City and Hackney Place-based Partnership

Delivering the City and Hackney Partnership Strategy:

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 is co-chaired by Councillor Kennedy from Hackney and Councillor Helen Fentimen from the City of London. We have agreed a set of strategic focus areas and developed an Integrated Delivery Plan that describes how we will deliver this strategy.

The attached pack includes:

- The strategic focus areas and how these were determined
- Some introductory narrative on the plan
- Our 'big ticket items' within the plan
- Next steps for the plan

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

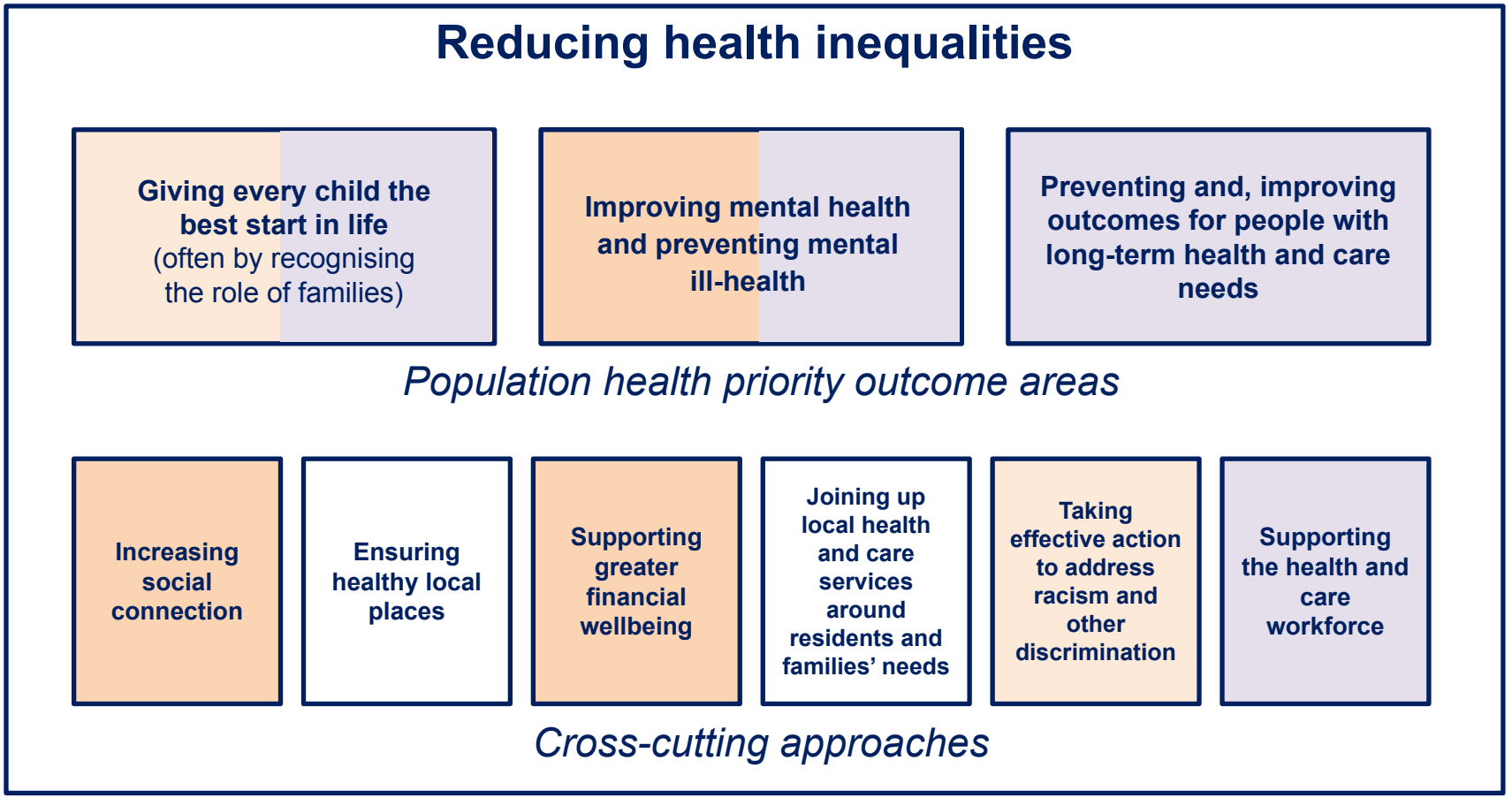
- A new service model for the 21st century
  - Boost **out of hospital care**
  - **Reduce pressure** on emergency hospital services
  - People get more control and more **personalised care**
  - Greater focus on **population health** and move to ICSs
- More NHS action on **prevention and health inequalities**
- 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



=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

Population health strategic focus areas	Giving every child the best start in life	Improving mental health and preventing mental ill-health	Preventing and Improving outcomes for people with long-term health and care needs
Place-based partnership transformation programmes	Children, Young People, Maternity and Families	Mental Health and Learning Disability	People with long term health and care needs
	Neighbourhoods		

All programmes will address cross cutting themes:	Ensuring healthy local places
	Joining up local health and care services around residents and families' needs
	Increasing social connection
	Supporting greater financial wellbeing
	Taking effective action to address racism and other discrimination
	Supporting the health and care workforce

The Integrated Delivery Plan - Background

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.

A focus on population health

All our work is aimed at improving the health of our local residents and reducing inequalities. The plan has been driven the population health needs of our residents - which we know from data and also from what we get told by residents. We have identified the key population health outcomes that we expect the plan to address.

Big Ticket items

The full plan describes a large amount of work across the partnership. Within it, 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.

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 and 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.

Involving local residents in our work

- We are committed to involving local residents in our work because we believe that our communities are best placed to help shape solutions to local issues.
- We do this by working with local community and voluntary sector groups, Healthwatch branches, patient groups and individual residents.
- Residents have been, and will continue to be involved in a wide variety of ways – including through events and focus groups, surveys, by becoming community champions or public representatives.

The Integrated Delivery Plan - 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. **Children and Young People Emotional Health**

We want to reduce the number of children and young people who experience a mental health crisis, and support people from specific communities with accessing mental health support and services. We will do this by prioritising prevention for children, young people and families, and continuing to make sure that children and young people's mental health services have sufficient resources to meet local needs.

The outcomes we expect our work to drive include:

- Reductions in crisis mental health presentations to emergency departments
- Improvements in mental health and wellbeing outcomes for specific communities

2. **Children and Young People with Complex health needs, Special Educational Needs and Disabilities, including autism**

We want to help more children achieve a good level of development, improved health and educational outcomes. We will do this by ensuring early support is available to children, young people and their families by the right services working closely together.

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**

We want more children to have the best possible protection against illnesses like measles. This will help prevent future outbreaks of illness, ensure good level of development, and reduce the number of deaths in children under the age of 1.

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. **Providing integrated and personalised support to people with Serious Mental Illness (SMI):**

We want to help more people with a serious mental illness receive the right care and support that meet their personalised needs and improve their resilience as well as physical and mental health. We will do this by increasing the number of people with serious mental illness who receive a physical health check and have access to patient owned digital care plans and personal health budgets.

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The outcomes we expect our work to drive include:

- Improved physical health outcomes for people living with Serious Mental Illness
- 1,500 Personalised Patient Owned Digital Care Plans
- 400 personal health budgets, linked to personalised care plans
- Improvement in wellbeing for people with personal health budgets
- Reduction in SMI excess mortality

2. **Common Mental Health Problems**

We want to improve access to mental health services for people who are living with long term conditions, those experiencing economic hardship and people from Black Minority Ethnic heritage communities.

The outcomes we expect our work to drive include:

- Improved access to mental health services for people living with long term conditions
- Improved access to mental health services for black and minority ethnic populations

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. Stronger community support for people with long term health and care needs

Whenever it is appropriate to do so, we want to support people in crisis at home as a safe alternative to A&E. We will do this through the urgent community response services and our aim is that 90% of people referred to the services are seen within 2 hours.

We are introducing a new model of community based care called **Virtual Wards** whereby people can be safely cared for and monitored at home as an alternative to hospital admission. This will help people with long term health and care needs feel better supported in their own home, recover more quickly and avoid further crisis. This will also help people live independently for longer and have a better quality of life.

The outcomes we expect our work 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
- Making sure more people are able to live independently for longer
- An improved health-related quality of life for people with long term conditions

2. Homelessness and vulnerably housed

We want to reduce the number of people who are homeless or who are living in precarious housing situations. We also want to help more people make contact with health, social care and wider services, resulting improved health outcomes through things like increased vaccination rates.

The outcomes we expect our work 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

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:

3. Improving quality of care for people with Long Term Conditions

We want to help more people with long term conditions receive good quality care, as early as possible, **focusing on prevention**. We want people to have the same standard of care regardless of where they live and feel supported to manage their conditions. We will do this through continuing to work with local GP practices so that they can deliver high quality care for those who most need it. We also want to increase access to self-support programmes for people with long term conditions, recognising the expertise that people themselves and their communities have. This will lead to earlier diagnosis, improved health outcomes and reduced deaths from cardiovascular and respiratory illness.

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

We are working together as a health and care partnership to ensure that when people are discharged from a service, this happens in a way that is safe, timely and effective.

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

Helping us deliver: Our strategic enablers

To be able to realise delivery of all the work around our transformation areas, we have six strategic enablers. These strategic enablers are programmes that support the work that takes place to meet local health and care needs. Their purpose is to help us achieve our priorities around improving local health and wellbeing and preventing ill-health.

STRATEGIC ENABLER	PURPOSE
Population Health	Ensuring that health inequalities are considered in everything we do and that services are available and accessible to all City and Hackney residents.
Workforce	Ensuring that our health and care professionals are skilled, supported have opportunity to learn and develop, and that we have sufficient capacity to deliver services.
IT &Digital	Working with Transformation Programmes to develop digital tools and platforms that enable better information sharing and that both patients and workforce have access to good quality, real-time data.
Communications and Engagement	Keeping residents and workforce informed and involving local stakeholders in decision making in a meaningful way, making sure that our work is underpinned by what matters to people living in City and Hackney.
Voluntary and Community Sector	Ensuring that the local VCS are involved in decision making, shaping local services and solutions and that their skills and expertise are harnessed and recognised.
Estates and assets	Working to ensure that the buildings and other property we have as a local health and care system are fit for purpose and utilised in a way that benefits the local population.

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 a resident and easy read friendly version that can be circulated more widely - by December
- To develop an outcomes framework that describes how the plan will drive longer term population health outcomes – by January