City & Hackney Integrated Care Partnership Board

This is also a meeting of the **Integrated Commissioning Board** which is a Committee in-Common meeting of the:

a. The London Borough of Hackney Integrated Commissioning Sub-Committee ('The LBH Committee)

b. The City of London Corporation Integrated Commissioning Sub-Committee ('The COLC Committee')

c. North East London CCG City and Hackney ICP Area Committee (The 'CCG Area Committee')

Meeting in public on

Thursday 10 February 2022, 1000 – 1200

By Microsoft Teams

Chair: Councillor Chris Kennedy, London Borough of Hackney

No.	Time	Item	Page number	Lead
1.	1000 (5 mins)	Welcome, introductions and apologies	Verbal	Chair
2.	1005 (5 mins)	Declarations of Interests	Papers 2a & 2b *Pages 3-17*	Chair
3.	1010 (5 mins)	Minutes of the Previous Meeting & Action Log	Papers 3a & 3b *Pages 18-30*	Chair
4.	1015 (5 mins)	Questions from the Public	*Verbal*	Chair
5.	1020 (15 mins)	ICP Chief Officer Report	*Verbal*	Tracey Fletcher
For Decision				
6.	1035 (15 mins)	Ageing Well Underspend Proposal	Paper 6a *Pages 31-47*	Nina Griffith

For Discussion				
7.	1050 (15 mins)	Neighbourhoods Resident and Community Involvement update	Papers 7a, 7b, 7c, 7d & 7e *Pages 48-135*	Nina Griffith
8.	1105 (15 mins)	Update on Community Diagnostic Centres in NEL	Paper 8a *Pages 136-145*	Stephanie Coughlin / Daniel Young
9.	1120 (15 mins)	Monthly Financial Report	Paper 9a *Pages 146-157*	Sunil Thakker / Ian Williams
10.	1135 (15 mins)	Risk Registers – complete registers	Papers 10a & 10b *Pages 158-176*	Matthew Knell
11.	1150 (10 mins)	Any Other Business	*Verbal*	Chair
For Information				
Integrated Commissioning Glossary			*Pages 177-182*	N/A
Date of next meeting: 0930-1030 Thursday 10 March 2022 by Microsoft Teams, followed by Development Session to run 1030-1230				

Name	Position/Relationship with CCG	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Anh Vu	Joint Formulary Pharmacist	C&H Integrated Care Partnership Board (ICPB)	Financial Interest	ALT Vu Ltd	Director of the company. This company provides medicines management to NHS organisations only.	2017-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	City & Hackney ICP, North East London CCG	Member of the City and Hackney ICP Medicines Optimisation and Prescribing Committee	2017-04-01		
			Non-Financial Professional Interest	City & Hackney ICP, North East London CCG and Homerton Hospital NHS Foundation Trust	Member of the City and Hackney ICP & Homerton University Hospital NHS Foundation Trust Joint Prescribing Group	2017-04-01		
			Non-Financial Professional Interest	Barts Health NHS Trust	Member of the Barts Health Drugs and Therapeutic Committee	2017-07-01		
			Non-Financial Professional Interest	Homerton University Hospital NHS Foundation Trust	Employed by HUHFT as Clinical Pharmacist for Pain Management	2019-10-07		Declarations to be made at the beginning of meetings
Ann Sanders	Associate Lay Member	C&H Integrated Care Partnership Board (ICPB)	Financial Interest	Ann Sanders Consultancy	Independent Consultant for Ann Sanders Consultancy	2021-07-30		Declarations to be made at the beginning of meetings
Caroline Millar	Acting Chair	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	City and Hackney GP Confederation	Acting Chair for City and Hackney GP Confederation	2021-10-14		Declarations to be made at the beginning of meetings

			Non-Financial Professional Interest	Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	Independent Adjudicator, for the Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	2021-10-14		
			Non-Financial Personal Interest	Clissold Park User Group	Treasurer for Clissold Park User Group	2021-10-14		
			Non-Financial Personal Interest	Vox Holloway	Trustee for Vox Holloway	2021-10-14		
			Non-Financial Personal Interest	Barton House Group Practice	Registered patient at Barton House Group Practice	2021-10-14		
			Non-Financial Personal Interest	Allerton Road Medical Centre	Immediate family members registered at this practice	0021-10-14		
Catherine Macadam	Associate Lay Member	C&H Integrated Care Partnership Board (ICPB)	Financial Interest	Coaching for Unpaid Carers CIC	Company Director for community interest company that operates in City and Hackney and delivers services to unpaid carers	2019-05-31		
			Financial Interest	Catherine Macadam Coaching, Mentoring, OD Consultancy	sole trader offering coaching and OD services to organisations working in the health and care sector in City and Hackney	2008-03-27		
Christopher Kennedy	Councillor	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		

			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
Dr Haren Patel	Joint Clinical Director, Hackney Marsh Primary Care Network	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Hackney Marsh Primary Care Network	Joint Clinical Director for Hackney Marsh Primary Care Network	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Latimer Health Centre	Senior Partner at Latimer Health Centre	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Acorn Lodge Care Home	Primary Care Service Provision to Acorn Lodge Care Home	2020-10-10		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Pharmacy in Brent CCG	Joint Director for pharmacy in Brent CCG	2020-10-10		
			Non-Financial Professional Interest	NHS England	GP Member of the NHS England Regional Medicines Optimisation Committee	2020-10-10		
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Lower Clapton Group Practice	GP Principal at Lower Clapton Group Practice	2020-10-09		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Member of the British Medical Association	2020-10-09		
			Non-Financial Professional Interest	Royal College of General Practitioners	Member of the Royal College of General Practitioners	2020-10-09		
Helen Fentimen	Common Council Member	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	City of London Corporation	Member of the City of London Corporation	2020-02-14		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-02-14		

			Non-Financial Personal Interest	Unite Trade Union	Member of Unite Trade Union	2020-02-14		
			Non-Financial Personal Interest	Prior Weston Primary School and Children's Centre	Chair of the Governors, Prior Weston Primary School and Children's Centre	2020-02-14		
Helen Fentimen	Common Council Member	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	City of London Corporation	Common Council Member of the City of London Corporation	2020-02-14		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-02-14		
			Non-Financial Personal Interest	Unite Trade Union	Member of Unite Trade Union	2020-02-14		
			Non-Financial Personal Interest	Prior Weston Primary School and Children's Centre	Chair of the Governors, Prior Weston Primary School and Children's Centre	2020-02-14		
Honor Rhodes	Associate Lay Member	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Tavistock Relationships	Director for Tavistock Relationships	2020-06-11		Declarations to be made at the beginning of meetings
			Indirect Interest	Homerton University Hospital NHS Foundation Trust	Daughter is an Assistant Psychologist at Homerton University Hospital NHS Foundation Trust	2020-06-11		
			Non-Financial Personal Interest	Barton House NHS Practice	Registered patient with Barton House NHS Practice	2020-06-11		
			Non-Financial Professional Interest	London Borough of Hackney	Acting Chief Executive with London Borough of Hackney	2020-03-20		
			Non-Financial Professional Interest	Hackney Schools for the Future	Director of Hackney Schools for the Future	2020-03-20		
			Financial Interest	Homeowner in Hackney	Homeowner in Hackney	2020-03-20		
			Non-Financial Professional Interest	NWLA Partnership Board	Joint Chair of the NWLA	2020-03-20		

					Partnership Board			
			Non-Financial Professional Interest	London Treasury Ltd	SLT Representative to London Treasury Ltd	2020-03-20		
			Non-Financial Professional Interest	London CIV Board	Observer / SLT Representative to the London CIV Board	2020-03-20		
Ian Williams	Group Director, Finance and Corporate Resources	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Chartered Institute of Public Finance and Accountancy	Member of the Chartered Institute of Public Finance and Accountancy	2020-03-20		
			Non-Financial Professional Interest	Society of London Treasurers	Member of the Society of London Treasurers	2020-03-20		
			Non-Financial Professional Interest	London Finance Advisory Committee	Member of the London Finance Advisory Committee	2020-03-20		
			Non-Financial Professional Interest	Schools and Academy Funding Group	London Representative to the Schools and Academy Funding Group	2020-03-20		
			Non-Financial Professional Interest	Society of Municipal Treasurers	Senior Management Team Executive for the Society of Municipal Treasurers	2020-03-20		
			Non-Financial Professional Interest	London CIV Shareholders Committee	SLT Representative to the London CIV Shareholders Committee	2020-03-20		
			Non-Financial Professional Interest	London Pensions Investments Advisory Committee	Chair of the London Pensions Investments Advisory Committee	2020-03-20		
Jon Williams	Director	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Healthwatch Hackney	Director at Healthwatch Hackney, which holds the following contracts with	2021-08-10		Declarations to be made at the beginning of meetings

					the NHS and local partners: - Neighbourhood Involvement Contract - NHS Community Voice Contract - Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant			
Laura Sharpe	Chief Executive	C&H Integrated Care Partnership Board (ICPB) C&H Neighbourhood Health and Care Board C&H Quality & Outcomes Subcommittees	Non-Financial Professional Interest	City & Hackney GP Confederation	Chief Executive of the City & Hackney GP Confederation	2021-04-23		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	City of London Corporation	Member of the City of London Corporation	2020-02-26		
			Non-Financial Professional Interest	Farringdon Ward Club	Member of the Farringdon Ward Club	2020-02-26		
			Non-Financial Professional Interest	The Worshipful Company of Firefighters	Liveryman of the Worshipful Company of Firefighters	2020-02-26		
Marianne Fredericks	Common Council Member	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Personal Interest	Christ's Hospital School Council	Member of Christ's Hospital School Council	2020-02-26		
			Non-Financial Professional Interest	Aldgate and All Hallows Foundation Charity	Member of Aldgate and All Hallows Foundation Charity	2020-02-26		
			Non-Financial Professional Interest	The Worshipful Company of Bakers	Liveryman of the Worshipful Company of Bakers	2020-02-26		
			Non-Financial Personal Interest	Tower Ward Club	Member of the Tower Ward Club	2020-02-26		
Matthew Knell	Senior Governance Manager	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB)	Non-Financial Personal Interest	Queensbridge Group Practice	Registered patient with this local GP Practice.	2017-01-01		
Paul Calaminus	Chief Executive	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings

			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		
Paul Coles	General Manager	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Healthwatch City of London	General Manager of Healthwatch City of London, holding a contract with City of London Corporation for a local Healthwatch service in the City of London	2021-10-05		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	International Brigades Memorial Trust	Treasurer for the International Brigades Memorial Trust	2021-10-05		
			Non-Financial Personal Interest	Chartham Parish Council, Kent	Parish Councillor for Chartham Parish Council, Kent	2021-10-05		
			Non-Financial Professional Interest	City of London Corporation	Deputy Chair, Community and Children's Services Committee of the City of London Corporation	2019-07-15		
			Financial Interest	Randall Anderson	Self-employed Lawyer	2019-07-15		
			Financial Interest	City of London Corporation	Long Lessee of a flat from the City of London (Breton House, London)	2019-07-15		
			Non-Financial Professional Interest	American Bar Association	Member of the American Bar Association	2019-07-15		
Randall Anderson	Common Council Member	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Masonic Lodge 1745	Member of Masonic Lodge 1745	2019-07-15		
			Non-Financial Professional Interest	Worshipful Company of Information Technologists	Liveryman of the Worshipful Company of Information Technologists	2019-07-15		
			Non-Financial Personal Interest	Neaman Practice	Registered patient at the	2019-07-15		

					Neaman Practice			
			Non-Financial Professional Interest	Guild of Freemen	Member Gyuld of Freemen	2019-11-01		
			Non-Financial Professional Interest	Guildhall Lodge	Member Guildhall Lodge	2021-10-01		
Sandra Husbands	Director of Public Health	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	London Borough of Hackney	Director of Public Health for London Borough of Hackney and City of London	2020-08-26		
			Non-Financial Professional Interest	Association of Directors of Public Health	Member of the Association of Directors of Public Health	2020-08-26		
			Non-Financial Professional Interest	Faculty of Public Health	Fellow of the Faculty of Public Health	2020-08-26		
			Non-Financial Professional Interest	Faculty of Medical Leadership and Management	Member of the Faculty of Medical Leadership and Management	2020-08-26		
Steve Collins	Acting Chief Finance Officer	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) BHR ICP Finance Sub-committee BHR Integrated Care Executive Group (ICEG) BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Trisett Limited (business support service)	Director	2003-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Sevenoaks Primary School	Chair of Governors	2002-01-01	2021-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Hope Church Sevenoaks	Chair of Trustees	2020-01-01		Declarations to be made at the beginning of meetings

			Indirect Interest	Fegans (charity)	Wife is Chair of Trustees	2017-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	PwC	Daughter is Senior Associate	2019-01-01		Declarations to be made at the beginning of meetings
Sue Evans	Lay Member Primary Care	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	North East London NHS	Self and family users of healthcare services in NEL	2017-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	St Aubyn's School Charitable Trust	Trustee and Director of Company Ltd by Guarantee	2013-01-01		Declarations to be made at the beginning of meetings
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	C&H Integrated Care Partnership Board (ICPB)	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04		Declarations to be made at the beginning of meetings
Tracey Fletcher	Chief Executive	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) C&H Neighbourhood Health and Care Board	Non-Financial Professional Interest	Homerton University Hospital NHS Foundation Trust	Chief Executive of Homerton University Hospital NHS Foundation Trust	2020-08-26		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Inspire	Trustee for Inspire	2020-08-26		

- Nil Interests Declared as of 02/02/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee	Indicated No Conflicts To Declare.
Tendy Kwaramba	Service Transformation Manager	C&H Integrated Care Partnership Board (ICPB)	Indicated No Conflicts To Declare.

Reagender Kang	Named Nurse Safeguarding Children Primary Care	C&H Integrated Care Partnership Board (ICPB)	Indicated No Conflicts To Declare.
Sandra Husbands	Director of Public Health, City of London & London Borough of Hackney	C&H Integrated Care Partnership Board (ICPB) C&H Neighbourhood Health and Care Board	Indicated No Conflicts To Declare.

Register of Interests

Name	Date of Declaration	Position / Role on ICPB	Nature of Business / Organisation	Nature of Interest	Type of Interest
Henry Black	30/07/2021	Member	NE London CCG	Chief Financial Officer / Acting Accountable Officer	Financial
			Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect
			Tower Hamlets GP Care	Daughter works as social prescriber	Indirect
			NHS Clinical Commissioners Board	Member	Non-financial professional
Anntoinette Bramble	12/08/2020	Member	Local Government Association	Board - Deputy Chair Company Director Labour Group - Deputy Chair	Non-financial professional
			JNC for Teachers in Residential Establishments	Member	Non-financial professional
			JNC for Youth & Community Workers	Member	Non-financial professional
			Schools Forum	Member	Non-financial professional
			SACRE	Member	Non-financial professional
			Admission Forum	Member	Non-financial professional
			Hackney Schools for the Future (Ltd)	Director	Non-financial professional
			St Johns at Hackney	PCC	Non-financial professional
			Unison	Member	Non-financial personal

			GMB Union	Member	Non-financial personal
			St Johns at Hackney	Church Warden & License Holder	Non-financial personal
			Co-Operative Party	Member	Non-financial personal
			Labour Party	Member	Non-financial personal
			Urstwick School	Governor	Non-financial personal
			City Academy	Governor	Non-financial personal
			National Contextual Safeguarding Panel	Member	Non-financial personal
			National Windrush Advisory Panel	Member	Non-financial personal
			Hackney Play Bus (Charity)	Board Member	Non-financial personal
			Christians on the Left	Member	Non-financial personal
			Lower Clapton Group Practice	Registered Patient	Non-financial personal
Andrew Carter	13/05/2021	Member	City of London Corporation	Director – Community & Childrens' Services	Financial
			ADASS	Member	Non-financial professional
			ADCS	Member	Non-financial professional
Robert Chapman	15/04/2021	Member	London Borough of Hackney	Cabinet Member for Finance	Financial
			Sun Babies	Trustee	Financial
			Shareholders Representative & Member	Shareholders Committee	Financial
			North London Waste Authority Unit	Member	Financial
			Local Authority Pension Fund Forum	Vice Chair	Financial
			Investment Governance & Engagement Committee, Local Government Pensions Scheme Advisory Board	Member	Financial

			Labour Party	Member	Financial
			The Co-operative Society	Member	Financial
			Hackney Co-operative Party	Member	Financial
			SERA c/o the Co-operative Party	Member	Financial
			Socialist Health Association	Member	Financial
			The Labour Housing Group	Member	Financial
			Friends of Hackney Tower & Churchyard	Member	Financial
			GMB	Member	Financial
			UNITE	Member	Financial
			TSSA	Retired Member	Financial
			Triangle Care Services	Trustee & Director	Non-financial professional
			Friends of the Elderly	Trustee & Director	Non-financial professional
			Hackney Endowed Trust Ltd.	Director	Non-financial professional
			National Trust	Member	Non-financial professional
			Friends of the Royal Academy	Member	Non-financial professional
			Friends of the Tate	Member	Non-financial professional
			Friends of the British Museum	Member	Non-financial professional
			National Gallery	Member	Non-financial professional

			Thamesreach	Trustee	Indirect interest
Sir John Gieve	29/07/2021	Member	Homerton University Hospital NHS FT	Chair	Financial
			Vocalink Ltd. 1 Angel Lane, London EC4R 3AB	Non-executive Director	Financial
			MNI Connect	Member	Non-financial professional
			Pause (Charity), 209-211 City Road London	Partner is Trustee & Strategic Board Member	Indirect interest
Dr Mark Rickets	14/01/2020	Member / ICB Co-Chair	NE London CCG	ICP Clinical Chair	Financial
			Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Financial
			Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Indirect
			GP Confederation	Nightingale Practice is a Member	Non-financial professional
			HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Non-financial professional
			Nightingale Practice (CCG Member Practice)	Salaried GP	Financial
Ruby Sayed	19/11/2020	Member	City of London Corporation	Member	Financial
			Gaia Re Ltd	Member	Financial
			Thincats (Poland) Ltd	Director	Financial
			Bar of England and Wales	Member	Non-financial professional
			Transition Finance (Lavenham) Ltd	Member	Financial

			Nirvana Capital Ltd	Member	Financial
			Honourable Society of the Inner Temple	Governing Bencher	Non-financial professional
			Independent / Temple & Farringdon Together	Member	Non-financial professional
			Worshipful Company of Haberdashers	Member	Non-financial professional
			Guild of Entrepreneurs	Founder Member	Non-financial professional
			Bury St. Edmund's Woman's Aid	Trustee	Non-financial personal
			Housing the Homeless Central Fund	Trustee	Non-financial personal
			Asian Women's Resource Centre	Trustee & Chairperson / Director	Non-financial personal

City & Hackney Integrated Care Partnership Board

This is also a meeting of the **Integrated Commissioning Board** which is a Committee in-Common meeting of the:

- The London Borough of Hackney Integrated Commissioning Sub-Committee ('The LBH Committee)
- The City of London Corporation Integrated Commissioning Sub-Committee ('The COLC Committee')
- North East London CCG Governing Body City and Hackney ICP Area Committee (The 'CCG Area Committee')

Minutes of meeting held in public on Thursday 9 December 2021 by Microsoft Teams

Members:

Hackney Integrated Commissioning Board		
Hackney Integrated Commissioning Committee		
Cllr Chris Kennedy	Cabinet Member for Health, Adult Social Care & Leisure	London Borough of Hackney
Deputy Mayor Anntoinette Bramble	Deputy Mayor & Cabinet Member for Education, Young People & Childrens' Social Care	London Borough of Hackney

City Integrated Commissioning Board		
City Integrated Commissioning Committee		
Randall Anderson QC	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Marianne Fredericks	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Ruby Sayed	Member, Community & Childrens' Services Sub-Committee	City of London Corporation

North East London CCG City & Hackney Area Committee		
Dr Mark Rickets	City & Hackney Clinical Chair	NE London CCG / City & Hackney Integrated Care Partnership
Sue Evans	Lay Member	NE London CCG / City & Hackney Integrated Care Partnership
Sunil Thakker	Executive Director of Finance	NE London CCG / City & Hackney Integrated Care Partnership

Integrated Care Partnership Board Members		
Caroline Millar	Acting Chair	City & Hackney GP Confederation
Laura Sharpe	CEO	City & Hackney GP Confederation
John Gieve	Chair	Homerton University Hospital NHS Foundation Trust
Tracey Fletcher	ICP Chief Officer and Homerton University Hospital NHS Foundation Trust Chief Executive	Homerton University Hospital NHS Foundation Trust
Donna Kinnair	Non Executive Director	East London NHS Foundation Trust
Dr Stephanie Coughlin	Neighbourhoods & Covid-19 Clinical Lead	NE London CCG / City & Hackney Integrated Care Partnership
Dr Jenny Darkwah	Clinical Director	Primary Care Network
Dr Haren Patel	Clinical Director	Primary Care Network
Honor Rhodes	Associate Lay Member	NE London CCG
Catherine Macadam	Associate Lay member	NE London CCG
Ian Williams	Acting Chief Executive	London Borough of Hackney
Helen Woodland	Group Director – Adults, Health & Integration	London Borough of Hackney
Dr Sandra Husbands	Director of Public Health	London Borough of Hackney
Andrew Carter	Director, Community & Childrens' Services Sub-Committee	City of London Corporation
Simon Cribbens	Assistant Director, Commissioning and Partnerships	City of London Corporation
Jon Williams	Executive Director	Healthwatch Hackney
Paul Coles	General Manager	Healthwatch City of London
Tony Wong	Chief Executive	Hackney Council for Voluntary Services

Attendees

Nina Griffith	Workstream Director, Unplanned Care	NE London CCG / City & Hackney Integrated Care Partnership
Amy Wilkinson	Workstream Director, Children's, Young People, Maternity and Families	NE London CCG / City & Hackney Integrated Care Partnership

Jonathan McShane	Integrated Care Convenor	NE London CCG / City & Hackney Integrated Care Partnership
Matthew Knell	Senior Governance Lead	NE London CCG / City & Hackney Integrated Care Partnership
Stella Okonkwo	Integrated Care Programme Manager	NE London CCG / City & Hackney Integrated Care Partnership
Keeley Chaplin	Governance Officer	NE London CCG
Sara Bainbridge	Public Health Registrar	London Borough of Hackney
Susan Masters	Co-Director: Health Transformation, Policy and Neighbourhoods	Hackney Council for Voluntary Services

Apologies:

Cllr Rob Chapman	Cabinet Member for Finance	London Borough of Hackney
Henry Black	Acting Accountable Officer	NE London CCG
Steve Collins	Director of Finance	NE London CCG
Paul Calaminus	Chief Executive	East London NHS Foundation Trust
Ann Sanders	Associate Lay member	NE London CCG

No.	Agenda item and minute
1.	**Welcome, Introductions and Apologies for Absence** The Chair of the Integrated Care Partnership Board (ICPB), Randall Anderson (RA), opened the meeting, welcoming those present and noting apologies as listed above.
2.	**Declarations of Interests** The City Integrated Commissioning Board **NOTED** the Register of Interests. The Hackney Integrated Commissioning Board **NOTED** the Register of Interests. RA flagged that the new Disclose online declarations of interest system was now online and easy to access, encouraging all members to register with the system.

3.	**Minutes of the Previous Meeting & Action Log** The City Integrated Care Partnership Board **APPROVED** the minutes of the previous meeting and **NOTED** the action log. The Hackney Integrated Care Partnership Board **APPROVED** the minutes of the previous meeting and **NOTED** the action log.
4.	**Questions from the Public** One member of the public were present at the meeting and no questions were raised at the ICPB meeting at this point in the meeting.
5.	**Report from the ICP Chief Officer** Tracey Fletcher (TF) briefed the ICPB that Zina Etheridge would be taking up the North East London (NEL) Integrated Care System (ICS) Chief Executive role from February 2022, while the central NEL team was starting to look at the shape and roles of the executive team, probably with posts starting to be advertised in early 2022. TF continued to update the ICPB that Stephanie Coughlin (SC) was leading work to form the clinical and practitioner leadership structure locally, with an update likely to become available to the ICPB around February 2022 which should be able to propose a possible local structure. TF highlighted that the NHS remained pressured system wide, even outside of Covid-19 driven activity, with efforts to mitigate winter related activity and tackle waiting lists in place, with around £1.2 million invested in schemes to support local services. TF flagged that staffing remained the priority risk to this work, as funding didn't necessarily mean that a scheme could secure the support it needed in terms of workforce.

6.	**Risk Registers** RA drew ICPB member's attention to the circulated risk registers, presented with a summary of the changes that had taken place in the prior month. Catherine Macadam (CM) raised that there was a risk present in the circulated papers around adult mental health services waiting times (MH1), which did not appear to set out a substantive case in its update or mitigations for the score having reduced in December 2021 from previous months. CM asked if this scoring change decision could be reviewed and either confirmed with a more robust update and mitigating actions, or the scoring reverted to reflect the current position. RA agreed that the current mitigations as covered did not support the change in risk score. **ACTION:** Risk score, mitigations and direction of movement of risk MH1 to be confirmed at next substantive update of risk registers by workstream teams. Chris Kennedy (CK) highlighted that the update narrative and mitigations against risk PC10 did not appear to apply to the risk itself directly, noting that the risk update indicated a possible rise to 25, while the score itself had decreased to 12. RA asked for the risk's status to be confirmed in the next substantive risk update to the ICPB. **ACTION:** Risk score, narrative and movement of risk PC10 to be confirmed at next substantive update of risk registers by workstream teams. RA noted that both of these risk score movements appeared to be going against the general trend of more pressure on services being seen across the health system currently, without making clear what the teams were doing differently to avoid and address those pressures in order to reduce risk scores. Helen Fentimen (HF) asked if there was a potential new risk to be explored around increasing pressure on general practice, including asks to provide further support to the vaccination programme. HF asked if there were both immediate risks in terms of primary care capacity, but also more long term risks in terms of missed health screening appointments normally conducted by GPs. RA noted that risk MH2 touched on this, describing the impact of changing priorities and capacity on GPs conducting physical health checks for patients with serious mental health needs. **ACTION:** Impact of vaccination booster programme ask of primary care to be explored in terms of total capacity and/or impact on longer term health screenings and detailed in a new risk if appropriate by CCG team. Haren Patel (HP) raised that the circulated risk registers focussed on existing risks and didn't really explore potential risks, for instance that seasonal flu activity may increase and impact on an already pressures system. John Grieve (JG) highlighted that discussion of the risks should be considered in light that they were likely drafted at least a fortnight in the past, and in the fast moving climate being seen currently, some were likely already out of date. JG flagged that Homerton University Hospital NHS Foundation Trust (HUHFT) was already seeing significant higher activity than considered normal for the time of year, and would struggle if another wave of Covid-19 arose over the Christmas

	period. This was not reflected in the risks before the ICPB, nor the likely impact on increasing waiting lists and backlogs such an event would also cause. RA thanked ICPB members for their feedback, noting that the risk registers as a whole needed to pivot towards looking forward at potential upcoming risks, rather than those risks which had realised currently. Risk registers needed to explore and describe what might happen, rather than what is happening. RA asked that the next substantial risk register be submitted with both red and amber rated risks again, to enable the ICPB to monitor the movement of risks from amber to red and those risks at risk of moving to the red category. TF flagged that a wider review of how the ICPB wanted to receive assurance, monitor and work with risk may be warranted to set and align risks with local and wider NEL corporate objectives and pivot risk reporting to a forward looking footing. Such an approach may help support the ICPB in managing local matters with an eye on potential impacts against objectives in the future. RA agreed that moving towards a strategic approach, rather than the current operational lens that risk is viewed through would be helpful for the ICPB and that perhaps a future development session could look at this.

7.	**Anticipatory Care** RA welcomed Nina Griffith (NG) to the ICPB, to support discussion on this item for approval. NG reminded ICPB members that this area of work had been discussed at previous meetings, and that it was designed to support those patients who are at high risk of unwarranted health outcomes to live well and independently for longer, through structured proactive care. Locally, anticipatory care will be delivered as part of the Neighbourhoods Programme with Primary Care Networks (PCNs) and key community-based services, developing our local model of Anticipatory Care in partnership with the CCG team, in line with what is expected to be mandated from NHS England and Improvement (NHSEI) on a national basis. By September 2022, each PCN will have been asked to agree a plan with local partners (including acute, community and care providers), with whom the Anticipatory Care service will be delivered jointly from October 2022. The ICPB was asked to discuss, feedback and approve non-recurrent funding of £350,000 for 2021/22, drawn from underspends in the programme and then £98,000 recurrent funding for financial years 2022/23 and 2023/24 to support ongoing Neighbourhood Multi-Disciplinary Meetings (MDMs). NG noted that work continued to discuss and confirm a local anticipatory care delivery model with partners and that this would return to the ICPB when ready for wider discussion, feedback and approval. These partners included both local PCN based colleagues and also NHSEI, who were working on, and consulting on what the national service specification will look like. Jon Williams (JW) thanked NG for the comprehensive set of papers and asked what efforts were underway to involve local patients in the development of this work and what patient advocacy measures were likely to end up in the service offer. NG responded that the Neighbourhoods Resident Involvement Group had been working with the team since this projects inception to help advise and shape the premise and design of the pilot service and pathway, along with further engagement on the ongoing delivery of the pilot. All patients involved in the case notes review exercise were proactively contacted to check that they wanted to be involved in the pilot and have been worked with on a 1-1 basis through the pilot. An evaluation of the pilot had just been commissioned, which would involve qualitative conversations with those patients, and their clinicians covered by the pilot about their experiences to shape the future direction of this work. NG recognised that there was further work to undertake to develop patient advocacy in to the future service, with learning to date indicating that the team needed to focus on systematically listening to what matters to patients and acting on this information. Further questions around how the team ensures that patient advocacy is effective and being undertaken by the best person or organisations were under discussion. NG added that a joined up approach to this work, and these points in particular was in place, with local adult social care and other partners in the team. HF supported the approach set out by NG and in the circulated papers, noting that it was possible that further work was needed to set out a clear evaluation framework at an early stage of this work to ensure that everyone knows what the service will be measured against and that a clear baseline can be established. This evaluation possibly needed to take two approaches and look at both the patients' experience of the service and also that of the team delivering it. HF continued to highlight that the involvement of local pharmacy, alongside social

	prescribers would be vital to the success of the project, noting that community pharmacists often had more direct patient contact than many clinicians. NG responded that an evaluation partner had been commissioned and was expected to start working with the team in 2021 and that community pharmacists were engaged at the neighbourhood level to provide, for instance, medications reviews under the anticipatory care project. CM raised that there was little coverage of the role of unpaid carers in the circulated papers and that inclusion or coverage under the programme for a patient should probably be considered with appropriate input from any carers. CM noted that while some patients may be considered stable and outside the scope of the anticipatory care programme with the support of an unpaid carer, this situation should not be viewed as a long term solution and that both the patient and carer should be engaged in a conversation to explore underlying care needs. NG agreed with this point and agreed to feed this back to the team. RA added that the ability of carers to support and enable patients to stay at home in a stable environment held a value to the system at large and should be considered in any evaluation. Honor Rhodes (HR) added that looking at this work with a slightly wider lens than immediate carers, to look at the relationships present around a patient that enables them to stay as healthy as possible, hopefully in their own home may produce dividends. Such an approach could support a whole person's wellbeing both for the patient but also those around them. SC remarked that it would be important to keep an eye on what links and services are being developed elsewhere between partners and the potential impacts these could have on this work. This could be particularly apparent in ensuring that any advocacy efforts link in with the community navigation work underway in another team as an example. Mark Rickets (MR) thanked NG for the presentation, noting that it would be helpful for the team to also keep an eye on similar efforts in development across the country to ensure that any best practice and learning informs local work. NG responded that many other areas are focussed fairly narrowly on meeting the demands of the national NHSEI ask and the movement towards this becoming a PCN contract. NG added that there was value in taking the local approach, with a more holistic lens to explore what local patients want and need and how individuals can be linked in to appropriate local services or connections to support them. **DECISION:** The ICPB approved non-recurrent funding of £350,000 for 2021/22 to support the anticipatory care pilot and programme work, drawn from underspends in the programme and then £98,000 recurrent funding for financial years 2022/23 and 2023/24 to support ongoing Neighbourhood Multi-Disciplinary Meetings (MDMs).

8.	**Better Care Fund submission** NG drew the ICPBs attention to the circulated papers, noting that the two templates, one for the City of London and one for Hackney had been submitted to the national Better Care Fund (BCF) in November 2021. The templates set out the local plans for the current financial year 2021/22 and would need to be formally agreed by the local Health and Wellbeing Boards at their next meetings. NG reminded the ICPB that the BCFs provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from CCG allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (BCF), totalling around £24 million. RA thanked NG for the presentation and noted that no questions had been raised in the meeting.

9.	**Update on the Voluntary and Community Sector assembly** Susan Masters (SM) and Tony Wong (TW) briefed the ICPB on progress of the Voluntary and Community Sector (VCS) Enabler project, which aimed to establish new infrastructure to support the local system to maximise the knowledge, expertise and reach that the local VCS organisations have in tackling entrenched health and care inequalities. Central to this approach is the creation of a quarterly assembly where the VCSE and public sector can discuss and agree priorities for partnership activity. The work is overseen by the VCS Leadership Group (formerly the VCS Transformation Leadership Group) which is a forum of key representatives from across the local voluntary and community sector in City & Hackney. The project has supported work with VCS organisations and statutory partners to develop solutions to community identified problems that are co-designed from the bottom-up ensuring that they meet community need, and therefore support statutory partners. TW added that colleagues working on the project would be posing questions to the ICPB to help guide the next steps on the work and outlining steps underway towards ensuring that the project becomes sustainable in the future. TW noted that the team would be returning to the ICPB in February 2022 to seek approval for the next phase of work. SM briefed the ICPB on the circulated papers, highlighting that the enabler team were interested in discussing how the team's work and relationships could help support the ICPB's work in driving change in local services and for local people and produce meaningful insights to steer that work. Laura Sharpe (LS) thanked SM for the briefing, noting that this question on how to engage with and support the ICPB was also present in the workforce enabler team. LS asked if there were views in the ICPB on how to connect the workstreams, enablers and colleagues across the local health and care system with the ICPB and high level strategic priorities. LS asked if some time could be dedicated to this discussion at the next ICPB Development Session. RA supported this assessment, noting that this also tied into the earlier discussion on pivoting to a strategic risk management approach. Sunil Thakker (ST) flagged that there was something of a disparity in approach to this work in that most investment in the past had been on a non-recurrent basis, while serious long term plans were being drawn up to approach this work from a strategic angle. ST added that this discussion needed to be undertaken across system partners in a wider conversation. CK noted that both LS and ST's points probably needed to be addressed before a final response to SM's question could be fully addressed, and that it was apparent that further development efforts were needed across partners in a broader piece of work. CK reminded the ICPB that previous discussion around supporting the local VCS structures to truly engage with and work with local people and organisations, partners probably needed to make a commitment to shared funding and collaborative development of the sector. CK noted that such an approach had been highlighted in a recent report from London Councils as a possible future option. MR noted that the Population Health Hub team had continued work to explore the implementation of a local Prevention Investment Standard (PINS), similar to that outlined by CK and that the ICPB should expect to see this proposal return in the

	future. ST added that this work was continuing, although not at the scale or with the ambition set out at the start of the project due to funding pressures. TW thanked everyone for their feedback, highlighting that a decision would be needed on future funding in the very near future, with the model at risk in the coming months. TW continued that longer term discussions on how to share funding would be appreciated, but that shorter term commitments were needed to preserve staffing and support levels. ST confirmed that he had met with TW, and that TW had also met with Henry Black, the interim NEL CCG Chief Executive and that there was support in place for this programme of work, with those involved working together to identify clear solutions for the near term. RA added that clarity needed to be sought and provided on what budget was available to support this work and the specifics of what was being asked for.
10.	**Draft Health and Wellbeing Board strategy** Sara Bainbridge (SB) joined the ICPB to present this item and support discussion. SB briefed the ICPB that the circulated papers provided an update on the development of Hackney's Joint Health and Wellbeing Strategy (HWBS), a statutory requirement of Hackney's Health and Wellbeing Board. The draft strategy for 2022-2026 had been published and was currently open for a 12-week consultation, closing in February 2022 and the aim was for a finalised strategy to be approved by the Hackney Health and Wellbeing Board in March 2022, with an action plan and launch to follow later in 2022. CK thanked SB and the team for the extensive work revising the strategy, noting that the partnership priorities for 2021/22 were all very recognisable to the ICPB and shared within this strategy. CK noted that the strategy was casting its net wider in terms of considering other determinants of health, inclusiveness and support to support other local strategies, like the poverty reduction initiative. CK added that local health and wellbeing objectives and strategies would need to be kept in mind and guide discussion at the January 2022 development session while keeping in mind that a NEL CCG or ICS strategy should be expected at some point that local representatives will need to make sure remains consistent with local approaches. CM flagged that SBs team should consider engaging with local unpaid carers to seek feedback on the strategy, whose views could prove valuable to this work. HF noted that the approach to consultation appeared robust and highlighted that it was welcoming to see financial security as one of priorities. TW added that it was also good to see social isolation covered as a priority to be tackled in the draft strategy.

11.	**Monthly Financial Report** ST and Ian Williams (IW) drew ICPB member's attention to the circulated paper and ST stated that the headline position for NEL CCG was that the team were forecasting a breakeven position for the end of 2021/22, although there was risk associated with this. Work continued across NEL CCG, with local NHS organisations and system partners to mitigate the risk exposure that currently was in the region of £80 to £100 million. ST continued that the City and Hackney element of NEL CCG also forecast a breakeven position, with the cost pressures present consistent with those being encountered across the wider NEL footprint. ST noted that planning guidance for 2022/23 was thought to be imminent and to be received before the holiday season and should be available for early discussion in January 2022. Current thinking was that allocations for next financial year will probably be flat cash with little allowance for growth and that the funding arrangements put in place to help manage the Covid-19 pandemic were likely to start to be unwound over a three year timeframe. RA asked whether this 3 year 'convergence' timeframe would factor in any changes to funding across health and social care outside of winding back practices put in place to address the pandemic. ST responded that the time was thought to be used to scale back the kind of investment seen in 2020/21 and 2021/22 to address the pandemic and return to the levels of funding originally proposed in allocations. Further detail would become available in the coming months, but it was thought to almost certainly involve reductions in funding. IW briefed the ICPB that London Borough of Hackney, as of the end of month 7, were forecasting an overspend of £3.9 million, mostly driven by increases in the costs of care packages. Significant planning was underway to look forward to 2022/23, but that similar to the NHS, local authorities were waiting to see confirmed details of their financial settlements. IW added that this year end position was in a better place than that seen at the end of 2020/21, it was a challenging position for the council to be in. CK asked if any information was yet available on future ICS operating costs, particularly whether there were indications that the local system may need to make resource savings in the move. ST responded that the CCGs running cost allocation was required to at least break even on an annual basis and was based on a population based funding formula. The local team had been told that the same formula would remain in place for at least the first year of the ICS, although growth was likely to be flat.
12.	**Any Other Business and Reflections** RA noted that this meeting had been his last as Chair in the current rotation and that CK would take over the duties in January 2022 for six months. No further business was discussed.
	Next meeting: Thursday 13 January 2022

City and Hackney Local Outbreak Board / Integrated Care Partnership Board Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICPBJul-2	Update on investment underpinning inequalities tools and resources to be brought back to ICPB.	Anna Garner	Jul 21	Jan 22	Closed	Work in this area is being fed in to normal planning processes and the ICPB will be updated as needs arise in future meetings.
ICPBNov-2	NG to ensure that Cordis Bright's work on Neighbourhoods evaluation and stock take is presented to the ICPB when available for discussion.	Nina Griffith	Nov 21	Jan 22	In progress	Added to the forward plan and expected to be ready for presentation in upcoming months.
ICPBDec-1	Risk score, mitigations and direction of movement of risk MH2 to be confirmed at next substantive update of risk registers by workstream teams.	Matthew Knell	Dec 21	Feb 22	In progress	ICPB feedback has been passed to Mental Health enabler team, but response delayed due to pandemic related activity and Christmas break. Next substantial update of risk registers is scheduled for February 2022 ICPB meeting.
ICPBDec-2	Risk score, narrative and movement of risk PC10 to be confirmed at next substantive update of risk registers by workstream teams.	Matthew Knell	Dec 21	Feb 22	Closed	Planned Care workstream team have confirmed that this risk score remains at 20 and a red rated risk. The narrative supplied with the risk was correct and is being updated for the February 2022 report.
ICPBDec-3	Impact of vaccination booster programme ask of primary care to be explored in terms of total capacity and/or impact on longer term health screenings and detailed in a new risk if appropriate by CCG team.	Matthew Knell	Dec 21	Feb 22	In progress	ICPB feedback has been passed to Primary Care enabler team, but response delayed due to ongoing review of all NEL wide primary care related risks. ICPB members will be kept updated on progress and future inclusion.

Title of report:	**Ageing Well Underspend**
Date of meeting:	10th February 2022
Lead Officer:	Nina Griffith
Author:	Anna Hanbury
Committee(s):	The messages in this paper have been taken to the following Committee's: • System Operational Command Group - for agreement –20th January 2022 • Neighbourhoods Health and Care Board –January 2022
Public / Non-public	*[The partner organisations are committed to being as open as possible about all the decisions and actions they take, and reports will be considered to be in the public domain as standard. If there is a reason the contents of the report should not be made public please state below.]* None

Executive Summary:

This paper presents the proposals for utilisation of the 21/22 underspend of the Ageing Well Community Service development fund which the Integrated Care Partnership Board are being asked to approve. These have been to the System Operational Command Group (SOCG), and the Neighbourhoods health and care board.

Following a bottom up engagement process, proposals for using the £1.1M Ageing Well service development funding were approved by SOCG, the CCG Finance Sub- Committee, the Neighbourhoods health and care board and ICPB in September / October 2021.

At that time, it was noted that schemes would be starting mid/late-year therefore there would be a large amount of non-recurrent monies available from this year.

Acknowledging that non-recurrent monies would be unsuitable for funding additional new services it was agreed that they would be used to support mobilisation, and evaluation of approved schemes and that a proposal would be brought back for approval once the amount was confirmed.

Following a similar, engagement process to agree proposals for using the underspend the following are being put forward;

- A range of project resources to support the Anticipatory Care model pilot
- Resource to provide system wide quality improvement, IT and analytics expertise
- Resource to undertake evaluation of Ageing Well to inform longer term decisions
- Resource to deliver specific integration work that will support outcomes for older people, where they are not already resourced through existing programmes

An initial suite of these, providing support to the Anticipatory Care pilot have already been approved by the SOCG, NHCB and ICPB in November 2021.

This paper is a request for approval of additional proposals for the remainder of the 21/22 underspend.

Recommendations:

The **City Integrated Care Partnership Board** is asked to:

- Approve the proposals for utilisation of the 21/22 underspend of the Ageing Well Community Service development fund

The **Hackney Integrated Care Partnership Board** is asked to:

- Approve the proposals for utilisation of the 21/22 underspend of the Ageing Well Community Service development fund

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	X	These investments are for community services as part of a broader national agenda to shift resources from the acute to the out of hospital sector. They should support inequalities by: -improving services to people in older adults care homes, who often do not receive the same access to certain services as people living at home -addressing unmet need by introducing self referral into our 2 hour community response service **The underspend proposals support mobilisation of the schemes that will delivery this objective**
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	X	-All of the new service proposals support this agenda by providing proactive community services where people live **The underspend proposals support mobilisation of the new service schemes that will delivery this objective**

Ensure we maintain financial balance as a system and achieve our financial plans	X	-The new service proposals fall within the financial envelope provided by NHSE. If the proposals are successful they should support older adults to remain at home and living independently and reduce inappropriate hospital attendances. **Specifically, the underspend proposals include resource to undertake evaluation of Ageing well programme which will include robust economic evaluation of schemes to inform longer term decisions**.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	X	-The new service proposals include investment in more therapy, mental health and social work capacity. The proposals aim to maximise opportunity for involvement of the voluntary sector – seeking provision/joint working from the sector where appropriate. The investment will support integrated models of care in rapid response, enhanced health in care homes and anticipatory care (specific proposal on anticipatory care to follow). **In particular the underspend proposals include:** **-resource to deliver specific integration work that will support outcomes for older people, where they are not already resourced through existing programmes** **-system resource to provide QI and evaluation which will help ensure we develop models that meet these needs effectively for all patients and residents.**
Empower patients and residents	X	-The new service proposals all support improved independence and functionality for older adults. The introduction of self referral into our two hour community response service

		specifically empowers residents to source their own support. -We will work with residents and users to ensure that the proposals do meet their needs and promote their independence. **Specifically the underspend proposal for evaluation includes commitment to work with Voluntary Sector partners to optimise on their ability to collect valuable information and insight from patients and residents to help us deliver this** **The underspend proposal includes resource to deliver specific integration work that will support outcomes for older people, where they are not already resourced through existing programmes**

Specific implications for City

All of the service proposals except for one apply to services that are for both City and Hackney residents. We have included one proposal that pertains to discharge services in Hackney. This is because of a specific existing pressure on this service.

The proposals will support the delivery of strengthened community services in the City, which are in line with our broader ambitions around neighbourhoods working.

Fit with CoLC strategic objectives
The City of London Corporation is focused on addressing social isolation in older people as a key determinant of health. Although addressing social isolation is not a specific objective within the NHSE Ageing well asks, we do expect our local two hour rapid response and anticipatory care services to address this. One of our key asks from the investment will be that community services supporting people at home in these two services do assess for and address social isolation where they see it. In practice, this will mean that these services will need to be trained to identify social isolation where they see it, and also to proactively support individuals into the right services that can address this, such as our range of community navigation services. We will include talking social isolation within the evaluation of the two hour response and anticipatory care services.

Specific implications for Hackney

All of the service proposals except for one apply to services that are for both City and Hackney residents. We have included one proposals that pertains to discharge services in Hackney. This is because of a specific existing pressure on this service.

The proposals will support the delivery of strengthened community services in Hackney, which are in line with our broader ambitions around neighbourhoods working.

Fit with LBH strategic objectives

London Borough of Hackney have published an Ageing Well Strategy to improve wellbeing, outcomes and quality of life for older people in the borough. This is completely separate to, and pre-dates the NHSE Ageing Well strategy. The LBH strategy looks across the breadth of local services and infrastructure to make Hackney a 'great place to grow old'; whereas the NHSE strategy is focused on rolling out the three specific health services described previously. Although the two agendas have different scopes, there was still an opportunity to use the NHSE monies to progress the LBH Ageing Well strategy where it pertains to Health and Wellbeing of older people.

The underspend proposals include resource to contribute to two schemes that are part of the LBH Ageing Well Strategy.

As part of the strategy development, LBH heard from residents about their concerns and priorities were regarding health and wellbeing. Two of their concerns that could be directly addressed by this work were concern around loss of independence and concern around access to mental health services.

All of the proposals put forward should support improved independence for older people by increasing therapies and social work capacity into our care homes, community rapid response and discharge services. We are also using the investment to put in place older adults mental health expertise within these services, so this should support improved access to older adult mental health, and provide better provision of dementia services specifically.

Patient and Public Involvement and Impact:

Enhanced health in care homes:
-The proposed model is based on a pilot which was undertaken in one of our nursing homes. Residents were surveyed as part of this and inputted into the model of care and findings.

2 hour community response:
-Our 2 hour community response services (which include Paradoc and IIT) have had significant input from residents over the years, including a recent review of Paradoc by Healthwatch. The proposal to introduce self-referral into these services initially came from resident feedback.

Anticipatory care (to follow)

-This work is being led by the neighbourhoods programme. There has been significant input from the Neighbourhoods Resident Involvement Group in how we have developed this model of care.

Further engagement with patients and residents will be undertaken as part of the evaluation of all of the Ageing Well programme.

Clinical/practitioner input and engagement:

All of the proposals (new service and underspend) have been developed with an engagement process involving practitioners and clinician.

Communications and engagement:

We will need to work with communications partners to realise the benefits of self referral into two hour response services, and to ensure that it is used by all communities.

There is already significant communications work underway around anticipatory care, through the neighbourhoods programme.

Equalities implications and impact on priority groups:

The new service proposals should address health inequalities by broadening access to community therapies, social work and reablement to specific cohorts of people that do not currently access these services. A full Equality impact assessment will be undertaken as part of project planning and/or evaluation, however, the following key benefits are expected for certain cohorts:

-Care home residents will get proactive access to therapies and older adults mental health teams. Often these individuals are not supported with a reablement approach. However, even within a care home setting there is opportunity and benefit to improving or maintaining independence for residents.

-Introducing self-referral into our community rapid response service should expand access into this service. This will be fully evaluated to understand if we realise this ambitions. Some communications support will also be needed within certain communities to support this.

Safeguarding implications:

Older adults are often subject to safeguarding concerns.

All of the new service proposals will strengthen the community support to older adults, and as such should provide services that:

-Better identify safeguarding issues in older adults in their homes (including care homes)

-Provide proactive care to specific cohorts of older adults that support improved outcomes and improved independence

-Work with other services, including social care and the voluntary and community sector to provide joined up physical and community health services and reduce the likelihood of individuals falling between the gaps in services.

Impact on / Overlap with Existing Services:

All of the proposals (new service and underspend) build on existing work to develop and strengthen models of community based care in City and Hackney.

Main Report

Please see accompanying paper

Supporting Papers and Evidence:

None - see supporting paper.

Sign-off:

See Committee's identified above.

NHSE Ageing Well Programme 21/22

This paper presents the proposals for utilisation of the 21/22 underspend of the Ageing Well Community Service development fund. These have been to the System Operational Command Group (SOCG), and the Neighbourhoods health and care board. They are now being presented to the Integrated Care Partnership Board for approval.

Background / context to the NHSE Ageing Well Programme

The Ageing Well programme is a multi-year programme, launched by NHSE last year, with three specific objectives to support delivery of the Ageing Well ambitions set out in the Long Term Plan. As such, the programme is part but not the totality of our broader system intentions for older people.

The three Ageing Well Programme objectives are as follows:

Enhanced health in care homes (EHICH): Providing proactive primary and community health care services to residents in care homes, including regular MDTs and a weekly primary care round. This has been an NHSE agenda for a number of years so the model of care is well established within primary care. PCNs have been contracted nationally to deliver primary care into care homes following this model since October 2021.

-**Urgent community response**: Delivering a community based urgent response that will support people in their own homes (within 2 hours for those in crisis and 2 days for those needing rehabilitation). The service should offer fast access to a range of qualified professionals who can address health and social care needs.

-**Anticipatory care**: Delivering a community based multi-disciplinary service that proactively identifies and supports people in the community (but not in care homes) with more complex needs or at risk of deterioration. The service should be delivered jointly between primary care and community health services as a minimum, though can also involve social care and the voluntary sector. The anticipatory care model is still under development by NHSE and is due to be published in March 2022 though it is expected to be later than this. Systems will be expected to start delivering the model 2022/23.

NHSE have committed monies to support delivery of the Ageing well objectives within each system. These monies were originally labelled as Long Term Plan funding, with a funding commitment until 2024. These are intended to fund primary care through PCN Direct Enhanced Services (DES) contracts; and to fund community services through a Community Services Development Fund (SDF). City and Hackney have been allocated £1.14m in community SDF each year through to 23/24.

Process for allocation of Community SDF in City and Hackney

In June 2021, SOCG partners agreed the key principles and process for determining use money. We have described these here as a reminder to partners:

The following principles were agreed in June 2021:

a. Given the investment is for delivery of the three objectives within the Ageing Well agenda, these should be the priority areas for investment.
b. Given anticipatory care is not yet defined by NHSE, a reasonable portion of the money should be held back to support any must dos that emerge from NHSE on this agenda.
c. As stipulated by NHSE – the money should be invested in community services. It is for adult services, with a focus on, but not limited to older adults.

d. The money is available until March 2024, so partners will need to make a separate case for any continued investment after this point. There might also be agreement to fund some projects for a shorter period.
e. The money should support multi-disciplinary working in City and Hackney, and further delivery of our Neighbourhood model.

Based on these principles, the following process was undertaken in July – September 2021 to agree a set of proposals to support the Enhanced health in care homes and Urgent Community response agendas:

I. A stock-take of provision against the NHSE Ageing well asks was undertaken
II. A bottom up, structured engagement process with community leads and stakeholder partners was run over the summer. This went out to clinical and practitioner leads in community health services, acute services, primary care, mental health, the voluntary sector, adult social work and our local care homes in the City and Hackney. The engagement was to understand if there were any gaps or opportunities, and to enable practitioners to put forwards any specific proposals where they had them.
III. The unplanned care team undertook a data review and benchmarking with other services to understand gaps or opportunities for us. They also considered synergies with existing borough-wide ambitions.
IV. A small group including the Chief Operating Office and Head of Integrated from the Homerton and the Unplanned Care team pulled together the outcomes from the research and engagement, and oversaw the development of the proposals with practitioners. Discussions were held with senior leads across partner organisations to test proposals informally.

The final suite of proposals were approved by SOCG, the CCG Finance Sub- Committee, the Neighbourhoods health and care board and ICPB in September / October 2021.

In line with our agreed principles, proposals pertaining to Anticipatory care have followed a different time-scale; an initial suite of proposals was approved in November 2021, though these were mainly non-recurrent project resources to support the pilot, we will be returning with a further proposal early in Q1 2022/23 which will include a description of the emerging model.

A summary of approved schemes is attached in appendix A.

How the NHSE Ageing Well Agenda supports our broader partnership aims

This investment has been driven by NHSE with the specific ask that it should support community services to deliver on three specific objectives. The first two of these objectives are, by their nature very health focused and come with clearly defined specifications from NHSE.

However, we have reflected the broader ambitions of the system where possible within the context of the NHSE asks. All of the proposals support and further the implementation of our Neighbourhood model of community based, multi-disciplinary care closer to home.

We have also broadened the definition of two hour community response to include discharge, and will use a portion of the investment to support discharge to assess, and delivery of high quality assessments. We have included additional social work capacity within these proposals to achieve this.

The Anticipatory Care model that we are developing involves health, voluntary sector and social care partners, and consideration of the individuals' wider social needs is a core element of the model. We have invested in the voluntary sector to enable their involvement in the design and discovery phase

to help ensure we get the data/output that we need to feed into development of the model. Voluntary sector partners have stated that it is this agenda where they see themselves adding the most benefit and we are working with them to ensure that this is realised through model development and evaluation and delivery.

Priorities for older adults in the City of London and London Borough of Hackney

Both CoLC and LBH see the development of neighbourhood based, multi-disciplinary models of care as a key priority for supporting people with complex and rising needs, including older adults and frailty. The enhanced health in care homes and anticipatory care proposals will progress these priorities.

The City of London Corporation is focused on addressing social isolation in older people as a key determinant of health. Although addressing social isolation is not a specific objective within the NHSE Ageing well asks, we do expect our local urgent community response and anticipatory care services to address this. One of our key asks from the investment will be that community services supporting people at home in these two services do assess for and address social isolation where they see it. We will include tackling social isolation within the evaluation of the two hour response and anticipatory care services.

London Borough of Hackney have published an Ageing Well Strategy to improve wellbeing, outcomes and quality of life for older people in the borough. This is completely separate to, and pre-dates the NHSE Ageing Well strategy. The LBH strategy looks across the breadth of local services and infrastructure to make Hackney a 'great place to grow old'; whereas the NHSE strategy is focused on rolling out the three specific health services described previously. Although the two agendas have different scopes, we have proposed to use the NHSE monies to progress the LBH Ageing Well strategy where it pertains to Health and Wellbeing of older people.

As part of the strategy development, LBH heard from residents about their concerns and priorities were regarding health and wellbeing. Two of their concerns that could be directly addressed by this work were concern around loss of independence and concern around access to mental health services.

All of the proposals agreed should support improved independence for older people by increasing therapies and social work capacity into our care homes, community rapid response and discharge services. We are also using the investment to put in place older adults mental health expertise within these services, so this should support improved access to older adult mental health, and provide better provision of dementia services specifically.

These wider priorities are being take forward by partners and are resourced through other programmes however we have used this Ageing Well funding to support specific gaps that have been identified.

Health Inequalities

The proposals should address health inequalities by broadening access to community therapies, social work and reablement to specific cohorts of people that do not currently access these services. A full Equality impact assessment will be undertaken as part of project planning and/or evaluation, however, the following key benefits are expected for certain cohorts:

-Care home residents will get proactive access to therapies and older adults mental health teams. Often these individuals are not supported with a reablement approach. However, even within a care home setting there is opportunity and benefit to improving or maintaining independence for residents.

-Introducing self-referral into our community rapid response service should expand access into this service. This will be fully evaluated to understand if we realise this ambitions. Some communications support will also be needed within certain communities to support this.

-The anticipatory care model, which is still being piloted/developed, has a strong focus on addressing health inequalities through improved identification of people who are likely to have worse outcomes, and a person centred, multi-agency response that addresses people's holistic needs.

Request for approval of 2021/2022 underspend

This paper is a request for approval of the 2021/22 underspend against the schemes to deliver the Enhanced Health in Healthcare and urgent community response agendas. At the time the proposals were approved it was noted projects would be starting mid/late-year therefore there would be a large amount of non-recurrent monies available from this year.

It was agreed that utilisation of this underspend would be determined once the amount was confirmed but as non-recurrent the monies would:

- Not be suitable for funding additional new services
- Likely comprise the following elements:
    - Use of non-recurrent monies to support project mobilisation and quality improvement
    - Use of non-recurrent monies to undertake evaluation to inform longer term decisions
    - Use of non-recurrent monies to allow certain projects to run beyond the funding period of Ageing Well, where it is required to support a fuller evaluation

Within these elements, we have continued thinking as broadly as possible and are proposing to use some of the underspend to deliver specific integration work that will support outcomes for older people, where they are not already resourced through existing programmes. For example, we are proposing to resource Telecare redesign project manager which supports a priority integration project between the Homerton rapid response services and the local authority telecare service; and a post to support dementia friendly services which supports a specific health integration ambition within the local authority Ageing Well programme.

We have followed a similar, albeit light touch, approach to agree proposals for using the underspend including;

- Engagement with community service leads and stakeholder partners to identify gaps and opportunities
- Discussions with senior leads across partner organisations
- Review of ideas and development of proposals by small group including the Chief Operating Office and Head of Integrated from the Homerton, Head of Commissioning the Adult Services at LBH and the Unplanned Care team

A number of these underspend proposals have already been approved by SOCG and NHCB in November 2021 (presented as part of a paper on Anticipatory Care). See appendix B for list of these proposals.

The underspend proposals that have not yet been approved are outlined in the table below:

Area	Role	Detail	Period	Value
Anticipatory Care	Discharge care co-ordinator - supporting community navigation and links with Neighbourhood care co-ordinators	band 4 1.0 WTE	9 months	£32,495
	Additional funding for care co-ordinator to support extension of pilot phase	Band 4 1.0 WTE	3 months	£10,000
	Bridging Otago funding - extend pilot funding from Jan '22 until included in AC model / fund 22/23 (Otago is a home-based falls prevention programme)	Extension of current pilot costs	3/4 months	£12,000
EHICH	ACRT senior management time - to support EHICH project implementation	8c 0.1 WTE	4 months	£3,854
UCR	Telecare re-design project manager - Project lead - to support mobilisation of telecare redesign	band 8a 1 WTE	6 months	£38,055
Community provision - LBH	Therapeutic decluttering intervention for hoarding – part funding for a proposed pilot of early intervention service for low level hoarders. Therapeutic decluttering is a recognised model of care delivered by a support worker working with the resident regularly over a longer time period (than blitz cleaning) working on clearing small areas of the property week by week.	Direct cost of intervention @ approx. £2k per resident	8 months	£30,000
LBH Ageing Well strategy	Dementia friendly support worker – strategic delivery officer to lead on identifying and overseeing delivery of actions that will make the borough dementia-friendly and support embedding of these actions into the wider Ageing Well Strategy. This funding will contribute towards post, enabling LBH to extend current plans and recruit to a full time post for a year (from 7 months)	0.8 WTE	12 months	£20,000
All projects	Quality improvement - system resource to support partners to take a QI approach in delivering Neighbourhoods and Ageing Well ambitions. Additional resource into an established QI team enable provision of a range of QI expertise (across multiple posts). Providing coaching and support and enabling learning and sharing. Ensuring clarity of objectives and a test and learn approach that	band 8a 1.0 WTE	12 months	£76,111

	compliments system-wide evaluation and builds QI capacity amongst delivery teams			
	IT/Informatics resource – Resource to enable system wide technical IT & CIS support as required (planning, development and data collation & analysis) for delivery of Neighbourhoods and Ageing Well objectives	1.0 WTE band 7	12 months	£69,054
		1.0 WTE band 8	12 months	£76,111
	Evaluation - Resource to provide robust, holistic and timely evaluation of Ageing Well initiatives and delivery of ageing well objectives. Agreed to split the scope into different elements: - Economic - Impact on patient's quality of life - Understanding patients attitude and behaviour around engagement with services Further scoping to be undertaken to define detailed evaluation specification/s and agree delivery partner. The second two elements will be publicised across our local Voluntary sector community as they will likely be best placed to deliver.	Tbc following further scoping	Tbc following further scoping	£75,134
Total				**£442,817**

Further considerations in specific areas

The following presents further detail on specific areas that have been highlighted and discussed further by partners during the development and sign off process leading up to the ICPB.

Quality Improvement – supporting system benefits

The ideal positioning of this resource has been discussed by partners and agreed that it would be best placed with a partner with existing QI team and infrastructure in order to provide a range of expertise rather than fund a specific post.

It is proposed that this be delivered by the Homerton but noted that it would be a system resource available to support all partners and that there is an opportunity for co-location and coaching that will be explored.

Evaluation

The proposal put forward is for a specific resource to provide evaluation of the Ageing Well programme with further scoping to be undertaken to define a detailed evaluation specification and agree delivery partner.

Following initial discussions with partners it is recognised that there will be different elements of evaluation including:

- Quantitative & economic
- Qualitative – impact on patient and staff experience & quality of life

It is also acknowledged that the Voluntary Sector are well placed to support the qualitative elements that that relate to patient experience and quality of life.

It is proposed that we develop separate scopes for each of the elements to support engagement of most appropriate partners.

Maximising scope of opportunity from VSO

In line with our intention to maximise the opportunity for involvement from the voluntary sector in the programme generally, we will seek provision from the voluntary sector for a number of these underspend proposals;

- Otago pilot
- Hoarding intervention
- Part of the evaluation scope (described above)
- [Plus, we will ensure that the QI resource involves and supports voluntary sector partners].

The strong and consistently held view from the voluntary sector is that they see a real opportunity for the sector to add value to the anticipatory care model specifically (rather than the other two elements of the NHSE Ageing Well Agenda). There has been voluntary sector representation in the anticipatory care project since the outset, and resources have been committed to the voluntary sector to develop a link between anticipatory care/statutory service and community navigation, and to test an approach to advocacy in the pilot.

That said, there has been some recent discussion around how the project can better include the view of the sector whilst the model is still being developed. Initial discussions show that there are opportunities in the following areas:

- Using local community organisations to better understand residents' motivation to engage in anticipatory care or not (this would be part of the evaluation scope described above)
- Realising the benefit of the reach that voluntary sector have into certain communities, and testing how the voluntary sector can help to identify people who may benefit from anticipatory care

In addition, the VCS Assemble being held this week takes the following topic: *'How can the VCS in Hackney and City enhance care and empower those ageing, living with a disability or long-term condition?',* and we will ensure that learning gets fed back into the anticipatory care project. We will continue this discussion to ensure the structure and set up of the project does maximise involvement from VCSE partners. The full proposal for Anticipatory Care is returning in Q1 2022/23.

Ask of ICPB

ICPB are asked to approve the proposals for utilisation of underspend set out in this paper

Next Steps

If partners agree with these proposals, further work is required to develop clear specifications and delivery plans for evaluation of Ageing Well and to ensure that the voluntary sector are better included in the anticipatory care project whilst the model is still being developed.

A further proposal on Anticipatory Care will be brought back to this board in Q1 22/23

APPENDIX A

SDF Total allocation 100%: £1,132,496.87

SDF 80%: £905,997.49
100% Transformation SDF: £62,077.16

City and Hackney – Budget Planner

ICPs should be planning to spend at least 80% of overall allocated budget

Area of Investment – UCR / Care /Anticipatory Care	Additional Description	Provider	Quarter for Planned spend 2021-22 Q2-4	KPI/ Outcomes (please put TBC if in planning)	Amount – estimated spend for initiative (tbc including in year spend as proposal developed)
Overarching – reporting	CSDS reporting	Homerton	Q2-4	Meet CSDS reporting requirements	£62,077.16
EHCH	Enhanced MDT in care homes – proactive therapy and Dementia input (2 proposals - £132, 190 + £98,913)	Homerton + ELFT	Q3,4	tbc	£231,103
Urgent community response	Introduction of self referral for 2 hour crisis response - therapy and nursing resource	Homerton	Q4	Tbc	£111,000
Urgent community response	Paradoc paramedic training to cover key functions into evenings	Homerton	Q3,4	Tbc	£3,200
Urgent community response -	Increased rapid response/DSPA capacity to ensure D2A model resilience – including therapist and social workers (will support 2 hour / 2 day response & CHC)	Homerton	Q4	tbc	£158,000
Urgent Community response	Increased capacity for Home Treatment & Reablement team & manage increased discharge activity	Homerton			£136,600
Anticipatory Care	Pilot, audit and discovery phase to inform development of anticipatory care model and determine funding requirements – tbc	GP confederation , PCN's	Q3,4	Tbc	£492,593
Evaluation	Resource to support independent review and evaluation of all initiatives (recurrent utilisation of yearly underspend)	Tbc	Roll over into 2022		tbc (dependent on initiative spends)
				Total (Total at least 80% of overall budget expected to be drawn down by Q4)	

APPENDIX B

Area	Role	Detail	Period	Value	Approval
Anticipatory care	Geriatrician lead (Dr Mufti)	0.3 WTE	22/23 FY	£33,107.00	November NHCB
	Therapies lead (Part of Neddra Franklin)	0.14 WTE 8b	22/23 FY	£14,084.55	November NHCB
	Anticipatory Care project manager	1.0 WTE 8a	22/23 FY	£75,000.00	November NHCB
	Link to community navigation – Shoreditch Trust SPA	n/a	22/23 FY	£153,000.00	November NHCB
	MDM's – chairs and admin	2 WTE band 4	Q4 21/22	£26,879.15	November NHCB
	MDM management – line manager	0.6 WTE band 5	22/23 FY	£32,207.44	November NHCB
	Project support (Q4 costs for B5 to B7)	n/a	Q4 21/22	£16,587.00	November NHCB
	Age Uk advocate	n/a	Q4 21/22	£796.00	November NHCB
	Therapies input to pilot - OT	0.6 WTE	Q4 21/22	£11,994.45	November NHCB
Total				**£363,655**	

Title of report:	**Neighbourhoods Resident and Community Involvement Update**
Date of meeting:	13th January 2022
Lead Officer:	Nina Griffith
Author:	Nina Grifith, Susan Masters, Sabrina Juntuah, Catherine Perez Philips
Committee(s):	Alongside extensive informal engagement, the enclosed proposals have been taken to the following committees ● Neighbourhoods Provider Alliance Group - October ● System Operational Command Group - for agreement – October ● Neighbourhoods Health and Care Board - October ● Finance and Performance Subcommittee - for agreement – October and December
Public / Non-public	*[The partner organisations are committed to being as open as possible about all the decisions and actions they take, and reports will be considered to be in the public domain as standard. If there is a reason the contents of the report should not be made public please state below.]* None

Executive Summary:

The November Integrated Care Partnership Board (ICPB) approved the objectives and resources for the Neighbourhoods programme in 2022/23. The proposal describes the move to sustainability for the programme over the next two years. This essentially means that the new structures, ways of working and models of care developed through the programme become embedded as business as usual across the borough.

In most cases, the new models of care are transformations within existing services with existing recurrent funding streams. However, in some cases, the new models are novel approaches or services that have not been in place in the borough before. Where this is the case, we will need to approve a recurrent funding stream for them.
There are three areas that this applies to:

1. Investment in the Community and Voluntary Sector to implement the model for engagement and work with the voluntary sector at a Neighbourhood level
2. Investment in Healthwatch, to support and enable resident engagement in the Neighbourhood.

[These two proposals reflect the work that has been tested in a number of Neighbourhoods to deliver inclusive Neighbourhoods partnerships that bring together statutory and non-statutory partners with local residents to identify and

deliver local priorities and tackle hyper local health inequalities.]
3. Investment in community pharmacy to deliver the model for Community Pharmacy within each Neighbourhood.

The November ICPB approved item three, the recurrent investment in community pharmacy to embed the model of a lead community pharmacist within each Neighbourhood. At the point of the November UCPB we did not present the proposals for items two and three in the list above.

Further work has been undertaken through the Integrated Care Engagement Enabler board to develop the proposals for community and resident involvement in Neighbourhoods, and to ensure that these form part of a cohesive system approach to engagement. This work is not yet developed enough to enable us to implement a recurrent model for Neighbourhoods engagement. Therefore, we have agreed to fund Healthwatch and voluntary sector partners non-recurrently for one more year whilst they continue to develop a recurrent model of engagement.

Because the funding is non-recurrrent, the CCG Finance Sub-committee determined that the proposals do not require ICPB approval.
This paper is therefore being brought for information.

The funding for these proposals is within the total envelope of spend that has gone into the Neighbourhoods programme each year to date, and within the overall envelope of the Better Care Fund. Therefore the total ask within todays proposals, plus the investment agreed at the November ICPB does not represent a cost pressure to the system.

Recommendations:

The **City Integrated Care Partnership Board** is asked:

- Note the proposal for funding for the Neighbourhoods community and resident involvement proposals in 2022/23

The **Hackney Integrated Care Partnership Board** is asked:

- Note the proposal for funding for the Neighbourhoods community and resident involvement proposals in 2022/23

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	X	A key part of our approach to Neighbourhoods is enabling a greater focus on prevention and addressing local health inequalities. These proposals support investment in infrastructure to bring residents and community groups

		into our Neighbourhoods partnerships. Their insight and support will be absolutely critical addressing many entrenched health inequalities.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	X	These proposals will support smaller, more localised organisations to play a key role within our Neighbourhoods model.
Ensure we maintain financial balance as a system and achieve our financial plans	X	Effective involvement of the voluntary sector will be vital to delivering financial sustainability. Likewise, involving residents will ensure we spend our limited resources where it matters to our residents.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	X	Neighbourhoods is focused on delivering integrated and coordinated care and support for residents. This includes but extends beyond just physical health. The wider engagement of both voluntary sector organisations as well as wider council services remains key to achieving the overall vision.
Empower patients and residents	X	Healthwatch have led work across Neighbourhoods and with the Neighbourhoods Resident Involvement Group to develop a charter for co-production and community involvement. Programme leads involved in Neighbourhoods have been undertaking sessions jointly with residents on how to embed this way of working in redesign work.

Specific implications for City

The two proposals apply equally to the City as well as to Hackney, and the ambitions are the same for each.

However, we recognise that the population and voluntary sector landscape across the two local authority areas is quite different, therefore a bespoke approach will be required in the Shoreditch Park and City neighbourhood to appropriately involve City residents and community groups. Indeed, there is wide variation with each local authority area so the approach will be varied by neighbourhood (or even smaller) as well as by borough.

The Neighbourhoods programme has been driven by a collaboration of system partners and the City of London Corporation plays an active role in the programme to shape strategic and operational plans.

Specific implications for Hackney

The two proposals apply equally to Hackney as well as to the City, and the ambitions are the same for each.

However, we recognise that the local population and voluntary sector landscape across the two local authority areas is quite different, therefore there will be flexibility in our approach within each Neighbourhood to ensure that we can bring together a broad range of residents and community groups within each locality.

The Neighbourhoods programme has been driven by a collaboration of system partners and London Borough of Hackney play an active role in the programme to shape strategic and operational plans.

Patient and Public Involvement and Impact:

The Neighbourhoods Resident Involvement Group continues to play an important role within the overall programme. This group brings together residents and is supported by Healthwatch. This group were fundamental in shaping the direction and strategy for Neighbourhoods.

The wider work being undertaken by Healthwatch and HCVS has similarly played an important role over the last year through the delivery of the Neighbourhood Conversations which are increasingly involving residents.

The two proposals are to put in place infrastructure to embed a model of resident involvement within each Neighbourhood.

Clinical/practitioner input and engagement:

This is a system wide programme with partners owning the programme collectively.

Clinical input and engagement remains a key part of the programme. Proposals provided by individual partners have been shaped by practitioner engagement within individual services.

Communications and engagement:

We have a communications plan which we developed with system partners. Our previous update to the October committee paper outlined these plans which included both resident and practitioner communications.

We are planning to deliver a series of outputs both for residents and for those people that work in City and Hackney which explains the work underway and the difference we hope that this new way of working will have.

Hackney

CITY OF LONDON

NHS North East London Clinical Commissioning Group

Equalities implications and impact on priority groups:

Helping to address inequalities (both of access to services and of outcomes) is a key purpose for Neighbourhoods. Neighbourhoods are about bringing together services (including voluntary and community sector) to work with residents to improve outcomes for populations of 30-50,000 people.

These proposals support investment in infrastructure to bring residents and community groups into our Neighbourhoods partnerships. Their insight and support will be absolutely critical addressing many entrenched health inequalities.

Safeguarding implications:

The original vision for Neighbourhoods was developed out of a need to improve multi-agency working in relation to safeguarding. This remains a core focus of the programme and the multi-agency working that has been increased through the programme has had a specific safeguarding focus.

Impact on / Overlap with Existing Services:

The two proposals are one of a number of exciting initiatives to support better resident and community involvement in our system, which is fundamental to addressing health inequalities.

The covering note within the main report describes the work underway to develop an overarching system framework for resident involvement.

Main Report

Please see accompanying paper

Supporting Papers and Evidence:

None - see supporting paper.

Sign-off:

See Committee's identified above.

Neighbourhoods Resident and Community Involvement Proposals

Covering Note

The November Integrated Care Partnership Board (ICPB) approved the objectives and resources for the Neighbourhoods programme in 2022/23. The proposal describes the move to sustainability for the programme over the next two years. This essentially means that the new structures, ways of working and models of care developed through the programme become embedded as business as usual across the borough.

In most cases, the new models of care are transformations within existing services with existing recurrent funding streams. However, in some cases, the new models are novel approaches or services that have not been in place in the borough before. Where this is the case, we will need to approve a recurrent funding stream for them.

There are three areas that this applies to:

1. Investment in the Community and Voluntary Sector to implement the model for engagement and work with the voluntary sector at a Neighbourhood level

2. Investment in Healthwatch, to support and enable resident engagement in the Neighbourhood.

[These two proposals reflect the work that has been tested in a number of Neighbourhoods to deliver inclusive Neighbourhoods partnerships that bring together statutory and non-statutory partners with local residents to identify and deliver local priorities and tackle hyper local health inequalities.]

3. Investment in community pharmacy to deliver the model for Community Pharmacy within each Neighbourhood.

The November ICPB approved item three, the recurrent investment in community pharmacy to embed the model of a lead community pharmacist within each Neighbourhood. At the point of the November UCPB we did not present the proposals for items one and two in the list above.

As a reminder, the totality of the asks across all of the proposals is within the total envelope of spend that has gone into the Neighbourhoods programme each year to date, and within the overall envelope of the Better Care Fund.

Proposals to deliver a Neighbourhood model of resident and community involvement

Work has been underway over the last two years to develop a model of community and resident involvement within our Neighbourhoods, which has been within the umbrella of developing our Neighbourhoods Partnerships. This has included pilot a model within the Well St Common Partnership and the implementation of Neighbourhoods conversations. Healthwatch and Hackney Council for Voluntary Services (HCVS) have led the work through which they have tested and delivered some exciting and innovative mechanisms to bring together residents, the voluntary sector and statutory partners to bring community insight, residents voices and the strengths of the local voluntary sector to a much more prominent place within our system. The work coincidentally will also support the PCN Inequalities Direct Enhanced Service (DES), which asks PCNS to work with local partners and use data understand local health inequalities and identify local priorities related to them.

Since this work has started within the Neighbourhoods programme there has been a corresponding increase in focus on resident and community involvement and health inequalities within our system through the People and Places Group, the VCS Enabler and the Health Inequalities Steering Group.

The energy, enthusiasm and action around this is fantastic; there is real commitment to getting this right and we are on a clear journey to delivering a system that is absolutely committed to addressing health inequalities with resident and community involvement is at the heart of it.

Whilst we know that we need to continue to undertake involvement at different levels in the system (borough wide, topic specific, Neighbourhood based and hyper local), we also recognise that the different parts of the system are complimentary to each other, make sense, do not duplicate or confuse and work together to form more than the some of their parts.

Therefore we have kicked off a series of workshops to develop an over-arching system framework for resident involvement. We hope this process will provide the 'golden thread' that runs through all of our activity. We have held two workshops in December and January. We intend to use this process to inform a review of our current suite of engagement activity.

We are not starting from a blank sheet and we do not want to stop work that is currently underway while we shape this and we do want to continue to support partners to engage in this work. Therefore, we have agreed with partners that the two Neighbourhoods proposals related to community and resident involvement will be funded on a one-year basis at this stage.

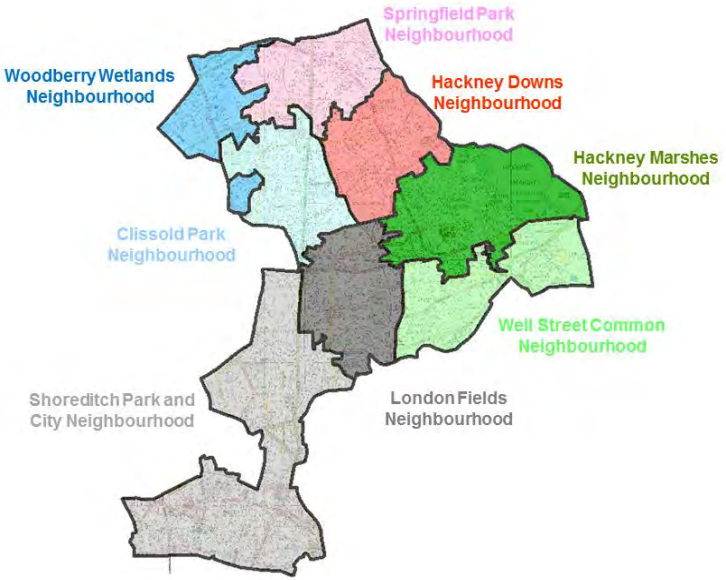
Once we have developed the broader framework we will have a clearer view of what is needed in the long term and will consider the case for future funding beyond one year. We hope that this will be done early in 2022/23 (within quarter one), so that we can give sufficient early sight of future models and recurrent funding streams to support them.

Given the proposals are not for non-recurrent funds, the Finance Sub-Committee was able to sign these off. The proposals are now being brought to ICPB for information.

Enclosed with this covering note are two presentations that present the two proposals.

For completeness, we have also included the two written proposals in full which provide further details on the proposals.


healthwatch
Hackney


Springfield Park Neighbourhood
Woodberry Wetlands Neighbourhood
Hackney Downs Neighbourhood
Hackney Marshes Neighbourhood
Clissold Park Neighbourhood
Well Street Common Neighbourhood
Shoreditch Park and City Neighbourhood
London Fields Neighbourhood

Neighbourhoods Programme Priorities

This proposal is intended to help address the following priorities:

- **Priority 4**: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.
- **Priority 5**: To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common
- **Priority 6**: To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities

Current Challenges

System partners told us:

- They do not have a clear picture of what involvement activities are currently taken place or have recently occurred. This increases the risk of duplication and prevents sharing of learning across teams/partners.
- There is a lack of knowledge about where and how to access existing groups which may be relevant to their area of work.

Residents told us:

- They want services or relevant representatives to come speak to them in community settings e.g., coffee mornings and children's centres.
- Having a "link-person" is vital to helping them to keep abreast of information and support them to get involved.
- Some communities of interest may feel more confident sharing their experiences within their own safe spaces.

Proposed Solution

Our proposed model will deliver new infrastructure for resident involvement where there currently is none.

Two roles will lead the central coordination of resident engagement, insight, and identification of opportunities for involvement and co-production. They will support meaningful involvement of residents within the Neighbourhood Forums to influence local decision making. In addition to this, these roles will also provide system partners with information and advice about; existing resident consultations, where and how to access resident groups in each Neighbourhood as well as guidance and resources on best practice in resident involvement.

Neighbourhood Forums

Bring together service providers, voluntary sector and residents to lead local decision making and action to improve health and wellbeing.

Forums offer opportunities for residents to be involved at different levels.

- Leadership Group Representative
- Working Group Member
- Forum Member

Healthwatch Hackney Will Support Resident Involvement Through:

- Induction & coaching for residents.
- Reward & recognition budget
- Outreach engagement activities.
- Analysis and dissemination of insights.
- Facilitating connections between residents and the relevant services/teams to co-produce.
- Monitoring and evaluating the experiences of residents involved in the Forums.

Where does the insight from residents go?

- The Neighbourhood Forum
- Neighbourhood Partners
- Primary Care Networks
- City and Hackney Community Involvement Forum
- NEL Community Insights Database
- To local people through newsletters and events

healthwatch Hackney

VCS Neighbourhoods Programme 2022-23

People and Places Jan 2022

Where we are now & our journey

Well Street Common Neighbourhood

Exec group coordinating work of Forum including;

- Resident Involvement Working Group
- Equality, Diversity & Inclusion Working Group
- Mental Health Working Group: cross-sector, locally coordinated
- Community event planned for October

Shoreditch Park and City Neighbourhood

- Forum codesign facilitated by local host VCS – Shoreditch Trust

Neighbourhood Conversations

(initially as covid-19 response)

Quarterly meetings in 6 Neighbourhoods enabling VCS, PCN, residents, community groups to come together, **but have no exec group**

- **Make connections** and **build knowledge** of what's going on locally
- Share **local insight, expertise and experience**
- **Generate ideas** from which locally-led action can flow

Support with fundraising and organisational development had to be put on hold to accommodate pandemic response. Active cross-sector training programme in place, including in Mental Health Awareness & Equity, Equality & Inclusion

Local VCS Facilitator

Well St Forum

Hackney Marshes Forum

Local VCS Facilitator

Hackney Downs Forum

Clissold Park Forum

Central Coordination & Support

Local VCS Facilitator

Shoreditch Park & City Forum

London Fields Forum

Local VCS Facilitator

Woodberry Wetlands Forum

Springfield Park Forum

Opportunities

- To **address health inequalities** and **transform the quality of local services** by embedding the voice of previously excluded communities at the heart of both service and Forum codesign
- **For the VCS**; services are recognised and valued as part of local delivery and funded through a locally-designed model.
- **Within the VCS:** Power is devolved from Hackney CVS to community facilitators
- Buddying of pairs of forums under same facilitator allow budget to be cover 4 facilitators working for 4 days rather than 8 working for two, all supported by central coordinator and capacity builder to help them find feet.
- Secondment allows for learning to be shared between facilitators, from Well St experiences and from HCVS
- **For the system**; the opportunity is for a flourishing local VCS, locally commissioned to address locally determined health priorities.
- Quadrant basis mirrors organisation of Primary Care Networks.
- **To improve services** so that residents from all communities enjoy many more years in good health and reliance on unplanned, emergency care is reduced

EIGHT NEIGHBOURHOODS
ONE HACKNEY & CITY

[Neighbourhoods Resident Involvement]

[Healthwatch Hackney]

[DATE]

Version control		
Version	Date	Changes from previous version

1.0 Executive Summary

1.1 Project Overview

[Concisely describe the key points for the audience before they read the detailed paper. This section should be written last]

The need

There is currently no consistent mechanism for engaging with and involving residents at a Neighbourhood level. Residents are a key partner in delivering the ambitions of Neighbourhoods and without a suitable infrastructure embedded into the programme there is significant risk of failing on the stated objectives. The proposal presented here bears considerable relevance to the following priorities:

- Priority 4: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.

- Priority 5: To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common.

- Priority 6: To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities

The proposed solution
Core resident involvement infrastructure provided through two roles which will: support resident involvement within 8 Neighbourhood Forums, conduct outreach in all Neighbourhoods and produce reports on the findings to share with system partners. Map communities of interest and experience within Neighbourhoods, facilitate matching residents with relevant teams/services to co-produce or collaborate. Support best practice in resident involvement for Neighbourhood partners through resource sharing, guidance and workshops.

In addition to this core proposal, it has been identified that PCN partners have a duty to engage with residents about their services but often lack the capacity and confidence to do this. There are also communities of people who are less likely to be reached through the core model and therefore a more bespoke method of engagement led by a trusted partner to that community is recommended. This could be supported through a grant making model with support and monitoring from Healthwatch Hackney.

1.2 The Proposal

[Briefly summarise the project and the objectives to address the issues identified in the problem statement. Set out the headline timelines and key milestones/deliverables that are required for this to be successful. Up to three key risks/dependencies and opportunities should be identified here which are then elaborated on in the Case for Change]

Our proposed model will deliver new infrastructure for resident involvement where there currently is none. In addition to this, these roles will also provide system partners with information and advice about, existing resident consultations, where and how to access resident groups in each Neighbourhood as well as guidance and resources on best practice in resident involvement.

Key objectives include:

- The collection and analysis of resident experience in each Neighbourhood.
- The identification of opportunities for co-production and the connecting of residents to the relevant services/teams.
- The support of meaningful resident involvement within the Neighbourhood Forums
- The provision of advice and resource sharing on best practice in resident involvement with Neighbourhood partners.
- A go-to source of information about resident groups and involvement activities.
- A guided process through which to connect residents and organisations to collaborate

on projects.
- Provide suitable reward and recognition for residents participating in leadership roles or on working groups within Neighbourhood Forums (in line with co-production charter principals).
- Promote the use of resident insight data to inform decision making and planning at Neighbourhood level.
- Feed data from residents into City and Hackney and NEL insight gathering mechanisms (e.g. Community Involvement Forum via Community Insight Database).
- Lead the evaluation and monitoring of resident involvement within Neighbourhoods.

Expected benefits for the proposed model include:
- To grow and embed role of residents within Neighbourhood Forums
- To increase resident insight within each Neighbourhood
- Engagement with diverse range of residents in each Neighbourhood
- To improve access to residents interested in collaborating to shape services
- Synthesis and dissemination of resident insight to inform decision making at Neighbourhood level
- To provide consistency in thought leadership on resident involvement within Neighbourhoods and access to advice on this for all partners

Timeline and deliverables:
The timeline is subject to agreement of funding at ICPB 13th Jan meeting. If funding agreement is delayed, then some outputs and outcomes for each quarter will also be subject to delays as a result of the coordinator role not being in post. In addition, delays in agreeing funding may also impact on the HSVC application, and their ability to start the Neighbourhood forums in a timely manner, which will impact on some of our activities.

Q4 (2021-22)
- Lead on planning, coordination and analysis of resident engagement at community events in each Neighbourhood (events funded by HCVS)
- Recruitment of Manager and Coordinator posts

Q1
- 8 x Neighbourhood Forum meeting per quarter
- Development of policies and process for resident involvement within Forums
- Relationship building and development of outreach plans
- 1 x outreach activity in each Neighbourhood (total 8)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners

Q2
- 8 x Neighbourhood Forum meeting per quarter
- 1 shared learning meeting with HCVS
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners.
- *1 x report/communication on collaborative projects between residents and Neighbourhood partners.*

Q3

- 8 x Neighbourhood Forum meeting per quarter
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners

Q4

- 8 x Neighbourhood Forum meeting per quarter
- 1 shared learning meeting with HCVS
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners.
- *1 x report/communication on collaborative projects between residents and Neighbourhood partners.*

Plus 2 X resident involvement workshops per year open to all Neighbourhood Partner organisations. Opportunity to share best practice, resources, and seek advice on projects. Timing of this will be agreed following consultation with partners.

Timelines for silver and gold models are subject to agreement with funding partners. N.B. funding is required from a minimum of 2 PCNs to make the silver model economically viable.

Risks and dependencies
Delays in agreements to fund the business case will mean that recruitment for the coordinator role will be delayed. This will impact on our ability to achieve all outcomes and outputs, especially in the first 2 quarters.

HCVS will be coordinating the infrastructure for the Neighbourhood Forums which will be a dedicated space within each Neighbourhood to bring service providers, voluntary and community organisations and residents together to connect, raise issues and opportunities and set local priorities. Delays in agreeing funding may impact on HCVS' ability to secure host organisations to run the forums, which will in turn impact on resident engagement in Neighbourhoods.

For residents to be well represented within the Forums it is vital that there is adequate support for residents interested in attending the meetings and taking on leadership roles, as well as engaging with residents outside of this space and presenting that insight to the Forums.

The Community Involvement Forum will be coordinated by NHS Community Voice. Information gathered from as many sources as possible will gathered, coded and entered into the Community Insight Database. The use of this database is being supported by NEL and is being used by other Healthwatch within the NEL boroughs. Neighbourhood level insight will also be added to the Community Insight Database thus contributing to system wide knowledge beyond Neighbourhoods.

Key risks include:

- Unsuccessful role out of Neighbourhood Forums (mitigated by outreach activities with existing groups).
- Service providers do not take up opportunities to collaborate with residents (can be mitigated through working with the Engagement and Coproduction Manager to coach and support system partners or escalate issues where necessary).
- To adequately finance this proposal, it is likely that additional resources will be required from system partners.

1.3 Costing and Value for Money

[Brief overview of financial ask]
Core “Bronze” level proposal, total cost: £129,578.37
"Sliver" additional PCN support activities costed per PCN: £11,051.50
"Gold" additional resident engagement through peer researchers/community influencers, cost per project: £7,590.00

1.4. Recommendations

[Set out the recommendation for consideration in summary.]

We believe this proposal is the most cost-effective approach to meet the system’s need for resident involvement infrastructure at a Neighbourhood level. A permanent and dedicated resource for resident involvement which can be accessed by all Neighbourhood partners as needs arise is a more efficient use of resources than intermittently allocating funding to resident involvement. Moreover, a permanent model allows for the capitalising on knowledge and resources and embedding working in collaboration with residents as part of the Neighbourhood culture.

The proposal connects disparate local voices to system changes at a Neighbourhood level and beyond.

In addition to the core funding proposal, additional models have been scoped and costed to meet specific needs identified by PCN colleagues and the requirements of their Maturity Matrix and greater support the ambitions to to tackle health inequalities by funding targeted work with specific communities. *The Silver and Gold models compliment the core proposal but each have a more narrow focus in their intended outcomes. The Silver model provides broad insight into patient experiences and priorities for PCNs whilst the Gold model can help address gaps in understanding or service provision for particular communities of identity or experience.

2.0. Background

2.1 Introduction and Context

[Describing existing ways of working and background to service/project]

Currently there is no mechanism for exploring resident experience at a Neighbourhood level and involving residents in the co-production of services. There are a few examples of pockets of more local involvement within individual GP practices or health and care services. The involvement of residents is ad-hoc and fragmented. Experience, capacity and confidence to involve residents varies across system partners.

As Neighbourhoods develop in terms of new Neighbourhood teams, new services and new pathways, there is a growing need to ensure that these changes are developed with residents to ensure they are as effective as possible. Similarly, the PCN Maturity Matrix and Health Inequalities DES explicitly state the need for resident and community involvement.

To meet this demand an enduring and simplified mechanism for engaging and involving residents at a Neighbourhood level is required.

In addition to this system partners have identified that there is need for expert advice and support on best practice regarding resident engagement and involvement.

Our proposed model will deliver new infrastructure for resident involvement where there currently is none. To do this at least 2 roles will be required to lead the central coordination of resident engagement, insight, and identification of opportunities for involvement and coproduction. In addition to this, these roles will also provide system partners with information and advice about, existing resident consultations, where and how to access resident groups in each Neighbourhood as well as guidance and resources on best practice in resident involvement.

In addition to the core Bronze offer, additional roles are proposed to meet the specific needs of PCNs to engage with and involve residents.

The grant model outlined in the gold level model addresses the limitations of generic approaches to adequately engage marginalised groups, and thus funds bespoke engagement and involvement opportunities for some of the most under-served communities led by voluntary and community organisations with significant reach and trust with the target communities.

2.2 Scope

[What will be covered/included. Needs to describe what was in scope / not in scope of the original re-design work.]

Scope of original re-design work

- To pilot and review mechanisms for resident engagement within Neighbourhoods.
- To support and manage the Neighbourhoods Resident Involvement Group to provide resident oversight of the development of the programme.

- To make recommendations for a sustainable approach to resident involvement within Neighbourhoods

Scope of proposed model
Implementation of a sustainable mechanism for resident involvement within Neighbourhoods through:

- Provision of support for “active” residents
- Collection and analysis of resident experience
- Championing resident voice and inclusion to inform decision making at Neighbourhood level
- Identifying opportunities for involvement and co-production and facilitating connections
- Sharing information and resources relating to best practice in resident involvement

Out of scope within the proposed model

- Direct delivery of resident involvement and co-production groups
- Intensive support for individual involvement projects
- Coordination of Neighbourhood Forums and voluntary sector involvement

2.3 Problem Statement

[What problems the proposal/approach is seeking to address]
Currently there is no mechanism for exploring resident experience at a Neighbourhood level and involving residents in the co-production of services. At present the limited resident involvement activities that exist are ad-hoc and fragmented. Individual services will seek to involve residents in specific projects periodically. Some partners within the system are more experienced at working with residents than others so there are also discrepancies in the skills and confidence to engage with and collaborate with residents to co-produce. Opportunities to co-produce with residents can easily be missed, or the involvement of residents can start too late in the process thus reducing the scope for meaningful impact from resident involvement.

The Primary Care Network Maturity Matrix and Health Inequalities Direct Enhanced Service specification both emphasise the importance of collaborating with residents. There is not a consistent approach to this across all 8 Neighbourhoods. A small number of GP surgeries have active Patient Participation Groups however, it is unlikely that these groups are representative of the Neighbourhood population and are more likely to focus on addressing practice specific issues such as waiting times and booking processes.

System partners told us:

- They do not have a clear picture of what involvement activities are currently taken place or have recently occurred. This increases the risk of duplication and prevents sharing of learning across teams/partners.

- There is a lack of knowledge about where and how to access existing groups which may be relevant to their area of work.

- There are a limited number of residents who are involved in multiple projects. They also do not reflect the full diversity of the Hackney population, therefore there is a need to engage with new and different voices.

- Collaboration can be difficult due to competing pressures on time and resources, particularly for smaller or more informal groups.

Residents told us:

- They want more information about what is happening locally and issues impacting their health and wellbeing

- They want services or relevant representatives to come speak to them in community settings e.g., coffee mornings and children's centres.

- There are groups of residents who will require extra support or certain adjustments in order to get involved. For example, those with sensory impairments, neurological differences and non-English speakers. Other under-represented communities may feel more confident sharing their experiences within their own safe spaces e.g., women only groups for survivors of abuse or HIV support groups.

- Having a "link-person" is vital to helping them to keep abreast of information and support them to get involved where appropriate.

3.0 Current State (Existing ways of working)

3.1. Current Position

[What is the current service structure/in place currently i.e. describe the position pre-Neighbourhoods]

Prior to Neighbourhoods, place based resident involvement structures were either at borough or CCG level or specific to individual services e.g., the Public Representatives on Integrated Commissioning workstreams, Patient and Public Involvement (PPI) Committee, and Patient Participation Groups at some Surgeries. In addition to this the local authority also organises consultations with residents in a particular ward, often on the issues of housing and development.

In addition to this there are also a number of user led forums and groups based on communities of experience e.g., Maternity Voices Group, Hackney CVS facilitated special interest groups (learning disability, mental health; older people/disabled people, sexual health). NHS Community Voices which (hosted by Healthwatch Hackney) has a remit to work

with CCG Workstreams on resident involvement and engagement, as well as the co-ordination of a new Community Involvement Forum.

In the last 12 months Healthwatch Hackney has been piloting Neighbourhood focused engagement activities. This has included the recruitment of Community Influencers (peer-to-peer engagement volunteers) within the Shoreditch Park and City Neighbourhood. Through this pilot we were able to demonstrate the benefits of this approach to reach new and more diverse audiences.

Healthwatch Hackney has also supported the Neighbourhoods Resident Involvement Group, we've also developed a Framework for co-production within Neighbourhoods which will be featured in the new City and Hackney Co-production Charter.

Healthwatch Hackney was also pivotal to the involvement of residents within the Anticipatory Care Pilot.

4.0 Case for Change and Proposed Model

4.1 Case for Change

[Please describe the case for change i.e. why is this new model required - what needs to be different from the current position identified above]

Pre-Neighbourhoods, resident involvement structures were limited to Borough level or higher. There were few examples of pockets of more local involvement within individual GP practices or health and care services.

The Neighbourhoods programme offers the promise of designing and delivering services that are responsive to the needs of the local Neighbourhood population. Each Neighbourhood with its distinct health and social care needs will be able to plan services that are as effective as possible. As Neighbourhoods develop in terms of new Neighbourhood teams, new services and new pathways, there is a growing need to ensure that these changes are developed with residents to ensure they are as effective as possible. Similarly, the PCN Maturity Matrix and Health Inequalities DES explicitly state the need for resident and community involvement.

To meet this demand an enduring and simplified mechanism for engaging and involving residents at a Neighbourhood level is required.

In addition to this system partners have identified that there is need for expert advice and support on best practice regarding resident engagement and involvement.

The findings from the pilot work in Shoreditch Park and City Neighbourhood, supporting the development of the Neighbourhood Conversations and Forums as well as exploring how to embed co-production within Neighbourhoods means that Healthwatch Hackney is well placed to provide the infrastructure for resident involvement.

The evaluation of Resident Engagement by Cordis Bright found that “The existence of the (involvement) groups needs to be communicated further to widen participation.” The outreach approach proposed here aims to take the message of Neighbourhoods to the places where residents go anyway e.g. community groups, children’s centres, job centres, libraries etc. The report also emphasised the crucial role of skilled facilitators, the need for greater focus on in-depth involvement, residents feeling recognised for their contributions and communicating the impact of resident involvement. The two involvement roles will provide the time and skills needed to support residents to have a meaningful role within the Neighbourhood Forums. These residents will take part in activities at the higher end of the involvement continuum (collaboration and coproduction) whereas the outreach activity will engage a broader range of people at the other end of the spectrum (informing and consultation).

The proposal also sets out a budget for resident reward and recognition, in line with best practice approaches to resident involvement. Quarterly reporting on resident involvement activities is also included in the proposal. The two staff roles will also support with the communication of outcomes to people in the community.

This infrastructure which will enable:

- The collection and analysis of resident experience in each Neighbourhood.
- The identification of opportunities for co-production and the connecting of residents to the relevant services/teams.
- The support of meaningful resident involvement within the Neighbourhood Forums
- The provision of advice and resource sharing on best practice in resident involvement with Neighbourhood partners.
- A go-to source of information about communities and involvement activities.
- A bridge to forge connections between residents and organisations or projects.

4.2 Proposed Model

[Please describe in detail the proposed model. Include the detail of changes to ways of working and new roles. Include structures e.g. diagrams.]

Our proposed model will deliver new infrastructure for resident involvement where there currently is none. To do this at least 2 roles will be required to lead the central coordination of resident engagement, insight, and identification of opportunities for involvement and coproduction. In addition to this, these roles will also provide system partners with information and advice about, existing resident consultations, where and how to access resident groups in each Neighbourhood as well as guidance and resources on best practice in resident involvement.

The roles and main objectives:

Role: Neighbourhoods Involvement Manager
Objectives:

- To ensure that the development of Neighbourhood Forums is inclusive of the needs of residents and involves them in a meaningful way.

- To induct and support residents joining Neighbourhood Forums so that they are able to participate meaningfully.
- In line with the Hackney Coproduction Charter guidelines, manage a reward and recognition budget for residents participating in leadership roles or on working groups within Neighbourhood Forums.
- Promote the use of resident insight data to inform decision making and planning at Neighbourhood level.
- Feed data from residents into City and Hackney and NEL insight gathering mechanisms (e.g. Community Involvement Forum via Community Insight Database).
- To identify opportunities for resident involvement and coproduction within Neighbourhoods.
- Lead the evaluation and monitoring of resident involvement within Neighbourhoods.
- To provide advice, guidance and resource sharing on best practice in resident involvement to Neighbourhood partners.
- To provide line management and support for the Neighbourhoods Involvement and Outreach Coordinator

Role: Neighbourhoods Involvement and Outreach Coordinator
Objectives:

- To build relationships with and map resident groups in Neighbourhoods.
- To coordinate the delivery of outreach activities in Neighbourhoods, engaging with a diverse range of residents.
- To record insight gathered from outreach and share with relevant partners.
- Identify opportunities to bring residents together around key issues and connect them with the appropriate teams/services.
- To develop appropriate resident focused communications about Neighbourhoods.
- To promote Neighbourhood Forums and other involvement activities to residents.
- To support the evaluation and monitoring of resident involvement within Neighbourhoods.
- To deputise for the Neighbourhoods Involvement Manager when required.

Diagram of the above core proposal can be found here

In addition to the above, our pilot work and engagement with different partners has also highlighted the need for specific support for PCNs to strengthen their engagement and involvement of residents to support the ambitions stated in the PCN Maturity Matrix and to deliver on the Health Inequalities DES.

The Silver model is proposed to enable PCNs to improve and evidence their engagement with residents.

Creation and analysis of text surveys for patients twice a year providing a baseline understanding of resident experience.

Training, coaching, guidance, resource sharing and template development for PCN staff involved in Patient Participation Groups through the development of a Patient Involvement Network.

An additional 1.5 roles will be needed to deliver this for all 8 PCNs. A budget has been prepared to cost the service per PCN, to enable some flexibility.

The Gold model aims to engage seldom heard groups and those least likely to be captured through traditional engagement methods. Each Neighbourhood will have key seldom heard groups to engage with, for example, in the Shoreditch Park and City Neighbourhood homeless people and those in temporary accommodation have been highlighted as an under-represented community.

We have seen success in addressing this issue through peer led community development approaches to resident engagement through our Community Influencer pilot which was delivered in partnership with Volunteer Centre Hackney. This approach was then scaled up by Volunteer Centre Hackney through peer researchers for the Health and Wellbeing Strategy which reached over 300 residents. Recognising the limitations of generic approaches to adequately engage marginalised groups, it is advisable that Neighbourhood partners also fund bespoke engagement and involvement opportunities for some of the most under-served communities. There are voluntary and community organisations with significant reach and trust with some of the target communities which are well placed to lead this work. Healthwatch Hackney can coordinate the management of grants at a Neighbourhood level to deliver this targeted work as well as share guidance and advice on resident involvement with grant winners.

4.3 Engagement, Feedback and Co-production

[Please detail how you have engaged stakeholders in developing the model, gained feedback and how you will continue to engage stakeholders in implementation. Please cover 1). Patients and Residents and 2). Practitioners / Organisations

Engagement and feedback to date:

- Interviews with resident groups (disability group highlighted accessibility and communications difficulties, domestic violence survivor's group emphasised importance of closed groups and safe spaces, older people's group expressed desire for link-person e.g. trusted consistent person to share information with them and support them to get involved).
- Feedback from residents involved in the Community Influencer Pilot in Shoreditch Park and the City (resident volunteers had greater interest in local action rather than meetings and forums, motivating factors for involvement were to develop greater connection to people and places in their community).
- Neighbourhood Resident Involvement Group meetings (NRIG members fed back on their experiences at Neighbourhood Conversations and Forums and the need for outreach to strengthen resident voice).
- Joint training between NRIG and Neighbourhoods funded Project Managers (feedback on desire for more opportunities to share experiences of coproduction and to learn from/with residents)
- PCN engagement meetings 27 & 28 August 2021 (requirements for support may vary between PCNs, want flexibility, however unable to commit budget beyond 12 months)

- Partnership meeting presentation 12.07.2021 (concern that Forum alone would struggle to engage with residents, particularly the seldom heard).
- Steering Group presentation (13.07.2021) interest from voluntary and community group organisations to take greater role in engaging with residents and supporting them to get involved but this requires adequate resources e.g. VCH partnership for Community Influencers and subsequent HW Strategy peer researcher programme.

Future engagement:

- Participation in Neighbourhood Provider Alliance meetings and Informal Providers Group, Delivery Group

- Engagement with residents will expand to all Neighbourhoods and reach more residents

- Insight gathered will be fed into Community Insights database and reports shared with Community Involvement Forum, who will in turn report to the People and Place Group to act on, as well as Neighbourhood partners.

- Liaising with partners on opportunities for co-production

- Liaising with partners about support and resources required to involve residents in developing and reviewing services.

4.4 Interdependent Projects

[Detail other projects or services that relate to this proposal - mainly things already in place]

Hackney CVS (HCVS)
HCVS will be coordinating the infrastructure for the Neighbourhood Forums which will be a dedicated space within each Neighbourhood to bring service providers, voluntary and community organisations and residents together to connect, raise issues and opportunities and set local priorities. HCVS is highly experienced in supporting the voluntary sector, however the needs of individual residents are likely to vary from that of organisations. The number of residents attending Neighbourhood conversations currently is also quite low and several barriers to participation have been identified e.g., time of the meetings, language and communication difficulties etc. For residents to be well represented within the Forums it is vital that there is adequate support for residents interested in attending the meetings and taking on leadership roles, as well as engaging with residents outside of this space and presenting that insight to the Forums.

A strong collaborative relationship with HCVS will be maintained through regular meetings with the HCVS team and co-located working once a week.

Community Involvement Forum
This forum will be coordinated by NHS Community Voice. Information gathered from as many sources as possible will collated, coded and entered into the Community Insight Database. The use of this database is being supported by NEL and is being used by other Healthwatch within the NEL boroughs.

The details of exactly how the Community Involvement Forum will work are currently being developed in consultation with stakeholders, however, it is likely that there will be quarterly reports produced that will be discussed at a meeting. These reports will be used to identify issues for more in-depth research and investigation which will be developed at monthly working group meetings.

The Community Involvement Forum will report to the People and Place group. This will provide an opportunity for the insights gained from resident involvement at a Neighbourhood level to feed into NEL.

The insight gathered through the Neighbourhoods level work will contribute to the Community Involvement Forum reports on trends across City and Hackney. Similarly, ICP wide issues identified in the Community Involvement Forum can also be reviewed at local level within Neighbourhoods.

Review of system wide resident engagement
The City and Hackney Health Inequalities Steering Group is currently reviewing the local system's approach to resident engagement to assess its effectiveness to engage residents meaningfully with a focus on tackling health inequalities. This is being supported by the City and Hackney Integrated Care Communications and Engagement Enabler Group through a programme of workshops with engagement professionals, VCS representatives and integrated care public representatives. This includes consultation with residents. There is an ongoing need for resident involvement across the system and the programmes currently in place each serve a specific purpose. Neighbourhoods play a key role within the system involvement landscape as it represents a more holistic approach to the lives of residents. Once this review is complete; this proposal, along with other resident engagement work, will be reviewed to ensure we are maximising the benefits of the various involvement channels, sharing information and learning effectively and minimising the duplication of efforts in order to tackle local health inequalities.

4.5 Identified and Expected Benefits

[Describe how the work undertaken has delivered benefits and/or how the benefits of the proposed model will be measured. Where appropriate please include specific qualitative and quantitative approaches.]

Work undertaken by Healthwatch Hackney so far has resulted in the following benefits:

- Increasing the number of residents attending Neighbourhood Conversations and Forums.
- Increasing the diversity of residents engaged with in the Shoreditch Park and the City Neighbourhood via the Community Influencer pilot.
- Development of resident focused communications for Neighbourhoods.
- Resident involvement within the anticipatory care pilot to inform the assessment and support plan as well as initial communications to residents.
- Delivery of joint training between Neighbourhoods Project Managers and NRIG members on co-production and subsequent framework for this.

Expected benefits for the proposed model:

- Grow and embed role of residents within Neighbourhood Forums. *Measurement – feedback on resident's experiences of being part of a Forum.*
- Increase resident insight within each Neighbourhood. *Measurement – number of residents engaged through outreach, numbers of comments/feedback collected.*
- Engagement with diverse range of residents in each Neighbourhood. *Measurement – diversity monitoring of outreach activities.*
- Improved access to residents interested in collaborating to shape services. *Measurement – number of residents signposted to involvement opportunities.*
- Synthesis and dissemination of resident insight to inform decision making at Neighbourhood level. *Measurement - quarterly reports on themes/trends by Neighbourhood.*
- Consistency in thought leadership on resident involvement and access to advice on this for all Neighbourhood partners. *Measurement – number of: resources shared, projects advised on, training/workshops/coaching sessions.*

4.6 Value for Money

[Please describe how the model will deliver value for money and how you will be able to demonstrate this. Please also refer to Better Care Fund metrics included below.]

Resident involvement is vital to ensuring money is not wasted on projects which do not meet the needs and expectations of local people and that resources are spent in the most effective way.

Lack of a clear structure for resident involvement can lead to duplication of efforts, longer time needed to build up relationships with residents and relevant groups, attrition of knowledge and experience in resident engagement as projects end or people's roles change. The sharing of knowledge and experience that can be achieved through development of long-term coordination of resident involvement prevents the continuous reinvention of the wheel, and enables consistent progress to be achieved, with less wasted effort.

5.0 Project Implementation

5.1 Overall Model Implementation

[Please describe your proposed approach to implementation.]

Our implementation of the proposed model will utilise systems already in place e.g. the Community Insights Database as well as linking together emerging systems such as the Community Involvement Forum and Neighbourhoods website. By quarter 1 of 2022 we will not need to set up anything new. Roll out across Neighbourhoods is dependent on finalising of funding agreements to then recruit staff. Once staff are in place, they can commence delivering the model.

An ideal timeframe to ensure continuity of roll out would be to have funding agreed by January 2022.

5.2 Detailed Timescales for Rollout

[Please detail the milestones and dates that will be delivered as part of the rollout.]
The timeline is subject to agreement of funding at ICPB 13th Jan meeting. If funding agreement is delayed, then some outputs and outcomes for each quarter will also be subject to delays as a result of the coordinator role not being in post. In addition, delays in agreeing funding may also impact on the HSVC application, and their ability to start the Neighbourhood forums in a timely manner, which will impact on some of our activities.

Q4 (2021-22)

- Lead on planning, coordination and analysis of resident engagement at community events in each Neighbourhood (events funded by HCVS)
- Recruitment of Manager and Coordinator posts

Q1

- 8 x Neighbourhood Forum meeting per quarter
- Development of policies and process for resident involvement within Forums
- Relationship building and development of outreach plans
- 1 x outreach activity in each Neighbourhood (total 8)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners

Q2

- 8 x Neighbourhood Forum meeting per quarter
- 1 shared learning meeting with HCVS
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners.
- *1 x report/communication on collaborative projects between residents and*

Neighbourhood partners.

Q3

- 8 x Neighbourhood Forum meeting per quarter
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners

Q4

- 8 x Neighbourhood Forum meeting per quarter
- 1 shared learning meeting with HCVS
- 3 outreach activities per Neighbourhood (total 24)
- 1 x insight report on resident feedback shared with all Neighbourhood Partners.
- *1 x report/communication on collaborative projects between residents and Neighbourhood partners.*

Plus 2 X resident involvement workshops per year open to all Neighbourhood Partner organisations. Opportunity to share best practice, resources, and seek advice on projects. Timing of this will be agreed following consultation with partners.

Timelines for silver and gold models are subject to agreement with funding partners. N.B. funding is required from a minimum of 2 PCNs to make the silver model economically viable.

5.2.1 Neighbourhood Roll-Out

[Include a timetable for roll out across 8 Neighbourhoods, where applicable]

As indicated above, activity will commence across all 8 Neighbourhoods as soon as staff are in post.

6.0 Financial Summary

[Please include a summary of costs required to deliver the proposed new model]

"Bronze" only Total Non-Recurrent Cost	£1200
Total Non-Recurrent Cost	£128,378.37
Overall Project costs	£129,578.37

[Include a detailed breakdown of any resource needed to deliver this (both in terms of setup and ongoing costs)]

Bronze essential resident engagement through outreach and Neighbourhood forums, some PCN support for resident engagement	
Neighbourhoods resident involvement and outreach Manager salary	£38,893.00
Employers contributions (NI Pension)	£5,833.95
Neighbourhoods resident involvement and outreach Coordinator salary	£30,535.00
Employers contributions (NI Pension)	£4,580.25
Publicity for forum meetings targeted at residents (Flyers, text messages etc)	£5,000.00
Overheads (Rent, utilities, IT support, HR, finance, photocopying, Mailchimp, SurveyMonkey, Website support)	£6,990.00
3 days month Deputy Director, 1 day month Director	£8,144.64
Reward and recognition payments for residents taking part in leadership roles	£11,500.00
1 Laptop and configuration	£900.00
1 mobile phone	£300.00
Management fee	£16,901.53
Total	**£129,578.37**
"Sliver" additional PCN support activities costed per PCN	
I day a week Neighbourhoods PCN support officer	£6,400.00
Employers contributions (NI Pension)	£960.00
Overheads (Rent, utilities, IT support, HR, finance, photocopying, Mailchimp, SurveyMonkey)	£2,250.00
Management cost	£1,441.50
Total	**£11,051.50**
"Gold" additional resident engagement through peer researchers/community influencers, cost per project	
Grant management (management of grant committee, reporting follow up)	£600.00
Grant	£6,000.00
Management cost	£990.00
Total	**£7,590.00**

5.1 Non-recurrent costs

Summary of Item	Detail of item	Duration of cost	Cost
Pay Costs			
Non Pay Costs	Capital expenditure laptop and phone	One off	£1200
Management Fees			
Overheads			

Total	£1200

"Bronze" Summary of Item	Detail of item	Cost
Pay Costs	2 full time salaries Neighbourhoods Resident Involvement and outreach manager and coordinator roles, 3 days month Deputy Director and one day month Director	£87,986.84
Non Pay Costs	Publicity for forum meetings targeted at residents (Flyers, text messages etc) Reward and recognition payments	£16,500
Management Fees		£16,901.53
Overheads	(Rent, utilities, IT support, HR, finance, photocopying, Mailchimp, SurveyMonkey, Website support)	£6,990
Total		£128,378.37

5.2 Recurrent costs

This will be reviewed following the completion of a review of system wide resident engagement, which aims to be completed by Q1 2022-23.

7.0 Risks

[risks to the delivery and sustainability of the model - please see appendix 2]

Risk Description	Impact (rank out of 4)	Likelihood (rank out of 4)	Mitigation
Funding for the model beyond the current level of funding from	**5**	**3**	Risk raised with Integrated Care Communications and Engagement

the Better Care Fund is uncertain			Enabler Group and People and Place
City of London residents are not well represented	**2**	**3**	Outreach sessions distributed equitably between City and Hackney in Shoreditch Park and City Neighbourhood. Good relationships with Corporation of London and Healthwatch City.
Forums are not developed	**4**	**2**	Outreach with residents and ability to access resident data from other sources via the Community Insights Database
Residents do not want to attend Forums	**2**	**3**	Outreach activities mean that resident feedback can still be gathered as well as identifying opportunities for resident involvement.
Service providers do not take up opportunities to collaborate with residents	**2**	**3**	Healthwatch Hackney's involvement at System level through the Engagement and Coproduction Manager enables us to escalate issues to People and Place Group or encourage the Engagement and Coproduction Manager to give more support to organisations

			where there is resistance.
Silver level offer is only financially viable if 2 or more PCNs choose this option	**2**	**3**	Engagement has been conducted with PCNs to promote the benefits of this approach. The business case is also being submitted to the Office of PCNs for consideration.

8.0 Business Case Approval

Board	Date To be Reviewed (Approved)
Neighbourhoods Steering Group	12th October 2021
System Operational Command Group	21st October 2021
Neighbourhoods Health and Care Board	TBC
CCG Finance and Performance Committee	TBC
Integrated Care Partnership Board *(to review)*	TBC

Appendix 1 - Better Care Fund Metrics

The development of a Neighbourhood model has been supported by funding from the Better Care Fund (BCF). The BCF is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care.

For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Partners must ensure that the work to redesign services contributes to the achievement of the Better Care Fund metrics which are set out below:

- **Metric 1:** Reduction of non-elective admissions (General and Acute)
- **Metric 2:** Admissions to residential and care homes
- **Metric 3:** Effectiveness of reablement
- **Metric 4:** Delayed Transfers of Care

Stepping up to the Place published by the LGA, NHS Confederation, NHS Clinical Commissioners and ADASS sets out a vision for integrated care.

Appendix 2 - Risk Matrix

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Risk Low Priority	4-6 Medium Risk Moderate Priority	8-12 High Risk High Priority	15-25 Very High Risk Very High Priority

Appendix B - Draft Business Case Template for Submissions

Updated: 11.08.2021

VCS Neighbourhoods Operating Model

Hackney CVS

12/08/21

Version control		
Version	Date	Changes from previous version
1	12/08/21	n/a
3	21/9/21	Milestones added, rewritten
4	26/9/21	Updated with case history and achievements

1.0 Executive Summary

1.1 Project Overview

[Concisely describe the key points for the audience before they read the detailed paper. This section should be written last]

- This paper introduces stage three of the VCS Neighbourhoods model, a uniquely innovative, place-based approach to addressing health inequalities.
- This part of the Neighbourhoods model will specifically target our deep-seated health inequalities. It will do this by recognising those grassroots groups who support communities underrepresented in services as equal delivery partners, not just in the redesigning of those services but in the very building of their integrated local health and care ecosystems at a Neighbourhood level.
- This VCS model differs from the functions of other parts of the system where individual service users share their experiences (as “patient voices”), regular surgery

visitors join Patient Participation Groups and other residents lend a voluntary hand in the delivery of health services at a simple level, e.g.: supporting a pop-up vaccination event or acting as a GP meeter-greeter.

- To date, starting from 2019, this model has delivered a sophisticated Forum with an executive body and working groups as part of the Well St Pilot (stage one). This brought local community groups together with residents, councillors and health and care professionals to address local community priorities together.
- Over the last year, stage two of the project has responded to the pandemic by rolling out a simpler engagement model across six further Neighbourhoods. These 'Neighbourhood Conversations' allowed statutory partners and residents to build invaluable connections through the crisis, sharing information round local needs. In Shoreditch Park and City, Shoreditch Trust and Social Innovation for Change, additionally, carried out codesign work around that Neighbourhood's Community Forum development arrangements.
- Stage three of the model will run through the year 2022-3, taking learning from Well St Common and Shoreditch Park and City's Neighbourhood Forums (alongside a strong foundation with some initial workshops on collaboration and partnerships in Hackney Downs, Clissold Park, Woodberry Wetlands & Hackney Marshes) to roll out Neighbourhood Community Forums in the remaining 6 Neighbourhoods.
- This will be done by devolving power and money from the centre to fund four seconded Facilitators from local VCS organisations to work for four days a week, each supporting the development of two adjacent Neighbourhood Community Forums within quadrant arrangements that mirror those of their local Primary Care Networks.
- We feel this is the logical next step in what will be an on-going devolution of power but recommend it allowing that this empowering will not be fully realised until every Neighbourhood's Community Forum is individually facilitated (at least in partnership) - by a local grassroots group reflective of a relevant inequality.
- Stage three will also see our Neighbourhood Community Forums bring a place-based dimension to the VCS Enabler Matrix. To date, this system (funded through a separate agreement) has brought interconnectivity to a whole range of Networks and Special Interest Groups who bring representatives of the voluntary sector together round shared characteristics, experiences of health and social care interests. This means that in future, learning from a Neighbourhood can be easily escalated to appropriate representative bodies at a City and Hackney level while equally allowing for information to be disseminated down from there to Neighbourhood level.
- All of these bodies send representatives to the VCS Leadership Group at a City and Hackney level. At these meetings representatives will have the ability to call special Assemblies to gather the voluntary sector with statutory partners to find solutions to system-wise issues. Stage Three of the VCS Neighbourhood Model will add to this, allowing for four Neighbourhood (at this point Quadrant-based) member representatives to bring a fresh local perspective to any discussion
- In addition, resident involvement is built into our model through working in partnership with Healthwatch Hackney, enabling them to take a full and active role in Neighbourhood Community Forums, including participation in an exec / leadership group or working groups. This draws on a rich history of shared learning and partnership working over the last two years.

- What is not currently costed in this model is funding for any evaluation to collect learning from the VCS programme. We feel this will be a real loss and would recommend a 10% increase to the funding to allow for this to be carried out.
- We additionally feel the project would benefit from a grant-funded programme to help support our grassroots groups to deliver on local priorities.
- While we believe that recurrent and long-term funding will be required if this model is to flourish and deliver at the highest level, we accept that our wider system is still coming together, both at a Hackney and City and North East London level so will only be looking for funding for the year of 2022/3 at this point.
- Our long-term ambition, however, is to obtain the recurrent funding that will allow stage 3 with its Quadrant basis, to evolve further, over time to a stage 4 - where each Neighbourhood's Community Forum has its own dedicated local facilitator or partnership involving a presence of a local grassroots group.

1.2 The Proposal

[Briefly summarise the project and the objectives to address the issues identified in the problem statement. Set out the headline timelines and key milestones/deliverables that are required for this to be successful. Up to three key risks/dependencies and opportunities should be identified here which are then elaborated on in the Case for Change]

Our proposal is to obtain a further year's funding for a VCS model of Neighbourhood Development that has to date created, over stages one and two

- A co-produced governance structure for a Neighbourhood Partnership in Well St Common Neighbourhood comprising of a Forum, leadership and a number of working groups.
- A detailed and comprehensive mapping of VCS, including training needs and offers, community spaces and funding pressure points informing;
    - A Cross-sector, co-produced training and skills sharing programme
    - A fundraising and capacity building programme of support for local VCS and identifying a number of collaborative funding opportunities
- 6 further Neighbourhood Conversations that proved a vital source of local community intelligence through the height of the pandemic supported by a Core Delivery group comprising representatives of Public Health, Council, CCG, Volunteer Centre Hackney and Healthwatch Hackney demonstrating the value of integrated working.
- This core group was able to both collect local feedback and disseminate health messages and data to local VCS organisations through the pandemic.
- Many issues from the community were first raised in these Conversations, including the digital divide and the impact of the crisis and ongoing isolation on physical and mental health.
- Our model flexed to the crisis swiftly, demonstrating its adaptability and creating new networks that brought people together across sectors in Neighbourhoods.
- A series of codesigned governance conversations led by Shoreditch Trust in Shoreditch Park and City built on strong foundations of early Neighbourhood

Conversations in this Neighbourhood, and enriched by a commissioned report on involvement of city residents and organisations by City Healthwatch.

- Developing local agreements and governance is notoriously difficult yet the patient detailed work carried out inclusively has meant that steady progress has been made across this – a tribute to all involved.
- Small funding programmes have been very productive – and levered in small extra funding from PCNS at this early stage, a good indication of the potential of what can be achieved with local focus on priorities and opportunities.
- The potential for partnerships running local prioritisation events has been demonstrated at an Open Space event, pre-pandemic, where 200 local people and organisations produced documents illustrating priorities for Well Street Common Neighbourhood which went on to have interesting crossovers and developments on statutory sector set priorities.

This next stage - stage 3 - will involve

- The creation of basic Neighbourhood Community Forum infrastructures possibly with executive arrangements across all 8 Neighbourhoods
- The identification of 4 organisations (or partnerships), with a preference for the involvement of grassroots groups, to deliver local facilitating across two paired Neighbourhoods, mirroring the quadrant structures adopted by our Primary Care Networks - a member representative from each pair of forums will attend the VCS Leadership Group.
- A reduction in team size but ongoing presence of central core support in the shape of system management and co-ordination assisting with training, advice and comms as well as capacity building (the fundraising, advice on efficiencies and training that can help build the effectiveness of each Forum and support local groups). This will continue to reduce as the forums find their feet.
- Working in partnership with Healthwatch Hackney to involve residents in Forum Co-design by connecting their Neighbourhoods Involvement Manager and Neighbourhoods Involvement and Outreach Coordinator with The Local Facilitators and Central Coordinator. They will be based at Hackney CVS 1 day per week.

CASE STUDIES

We're aware that this kind of governance model needs to be brought to life to truly appreciate its impact, so here are a couple of case studies that show how the next stage of the VCS Model might transform the experience of a resident, a grassroots group and the wider primary care system alike.

THE RESIDENT - CLARA

- Clara's parents hail from Jamaica but she has been a Hackney resident all her life.
- She lives with type 2 diabetes (one of the long-term conditions prioritised by our NEL System) and has established a long-running local grassroots group to share information and provide advice, knowing her condition is a big local issue and that her neighbours are desperate for support but distrust statutory services.
- However, as their funding only covers costs of a meeting space, she also works a zero hours job to make ends meet.

- She cares for her child who is autistic and has been affected by gang violence.

THE VALUE OF A NEIGHBOURHOOD CONVERSATION (Stage Two)

- Whether she can physically attend or not, Clara looks forward to hearing about the workings of her Hackney Marshes Conversation which makes her aware of other local services
- Through this she learns about a food club scheme that offers healthy food for a fraction of the price she would pay at a supermarket and also offers training on how to write a CV - all of which she shares with members of her community group.
- In addition she learns about a workshop the council are running on local services for autism where she is able to hear about advice from a national expert, and shares her own experiences.
- She is also aware of background and context of Neighbourhood Conversations as part of wider changes within health and social care and recognises the future potential of a local, more integrated system.

THE VALUE OF A NEIGHBOURHOOD COMMUNITY FORUM

- Clara is delighted to hear about the opportunity for her community group to facilitate her local Neighbourhood Community Forum and happily agrees to work with another larger local charity to ensure that grassroots groups are fully involved in the development of Forum infrastructure.
- Her status as a delivery partner in her local health and care ecosystem is now assured and her funding means she can give up her zero hours job.
- Seeing Clara at the helm encourages residents in her grassroots organisation to sign up and helps make them confident about speaking up in meetings, but also inspires other local grassroots groups to take an active role in the Neighbourhood Community Forum.
- Under the influence of Clara's group and in line with local population health data that marries with her group's experience, a working group is set up to look at Type 2 Diabetes prevention.
- Clara is now a respected local provider and is formally working with local PCN professionals to address the gaps she has seen in services.
- She is able to help collate research from those accessing local services and identify challenges round service access and self-care that mirror the issues she has faced.
- The results of this research lead to her PCN partnering with organisations in the Forum including part-funding a new culturally-appropriate, preventative service pathway providing Zoom Zumba (or Zoom-ba) and healthy eating tips with some other local grassroots groups who take a central role in delivery linking to other statutory services.
- Feeling empowered by their journey, some of Clara's organisation members start working remotely for a local charity, and others have access to support and training to set up their own grassroots groups via the Neighbourhoods Capacity Builder based at Hackney CVS.
- Clara decides to take a step back from facilitating as she now has her staffing costs funded through the integrated care system, joins the VCS exec group, and is later elected as the Quadrant's representative in the VCS Leadership Group
- At the VCS meeting she finds that when she mentions her concern round a lack of support for families with experience of SEN, it is widely echoed and the VCS Leadership group decide to dedicate an Assembly to the issue.

- Clara's residents have been on a journey but so has her grassroots group who are now positioned at the heart of a fully integrated Neighbourhood system.

THE PRIMARY CARE NETWORK – Shoreditch Park & City PCN

- Shoreditch Park & City PCN are aware that there are serious local issues round breast cancer. Numbers of women having their breast cancer diagnosed at an early stage are disproportionately low in the Bengali community in City of London with women tending to present very late, leading to more complicated acute care being required and lower levels of recovery.

NEIGHBOURHOOD CONVERSATION VALUE

- Shoreditch Trust is approached by the PCN who would like to share information about screening services as well as their falls clinic and physio offer. This information is shared across the wider network in the Neighbourhood

NEIGHBOURHOOD COMMUNITY FORUM VALUE

- On being presented with population health data from the ICS and Council, and insights from previous Neighbourhood Conversations, the Forum which includes councillors, healthcare professionals, residents and community organisations, agree the evidence shows that they should prioritise the early detection of cancer in the Bengali women.
- A working group is set up including a Bengali resident who has heard that a lot of Bengali women from the City of London are attending a community group in neighbouring Tower Hamlets
- The group is funded to facilitate an initial session round breast cancer and organises a pop up "check session" carried out by female healthcare professionals after the group have publicised its visit to their networks. This is a big success.
- Off the back of the relationship building, the City of London women decide to set up a community group closer to home and go into partnership with the forum providers. They are helped to secure appropriate premises by their VCS facilitator, and are supported by the Neighbourhoods Capacity Builder based at Hackney CVS to apply for funding.
- The project has been such a success. It shares its findings across the VCS Enabler both geographically across the other 7 Neighbourhoods but vertically up to the Health and Social Care Forum. It secures long-term funding from the PCN to continue to deliver in the Neighbourhood.

Timelines

NB as evolution of the system is dependent upon human relationships, funding delivery and preferences of different Neighbourhood communities, based upon our learning so far, it is accepted that timescales for each individual Forum may well differ – one size will definitely not fit all owing to differences not only between different Neighbourhoods but between Hackney and The City of London - and that each will take the appropriate amount of time to evolve.

Milestones could also shift dependent on when funding is approved e.g., the earlier funding is approved, the earlier the recruitment of facilitators can start. Equally the milestones act as a framework to support a flexible approach that will flex around each unique Neighbourhood.

21/22 – Q4 – Preparation

- Agreement of process for devolving of power (working with existing Neighbourhood bodies and VCS Leadership Group)
- Identification of potential local facilitator organisations or partnerships (with a focus on the inclusion of smaller, grassroots groups)
- Agreement of what aspects of Forums will be firm requirements
- Learning from stages one and two in Well St and Shoreditch Park and City, and workshops on Collaboration and Partnership working in Hackney Downs, Clissold Park, Woodberry Wetlands and Hackney Marshes compiled into a report to be shared.

Q1

- Big event brings interested organisations together to discuss what is involved in facilitating
- Process to find local facilitators for all quadrants commences, with Forums offered an opportunity to be part of selection process
- Expressions of Interest received/ due diligence carried out
- Agreements made with 4 organisations (partnerships will be accepted) to oversee 8 Neighbourhoods, each taking on 2 Neighbourhoods within one quadrant – smaller grassroots groups representing communities underrepresented in services should ideally be involved
- The two Quadrants containing Well St and Shoreditch Park and City elect reps to VCS Leadership Group)
- Well Street Common Neighbourhood & Shoreditch Park and City Neighbourhood are supported to develop collaborative partnership funding bid based on a local priority by the VCS Neighbourhoods Capacity builder and Central Coordinator
- Community events take place, organised by local organisations (funded as part of 20-21 programme) supported by central team at Hackney CVS, alongside Healthwatch Hackney and with new local facilitators if in post.
- 1 x cross-sector workshop or training in each Neighbourhood

22/23 - Q2

- Central meeting brings together facilitators to share learning from the development of our model and connections with Healthwatch Hackney's Neighbourhoods Involvement Manager / Neighbourhoods Involvement & Outreach Coordinator and rest of Enabler model established
- Based on learning from Shoreditch Trust, facilitators undertake training to support their roles.
- Central Coordinator helps support new local facilitators to hold first round of meetings across all 8 Neighbourhoods. Community priorities based on local population health data and insight from community events/ Conversations agreed along with possible ideas for simple projects to address gaps and any training requirements. These will help build relationships and connectivity and can be supported centrally with any fundraising if needed.
- Each initial Forum Co-design meeting will start with building an agreed vision, aims and identify anyone missing who should be included

22/23 - Q3

- 2 remaining Quadrants elect an interim member rep to attend the VCS Leadership Group
- All Neighbourhoods exploring structures and carrying our activities in line with local priorities and service improvements.
- Bespoke training session offered in each Neighbourhood based on Q1 meeting.
- At least 1 meeting held in all 8 Neighbourhoods

- Local facilitators share best practise round core themes - connectivity, equality & diversity, service innovation - working with Healthwatch Hackney
- Clear systems in place for escalating Neighbourhood level matters to relevant Networks and Forums at borough level and vice versa through Enabler Model

22/23 - Q4

- All Neighbourhoods have a provisional Neighbourhood Community Forum structure in place
- All Neighbourhoods meet at least once
- Neighbourhoods based cross-sector training session offered – linked to Hackney CVS offer
- Central led Meeting allows local facilitators to share best practise round core themes of connectivity, equality & diversity, service innovation working with Healthwatch Hackney.
- All Neighbourhoods have agreed priorities and started working around an agreed inclusive project
- Communications embedded across the Enabler Matrix between Neighbourhoods, Networks and SIGS

Key Risks/ Dependencies

- Appropriate organisations or partnerships cannot be found to host
- Level of funding and/or staffing are insufficient for ambitions to be realised
- A lack of appreciation of length of time it will take for Neighbourhood Community Forums to fully evolve mean funding is removed before Forums mature, meaning the opportunity to transform services and its accompanying learning is lost.
- Now risk is no longer managed at the centre, in cases where milestones are met, but funding instalments arrive significantly late, this impacts on ability of grassroots organisations (who lack the reserves of larger organisations) to pay staff and invoices. This, in turn, results in service interruptions and, in the worst-case scenario, total breakdown in individual Neighbourhood Community Forums.
- Funding offered is non-recurrent and a lack of investment in capacity building means hosts are unable to find funding from other sources making Neighbourhood Community Forums unsustainable.
- Activities fail to reflect interests of all partners or fail to deliver according to all aims meaning groups who don’t see voices heard, disengage from the Neighbourhood Community Forum.

Key Opportunities

- To address health inequalities and transform the quality of local services by embedding the voice of previously excluded communities at the heart of service codesign both through being involved in local facilitation or being brought in to Neighbourhood Community Forums and having equal voice in local service improvement projects.
- For the VCS; to be part of a Neighbourhood model of delivery where their services are recognised and valued as part of local delivery and funded through a locally-designed model.
- For the system; the opportunity is for a flourishing local VCS, locally commissioned to address locally determined health priorities.

- To improve services so that residents from all communities enjoy many more years in good health and reliance on unplanned, emergency care is reduced
- To build a Neighbourhoods tier on to the pre-existing Enabler matrix of community connection and communication across Hackney and City with a view to reducing health inequalities in the system from a Neighbourhood level up to Place level and back down again – providing a hyperlocal intelligence across all the NEL System Priorities including Mental Health, Children and Young People, Employment and, in particular, long-term conditions where it is known that there are differences across the borough
- To work with the Population Health Hub to share valuable insights

1.3 Cost and Value for Money

[Brief overview of financial ask including value for money]

Staffing	**Cost**
Lead – HCVS - 1 day	**12'645**
Central co-ordination HCVS – 3 days	**£21'673**
Capacity Building / Training – 2 days HCVS	**£14'450**
CENTRAL SUPPORT TOTAL	**£60'168 (including infrastructure costs of £9'500 x 1.2)**
Local Facilitators- 4 seconded for 4 days per week (2 days HCVS, 2 days Neighbourhoods	**£127'533 (including infrastructure costs of £9'500 x 3.2)**
STAFF TOTAL	**£187'701**
Activities	**Cost**
Events/ Meetings	**£26'000**
Backfill for small groups	**£4'680**
Support for rep activities	**£2880**

Comms	**£3000**
Training	**£2000**
Staff training and wellbeing	**£1560**
Management Costs - 10%	**£22'782**
TOTAL COSTS	**£227'821**

- Seconding of staff will minimise management costs and maximise ability for collaboration and sharing of best practise/ previous learning without additional meetings
- Involvement of organisations connected to groups under-represented in services in their co-design will bring population health data to life, allowing for better understanding of failings and creation of services that fit the lives of their users – saving money that could otherwise be wasted on bad services that don't favour prevention or early presentation.
- The presence of a capacity builder will increase sustainability of Forums; supporting local VCS organisations and developing collaborative funding applications.
- Current funding envelope for meetings and activities is pooled into one pot to allow for flexibility independent of changes to Covid-19 restrictions/ different priorities and availability within different Neighbourhood Community Forums.
- Backfill and rep support ring-fenced in dedicated pots to protect smaller organisations.
- The added value of the Neighbourhood Programme brings a new, local dimension to the Enabler Matrix in terms of the sharing of information and best practise leading to an improvement in services and increased community resilience.
- Economies in integrating health and care with VCS and improving join-up across VCS.

1.4. Recommendations

- That the board recognises the case for stage three of the VCS Neighbourhoods Model and its alignment with the aims of our health and care systems locally and nationally regarding the reduction of health inequalities and embedding of the community voice at the heart of the coproduction of primary care services.

- Agrees to fully fund the model for a further year, to allow our North East London ICS system to bed in, on the understanding that the long-term ambition will be recurrent funding over a period of at least 3 years on a test and learn basis for the full benefits of the model to be realised..

- That it is understood that a full realisation of the end goal of our Primary Care Network Maturity Matrix, across the domain of working in partnership with people and

communities, will only be arrived at when our model evolves to what would be stage 4 – the point at which every Neighbourhood Community Forum is being run by a grassroots facilitator organisation with a local connection with health priorities and inequalities

- That the board reflects on the option of front-loading the latest stage of the model, allowing for a bespoke training/comms offer, a grant funding programme to empower grassroots organisations at the heart of our communities to deliver innovation and respond to need and a cross-Neighbourhoods, on-going evaluation programme to ensure any impact is accurately measured, and feed into local prioritisation efforts (the evaluation would involve a 10% increase in costs).

2.0. Background

2.1 Introduction and Strategic Case

[Describing existing ways of working and background to service/project and local, regional and national context in which the preferred option is being proposed]

Sadly, not all of our communities in Hackney and City enjoy equally good health or access to their health and care services. Even if they do know where to go to get help round a particular health issue, there can be a whole list of reasons why services aren't appropriate to their needs.

Before the VCS Neighbourhoods model, the main way a resident voice was heard within the system was as an individual, service-using, "patient voice" in NHS meetings or within Patient Participation Groups. Such arrangements tended to have very restricted appeal. They only engaged a very limited cohort of our residents as well as relating to the subjective experience of one service user or service, without providing the ability for any real coproduction of improvements - let alone in a way that took a holistic approach or generated integrated solutions involving the VCS as a key delivery partner.

VCS organisations take a resident voice and apply a multiplier in the sense that they absorb the views and experiences of multiple residents they serve within their respective communities. Equally, when it comes to grassroots organisations, many have grown out of the communities they serve and are run and staffed by local residents (again multiplying their ability to speak for their communities.

In terms of the community and voluntary sector, there have been many examples of collaboration over the years. Some of the VCS Networks and special interest groups brought together within the 'Enabler' matrix have been around for up to twenty years (in the case of the Health and Social Care Forum), but what was lacking was a level playing field. Despite

the attempts by many within the VCS to ensure that smaller organisations had voices round the table at strategic meetings, the landscape - and commissioning processes - favoured larger organisations whose representatives functioned in a similar way to statutory services. It also failed to value those smaller organisations beyond contributing insights and feedback, missing the rich potential of collaboration or codesign.

The evolution of health and care strategy in England over the last ten years has increasingly recognised the resolving of such inequalities as being a key part of any service improvement journey. Additionally, it has been recognised that the empowerment of communities to make positive change is itself a determinant of health and that the voluntary and community sector should be at the heart of that journey.

Our Wider Determinants of Health

In 2010, Professor Michael Marmot published his ground-breaking report, 'Fair Society, Healthy Lives'. This set out a number of wider determinants of health as a basis for explaining health inequalities experienced across England. The paper recognised that giving people more control over their lives had the potential to contribute to their "psycho-social wellbeing" and that an aim of our services should be to create "world-class commissioning" by "engaging people and communities in the co-production of patient-focussed, integrated health services" . This was a practise he recognised the third sector was in a strong place to deliver, being uniquely "well-placed to access communities and identify assets that would extend community networks".

The NHS Long Term Plan

In 2019, The NHS Long Term Plan, was clear that its five-year funding allocation was to be based on a "more accurate assessment of health inequalities and unmet need", asking that every area set out reasonable goals and the mechanisms by which they would contribute to the narrowing of health inequalities in the following five and ten years...addressing unexplained local variation". The plan goes on to reference a large number of inequalities to be addressed.

Sharing Marmot's recognition of the unique value of the community and voluntary sector as a means of connecting with groups absent from health and care services. Clause 2.3.7 stated that, "the NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups "acknowledging their innovation" and that 'many provide a range of essential healthcare and wellbeing services to groups that mainstream services struggle to reach'.

Integrated Care Systems (ICS): design framework

As we have moved forward strategically, this realisation has increasingly gained ground and by the time we come up to date with this year's 'Integrated Care System: Design Framework' the VCS are being described as "the vital cornerstone of a progressive health and care system."

The report states that primary care networks should "ensure governance and decision-making arrangements support close working with the VCS as a strategic partner in shaping, improving and delivering services as well as developing and delivering plans to tackle the

wider determinants of health". "Arrangements in a system or place should not just provide a mechanism for commentary on services but should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system. Where decision-making affects communities, groups or specific services, these arrangements (including any formal consultation) should fully engage those affected". The document goes on to lay out 7 principles for how ICSs should work with people and communities. These most importantly include

3 "working with …. the voluntary, community and social enterprise sector as key transformation partners".
4: Understand (ing) your community's experience and aspirations for health and care
5: Reach(ing) out to excluded groups, especially those affected by inequalities
And 7: Us(ing) community development approaches that empower people and communities, making connections to social action

Further "As part of this strategy the body should work with its partners across the ICS to develop arrangements for

- "ensuring the ICS Partnership and place-based partnerships have representation from local …. communities in priority setting and decision-making forums
- Gathering intelligence about the experience and aspirations of people who use care and support, together with clear approaches to using these insights to inform decision-making and quality governance.

Primary Care Maturity Matrix

At a primary care level, our Maturity Matrix sets out the ambition of "community representatives and community voice" being "embedded into the PCN's working practises" as "an integral part of the PCN planning". This is the step at which the matrix believes our goals are fully realised, the one where "the PCN has built on existing community assets to connect with the whole community and codesign local services and support"

City and Hackney Neighbourhoods

In Feb 2020 the Integrated Commissioning Board approved the VCS Neighbourhoods Operating Model as part of its multi-year delivery plan for Neighbourhoods. The aim of the programme was to deliver more person-centred and integrated care for residents that was closer to the community. It was also about facilitating connections between health and care professionals and their local communities. This will be at a 30-50'000 population level and integrated with primary care through Primary Care Networks. The programme is helping facilitate these changes to ways of working across system partners in City and Hackney.

Priorities

The overall Neighbourhoods model corresponds to 6 locally set priorities

1. To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs
2. To continue to redesign services that will make up Neighbourhood-based blended teams that support the residents identified by priority 1
3. To provide coaching and organisational development support to Neighbourhood based blended teams that enhances trust and supports collaborative working

4. To establish meaningful and sustainable approaches to resident involvement. This includes developing a strong Neighbourhood culture where the VCS and residents feel connected and have influence
5. To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well St Common
6. To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities.

Year	Outcome
Year 1 – 2018/ 19	Scoping / programme plan
Year 2 – 2019/ 20 STAGE 1	Well Street Common Neighbourhood Pilot Neighbourhood Conversations; Covid-19 Response
Year 3 – 2020/ 21 STAGE 2	Supporting Well Street Common Neighbourhood Partnership development Forum Co-design Shoreditch Park and City Neighbourhood Conversations; Covid-19 Response and Recovery
Year 4 – 2021/22 STAGE 3	Supporting Well Street Common Neighbourhood Partnership development Forum Co-design Shoreditch Park and City Neighbourhood Conversations; Covid-19 Response and Recovery

Stage 1 – Well Street Common Neighbourhood
The focus was on developing a model in Well Street Common Neighbourhood**,** a Neighbourhood with high socio-economic health needs, and low investment in terms of facilities. It looked at 3 broad areas:

- **Connectivity**: between Voluntary and Community sector (resident led) organisations, and between VCS organisations and statutory sector partners
- **Governance:** coproducing with the Neighbourhood based VCS and residents a partnership structure for Well Street Common and establishing principals of best practice.
- **Sustainability and capacity building:** coproducing Neighbourhood priorities and taking forward a training and skills sharing programme and Neighbourhood-based collaborative fundraising. There was also support to individual organisations with a tailored organisational development plan for 8 organisations.

Our model was informed by models developed in Sheffield and Wigan; with their learning advocating the importance of **'culture change'** and not to adopt 'what' they have done, but their approach.

Building and sustaining **connectivity and engagement** was key to moving from a 'transactional Forum' or box-ticking exercise to fostering local ownership; and a Forum **for the community by the community**.

This pilot work set a clear ethos for working approach– stressing **equality of voice and representation** – and the wish to be **informal, accessible and dynamic.** The community placed great value in **local ownership and protection / elevation of the community voice**, communication in everyday language and for **power dynamics** to be addressed.

The holistic, **co-produced approach** undertaken has meant we had an excellent level of engagement across sectors, supported and underpinned by the mapping, training and fundraising activities.

Achievements included

- Mapping of 40 local VCS and statutory sector organisations
- Co-produced governance structure with Forum & Leadership Group
- Co-produced training and skills-sharing programme of 10 sessions
- Co-produced fundraising programme, including 1:1 organisational development support and joint funding proposal

Stage 2 – Covid Response

1. **Neighbourhood Conversations**

In 2021/22 The VCS programme has been contributing to place-based working through facilitating six Neighbourhood Conversations (eight at the start of crisis, moving to six as work in Well St Common Neighbourhood recommenced and Shoreditch Park and City started co-design of their Neighbourhood Community Forum.)

- These originally recognised the necessity for voluntary and community sector organisations to have immediate access to local community meetings where they could share information and experience, raise issues and hear from wider partners from the start of the pandemic
- They are now established as the (virtual) cross-sector space to;
    - Make connections and build knowledge of what's going on locally
    - Share local insight, expertise and experience - such as discovering the issue round wariness of people with NRPF in signing up with a GP in Hackney Marshes
    - Help increase local capacity and development of better services
    - Generating ideas from which locally-led action can flow.
- A flexible 'core team' of Hackney Council, CCG, Public Health, VCH, Healthwatch Hackney have supported Conversations with responses to issues raised, became key information givers, and are sounding boards for ongoing work as well as expanding and flexing for each quarterly community meeting, bringing in emerging teams and services including the new CoRe (long-covid service), the new Blended Mental Health Teams and introducing new roles in to the Primary Care Networks.
- Alongside bringing Neighbourhoods-based teams and new roles in Neighbourhoods and Primary Care Networks, we have incorporated induction sessions for statutory sector staff by opening meetings early as well as building connections across sectors through creative use of digital facilitation and breakout spaces.
- This is in addition to shared cross-sector training and an emerging focus on community events both acting as a catalyst fostering though our funded projects and the pilot community event in Well Street Common Neighbourhood in Q3 '21-'22

Achievements

- Flexing and adapting to the crisis swiftly, demonstrating the adaptability of our model and creating new Neighbourhood-based networks that brought people together across sectors.
- 4 Neighbourhood Summary Reports have been produced across identified priority themes: Digital Divide, Health Impact, Signposting and linking with services, Community Connections and Mutual Support; inequality and deprivation (along with long term food poverty) a central theme cutting across all 4 Reports. Each report summarises discussions looking at shared action and solutions to the concerns and challenges identified; helping to inform and support Borough wide and Neighbourhood level thinking and action across these issues.
- Mind in the City, Hackney and Waltham Forest jointly delivered Mental Health Aware training with Hackney Chinese Community Services, Derman (for the Turkish and Cypriot Kurdish communities) and the Community African Network and IRIE Mind (African & African-Caribbean communities).
- Equity, Equality, Diversity and inclusion cross-sector training provided to frontline staff across sectors as well as resident activists.
- Small grants programme to deliver activities and projects in Neighbourhoods that encourage collaboration and prioritise involvement of grassroots organisations including
    - Online sessions with (local Somali organisation) Coffee Afrik covering mental health resilence, community needs/concerns/healing/structural racism, to help build a person centred, culturally competent offer at a community centre in Hackney Downs
    - Pop up mental health support project for disadvantaged and vulnerable parents from diverse communities and young people from diverse communities led by grassroots group Shepherd Fold Ministry, on Kingsmead Estate in Hackney Marshes, supported by training delivered with Mind in the City, Hackney & Waltham Forest
    - 8 x 1.5 hour exercise and social interaction sessions for Orthodox Jewish women delivered by an instructor from that community in Clissold Park offered by MRS Independent Living.
    - Hackney Playbus covid-safe sessions made available to families in lockdown in Woodberry Wetlands, additional funding from PCNs to deliver play sessions in Well Street Common, Hackney Marshes, Springfield Park, Shoreditch Park and City. Joint funding has contributed towards the conversion of a new low emission compliant Playbus, allowing Hackney Playbus to be able to deliver in all the Neighbourhoods highlighted.

Neighbourhood Conversations have also created a dynamic and responsive online space that connects VCS and statutory sector, for example in London Fields, Shelter offered GPs advice on how to spot patients at risk of eviction and make early referrals. There was also a group discussion around an increase in domestic violence and the disproportionate use of stop & search for young black men – particularly in this Neighbourhood.

All of these examples show what can be achieved through making local connections that raise awareness of the kind of local skills and assets that can be harnessed to provide

support and build friendship. However, a shift to a Neighbourhood Community Forum model would allow for more focussed on-going planning, centred round shared priorities as the Well St Common Neighbourhood pilot has demonstrated.

2. **Developing Well Street Common Neighbourhood Wellbeing Partnership**

- During the current funding period (up until March '22) the programme has supported the continued development and delivery of the Well Street Common Wellbeing Partnership as a locally devolved Forum developed with leadership from an executive group.
- Strong systems for collaboration have been built through a shared Mental Health Working Group in addition to
- Piloting a 'Neighbourhood Delivery Group' with the PCN and wider system partners.
- The locally devolved Wellbeing Partnership will reallocate funding for a working group to host a local community event to showcase and promote all that is on offer in the Neighbourhood for local residents, offering an opportunity to understand community priorities from local residents to shape focus for the next year, and to develop a toolkit for other Neighbourhoods to host their own community events at the end of this / early next financial year.

Achievements

- Maintaining momentum and interest in the development of the Forum through the pandemic, and supporting the embryonic Exec group who were already at capacity supporting their local communities in the pandemic.
- 10 workshops organised by African Arts & Advice Centre and Community African Network for young people and their families, raising awareness of mental health with mental health professionals.
- Mental Health Prevention Working group project to collect lived experience stories of mental health facilitated by professional as well as identifying local champions.

3. **Shoreditch Park and City**

The VCS have also supported and piloted a 'local facilitation' arrangement in Shoreditch Park and City of London Neighbourhood with Shoreditch Trust/ Social Innovation for Change.

Achievements and learning

- Agreeing a preference for quarterly meetings that are a blend of physical and virtual with favoured model consisting of a central Forum with working groups and a less hierarchical structure. Geographic as well as communities of interest need to have representation.
- Key learning from Shoreditch Park and City Neighbourhood has informed the development of the model for Neighbourhood Community Forums outlined in this document and supporting presentation.
- We have funded City Healthwatch to develop recommendations for the involvement of City residents, organisations and services.

We have additionally been involved in developing arrangements for VCS organisations to refer patients to MDMs including protocols for small VCS organisations, data sharing agreements, and engagement with organisations across Neighbourhoods to promote an understanding and appropriate use of referrals and relationships with Neighbourhood MDMs.

We've also been working with partners (Office of PCNs, Central Neighbourhoods Team, Healthwatch and HCVS) to develop a model for Neighbourhood Partnerships, with a working title of Neighbourhoods Delivery Groups – currently supporting an initial pilot in Well Street Common Neighbourhood that has a focus on supporting the work of the new Inequalities DES. We are supporting the Neighbourhood Community Forum to be represented in this group and advocating for shared priorities that place value on community voice.

The focussed development work in Well Street Common Neighbourhood and Shoreditch Park and City, in addition to learning from the scale up to Neighbourhood Conversations, is about embedding long-term change. Community Forums can be the catalyst for a shift in relationships between VCS and statutory sector at a place-based level and makes the case for a significant cultural change with the community voice at its heart.

2.2 Scope

[What will be covered/included. Needs to describe what was in scope / not in scope of the original re-design work.]

Context: 2019/22 Well Street Common and Neighbourhood Conversations

The original proposal from the Voluntary and Community Sector for Neighbourhoods drew on models in Sheffield and Calderdale and proposed a pilot in one Neighbourhood covering the following five areas:

1. A co-produced governance structure for a Neighbourhood Partnership, including wider forum, and leadership *(governance)*
2. Detailed mapping, and relationship building, VCS, residents, statutory sector *(building connectivity)*
3. Cross-sector, co-produced training *(training)*
4. *Employment advice workers – triaging to services/community navigation*
5. *Management of a commissioning budget, linked to priority setting*

The original work commissioned for 2019/20 was carried out in Well St Common and covered the first 3 areas (governance, connectivity and training) only with an additional priority added around building support to local organisations to assist with sustainability. NB the final two priorities have not been funded to date which we feel has affected its impact.

Impact of crisis and scaling up: Neighbourhood Conversations
With COVID, different aspects of the programme were prioritised and instead of continuing in Well Street Common Neighbourhood and commencing work in a second Neighbourhood, which was in our pre-Covid plan, the focus has been instead on working in a more light-touch manner across all Neighbourhoods - realising the necessity for voluntary and community sector organisations to have immediate access to local community meetings where they could share information and experience, raise issues and hear from wider partners. Scaling up at pace has also resulted in a scaling back of training and the development and capacity building that would have helped make the model more sustainable. It has also prevented further mapping of local services beyond locally curated lists self-managed by the local VCS

and residents via a live shared document.

Alongside bringing in Neighbourhoods-based teams and new roles in Neighbourhoods and Primary Care Networks, we **have incorporated induction sessions for statutory sector staff** by opening meetings early as well as building connections across sectors through creative use of digital facilitation and breakout spaces. This is in addition to shared cross-sector training and an emerging focus on community events both acting as a catalyst fostering though our funded projects and the pilot community event in Well Street Common Neighbourhood in Q3 '21-'22.

Developing Shoreditch Park and City Neighbourhood Forum and Well Street Common Neighbourhood Wellbeing Partnership

During the current funding period (up until March '22) the programme has supported the **continued development and delivery of the Well Street Common Wellbeing Partnership** and strong systems for collaboration have been built through a shared Mental Health Working Group in addition to piloting a 'Neighbourhood Delivery Group' with the PCN and wider system partners. The locally devolved Wellbeing Partnership will reallocate funding for a Forum to hosting a local community event to showcase and promote all that is on offer in the Neighbourhood for local residents, offering an opportunity to understand community priorities from local residents to shape focus for the next year, and to develop a toolkit for other Neighbourhoods to host their own community events at the end of this / early next financial year.

The VCS Neighbourhoods Team have supported the Wellbeing Partnership executive or core group as they establish, in addition to an Equality and Diversity Working Group and Healthwatch Hackney have supported the Resident Involvement working group.

Hackney CVS have also **supported and piloted a 'local hosting' arrangement in Shoreditch Park and City of London Neighbourhood with Shoreditch Trust.**
Key learning from Well Street Common and Shoreditch Park and City Neighbourhoods have informed the development of the model for community Forums outlined in this document and supporting presentation. We have funded City Healthwatch to develop recommendations for the involvement of City residents, organisations and services.

We have been involved in developing arrangements for VCSE organisations to refer patients to MDMs includes protocols for small VCSE organisations, data sharing agreements, and engagement with organisations across Neighbourhoods to promote an understanding and appropriate use of referrals and liaising with Neighbourhood MDMs to ensure the complicated issues at the heart of some grassroots groups are addressed in a holistic manner. These meetings could be a real game-changer for residents and for the grassroots organisations that support them.

We had also been working with partners (Office of PCNs, Central Neighbourhoods Team, Healthwatch and VCS) to develop a model for Neighbourhood Partnerships, with a working title of Neighbourhoods Delivery Groups.
This was in collaboration with PCNs, Central Neighbourhoods Team and Healthwatch Hackney/City of London and wider system partners on proposals for the development of partnerships in all Neighbourhoods. The proposals were to draw on the learning of the partnership development process in Well Street Common Neighbourhood and emerging work

in Shoreditch Park and the City Neighbourhood, testing and learning with a partnership linking to the community forum in Well St and building on our strong links with the Primary Care Network.

The move to online meetings also allowed some testing of commissioning with Hackney CVS able to offer **small Neighbourhood project funding** in each of the 8 Neighbourhoods and secured match-funding from 5 PCNs for 3 projects.

Future Plan and scope: 2022/23 - Building Neighbourhood 'Community Forums'

Given the infrastructure that was developed during the course of 2019-2022, with an active community Forum in place in Well Street Common Neighbourhood (named a Wellbeing Partnership) and Shoreditch Park and City Neighbourhood, we understand that there is now a universal desire to upscale the Neighbourhood Conversations in other Neighbourhoods with a view to developing similar infrastructure.

If our Neighbourhoods model is to realise our system ambitions around meaningful codesign, it's important that power is devolved from the centre, allowing for a more holistic, preventative model based around involvement of grassroots community groups alongside larger voluntary and community sector organisations. To this end we will be looking for local facilitator organisations (or partnerships) with local connections to run pairs of twinned Neighbourhoods in arrangements that mirror the Quadrants favoured by our Primary Care Networks: Well St Common will be paired with Hackney Marshes; Shoreditch Park and City with London Fields; Woodberry Wetlands with Clissold and Springfield Park with Hackney Downs.

Not only will this marry up with models familiar to our health and care professionals (and through their synchronised workings, local residents), the focus on just the four "local facilitator" quadrants across the 8 Neighbourhoods ensures that we can fund them to work with their Neighbourhoods across four, not two days, within our current funding envelope - a meaningful amount of time to ensure this development receives the care it needs. Further, with just 4 quadrants, it means two Neighbourhoods – London Fields and Hackney Marshes – can draw directly on learning from Well St and Shoreditch Park and City; Leaving just two quadrants (and 4 Neighbourhoods starting their journey from that lower, Neighbourhood Conversation level.

Even here, though, we believe that the Secondment arrangement where Local Facilitators spend two days at the centre, will allow for flex and the sharing of best practise across all Quadrants and forums. This will also draw in the Neighbourhoods Involvement Manager and Involvement and Outreach Coordinator working at Healthwatch Hackney.

One thing we do feel that should be actioned from an early stage is some kind of simple project that stakeholders can work on together around a local priority. One of the real learnings from 'Shoreditch Park and City Neighbourhood' was that a focus on governance alone was a big turn off for the local community with numbers attending halved over time from 50s down to 20s.

Out of scope

- During implementation the facilitators & coordinator cannot coordinate additional issues-based working groups, consultations or co-design of services unless funded to do so as the focus will be on supporting the community to develop a Neighbourhood Community Forum that can represent them.

- Although the VCS Neighbourhoods Model's place-based extension to the Enabler model is a huge selling point, it should be noted that the City and Hackney level Networks and Special Interest Groups that make up the rest of the matrix are funded in a separate contract (and that the VCS reps and chairs of the Networks and Special Interest Groups are paid for by the London Borough of Hackney
- An Evaluation of our programme
- Neighbourhoods Grants Programme through Hackney Giving

2.3 Problem Statement

[What problems the proposal/approach is seeking to address]

The VCS Neighbourhoods proposal uniquely addresses those health inequalities experienced by our communities within Hackney and City. Rather than focussing its attention on those who are receiving care and capturing individual "patient voices" of service users or asking residents to lend a hand and provide non-clinical support, it hones its attention on system inequalities and those who are not present in services – not present in delivering services, because the current system does not recognise them or accommodate them as on-going partners; not present as service users because the people traditonally supported by such VCS groups either lack trust in local institutions, don't know where to go to find help, or find services inaccessible for whatever reason.

The more holistic approach of the VCS Neighbourhoods model sets out to capture the authentic, consistent voices of those communities under-represented in local services and then grassroots groups who support them at a Neighbourhood level and the (largely) preventative health services many of these offer. Rather than talking at them, it aims involve them in the creation of local Neighbourhood Community Forums to embed them at the heart of service design and coproduction, recognising them as equal delivery partners in a way that will to address these historic inequalities, establishing them as valued players in the local health and wellbeing system.

The results of such a shift would see the voluntary and community sector recognised as a key referral partner locally (addressing any under-representation of their community in services), a better joining-up of services, the creation of more inclusive, collaborative services and a better ecosystem, overall, though this would need to be accompanied by a more marked adjustment in funding towards the VCS.

The model will build community resilience, awareness, join-up and understanding of what local services are currently available on the one side, but ensures that issues with service design round particular communities are identified and addressed. On a simple level it addresses issues such as isolation, building connections not just between individuals and their community but relationships between voluntary organisations. It builds community resilience in addressing the lack of knowledge many have round their local communities and ensures people will be made aware of instances where they can find care closer to home.

To address such challenges will be at the heart of delivering on our Better Care Fund metrics, namely

1: Reduction of non-elective admissions (General and Acute) - by better identifying those in need, increasing awareness of support services and through a better tailoring of services, informed by the lived experience of local residents

2: Reduction of admissions to residential and care homes – by building community resilience and ensuring residents have a better knowledge of how to look after their personal fitness and health, being supported to do this so that they remain in their homes longer

3. Effectiveness of reablement – through a more holistic understanding of what works and what doesn't work for residents

4.Delayed Transfers of Care – By ensuring communities have the resilience to provide support for those returning from acute care.

5 Reduction of attendance and waiting lists for acute mental health services as support available in the community and social activities reduce local isolation

But to achieve this, Neighbourhoods needs a thriving and resilient voluntary and community sector in each Neighbourhood, connecting and providing preventative and holistic services to local residents and to address system priorites and support local bodies such as the population health hub by providing rich insights on gaps and opportunities that can be commissioned through innovative Neighbourhood Community Forums.

3.0 Current State (Existing ways of working)

3.1. Current Position

[What is the current service structure/in place currently i.e. describe the position pre-Neighbourhoods]

For many years, the community and voluntary sector has engaged in joint working with different parts of the statutory sector, via the VCS Networks and Special Interest Groups.

What sets stage three of the VCS Neighbourhoods programme aside is that its integrated infrastructure will itself have been coproduced with the input of grassroots VCS groups as delivery partners. This will strengthen their role in commissioning processes offering contracts and long-term, recurrent funding that historically have tended to favour the larger VCS organisations - bodies that had the capacity for the statutory sector's strict monitoring and delivery requirements.

Stage three will also allow for a local dimension to be plumbed into the pre-existing Enabler Matrix that had brought together members of organisations across different protected characteristics and issues but will now also allow for local variations to be captured.

Now that the VCS Neighbourhoods pilot has been in place for two years we can see the difference made by Stages 1 & 2

- **The Neighbourhood Community Forum in place in Well Street Common** Work has included the building of a greater understanding community priorities via a community event planned and hosted by the Forum, supported by the Core or Exec. Group.
- **A Mental Health Working Group**, coordinated by a local VCS organisation, accountable to the Forum that is currently carrying out a piece of work, capturing the stories of residents with lived experience of mental health recovery in a way that addresses stigma.
- 10 workshops organised by Community African Network for young people and their families, raising awareness of mental health with mental health professionals
- **Over the last year, the VCS Programme has also delivered a second stage in the shape of Neighbourhood Conversations – informal 'networks' of residents, VCS large and small, councillors, council and NHS staff in remaining 6 Neighbourhoods with strong links to PCNs (stage 2)**

Examples of success:

The development of outreach and infrastructure that has eased the enablement of a small grants programme to deliver activities and projects in Neighbourhoods that encouraged collaboration and prioritised the involvement of grassroots organisations including

  - Online sessions with (local Somali organisation) Coffee Afrik covering mental health resilience, community needs/concerns/healing/structural racism, to help build a person centred, culturally competent offer at a community centre in Hackney Downs
  - A pop-up mental health support project for disadvantaged and vulnerable parents from diverse communities and young people from diverse communities led by grassroots group Shepherd Fold Ministry, on Kingsmead Estate in Hackney Marshes, supported by training delivered with Mind in the City, Hackney & Waltham Forest
  - 8 x 1.5 hour exercise and social interaction sessions for Orthodox Jewish women delivered by an instructor from that community in Clissold Park offered by MRS Independent Living.
  - Hackney Playbus covid-safe sessions made available to families in lockdown in Woodberry Wetlands, additional funding from PCNs to deliver play sessions in Well Street Common, Hackney Marshes, Springfield Park, Shoreditch Park and City. Joint funding has contributed towards the conversion of a new low emission compliant Playbus, allowing Hackney Playbus to be able to deliver in all the Neighbourhoods highlighted.

4.0 Case for Change and Proposed Model

4.1 Case for Change

[Please describe the case for change i.e. why is this new model required - what needs to be different from the current position identified above]

Sadly, not everybody in City and Hackney enjoys the same access to healthcare services. Even when they are aware of what services are available and where they can find them (with or without additional support), the care they find does is not always tailored to their deeper needs, nor focussed on what might prevent them from needing that care in the first place.

The only way to change this is to introduce meaningful coproduction targeted at specific communities, in the right place at the right time in the right way. Previous models of patient involvement have tended to be rooted in a school governor-style “critical friend” model (patient participation groups) or placed those with an understanding of the health system in “patients’ voice” or “patient story” type positions. There is also definitely a place in the system for operational volunteers to serve as GP practise meeter-greeters or take on other support roles.

A fully-funded VCS Neighbourhoods model, however, goes right to the heart of the final step in the ‘Working in partnership with people and communities’ domain of our PCN Maturity Matrix. In doing so, it realises the ambition to embed community representatives, both VCS and residents, as assets, with their community voice as an integral part of PCN planning and decision-making, enabling the system priority of reducing health inequalities.

If we are to unpack issues of inequalities, we need to access not individual service users or residents but whole communities - VCS and residents - to separate subjective personal opinion from wider experience. It’s in this way we see beyond our population health data. Data might be able to tell us “what is wrong” or “where” an issue lies, what it doesn’t tell us is “why”. Without this, and the recognition of the community and voluntary sector grassroots organisations as delivery partners worthy of equal treatment, we cannot begin to address service quality issues in an efficient way.

Hackney and the City of London enjoy a rich diversity of population totalling around 285’000 residents. Local communities include the Orthodox Jewish population, many African and Caribbean groups; established Turkish, Kurdish and Cypriot communities in addition to a notable presence of Vietnamese, Chinese, Latin American, Filipino and Middle Eastern diaspora. To address such a range of ethnicities intercut by the intersectionality of different ages, locations, genders, variations of mental and physical ablement and sexualities will require a very VCS special matrix of our own: The Enabler.

Signed off and funded as part of a separate contract in 2021 that currently runs up to June 2022, The VCSE Enabler brings together a collection of 7 system-level networks including the Children & Families Forum, Health and Social Care Forum, Hackney Refugee and Migrant Forum, Hackney Advice Forum, the Safer Young Hackney Network and the Supported Employment Network. These are connected with 6 special interest groups focussing on Mental Health, Disability, Learning Disability, Sexual Health, Older People’s, LGBTQiA, uniting representatives from many groups representing a different community or issue. Each Network or SIG has the right to send a representative to attend 6-weekly meetings of the VCS leadership group where concerns can be aired and connections can be built with statutory partners. The costs of the Network reps and VCS Leadership Chairs are funded by London Borough of Hackney.

Where a dominant, system-wide concern has been discovered and escalated to the VCS Leadership group, this can then be recognised and taken forward to a quarterly VCS Assembly where the entire sector comes together to discuss challenges and frame solutions, working in association with statutory partners. To date Assembly 1 has discussed a range of

issues about emotional wellbeing and a business case is being finalised to identify gaps in services, possible service improvements and VCS solutions, while Assembly 2 will assess how we make Hackney and City anti-racist, across the system. This part of the Enabler contract is paid for through a contract signed with City and Hackney CCG.

To date our Neighbourhoods Model has developed a Neighbourhood Community Forum in Well St Common Neighbourhood, with an executive group and working groups. In Shoreditch Park and City, the Shoreditch Trust has worked to bring elements of codesign to a second Neighbourhood and in the remaining 6 Neighbourhoods, light-touch conversations have brought together residents with Councillors, Council Officers and Health and Care workers to work out how they can support each other through the pandemic. The focussed development work in Well Street Common Neighbourhood and Shoreditch Park and City and facilitating Neighbourhood Conversations over the last three years has been a process of embedding long-term change. Neighbourhood Community Forums can be the catalyst for a shift in relationships between VCS and statutory sector at a place-based level and makes the case for a significant cultural change with the community voice at its heart. The Neighbourhoods model is funded within one contract with Hackney CVS by NHS City and Hackney CCG

Any other funding has been grants-based and non-recurrent so does not touch the VCS Neighbourhoods structure.

As we request funding for another year and stage 3 of the VCS Neighbourhoods programme, our intention is move towards developing full Neighbourhood Community Forum infrastructures in all Neighbourhoods, to devolve their ‘local facilitation’ to (in the first instance) a Quadrant level (matching PCN structures), with organisations or partnerships (ideally including grassroots community groups) facilitating forums in 2 Neighbourhoods. To do this within the current financial envelope means a challenging balancing act will be required as we greatly reduce the level of support from the centre, at the same time as we bring in fresh feet at a local level.

However, we believe that the coproduction benefits of devolving power justify the risks involved and that the latter can be mitigated as the secondment basis means that local facilitators of quadrants will split their time between their chosen Neighbourhoods and desks at the centre, allowing the more evolved Neighbourhoods to share best practice, all the facilitators to learn from each other and for a real focus of our light-touch central support. it should be stressed, though, that this is very much a bronze medal version of what the system could be and that each Quadrant and Neighbourhood will go on its own journey. It will be directed towards local priorities by local groups and different combinations of personalities and take different amounts of time to evolve in its own way and at its own pace.

We equally feel that in funding each organisation or partnership to deliver four days’ work on a pair of Neighbourhoods, rather than two on one, the offer will be more sustainable, though we feel strongly that this evolution of governance in each Neighbourhood should occur side by side with partnership working across an agreed Neighbourhood priority and an excluded community with a view to both bolstering relationships and demonstrating impact from the start to avoid residents and professionals (all of whom tend to be time poor) becoming bored of dry governance development and disengaging.

Another key ambition of next year, however, will be the integration of the 8 Neighbourhoods into the ‘Enabler’ matrix bringing a place-based dimension to the framework. By April 2023, all 4 quadrants will have a place-based voice in VCS Leadership meetings but more than this

we will have problem-solving system where learning from an issue arising within one Neighbourhood can be shared horizontally across other Neighbourhoods but similarly escalated to relevant, system-level Networks or Special Interest Groups. Where concerns are being felt universally across Neighbourhoods they can be escalated to drive an Assembly and similarly issues picked up within Networks can be bounced across Neighbourhoods to get a better idea of who they are affecting, why and where.

4.2 Proposed Model

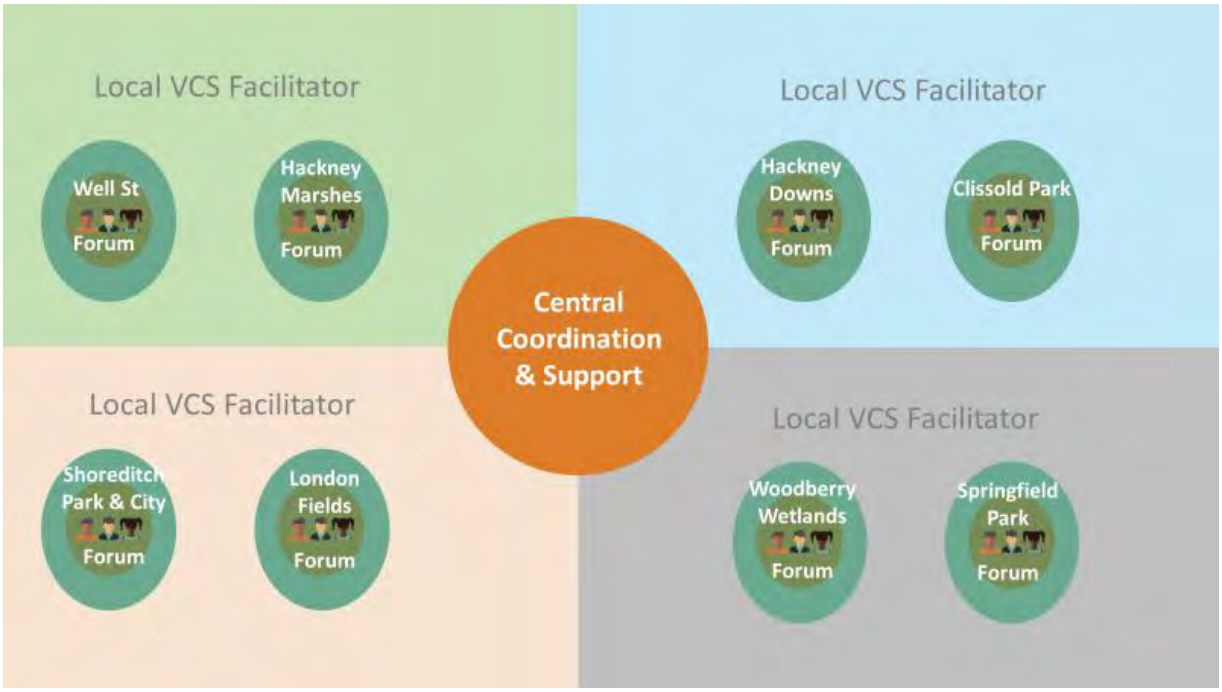
[Please describe in detail the proposed model. Include the detail of changes to ways of working and new roles. Include structures e.g. diagrams.]

Introduction
Each Neighbourhood in Hackney has a different rich and diverse voluntary, community and social enterprise (VCSE) offer encompassing a range of organisations; from micro resident-run community organisations to larger long-established charities. Many of these organisations, especially those most embedded in the fabric of each Neighbourhood, are in touch with those people furthest from mainstream services due to poverty or cultural/ language barriers.

Local VCS facilitator organisations or partnerships will support the development of Neighbourhood Community Forums in each of two paired Neighbourhoods. Each pair will be twinned across the same Quadrants used by our Primary Care Networks and guided by learning from our pilot work in Well Street Common Neighbourhood and Shoreditch Park and City Neighbourhoods, in a way that reflects and respects VCS and community diversity.

Each Quadrant "facilitator" will bring organisations and people together to have a collective voice and representation within the Neighbourhood models and structures. They will enable statutory and voluntary sector staff, patients and residents to know and to refer to VCSE services in the Neighbourhood more easily, as well as cultivating a shared understanding of local needs and working together on projects to minimise inequalities and improve local care.

Partnering with Healthwatch Hackney will help by developing appropriate communications and engagement plans in each Neighbourhood to promote each Forum to residents. They will identify needs, skills and interests of residents joining the Forum, providing practical support to enable them to participate as well as establishing and managing accessibility and inclusion processes for residents.



Within each Quadrant, there will be a proposed Neighbourhood Forum Model.

Adapted from our original model report, **Neighbourhood Community Forums** are built and owned by the people that live, work or provide services in their Neighbourhood.
Their foundations and building blocks are core elements of **connectivity and sustainability supported by local governance**. They are designed through **co-production and collaboration**. The resulting **Neighbourhood Community Forum** structure may vary, reflecting the diversity of the Neighbourhood that developed it, and build on any existing infrastructure, partnerships and joint working.

Our most-developed **Neighbourhood Community Forum at Well Street Common Neighbourhood** has had to date a **Core or Exec Group** for **governance**, who coordinate and oversee the work of the **Forum; an open access meeting space to those living, working, providing services in each Neighbourhood**. The Core Group is accountable to the wider Forum. A local facilitating organisation (or partnership) will support the Core Group and brings people together for regular community meetings, working groups and links to other local resources - as agreed by the members. **Central coordination** from Hackney CVS will share learning across Neighbourhoods, support Forum reps in the VCS Leadership Group and Assembly and be the bridge between the Forums and the rest of our Enabler matrix. It might be, however, that our newer Neighbourhoods will not want to go with the same model of Forum.

Sustainability will 'wrap around' the **Community Forum,** built through a training, funding and capacity building programme, driven by local priorities, coordinated by the Neighbourhood Community Forum Core Group and supported by cross-sector working groups supported by a dedicated Capacity Builder role who can also support collaborative funding applications. Community Meetings including Forums, Working Groups and shared training events will offer opportunities to build **connectivity** between staff cross-sector as well as volunteers and residents.

The **Neighbourhood Community Forum interrelates and connects** with Primary Care Networks (PCNs) with the potential of a linked Neighbourhood. We will work with **Healthwatch Hackney on resident involvement** with residents participating meaningfully in Forums and represented in the Partnership Core Group.

The VCS Leadership Group will provide a governance function as well as feedback and support to elected reps, with strong links with the quarterly VCS Assembly and Hackney CVS networks and a Neighbourhood Coordinator (based at Hackney CVS) providing feedback and support.

Our long-term goals

- **8 Neighbourhood Community Forums** meeting quarterly and involving VCS, residents and frontline workers
- **A local VCS Facilitator hosted by a local organisation or partnership** working alongside Healthwatch Hackney, works and supports the local community to set issues and agendas, and **ensures involvement of small and diverse organisations in each of their Neighbourhood Community Forum**
- **Each Community Forum will build their own locally developed working arrangements**, which could include
    - **An exec or core group** for the Neighbourhood Community Forum consisting of VCS large and small, and residents, and taking into consideration geographic representation of people and organisations as well as representing communities
    - **Elected representation in strategic groups including VCS Leadership Group**
    - **Working with PCNs on shared priorities and co-designing services**
    - **Developing connectivity between residents, VCS and statutory partners**, so improved referrals and links to MDTs
    - **Working groups** possibly including a local Equity, Equality and Diversity Group, Resident Involvement working group and issues-based groups depending on local priorities e.g. a mental health working group
- **Central co-ordination from HCVS connects and supported local facilitators;** a team of 4 facilitators working across 2 Neighbourhoods each, though in the future this would ideally be a facilitator per Neighbourhood. The Central Coordinator will
    - Support governance through supporting Reps from Forum to attend VCS Leadership Group
    - Supporting Neighbourhood facilitators to connect with Assembly and Hackney CVS networks and provide training and sessions to share learning across Neighbourhoods.
    - Sharing learning, supporting with comms and a shared training programme for Neighbourhoods linked to Hackney CVS offer
    - Compiling insights to help to escalate emerging issues that are Hackney and the City wide to share with VCS Leadership Group and other strategic groups including Inequalities Group
    - Enhanced model to include grant pot from Hackney Giving and proper evaluation.
- **A dedicated Capacity Builder working with the central coordinator & facilitators will support and develop a co-produced tailored local training and skills-sharing programme** for each Community Forum as well as support Neighbourhoods with applying for external funding for projects and ‘test & learn’ opportunities. This learning can be shared across Neighbourhoods, and match-funding secured from other parts of the system e.g. PCNs and Neighbourhoods Health and Care Board.
    - **Small collaborative project funding** – local opportunities to partner and build capacity of smaller organisations through testing and learning / match funding

with PCNS
    - Enhanced model to include grants programme managed with Hackney Giving

- **Initial and Continual mapping in each Neighbourhood supported by devolved databases managed by VCS Facilitators**.

- **Healthwatch Hackney to hold and manage resident databases** in light of differences in communications and allowing them to build stronger direct relationships with residents and supporting their involvement in the Forums

Role: Neighbourhoods Central Coordinator – based at Hackney CVS
Objectives
- Monitoring and reporting of programme
- To support governance through supporting Reps from Forums to attend VCS Leadership Group
- Connecting Neighbourhood facilitators to Assembly and Hackney CVS networks and provide training and sessions to share learning across Neighbourhoods.
- Compiling insights to help to escalate emerging issues that are Hackney and the City wide to share with VCS Leadership Group and other strategic groups including Inequalities Group

Role: Capacity Builder – based at Hackney CVS
Objectives
- Developing a shared training programme for Neighbourhoods linked to Hackney CVS offer, and with enhanced offer, to develop a co-produced tailored local training and skills-sharing programme bespoke to each Neighbourhood
- Identifying and supporting collaborative funding opportunities in each Neighbourhood
- Managing any local commissioning e.g. from PCNs (with enhanced offer, working with Hackney Giving on a grants programme for Neighbourhoods).

VCS Local Facilitators – co-located in Neighbourhoods, with at least 2 days a week at Hackney
Objectives
- Facilitate community Forum co-design sessions with a focus on involvement of grassroots and under-represented groups and building Neighbourhood networks
- Support the election process for reps into VCS Leadership Groups
- Gather insights on a Neighbourhoods level and share with Central Coordinator & Capacity Builder

In addition, our community forum offer will be co-delivered with assistance from Healthwatch Hackney's following roles which will not be part of this agreement/ funding bid

Healthwatch Hackney Neighbourhood Involvement Manager – opportunity to work 1 day a week at Hackney CVS
Objectives:
- *To ensure that the development of Neighbourhood Forums is inclusive of the needs of residents and involve them in a meaningful way.*
- *To induct and support residents joining Neighbourhood Forums so that they are able to participate meaningfully.*
- *In line with the Hackney Coproduction Charter guidelines, manage a reward and recognition budget for residents participating in leadership roles or on working groups within Neighbourhood Forums.*

- *Promote the use of resident insight data to inform decision making and planning at Neighbourhood level.*

Healthwatch Neighbourhoods Involvement and Outreach Coordinator
Objectives:

- *To build relationships with and map resident groups in Neighbourhoods.*
- *To coordinate the delivery of outreach activities in Neighbourhoods, engaging with a diverse range of residents.*
- *To develop appropriate resident focused communications about Neighbourhoods.*
- *To promote Neighbourhood Forums and other involvement activities to residents.*

4.3 Engagement, Feedback and Co-production

[Please detail how you have engaged stakeholders in developing the model, gained feedback and how you will continue to engage stakeholders in implementation. Please cover 1). Patients and Residents and 2). Practitioners / Organisations

The proposed model is based on a process of co-design with engagement, feedback and co-production shaping the structure and ways of working for each Neighbourhood, based on core priorities of connectivity (and integration) sustainability and supported by local governance.

Model developed with

- CCG PPI Team
- London Borough of Hackney Policy Team
- London Borough of Hackney Public Health Team
- Healthwatch Hackney & City Healthwatch
- City of London Corporation
- Volunteer Centre Hackney
- VCS Leadership Group

Consultation also with

1) **Patients and residents – through development work over 3 years (1 year) in Well Street Common Neighbourhood and Shoreditch Park and City**
Via focus groups, NRIG, resident group (year 2 of programme), task & finish group, resident involvement working group, community forums & community events and working alongside Healthwatch Hackney (and City).

2) **Practitioners / organisations**

PCNs
Homerton Trust
VCS staff across all Neighbourhoods, but particularly Well St & Shoreditch Park and City Community Navigation Networks
VCS staff at centre providing Operational Direction.

3) **Our business case plans have specifically been discussed with**

Mark Golledge - former Neighbourhoods Project Lead
Annabelle Burns – Head Of Integration, Homerton University Hospital Foundation Trust
Nina Griffith - Workstream Director, Unplanned Care, City and Hackney
Catherine Perez Phillips and Sabrina Jantuah, Healthwatch, City and Hackney

Across two, one-hour, virtual drop-ins for PCNS
Elizabeth Davies - PCN Programme Director, Office of PCNS, City and Hackney
Adama Jatta – Development Manager, Shoreditch Park and City.
Christine Sanders - PCN Development Manager, Well St Common and Hackney Marshes
Marc Krishek - PCN Development Manager, Springfield Park and Woodberry Wetlands
Saima Sultana - PCN Development Manager, Hackney Downs and Clissold Park
Eleanor Jacobs - Co-Clinical Director, Hackney Downs

Discussed at a meeting of the Provider Alliance 14/09/21
Chaired by Nina Griffith and attended by
Annabelle Burns
Caroline Gillett – Office of Primary Care Networks
Denyse Hosein
Eleanor Jacobs
Laura Sharpe – CEO GP Federation
Lohini Rajagopal – City and Hackney Finance Manager
Leanne Crook – London Borough of Hackney
Annie Roy - City of London Corporation
Charlotte Painter
Richard Banks
Kathleen Wenenden – Clinical Director, Well St Common
Guy Slade
Sue Mann
Anna Garner

Full Presentation of Final Business Case to Provider Alliance - 12/10/21
Nina Griffith
Annabelle Burns
Catherine Perez-Phillips
Jenny Darkwah
Rhiannon England
Ilona Sarulakis
Charlotte Painter
Paul Coles
Yogendra Parmar
Annie Roy
Melanie Strachan
Vanessa Morris
Katherine Wenenden
Len Ashman
Steve Stevenson

Presentation of Final Business Case to SOCG – 21/10/21
Tracey Fletcher
Stephanie Coughlin
Amy Wilkinson
Dean Henderson

Annabelle Burns
Maggie Boreham
Nick Ib
Annie Roy
Richard Bull
Anna Hanbury
Vanessa Morris
Charlotte Painter
Nina Griffiths
Catherine Perez-Phillips
Yogendra Parmar

And dedicated 1:1 sessions with
Vanessa Morris – CEO of Mind in the City, Hackney and Waltham Forest and co-chair of VCS Leadership,
Rosemary Jawara founder and CEO of Beersheba Living Well (Co-chair of VCS Leadership Group)
Jane Caldwell from Age UK (VCS Leadership Group member)
And Jonathan McShane - Integrated Care Convenor, City and Hackney.

4.4 Interdependent Projects

[Detail other projects or services that relate to this proposal - mainly things already in place]

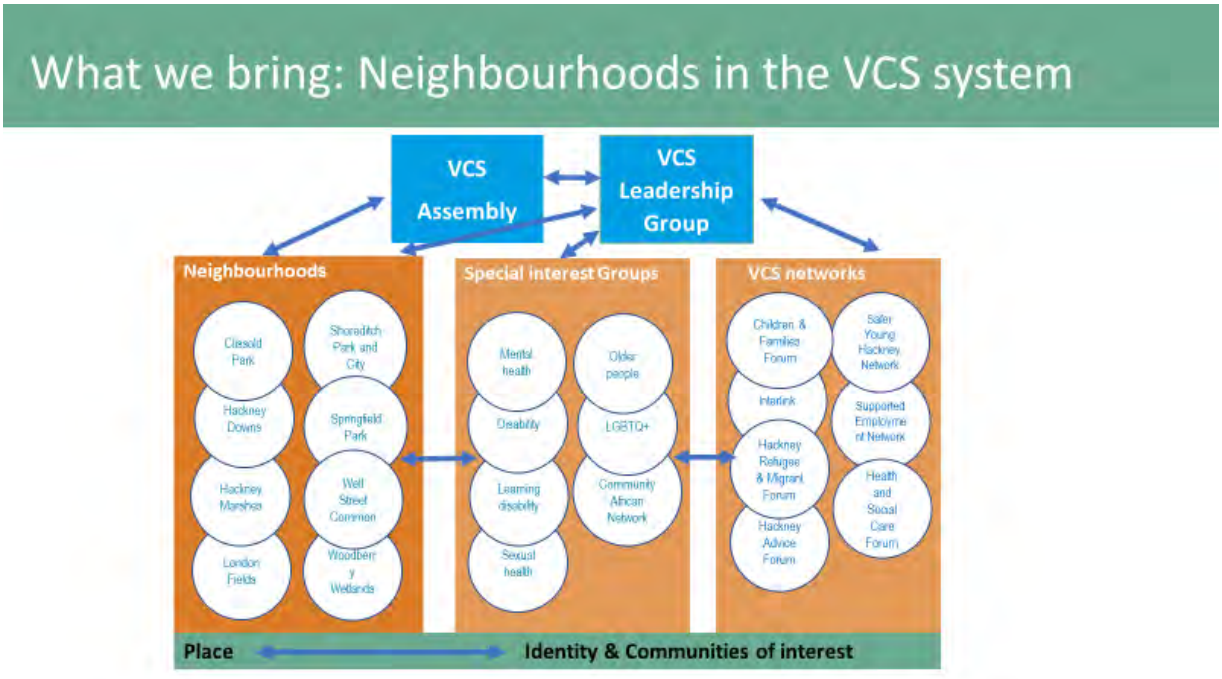
The next stage of evolution in our Neighbourhood model will bring a place-based tier to the VCS Enabler Matrix, currently centrally facilitated by Hackney CVS. This would enable hyperlocal perspectives to be drawn upon by the following bodies but equally for Hackney & City health and care-related learning and information to be channelled down to Neighbourhoods.

This matrix is headed up by

- The VCS Leadership Group – It is proposed that reps from each Quadrant will join our VCS leadership group and be invited to their bi-monthly meetings, having access to representatives of strategic partners and building relationships across the local CVS sector with members of local organisations big and small.
- The VCS Assembly – At present this is a virtual, quarterly gathering of Hackney and City's Voluntary and Community Sectors to brainstorm solutions to problems identified by the sector (and recognised by statutory partners) across key areas such as Emotional Wellbeing and Anti-Racism. Neighbourhood Leads will have the opportunity to propose topics of discussion for the Assembly through the VCS leadership group, have their voices captured in any service change business cases and can take insights back to their forums
- Our City and Hackney VCS Networks and Special Interest Groups – supports 7 Network Forums (Health & Social Care, Children & Families (476 mbrs), Interlink, Hackney Refugee & Migrant Forum (60), Safer Young Hackney and Supported Employment (50)). We also support 7 Special Interest Groups (Mental Health (59 members listed), Disability, Learning Disability (28 listed), Sexual Health (33 listed), Older People (23), LGBTQ+ (32) and the Community African Network (11)).

Joining the 8 Neighbourhoods into this system would allow Neighbourhood-level intelligence to be fed into the wider system, targeting specific local communities, demographics and areas of clinical interest. By the same token, developments experienced by any one of our networks could be fed down to Neighbourhoods where they would be likely to resonate most.

- Hackney CVS is also home to a Hackney Giving Grant programme arm that is generally open to City of London organisations and highly experienced in working with small community groups with limited capacity to engage with NHS or Local authority tender processes – the very groups our PCNs will need to engage with to realise step 3 of their maturity matrix
- PCNS – without making these next steps, the PCNS will struggle to carry out meaningful social prescription, to address their inequalities improvement requirements or to achieve the full scope of their maturity matrix.
- Community Navigation networks and steering group
- Population Health Hub – will provide data to feed into the setting of local priorities and we can work with them to ensure that Neighbourhood Forums yield useful insights.
- NEL system – Hackney Is known to have one of the most evolved VCS' within out VCS footprint having relationships with community organisations, going back 25 years. The Neighbourhoods Model builds this isn't a unique hyperlocal system that can share insights around our system priorities of Children and Young People, Long-Term Conditions, Mental Health and employment.



4.5 Identified and Expected Benefits

[Describe how the work undertaken has delivered benefits and/or how the benefits of the proposed model will be measured. Please include specific qualitative and quantitative measures that you will use to evaluate the ongoing success of the model. Benefits may or may not be cash releasing but are never-the-less an important consideration in the business case decision. Quantify as far as possible, in non-financial and financial terms]

Our model would enable a more fluid sharing of population health intelligence and insights across Neighbourhoods 'bringing population health data to life'. Data can tell us "where" there is a problem and "what it is" but not give us the "why" that a grassroots community group can do.

To commission stage three of the VCS Neighbourhoods Model would be to coproduce structures that would respect grassroots organisations as providers and embed their authentic voice in the evolution of our services. This would build local relationships and connectivity, increasing the ability of residents to manage their own health outcomes and enable community organisations and health and care partners to work collaboratively. It would see the development of services that are more effective but equally more culturally appropriate. This would mean fewer patients having to be supported in acute settings, cutting costs to the system while creating jobs and spreading resources more widely across the community, growing local assets and improving resilience.

One of the areas we cannot currently afford with the present level of funding is a full evaluation of the impact of our model and we would really like to be empowered to put this right as we feel the learning will be invaluable. The experiences of Shoreditch Trust in Shoreditch Park and City have also taught us that the degree of relationship building required to build across a variety of professional and local cultures, as well as across six Neighbourhoods will require the services of a first-class facilitator or someone able to train our local facilitators to deliver at that level.

4.6 Addressing Health Inequalities

[Please describe how the proposal will help to address health inequalities in City and Hackney]

Over the past 24 years, the VCS Networks, now headed up by a VCS Leadership Group has always championed the role of our smaller, grassroots voluntary groups across Hackney and City of London alongside those charities that are better known. These are the groups that speak for those who would traditionally experience barriers or whose presence is less visible within health and care services but often experience higher levels of need.

Refugees and Migrants would be one example but equally many African, Caribbean, Jewish Orthodox or Latin American communities who have developed a historical mistrust of health and government institutions. Away from City and Hackney's rich diversity of ethnicity, the VCS Networks facilitated by Hackney CVS also accommodate representatives from other groups who experience inequalities round Disabilities, Learning Disabilities, Mental Health Issues, Sexuality, Gender, Financial Need and Age.

These Networks comprise the 'VCS Enabler' - an invaluable matrix of community insight that sends Network representatives to our VCS Leadership Group and can escalate cross-Network issues to a quarterly Assembly where the sector gathers, online, to debate particular challenges and identify asset-based solutions. We have already experienced its wisdom round issues of emotional wellbeing and anti-racism and are currently working through the first draft of its business case.

Bringing our Neighbourhoods into this system would be to bring a dimension of "place", allowing for issues first experienced in one part of City and Hackney's health and care landscape to be escalated to the appropriate VCS Networks through insights collated at the centre and shared. Alternatively, thematic issues can be shared down to Neighbourhoods and new concerns synchronised across the borough and carried by local reps to the VCS Leadership group where their ubiquity could launch an Assembly to coproduce solutions with statutory partners.

Our model would ensure that organisations connected with groups identified as missing from health and care services could be targeted to be involved (and even facilitate) the development of Neighbourhood Community Forums, recognising their value as service providers as well as offering an opportunity to fund and build their long-term sustainability. It would ensure they were able to deliver local services while better informing the population health of our Neighbourhoods across the system.

In addition to developing the structures that would enable such organisations to interact with each other, statutory partners and health and care service professionals, our model has additionally addressed equalities issues by delivering equalities and diversity training, coaching and all-round upskilling that builds the capacity of such groups as well as carrying out pioneering work about multi-disciplinary meetings identifying opportunities for community organisations to refer in some of the more complex cases they encounter.

4.7 Value for Money & Economic Case

[Please describe how the model will deliver value for money and how you will be able to demonstrate this. Please also refer to Better Care Fund metrics included below.]

- Our new model will address the health inequalities, bringing population health data to life and explaining why certain communities are underrepresented in services rather than merely pinpointing where issues lie, what the problems are and who is affected. This will lead to service improvements that are forensically honed and better services.

- VCS Organisations also tend to have a focus on the prevention agenda, which will save the system money if invested in.

- As the pandemic demonstrated, they are also generally more flexible and quicker to adapt – small amounts of funding can go a long way.

- If populations are better informed about their health and care needs, have a better understanding of where to find the help they need and when they do connect, services are both accessible and culturally appropriate, it is more likely that they will seek care for ailments at an earlier stage rather than waiting until symptoms reach crisis point, the point at which conditions are more expensive and harder to treat

- By enabling voluntary sector organisations (and health and care system) to work together more closely, it will better meet the needs of the groups we serve and bulld communities that are stronger and wealthier in terms of their local health and care asset base.

- The use of secondments to deliver our local facilitation is the most efficient spending of money, ensuring that the new local facilitators have two days of their four working at the centre and learning from each other as well as receiving support from the centre

- Skills-sharing will economise on training costs

- The involvement of HCVS to provide the reduced central support as VCS power is devolved to a Quadrant level means that, the system will benefit from their existing learning from the Well St Common Neighbourhood Pilot, work in Shoreditch Park & CIty and Neighbourhood Conversations in the other Neighbourhoods.

- The involvement of HCVS in facilitating the VCS Enabler model also makes it simpler to plumb the Neighbourhoods into that matrix, bringing a hyper local perspective to the existing City and Hackney level Networks and Special Interest Groups

- The use of virtual meetings for many conversations will address the lack of available community space, help make meetings more accessible – particularly if recordings can be shared - and minimise costs, meaning real space events can be targeted where they carry greatest value.

- Scaling up – cost effectiveness – going forward, the use of seconded roles, with less central coordination will save money.

- It’s well-known that a small number of exceedingly complex residents are bounced round our existing system then rejected and picked up by the VCS. Coproduction of services and a more joined up system should prevent inappropriate referrals, allowing for a more focussed use of resources.

5.0 Project Implementation

5.1 Overall Model Implementation

[Please describe your proposed approach to implementation.]

- In Q4 of the current financial year we would work with our VCS partners and forums to agree on a process for setting in place a local facilitator system and research possible organisations that could – with the support of local communities – take on the "facilitation" of 2 next door Neighbourhoods within a quadrant of our system.
- "Facilitation", in this case, means performing the role of bringing together all the relevant local stakeholders (local VCS, residents, councillors and council officers and primary care network health professionals, GPs). It will be devolved from Hackney CVS to VCS bodies with a presence in those Neighbourhoods, with a preference for organisations (or inclusive partnerships) that fit with local service gaps or inequalities.
- Each facilitator will develop Neighbourhood Community Forum infrastructure across two next-door Neighbourhoods, creating twinned Forums in the South West (Shoreditch Park and City/ London Fields, South East (Well St Common and Hackney Marshes), North West (Clissold and Woodberry Wetlands) and North East (Springfield Park and Hackney Downs) of the borough.
- Such a model has the advantage of mirroring the 'Quadrant' structure adopted across our primary care networks.
- It also means that our existing cost envelope will fund our four host organisations to devote 4 days to 'Neighbourhoods' development, as opposed to the two days we would have been able to fund were each Neighbourhood to have a dedicated facilitator. We feel that by making the role virtually full-time, it will make it more attractive as well as more achievable.
- In addition, it will allow two Neighbourhoods – Hackney Marshes and London Fields to benefit from the learning and experience of buddy Neighbourhoods within their quadrant that are already a number of steps along the road of evolving governance arrangements – namely, Well St Common and Shoreditch Park and City. Only two of the twinnings would start from the simpler 'Conversations' level. This will hopefully make it easier for all the Neighbourhoods to work together and share learning as they develop.
- As the facilitators are seconded, part of their time will be spent at desks at HCVS where they can benefit from direct advice but also building relationships and leaning from best practise in other Neighbourhoods and from the new roles within Healthwatch Hackney that will be feeding into the project
- The secondment also makes the arrangement cheaper.
- Slimmed down support will still exist at the centre in the shape of a Co-ordinator devoting 3 days a week to the project in the first year, managerial oversight and most importantly the support of a Capacity Builder. Although this latter role is not well-known, it combines the job of a fundraiser with an ability to spot efficiencies and opportunities that build the resilience of an organisation.
- Given we face an uncertain future over our Covid restrictions across 2022/3, the budget allows for flexibility to shift from virtual to physical gatherings.
- Though in the long-run we feel money should be found to fund different hosts in each Neighbourhood, we realise this will take time and that this is an ambition the system should evolve to (stage four, if you like), building up learning as it goes.

5.2 Detailed Timescales for Rollout

[Please detail the milestones and dates that will be delivered as part of the rollout. Please be specific here]

Although this lays out a possible timeline, it is accepted that forums will be unique to their Neighbourhoods and the personalities within them; that relationships take time to develop, that one size definitely will not fit all and that each Neighbourhood Community Forum will take an appropriate amount of time to evolve in a way that fits with its community.

A prompt start to the model will also depend upon when funding is granted.

Q4 (Preparation)

- In Q4 of the current financial year we would agree on a process for setting in place a local facilitator system and research possible organisations that could – with the support of local communities – take on the "facilitation" of 2 next door Neighbourhoods within a quadrant of our system.
- We will reallocate some Forum funding for community events, delivered by local VCS in each Neighbourhood.
- Learning from stages one and two in Well St and Shoreditch Park and City, and workshops on Collaboration and Partnership working in Hackney Downs, Clissold Park, Woodberry Wetlands and Hackney Marshes compiled into a report to be shared.

Q1

- Big event brings interested organisations together to discuss what is involved in facilitating
- Process to find local facilitators for all quadrants officially commences, with VCS organisations offered an opportunity to be part of selection process
- Expressions of Interest received/ due diligence carried out
- Agreements made with 4 organisations (partnerships will be accepted) to oversee 8 Neighbourhoods, each taking on 2 Neighbourhoods within one quadrant – smaller grassroots groups representing communities underrepresented in services should ideally be involved
- The two Quadrants containing Well St Common and Shoreditch Park and City elect reps to VCS Leadership Group)
- Well Street Common Neighbourhood & Shoreditch Park and City are supported to develop collaborative partnership funding bid based on a local priority by the VCS Neighbourhoods Capacity builder and Central Coordinator
- Community events take place supported by central team at Hackney CVS, alongside Healthwatch Hackney and with new local facilitators if in post.
- 1 x cross-sector workshop or training in each Neighbourhood

22/23 - Q2

- Central meeting brings together facilitators to share learning from the development of our model and connections with Healthwatch Hackney's Neighbourhoods Involvement Manager / Neighbourhoods Involvement & Outreach Coordinator and rest of Enabler model established
- Based on learning from Shoreditch Trust, facilitators undertake training to support their roles.
- Central Coordinator helps support new local facilitators to hold first round of meetings across all 8 Neighbourhoods. Community priorities based on local population health data and insight from community events/ Conversations agreed along with possible ideas for simple projects to address gaps and any training requirements. These will

help build relationships and connectivity and can be supported centrally with any fundraising if needed.
- Each initial Co-design meeting will start with building an agreed vision, aims and identify anyone missing who should be included

22/23 - Q3
- 2 remaining Quadrants elect an interim member rep to attend the VCS Leadership Group
- All Neighbourhoods exploring structures and carrying our activities in line with local priorities and service improvements.
- Bespoke training session offered in each Neighbourhood based on Q1 meeting.
- At least one meeting held in all 8 Neighbourhoods
- Local facilitators share best practise round core themes - connectivity, equality & diversity, service innovation - working with Healthwatch Hackney
- Clear systems in place for escalating Neighbourhood level matters to relevant Networks and Forums at borough level and vice versa through Enabler Model

22/23 - Q4
- All Neighbourhoods have a provisional Forum structure in place
- All Neighbourhoods Forums meet at least once
- Neighbourhoods based cross-sector training session offered – linked to Hackney CVS offer
- Central led Meeting allows local facilitators to share best practise round core themes of connectivity, equality & diversity, service innovation working with Healthwatch Hackney.
- All Neighbourhoods have agreed priorities and started working around an agreed inclusive project
- Communications embedded across the Enabler Matrix between Neighbourhoods, Networks and SIGS

5.2.1 Neighbourhood Roll-Out

[Please detail the milestones and dates that will be delivered as part of the rollout. Please be specific here]

Although this lays out a possible timeline, it is accepted that forums will be unique to their Neighbourhoods and the personalities within them; that relationships take time to develop, that one size definitely will not fit all and that each forum will take an appropriate amount of time to evolve in a way that fits with its community.
Again, a prompt start will depend upon the point funding is received

- In Q4 of the current financial year we would agree on a process for setting in place a local facilitator system and research possible organisations that could – with the support of local communities – take on the “facilitation” of 2 next door Neighbourhoods within a quadrant of our system.
- We will reallocate some Forum funding for community events, delivered by local VCS in each Neighbourhood.

- Learning from stages one and two in Well St and Shoreditch Park and City, and workshops on Collaboration and Partnership working in Hackney Downs, Clissold Park, Woodberry Wetlands and Hackney Marshes compiled into a report to be shared.

Q1

- Big event brings interested organisations together to discuss what is involved in facilitating
- Process to find local facilitators for all quadrants commences, with Forums offered an opportunity to be part of selection process
- Expressions of Interest received/ due diligence carried out
- Agreements made with 4 organisations (partnerships will be accepted) to oversee 8 Neighbourhoods, each taking on 2 Neighbourhoods within one quadrant – smaller grassroots groups representing communities underrepresented in services should ideally be involved
- The two Quadrants containing Well St and Shoreditch Park and City elect reps to VCS Leadership Group)
- Well Street Common Neighbourhood & Shoreditch Park and City are supported to develop collaborative partnership funding bid based on a local priority by the VCS Neighbourhoods Capacity builder and Central Coordinator
- Community events take place supported by central team at Hackney CVS, alongside Healthwatch Hackney and with new local facilitators if in post.
- 1 x cross-sector workshop or training in each Neighbourhood

22/23 - Q2

- Central meeting brings together facilitators to share learning from the development of our model and connections with Healthwatch Hackney's Neighbourhoods Involvement Manager / Neighbourhoods Involvement & Outreach Coordinator and rest of Enabler model established
- Based on learning from Shoreditch Trust, facilitators undertake training to support their roles.
- Central Coordinator helps support new local facilitators to hold first round of meetings across all 8 Neighbourhoods. Community priorities based on local population health data and insight from community events/ Conversations agreed along with possible ideas for simple projects to address gaps and any training requirements. These will help build relationships and connectivity and can be supported centrally with any fundraising if needed.
- Each initial Co-design meeting will start with building an agreed vision, aims and identify anyone missing who should be included

22/23 - Q3

- 2 remaining Quadrants elect an interim member rep to attend the VCS Leadership Group
- All Neighbourhoods exploring structures and carrying our activities in line with local priorities and service improvements.
- Bespoke training session offered in each Neighbourhood based on Q1 meeting.
- At least one meeting held in all 8 Neighbourhoods
- Local facilitators share best practise round core themes - connectivity, equality & diversity, service innovation - working with Healthwatch Hackney
- Clear systems in place for escalating Neighbourhood level matters to relevant Networks and Forums at borough level and vice versa through Enabler Model

22/23 - Q4

- All Neighbourhoods have a provisional Forum structure in place

- All Neighbourhoods meet at least once
- Neighbourhoods based cross-sector training session offered – linked to Hackney CVS offer
- Central led Meeting allows local facilitators to share best practise round core themes of connectivity, equality & diversity, service innovation working with Healthwatch Hackney.
- All Neighbourhoods have agreed priorities and started working around an agreed inclusive project
- Communications embedded across the Enabler Matrix between Neighbourhoods, Networks and SIGS

6.0 Financial Summary

[Please include a summary of costs required to deliver the proposed new model]

Total Non-Recurrent Cost	£20’750
Total Recurrent Cost	£207’071
Overall Project costs	£227’821

6.1 Non-recurrent costs

Summary of Item	Detail of item	Duration of cost	Cost
Pay Costs	1 day Co-ordinator @ £7224 and 1 day Capacity builder @ £7225 Plus reduced infrastructure fees	I year	£18’250 £3800
Non Pay Costs	Comms Training Budget Reduced management fee		£1500 £1000 £2082
Total			20’750

6.2 Recurrent costs

Summary of Item	Detail of item	Cost
Pay Costs	HCVS lead x 1 day 4 x local facilitators x 4 days (includes infrastructure costs at rate of 3.2 x£9’500) 1 Central Coordinator x 2 days 1 capacity builder x 1 days (includes Infrastructure costs at rate of £1.2x £9’500)	£12’645 £127’533 £14’448 £7225 £7600
Non Pay Costs	Events/ Meetings Backfill for small groups Support for reps Comms Training Budget Staff training and wellbeing	£26’000 £4680 £2880 £1550 £1000 £1560
Total		207’071

7.0 Risks

[risks to the delivery and sustainability of the model - please see appendix 2]

Risk Description	Impact (rank out of 4)	Likelihood (rank out of 4)	Mitigation
Loss of Funding for Neighbourhoods programme/ Quarterly payments arrive late, seriously impacting grassroots organisations	**4**	**3 = 12**	**Agreement allows for funding quarterly in advance with any shortfalls being addressed in next quarter and system of redress agreed. Recurrent funding to be sought at a later date once NEL system embedded.**
Loss of funding for Enabler weakens matrix offer	**4**	**3**	**Value of system proven and acts as a driver to ensure system stays connected.**
Loss of key staff	**3**	**4 = 12**	**A strong case is made for the appropriate staffing model that shows how it aligns with core strategies in neighbourhoods. Staff no longer employed at the centre would be a sensible investment to be involved at local level**
Fears over data sharing prevents collaborative working required for full evolution of system	**3**	**3 = 9**	**Organisations taking responsibility for neighbourhood hosting have clear data policies in place and those involved have to opt in to new arrangements**

Organisations fail to take up local facilitator roles	**4**	**2**	**HCVS have heavily consulted with VCS organisations of all sizes on plans and will continue to work with them to agree details of process**
Ongoing Pandemic disruption	**2**	**3 = 6**	**All meetings can be delivered online with the option of residents lacking in digital technology or skills to join online**
Lost of trust in efficacy of model causes partners to walk away	**3**	**2 = 6**	**Model focusses on delivery of events and some quick wins that build relationships and foster trust**

8.0 Equality Impact Assessment

[Complete the Equality Impact Assessment as described below and provide a summary/additional commentary here]

The VCS Neighbourhoods Model's current focus on embedding residents and community organisations in the transformation of their local health and care services is all about addressing historic health inequalities and ensuring our new services are inclusive of all as a matter of principle.

Currently Neighbourhood Conversations are virtual, making them accessible to anyone with a computer or phone but going forward it is hoped that there would be more of a balance between physical and virtual meetings to maximise access
accessibility and inclusiveness.

9.0 Business Case Approval

Board	Date To be Reviewed (Approved)
Neighbourhood Providers Alliance Group	12th October 2021
System Operational Command Group (City and Hackney Delivery Group)	21st October 2021
Neighbourhoods Health and Care Board	26th October 2021
CCG Finance and Performance Committee	28th October 2021 And 4th January 2022
Integrated Care Partnership Board *(to review)*	14th Jan 2022 TBC

Better Care Fund Metrics

The development of a Neighbourhood model has been supported by funding from the Better Care Fund (BCF). The BCF is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care.

For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Partners must ensure that the work to redesign services contributes to the achievement of the Better Care Fund metrics which are set out below:

- **Metric 1:** Reduction of non-elective admissions (General and Acute)
- **Metric 2:** Admissions to residential and care homes
- **Metric 3:** Effectiveness of reablement
- **Metric 4:** Delayed Transfers of Care

Stepping up to the Place published by the LGA, NHS Confederation, NHS Clinical Commissioners and ADASS sets out a vision for integrated care.

Risk Matrix

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Risk Low Priority	4-6 Medium Risk Moderate Priority	8-12 High Risk High Priority	15-25 Very High Risk Very High Priority

EQUALITY IMPACT ASSESSMENT TEMPLATE

Name of proposal: **VCS Neighbourhoods Operating Model**	**Aims and Objectives of the proposal:** **To address health inequalities, improve coproduction, connectivity, accessibility and appropriateness of local health and care services and increase community resilience**

Who is responsible for the Assessment? **Susan Masters**	**Lead Officer:** **Susan Masters**	**Others involved:** **Katie Barton**
What data is available? **Please list:**	**Which groups or people have you consulted?** **Please list:** **Members of Neighbourhood Conversations** **Well St and Shoreditch Park and City Forums** **PCN Development Managers** **Members of VCS Leadership Group** **Healthwatch Hackney and City of London**	
Please state the information obtained following the data/evidence gathering, and or Consultation: (what did they say?)		
Does the evidence /data suggest any group is disadvantaged? Please explain below:		

Age – To date most Neighbourhood Conversations and forum meetings have taken place on weekdays, during the working day which could disadvantage those working in many professions or attending full-time education – leaving them only able to receive insights or contribute by proxy. Although our priorities focus on those most vulnerable in our communities who are more likely to be available during the day, the emphasis on prevention of poor health means this shouldn't be dismissed as a concern. The more expensive variations of the model would allow for more events which would be more likely to happen at weekends and evenings which would address this.	**Religion or Belief - Hackney CVS' years of involvement with different cultures means that all meetings are culturally inclusive and currently virtual**
Disability - no as meetings have the option to be virtual or physical, no one is left out.	**Gender (including Transgender)** **The opportunity to consult with local voluntary groups and residents makes it more likely that the views of this group might be involved in shaping local services and making them more inclusive**
Race – Hackney CVS is well-connected with Hackney and City's diverse communities through its many long-standing relationships fostered through its networks and special interest groups. To this end it is likely that Neighbourhood Conversations and Forums will both enhance the levels of health and care understanding of different races but also give them more of a say in influencing the shape of services.	**Dependents (caring responsibilities)** **The current virtual nature of meetings makes them accessible for those with caring responsibilities.**

Sexual Orientation - no one of any sexual orientation would be disadvantaged by the model however the sharing of information round the suitability of services should improve their equalities by giving them a better understanding of local pathways.	**Other groups**
Does the proposal promote equality and diversity? Please explain: **It promotes equality and diversity by promoting the VCS locally to be part of the health and wellbeing system. The local VCS has developed in response to health inequalities, working with some of Hackney and City's most disadvantaged groups so having them placed as delivery partners means that local communities will shift to being at the heart of their local primary care services, so they are better informed about local issues and services, improving their personal health and care. In terms of resident involvement in fashioning local services, they will become more appropriate for the communities they serve. Hackney CVS has also run equality and diversity workshops for members of our Neighbourhoods improving their understanding of such issues in a way that will foster better practice. Going forward, each Neighbourhood Community Forum will have an equalities and diversity working group and appropriate training.**	

Title of report:	Update on Community Diagnostic Centres in NEL
Date of meeting:	Thursday 10th February 2022
Lead Officer:	Dr Stephanie Coughlin
Author:	NEL CDC Programme Team
Committee(s):	This update was discussed at the Neighbourhood Health and Care Board meeting on 11th January 2022
Public / Non-public	Public

Executive Summary:

This paper provides an update on the NEL ICS approach to the roll-out of Community Diagnostic Centres. Envisaged in the Long Term Plan, CDCs will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units. CDCs should be located separately from main acute hospital facilities, receive referrals from a range of healthcare professionals, book and prepare patients, deliver timely and coordinated testing and:

- Improve population health
- Increase diagnostic capacity
- Improve productivity and efficiency (e.g. by reducing pressure on acute sites) and support integration of primary, secondary and community care
- Reduce inequalities
- Improve patient experience

This update is brought to make ICPB aware of the work underway to plan for a CDC within City and Hackney, and the local process to ensure that a suitable location is identified which meets local need.

Recommendations:

The **Integrated Care Partnership Board** is asked:

- To **NOTE** the update report;

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	

Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☒	

Specific implications for City

A City and Hackney CDC site must be accessible to both City and Hackney residents.

Specific implications for Hackney

A City and Hackney CDC site must be accessible to both City and Hackney residents.

Patient and Public Involvement and Impact:

This is set out on slides 7 and 8 and is ongoing.

Clinical/practitioner input and engagement:

Engagement is planned with NEL CAG and will be ongoing.

Communications and engagement:

The NEL team have begun this work and will liaise with places as necessary.

Equalities implications and impact on priority groups:

Part of our future local work will be to ensure that as part of business case development, a selected location in C&H positively addresses inequalities of health and access.

Safeguarding implications:

No safeguarding implications.

Impact on / Overlap with Existing Services:

CDCs are intended to increase diagnostic capacity, however there are still national workforce shortages to operate the additional capacity, and this will particularly affect the local providers tasked with operating the CDC.

North East London Health & Care Partnership

NEL Community Diagnostic Centres

Programme Update

January 2022

What is a Community Diagnostic Centre (CDC)?

North East London Health & Care Partnership

- CDCs will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units. CDCs should be located separately from main acute hospital facilities, receive referrals from a range of healthcare professionals, book and prepare patients, deliver timely and coordinated testing and:
  - Improve population health
  - Increase diagnostic capacity
  - Improve productivity and efficiency (e.g. by reducing pressure on acute sites) and support integration of primary, secondary and community care
  - Reduce inequalities
  - Improve patient experience (e.g. provide easier and quicker access to tests and greater patient convenience)

- CDCs are designed to contain a range of different modalities of testing. These are likely to include all of the following in at least one location:
  - **Imaging:** CT, MRI, Ultrasound, Plain X-Ray.
  - **Physiological measurement:** Echocardiography (ECHO), Electrocardiogram (ECG), blood pressure monitoring, oximetry spirometry , Fractional exhaled nitric oxide (FeNO), full lung function tests, blood gas analysis via Point of Care Testing (POCT) and simple field tests (e.g. six min walk test).
  - **Pathology:** phlebotomy, Point of Care Testing, simple biopsies, NT-Pro BNP, urine testing and D-dimer testing
  - **Endoscopy** services including gastroscopy, colonoscopy and flexi sigmoidoscopy

How do we need to adapt to meet future needs?

North East London Health & Care Partnership

- Based on demographic forecasts we anticipate that future demand growth for diagnostics is likely to come from:
  - adults over 35, especially those in their 40s and 60s
  - across NEL with particular pressures likely at RLH, Newham and Mile End Hospitals
  - CT and MRI growing at a faster rate than for ultrasound, as well as high growth for a number of lower volume modalities
- We are also expecting more care to be available out of major acute hospitals, being closer to home in more community-based surroundings
- The CDC programme is designed to meet future NEL-wide growth in demand from demographic and non-demographic factors. Opening around 1 CDC a year should allow us to expand capacity to meet demand.

Year 1 & Early Adopters

We have 2 sites in which we are building “Year 1” capital schemes, Mile End and Barking. Both of these will not be fully online until the end of this FY, and are expected to grow significantly in scale and offering as they reach their full CDC potential in the coming year.

These 2 sites are also running so–called “Early Adopter” activity. This is additional activity using existing scanners/ systems and is designed to reduce the existing backlog

The Early Adopter activity will likely continue into next year, but we as a programme have a task to ensure that referral routes into the Year 1 and Year 2 “core” capacity are opened to Primary Care colleagues.

Future Site Types

North East London Health & Care Partnership

Acute Adjacent Sites

- Based on or very close to an acute hospital site, to provide access to all emergency support facilities, thus allowing us to offer the widest possible range of diagnostic tests, including endoscopy.
- Will be independent of the acute hospital, with its own front door

Community NHS Sites

- Based on an existing NHS community site, offering a wide range of services, in locations across NEL.
- Will be independent of other community NHS services on the site, with its own front door

Commercial and High Street

- Based out “in the community”, in high footfall locations such as high streets and shopping centres.
- Likely to offer the least invasive/ high risk services only, concentrating on modalities such as echo, phlebotomy etc

Alternative Scenarios

North East London Health & Care Partnership

We will also be conducting analysis to understand what our best strategic option is- there are a range of potential design options which we can use to be the guiding design principles of our CDC network.

These are likely to contain other delivery options such as:

Option	Detail	Positives	Negatives
A	6-9 sites of different sizes- acute largest	Balances access and efficiency	Potentially resource intensive
B	2-4 large sites spaced across NEL	Guarantees one-stop-shop Efficiency in staffing	Patient access more difficult
C	7 equal sites- 1 per borough	Equality of provision across boroughs	Cannot provide all services x7 Cannot provide all services away from acute sites
D	6+ sites- high street largest	Takes services deep into high footfall community locations	Difficulty in providing all services

CDC Enablers

North East London Health & Care Partnership

Workforce

Workforce is a key enabler and challenge for the diagnostics landscape at the moment. We are aware that we will need to hire significant numbers of staff, across all bands, without compromising the existing workforce within acute or community settings. We are working with NHSL to explore how the modality training academies can be enhanced and embedded within the CDCs, to allow us to “grow” a larger workforce over the coming years, but we are aware that further initiatives will still be needed to allow us to resource these centres.

Digital

In order for the CDCs to operate as a seamless system resource, we know we need to improve connectivity and interoperability across secondary care, with primary care to enhance opportunities for direct referrals and eventually potentially with patients. We are working with the NEL CIO and team to build a roadmap for digital capability enhancement across the 5 years of the programme that will provide us with these capabilities.

Clinical Pathways

The patient pathways around the system and between Primary and Secondary Care are crucial for the CDCs to be a success. We are working with clinicians across the system to develop a new model of referrals to allow patients and Primary Care clinicians to easily access diagnostics in one place, before any full referral into secondary care.

Engagement to date

North East London Health & Care Partnership

- The programme has engaged broadly with a range of stakeholders to date. Our clinical model is driving the overall plan for provision and is being compiled from submissions and engagement with clinicians across all of our top priority clinical specialities, including clinical networks, where these exist. The CDC Programme Group that leads the programme has representation from primary and secondary care, as well as the NEL team and each of our potential host Acute Trusts.
- We also have existing or planned engagement with the following groups, to enhance the quality of our planning:
    - Healthwatch
    - NEL CAG
    - INEL/ ONEL JOSC
    - Patient Advisory Groups
    - NEL Primary Care Steering Group
    - NEL Planned Care Steering Group

Title of report:	Consolidated Finance (income & expenditure) 2021/2022 Month 09
Date of meeting:	10/02/22
Author:	Fiona Abiade
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

- At M9, City & Hackney Integrated Care Partnership (CH ICP) reported a breakeven position against the year-to-date budget of £382m against the year-to-date budget of £314m.
- The CCG have submitted a H2 plan to NHSE and budgets have been set for the full financial year across the three integrated care partnership systems for NEL CCG. The CCG plan is a break-even position. The total budget for NEL CCG is £3,935m.
- At month 9, LBH is forecasting an over spend of £4.1m after the application of one-off funding of £3.5m. This compares to a 2020/21 outturn position of £8.6m overspend (this included £6.5m of which was attributed to Covid-19 expenditure).
- At Month 9, the City of London Corporation is forecasting a year end adverse position of £0.3m and a YTD position of £1m favourable.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	

Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

[This section should include a brief explanation of the context, including reference to previous committee decisions, and an outline of the current situation, key issues and why the report is necessary.]

Options

[This section should present realistic courses of action, with financial implications, proposed beneficial outcomes and assessments of risk.]

Proposals

[This section should explain in more detail and justify the recommended course of action, setting out clearly what beneficial outcomes are expected.]

Conclusion

[This section should draw together and summarise the key points of the report.]

Supporting Papers and Evidence:

[Please list any appendices included with the report. Appendices should be clearly labelled and submitted as separate documents. Any additional references to supporting information or evidence, should be listed here with hyperlinks where possible.]

Sign-off:

[London Borough of Hackney: Ian Williams, Group Director of Finance and Corporate Resources City of London Corporation: Mark Jarvis, Head of Finance NHS North East London Clinical Commissioning Group, City and Hackney Integrated Care Partnership and North East London Health and Care Partnership: Sunil Thakker, Executive Director of Finance

North East London
Clinical Commissioning Group

City and Hackney Integrated Care Partnership
London Borough of Hackney
City of London Corporation

Integrated Finance Report

Month 9 (December 21-22)

Hackney

CITY OF LONDON

City and Hackney

North East London (NEL) CCG– Executive Summary Month 9 2021-22

NEL CCG Financial Summary H2 2021-22	Month 9				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	1,633.7	1,643.5	9.8		2,173.2	2,189.6	16.5	
Mental Health & LD	297.1	297.5	0.5		397.3	397.6	0.3	
Community Health Services	264.4	275.6	11.2		348.3	369.5	21.2	
Continuing Care	123.4	124.9	1.5		164.9	164.5	-0.4	
Other Programme	109.6	102.2	-7.4		147.3	133.4	-13.9	
Prescribing	187.4	189.9	2.5		250.1	253.0	2.9	
Primary Care Services	60.3	66.5	6.2		80.1	87.7	7.7	
Primary Care Co-Commissioning	256.3	256.9	0.5		344.5	352.7	8.2	
Running Costs	28.8	28.8	0.0		38.5	38.5	-0.0	
Central Reserves	-3.6	21.3	24.9		-8.8	26.0	34.8	
TOTAL EXPENDITURE	2,957.3	3,007.1	49.8		3,935.4	4,012.6	77.3	
Revenue Resource Limit Total	-2,957.3	-2,957.3	0.0		-3,935.4	-3,935.4	0.0	
In Year (Surplus) / Deficit Before NHSE top up, non-recurrent funds, covid continency	0.0	49.8	49.8		0.0	77.3	77.3	
Retrospective Funding expected for HDP/Covid & ERF		-11.5	-11.5			-30.2	-30.2	
Adjusted (Surplus) / Deficit after NHSE expected top up	0.0	38.3	38.3		0.0	47.1	47.1	
Covid Contingency		-4.7	-4.7			-6.1	-6.1	
Non Recurrent Funds		-33.6	-33.6			-40.9	-40.9	
In Year (Surplus) / Deficit	0.0	0.0	0.0		0.0	0.0	0.0	

- The CCG have submitted a H2 plan to NHSE and budgets have been set for the full financial year across the three integrated care partnership systems for NEL CCG. The CCG plan is a break-even position. **The total budget for NEL CCG is £3,935m.**
- A full review of financial information has been undertaken for Month 9 This shows a high level of consistency with the Month 8 reported position. With the exception of the hospital discharge pathway (HDP), Covid, elective recovery fund (ERF), Winter Access Fund (WAF) and ARRS, the year-to-date and forecast positions are consistent with H1 reporting and **NEL CCG have reported break-even against the full year plans. However, as a system there may be movements on provider positions which will need to be managed as part of the overall control total.**
- As previously reported, budgetary pressures continue with Independent Sector (IS) contracts, prescribing and NEL corporate budgets.
- However delivery of the breakeven position has been reliant on **the use of non-recurrent funding (£40.9m) and accessing CCG Covid contingency funds (£6.1m).** In total, this has required **£47.1m of non-recurrent funds, £38m of which was expected**.
- The independent sector (IS) planned budget was increased in H2 to reflect the expenditure profile seen in H1. **The month 9 IS forecast has reduced, based on the latest activity data received**. The current forecast is based on planned activity and the associated ERF income that this will attract.
- The CCG is expecting to receive funding of **£11.5m (year-to-date position) and £30.2m (forecast) relating to HDP, primary care Covid, winter access funding and ERF** in line with the NHSE retrospective allocation process.
- **Additional resources of £9m have been allocated to the CCG in Month 9**. Of this £6.3m relates to the additional winter discharge funding, £1.3m for primary care SDF and the remaining £1.4m has been allocated to areas including learning difficulties and autism (LD&A), mental health and other transformation areas

City and Hackney ICP– Executive Summary Month 9 2021-22

- At M9, City & Hackney Integrated Care Partnership (CH ICP) reported a breakeven position against the year-to-date budget of £382m. This includes expected adjustments for Hospital Discharge Programme (HDP), Covid-19 costs, Elective Recovery Fund (ERF), Winter Access Fund (WAF) & Additional Roles Reimbursement Scheme (ARRS).

- There is marginal movement in the position from previous months with overspends in non-contracted activity and independent sector spend (BMI) mitigated through underspends elsewhere in the portfolio.

- The £1.8m YTD deficit reported relates to the Vaccine Programme surge capacity costs and the Hospital Discharge Programme package costs, which will be funded from outside the ICP envelope/ allocation via NEL Covid fund and NHSE/I respectively. These are therefore shown as mitigated cost pressure in the position.

- Across NEL CCG, the 3 ICPs released £53.3m (TNW £40.2m deficit, BHR £15.5m deficit, CH £2.5m surplus) non-recurrent funds in order for NEL CCG to breakeven.

- At M9, as part of the audit soft-closure, City & Hackney ICP together with the other two ICPs are working collaboratively to finalise the NEL CCG forecast outturn for the year which includes the System Development Funds.

- Discussions around what our system pressures and mitigations are as a CCG are being closely monitored to ensure we deliver the breakeven position as planned.

City and Hackney ICP– Position Summary Month 9 2021-22

C&H ICP Financial Summary - 2021-22	April 21 - Mar 22 £'000	M9 YTD Budget £'000	M9 YTD Actual £'000	YTD (Under)/ Overspend £'000	Forecast Actual £'000	Forecast (Under)/ Overspend £'000	RAG	Forecast Improvement/ Deterioration vs M8
In Area Acute Trusts	216,126	162,272	162,272	0	216,126	0		0
Out of Area Acute Trusts	41,416	31,092	31,092	0	41,416	0		0
Other Acute	14,881	11,067	11,209	142	14,993	112		(64)
Subtotal Acute	**272,423**	**204,431**	**204,573**	**142**	**272,535**	**112**		**(64)**
Mental Health Services	80,451	60,061	60,059	(1)	80,451	0		0
Community Health Services	56,409	42,415	42,570	155	56,856	447		(429)
Continuing Care	18,349	13,960	13,266	(694)	17,599	(750)		(150)
Other Non Acute	2,182	1,644	1,593	(51)	2,122	(61)		14
Efficiencies	(766)	(766)	(766)	0	(766)	0		0
Reserves	454	227	1,824	1,597	2,570	2,116		56
Subtotal Non Acute	**157,079**	**117,541**	**118,546**	**1,006**	**158,831**	**1,752**		**(509)**
Prescribing	28,566	21,312	21,494	182	28,807	241		0
Primary Care Services	16,089	12,328	12,734	406	16,470	381		220
Primary Care Co-Commissioning	53,933	40,491	40,491	0	53,933	0		0
Subtotal Primary Care	**98,588**	**74,131**	**74,719**	**588**	**99,211**	**623**		**220**
NHS Property Services	1,009	753	517	(236)	690	(319)		0
Programme	6,835	5,040	4,151	(890)	5,617	(1,218)		0
Subtotal Other	**7,844**	**5,794**	**4,668**	**(1,126)**	**6,307**	**(1,537)**		**0**
Total Programme	**535,935**	**401,896**	**402,506**	**610**	**536,884**	**949**		**(353)**
Corporate	5,516	4,137	4,137	0	5,516	0		0
Total Corporate	**5,516**	**4,137**	**4,137**	**0**	**5,516**	**0**		**0**
Grand Total	**541,451**	**406,033**	**406,643**	**610**	**542,400**	**949**		**(353)**
Total Resource Limit	**(541,451)**	**(406,033)**	**(406,033)**	**0**	**(541,451)**	**0**		**0**
Surplus/Deficit	**(0)**	**(0)**	**610**	**610**	**949**	**949**		**(353)**
Expected HDP reimbursement to be validated by NHSEI	**0**	**0**	**(610)**	**(610)**	**(949)**	**(949)**		**353**
Adjusted Surplus/Deficit	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**		**(0)**

At M9, City & Hackney Integrated Care Partnership (CH ICP) reported a breakeven position against the year-to-date budget of £382m

Acute:
City and Hackney ICP is reporting a breakeven position in respect of its Block contracts with NHS Organisations. The 'Other Acute' line is reporting an over performance forecast of £112k which is driven by higher than expected spend with the non-contracted acute providers and the London Independent Hospital (a BMI hospital). The predicted forecast overspend has decreased by £64k from the M08 position, due to revised estimates of spend with non-contracted providers.

Non-Acute, Mental Health and Community Services:
CHS is reporting a forecast improvement of £429k from last month mainly driven by revision of the HDP forecast. The CHS forecast overspend of £447k is primarily due to HDP expenditure, for which, funding is expected to be reimbursed by NHSEI. CHC is reporting a forecast underspend of £750k, an improvement of £150k from last month after a further review and risk assessment. The position will continue to be closely monitored in H2

Primary Care:
Prescribing Budget is reporting YTD overspend of £182k and forecast overspend of £241k. This includes Contract & Agency Pharmacy (YTD underspend £112K , forecast underspend £150K). Prescribing (FP-10) overspend forecast remains consistent with the run rate pressures as seen in previous months. This overspend is likely to be mitigated at the year-end by NHSE/I reimbursements of cost of Flu & Pneumococcal (c.£300k full year) and Glucose Monitors funding (c.£100k full year). **Primary Care services** is reporting a net YTD overspend of £406k and includes £486k overspend relating to Covid surge & booster costs – Pharmacy extended hours, LBH Covid weekend event and GP Covid clinics, funding is expected to be reimbursed by NHSE/I. The overspend is partly offset by YTD underspends of £80k within Cost of Drugs, Nursing home and ENT.

Corporate
In M9, the running costs (RCA) reported a breakeven position with a net underlying underspend of £280k mainly made up of delayed recruitment and in-year departures. Programme projects reported a forecast outturn of £1.2m underspend by release of reserves and recharge of costs to NELCSU for secondment agreement, which is net of underlying underspends mitigating the CH share of the additional costs incurred in NELCCG . Property services reported a YTD underspend of £236k and forecast underspend of £319k resulting from part of Estates costs being accounted for within corporate services.

*Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

City and Hackney ICP – Risks and Mitigations Month 9 2021-22

C&H ICP Risks and Opportunities	H1 Recurrent £'000	H1 Non-Recurrent £'000	H1 Net Risks/ (Mitigations) £'000	H2 Recurrent £'000	H2 Non-Recurrent £'000	H2 Net Risks/ (Mitigations) £'000	Full Year Recurrent £'000	Full Year Non-Recurrent £'000	Full Year Net Risks/ (Mitigations) £'000	Deterioration/ (Improvement) from prior month
ERF Income*	0	0	0	0	0	0	0	0	0	0
QIPP/CIP delivery*	0	0	0	0	0	0	0	0	0	0
SOCG delivery plan	0	0	0	0	0	0	0	0	0	0
Vaccination costs	75	75	150	75	75	150	150	150	300	0
Deficit management	0	932	932	0	(166)	(166)	0	766	766	0
Interim Alliance Agreement Reserve	0	1,200	1,200	0	1,200	1,200	0	2,400	2,400	0
Winter Planning	0	300	300	0	300	300	0	600	600	0
H2 Winter Pressures	0	750	750	0	(750)	(750)	0	0	0	(1,500)
NEL Corporate	550	700	1,250	(550)	(700)	(1,250)	0	0	0	(2,500)
S256 Agreement CH Place Investment Fund	0	0	0	0	5,960	5,960	0	5,960	5,960	5,960
Planned Care Non-Recurrent Backlog clearance	0	0	0	0	1,000	1,000	0	1,000	1,000	1,000
Other	173	123	296	467	123	591	640	247	887	(100)
Total Risks	**798**	**4,081**	**4,878**	**(8)**	**7,042**	**7,034**	**790**	**11,123**	**11,913**	**2,860**
Service Development Fund (SDF)*	0	0	0	0	0	0	0	0	0	0
H2 Final Adjustment to breakeven	0	0	0	0	(2,570)	(2,570)	0	(2,570)	(2,570)	(2,570)
Referral to Treatment (RTT)	0	(1,566)	(1,566)	0	(1,566)	(1,566)	0	(3,133)	(3,133)	0
Hospital Discharge Programme (HDP)	0	(772)	(772)	0	(772)	(772)	0	(1,543)	(1,543)	0
CHC & LD	0	(2,501)	(2,501)	0	(2,073)	(2,073)	0	(4,573)	(4,573)	428
Primary Care	0	(1,435)	(1,435)	0	(1,435)	(1,435)	0	(2,869)	(2,869)	0
Acute Other	0	(67)	(67)	0	(67)	(67)	0	(133)	(133)	0
Prescribing	0	(342)	(342)	0	(282)	(282)	0	(624)	(624)	(12)
Estates - NHSP	0	(514)	(514)	0	(514)	(514)	0	(1,028)	(1,028)	0
Other smaller Balance Sheet gains	0	(804)	(804)	0	(3,638)	(3,638)	0	(4,442)	(4,442)	(1,850)
Total Opportunities	**0**	**(8,000)**	**(8,000)**	**0**	**(12,917)**	**(12,917)**	**0**	**(20,916)**	**(20,916)**	**(4,004)**
Net Risks/(Opportunities)	**798**	**(3,919)**	**(3,121)**	**(8)**	**(5,875)**	**(5,882)**	**790**	**(9,794)**	**(9,004)**	**(1,144)**

- Risks and migrations have been identified by analysing the accruals brought forward from 2020/21 (and other prior years) against known commitments to date. Where there are disputes outstanding against accruals, these have been risk-rated to arrive at the potential mitigation available to CH ICP.
- At month 9, there is an overall net opportunity of £9m, a net improvement of £1.1m from the prior month. This is driven by inclusion of a favourable M9 reporting adjustment of £2.6m, which was required to ensure CH ICP maintains its balanced position. Overall risks have moved by £2.9m from the prior month driven by of inclusion of S256 and Planned Care Backlog Clearance. Risks on H2 Winter Pressures and NEL Corporate are no longer valid and have been removed.
- The NEL CCG position is to break-even, with plans being carefully considered and deployed to ensure financial resilience and balance recurrently.

**ERF income loss (-), non-delivery of efficiency targets (-) and any SDF funds (+) will be managed via the STP and therefore risk rated to zero in this exercise.*

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

London Borough of Hackney – Position Summary at Month 9, 2021/22

Original Budget	Virement	Revised Budget	Service Area	Forecast Variance Before One-off Funding	One-off Funding Usage	Forecast Variance After One-off Funding	Change in Variance from last month	How much of spend/reduced income is due to Covid19
6,086	29	6,115	Care Management and Adult Divisional Support	273	(106)	167	(73)	
9,135	50	9,185	Provided Services	427	(38)	389	60	681
44,216	-	44,216	Care Support Commissioning	6,192	(2,024)	4,168	231	340
7,894	(11)	7,884	Mental Health	1,327	-	1,327	18	
18,221	(168)	18,054	Preventative Services	(1,255)	(54)	(1,309)	(212)	126
11,608	14	11,622	ASC Commissioning	361	(1,216)	(854)	(26)	
97,160	**(86)**	**97,076**	**Adult Social Care subtotal**	**7,325**	**(3,438)**	**3,888**	**(2)**	**1,147**
34,890	-	34,890	Public Health	21	(21)	-	-	
466	-	466	Hackney Mortuary	172	-	172	-	67
35,356	-	**35,356**	**Community Health subtotal**	**193**	**(21)**	**172**	-	**67**
132,516	**(86)**	**132,432**	**AH&I Total**	**7,518**	**(3,459)**	**4,060**	**(2)**	**1,214**

London Borough of Hackney – Position Summary at Month 9, 2021/22

At month 9, LBH is forecasting an overspend of £4.1m after the application of one-off funding of £3.5m. This compares to a 2020/21 outturn position of £8.6m overspend (this included £6.5m of which was attributed to Covid-19 expenditure).

Covid-19 continues to present a significant financial risk to the LBH forecast for 2021-22 with the costs resulting from actions undertaken to limit the spread of infection. In recognition of this risk, the local authority provided corporate growth of £3m to offset increased costs attributed to Covid-19 within Adult Social Care. However, the reduction of NHS funding from being fully funded to 6 weeks funding (subsequently further reduced to 4 weeks from Qtr 2) for hospital discharge care packages has led to a £3.2m reduction in Covid-19 funding this year. The estimated net cost of the pandemic for the directorate above the level of corporate and grant funding received is a net cost of £1.2m this financial year. The remaining £2.9m overspend is predominantly driven by care package costs driven by growth in client numbers and increased complexity of care needs.

This financial year, Adult Social Care received £1.95m of Infection Control and Rapid Testing Funding for care homes to fight Covid-19. The Council has received a further £351k funding from the Omicron Support Fund. Our role in this is primarily one of passporting the funding and so the allocation we received cannot be viewed as further assistance to mitigate the financial pressures we are under.

The cyber attack continues to have a significant impact on a number of key systems across the local authority. There is a clear project plan to restore the social care system, and the service is working with ICT, finance and performance to ensure that we restore the system and take opportunities to build back better.

Forecast positions in relation to each division are set out below:

Public Health (PH): Public Health is forecasting a breakeven position, this includes the delivery of planned savings of £217k. The Public Health (PH) grant increased by approximately 1m in 2021/22, although £775k of the total increase relates to the funding allocated for PrEP related activity, as this was previously funded via a separate grant in 2020/21. The 2021/22 grant will continue to be subject to conditions, including a ring-fence requiring local authorities to use the grant exclusively for public health activity which may include public health challenges arising directly or indirectly from Covid-19.

The Covid-19 pandemic has seen a significant increase in Public Health activities specifically around helping reduce the spread of the virus in the local area, whilst still continuing to ensure other non-covid,demand-led services such as sexual health continue to be managed.

Adult Social Care (ASC): The December 2021 revenue forecast for Adult Social Care is £101.0m against a net budget of £97.1m, resulting in a £3.9m overspend (4.0%). Covid-19 related expenditure accounts for £1.15m of the reported budget overspend.

The overall position for Adult Social Care last year was an overspend of £6.9m (this included £5.1m attributed to the Covid-19 pandemic). The revenue forecast includes significant levels of non-recurrent funding including iBCF (£2m), Social Care Support Grant (£6.3m), and Independent Living Fund (£0.7m).

Care Support Commissioning (external commissioned packages of care) contains the main element of the overspend in Adult Social Care, with a £4.2m pressure against the £44.22m budget. This is primarily due to:

- Physical & Sensory Support is forecasting an overspend of £1.1m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £0.82m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and includes £1.5m of one-off funding towards the increased level of care packages in 21/22
- The Learning Disabilities (LD) is forecasting an overspend of £2.0m. There continues to be pressures driven by the increasing complexity of care needs for new and existing clients coupled with inflationary pressures requested by care providers. The gross forecast spend on care packages in Learning Disabilities is £34.7m.

The **Mental Health** service is provided in partnership with the East London Foundation Trust (ELFT), and is forecasting an overspend of £1.3m. The overall position is largely attributed to an overspend on externally commissioned care services, and as part of the cost reduction plans, Adult Services and the ELFT will work closely to forensically review care packages within the service to seek a reduction of at least £350k this financial year.

Preventative services is forecasting an underspend of £1.3m and is primarily attributable to the interim bed facility at Leander Court (£0.68m) and Substance Misuse (£0.3m) linked to lower than expected demand for rehab placements. The underspend is offsetting the overall overspend on care package expenditure which sits in Care Support commissioning.

Integrated Commissioning Fund – Savings Performance Month 9 2021

London Borough of Hackney

- LBH has a proposed savings target for the financial year 2021/22 of £2.1m of which £1.6m is on track to be delivered. The shortfall in savings relates to delays in achieving the Housing with Care savings programme target of £0.5m. The Adults, Health & Integration (AH&I) Group Director is reviewing the Housing with Care (HwC) Service, and wants to pause the service review whilst we consider different methods of service delivery. To mitigate the savings gap, contract efficiencies will be made within commissioned services to ensure there is not an additional budget pressure during this period.

City of London Corporation – Position Summary at Month 9 21-22

				YTD Performance			Forecast Outturn	
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
Budgets	Comm'ned & *DD	Adult Social Care	3,000	1,650	1,529	121	2,892	108
		Child Social Care	1,244	783	903	(121)	1,568	(324)
		Older People	1,628	946	842	105	1,711	(83)
		Occupational Therapy	301	176	163	13	319	(18)
		Public Health	1,314	657	(200)	857	1,314	-
Budgets Gtotal			7,487	4,212	3,238	975	7,805	(317)
Grand total			**7,487**	**4,212**	**3,238**	**975**	**7,805**	**(317)**

- At Month 9, the City of London Corporation is forecasting a year end adverse position of £0.3m and a YTD position of £1m favourable.
- The forecast over spend is being driven by Child Social Care and Older people - £324k adverse and £83k adverse respectively. These budgets are very volatile and a small change in client numbers / circumstances can have a major impact on the budget. The over spends have been partially mitigated by under spends in Adult Social Care and Occupational therapy- £108k
- The budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to break even at year end.
- No savings targets have been set against City budgets for 2021/22

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

Title of report:	ICPB Risk Register
Date of meeting:	Thursday 10 February 2022
Lead Officer:	Matthew Knell
Author:	Matthew Knell
Committee(s):	N/A
Public / Non-public	Public

Executive Summary:

The risks included in this report are those red risks which could impact on the wider system and risks in the amber range (all risks scored at 8 or above). Green and yellow rated risks are being managed at the work stream, enabler and programme level.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report;

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report;

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

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Background and Current Position

The risks included in this report are those red risks which could impact on the wider system and risks in the amber range (all risks scored at 8 or above). Green and yellow rated risks are being managed at work stream and programme level.

More detailed information is available in the following presentation.

NHS
North East London
Clinical Commissioning Group

Risk Management Report for ICPB

February 2022

City and Hackney

Risk Update (1/2)

- The risks included in this report are those red risks which could impact on the wider system and risks in the amber range (all risks scored at 8 or above). Green and yellow rated risks are being managed at the work stream, enabler and programme level.

- The December 2021 ICPB meeting raised the following actions in its discussion of risk registers:
  - Risk score, mitigations and direction of movement of risk MH1 to be confirmed at next substantive update of risk registers by workstream teams.
    - *This risk (regarding demand in the IAPT service) has been reviewed and updated by the mental health team, and as a result, the risk score has further reduced to 6 (yellow status) with an expanded narrative provided in February 2022. Consequently, unless this score increases in the coming months, this risk will not appear in future iterations of the registers presented to the ICP.*

  - Risk score, narrative and movement of risk PC10 to be confirmed at next substantive update of risk registers by workstream teams.
    - *The score of risk PC10 has been confirmed to remain at 20 (a red rated risk), in line with the revised narrative against this risk. The proposed decrease in risk score has been withdrawn.*

  - Impact of vaccination booster programme ask of primary care to be explored in terms of total capacity and/or impact on longer term health screenings and detailed in a new risk if appropriate by CCG team.
    - *The City and Hackney Primary Care team have advised that NEL colleagues have started an exercise to review and harmonise all Primary Care related risks across the region and that as a consequence, the local risk register is waiting on feedback from this review to inform additional new risks. The ICPB will kept updated on progress and the outcome of this exercise.*

Risk Update (2/2)

- In February 2022 we have 32 risks across 5 risk registers, including:
    - 11 red, 20 amber and 1 yellow risks
    - 1 risk that has **increased** in score from an amber rating of 12 to a red rating of 20 (PC10, as covered on the previous slide). This risk had been proposed to reduce in score in December 2021, but this proposal has now been withdrawn, with the risk instead scoring at 20 with a revised narrative
    - 1 risk that has **decreased** in score from an amber rating of 8 to a yellow rating of 6 (MH1), as covered on the previous slide
    - 14 '**new'** amber risks drawn from across the CYPMF and Unplanned Care registers, which were not able to be reported on in December 2021 – these risks are not new to the workstream teams, but may be to the ICPB
    - 16 risks that remain unchanged in score, comprising 10 red rated risks and 6 amber
    - 11 risks are currently scored at 12, the highest point in the amber rating range before a risk may turn red (CYPMF5, CYPMF9, PC1, PC4, PC8, UPC1, UPC2, UPC6, UPC8, UPC9, UPC10)
- Further information on risk changes are detailed on the next few slides.

Changes to risks (1/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
PC10 regarding financial pressures in the Adult Learning Disability	Increased from 12 (amber) to 20 (red) *The score of risk PC10 has been confirmed to remain at 20 (a red rated risk), in line with the revised narrative against this risk. The proposed decrease in risk score has been withdrawn.*	The Integrated Learning Disability Service is currently £2milion overspent this financial year. This is in part as a result of extra support needs around Covid (e.g. increased 1:1 support). The Cyber Attack also lead to payment issues with providers meaning that much of the spend was unaccounted for following the attack is now becoming apparent. Following a paper prepared for the ICB, the budget position has improved by several million £s than in previous years; however, as end of year overspend is >£1million risk remains at 20 (red) and has in effect become an issue. Work on the overspend is ongoing but has been particularly affected by the Pandemic and Cyberattack
MH1 regarding increased demand for mental health services since pandemic particularly for more complex and high intensity treatments with waiting lists building in IAPT	Decreased from 8 (amber) to 6 (yellow) *This risk (regarding demand in the IAPT service) has been reviewed and updated by the mental health team, and as a result, the risk score has further reduced to 6 (yellow status) with an expanded narrative provided in February 2022. Consequently, unless this score increases in the coming months, this risk will not appear in future iterations of the registers presented to the ICP.*	We have resolved issues of 1st to 2nd appointment waits in IAPT. Waits in other PTWA Alliance pathways remain an issue. We have secured funding to complete a deep dive review in to the whole psychological therapy pathways and we are currently recruiting to the post and the work will be completed over the coming months. The current is in IAPT in terms of the target is the Talk Changes Service (HUH IAPT) not receiving enough referrals. As a result we have developed a Recovery Plan for this as part of our monthly SPR meetings with the service. From this we are developing marketing and promotional materials to address this issue. As an example, we have commissioned LBH to deliver a digital comms strategy for 18-25 years olds and access to IAPT. SWIM digital platform for African Caribbean Heritage mental wellbeing launched with links to psychological therapies providers.

Changes to risks (2/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
CYPMF2 regarding the possibility that children with complex health needs do not receive sufficient additional support in school to meet their needs	Risk scored at 9 (amber) that was not reported on in December 2021	3 Joint Agency Panels (JAPs) have been held and funding recommendations made to the CCG. At end of January, the majority of LAC cases have been requested to enable estimation of total CCG ask. Next stage is to identify necessary changes to commissioning arrangements in order to identify this funding. Re SEND requests, focus is on incorporation of education costs in adults (18-25s) joint funding tool to determine contributions.
CYPMF5 regarding a robust and integrated system approach to care and provision for CYP with LD and / or autism.	Risk scored at 12 (amber) that was not reported on in December 2021	CETR processes in place but CYP often flagged close to crisis and not preventatively; continuation of lowered threshold in Covid. Weekly CAMHS, ED and commissioner call established to review timely (ED) discharge plans and initiate wider preventative / pre-placement joint planning
CYPMF9 regarding a possible gap in delivery of Tier 2 Audiology service for City and Hackney registered population	Risk scored at 12 (amber) that was not reported on in December 2021	Dates for recruitment and data transfer arrangements to be confirmed; Short term waiting list funding to be identified.
CYPMF10 regarding staffing and recruitment issues in the HUHT Community Paediatrics service	Risk scored at 8 (amber) that was not reported on in December 2021	HUHT have successfully recruited to all posts and have secured necessary locum cover. HUHT had planned an externally facilitated OD review of the service in October - awaiting outcomes and assurance.
CYPMF12 regarding potential surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns and risks held at the NEL level	Risk scored at 8 (amber) that was not reported on in December 2021	The re- introduction of face 2 face consultations and children returning to school following end of Covid restrictions and return to business as usual has lessened the initial concerns of risks to children and young people. The likelihood score has been reduced to a 2, bringing the overall risk to 8.

Changes to risks (3/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
CYPMF13 regarding potential for a surge which has knock on impact in terms of capacity, if combined with a Covid 3rd or 4th wave and demand for G&A / ITU beds	Risk scored at 8 (amber) that was not reported on in December 2021	The score has been reduced from 12 to 8 due to a reduction in likelihood as a result of mitigating actions in place as well as the current position with Covid and RSV cases.
UPC1 regarding the risk that Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	Risk scored at 12 (amber) that was not reported on in December 2021	Anticipatory care pilot underway in Springfield Park to test a proactive model of care for patients with moderate frailty needs. National DES expected in Q3 (for go-live in Q1 22/23). We will need to reshape proactive care practice based contract in light of this. Work progressing to improve pathways into community services and re-design them as part of the Neighbourhood model - nursing, mental health implementation underway. Therapies and social care are reviewing models. Maximising utilisation of all urgent community services to avoid unecessary hopstial attendences / admisions through inreased referral from all sources but particularly from 111/999 is key objective of 2 NEL Programmes's: - UEC System Reslience (within UEC Restoration and Recovery) - Transformation of urgent communtity response (within Community Based Care programme) A NEL pilot is underway to test new push/pull pathway from LAS (999 &111) aimed at increaseing appropriate referrals into UCR services In C&H secifically: - Introduced direct electronic booking from 111 into Paradoc which went live in November 2021. -we are introducing (pathway currently being mobilised) self-referral into our IIT rapid response with the aim of accessing potential demand not currently met via existing referral routes -Continuing work to increase utilisation of both core ParaDoc and ParaDoc Falls service by primary care and telecare. Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS.

Changes to risks (4/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
UPC2 regarding the integration of patients and the public in the design and development of services	Risk scored at 12 (amber) that was not reported on in December 2021	Healthwatch work nearing completion on co-production charter as part of Neighbourhoods - and work underway to align this with the overall co-production charter being developed for City and Hackney. Providers continuing to ensure that as part of the Neighbourhoods Programme they are re-designing services based on understanding customer journeys and feedback. Anticipatory care pilot (mentioned above) is co-designing person-centred care and support plan approach with residents (focus group coordinated with Healthwatch). Plans are being developed for voluntary sector partners to work with patients and residents to understand barriers to accessing/engagning with healthcare services. Evaluation of the impact on patient experience and quality of life has been higlighted as a key element in evaluation of Ageing Well initiatives with plans to work with voluntary sector partners to delivery it. EoL patient representatives - All 3 EoL patient representatives attended their first EoL board meeting in December 2021 and it has been agreed that presentation of their own experiences of EoL care in C&H be brought to the Board for discussion in Q1 22/23.
UPC3 regarding risk that the Homerton A&E will not maintain delivery against the four hour standard for 21/22	Risk scored at 8 (amber) that was not reported on in December 2021	SDEC - pathway for direct booking from 111 in 2 priority SDEC pathways have been implemented. Work is ongoing to agree implementation of other symptom pathways as well as scope to increased SDEC offer including frailty. Maximising utilisation of all urgent community services to avoid unnecessary hospital attendances / admissions through increased referral from all sources but particularly from 111/999 is key objective of 2 NEL Programmes. A NEL pilot is underway to test new push/pull pathway from LAS (999 &111) aimed at increasing appropriate referrals into UCR services. In C&H specifically, - Introduced direct electronic booking from 111 into Paradoc, introducing self-referral into our IIT rapid response with the aim of accessing potential demand not currently met via existing referral routes. Continuing work to increase utilisation of both core ParaDoc and ParaDoc Falls service by primary care and telecare. Primary and Secondary Care clinicians agreed approach to manage system pressures that focus on maximising admission-avoidance and reducing length of stay. Maximising utilisation of existing urgent community response services - IIT, Paradoc, Marie Curie EoL along with new speciality specific pathways and remote monitoring services (including ox@home). Enhanced discharge pathway - early discharge of patients with monitoring and follow up from Duty doctor at home.

Changes to risks (5/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
UPC4 regarding discharge and Hospital Flow processes	Risk scored at 9 (amber) that was not reported on in December 2021	The DSPA continues to hold twice daily discharge calls. Funding was provided in November to support winter pressures and is being monitored by local and NEL Discharge Groups which continue weekly for oversight. There has been significant national attention on discharge since December with daily meetings taking place with London Region. This has required daily reporting on numbers of patients discharged the day before, acute bed capacity and step-down accommodation. Mutual aid is offered across NEL when available. NHSE mandated an improvement week ending in an audit of performance at the end of the 14 January. The target was a 30% reduction of the number of people no longer meeting the criteria to reside in hospital who were still there on 13 December. Performance and improvement actions were in the context of great staffing pressures across the system due to staff sickness and isolation. This affected the whole pathway including pharmacy, transport wards, social work and equipment providers. The key focus for the Homerton was on weekend work - consultant ward rounds on every medical ward, enhanced therapy and social teams and discharge teams targeting patients not meeting criteria to reside to make sure weekend discharge has the same focus as weekdays. There were clear areas identified that the Trust and partners will continue to work on. This includes: • Escalation of out of borough cases - improvement of cross border discharge processes • Continue with weekend discharge focus - scoping of ressources required

Changes to risks (6/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

Risk	Changes in score	Changes in mitigations
UPC5 regarding the current IT infrastructure limiting delivery of integrated working	Risk scored at 9 (amber) that was not reported on in December 2021	Specific work being undertaken through the IT Enabler Programme to support Neighbourhoods - including work relating to anticipatory care and developing the care planning approach. This will need to tie in with the wider NEL roadmap including Patients Knows Best. Input given to the NEL business case on PKB.
UPC6 regarding engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required	Risk scored at 12 (amber) that was not reported on in December 2021	Growing risk in light of staffing pressures across services regarding COVID 3rd wave, vaccination rollout and increase in demand across community services. Certainly for Neighbourhoods this is a risk - not least given rollout plans for new care models including nursing, therapies, mental health and social care. It also presents a risk regarding anticipatory care delivery across City and Hackney.
UPC9 regarding the impact of health inequalities for local populations	Risk scored at 12 (amber) that was not reported on in December 2021	Work commenced on developing proposals for partnership arrangements within Neighbourhoods which would bring together residents, voluntary and community sector, PCNs and other health/ care organisations. Forums such as Neighbourhood Conversations enable engagement with local communities about what is important to them. Our aim is to have some form of partnership / strategic delivery group to help drive local improvements within Neighbourhoods. PCNs currently recruiting to additional roles which are about increasing services in PCNs to address local population health needs. Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities. Mobilisation of the Homeless Hospital Discharge Team and Step-up/Step down accommodation underway. The Homeless Hospital Discharge Team went live in the Homerton on the 11 January and Lowri House, the 6 bed step-up/step down accomodation run by Peabody opened on the 17 January.

Changes to risks (7/7)

The information below highlights any changes to risks which have been previously been reported to the ICPB.

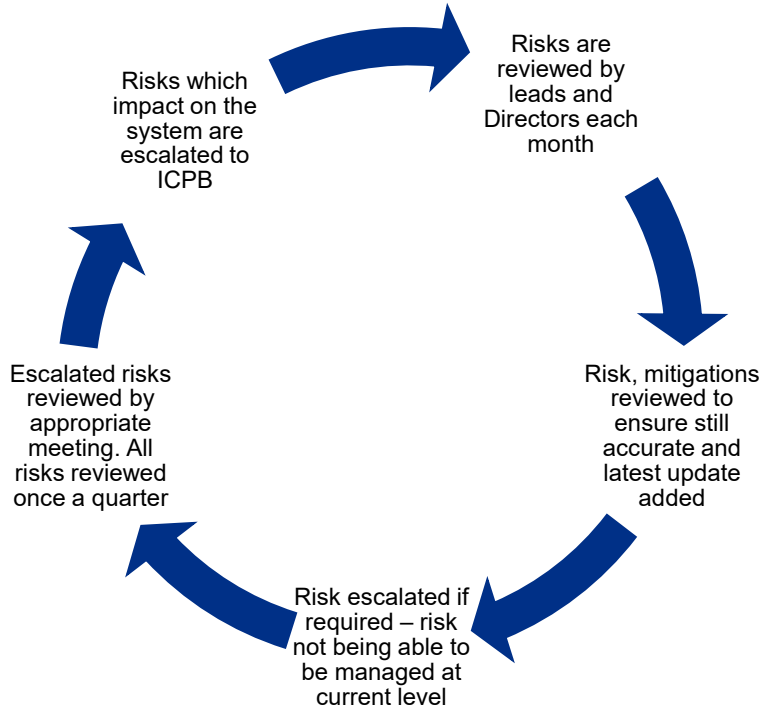
Risk	Changes in score	Changes in mitigations
UPC10 regarding health outcomes for individuals living in care home and other supported living setting	Risk scored at 12 (amber) that was not reported on in December 2021	The impact of the vaccine mandate which came into effect on the 13 November for care home staff has been minimal and providers continue to deliver services. Vaccination of care home residents and staff and domiciliary care staff continues to be a key area of work with reports provided by the NEL performance team and LBH staff. There have been outbreaks within a number of care homes throughout December and January but this appears to have stabilised with only one home currently affected. The GP Confederation Care Provider Covid-19 Service continues to provide inforamtion and training to manage infection, prevention and control (IPC) within their settings. The LBH Quality Assurance team continue to engage and support Providers to assess any potential risks or management issues.

Monthly risk cycle - CH ICP, NEL CCG

This slide is included for information of the monthly process for review and discussion of risk.

Each month:

- Risk owners will be asked to review their risks to ensure the risk is up to date – an email reminder will be sent out to all leads
- Risks can also be taken to other groups and sub-committees for review and discussion if this will enable the risk to be more widely understood and managed
- Risks can be updated at any point following discussions with owners and at meetings
- There will be one primary owner of the risk on the register; however as this is system focussed risk it is envisaged the owner will liaise with others across the system
- Governance team will review the registers, and update information to be sent to the NEL CCG corporate risk register as part of the internal processes.



ID no.	Date raised	Raised by (individual/ committee/ programme)	Initial risk score	Corporate objective	Local system objective	Risk description	Previous rating	Current rating			Target rating	Target completion date	Completed mitigating actions	Mitigating actions still to be completed	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments - *add in month/year of update*	Close Down Status
								Likelihood	Impact	Risk Score (1-25)											
CYPMF2		CYPMF Strategic Oversight Group	12	high quality service for patients		Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs. This group are identified as being specifically vulnerable to direct and indirect impacts of the pandemic.	9	3	3	9	6		A joint funding pilot in 2019/20 made some progress on joint review of Looked After Children requiring additional support but did not lead to referrals from education for additional health support. With agreement of CCG staff we will move to a pilot joint assessment panel led by Hackney Education, with the intention that provision to meet needs and a funding recommendation is agreed in principle by a multi-agency panel, followed by financial approval by the relevant agency.	Draft protocol and progress of panel to be reviewed with finance team, to inform baseline and future budget requirement.	Amy Wilkinson	Sarah Darcy	CYPMF SOG	N	n/a	January 22 Update: 3 Joint Agency Panels (JAPs) have been held and funding recommendations made to the CCG. At end of January, the majority of LAC cases have been requested to enable estimation of total CCG ask. Next stage is to identify necessary changes to commissioning arrangements in order to identify this funding. Re SEND requests, focus is on incorporation of education costs in adults (18-25s) joint funding tool to determine contributions.	
CYPMF5		CYPMF Strategic Oversight Group	12			Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	12	4	3	12	9		Care Education Treatment Review (CETR) processes established across health, social care and education with service leads engagement / CAMHS Tier 3.5 pilot agreed for 2 years (intensive support for most at risk CYP with engagement from all three agencies) / Integrated Discharge Oversight Group established by the Provider Collaborative to improve communication and discharge planning from the point of admission / CYP Focused autism and LD working group aligned with All Age Autism Alliance strategy / Weekly CAMHS, ED and commissioner call established to review timely (ED) discharge plans and initiate wider preventative / pre-placement joint planning	Recruitment initiated for Tier 3.5 - service start date tbc; early comprehensive engagement from all agencies and parent group in LD and Autism task group; first pieces of work including mapping of service offer and engagement work across the system will inform 6-12 month work plan	Amy Wilkinson	Amy Wilkinson / Sarah Darcy	CYPMF SOG	N	n/a	CETR processes in place but CYP often flagged close to crisis and not preventatively; continuation of lowered threshold in Covid. Weekly CAMHS, ED and commissioner call established to review timely (ED) discharge plans and initiate wider preventative / pre-placement joint planning	
CYPMF6		CYPMF Strategic Oversight Group	15			Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	3	5	15	4		1. Robust governance established across the Partnership with A.) a fortnightly COVID 19 Childhood Imms Task group with PH, CCG, HLT and Interlink members, B.) a C&H monthly steering group that also manages the flu strategy, and C.) a quarterly wider partnership oversight group with NHSE/PHE that will oversee the 2 year childhood imms action plan. 2. CCG NR investment in childhood immunisations - contract with GPC through which additional clinics and 'event' clinics are held in NE Hackney 3. Utilise NHSE training, data and shared learning opportunities	Continue to work with CEG / NHSE regarding improvements in data collection to support timely delivery; recruit to NR funded imms coordinator / programme manager posts ; restart the GPC delivered children's centre service for NE Hackney; develop our approach to vaccine hesitancy with a focus in NE Hackney with learning applied across C&H	Amy Wilkinson	Amy Wilkinson / Sarah Darcy	CYPMF SOG	Y	ICPB	Impact of further deterioration in coverage in Covid not yet redressed; use of NR funding planned, expected to mobilise end of Q4. An immunisations coordinator for NE Hackney is due to start; NR funding bid submitted to NHSE for dedicated project management support for NE Hackney (initially, with focus on improving interface with Primary care, call and recall systems and testing approaches around vaccine hesitancy). A NE Hackney Imms team is being established in Springfield PCN, and we have an offer of a Family Nurse Practitioner from Hatzola (service model to be developed). The approach to imunisations improvement was endorsed by teh CYPMF Strategic Oversight Group on 27 January 2022.	
CYPMF9		CYPMF Strategic Oversight Group	12			Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	12	3	4	12			Arrangements to transfer the service from HUHT to Barts (to be an audiology led service) agreed in principle; service has restarted with HUHT Barts to deliver the service (this is dependent upon availability of bank staff so there remains a (Covid) wiaitng list which is unlikely to be addressed until Barts are able to recruit substantive staff	Contract to be agreed between CCG and Barts, Barts will then recruit, data transfer can be initiated - new service start date is dependent on these as both processes likely o take c.3 months; funding for waiting list catch up is included in the agreements	Amy Wilkinson	Sarah Darcy	CYPMF SOG	N	n/a	Dates for recruitment and data transfer arrangements to be confirmed; Short term waiting list funding to be identified.	
CYPMF10		CYPMF Strategic Oversight Group	15			Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	12	2	4	8			HUHT have successfully recruited to all posts and have secured necessary locum cover. HUHT had planned an externally facilitated OD review of the service in October - awaiting outcomes and assurance.	Regular review between CCG and HUHT leads of ongoing LAC doctor capacity issues - compounded by (annual) change in trainees; mitigation of Barts delivery of audiology	Amy Wilkinson	Sarah Darcy	CYPMF SOG	N	n/a	*Risk is reduced but maintained to reflect LAC concerns, autism waiting times (0-5 years). We are awaiting an assurance paper from HUH which will determine whether this risk can be reduced.*	
CYPMF11		CYPMF Strategic Oversight Group	15			• Specialist (Tier3) CAMHS is currently seeing a doubling in referral demand. Waits are increasing from 4-5 weeks to 8 weeks with referral backlog increasing. • Specialist Eating Disorders service seeing a doubling of demand and increase waits – only able to see urgent cases within NICE waiting times • First Steps seeing a significant increase in demand and waits have increased to 6 months for 1 to 1 therapy. Referral backlog increasing. • This doubling in demand pattern is mirrored at a national level. C&H's estimated prevalence of diagnosable Mental Health Conditions has risen from 10% to 18%. Based on local and national information, we are predicting that this new level of demand will be ongoing for at least the medium term. • Increased demand and backlog issues are being exacerbated by higher levels of staff sickness. Despite new investment being available we are unable to fill posts owing to a national shortage of CAMHS clinicians. We are also seeing staff leave at a higher rate and this may be related to staff burnout and working in a complex and unintegrated system in C&H. • We are also seeing a shortage of T4 bed availability particularly specialist eating disorders beds. This is having an impact on the wider system with T3 CAMHS having to hold cases that would normally been admitted and also inpatient paediatrics having to hold cases that would otherwise be in a specialist unit. • CYP crisis presentations is also significantly higher than pre-pandemic levels and appears to be an ongoing pattern. • Owing to increase demand and waitlist backlog, we have seen our CYP autism assessment waits increase from 4 months to 10-12 months. Post diagnostic support is also seeing a similar backlog build up and corresponding wait time. • Off-Centre (16-25 service) has also seen a significant increase in referrals and wait times have increased beyond 6 months. As a result they have had to close their waiting list to new referrals.	15	5	4	20	9		There are a large number of developments in place in order to support CAMHS work, these are included in the CAHMS surge planning document. However, some of these are detailed here - CAMHS Alliance Support has been redeployed to support critical care. - HUH CAMHS to receive enhanced funding for additional senior clinician capacity plus enhanced duty system. - introducing enhanced LBH and Off Centre clinical offer to support surge in CAMHS crisis. - Maintain Crisis service operation 9am -9pm 7 days per week beyond April 2021. - CAMHS Disability has implemented a Duty System including weekly meeting with CAMHS Alliance colleagues to consult on referrals. First steps have adopted to on line with groups and online resources. - WAMHS/MHST has continued to deliver a range of services to meet needs faced by schools, pupils and parents	1. Implementing CAMHS Single Point of Access 2. Wider CAMHS Integration Programme. 3. LBH CAMHS Crisis Surge support offer 4. LBH embedded SW in CAMHS Crisis team 5. ASD backlog clearance initiative. 6. Winter pressures funding a. Additional Psychiatry b. Fixed Term SPA lead c. Off-Centre turnaround senior manager d. HUH CAMHS Locum e. ASD Tier 2 additional Capacity f. Additional RMN support for Starlight ward 7. Potential risk sharing offer to Starlight for locum support during times of extreme pressure 8. Eating Disorders task & finish group established 9. CHSCB to conduct focus meeting on CAMHS	Dan Burningham / Amy Wilkinson	Greg Condon / Sophie McElroy	CYPMF SOG	Y	ICPB	There is still a surge in CAMHS with a growing backlog and waits. CAMHS T4 beds are saturated, however we are no longer seeing young people aged 16-17 in MH adults beds. There is currently a regular discharge and flow group in place that is looking at bed blocking. We are also working with NEL LA collaborative to set up an in-housing placement hub for CYP with complex needs that include mental health. The investment round for 21/22 has been completed and this is currently being mobilised which will help alleviate some of the demand. However the new investments in CAMHS are small compared to the doubling of demand in many cases. The situation in the children's eating disorders service appears to be worsening owing to staff shortages on top of the doubling of demand. The service will only be able to see the most urgent cases within NICE timeframes. We are likely to see more access and waiting times breaches in this service over the coming months.	
CYPMF12		CYPMF Strategic Oversight Group	12			During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. The management of the 7 risks directly pertaining to City & Hackney is being held at North East London level, and each has been given an adjusted scoring which is lower, reflecting the mitigations in place an asurances gathered since the re-opening of schools. The SOG agreed on 7 December 2020 to reflect this position with a summary risk on the register.	12	2	4	8	6		Management and mitigation of this risk is reflected on the NEL Safeguarding Risk Register.		Anna Jones / Reagender Kang	Amy Wilkinson / NEL	CYPMF SOG	N	n/a	The CYPMF Strategic Oversight Group (SOG) reviewed the NEL Safeguarding Risk register at its meeting on 7 December. Following the return of children in City & Hackney to school, the NEL Safeguarding group has been able to provide a clearer assessment of the risk to children. The SOG recognised the mitigations and assessment of revised risk scores represented by that group, and agreed to continue to review those risks, keeping them as a summary risk on the the CYPMF register (collectively rated 12), and be informed by the C&H Safeguarding Children's Partnership (of which the Workstream Director and designated nurse for Safeguarding Children are members). It was noted that additionally, these risks are mitigated in part by the actions relating to risks 2,5,11 and 15 on the CYPMF Register. The updated CYP Covid risk register was presented to CH SAG on 29.01.21. **25/03/21** Following the third lockdown the CHSCP have been meeting 3 weekly to highlight any significant themes, patterns and trends identified by all agencies in respect of safeguarding and promoting the welfare of children. Schools are now open again. For us in C&H our greatest concern relates to the large increase in referrals to CAMHS services (risk 19). The overarching NEL risk register is a collective but all boroughs are individually represented. **UPDATE FEB 2022** the re- introduction of face 2 face consultations and children returning to school following end of Covid restrictions and return to business as usual has lessened the initial concerns of risks to children and young people. The likelihood score has been reduced to a 2, bringing the overall risk to 8.	
CYPMF 13	01-Aug-21	CYPMF Strategic Oversight Group	16			RSV / Winter Pressures - Risk re the potential for a surge in RSV following modelling, based on southern hemisphere activity, linked to the pandemic - risk we see a surge which has knock on impact in terms of capacity, if combined with a Covid 3rd or 4th wave adn demand for G&A / ITU beds, and in the light of ongoing pressure on paediatric beds	16	2	4	8	6		Surge planning in place across NEL, led by the North Thames Paediatric Network Local system work across CYPMF, Unplanned Care and HUFT teams (including clinical leads) to put primary / secondary care pathways in place - including ensuring all practices have pulse oximeters. NEL and local communications for families and professionals disseminated across primary care, education, social care, and across a broad range of CYP stakeholders. Practitioner forum and GP education sessions held, and information page on GP website. Is raised as a risk through both SOC, CYPMF SOG, and a number of other system leadership groups Neonatal immunisations (for RSV) being delivered through HUFT to eligible cohort (born since Jan 2020), as per new PHE guidance The score has been reduced from 12 to 8 due to a reduction in likelihood as a result of mitigating actions in place as well as the current position with Covid and RSV cases.	Exploring options for community support for families	Amy Wilkinson		CYPMF SOG	N	n/a	The score has been reduced from 12 to 8 due to a reduction in likelihood as a result of mitigating actions in place as well as the current position with Covid and RSV cases.	

ID no.	Date raised	Raised by (individual/ committee/ programme)	Initial risk score	Corporate objective	Local system objective	Risk description	Previous rating	Current rating			Target rating	Target completion date	Completed mitigating actions	Mitigating actions still to be completed	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments - *add in month/year of update*	Close Down Status
								Likelihood	Impact	Risk Score (L x I)											
PC1	May-21	Planned care team	12	Put patient experience at the centre of our delivery / Recover from pandemic and be prepared for future waves / High quality services for patients		Changes to services (e.g. services being moved out of area / hot-cold site changes, virtual consultations) have an impact on vulnerable residents and / or negatively impact those already most at-risk from the covid-19 pandemic. Vulnerable patient is defined as a patient who needs regular health input from primary care, who may struggle to access this due to COVID-19 service changes, For example, a patient with a long term condition who is having issues with managing it or a patient with a learning disability.	12	4	3	12	9	Apr-22	Face to face appointments are beginning to be introduced again. Risk stratification tool developed for identification of vulnerable patients in primary care - will enable prioiritisation of review for those most at need. Preparing to roll tool out across C&H practices.	Develop tool for identification of vulnerable patients by primary care - feedback reports on use.Being rolled in Q3/4. / Process of reivew and active case management - primary care and community/enhanced services. Data capture and feedaback thorugh CEG. Face to face appointments are beginning to be introduced again.	Charlotte Painter	Charlotte Painter / Laurie Sutton Teague				November 2021: Local services have undertaken a range of actions to mitigate the impact of COVID for vulnerable groups. GP Confed contract has been regeared to focus on vulnerable patients- utilising CEG searches to identify them. Community Services-ACERS, Lymphoedema, etc.- are actively managing patients on their caseload. Winter Pressures work is being undertaken by meds management team and primary care. Social prescribing teams and other ARRS roles within primary care are assisting with targetted work with vulnerable clients. Face to face offer in primary care has resumed. The LTC contract has been re-focussed on priority treatment areas to highlight the most at risk patients. Work is starting on planning the 2022/23 contract indicators. Also work is continuing on the roll out of tools to identify new patients and where patients have conditions which are less well controlled. A number of pilot projects are underway in primary care.	
PC2	Jul-21	Planned care team	20	Recover from pandemic and be prepared for future waves		Patients are not being seen, diagnosed and treated within nationally mandated cancer performance targets, leading to possible increased severity of illness and loss of local cancer service reputation and NHSE intervention.	20	3	4	16	9	Apr-22	North East London Cancer Alliance (NEL CA) in place and leads on NEL cancer performance and delivery. Monthly/weekly reviews of all areas and project development. This includes: - Trajectory and planning for recovery from COVID-19 (Clearance of waiting lists and delivery targets) - Performance of providers and primary care - National Targets (including support to screening) - Projects that will improve services The local CH Cancer Collaborative is in place and meets every 6 weeks. They support NEL CA in achieving cancer performance locally and develop local projects to improve cancer detection and treatment.	Local Projects to be started: - Cancer awareness campaign. - Screening projects (Bowel and Cervical) targeting people not coming forward for screening - improving patient experience (Mission remission) ● Fortnightly review of performance with Alliance and providers - identifying the issues and taking mitigating actions ● Monthly communications to primary care	Charlotte Painter	River Calveley				November 2021: H2 Guidance expects 20% increase in referrals to recover missed cancers - 2ww are running at approx 15% higher. Alliance need to identify the areas the missing referrals are from. Performance has deteriorated since April with targets for 62 days now in the 80% plus region. HUH contunues to perform well against 2ww and 31 days targets but 62 days is similar across all trusts. Cancer activiy is high and reducing the backlog is still the priority. Our key aims are to: ● minimise patients that do not present to primary care for referral ● Ensure our providers have Fast Track appointments available ● Diagnostics capacity will be available Diagnostics are in full operation at HUH and waits for endoscopy is now near the target levels Cancer services have been maintained across NEL and continue to deliver.	
PC4	Feb-21	Planned care team	20	Recover from pandemic and be prepared for future waves / High quality services for patients		Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity NEL Outpatient Transformation - Recover Non admitted RTT - Trajectories for NEL outpatient recovery - Support ICP initiatives for NEL outpatient recovery	20	3	4	12	6	Apr-22	Regular service comms to GPs Work on increasing A & G completed and new systems being looked at Barts for Pilots PIFU plans for Homerton now implemented Trajectories for recovery completed and agreed Other project and transformation work in progress - Community Gynae Expansion and the PCN Pilot have been implemented.	Ongoing Elective recovery meetings with HUH fortnightly. Ongoing NEL Waiting time recovery meetings (Monthly) Further work on PIFU and increase in A & G are being implemented to meet H2 guidance. Transformation projects to be implemented: - SWM implementation - Otology project (ENT) - Phlebotomy appointments - Community Paed ENT - Increase in PCN community Gynae activity	Charlotte Painter	River Calveley				November 2021:Review monthly at system management group, looking at transformation and acute. GP referrals are overall at pre-pandemic levels Activity at HUH is high - back log is reducing (Over 18 weeks reduced significantly) Elective and day case is exceeding H2 guidance for providers Diagnostics - HUH is performing well and overall 98% within 6 wks achievement with only endoscopy being in the 70% plus area.	
PC5	Feb-21	Planned care team	20	Recover from pandemic and be prepared for future waves / High quality services for patients		Increase in mortality for residents with a learning disability as a result of COVID (increase in Learning Disabilities Mortality Review (LeDeR) Programme reporting)	20	4	5	20	15	Apr-22	Vaccine offer and support to take it up - vaccine programme.	Infection control and self care resources for patients and their carers - constantly updating as online information and with changes to guidance. Get data from G.P on vaccination rates. Staff training to be in place to be able to recognise signs of illness in patients . Leder reviews in place (and learning from these). work being done to increase vaccination update in staff and those supporting learning disabled users.	Charlotte Painter	Penny Heron	ICPB / SOCG / HNCB			Nov 2021 - Vaccinations programme, includes the GP Confed Booster delivery to care homes and supported living; Current rates of double vaccinations is 69% in C&H for this cohort, but booster rates for clinically extremely vulnerable remains quite low at 29%. Primary Care are conducting checks, such as Annual Health Checks. GPs have clear guidance for identifying patients via CEG searches and protocol for what to discuss with patients when they are contacted. Resources have been promoted by the council and CCG- a new winter planning checklist has been shared with providers. Ongoing monitoring of LeDeR reporting. If vaccination rate increases, option to review risk score.	
PC6	Feb-21	Planned care team	16	Recover from pandemic and be prepared for future waves		Risk of COVID outbreaks at care homes and commissioned placements for residents with a learning disability	16	2	5	10	10	Apr-22	Vaccination of residents in care homes / Regular Testing/ Infection protection and control training and SOPs for care / share winter planning handbook	Support Resources for patients, staff and carers. Winter planning promotion in addition to the handbook. Ongoing work to promote vaccines uptake for staff - linking in LBH and public health and undertaking quality assurance.	Charlotte Painter	Penny Heron	ICPB / SOCG / HNCB			Nov 2021 - Mandatory vaccinations programme for staff; all staff at care homes will be double vaccinated; risk assessments in place where staff are exempt. Vaccinations & boosrters being encouraged. Most care homes have >75% double vaccination rate and booster programme in place. Regular testing & Standard Operating Procedures in place to address outbreaks. Arranging Restore2mini training to identify deterioration. The risk mitigation has achieved its target score - Close this risk now with consideration of brining back pending winter issues.	
PC7	Feb-21	Planned care team	16	Recover from pandemic and be prepared for future waves		Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	16	4	4	16	9	Apr-22	Risk stratification tool developed for use in primary care to identify and recall patients most at need of review. Preparing to roll this tool out across C&H practices.	Engage patients to collate qualitative feedback / Review services briefs to understand how this need can be met / performance against LTC contract metrics to be monitored to understand the scale of need in primary care	Charlotte Painter	Charlotte Painter / Laurie Sutton Teague	ICPB / SOCG / HNCB			November 2021: Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact via health inequalities. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. This will also focus on LTC recovery and how to manage the situation post-COVID. LTC contract 21/22 targets have highlighted priority groups. LTC contract discussions for 2022/23 are about to start including review of performance so far and comparison across NEL - (City and Hackney data show we have acheived better perforamance in treatment outcomes for LTC compared to other NEL areas however this is still not back pre-pandemic levels.	
PC8	Feb-21	Planned care team	20	Recover from pandemic and be prepared for future waves		Impact of COVID on the health of the rough sleepers and asylum seeker populations	20	3	4	12	9	Apr-22		Ongoing accommodation offer / Outreach services from council and ELFT / Out of Hospital Discharge Pathway / Vaccination implementation	Charlotte Painter	Cindy Fischer				November 2021 - Rough Sleeper and Health Partnership Group in place to oversee response. ELFT Outreach Service providing outreach clinics to accommodation for rough sleepers and asylum seekers. Service extended until 31 March 2024. Proactive outreach being undertaken by LAs to ensure rough sleepers are offered accommodation. Severe Weather Emergency Protocol (SWEP) will be implemented as required with the weather turning cold. Vaccination efforts ongoing. Two bridging hotels have been stood up in the City of London as part of the Afghan resettlement programme. Additional health staff have been recruited by ELFT to support these sites. All system partners are involved in the response.	
PC9	Feb-21	Planned care team	20	High quality services for patients		NCSO- Limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure. As a result of EU exit, there is risk of transport delays of medicines which could lead to limited stock availability of medicines (which could further drive up the cost of commonly prescribed drugs).	20	4	5	20	9		QIPP efficiencies to aid financial balance		Siobhan Harper	Rozalia Enti				The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020. For 2020/21, as of January 2021 prescribing data is only available for April -October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition to a cost pressure of £367,788 for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M per month from CCGs by increasing the cost of these drugs from June 2020. The estimated cost impact for C&H CCG for this clawback is £412,090 over June2020 to March 2021. Previous low scores was due to it these cost pressures being fully mitigated by QIPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. So in previous years prescribing budget has always remained break even or	
PC10	Feb-21	Planned care team	20	Put patient experience at the centre of our delivery / High quality services for patients		There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	5	4	20	9	Apr-22	realigned budgets which has reduced the overspend	Sept 21 - Joint Funding work is still ongoing - independent review needs to take place /looking at how provision of services work to offer vfm even if service pressures are going up, this has been affected by the Cyberattack too. S75 meetings will provide quarterly financial updates.	Charlotte Painter	Penny Heron				Nov 21 Integrated Learning Disability Service is currently £2million overspent this financial year. This is in part as a result of extra support needs around covid (e.g. increased 1:1 support). The Cyber Attack also lead to payment issues with providers meaning that much of the spend was unaacounted for following the attack is now becoming apparent. To note - Following a paper prepared for the ICB, the budget position has improved by several million £s than in previous years; however, as end of year overspend is >£1million risk remains at 20 (red) and has in effect become an issue. Work on the overspend is ongoing but has been particularly affected by the Pandemic and Cyberattack	

ID no.	Date raised	Raised by (individual/ committee/ programme)	Initial risk score	NEL CCG Corporate objective	Local system objective	Risk description	Previous rating	Current rating			Target rating	Target completion date	Completed mitigating actions	Mitigating actions still to be completed	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments - *add in month/year of update*	Close Down Status
								Likelihood	Impact	Risk Score (1-25)											
UPC1		workstream	20			If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	12	4	3	12	6		EDDI put in place to allow 111 direct booking into ED /NEL system objective of direct booking into ACPs in development / Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers went live 1 October 2020	Pilot and implement approach to anticipatory care (proactive care) across City and Hackney / implement the Neighbourhood model in community services including community navigation / Support primary care to proactively and reactively manage patients to avoid A&E attendences and admissions Ensure that our community rapid response services meet 2 hour resopnse standard / review system demand to identify potential unmet need /work with system partners to increase utilisation and maximise impact. Review and ensure wider admission avoidance services and appropriate care pathways are communicated and utilised by all system partners Implemetation of the Enhanced Health in Care Homes Framework	Nina Griffith	Anna Hanbury / Leah Herridge	Unplanned Care Board	N	No escalation required	January 2022: Anticipatory care pilot underway in Springfield Park to test a proactive model of care for patients with moderate frailty needs. National DES expected in Q3 (for go-live in Q1 22/23). We will need to reshape proactive care practice based contract in light of this. Work progressing to improve pathways into community services and re-design them as part of the Neighbourhood model - nursing, mental health implementation underway. Therapies and social care are reviewing models. Maximising utilisation of all urgent community services to avoid unecessary hopstial attendences / admisions through inreased referral from all sources but particularly from 111/999 is key objective of 2 NEL Programmes's: - UEC System Reslience (within UEC Restoration and Recovery) - Transformation of urgent communtity response (within Community Based Care programme) A NEL pilot is underway to test new push/pull pathway from LAS (999 &111) aimed at increaseing appropriate referrals into UCR services In C&H secifically; - Introduced direct electronic booking from 111 into Paradoc which went live in November 2021. -we are introducing (pathway currently being mobilised) self-referral into our IIT rapid response with the aim of accessing potential demand not currently met via existing referral routes -Continuing work to increase utilisation of both core ParaDoc and ParaDoc Falls service by primary care and telecare. Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS.	
UPC2		workstream	16			Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused and thus limited in reach and scope	12	3	4	12	6		Whilst a lot of resident engagement was ceased in Q1 20/21 owing to the pandemic - the workstream have worked hard to reinstate opportunities for resident involvement in shaping priorities and service: -Winter preparedness and self care event held in November 2020 - Healthwatch Discharge Review Report has been provided and will be used to help inform hospital and DSPA communications with patients and residents. -Commissioned a social marketing company to develop communications for patients so there are clearer messages for the discharge to assess process. Service users and the public will be involved in testing of messages. - London workshop to understand how the 111 service can support people across all cultires - LAS 111 IUC PPG continues - Neighbourhoods resident involvement continues and co-production training is planned between Healthwatch and with Neighbourhood Project Managers. -Neighbourhoods conversations hosted by HCVS held in all neighbourhoods and work underway to increase resident involvement in these - Appointment of new EoL patient representatives Healthwatch Hackney is funded as part of the Neighbourhoods Programme to establish a model for meaningful resident engagement across Neighbourhoods. A full time Neighbourhoods Development Manager has been recruited to develop this model / A Neighbourhood Resident Involvement Group has been established which aims to ensure resident involvement is embedded across the programme.	UC team to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information In partnership with the Neighbourhoods Resident Involvement Group - initiative co-production in specific areas of the programme (anticipatory care and evaluation) and support NRIG to deliver a co-production handbook (deliverable led by Healthwatch Hackney)	Nina Griffith	Anna Hanbury	Unplanned Care Board	N	No escalation required	January 2022 Update: Healthwatch work nearing completion on co-production charter as part of Neighbourhoods - and work underway to align this with the overall co-production charter being developed for City and Hackney. Providers continuing to ensure that as part of the Neighbourhoods Programme they are re-designing services based on understanding customer journeys and feedback. Anticipatory care pilot (mentioned above) is co-designing person-centred care and support plan approach with residents (focus group coordinated with Healthwatch). Plans are being developed for voluntary sector partners to work with patients and residents to understand barriers to accessing/engagning with healthcare services. Evaluation of the impact on patient experience and quality of life has been higlighted as a key element in evaluation of Ageing Well initiatives with plans to work with voluntary sector partners to delivery it. EoL patient representatives - All 3 EoL patient representatives attended their first EoL board meeting in December 2021 and it has been agreed that presentation of their own experiences of EoL care in C&H be brought to the Board for discussion in Q1 22/23.	
UPC3		workstream	12			Risk that the Homerton A&E will not maintain delivery against the four hour standard for 21/22	8	2	4	8	8		Implementation of ED direct booking via EDDI / HUH maintain strong operational grip through senior management focus on ED and hospital flow / NEL UEC Recovery and Restoration Steering Group meeting on a regular basis with 3 subgroups to agree objectives and drive delivery.	Continued work across all system partenrs to navigate people away from the ED into community services where clinically appropriate / Divert ambulance activity - maintain ParaDoc model and further integrate, diverting activity from LAS / Duty Doctor aim to improve patient access to primary care and manage demand on A&E /	Nina Griffith	Dylan Jones / Anna Hanbury	NEL UEC Recovery & Restoration Steering Group	N	No escalation required	January 2022 SDEC - pathway for direct booking from 111 in 2 priority SDEC pathways have been implemented. Work is ongoing to agree implementation of other symptom pathways as well as scope to increased SDEC offer including frailty. Maximising utilisation of all urgent community services to avoid unecessary hopstial attendences / admisions through inreased referral from all sources but particularly from 111/999 is key objective of 2 NEL Programmes's: - UEC System Reslience (within UEC Restoration and Recovery) - Transformation of urgent communtity response (within Community Based Care programme) A NEL pilot is underway to test new push/pull pathway from LAS (999 &111) aimed at increaseing appropriate referrals into UCR services In C&H secifically; - Introduced direct electronic booking from 111 into Paradoc which went live in November 2021. -we are introducing (pathway currently being mobilised) self-referral into our IIT rapid response with the aim of accessing potential demand not currently met via existing referral routes -Continuing work to increase utilisation of both core ParaDoc and ParaDoc Falls service by primary care and telecare. Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS. Pimary and Secondary Care clinicians agreed approach to manage system pressures (including winter & COVID-related attachl that focus on maximising admission avoidance and reducing length of stay	
UPC4		workstream	20			Discharge and Hospital Flow processes are not effective, resulting in failure to meet criteria to reside requirements.	9	3	3	9	6	31/03/2022	DSPA is operational and composed of staff from the Integrated Independence Team (IIT), Integrated Discharge Service (IDS), and Age UK East London (AUKEL). A variety of step down accomodation is in place to support discharge for both Covid positive and negative individuals. Mary Seacole is the designated care home approved to accept COVID positive individuals who require a nursing home. Acorn Lodge and two other out of borough care homes take Covid negative individuals. There are assessment flats for people aged 55 and above who are unable to return home due to hoarding, disrepair or safety issues. Assistive technology is in place to support assessment of ongoing needs. A four-bedded unit and attached property with two independent flats in Goodmayes (Redbridge) has been commissioned for adults (working age) who are ready for discharge and are COVID positive/need to isolate, and is also for those living in a long term residential settings which cannot accommodate the need to self isolate. A weekly NEL Discharge call is in place to provide oversight of hospital and step down bed capacity. System leads escalate concerns from the Integrated Discharge Hubs to help facilitate discharge for out of borough residents. Mutual aid has also been provided where there are no appropriate step down options locally. The weekly discharge teleconference continues to provide oversight of hospital flow and ensure system capacity. DTOC reporting has been suspended this year and replaced by a daily sitrep completed by the Homerton Hospital.	Twice daily discharge calls and weekly management oversight meetings continue.	Nina Griffith	Cindy Fischer / Mark Watson	Discharge Steering Group	N	No escalation required	Jan 2022 Update: The DSPA continues to hold twice daily discharge calls. Funding was provided in November to support winter pressures and is being monitored by local and NEL Discharge Groups which continue weekly for oversight. There has been significant national attention on discharge since December with daily meetings taking place with London Region. This has required daily reporting on numbers of patients discharged the day before, acute bed capacity and step-down accommodation. Mutual aid is offered across NEL when available. NHSE mandated an improvement week ending in an audit of performance at the end of the 14 January. The target was a 30% reduction of the number of people no longer meeting the criteria to reside in hospital who were still there on 13 December. Performance and improvement actions were in the context of great staffing pressures across the system due to staff sickness and isolation. This affected the whole pathway including pharmacy, transport wards, social work and equipment providers. The key focus for the Homerton was on weekend work - consultant ward rounds on every medical ward, enhanced therapy and social teams and discharge teams targeting patients not meeting criteria to reside to make sure weekend discharge has the same focus as weekdays. There were clear areas identified that the Trust and partners will continue to work on. This includes: • Escalation of out of borough cases - improvement of cross border discharge processes • Continue with weekend discharge focus - scoping of ressources required	
UPC5		workstream	12			Current IT infrastructure limits delivery of integrated working	9	3	3	9	4		Agreed to fund digital resource through the Ageing Well monies in order to support delivery of the three Ageing Well agendas (Anticipatory Care, Enhanced Health in Care homes and Urgent Community Response. Post to be recruited. New Urgent Care Planning tool which is replacing Co-ordinate My Care has been procured on behalf of London. The new tool will provide improved interoperability with existing systems and will servife a borader cohort of patients than just End of life.	Link with Integrated Commissioning IT enabler group and IT enabler board / Ensure that the IT programme plan and deliverables has clarity about requirements and commitment (resources and funding) to deliver on Neighbourhood programme plan / Further work required on detailed roadmap (as set out at IT Enabler Board February 2021) Further work to be undertaken in 2022/23 to consider what digital tool / infrastructure is needed to enable personalised care and support planning.	Nina Griffith		IT Enabler Board	N	No escalation required	Specific work being undertaken through the IT Enabler Programme to support Neighbourhoods - including work relating to anticipatory care and developing the care planning approach. This will need to tie in with the wider NEL roadmap including Patients Knows Best. Input given to the NEL business case on PKB.	
UPC6		workstream	12			Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	4	12	3		This continues to be kept under review and is being considered on a case-by-case basis. The regular Neighbourhoods Provider Alliance Group is a chance to review progress and issues against this area.	Regular review through System Operational Command Group of out-of-hospital priorities and progress / Review of priorities and progress within the Neighbourhoods Provider Alliance Group in light of practitioner and staff Covid pressures / Providers have a clinical lead and/or senior lead in place for Neighbourhoods which is used to engage with frontline staff / Neighbourhoods Programme Highlight Report circulated to System Operational Command Group. Ongoing work through medium-term transformation work. Comms proposal for Neighbourhoods and for specific services (e.g. nursing, therapies, social care) to be commissioned	Nina Griffith	Nina Griffith / Sadie King	SOCG / Neighbourhoods Steering Group	N	No escalation required	Growing risk in light of staffing pressures across services regarding COVID 3rd wave, vaccination rollout and increase in demand across community services. Certainly for Neighbourhoods this is a risk - not least given rollout plans for new care models including nursing, therapies, mental health and social care. It also presents a risk regarding anticipatory care delivery across City and Hackney.	

UPC8	Jun-20	Workstream	20	Recover from the pandemic and be prepared for future waves		Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	16	4	3	12	12		SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management / Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports Review and development of 111 CAS and onward UEC pathways is key objective of the new NEL System Reslience and SDEC subgroups - working with partners to understand and optimise patient flow and manage demand across the system, away from hospital whenever possible/appropriate. - Implementation of ED direct booking via EDDI to smooth demand - SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Conditions Management - Working with 111 to develop admission avoidance pathways through SDEC and Appropriate Care Pathways -Winter reslience funding agreed for comprehensive range of schemes(Health, Social Care and Voluntary Sector) to support : - acute health and social care services manage predicted demand (admission avoidance, flow and discharge) - vulnerable cohorts to stay well and avoid crisis over winter -Core winter plan in place accross all programmes - mitigating actions underway to address key risks identified -Ongoing oversight of system pressure via weekly SOCG meeting with agreed escalation process for managing increases in pressure.		Nina Griffith	Nina Griffith / Anna Hanbury	SOCG / NEL UEC Sub-Group	Y	To be included in report to the ICPB as high level system risk	Work continues with 111 and Primary care to increase utilisation of 111 bookable appointments in GP practices, hubs and wider primary care community. -GP practices being encoraged to offer a flexible approach to booking capacity via 'worklist' approach -Work to support referral of appropriate low acuity primary care to pharmacist via CPCS -Efforts to ensure sufficient urgent primary care capacity available to meet demand - although workforce challenges have limited this to date. Flexible / remote offers being considered as potential option to mitigate this. SDEC - pathway for direct booking from 111 in 2 priority SDEC pathways have been implemented. Work is ongoing to agree implementation of other symptom pathways as well as scope to increased SDEC offer including frailty. Maximising utilisation of all urgent community services to avoid unecessary hopstial attendences / admissions through inreased referral from all sources but particularly from 111/999 is key objective of 2 NEL Programmes's: - UEC System Resilience (within UEC Restoration and Recovery) - Transformation of urgent community response (within Community Based Care programme) A NEL pilot is underway to test new push/pull pathway from LAS (999 &111) aimed at increaseing appropriate referrals into UCR services In C&H secifically: - Introduced direct electronic booking from 111 into Paradoc which went live in November 2021. we are introducing (pathway currently being mobilised) self-referral into our IIT rapid response with the aim of accessing potential demand not currently met via existing referral routes -Continuing work to increase utilisation of both core ParaDoc and ParaDoc Falls service by primary care and telecare. Primary and Secondary Care clinicians agreed approach to manage system pressures (including winter & COVID-related activity) that focus on maximising admission-avoidance and reducing length of stay; - Maintain communication between secondary and primary care to ensure optimal care for patients in either setting – make use of existing hot lines and duty doctor - maximising utilisation of existing urgent community response services - IIT, Paradoc, Marie Curie EoL - New speciality specific pathways and remote monitoring services (including ox@home) - Enhanced discharge pathway - early discharge of patients with monitoring and follow up from Duty doctor at home SDEC - pathway for direct booking from 111 in 2 priority SDEC pathways Winter plan in place and ongoing across all programmes - Funded winter resilience schemes underway with ongoing oversight of system pressure via weekly SOCG	
UPC9		Workstream	20	High quality services for patients		Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the COVID-19 pandemic.	12	4	4	12	12			Better understanding of health inequalities and their impact across the Unplanned Care Programme - workshop being put in place to intially discuss this across unplanned care / population profiles developed for Neighbourhoods and Co-Plug developing work to be able to understand impact on health outcomes by different ethnic groups / Support primary care networks within the requirements through the Health Inequalities Direct Enhanced Servicew (DES) once published.	Nina Griffith	Nina Griffith / Cindy Fischer		N	No escalation required	Work commenced on developing proposals for partnership arrangements within Neighbourhoods which would bring together residents, voluntary and community sector, PCNs and other health/ care organisations. Forums such as Neighbourhood Conversations enable engagement with local communities about what is important to them. Our aim is to have some form of partnership / strategic delivery group to help drive local improvements within Neighbourhoods. PCNs currently recruiting to additional roles which are about increasing services in PCNs to address local population health needs. Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities. Mobilisation of the Homeless Hospital Discharge Team and Step-up/Step down accommodation underway. The Homeless Hospital Discharge Team went live in the Homerton on the 11 January and Lowri House, the 6 bed step-up/step down accomodation run by Peabody opened on the 17 January.	
UPC10		workstream	20			Adverse health outcomes for individuals living in care home and other supported living setting as a result of the pandemic as they are already a vulnerable population with multiple co-morbidities.	12	3	4	12	8	31/03/2022	Support for care homes and residential settings has continued over the course of the pandemic. The LBH Quality Assurance Team take the lead on communications with providers. The Care Home Group meets monthly to review actions in place.	Ongoing information sessions and communication of guidance to providers / availabity of testing for residents and staff / vaccination of residents and staff	Nina Griffith	Nina Griffith	Care Homes Group	N	No escalation required	Jan 2022 Update: The impact of the vaccine mandate which came into effect on the 13 November for care home staff has been minimal and providers continue to deliver services. Vaccination of care home residents and staff and domiciliary care staff continues to be a key area of work with reports provided by the NEL performance team and LBH staff . There have been outbreaks within a number of care homes throughout December and January but this appears to have stabilised with only one home currently affected. The GP Confederation Care Provider Covid-19 Service continues to provide inforamtion and training to manage infection, prevention and control (IPC) within their settings. The LBH Quality Assurance team continue to engage and support Providers to assess any potential risks or management issues.	

ID no.	Date raised	Raised by (individual/ committee/ programme)	Initial risk score	NEL CCG Corporate objective	CH ICP objective	Risk description	Previous rating	Current rating			Target rating	Target completion date	Mitigating actions	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments - add in month/year of update	Close Down Status
								Likelihood	Impact	Risk Score (1-25)										
MH1	May-21	City and Hackney Psychological Therapies and Wellbeing Alliance	15	NEL Operating Plan IAPT Access Target	Meeting mental health demend	There has been an increasaed demand for mental health services since pandemic particulary for more complex and high intensity treatments with waiting lists building in IAPT for 1st and 2nd treatments and in ELFT SPS service. If the issue is not addressed there is a risk to patients of long waits for treatment and a risk of missing IAPT waiting time targets.	15	3	2	6	3	May-22	1. Improve referral pathways for people with Long Term Conditions, trauma, 18-25 year olds and for people with trauma and those in economically deprived areas. Engage the LBH to undertake marketing to better communicate the IAPT offer. 2. Agree staff WTEs and begin recruitment for 2022-23 staff 3. Improve access rates in ELFT and PCPCS supported by a review of the psychological therapies pathway in Q4.	Dan Burningham	Dan Burningham	Pychological Therapies and Wellbeing Alliance			01/22 - We have resolved issues of 1st to 2nd appointment waits in IAPT. Waits in other PTWA Alliance pathways remain an issue. We have secured funding to complete a deep dive review in to the whole psychological therapy patways and we are currently recruiting to the post and the work will be completed over the coming months. The current is in IAPT in terms of the target is the Talk Changes Service (HUH IAPT) not receving enough referrals. As a result we have developed a Recovery Plan for this as part of our monthly SPR meetings with the service. From this we are developing marketing and promotional materials to address	
MH2	01-Sep-21	Primary Care Mental Health Alliance	20	NEL Operating Plan SMI Physical Health check target	Better integrated care between mental health and physical health.	Since the pandemic primary care practices have found it difficult to delivery SMI physical health checks alongside other priorities such as vacinnation. With the blood bottle shortage this looks unlikely to change. The risk is the City and Hackney ICS will fail to reach its SMI physical health check target and that health risks in the SMI cohort will go undetected and that planning to improve health will not take place.	15	4	4	16	12	Jan-21	1. We are ordering POC test kits for six GP practices with the largest SMI populations. 2. We are increasing the capability of ELFT to undertake physical health checks by introducting POC into the EIS teams and also changing to ELFT HCA contract to include home visits and outreach work for people who have not had a health key elements of the health check completed in over two years. 3. To support this CEG will do seraches to identify this at risk cohort.	Dan Burningham	1. Amaia Portilli, 2. Cath Mcelroy 3. Jo Tissier	The Primary Care Mental Health Alliance				
MH3	01-May-21	City Suicide Prevention and Response Group, Suicided Prevention Stekeholder Group, Andrew Horobin (ELFT)	20	Addressing crisis and avoiding inpatient admissions and harm	Addressing crisis and avoiding inpatient admissions and harm	Since the pandemic there has been a rise in adults experiencing a mental health crisis demontrated by increased crisis line calls, increased suicidal presentations and suicides.	20	4	5	20	12	Jan-21	1. Increase City of London Street Triage hours. 2. Increase ELFT crisis line capacity. Work with HLP and NEL to develop a NEL wide crisis line that links to 111.3. Improve prevention work around vulnerable groups e.g homlessnes and substance misuse.	Dan Burningham	1. Claire Giraud 2. Andrew Horobin 3. Jennifer Millmore	The Mental Health Co-ordinating Committee			Winter pressures funding will improve discharge pathways.	
MH4	10-Nov-21	Psychological Therapies and Well Being Alliance	15	Responding to local need and the effects of the pandemic on mental health	Responding to local need and the effects of the pandemic on mental health	Incidents of domestic violence have increase during the pandemic and there is a gap in the provision of psychological therapies which could support victims to make the right choices. As a result women could be at an increased risk of physical injury or psychological trauma.	12	5	3	15	12	Jul-22	1. CCG and Locaul Authorities to work together to find an integrated solution that brings together social and psychological support a 2. CCG nad LA to explore whether this could be funded through the network and/or NHS Transformation funding and/or another source.	Fawzia Baht	Jennifer Millmore and Dan Burningham	The Mental Health Co-ordinating Committee				

ID no.	Date raised	Raised by (individual/ committee/ programme)	Initial risk score	Risk description	Previous rating	Current rating			Target rating	Target completion date	Completed mitigating actions	Mitigating actions still to be completed	Risk owner	Action Owner	Responsible committee	Escalation required (Y/N)	Escalation Details	Updates/ comments - *add in month/year of update*	Close Down Status
						Likelihood	Impact	Risk Score (1-25)											
Primary Care - PRC1	Apr-18	Primary Care Enabler Group	16	New "digital first" practices have the potential to financially destabilise local primary care by attracting a healthier cohort of patients	16	4	4	16	TBC	TBC	• Ongoing monitoring of current numbers registering with other video providers • All practices offering consultations online • All practices offering video consultations (actual volume low) • City & Hackney providing high level of extended access weekday evenings and weekends • Duty Doctor contract in place to meet same day demand • Contract in place with GPC on demand management and digital working • Digital clinical lead in post • Practice triage champions in place • NEL online registration live in majority of practices, with remainder offering a similar service through alternative means	• Practices continue to be offered support to move to a total triage way of working (to increase capacity) • Six practices are actively taking up the support package; more being encouraged to follow suit • Champions sharing knowledge with PCN member practices in three PCNs; more to follow • PCNs continue to be supported through the GPC contract to develop PCN level digital plans • GPC QI team continue to offer support to practices to run digital related QI projects • Practices have updated their websites responding to bespoke feedback from Healthwatch, to ensure amongst other things that all access options are really clear • Practices to undertake demand and capacity analysis through CCE contract (only a few practices are doing this in depth this year)	Richard Bull	Richard Bull	Primary Care Enabler Group Board (PCEGB)		Escalation not required (drop down box to left not working)	4th Jan 2022: • Primary care team meeting C&H engagement team to plan a local campaign promoting local primary care	
Primary Care - PRC2	Oct-20	Primary Care Enabler Group	15	Primary care will not be able to cope with continuing peaks of Covid, particularly where these happen alongside seasonal pressures such as winter. Practices are also under additional pressure from higher levels of demand and are suffering from burn out and fatigue. To compound the situation locum cover is scarce and is increasingly expensive. Mutual aid is becoming less and less realistic. Further demands on practices from national vaccination programmes	15	3	3	9	TBC	TBC	• Implementation of any national measures (QoF, etc) • Temporary stepping down of additional services (which can create new pressures further down the line) • In C&H additional Winter and Summer resilience funding • National Covid Capacity Expansion Fund • IT infrastructure in place for remote working eg during periods of enforced isolation • Business continuity and mutual aid plans (but in effect limited as all practices under pressure) • 2021 winter resilience funding using underspend on previous programmes • Practice reflective sessions • NEL and local staff banks • RSV was predicted to be an additional pressure but we are still not seeing this in C&H • Discussed at Nov PCEGB what else can be done to support practice	• Continued support to practice to take up the C&H Winter resilience funding • Continued support to practices from DAS and pulse oximetry service • Covid and flu vaccinations for primary care staff	Richard Bull	Richard Bull	Primary Care Enabler Group Board (PCEGB)		Escalation not required (drop down box to left not working)	4th Jan 2022: -Latest sit rep shows that all practices are open and are coping the best as they can -Practices have access to £1.16 per pt from national Winter Access Fund -Further threat to practice resilience from requirment for pt facing staff to be vaccinated against Covid -C&H to provide further Winter resilience funding from headroom -Access to LFTs and PCRs is a problem which local partners are trying to sort	

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be

		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.

ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
IPC	Integrated Personal Commissioning	
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.

MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
MI	Myocardial Infarction	Technical name for a heart attack.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.
NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PD	Personality Disorder	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of

		delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty

		vanguard sites were established and allocated funding to improve care for people in their areas.
VCSE	Voluntary Community and Social Enterprise	