Public Document Pack

Health and Social Care Scrutiny Committee

Date: **WEDNESDAY, 10 FEBRUARY 2021**

Time: **11.00 am**

Venue: **VIRTUAL MEETING – ACCESSIBLE REMOTELY**

Members:

Michael Hudson (Chairman)
Chris Boden (Deputy Chairman)
Vivienne Littlechild
Wendy Mead
Andrew Mayer
Barbara Newman
Steve Stevenson

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Accessing the virtual public meeting

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John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on Tuesday, 3 November 2020.

For Decision
(Pages 1 - 10)

4. **WORKPLAN**
To note the Committees workplan.

For Information
(Pages 11 - 12)

5. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH (PRESENTATION)**
Programme Manager, NHS City and Hackney Clinical Commissioning Group to be heard.

For Information
(Pages 13 - 20)

6. **HOSPITAL DISCHARGE REPORT**
Report of the Director of Community and Children's Services.

For Information
(Pages 21 - 26)

7. **WEL ESTATES UPDATE TO COL - TOWER HAMLETS GOODMANS FIELDS PROJECT UPDATE**
Report of the Strategic Estates Manager WEL CCG.

For Information
(Pages 27 - 32)

8. **CITY OF LONDON HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE - NEIGHBOURHOODS**
Report of the Neighbourhoods Programme Lead, City and Hackney.

For Information
(Pages 33 - 42)

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

11. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Tuesday, 3 November 2020

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY) on Tuesday, 3 November 2020 at 11.00 am

Present

Members:
Michael Hudson (Chairman)
Chris Boden (Deputy Chairman)
Vivienne Littlechild
Barbara Newman
Steve Stevenson

In attendance:
Randall Anderson
Helen Fentimen
Ruby Sayed

Officers:

Rofikul Islam	Town Clerk's Department
Gemma Stokley	Town Clerk's Department
Julie Mayer	Town Clerk's Department
Chandni Tanner	Town Clerk's Department
Shahana Uddin	Neaman Practice
Ellen Wentworth	The Chamberlain's Department
Danielle Maaloof	The Chamberlain's Department
Xenia Koumi	Community & Children's Services
Ellie Ward	Community & Children's Services
Simon Cribbens	Community & Children's Services
Csaba Barody	Homerton University Hospital Foundation Trust
Chris Lovitt	Deputy Director of Public Health – City & Hackney
David Maher	City & Hackney CCG

It was agreed that Mrs Barbara Newman take the Chair.

1. **APOLOGIES**
Apologies were received from Wendy Mead.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
The following declarations were made;
- Barbara Newman;
- Vivienne Littlechild;
- Steve Stevenson;

all declared they were resident in the City and patients of the Neaman Practice.

3. **ORDER OF THE COURT**

The Committee received the Order of the Court of Common Council of Thursday 16 July 2020, appointing the Committee and approving its Terms of Reference.

4. **ELECTION OF CHAIRMAN**

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. Michael Hudson being the only Member expressing willingness to serve, was duly elected Chairman for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The immediate past Chairman intends to exercise his right under Standing Order No. 30. (3) (a) to serve in this position for the ensuing year, and as such, there was no election for the position of the Deputy Chairman.

6. **CO-OPTION OF A HEALTH WATCH REPRESENTATIVE**

The Committee proceeded to elect a Co-Opted Member as a Health Watch Representative. Steve Stevenson, having been nominated by City Healthwatch, was duly elected to the position for the ensuing year.

7. **VOTE OF THANKS**

At this point in the proceedings, Vivienne Littlechild delivered a Vote of Thanks to the immediate past Chairman.

Members of the Health and Social Care Scrutiny Committee wish to place on record their sincere appreciation to:

CHRISTOPHER PAUL BODEN

for the dedication he has shown in all aspects of his work on their Committee, and the exemplary manner in which he has presided over the Committee during his three years as Chairman.

CHRISTOPHER HAS DEMONSTRATED the utmost care and commitment to the well-being of City residents and workers. His experience outside of the Square Mile has informed a detailed knowledge of the challenges faced by social care and health services that have proved invaluable in his role.

UNDER HIS LEADERSHIP, the Committee has maintained the highest level of scrutiny for health and social care services. In overseeing a robust and ambitious workplan, Christopher has ensured that the Committee's scrutiny is wide-reaching. He has led the Committee in ensuring measurable improvements in the health and social care services offered to City residents and workers.

HIS TERM IN OFFICE has seen active engagement with stakeholders and partners in health and social care in the City, Hackney and further afield, including serving on the Inner North East London Joint Health Overview and

Scrutiny Committee, ensuring the City Corporation exercised effective scrutiny of health and social care services throughout London.

THE COMMITTEE WISHES TO PLACE ON RECORD its recognition of Christopher's distinguished contribution to the Committee and the health services accessible to City residents and workers, in thanking him for his three years in office. His colleagues would like to convey their gratitude and best wishes for the future.

THE PROPOSAL WAS APPROVED UNANIMOUSLY. Mr Boden responded to thank Mrs Littlechild and Members.

8. **MINUTES**

RESOLVED, that the Public Minutes of the meeting held on 16 July 2020 be approved as a correct record.

Matters arising

The Air Quality Manager has asked that a vote of thanks be noted to the Committee for its work around the remedial work and changes of operation plants in St Barts, which had resulted in a very positive impact.

9. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

The Committee proceeded to elect a representative to the Inner North East London Joint Health Overview and Scrutiny Committee. It was agreed the Chairman of the Committee would continue to act as a representative at the Inner North East London Joint Health Overview and Scrutiny Committee and appointed Wendy Mead as the Substitute.

10. **WORKPLAN**

The Committee noted the work plan and agreed that the following items are discussed in future meetings;

1. St Bartholomew's Hospital (Barts) Minor Injuries Unit.
2. Neighbourhood model for health and social care.
3. Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot.
4. Mental Health services and support for children and young people.
5. GP Services in East of City not provided by Neaman Practices.

11. **UPDATE ON CHIROPODY**

The Committee received the oral update from the Head of Podiatric Medicine, Homerton University Hospital NHS Foundation Trust, and the Clinical Commissioning Group representative.

The Committee was advised that the services are now back up and running but had to make a significant adjustment to ensure that the building was covid-secure. This means that the patients are being managed safely, but it is time-consuming compared to the past. The services continued to provide critical and emergency care as well as making urgent home visits when required during the

pandemic. This was followed by the Head of Podiatric Medicine, clarifying that at the moment, the service which is provided is a podiatrist specialist service and not chiropody services. Moreover, the Head of Podiatric Medicine assured the Committee that the vulnerable patients who required a chiropody provision were being serviced through partner organizations such as Hoxton Health.

The Committee was further informed that as CCG, the Group had increased its home visits for the extremely vulnerable patients. Since the last meeting, health centres such as the John Scott Health Centre, Kenworthy Road Health Centre, and the Neaman Practice have resumed its operations.

Additionally, the Committee was informed that urgent priority cases of 1000 patients who were at risk of having the legs amputated were contacted and offered appointments for them to be seen. It is anticipated that by the end of November 2020, most of the outstanding appointments will be provided to the patients. At present, the Podiatric team visits the Neaman Practice every six weeks for a podiatrist's services and has a list of 44 patients who are being treated. For all the other services, patients, young and elderly, have to go to the specialist services based in St Leonard's Hospital for dedicated services. A lot of patients do not turn up to their appointment after confirming their appointments, and as a result, the service is seen a lot of missed appointments too.

A Member raised concerns that for patients to be seen at Neaman Practice for footcare, they are first required to be seen at St Leonard's Hospital and for patients from the City of London, this is a far away for elderly patients, and as such, doctors at the Neaman Practice should be able to make the decision to see patients. The Member was advised that for an assessment to be carried out, a senior clinician would have to see the patients. At present, the Neaman Practice is serviced by a Junior Clinician to carry out low-risk work. The Member was further assured that a transport system is also offered to the patients for those who are not able to travel afar. This was followed by a discussion around the need to address the complexity of ensuring that the patients are informed appropriately about the services, which are available as an alternative solution. This was followed by another Member who spoke of their experience around the services and acknowledged that elderly patients do need to be taken care of as many are resorting to a private service, which is costing them a lot of money in the long run.

The Deputy Chairman commented that the City of London is in a far better position to assist its local residents in comparison to other local authorities. The matters raised are more social care rather than a health care matter, and as such suggested the Grand Committee (CCS) explore what opportunities and additional funds could be made available to fill the gap in the service. The Chairman agreed that a resolution will be presented to the Grand Committee (CCS) in its future meeting.

A Member asked about the current monthly service activity and waiting time since post-July 2020. The Committee was informed that at present, the service is seeing between 500-1000; in September 2020, there were 2400 patients

seen; it was noted that due to COVID-19, the referral to the services has been low, although the self-referral for patients remains open.

It was noted that Hoxton Health is part-funded by Hackney Council and delivers foot care. It does not operate within the City as it is not funded by the City of London. It was suggested that possibilities can be explored to see if the City of London were to fund the Hoxton Health, and have its foot care services extended to the City. It was agreed that this an idea that could be explored.

RESOLVED – that, the oral update be received.

12. **NEAMAN PRACTICE APPOINTMENTS**

The Committee received the oral update on the Neaman Practice appointments from the Neaman Practice Manager.

The Chairman agreed that items 12 and 15 be taken together.

The Neaman Practice Manager informed the Committee that during COVID-19, the Neaman Practice continued to remain open and provide its services to the vulnerable patients. It continues to do so by ensuring that all the safety protocols are met. Neaman Practice continues to open up more and more of its services, such as the stop smoking campaign, substance misuse programme, podiatry services, and family action services. The Social Prescriber's services, which were halted in the past, is also slowly resuming its services. The Centre continues to be available to its patients either online or via its telephone services. The website allows patients from 5 am every day to book appointments in advance.

A Member raised concerns that some patients may not be able to go online and register for an appointment. The Practice Manager reassured the Committee, some appointments are kept in reserve to allow patients to call in at 8 am to book in appointments. The Neaman Practice Manager also reminded the Committee that the Neaman Practice is also providing a service to 111 services. The emergency services can refer patients to the Neaman Practice for consultation who are not a registered patient of Neaman Practice.

The Neaman Practice continues to liaise with its housebound patients and ensuring that they are being seen to. Some of the housebound patients have also received their winter flu, and the service will continue to be provided to other patients. In terms of the patient’s access, at the beginning of April 2020 the Neaman Practice was at 28.9%, and the Practice continues to advertise the app, which will allow patients to access their medical records, at present, it is at 29.5% with a target of achieving 30% by December 2020, which will enable the patients to have greater control over the records and how they can access the Practice.

In terms of the IT systems, the Neaman Practice had its telephone line out of order, with slower internet speed, and as a result of the issues, the Practice is looking to upgrade to Window10 as well as add a new software called PatientsPartner, which will allow patients to book appointment 24/7, the

PatientsPartner will make it easier to book appointments without having to speak to a receptionist.

A Member noted that some of the receptionists are new and asked the reasons behind the recruitment. The Neaman Practice Manager reassured the Member the receptionists have not gone anywhere, but due to COVID-19, some of the staff are shielding, and a few had to go on leave, and as a result, temporary staff had been drafted in to provide additional support. This may result in communication error, as temporary agencies change staff at the last minute, but the Neaman Practice is trying its best to ensure that they are communicating effectively with their patients.

The Chairman noted from the report that "the City of London has a single GP practice – the Neaman Practice. Patients registered at the Neaman have one of the lowest rates of diabetes within the City and Hackney practices. However, the higher rates of diabetes in neighbouring Hackney may skew local estimates of diabetes". The Chairman asked about clarity on the point. The Neaman Practice Manager noted that the City of London has a low level of deprivation as well as the residents being able to make educated decisions and take heed of early intervention and make lifestyle changes to bring about positive changes.

The Neaman Practice Manager informed the Committee this would be her last meeting as she is moving on from the Neaman Practice. The Chairman thanked the Neaman Practice Manager for her services to the Committee

RESOLVED – that, the oral update be received.

13. **CITY & HACKNEY RESTORATION AND RECOVERY PLAN POST-COVID-19**

The Committee received an oral update on the City and Hackney restoration and recovery plan post-COIVD-19. The CCG's Managing Director informed the Committee that the CCG is expecting a phase 4 letter, which will explain the mandate from NHS England for practices in terms of adhering to its statutory responsibilities during the pandemic, as the country awaits another lockdown. The phase 4 letter will maintain elective surgeries during the next peak. The CCG City and Hackney has a strong plan for managing a number of hubs sites across North East London, taking a specialism approach in specific parts of elective surgeries. The capacities identified within the Trusts will allow the medical professionals to continue to run elective surgeries and manage the critical care aspect of the services, should the need arise. The Royal London Hospital has its 14th and 15th floor on standby to run any critical care services from there.

The Managing Director informed the Committee that there are two concerns that the CCG needs to be aware of, the first being the risks of transmission to NHS staff and frontline workers; hence the testing regime and the turnaround around the testing are very crucial to ensure a smooth running of services. The second point of concern is the worries around mental health, which requires

public health orientated work to provide support for people to assist around their mental health and wellbeing.

At this point the Chairman noted that the report states that 98% of the CCG allocation will be retained locally with teams and resources continuing to deliver to local agenda, and asked what the value of the 2% figure which will be allocated North East London. The Managing Director informed the Committee the North East London is allocated £10 million. Additionally, the City and Hackney CCG hold 1% of its allocation in the reserve funds; the reserved funds were used in the past to assist in times of difficulties in supporting other CCGs across London.

The Managing Director thanked the Committee for its leadership and scrutiny.

The Committee was further informed that since 2019 Public Health England has published its Local Authority Health Profiles on its Fingertips website; however, the City of London's profile can't be made available in this way due to the need to include indicators from multiple profiles and because some of the indicators are combined with Hackney's data.

The Deputy Chairman raised a question on the clarity of those Killed and Seriously Injured (KSI) on roads and whether the figures were for the accident's location or the location of the resident. The Deputy Director of Public Health agreed to look into this and come back to the Committee after the double-checking matter. It was agreed that the figures are relatively high for the City of London.

This was followed by another Member who asked that the number of children in low-income families lower than the national average, and if the families in the East of the City of London who attend the GP practices in Tower Hamlets are they included in Tower Hamlets CCG or the City and Hackney CCG. The Deputy Director of Public Health informed the Committee that the figures would be reflected upon the borough where they reside in, rather than the GP practice they are registered with.

Another Member asked if some of the residents used business addresses to register with a GP for personal reasons, will this impact the data. The Deputy Director of Public Health responded that from the data gathered from historical work, the City noted that a very small margin had used their business addresses, and as such, this will not have a massive impact should someone use their business addresses.

RESOLVED – that, the oral update be received and noted the City of London Health Profile 2019 and consider how they might use it to shape their forward-planning process.

14. **AN INTEGRATED CARE SYSTEM FOR NORTH EAST LONDON UPDATE**
The Committee received an oral update on the integrated care system for North East London from the City and Hackney from the CCG's Managing Director.

The CCG's Managing Director informed the Committee that some of the issues raised today concerning the Portsoken ward and the North and South of the City regarding accessing services. The proposed single CCG model gives the City a better chance to influence services in the City and in Tower Hamlets along with the other sides of the City. This may play into some of the contemporary issue's colleagues in terms of access and boundaries.

RESOLVED – that, the verbal update be received.

15. **CITY OF LONDON HEALTH PROFILE 2019**
The City of London Health Profile 2019 was received with item 12.

16. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

17. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

18. **EXCLUSION OF THE PUBLIC**
RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that the involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item Nos.	Exempt Paragraph(s)
19	3
22	3

19. **NON-PUBLIC MINUTES**
RESOLVED - That the non-public minutes of the meeting held on 16 July 2020 be approved as a correct record.

20. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

21. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was no other business.

22. **CONFIDENTIAL MINUTES**
RESOLVED - That the confidential minutes of the meeting held on 16 July 2020 be approved as a correct record.

23. **CONFIDENTIAL QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There was no other questions.

24. **ANY OTHER CONFIDENTIAL BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

The meeting ended at 12.54 pm

Chairman

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Health and Social Care Scrutiny Committee

Forward Plan and potential topics – 2021

2021 dates

- **10 Feb 2021 @ 11.00am**
- **30 Jun 2021 @ 11.00am**

February agenda topics:

	Topic	lead
1	**Children and Young People - Mental Health services**	Programme Manager – Clinical Commissioning Group
2	**Hospital discharge/Discharge to assess**	Head of Service – Adult Social Care
3	**GP Services in East of City (Tower Hamlets practices)**	Clinical Commissioning Group
4	**Neighbourhood model for health and social care**	Programme Director, City and Hackney

Future topics

	Topic	Suggested meeting
1	**St Bartholomew's Hospital (Barts) Minor Injuries Unit**	June 2021
2	**Tobacco Control**	
3	**Carers services and support**	
4	**Public Involvement and Transparency in Local Integrated Commissioning and ELHCP**	
5	**Annual Healthwatch Report**	
6	**Sexual Health Services Review**	
7	**Early intervention and Prevention (for children and young people)**	
8	**City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation**	
9	**Annual report of City and Hackney Adults Safeguarding Board**	
10	**Annual Assessment of the CCG**	
11	**Health Visiting Services for new born chidlren**	
12	**Integrated Commissioning workstreams: – Children Young People and Maternity/ Planned/Unplanned Care Workstream/Prevention Workstream**	
13	**Making Every Contact Count initiative - impact**	
14	**Invite Chair of Patients Forum Ambulance Services London**	

15	**Mental Health Services Review**	
16	**Government Green Paper on Social Care**	
17	**Report on untoward incidents within the health providers which work with the City Corporation**	
18	**ICU discharge protocol and pressures at the Royal London**	
19	**St Barts Surgical Strategy (on hold due to pandemic response)** Ralph Coulbeck	
20		
21		
22		
23		

Children and Young People's Mental Health

Hackney and the City of London

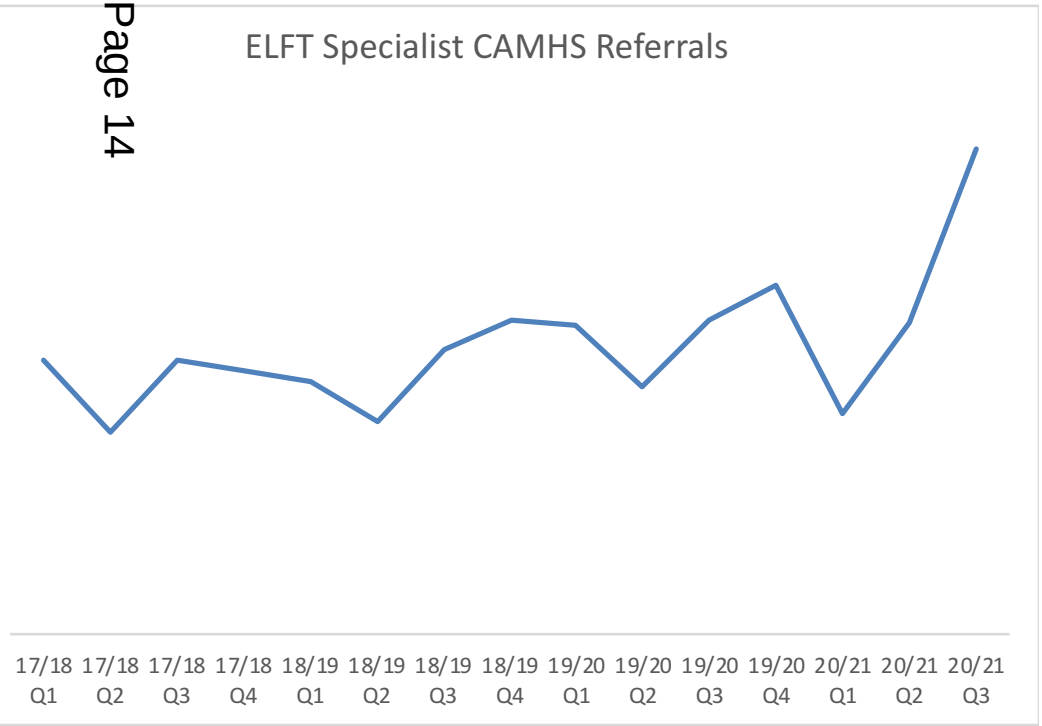
Update:

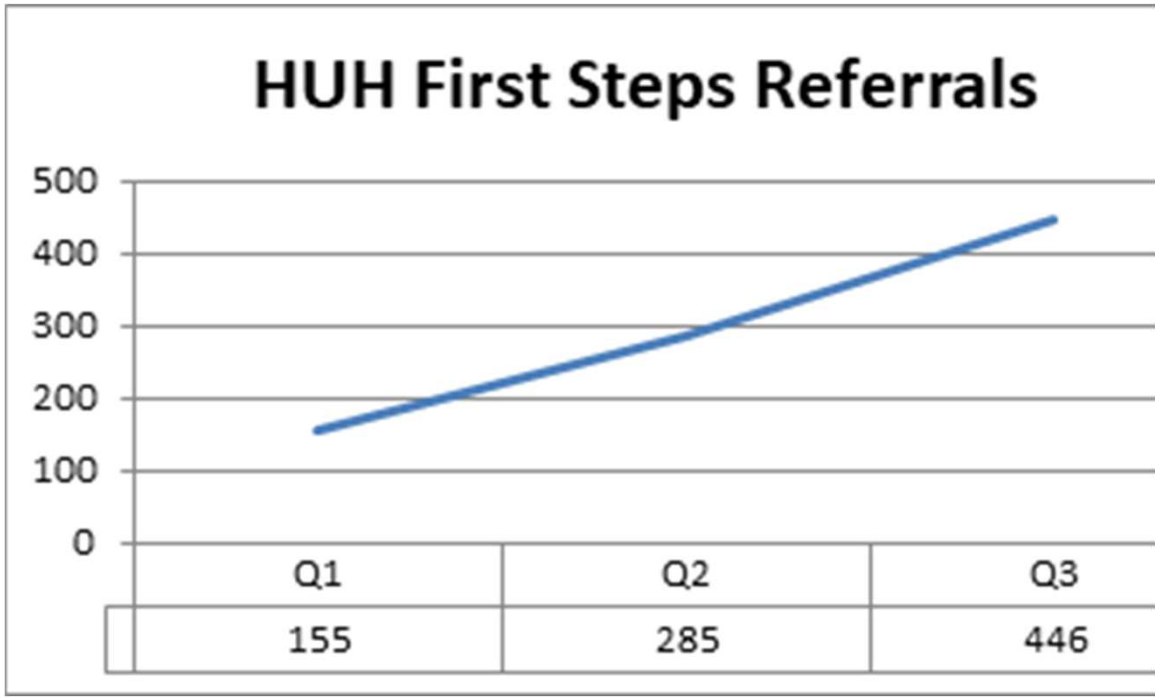
January 2021

CAMHS Tier 2 and 3

Tier 2 First Steps had a reduction in referrals over the first lockdown period but referrals have been significantly increasing since then and now back to normal levels for Q3. There are concerns however, that the referral trajectory for Q4 is abnormally high.

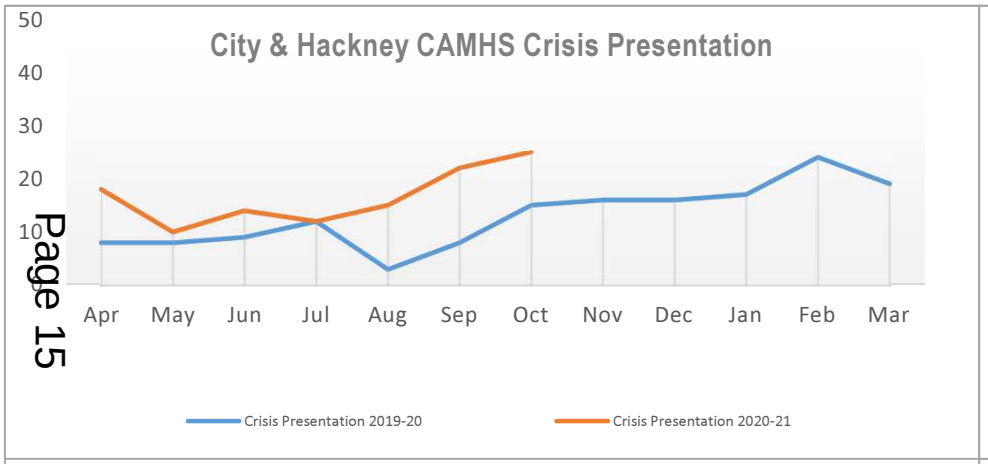
Tier 3 Specialist CAMHS have seen a significant surge in referrals for Q3 compared to previous years (almost double). Q4 also projected to be abnormally high. The service is under significant strain and we are at a critical point

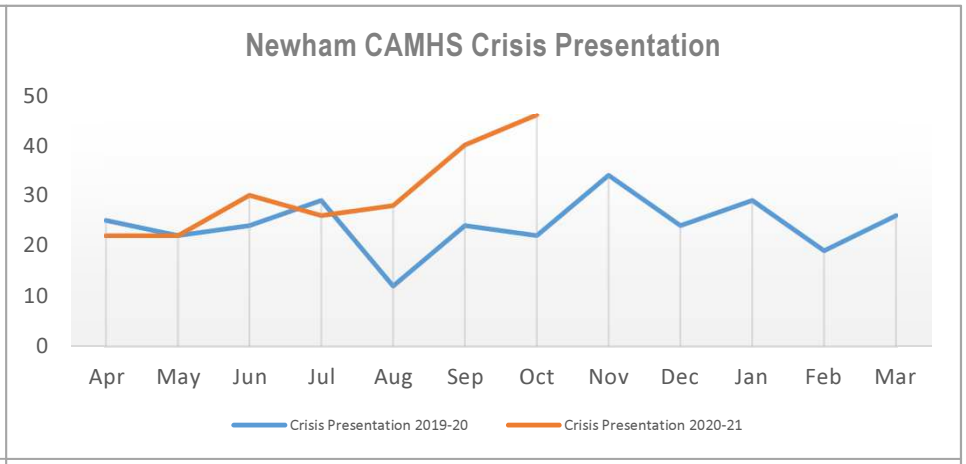


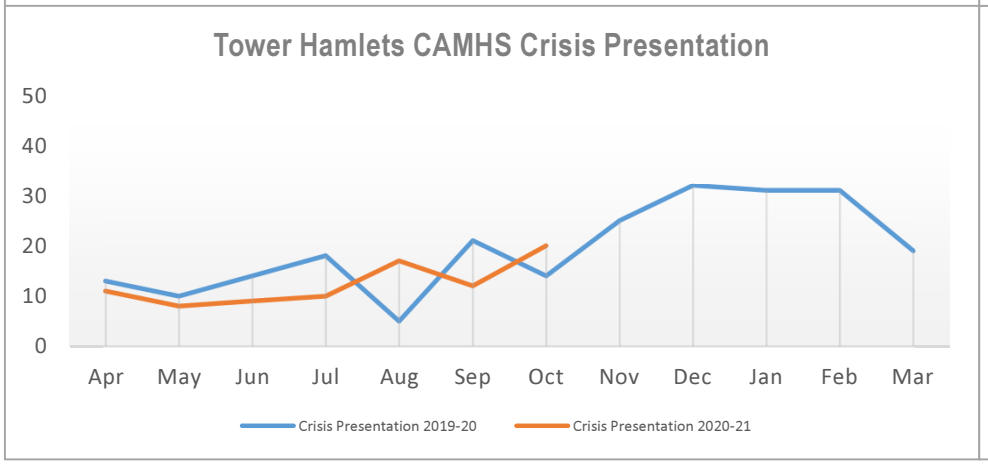


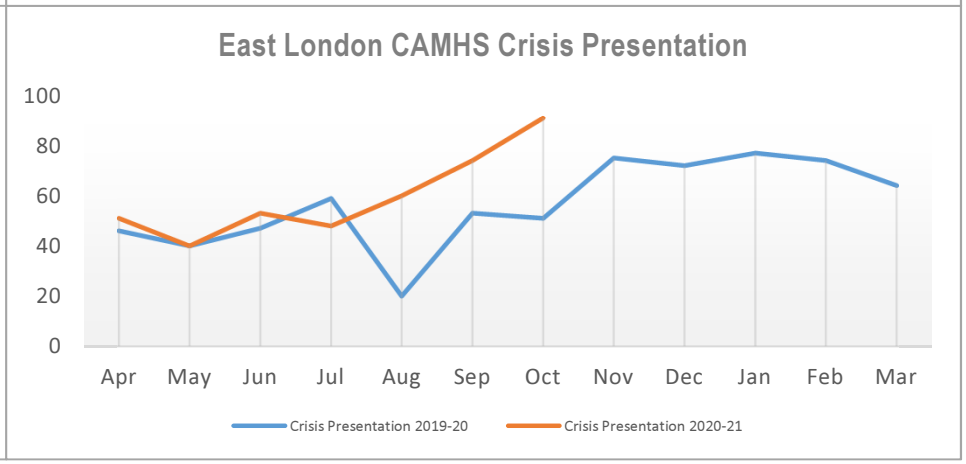
CAMHS Crisis Team

Significant increases in CAMHS Crisis presentation across inner North East London compared to previous year. Self Harm 30%; Social Problems 30%; 40%Depression, low mood/ Anxiety. There has also been a 50% increase in Eating Disorder presentations.









CAMHS Surge – Critical Response Plan

Redeployment of CAMHS Alliance Support to coordinate critical response - plan being finalised but will include e.g.

- 1) First Steps to see lower threshold cases that would normally go to ELFT e.g. low level self-harm
- 2) Expediate deployment of CAMHS Single Point of Access
- 3) Utilisation of MHST staff to support with core ops e.g. triage

HUH CAMHS to receive enhanced funding for additional senior clinician capacity plus enhanced duty system

Introducing enhanced LBH clinical offer to support surge in CAMHS crisis presentations that relate to social problems(e.g. LAC placement breakdowns).

Maintain Crisis service operation 9am -9pm 7 days per week beyond April 2021 and introduce additional cover up to midnight (in development)

Introduction of CAMHS Intensive Community Support Team (Tier 3.5) for CYP with highly complex needs preventing crisis presentations and unnecessary admission

Embedded LBH social worker to support crisis presentations

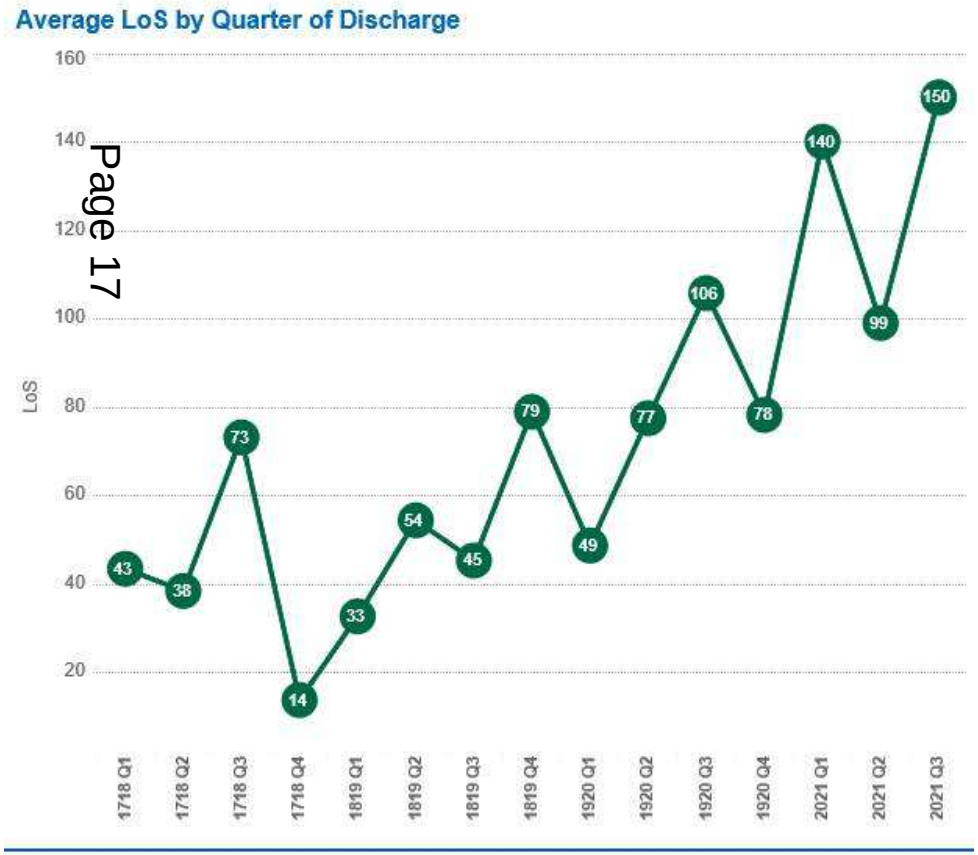
Introduction of Silvercloud online CYP IAPT treatment offer.

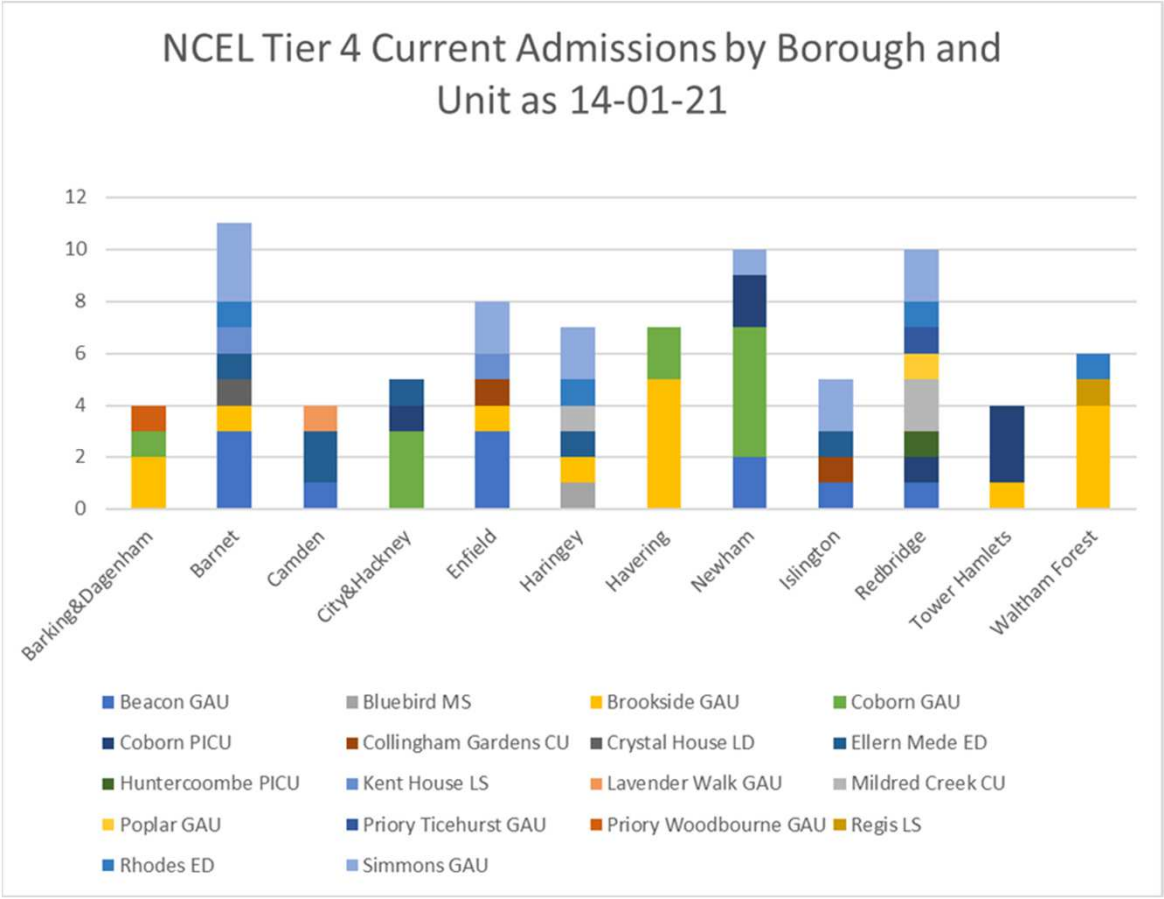
50% enhancement to clinical capacity at Off-Centre to improve pathway for 16-25 yrs. Working with HUH Adult IAPT to provide support for Young People on Off-Centre's waiting list.

Expanding existing Eating Disorders Service by 40% to cover increase demand / rapid deployment underway

CAMHS Tier 4

Significant pressures on Tier 4 beds and paediatric units (*NEL activity currently remains within target*)
Although there have not been any significant increases in admissions to tier 4, there has been a reduction in available beds due to covid restrictions, and a slowing down of flow, resulting in longer lengths of stay and less beds available for the usual number of admissions





CAMHS Tier 4 – Discharge and Flow Oversight Group

- Tier 4 no longer commissioned by NHSE but the responsibility of the NCEL Provider Collaborative (ELFT, HUHT, NCEL) to deliver care as close to home as possible
- Integrated Discharge Oversight Group established led by the Provider Collaborative with NEL CCGs and LAs (social care and education) - *applies to mental health and Transforming Care cohort*
- Remit to improve timely and effective discharge planning:

- Notification of admissions and referrals to health, social care and education
- Strengthen discharge planning from point of admission
- CYP 'profiles' for placements to be jointly agreed with health to more accurately reflect needs
- Reach agreement about tolerable levels of risk
- Will inform development of wider step down strategy

Transforming Care: Care Education Treatment Reviews (CETRs)

- Separate dynamic support registers for Adults and CYP
- CYP with LD and / or autism with challenging behaviour and at risk of admission, threshold lowered in Covid (c.15 CYP)
- Regular multi agency review of the cohort and CETR meetings with Independent panel members, the family and all professionals are convened 3 monthly when at high risk of admission
- CAMHS are holding this caseload at a level above Tier 3
- Joint work with CAMHS, social care and education to explore commissioning of a ‘Tier 3.5 service’ which would require new ways of working across agencies to support this cohort in the community

Hackney Education update

- Attendance data :
  - CYP with Education Health and Care Plans (EHCPs)
  - Vulnerable pupils
- Duty to deliver provision
- Expectations for remote education
- SEND Recovery

Committee(s): Health and Social Care Scrutiny Committee - For Information	**Dated:** 10/02/2021
Subject: Hospital Discharge Report	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2
Does this proposal require extra revenue and/or capital spending?	**N/A**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Andrew Carter, Director of Community and Children's Services	**For Information**
Report author: Ian Tweedie, Adults Service Manager, Community and Children's Services	

Summary

This report outlines the City of London's response to the Hospital Discharge Service Operating Model requirements on facilitating hospital discharges during the COVID-19 pandemic.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. The Hospital Discharge Service: Policy and Operating Model published on 21 August 2020 is an updated version of the document published 19 March 2020 and sets out the Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England.

2. The specific responsibilities for Adult Social Care include:
    - Provide social care capacity to work alongside local community health services to provide a single point of contact for hospital staff.
    - Support real time communication between the hospital and the single point of contact, not just by email.

- Organise any needed isolation capacity for people who do not meet the criteria to remain in hospital, in the event that they require to be discharged to a care home but are unable to be isolated in line with the Department of Health and Social Care: Adult Social Care Action Plan published in April 2020.
- Work closely with community health providers over the provision of equipment.
- Support 7-day working for community social care teams (to be commissioned by local authorities).
- Deploy adult social care staff flexibly in order to avoid any immediate bottlenecks in arranging step down care and support in the community and at the same time focusing on maintaining and building capacity in local systems.

3. Prior to March 2020 City of London Adults Duty team were available during the core hours of 09:00 and 17:00 Monday to Friday to liaise with hospitals and ensure appropriate services were in place to facilitate safe discharge. The discharges themselves could take place outside of these hours.

4. The commissioned Care Navigator would visit relevant hospitals and act as a point of liaison between the patient, hospital staff and the Adults Duty team.

5. A 7 day per week discharge model was put in place to meet the new requirements in March 2020. This included commissioned out of hours Occupational Therapy service, block booking of hotel beds for discharge, a take home and settle service, along with the mobilisation of domiciliary care provision.

6. The discharge model was reviewed in September in line with the updated guidance and local data around hospital discharges and use of services. The model was amended to ensure a core discharge service that is both proportionate to need but agile and flexible in meeting increases in demand.

Current Position

7. In order to meet requirements a Discharge to Assess model is in operation whereby patients can be discharged as soon as it has been identified their needs do not require acute hospital care, which results in people being discharged with more complex needs.

8. In the current model, outside of normal working hours, cover is provided by a qualified and experienced hospital discharge Social Worker to liaise with the hospital discharge hubs and facilitate discharge where appropriate.

9. Since the start of the pandemic the Care Navigator has been unable to visit hospitals but is still operating remotely as a point of liaison.

10. All hospital discharges home are supported by the Intensive Response domiciliary care service who have agreed to provide a home response within a maximum of 3 hours from notification.

11. The allocation of food vouchers to the Intensive Response Service has replaced the need for out of hours take home and settle service.

12. To meet the requirements for a designated discharge setting, 2 beds have been blocked booked in a hotel until April 2020, with an option to pay for further rooms on a use only basis. The hotel has been set up to facilitate both those who are Covid positive and those who are negative. Support will be provided by the Intensive Response service and telecare has been installed in the rooms.

13. A specific hospital discharge meeting was set up at the start of the pandemic to monitor hospital admissions and discharges, levels of use and capacity of services, along with oversight of the discharge model. The meeting takes place a minimum of every 3 weeks and weekly at times of increased pressure on hospitals and higher demand on services.

Key Data

14. Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, the collection and publication of some official statistics have been paused, including those around Delayed Transfers of Care (discharges).

15. Since the start of the 7-day discharge model Adult Social Care has facilitated a total of 83 hospital discharges. The overwhelming majority of discharges are arranged and take place within the 5-day working week with less than 2% of discharges taking place on a weekend.

16. During this period there has been between 1 and 12 people known to City Adult Social Care in hospital at any one given time, with an average of 6 to 7 people in hospital each week.

17. The hotel provision has been used to support 2 service users in total, both during the first wave of the pandemic.

Lessons Learned

18. When the initial discharge model was implemented in March 2020 there was limited relevant data with which to forecast impact and demand of the pandemic on the service. Given the number of unknowns at this stage the model was designed with the principle that a position of unused capacity was preferable to one where services were unavailable in a time of need.

19. Following the September review the revised model scaled down services in favour of a more agile approach. This included negotiating a reduction in the

number of blocked booked hotel beds from 7 to 2 with an option to increase on demand.

20. The Take Home and Settle service had low usage which tended to focus on the delivery of food boxes. The decision was made to issue the Intensive response service with food vouchers to enable necessary food shopping to be obtained as required and in line with service user choice. This is in addition to the food bank provision provided by First Love Foundation.

21. The implementation of a discharge to assess model at the same time the care navigator and social workers are unable to visit hospital wards has led to increased complexity and pressure on front line services. Services are operating with limited information around people's needs and choices to facilitate discharges within timescales. Monitoring and feedback suggest services to be responsive and to have adapted well to support people with more complex needs.

22. The Hospital Discharge meeting reviews individual discharges where there are suggestions that learning may inform practice.

23. The Adult Social Care team received positive feedback from the University College Hospital in August thanking them for their response in facilitating discharges and comparing the City service very favourably with that of other Local Authorities.

24. The local data to date suggests that an ongoing 7-day discharge model may not be necessary to meet the demand in the City of London, given no discharges to date have been fully arranged and facilitated during a weekend. However, it currently remains a national requirement and remains in operation and under review.

25. A further review is being undertaken to look at how the discharge model will look post March 2021. At this moment in time we await confirmation on the governments longer term requirements for a 7-day discharge approach and whether any specific funding will be granted from April.

Corporate & Strategic Implications

26. Strategic implications

City's Corporate Plan

Contribute to a flourishing society

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.

Financial implications

27. The Government agreed to provide additional funding, via the NHS, alongside existing use of local authority and Clinical Commissioning Group (CCG) budgets.

28. All additional hospital discharge costs which are directly related to Covid are reclaimed from CCG from the additional government funding.

Equalities implications

29. The information in this report sets out the response to and compliance with government guidance in partnership with the NHS, and is an extension of the service provided by the City of London under Adult Social Care legislation and in so doing complies with Public Sector Equality Duties.

Conclusion

30. The City of London Adult Social Care service has met the Hospital Discharge Service Operating Model requirements on facilitating hospital discharges during the COVID-19 pandemic. The operating model in place is subject to continual monitoring and review and changes have been made to reflect the needs of the local population.

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Committee(s): Health and Social Care Scrutiny Committee	**Dated:** 10/02/2021
Subject: WEL Estates Update to CoL - Tower Hamlets Goodman's Fields Health Centre Project Update	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	N/A
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Jack Dunmore, Strategic Estates Manager WEL CCG	**For Information**

Summary

This paper updates the Health and Social Care Scrutiny Committee on GP services in Tower Hamlets. Approximately 16% of City of London residents are registered with GP practices in Tower Hamlets at two main practices (Spitalfields and Whitechapel Health Centre, who also have the satellite practice at Portsoken). The paper provides an update for Members on the development of the new Goodman's Fields Health Centre which will house the Whitechapel Health Centre and the services that had been provided at the Portsoken Satellite Surgery.

Recommendation(s)

Members are asked to note the report.

Main Report

Tower Hamlets Estates Update

1.0 Project overview

- In 2018, Tower Hamlets CCG set out on a new health centre project; the new home for patients in Tower Hamlets & the City of London.

- The CCG instructed NHS Property Services to secure the lease for the new property and be the construction & procurement lead for the health centre.
- For the City of London (CoL), Goodman's Fields Health Centre provides the new permanent home for Portsoken.
- Goodman's Fields Health Centre will be operated by AT Medics, the current provider of care for patients from Portsoken.
- Appendix 1 illustrates the move from Portsoken to the new home at Goodman's Fields Health Centre.
- AECOM and the CCG were invited to showcase the centre & project at the European Healthcare Design Conference 2020 - Population health in practice, reshaping primary care.

2.0 Project on-site

Project	**Construction commencement date**	**Anticipated construction completion date**	**Anticipated practice opening**
Goodman's Fields	August 2020 (award of contract 6th July 2020)	June 2021	August - September 2021*

*forecast practice opening subject to change

3.0 The Design

Appendix 2 – General arrangement of the new health centre.

The design of the health centre is centred around Biophilic design principles; Biophilic design is an approach to architecture that seeks to connect building occupants more closely to nature.

The approach centres the building around available natural light and a landscaped central courtyard garden, connecting building users and patients to nature; the design has been worked through with both patients and practice staff.

The new home for patients incorporates:

- 23 clinical spaces – including dedicated Phlebotomy & Point of Care testing suite,
- Two patient lounges – a different way to think about patient waiting, forming two public zones on either side of the central courtyard, providing seating, patient information and flexible furniture enabling the spaces to be used for various uses, incl. Pilates / Yoga,
- A large open plan office environment to staff to provide flexible accommodation for all functions of patient care. This can include, practice support staff, digital & remote patient care and space for clinical staff to come out of clinical rooms (when not seeing patients) and work in a sociable office environment.

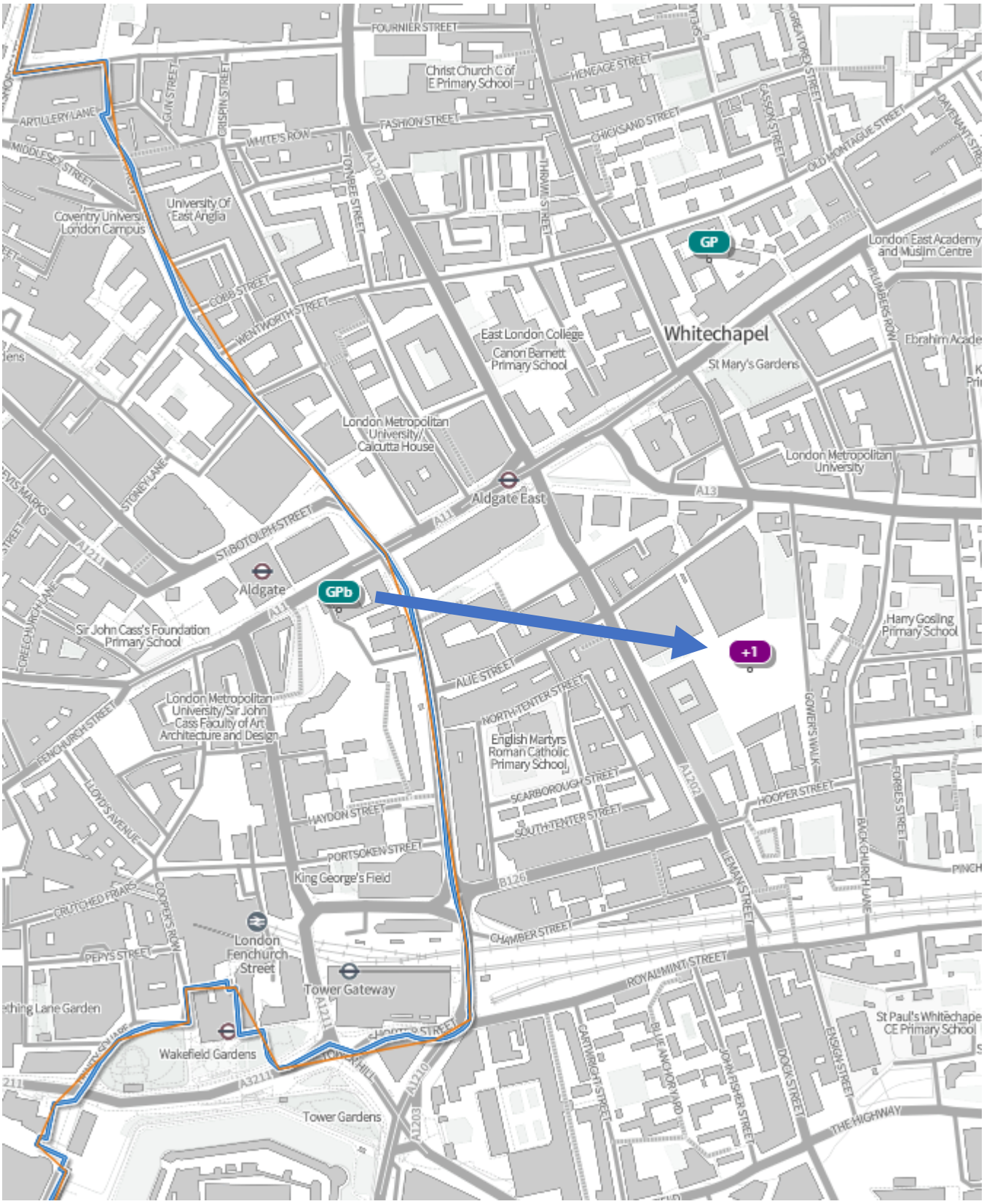
4.0 The Move

The CCG is currently working with AT Medics to work through the safest and best way for patients to start occupying the new health centre. There are existing premises in both CoL and Tower Hamlets moving into the new home.

AT Medics run two neighbouring Practices in Tower Hamlets - East One Health and Whitechapel Health (of which Portsoken is a branch). These two Practices will be merging in early summer and will move into Goodman's Fields as a single Practice.

In March 2019, as part of the Primary Care re-procurement of both Practice contracts, patient consultation took place about the proposed move. The CCG and the Practice will continue to engage with patients and stakeholders over the spring/summer with updated information and further detail on the process of the move. This engagement will include letters, meetings with the Practice Patient Participation Group and opportunities to attend drop in sessions. The CCG will be working closely with Healthwatch City of London and Tower Hamlets to support the patient engagement.

Appendix 1



GPb – Current Location of Portsoken

+1 – Goodman's Fields Health Centre

GP – Spitalfields Health Centre

Appendix 2

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Committee(s)	**Date:**
Health and Social Care Scrutiny Committee	10 February 2021
City of London Health and Social Care Scrutiny Committee - Neighbourhoods	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	N/A
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report author: Mark Golledge, Neighbourhoods Programme Lead, City and Hackney	For Information

Summary

The report updates The Health and Social Care Scrutiny Committee on Neighbourhoods. Neighbourhoods are part of an approach to integrated health and social care based on joining up healthcare services so that people are supported to live health lives and that they receive the right care and support when they need it. The neighbourhood model is built around groups of GP practices with a total registered population of 30,000-50,000. Across City and Hackney, 8 neighbourhoods have been established and City of London is part of the Shoreditch Park and City Neighbourhood. Work is also underway with Tower Hamlets practices to link in with their integrated care models.

Recommendation(s)

Members are asked to note the report.

Main Report

1. Introduction to Neighbourhoods

1.1. Neighbourhoods is central to City & Hackney's ongoing commitment to re-designing the way that out of hospital services are delivered. The community we live in has a significant influence over our health and wellbeing. Neighbourhoods is about joining up services so people are supported to live healthy lives and that they can receive the right care and support when they need it.

1.2. We are already bringing services together so they are organised around each of our 8 Neighbourhoods; adopting more of a strengths-based approach that is focusing on what matters to residents; working more closely with local

communities and taking a more proactive approach to identifying and supporting residents who have complexity in their lives.

1.3. As a local system we want ‘place’ rather than ‘organisation’ and ‘conversation’ rather than ‘referral’ to be the currency of integrated service provision locally. We want to ensure that residents don’t have to tell the same story to multiple organisations and that there is much more coordinated support with them.

1.4. System partners working together across City and Hackney are continuing to put in place a fundamentally different approach to delivering out of hospital health and care services working in collaboration with all system partners including the voluntary and community sector.

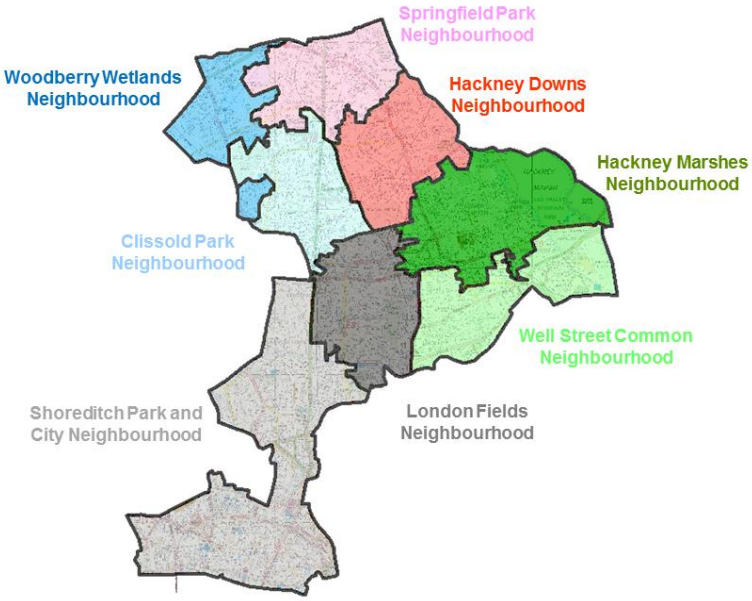
1.5. Our aspiration for Neighbourhoods extends beyond just health and social care. Neighbourhoods at its heart is about relationships and about encouraging relational connections both with and within local communities as well as between practitioners.

2. What are Neighbourhoods?

2.1. Neighbourhoods are formed as far as possible around natural communities based on GP registered lists. Each Neighbourhood serves populations of between 30,000 to 50,0000 residents. The intention is for Neighbourhoods to be small enough to provide joined up services, but large enough to provide a broad range of resilient services. The City of London forms part of Shoreditch Park and the City Neighbourhood.

2.2. Primary Care Networks (PCNs) within Neighbourhoods are key to this approach. PCNs bring together GP Practices to work together and are a key building block of the NHS Long Term Plan. They are focused on service delivery and work with wider system partners. The geographies for PCNs and Neighbourhoods are the same within City and Hackney.

2.3. For the City of London there are links also with Tower Hamlets given where some residents access services. Integrated care in Tower Hamlets is built around a network model – each containing several GP practices. The main practices, Whitechapel/Portsoken and Spitalfields, that City of London residents attend are in two different networks, but this is currently managed by one network manager which provides a good opportunity to have an overall view of the links with the City of London.



3. What is the ambition for Neighbourhoods?

3.1. At the core of Neighbourhoods is bringing together fully integrated community-based teams. This will be multi-agency teams working to take a proactive approach to supporting local residents. This involves healthcare, social care, voluntary and community organisations and wider system partners.

3.2. It is intended that by working together, staff across different disciplines can communicate regularly, share knowledge and expertise and coordinate care planning and delivery. Working in this way also allows teams to localise the planning, coordination and delivery of care for the whole local population. The aim being to support residents in a way which is joined up, community based, proactive and focused on the whole needs of a person and their families.

What are the Neighbourhood principles we are working towards for residents:

- Engagement with residents will start with what matters to you rather than what is wrong with you.
- New services will be provided in the Neighbourhood such as support from physios and health and wellbeing coaches who will deliver support in Shoreditch Park and the City Neighbourhood.
- For residents who have longer-term care and support needs they will be supported by a multi-agency team who work together (within each Neighbourhood) to coordinate their needs.
- This support will be more proactive (rather than reactive at a point of crisis) and therefore prevent or delay rising needs.

4

is being delivered now to support the ambitions outlined above for City of London residents.

4.2. In summary, we have described what will be different for City of London residents from this approach.

a). Understanding what is important to local communities - and working with partners to respond to this

4.3. Neighbourhoods at its heart is about understanding local population health needs and working collaboratively with residents and local communities in response. This year work has been undertaken to improve our understanding of what is important to residents and local communities as well as coordinating responses to those. This includes:

- **Shoreditch Park and City PCN have commissioned work to understand what is important to local residents and communities**. This is being jointly delivered by Healthwatch Hackney and Healthwatch City (the latter are supporting specific work with City of London residents alongside City of London Corporation input). This survey is open during January and early February 2021 and the results will inform a more focused session in February / March 2021. Open to all City residents (not just those registered at the Neaman practice) the results will be used to inform a set of actions to be taken forward by system partners. Follow up work will also be undertaken by Healthwatch City later in the year.

- **Work has been undertaken to develop detailed population profiles for each of the 8 Neighbourhoods across City and Hackney.** These are regularly refreshed (the most recent being in 2020) and draw out important headlines that can be used alongside local community insight identified above. These profiles draw together information about who lives in the Neighbourhood, what we know about the health profile of the population, what we know about how people access services and about the health and care workforce profile for the area. The profile for Shoreditch Park and the City Neighbourhood support focus group sessions highlighted above.

- **In response to COVID-19 'Neighbourhood Conversations' have been held in each of the 8 Neighbourhoods across City and Hackney.** These conversations have bought together a range of partners including voluntary sector, statutory partners, local councillors, frontline practitioners and active residents. The conversations provide a forum for disseminating information, sharing local insight and knowledge and building relationship between organisations. Importantly, they have also led to collaborative working across a range of different areas including exploring suitable alternatives for communities who face barriers to digital access. Work is being undertaken with HCVS to further develop the City of London representation within these Neighbourhood Conversations.

b). Bringing together of multi-agency teams within a Neighbourhood to deliver more integrated care and support to residents

4.4. We are already bringing together multi-agency teams within a Neighbourhood to support residents with longer-term care and support needs. This work includes:

- **Neighbourhood based teams are being established to support residents with serious mental illness and complex emotional needs**. This is due to be introduced in Shoreditch Park and the City from April 2021. This is a new approach to improving support to residents, focusing on what matters to them (using dialog outcome measures which look at a range of social factors), connecting them with local community services and providing therapeutic and psychological therapy interventions. These blended teams bring together practitioners working across primary care, mental health and voluntary sector (including new community connectors who are helping people make links in their Neighbourhoods and access community and voluntary support). This work is also co-designing support with residents such as peer support groups and sporting / non-sporting activities.

- **Redesign work is underway in services such as adult community nursing, adult social care (LB Hackney) and adult community therapies that will see Neighbourhood-based teams established**. Increasingly those teams providing longer-term support for residents in the community are being aligned to each of the eight Neighbourhoods with improved ways of working between these teams. This work is also improving pathways into services. For example, the work in Adult Community Nursing (currently in the staff consultation phase, with roll out of the new model planned from April 2021 and aiming for full model to be in place towards the end of 2021) will include a single point of access into the service, improved support for patients who need short-term support alongside eight Neighbourhood-based nursing teams providing longer-term support for residents. There will also be better distribution of community-based nursing teams based on demand modelling with more nursing resources allocated to the Shoreditch Park and the City Neighbourhood

- **Primary Care Networks are continuing to recruit to additional roles (utilising national funding made available to them). This will provide added capacity to support primary care, ensure that residents are receiving specialist support and assisting with the delivery of integrated care models**. For Shoreditch Park and the City this already includes social prescribing link workers *(connecting residents to local community services)*, first contact physios (*supporting residents with Musculoskeletal needs*), health and wellbeing coaches (*to support people to proactively manage their conditions*) and clinical pharmacists *(to support with prescribing and review of medications)* and Physician Associates *(working alongside GPs)* that are delivering additional support on top of existing support delivered in primary care. Additional roles are available (and becoming available from 2021) for PCNs to recruit to and it will be for PCNs, based on an understanding of local

population health needs, to identify which roles are most important to provide additional support. There is a financial envelope within which PCNs have to operate in the recruitment of additional roles.

- **The rollout of Neighbourhood-based MDTs from June 2020 to support more vulnerable residents across City and Hackney.** These have been rolled out across all 8 Neighbourhoods and providing a regular space to support residents who are more vulnerable. As core members these bring together community based services including primary care, community health (nursing and therapies), community mental health and voluntary sector engagement. Additional services such as housing, substance misuse, care of the elderly and similar support have been supporting this work. The City of London Corporation and Neaman Practice are involved in this work in Shoreditch Park and the City. These have been an important part of our response during COVID-19 to ensure that those residents who are most vulnerable are receiving support. Many of those residents supported have long-term care and support needs and in many cases wider mental and social support needs. As this work develops, the work will focus on working with people at risk of rising need and unwarranted outcomes through an anticipatory, personalised and more proactive approach to supporting residents (with a particular focus on supporting people with multiple long-term conditions).

- This approach has given access to shared learning on other approaches to take with clients. Key links with the City's voluntary services have also been established with the MDTs together with a defined pathway for referrals from the Homeless and Rough Sleeper service. The forum provides a joint approach on accountability on more complex cases with actions taken from the meetings and monitored back within the MDT. We are already starting to demonstrate evidence of improved day-to-day connections between individuals and teams. As we see more services being aligned to a Neighbourhood-based footprint the opportunities for relational connections will increase.

c). Supporting people in connecting with non-medical needs and connecting them with their communities

4.5. It is important that this support for residents is not wholly based on health conditions or medical needs. We have a local commitment to develop our personalised care approach for residents which is based on an understanding of what matters to them.

4.6. We use the term 'community navigation' to describe the 1-2-1 non-medical, person-centred support that these navigation services provide. It is not just about signposting but listening to individuals and what matters to them. The emphasis is therefore prevention focused and often leads to connecting residents to a range of support services - both communities based as well as statutory support. City

Connections are already providing support for City of London residents, complemented by social prescribing and health and wellbeing coaches.

4.7. Work to develop further our community navigation offer and make this even more a focus of Neighbourhoods is underway including:

- **Improvements are being made to improving the pathways into accessing this navigation support:** Pilot work is underway specifically in Shoreditch Park and the City to improve referral pathways for primary care into community navigation support. In addition, work is being undertaken with community nursing and community therapies for them to access a single point of access for community navigation (which will also benefit City of London residents who may be accessing nursing or therapies support). This is helping us encourage a more holistic approach to care and support.

- **Ensuring that community navigators are a key part of multi-agency teams**: Community connectors are already a key part of the mental health Neighbourhood blended teams described above, City Connections are involved in Neighbourhood MDT arrangements in place and we are ensuring that similar roles are a key part of multi-agency working.

- **Bringing together community navigation providers within a Neighbourhood**: We are bringing together these navigation providers to work together to support residents within each Neighbourhood. This is being piloted within Shoreditch Park and the City Neighbourhood. These will see closer working between practitioners such as social prescribing, health coaching and community connectors enabling them to build relationships between each other and support our integrated care approach for residents.

d). Establishing partnership arrangements within Neighbourhoods which bring together partners to understand local population health needs and proactively work together to address these

4.8. Finally, we have a commitment to establish partnership arrangements across each Neighbourhood which bring together partners (including voluntary sector and residents) to improve local population health needs.

4.9. Engagement is underway with stakeholders across Primary Care Networks, City of London Integrated Commissioning Board Members and the voluntary sector to define what this Partnership for Shoreditch Park and the City will look like in practice. This will identify the core purpose, involvement and arrangements to support future sustainability.

4.10. These partnership arrangements are not to take decision making responsibilities away from the City of London Corporation but rather to support partnership working across a whole Neighbourhood and provide a means of working together

to respond to identified needs. A core part of this work will need to be engagement both with local residents as well as voluntary and community sector organisations.

4.11. A session is planned for February to open up discussions for the development of the Partnership which will involve City of London Members, Shoreditch Park & City Primary Care Network, Shoreditch Trust, City Connections and City Advice.

5. What about support for City of London residents who access services in Tower Hamlets?

5.1. City of London Corporation is undertaking focused work with Tower Hamlets practices to determine clear pathways to support the Corporation's social care services and improve links with the voluntary sector offer for City of London residents. Work is also underway on understanding the needs of City residents with these practices to gain a more detailed understanding of their needs and access health and social care services.

5.2. It is important that regardless of where residents are registered that support for them is joined up. The City of London Corporation working with partners across City and Hackney will continue to work together to further develop these links for City residents.

6. How will we know if this way of working is having an impact?

6.1. We know from evidence nationally that evaluation of integrated care approaches need to be considered over the longer-term. Studies undertaken by Nuffield Trust, Health Foundation and similar organisations have highlighted the complexity of evaluation for complex transformation work.

6.2. We are currently working with a partner organisation to develop an evaluation framework for Neighbourhoods overall which is based around six domains that will form the basis of our evaluation:

- **Individual outcomes**: To what extent do people across City and Hackney have an improved quality of life?
- **Staff outcomes**: To what extent do staff have an improved experience of coordinating and delivering care for individuals within Neighbourhoods?
- **Community wellbeing:** To what extent are we improving outcomes for populations and reducing inequalities as a result of integrated working?
- **Resident and carer experience:** To what extent are people involved in decisions about their care / care of their family and this care is joined up?
- **Organisational processes:** To what extent are we making best use of the resources we have and reducing duplication of effort?
- **Integrated working:** To what extent do teams feel they work effectively together with improved ways of working?

6.3. Work being undertaken between February 2021 and July 2021 will:

- Undertake a stocktake of the Neighbourhoods approach through engagement with residents, partners and frontline practitioners.
- Develop an evaluation framework for Neighbourhoods overall - aligned to the six domains described above.
- Support the development of an evaluation framework for the multi-agency approach to support those with multi morbidities as described above. This will give a more tangible focus on impact.

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