City and Hackney Health and Care Board Development Session

Thursday 13 October 2022, 0900-1100 in Committee Room 4, Guildhall, 71 Basinghall Street, London, EC2V 7HH

Chair: Helen Fentimen

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	**Welcome, introductions and apologies:** • Declaration of conflicts of interest	0900 (5 mins)	Chair	*Paper 1a* Pages 3-8	Note
2.0	**Local government and the NHS** Key differences in funding, accountability and decision making (drawing out key elements from packs circulated before meeting) • Group discussion on implications for partnership working	0905 (30 mins)	Cheryl Coppell / Mike Gill	*Papers 2a & 2b* Pages 9-136	Discuss
3.0	**Integrated Delivery Plan update**	0935 (15 mins)	Nina Griffith	*Paper 3a* Pages 137-175	Discuss
Break into two groups					
4.0	**Looking at the difference in funding, accountability and decision making and the priorities in our plan– where do we see potential areas for more joint working and potential barriers or tensions?**	0950 (30 mins)	All	*Verbal*	Discuss

Reconvene as one group					
5.0	**Feedback from groups and discussion on issues raised**	1020 (20 mins)	Cheryl Coppell / Mike Gill	*Verbal*	Discuss
6.0	**What have we learned and what do we still need to know?** **How will our discussion today inform the deep dives at future development sessions?** **Next steps**	1040 (15 mins)	Jonathan McShane	*Verbal*	Discuss
7.0	**Any Other Business**	1055 (5 mins)	Chair	*Verbal*	Discuss
Date of next meeting: Meeting in public of the Health and Care Board and Sub Committee on Thursday 10 November 2022, 0900 to 1100 by Teams					

- Declared Interests as at 07/10/2022

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	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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		
Caroline Millar	Acting Chair	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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	0021-10-14		

					practice			
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Hackney Marsh Primary Care Network	Joint Clinical Director for Hackney Marsh Primary Care Network	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Latimer Health Centre	Senior Partner at Latimer Health Centre	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Acorn Lodge Care Home	Primary Care Service Provision to Acorn Lodge Care Home	2020-10-10		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Pharmacy in Brent CCG	Joint Director for pharmacy in Brent CCG	2020-10-10		
			Non-Financial Professional Interest	NHS England	GP Member of the NHS England Regional Medicines Optimisation Committee	2020-10-10		
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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	2020-10-09		

					Association			
			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	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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		
Kirsten Brown	Primary Care Clinical Lead for City and Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Financial Interest	Lawson Practice Partnership	I am a GP partner at Lawson Practice and Spring Hill Practice	2013-02-01		Declarations to be made at the beginning of meetings
			Financial Interest	City and Hackney GP Confederation	I am a partner at the Lawson Practice and Spring Hill Practice both of which are member practices of City and Hackney GP confederation	2013-02-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	UCLH	I am a patient at UCLH	2017-06-01		
Laura Sharpe	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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
Mark Gilbey-Cross	Director of Nursing	Barking & Dagenham Partnership Board City & Hackney Partnership Board Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Redbridge Partnership Board Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indirect Interest	North Street Medical Centre	Registered as a patient	2021-10-26		

Matthew Knell	Senior Governance Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Finance, Performance & Investment Committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Non-Financial Personal Interest	Queensbridge Group Practice	Registered patient with this local GP Practice.	2017-01-01		
Nina Griffith	I am seconded to NEL CCG as Director of Delivery for the City and Hackney Partnership	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Personal Interest	UNICEF	Global Guardian for UNICEF	2016-07-01	2022-06-06	
Paul Calaminus	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings
			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		
			Financial Interest	London Borough of Hackney	Mayor of Hackney	2016-09-19		
			Financial Interest	London Councils	Chair of Transport & Environment Committee	2020-10-01		
			Financial Interest	Local Government Association (LGA)	Member of LGA Environment, Economy, Housing & Transport Board	2018-08-01		
			Non-Financial Professional Interest	London Legacy Development Corporation (LLDC)	Non-Executive Director of London Legacy Development Corporation (LLDC) appointed by Hackney Council and the Mayor of London	2016-09-19		
			Non-Financial Professional Interest	London Office of Technology and Innovation	London Councils Digital Champion and lead for London Office of	2018-10-01		

					Technology and Innovation appointed by London Councils and the Mayor of London			
			Non-Financial Professional Interest	Central London Forward	Board Member	2016-09-19		
Philip Glanville	Local authority rep on ICB Board	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee	Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		
			Non-Financial Professional Interest	Greater London Authority (GLA)	Co-Chair of Green New Deal Expert Advisory Panel	2021-03-01		
			Non-Financial Professional Interest	London Councils	Member of London Councils Ltd and London Councils Leaders' Committee	2016-09-19		
			Non-Financial Professional Interest	London Councils	Digital Champion / LOTI Lead	2020-10-01		
			Non-Financial Personal Interest	East London Foundation Trust	Resident Member	2019-08-01		
			Non-Financial Personal Interest	Unison	Union Member	2021-11-01		
			Non-Financial Personal Interest	Unite the Union	Member	2005-05-01		
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	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 07/10/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Stella Okonkwo	Project Officer, C&H ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.

Jenny Darkwah	Clinical Director, Shoreditch Park and City Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Helen Woodland	Group Director, Adults, Health and Integration	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sandra Husbands	Director of Public Health, City of London & London Borough of Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
John Gieve	Member of City and Hackney ICPB	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.

Local Government Association

When worlds collaborate:

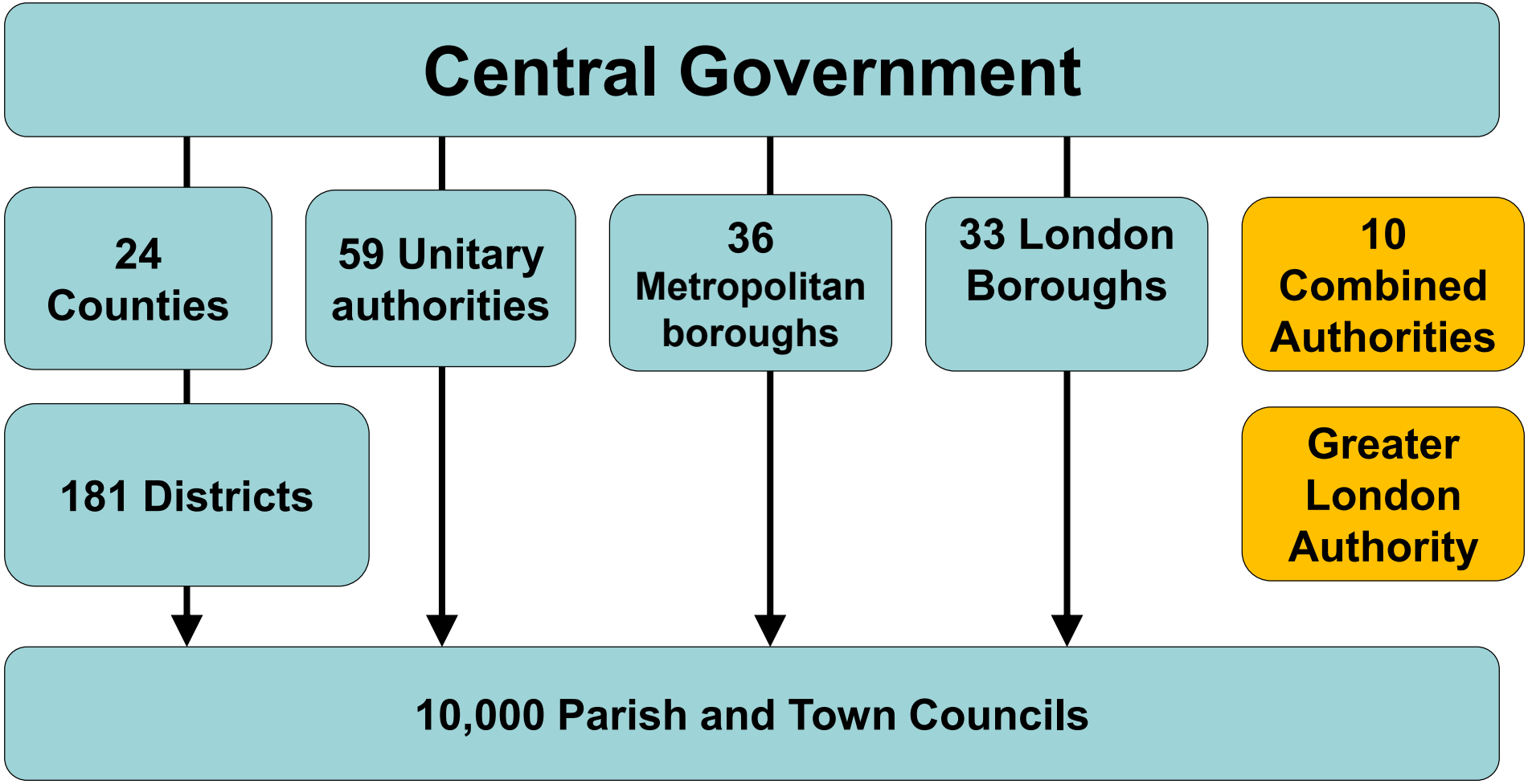
How NHS and local government leaders can work more effectively together

Aims of the pack

- To provide an opportunity to think through the challenges of working with local government
- To get a better understanding of how local government works
- To gain a better insight into the roles of elected members and local government officers
- To think about how this affects your own work environment

Local government structures and responsibilities

How it all works



Two tier areas

This refers to areas where local government functions are split between two councils – a county council and a district council. Sometimes the counties will be referred to as 'upper tier' authorities.

Counties tend to be responsible for high level, strategic services like transport as well as services delivered to people like education and social care.

Districts are responsible for place related services like planning, housing and leisure.

Often councillors will be elected at both levels for the same place – they are known as **'twin hatted'** councillors.

What are the implications for partnership work of being in a two tier area?

Single tier areas

These are areas where one local authority is responsible for all services.

There are three types of single tier council.

London Boroughs – 32 councils and the City of London Corporation

Metropolitan Boroughs – generally representing urban areas outside London

Unitary councils – new councils created in areas that used to be two tier

Combined Authorities

A group of two or more local authorities to collaborate and take collective decisions across council boundaries.

There are now 10 CAs in England:

- Cambridgeshire and Peterborough
- Greater Manchester
- Liverpool City Region
- North of Tyne
- South Yorkshire
- Tees Valley
- West Midlands
- West of England
- West Yorkshire
- North East

The creation of a CA means that member councils can be more ambitious in their joint working and can take advantage of powers and resources devolved to them from national government. While established by Parliament, CAs are locally owned and have to be initiated and supported by the councils involved.

What role can the combined authority play in supporting you to improve people's health?

Who does what?

	Shire areas			Met areas	London	
	Unitary	County	District	Met district	Borough	GLA
Education	●	●		●	●	
Highways	●	●		●	●	●
Transport planning	●	●		●	●	●
Passenger transport	●	●		●		●
Social care	●	●		●	●	
Housing	●		●	●	●	
Libraries	●	●		●	●	
Leisure	●		●	●	●	
Environmental health	●		●	●	●	
Trading standards	●	●		●	●	
Waste collection	●		●	●	●	
Waste disposal	●	●		●	●	
Planning apps	●		●	●	●	
Strategic planning	●	●		●	●	●
Local tax collection	●		●	●	●	

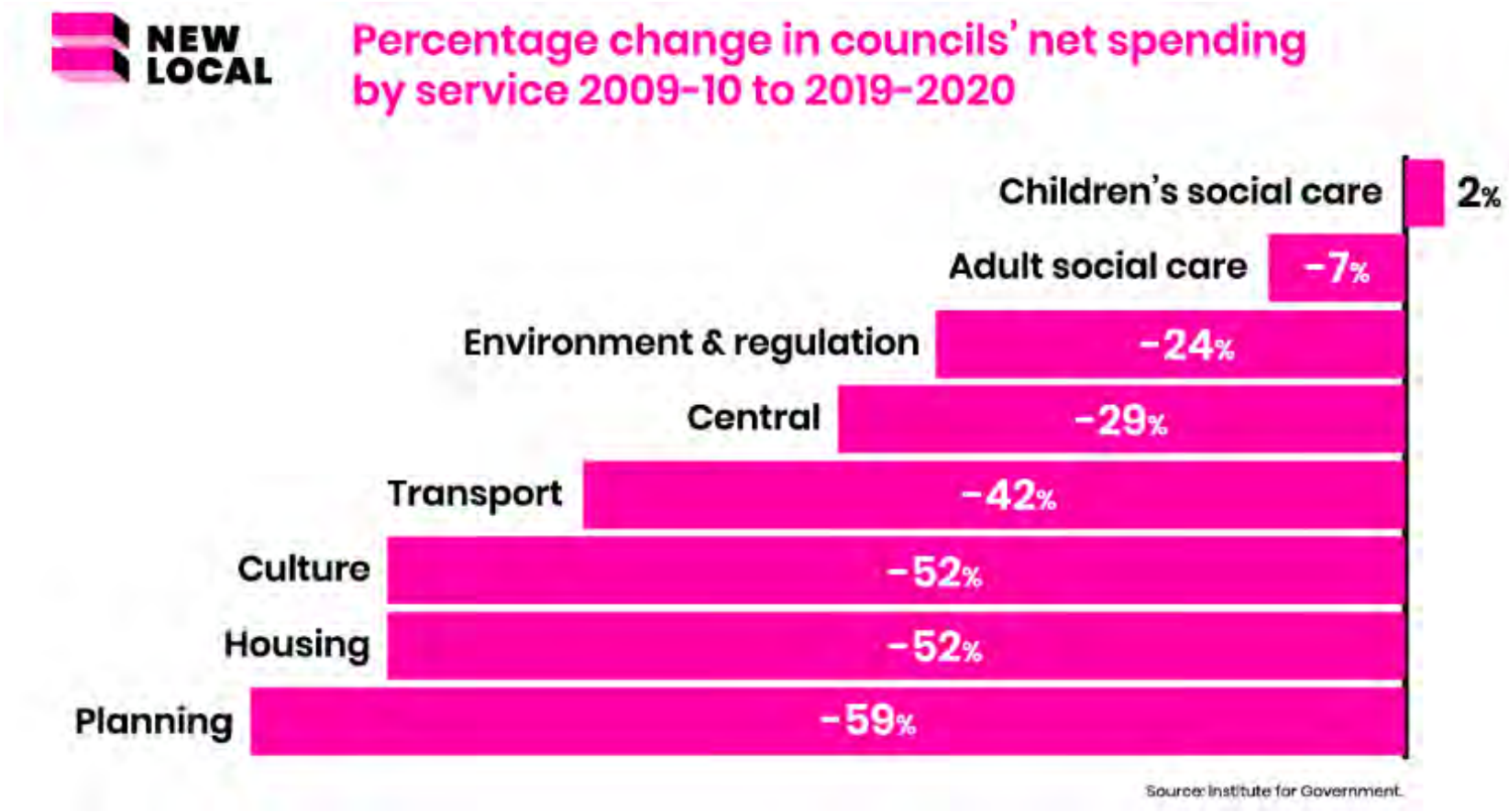
What is the set up in your place?

- Two unitary authorities (Corporation of London and LB Hackney)
- Mayor of London (Has statutory duty to reduce health inequalities)
- City and Hackney Health and Care Partnership (chaired by elected members from the 2 local authorities)
- 2 separate Health and Wellbeing Boards
- Joint DPH

Discretionary and statutory services

- Huge reductions to the funding for local government has meant a greater proportion of budgets is now spent on statutory services, especially social care.
- Whilst spending on social care has been relatively static (despite rising demand) spending on things like parks, leisure, libraries and housing has gone down.
- Many of the things that prevent ill health and promote wellbeing have been cut drastically.

Changes in spending on services



How is local government funded?

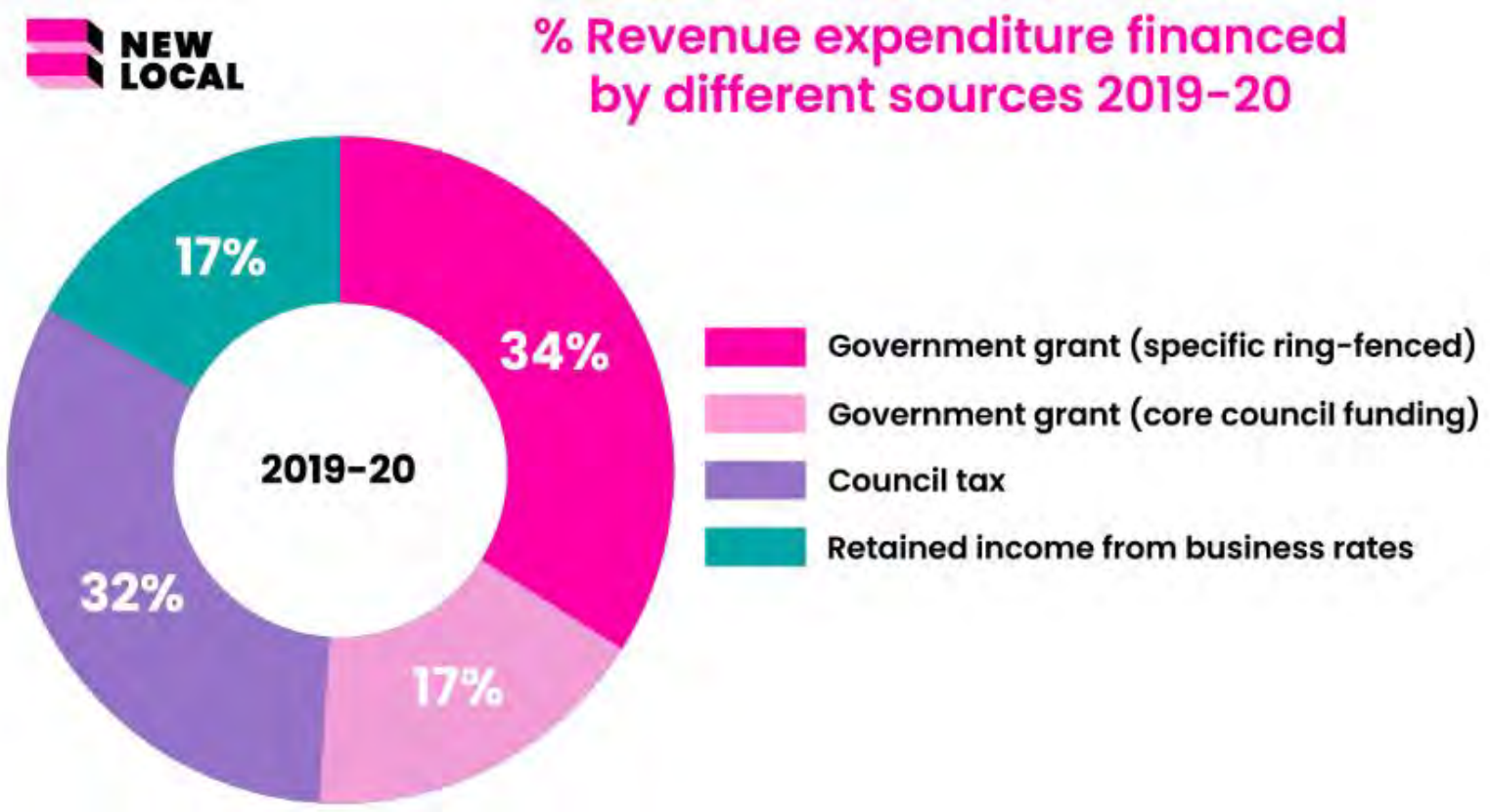
How is local government funded?

There are 3 main sources of funding:

- Government grant
- Council Tax
- Business rates

Councils also generate income from fees and charges to residents such as parking permits.

Breakdown of where funding comes from



Central government grants

- **Specific ring fenced grants** – money for specific services such as schools that just pass through the accounts of the council
- **Core funding** – the main grant is called the Revenue Support Grant but there are other grants such as the Public Health Grant

Business rates

- A tax on commercial property paid by businesses
- Amount paid based on ‘rateable value’ set by the national Valuation Office Agency
- Policy on who pays and any discounts is set nationally
- Since 2013 councils keep 50% of business rates locally and send the rest to the Treasury
- This was meant to encourage councils to promote economic regeneration in their place.

Council tax

- Tax paid by residents based on the value of their property – it is the only tax collected and retained locally
- Properties are put in 8 bands based on 1991 prices with exemptions and discounts set nationally
- Councils cannot increase tax beyond 2% without holding a referendum

Social care precept

- Since 2016, councils have been able to set an additional 3% social care precept to help towards the costs of care.
- Does not raise enough to meet demands on social care and makes the tax even less progressive
- Amount raised relates to property values rather than need.

Reserves

A prudent level of reserves allows councils to cope with unexpected costs or to pay for longer term projects given the need to set balanced budgets every year

There are three types of reserves:

Earmarked – for known risks such as insurance

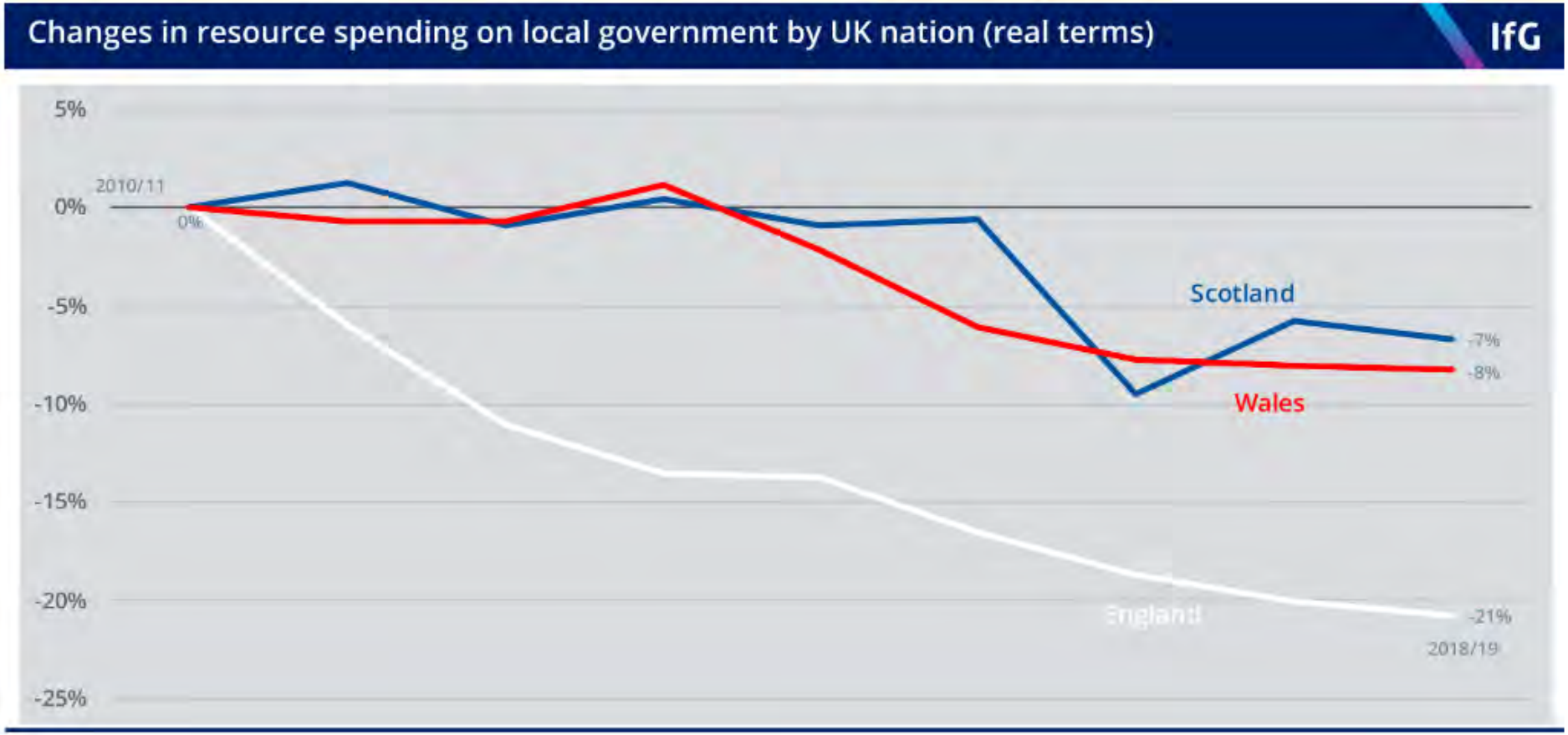
Ringfenced – only to be spent on a specific thing

Unallocated – for unexpected events or pressures

Changes in funding

- Grant funding reduced by almost 50% between 2010 and 2017
- During this time there were increases in income from council tax and business rates
- The overall ‘spending power’ of councils therefore fell by around 30% during this period
- The impact is greater on areas that were more dependent on grant funding – poorest areas

Changes in local authority resources

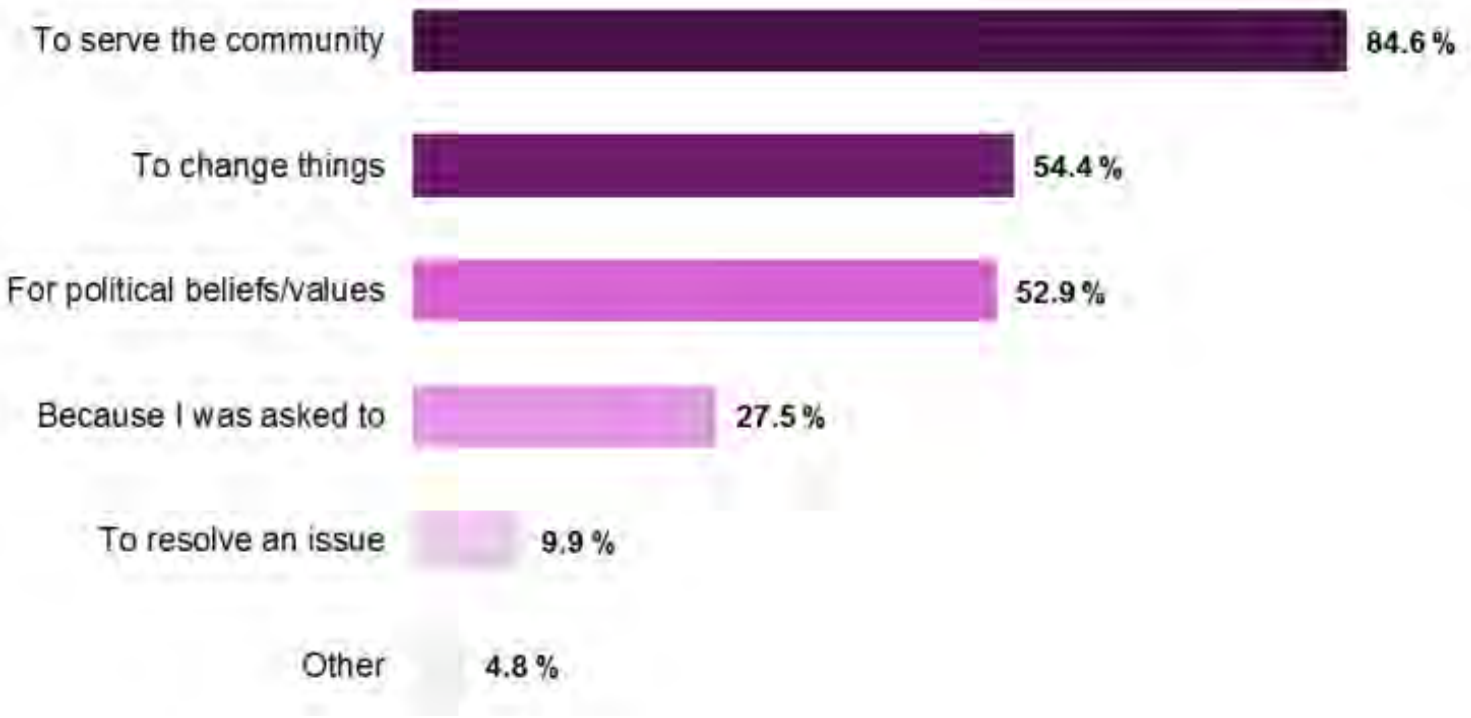


Who are councillors and how do they work?

How to become a senior councillor

- Join a political party or stand as an independent
- Nominate yourself or get selected as a candidate
- Get elected
- Be selected (sometimes elected) as a portfolio holder by your group leader
- Or be elected as leader by your group
- Repeat group process annually and local election process every four years

What motivates people to stand?



Is being a councillor a full time job?

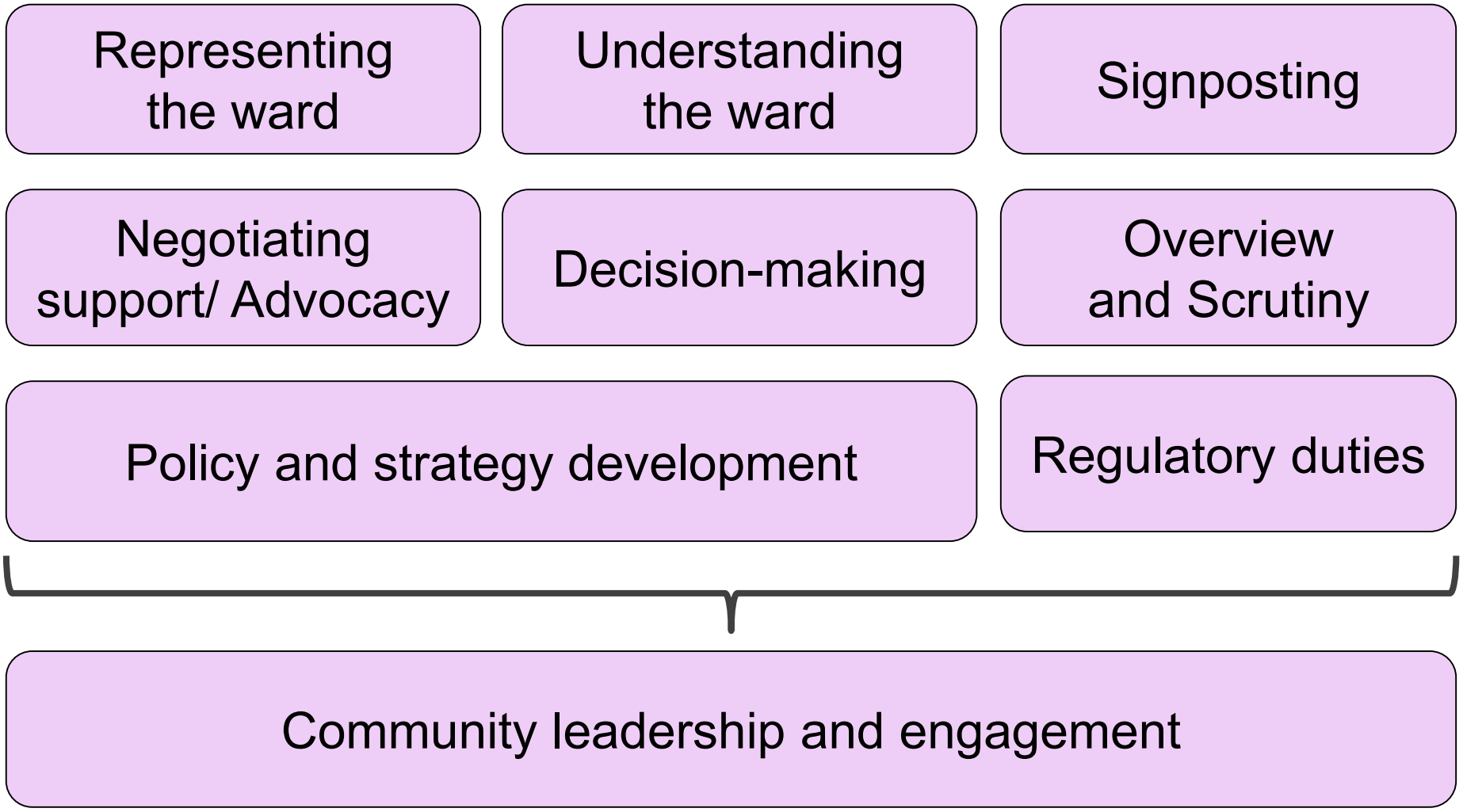
- Over time council leadership has become more professionalised and it is unusual for a Leader or Elected Mayor to have another job
- Most backbench councillors are part time and fit their role around other commitments
- Cabinet Members may be full or part time

Who is visible?

The role of the councillor in the community

- If something happens, the councillor is expected to know about it
- If something goes wrong, it's the councillor's fault

The role of the councillor



Councillors and Officers

Councillors and officers have a **collective corporate responsibility**. But aspects of their roles are distinctly different.

- Councillors set the strategic direction and agree the policy framework of the council
- Officers are responsible for delivering the council's policies and for the day-to-day operation of the organisation

'Councillor-led, Officer run'

Working with councillors

- How closely do you work with councillors?
- How do their motivations differ from yours?
- What could you do to understand their perspective better?

Local Government Association

Decision making in local government

How does local government make decisions?

Two main forms of council

- **A leader and cabinet**
- **An executive mayor and a cabinet**

Smaller councils may have a system of committees.
Large metropolitan areas my have a Metro Mayor with defined supra-Council responsibilities.

‘*Officers advise. Councillors decide.*’

How does local government make decisions?

- **The Forward Plan** – a public document, includes all key decisions due to be made by the executive in the following four months.
- The **sovereign body** is the full council meeting.
- Council officers work for the whole council, not just the controlling party, unlike civil servants in central government.

The manifesto

- The manifesto is the document parties campaign on in local elections setting out what they will do if they run the council
- Some manifestoes are broad brush setting out general principles for an administration and some are a very detailed list of concrete actions
- Health partners should understand the implications of manifesto commitments on their work and partnership objectives

The Cabinet

- The Cabinet is a group of councillors who take most of the decisions about what the Council does. It is made up of the Leader or Elected Mayor and other councillors. The Leader or Elected Mayor appoints the Cabinet.
- Each Cabinet Member looks after an individual area of responsibility. They make decisions on how policies are developed and services are delivered.
- Cabinet Members will often represent the council on external partnerships
- They still have the same ward member responsibilities of other councillors

Financial decision making local government

- All policy decisions are made by elected politicians – councillors. The role of Officers is to advise and implement decisions. Occasionally, they must warn.
- Legally, the budget must be set by the middle of March each year. In practice, it is often set by the end of February.
- The budget must balance and it must be based on realistic estimates. The Chief Finance Officer has to take action in public if this is not the case.
- Good authorities like to have Medium Term Financial Plans – for 3 years or even longer. They do this despite the lack of medium term planning by the Government.
- If the authority is going to overspend during the year, the Chief Finance Officer must take action and ultimately can stop non-essential spending.

Setting a balanced budget

- Councils are legally required to set a balanced budget each year.
- They have to set their budget by 11 March each year before the new financial year starts in April
- No central government agency approves or signs off the budget
- Councils may not borrow to cover their annual expenditure

The budget setting process

Medium Term Financial Planning

Every council will have a Medium Term Financial Strategy covering estimated revenue income and expenditure over at least three years. It will also have a similar plan for likely capital income and expenditure, known as the Capital Programme. These are updated and approved annually by elected members.

Annual service budgets and capital projects

The budget for the forthcoming year will then be considered in more detail, leading to the setting and approval of detailed income and expenditure budgets on a service-by-service basis. The capital budget for the year will be made up of budgets for the capital projects scheduled for the forthcoming year.

Monitoring spending against budget

Once the year has started, actual spending and income will be monitored against the approved budget. This is primarily undertaken monthly by officers designated as the budget holder (usually the head of service), with elected members receiving reports highlighting specific issues or concerns on a regular basis.

Budget setting timetable

April - July	Projections of income and expenditure Review projections in light of last year's actual figures (budget outurn)
July – September	Identify known budget pressures Roll forward MTFS and consider impact of nay budget gap
September – December	Detailed service budgets Review budget in light of local government finance settlement (December)
December – February	Prpearation of budget reports to be reviewed by executive Involvement of scrutiny committees in reviewing budgets

Section 75 agreements

- Agreements between NHS and local authorities and can include arrangements for pooling resources and delegating certain local authority and NHS functions to other partners.

Section 76 and 256 agreements

- These sections of the 2006 NHS Act allow payments to be made between councils and NHS organisations.
- In order to use this mechanism the council or NHS body must assure itself it can achieve better outcomes by making the transfer.

Overview & Scrutiny

- Holds to account decisions made by the council **and its partners**
- Made up of backbench (not cabinet) members
- Considerable local variation in set up of OSCs
- Upper tier authorities (county & unitary) have **powers of health overview and scrutiny**
- Can require NHS officers to attend
- Can refer major changes in local health services to Secretary of State

Local government and the NHS working together

Your Place Based Partnership

- How is local government involved in your partnership?
- Are local government partners actively driving your partnership strategy?
- How are elected members involved in the work of the partnership?

Health and Wellbeing Boards

Health and Wellbeing Boards continue to have the following responsibilities:

- assessing the health and wellbeing needs of their local population
- publishing a JSNA and joint local health and wellbeing strategy
- promoting greater integration and partnership working
- Signing off Better Care Fund plans

They are expected to be involved in the development of the Integrated Care Strategy prepared by the ICP

Your Health and Wellbeing Board

Are you clear on how the HWB will be involved in developing the Integrated Care Strategy?

Are you clear on the **distinctive** role of the Health and Wellbeing Board in the new system?

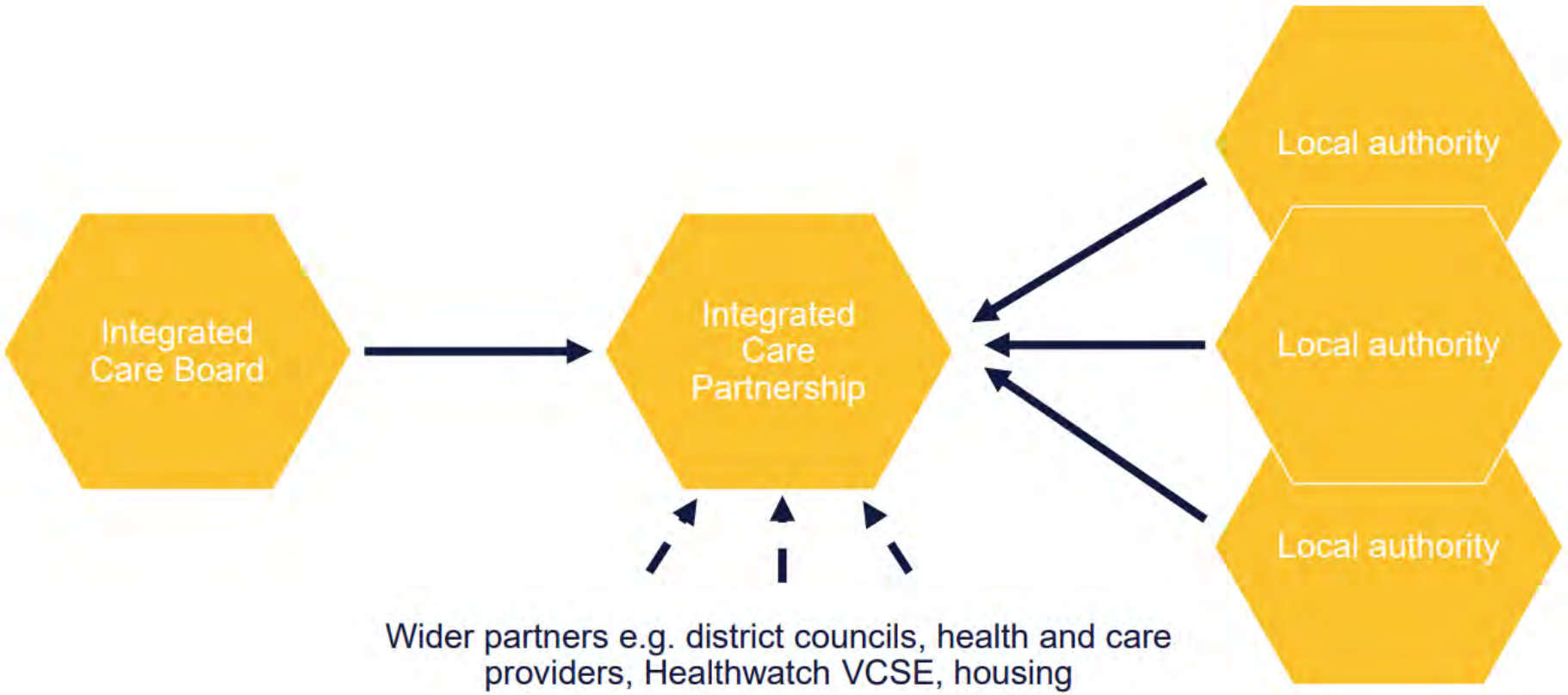
Options being looked at across England:

- Focus on wider determinants of health
- Merging with the Place Based Partnership
- Holding the ring on all health and care activity in a place – PBP, ICB, ICP, collaboratives etc

Your ICB

- How does local government influence the work of the ICB?
- Is local government actively driving the strategy?
- How are elected members involved in the work of the ICB?

Integrated Care Partnership



Local Government Association

The average ICP

Population:	1.4 million	**Range:** 0.6-3.1 million
ICB Budget:	£2.7 billion	**Range:** £0.9-6.9 billion
ICP Membership:	27	**Range:** 7 – 73
ICB members:	4	**Range:** 1-8
NHS providers:	4	**Range:** 0-22
VCSE:	2	**Range:** 0-3
Elected LA members:	8	**Range:** 2-20
LA officers:	5	**Range:** 0-16
Primary care:	1	**Range:** 0-12
Place:	5	**Range:** 0-18
Public/patient:	2	**Range:** 0-5
Other:	7	**Range:** 0-15

Purpose of ICP

- **Forum** – bringing together stakeholders from across system for joint working. •
- **Strategy** – requirement to produce an Integrated Care Strategy
- **Integration** – facilitate integration, partnership and collaborative action
- **Prevention** – drive a shift of resources into prevention, influence wider determinants of health
- **Resolution** – unblock obstacles to collaboration, highlight where local co-ordination is needed and take system-wide decisions to support local delivery of better health outcomes.

Your ICP

- How is local government involved in the work of the ICP?
- Is local government actively driving the ICP strategy?
- Are you clear about the distinctive roles of the ICB and ICP?
- Is local government more involved in the work of the ICP?
- How are elected members involved in the work of the ICP?

Adult Social Care

What is adult social care?

- The core purpose of adult social care (ASC) is to help people and their families and networks to achieve the outcomes that matter to them in their lives, enhance their wellbeing, maintain independence and to be safe.
- ASC services work with people who might have a care and support need and people who are informal carers of others, such as; older people, people with learning disabilities, people who are mentally unwell, people have long term conditions and people with physical disabilities.
  - Short term care refers to a care package that is time limited with the intention of maximising the independence of the individual and eliminating their need for ongoing support.
  - Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support.
- Any adult is entitled to an assessment to determine their eligibility, regardless of their financial status.

Who is eligible for adult social care?

An adult meets the eligibility criteria if their needs are caused by physical or mental impairment or illness, and as a result they are unable to achieve two or more specified outcomes from the following list.

Managing and maintaining nutrition	Maintaining personal hygiene
Being able to make use of the home safely	Being appropriately clothed
Managing toilet needs	Maintaining a habitable home environment
Developing and maintaining family or other personal relationships	Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
Accessing and engaging in work, training, education or volunteering	Carrying out any caring responsibilities the adult has for a child.

What is money spent on?

2020/21 figures

Older people £7.8bn, of which:

£4.8bn	nursing or residential care
£2.9bn	community support (inc. homecare)
£115m	supported accommodation
£507m	short term support

Working age adults £7.9bn of which:

£4.8bn	community support (inc. homecare)
£2.6bn	nursing or residential care
£464m	supported accommodation
£174m	short term support

Reasons for needing support

2020/21 figures

£5.5bn	learning disability support for working-age adults
£5bn	physical support for older people
£831m	mental health support for working age adults
£583m	mental health support for older people
£1.4bn	physical support for working age adults
£1.4bn	support with memory and cognition for older people

Who has to pay for social care?

- Currently, individuals have to pay for support if they have money or property over £23,250.
- From Oct 2023, the Government will be raising the upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority.
- It will rise to £100,000 meaning people with less than this in assets will not have to contribute more than 20% of these assets each year.

What proportion of council spend goes on ASC?

A very small proportion of residents receive adult social care but it takes up a huge chunk of the budget.

Hackney example:

1.7% of the population

30% of the council budget

National financial pressures

- Demographic pressures: the number of older people (the group most likely to need social care) is rising faster than the population as a whole. There is also increased demand for care from working age adults.

- Pressures on local government finances: the National Audit Office has estimated that local government spending power (government funding, council tax and business rates) reduced by 29% in real-terms between 2010/11 and 2021/22.

- Increases in the National Living Wage: the Association of Directors of Adult Social Services (ADASS) estimated the increase in the national Living Wage in April 2021 would cost councils around £494 million.

- Inflation affecting overall costs of delivery and staff shortages driving up pay rates at all levels.

In 2019, 35% of Directors of Social Care said they were confident they had the money to meet their statutory duties. In 2022 the figure was 12% with only 4% confident they had the money for next year.

Recognising our differences

Recognising our differences

Function:

- Local authorities are responsible for a much wider range of services and functions than the NHS.

Geography:

- ICS areas are often very different to those of local authorities.
- Many health and social care services need to focus on much smaller areas (e.g. Primary Care Networks).
- Geography interacts with accountability.

Recognising our differences

Accountability:

- Local authorities are independent legal entities accountable directly through elected councillors to their local residents.
- The NHS is accountable ultimately to Parliament.

Resources:

- The NHS faces huge resource pressures but they are significantly greater in local government.
- The NHS spend in a place dwarfs that of social care and public health.
- However, we do not believe that these have been resourced adequately and there are underlying resource pressures facing adult social care which must be addressed.

Opportunities – things to build on

- If we get this right, we can make a real difference to people's lives and the services they receive. We can also use limited resources better.
- There is existing legislation (Section 75) and advice that support joint working. It can be done even under the existing arrangements.
- Expectation in the Integration White paper that place based partnerships (at the local authority level) will be expected to agree shared outcome plans for improvement of health and care with population health outcomes.
- Place based partnerships will also be expected to make greater use of pooled or aligned budgets and the Government is committed to reviewing the rules to see how they can be improved.
- Some areas have achieved a lot already – learn from them.
- The NHS can benefit from the very wide range of services that are the responsibility of local government.

Local Government Association

When worlds collaborate:

How local government leaders can work more effectively with the NHS- exploring organisational differences

ADD NAME(S) OF FACILITATOR(S) HERE

ADD DATE OF WORKSHOP HERE

Aims of the pack

- To provide an opportunity to think through the challenges of working with the NHS
- To get a better understanding of NHS governance, its funding and its regulatory regime
- To think about how this affects how you work with NHS colleagues
- To explore opportunities for more effective local joint working

Overview of the pack

Presentation which will include:

- NHS context
- NHS planning
- NHS commissioning
- NHS finances and contracting
- NHS regulatory landscape

Further watching: Kings Fund: how the NHS works

Useful context

‘The NHS belongs to the people’

- The public sees the NHS as a single organisation, paid for out of taxation, free for all
- One million consultations every 36 hours
- 4 different national health services: England, Scotland, Wales and Northern Ireland
- Always prominent in national and local elections
- Public perception of care – blurred between social care and/or NHS

A lesson in political history ……

National Health Service and Community Care Act 1990

Introduced a ‘market’ to the NHS establishing the purchaser/provider split. Also established NHS Trusts as providers

The National Health Service Act 2006

Brought previous health legislation into a single Act and established NHS Trusts as corporate bodies and set out how they and Foundation trusts (FTs) were to be governed and directed

The Health and Social Care Act 2008

Focus was the regulation for quality of services, establishing the CQC as the health sector’s quality regulator and requiring all providers of health and social care to be registered

The Health and Social Care Act 2012

Created health and wellbeing boards and moved the public health function to upper tier and unitary local authorities. Introduced the joint strategic needs assessment (JSNA) as a planning tool for population health

The Care Act 2014

Requires Local Authorities to promote integration with the NHS and other key partners including local Health and Wellbeing Boards. The act also, made changes to CQC regulation and established a statutory duty of candour

The Health and Social Care Act 2022

The creation of Integrated Care Boards (ICBs) as the statutory commissioning units of NHS. Also introduces Integrated Care Partnerships (ICP) that bring together a wider group of system stakeholders

The triple aim

The Health and Social Care Act 2022 requires ICBs and NHS providers to have regard to the NHS triple aim of:

1. **Improving population health**
2. **Quality of care**
3. **Control of costs in all decision making.**

NHS definitions

Term	Meaning
ICS	Geographical area in which health and care organisations work together through the following:
ICB	Statutory organisation that replaces Clinical Commissioning Groups (CCGs). Responsible for planning and delivery of healthcare within the geographic footprint. Many of its functions will be delegated to Place level.
ICP	A joint committee of the ICB and constituent local authorities responsible for developing an Integrated Care Strategy built up from the needs assessments from each Place – that which the ICB and local authorities must have 'regard to' when planning and delivering services.
Place based partnerships	Collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. Stakeholders will include the ICB, local government and service providers including the voluntary, community and social enterprise sector (VCSE), primary care leadership, citizens and communities.
Provider Collaborative	Provider collaboratives are partnerships that bring together two or more NHS trusts to work together at scale to benefit their populations.
Primary Care Network	A PCN consists of a group of general practices working together with a range of other local providers including primary and community care, social care and the voluntary sector to offer co-ordinated care to their local populations.
GP Federation	Groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities.

NHS definitions

Term	Meaning
NHS Trust	An NHS trust is a single entity serving either a geographical area and/or a specialised function. In an area there may be several trusts involved in different aspects of providing healthcare to the local population.
NHS Foundation Trust	Similar to NHS Trusts although a foundation trust is a semi-autonomous entity with more decision making freedoms than NHS Trusts and greater local accountability via governors and members.
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, pharmacy, dental, and optometry services.
Secondary Care	Secondary Health Care is the specialist treatment and support provided for patients who have been referred to them for specific expert care by primary care practitioners.
Tertiary Care	Often referred to as 'Specialist Care'. Highly specialized care usually over an extended period of time that involves advanced and complex procedures and treatments.
Specialised Commissioning	Commissioning of specialised services which support people with a range of rare and complex conditions. Specialised services are not available in every local hospital.

NHS planning

NHS accountability is different to Local Government

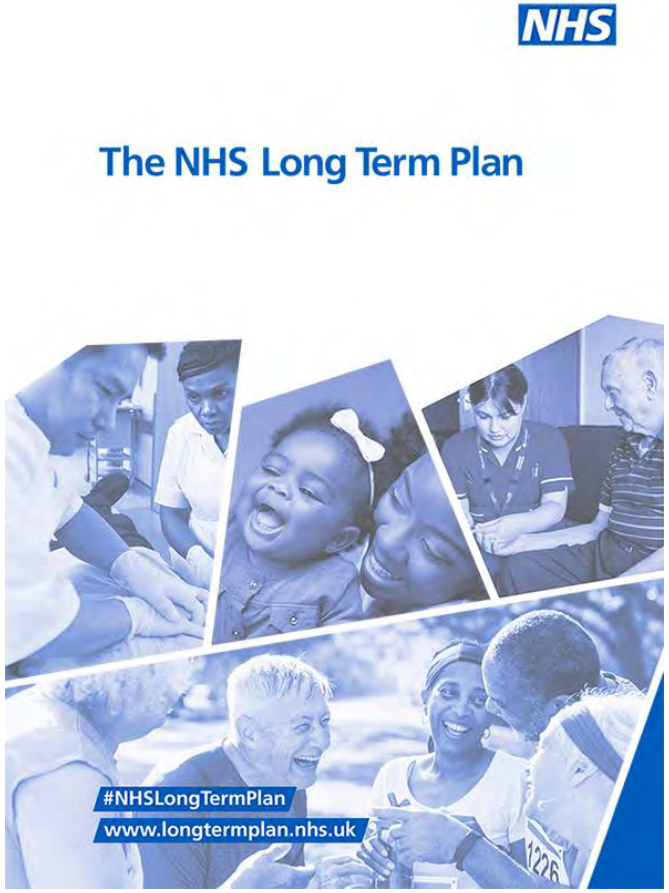
- NHS is fundamentally a top-down organisation, ultimately answerable to Parliament through the Secretary of State for Health for its delivery
- Its priorities are set by Government in the NHS Mandate
- National policy is set by NHS England

NHS accountability is different to Local Government

- LG is fundamentally a bottom-up organisation
- Bound by national laws, but held to account by its local populations in local government elections
- Long history of independent decision-making e.g. strategy and service approach, and levels of council taxation
- Equally long history of working directly with and for the people whom it serves

NHS Long term planning

1. Do things **differently, through a new service model**
2. Take more action on **prevention** and **health inequalities**
3. Improve **care quality and outcomes** for major conditions
4. Ensure that **NHS staff** get the backing that they need
5. Make better use of **data** and **digital technology**
6. Ensure we get the most out of **taxpayers' investment** in the NHS



Long Term Plan refresh

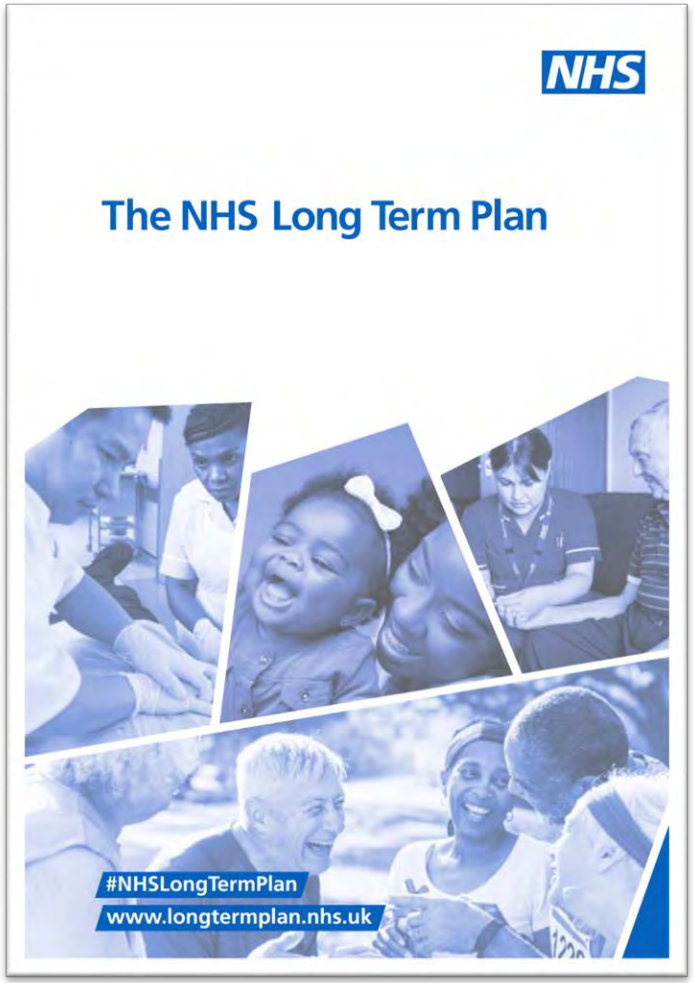
An NHS Long Term Plan Update is expected in Summer 2022 reviewing progress so far, recognising the impact of Covid and setting out 2023 to 2025 implementation plans.

Context

- Original LTP published in 2019
- Being updated to reflect impact of pandemic and new legal footing for ICSs

Expected remit

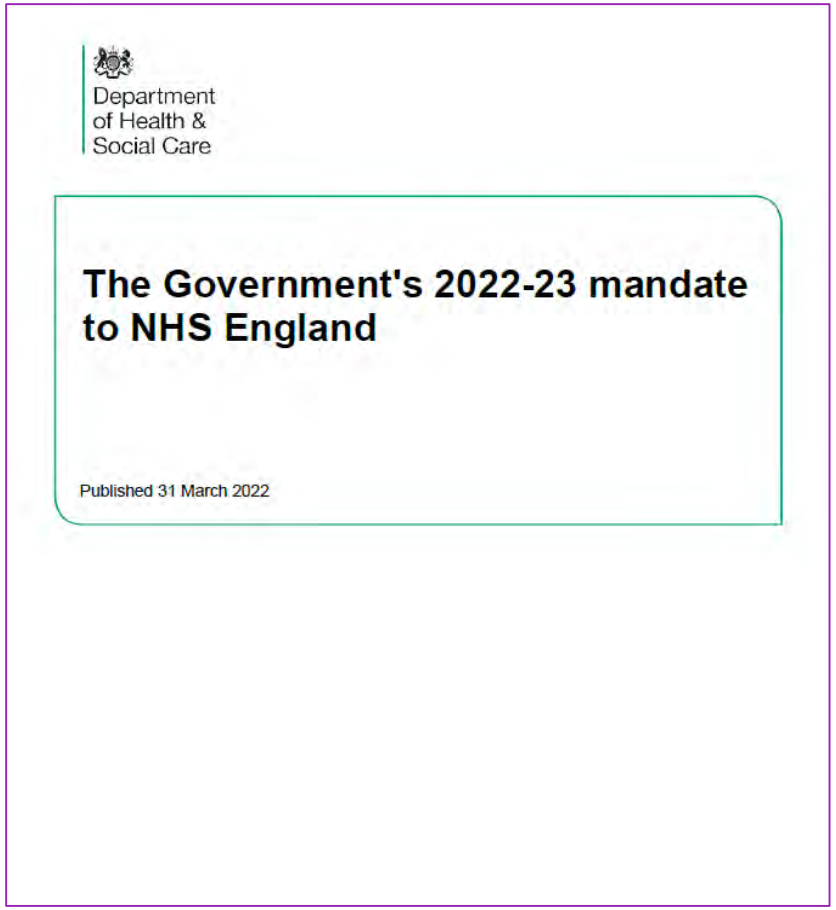
- Focus on immediate pressures and the medium term
- Will reflect new strategic documents including Fuller stocktake (integration of primary care)
- Will be a reprioritisation of existing LTP targets
- Key points: new performance challenges, growing the workforce, delivery through systems, expanding capacity and value for money



NHS long term to short term planning

The Secretary of State for Health mandates the NHS to deliver certain objectives for the agreed financial resource.

1. Responding effectively to COVID-19
2. Recover, and maintain delivery of, wider NHS services and functions
3. Focus on delivering against the Long Term Plan
4. Embed population health management to prevent ill health and tackle health disparities
5. Effective NHS leadership, culture, and use of resource



NHS short term operational planning

NHSE's 2022/23 annual Priorities and Planning Guidance set out a number of key priorities for the NHS to tackle in the next 12 months.

- **Responding effectively to COVID-19**
- **Increasing non-COVID tests, treatment and care**
- **Improving the responsiveness of urgent/emergency and community care**
- **Improving timely access to primary care**
- **Improving mental health and learning disability services**

ICS' are required to develop a rolling five year forward plan commencing in 2023/24

NHS commissioning

The NHS and Local Government have a similar approach to commissioning i.e., identification and assessment of need, and the development of service specifications

NHS commissioning is changing

OLD

CCGs	NHS England
• Hospital, • community, • mental health and • rehabilitation • GP services	• Primary care - GPs, dentists, pharmacists, optomotrists (GPs with CCGs) • Specialised services (rare conditions or services, high cost drugs) • Offender healthcare • Armed forces healthcare
Local Authorities	**Public Health England**
• Public health services - sexual health, health visitors, school nursing and addiction services	• National screening and immunisation programme • Emergency powers

NEW

Integrated Care Boards	NHS England
• Hospital, • community, • mental health and • rehabilitation • GP services • Dentists, pharmacists, optometrists (phased) • Specialised services (in agmt with NHSE) • Offender healthcare (phased) • Public Health screening and immunisation (in agmt with NHSE)	• Armed forces healthcare
Local Authorities	**UK Health Security Agency**
• Public health services - sexual health, health visitors, school nursing and addiction services	• Emergency powers

Specialised services: delegation to ICBs

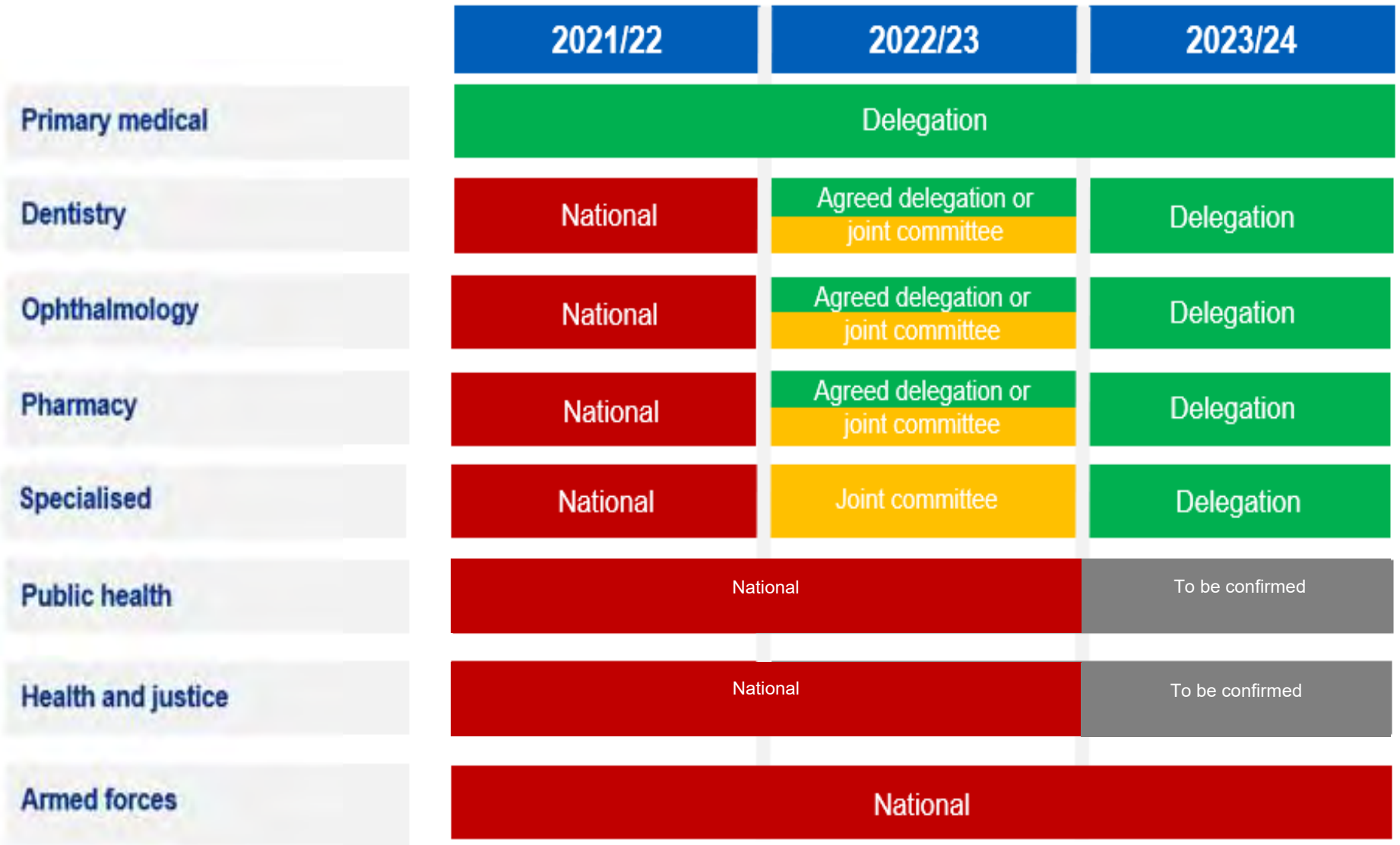
NHS England's 'Roadmap' for specialised services:
Commissioning arrangements from 23/24 will vary depending on the service and local readiness

Systems to develop proposals in coming months, then NHSE assurance of plans and readiness – go live in April 2023

Potential impact

- A substantial set of changes with potentially far-reaching impacts
- Delegation presents opportunities – and risks to be managed
- Outstanding questions: ICB capability, commissioning mechanics, financial prioritisation and safeguards

NHS specialised commissioning

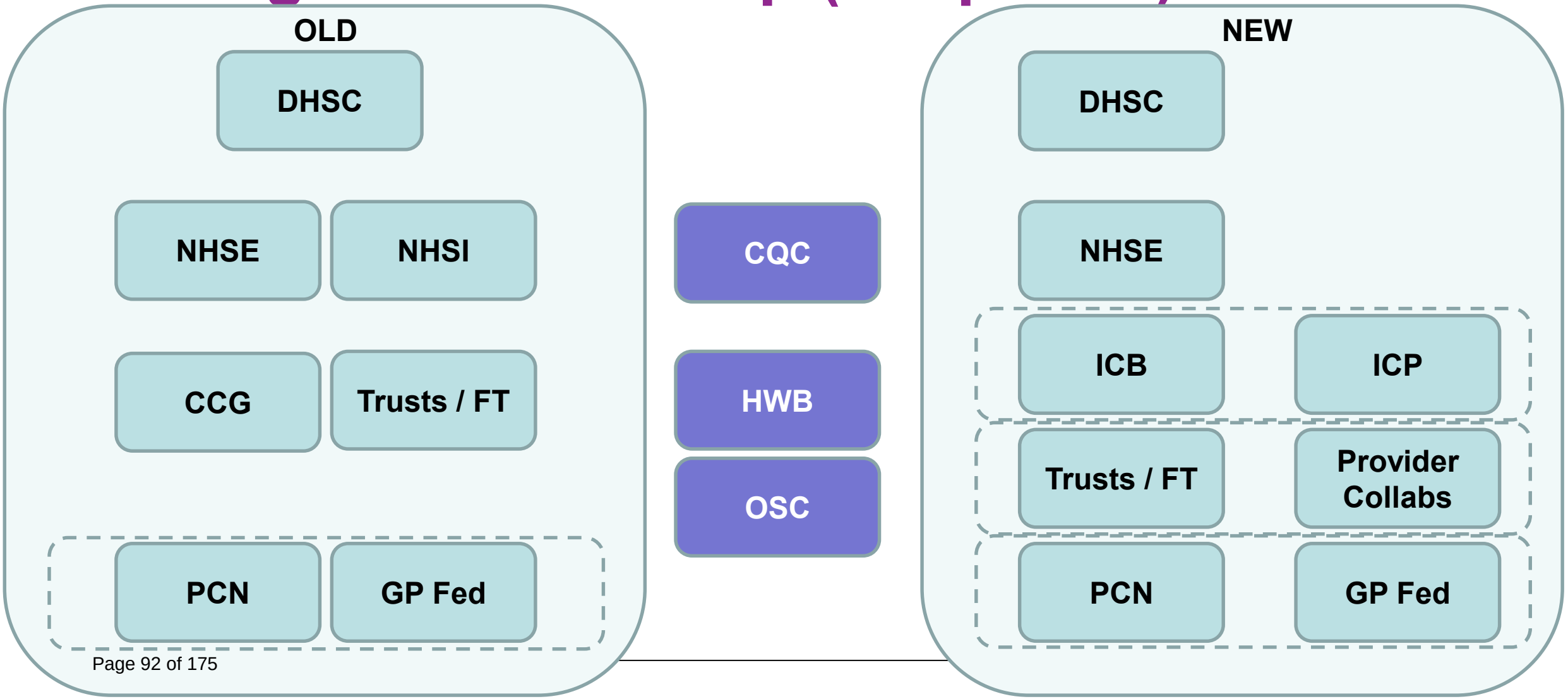


Functions to be retained by NHSE:

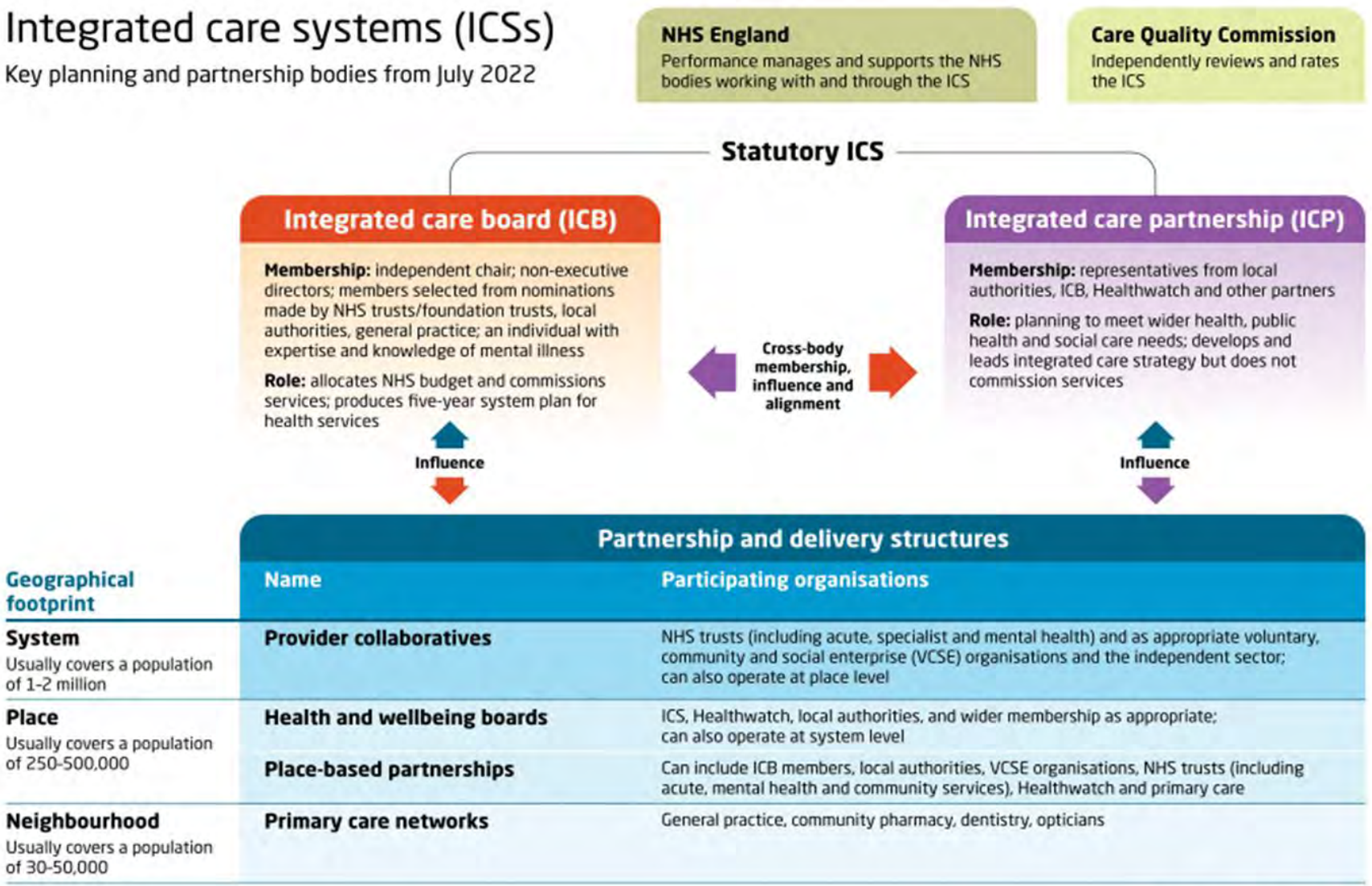
- Responsibility for some highly specialised services
- Identifying national priorities, setting outcomes, and national contracts or frameworks
- Maintaining national policies and guidance to ICBs in their delegated functions
- Delivering support services.

NHS governance

NHS governance map (simplified)



ICS governance map



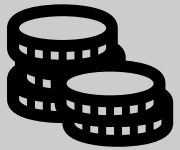
Purpose of an Integrated Care Board

1 Improve outcomes in population health and healthcare

Continue to raise standards, so services are high quality and delivered effectively making sure everyone has access to safe, quality care whether in the community or another setting

2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local citizens



3 Enhance productivity and value for money

Working with partners in NHS, Social Care and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes

4 Help the NHS support broader social and economic development

Focus on improving population health and wellbeing through tackling the wider socio-economic determinants of health that have an impact on the communities we serve

Source: NENC Integrated Board Operating Model

Local Government Association

Key functions of an Integrated Care Board

Developing a plan to meet the health needs of the population	Allocating resources (revenue and capital) to deliver the plan and agree contracts with providers	Establishing joint working and governance arrangements between partners	Leading major service transformation programmes across the ICS
Implement the NHS People Plan	Leading system-wide action on digital and data	Joint work on estates and procurement	Leading emergency planning and response

Integrated Care Board membership

Statutory <u>minimum</u> membership requirements:

- Independent Chair
- CEO
- Medical Director
- Nursing Director
- Finance Director
- x2 Non Executive Directors
- x1 member from primary care
- x1 member from relevant local authorities
- x1 member from local NHS trusts/foundation trusts.

When sitting on the ICB, a partner member is not a delegate of its sector or organisation. Rather, they must act in the interests of the ICB and wider system

Source: NENC ICB

Example full Board membership

Integrated Care Board governance

- An ICB must have a **Constitution** and **Standing Orders**. Standing Orders set out the arrangements and procedures to be used for meetings and the processes to appoint the ICB committees
- In addition, an ICB must publish its **Scheme of Reservation and Delegation**, a **Functions and Decision Map** (a high level structural chart that sets out which key decisions are delegated and taken by which part(s) of the system, **Standing Financial Instructions** which set out the arrangements for managing the ICB's financial affairs and an ICB **Governance Handbook** which brings together all the ICB's governance documents including key policy documents
- Establishment of both an **Audit Committee** and a **Remuneration Committee** as a minimum
- An ICB may arrange for **any of its functions to be exercised by, or jointly with, any one or more other relevant bodies** including another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body. This may, for joint arrangements, include establishing and maintaining a pooled fund
- The ICB will publish, with its partner NHS trusts and NHS foundation trusts, **a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions** during the next five years including proposed steps to implement local health and wellbeing strategy(s)
- In line with the 2006 Act, an ICB must make arrangements to **secure involvement from individuals** to whom services are provided and their carers and representatives, in the planning of the commissioning arrangements or any proposed changes to them
- The ICB is subject to an **annual assessment** of its performance by NHS England, which is also required to publish a report containing a summary of the results of its assessment

B1551--Guidance-to-Clinical-Commissioning-Groups-on-the-preparation-of-Integrated-Care-Board-constitutions-.pdf (england.nhs.uk)

ICB functions delegation – an example

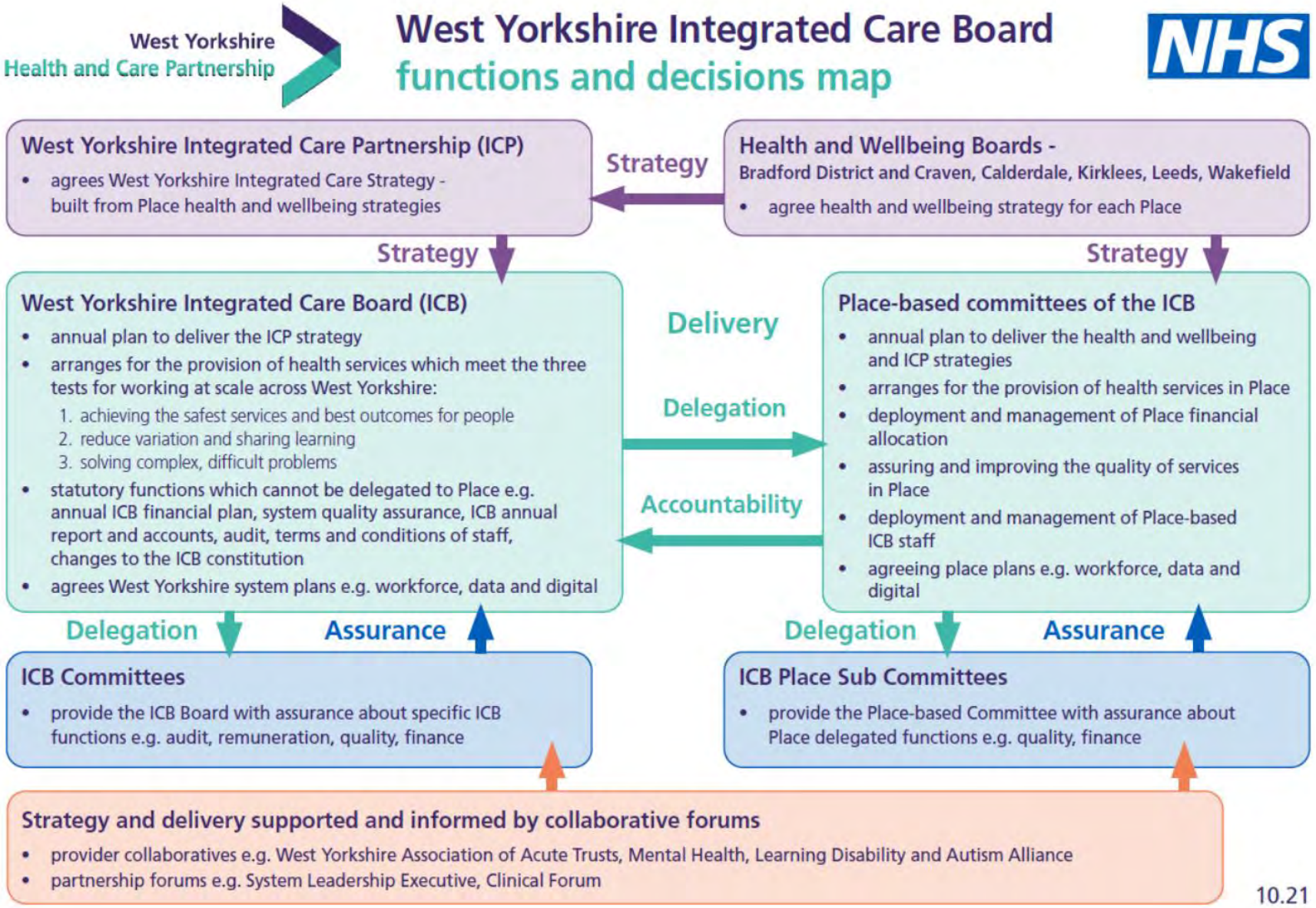
Discharged at System level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning
- Building research strategy and fostering a research ecosystem and harnessing innovation
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Population health and reducing health inequalities

Discharged at Place level

- Fostering service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Local Primary care commissioning – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership redesigning clinical pathways and helping shape commissioning of acute services
- Monitoring the quality of local health and care services
- Forging strong local working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.

ICB functions and decision map – example



Place based governance arrangements

- By Spring 2023, all places should adopt either a governance model as outlined below, or an equivalent model.
  - a **clear, shared, resourced plan** for delivery of services within scope and for improving local outcomes
  - **a significant and growing proportion of health and care activity and spend within place**, overseen by and funded through, resources held by place-based arrangements
  - A place based governance model which provides **clarity of decision-making** covering contentious issues (such as reshaping services), managing risk, resolving disagreements between local partners, and for agreeing the outcomes to be pursued locally in addition to any set nationally
  - **strong involvement for the health and care provider organisations** for that place
  - **a single person, accountable for shared outcomes in each place** or local area, working with local partners. This person will be agreed by the relevant local authority or authorities and Integrated Care Board (ICB)
- Place based governance should **make use of existing structures e.g. Health & Wellbeing Boards** and the **Better Care Fund**

Place based governance arrangements

- Place based governance options may include:
  - **Consultative forum** – informing decisions by the ICB, local authorities and other partners
  - **Committee of the ICB** with delegated authority to take decisions about the use of ICS NHS body resources
  - **Joint committee of the ICB and one or more statutory provider(s)** with delegated decision making for specific functions/services/populations
  - **Lead provider** managing resources and delivery at place level under a contract with the ICB

Provider collaboratives – what are they?

Provider collaboratives are **partnership arrangements** involving at least two or more trusts working at scale across multiple places, with a **shared purpose and effective decision-making arrangements**.

- All trusts providing acute and mental health services, including specialist trusts, are expected to be part of one or more provider collaboratives by July 2022.
- NHS community and ambulance trusts and non-NHS providers, such as voluntary, community and social enterprise (VCSE) sector organisations or independent providers, will be offered the opportunity to take part where this will benefit patients and makes sense for the providers.
- Provider collaboratives will agree specific objectives with ICSs, focused on priorities requiring trusts to plan and arrange services at scale.
- Individual providers may be involved in more than one collaborative.

Provider collaboratives – the rationale

- NHS providers face significant challenges including rising demand for services, severe workforce challenges and the legacy of a prolonged funding squeeze.
- These challenges are too much for a single organisation to tackle.
- Therefore, by providers working together collaboratively they are more able to deliver greater efficiency, sustainability and quality of care.
- For example, collaborative arrangements could see providers coming together to:
  - consolidate corporate services for greater efficiency,
  - increase sustainability by making better use of a limited workforce, and
  - improve quality of care by standardising clinical practice to reduce variations in care across each system.

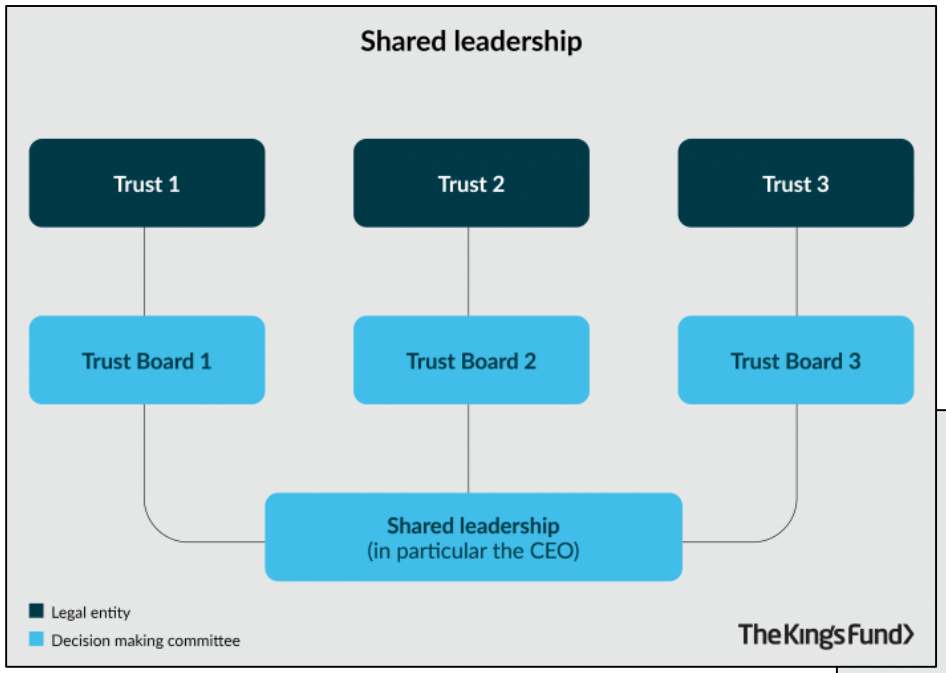
Provider collaborative governance arrangements

Provider Collaboratives may take different forms and will vary in their scale and scope:

- some will be **'vertical'** collaboratives involving organisations that provide different services (e.g., collaboratives bringing together primary care, community, local acute, mental health and social care providers);
- others will be **'horizontal'** collaboratives that bring together providers that offer similar services (e.g., a chain of acute hospitals or mental health services).

- **1. Lead provider** – a single trust takes the responsibility, and contract, to deliver a set of services on behalf of the provider collaborative. Underpinned by a partnership agreement between the collaborative members.
- **2. Shared leadership** – common CEO across all the trusts involved. This may also extend to the chairs and other executive posts. Alternatively, the boards of each provider can delegate responsibilities within the remit of the collaborative to a committee made up of members of another trust's leadership team.
- **3. Provider leadership board** – with approval from their respective boards, the chief executives or other directors of participating trusts come together to tackle areas of common concern and deliver a shared agenda on behalf of the collaborative members and their system partners.

Provider collaborative governance arrangements



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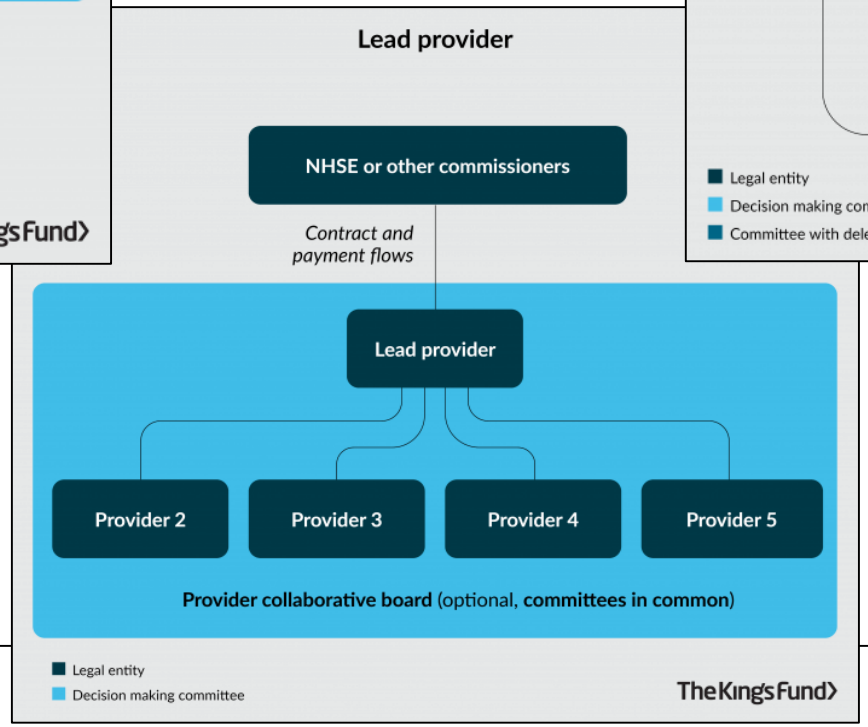

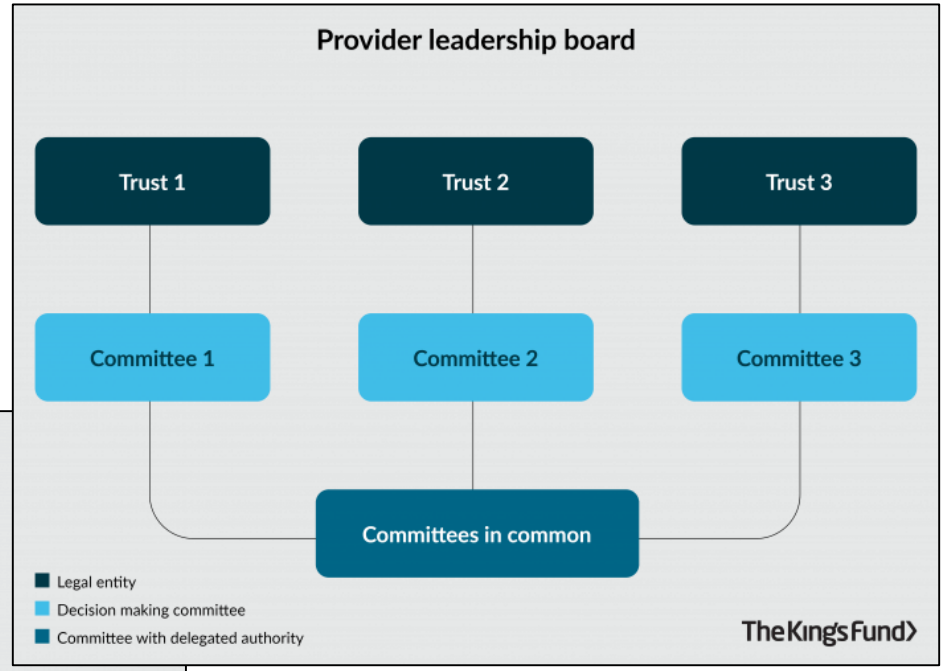

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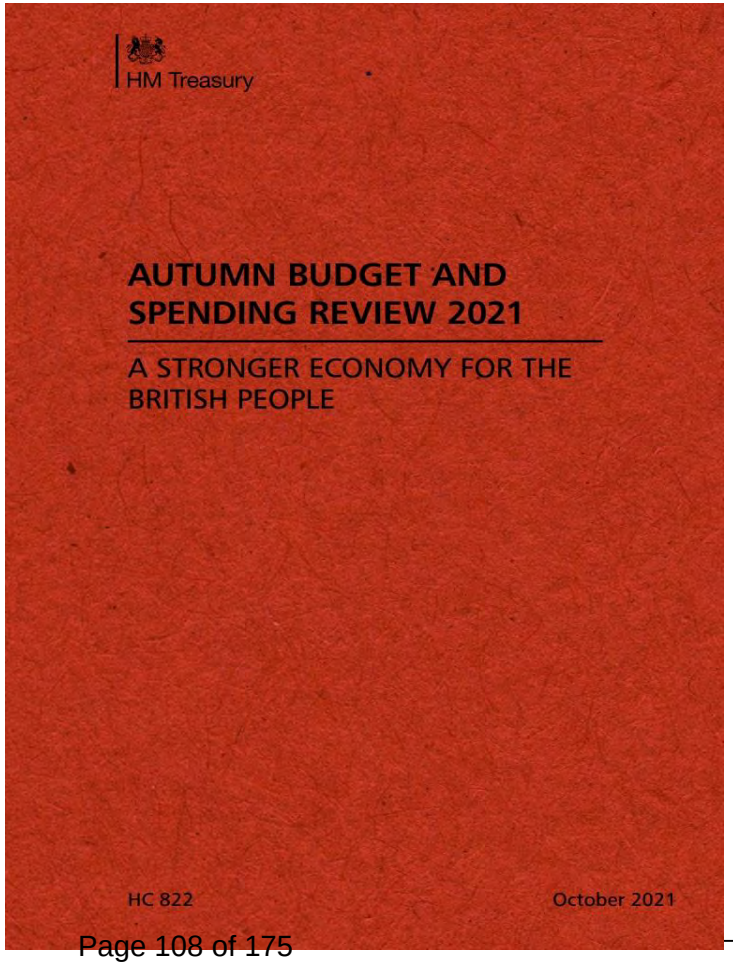
Provider Collaboratives – do they work?

- NHS-Led Mental Health, Learning Disabilities and Autism (MHLDA) provider collaboratives are groups of providers of specialised mental health services working with a lead provider model
- A two-year pilot phase at 15 pilot sites led to:
    - over 550 people returned from out-of-area placement
    - over 70% reduction in admissions to CAMHS units
    - over £30 million savings for investment in new services.
- More generally, expected benefits include:
    - Reductions in unwarranted variation, service access and reductions in health inequalities
    - Greater resilience across systems, including mutual aid, better management of system-wide capacity and alleviation of immediate workforce pressures
    - Improved recruitment, retention, development of staff and leadership talent
    - Consolidation of low-volume or specialised services
    - Efficiencies and economies of scale

So……. the money

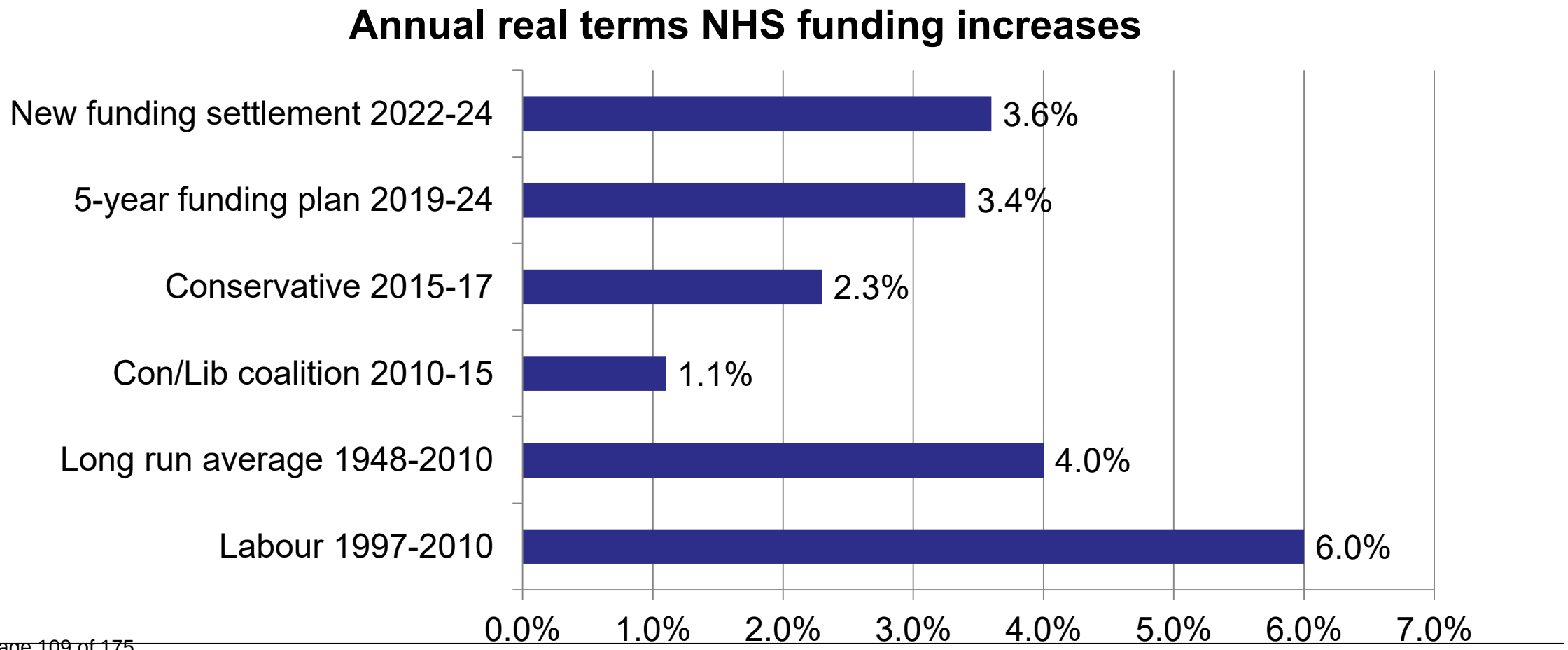
NHS settlement 2021/22



- October 2021 Spending Review provided a multi-year settlement and uplift on top of initial NHS long term plan settlement
- Health and social care levy forecast to raise ~£17bn in 2024/25.
- Inflationary pressures including pay awards may erode cash settlement

SR21 settlement (£BN)	2021/22	2022/23	2023/24	2024/25
Original long-term plan mandate	133,289	139,990	148,467	151,630
21/22 COVID funding	14,543			
SR21 settlement		8,998	6,122	8,231
Other adjustments	3,375	3,380	3,383	3,387
Total mandate	**151,207**	**152,368**	**157,972**	**163,248**

NHS funding is ‘protected’ isn’t it?



Source: NHS Providers

NHS financial rules

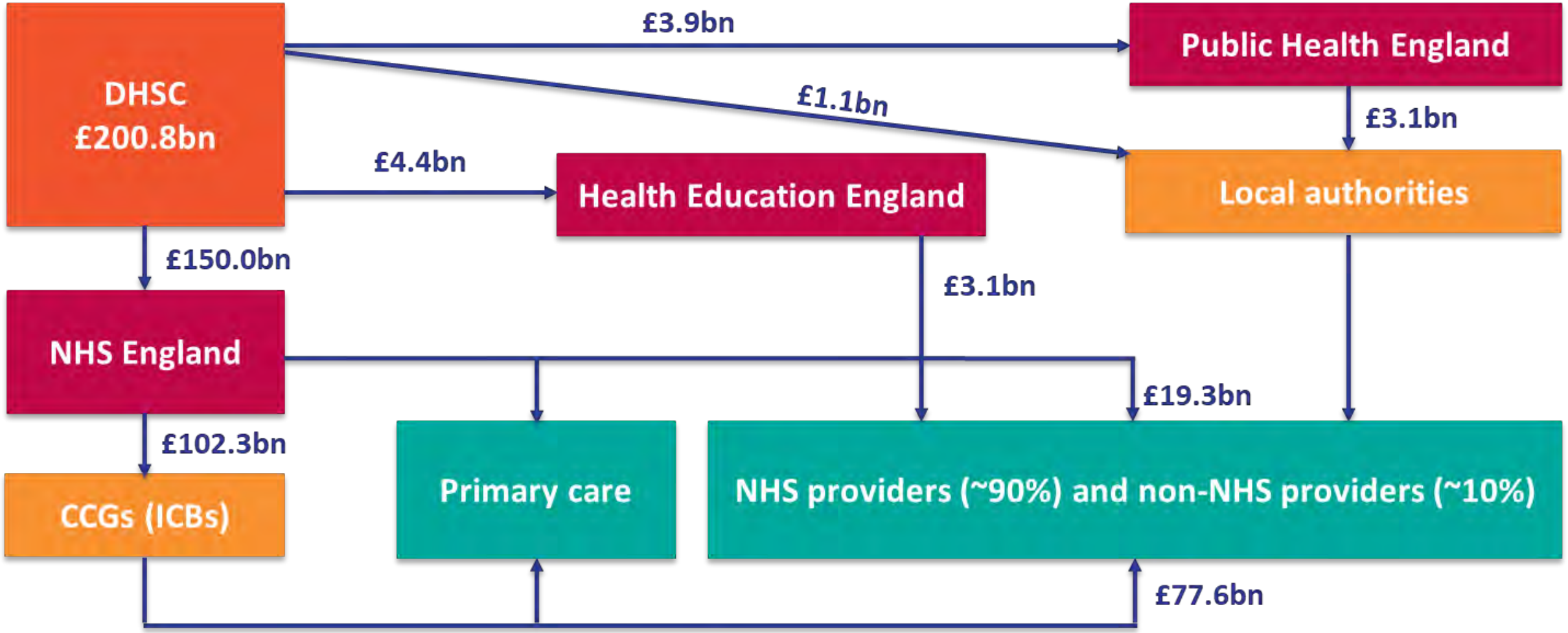
- An ICB must aim to break even financially each year.
- An NHS Trust must aim to breakeven over a 3 year period (exceptionally 5 years)
- AN NHS Foundation Trust does NOT have the same breakeven duty imposed on it

The NHS cannot turn the tap off like many other sectors/providers and a number of organisations are in underlying deficit positions.

- In-year control totals are a way of inserting central NHS control on financial improvement
- Financial support to Trusts and FTs is provided via Govt loans in the form of Public Dividend Capital (PDC) which is cash backed
- Trusts and FTs pay 3.5% dividend on any PDC loans and agrees a repayment schedule

NHS financial funds flow

Based on 2020/21



Source: Kings Fund

NHS revenue flows at ICB/Place level

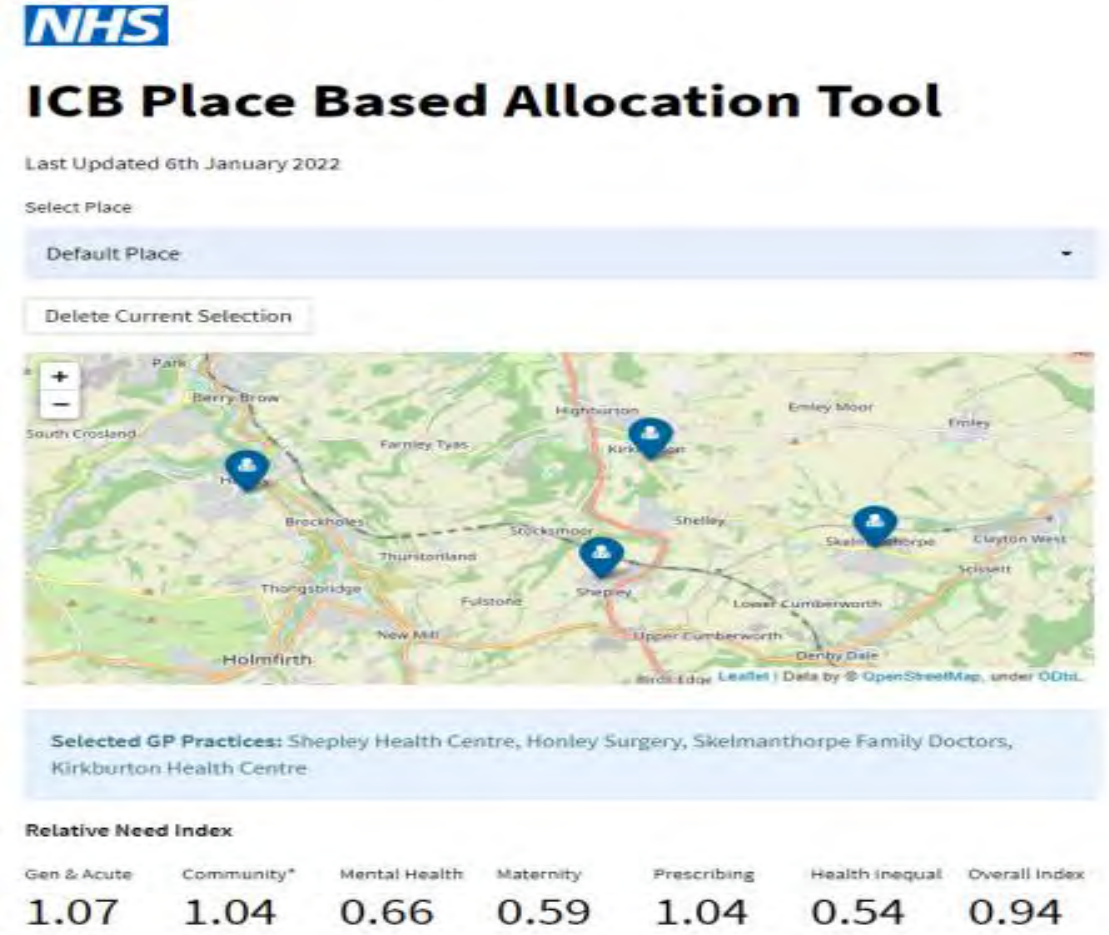
Spending Review 2021 settlement	2021/22 £BN	2022/23 £BN	2023/24 £BN	2024/25 £BN
ICB commissioning budgets	**133,289**	**137,820**	**140,585**	**143,647**
System budgets	106,778	107,841	108,666	110,222
ICB allocations	91,604	94,889	97,182	98,341
General Practice	8,977	9,666	9,923	10,319
ICB admin	1,073	1,081	1,081	1,081
COVID-19 funding	5,124	2,205	480	480
Specialised services	21,129	22,278	23,386	24,548
Elective recovery	2,000	2,318	3,021	3,122
Other primary care	5,227	5,384	5,512	5,755
Other direct commissioning	1,971	2,156	2,274	2,380

How are NHS resources allocated

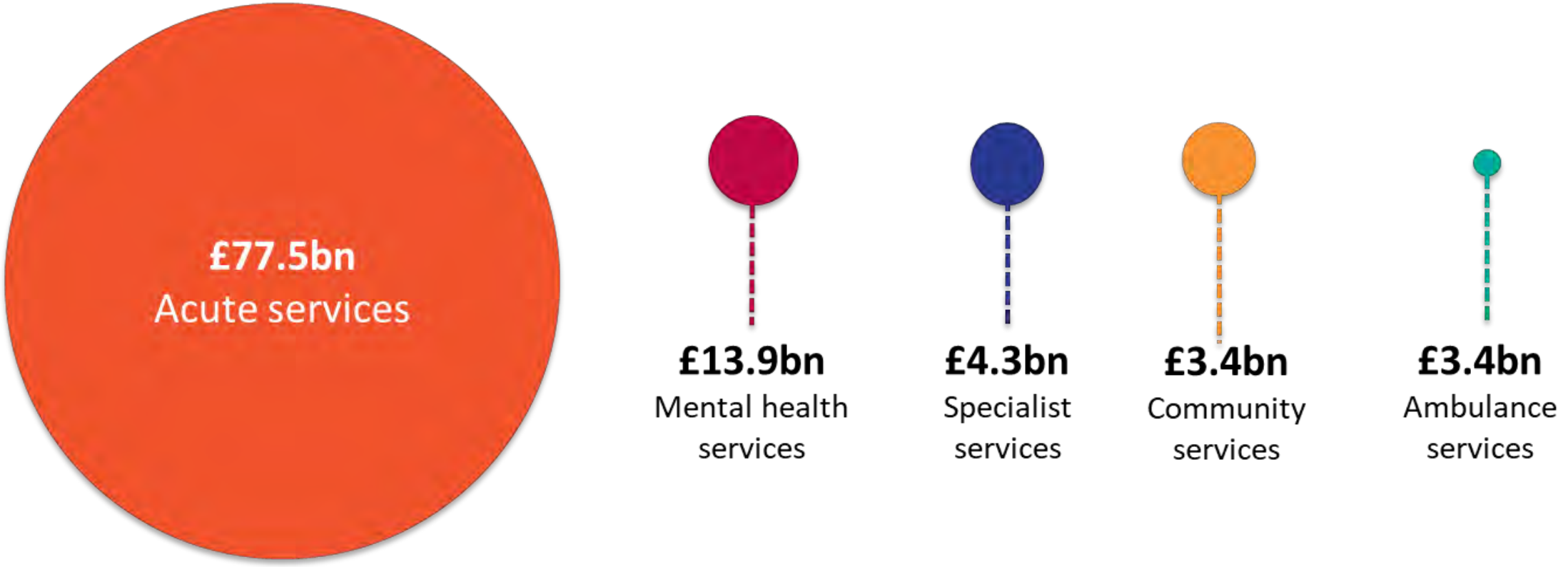
- **Allocation formulas** are a tool for distributing central funding for local health services.
- Formulas are based on the principle that resources should be distributed in a way that eventually secures '**equal opportunity of access for people with equal need across the country**'.
- In the UK, allocations for healthcare are made on a **£ per head share which is then weighted** according to a pre-determined formula based on 'local health need'
- CCG Allocations are based on the **weighted capitation formulas** recommended by the independent Advisory Committee on Resource Allocation (ACRA):
  - Health need (age, deprivation, mortality rates)
  - Demographic trends and population movements
- ICBs will distribute funds based on local priorities (local ICB system plan) and national commitments, e.g., Mental Health Investment Standard (MHIS)
- Money will flow from the ICB to providers through contracts based on an '**aligned payment and incentive**' approach
- Normally there is an expectation of an annual efficiency gain built into annual contracts

How are NHS resources allocated

- This tool provides ICBs with **insight into the local level data underlying their ICB-level NHS resource allocation**. It uses the latest GP Registered Practice Populations as well as the weighted populations calculated from the NHS Allocation model for each of its components.
- It aims to **support an understanding of need for NHS resources below the level of ICB** and supports the creation of meaningful sub-ICB place commissioning budgets by defining places as a group of GP practices.

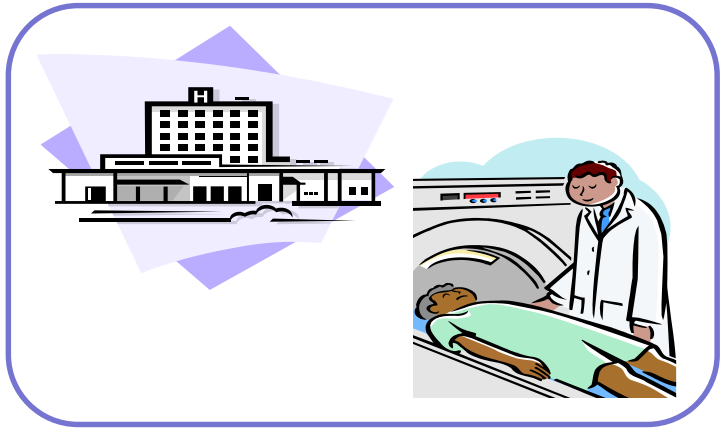


NHS spend by service type



Based on 2021/22 funding

Current spending on healthcare



£9.4bn Capital

£147.1bn Revenue

£156.5 billion

Department of Health and Social Care budget 2021/22

Based on 2021/22 funding

Capital funding and investment

Capital to expand capacity?

- Concern that focus on electives in **national allocations under-invest** in mental health and community
- **Bed capacity** – need to increase beds ahead of winter and to consider longer term need at next spending review

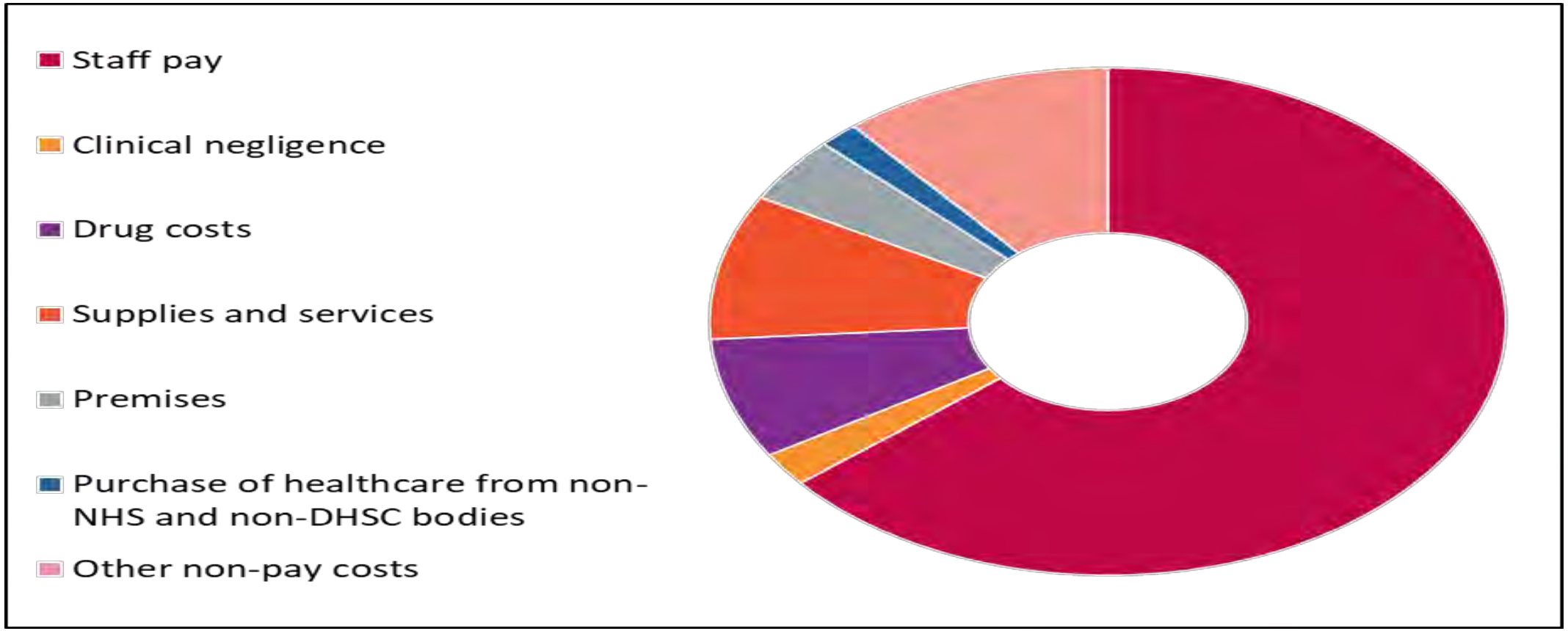
Backlog maintenance

- **Limited capital** means trusts are still carrying high levels of risk
- System capital envelopes not covering **maintenance backlog**
- Negotiations over funding to replace **deteriorating concrete roofs** (RAAC planks)

New Hospital Programme

- New Hospital Programme **business case set to be approved** soon
- **Delays and lack of clarity** over funding for 2022/23 – reputational risk and quality / safety issues facing trusts, plus costs of delays
- Delivery expected to be **sequenced**
- **Final eight schemes** likely announced towards end of the year

NHS revenue spend by category

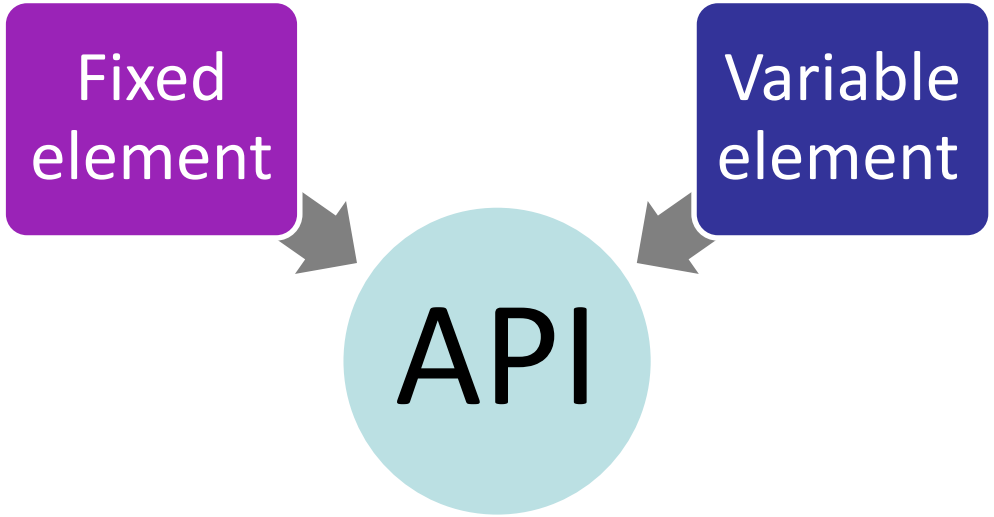


Based on 2021/22 funding

NHS Contracting

- Responsibility for the discharge of different statutory duties gives rise to differences e.g., Local Govt market shaping duty to promote diversity and quality in the market of care and support
- For NHS, no equivalent exists, and it takes a different approach to markets and procurement

How are NHS resources contracted



Aligned payment and incentive contract

- Replaces existing contract structures with a consistent way of paying for acute and non-acute services
- Two main components:
  - **Fixed element** based on funding an agreed level of activity
  - **Variable element** to increase or reduce payment based on actual volumes and quality
- Variable element only applies to elective activity
- Key difference is the greater focus on actual costs, rather than national prices

NHS Contracting

Why do some contracts go for tendering but others not ?

- Contracts are for services not organisations,
- There are EU rules on procurement and tendering that the NHS must follow
- Patient choice and ‘choose and book’

Primary care contractors are paid differently

GP, dentists, pharmacists and opticians (primary care contractors) are independent businesses who have a contract with the NHS and these contracts vary, and in the main are negotiated nationally by their national negotiating body. The contracts are quite different.

Pooling of funds

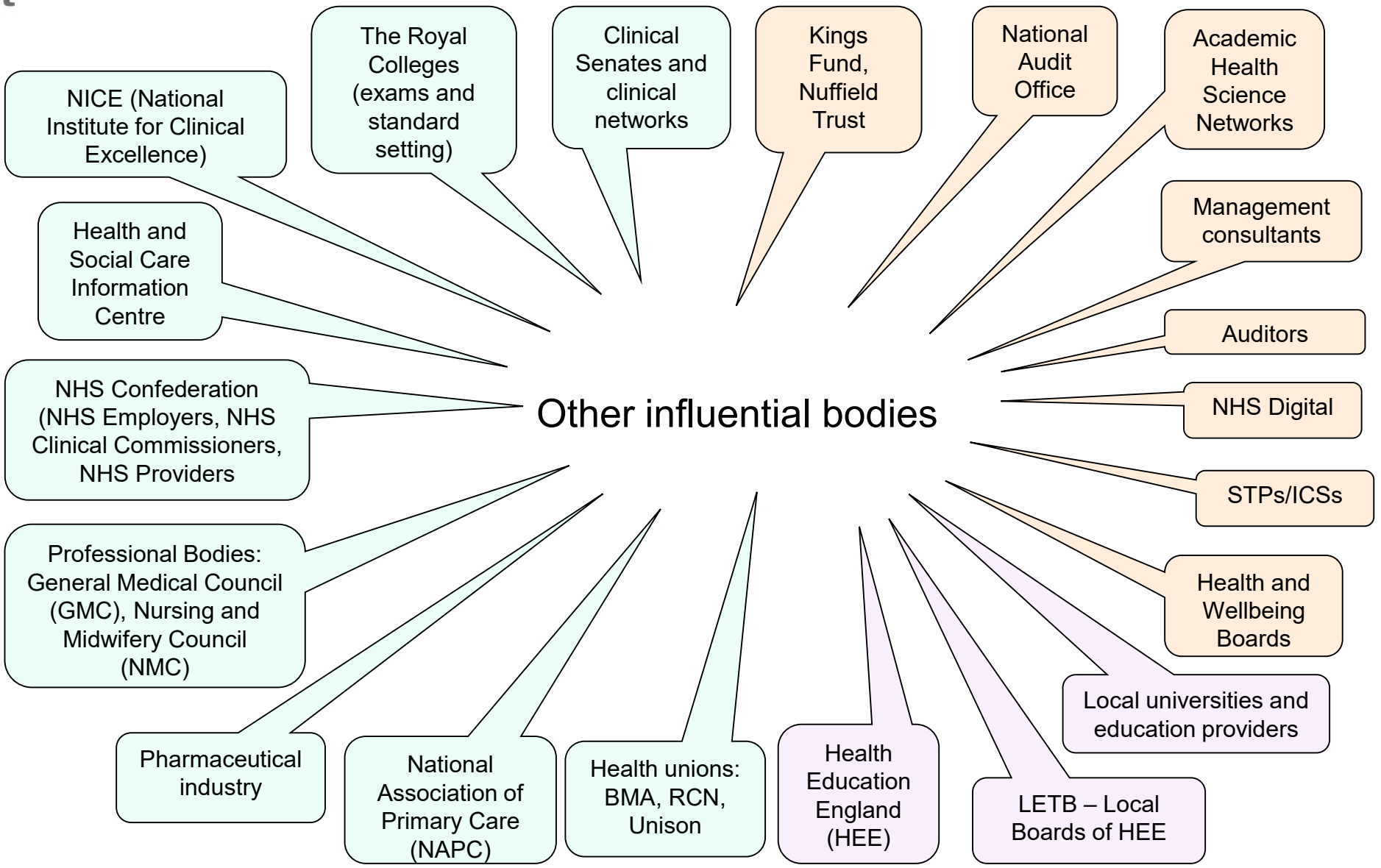
DH has committed to reviewing existing pooling arrangements (e.g., section 75, NHS Act 2006), with a view to simplifying the regulations for commissioners and providers across the NHS and local government to pool their budgets to achieve shared outcomes

Regulation and scrutiny of the NHS

Regulation and scrutiny of the NHS

Oversight body	Who/what it scrutinises	Commentary
NHS Improvement	NHS Trust and Foundation Trusts	Now subsumed into NHSE
NHS England	All NHS organisations	Previously commissioning focussed
Care Quality Commission	All organisations registered to provide NHS services	Evolving approach to encompass system working
Health & Wellbeing Boards	ICP, ICS, NHS Trusts and FTs	Develop joint strategic needs assessments and strategies
Overview & Scrutiny Committee	ICP, ICS, NHS Trusts and FTs and NHSE Local Area Team.	The primary aim is to strengthen the voice of local people and provide local accountability.
HealthWatch	ICP, ICS, NHS Trusts and FTs	Obtain local views about needs and experience and work with HOSCs to make these views known.
Health Service Investigation Branch (HSIB)	Safety concerns re NHS-funded care in England after 1 April 2017	Share learning and make safety recommendations at a national level.
Health & Safety Executive	ICP, ICS, NHS Trusts and FTs and NHSE Local Area Team.	Encouragement, regulation and enforcement of workplace health, safety and welfare

Sector influencers–it's a crowded space!



System Oversight Framework

The purpose of the framework is to:

- Align the priorities of ICSs and the NHS organisations within them
- Identify where ICSs and NHS organisations may benefit from or require support to meet the standards required of them
- Provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.

System Oversight Framework (SOF)

Scope of the NHS System Oversight Framework for 2022/23:

Quality of care, access and outcomes	**People**	**Preventing ill health and reducing health inequalities**
Leadership and capability	**Finance and use of resources**	**Local strategic priorities**

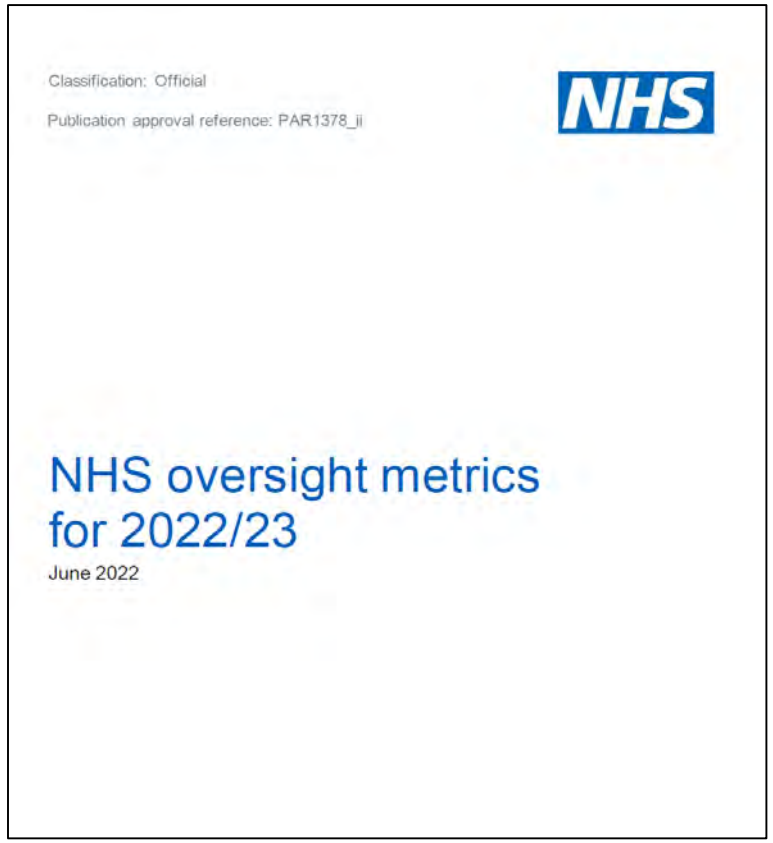
SOF segmentation

NHS England » NHS oversight framework 2022/23

	Segment description		Scale and nature of support needs
	ICB	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver on the statutory and wider responsibilities of an ICB are well developed	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place based and overall ICB priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective ICB Plans that have the support of system partners are in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England universal support offer (e.g. GIRFT, Right Care, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in the capability and capacity required to deliver on the statutory and wider responsibilities of an ICB	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts)	Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

SOF metrics

1. Quality of care, outcomes and access
    1. Elective care (3)
    2. Cancer (3)
    3. Outpatient transformation (1)
    4. Urgent & Emergency Care (3)
    5. Maternity (2)
    6. Primary and Community Care (6)
    7. Mental Health, Learning Disabilities, Autism (7)
    8. Personalised care (1)
    9. Safe, high quality care (10)
2. Preventing ill health and reducing health inequalities
    1. Reducing inequalities (1)
    2. Prevention and Long term Conditions (7)
    3. Screening, Vaccination and Immunisation (5)
3. Leadership and capability (2)
4. Finance and Use of Resources (4)
5. People
    1. Looking after our people (4)
    2. Belonging to the NHS (2)
    3. Growing for the future (2)



https://www.england.nhs.uk/wp-content/uploads/2022/05/B1378_ii_nhs-oversight-metrics-for-2022-23_June-2022.pdf

What keeps NHS leaders awake at night?

The worry list ……

- Patient care/quality
- Staff burnout and Covid legacy
- Workforce challenges
- The money
- Regulatory ratings and thus reputation and downward spiral of effect
- Politics / politics
- The list is endless and eminent including the Coroner

- **The average tenure of NHS chief executives is two years**

Part 2

Recognising our differences

Function:

- The NHS spends much more than local government does in total, never mind social care alone. There is a discrepancy of budgets/spending.
- Local authorities are responsible for much wider range of services beyond social care and public health including housing, planning and leisure.
- On average, adult social care accounts for c40% of local government spending.

Geography:

- ICS areas are often very different to those of local authorities.
- Differing geographies will impact on ‘local’ accountability.

Recognising our differences

Accountability:

- Local authorities are independent legal entities accountable directly through elected councillors to their local residents.
- The NHS is accountable ultimately to Parliament.

Resources:

- The NHS faces significant resource pressures but this is mirrored in local government, both now and in to the future.
- The Government has set out ambitious expectations in the Adult Social Care White Paper, including charging reform and Fair Funding For Care with currently unknown resource impacts

Opportunities – things to build on

- Together, we can improve service user and carers experience and outcomes by using our limited resources most effectively.
- Existing legislation (Section 75) exists that already supports joint working.
- Place based partnerships are expected to agree shared outcome plans for improvement of health and care of the population.
- Place based partnerships are also expected to make greater use of pooled or aligned budgets and the Government is committed to reviewing the rules to see how they can be improved.
- Many areas have already achieved a lot already, how can we learn from them and build on our own successes.

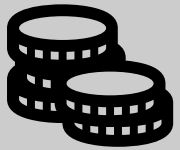
Reminder: purpose of an Integrated Care Board….and therefore ICP

1 Improve outcomes in population health and healthcare

Continue to raise standards, so services are high quality and delivered effectively making sure everyone has access to safe, quality care whether in the community or another setting

2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local citizens



3 Enhance productivity and value for money

Working with partners in NHS, Social Care and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes

4 Help the NHS support broader social and economic development

Focus on improving population health and wellbeing through tackling the wider socio-economic determinants of health that have an impact on the communities we serve

Source: NENC Integrated Board Operating Model

Who is going to do what?

Examples of the activities that might sit at the different levels:

- **neighbourhoods** – formation of PCNs; bolstering primary care services; developing multidisciplinary teams; delivering preventive interventions for people with complex care needs
- **places** – redesign services; joining up care pathways across NHS, local govt and VCSE services; supporting the development of PCNs; build relationships with communities
- **systems** – setting strategy; managing overall resources and performance; planning specialist services across larger footprints; strategic improvements such as digital infrastructure, estates and workforce planning

City and Hackney Place-based Partnership

Delivering the City and Hackney Partnership Strategy: Developing the Integrated Delivery Plan

AUGUST 2022

Introduction

The City and Hackney partnership brings together health and social care organisations who have committed to work together to support improved outcomes and reduce inequalities for our local population. It is one of seven Place Based Partnerships ICS-implementation-guidance-on-thriving (england.nhs.uk) within the North East London Integrated Care System. The partnership is overseen by the City and Hackney Health and Care Board (formally the Integrated Care Partnership Board). The board have agreed a set of strategic focus areas and work is now underway to agree an Integrated Delivery Plan that describes how we will deliver this strategy.

The attached pack includes:

- A reminder of the strategic focus areas and how these were determined
- Some introductory narrative on the plan
- Our 'big ticket items'
- A time-table detailing next steps

For reference, we have appended:

- The full delivery plan
- A description of the key outcomes that we expect to address against the population health strategic focus areas, based on our local population needs.

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

Local health and wellbeing strategic focus areas (Hackney and City of London separate strategies)

- **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

Reducing health inequalities

Giving every child the best start in life (often by recognising the role of families)

Improving mental health and preventing mental ill-health

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

Population health priority outcome areas

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

Cross-cutting approaches

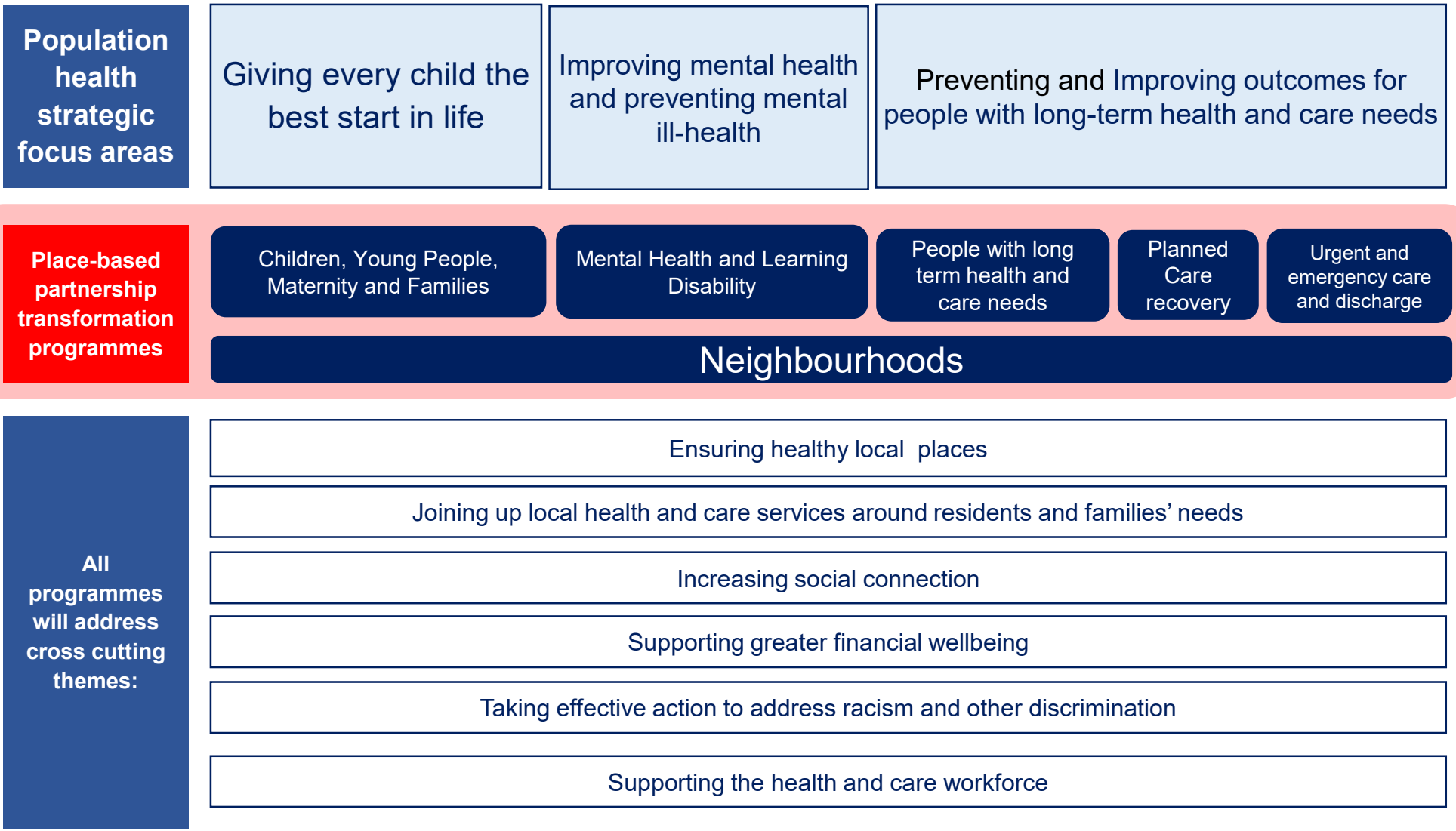
=Hackney HWB focus area

= 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

Mapping place-based transformation programmes to population health focus areas



The Integrated Delivery Plan

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

The plan is being developed in two phases – phase one has focused on actions to directly support improvements against the strategic focus areas. A second phase, currently underway, will capture what our strategic enablers (workforce, digital, communications and VCS) need to do to support delivery.

The plan is a living document that supports delivery – as such it will iterate over time. That said, we are aiming to have agreement on the main areas of delivery by end of September.

Big Ticket items

The plan describes a large amount of work across the partnership. Following discussions with senior leads, we have identified a number of Big ticket Items – these are the areas where we expect to see the most transformation and where we need to work together to deliver. For ease of reference, the big ticket items have been summarised in advance of the full plan, within the full plan they have also been highlighted in yellow. Further work is needed to identify the big ticket items in mental health.

Neighbourhoods

Neighbourhoods continues to be a strategic priority for City and Hackney. The programme is a key enabler for our model for out of hospital services, local resident / community engagement and addressing local health inequalities. We have described the specific work of the programme within the plan, however, it should also be seen as a broader cross-cutting approach that informs our approach to all of our strategic priorities.

The Big Ticket Items

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

The big ticket items for this area include:

1. CYP Emotional Health

(Addresses cross cutting approaches: B, C, E, F)
We are prioritising earlier prevention and wellbeing for children and families. In line with our new Integrated Emotional Health and Wellbeing Partnership action plan, we continue to ensure CAMHS recovers capacity through integration and strengthening support for our vulnerable groups, around eating disorders, crisis and transition.

The outcomes we expect our work to drive include:
- Reductions in crisis mental health presentations to ED for CYP
- Improvements in mental health and wellbeing outcomes for specific communities

2. Children and Young People (CYP) with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism

(Addresses cross – cutting approaches: B,C,D,E,F)
In line with the Long Term Plan, our ambition in this area is to strengthen integrated working across the system to identify and meet 'needs' early and holistically, and continuing the development of our multi agency early help for families.

The outcomes we expect our work to drive include:
- An increase in the % of children achieving good level of development
- Improved health and educational outcomes for those at risk of exclusion
- Improved health and educational outcomes for those with complex needs, SEND and autism

3. Improving uptake of childhood immunisations and vaccinations

(Addresses cross cutting approach: A & F)
Our goal is to increase the uptake of childhood and pregnancy immunisations including Covid vaccination. However, the immediate focus is the recovery of childhood immunisations, across all of C&H, in order to prevent potential outbreaks.

The outcomes we expect our work to drive include:
- Increase immunisation coverage
- Increase % children achieving good level of development
- Increase in health of Looked After Children (LAC)
- Reduce infant mortality rate

Strategic Priority: Improving mental health and preventing mental ill-health -- The Big Ticket Items

The big ticket items for this area include:

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

(Addresses cross cutting approaches: a,b,c,d,f)

Our approach involves increasing personalised care and access to personal health budgets as part of a pathway that integrates physical and mental health and promotes resilience in the community and which prevents a deterioration in mental state and reducing the need for crisis services. Digitalisation will support both patients and staff.

.

The outcomes we expect our work to drive include:

- 70% rate for SMI physical health checks
- 1,500 Personalised Patient Owned Digital Care Plans
- 400 PHBs digitalised linked to personalised care plans
- 45%+ significant wellbeing improvement for PHBs
- This should support a reduction in SMI excess mortality

2. Common Mental Health Problems

(Addresses cross cutting approach: a,b,c d)

We aim to improve access for underserved populations including those with long term conditions, those experiencing economic hardship and underserved BME populations

This area is linked to our work around Improving Access to Psychological Therapies (IAPT) programme.

The outcomes we expect our work to drive include:

- 30% Access rates
- 30% increase in LTC access from 2021-22
- 10% increase in BME access from 2021-22

3. Children and Adolescent Mental Health Services (CAMHS): whole system integrated approach

(Addresses cross – cutting approaches: a,b,c,e,f)

This area forms part of the emotional approach to CYP Emotional Health. We are addressing rising levels of demand and acuity through

a) greater pathway integration between providers

b) A whole system approach using THRIVE which focuses on early identification, prevention and promotion with all those involved in the lives of children and young people

The outcomes we expect our work to drive include:

- CAMHS access 0-18 access rate of 3,707 by Q4 2022/23
- RTT waiting times held static against rising demand or improved.
- Better patient experience of referrals
- Higher referral conversion rates
- THRIVE planned in accordance with the THRIVE tool kit with implementation started

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

The big ticket items for this area include:

1. Enhanced Community response –

(Addresses cross cutting approaches:)

We are focused on:

Urgent community Response: - Wherever it is appropriate to do so, we want to support people in crisis at home as a safe alternative to ED. We will increase activity in our urgent community response services, whilst ensuring that 90% of people referred are seen within 2 hours. We also aim to improve post crisis care to ensure full recovery, support independence and reduce risk of future crisis. This should result in better outcomes for patients as well as reducing pressure on our urgent and emergency care system.

Virtual Wards: - We are introducing a new model of community based care whereby people can be safely care for and monitored at home as an alternative to hospital admission. This will deliver on the NHSE asks around Virtual Wards, as well as building on existing local plans around enhanced community support.

The outcomes we expect our work to drive include:

The outcome we expect our work in Enhanced Community response to drive include:

- Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach, therefore avoiding further crisis
- Recover more quickly from crisis / acute episode
- Maintain health – return to pre-morbid health
- Live independently for longer - improved wellbeing
- An improved health-related quality of life for people with long term conditions
- Reduced mortality / morbidity from emergency presentations

2. Homelessness and vulnerably housed

(Addresses cross cutting approaches: a,b,c,d)

This programme of work involves partnership working across health, social care and housing to ensure the vulnerably housed with City and Hackney have integrated health, housing, care, employment and community pathways that support a sustainable move away from homelessness resulting in improved health and social outcomes.

The outcomes we expect our work to drive include:

The outcome we expect our work around Homelessness and vulnerably housed to drive include:

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

The big ticket items for this area include:

3. Long Term Conditions (PbP element)

(Addresses cross cutting approaches: a,b,c)

Working with partners across the System, we aim to continue to drive up the quality of care and outcomes for people living with long term conditions (LTCs). This programme of work aims to embed preventative approaches, increase standards and reduce variability in access to high quality care, and increase the proportion of patients feeling supported to manage their LTCs. We are enabling this through;

- Continued commissioning of the LTC contract for City & Hackney practices to deliver high quality preventative care above their core contracts, with a new focus on embedding risk stratification approaches and addressing inequalities;
- Roll out of, and increasing referrals into local and national programmes of education and self-management support for LTCs, including digital technologies to support this;
- Drawing upon the expertise and resources of people with LTCs and their communities to help achieve the best possible outcomes and drive reductions in inequalities.

The outcomes we expect our work to drive include:

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

4. Discharge

(Addresses cross cutting approaches:)

We are working together as a health and care partnership to ensure that our discharge best meet the needs of our residents.
We are enabling this through the development of structures, processes and pathways that will support safe, effective, efficient (timely) discharge from hospital.
Our approach of

- A Home first principle is to ensure patients do not stay in hospital bed any longer than necessary
- Maximising re-ablement potential is to promote independence

The outcomes we expect our work to drive include:

- An improvement in health-related quality of life for people with long term conditions
- Making sure more people are able to live independently for longer

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

The big ticket items for this area include:

5. Personalised Care (PbP element)

(Addresses cross cutting approaches: a,b,c)

Our approach to Personalised care is built around the person and their family - it allows people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

The outcomes we expect our work to drive include:

- The provision of an increased access to wider services
- Ensuring there is a maintained operating plan trajectory
- An increased % of people reporting they feel involved in their own care (GPPS)

Next steps:

- 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. This will include short and medium term process and outcomes measures – by December
- To develop an outcomes framework that describes how the plan will drive longer term population health outcomes – by November
- To develop a resident and easy read friendly version that can be circulated more widely - by November

Appendix 1: The Full Integrated Delivery Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cross cutting approaches:			
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	d **=** Supporting greater financial wellbeing	***e*** = Taking effective action to address racism and other discrimination	***f*** = Supporting the health and care workforce

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

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

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

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

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

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

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

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

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

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

Cross cutting approaches:

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

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

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

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

Cross cutting approaches:

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
2. AREA OF PRIORITY/ BIG TICKET ITEM **Enhanced Community Response – Virtual Wards (VW) (PbP element)** ***A virtual ward*** *is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home.* **So we are introducing / expanding provision of enhanced healthcare at home as an alternative to acute bedded care and** • *supporting patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home* .	***As above (for urgent community response)*** DRAFT	• Set up C&H VW programme governance (including supporting enabler groups) • Finalise design of C&H virtual ward model for frailty and ARI • Develop / agree service development proposals (utilisation of VW service development funding) • Agree evaluation framework/approach - data to measure performance /outcomes and inform development of model	• Mobilisation of plan – implementation of service development proposals • Ongoing evaluation to inform a quality improvement (QI) approach to VW model development • Dec 2022 – NHSE assurance gateway, review of delivery for further release of funding	• Continued roll out and development of VW provision– ensuring alignment with UEC	Anna Hanbury Leah Herridge Annabelle Burns Mags Shaughnessy Mags Farley
3. AREA OF PRIORITY/ BIG TICKET ITEM **Homelessness and vulnerably housed** (Cross cutting approach – a,b,c,d) *This programme of work involves partnership working across health, social care and housing to* ***ensure the vulnerably housed with City and Hackney have integrated health, housing, care, employment and community pathways*** *that support a sustainable move away from homelessness resulting in improved health and social outcomes.*	The outcome we expect our work around Homelessness and vulnerably housed to drive include: • A reduction in the number of residents in vulnerable housing • An improvement in the population • vaccination rates • An increased engagement with health, social care and wider services	• Mapping and review of health outreach services across NEL. • Establishing clear governance structure across North East London and City and Hackney Place-based Partnership for vulnerably housed • Securing an additional year of non-recurrent funding for Lowri House (a 6-bed unit that enables step-down from hospital, or step up from the community), and Routes to Roots Housing workers to match the 2-year funded Pathway Discharge Team.	• Work with National team on evaluation of Lowri House • Evaluation and development of a business case for recurrent funding for the Housing First service. This is a service for entrenched rough sleepers with complex and multiple needs. Housing First prioritises access to housing and eligibility is not contingent on engaging with support. Flexible support is provided for as long as it is needed.	• Write Business Case for recurrent funding of Pathway Discharge team, Lowri House step down beds and Routes to Roots Housing Workers. • .	Cindy Fischer Fawzia Bakht Eamann Devlin Arto Matta Jennifer Wynter, Will Norman

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

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

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

Cross cutting approaches:

a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
4. AREA OF PRIORITY/ BIG TICKET ITEM **Long Term Conditions (PbP element)** (Cross cutting approach – a,b,c) *Working with partners across the System, we aim to continue to drive up the quality of care and outcomes for people living with long term conditions (LTCs). This programme of work aims to embed preventative approaches, increase standards and reduce variability in access to high quality care, and increase the proportion of patients feeling supported to manage their LTCs. We are enabling this through;* • *Continued commissioning of the LTC contract for City & Hackney practices to deliver high quality preventative care above their core contracts, with a new focus on embedding risk stratification approaches and addressing inequalities;* • *Roll out of, and increasing referrals into local and national programmes of education and self-management support for LTCs, including digital technologies to support this;* • *Drawing upon the expertise and resources of people with LTCs and their communities to help achieve the best possible outcomes and drive reductions in inequalities.* **Specific action to address inequalities:** • *Inequalities and risk stratification focus included in LTC Contract* • *Collaborative work with Community Champions* • *HTN BP control (BAME)*	The outcomes we expect our work on Long Term Conditions to drive include: • A reduction in premature mortality from cardiovascular and respiratory illness • Improved blood pressure control in particular within black population • Improved diabetes outcomes (Blood glucose, blood pressure and cholesterol) • Accurate diagnosis of diseases to enable correct management and treatment in community – (avoid unnecessary hospital admissions)	• Launch Risk stratification approaches within the LTC contract to identify high risk individuals and offer proactive care to improve management of their LTC and to reduce their risk of experiencing adverse event/unplanned admission in relation to their condition. Inequalities element also to be launched, specifically focusing on completion of Diabetes annual review, Hypertension blood pressure targets, and prescription of statins for patients at risk of CVD. • Roll out Blood Pressure @ home to all practices • Roll out Low Calorie Diet pilot for Type 2 diabetes weight loss and remission, to all PCNs. • Agree Spirometry Hublet approach - Spirometry is one of the essential lung function investigations in the diagnosis, severity assessment and monitoring of many respiratory conditions • Circulate findings from Diabetes Practice Support Pharmacist review project • Agree engagement plan with Xyla facilitators to increase referrals into the NHS Diabetes Prevention Programme (NDPP) • Diabetic foot care primary care education and awareness project – education sessions in practices to commence • Diabetes transformation funds – Specialist Psychology and Type 1 audit roles to be recruited to. • Commence work with Community Champions on Diabetes, Hypertension, and Healthy Living outreach projects. • Planning for post-stroke community support procurement.	• Commence post-stroke community support procurement. • Mobilisation of Spirometry Hublet Following agreement of model of delivery of spirometry in care networks is agreed, staffing, equipment, pathways, contractual and payment mechanisms will have to be put in place to support delivery	• Evaluation of risk stratification and inequalities elements included in 22/23 LTC Contract and development of approach to be embedded in 23/24. • Provider in place for post-stroke community support.	Laurie Sutton-Teague, Vivien Molulu

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

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

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

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

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

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

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

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Oct -22 to Mar-23	2023 - 2024 Apr-23 to Mar -24	Leads
1' & 2' care interface (Cross cutting approach – a,b,f) *This programme of work focusses on building positive relationships between primary care (GP practices) and secondary care (hospitals) and a joint approach to solving specific areas of difficulty or conflict.*	The outcomes we expect our work on 1' & 2' care interface to drive include • Maintaining positive relationships between primary and secondary care clinicians and staff • High quality referrals (reduced number of d/c after 1st appointment) • Improved management of DNAs leading to reduction in DNAs	• Sign off Consultant to Consultant referral policy at Homerton – to reflect balance of clinical workload and responsibility between primary and secondary care • Set up clinician to clinician meeting to discuss areas of concern and potential solutions • Feedback to Primary Care Leadership Group outcomes of discussions	• Agree focus of audit in primary care – Did Not Attend reviews and Outpatient referrals. • Womens Health programme cross cutting service issue/solution approach	• Tbc	Charlotte Painter; River Calvely, Gary Marlowe
Elective Care recovery (PbP element) (Cross cutting approach – a,b) *We are working with our local Planned Care hospital and community providers to return all services to business as usual and prepare for the long term plan; ensuring primary care and community pathways are optimised and services are transformed to this aim reducing hospital activity and supporting patients earlier in the community.*	The outcome we expect our work in Elective Care recovery to drive is - to restore waiting times for elective care to pre pandemic levels	• Agree clinical lead model for planned care and NEL clinical networks • Mobilisation of Specialist Weight Management Service/Paediatric ENT community services such as the Specialist Weight Management Service providing more focussed support to patients with morbid obesity and providing Ear, Nose and Throat service in the community for Children aged 5 and over.	• NEL wide procurement of Minor Eye Services and Community ENT/Audiology services ensuring equitable access but continue to meet local needs • Evaluation to decide on full roll out of neighbourhood based gynaecology pilot. This is based in 2 PCNs meeting women's gynaecology needs in primary care, supporting self care and GP education	• Contracting and mobilisation of Community ENT/Audiology and Minor Eye Services. • Roll out of gynaecology pilot (depending on evaluation)	River Calveley
Prevention Priority: Tobacco control (Cross cutting approach –Tbc)		• Tbc	• Tbc	• Tbc	
Prevention Priority: Substance misuse (Cross cutting approach –Tbc)		• Tbc	• Tbc	• Tbc	
Prevention Priority: Sexual health (Cross cutting approach – Tbc)		• Tbc	• Tbc	• Tbc	Chris Lovitt

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

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

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

Cross cutting approaches:			
	a **=** Ensuring healthy local places	***b*** **=** Joining up local health and care services around residents and families' needs	***c*** **=** Increasing social connection
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	The outcomes we expect each action area to drive	Key Milestones 2022 - 2023 July-22 to Sep-22	Key Milestones 2022 - 2023 Oct -22 to Mar-23	Key Milestones 2023 - 2024 Apr-23 to Mar -24	Leads
ICS-directed transformation area: Continuing healthcare (CHC) (Cross cutting approach – a,b,d)	The outcomes we expect our work on Continuing healthcare to drive include: • Ensuring there is better family experience of CHC process (reduce complaints) • Maintaining / improving adherence to National targets for assessment and reviews to ensure appropriate care	• Transfer CHC team to NEL governance structure • Development of CHC operating model	• Tbc	• Tbc	Diane Jones
ICS-directed transformation area: Cancer (Cross cutting approach – a,b,c)) *Our local cancer work will focus on improving patient experience of cancer services, Personalising care pathways, increasing awareness and improving screening uptake in bowel and cervical cancer.*	The outcomes we expect our work on Continuing healthcare to drive include: • An improved patient experience • An improvement in accurate and timely diagnosis • A reduction in stage of cancer at diagnosis	• Mission Remission Patient Experience Action plan sign off (C+H) • Improve awareness and embed straight to test pathways to help meet the Faster Diagnosis Standard of 28 days from referral to diagnosis. • Delivery Bowel Screening Calling project - Increasing uptake of colorectal cancer screening in Hackney and the City. The target population for this project is the Rising 56's: individuals approaching 56 and therefore eligible for bowel screening, with a particular focus on male and BME communities • Delivery Cervical Cancer Screening project - Increasing uptake of cervical cancer screening in Hackney and the City. The overall aims of the project are: to increase overall uptake of cervical screening by targeting women between the ages of 25 and 49 that identify as South Asian and 'Other' ethnicities that have the lowest uptake rates by recorded ethnicity in City and Hackney and also document reasons for not attendance to inform future interventions. • Approval of revised Bowel Cancer Screening interventions to increase uptake across all PCNs using funding included LTC Contract. We are looking to engage an outside organisation to support practices and undertake more targeted work with hard to reach communities to increase Bowel Cancer screening	• Delivery Bowel Screening Calling Service - increasing uptake of colorectal cancer screening in Hackney and the City • Delivery Cervical Cancer Screening project - increasing uptake of cervical cancer screening in Hackney and the City • Implement actions from mission remission action plan • Implement awareness campaign for straight to test and cancer screening.	• Evaluation of Bowel and Cervical screening inequalities projects targeting the BME and South Asian and other communities respectively	River Calveley, Vivien Molulu

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

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

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

Cross cutting approaches:

- ***a*** = Ensuring healthy local places
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- ***f*** = Supporting the health and care workforce

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

Strategic Priority: The City and Hackney Place Based Neighbourhoods Programme

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

Partnership Leads *(Tbc)* : Sadie King

The City and Hackney Place Based Neighbourhoods Programme

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

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

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

The City and Hackney Place Based Neighbourhoods Programme

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

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

Appendix 2

- The following slides describe the pertinent population health outcomes related to each of the strategic focus areas.
- These were used to inform our plan, and will be used to develop the related outcomes framework.
- Within the plan we have identified which population health outcomes we expect to drive within the two year horizon of the IDP

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

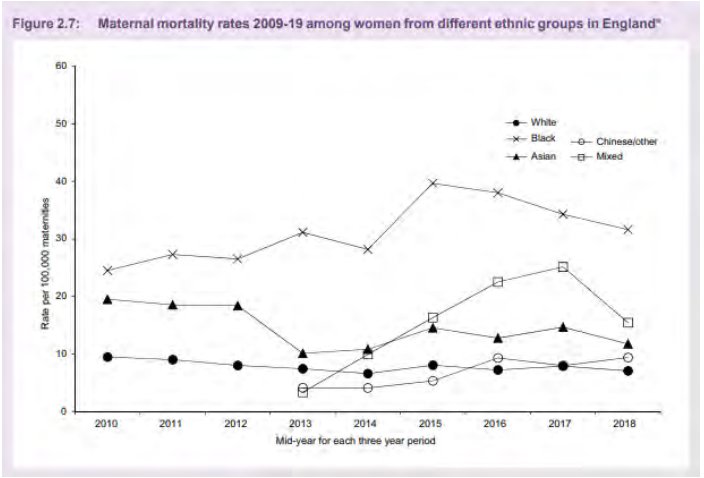
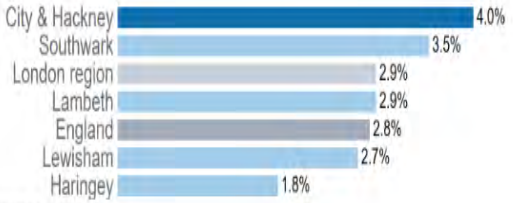


Figure XX: Prevalence of children with severe obesity compared to statistical neighbours, Reception, City & Hackney, 2019/20



Source: Fingertips, 2020

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

Reductions in inequalities

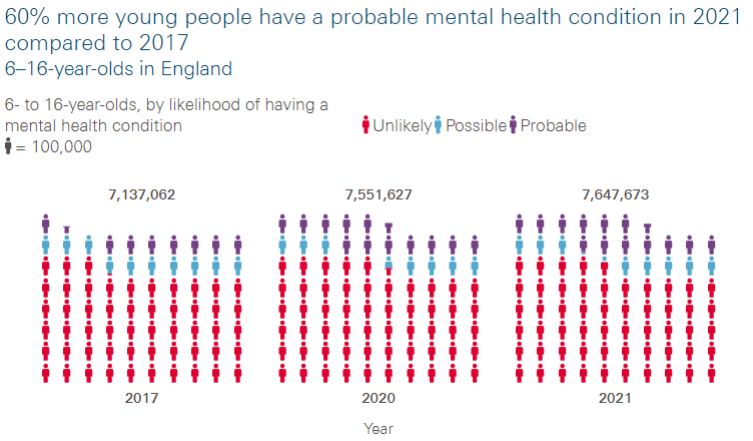
- **Reduce permanent school exclusion rate; Fixed period exclusion rate (all CYP, Children in Need, LAC) *(strong inequalities in exclusion rate across ethnic groups; such poor outcomes attached to exclusion that focus should be on preventing exclusions)***
- Inequalities in infant mortality rate *(Black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

We have referenced the activities that will support the delivery of these outcomes in the plan

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)



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

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)

We have referenced the activities that will support the delivery of these outcomes in the plan

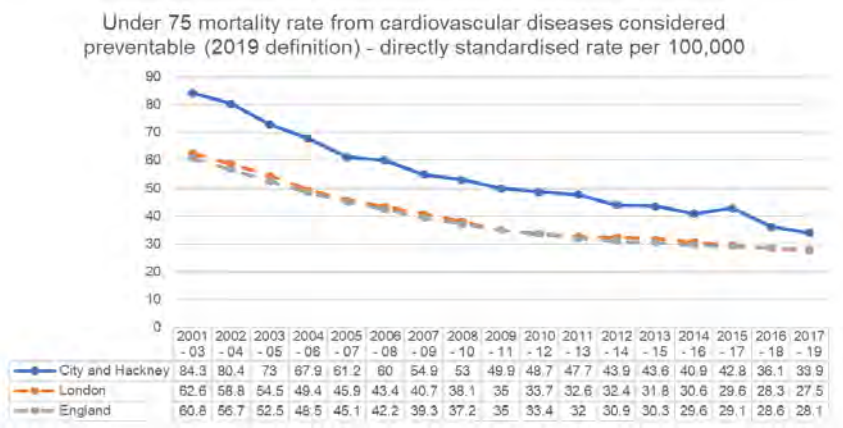
Preventing and improving outcomes for people with long-term health and care needs: Evidence

Improvements in the health of the population

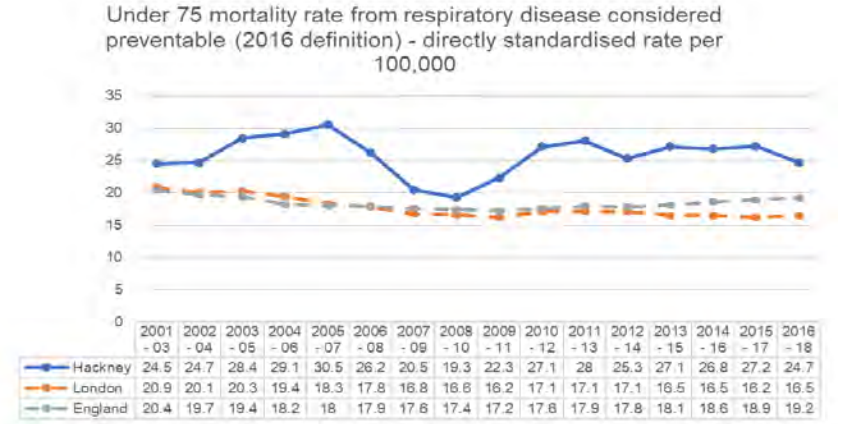
- Reduce premature mortality from respiratory disease and CVD (44 deaths per 100,000 in NEL compared to 38 across England: significantly higher)
- Improve health-related quality of life for people with long term conditions
- Social care needs: Reduced long term support needs met by admission to residential 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 who 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



	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



	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

We have referenced the activities that will support the delivery of these essential areas in the plan