

**City & Hackney Health and Care Board & City & Hackney
Integrated Care Board Sub Committee meeting in common,
in public**

Thursday 12 January 2023, 0900-1000 [online by Microsoft Teams](#)

Chair: Helen Fentimen

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	Welcome, introductions and apologies: <ul style="list-style-type: none"> • Declaration of conflicts of interest • Minutes of the meeting held on 10 November 2022 • Action Log • Matters Arising 	0900 (5 mins)	Chair	<i>Verbal</i> <i>Attached</i> Pages 2-16	Note Note Approve Note
2.0	Update from Place Lead	0905 (10 mins)	Louise Ashley	<i>Verbal</i>	Discuss
3.0	Questions from the public	0915 (5 mins)	Chair	TBC	Discuss
4.0	Adult Social Care Discharge Fund and Section 75 Agreement Variations	0920 (15 mins)	Cindy Fischer	<i>Paper 4</i> Pages 17-25	Discuss
5.0	Cost of Living Crisis	0935 (15 mins)	Nina Griffith	<i>Paper 5</i> Pages 26-30	Discuss
6.0	Any Other Business	0950 (10 mins)	Chair	Verbal	Discuss

Date of next meeting: Full meeting in public on Thursday 9 March 2023, 0900 to 1100 by Teams

Development session to be held on: Thursday 9 February 2022, 0900 to 1100 at Committee Rooms 101-103, Hackney Town Hall, Mare Street E8 1EA

- Declared Interests as at 30/12/2022

Name	Position/Relationship with ICB	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		
Anna Hanbury	Urgent Care Programme Lead	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Stanmar Consulting Ltd	I am director for a limited company - Stanmar Consulting Ltd I previously worked as an independent consultant for a number of interim posts - LAS, Lewisham CCG and C&H CCG I have not had any active work through the company since transfer to direct employee at C&H CCG in 2016 and have no plans to accept any at present	2016-08-01		
Caroline Millar	Chair of the GP Confederation	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	2021-10-14		

					Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)			
			Non-Financial Personal Interest	Clissold Park User Group	Treasurer for Clissold Park User Group	2021-10-14		
			Non-Financial Personal Interest	Vox Holloway	Trustee for Vox Holloway	2021-10-14		
			Non-Financial Personal Interest	Barton House Group Practice	Registered patient at Barton House Group Practice	2021-10-14		
			Non-Financial Personal Interest	Allerton Road Medical Centre	Immediate family members registered at this practice	0021-10-14		
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	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		
			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 Association	2020-10-09		
			Non-Financial Professional Interest	Royal College of General Practitioners	Member of the Royal College of General Practitioners	2020-10-09		
Helen Fentimen	Common Council Member	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	2013-02-01		Declarations to be made at the beginning of meetings

					and Hackney GP confederation			
			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
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 ICS Executive Committee	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 Technology and Innovation appointed by London Councils and the Mayor of	2018-10-01		

					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 ICP Committee	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 30/12/2022

Name	Position/Relationship with ICB	Committees	Declared Interest
Stella Okonkwo	PMO Lead	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	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.

Cindy Fischer	Commissioning Programme Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
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	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.
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 ICP 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.

**Minutes of City & Hackney Health and Care Board & City & Hackney Integrated Care
Board Sub Committee meeting in common, in public
09:00 – 11:00am, Thursday 10 November 2022
MS Teams**

<p>Members Present</p>	<p>Helen Fentimen, Elected Member, City of London Corporation Dr Stephanie Coughlin, Clinical / Care Director, NHS North East London Helen Woodland, Director of Adult Social Care, London Borough of Hackney Jacquie Burke, Director of Children's Services, London Borough of Hackney Cllr Chris Kennedy, Elected member, London Borough of Hackney Dr Haren Patel, PCN representative, Primary Care Network Dr Sandra Husbands Director of Public Health, London Borough of Hackney Dr Kirsten Brown, Primary Care Development Clinical Lead, Primary Care Tony Wong, Chief Executive Officer, Hackney Council for Voluntary Services Mark Gilbey-Cross, Director of Nursing, NHS North East London Sir John Gieve, Chair, Homerton Healthcare NHS Foundation Trust Caroline Millar, Chair, City & Hackney GP Confederation Mary Durcan, Elected Member, City of London Corporation Sunil Thakker, Director of Finance, NHS North East London Nina Griffith, Place Director (Delivery Director), NHS North East London Louise Ashley, Chief Executive Officer / Place Lead, Homerton Healthcare NHS Foundation Trust Jacquie Burke, Director of Children's Services, London Borough of Hackney Robert Chapman, Elected Member, London Borough of Hackney Antoinette Bramble, Elected Member, London Borough of Hackney</p>
<p>Attendees</p>	<p>Matthew Knell, Senior Governance Officer, NHS North East London Shakila Talukdar, Governance Officer, NHS North East London (minute taker) Jonathan McShane, Integrated Commissioning Manager, NHS North East London Zina Etheridge, Chief Executive Officer, NHS North East London Charlotte Pomery, Chief Participation and Place Officer, NHS North East London Simon Cribbens, Assistant Director - Commissioning and Partnerships, NHS North East London Sadie King, Programme Lead, Homerton University Hospital Lorraine Sunduza, Chief Nurse & Deputy CEO, East London NHS Foundation Trust Daniel Young, Associate Director of Access, Homerton Healthcare NHS Foundation Trust Cindy Fischer, Commissioning Programme Manager, NHS North East London Anna Hanbury, Unplanned Care Programme Lead, City and Hackney Ruby Sayed, Member, Community & Children's' Services Sub-Committee, City of London Corporation Mark Carroll, London Borough of Hackney Carolyn Sharpe</p>
<p>Apologies</p>	<p>Paul Calaminus, Chief Executive Officer, East London NHS Foundation Trust Stella Okonkwo, PMO Lead, NHS North East London Ceri Wilkins, Elected Member, City of London Corporation</p>

No.	Agenda item and minute
1.	<p>Welcome, introductions and apologies Helen Fentimen (HF), chairing the meeting welcomed members and attendees to the meeting of the City and Hackney Health and Care Partnership Board (HCPB) and Sub-committee. Apologies are as listed above.</p> <p>Declaration of conflicts of interest It was noted that new members to complete their declarations of interest. Catherine Pelley has left the Trust and Andrew Carter has also left, Simon Cribbens will be representing until his successor is recruited.</p> <p>Minutes of the meeting held on 8 September 2022 HF asked the Health & Care Partnership Board (HCPB) for feedback on the minutes of the previous meeting held on 08 September 2022, which were agreed as an accurate record of the meeting.</p> <p>Action Log Action 0809-01 – Venue for 08 December 2022 is moved to Guildhall for the development session, due to another meeting City has scheduled. Action 0809 – 02 – Plan for devolvement session, JMcS will talk about “giving children the best start in life” There have been discussions with the people in place group, they cover what API committee would have done in the past and the areas of equality, diversity, and sustainability. They agreed to meet less often, but to mirror schedules of meetings, one of the first things they're going to do is look at the “giving children best start in life theme” they will be leading on that piece of work before the development session.</p> <p>Matters Arising No matters arising were raised.</p>
2.	<p>Questions from the public There were no questions raised from the public. It was suggested this could be added to the development sessions, to work on how the public could be involved.</p>
3.	<p>Update from NHS North East London Zina Etheridge (ZE) provided a verbal update to the HCPB members and highlighted that:</p> <ul style="list-style-type: none"> • The structure requirements are quite complex overall, the partnerships key responsibility is to set a strategy. • The aim is to look broadly at five years ahead, it is being published in draft early next year, intended to inform something called the ‘joint forward plan’, which is broadly the high-level operating and delivery plan for in particular the health parts of the system working with partners to develop the strategy. • There have been 5 system workshops on the key priorities that were identified by a partnership meeting back in November last year, those priorities are babies, children and young people and mental health and long-term conditions and employment and workforce added as the fifth. It started off by particularly focusing on the cost of living. • People have used it as a forum to share the development of projects and interventions in a much wider well-being space. • The collaboratives are in five various stages of development. Working together with the voluntary sector to reduce unwanted variations.

	<p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> • Where does primary care representative sit on strategy? Fuller report focused on a lot of things i.e. integrated and local working. There is a workshop on 29th November 2022 to bring partners together from across the system, Claire Fuller will be attending in person. Anyone who would like to attend an invitation will be sent through. • One of the reasons for having a financial strategy is to ensure that there is a piece of work with a set of principles that everybody can sign up to that identifies how investments going forward will be managed. The total budget currently allocated in North East London for healthcare services is just under £4 billion. • It was noted everyone should be planning on landing their budget on as balance by end of financial year. • Focus is on 2/3 areas of summit, one of those were to reduce temporary workforce that could save quite significant amounts of money using bank staff. The second area is elective care productivity. • The board raised concerns around levelling down as opposed to levelling up and making sure that it's recognized that City and Hackney have invested two decades at least into primary and community care which has made it really successful. • It was noted there are discussions on the impacts of poverty in health workstreams. There has been a significant drop off in the collection of inhalers for people who are prescribed them in the kind of income group. Clinical pathways to be reviewed in terms of medication and prescriptions.
<p>4.</p>	<p>Governance Update Including Terms of Reference Jonathan McShane (JMCS) updated HCPB members on the Terms of reference drawing attention to pages 16 to 57 of the circulated papers and highlighted that:</p> <ul style="list-style-type: none"> • The terms of reference come in three parts: the place-based partnership board, the place sub-committee of NHS North East London and what were called the Integrated Commissioning Board arrangements we use in City and Hackney. These have been developed with local partners, with the support of governance and legal advisers. • National guidance on delegation was issued in July this year, with more expected to enable extensive delegation of ICB functions from 1 April 2023. Discussions with partners from North East London Health and Care Partnership about our arrangements for delegation continue. These terms of reference will be further updated to reflect the outcome of this, with a full review in advance of April 2023. • At the September meeting of the City and Hackney Health and Care Board, Terms of Reference for the Place Sub Committee of the North East London ICB were agreed. The Terms of Reference for the City and Hackney Health and Care Board and what was called the Integrated Commissioning Board were not agreed as they had to be considered by the City of London's Community and Children's Services Board first. • There were also observations from board members on the draft Terms of Reference for the City and Hackney Health and Care Board and Integrated Commissioning Board. • It was suggested the Integrated Commissioning Board is renamed the City and Hackney Section 75 Board to avoid confusion with other boards within the new system and to reflect the nature of that committee's role. It was also suggested that there be specific references to the importance of prevention and public health and the partnership adopting an anti-racist approach to its work. This has been addressed in Section 5 which outlines the vision of the partnership, its priorities and cross cutting approaches.

	<ul style="list-style-type: none"> Some other minor changes have been made as the various lawyers and others have looked at this. Looking at the deputy chairing arrangements being clearer about anticipated meeting frequency and more detail on managing conflicts of interest. <p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> Page 52 of the pack under primary care, looks like there's some work needs doing. There were questions raised on whether the meetings are public or private in paragraph 36. The intention is meetings are public. It was suggested that the same language needs to be reflected in paragraphs 36 and 49 of the terms of reference. Changes to be made to GP Federation – to be called “GP Confederation” It was noted that the Integrated Commissioning Board is renamed, ‘City and Hackney Section 75 Board’ and to advertise health and care board meetings to the public. <p>APPROVAL: Terms of reference was agreed and approved by the HCPB.</p>
5.	<p>Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24)</p> <p>Sadie King (SK) talked members through slides 58 to 66 of the circulated papers and highlighted that:</p> <ul style="list-style-type: none"> In November 2021 the ICPB approved the funding for phase 4 of the Neighbourhood programme over 22-24. This was a detailed budget for 22-23 and an estimated reduced budget for 23-24. This paper updates the Board on the key phases and achievements and outlines a detailed programme of work and budget for 23-24 (part 2 of Phase 4) The paper sets out the details of the business plan and the funding requirements for the second year of phase four of the neighbourhoods, this was agreed last year at an estimated cost of £423,000. The priorities of the program agreed last year remains the same as in page 61 of the slide deck and page 62 sets out summary of what program looks like and what the funding is allocated to for 2023/2024. The budget for the neighbourhood’s program is decreasing as transformation embeds and neighbourhood working becomes business as usual, this is within adult social care, community nursing and community mental health. The new funding requirements are to continue funding children's young people's maternity and families and program support to really align the new transformation work within children's services around the family hubs, to the neighbourhood model. Further work to be done within long term conditions to really draw from the benefits of the piloting that's been done around gynaecological services and the proposal is to continue funding. Program manager who works in this area will focus on how the health inequalities within gynaecology and with cardiovascular prevention services. Additional funding for post central neighbourhoods’ team to drive the neighbourhood’s ethos, develop personalised care. Proposal to have a project manager to work across neighbourhoods’ team. <p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> It was noted the importance to look at outcomes achieved from neighbourhoods, and look at preventative approach involving other services i.e. housing benefits. The board asked if there was an opportunity to bring a project manager from NEL resources and if there’s stock take planned in terms of the outcomes of this portfolio. Project manager support is a band 6, the amount of work involved is real value for money.

	<ul style="list-style-type: none"> • It was noted that there was a stock take in January, about to commission an evaluation of the program this week, there will be a baseline of outcomes short term, medium term and long term. There will some strong data on whether this is effective and whether more investment is needed. • There's a workshop in December with housing colleagues to look at how to align work together with wider services and prevention services into the neighbourhood's model and anticipatory care new pathway, which has been led by the neighbourhood's team. • Some work is being done on the financial framework i.e. decision making and assurance process. <p>ACTION: Louise Ashley to bring financial framework to future board meeting</p> <p>APPROVAL: HCPB agreed and approved the Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24)</p>
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6.	<p>Better Care Fund Additional Funding Allocations</p> <p>Cindy Fischer (CF) talked members through slides 67 to 71 of the circulated papers and highlighted that:</p> <ul style="list-style-type: none"> • The Better Care Fund (BCF) plans were submitted on the 26/10/2022; however, there was unallocated funding to support system pressures. Partners have now had further discussions on how they would like to use this money. • In terms of supporting their rapid response service, which provides assessment and enables discharge to assess from hospital and then equipment to support that as well. So that's a relatively small amount then with the London Borough of Hackney just over 500K, there are three components wanting to fund, the first one is to support the integrated community equipment service, the council's portion of the equipment service is already within the Better Care Fund. • There's a significant overspend on the equipment contract forecast for this year, working on number of things to try to get that spend down. • There are a few out of hospital programs that support homeless individuals. • Lowry house is essentially coming to an end in January 2023, hoping funding will bridge that gap till the end of the year. There is need to secure ongoing funding for all three of these services. • There are some pressures overall, still waiting despite of national timelines around the Better Care Fund, not normally releasing the planning guidance until the summer time. Locally agreed to try to get plans set up in advance of this coming fiscal year starting in April 2023 if possible to get the ICB's allocation, which is coming in December 2022 / January 2023 and then to look at the core services that is funded through the Better Care Fund. <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> • The board asked for reassurance on equipment backlog. It was noted that clearly there's a clinical safety issue in addition to the finance risk. The backlog is around 300 there was an action plan with the council is leading on to gradually get this down. • Homerton has had on their risk register issues to do with the equipment service and the provider because of clinical concerns. • It was noted that the contract with Millbrook is held by Hackney council is coming to an end, work is being done with Homerton Hospital colleagues to recommission procurement process. • Charlotte Smith, the commissioner is taking options papers to get feedback from partners this week, and then she's taking it to LBH SMT next week. There's a
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	<p>business case that would then will follow in December in terms of the procurement process. There will be changes to the contract.</p> <p>APPROVAL: City and Hackney HCPB agreed and approved.</p>
<p>7.</p>	<p>Winter Planning Anna Hanbury (AH) talked members through slides 72-91 of the circulated papers and highlighted that:</p> <ul style="list-style-type: none"> • There is an expectation that winter will be very challenging this year • The paper presents the City and Hackney partnership plan for 2022/23 with following key features; • Partnership system plan – includes input from a wide range of system partners and considers winter across all of our programmes of work • Focuses on admission avoidance, discharge and community services as well as acute capacity. • Driven by our local system needs, rather than criteria set by NHSE • Considers wider community-based support – beyond just admission avoidance or discharge. • Considers process to monitor and manage pressure in the system over winter • The winter ‘plan’ is more than a single detailed plan for winter and consists of the following elements; • Core partnership action plan identifies the main risks to the health and care system through the winter period and identifies the range of actions or projects underway across the system to address these risks. • The plan also identifies critical system risks • Winter resilience schemes, a range of non-recurrent schemes have been funded to support specific pressures over winter including; NHSE funded demand and capacity initiatives • Local non-recurrent funded schemes and escalation process. • It includes input from wide range of partners, focus is on admission avoidance, local system criteria and community support service, this includes process system pressures. • Core action plan is to mitigate and identify those at risk critical this year. • Two-fold funding released given to ICS acute for bed capacity. • Other areas funded via non-recurrent funding given to Mental health and cost of living pressures, increasing enhanced care. The attached paper describes escalation process. • The delivery group meets weekly, this feeds into local escalations. <p>The board noted and discussed the following points:</p> <ul style="list-style-type: none"> • There's potential for ambulance services / fire services, to be taking industrial action, it was suggested to add something on workforce • There is a lack of clarity on what is being approved in systems, overview is needed of where this fits into ongoing transformation. • Looking at contingency plan on how to mitigate train strikes and nurses going on potential industrial strikes. • Joint vaccinations on covid and flu will be feedback to the team. • It was noted that funding wasn't rejected, the different posts adding into, particularly the crisis pathways is to help with the assessments in looking particularly at outside hours, it is part of a Pan London agreement where private beds are sourced. If people do present in any who are from other trusts and other parts of England, if beds are

	<p>needed patients will be put in private providers to create and continue capacity for local service users.</p> <ul style="list-style-type: none"> • The paper in today's meeting was for noting, there are points that need further discussion. • It was suggested that it would be helpful to see individual projects on a map and build that into an event.
<p>8.</p>	<p>Community Diagnostic Centres</p> <p>Daniel Young (DY) provided the HCPB members a verbal update and highlighted that:</p> <ul style="list-style-type: none"> • The Community diagnostic centres come from the professors of Mike Richards report from a few years ago, looked at diagnostics as a hole and put forward a solution of Community diagnostics centres that both supported overall gains in the amount of capacity in diagnostics. • There was a lot of work around looking at places where health inequalities were leading to differences in waiting times, not purely capacity and making sure that we were out in the community as opposed to just beefing up acute centres to also help people in terms of transport. • There are two Community diagnostics centres, one is at Mile End and one is at Barking Hospital and they were early adopters, and now looking at third site in NEL. • The Homerton Hospital and City and Hackney have been working together with representatives of both organisations, putting together an outline business case which has done assessments of four sites in NEL, assessments are still taking place, but have started initial assessment of four sites and looking to put forward an outline business case to the NEL planned care board for support of City and Hackney being the location of a third site. • There are multiple reasons to have a centre in City and Hackney, two or three of the main reasons is that the acute site at the Homerton is not the largest site in comparison to some of the other sites we have in NEL, so continuing to build additional diagnostic capacity on those sites is much more limited than somewhere such as King Georges that has a lot of land outside of the actual physical hospital and its grounds. • City and Hackney is the second most deprived borough, so if areas of health inequalities are targeted directly, City and Hackney should be quite high on the list. The population growth that we expect to see within City and Hackney over the next 10 to 20 years is extremely high and will need to invest in diagnostic capacity to be able to maintain the high levels of performance had historically. • NE London has shortlisted 9 sites across the whole patch, two of which are in City and Hackney, they are the St. Leonards site and the Lower Clapton site. • The stage this is at, currently putting together internally a communications plan and going to be going out to the public and others to consult on the various sites that are available in NE London. <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> • It is positive to have new community diagnostic centre in City and Hackney. • The HCPB asked if there is a workforce plan in place for this. • There are a number of key clinicians on steering group who have helped pull together a workforce plan, there will be a standard recruitment process, looking to increase

	<p>capacity in terms of our recruitment plans and plan is to move to an apprenticeship model within radiography training existing workforce staff.</p> <ul style="list-style-type: none"> • Workforce is a considerable risk re: reporting radiographers. • In terms of the decision-making NE London Planned Care Board met last night to agree the kind of scoring matrix for how they select someone, expecting to receive go ahead in the next two weeks. • A formal business case will need to be approved by the trust in February. With that also then being approved again by NHS England as a full business case as opposed to an outline business case in March, the building work would then start and the plan is to have a site opened in April 2024, but fully operational by September 2024.
<p>9.</p>	<p>Any Other Business: Sunil Thakker (ST) provided the HCPB an update on the Financial Recovery Summit and highlighted that:</p> <ul style="list-style-type: none"> • On the 31st of October 2022 the Financial Recovery Summit was convened and posted within the City of London. All of the NHS financial leaders and CFO's were present, along with the local authority leaders. • The presentation is 49 slides, the climate within the North East London system and the detail is articulated in a presentation deck in terms of our financial situation. Updates were given on the drivers of the financial strategy program of work areas where we can actually develop our systems processes, ways of working to improve our financial position. • Workforce / agency is highest increase on NEL systems. • Initiating formal recovery plan, developing system wide plan. • On page 49 of the slide deck, there's a lot there covering workforce, agency planning, utilization, examples from BHRUT, there's opportunity to make savings. • We've exceeded that from a forecast outturn perspective by around £35 million. <p>Comments from the board included:</p> <ul style="list-style-type: none"> • Reflecting in wider narrative, blunt figure on top end looks like Barts / BHRUT is pulling down City and Hackney and Homerton Hospital. • Suggested to write a narrative that isn't pulling down whole system. <p>ACTION: Sunil to bring back updated action plan to next HCPB meeting.</p> <ul style="list-style-type: none"> • It was noted that City and Hackney had fantastic work across systems. • Messaging must be very clear going forward on – operating models and funding streams
	<p>Date of next meeting: Full meeting in public on Thursday 12 January 2023, 0900 to 1100 by Teams Development session to be held on: Thursday 08 December 2022, 0900 to 1100 in Committee Room 4, Guildhall, 71 Basinghall Street, London EC2V 7HH</p>

City & Hackney Health and Care Partnership Action Log

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0809 - 01	08-Sep-22	Thursday meetings are currently clashing with City of London council meetings. Future meeting arrangements - HCPB members to provide a response on dates.	All Members	10-Nov-22	Open	<u>Update 10/11/22</u> Venue for 08 December 2022 is moved to Guildhall for the development session, due to another meeting City has scheduled.
0809 - 02	08-Sep-22	Jonathan McShane (JMcS) is proposing discussions at nearer HCPB development sessions to discuss some of the issues and factor that in. JMcS and MK to schedule something in as soon as possible	Jonathan McShane / Matthew Knell	10-Nov-22	Open	<u>Update 10/11/22</u> Plan for devolvement session, JMcS will talk about "giving children the best start in life" There have been discussions with the people in place group, they cover what API committee would have done in the past and the areas of equality, diversity, and sustainability. They agreed to meet less often, but to mirror schedules of meetings, one of the first things they're going to do is look at the "giving children best start in life theme" they will be leading on that piece of work before the development session.
1011- 01	10-Nov-22	<u>Neighbourhoods Programme Business Plan and proposed budget for Phase 4 part 2 (23-24)</u> Louise Ashley (LA) to bring financial framework to future board meeting	Louise Ashley	TBD	Open	
1011- 02	10-Nov-22	<u>Financial Recovery Summit</u> Sunil Thakker (ST) to bring back updated action plan to next HCPB meeting.	Sunil Thakker	08-Dec-22	Open	

City and Hackney Health and Care Board

12 January 2023

Title of report	Adult Social Care Discharge Fund & Section 75 Agreement Variations
Author	Cindy Fischer, Commissioning Programme Manager
Presented by	Cindy Fischer, Commissioning Programme Manager
Executive summary	<p>On the 18 November, the Government announced £500m to support social care to speed up discharge across mental and physical health pathways.</p> <ol style="list-style-type: none"> 1. Spend incurred to 31 March 23 2. Funding to be pooled into the Better Care Fund (BCF), so both elements of this funding must be agreed between local health and social care leaders 3. Partners were required to submit a planned spending report by 16 December. Health & Wellbeing Board sign-off can follow afterwards. There is no national assurance process. <p>Total Allocation: Hackney - £1,974,856 City of London - £86,165</p>
Action required	Approve
Previous reporting / discussion	<p>23/11/2022 – Hackney Discharge Group 30/11/2022 & 09/12/2022 -Hackney BCF Partnership Group – Approved 09/12/2022 – Virtual agreement between North East London Integrated Care Board (NEL ICB) and City Officers 13/12/2022 – NEL ICB MH Programme Executive 05/12/2022 – Delivery Group – Approved</p>
Next steps / onward reporting	<ul style="list-style-type: none"> • Health & Wellbeing Board sign-off to follow. • Section 75 Agreement Variations to be signed by 31 January 2023 • There is a requirement for fortnightly activity reports from 6 January and a final spending report by 2 May 23. The BCF partnership group will monitor spend and agree any reallocation required.
Conflicts of interest	N/A

Strategic fit	<ul style="list-style-type: none"> • Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life • Mental health – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London.
Impact on local people, health inequalities and sustainability	<p>The Adult Social Care (ASC) fund will enable more people to be discharged to an appropriate setting, including from mental health.</p> <p>This is short term funding so will not address sustainability requirements but there may be future funding built into the Better Care Fund for this purpose.</p> <p>An equalities impact assessment has not been undertaken. The schemes are not generally new, but are expanding on current system capacity.</p>
Impact on finance, performance and quality	<p>There are no additional resource implications/revenue or capitals costs arising from this report. The cost of £2,061,021 has been provided from central funds for use between mid-December 2022 and March 2023.</p>
Risks	<p>Some of the funding is to increase staff capacity and recruitment could be a challenge. Partners are looking to use bank staff or pay overtime where possible. The funding can be moved within schemes and any changes reported on in the year end report due in May 2023.</p>

Introduction

On the 18 November, the Government announced £500m to support social care to speed up discharge across mental and physical health pathways.

Clearly state what you are asking the Board or Committee to do:

- For Approval

Purpose of the fund

- Enable more people to be discharged to an appropriate setting, including from mental health
- Prioritise approaches that free up the maximum number of hospital beds and reducing bed days lost within the funding available (D2A, homecare, residential care included)
- Boost ASC workforce capacity through recruitment and retention, where that will help to reduce delayed discharges (measures which increase hours worked by existing workforce; improve retention of existing workforce; provide additional or redeployed capacity from current care workers; or support local recruitment initiatives)



National Conditions & Monitoring

1. Spend incurred to 31 March 23
2. Funding to be pooled into BCF
3. LA's to work with their ICB to provide a planned spending report by 16 Dec
4. Fortnightly activity reports from 30 Dec and a final spending report by 2 May 23
5. Improve all existing NHSE discharge data collections (future funding linked to this metric)
6. Keep the required Capacity Tracker data updated
7. Does not use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures
8. Engages with a progress review across all areas in January 2023

National Metrics

- The number of people discharged to their usual place of residence (existing BCF metric)
- The absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- The number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- The proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust
- The number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template)

National Funding

- £14.5m has been allocated to NEL via the ASC Discharge Fund
- £7.1m has gone directly to LAs based on the relative needs formula (RNF)
- £7.4m has gone to the NEL ICB, which must allocate this to LAs 'based on their assessment of need'

NEL ICB - Principles for Allocating ICB Funding:

- Respect the RNF allocation but take a different approach for the ICB portion which:
 - Reflects age of population
 - Reflects current discharge pressures (we see more pressures in our outer boroughs)
- Should give every place a sizeable amount that will have an impact, but can also be spent by year end
- Recognise the need to get to an agreement so that places can get on with spending the money
- The money is coming in two tranches (December and January), so we can adjust if we are not able to spend as planned
- This does not set a precedent for future funding allocations for potential future funding streams

NEL ICB - Determining the ICB Split

- Based on these principles, we looked at what a split would look like that takes account of the size of the older adult population in each place
- We also applied the 'NHSE G&A weighting' to these populations. This predicts likelihood of acute hospital stay based on age and (to a much lesser extent) gender.



- We looked at this for older adults >50 and >45, acknowledging that in some of our boroughs we start to see the impact of frailty from a younger age. The option chosen was using modelling based on adults >50.

	ASC Allocation	ICB Allocation	Total
Hackney	£1,170,836	£804,438	£1,974,856
City of London	£40,659	£45,506	£86,165

Approach to Develop Plans

Our initial forum to discuss the funding with system partners was through our Hackney Discharge Group which meets bi-monthly. Membership within the group includes staff from the Homerton Hospital, East London Foundation Trust (ELFT), LBH adult social care, housing and commissioning, NEL ICB commissioners and Age UK East London.

We used the November meeting to provide an overview of the funding allocation, the purpose, conditions and metrics. We reminded partners what had previously been funded through national winter pressures funding and then discussed ideas for how the new funding could be used to reduce pressure on hospital beds.

LBH and NEL ICB Officers further worked up costings and estimated bed savings after the meeting with various partners.

Our BCF Partnership Group then met twice to review and approve proposals. This group consists of NEL ICB Workstream Directors, ASC Directors, BCF Leads, Finance and Contracts leads from both organisations.

Proposals for the City of London were discussed virtually on a number of occasions and agreed virtually between NEL ICB and City Officers.

ELFT developed proposals with all of the boroughs within North East London so the NEL ICB Mental Health Programme Executive met to have an overview of the plans.

The plans were also approved by the City and Hackney Delivery Group.

Meeting Dates:

23/11/2022 – Hackney Discharge Group
30/11/2022 & 09/12/2022 – Hackney BCF Partnership Group – Approved
09/12/2022 – Virtual agreement between ICB and City Officers
13/12/2022 – NEL MH Programme Executive
05/12/2022 – Delivery Group – Approved



Section 75 Agreements

The NEL ICB and Local Authorities already have Section 75 Agreements in place. These will be varied by the 31 January 2023. The variations will include the value of the ASC Discharge Fund (once approval process is completed) as well as the BCF Plan for 2022/23 (approval process already completed).

Conclusion / Recommendations

Members provide approval.

Cindy Fischer
3 January 2023



Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

City of London

Source of funding		Amount pooled	Planned spend
LA allocation		£40,659	£40,659
ICB allocation	NHS North East London ICB	Please enter amount pooled from ICB	£45,506
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	
			£45,506

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Additional packages	Additional D2A / rapid response packages	Home Care or Domiciliary Care	Domiciliary care packages		20		Social Care	City of London	Local authority grant	£7,200
2	Additional packages	Additional intensive homecare	Home Care or Domiciliary Care	Domiciliary care packages		15		Social Care	City of London	Local authority grant	£7,560
3	Reablement	Additional reablement packages	Reablement in a Person's Own Home	Reablement service accepting community and discharge		4		Social Care	City of London	ICB allocation	£3,000
4	Residential care	Step down res care or reablement in res care	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		2		Social Care	City of London	ICB allocation	£18,000
5	Residential care	Additional res care placements	Residential Placements	Care home		2		Social Care	City of London	ICB allocation	£24,506
6	Additional Staff	Additional OT staff	Local recruitment initiatives				Home care	Social Care	City of London	Local authority grant	£25,500

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

Hackney

Source of funding		Amount pooled	Planned spend
LA allocation		£1,170,836	£1,170,836
ICB allocation	NHS North East London ICB	<i>Please enter amount pooled from ICB</i>	£804,438
		<i>Please enter amount pooled from ICB</i>	
		<i>Please enter amount pooled from ICB</i>	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Goodmayes interim accommodation	9 flats for interim accommodation for people that can't go home due to	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		18		Social Care	Hackney	ICB allocation	£69,152
2	Housing with Care Flats	6 flats for interim accommodation to enable assessment of care needs: 4-	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		6		Social Care	Hackney	Local authority grant	£149,336
3	Rose Court Extra Care- to support interim flats	Domiciliary care agency to support interim placements in Housing with Care flats.	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		16		Social Care	Hackney	ICB allocation	£52,795
4	Care packages for 4 weeks post discharge	Care packages (new and increased hours) for the first 4 weeks after discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		230		Social Care	Hackney	ICB allocation	£346,463
5	Care package costs post 4 weeks	Care packages post 4 week D2A period	Home Care or Domiciliary Care	Domiciliary care workforce development		169		Social Care	Hackney	Local authority grant	£253,616
6	Age UK East London - Take Home and Settle	Extra staff capacity within Take Home and Settle Service through additional	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Social Care	NHS North East London ICB	ICB allocation	£38,733
7	Integrated Community Equipment	Equipment to support hospital discharge.	Assistive Technologies and Equipment	Community based equipment		21		Social Care	Hackney	ICB allocation	£16,800

8	Move on Team	Team to ensure flow from interm beds to ensure interim beds available for	Increase hours worked by existing workforce	Overtime for existing staff.			Residential care	Social Care	Hackney	Local authority grant	£127,506
9	Brokerage capacity	Increase weekend and weekday brokerage. Impact 102 bed days.	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Social Care	Hackney	Local authority grant	£32,501
10	Hygiene Services	Deep cleans for infestations and hoarding. Impact - 420 bed days.	Other		Hygiene Services		Home care	Social Care	Hackney	Local authority grant	£96,000
11	Workforce training - Lifting and handling	Training for Moving and Handling virtual conference and train the trainer	Other		Training		Both	Social Care	Hackney	Local authority grant	£8,568
12	Intermediate Care Team	Increase capacity	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	Hackney	Local authority grant	£185,589
13	Pharmacy Capacity	Increase Pharmacist and Pharmacy Technician capacity to minimize delays	Local recruitment initiatives				Both	Community Health	NHS North East London ICB	ICB allocation	£48,000
14	Discharge team and hub capacity	Discharge Coordinator, Admin support for discharge Hub,	Local recruitment initiatives				Both	Community Health	NHS North East London ICB	ICB allocation	£48,000
15	CHC Nurse Assessor capacity	NHS CHC staff to co-ordinate complex discharges from hospital	Local recruitment initiatives				Both	Community Health	NHS North East London ICB	ICB allocation	£40,000
16	Discharge Improvement Project	The behavioural insights team will work closely with Homerton staff teams to	Other				Both	Community Health	NHS North East London ICB	ICB allocation	£75,000
17	Reablement Pilot	Partnership between reablement team and Sunday Care Therapy	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Social Care	NHS North East London ICB	Local authority grant	£20,000
18	Housing Discharge Fund	Funding for packages of care to patients to support safe and timely discharge of	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		39		Mental Health	NHS North East London ICB	Local authority grant	£45,590
18	B6 Pharmacy Technician	1 x Band 6 Pharmacy Technician - expected to reduce length of time for	Local recruitment initiatives					Mental Health	NHS North East London ICB	Local authority grant	£22,825
19	Enhancing Discharge	1 x Staff Grade Doctor to facilitate discharge in absence of consultants, and	Local recruitment initiatives					Mental Health	NHS North East London ICB	ICB allocation	£61,005
20	Crisis Home Treatment Team	3 WTE Band 6 staff to help facilitate earlier discharge by providing intensive input	Local recruitment initiatives					Mental Health	NHS North East London ICB	Local authority grant	£68,474
21	Discharge Team Posts	Social Workers: -2 Social worker B7 (1 already in post)	Local recruitment initiatives					Mental Health	NHS North East London ICB	Local authority grant	£89,601
22	Peer support workers to support discharge	3.0 WTE Band 4 Peer Support Workers, M-F: 9-5. To provide dedicated Peer	Local recruitment initiatives					Mental Health	NHS North East London ICB	Local authority grant	£54,530
23	Sundries	To pay for miscellaneous items for service users	Other					Mental Health	NHS North East London ICB	Local authority grant	£5,000

24	Administration fee	As per grant conditions	Administration					Community Health	NHS North East London ICB	ICB allocation	£8,490
25	Administration fee	As per grant conditions	Administration					Social Care	Hackney	Local authority grant	£11,700

City and Hackney Health and Care Board

Thursday 12 January 2023

Title of report	Programme overview: Supporting residents with cost of living
Author	Jenny Zienau, Simon Van Elk, Nina Griffith
Presented by	Nina Griffith, Director of Delivery
Executive summary	This paper presents an update on the work of the partnership to support residents with the cost of living crisis. It is being presented to the Health and Care Board for information
Action required	Note
Previous reporting / discussion	The Health and Care Board
Next steps / onward reporting	The programme will continue to report regularly into the Neighbourhoods Health and Care Board
Conflicts of interest	N/A
Strategic fit	Which of the strategic corporate objectives does this report align with? <ul style="list-style-type: none"> Supporting greater financial wellbeing
Impact on local people, health inequalities and sustainability	The programme will, by definition address inequalities. The programme aims to identify those in poverty or most at risk of falling into poverty and provide practical and material support that can improve their financial position or relieve the impact of poverty.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The cost of the programme has been met from within existing resources.
Risks	<ul style="list-style-type: none"> Services not having capacity to provide support to all that require it. Sustainability of some of the short to medium term support offers that have been put in place Services not being able to reach all those that require support

Programme overview: Supporting residents with cost of living

This paper presents an update on the work of the partnership to support residents with the cost of living crisis. It is being presented to the Health and Care Board for information.

Context: Cost of living crisis

The current cost of living crisis has worsened the situation of people already living in poverty, will put more people into poverty and destitution, and will create wide ranging harms to society. This will lead to a decline in health outcomes and widen health inequalities between the best and least well off residents in City and Hackney.

London Borough of Hackney (LBH) have developed a Poverty Reduction Framework which sets out the council's strategic approach to poverty reduction. It aims to meet the immediate needs of people already in poverty whilst working towards preventing poverty for future generations. Whilst it was developed by LBH, it has wider applicability across the City and Hackney Place Based Partnership and many elements of it will require a partnership approach.

LBH have established four workstreams to respond to the issues and risks from the cost of living crisis, these are:

- Resident support (*the focus of this programme*)
- Cost of doing business - support for and lobbying on behalf of local business
- Council staff and their finances - targeted support for Council staff
- Council's financial position and risks to service delivery

This paper provides a briefing on the work of the first programme area: *Support to residents*. This programme is being managed through a City and Hackney-wide group that brings together LBH, City of London Corporation, Homerton Healthcare, East London Foundation Trust, the voluntary sector and primary care. A group of partners have been meeting since May, initially to consider an immediate crisis response. The City and Hackney health and Care Board previously agreed to invest some of their non-recurrent transformation funds into supporting this immediate crisis response.

More recently the approach has transitioned into a clearer programme structure that considers a medium term response to the crisis. This programme reports into the City and Hackney Health and Care Board (via the Neighbourhoods Health and Care Board) and into the LBH Corporate Leadership Team.

The following provides an overview of the work underway.

Aims of the programme

The aims of this programme are:

- ***On the individual level to better meet people's immediate material needs and offer more preventative help*** (aim 3 from poverty framework)



- **On a systemwide level to develop a more coordinated emergency support and advice offer, with more preventative help, and to make the case for a better benefits system** (strategic objective under aim 3 from poverty framework)
- **On a systemwide and longer term level**
 - **to ensure poverty reduction is a priority across the system** (aim 4 from poverty framework)
 - **to help people on low incomes address all the issues which matter, not just the presenting issue** (aim 5 from poverty framework)

Areas of work

The following four areas of work are being progressed to achieve the aims described above and to support those residents most at risk. .

1. Co-ordinating a Systemwide response to cost of living crisis facing residents

A key aim of the programme is maintaining overall co-ordination of the various offers of support to ensure that they are complimentary and accessible, recognising that most of the support will be from partners that already have trusted relationships with residents, which is often in the voluntary sector or a trusted clinical professional.

Part of the co-ordination includes bringing together partners via the borough-wide Community Partnerships Networks, which was established during the pandemic and brings together food and advice partners; as well as developing hyper local place-based responses within each Neighbourhood.

As part of the immediate crisis response the Health and Care Board agreed £96k of funding to support the resilience of food banks over winter, with a specific focus on provision of culturally specific foods where there has been less provision (eg. Halal or kosher).

The work at Neighbourhood level has supported the mobilisation of warm spaces; a wide range of faith and community groups have expressed an interest in providing warm spaces to local residents. We have asked warm spaces to register on www.warmwelcome.uk so that there is a common, public register. This Website also provides support and guidance to potential providers; to date 23 spaces have registered. We also made available small grants to support warm spaces, a total of 14 organisations in Hackney were successful with grants totalling £39k. We are exploring opportunities for social prescribers and members of the Money Hub to be based in warm hubs.

2. Equipping resident-facing staff

Our resident-facing staff need to be equipped to have honest and compassionate conversations with residents, offering them holistic support and knowing what is available to support them with financial pressures. This work also aims to build partnerships between colleagues in council services, health, the third or voluntary and community



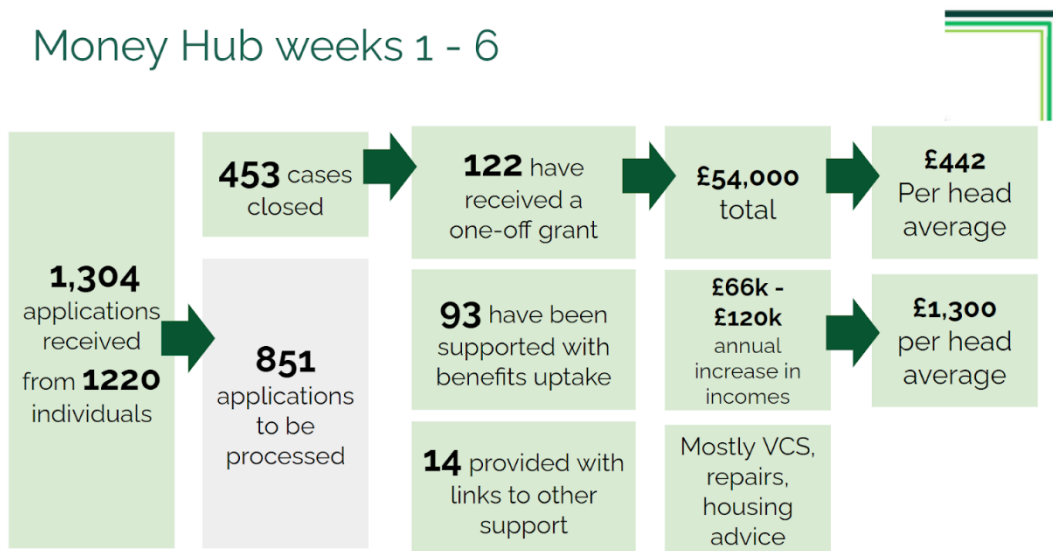
sector and other key resident-facing services which will have long term benefits across a range of agendas beyond just cost of living.

Key work to date includes regular partnership-wide communications describing what help is available and a fortnightly 'tools for front line practitioners' session that is open to all people working in City and Hackney. A direct referral route has just been launched from health and care services for residents to access £100 crisis funding for food and/or fuel from the Local Authority's Household Support Fund. To date 32 services have signed up to be referrers.

3. Finances

The new LBH Money Hub launched in November and has been set up to reach out to improve residents' access to crisis funds while maximising their income at the same time. The team will also work to intervene earlier to prevent homelessness and build VCS capacity to support residents. The hub was supported by the Health and Care Board which agreed £509k of investment to increase the staffing and widen the remit of the team, including outreach work and staff with specific knowledge around housing and disability benefits.

The following provides a summary of the first 6 weeks of activity in the money hub:



The Money hub is funded to run for a further year. Over this period it will continue to support and maximise income for residents. It will also support wide learning for the system around what is driving poverty and what is needed to support residents across all services – including addressing current limitations or obstacles within core services.

4. Use of data and insight

To date, the programme has utilised feedback from front line staff, data from LIFT (a tool that shows uptake of benefits across the borough) and existing metrics related to poverty



and deprivation to target its work. Healthwatch has also conducted a local survey of residents and HCVS have developed a report on the impact on the voluntary sector.

The population health hub is now supporting the programme by developing more systematic mechanisms to use data and insight to identify those residents most in need, establish what type of support will bring the most benefit and measure impact.

City of London

The City of London are key partners within the programme and we have agreed that any service supporting Hackney residents can also support City residents. In addition, the Place Based Partnership have funded a 'Green Doctor' scheme (£50k) to support older people and those on benefits. The service provides home visits and make immediate changes (such as installing energy efficient light bulbs or draft excluders) and can provide advice and sign post people to other types of support.

Free School Meals Task Group and Summit

Although not formally part of the programme, a related task group has been established to review food poverty affecting children in schools. This brings together schools and community organisations to consider how we could expand the free school meals offer to a wider group of children and look at models that reduce cost and improve quality.

Conclusions

The programme will continue to report into the Neighbourhoods Health and Care Board

