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

Monday 12 February 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/dQvaOJNXnmU

Back up live stream link: https://youtube.com/live/Dxuyv6Fcesc

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 Vacancy; 1 Conservative Vacancy

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

8 Health in Hackney Scrutiny Commission Work Programme (20.36) (Pages 89 - 96)

9 Any Other Business (20.40)

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

This page is intentionally left blank

Hackney

Health in Hackney Scrutiny Commission 12th February 2024 **Neighbourhoods Programme update**	Item No **4**

PURPOSE
To receive a briefing on the progress of the Neighbourhoods Programme in Hackney.
https://cityandhackneyneighbourhoods.org.uk/

OUTLINE
In 2018, eight Neighbourhoods were established across City & Hackney.
These Neighbourhoods are local populations of between 30,000-50,000 people and are grouped around GP Practices. They are coterminous with the Primary Care Networks and the areas used in delivery of social care services. Neighbourhoods are funded by the NHS's Better Care Fund (BCF) which supports local systems to deliver integrated health and social care that is person-centered, sustainable and improves services for people and carers.

The funding for the Neighbourhoods Programme 2024-27 has recently been agreed by the Health and Care Board so we've invited the Programme Lead to give us a briefing on the work.

The Commission has regularly covered the work of the GP Confederation, the development of the Neighbourhoods Programme and the emergence of the Primary Care Networks (PCNs). At our last meeting we learnt that the GP Confederation and the PCNS will be merging to form a **unified GP Provider organisation.**

In January 2023 and June 2023 we had discussions on 'Local GP Services Access and Quality' which touched on the key role of the Neighbourhoods.

Attached please find
b) Briefing paper from Neighbourhoods Programme Lead
c) A background research paper on *Neighbourhoods Models Options appraisal: PHASE ONE Research into current approaches to Integrated Neighbourhood Teams*

Attending for this item will be: **Dr Sadie King, Programme Lead**

ACTION
The Commission is requested to give consideration to the reports and discussion.

This page is intentionally left blank

Neighbourhoods

City & Hackney Living Better Together

Neighbourhoods Update - January 2024

Sadie King Neighbourhoods Programme Lead

Neighbourhood Programme

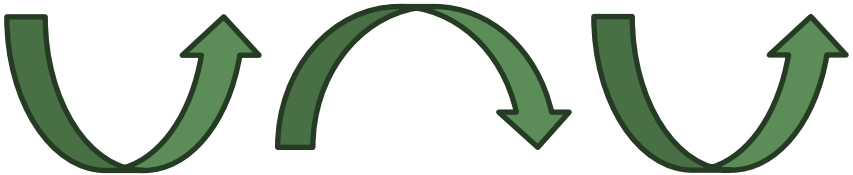
1. What is Neighbourhoods?
2. Why Neighbourhoods?
3. Overview of the Programme

   Structure, Culture and Impact

What is Neighbourhoods?

A way of working ‘Place Based’ (not a new service, or new organisation)

A Programme of Change



Business as usual

1. Shaping Health, care and prevention services around small geographies to be able to provide tailored services closer to where people live

2. Multidisciplinary working ‘team of teams’ in Neighbourhoods that know each other, their population needs and their people

3. Personalised care, residents are at the heart of services

Why Neighbourhoods?

One size/approach doesn't fit all - Neighbourhoods allow targeted approaches and to target highest need

Neighbourhood Teams can create trust, collaboration and improved communication

Importance of work to improve population health – Neighbourhoods offer a framework to promote and deliver prevention work at a local level

What this would mean for Peter

Peter

- 86 years old
- Has lived in Hackney Downs for last 20 years and is proud to live in Hackney
- Now lives alone since his wife died 3 years ago although his son lives locally and provides some informal care
- Has previously had a fall and receiving some support to assist movement
- Living with long-term conditions (dementia), and moderate frailty with interaction from multiple services and organisations

Closer connection between the services supporting Peter
GP in contact with Neighbourhood Social Care team who engage with Peter

A multi-disciplinary Neighbourhood based team
identifies Peter as someone they may be able to support in a more joined up way

Discussions take place with Peter
to put in place a personalised care and support plan with him

Strengths based conversations
explore the things he wants to be able to do. He is connected to a Neighbourhood social prescribing lead who supports Peter in attending a dementia support group and local gardening group

Peter **doesn't have to explain his story to multiple organisations** as they are working together with him

Example of working with the Neighbourhood forums

Well Street Common Neighbourhood forum discussed local concerns and opportunities.

Attendees of the forum said they were seeing more children and young people experiencing anxiety, alongside a higher demand on services.

As a result the First Steps (Early Intervention and Community Psychology CAMHS) team developed training on understanding anxiety for colleagues working in the voluntary and community sector with children and young people.

The training is being delivered across all Neighbourhoods between November 2023- March 2024

Well Street Common Neighbourhood forum also hosted a wellbeing and information day for parents in response to concerns raised offering the opportunity to connect parents with peers for support and to share coping strategies.

Neighbourhood Programme Priorities 2024 - 2027

1. **Resilient local Neighbourhood Teams.** An Organisational Development Programme to support staff working together

2. **Resident led solutions.** Neighbourhood Forums, Insight collection, Community Advisor Team, Anti-racist service design.

3. **Prevention of and Living well with long term conditions.** Anticipatory/Proactive care. Health Inequalities projects

4. **Wider Integration.** Deepening the connection between health and care services and services that can impact on the Wider determinants of Health: housing, cost of living,

Who we are working with

The London Borough of Hackney

City and Hackney Integrated Primary Care.
(and each PCN)

Corporation of the City of London

East London NHS Foundation Trust

Homerton Healthcare NHS Foundation Trust

City and Hackney Local Pharmaceutical Committee

Hackney Centre for the Voluntary Sector

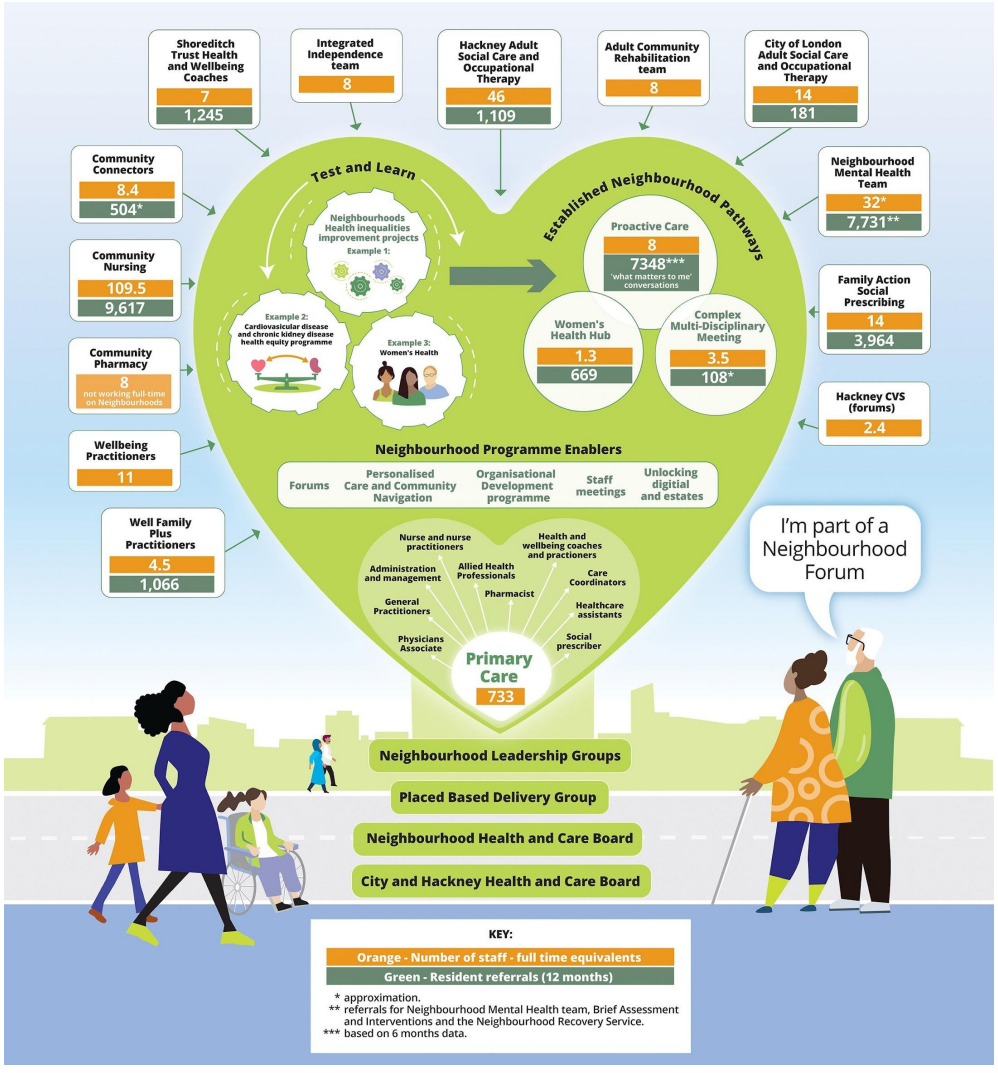
A range of local voluntary and community organisations

Healthwatch City of London

Healthwatch Hackney

Structure

Transforming Neighbourhoods



Neighbourhoods

CYPMF services mobilising to Neighbourhoods models

The **Enhanced Health Visiting Service** has mobilised and been reconfigured to work according to the Neighbourhoods geography since Sept 2023.

Services mobilising in 2024:

- The new **School Nursing Service** tender has Neighbourhoods working incorporated and will see school nurses as part of Neighbourhood teams from Sept 2024.
- The **Children and Family Hubs programme** will see **Children's centre teams** working to pairs of Neighbourhoods localities in 2024.
- **First Steps teams CAMHS teams** restructuring on the Neighbourhoods model currently (early 2024)

CYPMF services preparing for transition

- A **Super Youth Hub pilot** which is a visionary initiative aimed at transforming the way young people access health and wellbeing services in City and Hackney including the offer of an integrated adolescent GP Service within youth hub alongside a range of health and wellbeing services and outreach offers is **to be piloted within a pair of Neighbourhoods (London Fields and Shoreditch Park and the City).** This pilot will see a range of health and wellbeing services for young people adapt and test a new way of integrated working.

- **Hackney Schools have now been mapped according to Neighbourhoods** - with some Special Educational Needs and Disabilities (SEND) staff now allocated according to Schools according to Neighbourhoods.

- There are some **PCN Additional Resource Reimbursement Scheme (ARRS) funded Young People focussed roles** - **Shoreditch Park and the City have funded a Children and Young People's Health and Wellbeing Coach** and **Well Street Common PCN has funded a Young Person's Social Prescriber**, all working within a Neighbourhood. Other Primary Care Networks have expressed interest in having PCN based Young Person focussed community navigation roles.

CYPMF Services in early planning stages of transition

- **Community Midwifery services** are reviewing options and planning towards Neighbourhoods working from mid-2024
- **Children's Physiotherapy and Occupational Therapy services** have already piloted universal work in PCNs and drop-ins for community groups on a Neighbourhoods footprint. They will be allocating link therapists to each Neighbourhood from 2024.
- **Speech and Language Therapy early years services** are planning to restructure on a Neighbourhoods footprint by April 2024, with **specialist and school-based services** planned for September 2024.
- **Acute Paediatricians are planning a pilot in one PCN** delivering joint surgeries with Primary Care, with the intention to develop a model that could potentially be rolled out across other PCNs/Neighbourhoods and **Community Paediatricians** are planning to allocate a link person per Neighbourhood
- Other school based services such as **Wellbeing and Mental Health Services in Schools (WAMHS)** are beginning to plan being within a 'Neighbourhood team'.
- **Young Hackney** Practice Development Managers have been assigned to two Neighbourhoods each as an interim measure, the recommendations in the **Young Hackney Service review** is to develop a locality approach around 4 areas (pairs of Neighbourhoods).

CYPMF Neighbourhood Level Pilots

There are a number of Neighbourhood level pilot projects that incorporate the Neighbourhoods principles and ways of working, these include:

- An Early Years Speech and Language project - Hackney Downs
- Coordinated system wide join up to address childhood obesity - Well Street Common
- Child health hub pilot being planned in Springfield Park PCN - adjoining Primary Care with Paediatricians to run joint clinics within the PCN
- Autism Friendly Neighbourhood project (not CYPMF specific) - London Fields
- Emerging work in Woodberry Wetlands - joining up support for Young Carers and support for families living in temporary accommodation

Community Navigation support for CYPMF is also being reviewed across all eight neighbourhoods,.

Culture

Supporting the workforce

Our OD programme is shaping the Neighbourhoods way of working:

Working Together

Knowing your neighbourhood

Residents at the Heart

- **Inclusive Recruitment**
  An adaptation of the LBH model was piloted to recruit nine Neighbourhood Community Coordinators and we are developing a resource pack, a process for embedding the approach and a system for monitoring impact.
- **Making Every Contact Count (MECC)**
  We are creating bespoke MECC programmes, tailored to each Neighbourhoods needs. ***Woodberry Wetlands*** has been the pilot neighbourhood, with stakeholder engagement from staff and residents, used to develop the model with the aim of MECC roll out in spring. We are using the pilot to streamline the model for the other seven neighbourhoods.
- **Community Advisory Team (CAT)**
  A recruited resident group, guided by the Homerton's QI lead, was created to develop stronger learning systems using quality improvement skills, and evaluation to improve outcomes for residents. CAT have been instrumental in co-production in service improvement, lifting residents' voices from lived experience to expertise. A second cohort is in planning, to continue the work, and we are incorporating their expertise to support us in other OD pilots.
- **Getting to know your neighbourhood**
  Inside Hackney is a pilot of experiential learning programme for staff working within local health and care services across neighbourhoods. This pilot, being developed with Volunteer Centre Hackney, includes four sessions, which we will evaluate and scale-up.

Supporting the workforce

Our OD programme is shaping the Neighbourhoods way of working:

Working Together

Knowing your neighbourhood

Residents at the Heart

- **ELFT Integrated Care Competency Framework**
  This new, validated toolkit developed by ELFT includes interactive tools, a questionnaire and a method of assessing and developing the competencies of integrated working in neighbourhood teams. We are working with our partners to embed the model, supporting the workforce to measure and grow their maturity.
- **Community Pharmacy Neighbourhoods Project**
  We commissioned a piece of research and consultancy, to identify areas where we can develop collaboration between community pharmacists and the PCNs. The report highlighted themes which we are analysing and will use to inform next steps.
- **Evaluation and Neighbourhoods Staff survey**
  We have partnered with Renaisi to conduct an evaluation of the Neighbourhoods programme, to measure the contribution to a range of outcomes for residents and staff. There are a number of strands to this. We have issued our first Neighbourhoods Workforce Staff Survey, to form a baseline for future measures and we are collating data to measure progress and maturity.
- **Handbook**
  Collation of materials for a Neighbourhoods Staff Handbook is underway. It will introduces the concept of Neighbourhood working and outlines a shared approach, containing tools and case studies. The handbook will be built from the evaluation and results from the OD pilots

Supporting the workforce

Our OD programme is shaping the Neighbourhoods way of working:

Working Together

Knowing your neighbourhood

Residents at the Heart

- **Anti-racist Community of Practice in Neighbourhoods** is a series of interactive online workshops that is delivered in partnership with the University of East London. The workshops are a pilot project designed to produce a better understanding of the anti-racist priorities and needs of the local areas by bringing together residents, volunteers and members of local health and social care teams to share experiences and insights on ways to improve anti-racist ways of working. The goal of these workshops is to co-produce a set of place-based anti-racist principles and also case studies to use as part of a neighbourhood training resource.

- **eMbedding heAlth equiTy in City & Hackney (MATCH)**
  Matching up support with need, following a Marmot approach.
  The central Neighbourhoods programme is working in partnership with Population Health Hub on the MATCH cardiovascular disease and women's health project. This will create a tool kit on improving services taking a health equity approach.

Impact

Neighbourhoods Evaluation Approach: Contribution Analysis and Evaluation deep dives

Strands and tailored methodologies:

- ***Neighbourhoods Programme Contribution analysis****:* Qualitative and Quantitative research to test links, Co-design a Theory of Change and development of a measurable outcomes framework.
- ***Barriers research****:* Qualitative research on potential barriers to preventative care delivery.
- ***Proactive Care Pathway*****:** Cost/Benefit analysis & Qualitative research
- ***Children Young People Families & Maternity:*** Co-developed theory of change and outcomes, Scoping.
- ***Workforce Outcomes*****:** Staff survey**,** in depth Interviews & analysis of experiences and understanding impact of coming together across all 8 Neighbourhoods.

Neighbourhoods Future

Research on Integrated Neighbourhood Teams across the country key findings:

No clear ‘model’ more local adaptations (as directed in Fuller Stocktake 2023) change is not linear

Roles in teams vary according to the scope of the targeted residents

Colocation of teams varies from virtual MDT combined with hot desk sharing office space to permanently located teams with shared management (line and strategic)

Governance varies from strategic neighbourhood priority setting to new Care Organisations

Next Steps:

Staff Engagement (staff survey and MDM feedback)

Resident Engagement (Programme Involved residents, Neighbourhood Forums)

System Partner Engagement (Review group, Key strategic groups/boards and visioning workshops)

Thank you

Sadie King
s.king33@nhs.net

Neighbourhoods

Neighbourhoods

City & Hackney Living Better Together

Neighbourhoods Models Options appraisal: PHASE ONE Research into current approaches to Integrated Neighbourhood Teams

Paper by: Sophie Green (Neighbourhoods Project Manager) and Sadie King (Neighbourhoods Programme Lead)

Summary of the ask: please review the information in this paper for the basis of discussion on the different aspects of Neighbourhood teams development.

In particular, what are your reflections or questions on how the 4 aspects of Integrated Neighbourhood Teams (INT's) have developed in City and Hackney?

What are your early thoughts around aspirations for the future of INT's in C&H?

1.0 Introduction and overview

In March 2023 system leaders endorsed a proposal to review our approach to Neighbourhood working in City and Hackney (C&H). It felt necessary to reflect on the journey so far, consider where we are now and produce options for our vision of Integrated Neighbourhood Teams (INT's). This work is underpinned by the long history of place based working, collaborations/partnerships and aspirations for the future delivery of health, care and support in C&H. As such we are in a position to look outwards; to see what colleagues in other parts of the country have implemented or are starting to shape on a Neighbourhood footprint. The proposal included a fresh review of models across the country to make sure we are aware of the various ways in which Neighbourhood teams have been developed (Phase 1), a mapping of the current C&H Neighbourhoods working (Phase 2), an engagement process with an options paper that will outline a shared vision for Neighbourhoods. This all builds on what we have already achieved.

The scope of this work has been adult services. Although Children, Young People, Maternity and Families services (CYPMF) have been at the forefront of place based and integrated working in City

and Hackney the 8 Neighbourhood models around the Primary Care Networks (PCNs) have started with adults[1]. The CYPMF alignment and cross learning work continues with a dedicated Neighbourhood Programme Manager. Review of CYPMF place based working and Neighbourhoods working is beyond the scope of this research and we found the Neighbourhoods approach has primarily involved adult services. The 'Think family' approach to supporting residents is included in section 2.1.2.

This paper is Phase 1 and summarises our analysis of the key aspects of establishing INT's.

1.1 Approach to the research

A small working group was formed with representatives from adult social care, community health, voluntary and community sector (VCS), mental health and primary care. The group came together a number of times to talk through how to approach the research on INT's, as well as how we could map Neighbourhood teams and services, incubator projects and the infrastructure that supports them.

We conducted a review of desk based research to discover what INT's and Neighbourhood working processes have been developed in other parts of the country. Using documents, presentations and podcasts available in the public domain, as well as websites like the Kings Fund, the NHS Confederation, NHS providers, Think Local, Future NHS platform, Social Care Institute of Excellence, we amassed a large volume of relevant material. Colleagues were able to contribute things they had read in journals, news articles and other sources of information and insights.

A 'snowball' method was then used to engage with people from a number of different sectors, organisations and places to gather insights on INT's. Local networking with North East London (NEL) and greater London colleagues as well as opportunities to deep dive into integration work at national events (NHS Confederation conference, Innovation lab-York University) enhanced learning and proved invaluable. 26 discussions with people from 20 different areas (in the UK) were held over MS teams, accompanied by emails and the sharing of written information. This took a number of months and culminated in a site visit to Ipswich to learn more about how INT's

[1] Many Children, Young People, Maternity and Families services are already on a journey towards Neighbourhoods transformation and ways of working. Some key developments include:

- The Enhanced Health Visiting service has mobilised and been reconfigured to work according to Neighbourhoods since Sept 2023.
- The new School Nursing Service tender (currently live for applications) has Neighbourhoods working incorporated and will see school nurses as part of Neighbourhood teams.
- The Children and Family Hubs programme which proposes to broaden the role of some of the multi-agency children's centres in Hackney into four 'Children & Family Hubs' which will offer support for families with children and young people aged up to 19 years old (up to 25 with SEND) is being developed to be co-terminus with the Neighbourhoods geographies. This programme will see a departure from the previous hyper local working across children's services aligned to the children's centres clusters, towards a more Neighbourhoods model of place-based working. The four hubs will serve two Neighbourhoods each and staff across a range of different services will work closely together to deliver support for families, taking an integrated approach.

have been established across Suffolk. This research thus presents living developments of INT's and not a list of abstract models.

2.0 Analysis of approaches to INT's

At present there is no nationally agreed definition or formal specification for Integrated Neighbourhood Teams. Many areas are working on INT's based on what is already working for them, their available resources and importantly Neighbourhood need. The Fuller Stocktake report published last year placed INT's and Neighbourhood working in the spotlight with the quote below articulating what it is and why it is important. We note not all our key partners are included in the quote e.g. community and voluntary sector, community health and mental health teams which are central to our model in C&H.

> ***'…neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.'***
>
> ***Fuller Stocktake report 2022, page 6.***

All of this means Neighbourhood working and INT's have different definitions and structures in various parts of the country. In some areas integration is represented by colleagues from different organisations coming together at regular intervals on a Neighbourhood footprint to talk about data, priorities and how to deliver on them. In more advanced areas, a small number are strategically and operationally integrated, colocated and led by specific INT managers. These are commonly referred to as 'teams of teams', with various services coming together under one name in the Neighbourhood. In some areas where health and care are integrated this doesn't automatically translate to VCS or wider public service involvement and vice versa. This highlights the point that at present there is no one way of delivering Neighbourhood working or INT's. This will be explored in more detail in the sections below.

Our analysis of the different forms of Neighbourhood teams involved defining key aspects and then categorising what form this took. These key aspects are: **scope or criteria** used by the INT to define their target group or way of working, **roles and sectors** included in the team, **location** of teams and **management or governance structures.** In reality expressions of these categories crossover and overlap. Above all we found that clear 'models' were not commonplace and this work is complex, messy and its nature (place based) not always easy to define or appropriate to replicate. The purpose of conducting this analysis is to frame phase 2 of this work that is in progress (mapping our Neighbourhood footprint) and offering us material for reflection on the appropriate ways forward for building on what we have achieved with our own teams and their scope or criteria, roles and sectors, location, and management/governance structures.

2.1 INT scope or criteria

We found 4 main types of scope or criteria to define a target cohort for Neighbourhood working, these are;

- ➔ Open criteria
- ➔ Think Family approach
- ➔ Defined criteria
- ➔ Preventative work and or strategic planning

2.1.1 Open criteria

In a small number of places (5) Neighbourhood or multi disciplinary teams (MDT) come together (either weekly, Blackpool, Wigan, West Essex & Herts), fortnightly (Liverpool), or monthly (Colchester), to discuss people they have concerns about, to find out and discuss other professionals or organisation's involvement and to make a plan together. There deliberately wasn't set strict criteria around who could be discussed. Many teams found this was an easy way to get dialogue started between professionals, people saw how many other teams were also involved or knew the resident or family. They found decisions could be made more quickly, with relevant information and a clear understanding around who was taking forward the plan or coordinating the care for the resident.

Those working in a weekly meeting felt they had built trust more quickly, and reduced duplication of involvement or interaction with residents. They also felt they knew more easily and clearly what the residents' wishes, goals and issues were. Several of the teams reported the meetings lead to the production of a joined up plan rather than several organisation specific plans. 3 out of 5 areas met in person in the Neighbourhood, with a flexible approach to the amount of time they were able to talk about individual residents. The other 2 meetings were held online.

In Colchester, the 'Live Well Neighbourhood Team' wanted to add more structure to their MDT team meeting. They introduced a brief referral form to guide discussions, they note they have needed to be mindful not to create barriers to case discussions. They have also produced a leaflet for the public, outlining what Neighbourhood working is. In Liverpool a referral comes into the whole team and then is allocated to a service or professional accordingly. Generally the people here are referred over 18 years of age, but the INT also supports with adolescents transitioning to adult services. The Liverpool Integrated Care Team (ICT) are clear their remit is not for those requiring urgent or emergency responses, those requiring specialist teams outside of the ICT such as diabetes, or for single services such as single referrals to adult social care. They have open criteria to access a range of roles and care coordination.

All 5 areas concur this level of collaboration did not happen overnight and often needed specific organisational development (OD) work to help cohesion and understanding. 2 out of 5 of the areas had dedicated administrative staff to support the delivery and outcomes of the meetings, which they felt they have benefited from. In Blackpool they were clear this had reduced the need for the number of 'referrals' between services. They felt the discussion and information shared was better than the often scant information relayed via the referral forms.

In Wigan, there is established place based working, evolving from the 'Wigan Deal' 2014. Wigan is part of the Greater Manchester (GM) combined authority who, in 2019, published a white paper 'The Manchester Model' describing work to unify public services. This outlined a vision for every Neighbourhood area to have an integrated place-based team of professionals (from all relevant public services), who are co-located and who work together.

The Wigan community hubs host weekly in person 'huddles', where a wide range of people working in the Neighbourhood can discuss challenges or specific residents they are working with. Initially, people were encouraged to come to the huddle and discuss what they felt they needed to. However, the teams across Wigan wanted to give this more structure to help the focus of discussions and so created a secure portal for sharing information through the council website. Relevant data sharing and IT agreements enable all members of the Neighbourhood team to access the portal. The huddles are supported by a Service Delivery Footprint (Neighbourhood) Manager who guides discussions, identifies professionals missing from the conversation, understands the community assets and strategically supports Neighbourhood development work.

2.1.2 Think family approach

The 'Think Family' approach wasn't always explicitly described in conversations or presentations involving INT's. However, in multi-disciplinary meetings (MDM's) in Liverpool, Colchester and Manchester both adults and children's services were represented. Roles such as the 'Early Years Lead' or representatives from the child and family wellbeing service, or the team around the family would attend Neighbourhood team meetings. People felt by linking up professionals working with both the parent(s), carers and children they were able to prevent some issues escalating. They believed sharing information and knowledge reduced repetition and enabled teams to utilise the best avenue or relationship for communication with residents. Where staff were co-located this made communication and relationship building easier.

In previous work carried out in one of the C&H Neighbourhoods, one of the Multi Agency Team (MAT) chairs from children's services attended the Neighbourhood MDM. The team were able to discuss insights for children and the adults involved and collaborate on supporting families. Case studies for this work can be found here. These examples demonstrate the benefits of bringing together people from adults and children's services and removing silos.

In November this year the new East Bury family Hub opened. Family hubs build on the traditional children's centre offer of support for 0-5 years and their parents, to offer all children and young people aged up to 19 (or 25 with special educational needs) with whole family access to activities, services and support when they need it. The team in Bury aim to implement 5 family hubs and

early help services in each of their 5 Neighbourhoods. By bringing more teams and services together (approx 25 different teams/organisations in the East Bury FH) the focus can move to proactive work with residents at risk of poor health and care outcomes. They are currently considering the role the teams and services play in the first 1000 days and considering what better integration with children's social services looks like. Next steps also include close collaboration between INT's and the family hubs to understand Neighbourhood profiles and cohorts at risk, undertake joint strategic needs assessments and produce shared priorities.

2.1.3 Defined criteria

A number of INT's and structures we reviewed had their criteria clearly articulated and defined. Two areas in particular were focused on supporting those who accessed health and care services frequently (Bury and Birmingham). This was done through a mixture of proactive identification through electronic information systems and referrals. Both these areas include people presenting a number of times to primary care, A&E, hospital, mental health or community and ambulance services. Through workshops and other development sessions in Birmingham colleagues agreed this was the cohort of people who could most benefit from an INT approach. Similarly in Hull population health data and local insights are used to identify and target 3 cohorts of people. These include those receiving homecare and are overdue an annual review, those demonstrating escalating need (unscheduled phone calls to social care or primary care) and people who are newly referred for homecare.

In Bury, teams are considering how they can work to 'improve adult lives' and are beginning to connect with services around the wider determinants of health e.g. housing benefits, benefits, the justice system (further discussion in roles section). By finding or uncovering unmet need this can be seen as creating more work and adding pressure to an already saturated health and care system.

In Frome, Somerset, a small team of professionals come together to support people living with frailty. They hold clinics in various Neighbourhood locations to run comprehensive geriatric assessment clinics, and meet local needs more effectively. In Somerset like many other areas they are considering how teams and services can work in a more Neighbourhood way.

Three areas that have a number of services with defined criteria but come together under an INT umbrella can be found in Derby and Derbyshire, Suffolk and Sheffield. Throughout Derby and Derbyshire residents are supported by the 'Team Up' approach for urgent community care. Colleagues refer to this as 'teams of teams'. Teams such as the falls recovery service, rapid response nursing and therapies and ASC rapid response working at a bigger place scale supported by a Neighbourhood home visiting service from general practice. The Team Up steering group has been considering a vision of the future based on the integration of services rather than simple co-operation. They have found this helpful in implementing a 'no wrong door' approach. So if someone rings up for support a staff member centrally will aim to get them to the right team or service, rather asking them to ring around different services or teams.

Sheffield has implemented a Neighbourhood model called 'team around the person (TAP). Criteria for the service includes the need for two or more agencies involved with a person, concerns a person's needs may be escalating despite intervention, or uncertainty about a way forward. The individual professionals come together to share insights, decision-make and coordinate intervention and support. The team in Sheffield feel this is a flexible approach that works for them, the 'TAP' can include a range of different roles or services because it is based around the individual's needs.

INT's are well established in Suffolk. To learn more about the detail of their model, C&H representatives spent half a day with the Ipswich East INT. Similar to Derby a team of teams model is visible with community nursing team, community therapies team and adult social care service all being overseen by a single INT manager. The teams have their own referral criteria but work alongside each other in one open plan office. Clinical/Practitioner leads head up the 3 services and feed insights and issues to the INT manager. The teams feel they are reducing delays in care by alerting their colleagues to people's needs more quickly. Due to separate IT infrastructure they still need to formally 'make a referral' through separate call centres. This is something they are focusing on changing and improving through their clinical record system.

2.1.4 Targeting prevention and or strategic planning

Whilst some of the teams and models talk about trying to prevent hospital admission, this section explores the broader utilisation of preventative approaches by INT's. Other areas are developing preventative pathways which focus on specific cohorts, e.g. new Proactive Care and frailty pathways (as part of the ageing well programme). Colleagues are thinking about slowing the progression of frailty or supporting someone to move from moderate frailty to mild frailty. These services use data and local knowledge to identify need and use personalised care and strengths based conversations to improve outcomes for people. In many of the 20 places we spoke to, the proactive care pathway is still being established, as is the case in C&H. Some of these teams are working on a Neighbourhood footprint but not all.

In areas with very trusted relationships, joint governance and decision making there is flexibility around working to priorities that match Neighbourhood needs (see section five on management and governance structures). We found clear examples from Manchester, Leeds and Ipswich where INT's were embedded, enabling joint analysis and decision making around targeting health inequalities. In Manchester they are working to improve the uptake of bowel screening especially amongst some communities. In Ipswich there is a focus on increasing physical activity amongst families and mental health first aid training in barber shops to improve men's mental health. In these examples this work goes alongside day to day INT delivery and has needed additional funding and resources. This work highlights the strengths of the Neighbourhood model in knowing Neighbourhood needs and empowering teams to respond hyperlocally.

2.2 Roles in the INT

There are a variety of roles seen in mature or evolving INT's. The most commonly seen team compositions broadly fall into three categories, **core teams, core teams plus wider public services and teams with INT specific roles.**

2.2.1 Core roles in INT's

Core roles in INT's generally included the following - community nursing and therapies (commonly, Allied Health Professionals, AHP's), mental health practitioners, social care (social workers), primary care and VCS anchor organisation representation. In some areas they explained they had developed like this because they were often supporting the same residents. Whilst in other areas they were working on specific pathways together such as frailty and they wanted professionals to case manage residents, bringing in relevant expertise when needed. For example, in Herts & West Essex a specialist dementia and frailty service has been co-located with the Community Nursing Team, under a single manager to support the ageing population there. The majority of areas felt there was more work to do in getting the right balance of roles and continuously working on relationships within teams.

In Leeds, as in C&H they work closely with third sector organisations to employ navigation roles. In 4 areas specific VCS colleagues were part of huddles or MDMs alongside statutory partners. Carers' charities were represented and in one area there was an anchor organisation; this was a social enterprise associated with the local football club. It was felt it was imperative to work in partnership with some VCS organisations to access groups within Neighbourhoods.

A small number of INT's talked about their focus on shared competencies for some clinical roles. This was seen with nursing or therapy assistants and was also being tested with registered nursing and therapy staff, e.g pressure area care. These frameworks were seen as working well once embedded, with staff feeling empowered to support residents within their own scope of practice. It was also felt in some areas this had reduced the need for multiple home visits to the same people.

Capacity to have each role represented in a core Neighbourhood team is a practical issue. In 2 areas (Blackpool and Manchester) they had needed to rethink how AHP staff from the community therapy staff worked as part of the INT. The small number of therapists working in a Neighbourhood caused issues when there was staff absence, leaving gaps in service delivery. In Manchester they had changed this so more therapists covered more Neighbourhoods to enable greater resilience.

2.2.2 A 'core team' with wider public services

In 4 out of 20 places (as well as a core team) they also have people from housing, benefits agencies, smaller VCS organisations, police officers, probation officers and specialist health or care services. Many of the areas considered their INT a 'teams of teams' with professionals working in the Neighbourhood identifying with their Neighbourhood team but also as part of a professional team with their peers. The wider public service roles tended to be the less 'core' in terms of attending official meetings or colocating. There were a few exceptions. For example, In

Manchester, wider public service roles are included in the 'team around the Neighbourhood (TAN)'. These roles include a council Neighbourhood manager, INT Lead, Neighbourhood Police Inspector, Registered Housing Provider Lead and Early Years Lead. The TAN's state '*we are one multi-agency team who unpick challenges together to improve outcomes for local people*'.

In Wigan, the weekly Neighbourhood huddles can include local police officers, safeguarding fire worker, housing officers and school representatives. They respond to local need and can look different week by week, colleagues in Wigan emphasised the ability to build trusted relationships over time through conversations and problem solving in the huddles. This led to better understanding between people about their role and how to contact them to enable joint working.

2.2.3 A 'core team' and INT specific roles

Almost half (9/20) of the areas we spoke with had INT specific roles in combination with the core team. These roles included INT manager or lead, INT coordinator and INT administrator.

From our discussions it was evident a number of areas had used the emergence of INT's to reconfigure some coordination, administration and management roles. In addition, some emerging teams had created specific roles to facilitate integration and ensure the smooth delivery of care through INT's. 5 areas also reported they had employed people in specific OD roles to enable Neighbourhood working. Some OD roles were matched with a Neighbourhood whilst others employed an OD role or transformation team across a bigger patch. The teams felt it had been essential to support and manage the change they were working through[2].

2.3 Location of INTs

The location of INT's ranges from the use of designated premises for permanent colocation of key workforce to virtual multidisciplinary meetings. In practice those in a physical space also make use of virtual meetings/digital technology and visa versa. We found that physical colocation plans were necessarily re-thought because of Covid and we know generally that Covid created working culture changes globally resulting in more blended virtual/face to face norms. Key to this is to understand what creates meaningful connection to Neighbourhood colleagues and residents. The majority (8) of the places where online only working was the norm were in earlier stages of establishing Neighbourhood processes.

2.3.1 Permanent physical space.

We found 7 clear examples of INT's being located in a permanent physical space. All of these INT's are quite well established as a core INT of health and care services and some with broader non health and care team members such as VCS services or housing colleagues. The physical space was not utilised fulltime and not all in each Neighbourhood (for example teams working on the footprint could be located together in one space, rather than in each Neighbourhood geography).

[2] In C&H we have a Neighbourhood Workforce and Partnership Project Manager leading an OD programme and have invested in 4 Neighbourhood Coordinators from April 2024.

Wigan has 7 Neighbourhoods with a community hub where some key VCS organisations and services are based, offering support for residents and where Neighbourhoods staff can base themselves/work from. The team explained about the impact the pandemic had had on in person working. They are currently working to consider how to reconnect in some Neighbourhoods and challenge working from home where it is felt to be affecting relationships. The team acknowledges the hubs that have enabled the best integration and collaboration are those with open plan offices.

Similarly, Blackpool is a large and broadly defined INT. One of the teams we spoke to had permanent shared office and patient space in a building where 2 GP practices are housed. 'Team up' in Derbyshire are not fully on a Neighbourhood footprint but work across 'place', focussing on health and care integration for the housebound residents. They are co-located with community health and local authority staff. Feedback from Manchester emphasised the importance of good accessible wifi for shared locations, when working on different sites. Suffolk has also co-located and what has been most valuable is shared open office space with hot desk spaces.

Leeds all have a permanent physical space available and have made some roads into location in community settings. The main location of the INT's is mostly in NHS buildings with some use of council estate. The Additional Roles Reimbursement Scheme (ARRS) roles are now starting to utilise rooms or spaces with third sector organisations, where they might be speaking with residents. The third sector organisations are working to accommodate them e.g. we can find space for you if you need to stay a bit longer and make some calls or do a 1:1 with staff. This flexible approach is helping staff use the spaces, it's also helping them find out about their local areas, getting to know more about services and build relationships. Colocation, targeted outreach and collaboration with the voluntary sector has helped teams develop a culture of integrated working beyond the monthly MDM. The spaces are not necessarily used 7 days a week by teams and there is some variation in usage amongst different Neighbourhoods. Open plan spaces have worked best.

Initially Sheffield did co locate their 'team around the person' as a pilot, with people coming together in the family centres. A range of different services/roles were invited to co-locate: housing, community support workers, community nurses, family hub managers and the police. As people began to share the space they were able to make local plans. However, with Covid, people moved online and the TAP coordinator role started to evolve and became pivotal in pulling together the right people and information for relevant meetings. It is currently felt that staying online makes sense for time management for some of the team roles. The TAP coordinators work in a hybrid way. There were two other areas that started the colocation journey but due to the pandemic they are focusing on improving connection again in their INT. This demonstrates the iterative nature of change and the way finances, environmental conditions, relationships between different partner organisations and other unpredictable local conditions can affect change.

2.3.2 Blended in person and online

Blended approaches to working together across organisations have evolved iteratively in response to opportunities of available estates, culture and expectations resulting from the Covid working from home necessity, and the range of different reasons for being in the same room (team culture, seeing residents, 10 minute huddles). These responses often came from different Neighbourhoods rather than a planned strategic policy across the place.

Birmingham's INT's include a broad range of roles wider than health and care, using a mixture of online and face to face work. There is in person colocation for 2 days a week, and people can come in and out through the day as needed. They also ensure some protected 'together time' to help foster a cohesive team culture. The space utilised is currently in GP surgeries.

In Bury they make use of a variety of colocation opportunities. Some work in buildings slightly out of the Neighbourhood sometimes shared with other teams due to availability. The new family hub centres offer opportunities for face to face working in partnership with third sector colleagues. Similarly Frome combine virtual MDM with practical colocation opportunities in the Neighbourhood e.g. community hall, GP practice community hospital for pathway specific work.

Both of C&H's integrated teams, Neighbourhood Community Mental Health Team and the C&H Integrated Learning Disability Team work (not Neighbourhood structured) work colocating from a range of health and local authority locations and virtually often working from home.

Generally there was a move to trialling and protecting colocation in physical locations to improve integration and hyperlocal connection. For example post Covid Liverpool are now working to reinstate face to face meetings to about 50%. Sometimes that is not practical, for example with their 'Complex Lives' meetings there are a wide range of agencies (up to 25) and they may only come for one specific case that may only last 10 mins. In North East Essex, there are 90 minute face to face meetings once a month, which are reported as working well. Hot desking space has been offered to create a culture of seeing the Neighbourhood way of working as beyond the MDM. Other virtual space used are MS teams chat and WhatsApp.

2.4 Management or governance structures

Unsurprisingly the areas that had been working on integration within Neighbourghoods longer reported having more established governance in place. Governance in Neighbourhood teams focuses on operational management (safe effective working practices, relevant policies), staff management (line management and appraisal) and strategic management and decision making. Many areas also use data and population health management to support devolved responsibility and prioritisation across Neighbourhoods.

2.4.1 Own organisational specific governance

Four areas with INT's or teams configured from joining a number of individuals with different roles and from separate organisations, asked staff to use their own organisational policies to guide their work. They were operationally managed and appraised by their own organisation. For example in Birmingham and Blackpool, staff were using policies such as the lone worker policy from their own

organisation, and were not operationally managed by anyone in the INT. Frome and Hull did not have separate governance either.

2.4.2 Own organisational specific governance with agreed Neighbourhood principles

Six places were using organisational specific governance alongside co produced principles for Neighbourhood working. Herts & West Essex told us each service contributing to the INT had a service specification but this had evolved over time to reflect their role and input in Neighbourhood working. Others such as Bury and Liverpool had gone further with operational management originating from the INT, but not line management. In North East Essex and Wigan specialist OD support was employed to think about agreeing shared values and behaviours to underpin Neighbourhood working. These are regularly reviewed and amended to reflect changes in dynamics and culture. In North East Essex they used operational working groups to bring service leads together to determine staffing structures. However there was no additional funding or resource for this.

2.4.3 INT governance is evolving

In Manchester and Leeds there are formal integrated governance arrangements in place that bring services together to work on agreed priorities with clear leadership structures. In Manchester system partners have formed a 'Local Care Organisation' (LCO). The LCO leads the provision and some commissioning of health, care and wellbeing services in each Neighbourhood through INTs, ensuring the delivery of agreed outcomes and priorities, aligned funding and shared decision making. The LCO is therefore a lead service provider in Manchester. Collectively the INT Leadership Team is responsible for all the services that MLCO deliver at Neighbourhood level, ensuring the delivery of equitable, accessible, and sustainable community health, care and wellbeing services for children and adults. The LCO has its own management structure but uses some functions from Manchester Foundation NHS Trust e.g payroll. To help with scale and alignment Manchester has 13 Neighbourhoods (32 wards), 12 Integrated Neighbourhood Teams (health, social care and wellbeing) and 14 PCN's (all practices). Some staff (e.g. social workers) will be operationally managed by an INT lead but maintain professional supervision outside of the INT. They have developed a 'bringing services together' framework to focus on governance, footprints, plans, workforce, place based working and enhancing knowledge around people and the places they live in. The plan is to clarify the different service offers available and align different budgets at Neighbourhood level. Future INT development work builds on their existing model, outlining how INT's and their responsibilities for Neighbourhood health, care and wellbeing will be further integrated and aligned to commission and provide services to maximise delivery and avoid duplication and less effective approaches.

Local Care Partnerships (LCP's) build on Leeds City Council's strong history of NHS and third sector (community organisations) staff working together. There are 19 LCP's covering all of Leeds and 19 INT's. Some meet together due to historical ways of working in that geography. Recognising the city's diversity, they are tailored to local need and the features of that particular community. All LCP's have a range of people working together, regardless of the employing organisation, to

deliver joined-up collaborative care that meets the identified population's needs. Colleagues in Leeds talk about having 'flexibility within a framework' in relation to Neighbourhood working, not all 19 INT's look or operate in the same way but do have many shared principles. The team in Leeds have produced their own podcast on partnership working at place, this includes many tangible examples and interviews with both staff and residents.

In 2 different areas (Suffolk and West Essex) we also found examples of 'single points of access' or 'care coordination centres' in particular across a range of rapid response, intermediate care, specialist care and complex care management. The teams in these areas felt the single referral or entry points helped to reduce duplication and reduced the number of 'inappropriate' referrals to different services.

2.4.4 INT specific governance

In Suffolk they have been focusing on INT development since 2015, as described earlier we visited Ipswich East INT recently. Whilst services such as community nursing, therapies and social care are well integrated, the team continue to work on partnerships with primary care, mental health and VCS organisations. They have found collaborating on INT priorities has helped move focus from organisations' agendas to the Neighbourhood priorities. The INT managers are responsible for day to day running and performance, have operational and strategic oversight and financial responsibility for the INT. Alongside other Neighbourhood leads they are aware of health and care budgets and have structures to line manage all INT staff. They produce a monthly highlight report documenting their Neighbourhoods priorities, outcomes, key activities completed in the previous month, key activities for completion next month, learning to share, requests for help or support and identifying issues and risks. The team produced a Neighbourhood delivery plan which is reviewed throughout the year.

They have coproduced a vision for their work as well as shared values;

- ➔ To be an integrated workforce.
- ➔ To have one agenda and open communication.
- ➔ To enable everyone to contribute to a clear outcome.
- ➔ To recruit together.
- ➔ To work flexibly and create new opportunities.
- ➔ To be innovative and adaptive.

All of the above is paired with a monthly review of population health management data obtained via primary care and other sources. Information is fed upwards through the relevant boards and place wide governance structures. The team in Ipswich talk about working together, having joint leadership and pooled resources as a system rather than as organisations.

2.4.5 Leadership groups

Many mature INT's have smaller, more strategic, decision making groups as part of their model (Neighbourhood leadership groups). These groups often include roles such as a lead GP, lead professionals from community health services, mental health, adult social care and children and

young people's services. Some leadership groups include wider public service roles such as those from the police or housing (Bury and Manchester). In Manchester as in Ipswich each INT has access to a 'sponsor'. These are senior roles within the health and care system who can help remove or work through barriers or unlock access to things. Both areas told us they had found the sponsor role essential to making progress on integration work.

Some groups will meet monthly to understand population health data, Neighbourhood intelligence, health inequalities, challenges like the cost of living crisis and how the Neighbourhood team can jointly respond to meeting people's needs or offer more coordinated proactive support. It was noted as the groups or boards had matured there had been a move away from clinical or pathway specific discussions, with more focus on root causes of deprivation and poor health and wellbeing (e.g. Leeds and North East Essex).

Where groups or partnerships boards have been established for some time, they have developed memorandums of understanding or terms of reference to describe how they work together and how decisions are made (Herts and West Essex). Here, the team told us they had funded some PCN Clinical Director time to ensure primary care were able to have protected time for this leadership role. People reflected this had helped to articulate the distinct difference between the role of the leadership team (strategy) and the Neighbourhood team (delivery). In a small number of places this has led to the pooling of budgets with shared decision making around service provision in the Neighbourhood.

3. Conclusion

The research revealed a range of stages of development of INT's that all had in common place-based evolution. The principles of Neighbourhoods working for health and care are simple and broadly accepted: working around smaller populations will enable a more targeted approach and create access to services closer to where people live, working on a smaller footprint will enable professionals from different sectors to communicate more effectively and respond to local need. Residents will be supported more holistically with their views and wishes at the centre of their care. Places had case studies of best practice and there was wide-spread agreement that staff preferred working in this way. To our knowledge there are no formal evaluations of Neighbourhoods approaches.

There were no 'off the shelf' models of INT's and there was no linear road map. The change processes often involve test and learn approaches with stopping and starting integration aspects like colocation. Where areas had more established INT's there was clear senior leadership for the direction of travel and to ensure resource unlocking of estates, budgets and time for innovation. Teams, once established were supported with OD, cross organisational learning opportunities and there was local Neighbourhood level decision making, governance and transparency.

This paper was created for reflection on an 'options appraisal' for the future of INT's in C&H. We can see many similarities in the 4 key aspects of Neighbourhood Teams. These key aspects are; **scope or criteria** used by the INT to define their target group or way of working, **roles and sectors** included in the team, **location** of teams and **management or governance structures.** In

phase 2 of this work we will bring our mapping of our current INT. We recommend then considering how we want each of these aspects to develop into a shared vision for Neighbourhoods working. A direction of travel can then be integrated into Phase 5 of the Neighbourhoods Programme 2024-2027 (of change): Deepening Integration and establishing impact.

This page is intentionally left blank

Hackney

Health in Hackney Scrutiny Commission 12th February 2024 **Embedding Anticipatory Care in City and Hackney**	Item No **5**

PURPOSE
To receive a briefing on the Anticipatory Care programme in City and Hackney. Anticipatory Care (AC) is a key component of the national Ageing Well Programme. It is a proactive approach to healthcare and support designed to cater to individuals of all ages who are living with frailty, multiple long-term conditions, and/or complex needs.

OUTLINE
The primary goal of AC is to help these individuals maintain their independence and health for as long as possible, whether they are at home, in a place they consider home, or within their local community. Locally the Anticipatory Care Pathway is delivered by a Physiotherapist, Occupational Therapist and team of Care Coordinators. The team works at PCN level, in collaboration with ACRT (Adult Community Rehabilitation Team) at Homerton and see patients who have mild to moderate frailty.

The concept is that Anticipatory Care should aim to support people with rising needs before they develop into more complex health and care needs, avoiding the need for more reactive and intensive care interventions in the future. The scheme was able to demonstrate the impact it is having through case studies. The scheme has been budgeted at £242k per annum and includes funding for case finding with Volunteer Centre Hackney, funding for ELFT for psychological group sessions, management time, allied health professionals and administration

A Briefing Note is TO FOLLOW

Attending for this item will be:
Joel Reynolds, Head of Adult Community Rehabilitation Team, Homerton Healthcare.

ACTION
The Commission is requested to give consideration to the report.

This page is intentionally left blank

Homerton Healthcare
NHS Foundation Trust

Proactive Care Team

Joel Reynolds
Operational Lead

Neighbourhoods

Health in Hackney Scrutiny Commission
12.2.24

Proactive Care in City & Hackney

- **Personalised care** for residents with mild-moderate **frailty** and **multiple long-term conditions**
- Focus is on **what matters** to residents
- Delivered through **multi-disciplinary** teams
- Working proactively **upstream** through **cohort identification** and **case finding**

Source: Public Health Sudbury & Districts www.phsd.ca

Rationale

Homerton Healthcare
NHS Foundation Trust

Patients with multiple morbidity / frailty needs often receive care that is reactive rather than proactive

Traditionally health and care systems prioritise treatment and crisis management as opposed early intervention and prevention

Support for residents is often based on need rather than based on what is important to them (i.e. strengths based)

Organisations can work in silos, leading to fragmented care as opposed to a person-centred approach across health, social care and wider support / services

Traditionally there is a focus on supporting people based on individual long-term condition pathways. But more people are living with multiple health and care needs and therefore need a more holistic, person-centred approach

Neighbourhoods

Background

City and Hackney Neighbourhood team set up an Anticipatory Care (AC) pilot in Springfield Park Primary Care Network (PCN) following NHS England and NHS Improvement (NHSEI 2021) guidelines from October 2021 to March 2022

Succesfull Evaluation of the pilot led to joint funding for expansion across city and Hackney, funded via

- NEL ICB Ageing Well budget
- PCN Additional Role Reimbursement Scheme

Service is provided by Homerton, based in primary care surgeries and community sites working on a Neighbourhood footprint

Proactive Care Team

Homerton Healthcare
NHS Foundation Trust

9 Care Coordinators
(Dee, Judith, Dion, Issaka, Verity, Michelle, Laura, Mark, Eunice)

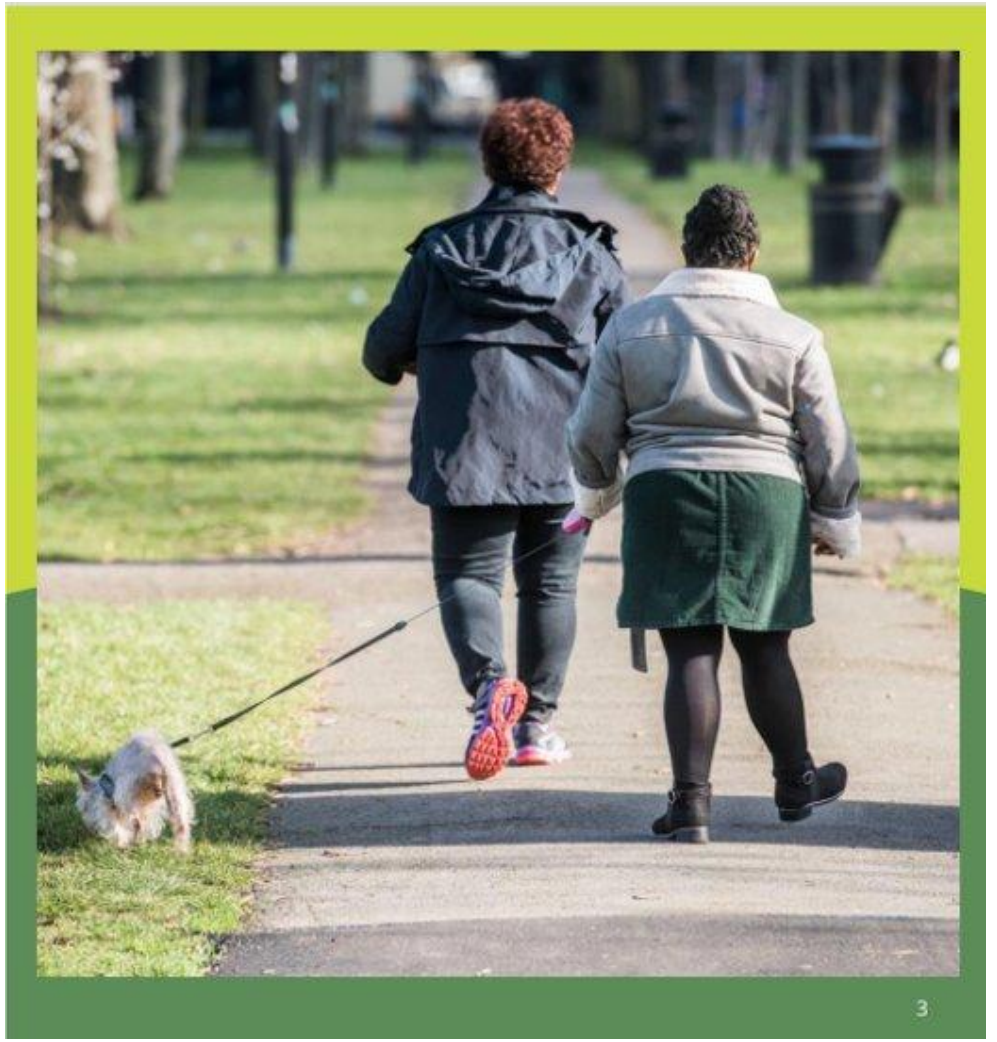
2 Clinical leads
Physiotherapist
& Occupational Therapist
(Tom and Tim)

½ Operational Manager
(Joel)

Who do we support ?

Homerton Healthcare
NHS Foundation Trust

- Adults aged **65+**
- Moderate or severe **frailty**
- Multiple **long term health conditions** (3 or more)



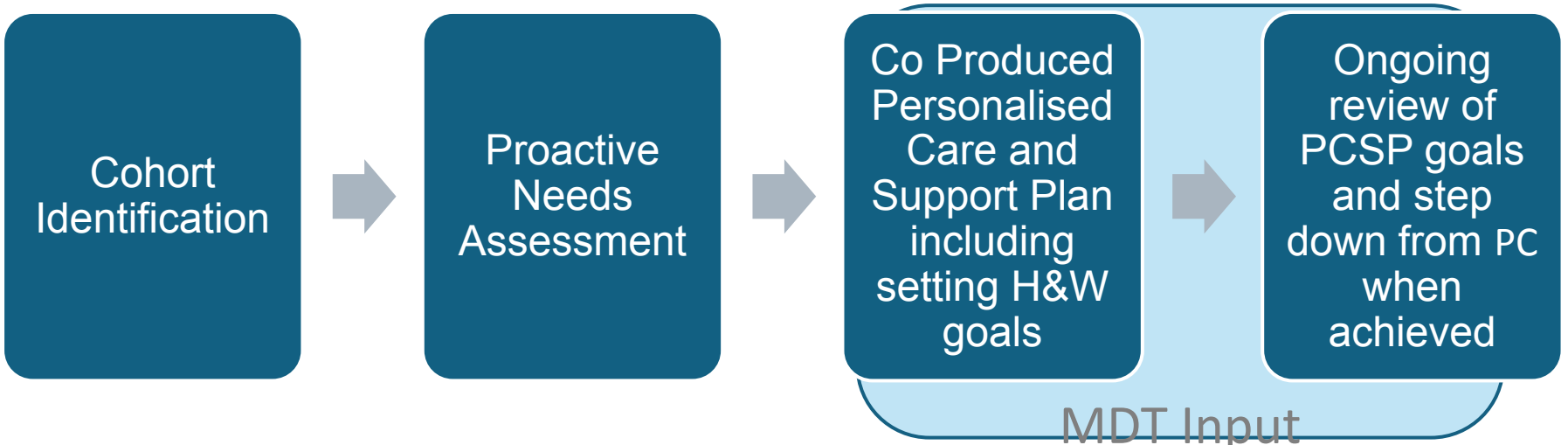
er 2000 residents contacted since
il 2024 - 53% of original group

Neighbourhoods

What does it involve?

Homerton Healthcare
NHS Foundation Trust

1. **Identify** people who meet our criteria (search health record systems)
2. **Contact** them (letter, phone, text)
3. Have a **conversation** with them (we call this a **Proactive Needs Assessment**)
4. If necessary (and with the consent) work with other services and professionals to support the person (Multidisciplinary Team)
5. Create a '**support plan**' to record what's most important to the person and log of any actions that need to be taken to support their health and well-being
6. **Review** the person's progress as time goes by – provide further support if needed



Neighbourhoods

"What matters to you?"

- Different from a typical meeting with a GP or other health professional
- Care Coordinators are trained to facilitate a structured conversation about what matters most to the individual.
- They support people to think about their health, well-being (and life in general!)
- Care coordinator then helps the individual make a plan to address key issues affecting their wellbeing

What matters most to you?

How do you keep yourself well?
Is there anything which makes that difficult?

Do you like to spend time with others?

Is there anything that stops you from doing
what makes you happy?

Common Concerns

Homerton Healthcare
NHS Foundation Trust

"I have a high energy bill that I don't understand"

"My balance is bad and I'm worried about falling"

"I'm expecting home adaptations, but I've heard nothing and feel frustrated"

"I'd like to reduce my back pain so I can sleep better"

"I am anxious about being overweight"

"I'd like to talk to someone about my mood and my relationship with my partner"

Neighbourhoods

Typical Interventions and Support

- Physio referral for support with MSK conditions
- Sign-posting to local exercise offers
- Referral to strength and balance class
- Help booking annual health checks
- Liaison with Adult social services OT
- Support using benefits calculator
- Sign-posting to NHS talking therapy services
- Supported to locate community groups

City & Hackney GP Confederation
A community interest company

Neighbourhoods

NHS
Homerton Healthcare
NHS Foundation Trust

Proactive Care Team

Hackney

healthwatch

CITY OF LONDON

VOLUNTEER CENTRE HACKNEY

#FairerSociety hackney CVS

Resident Involvement

- Inclusive Recruitment processes
- Resident Design Group
- QI Resident Advisor embedded into team

Shortlisted for HOSCAR award

Case Study

My Personalised Care and Support Plan

This is your plan which brings together the discussions between you and your Care Coordinator about what matters most to you. We are calling this plan the Personalised Care and Support Plan. It includes what's important to you and what might support you to stay as well as possible, doing more of the things you enjoy.

About Me

We will complete this section (in so far as possible) ahead of the discussion with you from information we already know.			
Name:	Full Name		
How would I would like to be known:	Calling Name		
Date of Birth	Date of Birth		
NHS Number	NHS Number	**Adult Social Care ID (if relevant)**	

1

Homerton Healthcare
NHS Foundation Trust

Mr B, – Verity
77 years old Jewish Man, Clinical Fraily Score (CFS): 5
Long Term Conditions: Parkinsons, OsteoArthritis (OA), Mild Cognitive Impairment, Coronary Artery Disease, Diverticulosis, Chronic Kidney Disease stage 5, hypercholesterolaemia, Hypertension (HTN), Obstructive sleep apnoea

Type of contact: Invited to pathway via letter, followed up with a telephone call to book initial appointment Time from letter to initial appointment: 5 weeks . Contact: 1 initial and 3 follow up sessions, 1 therapy home visit

Summary of support:
Social connection and family are important to the resident, and he has a good social circle and supportive relationship with his partner. Exercise was something he wanted to work on with regards to his health and care as he was aware of its health benefits, but knee pain and dizziness was affecting his motivation to get started.

The Care coordinator discussed the case with the clinical lead for the proactive care service and referred him for a physiotherapy assessment at home, which included an assessment of his dizziness. This meant that an appropriate group exercise intervention was recommended for his needs as well as a referral to the local MSK service to support the management of his knee pain. A potential barrier was the resident's cultural preferences as he is of the orthodox Jewish faith and wished to attend a male only exercise group.

The Care Coordinator used their local knowledge and connections to identify a male only strength and balance class running at a GP surgery in a neighbouring PCN which was willing to accept a referral for the resident.
The resident appreciated the care coordinator's local knowledge and the speed of the service they received.

Intervention delivered was informed by individual need and cultural preferences

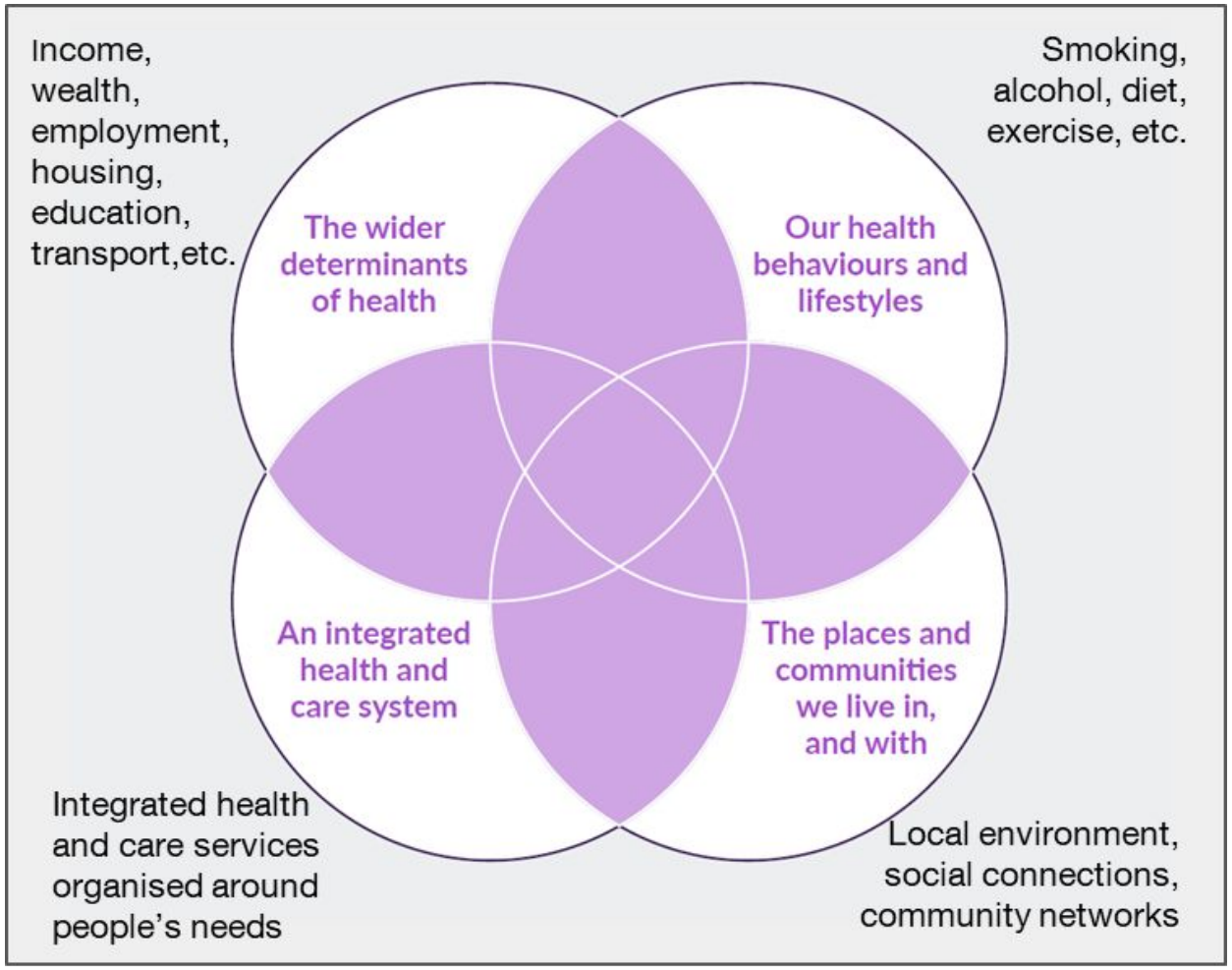
Example of integration and multi-displinary working with GP, Homerton Therapies and community group involvement coordinated

Practice informed by :
DES Personalised Care
DES Enhanced Care
NHS-E Aging Well Priorities
Contract

Neighbourhoods

Health Inequalities Mitigation Projects

Homerton Healthcare
NHS Foundation Trust



Neighbourhoods

Operational Challenges

Homerton Healthcare
NHS Foundation Trust

- Building knowledge/skills/relationships across the system, at scale and pace
- Evidencing impact of preventative approach
- Ensuring equity of provision across different communities
- Sharing information across systems, and reporting on data
- Segmenting population to ensure people who need and will benefit from service the most receive it
- Ensuring financial sustainability of service,

Neighbourhoods

Wider supporting pathway
The Neighbourhoods Programme

Homerton Healthcare
NHS Foundation Trust

- University of East London are co-designing with residents an online training programme which takes an anti-racist approach to frailty awareness. This will be widely available aimed at residents, volunteers and all sectors.
- We are piloting personal budgets and researching how people use them so that we can tackle common barriers more strategically.
- The voluntary Sector help us to find people where there are particular health inequalities and barriers to taking up prevention
- We have worked with Renaisi an independent evaluator to research barriers to taking up prevention. They will also evaluate the impact of this pathway

Neighbourhoods

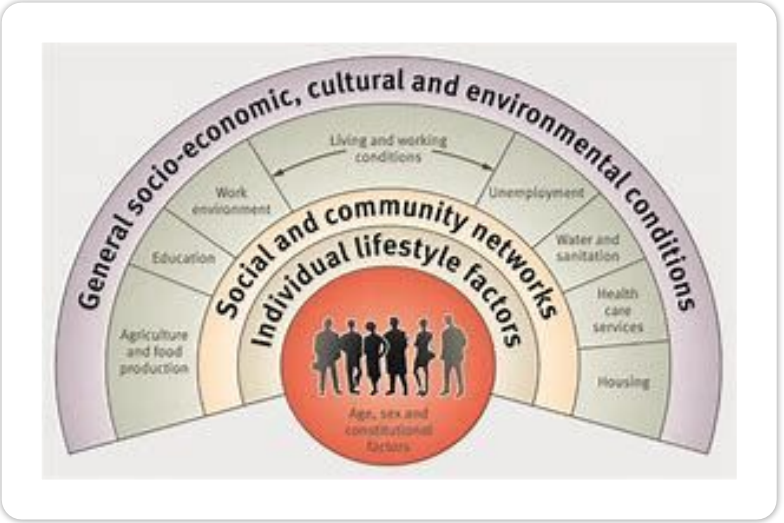
Homerton Healthcare
NHS Foundation Trust

Questions?

Thank You

Neighbourhoods

Case Study



Mr K, 67 – Michelle

67 years old Caribbean Man
CFS: 4 LTCs: Small vessel disease, OA, Type 2 Diabetes Mellitus, Left ventricular systolic dysfunction, Cervical spondylosis, HTN

Type of contact: Invited to pathway via letter, followed up with a telephone call to book initial appointment
Time from letter to initial appointment: 3 weeks (4 days between follow up call and initial appointment)
Contact: 1 initial and 4 follow up sessions

Summary of support:
The resident identified several outcomes they wanted to work towards; Resolving a long standing issue of damp in his home, improving his financial situation as he was struggling with the cost of living on a small pension and improving his physical health by losing weight.

The care coordinator supported the resident to identify the appropriate department to contact regarding the damp and helped the resident plan a timeline for contacting them and escalating his concerns. The care coordinator supported the resident to complete a self-assessment benefits calculator and when it was identified he was eligible for additional benefits linked the resident with the Hackney Money hub for support making a claim.

Using their knowledge of the PCN and GP practice the Care Coordinator helped the resident sign up to a weekly weight loss group run at the practice.
The resident was very pleased to find he was eligible for more benefits and appreciated the opportunity to plan an approach to working towards his outcomes with the Care Coordinator.

NHS
Homerton Healthcare
NHS Foundation Trust

Action taken on wider determinants of Health:

- Reducing poverty
- Improving Housing
- Avoiding Isolation

Support with physical /mental wellbeing

Integration with Hackney Social Services, GP practice initiatives

Reflects Guidelines:
Personalised Care
NHS Aging Well Strategy
NHS LT Plan

Neighbourhoods

Case Study

Homerton Healthcare
NHS Foundation Trust

Ms Y, 73 – (Judith)

73 years old Turkish Woman
CFS: 6 LTCs: Bronchiectasis, AF, T2DM, HTN

The resident is a non-English speaker (first language is Turkish).
The care coordinator used a Turkish interpreter for her consultations and established she was struggling with low mood and anxiety. Her concerns related to chronic pain and also worry about a family member with health problems.

The resident expressed a wish to exercise more but was unsure where to start. The resident also had diabetes and was struggling with her diet and unsure of what foods she should and should not eat.

The care coordinator started by linking the resident with Derman (Turkish support service) which led to the resident accessing 1:1 Turkish speaking psychology and a chronic pain group for Turkish speakers.

The Care coordinator also supported the resident to contact her diabetes nurse and get advice on diet. After discussing the case with the clinical lead in the proactive care team, the resident agreed to be referred to a 'Staying Steady' strength and balance group run by community group

The Care coordinator arranged several follow up sessions with the resident to check on the progress and outcome of referrals. The patient was very grateful for the support she received and taught the Care Coordinator some Turkish words as thanks.

Example of supporting with health literacy, connection and mood

Additional time and resources were needed to overcome barriers to preventative healthcare

Reflects Guidelines:
Personalised Care
NHS Aging Well Strategy
NHS LT Plan

Neighbourhoods

This page is intentionally left blank

Hackney

Health in Hackney Scrutiny Commission 12th February 2024 **Childhood Immunisations - Measles**	Item No **6**

PURPOSE

To receive an update from Public Health on the progress of the Measles vaccination programme locally and work being done to increase uptake of the MMR vaccine.

OUTLINE

The borough has been receiving a lot of media attention in relation to its low rate of vaccination uptake for the MMR. For example, the Guardian reported that: *" London has the lowest percentage of children who have received both doses, according to data from NHS for the year 2022-23, with Hackney in east London at 56.3%, followed by Camden in north London at 63.6%".* https://www.theguardian.com/society/2024/jan/19/surge-in-measles-cases-prompts-uk-to-declare-national-health-incident

Members asked for an update on the latest situation and an opportunity to ask officers about the latest mitigation approaches.

Attached please find
b) Hackney Public Health Measles briefing to Hackney Cllrs 29 Jan
c) NHS NEL briefing to MPs on Measles 22 Jan
d) UK Health Security Agency briefing on Measles in London 22 Jan

Attending for this item will be:

Amy Wilkinson, Director of Partnerships, Impact and Delivery, C&H PBP
Carolyn Sharpe, Consultant in Public Health
Bryn White, Childhood Immunisations Programme Manager, Public Health Unit

ACTION
The Commission is requested to give consideration to the reports.

This page is intentionally left blank

Title	**Measles situational report and preparedness update**
Audience	**Hackney Councillors and Senior Leadership**
Date	**29 January 2024**
Report Authors	**Carolyn Sharpe, Consultant in Public Health**

1. BRIEFING PURPOSE AND OVERVIEW

1.1. This briefing aims to provide:

- An overview of the national, regional and local measles risk
- Support answering questions from the media and the public on this topic
- An overview of the preparedness work being undertaken locally

2. NATIONAL AND REGIONAL UPDATE

2.1. Measles cases have been rising with a national incident recently announced after an outbreak of over 200 cases in the West Midlands. Latest published data for London shows that from 1 January to 30 November 2023, there were 209 laboratory confirmed measles cases in England with 104 cases in London (50%).

2.2. The majority of London's measles cases have been in children aged under 10 years.

2.3. There is a high risk of measles outbreaks in London as it is the region with the lowest vaccination coverage. In London, 87% of 5 year olds have had their first dose of the MMR vaccine, and 74% are fully immunised, compared to 93% and 84.5% respectively for England.

2.4. A risk assessment by the UKHSA, published in July 2023, estimated that a measles outbreak of between 40,000 and 160,000 cases could occur in the capital.

3. LOCAL PICTURE

3.1. There are currently no cases of measles in Hackney.

3.2. However, Hackney remains particularly vulnerable to large outbreaks of measles due to low MMR vaccination coverage. Hackney has the lowest MMR coverage in the country.

3.3. Data from 2022/23 showed that, in City & Hackney, 81% of 5 year olds had their first dose of the MMR vaccine and 56% were fully immunised.

3.4. Hackney's low immunisation coverage can be, at least in part, explained by population factors. Population groups that have lower vaccination uptake levels

compared to the general population include those living in the most deprived areas; those with large families; certain ethnic groups for example, Black Caribbean, Somali, White Irish and White Polish populations, and Orthodox Jewish populations. Uptake also tends to be lower in more urban areas.

4. RESPONDING TO MEDIA ENQUIRIES AND QUESTIONS FROM THE PUBLIC

4.1. Key messages to the public

- Measles is a serious illness; between 20 and 40% of affected cases can require hospital admission. In rare cases, tragically, measles can be fatal.
- Babies and young children, pregnant women, and people with weakened immunity, are at increased risk of complications from measles.
- Measles spreads very easily between those that are unvaccinated, especially in schools and nurseries.
- The principal control measure for measles outbreaks is vaccination (there is no specific treatment).
- Two doses of MMR vaccine will offer over 99% lifelong protection.
- Hackney remains particularly vulnerable to large outbreaks of measles due to low MMR vaccination coverage.

4.2. Key messages about the MMR vaccine

- MMR is a highly effective and safe vaccine. Children should receive 2 doses of MMR for maximum protection. The vaccine not only protects them, but also limits the chances of the virus spreading more widely, for example to children who are too young to have the vaccine and to adults who may be more vulnerable to the disease.
- The MMR vaccine is part of the routine NHS schedule of childhood vaccines administered:
  - 1st dose just after the child's first birthday
  - 2nd dose at 3 years 4 months and certainly before children start school full time
- Parents should check their children are fully vaccinated with 2 MMR doses, by checking their red book or with their GP practice. Younger and older adults can also do this. Anyone not up-to-date with their vaccines should make an appointment with their GP as soon as possible.
- Animal-product free / porcine-free vaccines are available on request.
- The following quote from Rabbi Ardler provides reassurance that childhood immunisations are kosher: "*I confirm that there are no kashrus problems with vaccines administered either orally or by injection or nasal spray even if they have a porcine element. I hope this information will be of assistance in reassuring the community and promoting uptake of vaccines." Rabbi Ardler*

4.3. Media enquiries

- Hackney Council Press Team has been receiving an extremely high number of measles-related enquiries form the media. These have mostly been directed towards the Director of Public Health, although other system partners have been receiving similar, if not duplicative, enquiries, as have teams in

other local authorities. To enable consistent and efficient responses to these enquiries, we have prepared some reactive media responses to the most common lines of enquiry.

5. OVERVIEW OF LOCAL ACTIVITY TO PREPARE FOR OUTBREAKS

5.1. Preparation for outbreaks largely consists of two elements:

- Increasing MMR coverage, with a particular focus on population groups with the lowest uptake
- Supporting local settings and system partners to prepare

Preparedness work to increase vaccine coverage

5.2. The responsibility for commissioning and delivering vaccination programmes lies with the NHS, however, public health works with NHS, local GPs and community partners to increase, and reduce inequalities in, vaccination coverage. Activities include:

- Developing and maintaining communication channels and trust with population / community groups with lower MMR coverage including the Charedi community, Gypsy, Roma Traveller community and through the Hackney Faith Forum.
- Working with the above communities to understand barriers to vaccine uptake and co-produce communication materials as well as initiatives to address uptake barriers.
- Providing key updates and resources via our City and Hackney Public Health Community Champions programme via regular forums and newsletters.
- Support improved access to vaccines for example through home visits, delivering vaccines through schools, nurseries and within community settings.
- Work with the council communications team to develop targeted comms assets to be regularly disseminated through a wide range of channels.

Preparedness work to support local settings

5.3. Settings that are particularly vulnerable to measles outbreaks include;

- Schools and early years settings
- Asylum seeker accommodation
- Homeless accommodation
- Healthcare settings (i.e. A&Es and GP practices)

5.4. Public health has delivered targeted presentations and developed resources to support these settings to understand the risk of measles locally, how to reduce the risk of outbreaks within their setting, what to do if cases are identified in the setting and how to reduce the risk of spread.

Preparedness work through system coordination

5.5. Supporting system partners (including health visitors, school nurses, staff working in children centres, nurseries and schools) to encourage vaccination uptake through a MECC approach. We convene system partners to facilitate the delivery of consistent messaging and a coordinated approach.

5.6. Collaborating closely with Primary Care and immunisations colleagues across NEL & region to share up-to-date resources and guidance.

5.7. Surveillance of local data and sharing this with relevant partners. Advocating for better data access to support for granular analyses.

Briefing for MPs on actions being taken to increase uptake of measles vaccination in north east London

22 January 2024

1. Summary

Measles cases are on the rise across England. Vaccination is our best defence. This briefing sets out how the NHS in north east London has been, and will continue to be supporting communities to stay well. This has been through extensive activity to increase the uptake of the MMR (measles, mumps, rubella) vaccination, as well as through providing information about the risks, and symptoms of measles, and the importance of prevention through vaccination. Local council public health teams have also undertaken work to promote vaccination and engage communities who have lower rates of vaccination.

We have also provided you with information that you can share with your constituents to support the messaging and encourage them to get their children fully vaccinated.

2. Background

Two doses of the MMR vaccine provide the best protection against measles, mumps and rubella. Most children in north east London (77%) have had both doses of the MMR vaccine by the age of five (and are fully vaccinated). To achieve and maintain measles elimination (and prevent outbreaks) we need 95% uptake with two doses of the MMR vaccine by the time children turn five years old.

In 2023 NHS England launched a major national measles awareness drive, particularly supporting communities of lower uptake. We are supporting this by delivering a programme of enhanced vaccination activity and communications in north east London.

The NHS has an MMR action plan which includes work to improve data and digital technology and expand access and community engagement alongside targeted communication campaigns to encourage people to come forward.

3. Action being taken in north east London

Significant activity has been delivered over the last few months by the NHS to encourage uptake and increase access to the MMR and polio vaccines. This is set out below.

Increasing access to vaccination

To make it even easier for children to get the MMR vaccine a range of additional ways to get vaccinated have been running throughout our boroughs. This includes:

- Mobile clinics
- Additional clinics at GP practices
- Local clinics – in places such as libraries and community centres.
- Vaccination in schools – Vaccination UK have been running vaccination clinics in local schools.
- In addition to this we are analysing information at a hyper-local level to identify further areas where and how uptake of the vaccination can be supported.

Increasing awareness of the need to be vaccinated
As well as national NHS messaging and activity, coordinated and intensive work has been underway by the local NHS and our partners to contact the parent/carer of children aged 1-11 in north east London who are not fully vaccinated against measles and encourage them to take up the vaccine.

- GPs have been contacting parents of children aged 12 months to five years who are missing a first or second MMR vaccination to invite them to get fully vaccinated. This will be at least the third invite for some children in the last year.
- Vaccination UK have been calling every parent of a not fully vaccinated child aged four to 11 in north east London to invite them for catch up doses at a local clinic.
- We have provided schools with two letters for parents/carers about the MMR vaccination, via their school. One letter also included the potential need to isolate and these were translated into multiple community languages for use in community settings.
- Information has also gone out via schools and children's centres, including banners outside schools, posters, messages through school's communications channels, and in-school vaccination clinics.
- In February and March invite letters will also go out to people aged six to 25 who are not fully vaccinated.
- Paediatric clinicians are also working as advocates for the vaccine, and have been provided with information to encourage and remind parents how and why to vaccinate their child
- Direct engagement with communities, led by local council public health teams.

4. **Raising awareness of symptoms, risks, and treatment of measles**

We are supporting national messaging through our and our partner's communications channels to raise awareness of risks of measles, actions to take, and how it can be prevented through vaccination.

5. **How you can help your constituents – please encourage them to get the vaccine**

Please share information on the importance of the MMR vaccine and how to get it, in any way you can. We have prepared some suggested communications below to help with this. Information about the importance of the MMR vaccine and how to get it is available on our website, and on the NHS website.

You can share our social media posts, available here - twitter.com/NHS_NELondon,

The NHS in north east London is encouraging all parents/carers of children to make sure their child is up-to-date on their routine childhood vaccinations. To do this parents can search 'NHS child vaccines' online or visit **nhs.uk/child-vaccines** to see which vaccinations are given when. If you think your child might be behind on their MMR, polio or any other vaccination you can check your child's health record (red book) or contact your GP to see if they are up to date.

Suggested newsletter article:
Act now to vaccinate your child against measles
Measles cases are on the rise across England. There is no cure and vaccination is the only protection against becoming seriously unwell. To protect against measles your child needs two doses of the free MMR vaccination. You can ask your GP practice to find out if your child is fully vaccinated, or to arrange to get the vaccine.

You can also get the vaccine at a local catch up clinic and find out more on the NHS North East London website.

Suggested social media post:
Cases of measles are on the rise in England. Vaccinating your child against measles with the MMR vaccine can prevent serious illness. Speak to your GP surgery if you think you or your child has missed any vaccinations.
https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/

Key communications messages are below to prepare your own communications or to support discussions with communities:

- Measles cases are on the rise across England. Vaccination is our best defence.
- Measles is more than just a rash – it is a serious condition that spreads very easily and can lead to severe illness and even death.
- The MMR vaccine is recommended with the first dose at the age one year and a second dose at age three years four months.
- For maximum protection, you need both doses of the MMR vaccine.
- The MMR vaccine is our best protection against measles as well as from mumps and rubella, two other potentially unpleasant illnesses.
- Getting the NHS MMR vaccine is free and usually takes just a few minutes.
- You can book an appointment and catch up on the MMR vaccine at any age.
- If you or your child have missed any MMR vaccinations or are unsure if your child is up to date, contact your GP practice to check.
- For children approaching their MMR vaccination age, your GP practice will be in touch to invite you to book an appointment when they are due.
- Make sure your child is up-to-date on their routine childhood vaccinations. To do this search 'NHS child vaccines' online or visit **nhs.uk/child-vaccines** to see which vaccinations are given when.
- If you think your child might be behind on any vaccination you can check your child's health record (red book) or contact your GP to see if they are up to date.

Get in touch
If there is anything further you need, or that we can do to support you sharing the messaging on the vaccine please get in touch with us - nelondonicb.nelcommunications@nhs.net

This page is intentionally left blank

UK Health Security Agency

22 January 2024

Measles cases in London: briefing for MPs

Current situation

Since 1 October 2023 there has been a rapid increase in measles cases with over 200 confirmed cases nationally, but London has also seen an increase in cases since December.

1. Measles is a serious illness; between 20 and 40% of affected cases can require hospital admission.
2. In 2023, there were 104 confirmed cases in London. Almost 80% of cases are in children aged 18 and under.
3. Two doses of MMR vaccine will offer over 99% lifelong protection against measles.
4. London remains the most vulnerable region for large outbreaks of measles due to the lower uptake of MMR vaccination in the population.
5. The principal control measure for measles outbreaks is vaccination.

Actions underway

6. The UKHSA, NHSE and ADPH formed the London Measles Coordination Group in 2023 to bring together senior London partners to coordinate a regional response to prepare, prevent and respond to the threat of measles in London.
7. Health partners have delivered MMR catch-ups, provided additional vaccination checks, contacted unvaccinated children, and conducted outreach in under-vaccinated communities or areas of low vaccine coverage.
8. A UKHSA exercise will take place on the 24th January, rehearsing a significant measles outbreak in London and stress-testing the health system wide response across partner agencies and government departments although the primary focus of activity remains to prevent such an occurrence.
9. Significant communications and engagement to raise the profile of the measles threat and improve MMR vaccine uptake have taken place since last summer, including press releases, broadcast media interviews, social media activity new video content, letters to schools and communities, translated materials, webinars and local advertising.
10. Ongoing, targeted engagement to support uptake in under-vaccinated communities:
    - A communications MMR campaign for the Romanian community.
    - The London Muslim Health Network are leading on a festival in February with a focus on measles and MMR.
    - A partnership with the London Jewish Health Partnership, the Charedi Women's Health Alliance and the London Jewish Forum to deliver an MMR uptake campaign.
    - A new community communications campaign is being developed to be launched to health system partners, co-produced with communities across London. This will reduce the threat of communicable diseases across all communities.
11. NHS England launched a national MMR vaccine call-recall campaign on the 22 January with an expanded focus for West Midlands and London.

Message for MPs

12. Please **support the NHS** and our health protection teams in **getting the message out**:
    - Measles can be very serious but is completely preventable
    - Current MMR uptake levels in London are the lowest in a decade, with a high risk of outbreaks in under-vaccinated communities.
    - **Ensure your children are vaccinated.**
    - It is never too late to catch up. You can get both doses of your MMR vaccine for free on the NHS whatever your age
    - Animal-product free / porcine-free vaccines are available on request

    For further information and support please contact incident022.nrc@ukhsa.gov.uk. This is the national incident mailbox established by UKHSA to manage rising cases of measles.

This page is intentionally left blank

Hackney

Health in Hackney Scrutiny Commission 12th February 2024 **Minutes of the previous meeting**	Item No **7**

OUTLINE

The draft minutes of the meeting on 10 January will be presented to the next meeting for agreement.

Please find attached:

b) Action Tracker
c) Matter arising - copy of response from Chair of HoC Health and Care Select Cttee

ACTION

The Commission is requested to note the action tracker and matter arising.

This page is intentionally left blank

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 sent 22 Dec. Reply received 26 Jan and appended.
~~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~~

This page is intentionally left blank

Reply from Steve Brine MP, Chair of House of Commons Health and Care Select Committee to Cllr Hayhurst's letter on behalf of the Commission re breast screening services further to the issues raised at our 15 Nov 23 Meeting

---------- Forwarded message ---------
From: **Health and Social Care Committee** <hsccom@parliament.uk>
Date: Fri, 26 Jan 2024 at 11:54
Subject: RE: Letter from Hackney Council Health Scrutiny Commission re breast screening services
To: Ben Hayhurst (Cllr) <ben.hayhurst@hackney.gov.uk>
Cc: Jarlath O'Connell <jarlath.oconnell@hackney.gov.uk>, Health and Social Care Committee <hsccom@parliament.uk>

Dear Cllr Ben Hayhurst

Thank you for your letter of 22 December 2023. I am sorry it has taken some time to respond to you.

I appreciate you bringing this important issue to mine and the Committee's attention. We have an ongoing inquiry into Future Cancer, and a future workstream of the Prevention inquiry will focus on 'cancer' as a major condition. I have no doubt the issue of poor quality data and digital infrastructure for breast cancer screening services will be something we need to bear in mind. I'm certain this is of relevance to most cancer sites, and is a broader issue for the NHS. You may be aware of our report into Digital transformation in the NHS which may be of interest to you.

If you have any further information you would like to share, or would like to feed in directly to the Future Cancer inquiry, you can contact our Committee Specialist Emma via stevesnone@parliament.uk who would be happy to discuss this.

Yours sincerely

Steve Brine MP
Chair, Health and Social Care Committee

This page is intentionally left blank

Hackney

Health in Hackney Scrutiny Commission 12th February 2024 **Work Programme for 23/24**	Item No **8**

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.

This page is intentionally left blank

DRAFT Work Programme for Health in Hackney SC 23/24 as at 2 Feb

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
	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	**Neighbourhoods Programme 2024-27**		City and Hackney Neighbou	Neighbourhoods Programme	Dr Sadie King
2 Feb					
	Embedding Anticipatory Care in City and Hackney	Follow up from Budget Scrutiny on 23 Oct 23	Homerton Healthcare	Head of Adult Community Rehabilitation Team	Joel Reynoilds
			Springfield Park PCN	GP and PCN Clinical Director	Dr Tehseen Khan
	Childhood Immunisations inc MMR		C&H Place Based System	Interim Director of Delivery	Amy Wilkinson
			Public Health	Consultant in Public Health	Carolyn Sharpe
20 March	**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: 11 March				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
	In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.				
June 2024	**NHS Dentistry provision - how new commissioning system is working MIGHT BE AT INEL LEVEL**	Follow up from 16 Nov 22	NHS NEL	Commissioner	Jeremy Wallman
			East London and City LDC	Secretary	Tam Bekele

			Local dentists		TBC
			Public Health	Consultant in Public Health	Andrew Trathen
June 2024	**Adult Social Care and Accommodation - planning for future need**	Follow up from 26 April. this should follow publication of Housing Strategy in summer '24	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
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
July 2024	**Update on implementaton of Right Care Right Person**	Follow up from 10 Jan	AHI	Director Adult Social Care and Operations	Georgina Diba
Oct 2024	**Future options for Soft Facility Services at Homerton Healthcare**	Follow up from 10 Jan	Homerton Heatlhcare	Deputy CE	Basirat Sadiq
	ITEMS TO BE SCHEDULED				
Possibly July	**Enacting the 5 missions of Cancer Reasearch UK Manifesto in Hackney**	Follow up from CQT in 10 Jan	Public Health	Director of Public Health	Dr Sandra Husbands
	SUBSTANCE MISUSE & the new the combating drugs partnership - our local response to the national strategy	LiH did a comprehensive meeting on this ion 22 Jan 2023	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
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
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

	Safeguarding issues around hoarding and neglect		Adults Heatlh and Integration	Adult Services	

This page is intentionally left blank