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 9 June 2022, 0900 – 1100

By Microsoft Teams

Chair: Councillor Chris Kennedy, London Borough of Hackney

No.	Time	Item	Page number	Lead
1.	0900 (5 mins)	Welcome, introductions and apologies	*Verbal*	Chair
2.		Declarations of Interests	Papers 2a & 2b *Pages 1 - 13*	Chair
3.		Minutes of the Previous Meeting & Action Log	Papers 3a & 3b *Pages 14 - 22*	Chair
4.	0905 (10 mins)	Questions from the Public	*Verbal*	Chair
5.	0915 (10 mins)	Place update report	*Verbal*	Catherine Pelley

Hackney

CITY OF LONDON

NHS North East London Clinical Commissioning Group

For Discussion				
6.	0925 (20 mins)	The Wellbeing Practitioner Service	Paper 6a *Pages 23 - 30*	Laura Sharpe/ Deborah Colvin/ Olivia Henry
7.	0945 (30 mins)	Update on new governance arrangements from 1 July 2022	*Verbal*	Jonathan McShane
8	1015 (20 mins)	Next steps on the Integrated Delivery Plan	Paper 8a *Pages 31 - 54*	Catherine Pelley / Nina Griffith
9.	1035 (15 mins)	Monthly Financial Report	Paper 9a *Pages 55 – 63*	Sunil Thakker
For Information				
10.	1050 (10 mins)	Any Other Business	*Verbal*	Chair
Date of next meeting: N/A				

NHS
North East London
Clinical Commissioning Group

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
Andrew Carter	Executive Director, Community & Children's Services		Non-Financial Professional Interest	City of London Corporation	Director – Community & Children's Services for City of London Corporation	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Member of Association of Directors of Adult Social Services	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Childrens Services	Member of Association of Directors of Childrens Services	2021-05-13		
			Non-Financial Personal Interest	CoramBAAF	CoramBAAF Board Chair	2021-12-06		
Ann Sanders	Associate Lay Member		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		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		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		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		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 Mark Ricketts	City & Hackney Clinical Chair		Financial Interest	Nightingale Practice (CCG member practice)	Salaried GP	2022-02-02		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	GP Confederation	Nightingale Practice is a member	2022-02-02		Declarations to be made at the beginning of meetings
			Indirect Interest	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Homerton University Hospital NHS Foundation Trust	Non-executive Director	2022-02-02		Declarations to be made at the beginning of meetings
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney		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		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		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		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 Partnership Board	2020-03-20		

			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		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		Non-Financial Professional Interest	Healthwatch Hackney	Director at Healthwatch Hackney, which holds the following contracts with the NHS and local partners: - Neighbourhood	2021-08-10		Declarations to be made at the beginning of meetings

					Involvement Contract - NHS Community Voice Contract - Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant			
Laura Sharpe	Chief Executive		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
Marianne Fredericks	Common Council Member		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		
			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		
Paul Coles	General Manager		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		
Randall Anderson	Common Council Member		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		
			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 Neaman Practice	2019-07-15		
			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		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	2020-08-26		

					Public Health			
			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		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		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		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

- Nil Interests Declared as of 18/05/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	-	Indicated No Conflicts To Declare.
Tendy Kwaramba	Service Transformation Manager	-	Indicated No Conflicts To Declare.

Jenny Darkwah	Clinical Director, Shoreditch Park and City Primary Care Network	-	Indicated No Conflicts To Declare.
Reagender Kang	Named Nurse Safeguarding Children Primary Care	-	Indicated No Conflicts To Declare.
Sandra Husbands	Director of Public Health, City of London & London Borough of Hackney	-	Indicated No Conflicts To Declare.
Chris Lovitt	member of various committees	-	Indicated No Conflicts To Declare.
Simon Cribbens	Assistant Director - Commissioning and Partnerships	-	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
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
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 12 May 2022 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
Cllr Rob Chapman	Cabinet Member for Finance	London Borough of Hackney

City Integrated Commissioning Board		
City Integrated Commissioning Committee		
Ruby Sayed	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Ceri Wilkins	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
Sunil Thakker	Executive Director of Finance	NE London CCG / City & Hackney Integrated Care Partnership
Sue Evans	Lay Member	NE London CCG / City & Hackney Integrated Care Partnership

Integrated Care Partnership Board Members		
John Gieve	Chair	Homerton University Hospital NHS Foundation Trust
Dylan Jones	Interim Chief Executive	Homerton Healthcare NHS Foundation Trust
Caroline Millar	Chair	City & Hackney GP Confederation
Laura Sharpe	Chief Executive	City & Hackney GP Confederation
Lorraine Sunduza	Chief Nurse and Deputy Chief Executive	East London NHS Foundation Trust
Ann Sanders	Associate Lay member	NE London CCG / City & Hackney Integrated Care Partnership
Honor Rhodes	Associate Lay Member	NE London CCG / City & Hackney Integrated Care Partnership
Dr Jenny Darkwah	Clinical Director	Primary Care Network
Dr Haren Patel	Clinical Director	Primary Care Network
Simon Cribbens	Assistant Director, Commissioning and Partnerships	City of London Corporation
Chris Lovitt	Deputy Director of Public Health	City of London & London Borough of Hackney Public Health Service
Helen Woodland	Group Director – Adults, Health & Integration	London Borough of Hackney
Malcolm Alexander	Chair	HealthWatch Hackney
Tony Wong	Chief Executive	Hackney Council for Voluntary Services
Heather Ridge	Interim General Manager	HealthWatch City of London

Attendees		
Catherine Pelley	Director of System Development	Homerton Healthcare NHS Foundation Trust
Nina Griffith	Director of Delivery	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
Ben Greenbury	Programme Director, Covid Vaccinations	NE London CCG / City & Hackney Integrated Care Partnership
Shakila Talukdar	Governance Officer	NHS North East London CCG
Abi Webster		City of London & London Borough of Hackney Public Health Service
Ellie Ward		City of London Corporation
Kate Bygrave		City of London Corporation

Apologies:

Deputy Mayor Anntoinette Bramble	Deputy Mayor & Cabinet Member for Education, Young People & Childrens' Social Care	London Borough of Hackney
Marianne Fredericks	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Florence Keelson-Anfu	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Mary Durcan	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Henry Black	Chief Finance Officer	NHS North East London CCG
Zina Etheridge	Accountable Officer	NHS North East London CCG
Donna Kinnair	Non Executive Director	East London NHS Foundation Trust
Paul Calaminus	Chief Executive	East London NHS Foundation Trust
Catherine Macadam	Associate Lay member	NE London CCG / City & Hackney Integrated Care Partnership
Andrew Carter	Director, Community & Childrens' Services Sub-Committee	City of London Corporation
Dr Stephanie Coughlin	Neighbourhoods & Covid-19 Clinical Lead	NE London CCG / City & Hackney Integrated Care Partnership
Dr Sandra Husbands	Director of Public Health	London Borough of Hackney
Ian Williams	Acting Chief Executive	London Borough of Hackney

No.	Agenda item and minute
1.	**Welcome, Introductions and Apologies for Absence** The Chair of the Integrated Care Partnership Board (ICPB), Chris Kennedy (CK), opened the meeting, welcoming those present and noting apologies as listed above. CK noted that the London Borough of Hackney (LBH) had recently held local elections and that he had been re-elected as a local Councillor, although the Council had not yet held its Annual General Meeting to confirm Committee memberships. Therefore, the Hackney Committee meeting as part of this Committee in Common had not been formally re-constituted and therefore was meeting informally in May 2022. CK added that there were no decisions that this would impact on the meeting's agenda.
2.	**Declarations of Interests** The City Integrated Commissioning Board **NOTED** the Register of Interests. The Hackney Integrated Commissioning Board **NOTED** the Register of Interests.
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** No questions from the public were raised at this point in the meeting.

5.	**Place update report** Catherine Pelley (CP) updated the ICPB that since the previous meeting in April 2022, work had been progressing on the delivery plan against the strategic priorities discussed in the previous month. Additionally, work was also underway on an outcomes framework to allow the partnership to measure success. This framework concentrated on three core priorities set in the April 2022 meeting, but also taking account of the wealth of measures and indicators that local partners are held to account against. Initial drafts of this work would be presented to an upcoming Neighbourhood Health and Care Board (NHCB) for feedback and then come to a future meeting of the ICPB, or its successor body in the coming months. CP set out that the team were also focussed on providing clarity on working arrangements across the enabler groups and to ensure that clear local governance arrangements are in place over the summer to meet the needs of the new Integrated Care Board (ICB) after 1 July 2022. CK raised that the development session taking place after the public ICPB meeting would further explore this work, along with exploring relationships with other parts of the local system, for instance with the Health and Wellbeing Boards (HWBs) and considering local lay representation.

6.	**2021/22 Year End update and monthly financial report** Sunil Thakker (ST) drew the ICPB's members to the circulated papers, highlighting that the report presented the month 12 North East London (NEL) position for the NEL Clinical Commissioning Group (CCG). ST added that data for the local City and Hackney (C&H) system across the Integrated Care Partnership (ICP) and local authorities was not yet available due to the team's efforts required to be focussed on producing year end accounts. ST added that a C&H specific briefing on local year end outcomes would be available in the near future and be presented to a future ICPB meeting. **ACTION:** ST to present C&H specific year end briefing to the ICPB at a future meeting. ST noted that as the circulated paper was a little dated, some information had moved on, for instance while the report indicated a total NEL CCG year end position of £13.1 million surplus, this had been updated to just under £14 million due to last minute funding received against rebates that had not originally been expected. ST noted that the position remained in line with expectations, and had been agreed with the CCG's regulator, NHS England and Improvement (NHSEI). ST continued to brief the ICPB that within the overall NEL position, the C&H ICP had delivered a surplus of just over £700,000 – close to breakeven, with the remainder of the surplus having been produced across the other ICPs and the central NEL CCG. ST confirmed that NEL CCG had complied with the Mental Health Investment Standard (MHIS) and that the System Development Fund (SDF) had been fully committed to transformation programmes. ST highlighted that within the headline NEL position, there had been an overspend of £32.6 million on acute services, mostly driven by the efforts put in place to address and clear waiting lists impacted by the pandemic. Other overspends had arisen in Continuing Healthcare (CHC) and Prescribing, along with on Primary Care Co-Commissioning. CK raised that the numbers in the variance and budget columns on page 36 of the circulated did not seem to add up to be consistent with the total expenditure figures at the bottom of the slide. ST responded that netting off of the numbers or rounding errors may be factoring in to this issue, but that the differences seemed to be significant at a glance. ST added that the consolidated position presented in the circulated paper may not be showing the full picture, as it only presented a limited selection of headline figures. ST noted that some of the variance in primary care spend was due to the investment in the Tower Hamlets, Newham and Waltham Forest (TNW) GP Federations for advice and guidance services accessible to all across NEL and transformation investment funding and long term conditions support across the wider NEL system. CK asked that future similar reports include some information on the extra funding that is in place to reach the total expenditure figures to provide assurance for the ICPB. Haren Patel (HP) asked for some information on the drivers behind the overspend on CHC. ST responded that the most significant impacts had been from hospital discharge costs and section 256 and 75 agreements. The detail underlying the

	figures in the circulated papers had been reviewed extensively through the NEL Finance and Performance Committee (FPC) and accepted as necessary to address backlog and discharge arrangements. Laura Sharpe (LS) asked whether there was any information on whether C&H was financially supporting other parts of the NEL system, or vice versa. ST responded that page 41 of the circulated papers provided some limited information on this point, which set out the C&H consolidated position in a similar format to the information for NEL as a whole. ST noted that overspends locally were against similar areas of work as across NEL as a whole, with £200,00 overspend against acute services and £9.4 million against CHC. ST highlighted that there were also significant underspends in other areas in C&H, which when offset, made up the surplus of around £700,000. LS noted that the CHC overspend was recognisable as a consequence of the pandemic, sought assurance that this would non-recurrent and asked for some further information on the £8.9 million underspend on other programme costs, asking whether this represented slippage on important areas of work. ST confirmed that the overspend would be non-recurrent and that the CHC movements were not expected to re-occur in the upcoming financial year. ST continued that the other programmes line covered work like that underway in the Community Education Provider Networks (CPEN), IT Enabler, Integrated Commissioning and Innovation programmes, which had been funded through non-recurrent reserves. The total £8.9 million was mostly made up of prior year accruals and in year budget underspends that had been used to address overspends. ST noted that any slippage was under discussion with the relevant programmes and would be provided for to the best of the team's ability. Helen Fentimen (HF) thanked ST and the team for the achievement of landing the year end position to close to balance, considering the size of the £500 million budget and especially considering the pandemic. CK noted that the new Health and Social Care Act that had been passed through Parliament had not made any changes to the section 256 or 75 arrangements accessible and in use locally. ST confirmed that it did not, and briefed the ICPB on how these non-recurrent agreements between the CCG and local authority partners had been used locally in past. ST noted that it was possible that decision making on section 256 and 75 arrangements may not mirror that in place currently in the ICB, with delegations and decision making still to be confirmed. CK recognised that these section 256 and 75 arrangements were, and always had been non-recurrent, even if they were stood each year. ST confirmed that the arrangements would remain open as an option for the ICB, although use of them would be reliant on future financial positions in upcoming financial years. John Gieve (JG) asked that future reports in the format circulated to the ICPB also include information on the sources of funding for the budgets under discussion, for instance, core allocation or primary care delegated budgets. ST agreed that this should be possible, noting that future reporting arrangements for the ICB were under development and that this feedback could be passed on. Rob Chapman (RC) noted that many members of the ICPB were not familiar with the intricacies of NHS finance and that some development time in the near future may be warranted to build knowledge across members. CK added that the

	opening of the ICB may provide a good opportunity for some kind of seminar or session and asked ST to work up a proposal on how to deliver this to the ICPB. **ACTION:** ST to consider options for running some form on seminar to brief ICPB members on ICB and NHS finance arrangements in the upcoming financial year and work with ICPB Chairs to place on the forward plan. LS noted that ST and the local team had been innovative and supportive of the overall local systems success in their use of non-recurrent funding to invest, innovate and transform services in order to produce longer term savings and efficiencies. LS highlighted that the ICPB may need to think about the changing environment in terms of whether recurrent investments would still be possible under an ICB, and how the ICPB may want to consider moving these non-recurrent programmes of work to a more substantial footing. LS added that these conversations would need to take place through the lens of the strategic objectives agreed recently. ST thanked LS for the feedback, noting that this discussion sounded like a candidate for a development session, alongside a possible seminar on NHS funding as a whole. ST added that the additional funding that had been received to address the challenges of the pandemic was being withdrawn and decreasing and that conversations about upcoming financial decisions would be more challenging. ST noted that it was likely that the environment would return to one similar to that pre Covid-19, with cost improvement programmes (CIPs) and Quality, Innovation, Productivity and Prevention (QIPP) savings required that would have a material impact on the system. CK asked if the NEL CCG surplus would remain in the NEL system for use in future years. ST responded that the surplus would remain on the balance sheet as a reserve and be carried forward in to the ICB, although it was unlikely that permission to draw down these funds would be granted, similar to the arrangements seen in previous years of the CCG. ST noted that this was not yet clear however, and it was possible that things may change with a new form of organisation. ST highlighted that the team would probably move to a system of quarterly financial update reports under the ICB, although this would be kept under review as arrangements develop.
7.	**Any Other Business** No further business was discussed.
	Next meeting: Thursday 9 June 2022

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

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
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	Sep 22	In progress	Risk has been fed in to NEL wide risk reporting process through escalation to NEL Primary Care team and is under consideration.
ICPBFeb-3	MK to pursue explanation for reduction in score of risk MH1 in relation to complex and high intensity treatments, where waiting lists remained static and IAPT services were not appropriate mitigations.	Matthew Knell	Feb 22	Sep 22	In progress	Risk has been updated to address ICPB feedback and is being fed in to NEL wide risk reporting process through escalation to NEL Mental Health team.
ICPBFeb-4	ST to discuss inclusion of strategically focussed financial risks in the City and Hackney risk register with MK.	Sunil Thakker	Feb 22	Sep 22	In progress	Inclusion of these risks is being considered as part of NEL wide risk reporting process.
ICPBMay-1	ST to present C&H specific year end briefing to the ICPB at a future meeting.	Sunil Thakker	May 22	Jun 22	In progress	TBC
ICPBMay-2	ST to consider options for running some form on seminar to brief ICPB members on ICB and NHS finance arrangements in the upcoming financial year and work with ICPB Chairs to place on the forward plan.	Sunil Thakker	May 22	Jun 22	In progress	TBC

Title of report:	*The Wellbeing Practitioner Service in primary care and strategic issues it raises for the wider system*
Date of meeting:	9 June 2022
Lead Officer:	Laura Sharpe, CEO, GP Confederation
Author:	Laura Sharpe, Dr Jenny Darkwah, Dr Haren Patel, Anna Garner
Committee(s):	N/A – this paper was requested by a member of the ICPB and is more about looking forward on how bigger strategic decisions get made on funding, and how the learning from this project should inform the development of the Neighbourhoods programme.
Public / Non-public	Public

Executive Summary:

The WBP Service has been piloted and evaluated as a successful model for supporting patients with highly complex needs, and as value for money. The challenge now is how its ethos is embedded more widely in the way we work and how we make decisions about recurrent funding investments. ICPB is asked to inform these discussions.

Recommendations:

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

- To **NOTE** the report;
- To **CONSIDER** how the learning from the way in which the WBPs work is expanded across the Neighourhoods programme;
- To **CONSIDER** how decisions about recurrent funding get made in the future;

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	☒	The WBP service is focussing on those local people with the most complex needs, those who are hard to reach, those whose needs do not get adequately met through current systems
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	At the heart of the WBP service and ethos
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The value for money evaluation demonstrates this.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	At the heart of the model
Empower patients and residents	☒	At the heart of the model

Specific implications for City

Currently there are 6 WBPs in post across 5 PCNs. There is recurrent ARRS funding for a post in Shoreditch Park and City, but only non-recurrent “top up” funding to end March 2023. SP&C would like to recruit but will find it difficult to do so until recurrent funding decisions are made on top up monies.

Specific implications for Hackney

The WBPs in the following PCNs: Hackney Downs, London Fields, Woodberry Wetlands, Springfield Park, Clissold Park and are working well. The other two PCNs (Well Street Common, Hackney Marshes) would also like to recruit.

Patient and Public Involvement and Impact:

Our qualitative evaluation is full of comments about how valuable and valued this service is.

Clinical/practitioner input and engagement:

Personally led by Dr Deborah Colvin with close involvement of GPs from pilot practices and the PCN CDs. Close support from the Health Inequalities Steering Group

Communications and engagement:

N/A

Equalities implications and impact on priority groups:

Our evaluations demonstrate that the service is enabling priority groups to access better care, plus it is reaching patients not engaged with services.

Safeguarding implications:

WBPs are clear on their safeguarding responsibilities

Impact on / Overlap with Existing Services:

Other services really value this role and how it operates. It is breaking down barriers for local people and other services have commented that they can see its effectiveness and how it supports clients better. Hence the need to think about how we start to mainstream this ethos.

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:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group. If there are any legal implications which require consultation with legal counsel, please make reference to that below. Please ensure you have appropriate sign off for your report, along with the papers. Papers which have not been signed-off by the appropriate officers will not be considered]
Workstream SRO: [*insert name and title*] Anna Garner/Jayne Taylor
London Borough of Hackney: [*insert name and title*]
City of London Corporation: [*insert name and title*]
City & Hackney CCG: [*insert name and title*]

The Wellbeing Practitioner Service in primary care and strategic issues it raises for the wider system

This paper describes the service from the start, right to the present day. Dr Deborah Colvin, then Chair of the GP Confederation, plus Olivia Henry, one of the Wellbeing Practitioners, will join the meeting and share a couple of cases to bring to life this service and its impact.

Laura Sharpe and the PCN CDs on the Board will then seek to debate wider strategic learning for the system about this role. Agnes Kasprowicz, Operations and Programme Director of the Office of the PCNs, will join the meeting as the WBPs are now employed by the Office of the PCNs and Agnes will be taking forward the next phase of development.

Service development and delivery - background

In 2019, the then CEPN (Community Education Provider Network; now the Training Hub/Workforce Enabler Board), agreed to fund a pilot to explore the potential impact of a new workforce role of the Wellbeing Practitioner (WBP).

This pilot was developed based on the very common need and frustration voiced by GPs of a gap in service for their most complex patients – these patients can go round and round the system, with their needs never really properly addressed because there is no capacity to take the time to unpick the issues, focus on the wider determinants of health and wellbeing, take the time to build the relationship and work with the patient to identify the interventions that will really improve the wellbeing of the individual/.

The pilot was based on the best emerging evidence of how this is a critical part of the system – that the relationship building and the ongoing work is of vital importance. This concept was not new – Manchester and Frome in Dorset had both identified similar needs and created such roles to great effect, so much so that in both these places these roles are now part of the mainstream provision. Indeed, Manchester has now created whole teams with this ethos (see later under next steps).

This gap was also identified as part of the scoping/mapping of all the community navigation/social prescribing roles in C&H done by neighbourhoods and public health: all the providers of such services identified that there was a real gap in their ability to respond to highly complex individuals, and that a more highly skilled /experienced worker was needed as part of the network of social prescribing.

There are a number of principles which the WBP service adheres to:

- Prioritises our most complex and vulnerable patients and families who are ‘failing to thrive’.
- Acknowledges the need for highly experienced and skilled wellbeing professionals (who are specifically not entry level) to work in and with families facing complex problems.
- Based in primary care general practice and draws on clinical and non-clinical staff’s formal and informal knowledge and understanding of their patients and wider families with referrals coming predominantly via GPs who have a history of building long term patient relationships.

- Champions multidisciplinary working and the strength of neighbourhood MDTs with wider system partners including the community and voluntary sector.
- Allows WBPs to hold risk in a different manner – the role is non-boundaried and gives licence to 'do what needs to be done' to support the patient in all their complex needs – to challenge the willingness of services to integrate and connect - to respond to the needs of individuals
- Adopts a deeply relational and 'people-focused' approach.
- The WBPs work where best suited to support the patient and has no fixed time limit.

For the CEPN-funded pilot, there were 6 WTE WBPs, based in 6 practices across two PCNs (Shoreditch Park & City and Hackney Marshes). Haren, Jenny and Deborah all have had a PCN in their practice so can speak about how valuable that has been. The GP Confederation agreed to lead the project and to recruit and employ the Wellbeing Practitioners.

Evaluation methodology and findings

1. Phase 1 evaluation (January 2020 to September 2021): collected qualitative and quantitative evaluation (via staff and patient surveys, EMIS data, and data on referrals and outcomes collected by the service as well as case studies) – carried out by the GP Confederation and the CCG.

In Phase 1 of the evaluation, over 1,000 referrals were made by GPs to the Wellbeing Practitioner service. The most common reasons for referral into the WBP service were: mental health (21%), housing (16%), social isolation (12%); inability to cope (8%) and risk of deteriorating/inability to engage with services (8%). The service identifies previously unmet need: 81% of GP practice staff reported the WBPs had brought to their attention '*previously unidentified problems'*. The four most common 'previously unidentified problems' related to housing (36%), financial problems (23%), social isolation (20%), and debt (10%).

By far the largest number of social interventions involved the offer of emotional support (37%), demonstrating the need for this kind of relational work. The second most common intervention was liaison with other parts of the system (including public sector organisations such as schools) which accounted for 32% of interventions. The third most common intervention was interestingly supporting patients to access the Hackney Community Voluntary Sector (11%), closely followed by providing practical support to patients (10%) to build their social support networks.

The evaluation showed the following impacts of the service:
- Improved wellbeing for the clients using the service
- Improved access to, and more appropriate use of services across the system, including the voluntary and community sector.
- How some of the thorniest and difficult problems clients have faced for years, having experienced revolving doors have finally been solved (via patient feedback).
- Improved job satisfaction and time saved for GPs by the WBP service
- That the service was highly valued by GPs, practice staff, other community health and social care staff
- That the service was supporting residents most in need, those experiencing significant inequalities, with the most complex issues around mental and physical health, social circumstances, housing, trauma, poverty, relationships

2. Phase 2 economic evaluation (September 2021 to March 2022), conducted by Cordis Bright and using EMIS data on health service usage (n=85) and short-form Warwick Edinburgh Mental Wellbeing measure (SWEMWBS; n=40) for a cohort of clients using the service.

This value for money assessment has found that the Wellbeing Practitioner service is likely to generate a net economic benefit of **£5,904 per client per year**, or **£5.17 for every £1 invested** in the service (with the benefits associated with the reduction in use of health services as well as the economic impact of improved patient wellbeing).

We therefore have two robust pieces of evaluation that say:

- that this is a valuable and value for money service,
- that this service strongly aligns to the declared system priorities, especially around health ineaqualities and the wider determinants of health,
- that this meets a real patient/resident/client need where there was previously a gap,
- and that is supported by the wider health and social care system.

Note: both evaluation reports are available to Board members if they so wish.

Case study: Amina

Amina is a survivor of domestic violence who had been rehoused to temporary accommodation for her safety. She was referred to me initially by her GP for some support regarding debt and benefits. When I first started phoning her which was once a week, she would cry during most of the calls as she has experienced a lot of trauma in her life and has no relationship with her family. She was extremely lonely, anxious and depressed and had no one to support her.
I realised that this woman needed a stable presence, someone who I could work with long term to provide emotional and practical support. We created a Wellbeing Plan together with some goals. These goals centred around her desire to live in stable accommodation, to keep up with her religion, access therapy, stop smoking and to feel less isolated.
As a result, Amina applied for a Disabled Person's Freedom Pass, applied for PIP, accessed the Spiritual Team from the SPS service who offered her a Muslim worker who could assist her to contact the local Mosque who then offered support, attended group therapy at SPS, secured a grant of nearly £1,500 to pay for essential items and trainers so she can walk to the mosque, pay for a laptop, pay off rent arrears and utility debt. Amina used this grant and has paid off hundreds of pounds of debt. She then applied to the council for a Home Swapper flat and she now lives in a studio flat which she was so happy with.
Through our work Amina became psychologically much stronger, was no longer crying all the time and felt able to support herself with the trauma she has faced and planned to find ways to connect with other women who are survivors of domestic violence to build her social support network.

Continued monitoring of service

We are beginning discussions post-evaluation about what might be useful by way of continued monitoring of this service. Up to now we are monitoring:

- Activity of service and reasons for referral, as well as records of interventions carried out

- Wellbeing measure (short-form Warwick Edinburgh Mental Wellbeing measure – SWEMWBS or ONS4 wellbeing measure) – taken at assessment of new client to use service and when service interventions completed

We are wondering about whether we can capture anything around the building of relationships of trust and how this impacts upon outcomes. This is a complicated area and we do not want to do something which does not work for the clients or the practitioners, but have been discussing the pros and cons of this. We are not yet at a final decision on this but the reflections of Honor Rhodes have been very helpful.

Next steps for development of service model

We can use the ongoing evaluation and monitoring (above) to identify levels of (and trends in) need, variation in referral patterns between practices/PCNs/areas – that we might need to alter the priorities of the WBP to enable them to tackle the most pressing needs.

This would also allow for pilots to focus on specific cohorts for individual PCNs, to test the impact for these residents.

Greater Manchester, as part of their work as a 'Marmot city' have implemented *primary care inclusion teams* to proactively work with people not engaging with primary care services – and this is very much mirrored in the WBP service. We therefore need to consider how else we can align and embed the WBP roles and service within the wider City and Hackney system, and ensure that other relevant roles are working with the WBPs most effectively.

Current and future funding

So far, the funding of the pilot has come from the CEPN Board, the Training Hub/Workforce Enabler Board and the CCG social prescribing budget. Thanks to all of these for this opportunity to explore this concept through this pilot.

The majority of the WBP service is now funded by PCN ARRS funding: allowing expansion of the service to 1 WBP role per PCN. This is excellent because it secures an element of recurrent, ongoing funding for the service. However, this ARRS money alone is not enough and has been topped up by system funding non-recurrently (the "top up" needed is only £47k so this is really good value for money by combining this with national ARRS funding). City and Hackney System Operational Command Group (SOCG) approved 12 months of non-recurrent funding for the service (to March 2023).

Issues for the Partnership Board to debate today

1. **The WBP service ethos is at the heart of our vision for the way in which staff work within the Neighbourhoods**

There is a piece of OD work beginning, again likely to be funded in part from the Workforce Enabler Board, to look at how we need to change cultures and ways of working to actively embrace the sort of explicit ethos of the WBPs – to do what needs to be done, to act in a non-boundaried way to support the client, to build that trust and relationship. Evaluation of this service has identified that these are the things which make the difference to patient outcomes, that they are value for money. So, our challenge now is that this has to become the norm for other workers too. The Partnership Board and the NH&CB need to consider how they are going to ensure that this happens in this way as part of the next phase of Neighbourhood Development, how this links to the OD work, and how they would like to be assured of this in the future months.

2. **The WBP service now needs total recurrent funding for security**

The NH&CB is planning to develop proposals for how decisions are made going forward for both non-recurrent and recurrent funding investments. These proposals will need discussion at this Board sooner rather than later so that we can secure the existing WBPs and recruit to the vacant posts so that we have, as a minimum, one per PCN.

3. **We should explore further the Manchester model and bring back learning**

We have discussed here the need to remain open to what is going on elsewhere in the UK. If Manchester has progressed further around this role as part of its Marmot City aspirations, we should look to learn from that.

Laura Sharpe, Dr Jenny Darkwah, Dr Haren Patel, Anna Garner

26 May 2022

Title of report:	Delivering the City and Hackney Partnership Strategy: Next steps on the Integrated Delivery Plan
Date of meeting:	09/06/2022
Lead Officer:	Nina Griffith / Catherine Pelley
Author:	Stella Okonkwo
Committee(s):	City and Hackney System Operational Command City and Hackney Neighbourhood Health and Care Board City and Hackney Integrated Care Partnership Board City and Hackney PBP Delivery Group City and Hackney Primary Care Leadership Group City and Hackney Integrated Care Comms & Engagement Enabler Group Public reps community voice
Public / Non-public	

Executive Summary:

The City and Hackney Health and Care board have agreed a set of strategic focus areas and there is work currently underway to develop an Integrated Delivery Plan to show delivery against these strategic focus areas over the next two years.

This paper sets out the next steps and the work underway to develop the Integrated Delivery Plan. This include:

- The strategic focus areas and how these were determined
- A description of the key outcomes that we expect to address against the population health strategic focus areas, based on our local population needs. This will inform the emerging action plan and will be further developed into an outcomes framework for the partnership.
- A summary of the key outcomes for each of the strategic focus areas identified under the following groupings namely: Improvements in the health of the population; Reductions in inequalities.
- The key transformation areas that have been identified against the strategic focus areas
- A time-table detailing the next steps

Recommendations:

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

- **To Note** the next steps and the work underway to develop the Integrated Delivery Plan

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

No specific implications of the proposal for City

Specific implications for Hackney

No specific implications of the proposal for Hackney

Patient and Public Involvement and Impact:

This plan has been based on already existing strategies which were co-produced with patient involvement and engagement. Further engagement have also been carried out in May 2022 with the Public reps community voice and positive feedback received.

Clinical/practitioner input and engagement:

This paper was presented to the Primary Care Leadership Group in May 2022 and has also had input from the ICP Clinical Lead.

Communications and engagement:

The strategy plan has been based on already existing strategies which have been co-produced with patient involvement and engagement; In addition to this, there has been engagement with the City and Hackney Integrated Care Comms & Engagement Enabler Group in May 2022 and positive feedback received from the Public reps community voice.

Equalities implications and impact on priority groups:

The scope of this work includes the identification of actions from each strategic focus area that will support the reduction of inequalities. Additionally, presentation of this plan to the Health Inequalities Steering group has been scheduled for June 2022

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Sign-off:

Catherine Pelley – Director of System Development *Nina Griffith - Director of Delivery, City and Hackney Borough Based Partnership*

City and Hackney Partners Integrated Delivery Plan

City and Hackney Health and Care Board, May 2022

Introduction

The City and Hackney Health and Care board have agreed a set of strategic focus areas. Work is currently underway to develop a plan to show delivery against the strategic focus areas over the next two years: the Integrated Delivery Plan.

The attached pack presents the next steps work underway to develop the Integrated Delivery Plan. This includes:

- The strategic focus areas and how these were determined – as a reminder
- A description of the key outcomes that we expect to address against the population health strategic focus areas, based on our local population needs. This will inform the emerging action plan and will be further developed into an outcomes framework for the partnership.
- The key transformation areas that have been identified against the strategic focus areas
- A time-table detailing next steps

Context: Strategic Objectives

Sources of strategy themes which our place-based partnership must respond to

NEL ICS partnership priorities

Employment and workforce
To work together to create meaningful work opportunities for people in North East London

Long term conditions
To support everyone living with a long term condition in North East London to live a longer, healthier life

Children and Young People
To make North East London the best place to grow up

Mental Health
To improve the mental health and well being of the people of North East London

Improving mental health and preventing mental ill-health

Increasing social connection

Supporting greater financial wellbeing

HW strategies currently being refreshed

NHS Long Term Plan chapters / aims

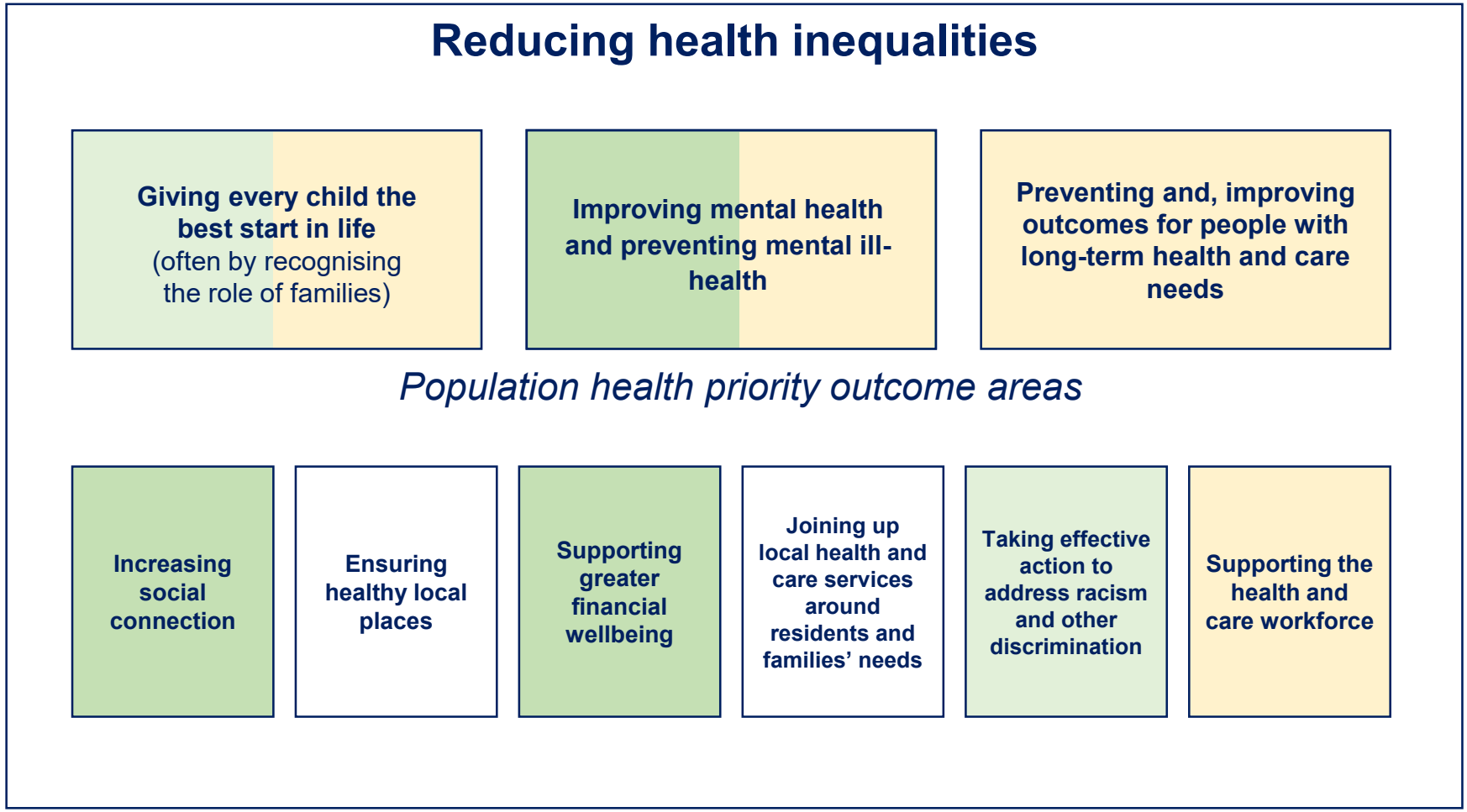
- A new service model for the 21st century
  - Boost **out of hospital care**
  - **Reduce pressure** on emergency hospital services
  - People get more control and more **personalised care**
  - Greater focus on **population health** and move to ICSs
- More NHS action on **prevention and health inequalities**
- Further progress on care quality and outcomes
  - **A strong start in life for CYP**
  - Better care for **major health conditions**
- **NHS staff** get the backing they need
- **Digitally enabled care** goes mainstream
- **Financial balance**, efficiencies and better use of investments

City and Hackney Borough-based Partnership Strategic Plan and Priorities

Local identified priority outcomes and delivery priorities in response to strategies

Outcomes	City and Hackney Outcomes Framework
SOCG	Integrated Delivery Priorities 2021/22

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



=Hackney HWB focus area

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

= NEL ICS four partnership priority areas

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

Draft City and Hackney purpose / vision statements (revised)

Proposed combined purpose and vision statement:

> “Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive”

Neighbourhood Health and Care Board members agreed that an anti-racism statement of intent would be drawn up and agreed with ICPB on behalf of the Borough-based Partnership.

This will be developed as part of further strategy work on shared values, principles, and ways of working. In this work we will also affirm our commitment to co-production.

Section 2: Key outcomes associated with these strategic objectives

Aim and method in collating draft outcomes

The following slides highlight key outcomes for each of the 9 strategic priorities, under the following groupings:

- Improvements in the health of the population
- Reductions in inequalities

Method

The key outcomes were identified through:

- Use of inequalities statements and key drivers of disability and mortality (within *Inequalities resource pack*, developed by Population Health Hub) and *Impact of Covid19 pandemic on inequalities in City and Hackney* presentation (developed by Public Health) to identify adverse outcomes
- Engagement with planning and service leads

Also included are considered prevention opportunities to tackle the above

For each strategic focus area, there is a key outcomes summary slide, followed by a backing information slide which includes latest comparative data

NB: outcomes are currently being developed against the cross cutting areas, which will (intentionally) overlap with the outcomes against each population health area

Giving children and young people the best start in life: summary

DRAFT

Improvements in the health of the population

- Reduce infant mortality rate
- Reduce rate of neonatal mortality and stillbirths
- Increase immunisation coverage
- Increase % children achieving a good level of development (Foundation Stage)
- Reduced childhood obesity
- Reductions in crisis mental health presentations to ED (and especially repeat presentations) for children and young people
- Reduction in unplanned pregnancies
- *Placeholder: safeguarding*

Reductions in inequalities

- Reduce inequalities in maternity and birth outcomes for children and families
- Improve patient experience and outcomes for groups experiencing inequalities in maternity and perinatal mental health care
- Improved health and educational outcomes for those at risk of exclusion
- Improved health and educational outcomes for those with complex health needs, and those with SEND, LD and autism.
- Improvements in mental health and wellbeing outcomes for specific communities (young black men, Orthodox Jewish groups)
- Increases in Looked After Children's health: more timely annual and review health assessments, increases in uptake of immunisations and vaccinations and oral health checks.

Giving children and young people the best start in life: evidence

Improvements in the health of the population

- Reduce infant mortality rate *(similar rates in Hackney to England; strongly linked with deprivation/smoking)*
- Increase immunisation coverage *(low childhood immunisation coverage across C&H: 64% of C&H 5 year olds have had 2x MMR compared to 87% across England; children from deprived households are less likely to have all relevant childhood immunisations)*
- Increase % children achieving a good level of development at the Foundation Stage *(% children achieving school readiness levels at end reception significantly lower in C&H than across England)*
- Increase educational attainment (for those children at risk of permanent exclusion, subject to temporary exclusions, SEND)
  - *(children from more deprived areas are more likely to be negatively impacted by the lockdown school closures, are less able to engage in home schooling (less likely to have access to technology/data, have appropriate space/privacy, have parents available/able to assist with home school) and have lower educational attainment associated with this with the subsequent impact on social mobility)*
  - *(children with SEND are more likely to be persistent non-attenders of school, before and during the pandemic)*
- Reduce childhood obesity *(higher prevalence of childhood obesity in reception and Yr6 than statistical neighbours; prevalence also increasing over time not decreasing)*
- Child poverty *(1 in 4 under 16s living in poverty, above both London and England averages; around 22% of children and young people aged 0-5 and 33% of those aged 5-19 receive free school meals in the City and Hackney)*
- Developed using the Healthy Child High Impact Areas

Reductions in inequalities

- Reduce permanent school exclusion rate; Fixed period exclusion rate (all CYP, Children in Need, LAC) *(strong inequalities in exclusion rate across ethnic groups; such poor outcomes attached to exclusion that focus should be on preventing exclusions)*
- Inequalities in infant mortality rate *(Black women 5x more likely to die in childbirth than White women, in UK: https://www.npeu.ox.ac.uk/mbrrace-uk)*

Figure 2.7: Maternal mortality rates 2009-19 among women from different ethnic groups in England*

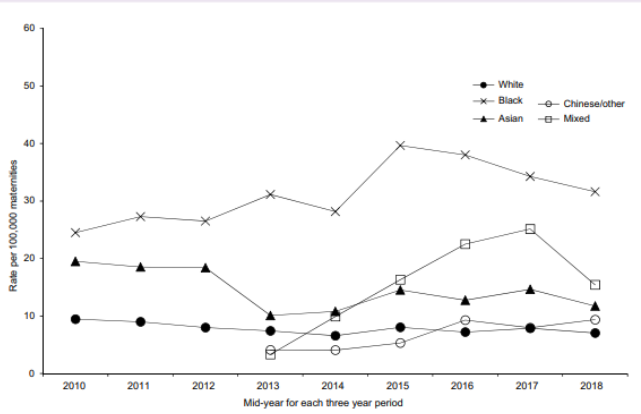
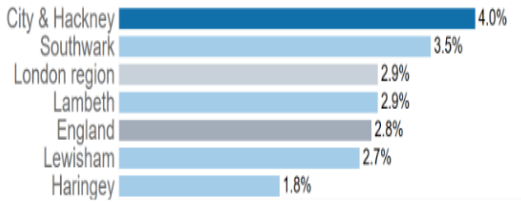


Figure XX: Prevalence of children with severe obesity compared to statistical neighbours, Reception, City & Hackney, 2019/20



Source: Fingertips, 2020

https://fingertips.phe.org.uk/profile/child-health-profiles

Improving mental health & preventing mental ill-health: summary

Improvements in the health of the population

- Improve physical health for those with SMI (and thus reduce excess mortality for those with SMI)
- Reduce number of recurrent detainments under the MH Act
- Reduce inappropriate admissions for patients with dementia for non medical i.e. social reasons
- Reduce number of suicides
- Reduce waiting times for CAMHS assessment and treatment
- Improve outcomes from CAMHS services
- Increase in number of people with SMI receiving a personal health budget (PHB)

Reductions in inequalities

- Reduce detainments under MH Act for minoritised ethnic groups
- Improve access to MH services by minoritised ethnic groups
- Reduce inappropriate MH admissions for minoritised ethnic groups
- Reduce inequalities in engagement in IAPT services
- Increase rates of MH prescribing for minoritised ethnic groups.

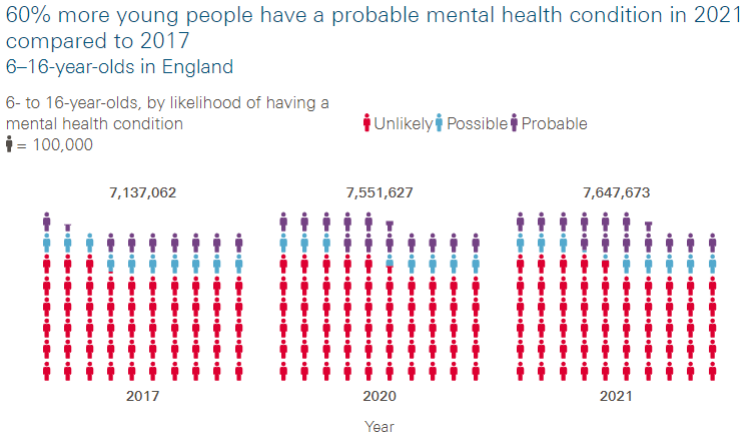
Improving mental health & preventing mental ill-health: evidence

Improvements in the health of the population

- SMI excess mortality *(260% higher mortality for those with MH conditions, than those without: people with MH conditions have more physical health conditions and are significantly more likely to smoke; this is lower for C&H than many other areas but is still a huge inequality)*
- Recurrent number of detainments under the MH Act *(significantly higher for C&H; 109.7 per 100,000 compared to 45 in England)*
- Admissions for patients with dementia for non medical i.e. social reasons
- CAMHS waits for assessment and treatment (Prevalence of common mental health disorders in under 16s in Hackney (amongst the highest in London pre-pandemic) is predicted to increase)
- CAMHS outcomes (Increase in CYP with MH conditions, particularly girls: 1 in 4 girls aged 17-19 had a probable MH condition across England; worsened during the pandemic)

Reductions in inequalities

- Reduce number of detainments under the MH Act for minoritised ethnic groups (BAME groups overrepresented in MH Act detentions)
- Reduce number of MH admissions for minoritised ethnic groups (BAME groups overrepresented in MH admissions)
- Increase BAME access to MH services overall (Black men have a higher incidence of MH conditions than other groups and more likely to be detained under MH Act)



Children and young people's mental health

https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness

Preventing, and improving outcomes for people with, long-term health and care needs

Improvements in the health of the population

- Reduce premature mortality from respiratory disease and cardiovascular disease
- Improve health-related quality of life for people with long term conditions
- Reduce long term support needs met by admission to residential and nursing care homes
- Reduce reliance on ‘double handed’ care packages
- Service user satisfaction with social care
- *Other social care?*
- Increase one year survival from all cancers/lung cancer/colorectal cancer
- Increase cancer patient experience

Reductions in inequalities

- LTC inequalities: HTN BP control (BAME),
- Accessibility of services to LD/autism
- LD/autism patients receiving full health check
- Carers (TBC – from Carers Partnership Board)
- Accessibility and understanding of health information and inequalities in this?

Improving outcomes for people with long-term health and care needs

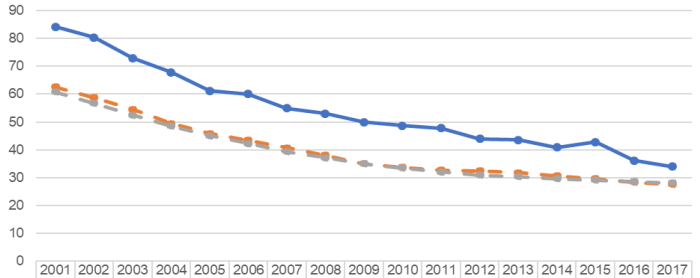
Improvements in the health of the population

- Reduce premature mortality from respiratory disease and CVD (44 deaths per 100,000 in NEL compared to 38 across England: significantly higher)
- Improve health-related quality of life for people with long term conditions
- Social care needs: Reduced long term support needs met by admission to residential and nursing care homes, Increase in social care related quality of life
- Increase one-year survival from all cancers/lung cancer/colorectal cancer
- Increase cancer patient experience of care

Reductions in inequalities

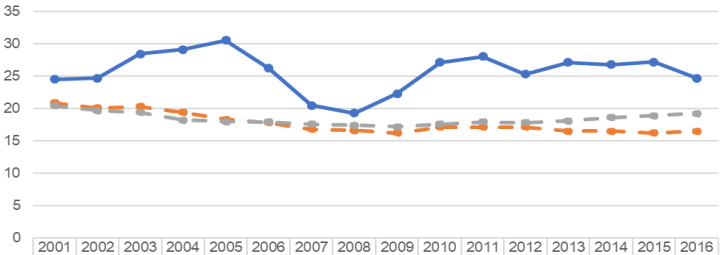
- Reduce inequalities in management of LTCS (minoritised groups are more likely to be diagnosed with certain LTCs; there are also inequalities in management of LTCs once diagnosed)
  - Control of blood pressure for Black people have a higher prevalence of hypertension and subsequent cardiovascular disease, stroke, renal failure, and dementia, and therefore the potential risks associated with uncontrolled blood pressure are greater for this patient group. 5% of black patients in City and Hackney have uncontrolled blood pressure compared to 2.5% of non-black patients.
- LD patients receiving full health check
- Carers

Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) - directly standardised rate per 100,000



	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19
City and Hackney	84.3	80.4	73	67.9	61.2	60	54.9	53	49.9	48.7	47.7	43.9	43.6	40.9	42.8	36.1	33.9
London	62.6	58.8	54.5	49.4	45.9	43.4	40.7	38.1	35	33.7	32.6	32.4	31.8	30.6	29.6	28.3	27.5
England	60.8	56.7	52.5	48.5	45.1	42.2	39.3	37.2	35	33.4	32	30.9	30.3	29.6	29.1	28.6	28.1

Under 75 mortality rate from respiratory disease considered preventable (2016 definition) - directly standardised rate per 100,000



	2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18
Hackney	24.5	24.7	28.4	29.1	30.5	26.2	20.5	19.3	22.3	27.1	28	25.3	27.1	26.8	27.2	24.7
London	20.9	20.1	20.3	19.4	18.3	17.8	16.8	16.6	16.2	17.1	17.1	17.1	16.5	16.5	16.2	16.5
England	20.4	19.7	19.4	18.2	18	17.9	17.6	17.4	17.2	17.6	17.9	17.8	18.1	18.6	18.9	19.2

Section 3: Developing the Integrated Delivery Plan

Developing the Integrated Delivery Plan - Principles for the Integrated Delivery Plan

- Needs to deliver the strategic objectives and outcomes attached to these agreed by our partnership at the NH&CB and ICPB.
- Should outcomes led
- Needs to be partnership plan - co-produced and delivered across our partnership.
- Will be a two year plan, with a re-fresh after year one.
- It is a living document, we will track progress against it but it will adapt and develop as our partnership and the ICS develops.
    - Will need to be refreshed following agreement of City of London Health and Wellbeing Board strategy
- We need to engage with our residents on the plan – this will include some high level engagement on the plan as a whole, but, more importantly there is an expectation that the deliverables within each identified transformation area are co-produced with residents.
- Many areas of the plan will be a continuation of existing excellent work – though we do need to challenge ourselves that this does deliver the agreed strategic objectives and outcomes.
- Some areas of the plan will be driven through NEL-wide programmes.
- The plan focuses on areas of work where we are transforming, improving, changing things together- ie it does not describe the totality of our BAU, nor does it describe the totality of the work underway within individual and partner organisations.

Moving from focus areas to delivery planning

Strategic focus areas

Broad areas of strategic priority, focus on ensuring the right areas are covered, not yet expressed in measurable or time-based way

- Giving every child the best start in life
- Improving mental health and preventing mental ill-health
- Improving outcomes for people with long-term health and care needs
- Increasing social connection
- Ensuring healthy local places
- Supporting greater financial wellbeing
- Joining up local health and care services around residents and families' needs
- Taking effective action to address racism and other discrimination
- Supporting the health and care workforce

Integrated Delivery Plan

Delivery Group co-produces a plan responding to areas of focus, setting out time-based deliverables expressed in a SMART way so delivery can be measured

A focus on improving mental health and wellbeing:

- Greater access to MH services …
- Evidence of MH and wellbeing outcomes improving
- Greater links to wellbeing resources across all health and care services
- Implementation of transformed service models at Neighbourhood level

A focus on supporting the health and care workforce:

- Revised clinical and care professional leadership arrangements support partnership approach
- Increased staff wellbeing resources across all partners and minimum support offer to entire workforce
- Partnership level workforce planning in place
- QI and coaching support in place for Neighbourhood teams to establish a continuous improvement culture
- MECC / strengths based approaches etc to develop core health and care skills for whole workforce …

Draft Place-based Delivery Plan

(Illustrative examples)

Governance, delivery, risk management arrangements *(annual)*

Planning round matches available resource to strategic objectives and provides implementation detail for next year / or planning phase

Co-develop joint programme arrangements to be better aligned with strategy priorities

Risk management and resource allocation and prioritisation processes developed

Annual planning arrangements agreed with all partners to provide clarity around business cases / funding

* *Four year timescale for strategic objectives proposed to align with both City and East Locality Health and Wellbeing Board Strategies*

Single Hackney Place-based Partnership – North East Locality Integrated Care System

Mapping place-based transformation programmes to strategic objectives

Population health strategic focus areas	Giving every child the best start in life	Improving mental health and preventing mental ill-health	Improving outcomes for people with long-term health and care needs
Place-based partnership transformation programmes	Children, Young People, Maternity and Families	Mental Health	Learning Disability
	People with long term health and care needs	Urgent and emergency care	Cancer
	Neighbourhoods		
All programmes will address cross cutting themes:	Ensuring healthy local places		
	Joining up local health and care services around residents and families' needs		
	Increasing social connection		
	Supporting greater financial wellbeing		
	Taking effective action to address racism and other discrimination		
	Supporting the health and care workforce		

Identified transformation areas

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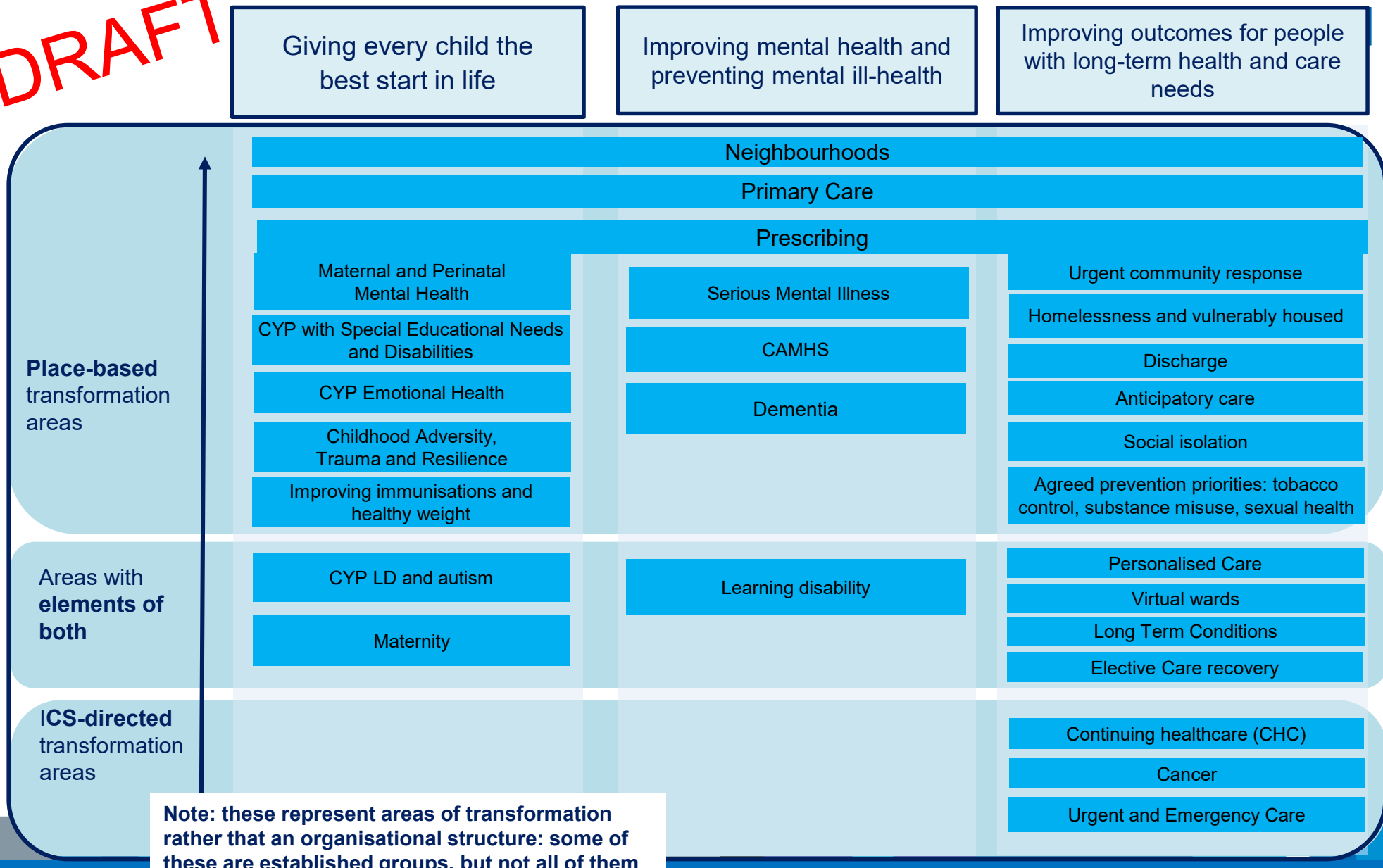

Note: these represent areas of transformation rather that an organisational structure: some of these are established groups, but not all of them

Developing the Integrated Delivery Plan - Governance steps and Timelines

{} = Phase 1 {} = Phase 2 n = unconfirmed date

Integrated Delivery Plan developed through partnership co-production

- Integration and improvement areas identified
- Partnership priorities agreed
- Key actions for each transformation area agreed
- Agree with Partner organisations on the right people who will need to be involved in each transformation area

21 PBP DG 5 PBP DG

Engagement on draft plan – Transformation Areas

- Engagement activity with partners and various stakeholders on draft plan
- Feedback incorporated

11 IC Comms & Engagement Enabler Group
19 PBP DG ◆ CoL DLT
26 Hackney AH&I SMT
2 PBP DG 1 People & Place
8 Primary Care leadership Group
15 City H&WB 16 Hackney H&WB
16 Health Inequalities Steering Group

Sign off – Transformation Areas

16 PBP DG 28 NHCB 16 ICPB

Host on City and Hackney partnership organisations websites

Develop plan for the Strategic Enablers

- Work with leads to Identify strategic enabler areas and the key actions to support the delivery of CH transformation priorities

PBP DG Enabler Board?

Sign off – Enablers

n PBP DG

Identify Programme risks and mitigations

- Work with leads to identify programme risks and mitigations

Sign off – Risks

n PBP DG

Monitoring delivery of the Integrated delivery plan

- Develop mechanism for reporting key metrics and outcome
  - PBP DG
  - NHCB
  - HWBs

April 2022 | May 2022 | June 2022 | July 2022 | August 2022 | September 2022

Executive Lead for delivery: Nina Griffith
Clinical Lead: Dr Stephanie Coughlin
PMO Lead: Stella Okonkwo

Next steps are:

- To develop detailed activities and milestones against each transformation area (by end June)
- To finalise the programme structure (by end July)
- To work with the system enablers -digital, workforce, comms/engagement, population health hub- to ensure that they are supporting the partnership strategy and delivery of this plan (by end September)
- To develop mechanisms to monitor delivery of the plan and associated risks (by end September)

Title of report:	Consolidated Finance (income & expenditure) 2021/2022 Month 12
Date of meeting:	
Author:	C&H, CoL & LBH Team
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:

- NEL CCG have submitted a year-end position to NHSE/I. The final year-end position across NEL CCG is a surplus of £13.1m.
- City & Hackney Integrated Care Partnership (CH ICP) declared a surplus of £0.7m against the core allocation of £514.6m
- At Month 12, the City of London Corporation is reporting a small year-end overspend of £3k.

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

NHS
North East London
Clinical Commissioning Group

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

Integrated Finance Report

Month 12 (March 21-22)

North East London (NEL) CCG – Executive Summary Month 12 2021-22

NEL CCG Financial Summary H2 2021-22	Month 12			
	Budget £m	Actual £m	Variance £m	RAG
Acute	2,179.9	2,212.4	32.6	1
Mental Health & LD	394.7	394.2	-0.5	3
Community Health Services	376.2	411.5	35.3	2
Continuing Care	166.2	170.7	4.5	1
Primary Care and Prescribing	334.7	343.9	9.2	1
Primary Care Co-Commissioning	350.2	350.8	0.6	1
Running Costs	40.3	40.2	-0.0	3
TOTAL EXPENDITURE	**3,980.3**	**3,967.2**	**13.1**	3
Revenue Resource Limit Total	**-3,980.3**	**-3,980.3**	0.0	3
In Year (Surplus) / Deficit	**0.0**	**13.1**	**13.1**	3

- The CCG have submitted a year-end position to NHSE/I. **The final year-end position across NEL CCG is a surplus of £13.1m.**
- As reported in previous months, the CCG has used non-recurrent mitigations to offset budgetary pressures and the H2 plan had assumed that this would result in a break-even position.
- The movement to a year-end surplus was agreed with NHSEI and it forms part of the overall system surplus position set through this process.
- A reported surplus was achievable across NEL CCG as there has been less reliance on the following:
  - Use of system identified contingency;
  - Final outturn independent sector costs less than planned;
  - Although budgets were still overspent, prescribing costs were less than previously forecast.
- Additionally, system partners returned funds to the CCG which were reapplied to cover shortfall in areas such as elective recovery, for example at BHRUT.
- The total closing annual budget for NEL CCG is a budget of £3,980m. Additional allocations were received in Month 12 to fund the cost of the hospital discharge pathway (HDP), Covid, ARRS and WAF.
- Month 12 outturn for HDP / Covid was in line with prior months so no additional allocations are expected for this. Total claimable HDP and Covid spend for 2021/22 is £34.3m.

City and Hackney ICP – Executive Summary Month 12 2021-22

At 2021/22 year-end, City & Hackney Integrated Care Partnership (CH ICP) declared a surplus of £0.7m against the core allocation of £514.6m. The surplus was consolidated into the overall NEL CCG position to deliver the organisation-wide surplus of £13.9m. The underlying surplus position for the CH ICP before this adjustment was £1.8m.

City & Hackney ICP in collaboration with other system partners has worked through all known commitments at Month 12 to deliver a robust year-end position. Costs have been incurred in relation to transformation investments and support to local authority partners in relation to increased hospital discharge programme costs and associated packages of care.

The block payment arrangements for Acute NHS organisations reported a break-even position with Non Acute commitments declaring an overspend. Other areas such as Mental Health and Community Services, Prescribing, Primary Care, CHC have adverse and favourable movements based on full year costs.

The £0.7m surplus at M12 includes costs of £0.535m relating 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.

NEL CCG Financial Summary H2 2021-22	Month 12 Variance - ICP Breakdown				
	BHR £m	C&H £m	TNW £m	Non ICP £m	NEL £m
Acute	21.6	0.2	10.2	0.6	32.6
Mental Health & LD	-1.0	0.1	0.4	-0.0	-0.5
Community Health Services	-0.4	9.4	29.4	-3.1	35.3
Continuing Care	5.6	-0.5	-0.5	-0.0	4.5
Other Programme	-27.8	-8.9	-51.5	-6.4	-94.7
Prescribing	1.6	-0.2	-1.9	0.0	-0.4
Primary Care Services	-1.4	0.1	11.3	-0.4	9.6
Primary Care Co-Commissioning	0.4	0.0	-0.7	0.2	-0.1
Running Costs	-0.0	-0.9	-0.5	1.4	-0.0
Adjusted (Surplus) / Deficit after NHSE expected top up	**-1.5**	**-0.7**	**-4.0**	**-7.8**	**-13.9**

City and Hackney ICP – Position Summary Month 12 2021-22

C&H ICP Financial Summary - 2021-22	April 21 - Mar 22 £'000	M12 YTD Actual £'000	YTD (Under)/ Overspend £'000	RAG	Forecast Improvement/ Deterioration vs M11
In Area Acute Trusts	186,550	186,547	(2)		(2)
Out of Area Acute Trusts	41,416	41,418	2		2
Other Acute	15,787	16,001	214		(34)
Subtotal Acute	**243,752**	**243,967**	**214**		**(34)**
Mental Health Services	80,296	80,421	125		125
Community Health Services	56,644	66,257	9,613		9,468
Continuing Care	18,349	17,804	(545)		205
Other Non Acute	2,182	2,106	(76)		(49)
Efficiencies	0	0	0		0
Reserves	455	(10,896)	(11,351)		(14,101)
Subtotal Non Acute	**157,926**	**155,692**	**(2,234)**		**(4,353)**
Prescribing	28,566	28,403	(162)		92
Primary Care Services	16,354	16,803	449		72
Primary Care Co-Commissioning	53,936	53,936	0		1
Subtotal Primary Care	**98,855**	**99,142**	**287**		**164**
NHS Property Services	1,009	706	(303)		16
Programme	7,550	10,345	2,795		3,743
Subtotal Other	**8,559**	**11,051**	**2,492**		**3,759**
Total Programme	**509,093**	**509,851**	**759**		**(462)**
Corporate	5,516	4,626	(890)		210
Total Corporate	**5,516**	**4,626**	**(890)**		**210**
Grand Total	**514,609**	**514,477**	**(132)**		**(253)**
Total Resource Limit	**(514,609)**	**(514,609)**	**0**		**0**
Surplus/Deficit	**(0)**	**(132)**	**(132)**		**(253)**
Expected HDP reimbursement to be validated by NHSEI	**0**	**(535)**	**(535)**		**127**
Adjusted Surplus/Deficit	**(0)**	**(667)**	**(667)**		**(125)**

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 of £214k which is driven by activity at the London independent hospital (BMI) being in excess of planned levels

Non-Acute:
The Community Health Services overspend of £9.6m is driven by S256 investment of £6.2m, interim alliance £1.5m and FPSC approvals of £2.1m. These are offset by release of uncommitted prior year accruals reported under 'Reserves' (£11.3m).

Primary Care:
Prescribing year end position is reporting an underspend of £162k after taking into account Flu & Pneumonia vaccine recharges (£384k). The agency budget remained significantly underspent (£222k) as the pharmacists were delivering projects falling under other funding streams. Primary Care services is reporting a net YTD overspend of £460k and includes £614k 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 net overspend includes underspends of £74k within Cost of Drugs and £55k within Community ENT and Community MS.

Corporate and Programme projects
Running cost (RCA) reported a £1.4m underspend at year end, mainly driven by reclassification of staff cost to bring in line with NEL wide reporting. Programme projects reported a £1.4m underspend by release of reserves and recharge of costs to NELCSU for secondment agreement, which contributes towards mitigating additional costs incurred in NELCCG.

Property services - year end position remains an underspend (£303k) in line with previous months and takes into account any subsequent true-up costs.

Note: accruals are included in the CCG YTD & forecast position, however they are only included in the forecast position of LBH and CoLC.

London Borough of Hackney – Position Summary at Month 12 2021/22

Information unavailable – year-end position not finalised

City of London Corporation – Position Summary at Month 12 21-22

		YTD Performance		
Budgets	WORKSTREAM	YTD Budget £000's	Spend £000's	Variance £000's
	Adult Social Care	3,000	2,597	403
	Child Social Care	1,245	1,454	(209)
	Older People	1,628	1,511	117
	Occupational Therapy	301	326	(25)
	Public Health	1,314	1,603	(289)
Grand total		**7,488**	**7,491**	**(3)**

- At Month 12, the City of London Corporation is reporting a small year-end overspend of £3k.
- Child Social Care and Public Health reported a year-end overspend of £209k and £289k respectively. These were offset by underspends in Adult Social Care and Older People.
- The budgets reflect the pre-existing integrated services of the Better Care Fund (BCF).
- No savings targets were set against City budgets for 2021/22

Note: accruals are included in the CCG YTD & forecast position, however they are only included in the forecast position of LBH and CoLC.