expected to expedite an ambulance response and be the primary transport mode to ensure the safety of the person

At a **Mental Health facility**: a medical professional should conduct a handover with police within **one hour of police arrival** as agreed between NHS and MPS (2.26 of the Londoners Crisis Care Pathway)

At **A&E:** psychiatric liaison services should see the patient within **one hour of police arrival** allowing officers to handover and leave (3.10 Londoners Crisis Care Pathway)

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Hackney

Health in Hackney Scrutiny Commission 10th January 2024 **Update on future options for soft facility services at Homerton Healthcare**	Item No **5**

PURPOSE

To receive an update from Homerton Healthcare on the current status of discussions about the future of the 'soft facilities services' at the Trust including possible insourcing. Soft services refer to catering, portering, cleaning, security services etc

OUTLINE

At its meeting on 8 Feb 2023 the Commission discussed the issue of future options for soft facility services at Homerton Healthcare and the Chair asked for an update within a year. The minutes and papers for that meeting are here: https://hackney.moderngov.co.uk/mgAi.aspx?ID=41549

Previous to this on the 9 July 2020 the Commission dealt with this issue in some depth when there were discussion with the previous CE about the 5 year extension which had just been granted to ISS for these services. This comes to an end in summer 2025. The minutes and papers for that meeting are here: https://hackney.moderngov.co.uk/ieListDocuments.aspx?CId=124&MId=4956

Senior management from Homerton Healthcare will provide a VERBAL update.

Attending for this item will be:
Louise Ashley, CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL and/or **Basirat Sadiq,** Deputy Chief Executive, Homerton Heatlhcare
Rob Clarke, Chief Finance Officer, Homerton Healthcare

ACTION
The Commission is requested to give consideration to the update and make any comments as necessary.

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Hackney

Health in Hackney Scrutiny Commission 10th January 2024 **Integrated Delivery Plan for City & Hackney Place Based Partnership**	Item No **6**

PURPOSE
This item was suggested by the Clinical Director to update members on the progress being made by the City and Hackney Place Based Partnership which sits under the North East London Integrated Care Board.

OUTLINE
At its meeting on 15 Nov the Commission discussed the organisational structures of the City and Hackney Place Based System. The minutes and reports on that discussion are here:
https://hackney.moderngov.co.uk/mgAi.aspx?ID=43060

It is noted that the Council has ongoing discussions within the various NHS partnership structures to protect resources in City and Hackney and there is a general concern that finances behind these structures sit very much with the ICB and this at a time when the NHS is under increasing budgetary pressure.

Attached please find
b) Integrated Delivery Plan 22-24 for C&H Place Based System
c) C&H PBP Governance Chart
d) NEL ICB System Planning Cycle 24/25

The latter went to City and Hackney Health and Care Board and relates to the *NEL ICB Joint Forward Plan* which it must submit to NHSE in Feb.

Attending for this item will be:
Dr Stephanie Coughlin, Clinical Director, C&H PBP
Amy Wilkinson, Director of Partnerships, Impact and Delivery, C&H PBP

ACTION
The Commission is requested to give consideration to the report and discussion and make any recommendations as necessary.

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APPENDICES

City and Hackney Place Based Partnership

Delivering the City and Hackney Partnership Strategy:

2022-24 Integrated Delivery Plan

Introduction

The City and Hackney partnership brings together health and social care organisations who have committed to work together to support improved outcomes and reduce inequalities for our local population. The partnership is overseen by the City and Hackney Health and Care Board and the board have agreed a set of strategic focus areas and the integrated delivery Plan for 2022-24 that describes how we will deliver this strategy.

Context

The Integrated delivery Plan does not describe the totality of the work underway within each of our organisations. We have taken an outcomes led approach, meaning that we have developed actions that will address population health challenges. Many areas of the plan will be driven by, or link to NEL-wide programmes, though we have only captured the City and Hackney element of these.

Content

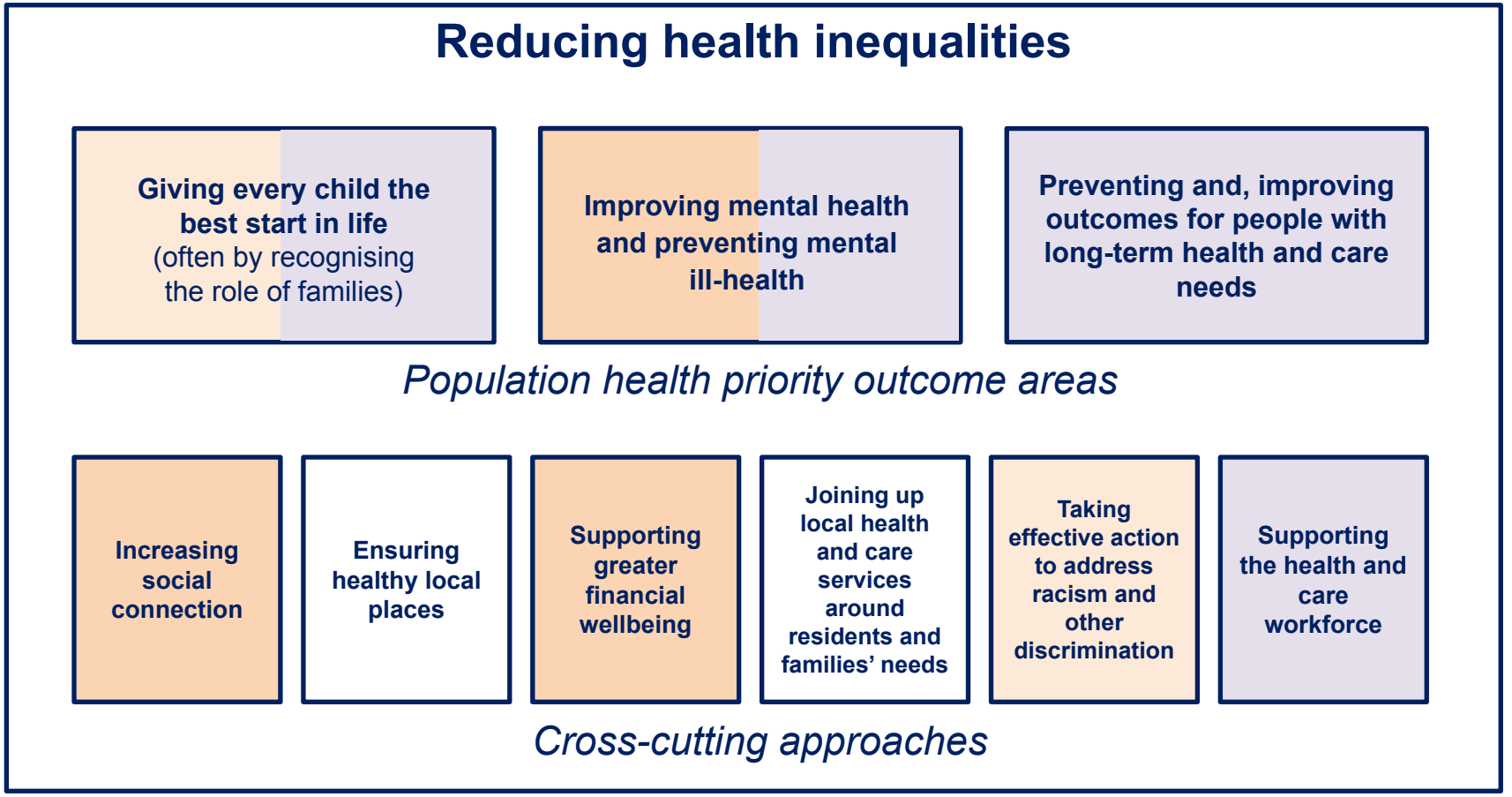
The pack includes:

- A reminder of the strategic focus areas
- High level view of achievements and risks
- Progress against our **'big ticket items'**.
- We have flagged the most significant risks and issues in red

The progress report against the full delivery plan can be provided on request

Work is underway to develop a partnership performance report that will track delivery of key outcomes and process measures against the delivery plan.

Strategic focus areas for the City and Hackney Place-based Partnership



=Hackney HWB focus area

= Hackney HWB specific 'lenses': (approaches to reducing health inequalities)

= NEL ICS four partnership priority areas

= reflecting LTP response / long term C&H partnership ambitions / Neighbourhoods Programme vision

High Level View of achievements & risks and issues

Key Highlights and achievements

Partnership response to cost of living pressures has enabled us to mobilise a Money Hub- which has directly increased income going to individual households.

Maintaining good operational performance, high quality services and partnership working in the context of severe demand on services and industrial action

Improved outcomes from taking a personalised approach for people with SMI – the use of personal health budgets and a digitised personally held care plan has led to 40% improvements in wellbeing scores

Partnership approach to supporting homeless and vulnerably housed people enabled us to sustain services that were implemented as interim measures during CoVID but have proved to be effective, including the Lowri House step down accommodation, the primary care out-reach service from the Greenhouse and additional housing workers supporting the Pathways homeless team in Homerton and ELFT

Further expansion of our Neighbourhoods model including development of the proactive care service, piloting a Neighbourhood community gyneacology and CVD service, plus we have started to implement four family hubs that map to our Neighbourhoods

Launching an expansive OD programme across Neighbourhoods – this will build relationships across our Neighbourhoods teams and equip staff with skills needed to deliver Neighbourhood

Innovative approach to addressing huge pressures on CAMHS service by expanding the early help and prevention offer for children - particularly across our schools where we have increased Mental health support teams

Key Challenges and Issues

Continued impact of cost of living pressures

High levels of demand on services, particularly urgent and emergency care and adult social care

Industrial action which put more pressure on services and distracted from implementing improvements and/or service developments

Our childhood immunisation and vaccination rates continue to be very low within certain communities – in Springfield Park Neighbourhood we are seeing only 30% coverage of childhood vaccinations at age 1. We have had a number of outbreaks over the last few years, including the recent pertussis outbreak.

Increased prevalence of mental health issues in children and young people – it is estimated that since the pandemic prevalence of a diagnosable condition has increased 10% to 18% across our CYP population.

The Big Ticket Items – How we have progressed

Giving children and young people the best start in life - The Big Ticket Items

1. CYP Emotional Health (Addresses cross cutting approaches: B, C, E, F)

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
The outcomes we expect our work around CYP Emotional health to drive include: • Reductions in crisis mental health presentations to ED for CYP • Improvements in mental health and wellbeing outcomes for specific communities	✔ Embedded the new Emotional Health and Wellbeing Partnership to deliver new 0-25 Integrated Emotional Health and Wellbeing Strategy which focuses on a whole system approach to CYP mental health and wellbeing based on the Thrive principles. ✔ Expanded the early help and prevention offer to address the surge in CAMHS demand – this included Tree of Life in schools, Quicksteps Pre-Crisis service, Silver Cloud guided self-help pilot. We also increased capacity in CAMHS 16-25 services. ✔ A new single point of access to CAMHS went live November 22, there is a future ambition to integrate this with the LBH Early Help Single Point of Access ✔ We are slightly below target for the agreed CAMHS access rate with NEL (-9% under). However, C&H remains the highest performing NEL place-base footprint for the number of CYP accessing CAMHS	• Integrated CAMHS fully functioning, including single point of access • Integrated Emotional health and wellbeing strategy action plan being delivered to timescales • Ongoing management of CAMHS demand and supply issues • Super youth hub implemented • Wellbeing And Mental Health in Schools (WAMHS) in all schools, and expansion of Mental Health in Schools Teams (MHSTs)	• *Since the pandemic the estimated Mental Health prevalence rate of diagnosable mental health conditions for CYP in C&H has increased from 10% to an estimated 18%. This is reflected in the referral numbers to CAMHS and the subsequent impact on waiting times.*

2. Children and Young People (CYP) with Complex health needs, Special Educational Needs and Disabilities, (Addresses cross – cutting approaches: B,C,D,E,F)

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
The outcomes we expect our work around CYP with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism to drive include: • An increase % of children achieving good level of development • Improved health and educational outcomes for those at risk of exclusion • Improved health and educational outcomes for those with complex needs, SEND and autism	✔ Preparation undertaken for SEND inspection – this is still pending but will take place in 2023 ✔ Model and funding and funding agreed for family social prescribing service to provide improved community support for families and pre-and post-diagnostic support. ✔ Agreed delivery plan and Department of Education funding secured to implement integrated family hubs ✔ Funding secured to address clinical backlogs in Autism, learning disabilities, speech and language therapies and occupational therapies. Therapy recruitment remains challenging ✔ Tier 2 audiology Service transferred from Homerton to Barts from 1/4/23 with HHFT funded to address significant backlog over the next 6-8 months – waiting times in the service remain a risk	• Implementation of new autism diagnostic pathways and pre and post diagnostic support • Review of, and recommendations for future of intensive support pathway agreed • Outcomes and recommendations arising from partnership SEND inspection agreed, with delivery plan (likely SEND inspection 2023). • Implementation of family social prescribing and key worker service	• *Lack of visibility of waiting times and activity in SEND services, HHFT statutory performance tracker has been developed and following piloting will be shared with partners* • *Recruitment remains a risk to funded waiting list initiatives and additional capacity* • *Tier 2 audiology waits continue to be long; Barts are now delivering the service but did not take existing long waits. HH are therefore now delivering a backlog reduction programme.*

Giving children and young people the best start in life - The Big Ticket Items

3. Improving uptake of childhood immunisations and vaccinations (Addresses cross cutting approach: A & F)

Expected outcomes:

The outcomes we expect our work around improving uptake of childhood immunisations and vaccinations to drive include:

- Increase immunisation coverage
- Increase % children achieving good level of development
- Increase in LAC health
- Reduce infant mortality rate

2022/23 Activities

- ✔ Developed a system wide plan to address childhood immunisations. This is being delivered, with a flex to respond to the polio booster campaign in 2022.
- ✔ 100% of all children offered the polio booster
- ✔ Implementation of North East Hackney call and recall service, accompanied by dedicated communications campaign.
- ✔ Recruited a Childhood Immunisations Programme Manager and Primary Care Co-ordinator , now recruiting a Family Nurse Practitioner for North East Hackney.
- ✔ Close working with Hatzola as the highly trusted vaccination provider in North East Hackney

2023/24 Activities

- Explore options for devolved commissioning of immunisations and vaccinations to the ICB (currently commissioned by NHSE)
- System plan to improve uptake being delivered, with a range of delivery models
- Any outbreaks effectively managed and addressed

Key risks and Issues:

- *Continued low level of uptake of childhood immunisations across City and Hackney, particularly in North East Hackney*
- *There is no funding to support planning and delivery of rollout, post changes to commissioning arrangements in 2013 when NHSE took on commissioning of immunisations*
- *Limited capacity within primary care and multiple priorities (both clinical and administrative) is a barrier to being able to deliver the programme at pace. This is a particular pressure for CYP vaccines which must be delivered by a registered healthcare professional.*
- *CYP Covid offer has been decreased significantly in line with national guidance. No community pharmacies in C&H vaccinating 5-11 year olds for Covid*

Improving mental health and preventing mental ill-health - The Big Ticket Items

4. Serious Mental Illness (SMI): integrated, personalised support

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
• 70% rate for SMI physical health checks • 1,500 Personalised Patient Owned Digital Care Plans • 400 PHBs digitalised linked to personalised care plans • 45%+ significant wellbeing improvement for PHBs	✔ SMI physical health checks are 60.3 % we continue to be the highest PBP in NEL and we are on track to achieve 70% by the end of Q4 ✔ 1,500 Personalised Patient Owned Digital Care Plans were developed, and we are expanding the digital care plan programme into the Early Intervention Services ✔ 400 personal health budgets were given out, each one linked to their digital care plan. We have seen a 45% improvement in well being from the personal health budgets.	• Shift digital plans to real time with bi directional feedback on PROMs • Expand digital care plans beyond SMI	• ***Some practices are struggling to deliver primary health care to their SMI patients.*** *We proposing to offer lower performing practices admin support and also hire an extra HCA to support practice outreach.* • ***Technical issues with Patient Knows best (Digital Care Plans) have led to*** *patients being sent multiple emails whenever the system updates. PKB expansion into EIS services and primary care has been paused. It is estimated that it will take 4-6 weeks to rectify the problem.*

5. Common Mental Health Problems

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
• 30% Access rates • 30% increase in LTC access from 2021-22 • 10% increase in BME access from 2021-22	✔ City and Hackney achieved its access target with 29.2 for Q2 – the highest in NEL; We are on target to meet the access target at system level ✔ The IAPT service is working in operation with local foodbanks and employment centres to support people with cost of living pressures. ✔ IAPT is now working collaboratively with HH CAMHS (First steps) to take referrals for 16-25's year olds	• Long term condition (LTC) pathways fully implemented and embedded for all major LTCs with mental health co-morbidity including: diabetes, IBS, COPD, cardiology, oncology	• *Increased complexity of the IAPT caseload are putting pressure on IAPT services. This is particularly challenging as IAPT access targets require a minimum number of new patients to be seen*

Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

6. Enhanced Community Response - 2 hour community response (UCR); Virtual Wards (VW) (PbP element)

Expected outcomes:

- Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach.
- An improved health-related quality of life for people with long term conditions
- A reduction in the inappropriate use of the urgent - emergency care system – which would improve management of urgent care in away from ED
- Reduced mortality / morbidity from emergency presentations
- An improvement in patient experience of urgent care services
- Resident knowledge of urgent and community care services and confidence in using them

2022/23 Activities

- ✔ Work underway to Carry out a stocktake of current Urgent Community Response (UCR) provision in C&H, increase referrals from all routes into UCR and improve data quality and completeness
- ✔ Virtual ward programme established, agreement to implement a VW in for frailty and for respiratory. The model is being finalised

2023/24 Activities

- Continue work to maintain and improve UCR to maximise benefits
- Deliver new Telecare Response Service, ensuring it is integrated into the wider urgent and emergency care services across C+H
- Procurement of End of Life Rapid Response service
- Continued roll out and development of VW provision– ensuring alignment with UEC and exploring opportunity to work across NEL to maximise benefits delivered

Key risks and Issues:

- *Workforce challenges in all areas is impacting on service delivery*
- *Ongoing high levels of pressure on the urgent care system, coupled with industrial action has distracted from delivery of ongoing improvements*
- *Provision of UCR is split across services – increases challenge in providing single point of access and streamlined referral*
- *The virtual ward model is novel, it has been difficult to understand the scope of opportunity and therefore to understand likely demand. The funding envelope is also constrained.*
- *Ongoing high levels of pressure on the urgent care system, coupled with industrial action has distracted from delivery of ongoing improvements*

7. Homelessness and vulnerably housed (Addresses cross cutting approaches: a,b,c,d)

Expected outcomes:

- A reduction in the number of residents in vulnerable housing
- An improvement in the population
- vaccination rates
- An increased engagement with health, social care and wider services

2022/23 Activities

- ✔ Established system and partnership governance for homeless and vulnerably housed. Mapping and review of outreach services completed.
- ✔ Secured an additional year of non-recurrent funding for Lowri House (a 6-bed unit that enables step-down from hospital, or step up from the community), and Routes to Roots Housing workers to match the 2-year funded Pathway Discharge Team working out of the Homerton and ELFT

2023/24 Activities

- Develop Business Case for recurrent funding of Pathway Discharge team, Lowri House step down beds and Routes to Roots Housing Workers.
- LBH and ColC are developing homeless and rough sleeper strategies in 2023
- Develop primary care homeless service in the City

Key risks and Issues:

- *Sustainability of funding for key services*

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Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

8 Long Term Conditions

Expected outcomes:

- A reduction in premature mortality from cardiovascular and respiratory illness
- Improved blood pressure control in particular within black population
- Improved diabetes outcomes (Blood glucose, blood pressure and cholesterol)
- Accurate diagnosis of diseases to enable correct management and treatment in community – (avoid unnecessary hospital admissions)

2022/23 Activities

- ✔ Improved diabetes care through increased referrals into the NHS Diabetes Prevention Programme (NDPP); launched an awareness and education programme for diabetic foot care in primary care and the community; recruited specialist psychology roles to support people with type 1 diabetes.
- ✔ Worked with our Community champions to deliver a range of community events around diabetes, hypertension and healthy living with our Community Champions
- ✔ 2 year pilot for a Spirometry 'Hublet' approach agreed - Spirometry is one of the essential lung function investigations in the diagnosis, severity assessment and monitoring of many respiratory condition, this will be provided via an outreach offer in Neighbourhoods provided by the Homerton ACERs services.
- ✔ Agreed the specification for a post-stroke community support service – we will go to procurement in 2023.
- ✔ Developing Risk Stratification approaches within primary care to identify high risk individuals and offer proactive care to improve management of their LTC and to reduce their risk of experiencing adverse event/unplanned admission in relation to their condition.

2023/24 Activities

- Re-engage with PCNs to roll out Low Calorie Diet for Type 2 diabetes remission to remaining practices.
- Launch digital structured education offer for Type 2 Diabetes
- Roll out PCN Diabetes Covid recovery scheme to increase diabetes care processes completion
- Implementation of Blood Pressure Monitoring (BPM) @ Home from all practices
- Implementation of 2 year pilot spirometry service to be delivered by ACERs in primary Care

Key risks and Issues:

- *NEL clinical leadership restructure may affect future delivery of projects*
- *BMP@Home Risk: Practices not wanting to signup to programme:*
- *Not having volunteers to distribute BP monitors to practices*
- *Capacity of some PCNs to engage with an additional programme. Engaging directly with interested practices in these cases.*

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Preventing and improving outcomes for people with long-term health and care needs - The Big Ticket Items

9. Discharge

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
• An improvement in health-related quality of life for people with long term conditions • Making sure more people are able to live independently for longer	✔ Significant partnership response to strike action mobilised through the year – ensuring that flow was maintained during particularly pressured times ✔ Homerton discharge performance remained above the London and National averages ✔ Independent review of C&H Discharge pathways undertaken – awaiting final recommendations and action plan to be developed. ✔ Flow initiatives in ELFT put in place, utilising BCF monies, in order to reduce pressure on mental health capacity.	• Implementation of improvement plan / recommendations from Discharge Review	• *There is no long term funding settlement for adult social care* • *Any Discharge funding is non-recurrent and short term. This limits our ability to plan and deliver improvements*

10. Supporting Residents with cost of living

Expected outcomes:	2022/23 Activities	2023/24 Activities	Key risks and Issues:
• Maximising individual and household incomes via improved access to all available benefits • Reduction in people becoming homeless • Ensuring all residents have access to healthy and wholesome food • Ensuring residents can keep their homes warm	✔ Rolled out a programme of training and information to all of our front line workforce to help equip them with the tools needed to support their clients/patients with cost of living pressures. This included implementing a direct referral service from a selection of services so that their clients/patients could access up to £200 emergency funding from the household support fund ✔ Set up food and advice networks across the voluntary sector to support local community organisations to provide vital services within each Neighbourhood ✔ Our community partners mobilised over 25 warm hubs which we advertised through the council and in Neighbourhoods ✔ We launched the money hub in November 2022 which provides advice and direct access to benefits for residents – this in on track to bring in an additional £1m of income to our residents in its first year of operation ✔ Implements a 'Green Doctor' scheme in the City to support residents to improve the energy efficiency of their homes	• Develop a sustainable model for the Money Hub – which is currently funded non-recurrently • Integrate the Equipping Front Line staff programme into existing and BAU staff training, particularly in Neighbourhoods • Continue to develop our food and advice networks, using learning from what has worked so far	• *Poverty continues to be a critical issue for many residents, inflation in continuing to grow and local action will be insufficient to completely tackle this*

The City and Hackney Place Based Neighbourhoods Programme

Cross cutting approaches:			
	a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
	d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area **Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f**	**2022-23 Activities & Progress Made**	**2023-24 Plan**	**Key risks and Issues:**
The outcomes we expect each action area to drive: • Staff are actively working 'upstream' on prevention and addressing rising needs • There are Neighbourhood System Partner Plans in place focused on prevention and rising needs • Staff have a clear understanding of the pathways to multi-agency forums to discuss resident's needs at an early help level • Patients and service users receive the care they need when and where they need it • Staff are confident at information sharing across agencies in a proactive way using information sharing agreements and best practice	**Neighbourhoods Priority 1: Addressing Rising Need** New Neighbourhoods anticipatory care pathway for frailty developed. It includes a participatory budget for each Neighbourhood to develop a specific service Community Navigation Strategy launched. Neighbourhoods navigation networks put in place which bring together the workforce in each Neighbourhood to share resources and provide peer support. Community navigation services have been mapped an a guide has been developed for professionals **Neighbourhoods Priority 2: Driving and improving multidisciplinary teams** Partnership agreement to collaboratively develop an options appraisal for the development of Neighbourhood teams Agreement to develop four family hubs that map to the Neighbourhoods footprint and bring CYP services into the Neighbourhoods model **Neighbourhoods Priority 2: Driving and improving multidisciplinary teams** Neighbourhoods organisational development programme launched, supported by the workforce enabler. This will provide training and events that build relationships in Neighbourhoods and equip staff with new skills to support Neighbourhood working. **Neighbourhoods Priority 4: Embedding a structure for resident involvement in Neighbourhood decision making** Neighbourhoods forums have been established, bringing together voluntary sector, residents and statutory partners in each Neighbourhood. They are developing their own priorities Neighbourhoods public facing website launched Full evaluation of the Neighbourhoods programme has been started undertaken by Renaisi	• Continue to mobilise and develop the Proactive care pathway with residents, the OoPCNs and other partners • Operationalise the Community Navigation strategy • Implement the next phase of Neighbourhoods teams • Full delivery of the OD plan • Further work to increase resident involvement in Neighbourhoods forums, • Establish Neighbourhoods leadership teams	• *The ICB financial position could impact funding allocated (from ageing well) for spending on the proactive care pathway.* • *Multiple barriers to moving funds between organisations to develop the proactive care pathway.* • *Staff working in the proactive care team are all on fixed term contracts which could lead to instability for the service.* • *Work on the options appraisal paper will need much collaborative working/resource between system partners to envisage the most appropriate model of Neighbourhood teams for City and Hackney* • *The evaluation is highly complex and we may not have the right data to establish meaningful findings against all domains*

Appendix: The Full Integrated Delivery Plan

Strategic Priority: Giving children and young people the best start in life.

***Addressing Cross cutting approaches**:*
a = Ensuring healthy local places;
b = Joining up local health and care services around residents and families' needs;
c = Increasing social connection;
d = Supporting greater financial wellbeing,
e = Taking effective action to address racism and other discrimination;
f = Supporting the health and care workforce

Partnership Leads : Amy Wilkinson, Chris Pelham, Ellie Ward, Jacquie Burke, Sarah Wilson

Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

Cross cutting approaches:

a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
1. **AREA OF PRIORITY/ BIG TICKET ITEM** **CYP Emotional Health** (Cross cutting approach: B, C, E, F) *We are prioritising earlier prevention and wellbeing for children and families. In line with our new Integrated Emotional Health and Wellbeing Partnership action plan, we continue to ensure CAMHS recovers capacity through integration and strengthening support for our vulnerable groups, around eating disorders, crisis and transition.*	The outcomes we expect our work around CYP Emotional health to drive include: • Reductions in crisis mental health presentations to ED for CYP • Improvements in mental health and wellbeing outcomes for specific communities	• Embed new Emotional Health and Wellbeing Partnership enabling **better joint working and collaboration** and shared objectives (delivers our new 0-25 Integrated Emotional Health and Wellbeing Strategy) • **Continue to manage the surge in CAMHS, implementing mitigation to** prevent system failure and clearing referral backlog. • Work with LBH comms team to **improve uptake of the IAPT** service for 18-25s and work on SCAC assessment clinic, including waits. • **Establish the single point of access and progress CAMHS integration. Plans agreed.** • **Further align priorities across NEL and the NEL CAMHS priorities**. Significant pressures in the outer boroughs. • Agree, and commence deliver of co-produced **Eating Disorder action plan** (more investment in community provision and family support)	• Scope and **develop LGBTQ emotional wellbeing offer** for young people and schools • Continue **to implement CAMHS integration**, exploring SPA co-location with early help hub • **Continue to manage the surge in CAMHS, and implement mitigations** • Development of **super youth hub** design with partners (may include primary care, secondary care, CAMHS and universal health provision) • Expand the **Wellbeing and Mental Health in schools programme** from 80% coverage to 100% of schools (MHSTs in 75% of schools) • Further roll out of **OJ WAMHS in independent** schools and launch OJ families clinical service • Refresh and re-launch of **Young Black Men's Mental health** partnership and workplan	• Integrated CAMHS fully functioning, including single point of access • Integrated Emotional health and wellbeing strategy action plan being delivered to timescales • Ongoing management of CAMHS demand and supply issues • Super youth hub implemented • WAMHS in all schools, and expansion of MHSTs • Further targeted work for on reducing inequalities for specific groups being delivered	Amy Wilkinson, Greg Condon, Sophie McElroy, Mariona Garcia, Chris Pelham, Julie Proctor, Mags Farley, Temitope Ademosu

Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s:	Children, Young People, Maternity and Families		
Cross cutting approaches:	***a*** **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
	d **=** Supporting greater financial wellbeing	***e*** **=** Taking effective action to address racism and other discrimination	***f*** **=** Supporting the health and care workforce

2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
2. **AREA OF PRIORITY/ BIG TICKET ITEM** **Children and Young People (CYP) with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism** (Cross – cutting approach: B,C,D,E,F) *In line with the Long Term Plan, our ambition is to strengthen integrated working across the system to identify and meet 'needs' early and holistically, and continuing the development of our multi agency early help for families.*	The outcomes we expect our work around CYP with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism to drive include: • An increase % of children achieving good level of development • Improved health and educational outcomes for those at risk of exclusion • Improved health and educational outcomes for those with complex needs, SEND and autism	• Embed joint C&H commissioning arrangements, specifically for those with **LD / Autism and children with complex needs** • Improve community provision through **families social prescribing, key working and pre and post diagnostic support** (funding secured: interventions to be scoped) • Development of the **early help hub and integrated family hubs** with system partners • Address **clinical backlogs** (funding secured), and support **development of therapies** (ASD, LD, SLT and OT) • Agree enhanced **ICOT service spec** (with LBH) • Support improvements in **paediatric staffing** • Ensure **risk managed and full transfer of T2 audiology** from HUFT to Barts by August 2022	• Deliver CYP components of **the 'All Age Autism Strategy'** and Long Term Plan priorities (through Emotional H&WB Partnership's *Neurodevelopmental subgroup)* • Invest in and design improved **autism diagnostic pathways** and capacity for **pre and post diagnostic** support • Pilot and ongoing evaluation of the **Intensive Support Pathway** and timely multi agency assessments to reduce crisis • Coproduced design and pilot **key worker roles** to inform joint commissioning • Development of pupil voice **co production of Autism and LD pathways**, professional and families' resources and training • **Integrated workforce training** for SEND via Hackney Education • Autism is a shared priority across NE:C&H leading **development of ICS SEND governance**	• Implementation of new autism diagnostic pathways and pre and post diagnostic support • Review of, and recommendations for future of intensive support pathway agreed • Outcomes and recommendations arising from partnership SEND inspection agreed, with delivery plan (likely SEND inspection 2022). • Agreed and functioning ICS SEND governance in place	Amy Wilkinson, Sarah Darcy, Ellie Duncan, Nick Wilson, Huw Bevan, Mags Farley, Chris Pelham and Donna Thomas

Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

Cross cutting approaches:			
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
3. **AREA OF PRIORITY/ BIG TICKET ITEM** **Improving uptake of childhood immunisations and vaccinations** (Cross cutting approach: A & F) *Our goal is to increase the uptake of childhood and pregnancy immunisations including Covid vaccination. However, the immediate focus is the recovery of childhood immunisations, across all of C&H, in order to prevent potential outbreaks.*	The outcomes we expect our work around improving uptake of childhood immunisations and vaccinations to drive include: • Increase immunisation coverage • Increase % children achieving good level of development • Increase in LAC health • Reduce infant mortality rate	• Development of **refreshed system plan:** outlines targeted offer in North C&H (jointly funded immunisations co-ordinator and team, family clinics, use of call / recall), with PCNs • Recruitment of **Childhood Immunisations Programme Manager** • Recruitment of **Childhood Immunisations Primary Care co-ordinator** • Support **NEL LIS** implementation • Agree C&H **outbreak prevention plan** (ie. MMR uptake and measles) • Ongoing focus on improving uptake of **CYP covid vaccinations**	• Agree with VSC partners community offer for **specific communities** (funding secured • Ongoing **implementation of system plan** and increased delivery • Explore **enhanced delivery models** for routine childhood immunisation (ie. family hubs, children's centres, universal services).	• Explore options for devolved commissioning of immunisations and vaccinations • System plan to improve uptake being delivered, with a range of delivery models • Any outbreaks effectively managed and addressed.	Sarah Darcy, Teresa Cleary, with Richard Bull and Ellen Schwarz
Improving healthy weight (Cross cutting approach: A & B) *This work is in collaboration with public health in City and Hackney, to design and implement a family approach to healthy weight.*	The outcome we expect around our work in improving healthy weight to drive is **to reduce childhood obesity**.	• Support public health to **re-commission of children's health weight services** • Agree **spec for CYP Tier 2 healthy weight interim service**	• Design **families healthy weight pathway** including maternal element • Ongoing work with public health on **psychological aspects** of healthy weight services • **Implement CYP Tier 2 healthy weight interim service**	• Implementation of family healthy weight pathway and services	Jayne Taylor, with Amy Wilkinson and Donna Doherty-Kelly
Childhood Adversity, Trauma and Resilience (Cross cutting approach: B,C,E,F) *We are continuing to support system professionals working with families, to address the impact of adverse childhood experiences (ACEs), through our Childhood Adversity, Trauma and Resilience workforce training, resource portal, pilot interventions and system wide approach.*	*N/A*	• **Embed ACEs/TIP approaches within service delivery** long term across the C&H system (health, education, social care, VCS) through ongoing roll out of **workforce training sessions.** • **Recruitment of a project manager** • Refresh **Project Steering Group** • Set out a plan for recruiting and retaining a **pool of development session facilitators** • **Agree Anti-Racism approach across health services** as part of wider LBH Children and Education AR plan	• **Agree evaluation programme** • With the population health hub, deliver a needs analysis for our **Youth Justice cohort** and identify gaps in health interventions • **Implement our anti-racist approach** across all areas • Ongoing **workforce development** and delivery of training and support • Further roll out of **trauma informed child protection conferences** (TBC)	• Deliver Evaluation of CHATR work • Implementation of increased health support for youth justice cohort, as per recommendations of HNA and scoping • Anti- racist approach embedded widely • Further interventions as CHATR work develops.	Matt Hopkinson and Teresa Cleary

Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

Cross cutting approaches:			
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
Maternity (PbP element) **(Cross cutting approach: B,C, E, F)** *Working with NEL, we aim to continue to deliver safe maternal and birth outcomes and national service transformation.* *Locally, we have a priority to* • *Reduce inequalities and improve outcomes in Neonatal mortality, infant mortality and stillbirths* • *Improving women's experiences of maternity, specifically the most vulnerable women through education and co-production with service users, MDT staff training and partnership working with all clinical and social care teams.*	The outcomes we expect our work in maternity and perinatal mental health to drive include: • A reduction in infant mortality rate • A reduction in the rate of neonatal mortality and stillbirths • A reduction in inequalities in maternity and birth outcomes for children and families • An improvement in patient experience and outcomes for groups experiencing inequalities in Maternity and perinatal mental health care.	• Support ongoing **safe and effective service** while undergoing leadership changes, • Implementation of **Ockenden report recommendations** (ie. recruitment of additional workforce) • collaboration with GP confederation to increase use of **maternity link meetings and MDTs** • Improve uptake of covid-19 vaccines in pregnancy • Ongoing support **for refugee and migrants maternity needs**, including Afghan and Ukraine arrivals.	• Support the procurement of **a new digital system** in the maternity service and ambition for outstanding CQC. • Launch the **Vulnerable Women's Pathway** at a GP Education Session. • Implementation phase of the **6 month postnatal GP check** • Roll out of **trauma informed midwifery training** and increasing access to birth debrief sessions • Development of **system partner plan to reduce health inequalities** in maternal and baby birth outcomes (also see perinatal mental health)	• New digital system in place • Workforce at increased capacity as a result of ongoing recruitment (linked to Ockenden report) • New pathway work identified • System plan to reduce health inequalities in maternal and baby health outcomes being delivered	Amy Wilkinson, Jairzina Weir, Linda Machakaire, Tamsin Bicknell and Ellie Duncan
Peri-natal mental health **(Cross cutting approach: B, C, E, F)** *We are working to ensure professionals, women and birthing people are aware of the perinatal service offer and how to access this in order to improve outcomes, and to continue to develop services that meet local need and address inequalities.*		• Mobilise the **MMHS / OCEAN (Maternity Mental Health Service)** • **Address recruitment challenges** to have all services (OCEAN, Perinatal and debrief) fully staffed and operating a capacity. • **Create awareness of the perinatal service offer and 'how to refer'** among professionals and women • Work with the LBH CYP Overview and Scrutiny committee to develop an **action plan to improve inequalities in perinatal mental health**	• **Ongoing implementation and embedding of MMHS / OCEAN** • **Improving the data output** from the perinatal service • Ongoing work to **implement recommendations** on address **inequalities in perinatal mental health**	• Fully functioning MMHS / OCEAN service • Robust data systems in place, supporting work to improve perinatal and maternity mental health outcomes • Ongoing delivery of recommendations to address inequalities in maternal mental health	

Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s:	Children, Young People, Maternity and Families		
Cross cutting approaches:	***a*** **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	**The outcomes we expect each action area to drive**	**Key Milestones** 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	**Leads**
Safeguarding and Looked After Children (PbP element) (Cross cutting approach: B,C,F) *We are continuing to prioritise the health, wellbeing and safeguarding needs of Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC), locally and with NEL colleagues.*	Safeguarding outcomes – TBC Contributes to: - Reduce infant mortality - Increase in health of LAC	• Support embedding of new **Integrated Care Board safeguarding and LAC structures** • **Support new CDOP arrangements** and consider how we capture the feedback from families. • **Develop and facilitate C&H safeguarding training** programme for Primary Care Networks and neighbourhood • Design and pilot **public health approach to trauma** in schools and the wider community, specifically addressing racism, adultification and children's rights. ('Hackney Thinking Spaces') **Pilot in 2 schools**. • **Transition HLAC service to caseload management** • **Deliver Foster carer training**	• Agree and implement **safe C&H PBP Safeguarding and LAC** arrangements and ongoing close working as part of C&H Safeguarding Children's Partnership • Continue to deliver schools and communities therapeutic interventions (co-designed), on adultification, children's rights, and racism (**Hackney 'Thinking Spaces**') • Roll out of training on the above to NEL health professionals • To further **develop a robust system for capturing relevant data**. • On-going **engagement with young people** to evaluate the HLAC service and inform service development • Improve **LAC dental check and immunisation** compliance	• Embedded new ways of working for safeguarding children and LAC across the ICB and PBP • Continued roll out of Thinking Spaces' • Health of Looked after children's dental health and immunisation compliance interventions ongoing	Mary Lee, Sam Martin and Anna Jones, with Rory McCallum and Chris Pelham
Neighbourhoods (Cross cutting approach: A,B, F) *We aim to take a proactive and collaborative approach to supporting Children and young people with rising needs through improving pathways and collaboration at Neighbourhood level and embedding a whole family approach.*	N/A	• **Embed Primary Care input into MDT discussions for 0-5 years** and links with adult teams across all Neighbourhoods. • Develop **proactive care approach to support children and young people who are absent from school or who have complex health conditions** (strengthen teams around the child / school and link school, primary care and secondary care together): **Pilot in 10 schools.** • **Increase knowledge and awareness of practitioners at PCN level by** compiling a directory, refining pathways and strengthening relationships. • Work on establishing **joint action plans** with PCN's depending on their identified priorities. • Agree enhanced **Speech Language therapy offer for under 5's**	• Test approaches to **social prescribing at PCN level for children and families**, alongside NEL partners. Pilot social prescribers in some PCNs. • Further roll out of **schools & Primary / Secondary care link programme,** building on pilot • Recruit practitioner and **begin delivery of 0-5 SLT neighbourhood offer** • **Public directory,** linked to early help, family hub and navigation work	• Embed Families social prescribing offer across PCNs • All schools working more closely with health partners • Embedding of neighbourhood level SLT offer for under 5's. • Additional interventions to be agreed.	Rachel Wicks, Brittany Alexander, Annabelle Burns, Chris Pelham
Key actions to address inequalities: • Outlined throughout and embedded in the key actions		• See above	• See above	• See above	

Strategic Priority: Improving mental health and preventing mental ill-health

Addressing Cross cutting approaches:
a = Ensuring healthy local places;
b = Joining up local health and care services around residents and families' needs;
c = Increasing social connection;
d = Supporting greater financial wellbeing,
e = Taking effective action to address racism and other discrimination;
f = Supporting the health and care workforce

Partnership Leads : Dan Burningham, Dean Henderson, Chris Pelham, Ellie Ward

Strategic Priority: Improving mental health and preventing mental ill-health

City and Hackney PbP Programme/s : Mental Health and Learning Disability

Cross cutting approaches:			
	a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
	d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
1. **AREA OF PRIORITY/ BIG TICKET ITEM** **Serious Mental Illness (SMI): Delivering Integrated Personalised Care** *(Cross – cutting approach: a,b,c,d,f)* *Our approach involves increasing personalised care and access to financial support from personal health budgets as part of a pathway that integrates physical and mental health and promotes resilience in the community and which prevents a deterioration in mental state and reducing the need for crisis services.* Digitalisation supports both staff and service users.	The outcomes we expect our work in Serious Mental Illness to drive include • 70% rate for SMI physical health checks • 1,500 Personalised Patient Owned Digital Care Plans • 400 PHBs digitalised linked to personalised care plans • 45%+ significant wellbeing improvement for PHBs This should support a reduction in SMI excess mortality	• Complete PHC coding for PHB • Implement PHB in EIS teams	• Complete implementation of PKB in primary care and Recovery College • Review service user feedback on implementation • Complete Discovery data pairing project to track PKB use.	• Shift digital plans to real time with bi directional feedback on PROMs • Expand learning beyond SMI	Dr Olivier Andlauer((Clinical Director)
2. **AREA OF PRIORITY/ BIG TICKET ITEM** **Common Mental Health Problems** *(Cross – cutting approach: a, b, c, d, e)* *We aim to improve access for underserved populations including those with long term conditions, those experiencing economic hardship and underserved BME populations*	The outcomes we expect our work in Common Mental Problems to drive include • 30% Access rates • 30% increase in LTC access from 2021-22 • 10% increase in BME access from 2021-22	• Treatment offer of assistance with financial anxiety to foodbanks and employment centres • Appoint LTC lead to develop LTC pathways • Start discussions with HUH health psychology departments to design new pathways • Develop offer for 16-18 year olds	• Monitor increase in treatments to people with out work • Complete pathway design work with HUH health psychology departments	• LTC pathways fully implemented and embedded for all major LTCs with mental health co-morbidity including: diabetes, IBS, COPD, cardiology, oncology.	Jon Wheatley (Talk Changes IAPT Clinical Lead)
3. **AREA OF PRIORITY/ BIG TICKET ITEM** **CAMHS: whole system integrated appoach** *(Cross – cutting approach: a,b,c,e,f)* *We are addressing rising levels of demand and acuity through* *a) greater pathway integration between providers* *b) A whole system approach using the THRIVE which focuses on early identification, prevention and promotion with all those involved in the lives of children and young people* ***This forms part of the emotional approach to CYP Emotional Health***	The outcomes we expect our work in CAMHS include: • CAMHS access 0-18 access rate of 3,707 by Q4 2022/23 • RTT waiting times held static against rising demand or improved. • Better patient experience of referrals • Higher referral conversion rates • THRIVE planned in accordance with the THRIVE tool kit with implementation started	• Monitor RTT waiting times and avoid deterioration • Improve the digital offer • Agree whole system approach using Thrive model with a full project plan • Single Point of Access Implemented	• Agree an integration plan between providers • Implement 24/7 Home treatment teams • 100% roll-out of Universal WAHMS to all state maintained schools • Single point of access expanded. • Begin implementation of THRIVE	Complete implementation of THRIVE and further develop the model	Greg Condon CCG City and Hackney PBP CAMHS lead

Strategic Priority: Improving mental health and preventing mental ill-health

City and Hackney PbP Programme/s : **Mental Health and Learning Disability**

Cross cutting approaches:			
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2022 - 2024 Transformation Area **Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f**	**The outcomes we expect each action area to drive**	**Key Milestones**			**Leads**
		2022 - 2023		2023 - 2024	
		July-22 to Sep-22	Oct -22 to Mar-23	Apr-23 to Mar -24	
Dementia For dementia, we have an ambition • To improve the community diagnosis to end of life community service to prevent the unnecessary use of A&E and inpatient admissions. • To reduce lengths of stay through improving the discharge pathway ***An essential area identified to support the health of our population is to ensure there is reduction in the rate of hospital admissions for patients with dementia for non medical i.e. social reasons***	The outcomes we expect our work in Dementia to drive include: • 95% + of those with a dementia diagnosis will be open to the diagnosis to end of life service. • More than 66.7% of the dementia prevalence rate will be diagnosed • Average weighting time referral to diagnosis will be under 80 days (2021-22 baseline: 90 days). • Reduction in hospital admissions and lengths of stay and A&E use against baseline.	• Establish baseline data for inpatient admissions and A&E usage and lengths of stay • Agree plan to reduce lengths of stay • Expand VCSE BME offer • Achieve and improve NHSE diagnostic target • Establish base line for CMC plan updates	• Implement plan to improve discharge pathway • Review inpatient admissions and A&E attendances • Improve CMC plan updates • Monitor diagnostic rate • Monitor DTC dementia rate • Transition care plans onto new digital platform • Improve breadth of community offer.		Fawzia Bakht CCG City and Hackney PBP Dementia Lead Adenike Saidu (MHCOP)
Learning disability and Autism (LD&A) (PbP element) (Cross cutting approach – a,b,c,e) *Both coproduced strategies for learning disabilities and autism seek to have accessible, autistic and learning disabled friendly communities for these underserved groups. The Transforming Care is a specific programme to ensure those with behaviour that challenges services (who are autistic or learning disabled) are enabled to live within community settings and avoiding unnecessary hospital admissions* **Specific actions to address inequalities:** • Accessibility of services to LD / autism • LD / autism patients receiving full health check	This means ensuring good access to mainstream services; strengths-based community approaches and promoting independence, choice and control.	• Establish Autism Coordinator one year post to focus on developing an Autistic Friendly Neighbourhood • Circulate STOMP Audit findings • Promote Annual Health Checks (AHCs) among GPs & practices to encourage update and support preventative approaches	• Review crisis support roles in LD&A to determine effectiveness at keeping people out of hospital • Ensure one of the Capital Funded changing places toilets is on the Changing Places Map to meet requirement of the bid and promote a more accessible community • Establish an agreed provider list for day services.	• Review autistic friendly neighbourhood pilot progress. • Maintain inpatient trajectory for Transforming Care to ensure no unnecessary admissions to mental health or acute treatment units.	Penny Heron
Crisis Pathway To reduce the pressure on A&E and inpatient services through better alternatives		1. Agree plan to integrate crisis line with NH and TH to improve back up 2. Implement plan to reduce MH A&E breaches	1. Implement improved crisis line 2. Monitor reduction in A&E breaches		Andrew Horobin (ELFT Mental Health Crisis Lead)

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

***Addressing Cross cutting approaches**:*
a = Ensuring healthy local places;
b = Joining up local health and care services around residents and families' needs;
c = Increasing social connection;
d = Supporting greater financial wellbeing,
f = Supporting the health and care workforce

Partnership Leads : Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Shaughnessy

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Farley, Mags Shaughnessy Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
1. **AREA OF PRIORITY/ BIG TICKET ITEM** **Enhanced Community response - 2 hour community response (UCR)** ***In terms of delivery, we are focused on:*** • ***Supporting people in crisis at home as safe alternative to ED -*** *Meeting patients' urgent care needs at home is key to improving patient outcome and reduces pressure in urgent and emergency care system (UEC)* • ***Improving access, responsiveness and patient safety -*** *increasing activity managed in community, with minimum of 70% referrals seen in 2 hours – reassures patients and partners.* • ***Improving consistency and patient experience –*** *ensuring equity of access and supporting referrals from system partners* • ***Improving data –****providing assurance around levels of activity and outcomes. (exploring opportunity for improvement within variation)* • ***Improving post crisis care –*** *providing continuum of care to ensure full recovery / independence and reduce risk of further crisis*	The outcome we expect our work in Enhanced Community response to drive include: • Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach. This is to help people: - Avoid crisis - Recover more quickly from crisis / acute episode - Maintain health – return to pre-morbid health - Live independently for longer - improved wellbeing • An improved health-related quality of life for people with long term conditions • A reduction in the inappropriate use of the urgent - emergency care system – which would improve management of urgent care in away from ED • Reduced mortality / morbidity from emergency presentations • An improvement in patient experience of urgent care services • Resident knowledge of urgent and community care services and confidence in using them	• Stocktake of current UCR provision in C&H: • confirm continued delivery of minimum requirements against standard • Consider potential opportunities to increase activity managed in community & maximise benefits and outcomes (variance, shared learning & best practice) • Agree development plan based on outcome of stocktake • Continue (& embed) existing work to increase referrals from all routes into UCR • LAS push pilot • Self referral into Integrated Independence Team Rapid Response (IIT RR) • Telecare falls pathway • UCR communication and awareness – including decision support tool • Work with NEL partners to agree key outcomes for UCR & identify opportunity for consistencies in provision that will support delivery of them (facilitating referrals & effective delivery model) • Improve UCR data quality & completeness – review current reporting via community services data set (CSDS) & agree work plan to ensure accurate measure of provision • *Consider business case for local investment in Telecare provision (enhanced health response)* • *System agreement of End of Life Rapid Response service model and specification*	• Implement development plans agreed in Q3 • Review demand & capacity following initiatives to increase activity and agree workforce plan as required • Integrate UCR with emerging virtual ward provision • *Work in partnership with LBH to develop and commission a Telecare Response Service specification. Ensuring alignment with and integrated in C&H urgent and emergency care services* • *Procurement of End of Life Rapid Response service (Oct-Jan) and mobilisation of service (Feb-Mar)*	• *Continue work to maintain and improve UCR to maximise benefits* • *Work in partnership with LBH to ensure that when delivery commences of a Telecare Response Service it is integrated in C&H urgent and emergency care services with integrated pathways between services* • *New End of Life Rapid Response service goes live April 23*	Anna Hanbury, Mags Shaughnessy ,Mags Farley

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Farley, Mags Shaughnessy Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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2. **AREA OF PRIORITY/ BIG TICKET ITEM** **Enhanced Community Response – Virtual Wards (VW) (PbP element)** ***A virtual ward*** *is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home.* **So we are introducing / expanding provision of enhanced healthcare at home as an alternative to acute bedded care and** • *supporting patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home*	***As above (for urgent community response)***	• Set up C&H VW programme governance (including supporting enabler groups) • Finalise design of C&H virtual ward model for frailty and ARI • Develop / agree service development proposals (utilisation of VW service development funding) • Agree evaluation framework/approach - data to measure performance /outcomes and inform development of model	• Mobilisation of plan – implementation of service development proposals • Ongoing evaluation to inform a quality improvement (QI) approach to VW model development • Dec 2022 – NHSE assurance gateway, review of delivery for further release of funding	• Continued roll out and development of VW provision– ensuring alignment with UEC	Anna Hanbury Leah Herridge Annabelle Burns Mags Shaughnessy Mags Farley
3. **AREA OF PRIORITY/ BIG TICKET ITEM** **Homelessness and vulnerably housed** (Cross cutting approach – a,b,c,d) *This programme of work involves partnership working across health, social care and housing to* ***ensure the vulnerably housed with City and Hackney have integrated health, housing, care, employment and community pathways*** *that support a sustainable move away from homelessness resulting in improved health and social outcomes.*	The outcome we expect our work around Homelessness and vulnerably housed to drive include: • A reduction in the number of residents in vulnerable housing • An improvement in the population • vaccination rates • An increased engagement with health, social care and wider services	• Mapping and review of health outreach services across NEL. • Establishing clear governance structure across North East London and City and Hackney Place-based Partnership for vulnerably housed • Securing an additional year of non-recurrent funding for Lowri House (a 6-bed unit that enables step-down from hospital, or step up from the community), and Routes to Roots Housing workers to match the 2-year funded Pathway Discharge Team.	• Work with National team on evaluation of Lowri House • Evaluation and development of a business case for recurrent funding for the Housing First service. This is a service for entrenched rough sleepers with complex and multiple needs. Housing First prioritises access to housing and eligibility is not contingent on engaging with support. Flexible support is provided for as long as it is needed.	• Write Business Case for recurrent funding of Pathway Discharge team, Lowri House step down beds and Routes to Roots Housing Workers. • .	Cindy Fischer Fawzia Bakht Eamann Devlin Arto Matta Jennifer Wynter, Will Norman

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Farley, Mags Shaughnessy Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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4. AREA OF PRIORITY/ BIG TICKET ITEM **Long Term Conditions (PbP element)** (Cross cutting approach – a,b,c) *Working with partners across the System, we aim to continue to drive up the quality of care and outcomes for people living with long term conditions (LTCs). This programme of work aims to embed preventative approaches, increase standards and reduce variability in access to high quality care, and increase the proportion of patients feeling supported to manage their LTCs. We are enabling this through;* • *Continued commissioning of the LTC contract for City & Hackney practices to deliver high quality preventative care above their core contracts, with a new focus on embedding risk stratification approaches and addressing inequalities;* • *Roll out of, and increasing referrals into local and national programmes of education and self-management support for LTCs, including digital technologies to support this;* • *Drawing upon the expertise and resources of people with LTCs and their communities to help achieve the best possible outcomes and drive reductions in inequalities.* **Specific action to address inequalities:** • *Inequalities and risk stratification focus included in LTC Contract* • *Collaborative work with Community Champions* • *HTN BP control (BAME)*	The outcomes we expect our work on Long Term Conditions to drive include: • A reduction in premature mortality from cardiovascular and respiratory illness • Improved blood pressure control in particular within black population • Improved diabetes outcomes (Blood glucose, blood pressure and cholesterol) • Accurate diagnosis of diseases to enable correct management and treatment in community – (avoid unnecessary hospital admissions)	• Launch Risk Stratification approaches within the LTC contract to identify high risk individuals and offer proactive care to improve management of their LTC and to reduce their risk of experiencing adverse event/unplanned admission in relation to their condition. Inequalities element also to be launched, specifically focusing on completion of Diabetes annual review, Hypertension blood pressure targets, and prescription of statins for patients at risk of CVD. • Roll out Blood Pressure @ home to all practices • Roll out Low Calorie Diet pilot for Type 2 diabetes weight loss and remission, to all PCNs. • Agree Spirometry Hublet approach - Spirometry is one of the essential lung function investigations in the diagnosis, severity assessment and monitoring of many respiratory conditions • Circulate findings from Diabetes Practice Support Pharmacist review project • Agree engagement plan with Xyla facilitators to increase referrals into the NHS Diabetes Prevention Programme (NDPP) • Diabetic foot care primary care education and awareness project – education sessions in practices to commence • Diabetes transformation funds – Specialist Psychology and Type 1 audit roles to be recruited to. • Commence work with Community Champions on Diabetes, Hypertension, and Healthy Living outreach projects. • Planning for post-stroke community support procurement.	• Commence post-stroke community support procurement. • Mobilisation of Spirometry Hublet Following agreement of model of delivery of spirometry in care networks is agreed, staffing, equipment, pathways, contractual and payment mechanisms will have to be put in place to support delivery	• Evaluation of risk stratification and inequalities elements included in 22/23 LTC Contract and development of approach to be embedded in 23/24. • Provider in place for post-stroke community support.	Laurie Sutton-Teague, Vivien Molulu

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are	Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Farley, Mags Shaughnessy Others TBC

City and Hackney PbP Programme/s:	People with long term health and care needs	Planned Care recovery	Urgent and emergency care and discharge

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
5. AREA OF PRIORITY/ BIG TICKET ITEM **Discharge** (Cross cutting approach – Tbc) *We are working together as a health and care partnership to ensure that our discharge best meet the needs of our residents.* *We are enabling this through the development of structures, processes and pathways that will support safe, effective, efficient (timely) discharge from hospital.* *Our approach of* - ***A Home first principle*** *is to ensure patients do not stay in hospital bed any longer than necessary* - ***Maximising re-ablement potential*** *is to promote independence*	The outcomes we expect our work on Discharge to drive include • An improvement in health-related quality of life for people with long term conditions • Making sure more people are able to live independently for longer	• Independent review of C&H Discharge pathways (Single Point of Access (DSPA)/ all partners involved in discharge pathways) • Explore opportunities / introduce consistent process & pathways across NEL (e.g. DSPA referral & response standards) • Explore opportunities for development of a range of initiatives to support simple discharges (pathway 0 & 1 discharges – zero/minimal social care needs)	• Development of discharge improvement plan / business case for recurrent funding if required to implement recommendations from the review and initiatives to enhance 7 day discharges. • Modifications to any service specifications as required, following service review. • Implement / embed initiatives identified	• Implementation of improvement plan	Cindy Fischer Mark Watson Simon Cole Mags Shaugnessy
6. AREA OF PRIORITY/ BIG TICKET ITEM **Personalised Care (PbP element)** (Cross cutting approach – a,b,c) *Our approach to Personalised care is built around the person and their family - it allows people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.*	The outcomes we expect our work on Personalised care to drive include • Increased access to wider services • Maintained operating plan trajectory • Increased % of people reporting they feel involved in their own care (GPPS)	• Social Prescribing and Community Connectors Procurement Outcome • Personalised Care element of NHS standard contract developed. This will outline the things we would like contract holders to focus on e.g. referring people to social prescribing when relevant, ensuring all staff have access to personalised care training etc.	• Mobilise new Social Prescribing and Community Navigation service • Delivery Operating Plan metrics for Personalised Care. This is will outline how we measure the success of our Personalised Care approach in practice. E.g. % of people who feel involved in their own care	• Develop a Personalised Care Strategy for System	Eeva Huoviala

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are Charlotte Painter, Chris Pelham, Ellie Ward, Anna Hanbury, Chris Lovitt, Mags Farley, Mags Shaughnessy, Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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1' & 2' care interface (Cross cutting approach – a,b,f) *This programme of work focusses on building positive relationships between primary care (GP practices) and secondary care (hospitals) and a joint approach to solving specific areas of difficulty or conflict.*	The outcomes we expect our work on 1' & 2' care interface to drive include • Maintaining positive relationships between primary and secondary care clinicians and staff • High quality referrals (reduced number of d/c after 1st appointment) • Improved management of DNAs leading to reduction in DNAs	• Sign off Consultant to Consultant referral policy at Homerton – to reflect balance of clinical workload and responsibility between primary and secondary care • Set up clinician to clinician meeting to discuss areas of concern and potential solutions • Feedback to Primary Care Leadership Group outcomes of discussions	• Agree focus of audit in primary care – Did Not Attend reviews and Outpatient referrals. • Womens Health programme cross cutting service issue/solution approach	• Tbc	Charlotte Painter; River Calvely, Gary Marlowe
Elective Care recovery (PbP element) (Cross cutting approach – a,b) *We are working with our local Planned Care hospital and community providers to return all services to business as usual and prepare for the long term plan; ensuring primary care and community pathways are optimised and services are transformed to this aim reducing hospital activity and supporting patients earlier in the community.*	The outcome we expect our work in Elective Care recovery to drive is - to restore waiting times for elective care to pre pandemic levels	• Agree clinical lead model for planned care and NEL clinical networks • Mobilisation of Specialist Weight Management Service/Paediatric ENT community services such as the Specialist Weight Management Service providing more focussed support to patients with morbid obesity and providing an Ear, Nose and Throat service in the community for Children aged 5 and over.	• NEL wide procurement of Minor Eye Services and Community ENT/Audiology services ensuring equitable access but continue to meet local needs • Evaluation to decide on full roll out of neighbourhood based gynaecology pilot. This is based in 2 PCNs meeting women's gynaecology needs in primary care, supporting self care and GP education	• Contracting and mobilisation of Community ENT/Audiology and Minor Eye Services. • Roll out of gynaecology pilot (depending on evaluation)	River Calveley
Prevention Priority: Tobacco control (Cross cutting approach –Tbc)		• Tbc	• Tbc	• Tbc	
Prevention Priority: Substance misuse (Cross cutting approach –Tbc)		• Tbc	• Tbc	• Tbc	
Prevention Priority: Sexual health (Cross cutting approach – Tbc)		• Tbc	• Tbc	• Tbc	Chris Lovitt

Strategic Priority: Preventing and improving outcomes for people with long-term health and care needs

The Partnership leads are Charlotte Painter, Chris Pelham, Ellie Ward, Anna Hanbury, Chris Lovitt, Mags Farley, Mags Shaughnessy, Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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ICS-directed transformation area: Continuing healthcare (CHC) (Cross cutting approach – a,b,d)	The outcomes we expect our work on Continuing healthcare to drive include: • Ensuring there is better family experience of CHC process (reduce complaints) • Maintaining / improving adherence to National targets for assessment and reviews to ensure appropriate care	• Transfer CHC team to NEL governance structure • Development of CHC operating model	• Tbc	• Tbc	Diane Jones
ICS-directed transformation area: Cancer (Cross cutting approach – a,b,c)) *Our local cancer work will focus on improving patient experience of cancer services, Personalising care pathways, increasing awareness and improving screening uptake in bowel and cervical cancer.*	The outcomes we expect our work on Continuing healthcare to drive include: • An improved patient experience • An improvement in accurate and timely diagnosis • A reduction in stage of cancer at diagnosis	• Mission Remission Patient Experience Action plan sign off (C+H) • Improve awareness and embed straight to test pathways to help meet the Faster Diagnosis Standard of 28 days from referral to diagnosis. • Delivery Bowel Screening Calling project - Increasing uptake of colorectal cancer screening in Hackney and the City. The target population for this project is the Rising 56's: individuals approaching 56 and therefore eligible for bowel screening, with a particular focus on male and BME communities • Delivery Cervical Cancer Screening project - Increasing uptake of cervical cancer screening in Hackney and the City. The overall aims of the project are: to increase overall uptake of cervical screening by targeting women between the ages of 25 and 49 that identify as South Asian and 'Other' ethnicities that have the lowest uptake rates by recorded ethnicity in City and Hackney and also document reasons for not attendance to inform future interventions. • Approval of revised Bowel Cancer Screening interventions to increase uptake across all PCNs using funding included LTC Contract. We are looking to engage an outside organisation to support practices and undertake more targeted work with hard to reach communities to increase Bowel Cancer screening uptake	• Delivery Bowel Screening Calling Service - increasing uptake of colorectal cancer screening in Hackney and the City • Delivery Cervical Cancer Screening project - increasing uptake of cervical cancer screening in Hackney and the City • Implement actions from mission remission action plan • Implement awareness campaign for straight to test and cancer screening.	• Evaluation of Bowel and Cervical screening inequalities projects targeting the BME and South Asian and other communities respectively	River Calveley, Vivien Molulu

Strategic Priority: Preventing and Improving outcomes for people with long-term health and care needs

The Partnership leads are: Charlotte Painter, Chris Pelham, Anna Hanbury, Ellie Ward, Mags Farley, Mags Shaughnessy Others TBC

City and Hackney PbP Programme/s: People with long term health and care needs | Planned Care recovery | Urgent and emergency care and discharge

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- ***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	 Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
ICS-directed transformation area: Urgent and Emergency Care **(Cross cutting approach – Tbc)** *Our goal for this programme of work is to provide:* - *Resilient responsive emergency services* - *Integrated urgent care - ensuring patients receive the right care first time – as close to home as possible* • *Single point of access to urgent care system* • *Effective assessment and management including onward referral if necessary* • *Robust urgent primary and community provision as alternative to ED –ensure sufficient capacity accessible by all UEC partners* • *Capturing the right data to measuring / monitoring performance and outcomes*	The outcomes we expect our work around Urgent and Emergency Care to drive include: • A reduction in the inappropriate use of the urgent care system – improve management of crises outside of urgent care • An improvement in patient experience of urgent care services • Resident knowledge of services and confidence in using them	• Continued implementation of action plan to reduce Cat 2 ambulance delays – demand management, handover, hospital flow & discharge • 111 IUC service – • clinical review of 111 Clinical Advice Service • Agree 22/23 service model & contract informed by clinical review and rebasing (activity / staffing) exercise • Increasing utilisation of primary and ommunity services to manage patients safely away from hospital • Rollout of worklist approach to direct book into GP practices • Embed new CPCS pathway • *Consider model for optimal system management of urgent primary care (GP, community, 111,UTC)* • (UCR and Virtual Ward programmes) • Release of new UTC standards - review compliance & agree action plan to meet gaps • SDEC • Continued roll out of 111 symptom based pathways into SDEC • Work with 111 and DoS team to identify opportunity to increase referrals • Direct conveyance into medical pathways • REACH development steering group to review current REACH (model & outcomes) – consider opportunities to develop to maximise benefit across NEL • UEC data & performance standards - establish NEL programme governance to manage review and implantation of emergency care data set (ECDS) and new bundle of performance measures *Establish C&H UEC steering / management group –* - *Monitor activity & performance UEC & discharge* - *Agree C&H position / response to NEL directed transformation areas* - *Identify local UEC improvement opportunities to support and supplement NEL plan* - *Develop / agree C&H UEC improvement plan (combined NEL & C&H priorities) and maintain oversight of delivery*	• Agree & procure new model for IUC to be commissioned when existing contract expires August 2023 • SDEC – continue roll out of agreed pathways & initiatives to increase utilisation • Consider opportunity to expand scope of SDEC including frailty pathways • Integrate SDEC with other key elements of enhanced community response – UCR and emerging virtual ward provision • REACH – agree and implement REACH development plan • Implementation of ECDS & New UEC performance measures • *Implementation of additional C&H improvement initiates identified*	• TBC	Anna Hanbury Mags Shaughnessy Richard Bull BC
Key actions to address inequalities: • Outlined throughout and embedded in the key actions					

Strategic Priority: The City and Hackney Place Based Neighbourhoods Programme

***Addressing Cross cutting approaches**:*
a = Ensuring healthy local places;
b = Joining up local health and care services around residents and families' needs;
c = Increasing social connection;
d = Supporting greater financial wellbeing,
e = Taking effective action to address racism and other discrimination; f = Supporting the health and care workforce

Partnership Leads *(Tbc)* : Sadie King

The City and Hackney Place Based Neighbourhoods Programme

The Partnership leads are | **Sadie King (Programme Lead) , Aimee Henderson (Clinical Lead)**

Cross cutting approaches:			
	a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
	d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area **Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f**	**The outcomes we expect each action area to drive**	**Key Milestones** 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024	**Leads (TBC)**
Neighbourhoods Priority 1: Addressing Rising Need (cross cutting: a, b, c, d)	Outcomes framework due July / August 2022	• Phase 2 of Co designing an anticipatory care pathway • Children's services anticipatory care pathway pilot • Supporting the Development of the community navigation system aligned to the neighbourhood footprint : • The recommissioning of the Social Prescribing & Community Navigation service • Production of guide and mapping of community navigation system. • Review pilots on community navigation.	• Phase 3 Embedding in each neighbourhood an anticipatory care pathway • Children' services anticipatory care pathway pilot evaluation • Produce strategy and refresh Toc on community navigation work. • Roll out pilots on how community navigators work with PCNs across all neighbourhoods	Evaluation of anticipatory care pathway and review Community navigation action from strategy tbc	Sophie Green Neighbourhoods Programme Manager Dr Aimee Henderson Clinical Lead for Neighbourhoods Annabelle Burns Head of Integration Homerton Healthcare NHS Foundation Trust Mark Young Neighbourhoods Programme Manager Dr Tehseen Khan GP at Spring Hill Practice Joint Clinical Director Springfield Park & Woodberry Wetlands Sana Mufti Specialist Registrar in Geriatric and Stroke Medicine Jane Cadwell Age UK East London
Neighbourhoods Priority 2: Driving and improving multidisciplinary teams (cross cutting: a, b, f)	Outcomes framework due July / August 2022	• Aligning Mental Health teams with MDMs	• MDMS working with anticipatory care pathway effectively	• Voluntary sector participation (referral pathway and provider) in MDMs established	Sophie Green Programme Manager Neighbourhoods Programme Dr Aimee Henderson Clinical Lead for Neighbourhoods

The City and Hackney Place Based Neighbourhoods Programme

The Partnership leads are | **Sadie King (Programme Lead) , Aimee Henderson (Clinical Lead)**

Cross cutting approaches:			
	a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
	d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

2022 - 2024 Transformation Area **Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f**	**The outcomes we expect each action area to drive**	**Key Milestones**			**Leads TBC**
		2022 - 2023		2023 - 2024	
		July-22 to Sep-22	Oct -22 to Mar-23		
Neighbourhoods Priority 3: Supporting the neighbourhoods workforce (Cross cutting: e, f)	Outcomes framework due July / August 2022	• OD plan, Theory of change and outcomes framework co-produced and agreed	• OD pilot in anticipatory care pathway complete and proposals for 2023 - 24	Deliver Phase 1 of a system wide OD programme	Sadie King Neighbourhoods Programme lead Ilona Principal Head of Adult Social Care at London Borough of Hackney Laura McMurray Head of QI Homerton Healthcare NHS Foundation Trust Mohammed Mansour, Development Manager, Hackney CVS Sonia Khan Head of Policy and Strategic Delivery London Borough of Hackney
Neighbourhoods Priority 4: Embedding a structure for resident involvement in neighbourhood decision making (a, b, c)	Outcomes framework due July / August 2022	• Community Forums new staff recruited and systems established. • Aligning the City and Hackney review of resident involvement and the PCN DES on Resident engagement with the models of resident engagement. Built into new recurrent funding grants • Launch of Neighbourhood website	• Community Forums operational • Local agreements on resident involvement and decision making partnerships agreed.	Embedding of Neighbourhood partnership arrangement s with clear pathways of communication with the new Community Forums	Tony Wong - Chief Executive Officer - Hackney CVS Susan Masters Director, Health Transformation, Policy and Neighbourhoods, Hackney CVS Sabrina Jantuah Neighbourhoods community development manager Hackney Healthwatch
Key actions to address inequalities:	Outcomes framework due July / August 2022	• Evaluation of Neighbourhoods commissioned with outcome framework leading to addressing inequalities short, medium and long term outcomes (ToC and Framework out in July/August) • All Neighbourhoods projects having EIAs produced with action plans going forward.	• Evaluation of Neighbourhoods produces regular updates on how inequalities are being addressed through the model. • Progress of PCN Inequalities Delivery Groups to action plans	A Neighbourhoods inequality action plan is regular monitored and publically available.	Dr Anu Kuma Lead for Patient Involvement and Inequalities for City and Hackney Sadie King Neighbourhoods Programme Lead Dr. Gopal Mehta Clinical Director, London Fields Primary Care Network GP Confederation GP Lead for South West of Hackney & The City of London Peter Merrifield CEO SWIM

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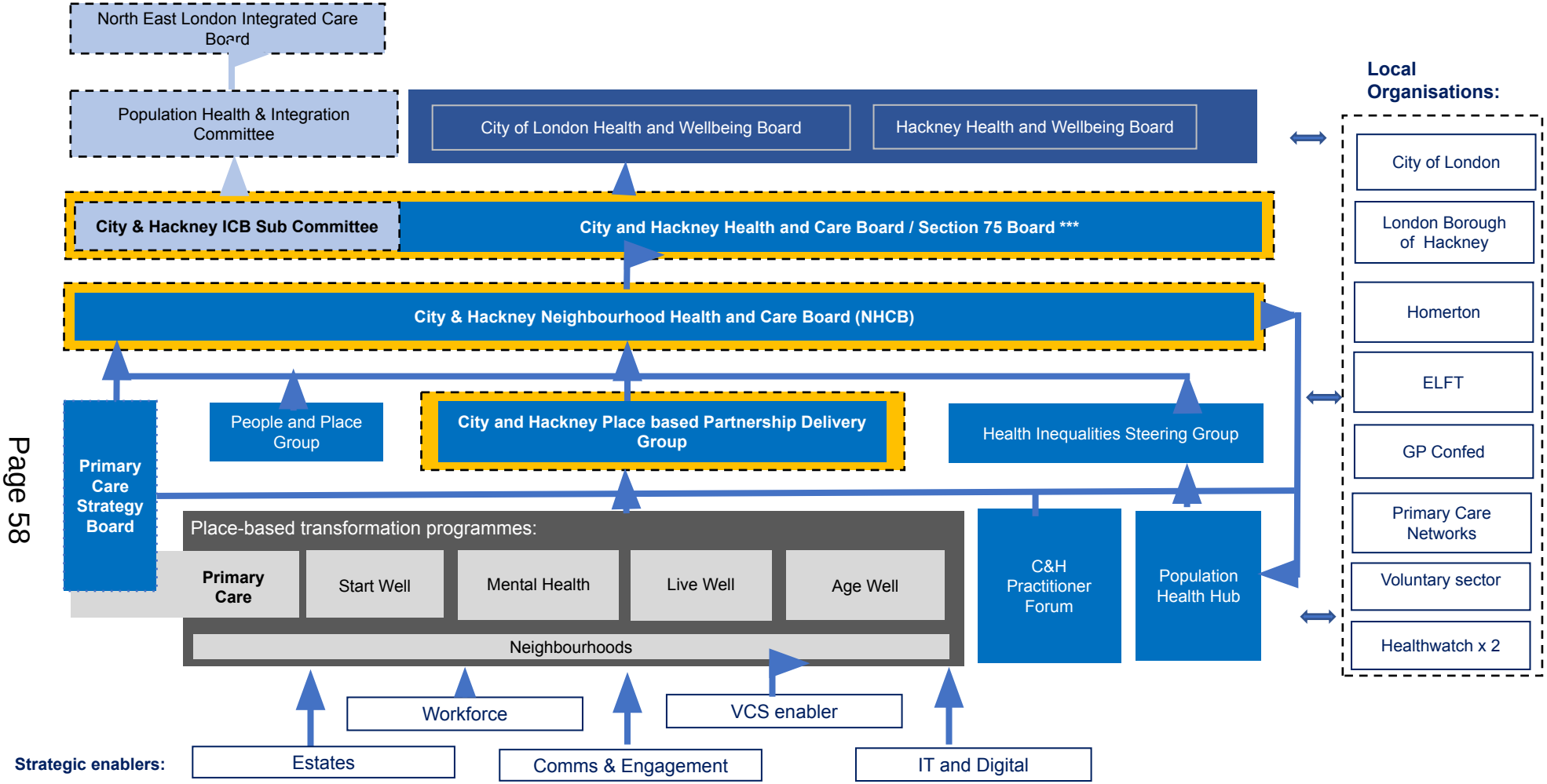
Appendix

City and Hackney place-based partnership Governance Chart

City and Hackney Place Based Partnership (PbP) Operating Model



*** = The Section 75 Board brings together sub-committees from the City of London Corporation, the London Borough of Hackney and the North East London Integrated Care Board to enable aligned decision-making between the statutory partners under powers conferred by section 75 of the NHS Act 2006 ('Section 75') and associated secondary legislation. Discussions under this arrangement take place within the City & Hackney Health and Care Board

= The **City and Hackney PbP key governance routes**

= Formal meeting of NHS NEL ICB

= Support meeting / function to the City and Hackney PbP

= Statutory meeting of the City and Hackney Place

City and Hackney Governance - Summary of core function & responsibility of Board / Committee / Group

Board / Committee / Group	Summary of role and purpose
Health and Wellbeing Boards for the City and Hackney (HWBs)	• Statutory committees of the London Borough of Hackney and the City of London and statutory role is to improve the health and wellbeing of local people and reduce health inequalities. • Responsible for overseeing the development of the JSNA and producing a Joint Health and Wellbeing Strategy. • The significant overlap in membership between the Health and Wellbeing Boards and the CHHCB ensures that there is oversight across health and Care as well as those wider determinants of health
City and Hackney Health and Care Board (CHHCB)	• Non-statutory partnership board that sets the vision and strategy for the integrated care partnership - strategy that reflects national, NEL ICS and local priorities • Works in partnership with HWB ensuring that the PbP plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs; works as the health and care component of the Joint Health and Wellbeing Strategies. • Membership with representation from health and care organisations, the VCS and the two local Healthwatch organisations. There is clinical representation on the board and elected members from the City of London and Hackney are represented. There is Non Executive representation through Non-Executive Directors of provider organisations • Oversees system delivery of performance against national targets, NEL-level Long Term Plan commitments and Place strategy including the development of a local outcomes framework. • Develops regular mandate between CHHCB and NHCB that sets out expectations for the system • Oversees the use of resources within delegated financial allocations and promoting financial sustainability • Reports regularly to the NEL Population Health & Integration Committee, and through that Committee to the NEL ICB Board.
City & Hackney Neighbourhood Health and Care Board (NHCB)	• Executive partnership group tasked with delivering the strategy agreed by the CHHCB. This includes joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources and management of local system performance. • The membership includes Chief Executives and Executive reps from health, social and voluntary care partners. • The NHCB is responsible for the development and recommendation of joint proposals for local services or transformation that would be submitted to the CHHCB for final approval
City and Hackney Place based Partnership Delivery Group (DG)	• The Delivery group is the vehicle for operational collaboration on the delivery of local services for the partnership • Membership of the Delivery Group is made up of Senior Service leads from health, social and voluntary care partners • The group ensures that all proposals meet the requirements around the delivery of strategic priorities and focus areas of the partnership as well as suggests transformation proposals to be considered by the Neighbourhood Health and Care Board. • The group is responsible for the development of an Integrated Delivery Plan and Priorities; Providing oversight and assurance on the delivery of the plan to the NHCB and ensuring that the range of transformation work across the system involves the right partners.

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Cover sheet

Document	NEL ICB System Planning Cycle for 2024/25
Version	1.0
Author(s)	Anna Carratt, Deputy Director of Strategic Development NHS NEL Amy Wilkinson, Director Partnerships, Impact and Delivery, City and Hackney Place Based Partnership
Presenter(s)	Amy Wilkinson, Director Partnerships, Impact and Delivery, City and Hackney Place Based Partnership
Meeting	City and Hackney Health and Care Partnership
Date	8th November 2023
Purpose	The purpose of the paper is to update the Board on the NEL ICS system planning cycle for 24/25 and timescales and to agree a process for incorporating our City and Hackney system place plans.
Background	The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP). The JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments. The ICS has agreed an approach and timeline for refreshing plans for 24/25. As part of this process, places are asked to refresh and finalise their local plans by the end of February 2024. The City and Hackney Place Based Partnership developed local plans (the 'Integrated Delivery Plan') in the following areas to contribute to the JFP for 23/24. (i) Giving every child the best start in life (ii) Improving mental health and preventing mental ill-health (iii) Preventing and improving outcomes for people with long term health and care needs This paper proposes an approach for refreshing the City and Hackney local plans for 2024/25.

Recommendations	1. The Board approve the approach to review the Integrated Delivery Plan outlined in section 3. 2. The Board note the process for place contributions to the NEL Joint Forward plan.
Outcomes	A refreshed City and Hackney Integrated Delivery Plan for 2024/25 to 2026/27, and reflective place contribution to the NEL Joint Forward Plan.

Place briefing - Our system planning cycle for 2024/25

1. Introduction

1.1 The ICS brings both the opportunity and expectation for greater collaboration and alignment between partners – we are asked to plan as a system with one strategy, one delivery plan (in the form of the joint forward plan) and within a single system financial envelope.

2. System Planning Cycle

2.1 To help us work closer as a system ICS partners have co-designed a system planning cycle to ensure planning is driven by local needs and agreed ways of working, while at the same time meeting the national requirements set out by DHSE and NHS England, regarding guidance and timelines. With that in mind, the following system planning principles have been agreed across the ICS:

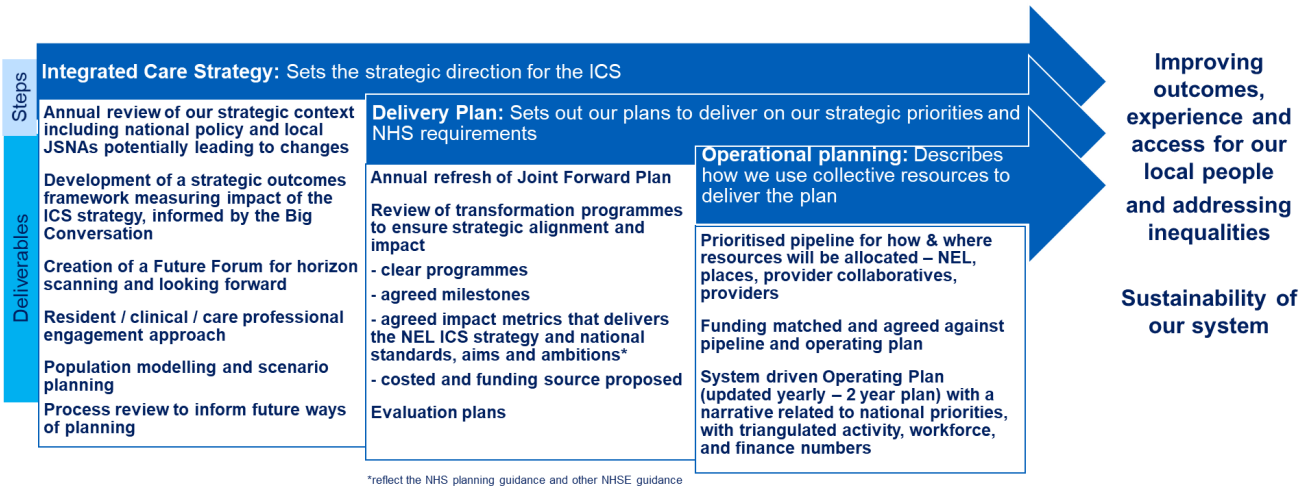
Our system planning cycle will be:	Our system planning cycle will enable NEL ICS to:
• informed by local people and patient voices and building and expanding on existing networks to better understand health and care needs. • co-designed by partners from across the system, and include both health and care • evidence-based, using learning from across our system to inform our plans for service delivery and improvement programmes, with opportunities for innovation • include use of population health management as a tool to increase our focus on population health outcomes, prevention and equity	• meet the needs of our growing population, for example aligning prevention programmes and sharing best practice • Sustain core services and drive greater value while reducing inequalities in access to healthcare, experience and outcomes • operate within our financial envelope and move money effectively around the system by facilitating the development of the new ICB finance environment and finance mechanisms needed to support change • develop a cohesive workforce plan that meets the need of our system

• delivered through an open, transparent and collaborative approach which nurtures a high trust environment, where plans are shared early in the process so that broad system engagement can take place • clearly communicated to allow all partners to engage meaningfully	• better understand the inter relationships and inter dependencies in delivering health and care as a system partnership, ensuring codesign and input from all partners • support the system in developing appropriate roles, responsibilities and an accountability framework

2.2 The ICS system planning cycle has been divided into three steps:

1) integrated care strategy,
2) delivery plan, and
3) operational planning.

These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.

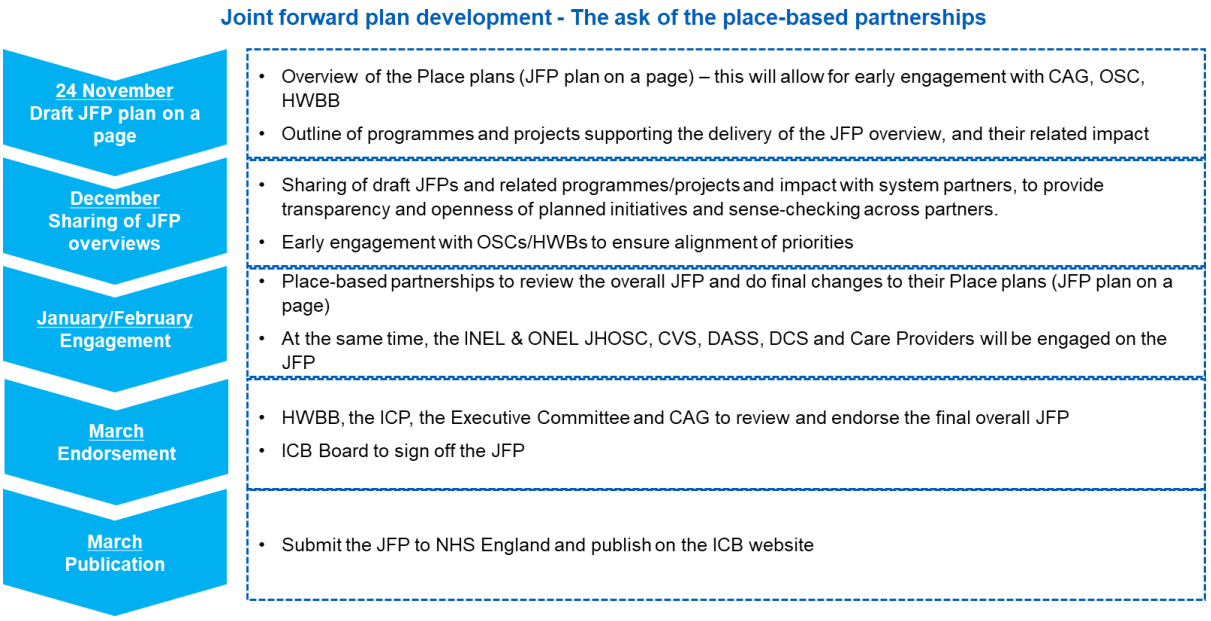


2.3 The system planning cycle has been designed with input from a wide range of system partners including at a workshop in July 23. The final draft plan has been discussed at an ICB system planning working group, at the ICS Strategy Group involving system partners as well as at the ICS Executive Committee and the Integrated Care Partnership.

2.4 The system planning process will continue to evolve as we continue our system development journey, gaining greater clarity on key outstanding questions in relation to roles and accountabilities, as well as developing the culture / behaviours needed to underpin successful system working.

3.0 The development of the Joint Forward Plan

3.1 Place-based partnerships are being asked to lead the development of local plans and feed these into the Joint Forward Plan (JFP), working with place partners, the provider collaboratives and wider system partners. The high-level timeline is outlined below:



3.2 As part of the development of our City and Hackney Integrated Delivery Plan, signed off in August 2022, we agreed the following local population health priority outcome areas:

1. Giving every child the best start in life
2. Improving mental health and preventing mental ill-health
3. Preventing and improving outcomes for people with long term health and care needs

We also agreed the following cross cutting approaches:

1. Increasing social connection
2. Ensuring healthy local places
3. Supporting greater financial wellbeing
4. Joining up local health and care services around residents and families' needs
5. Taking effective action to address racism and other discrimination.
6. Supporting the health and care workforce

Together these priorities make up our City and Hackney Place-based Partnership Strategic Focus areas.

3.3 To support the refresh of the plans for 24/25 it is proposed that we:

(i) Review our current Integrated Delivery plan (August 2022 – August 2024), mirroring the co-production approach taken in development of our current plan,

and building on the transformation areas of Start Well, Live Well and Age Well, and taking stock of progress against each area.

(ii) Review and refresh the enabler elements of the Integrated Delivery Plan, alongside programme risks and mitigations.

(iii) Clarify resource requirements to deliver the plans for 24/25

(iv) Return a refreshed plan for approval via governance routes (for 2024/25 to 2026/27), culminating in the City and Hackney Health and Care Board in early 2024.

3.5 Timelines for delivery and governance are outlined in the table below.

Governance meeting	Timescale	Purpose
C&H Health and Care Board	8th November 2023	Agree process
C&H Health and Care Board	February 2024	Sign off local JFP
HWBB Board	March 2024	Approval place plans and engagement on NEL wide JFP
NEL Integrated Care Board	27th March 2024	Approval ICB plans

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Hackney

Health in Hackney Scrutiny Commission 10th January 2024 **Cabinet Member Question Time – Cllr Kennedy**	Item No **7**

PURPOSE OF ITEM

It is customary for each Cabinet Member to attend one Cabinet Member Question Time Session each year with their relevant Scrutiny Commission. The purpose is to allow Members to ask questions on areas separate from a review or other key work programme items being considered during that year.

OUTLINE

To make these sessions more manageable they are usually confined to three agreed topic areas. Cllr Kennedy has been asked to answer questions on these 3 areas:

1.) How is the Neighbourhoods Programme working for Hackney, what have been its successes and what are its challenges?

2) Is the City and Hackney Place Based System working well for Hackney residents and has 'Place' been central enough in the governance of NEL ICB since its inception?

3) What could Hackney Council in particular do to help enact the 5 Missions in the recent Cancer Research UK Manifesto
https://www.cancerresearchuk.org/sites/default/files/cruk_manifesto.pdf

There are no formal papers and the Cabinet Member makes a verbal statement which is followed by a Q&A.

Attending for this item will be:

Cllr Christopher Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture

ACTION

Members are requested to give consideration to the discussion.

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Hackney

Health in Hackney Scrutiny Commission 10th January 2024 **Minutes of the previous meeting**	Item No **8**

OUTLINE

Attached please find:

b) Draft minutes of 20 December 2023 HiH meeting
c) Action Tracker

ACTION

The Commission is requested to AGREE the minutes as a correct record and note any matters arising.

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Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2023/24
Date of Meeting: Wed 20 December 2023 at 7.00pm

Minutes of the proceedings of the Health in Hackney Scrutiny Commission at Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

Chair	**Councillor Ben Hayhurst (Chair)**
Cllrs in attendance	**Cllr Sharon Patrick and Cllr Claudia Turbet-Delof**
Cllrs joining remotely	**Cllr Grace Adebayo, Cllr Frank Baffour**
Cllr apologies	**Cllr Kam Adams, Cllr Ifraax Samatar**
Council officers in attendance	**Chris Lovitt**, Deputy Director of Public Health **Carolyn Sharpe**, Consultant in Public Health **Froeks Kamminga,** Senior Public Health Specialist **Georgina Diba**, Director - Adults Social Care and Operations **Leanne Crook**, Head of Transformation, Adult Social Care **Alan Rogers**, Director - Newton Europe **Ed Bailey**, Newton Europe
Other people in attendance	**Cllr Chris Kennedy**, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture **Shilpa Shah,** CEO, Community Pharmacy North East London **Dalveer Singh Johal**, Pharmacy Services Manager, Community Pharmacy North East London **Rozalia Enti**, Deputy Director, Medicines Optimisation (Primary Care and Places), Pharmacy and Medicines Optimisation, NHS North East London **Dr Wande Fafunso**, GP at Hoxton Practice **Sally Beaven**, Exec Director, Heatlhwatch Hackney
Members of the public	162 views
YouTube link	View the meeting at: https://www.youtube.com/watch?v=mfo90ekBCXo
Officer Contact:	**Jarlath O'Connell, Overview and Scrutiny Officer** jarlath.oconnell@hackney.gov.uk; 020 8356 3309

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 Apologies were received from Cllrs Adams and Samatar. Apologies also received from Helen Woodland and Dr Stephanie Coughlin.

1.2 The Chair welcomed Holly Howlett (Divisional Operations Director, Homerton Healthcare) representing Louise Ashley.

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 There were none.

4 City and Hackney Sexual and Reproductive Health Strategy update

4.1 The Chair stated that the purpose of the item was to consider the progress made on the development of the *City and Hackney Sexual and Reproductive Health Strategy* and the development of the accompanying action plan. He added that he was impressed with the Strategy but asked officers to address how much flexibility there was with existing budgets to achieve those objectives as well as delivering the statutory obligations.

4.2 He welcomed the following invitees:

Chris Lovitt (**CL**), Deputy Director of Public Health
Carolyn Sharpe, Consultant in Public Health
Froeks Kamminga (**FK**), Senior Public Health Specialist

4.3 Members gave consideration to the following briefing reports in the agenda pack:
b) Overview report from Public Health on the progress of the strategy
c) Slide presentation update on the strategy
d) A copy of the original Draft Strategy which went out to consultation.

4.4 CL took Members through the report in detail. The consultation had been very successful and there had been strong engagement with most respondents very supportive of it. CYP Scrutiny Commission had also provided a very comprehensive response focusing on sex and relationships education and ensuring services are 'young people friendly'. They would be strengthening some areas to take account of the responses. The 5 year Action Plan was ambitious. On the funding challenges Public Health is mandated to provide STI testing, to provide for partner notification and long acting specialist contraception and access to emergency hormonal contraception. In the coming years they would aim to put more services which are appropriate on-line and in 2025 there would be a recommissioning of all pan London services. On reproductive health, progress had been made in having a single lead officer for it at ICB level. Fertility services were provided locally by Homerton Healthcare but overall there was a view that there were better ways to provide a more integrated service. If services could be better integrated and some elements can go online this should allow for the current level of service provision to be maintained.

4.5 Members asked questions and the following was noted:

a) Chair asked whether there would be more joint commissioning across Public Health in the different authorities and what the Homerton was mandated to provide.
CL replied that they do consider that there is a better way of aligning services and in the past it had not always made sense to do things differently in the eight local authorities and the NEL strategy seeks to correct this. Hackney had taken a slightly different approach in bringing its Strategy as a Key Decision which will go to Cabinet in February so there can be a dedicated focus on local needs which often had been diluted at NEL level. He added that there are clear inequalities e.g related to Looked After Children or to LGBTQIA+ which is why there is a specific section on reducing inequalities in City and Hackney's Strategy.

Regarding the sexual health services commissioning structure, a patient can access any sexual health service in England as they are all open access and the bill for Hackney residents will come to Hackney's Public Health department. Homerton is a major provider in

London and City and Hackney commission it on behalf of the 8 NEL authorities with the other boroughs having access rights.

He explained the background to the new Provider Selection Scheme. The Dept of Health has changed the procurement regulations to enable changes to the NHS internal market to be enacted in law and these apply to public health services. It will enable the council to go into a direct contract (in specific areas) whereas in the past they would have had to go out to competitive procurement. This will lead to some changes but the view is that it will help to integrate services across NEL where possible.

b) Members asked what best practice was regarding those who haven't engaged with services whether the survey heard from a genuine diversity of views. They also asked about outreach to those for whom English is not their first language.
CL explained that during the 3 month consultation they did a number of online and in person sessions e.g with those with learning disabilities. They also produced an 'easy read' version of the consultation document. Sexual health services are unique in that you don't have to give a name and address or immigration status and it is provided free. Usually services will want to register you as they will want to follow up with test results but there is detailed guidance on making the services more accessible. Communities where there is less uptake of services and some unmet need are key targets for Public Health. Currently online services can be easily translated using google translate etc. and translation will be a key factor when the service goes out for recommissioning at a pan London level.

c) Members commended the level of translation provided by Positive East for example and the Chair added that it would be an encouraging development if the online services could have a drop down menu of languages to help those ordering testing kits.
CL replied that the service was very much on to this. Access to PrEPs would be a lot easier if there was easy access to other languages. In terms of understanding the service users, the 'white other' category in surveys can be a very large group, sometimes including Latin American and sometimes the Orthodox Jewish community so it can be challenging to have good demographic data. They would listen very carefully to Healthwatch when they do mystery shopping exercises and listen carefully to communities themselves.

d) The Chair applauded the addition of a 5th theme on vulnerable populations in City and Hackney's own Strategy and asked if we move to a more integrated process would we expect other boroughs to adopt these.
CL explained that you don't want to stigmatise certain communities e.g. gay and bisexual men can have higher levels of STIs but it's not ubiquitous for the community. You have to focus on the behaviours and not the labelling. He added that they refer to 'inclusion groups' rather than 'high risk' or 'vulnerable populations' and it is important that they are mindful of this and are up front and specific. Another aspect for Looked After Children for example is that they can be much more likely to have unwanted pregnancies and high rates of STIs and that can be because of different environment, or greater challenges when growing up, but it could also be because of difficulties in accessing services so we would be advocating across NEL to ensure a strong focus on inclusion. He also added that this is also not just about Young People but also adults and about the importance of knowing that you have the right to have the sex that you want. All of this is important in improving sex literacy.

e) Chair asked if we would see any change of delivery in Hackney vis a vis other boroughs as they don't have the inclusion theme and will it give us the ability to drive through greater commissioning change or is this just more about focusing on changing the mindset.
FK replied that for a lot of groups which have more complex needs we don't have a lot of data so the reason for this is that we need better data collection and data collection in alternative ways e.g. data on rough sleepers. It's not necessarily about designing different services but to ensure that we have better information so services can take better care of

those with higher or more complex needs. CL added that a key part of the Strategy was co-production and if we listen to communities we can better understand their barriers and cultural norms. For example the views of community elders (often older and male) will be different from young people or female or trans or LGBT people and services must learn to evolve. He added that there were rising rates of STIs among our older populations as many are having sexual relationships later on in life. He added that co-production was an important part of the Director of Public Health's Annual Report which this year had focused on children and young people. He concluded that they had carried out a comprehensive level of consultation and there will be changes because of this e.g. on fertility services they want strengthened connections with the services to make them more accessible. People like Positive East are key as they have local connections with their communities.

f) Members asked if there were ways other than in school used to reach young people regarding sexual and reproductive health noting that some young people might prefer more private communications.
CL stated that when asked Young People have revealed that they learn about this issue at school but also on tiktok or from friends. The NHS Choices website is an excellent resource too. They wanted to look at making sexual and relationship education into something that doesn't just happen in schools but through life, as circumstances change. To illustrate he added that access to PrEPs for example will alter as new technologies will come along. Young Hackney was a commissioned partner and they spent a significant amount of money in delivering SRH education in schools. He concluded that experience in America had shown that there are now also attempts to undermine sexual health messaging by restricting people's choices and inducing fear rather than providing information. Social media can have very positive aspects but we need to ensure that when we provide information that it is from a trusted source, he added.

g) The Chair commented that he was impressed by the strategy and commended those involved. He added that the Commission would like to keep a watching brief on how the local and NEL strategies align.
CL replied that they will want NHS NEL (the ICB) to move on this issue. Commissioning of HIV services will move from specialist services to ICSs from April 2025 so NHS NEL will be involved then and it will provide an opportunity to better integrate with local services. It would be useful for both INEL and ONEL JHOSC to look at that. Currently the focus is to ensure the local strategy is properly aligned with the overarching NEL one but each borough will still want to do certain things differently. The advice in Hackney from Cabinet was to make this a Key Decision so the Action Plan can be renewed annually and go through governance processes and so there will be an opportunity to see how Public Health is making good on its promises. He concluded that nationally funding for sexual health services must be increased if we are to tackle rising rates of STI and improve access to contraception and they would be advocating for that. Because of the pandemic there had been a reduction in testing and interruptions in sex education in school and this was followed by a significant increase in STI levels.

4.6 The Chair thanked all the participants and stated he would ask INEL JHOSC to keep across the devolving of HIV commissioning to ICS level in April 2025 and the consequences of that.

RESOLVED:	**That the reports and discussion be noted.**

5 Community Pharmacies in Hackney - discussion

5.1 The Chair stated that this issue was last before the Commission three years previously when they were looking at certain changes to the funding formula. The

purpose of this discussion was to get an overview from Community Pharmacy NEL and an insight into what they do vis-a-vis the constituent borough organisations which had preceded them.

5.2 He welcomed for the item:

Shilpa Shah (**SS**), CEO, Community Pharmacy North East London
Dalveer Singh Johal (**DJ)**, Pharmacy Services Manager, Community Pharmacy North East London
Rozalia Enti (**RE**), Deputy Director, Medicines Optimisation (Primary Care and Places), Pharmacy and Medicines Optimisation, NHS North East London
Dr Wande Fafunso (**WF**), GP at Hoxton Practice, Prescribing Lead for City and Hackney, NHS NEL
Sally Beaven (**SB**), Executive Director, Healthwatch Hackney

5.3 Members gave consideration to the following:
b) Briefing from Community Pharmacy NEL
c) Briefing from Medicines Optimisation at NHS NEL
d) Healthwatch report '*Mystery shopping exercise of access to emergency hormonal contraception in Hackney'* (Feb '23)
e) Healthwatch report '*Accessibility audit of Hackney's community pharmacies'* (April '22)

5.4 SS explained that Community Pharmacy NEL was the statutory body for North East London. It had covered six boroughs and City and Hackney had merged with them in July 2023. Its the statutory body if services are launched across NEL.

5.5 DJ took Members through the presentation. He stated that generally there was a lack of awareness about what a community pharmacy does. All are registered with the GPC and they represent 375 across NEL and 60 in City and Hackney.

5.6 He detailed 3 main categories of services: *Essential* (commissioned nationally), *Advanced (*commissioned nationally but a pharmacy can choose); and *Locally Enhanced Services* (commissioned by the local Public Health department but pharmacies can choose which to do).

In terms of 'Advanced' the *Community Pharmacy Consultation Service (CPCS)* would expand from 31 Jan to 7 additional conditions for which they will be able to provide prescribed medications. They will also provide flu vaccination and contraception services and there was a big national push behind hypertension case finding. They would also provide the New Medicine Service which aims to support a patient through their journey in order to improve compliance. They would also provide the Advanced Smoking Cessation Service (where the patient decides in hospital to quit smoking)

In terms of Local Enhanced Services a good example recently was the A*sthma and Air Quality trail in Newham*. This would take children through inhaler technique but the key aspect was to encourage them to walk though back roads or quieter roads to get to school in order to avoid the most high polluted roads. They service funded community pharmacies to have a consultation with the patient to begin the process. There had been 6 GP surgery areas with very high levels of asthma

Another Local Enhanced Service was the *Vaccine Hesitancy Services in Tower Hamlets*. They had been 20% behind the national average on Covid vaccine take up. Again pharmacies were funded for advanced consultations with these patients and in the end 48% of people went on to have vaccinations.

Another example was a trial in Barking & Dagenham with pregnant women or those trying to conceive to *discourage them from stopping their mental health medication* through that period.

5.6 Members asked questions and the following was noted:

a) *Chair asked if the specification for the Air Quality project could be shared with Hackney.* SS agreed. She added that they had only funding for 470 consultations but it was motivated by the idea that people will often share with pharmacists things they wouldn't share with other healthcare professionals.

ACTION:	**SS to share the service specification used for the Air Quality and Asthma project carried out by Community Pharmacy NEL in Newham.**

b) Members asked if the above Local Enhanced Services were free at point of use and if there was a capacity issue.
SS confirmed that they were and some service users might also be entitled to minor ailment consultations as well. DJ added that capacity had been raised on a number of occasions. It was important to note that it was pharmacy teams who are involved here not just pharmacists and all can work to the top of their licence e.g. pharmacy technicians for example. SS added that capacity can also extend throughout the day with some pharmacies having late opening and of course capacity at weekends

c) Members expressed a concern that the new scheme would appear to create a lot of extra work for pharmacists. They asked do we need such a scheme in Hackney of if there was a particular need that was different in the other boroughs
SS replied that the schemes were a success and for Hackney they just need to establish if there is funding for it locally. The Public Health team would be able to provide data to find out how many children have asthma and what pollution rates were like. All areas in London could do with this, she added. She added that most children do not use inhalers correctly

d) Members commented that these enhanced services demonstrate the creativity here and what more can be achieved. Regarding the issue of fertility support they asked how decisions were made at CP NEL about what services were offered for which boroughs.
SS replied that they invite suggestions for schemes and creativity is important. The local Public Health department will know its local residents and it's about asking if the solution to a particular problem can be found in community pharmacies. She added that 'shape atlas' and 'fingertips' are two tools they use for detailed health demographics in an area and these help shape service provision. They also use intelligence from GP surgeries and other areas in primary care and they analyse from secondary care what people are being admitted for and how issues might be tackled earlier. If care and advice workloads can be taken into community pharmacies this can open up more capacity within GP Practices.

e) SB stated that Healthwatch Hackney do signposting on vaccinations and have also asked children about vaccinations and asked if this project was for adults only.
SS replied that the childhood vaccination project was not funded in Hackney but they also had not asked. In Tower Hamlets they did vaccinations (flu and Covid) for over 18 yr olds. A

big win would be for community pharmacies to do more vaccinations. She added that Waltham Forest had an outbreak of measles and GPs there had been forced to open at weekends yet pharmacies were open and could have got so many people through. Even if half had offered vaccinations to children they could have cleared the backlog. It was about working in a more integrated way with GPs.

5.7 *The Chair asked RE to give her presentation asking if she could clarify the history of the monitored dosage scheme which had been rolled up into pharmacists global national contract. He also asked if she could clarify how the Minor Ailments Scheme and the Self Care and Advice schemes interlink.*

RE explained she was one of there Deputy Directors in the Pharmacy and Medicines Optimisation Team at NHS NEL. Following the restructure they are now integrated into the ICB wide team. It is much more streamlined with 2 staff dedicated for City and Hackney.

The Medicines Optimisation Scheme had been commissioned to provide interventions to patients to help them take their medicines more effectively (e.g. braille etc) but the service had ended up mainly providing dosette boxes. The last time she attended the Commission she had explained that they were not the answer to all the challenges and pointed out for example that popping medicines out of their boxes meant that some would deteriorate. Currently they worked across London though the London Procurement Team and were trying to get a position statement from them on the future use of these devices.

NHSE had decommissioned that service in March 2023. Prior to that NHSEL had put in some resources for practice pharmacists to identify the patients who have a need here and to ensure they have a plan. They did have issues in lead in but since the decommissioning they hadn't heard any complaints which were specific to City and Hackney. The system had not been set up to just give dosette boxes but ended up being 95% about that. It had been meant to address a wider range of challenges people might have.

The Minor Ailment Schemes had been commissioned across a number of boroughs. C&H was unusual in deciding to commit funds to continue a revised service. It was aimed at those who would struggle with affordability of over the counter medications. The new scheme had been running since the middle of 2020 and in the 3 years since there had been 22,500 appointments and 65% of the users were under 16. It covered 20 conditions and common conditions were fever and hay fever. It is funded to run to the end of this financial year.

The Minor Ailments Scheme is not for prescribed medicines but for over the counter medications. The Pharmacy will have a consultation with you and if required give you medication free of charge. The aim of the service is to reduce pressure on GP services. Those who are socially vulnerable can access free over the counter medicines.

New service commissioned from NHS NEL (the local ICB) will provide a similar service across all of NEL. It supports and runs alongside the CPCS which is commissioned by NHSE but which is advice only and doesn't include supply of free medicines. Now there will be a pan NEL service alongside it from April '24.

Regarding cost of living issues, she had shared with the Chair the latest data on the numbers in City and Hackney who don't pay for prescriptions. Currently 93% in Hackney are dispensed free of charge and if you use more than 11 items in 12 months and pay there is the option for Pre Payment Certificate which caps the charge. Also those on HRT who don't have an exemption because of age or concomitant conditions there is a separate prepayment certificate for those also. She concluded that we can't influence who gets free prescriptions and who doesn't as it is nationally mandated and there has always been a national debate about this.

5.8 Questions continue
f) Chair asked whether minor ailments scheme was morphing into self care advice scheme
RE replied that it's one and the same but the new one is pan NEL.

g) Chair asked Dr Fafunso about the interplay between GPs and pharmacists in Hackney and where improvements might be made.
WF responded that up till now there hadn't been great involvement of pharmacies in primary care but now there is. When some prescription only items can be dispensed by pharmacists it contributes to reducing barriers to care and reducing wider inequalities. This has helped GPs a lot enabling them to focus more on patients with long term chronic illness and more acute conditions. He added that he can see a huge difference in the number of patients he sees who just wanted for example antihistamines for hay fever. It illustrates how the system needs to utilise resources more efficiently. They have excellent working relationships with their place based pharmacists and the Medicines Optimisation Team in the ICB who make sure they are improving. Patient feedback has also been very helpful in this sphere.

h) Chair asked if the new Self Care and Advice service allows for free medications to be given as under the old minor ailments scheme
RE clarified that the Self Care and Advice service will provide information, signposting and some free medication if it is needed.

i) Members expressed concerns that it can be quite confusing about what patients can have access to over the counter. Those coming from certain cultures are used to trying a pharmacy first for example and asked how the service will address cultural differences.
WF stated that in his practice he can use the CPCS to refer patients to pharmacists for a list of conditions. Receptionists are trained in triaging patients for CPCS or the Minor Ailments Scheme and they refer directly. If patients have more chronic or complex needs that require a doctor then an appointment is booked. All the entitlements are listed on the Practice website. There might be a need to make patients more aware about this and how to access appropriately but the information is readily available. RE added that she wanted to reassure people that a range of training aids have been provided to receptionists to be able to triage appropriately.

j) Members asked about promotion to those for whom English is not their first language.
SS stated that the CPCS is changing its name to Pharmacy First and they are hoping there will be adverts on tv. There will also be posters in different languages. She added that the pharmacy staff are good at understanding cultural needs, for example in Tower Hamlets there are many Bengali speakers in pharmacies. More national advertising is needed but she did not think that there is a need for more advertising spend locally.

k) The Chair commended the two Healthwatch reports provided in the pack and asked if they would be updated.
SB responded that work was continuing on this and on the translation and interpretation aspect which will be a key focus in the new year. Prior to this meeting she had spoken to 18 local pharmacies directly. A common reply was that many patients have to rely on friends and family to do the interpreting and that pharmacies felt it was unfair that GP surgeries have access to translation services but pharmacies don't. There are challenges and risks in using family members and friends. Often a 10 or 11 yr old child will come to the phone to translate for parents. Pharmacies also commented that they don't get notes or information passed on to them by GP Practices about language barriers so they don't know in advance.

l) Chair asked RE if there was scope to extend interpreting services to pharmacies.
RE stated she had raised this before the pandemic. At the time there was an agreement that if pharmacists had a reasonable small volume of requests this might be possible but wholesale access was not. They had also looked at the issue of translated labels as well. They didn't progress the issue because legal advice warned that if pharmacists checking a label can't actually read that language there would be problems. She was aware however of work at a national level on the issue of translated labels and she undertook to take back the issue of extending access to translation and interpreting services to community pharmacists.

5.9 The Chair commented that it was well and good referring to pharmacists but when pharmacists don't have access to translation services but GPs do then this is a problem. There is scope for a more nuanced care pathway to be developed here to resolve this.
He concluded that it was exciting to see pharmacists at last being brought in to do a whole host of different functions and take the pressure off GPs as local communities have strong relationships with their pharmacies. He added that in the future Members would like to hear about some of the special trials being done such as on air pollution and asthma. He thanked all the participants for their reports and their time.

RESOLVED:	**That the report be noted.**

6 Adult Social Care Transforming Outcomes Programme

6.1 The Chair stated that this item was to receive a first update on the *Transforming Outcomes Programme in Adult Social Care.* This had been discussed in other fora but this was the first time to discuss it at Health In Hackney.

6.2 He welcomed for the item:

Georgina Diba (**GD)**, Director - Adults Social Care and Operations
Leanne Crook, Head of Transformation, Adult Social Care
Alan Rogers (**AR**), Director - Newton Europe
Ed Bailey (**EB**), Newton Europe
Cllr Christopher Kennedy (CK), Cabinet Member

6.3 Members gave consideration to paper *Transforming Outcomes Programme.*

6.4 GD stated that the detail in the report was more limited than they might have hoped at this stage due to a delay. Newton Europe had done a diagnostic of the service in 2022. The Council then went out to tender and Newton were successful but their contract had not yet been signed. She was grateful however that Newton had agreed to attend this session to outline their plans.

6.5 AR took Members through the report in detail covering the diagnostic findings from last year and what is being planned on the basis of that. Overall there was an opportunity with the programme that over half the users of the services could have better outcomes and live more independent lives. There was within it an opportunity to make a financial savings of potentially £7.6m to £11.6m per annum initially which could then deliver £30m in savings over next 7 years. EB took Members through the 4 stages of the transformation programme and what they are likely to see happening in the next year.

6.6 Cllr Kennedy commented that this was a very necessary intervention to take us forward and give us any chance of counteracting the things which had caused so many other local authorities to go under, which is not able to properly address the demands put on local authorities by adult social care. There was great engagement from staff in ASC. He chaired the Transforming Outcomes Board. He offered to keep coming back to the Commission with ASC officers and Newton staff to provide updates on the programme as it develops.

6.7 Members asked questions and the following was noted:

a) *Chair asked if Newton could demonstrate its track record here by giving some examples (without naming specific boroughs) of how savings had been achieved elsewhere.*
AR replied that there was a lot to draw on. What they had found in Hackney was not unique at the broad level compared to the rest of the country but some differences emerged which were particular to Hackney and were revealed once they burrowed further down into the detail. The absolute importance of supporting reablement to accept more clients so that more people to be helped back onto their feet was common across all the boroughs where they had done this work. By increasing reablement by say 40% you meet the needs of more residents. It's about rebalancing that flow from the acute NHS services into council services.

b) The Chair stated that there were many moving parts here and demand was continually rising. The transformation programme would judge its success by fewer patients going into residential care or by staying in their homes longer and you compare the costs of that which of course is also better for residents welfare. But, he asked, have you factored in that Hackney has a younger population and so there might be less scope to make savings and fewer options than in boroughs with a higher overall proportion of older people.
AR replied that all the savings they'd found in their diagnostic study have been built up on the data from Hackney. They were not parachuting in figures from elsewhere into the analysis. EB added that data had been worked up with Hackney officers. He also added that they also focused on another key cohort here which was working-age population with disabilities.

c) Members commented that the plan seemed to be well thought out but asked wasn't there a risk that while encouraging greater independence for most, the needs of those who really do require a care home might be dismissed too easily. A Member gave an example of a woman who needs care support and is asked in her assessment can she make a cup of tea, but she has much more complex needs which these questions do not capture.

AR replied that everything behind this programme starts from what is the best and ideal outcome for the resident. If you create a programme which is too focused on savings you end up going wrong. He stated that we will see some people ending up in more expensive packages than before if that is deemed necessary. The issue was how do you improve the information support that sits around the social care practitioner and if that ends up a more expensive package, then that is what is done.

d) Members commented on the survey feedback which had been received that staff "didn't' feel that they efficiently met the needs of residents". One Member stated she was surprised by the two examples used here and thought that in those cases it was already standard procedure to keep people at home. She also asked if Newton had spoken to more junior levels of staff and not just heads of service. She also commented that Hackney Council had very good working relationships with the health service and if they were on board with this programme. And she asked if the programme was also looking at residents with mental health problems and those with learning disabilities.
Cllr Kennedy replied that he knew absolutely that the right conversations at the right levels had been had with all staff and there had been significant interaction and great buy-in to the work. EB added that it will be a significant change journey for all staff over the next year and that they had strong engagement already from staff at all levels with more coming up in January. He added that in a lot of situations where there are poor outcomes in a programme such as this it's because there is a 'blocker' in place and usually it is not a bad social worker but instead an issue like not being able to get more patients into reablement because the staff they want to use to achieve this are on other roles. They need therefore to explore different options on services that we do not yet have in place. There is the balance of risk also to be considered. The object of the programme is to remove as many 'blockers' as possible and to unblock capacity in other services and so provide more support. On different cohorts who are not just the older population he said the programme is working across all those from 18 to end of life. There is a particular focus on learning disabilities too and there will be a lot more interaction with health colleagues.

(e) The Chair asked about the staff survey response and asked if those staff had been asked for specific examples to illustrate their point as they could be saying many different things.
AR replied that they were and it had been examined further. He added that Hackney has an amazing army of engaged, driven, individuals who are trying to do the right thing. They did not find anything that they would define as 'poor care', it was just that some practitioners felt they could perhaps be doing more. He added that it was from this positive perspective that they will take services to the next level in order to do better for residents.

f) The Chair asked, in terms of the projected savings (£7m to £11m), what percentage who currently go into residential would they expect to be able to care for with homecare packages instead. What would be the scale of change?
EB replied that they were talking about c. 20% on nursing and residential care and that is against a rising demographic. They would see more going into homecare packages which were continuing to grow significantly.

6.8 The Chair thanked the officers for their detailed report and attendance. He added that in the next session he'd like to see greater granularity on where those potential savings might lie. He also commented that the 'Cora' example did seem too good to be true in many

respects because you are reducing the amount of care a person gets just as they age and all the other factors are coming into play. He asked if there is a degree of savings here premised upon a reduction on the amount of support people get at home when it is unlikely that the acuity here would be steady or in decline. He added he would like to pick up on the specific granularity of cases such as 'Cora' in the next session. He added that when we've seen through some trials, in c. 5 or 6 months he would like officers to return.

RESOLVED:	**That the report be noted.**

7. Executive Response to Scrutiny Panel report on Net Zero

7.1 Members noted the Cabinet's response to Scrutiny Panel's report on 'Net Zero' titled *Executive response to the Overarching Scrutiny Panel Net Zero Report.* This had incorporated the input from Health in Hackney. It had been discussed by Scrutiny Panel on 4 December and by the other Commissions involved.

RESOLVED:	**That the report be noted.**

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the previous meeting and the action tracker.

RESOLVED:	**That the minutes of the meetings held on 15 Nov 2023 be agreed as a correct record.**

9. Work programme for the Commission

9.1 Members noted the updated work programme

RESOLVED:	**That the updated work programme be noted.**

10. AOB

10.1 There was none.

Health in Hackney Scrutiny Commission - ACTION TRACKER 2023-24				
Note: Items returning to an agenda are added to the future work programme and NOT listed here.				
Meeting	**Item**	**Action**	**Action by**	**Status**
05/12/2022	Adult Social Care reforms - fair cost of care and sustainability	Group Director AHI to provide a brief update to the Chair on the funding position for next year (on Fair Cost of Care) once it is known.	Helen Woodland	Ongoing.
08/02/2023	Community Diagnostic Centres - update from Homerton Healthcare	CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.	Louse Ashley	Ongoing.
13/06/2023	St Joseph's Quality Account	Site visit for Members to St Joseph's Hospice to be organised.	Jane Naismith	To be arranged.
11/09/2023	Work programme	Director of Public Health to respond to Member Enquiry from Cllr Turbet-Delof on the following: Chagas Disease; Suicide and self harm; and the serious health impacts of dog fouling in streets and parks.	Dr Sandra Husbands	Request sent to PH on 12 Sept.
15/11/2023	Tackling breast cancer	Chair to write to the Chair of the House of Commons Health Select Committee on the issues particularly on data quality, data sharing and the system wide challenges that need to be tackled when breast screening services are next re-commissioned	O&S Officer	Letter issued Jan '24.
20/12/2023	Community Pharmacies i	Community Pharmacy NEL to share the *Newham Community Pharmacy Air Quality and Asthma Pilot Project: Service Specification*	Shilpa Shah	Shared on 21 Dec

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Hackney

Health in Hackney Scrutiny Commission 10 January 2024 **Work Programme for 23/24**	Item No **9**

OUTLINE

Attached please find Rolling Work Programme for 23/24 (NB this is a working document)

ACTION

Members are requested to give consideration to the work programme and make any amendments as necessary.

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DRAFT Work Programme for Health in Hackney SC 23/24 as at 21 Dec

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name
13 June 2023	**Election of Chair and Vice Chair**				
	Appointment of reps to INEL JHOSC				
	Air Quality Action Plan 21-25 implementation update	Follow up from June 22	Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
			Adults, Health and Integraton	Public Health Specialist	Suhana Begum
			Climate, Homes, Economy	Environmental Projects Officer - Sustainability	Tom Richardson
	Local GP services - Access and Quality	Briefing	NHS NEL Primary Care	Clincial Lead for Primary Care in City and Hackney and PCN Clinical Director	Dr Kirsten Brown
			NHS NEL Primary Care	Primary Care Commissioner	Richard Bull
			City and Hackney GP Confederation	Chief Executive	Andreas Lambrianou
			Healthwatch Hackney	Executive Director	Sally Beaven
	St Joseph's Hospice Quality Account 22-23	Annual item	St Joseph's Hospice	Director of Clinical Services	Jane Naismith
	Work programme for 2023-24	Discussion			
17/07/2023	**Health inequalities and medical barriers faced by trans and non binary community**		Homerton Healthcare	Clinical Lead for Sexual Health and HIV and Medical Examiner	Dr Katherine Coyne
				Consultant	Dr Sarah Creighton
			NHS NEL	Chief Medical Officer	Dr Paul Gilluley
			GP Confederation	Practice Development Nurse	Heggy Wyatt
			Public Health - City and Hackney	Director of Public Health City and Hackney	Dr Sandra Husbands
			Women's Rights Network and Hackney Labour Women's Declaration		Laura Pascal
			~~Gendered Intelligence - withdrew~~		~~Cara English~~
	Met Police implementation of Right Care Right Person model	Briefing	Adults Health and Integration	Director Adult Social Care and Operations	Georgina Diba
			ELFT	Borough Director C&H	Jed Francique
			C&H Place Based Partnership	Director of Delivery	Nina Griffith
	Homerton Healthcare Quality Account 22-23 - HiH response	Annual item	Homerton Healthcare	Chief Nurse and Director of Governance	Breeda McManus
11 Sept 2023	**City & Hackney Safeguarding Adults Board Annual Report**	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE

deadline 31 August			AHI	Director Adult Social Care and Operations	Georgina Diba
			AHI	Manager - Safeguarding Adults Board	Shohel Ahmed
	Healthwatch Hackney Annual Report 22/23	Annual item	Healthwatch Hackney	Chair	Deborah Cohen
				Exec Director	Sally Beaven
	Responding to increasing mental health needs	Discussion	ELFT	Borough Director C&H	Jed Francique
			ELFT	Clinical Director	Dr Olivier Andlauer
			AHI	Director Adult Social Care and Operations	Georgina Diba
15 Nov 2023	**Tackling breast cancer in Hackney (raising awareness and performance of the screening programme)**		AHI	Public Health's Population Health Hub	Jayne Taylor and Abigail Webster
deadline 6 Nov			NHSE	Central and East London Breast Screening Service	Claire Mabena, Dr Mansi Tara
			CoppaFeel! (VCS org)	Head of Services	Helen Farrant and Emma Walker
			C&H Cancer Collaborative	Chair (a local GP at Latimer Health Centre)	Dr Reshma Shah and Jessica Lewsey
			NEL Cancer Alliance	Early Diagnosis Prog Lead	Caroline Cook and Femi Odewale
			Homerton Healthcare	Lead Oncology Nurse	Mary Flatley
			Barts Health	Consultant Medical Oncologist	Dr Katherine Hawkesfod
	City and Hackney Place Based System - update	Verbal update	Homerton Healthcare	CE and Lead for C&H PBS	Louise Ashley
				Acting Dir of Delivery, C&H PBS	Amy Wilkinson
20 Dec 2023	**Community Pharmacy and Pharmacy First Model**		Community Pharmacy North East London (formerly the LPC)	CEO	Shilpa Shah
deadline 11 Dec				Pharmacy Services Manager	Dalveer Johal
			Healthwatch Hackney	Executive Director	Sally Beaven
			NHS NEL	Deputy Director Medicines Optimisation	Rozalia Enti
			Local GP	Hoxton Surgery	Dr Wande Fafunso
	Developing a C&H Sexual and Reproductive Health Strategy	Update post public consultation plus other aspects	Public Health	Deputy Director Public Health	Chris Lovitt
	Adult Social Care Transforming Outcomes Programme 1/3	From HW at Budget Scrutiny 25 July	Adults, Health and Integration	Director ASC and Operations	Georgina Diba
				Head of Transformation ASC	Leanne Crook
			Newton Europe	Director	Alan Rogers

				Director	Ed Bailey
10 Jan 2024	**Cabinet Member Question Time: Cllr Kennedy**	Annual CQT session	LBH	Cabinet Member for Health, ASC, Voluntary Sector and Culture	Cllr Chris Kennedy
deadline 22 Dec	**Integrated Delivery Plan for the City & Hackney Place Based System**	Part follow up 5 Dec	NHS NEL - C&H Place Based Partnership		Dr Steph Coughlin
			NHS NEL - C&H Place Based Partnership	Interim Director of Delivery	Amy Wilkinson
	Future options for Soft Facility Services at Homerton Healthcare	Follow up 8 Feb short item	Homerton Heatlhcare	Deputy CE	Basirat Sadiq
				CFO	Rob Clarke
	Update on implementaton of Right Care Right Person	Follow up from 17 July - short item	AHI	Director Adult Social Care and Operations	Georgina Diba
12 Feb or 14 March TBC	**Estates Strategy for GP Practices and Out of Hospital Care in Hackney**	Follow up from items at HiH and INEL pre pandemic	NHS NEL	Director of Primary Care	William Cunningham-Davis TBC
				Primary Care Commissioner	Richard Bull TBC
deadline 1 Feb				Co Chair of Task and Finish Group Primary Care Estates	Louise Philips TBC
				Clincial Lead for Primary Care	Dr Kirsten Brown TBC
			Local Medical Committee	Chair	Dr Vinay Patel TBC
			City & Hackney Office of PCNs	Operations and Programme Director	Agnes Kasprowicz TBC
			Neighbourhoods Team	Programme Lead	Sadie King TBC
			LBH	Director of Strategic Property	Chris Pritchard TBC
				Head of Planning	Natalie Broughton TBC
			Healthwatch Hackney		Sally Beaven TBC
	Neighbourhoods Programme and PCNs update		City and Hackney Neighbou	Neighbourhoods Programme	Sadie King TBC
			PCN Clinical Directors	One of CDs and also Chair of LMC	Dr Vinay Patel TBC
			GP Confederation	Chief Executive	Andreas Lambrianou TBC
12 Feb or 14 March TBC	**NHS Dentistry provision - how new commissioning system is working**	Follow up from 16 Nov 22	NHS NEL	Commissioner	Jeremy Wallman
deadline 5 March			East London and City LDC	Secretary	Tam Bekele
			Local dentists		TBC
			Public Health	Consultant in Public Health	Andrew Trathen
	Safeguarding issues around hoarding and self neglect		Adult Services		

ITEMS AGREED BUT NOT YET SCHEDULED

Pencilled dates					
	In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.				
	SUBSTANCE MISUSE & the new the combating drugs partnership - our local response to the national strategy		Substance Misuse Partners; Public Health		
	New CQC inspection regime for Adult Social Care		Adults, Health and Integration	tbc	tbc
Now postponed until after general election	**Liberty Protection Safeguards - progress on implementation of new system**	Follow up 5 Dec	Adults, Health and Integration	Principal Social Worker	Dr Godfred Boahen
	Consultation on Changes to Continuing Health Care - the Hackney perspective	Follow up from INEL	Adults, Health and Integration and NHS NEL	tbc	tbc
	Revisit progress of Wellbeing Network focus on crisis support	Follow up from 24 April	Adults, Health and Integration	Senior Public Health Specialist	Jennifer Millmore
			Mind in CHWF	CEO	Vanessa Morris
	Food Sustainability Strategy (inc. revised Lunch Clubs plan)	From Chair at Budget Scrutiny 25 July	Policy and Strategic Delivery	AD Policy and Strategy	Sonia Khan
June/July 2024	**Local GP Services Access and Quality - outcome of the improvement plans for GP Access**	Follow up from 13 June	NHS NEL	Clincial Lead for Primary Care	Dr Kirsten Brown
June 2024	**Adult Social Care and Accommodation - planning for future need**	Follow up from 26 April	Adults Health and Integration	Director Adult Social Care and Operations	Georgina Diba
			Climate Homes and Economy	Strategic Director Economy Regeneration and New Homes	Stephen Haynes
Oct 2024	**Budget Scrutiny update on review of Public Health contracts one year on**	Follow up from Budget Scrutiny on 23 Oct 23	Adults Health and Integration	Director of Public Heatlh	Dr Sandra Husbands
	Housing with Care - update	Follow up from Budget Scrutiny on 23 Oct 23	Adults Health and Integration	Director of Adult Social Care and Operations	Georgina Diba
	NHS NEL's Anticipatory Care Strategy - Hackney impact	Follow up from Budget Scrutiny on 23 Oct 23	NHS NEL, Adult Social Care, Public Health		tbc
June 2024	**2/3 Adult Social Care Transforming Outcomes Programme**	From HW at Budget Scrutiny 25 July and HiH 20 Dec	Adults, Health and Integration	Director of Adult Social Care and Operations	Georgina Diba
			Newton Europe	Director	Alan Rogers
					Ed Bailey