Integrated Commissioning Sub Committee

Date: THURSDAY, 14 MAY 2020

Time: 10.00 am

Venue: VIRTUALLY

Members: Randall Anderson
Marianne Fredericks
Ruby Sayed

Enquiries: alex.harris2@nhs.net

Accessing the virtual public meeting.

Members of the public can view the virtual public meeting via the link on the agenda.

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **CITY & HACKNEY ICB AGENDA - 14 MAY 2020**

For Information
(Pages 1 - 22840)

Agenda Item 1

City Integrated Commissioning Board
Meeting in-common of the
City and Hackney Clinical
Commissioning Group and the City of
London Corporation

Hackney Integrated Commissioning Board
Meeting in-common of the
City and Hackney Clinical
Commissioning Group and the London
Borough of Hackney

Joint Meeting of the two Integrated Commissioning Boards on Thursday 14 May 2020, 10.00 – 12.00
Microsoft Teams

Please follow this link to join the meeting:

Join Microsoft Teams Meeting

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	Paper	2-8	
3.	**Questions from the Public**	Chair	Verbal / Teams	-	
4.	**Minutes of the Previous Meeting**	Chair *For approval*	Paper	9-16	
5.	**ICB Terms of Reference – Covid-19 Arrangements**	Carolyn Kus *For endorsement*	Paper	17-29	
Covid-19 response					
6.	**Covid-19 Response – Phase 2 Guidance (paper to follow)**	David Maher *For discussion*	Paper (to follow)	-	10.05
7.	**COVID-19 Hospital Discharge Service: Variation to Section 75 Agreements**	David Maher *For noting*	Paper	30-38	10.20
8.	**City & Hackney Service Changes**	Carolyn Kus *For noting*	Paper	39-44	10.40
9.	**CCG Contracting Position**	Sunil Thakker *For noting*	Paper	45-50	10.50

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

10.	**Provider Alliance Update**	Jonathan McShane *Update*	Verbal	-	11.10
11.	**Neighbourhoods Year 3 Business Case**	Nina Griffith *For approval*	Paper	51-102	11.15
12.	**Homelessness Update**	David Maher / Siobhan Harper *Update*	Verbal	-	11.45
13.	**AOB & Reflections**	Chair *For discussion*	Verbal	-	11.55
For information items					
-	**Integrated Commissioning Glossary**	*For information*	IC Glossary	103-107	-

Date of next meeting:

11 June 2020, Microsoft Teams

Integrated Commissioning
2020 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	07/11/2019	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
					Partner works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	01/03/2019	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Centre for Couple Relationships	Director	Non-Pecuniary Interest
				Southwark Giving	Chair	Non-Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	25/06/2019	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	25/06/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Dhruv	Patel	12/08/2019	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				P&A Developments	Company Secretary	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP J P Morgan American Investment Trust PLC Ord	Pecuniary Interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of Buidling Engineers	Member	Non-Pecuniary Interest
				Institution of Engineering and Technology	Member	Non-Pecuniary Interest
				City & Guilds of London Institute	Associate	Non-Pecuniary Interest
				Association of Lloyd's members	Member	Non-Pecuniary Interest
				High Premium Group	Member	Non-Pecuniary Interest
				Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	31/05/2019	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
					Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Carol	Beckford	09/07/2019	Transition Director	Hunter Health Group	Agency Worker	Non-Pecuniary Interest
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer	Hackney Council for Voluntary Service	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest
			Member	Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.		Non-financial personal interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director	Pecuniary Interest
					- CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	

Meeting-in-common of the Hackney Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

Minutes of meeting held in public on 12 March 2020
Committee Room 4, Guildhall

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Family, Early Years and Play	London Borough of Hackney
Cllr Rebecca Rennison	Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	CCG Chair	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children’s Services Committee (ICB Chair)	City of London Corporation
Helen Fentiman	Member, Community & Children’s Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children’s Services Committee	City of London Corporation

In attendance

Anne Canning	Group Director – Children, Adults & Community Health	London Borough of Hackney
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney
Dan Burningham	Mental Health Director	City & Hackney CCG
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Commissioning Programme Convenor	City & Hackney CCG

Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Jon Williams	Chair	Healthwatch Hackney
Apologies – ICB members		
Jane Milligan	Accountable Officer	City & Hackney CCG
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Children's Social Care	London Borough of Hackney
Other Apologies		
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Henry Black	CFO	NE London Commissioning Alliance
Mark Jarvis	Director of Finance	City of London Corporation
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation

ITEM 1 – Welcome, Introduction & Apologies

The Chair welcomed Members and observers to the meeting, and noted apologies received as listed above.

The Chair noted that in light of the ongoing efforts by colleagues to manage COVID-19, the away day scheduled for the following week should be postponed.

ITEM 2 – Declaration of Interests

The Chair asked all members and attendees present to declare any conflicts of interest they may have in relation to items on the agenda.

RECOMMENDATION

- The **City ICB NOTED** its register of interests (i.e. City and CCG members).
- The **Hackney ICB NOTED** its register of interests (Hackney and CCG members).

ITEM 3 – Questions from the Public

There were no questions raised by members of the public.

ITEM 4 – Minutes of the Previous Meeting and Action Log

The **City ICB APPROVED** the public minutes of the previous meeting held on 13 February 2020 and **NOTED** the Action Log.

The **Hackney ICB APPROVED** the public minutes of the previous meeting held on 13 February 2020 and **NOTED** the Action Log.

ITEM 5 – Mental Health Detailed Review

Dan Burningham introduced the report, which outlined the mental health key progress and achievements from July 2019, and noted the challenges facing the system. These were summarised as long waiting lists for treatments for complex psychological problems; rising acute mental health admissions (and the need to strengthen community-based pathways); and issues in schools (exclusions, gangs, etc.).

Discussion

- IAPT quality ratings are extraordinary and to be commended. Members asked for detail on pilot work being carried out. Dan Burningham reported that there are two pioneer sites (Clissold Park and Hackney Marshes) with blended teams of MH experts reaching into and representing all parts of community and forming a single point of access for community care. There are two primary points of focus – trauma and the adult eating disorder community service.
- Jake Ferguson noted that the commitment to co-production in the Mental Health workstream is commendable. He expressed concern that there might not be capacity in the BME access stream to deal with increasing numbers of people coming into the service. John Williams also noted that there is a lot of pressure on the psychological therapies service at Viv Cohen. DB responded that early intervention is important, and we need to be mindful of capacity within the voluntary and community sector. Referrals from IAPT are expanding, and we need to look at expanding referrals into primary care services. A large scale review of psychological therapies in ELFT is being carried out, which will help to address capacity issues. City & Hackney spend more than other areas in NEL, but we need to ensure it is spent in the right place.
- Gary Marlowe noted there is an increasing tendency to change diagnosis away from schitzophrenia to personality disorder and we do not have commensurate shift in capacity, so patients frequently end up back in general practice. The Tavistock & Portman service has been an invaluable in taking on these patients and does an incredible job though with a very small proportion of funding.
- Honor Rhodes asked about links with the Adverse Childhood Experiences work being carried out in CYPMF and with the Prevention workstream. Mental health exists in a context of relationships, and our approach should recognise that. Dan Burningham noted that we are committed to an approach that recognises the importance of relationships.
- Members raised the issue of increased SIs in acute MH wards. The cause has been a spike in admissions and some management issues which have now been addressed. There are still some cultural and built environment issues to be addresses, but we have invested money to support changes in acute ward culture and changes to the built environment (as well as encouraging ELFT to invest in that).

- It was noted that we need to ensure a focus on quality of services and patient experience as measures of success. It was noted that patients are regularly surveyed to ensure their perspective is included. Across NEL, work is ongoing to put in place a model of patient leadership.
- Members questioned whether IAPT is the best model of service to meet the needs of patients; suggesting that it is more triage than treatment and onward referrals lead to extended waiting times before patients receive the help they need. There is also a need to consider the strategy for Children's Access to Mental Health Services (CAMHS).
- There is a psychiatric social worker working with rough sleepers in City and the Shoreditch area (the majority of whom have mental health issues) but the situation in terms of outcomes from onward referrals is not very good.
- There are grounds to question the case for IAPT, but we are currently obliged to accept that it is mandated, and focus on making it work in the best way possible.
- Health Services and Local Authorities need to work together on homelessness/rough sleeping. We are looking at extending the Greenhouse model (which includes mental health and substance misuse services) into the City of London. A conference in Hackney in 2019 looked at intersectionality in homelessness pathways and shifting to a trauma-informed approach. It was noted that in addition to recognised rough sleepers, there are a lot of people in housing crisis (long-term temporary accommodation; couch-surfing, etc.) and a future deep-dive into homelessness would be merited.
- Randall Anderson endorsed the notion of expanding Greenhouse into the City and offered to help with finding a suitable location.
- It is important to recognise the role of the courts and probation services in this. There will be a lot of cases where people are being set up to fail over and over, and statutory services need to find solutions to this.

The **City Integrated Commissioning Board**:

- **NOTED** the report.

The **Hackney Integrated Commissioning Board**:

- **NOTED** the report.

ITEM 6 – Primary Care Detailed Review

Richard Bull and Mark Rickets introduced the scheduled detailed review from the Primary Care Enabler Group, which focused on primary care as a system enabler, and set out the strategic priorities including enhancing co-production and patient choice.

The National GP LMCs have rejected the new contract decision in support of Primary Care Networks (PCNs), but locally we are minded to continue with it. Their main criticism was they wanted resources going into mainstream primary care rather than transformation stuff. But the local view is that you cannot have one without the other.

<u>Discussion</u>

- Gary Marlowe noted that one element of PCNs is transformation, but the other is about supporting GPs. We are in a good position in City & Hackney as we are not under the same level of pressure as other areas of the country. There is a lot of emphasis on transformation and not on supporting the core GP offer, which is under massive stress elsewhere. It is likely that the BMA will go back to government and negotiate to reduce the level of funding that comes out of the GPs pockets.
- Members queried the governance model linking PCNs and Neighbourhoods. Honor Rhodes (Primary Care Quality Committee Chair) responded that the Venn diagram which could represent the relationship between the two is quite neat. The GP Confederation is well aware of the need to have clear governance, and are working up a model which will be brought to the ICBs in due course.
- There are challenges facing primary care related to estates. The CCG is working with LBH to try to resolve these issues and we can potentially work with the City of London regarding expanding the Neaman Practice, but it should be noted that the model of provision is changing and moving away from face to face consultations, which will affect the requirements for physical premises. The transition to digital is also accelerating due to coronavirus.
- Gary Marlowe noted that a lot of young patients in C&H are moving to video consultations, but via GP At Hand (who are also employing a lot of newly qualified GPs, compounding the difficulties we already face with primary care workforce).

The **City Integrated Commissioning Board**:

- **NOTED** the report.

The **Hackney Integrated Commissioning Board**:

- **NOTED** the report.

ITEM 7 – Integrated Care Programme Plan

Carolyn Kus introduced the Integrated Care Programme Plan, the purpose of which is to ensure that there is a single document summarising the primary activities and milestones within the IC Programme, to enable management of the programme at a strategic level.

The plan uses as a foundation the work undertaken by workstreams in the development of their system intentions, and the City & Hackney Long Term Plan, to establish an integrated care programme of work which is focused on delivering the priorities in the agreed Outcomes Framework.

The paper also reaffirmed who is responsible and accountable for delivering each area of work. SROs/Chairs and Accountable Officers should use the relevant pages from the plan to support them in managing and monitoring progress for their projects/programmes.

<u>Discussion</u>

- John Williams noted that resource issues within the Communications & Engagement Enabler workstream have been addressed, and systems are now being put in place. It is important that partners see communications & engagement as central to the wider programme and commit time and resources accordingly.

- It was noted that the plan does not explicitly set out next steps in integrating with the wider system from a CCG point of view.
- Regarding the comms plan, it was noted that we are not looking for a new brand (since there is significant value in maintaining the identity and legacy created by existing organisations) but to develop a clear sense of identity, shaped by our values and ambitions. The ICBs agreed that there is no need to develop a new logo.

ACTION – To circulate information, plans, etc. on the next steps and plans for wider integration under the North East London Commissioning Alliance. (DM/CK)

The **City Integrated Commissioning Board**:

1. **Signed-off** this first version of the plan, with the exception of where a project/programme clearly states (in red text on the document) that their plan is still under construction/refinement.
2. **Confirmed** that the Board will review the **full Programme plan**, covering 14 projects/programmes on a ***quarterly*** basis.
3. **Confirmed** that the Board would like to review, on a ***monthly*** basis, the:
    a. *Achievements* of the previous month; and
    b. *Exception report* – showing late or problematic milestones
    c. *Look Ahead* – showing the tasks to be completed and milestones to be achieved next month

The **Hackney Integrated Commissioning Board**:

1. **Signed-off** this first version of the plan, with the exception of where a project/programme clearly states (in red text on the document) that their plan is still under construction/refinement.
2. **Confirmed** that the Board will review the **full Programme plan**, covering 14 projects/programmes on a ***quarterly*** basis.
3. **Confirmed** that the Board would like to review, on a ***monthly*** basis, the:
    a. *Achievements* of the previous month; and
    b. *Exception report* – showing late or problematic milestones
    c. *Look Ahead* – showing the tasks to be completed and milestones to be achieved next month

ITEM 8 – Social Prescribing and Community Navigation Service

Jayne Taylor introduced the report, which asked ICB to approve the pooling of the existing City and Hackney Social Prescribing budget (£208k per year) and LB Hackney Community Connections budget (£79k per year) to commission, via a competitive procurement process led by City and Hackney CCG, an Integrated Social Prescribing and Community Navigation service.

Nationally, there is growing recognition of the importance of social prescribing, and navigation support in general. It is central to the personalisation agenda detailed in the NHS Long Term Plan and a core focus of the Neighbourhoods health and care delivery model being developed through City and Hackney's Integrated Care programme. Navigation also supports the objectives of the Neighbourhood Health and Care Alliance.

The proposals set out in this paper represent a notable achievement of the ambitions of the City and Hackney Integrated Commissioning programme. Pooling the existing budgets will support our joint commissioning intentions for an integrated Social Prescribing and Community Navigation service and facilitate further budget pooling by providing evidence of the positive impact this approach can have.

Discussion

- Jake Ferguson noted that social prescribing as described in the paper is a great concept. It needs to be supported by a system where money follows referrals into services, so that end-providers are properly resourced. He asked, in light of the experience of having run the service for some years now, whether the services being referred to are the right ones. Jayne Taylor noted that VCS input is very important. We are requiring providers to demonstrate full partnership with the system at a neighbourhood level, where there is capacity to manage social prescribing within the community navigation model.
- We need to understand how to make social prescribing financially sustainable in the long term. It is challenging to use non-recurrent funding to drive change in how we commission and do business in the future.
- It was noted that there is no agreed plan to work with City Connections yet, but this will be factored into discussions, and the social prescribing specification is well aligned with City Connections.

RECOMMENDATIONS

The City Integrated Commissioning Board:

- **ENDORSED** these proposals to pool the CCG Social Prescribing and LB Hackney Community Connections service budgets; and
- **APPROVE** the joined integrated Social Prescribing and Community Navigation service.

The Hackney Integrated Commissioning Board is asked:

- **APPROVED** these proposals to pool the CCG Social Prescribing and LB Hackney Community Connections service budgets and commission an integrated Social Prescribing and Community Navigation service.

ITEM 9 – Integrated Commissioning Finance Report

Sunil Thakker introduced the Month 10 finance report. The Integrated Commissioning Fund has an adverse year end forecast variance of £1.9m, an improvement of £1.9m on the Month 9 position. The position is being driven by the London Borough of Hackney and the CCG.

At month 10 the CCG declared a surplus of £2.0m against the planned break even position which is in line with the deployment of the 2019/20 Risk Share Framework where funds were agreed to be transferred to Waltham Forest CCG in support of the NEL STP financial balance. City & Hackney CCG in total, as system partner, contributed £4.0m in support of Waltham Forrest CCG and delivery of the NELCA system control. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.

The London Borough of Hackney is reporting a year-end adverse position of £4m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign.

The City of London is reporting a year-end favourable position of £0.2m mainly driven from older people residential care under-spends.

Sunil Thakker also gave a brief update on the early indicaitons from the Government Budget, which had been published.

- The Government is proposing to provide up to £12bn to address the impact of COVID-19, including £5bn for NHS and Local Authorities. It is not yet clear how this will be allocated. It is hoped that the Comprehensive Spending Review will give better visibility on the financial circumstances for the next 3-4 years.
- The terms of reference for a fundamental review of business rates have been published and local government expects to be included.
- The budget does not make reference to social care or SEND.

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

ITEM 10 – Integrated Commissioning Risk and Issue Registers

Carolyn Kus introduced the report, which presentsed the complete risks and issues registers for the Integrated Commissioning Workstreams. At the ICB meeting on 9 May 2019, it was agreed that as well as receiving the register of escalated risks at each of its meetings, the ICB would also receive on a quarterly basis the full risk registers for the workstreams and IC programme as a whole.

There are no issues for the CYPMF and Unplanned Care Workstreams.

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report.

AOB & REFLECTIONS

DATE OF NEXT MEETING

- 14 May 2020

FOR INFORMATION – INTEGRATED COMMISSIONING GLOSSARY

Circulated for reference.

Title of report:	City & Hackney ICB Terms of Reference – Covid-19
Date of meeting:	14 May 2020
Lead Officer:	Carolyn Kus, Director of Programme Delivery / Randall Anderson, ICB Chair
Author:	Alex Harris, Integrated Commissioning Governance Manager
Committee(s):	Integrated Commissioning Board 14 May 2020
Public / Non-public	Public

Executive Summary:

The Coronavirus Act 2020 was given Royal Assent on 25 March 2020. On 4 April 2020, the government published secondary legislation – The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

This secondary legislation enables local authority decision-making committees – previously required to be held in public – to be done so virtually. The terms of reference of the ICB have therefore been adjusted to include a paragraph making reference to these legislative changes. The paragraph reads as follows:

"In light of the novel coronavirus Sars-Cov-2 pandemic, the government has published secondary legislation to the Coronavirus Act 2020. For reasons of public safety and in order to comply with governmental guidelines on social distancing, the ICB will, until further notice and subject to amendment of these terms of reference, meet virtually. As the regulations prescribe, committee members will be audible and visible as far as is practically possible. Members of the public will also be provided with a link to the virtual meeting on the front of the agenda so that they may observe and participate in the proceedings. Regular publication rules in respect to agendas and minutes, as well as standing orders regarding quorum and voting, remain in place."

There have also been minor adjustments to portfolio titles as these have changed since the ICB last approved its terms of reference in June 2019.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **ENDORSE** the proposed changes to the ICB Terms of Reference.

The **Hackney Integrated Commissioning Board** is asked:

- To **ENDORSE** the proposed changes to the ICB Terms of Reference.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

These terms of reference are intended to reflect legislative changes and prioritisation of public safety. There will be an impact on public ability to access meetings in-person however this is to some degree offset by the ability of the public to observe ICB proceedings and ask questions via virtual meeting software.

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

None required.

Equalities implications and impact on priority groups:

There are potential equalities implications for those unable to access virtual meeting software, however as the move to virtual meetings is to comply with social distancing requirements to suppress the spread of Sars-Cov-2, this is a measure which is necessary for overriding public health reasons.

Safeguarding implications:

None.

Impact on / Overlap with Existing Services:

N/A

City of London Corporation Integrated Commissioning Sub-Committee, London Borough of Hackney Integrated Commissioning Committee, and NHS City & Hackney Clinical Commissioning Group Integrated Commissioning Committee

(known collectively as the "Integrated Commissioning Board”)

Terms of Reference

Background and Authority

The City of London Corporation (“COLC”) has established an Integrated Commissioning Sub-Committee (“the COLC Committee”) under its Community and Children’s Services Committee. The London Borough of Hackney ("LBH") has established an Integrated Commissioning Sub-Committee reporting to its Cabinet ("the LBH Committee") and NHS City & Hackney Clinical Commissioning Group (“the CCG”) has also established an Integrated Commissioning Committee (“the CCG Committee”). These committees are the principal fora through which the CCG, LBH and COLC will integrate their commissioning of certain services.

This document is the terms of reference for the CCG Committee, the COLC Committee, and the LBH Committee.

The COLC Committee, the LBH Committee and the CCG Committee will meet in common and shall when doing so be known together as the Integrated Commissioning Board (“the ICB”).

The COLC Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The LBH Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The CCG Committee has authority to make decisions on behalf of the CCG, which shall be binding on the CCG, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

Except where stated otherwise (in which case the terms "the COLC Committee" and/or "the LBH Committee" and/or "the CCG Committee" or "the committees" are/is used), all references in this document to the “ICB” refer collectively to the three committees described above. The objectives of the ICB, as described below, are the objectives of the individual committees insofar as they relate to the individual committee’s authority.

The members of the COLC Committee and the CCG Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the CCG (“City Pooled Funds”).

The members of the LBH Committee and the CCG Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the CCG (“Hackney Pooled Funds”).

The LBH Committee shall have no authority in respect of City Pooled Funds. The management of City Pooled Funds is assigned to the CCG Committee and the COLC Committee. The COLC Committee shall have no authority in respect of Hackney Pooled Funds. The management of Hackney Pooled Funds is assigned to the CCG Committee and the LBH Committee.

For Aligned Fund services the ICB acts as an advisory group making recommendations to the CCG Governing Body, or the COLC Community and Children's Services Committee, or the LBH Cabinet as appropriate, in accordance with the relevant s75 agreement.

Purpose

The ICB is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan (NEL STP). It is the forum for decision making and monitoring of activity to integrate the commissioning activities of the CCG, COLC and LBH (to the extent defined in the s75 agreement).

The ICB's remit is in respect of services that are commissioned using Pooled Funds (including the Better Care Fund budgets) within the Integrated Commissioning Fund (ICF). The ICB also has a remit with regard to Aligned Funds, whereby it is an advisory group making recommendations to the CCG Governing Body or the LBH Cabinet or the COLC Community and Children's Services Committee as appropriate.

The CCG and COLC, and the CCG and LBH, shall determine the funds, and therefore the services, that are to be the City Pooled Funds and the Hackney Pooled Funds respectively (to include requirements in respect of Better Care Fund budgets) subject to the s75 agreements between the CCG and COLC and the CCG and LBH. The CCG and the COLC, and the CCG and LBH, shall determine their respective Aligned Funds. Once defined, the remit will be stated in these Terms of Reference or in another appropriate document that is provided to the ICB.

In performing its role the ICB will exercise its functions in accordance with, and to support the delivery of, the City and Hackney Locality Plan and the City of London supplement and the North East London Sustainability and Transformation Plan (NEL STP).

The responsibilities for the ICB will cover the geographical area of the LBH and COLC. It is noted that there will need to be decisions made about how to address the issues of resident and registered populations across the CCG and COLC and LBH and workers who travel into the City of London.

In carrying out its role the ICB will be supported by the Accountable Officers Group.

The objectives of the ICB defined below are subject to the Scheme of Delegation, and subject to the financial framework (a schedule in each of the two s75 agreements). The s75 agreements define the budgets that are City Pooled Funds, Hackney Pooled Funds, and Aligned Funds.

Objectives

Specifically, the ICB will:

Commissioning strategies and plans

- Lead the commissioning agenda of the locality, including inputs from, and relationships with, all partners
- Ensure that co-production is embedded across all areas of commissioning in line with the city and Hackney co-production charter
- Ensure financial sustainability and drive local transformation programmes and initiatives
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level
- Ensure that the Locality plan is delivering the local contribution to the ambitions of the NEL STP
- Lead the development and scrutiny of annual commissioning intentions as set out in the Integrated Commissioning Strategy, including the monitoring, review, commissioning and decommissioning of activities
- Provide advice to the CCG about core primary care and make recommendation to the CCG's Local GP Provider Contracts Committee
- Ensure that the locality plan delivers constitutional requirements, financial balance, and supports the improvement in performance and outcomes established by the Health and Wellbeing Boards
- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans.
- Ensure that local plans can demonstrate their impact on City residents and City workers where appropriate.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes

- Ensure that services are. co-designed by residents and practitioners working together and adhere to the principles set out in the City and Hackney Co-production charter.

Contracting and performance

- Oversee the annual contracting and planning processes and ensure that contractual arrangements are supporting the ambitions of the CCG, LBH and COLC to transform services, ensure integrated delivery and improve outcomes
- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans

Stakeholder engagement

- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered
- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans

Programme management

- Oversee the work of the Accountable Officers Group including their work on the workstreams and enabler groups ensuring system wide implications are considered
- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG, LBH and COLC.

Safeguarding

- In discharging its duties, act such that it supports the CCG, LBH and COLC to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

Accountability and reporting

The ICB will report to the relevant forum as determined by the CCG, LBH and COLC. The matters on which, and the arrangements through which, the ICB is required to report shall be determined by the CCG, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets). The ICB will present for approval by the CCG, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the CCG and/or COLC and/or LBH (including in respect of aligned fund services). The ICB will also provide advice to the CCG about core primary care and make recommendation to the appropriate CCG Committee.

The ICB will receive reports from the CCG, LBH and COLC on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the ICB.

The ICB will provide reports to the Health and Wellbeing Boards and other committees as required.

Membership and attendance

The membership of the COLC Committee shall be as follows:

- The Chairman of the Community and Children’s Services Committee (Chair of the COLC Committee)
- The Deputy Chairman of the Community and Children’s Services Committee
- 1 other Member from the Community and Children’s Services Committee who is a Member of the Court of Common Council

The membership of the LBH Committee shall be as follows:

- LBH Lead Member for Health, Adult Social Care and Leisure (Chair of the LBH Committee)
- LBH Lead Member for Education, Young People and Children’s Social Care
- LBH Lead Member of Finance, Housing Needs and Supply

The membership of the CCG Committee shall be as follows:

- Chair of the CCG (Chair of the CCG Committee)
- CCG Governing Body Lay Member
- CCG Accountable Officer

As the three committees shall meet in common, the members of each committee shall be in attendance at the meetings of the other two committees.

The membership will be kept under review and through approval from the CCG's Governing Body, COLC's Community and Children's Services Committee and LBH's elected Mayor as appropriate. Other parties may be invited to send representatives to attend the ICB's meetings in a non-decision making capacity.

The ICB may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

The following shall be expected to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- CCG Managing Director
- CCG Chief Financial Officer
- The Director of Community and Children’s services (Authorised Officer for COLC)
- The City of London Corporation Chamberlain
- LBH Group Director – Finance and Corporate Services
- LBH Group Director – Children, Adults and Community Services

The following will have a standing invitation to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- LBH and COLC Director of Public Health (which is a joint post)
- A person nominated by the Chief Financial Officers of the CCG and COLC
- Representative of City of London Healthwatch
- A person nominated by the Chief Financial Officers of the CCG and LBH
- Representative of London Borough of Hackney Healthwatch
- Representative from Hackney voluntary and community services.

Deputies

Any member of the CCG Committee who is unable to attend a meeting of the ICB may appoint a deputy, who shall be a member of the CCG's Governing Body, provided that the deputy has authority equivalent to the member that he/she represents.

Any member of the LBH Committee may appoint a deputy who is a Cabinet Member or the Mayor.

The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Committee.

Any member appointing a deputy for a particular meeting of the ICB must give prior notification of this to the Chair.

Leading and facilitating the discussion

When the three committees are meeting in common as the ICB, the Chair of the LBH Committee shall lead and facilitate the discussions of the ICB for the first six months after its formation; the Chair of the CCG Committee shall perform the same role for the following six months; and the Chair of the COLC Committee shall perform the same role for the six months after that. Thereafter the role shall swap between three Chairs, with each performing it for six months at a time.

If the Chair nominated to lead and facilitate discussions in a particular meeting or on a particular matter is absent for any reason – for example, due to a conflict of interests – another of the committees' Chairs shall perform that role. If all three Chairs are absent for any reason, the members of the COLC Committee, the LBH Committee and the CCG Committee shall together select a person to lead and facilitate for the whole or part of the meeting concerned.

Quorum and voting

For the CCG committee the quorum will be two of the three members (or deputies duly authorised in accordance with these terms of reference).

For the COLC committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference).

For the LBH committee the quorum will be two of the three Council members (or deputies duly authorised in accordance with these terms of reference).

Each of the COLC, LBH and CCG committees must reach its own decision on any matter under consideration, and will do so by consensus of its members where possible. If consensus within a committee is impossible, that committee may take its decision by simple majority, and the Chair’s casting vote if necessary.

The COLC Committee, the LBH Committee and CCG Committee will each aim to reach compatible decisions.

Matters for consideration by the three committees meeting in common as the ICB may be identified in meeting papers as requiring positive approval from all three committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Committee, the LBH Committee and the CCG Committee.

These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Meetings and administration

The ICB's members will be given no less than five clear working days’ notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five clear days before the date of the meeting. In urgent circumstances the requirement for five clear days’ notice may be truncated.

The ICB shall meet whenever COLC, LBH and the CCG consider it appropriate that it should do so but the 3 committees meeting as the ICB would usually meet every month. When the Chairs of the CCG, LBH and COLC Committees deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as they shall specify.

Meetings of the ICB shall be held in accordance with Access to Information procedures for COLC, LBH and the CCG, rules and other relevant constitutional requirements. The dates of the meetings will be published by the CCG, LBH and COLC. The meetings of the ICB will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (June 2014).

In light of the novel coronavirus Sars-Cov-2 pandemic, the government has published secondary legislation to the Coronavirus Act 2020. For reasons of public safety and in order to comply with governmental guidelines on social distancing, the ICB will, until further notice and subject to amendment of these terms of reference, meet virtually. As the regulations prescribe, committee members will be audible and visible as far as is practically possible. Members of the public will also be provided with a link to the virtual meeting on the front of the agenda so that they may observe and participate in the proceedings. Regular publication rules in respect to agendas and minutes, as well as standing orders regarding quorum and voting, remain in place.

Secretarial support will be provided to the ICB and minutes shall be taken of all of its meetings; the CCG, COLC and LBH shall agree between them the format of the joint minutes of the ICB which will separately record the membership and the decisions taken by the CCG Committee, the COLC Committee and the LBH Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

Decisions made by the CoLC Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Executive decisions made by the LBH committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Executive decisions made by the CCG committee may be subject to review by the CCG's Governing Body and/or Members Forum in accordance with CCG's constitution. However, the CCG, LBH and COLC will manage the business of the ICB, including consultation with relevant fora and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of interests

The partner organisations represented in the ICB are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. ICB members will comply with the Conflicts of Interest policy statement developed for the ICB, as well as the arrangements established by the organisations that they represent.

A register of interests will be completed by all members and attendees of the ICB and will be kept up to date in line with the policy. Before each meeting each member or attendee will examine the agenda to identify any matters in which he/she has (or may be perceived to have) an interest. Such interests may be in addition to those declared previously. Any such conflicts should be raised with the Chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interest to be debated and the Chair (on the basis of advice where necessary) may give guidance on whether any conflicts of interest exist and, if so, the arrangements through which they may be addressed.

In respect of the CCG Committee, the members will have regard to any such guidance from the Chair and should adopt it upon request to do so. Where a member declines to adopt such guidance it is for the Chair to determine whether a conflict of interests exists and, if so, the arrangements through which it will be managed.

In respect of the COLC Committee and the LBH Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate.

In some cases it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. Where the nominated Chair (or another person selected to lead and facilitate a meeting) has a conflict of interests, the arrangements set out above (under Leading and facilitating the discussion) shall apply.

When considering any proposals relating to actual or potential contractual arrangements with local GP providers the ICB will seek independent advice from the CCG Local GP Provider Contracts Committee who provide a scrutiny function for all such matters, particularly that the contract is in the best interests of local people, represents value for money and is being recommended without any conflict of interest from GPs.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the ICB have a collective responsibility for the operation of it. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from the Accountable Officers Group and from other advisors where relevant.

The ICB functions through the scheme of delegation and financial framework agreed by the CCG, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the ICB is operating within all relevant requirements.

The ICB may assign tasks to such individuals or committees as it shall see fit, provided that any such assignments are consistent with each party’s relevant governance arrangements, are recorded in a scheme of delegation for the relevant committee, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Review
The terms of reference will be reviewed not later than six months after the date of their approval and then at least annually thereafter, such annual reviews to coincide with reviews of the s75 agreements.

Title of report:	*COVID-19 Hospital Discharge Service: Variation to Section 75 Agreements*
Date of meeting:	14-May-2020
Lead Officer:	Sunil Thakker
Author:	Lee Walker and Dilani Russell
Committee(s):	CCG Audit Committee, for update – 7-April-2020 CCG Governing Body, for update – end May date tbc
Public / Non-public	Public

Executive Summary:

On 19th March, the Government announced a £2.9 billion package of additional funding to support local authorities and the NHS, as part of a much larger overall economic package.

At the same time, a requirement to setup an accelerated discharge and admission avoidance service, the "COVID-19 Hospital Discharge Service", was created and for local authorities and the NHS to execute Section 75 variations that allowed local authorities to recharge COVID-19 Hospital Discharge Service costs to the NHS though a pooled budget arrangement.

This paper summarises the principles of the funding arrangements that are already in place and the detail of the Section 75 variation that are being executed to comply with the new requirements.

Whilst there is no clear planned end date for this Covid-19 hospital discharge service it is important that the ICBs are aware of the arrangement because i) speedy discharge from Hospital will play a key role in the Coronavirus recovery, and ii) when the national escalation level reduces and/or when the Care Act Easements are lifted the ICBs will need to play a new role in restoring normal funding arrangements.

Recommendations:

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** that the London Borough of Hackney S75 variation was signed and sealed on 30th April 2020;
- To **NOTE** the report;
- To **CONSIDER** the potential risks that creating a COVID-19 Hospital Discharge Service creates.

The **City Integrated Commissioning Board** is asked:

- To **NOTE** that the City of London S75 variation is due to be signed and sealed on 7th May 2020;
- To **NOTE** the report;
- To **CONSIDER** the potential risks that creating a COVID-19 Hospital Discharge Service creates.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The scope of the S75 variation is primarily financial. It creates a mechanism for covering local authority costs related to this part of the Covid-19 response and an agreed system for CCG and local authority finance teams.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	This is a change made by HM Government to health and social care supports Hospitals by making discharges as quick as possible.
Empower patients and residents	☐	

Specific implications for City

There are no borough specific implications for the City of London.

Specific implications for Hackney

There are no borough specific implications for the London Borough Hackney.

Patient and Public Involvement and Impact:

No patient and public involvement has been undertaken before this change was implemented.

Under the various guidance patients are to be issued with leaflets informing them of reduced choice around the discharge decision and that the care will be free of charge. See Appendix 1.

Clinical/practitioner input and engagement:

The C&H Strategic Operational Command is aware of the creation of the COVID-19 Hospital Discharge Service however the ICBs should note that the usual clinical engagement activities were not undertaken before this change was made.

Communications and engagement:

Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners?

Yes future engagement activities should be planned once more is known about how this service will be wound up. The Care Act Easements guidance makes clear that the suspension of eligibility assessments and patients needing to contribute to their own care is a temporary arrangement. It should therefore be anticipated that the full requirements of the Care Act will be resumed at some point and that this may lead to a change in the level or cost of care being provided to patients.

Comms Sign-off
Not applicable at this point.

Equalities implications and impact on priority groups:

This has not been formally assessed.

The creation of a COVID-19 Hospital Discharge Service will see out of Hospital care being provided more quickly than before and to a wider range of patients.

Safeguarding implications:

There are no additional safeguarding issues or implications.

Impact on / Overlap with Existing Services:

The COVID-19 Hospital Discharge Service is a different way of funding existing service provision. The ICBs should note that the service has purchased some additional capacity on a temporary basis that may be considered an overlap with existing provision i.e. hotel rooms being used for intermediate care etc.

Main Report

Background and Current Position

On 19th March the Government announced a £2.9 billion package of additional funding to support local authorities and the NHS, as part of a much larger overall economic package.

£1.3 billion will be going towards the NHS, helping them discharge patients more efficiently, freeing up beds for people who need urgent care and allowing patients who no longer need urgent treatment to go home. This enhancement will help free up to 15,000 hospital beds across England and ensure the hospitals have the capacity they need to continue treating those in need.

£1.6 billion will go to local authorities to help them respond to other coronavirus (COVID-19) pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people.

These funds are not ring-fenced and therefore can be utilised to relieve pressure experienced as a result, in all areas managed by the local authorities. High levels plans have been sought, but the usage of this funding is considered separate to the £1.3Bn fund. See table below:

Allocations from the £1.6Bn LA fund:

NEL Borough:	£m
B&D	6.3
C&H	**10.7**
Havering	6.4
Newham	10.5
Redbridge	7.4
Tower Hamlets	10.4
Waltham Forest	7.5

The £1.3 billion for Enhanced Hospital Discharge

- Amongst other things this funding will cover the costs of additional residential, domiciliary, reablement and intermediate care capacity to reduce hospital admissions.
- Local authorities should, at their discretion, pool existing funding for discharge support with this additional money. The additional funding should be identifiable separately and support and spending from this new funding should be recorded for each person discharged and supported under these arrangements. Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.
- The Government has agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages, referred to in the guidance, for people being discharged from acute hospital (including temporary hospital facilities such as

the Nightingale Hospitals) or who would otherwise be admitted into it for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.

The £1.3Bn fund is being operated on a cost recovery basis, with CCG's required to submit monthly returns showing additional Covid-19 expenditure. Detailed guidance is provided at https://www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/.

Funding should cover

a) New packages of care entirely covered by Covid-19 funding for:
   - Individuals who are discharged with a new package of care.
   - Individuals at home with no care package who deteriorate and require a home care package to prevent admission to hospital.
   - Individuals who are self-funding or local authority funded in a care home placement but deteriorate and require a new nursing home placement to prevent admission to hospital.

b) Extended packages of care partly covered by Covid-19 funding for:
   - Individuals who are discharged and retain an existing package of care but now have an additional package of care to prevent admission.
   - Individuals who are in the community with an existing social care package and require additional support to prevent admission.
   - Individuals who are in a CHC funded (including fast track) that deteriorate and require an additional package of care to prevent admission.

Funding does not cover

- Existing funded packages of care (prior to 19th March 2020) that will remain funded on the normal basis, but that if there are material changes to the package, they will then fall within scope of these new arrangements
- Additional administrative burden on commissioners such as staffing and non-pay related costs incurred by CCGs and local authorities. CCG funding for this should be covered under the "workforce" element of the COVID 19 response work.
- Any extra costs associated with COVID 19 virus testing.

Funding will then flow from NHS England:

- direct to each relevant CCG and then on to the relevant providers, where appropriate via a pooled budget / lead commissioning arrangement where the CCG has been identified locally as the lead commissioner; and
- direct to the host CCG for the relevant local authority, to be passed on to that local authority under a pooled budget / lead commissioning arrangement where the local authority has been identified locally as the lead commissioner, and thus on to the relevant providers.

Key Principles of the Service

- The Local Authorities commission the ongoing package of support as a single lead commissioner arrangement for hospital discharges so there is no duplication.
- Patients discharged from hospital **will not go through the decision support tool** to determine health and social care needs. Instead, they will be given an all-encompassing:
  - A care at home package where their needs can be managed at home or
  - A nursing/residential package.
- The cost of the package is to be determined by the discharge team
- The **package costs will be met by the COVID-19 pooled budget under a Section 75** variation.
- The CCG will reclaim package costs via the COVID-19 Cost template submission to NHSE as well as the monthly Non-ISFE submission to NHSE.
- Existing systems, e.g. Broadcare, Mosaic will capture COVID-19 related actual costs separately for monitoring and reporting purposes.
- The CCG and LA via the Task & Finish Group will review and reconcile the package details and funding on a monthly basis ensuring BAU packages are recorded separately to COVID-19 related packages.
- Local systems should record locally how this funding has been used for each person discharged with support under these arrangements. **Block purchase of capacity can be undertaken** to expedite hospital discharges, **and needs to be agreed by both the local authority and CGG**.

The Service should be operated in compliance with the Care Act Easements guidance for Local Authorities: https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities.

Recovery and Restoration

On 29th April 2020 a further letter was issues by Simon Stevens and Amada Pritchard indicating that the NHS is now in phase 2 of the Coronavirus response. The letter confirmed that some services, that had previously been suspended, are now being resumed and that other temporary measure like the Covid-19 Hospital Discharge Service will continue.

Other guidance make clear that there is no planned end date for the Covid-19 Hospital Discharge Service however the arrangement is intended to be temporary and the ICB should expect further guidance on how to effect a 'post-cessation phase' where funding will continue for individuals for a short period while there is a smooth transition back to pre-COVID-19 health and living standards with agreed funding arrangements. This will require care needs and financial assessment to be undertaken for all COVID-19 related individuals at the cessation although individuals provided with care packages under these arrangements must not face any requirement to refund commissioners retrospectively.

Some potential risks that the ICB may want to consider during the operation of this service and during recovery are:

RISK	DESCRIPTION	MITIGATION
Risk of lack of probity	During the Covid-19 response patients are being discharged quickly without assessment, using a discharge to assess model, that may result in the packages of care being more than patients would usually require. Under the normal D2A model this would be picked up during the assessment within a few days of discharge, however during this period assessments are being deferred and this may result in extended packages of care being agreed for longer than normal. There is also the possibility of a patient being discharged with a lower than required package but, due to hospital risk assessments understanding risk post discharge this is unlikely.	Assessments should be completed as quickly as possible in the post-cessation phase. The guidance says that if a more expensive package of care, than would normally be allocated, has been given there would be an ongoing commitment to pay this until a transition has been agreed.
Risk of Delayed Transfer Of Care (DTOC)	Rapid discharges from Hospital may result in community capacity (social care, home care or nursing homes) becoming full and when elective surgery resumes it may result in additional patients being discharged from Hospital at the same time as there being a lack of care places and this will cause Hospital DTOC and may result in slower pace of elective care in Hospitals.	Systems for monitoring community care capacity need to be effective with additional capacity brought on line if required. There needs to be effective and rapid information sharing about community care capacity.
Risk of lack of capacity in the Assessment Team	All assessments are currently suspended but when these resume when the Covid recovery begins the social care assessment team will need to begin assessing patients again at the same time as re-assessing all patients who have received a package of care under the Covid-19 Discharge Service. This may result in assessments for new packages or the Covid discharges not being done in a timely way.	It is important to put in additional capacity for assessments if and when the requirement for the backlog needs to be cleared.
Risk of central funding withdrawal or change in arrangement	1. There is a risk that the central funding underpinning this discharge service will end sooner than expected or without notice. This may result in a cost pressures for the CCG and the local authorities if patients have not been assessed promptly and packages of care reduced if patients are not eligible. 2. There is a risk that national guidance requires funding to be redirected to other Covid-19 priorities and the CCG and Local Authorities will need to deal with the ongoing cost of packages of care where the patients are not eligible.	Complete assessment promptly post-cessation. Transition patients and start restoring regular funding arrangements as soon as this becomes a national priority.

Costs incurred in 2019/20 – from 19th March 2020

Type of COVID-19 Cost	Scheme description	Spend Category/Type	Spend type - short Description	Total COVID-19 Cost £	NHSE Reimbursement £
REVENUE - HOSPITAL DISCHARGE COSTS	Care packages - LBH	Hospital discharge programme (£1.3bn)	Domiciliary/Home care Other (Typically, equipment and adaptations)	88,018	88,018
REVENUE - HOSPITAL DISCHARGE COSTS	Care packages - LBH	Hospital discharge programme (£1.3bn)	Domiciliary/Home care Other (Typically, equipment and adaptations)	286,016	286,016
REVENUE - HOSPITAL DISCHARGE COSTS	Care packages – CoL	Hospital discharge programme (£1.3bn)	Domiciliary/Home care Other (Typically, equipment and adaptations)	tbc	tbc
REVENUE - HOSPITAL DISCHARGE COSTS	Care packages – Col	Hospital discharge programme (£1.3bn)	Domiciliary/Home care Other (Typically, equipment and adaptations)	tbc	tbc

Conclusion

This Covid-19 Hospital Discharge Service is going to play a key part of the national Coronavirus response and has been setup at pace however the operation of the service and post-cessation recovery will require local oversight from the ICBs.

Supporting Papers and Evidence:

The Hospital Discharge Patient Leaflet is at Appendix 1.
The Local Authority spend reimbursement template is at Appendix 2.
The City of London Section 75 Variation is at Appendix 3.
The London Borough of Hackney Section 75 Variation is at Appendix 4.

Sign-off:

Workstream SRO: Sunil Thakker, CCG Director of Finance

City & Hackney CCG: David Maher, CCG Managing Director

London Borough of Hackney:
Section 75 Variation signed by Christine Stephenson, Acting Senior Lawyer

City of London Corporation:
Section 75 Variation to be signed by Comptroller and City Solicitor

Title of report:	City & Hackney Service Changes
Date of meeting:	14 May 2020
Lead Officer:	Carolyn Kus, Director of Programme Delivery
Author:	Stella Okonkwo, Integrated Commissioning Programme Manager
Committee(s):	City & Hackney Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

Following national guidance on the provision of health and social care services during the COVID-19 pandemic City and Hackney along with other organisations across NEL have been collecting data on service changes across the system. This action is being taken to have a clear understanding of the potential impact and support the management of any resultant risks of such changes and to be able to communicate the changes widely.

The changes happening reflect that fewer face to face consultations are happening between patients and health staff as a precaution against COVID-19 (coronavirus). As a result of this, a range of virtual resources and live interactive sessions have been developed to support every sector to work through how to achieve this new way of operating. City and Hackney are also looking at the quality impact on patients of these changes.

Service Providers have classified these changes as temporary, will be regularly reviewed and local people will be kept informed of any developments as events progress.

A more detailed breakdown of the service changes is attached **Appendix 5** to this agenda.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	

Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

None.

Specific implications for Hackney

None.

Patient and Public Involvement and Impact:

This is an overview document – there will be patient and public involvement on all services to which it refers but such engagement is not necessary for the document itself.

Clinical/practitioner input and engagement:

This is an overview document – there will be clinical and practitioner involvement on all services to which it refers but such engagement is not necessary for the document itself.

Communications and engagement:

No comms sign-off required.

Equalities implications and impact on priority groups:

As above, each aspect of the service will have equalities implications but the document itself is an overview.

Safeguarding implications:

As above, each aspect of the service will have safeguarding implications but the document itself is an overview.

Impact on / Overlap with Existing Services:

N/A

Summary of service changes due to COVID-19 in City and Hackney as at 01 May 2020

Following national guidance on the provision of health and social care services during the COVID-19 pandemic City and Hackney along with other organisations across NEL have been collecting data on service changes across the system. This action is being taken to have a clear understanding of the potential impact and support the management of any resultant risks of such changes and to be able to communicate the changes widely.

The changes happening reflect that fewer face to face consultations are happening between patients and health staff as a precaution against COVID-19 (coronavirus). As a result of this, a range of virtual resources and live interactive sessions have been developed to support every sector to work through how to achieve this new way of operating. City and Hackney are also looking at the quality impact on patients of these changes.

Service Providers have classified these changes as temporary, will be regularly reviewed and local people will be kept informed of any developments as events progress.

As with all major incidents, NEL has set up a command team – **The strategic Operational Command (SOC)** - that is dedicated to preparing, planning and taking actions on behalf of the community in relation to COVID-19.

Active discussions are happening across City and Hackney on developing a **recovery pathway** for our services as the situation continues to improve. Discussions include **reviewing current plans**; **Phase 2 of the Covid response and preparedness**; identifying **the new challenges/ changes** that Covid-19 brings to each population segment and how it might shape the future of service delivery.

Below is a summary of the service changes that have been implemented due to the pandemic. The information has been sorted by areas of service provision and changes with a high level of risk are highlighted in this report.

Mental Health

CAMHS

A contingency plan on the provision of services is being activated with a focus to continue to provide essential and critical services to young people and their families and gradual reduction and management of non-urgent work.

Presently, the services are running a combination of face to face contact as well as use of other mobile technologies and anticipates having all essential areas covered such as reception, triage, and crisis. Consultant support and staffing capacity is also being reviewed in line with government guidance

The **Adolescent mental health service** is carrying out assessments of young people and prioritising the discharge pathway and sends a weekly update to each borough's ACDs, Consultants and Care coordinators as well as keeping families informed

The **CAMHS Disability Service** is only currently open to Tier 3 new referrals with duty system and NICU. Urgent or risk related referrals are still being seen by the team. For existing Clients, majority of patient contacts will be over the phone.

The CAMHS Tier 2 Community Services - First Steps service is currently open to referrals however they have requested to cease seeing CYP between 16yrs – 18yrs who are referred to the service. As this could potentially leave a gap in service provision for CYP, this issue including the impact is currently being looked into by the CCG Mental Health team

Adult Mental Health

The community mental health are rag rating Service users, with the most vulnerable receiving home visits with the provision of telephone assessments where possible.

Other adult mental health services are either continuing, promoting virtual pathways/virtual ward or reducing face to face contact where possible. This is with the exception of the **Adult crisis café** and the **Memory Health clinics** which are currently closed. However, these services are phoning service users and at the memory clinic two duty Lines remain open for urgent referrals for existing patients.

Patient discharge process are continuing as normal within the older adult functional and dementia wards

Planned Care

Presently, there is a reduction of all routine appointments. Outpatients' clinics at the Homerton are currently postponed whilst focus is on treating Covid-19 patients. However, Homerton is working with local GPs to support patients who require urgent consultations.

The TB Service (Acute based) Nurse/Consultant time has been switched to COVID-19 response and the team are prioritising urgent work and managing patients by carrying out increased home visiting and giving more medication to minimise face to face contact**.**

Community Health Services
The Community Heart Failure Nursing team are continuing to carry out home visits that are urgent. New referrals are still being accepted and triaged by telephone.

The Adult Cardiorespiratory Enhanced and Responsive service (ACERs) – The Respiratory team are triaging patients and are continuing to provide in-person care to patients with the most urgent clinical need. ACERS will continue to review patients prior to discharge as per the normal pathway as this is best practice. The team are also monitoring and advising patients over the phone.

The Diabetes Community Service has stopped as nurses have been redeployed to wards to support secondary care. The service is developing ways to support General Practices in the management of patients.

The Specialist Diabetes Service has also largely stopped. However, dietitians continue to offer support to patients and GPs virtually and urgent patients are being asked to attend the hospital centre with a prescription from GP.

Dermatology, Dietetics, and Foot Health services have implemented virtual pathways and are not seeing patients face-to-face during the pandemic. **The Community Gynaecology, Continence, and Dermatology services** are triaging and prioritising urgent patients for a limited number of face-to-face appointments. It has been recognised that indefinitely delaying face-to-face routine appointments may mean that patients become more urgent over time. Other services (such as the locomotor – MSK & pain, etc) are also implementing virtual pathways.

For these services, a limited number of face-to-face appointments is still being reserved for patients with the most urgent clinical needs.

Planned Care / Primary Care
On the LTC contract (Provided by the GP Confederation), there is ongoing work with reviewing the most at risk patients. Clinical pathways and searches have been created. The first groups to be included are people with uncontrolled diabetes, severe Asthma and severe COPD as well as Learning Disabilities.

Practice-based Phlebotomy and Post-Operative Wound Care services are operating as necessary to ensure that patients are receiving appropriate ongoing care. Minor Surgery Services at the Lawson Practice, Nightingale Practice, and Well Street Surgery are implementing virtual pathways

Planned Care / Voluntary Services
Telephone support will be provided by the Hear to Help Service, Stroke Project, Healthier Together Hackney (cardio-respiratory phase IV rehabilitation), Social Prescribing, and Stroke / Neurology Specialist Disability Gym.

Following previous suspension of the HUH Phase 3 PR groups, the service is now assessing all new referrals over the phone. Anyone assessed is being provided with a remote option or Home exercise programme (HEP). Uptake is variable and the service is encouraging 'expert patients' testing of the remote options. The Service will also be moving to video assessments from next month using 'attend anywhere' (for those who have access to a smart device and give consent).

Bereavement Counselling is available over the phone. Services are still accepting new referrals and will continue to provide advice and support to patients virtually. The service is also exploring opportunity to develop other forms of support during the COVID period.

Children, Young People, Maternity and Families (CYPMF)

CYPMF / Children's Safeguarding

The Designated Nurse for Looked After Children (LAC) is overseeing any gaps in Initial Health Assessments for LAC and providing a virtual service where possible.

Children's Safeguarding continues to be prioritised. Virtual child protection arrangements have been implemented, including virtual case conferencing and MDTs with Children's Social Care to risk stratify and ensure that appropriate ongoing support is in place.

CYPMF / Maternity

Antenatal and post-natal clinics are moving to virtual appointments where possible. Face-to-face appointments will continue for 12 and 20 week scans, new birth visits for all babies, and patients with urgent clinical needs.

The Home Birth Service has now been re-instated after being suspended. Due to its increased demand, the London Ambulance Service (LAS) had earlier on suspended this service for safety reasons. Women have been contacted with information regarding the resumption of service.

CYPMF / Community CYP Services

Services continue to provide essential care and support to children with urgent circumstances and needs. In line with the national guidance, there is a reduction of all non-emergency provision of face-to-face services within these community services (e.g. Community Paediatrics, Speech and Language Therapy, Health Visiting, etc).

CYPMF / CYP Paediatric Acute and Outpatients

The Children's Emergency Area in the A&E remains open at The Homerton 24 hours a day to care for children. The Paediatric inpatient ward at HUFT is now re-opened after being temporarily closed to children during this emergency period.

Telephone appointments are being arranged for acute services where appropriate following the cancellation Paediatric outpatient appointments. This is until further notice

CYPMF / CAMHS

The CAMHS specialist services have now resumed accepting new referrals.

The Community Eating Disorder Service is contacting young people and their families by phone to offer continuing support and advice on how to use digital resources and self-help in order to continue their treatment. If young people or their families feel that their child's difficulties are becoming more urgent, the service will offer a more urgent telephone response service where they can discuss their concerns with a duty clinician.

The First steps service are also prioritising cases where there is risk but for existing clients, majority of patient contact is over the phone.

Social Care

People receiving care are some of the most vulnerable people in our society and the challenges of COVID-19 go far beyond anything we have previously experienced. Our social care service provision is focused on trying to protect and preserve life for those individuals who need it.

The CCG Quality Lead is having weekly catch up calls with LBH, and others (CoL, CQC and CSU) to discuss quality and adult safeguarding risks for our local providers especially in Care homes, Domiciliary care.

London Borough of Hackney

The Day Care service for People with Learning Disabilities and Older People with Dementia has stopped. However, the plan to implement temporary changes on standing orders to enable front line managers' sign off support packages is being put in place, this is to reduce time of agreeing to care packages whether new or increased.

City of London

The Discharge to Access (D2A) provision is to become 7 days a week, 12 hours a day to support weekend discharges, In-house staff roles have also been realigned so reablement staff are taking on a more trusted assessor role. In addition, there is Increased OT capacity (interim) which will reduce the single point of failure as previously only had one OT

The City of London has also procured additional hotel beds in Tower Hamlet to support the discharge planning.

Title of report:	*CCG Contracting Position*
Date of meeting:	14-May-2020
Lead Officer:	Sunil Thakker
Author:	Lee Walker & David Spells
Committee(s):	Not applicable
Public / Non-public	Public

Executive Summary:

This paper is to supplement the verbal update on the CCG Contracting Position that will be provided to the ICB meetings on 14-May-202.

The paper provides a summary of the contracting situation by provider type as at 5-May-2020. Changes to guidance and adjustments to the Covid-19 response means that this position changes frequently.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The contracting position update provides information that supplements understanding of increases in provider costs relating to Covid-19
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☒	Provides transparency around contracts that have been awarded and NHS provider arrangements where there are no formal contracts

Specific implications for City

There are no area specific implications for the City of London.

Specific implications for Hackney

There are no area specific implications for the London Borough of Hackney.

Patient and Public Involvement and Impact:

Patients and Public have not been consulted prior to this update.

Clinical/practitioner input and engagement:

Clinicians have not been involved in the writing of this paper.

Communications and engagement:

Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners?

No, contract award notices and the contract register are published by the CCG in other places. Annual accounts are also published with the annual report.

Equalities implications and impact on priority groups:

This update has no implications for priority groups.

Safeguarding implications:

This update has no safeguarding implications.

Impact on / Overlap with Existing Services:

The nature and speed of the changes to contracting that are happening with the Covid-19 response mean the services that are still operating are working in a much more coordinated way, however, many other service have been stopped, or partially stopped so that resources can be redeployed.

This paper is only intended to be a brief supplement to a verbal update so the detail of all of the implications and overlaps is not included here.

Main Report

Background and Current Position

This paper is an update on the NHS City & Hackney CCG contracting position as at 5th Mary 2020 and outlines the way that contractual management and payment have been modified for existing service providers.

Contractual management process outlined here follow directions given by NHS England (NHSE) and the Cabinet Office and it is now considered likely level 4 national escalation arrangements will be in place for at least the next twelve months.

It should be noted in respect of service providers that City & Hackney CCG's responsibility is limited to ensuring that services are maintained during this period and the wider implications of sustainability of independent sector providers can only be considered in so far as they directly relate to the continuation of a service. The sustainability of NHS providers is the responsibility of the regulator.

Various guidance have been issued by HM Government and the NHS on the basis of the provider type and so the way we are managing provider contracts and the level of support being offered differs according to type of provider and the directions we are under in relation to that provider type.

NHS Providers

All NHS Provider are currently under the direction of a Strategic Operational Command and are being funded by a Block Allocation determined centrally by NHSE and NHS Improvement (NHSI) and based on the Month 9 Agreement of Balance with each commissioner.

In addition to the Block, NHSE/I have made provision for what is termed a “top up payment” based on income position in relation to expenditure. NHSE/I have also set up a fund against which providers can reclaim COVID – 19 related expenditure and there is separate provision for Mental Health funding.

There is no contract in place between Commissioner and Provider presently and NHSE/I have formally suspended the use of contract performance notices, CQUIN and invoicing between CCGs and Trusts that do not relate to the block amount. Formal contract and quality monitoring activities have been stood down to reduce burden on NHS providers.

The key point to note is that commissioners cannot provide additional funding above or below the Block allocation. City & Hackney CCG can request additional services from Homerton but funding for those services must come from within the overall funding envelope confirmed by the Homerton. This includes Community and Mental Health services provided by the Homerton.

Section 75 Agreements including the Better Care Fund

Section 75 Agreements and established pooled funding arrangements remain in place during the pandemic. The Section 75 agreement between the CCG and the City of London, and the CCG and the London Borough of Hackney, have both been varied to allow the reclaiming of all costs related to the Covid-19 Hospital Discharge Service.

https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements

It should be noted that the Integrated Independence Team (IIT) continues to be funded through a CCG BCF payment to LBH who commission this service from the Homerton Hospital using a pooled fund. Payment for IIT therefore remains outside the Block allocation.

The 20/21 iteration of the BCF plan and associated amounts will be agreed later in the year as usual.

Third Sector Providers

The CCG has rolled over all Grant Agreements with Voluntary Sector Organisations (VSO) where the funding is recurrent. The Grant Agreement issued included a Covid-19 clause which required the VSOs to comply with national guidance, if it applied to the service being commissioned, but continue to deliver services as best they can to the patient groups intended to benefit from the service.

The CCG also commissions several VSOs using NHS Standard Contracts which include End of Life Care/Hospices, Rehabilitation and Discharge Support. These VSO contract have also been rolled over although these agreements have not been modified – these services are key to the Covid-19 response.

Hospices UK special arrangement

HM Treasury has also made an additional £200m available to Hospices through a fund that is held and allocated by Hospices UK. The CCG is not directly involved in the allocation of this money and it is designed to supplement Hospice income on top of commissioner funding.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0309-letter-to-system-about-HMT-funding-for-the-hospice-sector-to-support-COVID-19-16-April-2020.pdf

Independent Sector – Acute providers

NHSE/I have nationally contracted with a number of Independent Hospitals under an agreement to source their services for the exclusive use of the NHS. The agreement extends from 23rd March for 14 weeks. The way that the Independent Sector Acute capacity is used is to be determined by a lead NHS Trust is each ICS area and although there is no national model the general approach has been to us Independent Sector Acute providers for non-Covid elective work, including Cancer surgery.

https://www.england.nhs.uk/coronavirus/publication/partnership-working-with-the-independent-sector-providers-and-the-ihpn/

Independent Sector – Community providers
At the start of the pandemic NHSE issued guidance that most community services should be stopped, or partially stopped, to allow for prioritisation of the resources to either be redirected to discharge support (NHS providers) or to reduce social contact. This included community diagnostics, audiology and dentistry amongst other services.

https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

CCG contracts with Independent Sector Community providers continue unchanged and at a reduced level if activity levels have dropped – it is a requirement of NHS Standard Contract to comply with national guidance.

Additional Cabinet Office guidance allows the CCG to make advance payments to Independent Sector providers where a fixed value contract exists and where the provider shares open book information to demonstrate they are at risk financially. To date, the CCG has not made advance payments to any providers that are at risk.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874178/PPN_02_20_Supplier_Relief_due_to_Covid19.pdf

CHC - Nursing Homes
Nursing Home contracts have been rolled over for 20/21 and the CCG is in the process of agreeing an uplift in line with inflation for this year. Where Nursing Home providers are requesting support with the additional costs of PPE this is being agreed on a case by case basis and reclaimed by the CCG from central funding when appropriate.

CHC - Domiciliary Care Providers
Home care provider contracts have also been rolled forward for 20/21 with requests for PPE funding being reviewed on a case by case basis.

Core Primary Care
Funding arrangements for Core Primary Care had already been confirmed in February 2020 in the ‘Investment and Evolution: Update to the GP contract agreement 2020/21 – 2023/24’ documentation and GMS, PMS and APMS contracts agreed on that basis.

Since the start of the pandemic the core primary care service has seen a radical transformation from a face to face to a virtual service with extended opening over weekends and bank holidays. The changes have been extensive and defined by the national guidance rather than through formal changes to the national core primary care contracts.

Locally Enhanced Primary Care

2020/21 marked the start of year 3 of the seven year contract that the CCG has in place with the City and Hackney GP Confederation and this contract remains in place.

In line with NEL ICS guidance the CCG suspended all activity and performance-based payments from Q4 of 2019/20 and is now paying for all LES services on a forecast of activity. The objective here is that NEL would like to ensure provider cash flow and sustainability during the pandemic and to allow practices flexibility in how the resources are used but this clearly creates a situation where activity is not required for payment.

The CCG has begun a process to direct primary care LES resources towards services that are the priority during Covid-19 recovery; that has started with the resource allocated to the Long Term Conditions service and the CCG confirming that this should be directed to reviews of the Vulnerable Patient cohort identified by NHSE.

The CCG also has 2 Nursing Homes support contracts that sit outside of the GP Confederation contract, and these have been rolled forward with the practices that deliver those services. A new contract is being set up to cover the 1 remaining Nursing Home in the borough with Allerton Road practice.

Primary Care Networks

The Simon Stevens/Amanda Pritchard letter of 29th April 2020, which amongst other things signalled the commencement of the recovery phase, has made clear that work to roll out a Primary Care Network run service for enhanced provision in Care Homes should recommence on 1st May. Work to issue Care Home service contracts to PCNs is now underway.

Conclusion

Whilst ‘independent sector’ and primary care providers continue to have NHS service contracts, the NHS providers have effectively been de-contractualised by the national Coronavirus response and it is not expected that previous contracting round/national tariff arrangements will be resumed for at least 12 months.

Supporting Papers and Evidence:

Not applicable

Sign-off:

Workstream SRO: Sunil Thakker, CCG Director of Finance

Title of report:	Neighbourhoods Programme Business Case – Year 3 2020/21
Date of meeting:	14 May 2020
Lead Officer:	Mark Golledge, Neighbourhoods Programme Lead and Nina Griffith, Unplanned Care Workstream Director
Author:	Mark Golledge, Neighbourhoods Programme Lead
Committee(s):	Neighbourhoods Steering Group – Feb 2020 CCG Governing Body – March 2020 (email) Community Services Development Board (various) CCG Finance and Performance Committee – 18 March 2020
Public / Non-public	Public.

Executive Summary:

The Neighbourhoods programme is helping to transform the way care is provided – delivering it closer to home and more integrated.

In year 3 (2020/21) the focus will be on rolling out service transformation in key areas and starting to bring together multi-agency teams in each of our eight Neighbourhoods. It will help to deliver the ambitions in the NHS Long Term Plan

The purpose of the business case is to request £1.04m to support delivery of our vision for Neighbourhoods as agreed by the Integrated Commissioning Board in February 2020.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **APPROVE** the requested funding of £1,040,000 in order to support delivery of our vision for Year 3 of Neighbourhoods.

The **Hackney Integrated Commissioning Board** is asked:

- To **APPROVE** the requested funding of £1,040,000 in order to support delivery of our vision for Year 3 of Neighbourhoods.

Strategic Objectives this paper supports

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	One key aim for Neighbourhoods is enhancing the focus on prevention and opportunities for early intervention. This will need to be central to all Neighbourhood teams.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	There is a strong focus on care being delivered closer to home through Neighbourhoods. Anticipatory care (one of the Neighbourhoods projects) is considering how best to support residents in this way.

Ensure we maintain financial balance as a system and achieve our financial plans	☒	The Neighbourhoods model should support system sustainability by improving the health of individuals and communities.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The focus for Neighbourhoods is bringing teams together from across the statutory and voluntary organisations to work in an integrated way with and for City and Hackney residents.
Empower patients and residents	☒	As outlined below there is a strong ethos within Neighbourhoods for patient and resident engagement. Healthwatch are currently leading on work to consider how resident engagement can be strengthened within Neighbourhoods.

Specific implications for City

As we transition to a Neighbourhood based way of working, it is important that there remains a strong City of London (CoL) voice and identity. City of London will develop a bespoke operational neighbourhood model based on its specific needs. There will be opportunities for CoL to input and shape operational developments within the wider Shoreditch Park and City Neighbourhood programme.

We envisage that this will be achieved through three areas:

- The opportunity for City of London to shape how services they deliver will work operationally within the Shoreditch Park and the City Neighbourhood. With the Anticipatory Care work programme City of London will contribute to enhance the development of multi-disciplinary working across teams and services, both locally and within the wider Shoreditch Park and City neighbourhood.
- The opportunity for City of London to distinguish local resident needs and then identify other services within the Shoreditch Park and City neighbourhood that could best respond to these local resident needs.
- The neighbourhoods model will deliver more equitable and localised service provision across City and Hackney, which will ensure that City residents have improved access to a number of community based services.

Specific implications for Hackney

The purpose of Neighbourhoods is to better understand and respond to the needs of local populations. Geographies around 30-50,000 people present an opportunity for approaches to be more localised to respond to identified needs whilst being large enough to make best use of collaborative working.

Similar to City of London this presents an opportunity to better understand the needs of local populations and support more a more joined up response between local organisations.

Patient and Public Involvement and Impact:

The Neighbourhoods programme has established a Neighbourhoods Resident Engagement Panel (coordinated by Healthwatch Hackney). This panel made up of residents across both City of London and Hackney are helping to ensure that resident engagement is embedded in the Neighbourhoods programme. The Panel have fed in views and comments on the Neighbourhood Business Case. In addition, the Panel are working with providers across City and Hackney to ensure that resident engagement is at the heart of the re-design of health and care services.

Clinical/practitioner input and engagement:

The Neighbourhoods programme is clinically led, recognising the importance of clinical and practitioner engagement.
Clinical input including from Primary Care Network Clinical Directors as well as others across health and social care has formed part of the engagement on the Business Case.

Communications and engagement:

It is not envisaged that the Neighbourhood Business Case in the way it is currently presented will be shared with residents. However, both resident and staff engagement is going to be essential for successful delivery of Neighbourhoods.

Work is underway with the communications enabler to explore enhancing communications support as Neighbourhood based working is strengthened.

Comms Sign-off
Alice Beard continues to be involved in work with the Neighbourhoods Programme.

Equalities implications and impact on priority groups:

No specific implications identified. However, Neighbourhood working should enable a better understanding of local populations and their needs – including those of particular individuals and groups.

Safeguarding implications:

The approach to Neighbourhoods should support enhanced safeguarding and multi-disciplinary working between teams and organisations. One of the key drivers for Neighbourhoods was a recognised opportunity to strengthen cross-agency working in supporting individuals who are or who could be vulnerable.

Impact on / Overlap with Existing Services:

Neighbourhoods gives City and Hackney an opportunity to review and improve how existing services are delivered.

The Operating Model makes proposals for how services could enhance working through a Neighbourhoods-based approach.

Services (particularly those within the core team) are already exploring ways of improving service delivery and exploring alignment with a Neighbourhoods way of working.

City and Hackney CCG – Finance and Performance Committee

Neighbourhoods Programme Business Case

Year 3 – 2020/21

1. Background

1.1 Following the recent Coronavirus outbreak, the Neighbourhoods Programme is focusing its efforts on responding to this area. Themes around our humanitarian response for non-medical needs, support to those people in the community who are vulnerable and at risk are very much core to the Neighbourhoods programme. Utilising the strong relationships across the local system that have been developed through Neighbourhoods gives us an opportunity to play an important role in supporting the system response to COVID-19 across City and Hackney.

1.2 The City and Hackney Neighbourhoods Programme is requesting to draw down funding of £1,040,000 for Year 3 (2020/21) in order to support delivery of our vision for Neighbourhoods. Across City and Hackney we are transforming the way care is provided – delivered closer to home, more integrated around individuals and families and based on an understanding of the population health needs across each of our 8 Neighbourhoods.

1.3 In year 3 our focus will be on rolling out this service transformation in key areas as well as starting to bring together multi-agency teams across each of our eight Neighbourhoods. This will support our local communities in particular those with complex needs and long-term conditions. In year 3 the programme will also be exploring opportunities to improve support to children and young people. This will enable us to better respond to local needs as well as continue to deliver the ambitions set out in the NHS Long-Term Plan.

1.4 City and Hackney partners are committed to delivering more integrated out of hospital services. We outlined our vision in the Neighbourhoods Operating Model that was approved at the Integrated Commissioning Board in February 2020. The Neighbourhoods Programme and this investment specifically will provide the resources across partner organisations to help deliver this vision and create the conditions for wider transformation. It will form the core priorities for what is taken forward by Neighbourhood Health and Care Services as well as wider system partners.

2. Neighbourhood Health and Care Services

2.1 In 2019/20 the City and Hackney Provider Alliance (Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust and the City and Hackney GP Confederation) have been exploring opportunities to work more closely together. Both the City of London Corporation and the London Borough of Hackney have indicated their commitment to support this collaboration. These providers have submitted an application to provide health and care services under a new Alliance contract – a Neighbourhood Health and Care Services Alliance Agreement. These arrangements will more closely align existing contracts and facilitate integrated working at a Neighbourhood level.

2.2 Delivering on the ambitions of Neighbourhoods (including those outlined in this business case) will be a core focus under the Alliance contract. The transformation that will commence from year 3 will be funded through this Neighbourhoods programme (alongside additional Transformation Funding) and will build on the work that has already been delivered by these partner organisations in the first two years of the programme.

2.3 The scope of our Neighbourhoods programme is broader than just these Alliance partners. However, the Alliance will support integrated working across these three Providers and support culture change across our staff and teams. An Organisation Development Plan has been developed amongst these providers which sets out the support required to facilitate this culture shift and provide staff working in Neighbourhoods with the expertise and approaches to strengthen relationships both between teams and with local people.

3. What has been delivered in Year 2?

3.1 We are approaching the end of the second year of the Neighbourhoods Programme. The first year focused on gaining commitment to Neighbourhoods from partners across City and Hackney. In year 2 the focus of the programme has been on piloting and delivering new service models that will begin to be implemented from year 3 (2020/21).

3.2 We have put co-production and resident engagement at the heart of the Neighbourhoods programme. Healthwatch Hackney have been leading work (across Hackney and City of London) to strengthen co-production in this Neighbourhoods work. This has included leading the Neighbourhoods Resident Involvement Group alongside supporting service areas in engagement with patients and the public in the re-design of services. This continues to be a critical part of the programme and the work in Year 3 will further enhance resident engagement.

3.3 **In year 2 the achievements have included:**

- **Developing a Neighbourhoods Operating Model which sets out our collective vision for Neighbourhoods across Hackney and City of London** and direction of travel. A supporting delivery plan sets out how this will be delivered over the next 3, 5 and 7 years.

- **Assisting in the establishment of Primary Care Networks** through the funding of leadership development as well as providing administrative support for the new Primary Care Clinical Directors. In addition, the programme has arranged facilitative sessions for these new roles. Specific project work led by the GP Confederation has been supporting primary care resilience in year 2. Year 3 will further strengthen collaborative working with Primary Care Networks.

- **Beginning to develop new service models that will allow us to bring together eight multi-disciplinary teams in each Neighbourhood**. This covers out of hospital services described below such as Adult Community Nursing, Adult Community Therapies, Mental Health, Adult Social Care and Voluntary Sector alongside Primary Care who are already working within these localities.

- **Piloting work in Clissold Park Neighbourhood to improve multi-agency approaches to support people with complex needs**. The learning from this pilot (anticipatory care) will continue and in year 3 expand across all Neighbourhoods.

- **Developed a new Adult Community Nursing model made up of eight Neighbourhood nursing teams and new improved pathways into and within the service**. This follows pilot work undertaken in Shoreditch Park and the City. The new arrangements for the service are in the final stages of approval.

- **Developing a new service model for Adult Community Therapies that will improve pathways into and within the service.** This will support the triaging of patient needs and where needed ensure effective rapid response, provide support for adults with neurological conditions or link to staff members within Neighbourhoods to support people with physical conditions.

- **Developing a Neighbourhood mental health approach for people with serious mental illness and personality disorder**. East London Foundation Trust has since secured community mental health transformation funding from NHS England to test this model as part of a national initiative. This is exploring how to deliver integrated care through multi-disciplinary working across different teams and organisations.

- **Testing and developing improved ways of working in Adult Social Care (London Borough of Hackney) based on strengths based practice** and which is likely to mean the formation of Neighbourhood-based social care teams (working across two Neighbourhoods each).

- **Strengthening voluntary sector networks through pilot work in Well Street Common Neighbourhood.** This work led by Hackney CVS comprises of three elements – improving connectivity (between CVS organisations, statutory organisations and residents working in Well Street), improving sustainability for the voluntary sector (through training and support) and governance (strengthening partnership working).

- **Developing a borough wide approach to community navigation across City and Hackney**. This includes developing an improved understanding of services commissioned and in year 3 this area will look at improving coordination and quality of these services whilst strengthening the links into Neighbourhoods.

- **Establishing arrangements for Community Pharmacy to provide pharmacy leadership through eight Pharmacy Neighbourhood leads**. These leads have been taking forward the national community pharmacy commitments (within the new contract) whilst leading on specific pharmacy led projects.

- **Working with partners at City of London Corporation to ensure that our vision for Neighbourhoods is reflective of the ambitions within the City** and will meet the needs of residents.

4. What is the focus for Year 3 (2020/21)?

4.1 In order to deliver Year Three of the Neighbourhoods Programme we have worked with partners to develop a programme of work that builds on the work undertaken in Year 2 and that will enable these new service models to be implemented across our eight Neighbourhoods. This is based on the approved Neighbourhoods Operating Model as well as Neighbourhoods Delivery Plan.

4.2 The **total sum requested is £1,040,000 from the Better Care Fund for 2020/21**. This is in line with the approval in 2019/20 of £1,034,370. The investment requested is largely focused on funding staff to lead on the transformation within these services alongside funding for activities and events.

4.3 Our priorities for Year 3 (based on our Neighbourhoods Operating Model and Delivery Plan for Neighbourhoods) have been agreed as follows:

- **To establish new models of care in services that will make up the core Neighbourhood team** including adult community nursing, adult social care, adult community therapies, mental health, primary care (PCNs) and links to the voluntary sector.

- **To commence work to bring operational teams together in each Neighbourhood forming the core Neighbourhood team.** This will assist with multi-agency working and be enabled through training and support for those working within these core teams.

- **To establish new models of care (based around population health needs) which support people through multi-agency working**. This will include work to support people with complex needs as well as long-term conditions (extending the work on anticipatory care). This will also support our approach to safeguarding which is a key priority for the programme.

- **To establish and deliver service models which meet the needs of children, young people and families**. This will particularly focus on opportunities to strengthen multi-agency working and links with primary care.

- **To embed a population health approach within Neighbourhoods and a response to those identified needs** – supported by a strong QI methodology and enabling prevention activities (such as through the Prevention Investment Standard) and specific pathway improvements (such as in the area of planned care).

- **Develop, test and begin to establish an approach to local leadership and partnerships across Neighbourhoods** that brings together representation from residents, statutory organisations, voluntary and community sector as well locally elected members.

4.4 In summary, the total requested funds by each provider is as follows:

Provider	**Provider Request for 2020/21**		**Funded by underspend from 2019/20**	**Funded by BCF 2020/21**	**Total Funding**
a. Homerton University Hospital	£154,617		£0	£154,617	£154,617
b. East London Foundation Trust	£152,000		£0	£152,000	£152,000
c. London Borough of Hackney	£170,717		£15,000	£155,717	£170,717
d. GP Confederation	£105,527		£62,253	£43,274	£105,527
e. City of London Corporation	£20,000		£0	£20,000	£20,000
f. Healthwatch Hackney	£61,651		£11,224	£50,427	£61,651
g. Hackney CVS (Voluntary Sector) (1)	£231,831		£77,288	£154,543	£231,831
h. Community Pharmacy (LPC)	£56,300		£15,700	£40,600	£56,300
i. Planned Care work-stream	£34,250		£0	£34,250	£34,250
j. Children and Young People work-stream	£20,000		£0	£20,000	£20,000
k. Neighbourhoods central team	£183,187		£85,360	£97,827	£183,187
l. PCN Clinical Director Development	£76,138		£76,138	£0	£76,138
Total Funding	£1,266,218		£342,963	£923,256	£1,266,218
Contingency				*£116,744*	
Total BCF Budget				**£1,040,000**	

(1) Please note that for Hackney CVS further work remains underway with them to review the 2020/21 budget (for other providers this has been undertaken). This will be completed over the next week.

4.5 Please note that there are areas where the contingency are expected to be used in 2020/21 and they will be explored during the early part of 2020/21. This will include City and Hackney wide work on population health, assistance on evaluation for the Neighbourhoods programme and Neighbourhood communications. Alongside this the contingency is held to reduce the impact of any staffing pressures that arise in year.

4.6 As outlined above, the work that will be carried out by these providers will largely focus on implementing new models of care and for some services will see the alignment of teams to each of the eight Neighbourhoods. This will lay the foundations for integrated care.

4.7 Work with each of the enablers (estates, workforce, IT and communications and engagement) will also be critical in 2020/21 as we take forward integrated working.

4.8 In summary, the work that will be carried out by each provider is as follows:

Provider	**Summary**
a. Homerton University Hospital	Providing oversight and delivering a new service model for **Adult Community Nursing** Completing the scoping of a new service model for **Adult Community Therapies** (Adult Community Rehabilitation Team and Integrated Independence team) and commencing delivery of new service model
b. East London Foundation Trust (Mental Health)	**Implementing a Mental Health in the Neighbourhoods model for population groups** including CAMHS, older adults / dementia and common disorders. This will align with the NHS England transformation work to support people with personality disorder and serious mental illness. **Integrating new mental health blended teams with the wider Neighbourhoods team**.
c. London Borough of Hackney (Adult Social Care)	**Implementing transformation and a new service model in Adult Social Care** that will see the phased rollout of locality Neighbourhood teams and continued practice changes including enhanced MDT working across teams working in social care.
d. GP Confederation	**Enhancing the link and support to Primary Care Networks** with work being undertaken across the Neighbourhoods Programme. The work will continue to support specific projects in primary care including new Wellbeing Practitioners and group consultations. **Facilitating regular Neighbourhood sessions that bring together staff across health and social care** working within each Neighbourhood.
e. City of London	**Undertaking work to improve the understanding of City of London resident and registered population needs** and determining Neighbourhood priorities. **Establishing practices across City of London services that support integrated working** within the Neighbourhood.

f. Healthwatch Hackney (on behalf of City of London and Hackney)	**Leading on resident engagement across the programme to ensure this remains at the centre of the work.** This work will also link closely with Hackney CVS to build an approach to resident engagement across Neighbourhoods whilst leading on work to understand what is important to residents about health and wellbeing within each Neighbourhood.
g. Hackney CVS	**Building on work in Well Street Common Neighbourhood, start to extend this support to two further Neighbourhoods.** The work will improve connectivity, establish partnership arrangements and support the sustainability of the voluntary sector within the Neighbourhoods.
h. Community Pharmacy	**Integrate Community Pharmacy into Neighbourhood working** by continuing to support pharmacy Neighbourhood leadership, supporting a pharmacy contribution to re-design of pathways and undertaking specific pharmacy led projects including flu vaccination and a Community Pharmacy consultation service.
i. Planned Care	**Work across all 8 Neighbourhoods to identify specific Long Term Conditions opportunities** and working with clinical teams (including from the Neighbourhood core team) to begin to make improvements to identified pathways.
j. Children, Young People, Maternity and Families	**Work to take forward improved multi-agency working to support both children and adolescents** and in particular strengthening the links with primary care.
k. Homerton Central Team	**Providing overall programme leadership to support the delivery of Year 3 of the programme** and leading on specific projects that support multi-agency collaboration including MDT working (anticipatory care).

4.9 Alongside this, two projects focused on anticipatory care (MDT working to support people with complex needs) and work on community navigation will remain a core part of Neighbourhoods but will be funded through Community Education Provider Networks (CEPN). These projects are both funded until October 2020.

5. Year 3 Milestones

5.1 A delivery plan has been developed across the Neighbourhoods programme which sets out our ambitions across in Year 3, 5, 7 and 10. This provides further detail in Year 3 (2020/21) with milestones established for each of the projects identified above.

5.2 In summary, the headline milestones for the programme for Year 3 will be as follows:

- **Year 3 Business Case Approval** by CCG Finance and Performance Committee and Integrated Commissioning Board: April 2020

- **Evaluation approach established across core services and Neighbourhoods programme –** baseline and approach determined by March 2021

- **Introduce new models of care into service areas:**

    - **Adult Community Nursing –** full rollout by March 2021
    - **Adult Community Therapies –** rollout to March 2021
    - **Adult Social Care –** phased alignment to Neighbourhoods from March 2020 to August 2021
    - **Mental Health –** blended teams for PD/SMI from April 2020 and across other population cohorts in 2020/21
    - **Voluntary Sector –** extended working in an additional two Neighbourhoods (from June 2020 and January 2021)

- **Identifying population health priorities for Neighbourhoods –** from June 2020 with further engagement by March 2021

- **Enhance MDT working across all Neighbourhoods for people with complex needs –** Phased rollout from June 2020 to June 2021

- **Determine a framework for Community Navigation across City and Hackney –** November 2020

- **Develop and test models for Neighbourhood partnerships including learning from other areas –** March 2021

6. Evaluation and Outcomes

6.1 In 2019/20 work was undertaken across the programme to establish an initial outcomes approach for Neighbourhoods. We have established six domains that will provide the foundation for how we will measure the effectiveness of Neighbourhoods. This was outlined in the Neighbourhoods Operating Model.

6.2 **These six domains are as follows** (outcomes in domains 1 and 3 will vary from Neighbourhood to Neighbourhood depending on local need)**:**

- **Domain 1: Individual outcomes:** People have an overall improved quality of life
- **Domain 2: Staff experience:** Professionals have an improved experience
- **Domain 3: Community wellbeing and population health:** Reduction in inequalities for people
- **Domain 4: Patient, user and carer experience:** Care is safe, effective and people have a good experience
- **Domain 5: Organisational processes, systems and resource utilisation:** Care is financially sustainable and we reduce waste
- **Domain 6: Integrated working:** Teams work effectively together with improved communication

6.3 Our approach to measuring outcomes will be two-fold. Firstly, outcomes will be evaluated within individual services / by individual providers (e.g. for adult community nursing, in mental health, for the voluntary sector). This will help to better understand the impact of new service models. Work will be undertaken with Providers (and align with the Provider Alliance) to identify arrangements for evaluation.

6.4 Secondly, we intend to consider evaluation for the programme overall and the effectiveness of integrated working both for staff and residents. It is however worth highlighting that developing an approach and understanding the impact on improving outcomes through Neighbourhoods will take time. Evidence from the Nuffield Trust ("*The Challenges of Evaluating Integrated Care, 2019*") highlights that evaluation of integrated care can often be beset with complexity. This complexity is not a reason not to evaluate but requires well designed approaches and a recognition that change will only start to become evident from around two years after implementation.

7. Conclusion and Recommendation

7.1 The Board is asked to approve the release of £1,040,000 to support the delivery of the Neighbourhoods programme for Year 3 (2020/21). This will provide the resource needed to help to continue to work towards our vision for Neighbourhoods outlined within the Operating Model.

Attached

- Neighbourhoods Operating Model
- Neighbourhoods Delivery Plan

Neighbourhoods Operating Model – City and Hackney ICB

13th February 2020

Neighbourhoods – Margaret, Vinnie and the case for change…

What happened to Margaret…

- Margaret lives in Hackney Downs. She is in her 70s and Cared for her husband who died 3 years ago.
- She has family although they don't live locally and few local friends.
- Her health getting steadily worse with increasing frailty (multiple LTCs)
- Rapid deterioration of health when she had a fall and is admitted to hospital.

What could have been different…

- Earlier identification of Margaret's needs triggered by her husband's death
- Coordinated and personalised care plan put in place – included a frailty review and falls risk assessment
- Margaret is connected to local lunch club and falls prevention exercise class
- Teams going into Margaret's home recognised the deterioration of her living environment and drew in housing support and Occupational Therapies
- Margaret's health and wellbeing are optimised, and she does not fall.

What happened to Vinnie and his family…

- Born in Hackney – lives alone in a housing association property.
- Divorced with 2 children – unemployed for 10 years with few friends. Visits children regularly.
- History of paranoid schizophrenia – used to attend support groups but no longer engages. He is known to mental health services.
- Uncontrolled hypertension & diabetes. Served with an eviction notice due to not paying rent causing him to become depressed.

What could have been different…

- Vinnie is identified as someone who may need proactive support
- The neighbourhoods team review his notes across all agencies
- They organise a strengths based discussion with Vinnie based on what is important to him and what he wants to achieve
- Plan put in place with Vinnie & team co-ordinate this across all agencies
- There is a joined up response between teams working with both Vinnie and his children
- Vinnie is supported to get into work and manage debt.

Why take a Neighbourhoods approach?

- **Demographics and needs of people differ between Neighbourhoods** - this offers a local response to local needs and addresses inequalities
- **Tackling wider determinants of health and care requires a joined up response**
- **Care is delivered in the community where possible, with A&E and crisis support used more appropriately** – Neighbourhoods offers an opportunity to deliver more localised services
- People want **care more joined up and personalised based on what is important to them** – Neighbourhoods gives us an way of taking a more person-focused approach across organisations
- Neighbourhoods offers opportunities for our **staff to benefit from working together in a joined up way**

What Neighbourhoods will mean for Margaret, Vinnie as well as our staff…

Our City & Hackney vision:

Working together across City and Hackney to support people and their families to live the healthiest lives possible and receive the right care where and when they need it.

- **Neighbourhoods** where people and communities are actively supported to help themselves and each other
- **More support** for residents and their families to get healthy, stay well, keep safe and be as independent as possible
- **A life course approach** which encourages multi-agency working across for children, families and adults
- **Addressing the wider social and economic determinants of health** for all of the population reducing inequalities in outcomes
- **Joined up and personalised care** that meets the physical, mental, social and related needs of residents and their families
- **High quality** GP practices, pharmacies & community services offering people more support closer to home
- **Thriving local hospitals** for people when they need them

Our City & Hackney shared principles:

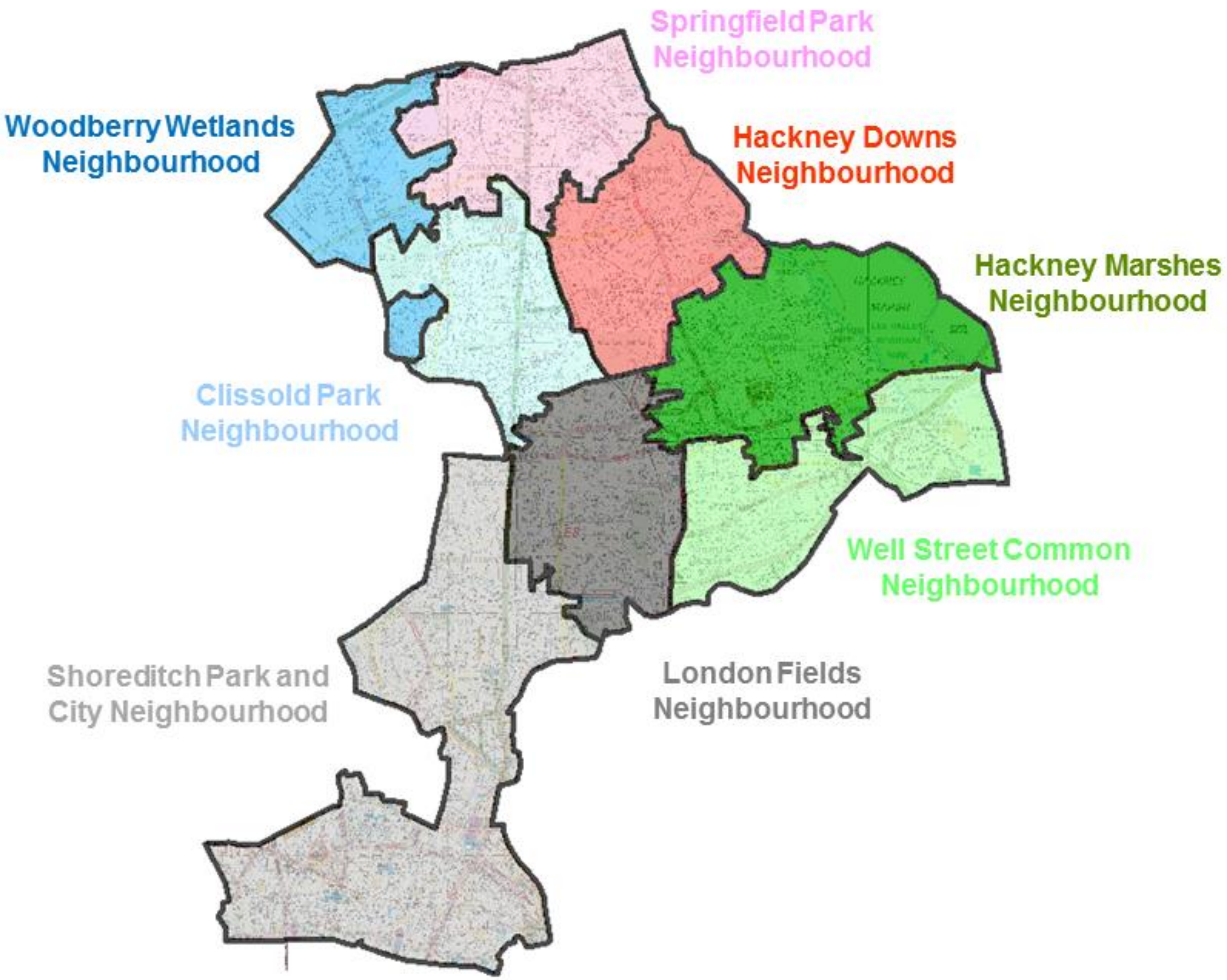
Across the city and Hackney system by working together we will…

- Adopt an **asset based approach** across all our teams within Neighbourhoods so that we start with recognising the things that people and places have and gain an understanding of what a good life means for them.
- Work together to **build strong and cohesive local Neighbourhoods** where there is a focus on people and communities supporting each other alongside a vibrant and diverse set of services that people can access.
- **Empower our staff** to support people in ways that work them with clear responsibility. Staff are not constrained by professional and organisational boundaries and work together to respond to resident needs. Person, family and Neighbourhood first not organisation first.
- Start by **listening to what is important to residents** within each Neighbourhood as well as using local intelligence to help identify the outcomes and priorities that we want to change.
- Support each **Neighbourhood to determine its own priorities** which will influence where we all focus our efforts.
- Recognise and value the **important contribution of the voluntary and community sector** in improving health and wellbeing and they will play an important leadership role in Neighbourhoods.

About City & Hackney Neighbourhoods

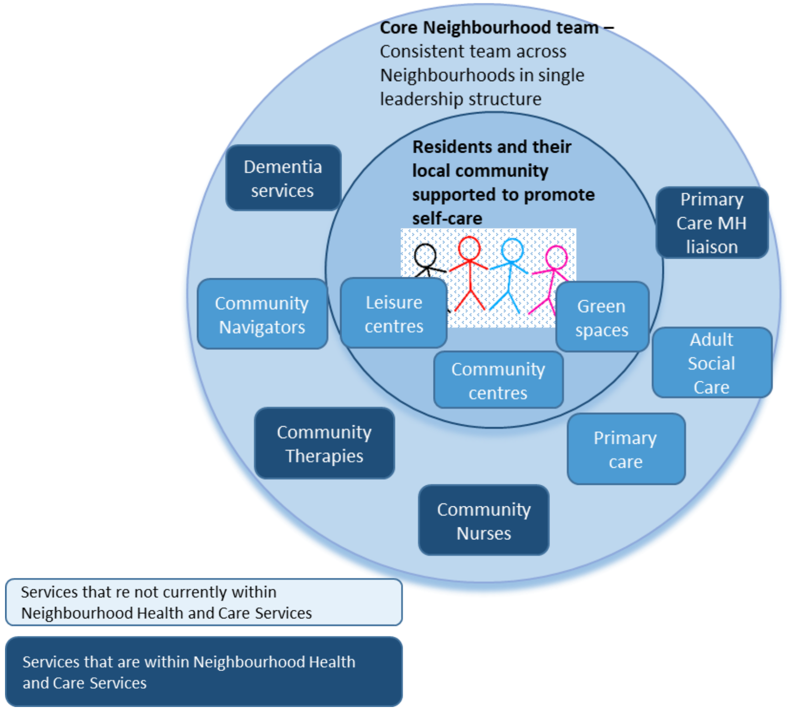
City & Hackney Neighbourhoods

- 8 Neighbourhoods across City & Hackney
- Based on populations of between 30,000 – 50,000
- Small enough to provide personal care, but big enough to make sure residents can use the range of services they need
- Each Neighbourhood recognised as unique and individual with variety of assets (people, organisations and buildings and physical places)



Who will be in the Core Integrated Neighbourhood Team

Darker shading – in Neighbourhood Health and Care Services Alliance
Lighter shading – being explored for links / incorporation within Alliance
*Denotes work underway to develop Neighbourhood service model



Core Neighbourhood Team

Consistent team across all Neighbourhoods within single leadership structure

1. Primary Care Network
2. Primary Care Mental Health Liaison*
3. Adult Community Therapy*
4. Adult Community Nursing*
5. Community Navigator / Social Prescribing / MH Community Connector / Other Care Navigators*
6. Dementia Services
7. Adult Social Care*
8. Voluntary Sector Organisations*

Children's & Families – Work underway to define how services for children and families will connect into Neighbourhoods. Proposal to ICB underway and planned in due course.

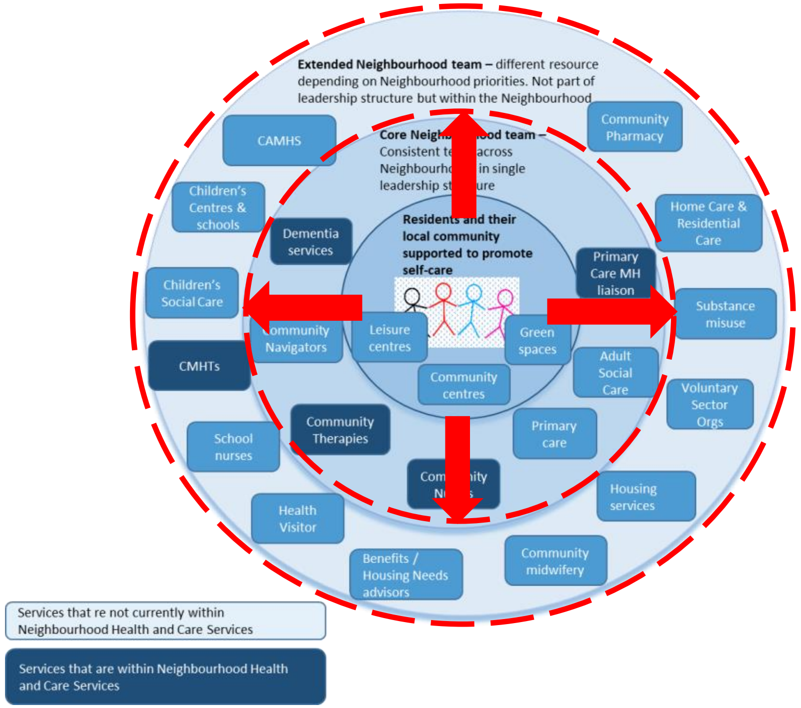
Nb. Services in the Core Neighbourhood team may also have aspects which are delivered City & Hackney wide & retain professional links

Core Neighbourhood team

- The Core Neighbourhood Team will be consistent across all Neighbourhoods
- They are a multi-disciplinary, multi-agency team working closely together whilst maintaining links to employer / profession. Potentially matrix line management model.
- The Core Team may include VCSOs if they are delivering a service e.g. social prescribing / community navigation.
- Anticipated that voluntary sector would play an important role in multi-agency working including MDT involvement in Neighbourhoods;
- Not all staff in these services will be in the core team e.g. some aspects of these services will still remain City and Hackney wide
- The team will be co-located in the Neighbourhood. This will predominantly to support Multi-Disciplinary Meetings and co-working space. It is not expected (at least initially) that there would be a need for clinical space.
- The team will adopt a strengths / asset based approach focusing on prevention and recognising the importance of the social determinants of health
- There will be a strong commitment to safeguarding throughout the team.

Who will be in the Extended Neighbourhood Team

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance
* Denotes work underway to develop Neighbourhood service model



Children's & Families – Work underway to define how services for children and families will connect into Neighbourhoods. Proposal to ICB underway and planned in due course.

Extended Neighbourhood Team

Different resource depending on Neighbourhood priorities not part of leadership structure

1. Housing Services (LBH)
2. Substance Misuse Team and other public health services
3. Children's social care
4. Benefits / housing need advisors
5. Community midwifery
6. CAMHS and school nursing
7. Community Mental Health Team*
8. Children's centres & schools (education)
9. Health visitor
10. Community Policing

Supported by the following who work in the Neighbourhood

But not part of single team

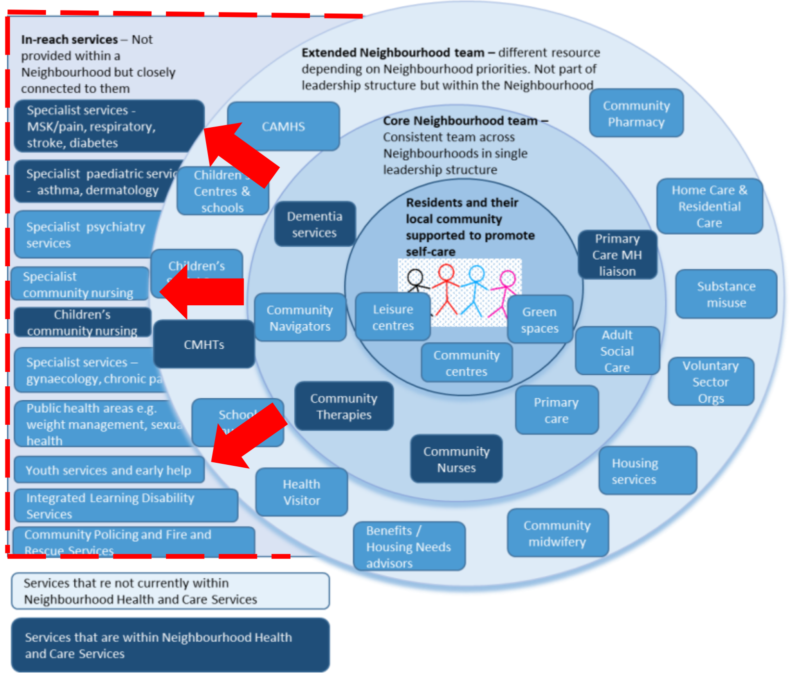
1. Voluntary Sector Organisations*
2. Community Pharmacy*
3. Home Care & Residential Care Providers
4. Housing Associations

Extended Neighbourhood team

- The extended team would link with the Core Neighbourhood Team but not part of the single leadership / management structure.
- The make-up of the extended Neighbourhood team (e.g. resource) would depend on the priorities from within each Neighbourhood i.e. if there is a greater need for substance misuse support in some Neighbourhoods then the size of resource would be greater.
- The extended Neighbourhood team would likely have a link worker for the relevant Neighbourhood.
- Both the core Neighbourhood team and extended Neighbourhood team would work closely with other organisations (such as VCSOs).

Services that will work closely with a Neighbourhood but not necessarily be Neighbourhood based (In-reach)

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance



In-reach services which are City & Hackney wide

Services that are borough wide and not organised around Neighbourhoods but will provide in-reach support to Neighbourhoods

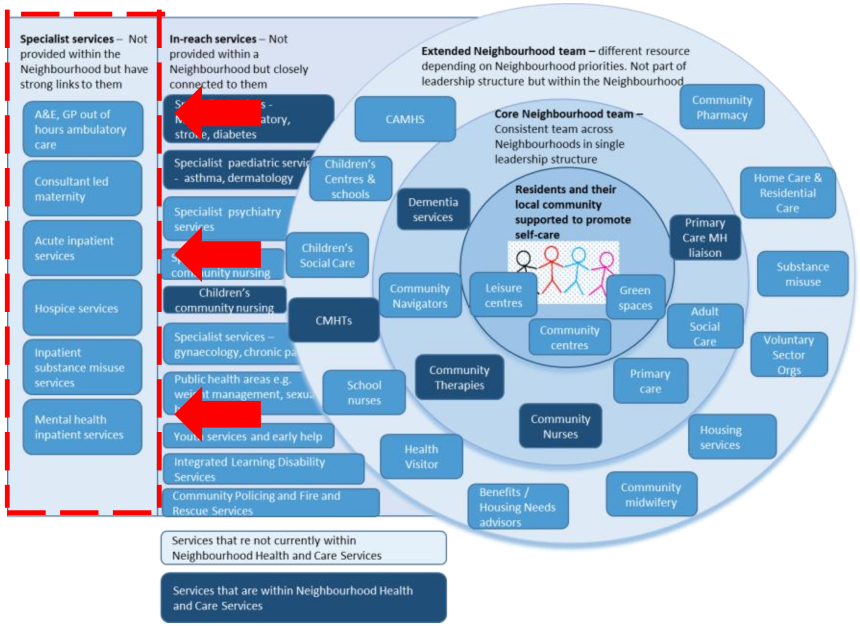
1. Specialist Psychiatry services
2. Specialist Paediatric services e.g. asthma, dermatology
3. Specialist services - MSK, respiratory, diabetes
4. Children's community nursing
5. Specialist services – gynaecology, dermatology and chronic pain
6. Voluntary and Community Sector organisations (City & Hackney wide)
7. Specialist community nursing services
8. Public health areas – weight management, sexual health
9. Fire and Rescue services
10. Youth services and early help
11. Integrated Learning Disability services

In-reach Services

- Services that are often provided at a City and Hackney wide level. This includes VCSOs who provide support beyond Neighbourhoods (often larger).
- They may often be specialist services which don't have resources which make it practical to deliver services within each Neighbourhood e.g. Integrated Learning Disability Services
- They will not therefore have staff physically located within a Neighbourhood or in the Neighbourhood team
- However, they will assist Neighbourhood teams to be able to provide effective care and support to individuals e.g. where a Neighbourhood team may be in touch with someone with learning disabilities they will receive support from in-reach services
- They will also provide support to individuals where this is required

Services that will not be Neighbourhood based but will have strong links to them (Specialist)

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance



Specialist Services

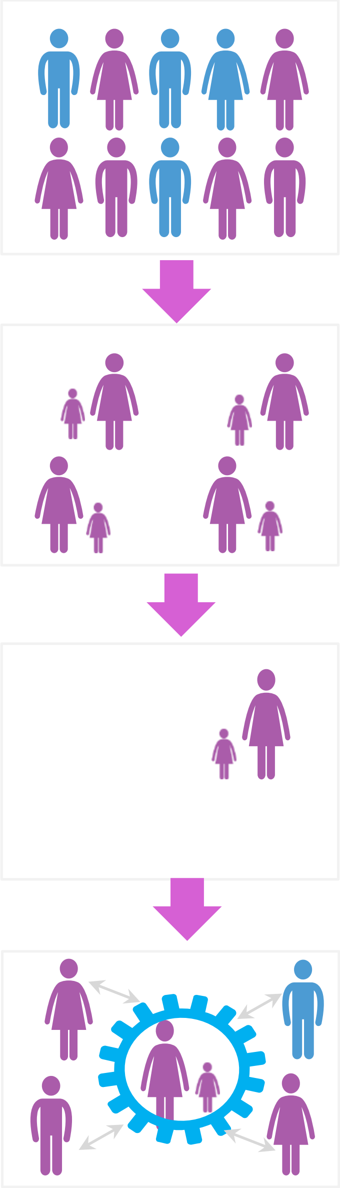
Not provided in the Neighbourhood but links to them

1. A&E, GP OOH, ambulatory care
2. Consultant led maternity
3. Acute inpatient services
4. Discharge, reablement and community rapid response services
4. Hospice services
5. Inpatient substance misuse services
6. Mental health inpatient services

Specialist Services

- Specialist services are those which are either delivered on a City and Hackney wide basis (or beyond City and Hackney). They are particularly specialist in nature providing support for specific groups of people / at specific points of need.
- They will not have staff physically located within a Neighbourhood
- These teams will continue to be physically based within organisations but recognise the need to work across the system as a whole

Neighbourhoods will take a population health management approach



1. Understanding the needs of Neighbourhoods as a whole (people and place)

Neighbourhood teams supported by evidence based information to understand the current and future needs & priorities within individual Neighbourhoods

2. Understanding the needs of specific groups or cohorts of the Neighbourhood

It will be important to identify specific groups of the population where support will have the greatest impact, informing service delivery. This includes whole population prevention.

3. Identification of individuals and families that would benefit from multi-disciplinary support

Information (data alongside professional and other local knowledge) used to identify specific individuals for discussion at Neighbourhood MDTs (anticipatory care)

4. Personalised and coordinated care and support which puts the person at the centre

Coordinated response from Neighbourhood MDT team. Trusted assessment & integrated care processes supporting.

This approach supports people during their life course and according to level of complexity and need

What is important to make this approach work:

- Engagement of residents within the Neighbourhood to help determine priorities for the Neighbourhood.
- Staff empowered to work together with people using a strengths based approach – recognising the importance of loneliness and social isolation. A comprehensive community navigation offer to support prevention and early intervention.
- Strong analytical skills and expertise in population health management underpinned by linked data / dashboards which help to understand the needs of local populations and places. This includes understanding the role of the wider determinants of health, outcomes for individuals and families and how Neighbourhoods will change over time e.g. housing and public realm developments.
- Enhanced and aligned MDT working across City and Hackney that is better supported, has a clearer structure and purpose, is effective at identifying the right people and determining the right interventions for individuals.
- Embedding a pathway approach which identifies what is important for the patient, what their needs are and how support can be better accessed (with trusted assessment)
- Residents who are involved from the outset – they are involved in making decisions about their own care and support so that care is personalised and coordinated.

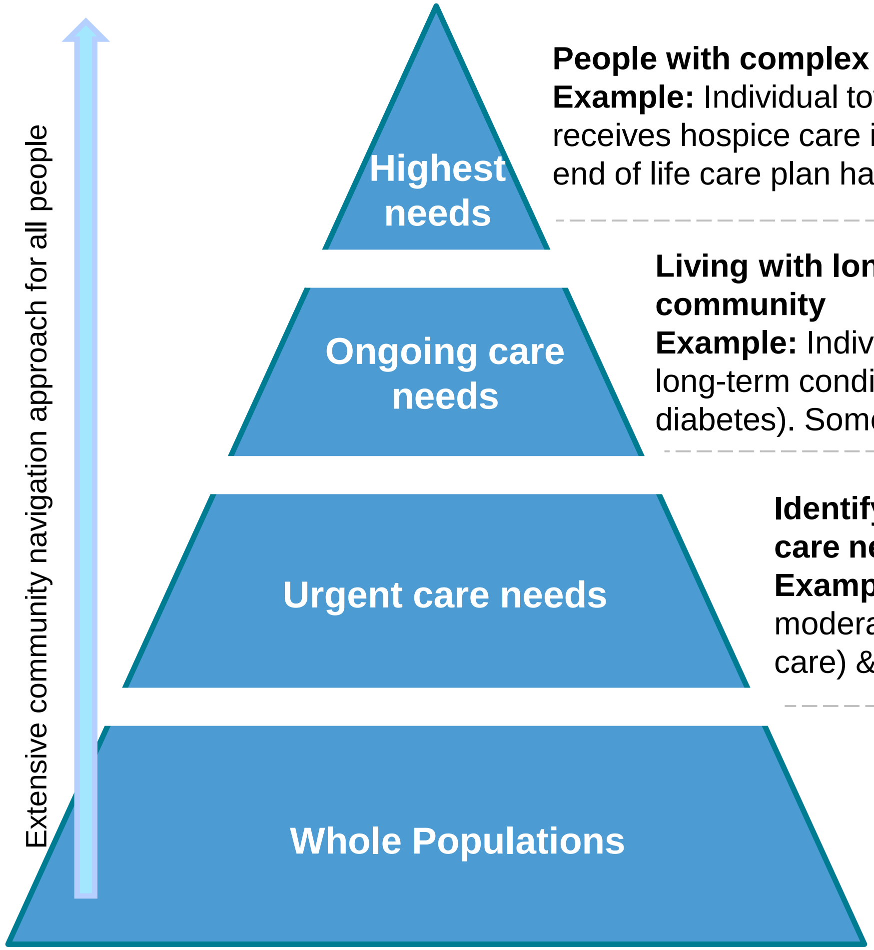
How people will be supported: By the life course

*Work underway to identify options for how children, young people, maternity & family services will connect with Neighbourhood & links into core / extended Neighbourhood team

	What we know about this stage of life	How Neighbourhoods would support	City & Hackney Outcomes Framework
1. Birth, neonatal period and infancy (0-5)*	• Growing evidence that intervening in the first 1,000 days can have a significant impact on outcomes across the lifetime. • Preparing children to be ready to learn, ready for school and to have good life chances.	• **Community midwifery and health visitors** working together with Core Neighbourhood teams to support families and pre-school children. • **Link into wider Core Neighbourhood team** where other needs might be identified for the family or individual.	**Measures of success:** • Lower infant mortality rate & neonatal mortality and stillbirths • More childhood immunisation coverage • Fewer maternal smoking at pregnancy
2. Early and later childhood and adolescence (5-19/25)*	• Children and young people who are exposed to adverse childhood experiences have an increased risk to poor health outcomes. • This is a period of time where habits developed can be taken into adulthood. • ½ of mental health problems take root in childhood life.	• **Support for children and young people** (e.g. school nurse, CAMHs) not necessarily on same Neighbourhood footprint but linked into Neighbourhood. • **Team Around the Family / Team Around the Child** meetings provide opportunities for multi-disciplinary working and contextual safeguarding approach	**Measures of success:** • Fewer amount of children who are overweight or obese • Better physical health and improved accessibility of services • Improved mental health and wellbeing amongst young people
3. Youth and adulthood	• Adulthood is important for reducing risks and intervening early. Important to build resilience for later life. • Important to reduce stress at work and reduce unemployment. • Primary trigger points include starting work, becoming a parent or becoming a carer.	• **Core Neighbourhood team linking with extended Neighbourhood team** e.g. housing needs, benefits advice where needed. • **Making Every Contact Count** training for all Core Neighbourhood teams making an important contribution.	**Measures of success:** • Fewer preventable causes of ill health – smoking, obesity, alcohol • Improved health related quality of life for people with LTCs • More people in work and with stable housing positions
4. Older adulthood	• Older people more likely to experience chronic diseases and disabilities. • Housing and the built environment is important and supporting people to use them regularly e.g. reduce falls. • Aim to maintain functional ability (physical & mental) & environmental factors (e.g. housing, relationships).	• **Core Neighbourhood team working together (e.g. primary care, social care)** to support people depending on population needs. • **Neighbourhood MDT** providing support to help people maintain functional ability. • **Community navigation** is critical.	**Measures of success:** • Lower premature/preventable mortality rate • Inequalities in health life expectancy are reduced • Fewer injuries from falls in people in older people

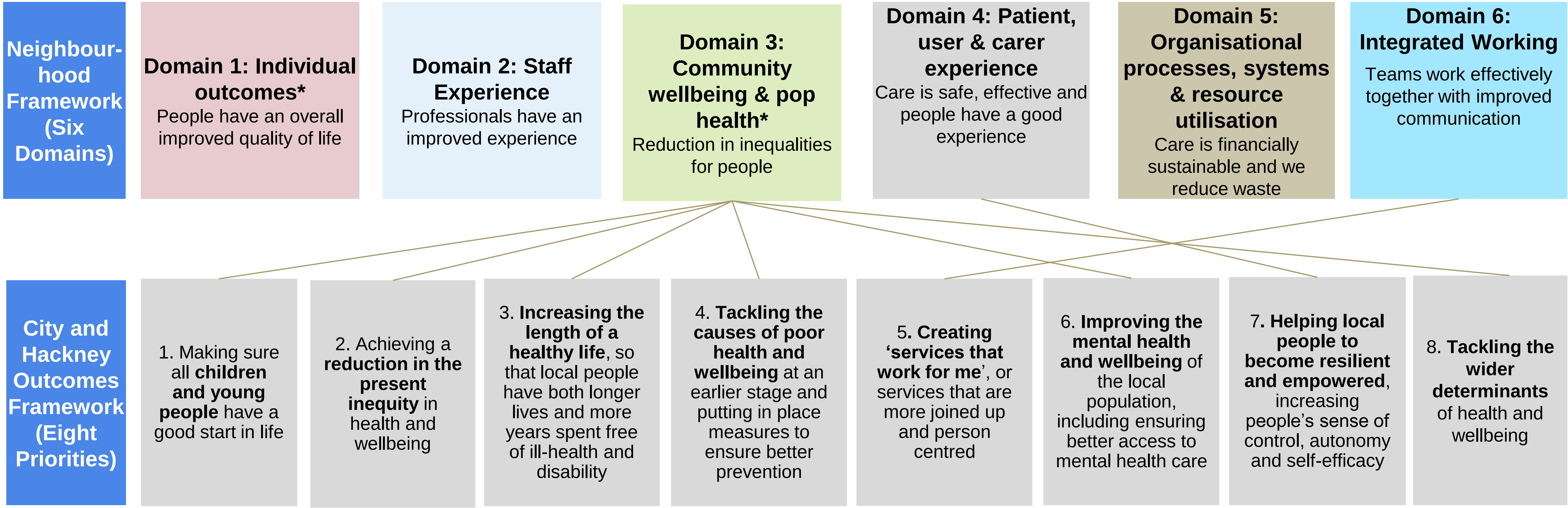
How people will be supported: According to complexity of need

We will take a population health approach to supporting people within the Neighbourhood and those populations that will benefit from it.
Specialist services which are not provided within a Neighbourhood have a role in a). assisting Neighbourhood teams in how best to support an individual and b). may also provide support for the individual where required.



	Who might support from within the Neighbourhood i.e. integrated team? Core and Extended Neighbourhood team such as…	**Who might work outside the Neighbourhood but support?** In-reach and specialist services such as…	**Care processes for populations**
People with complex comorbidities (incl. end of life) **Example:** Individual towards the end of life who currently receives hospice care in the community and for whom an end of life care plan has been developed.	• GP • Community nurse • Community pharmacy	• Hospice based services • VCSE organisations e.g. Carers support	• Intensive case management • Multi-agency case conference
Living with long-term conditions in the community **Example:** Individual living at home with multiple long-term conditions (e.g.heart disease, COPD & diabetes). Some family support but also lonely.	• GP • Community navigator • VCSE (for carer) • Social care	• Diabetes services • ACERS (therapies) • Cardiac / Pulmonary rehab • VCSE(befriending)	• MDT based care & support planning (e.g. anticipatory care) • Care plan accessible to all
Identifying people at risk of an increasing care need **Example:** Individual living independently with moderate frailty needs (falls, requirement for care) & instable housing position	• GP • Social worker • Community nurse • VCSE organisation	• Housing services • Benefit / debt advice services • VCSE organisations	• MDT based care & support planning (e.g. anticipatory care) • Care plan accessible to all
Supporting people with lower level needs & prevention **Example:** Individual with mild levels of mental health problems. Weight and smoking concerns. Wider family challenges with risk of child exclusion.	• GP • Community navigator • Community MH • School • VCS organisation	• IAPT services • Weight management & stop smoking • Youth service • Befriending	• Supported self-management • MECC, health promotion, screening, immunisations.

How we will measure Neighbourhood outcomes



Neighbour-hood Framework (Six Domains)

Domain 1: Individual outcomes*
People have an overall improved quality of life

Domain 2: Staff Experience
Professionals have an improved experience

Domain 3: Community wellbeing & pop health*
Reduction in inequalities for people

Domain 4: Patient, user & carer experience
Care is safe, effective and people have a good experience

Domain 5: Organisational processes, systems & resource utilisation
Care is financially sustainable and we reduce waste

Domain 6: Integrated Working
Teams work effectively together with improved communication

City and Hackney Outcomes Framework (Eight Priorities)

1. Making sure all **children and young people** have a good start in life

2. Achieving a **reduction in the present inequity** in health and wellbeing

3. **Increasing the length of a healthy life**, so that local people have both longer lives and more years spent free of ill-health and disability

4. **Tackling the causes of poor health and wellbeing** at an earlier stage and putting in place measures to ensure better prevention

5. **Creating 'services that work for me'**, or services that are more joined up and person centred

6. **Improving the mental health and wellbeing** of the local population, including ensuring better access to mental health care

7. **Helping local people to become resilient and empowered**, increasing people's sense of control, autonomy and self-efficacy

8. **Tackling the wider determinants** of health and wellbeing

Measuring outcomes
The effectiveness of Neighbourhoods will be measured across six domains. These cover outcomes, quality of service and staff and resident experience.

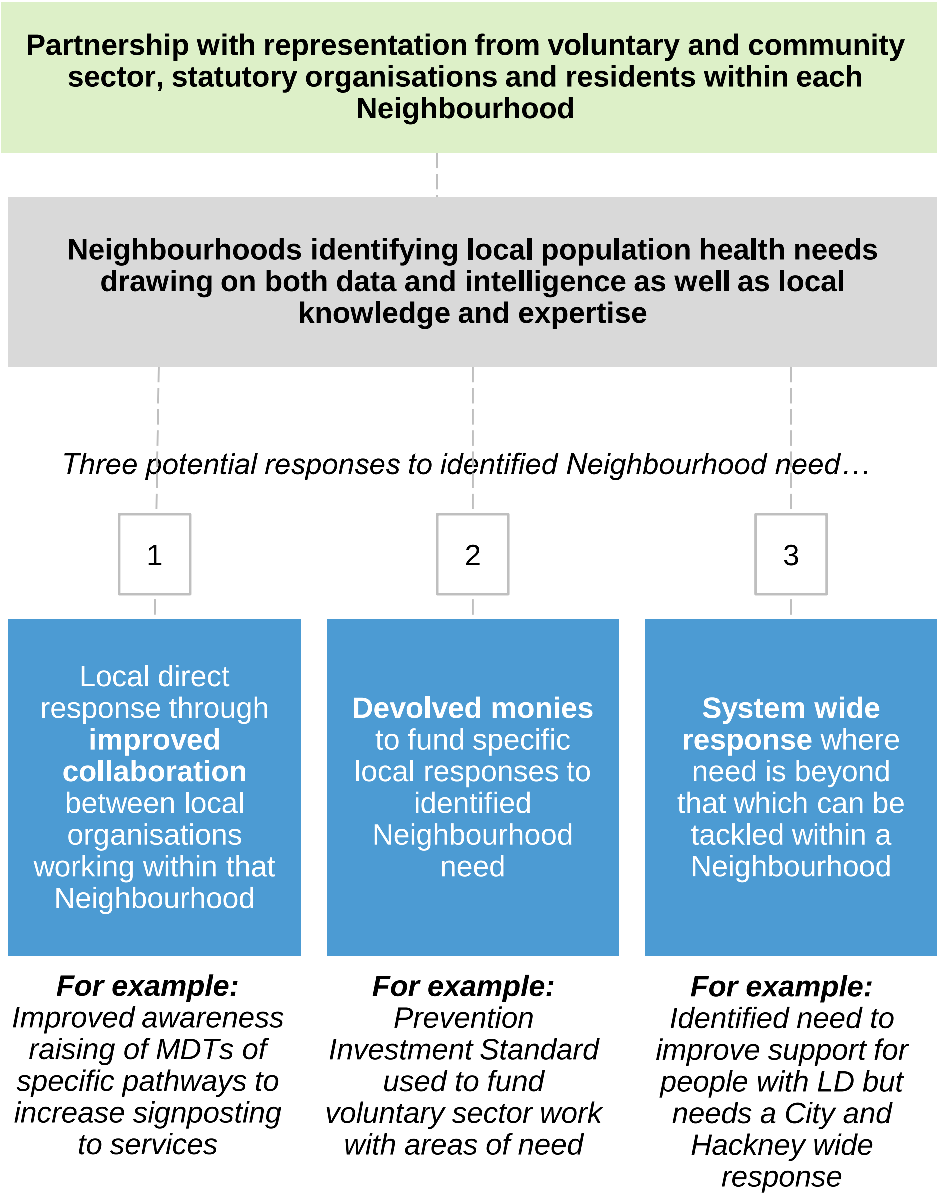
The Neighbourhood domains connects through to the eight priorities within the City and Hackney outcomes framework.

The Neighbourhood leadership team will play an important role in monitoring Neighbourhood outcomes with regular dashboard reporting and analytics to support effective functioning.

There will be both cross-borough outcomes alongside outcomes personalised to each Neighbourhood: We would expect the outcomes from domains 1 (individual outcomes) and domain 3 (population health) to be unique to each Neighbourhood. Some population outcomes will however remain City and Hackney wide with associated activity being cross-borough.

Some domains and outcomes will apply to all Neighbourhoods
We would expect the outcomes from domains 2, 4, 5 and 6 to be the same for each Neighbourhood with a common set of outcomes and measures

How Neighbourhoods would work in partnership to respond to local needs



Partnership with representation from voluntary and community sector, statutory organisations and residents within each Neighbourhood

Neighbourhoods identifying local population health needs drawing on both data and intelligence as well as local knowledge and expertise

Three potential responses to identified Neighbourhood need…

1

Local direct response through **improved collaboration** between local organisations working within that Neighbourhood

For example: *Improved awareness raising of MDTs of specific pathways to increase signposting to services*

2

Devolved monies to fund specific local responses to identified Neighbourhood need

For example: *Prevention Investment Standard used to fund voluntary sector work with areas of need*

3

System wide response where need is beyond that which can be tackled within a Neighbourhood

For example: *Identified need to improve support for people with LD but needs a City and Hackney wide response*

How Neighbourhood Partnerships would work:

- **Local Neighbourhood partnerships** which bring together residents, voluntary and community and statutory organisations to help coordinate and respond to identified local needs.
- Underpinned by a **co-produced Neighbourhood charter** which outlines commitments from partners to work together and which informs the core values across staff working within Neighbourhoods.
- **Resource light in terms of administration** to support functioning of partnership within each Neighbourhood.
- Some **responsibility in directing funding to priorities** based on identified Neighbourhood need – but not all services would be commissioned or budgets devolved at a Neighbourhood level.
- **Local Partnership leadership** from residents (“school governor type model”), statutory / voluntary providers and/or PCN Clinical Directors.

Benefits of Neighbourhood Partnerships:

- Enables local leaders to determine local Neighbourhood priorities across the whole system
- Allows for a population health approach based on the needs of local residents
- Moves decision making closer to local people and local needs
- Gives opportunities to bring in social and economic determinants of health

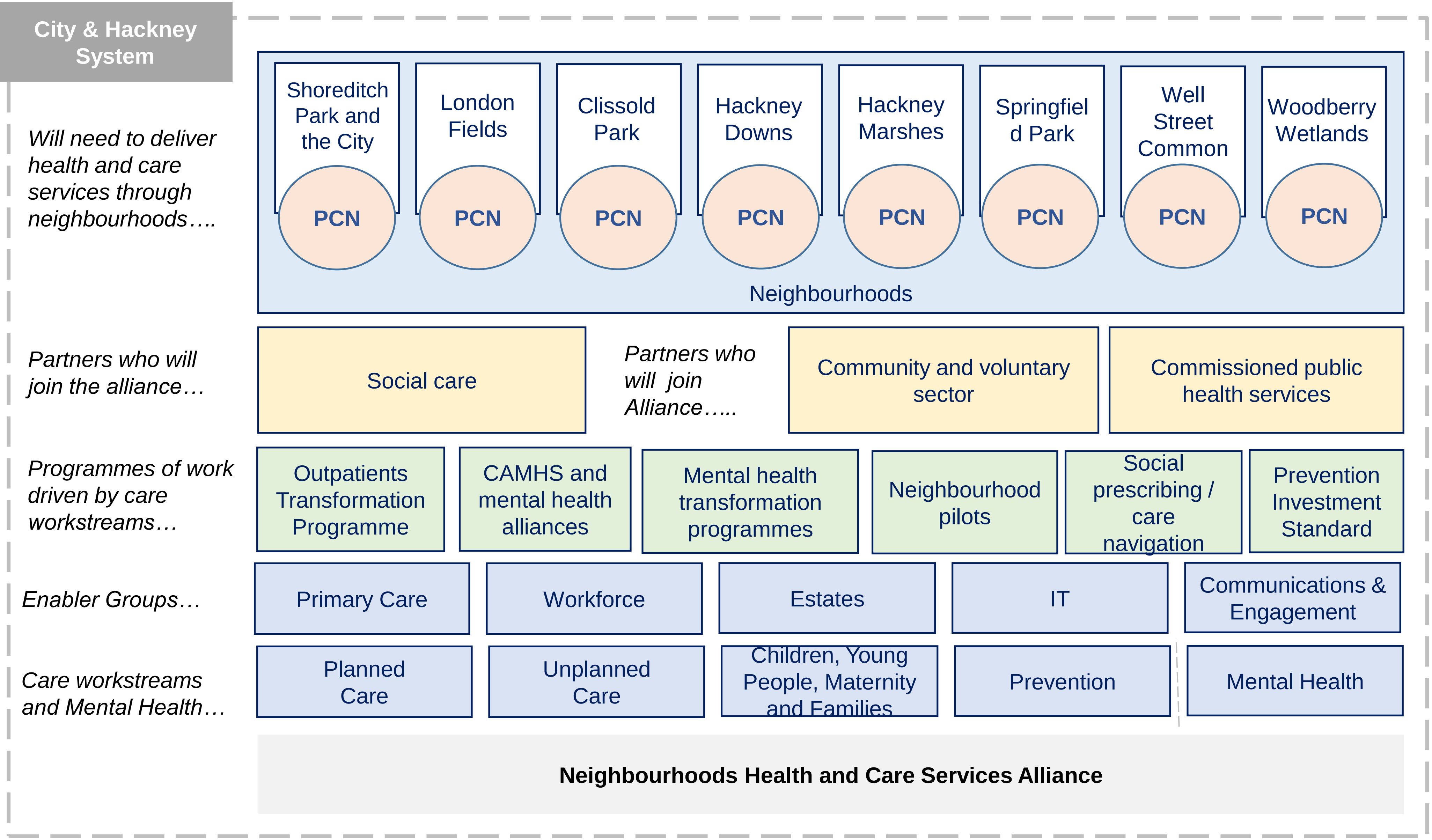
What needs to be in place to support those teams

Enabler	What needs to be in place for Neighbourhood teams
Workforce & Organisational Development*	- Significant cultural change to facilitate cross-organisational working within a Neighbourhood - A workforce approach where training and skills requirements are considered across the whole integrated team rather than from individual service areas - An asset based / strengths based approach should be adopted by all individuals within the Neighbourhood with single high quality training programme alongside a commitment to taking a population health based approach
Estates	- A system wide mechanism to understand what we have got (by way of assets) and how to access them - Space for Multi-Disciplinary Meetings and co-working for Integrated Teams in each Neighbourhood - A community hub in each Neighbourhood where people can access advice, support and navigation support and services - Work underway to establish the need for community, clinical bases at a borough and neighbourhood level
IT and Data	- Technology should enable teams within the integrated care team to work as one team - There will be interoperability between the systems that staff use i.e. shared record and shared care plan for individuals they are supporting. It should be clear which staff are supporting which individuals. - There is a client level (anonymised) linked system wide dataset accessible for Neighbourhood analysis - There is a directory of services which includes statutory and VCS services
Communications and Engagement	- A communications and engagement plan which helps staff and residents understand Neighbourhoods and what it means for them. - This will include a Neighbourhood platform for each of the 8 Neighbourhoods to support resident engagement - Rather than communication by organisation, there are communications by / for people working within each Neighbourhood. This helps to create a Neighbourhood team (rather than organisational) identity.

Significant work will be needed with the enablers to ensure there is a focus on meeting Neighbourhood requirements including what is outlined here.
All underpinned by tools that support change and transformation e.g. Quality Improvement (QI), ethnographic approaches

**Learning from elsewhere suggests this should be a significant area of focus.*

The system structures needed to support this change within City & Hackney



City & Hackney System

Will need to deliver health and care services through neighbourhoods….

Shoreditch Park and the City – PCN

London Fields – PCN

Clissold Park – PCN

Hackney Downs – PCN

Hackney Marshes – PCN

Springfield Park – PCN

Well Street Common – PCN

Woodberry Wetlands – PCN

Neighbourhoods

Partners who will join the alliance…

Social care

Partners who will join Alliance…..

Community and voluntary sector

Commissioned public health services

Programmes of work driven by care workstreams…

Outpatients Transformation Programme

CAMHS and mental health alliances

Mental health transformation programmes

Neighbourhood pilots

Social prescribing / care navigation

Prevention Investment Standard

Enabler Groups…

Primary Care

Workforce

Estates

IT

Communications & Engagement

Care workstreams and Mental Health…

Planned Care

Unplanned Care

Children, Young People, Maternity and Families

Prevention

Mental Health

Neighbourhoods Health and Care Services Alliance

- City & Hackney existing system structure to support transformation – ***currently under review***
- The way we've already organised the system is enabling this change to take place
- Workstreams are setup to support this change
- Key transformation areas which will facilitate change across the system
- Enabler workstreams will help the move towards Neighbourhood based working
- Opportunity to bring others into the alliance at a later date. Work being undertaken by community and voluntary sector is exploring new models

Where we are now and phasing of delivery

Yr 1 (18/19)

Yr 2 (19/20)

Yr 3 (20/21)

Yrs 4-6

Yrs 7-10

Phase 0 – Develop vision, gain commitment and secure funding

Phase 1 - Develop Neighbourhood models - test & learn

Phase 2 - Put the foundations in place across City & Hackney

Phase 3 – 1st transformation in priority areas (Alliance)

Phase 4 – Further transformation & extend core Neighb'hood team

Phase 5 - Integrate extended team in line with priorities

Where we have been

- Develop the vision for Neighbourhoods across City & Hackney and gain buy-in from partners
- Early engagement with residents about Neighbourhood approach and wellbeing priorities
- Secure funding to support service transformation in line with vision
- Develop approach to Neighbourhood Health and Care Services

Where we are now

- Complete service re-design through Neighbourhoods Programme so we understand for each service what new model will look like
- Understand cost implications and future funding arrangements both for implementation and ongoing delivery of new service
- Commence contractual arrangements through Alliance model to encourage collaboration

Where we are going →

- Develop estates so that there is physical space in Neighbourhoods for staff co-location
- Ensure technology & data requirements are in place to support integrated working / population health
- Bring together Neighbourhood leadership team and engage with residents over priorities
- Develop skills and workforce approach for integrated teams

- Transformation (via alliance) in adult community nursing, therapies, dementia, serious mental illness & disorder
- Start to bring together core Neighbourhood team in structures and develop Neighbourhood identities
- Enhanced MDTs for priority groups (anticipatory care & case conferences)
- Develop community navigation

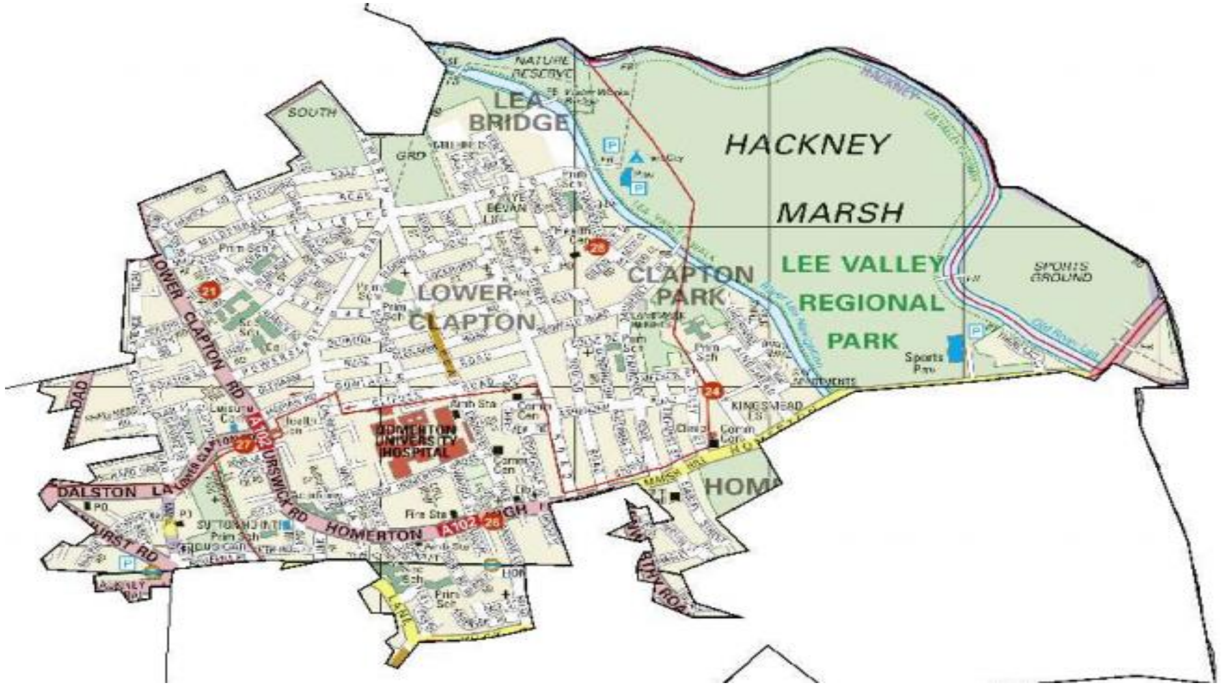
- Extended transformation into other areas
- Complete co-location of Neighbourhood core team
- Build on MDT working to enhance integrated processes and improvements to joined up care
- Neighbourhood monitoring outcomes for each Neighbourhood
- Enhanced MECC approaches

- Begin to co-locate / link in extended Neighbourhood team depending on priorities for each Neighbourhood
- This involves teams beyond just health and social care
- Neighbourhood leadership team identifying and commissioning (where possible) local interventions for Neighbourhood groups

Appendix

Case Study – How this would work

Hackney Marshes Neighbourhood



Who lives there?

- Similar age profile to the rest of City & Hackney but slightly lower proportion of younger adults
- High percentage of people born outside of the UK & high proportion of people with different ethnicities
- Relatively high of people providing unpaid care (8%)
- Deprivation levels are some of the highest across City & Hackney (and London)
- High levels of renting – both private and socially rented

What do we know about local outcomes?

- **Relatively high levels of young people not in education, employment or training** comparted to the rest of City & Hackney
- **High levels of A&E utilisation** amongst both adults and children – in part linked by proximity to Homerton Hospital
- **Adult obesity –** Higher than average rate of being obese or overweight amongst amongst adults
- **Levels of diabetes and hypertension (high blood pressure)** are above both the national and City and Hackney average
- **Levels of people who are housebound** are the highest across City and Hackney and there is high long-term use of adults and children's social care within the Neighbourhood

What might this mean for Neighbourhood based working?

The following may therefore be included in the Neighbourhood team:

- **Neighbourhood Core Team**: Primary Care, Mental Health, Social Care, Community Navigation / Social Prescribing, Therapies, Community Nursing
- **Working with Neighbourhood based partners:** VCS orgs. & community pharm.
- **Extended Neighbourhood Team:** Input from Health visiting and school nursing as well as Housing Advisors
- **Specialist Teams:** Input from Diabetes services & public health services (e.g. weight management).

Population health approach (and MDTs) could therefore focus on people and families with more complex needs

Work across partnership to help address long-standing health outcomes – Kings Park Moving Together, MECC and Wellbeing Practitioners.

Neighbourhoods Delivery Plan
2020/21 – 2030/31

Version 2.9

27.02.2020

1. Purpose of this document

DRAFT

- **Our vision for Neighbourhoods is described in the Operating Model** developed and agreed in 2019 / 2020.
- **The Operating Model describes the purpose of Neighbourhoods** – supporting people and their families to live the healthiest lives possible and receive the right care where and when they need it.
- **This document outlines our plan for how we want to deliver the vision**. It will evolve over time but places emphasis on the culture change needed across teams to achieve integrated Neighbourhood working.
- The document outlines the plan with **a more detailed near term plan of foundational activity** in the next 12-18 months.
- **We will approach this in an agile way** – with learning taken along the way and our approach amended in light of this

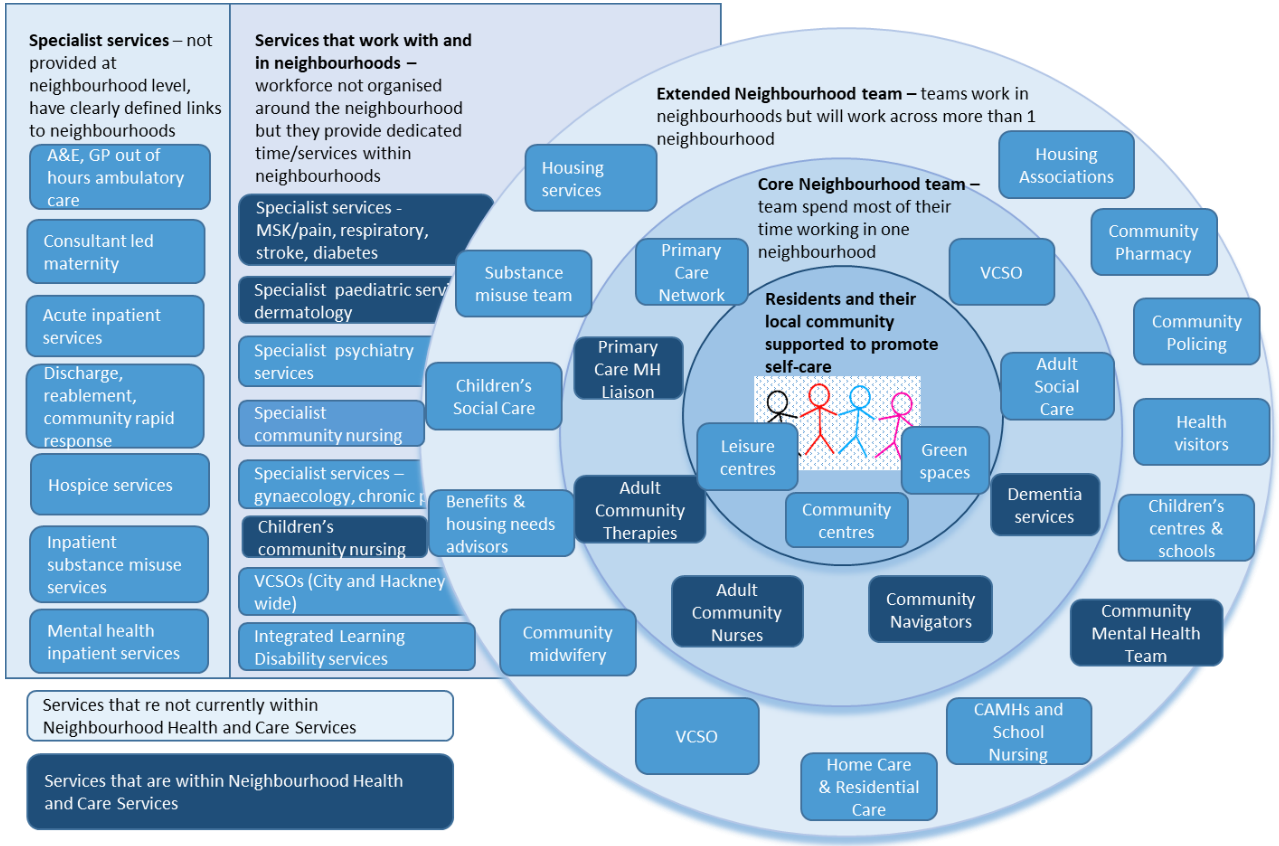
2. Neighbourhoods Operating Model – A Reminder

DRAFT

- We set out our vision for Neighbourhoods in the **Neighbourhoods Operating Model** that was shared in November 2019 and discussed at Accountable Officers Group. The Operating Model will go to ICB in February 2020.

- The Operating Model **sets out our vision for Neighbourhoods and how we envisage Neighbourhood working will work in practice** including which teams we expect to work together within a Neighbourhood and how those teams would work.

- This Programme Plan **sets out the intended steps to get there including what we imagine Neighbourhoods will feel and look like** in years 3 (*2020/21*), 5, 7 and 10.



Specialist services – not provided at neighbourhood level, have clearly defined links to neighbourhoods

A&E, GP out of hours ambulatory care

Consultant led maternity

Acute inpatient services

Discharge, reablement, community rapid response

Hospice services

Inpatient substance misuse services

Mental health inpatient services

Services that work with and in neighbourhoods – workforce not organised around the neighbourhood but they provide dedicated time/services within neighbourhoods

Specialist services - MSK/pain, respiratory, stroke, diabetes

Specialist paediatric serv dermatology

Specialist psychiatry services

Specialist community nursing

Specialist services – gynaecology, chronic p

Children's community nursing

VCSOs (City and Hackney wide)

Integrated Learning Disability services

Extended Neighbourhood team – teams work in neighbourhoods but will work across more than 1 neighbourhood

Housing services

Substance misuse team

Children's Social Care

Benefits & housing needs advisors

Community midwifery

Housing Associations

Community Pharmacy

Community Policing

Health visitors

Children's centres & schools

Community Mental Health Team

CAMHs and School Nursing

Home Care & Residential Care

VCSO

Core Neighbourhood team – team spend most of their time working in one neighbourhood

Primary Care Network

Primary Care MH Liaison

VCSO

Adult Social Care

Dementia services

Adult Community Therapies

Adult Community Nurses

Community Navigators

Residents and their local community supported to promote self-care

Leisure centres

Green spaces

Community centres

Services that re not currently within Neighbourhood Health and Care Services

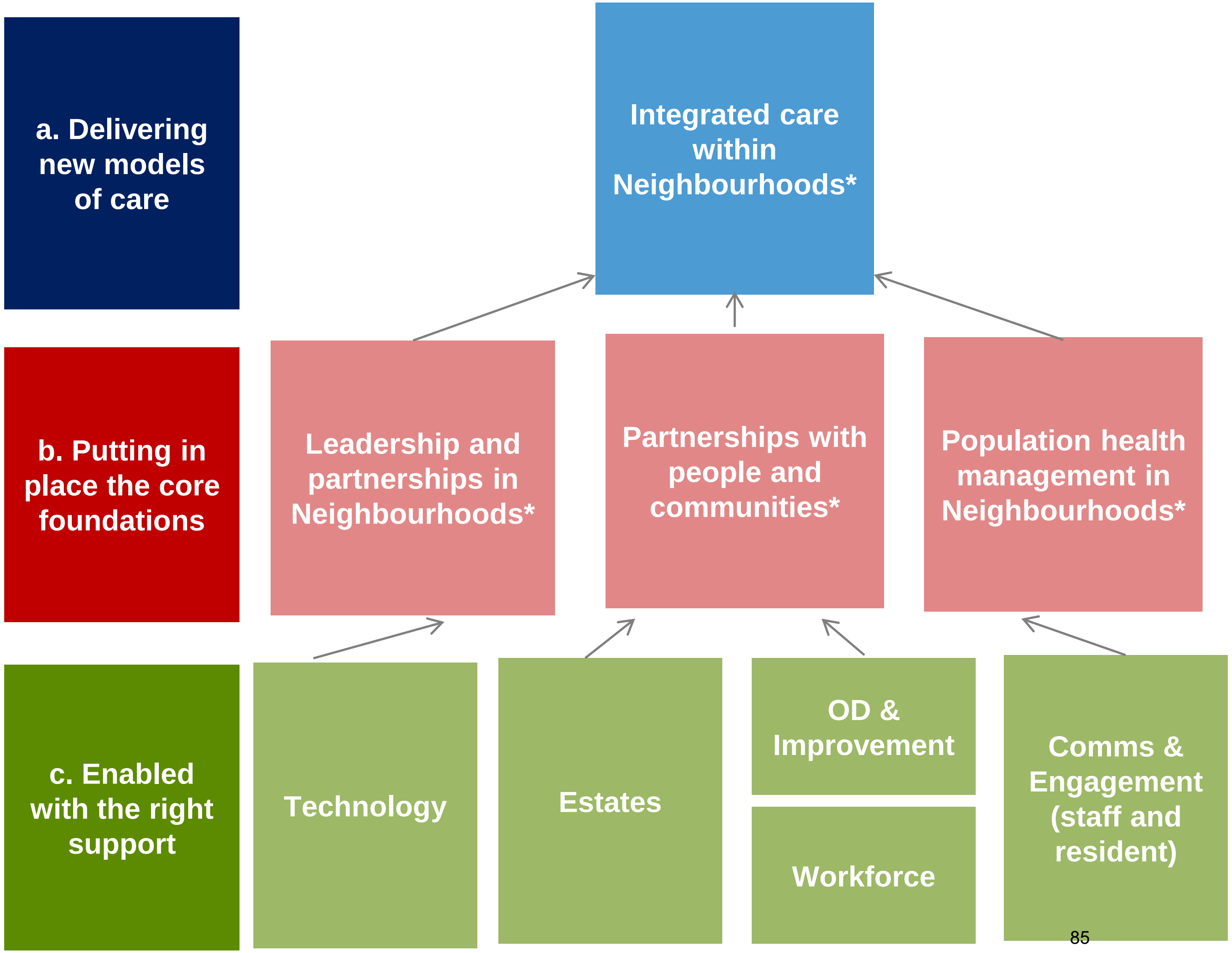
Services that are within Neighbourhood Health and Care Services

3. What we need to get there – the building blocks

DRAFT

Our Neighbourhoods delivery plan is based on three areas:

1. **Delivering new models of care** through integrated teams working within each Neighbourhood
2. Putting in place the **core foundations in place to help deliver these new care models** such as effective Neighbourhood partnerships and engagement with people and communities
3. **A strong commitment to Neighbourhoods from enabling functions** that help to support these new models of care and integrated teams.



a. Delivering new models of care

Integrated care within Neighbourhoods*

b. Putting in place the core foundations

Leadership and partnerships in Neighbourhoods*

Partnerships with people and communities*

Population health management in Neighbourhoods*

c. Enabled with the right support

Technology

Estates

OD & Improvement

Workforce

Comms & Engagement (staff and resident)

*We have purposefully aligned elements of the Neighbourhoods programme plan to the relevant sections of the PCN Maturity Matrix.

3. What we need to do to get there – the headlines

DRAFT

Programme Areas	Year 3 (2020/21)	Year 5 (2022/23)	Year 7 (2024/25)	Year 10 (2029/30)
1. Delivering New Models of Care	• Implement new service models for out of hospital care • Foster relationships and trust between core Neighbourhood team • Roll out Neighbourhood anticipatory care model for people with complex needs • Implement PINS for prevention (incl. vol. sector)	• Embed new models of care within Neighbourhood core teams • Implement regular team huddles to discuss common patients • Strengthen MDT approaches for children & families	• Co-locate core Neighbourhood team & implement matrix management • Foster collaboration between teams working with children/families & adults • Commence engagement of extended team into Neighbourhoods	• Fully functional teams in place within the Neighbourhood (core and extended team) • Staff co-located in the Neighbourhood – services being delivered closer to residents
2. Putting in place the core foundations	• Identify Neighbourhood population health priorities • Begin to develop partnerships & leadership across Neighbourhoods • Improve our understanding of local community assets	• Develop population health tools and data linkage, enhance analytical support • Support Neighbourhoods to identify priorities and evidence-based interventions	• Enhance population health tools & datasets • Strong Neighbourhood partnerships & funding responses to pop. needs • Comprehensive knowledge of community assets	• Pop. health embedded – regularly identification of priorities & tracking outcomes • Flourishing local assets demonstrate thriving Neighbourhoods
3. Enabled with the right support	• OD and improvement plans to support integrated teams & leadership • Utilise estates space and technology for MDTs as well as & outpatient pathways	• OD and workforce plans to exploring matrix management • Develop plans for co-location of Neighbourhood teams	• Enhance population health tools – dashboard development for Neighbourhoods • Estates supporting co-location of teams	• Tech bringing data from multiple systems to build a single view of the client • Community facilities acting as a hub within Neighbourhoods

4. Neighbourhoods:

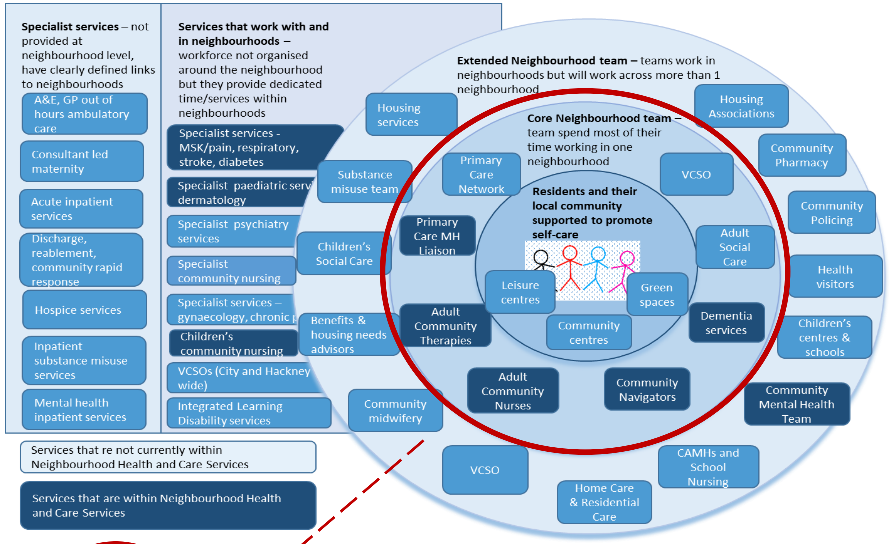
The next 12 – 18 months…

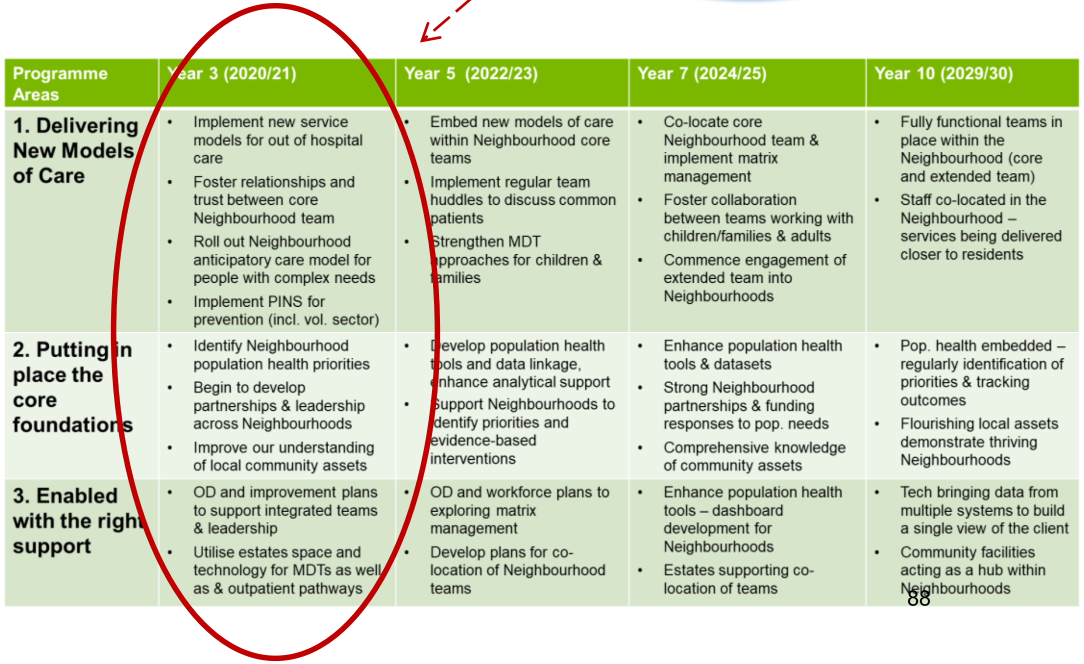
4. Priorities for the next 12-18 months…

DRAFT

1. **Establish new models of care in services** that make up the core Neighbourhood team including - adult community nursing, adult social care, adult community therapies, mental health and supporting development of PCNs.
2. **Begin to bring together individuals and teams in each Neighbourhood** to begin to form the core integrated Neighbourhood team
3. **Through anticipatory care establish new models of care** which support people with complex needs through MDTs in Neighbourhoods
4. **Pilot Neighbourhood activity for children, young people and families** to give further clarity on how this will work
5. **Support each Neighbourhood in identifying key priorities** through an approach to population health management – supported by a strong QI methodology and & Prevention Investment Standard
6. **Begin to establish partnerships in each Neighbourhood** between residents, voluntary organisations and statutory organisations

See next slides for key milestones….





Programme Areas	Year 3 (2020/21)	Year 5 (2022/23)	Year 7 (2024/25)	Year 10 (2029/30)
1. Delivering New Models of Care	- Implement new service models for out of hospital care - Foster relationships and trust between core Neighbourhood team - Roll out Neighbourhood anticipatory care model for people with complex needs - Implement PINS for prevention (incl. vol. sector)	- Embed new models of care within Neighbourhood core teams - Implement regular team huddles to discuss common patients - Strengthen MDT approaches for children & families	- Co-locate core Neighbourhood team & implement matrix management - Foster collaboration between teams working with children/families & adults - Commence engagement of extended team into Neighbourhoods	- Fully functional teams in place within the Neighbourhood (core and extended team) - Staff co-located in the Neighbourhood – services being delivered closer to residents
2. Putting in place the core foundations	- Identify Neighbourhood population health priorities - Begin to develop partnerships & leadership across Neighbourhoods - Improve our understanding of local community assets	- Develop population health tools and data linkage, enhance analytical support - Support Neighbourhoods to identify priorities and evidence-based interventions	- Enhance population health tools & datasets - Strong Neighbourhood partnerships & funding responses to pop. needs - Comprehensive knowledge of community assets	- Pop. health embedded – regularly identification of priorities & tracking outcomes - Flourishing local assets demonstrate thriving Neighbourhoods
3. Enabled with the right support	- OD and improvement plans to support integrated teams & leadership - Utilise estates space and technology for MDTs as well as & outpatient pathways	- OD and workforce plans to exploring matrix management - Develop plans for co-location of Neighbourhood teams	- Enhance population health tools – dashboard development for Neighbourhoods - Estates supporting co-location of teams	- Tech bringing data from multiple systems to build a single view of the client - Community facilities acting as a hub within Neighbourhoods

Core Programmes of Work for 2020/21

a. Delivering new models of care

1. Forming Neighbourhood Teams*

Bringing together teams from core team in Neighbourhoods

2. Anticipatory Care

Implementing MDT approach for people with complex needs in Neighbourhoods

3. Adult Community Nursing

Implementing new service model for Adult Community Nursing

4. Adult Community Therapies

Finalising, engaging and implementing service model for Therapies

5. Adult Social Care

Implementing new service model for adult social care & new social care practice

6. Mental Health

Transformation for population groups including SMI/PD and other groups such as substance misuse, common disorders

7. Community Pharmacy

Embed community pharmacy Neighbourhood leads & progress Neighbourh'd projects

8. Community Navigation

Align community navigation services through single City & Hackney Framework

9. Primary Care

Strengthen link between PCNs and Neighbourhoods & progress Neighbourhood primary care projects

10. City of London

Understand CoL resident needs and integrate CoL services (ASC) into Neighbourhood MDTs

11. Planned Care

Take forward opportunities in Neighbourhoods to support people with LTCs

12. Children, Young People & Families

Take forward projects in Neighbourhoods to support children & families

b. Putting in place the core foundations

13. Partnerships in Neighbourhoods

Expand support to voluntary sector to 2 additional Neighbourhoods

14. Partnerships with people and communities

Enhance resident engagement within Neighbourhoods

15. Population health in Neighbourhoods

Work with Neighbourhoods to identify population health priorities

c. Enabled with the right support

Technology

OD & Improvement *

Comms & Engagement

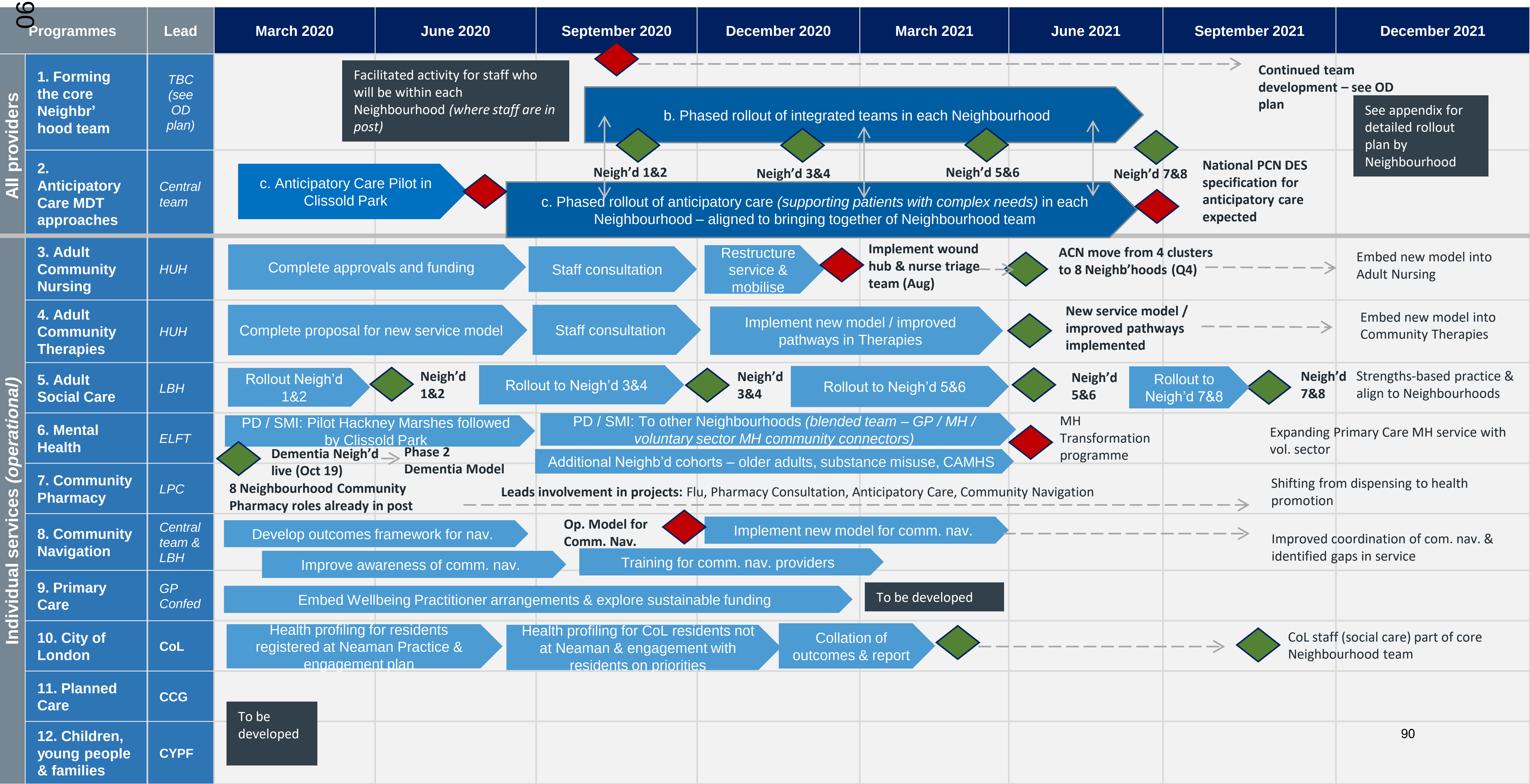
Estates

Workforce

Boxes with *: Anticipated that OD related work would be funded via Transformation Fund

Boxes in bold: Transformation anticipated to be funded by Better Care Fund. Nb: Anticipatory Care and Community Navigation CEPN funded for 2020.

4. (a) Delivering New Models of Care – The next 12-18 months



Programmes | Lead | March 2020 | June 2020 | September 2020 | December 2020 | March 2021 | June 2021 | September 2021 | December 2021

All providers

1. Forming the core Neighbr'hood team – *TBC (see OD plan)*

Facilitated activity for staff who will be within each Neighbourhood *(where staff are in post)*

b. Phased rollout of integrated teams in each Neighbourhood

Neigh'd 1&2

Neigh'd 3&4

Neigh'd 5&6

Neigh'd 7&8

Continued team development – see OD plan

See appendix for detailed rollout plan by Neighbourhood

2. Anticipatory Care MDT approaches – *Central team*

c. Anticipatory Care Pilot in Clissold Park

c. Phased rollout of anticipatory care *(supporting patients with complex needs)* in each Neighbourhood – aligned to bringing together of Neighbourhood team

National PCN DES specification for anticipatory care expected

Individual services (operational)

3. Adult Community Nursing – *HUH*

Complete approvals and funding

Staff consultation

Restructure service & mobilise

Implement wound hub & nurse triage team (Aug)

ACN move from 4 clusters to 8 Neigh'hoods (Q4)

Embed new model into Adult Nursing

4. Adult Community Therapies – *HUH*

Complete proposal for new service model

Staff consultation

Implement new model / improved pathways in Therapies

New service model / improved pathways implemented

Embed new model into Community Therapies

5. Adult Social Care – *LBH*

Rollout Neigh'd 1&2

Neigh'd 1&2

Rollout to Neigh'd 3&4

Neigh'd 3&4

Rollout to Neigh'd 5&6

Neigh'd 5&6

Rollout to Neigh'd 7&8

Neigh'd 7&8

Strengths-based practice & align to Neighbourhoods

6. Mental Health – *ELFT*

PD / SMI: Pilot Hackney Marshes followed by Clissold Park

Dementia Neigh'd live (Oct 19)

Phase 2 Dementia Model

PD / SMI: To other Neighbourhoods *(blended team – GP / MH / voluntary sector MH community connectors)*

Additional Neighb'd cohorts – older adults, substance misuse, CAMHS

MH Transformation programme

Expanding Primary Care MH service with vol. sector

7. Community Pharmacy – *LPC*

8 Neighbourhood Community Pharmacy roles already in post

Leads involvement in projects: Flu, Pharmacy Consultation, Anticipatory Care, Community Navigation

Shifting from dispensing to health promotion

8. Community Navigation – *Central team & LBH*

Develop outcomes framework for nav.

Op. Model for Comm. Nav.

Implement new model for comm. nav.

Improve awareness of comm. nav.

Training for comm. nav. providers

Improved coordination of com. nav. & identified gaps in service

9. Primary Care – *GP Confed*

Embed Wellbeing Practitioner arrangements & explore sustainable funding

To be developed

10. City of London – **CoL**

Health profiling for residents registered at Neaman Practice & engagement plan

Health profiling for CoL residents not at Neaman & engagement with residents on priorities

Collation of outcomes & report

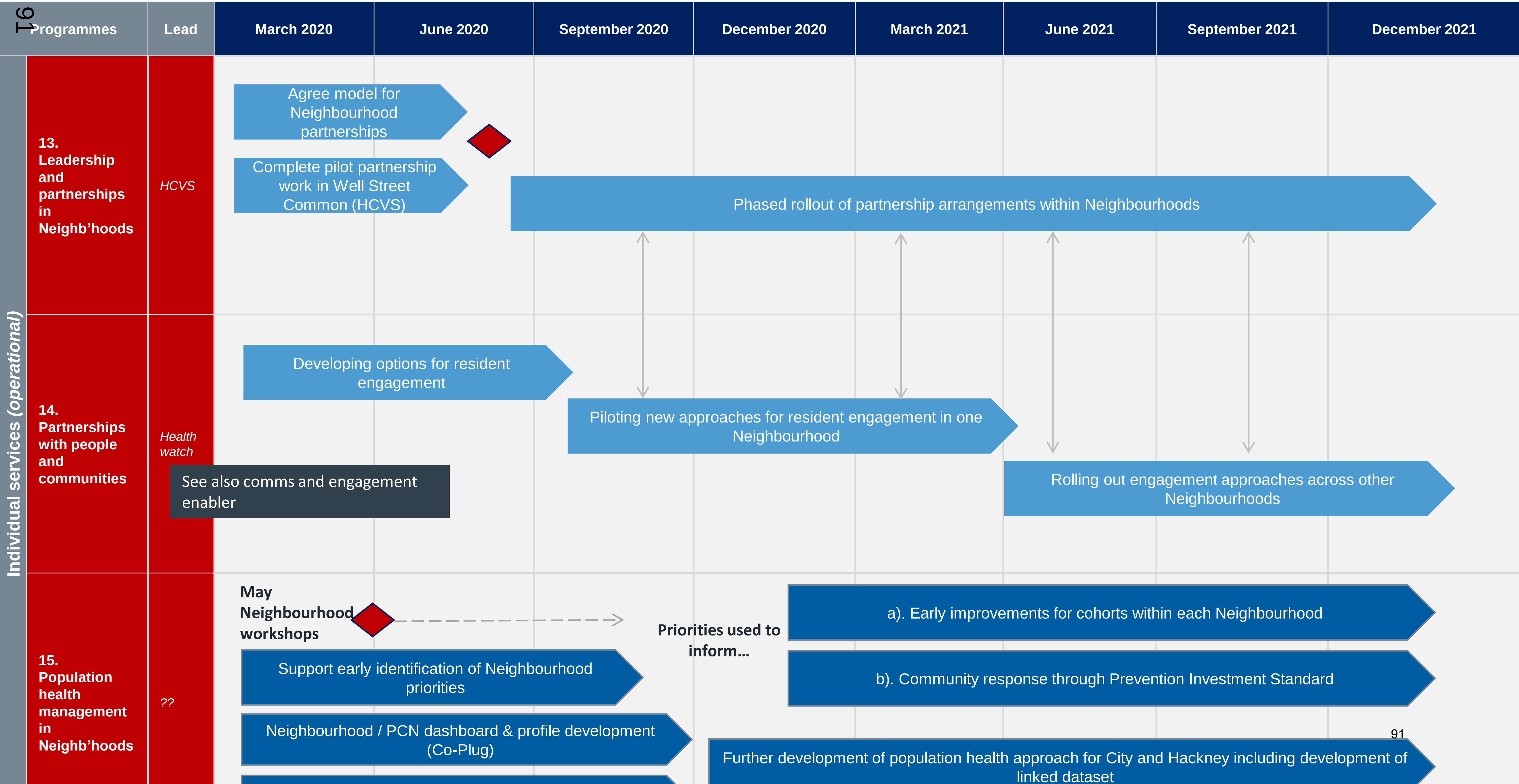
CoL staff (social care) part of core Neighbourhood team

11. Planned Care – **CCG**

12. Children, young people & families – **CYPF**

To be developed

4. (b) Putting in place core foundations – The next 12-18 months



Programmes | Lead | March 2020 | June 2020 | September 2020 | December 2020 | March 2021 | June 2021 | September 2021 | December 2021

Individual services *(operational)*

13. Leadership and partnerships in Neigh'hoods — *HCVS*

Agree model for Neighbourhood partnerships

Complete pilot partnership work in Well Street Common (HCVS)

Phased rollout of partnership arrangements within Neighbourhoods

14. Partnerships with people and communities — *Health watch*

Developing options for resident engagement

Piloting new approaches for resident engagement in one Neighbourhood

Rolling out engagement approaches across other Neighbourhoods

See also comms and engagement enabler

15. Population health management in Neigh'hoods — *??*

May Neighbourhood workshops

Priorities used to inform…

a). Early improvements for cohorts within each Neighbourhood

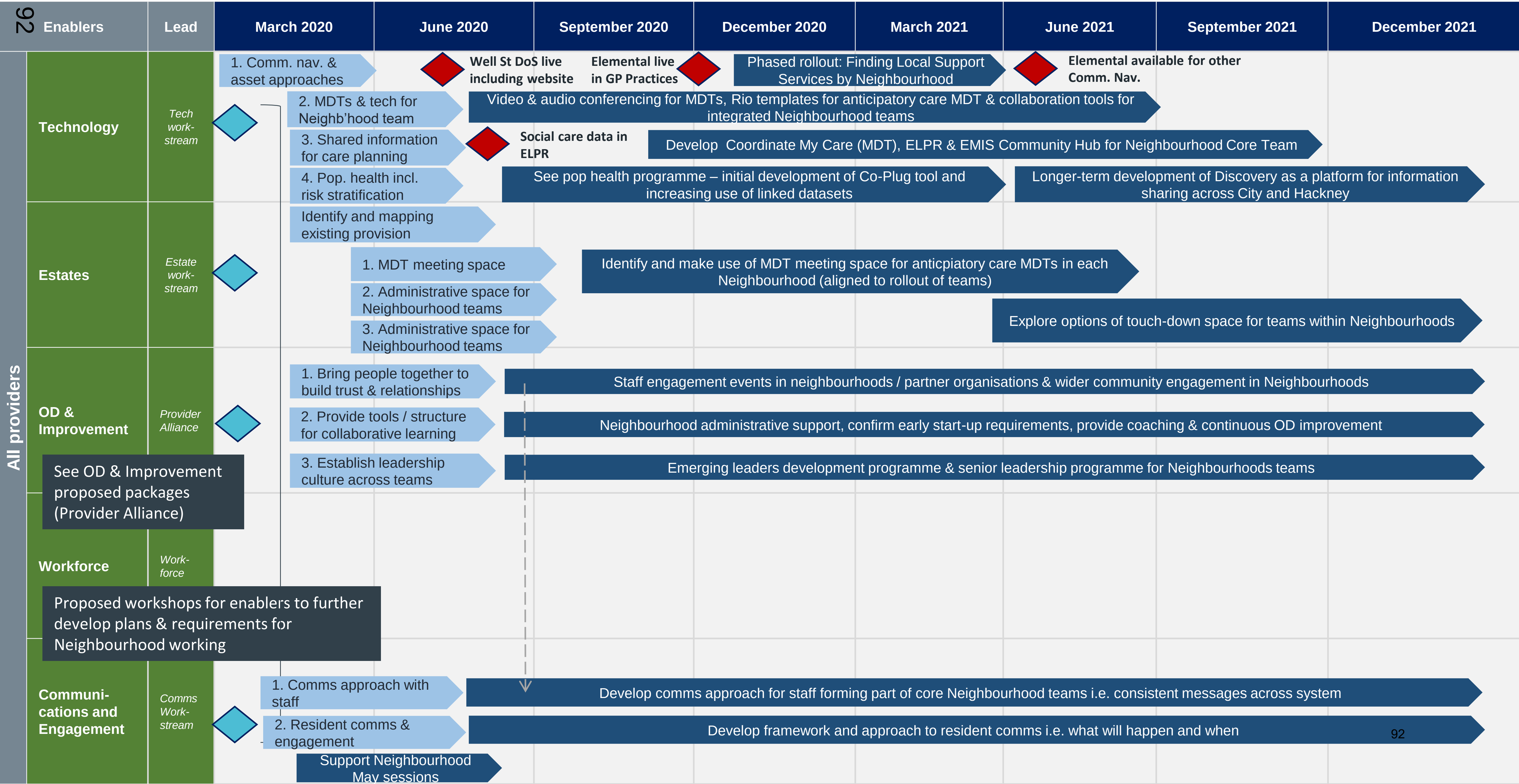
b). Community response through Prevention Investment Standard

Support early identification of Neighbourhood priorities

Neighbourhood / PCN dashboard & profile development (Co-Plug)

Further development of population health approach for City and Hackney including development of linked dataset

4. (c) Enabled with the right support – The next 12-18 months



Technology – *Tech work-stream*

- 1. Comm. nav. & asset approaches
- **Well St DoS live including website**
- **Elemental live in GP Practices**
- Phased rollout: Finding Local Support Services by Neighbourhood
- **Elemental available for other Comm. Nav.**
- 2. MDTs & tech for Neighb'hood team
- Video & audio conferencing for MDTs, Rio templates for anticipatory care MDT & collaboration tools for integrated Neighbourhood teams
- 3. Shared information for care planning
- **Social care data in ELPR**
- Develop Coordinate My Care (MDT), ELPR & EMIS Community Hub for Neighbourhood Core Team
- 4. Pop. health incl. risk stratification
- See pop health programme – initial development of Co-Plug tool and increasing use of linked datasets
- Longer-term development of Discovery as a platform for information sharing across City and Hackney

Estates – *Estate work-stream*

- Identify and mapping existing provision
- 1. MDT meeting space
- Identify and make use of MDT meeting space for anticpiatory care MDTs in each Neighbourhood (aligned to rollout of teams)
- 2. Administrative space for Neighbourhood teams
- 3. Administrative space for Neighbourhood teams
- Explore options of touch-down space for teams within Neighbourhoods

OD & Improvement – *Provider Alliance*

- 1. Bring people together to build trust & relationships
- Staff engagement events in neighbourhoods / partner organisations & wider community engagement in Neighbourhoods
- 2. Provide tools / structure for collaborative learning
- Neighbourhood administrative support, confirm early start-up requirements, provide coaching & continuous OD improvement
- 3. Establish leadership culture across teams
- Emerging leaders development programme & senior leadership programme for Neighbourhoods teams

See OD & Improvement proposed packages (Provider Alliance)

Workforce – *Work-force*

Proposed workshops for enablers to further develop plans & requirements for Neighbourhood working

Communi-cations and Engagement – *Comms Work-stream*

- 1. Comms approach with staff
- Develop comms approach for staff forming part of core Neighbourhood teams i.e. consistent messages across system
- 2. Resident comms & engagement
- Develop framework and approach to resident comms i.e. what will happen and when
- Support Neighbourhood May sessions

4. What will be different in 12-18 months…

Residents and patients will see…

- **More proactive support for patients with complex needs –** through anticipatory care and associated roles (e.g. Wellbeing Practitioners)
- **More discussions that understand what is important to patients** with some connectivity to local community and voluntary sector organisations
- **Areas where care is less fragmented** e.g. in mental health, for people with complex needs
- **Opportunities to help shape Neighbourhood priorities**

The Neighbourhood team will feel…

- **That they are part of a Neighbourhood team** which is working together to support patients
- That they **know other people working within their Neighbourhood team** – and have informal arrangements to support patients in collaborative ways
- **That they understand the Neighbourhood and local populations** – what population health priorities are for the Neighbourhood
- There are **improved ways of being able to link patients into out of hospital services** – pathways are clearer

The Neighbourhood team will be supported by…

- **System wide administrative support** – assisting Neighbourhood MDTs and also support relevant Neighbourhood activity
- **Project resource within each Neighbourhood** (with skills in QI related methodologies) to support response to Neighbourhood priorities
- **OD and improvement support** which will support staff in establishing trust and support functioning leadership within Neighbourhoods
- **Emerging partnerships within each Neighbourhood**

The Neighbourhood team will share…

- **Some patients that are commonly held by the team and a** Neighbourhood MDT approach which involves all of the core team (through anticipatory care) – for patients with complex needs
- **Protected time together to develop trust and collaborative working** arrangements between teams
- **A set of agreed culture and behaviours** for those working within the Neighbourhood team

4. What we need to make this happen…..

1. **Agreement to the overall delivery plan and commitment to take this forward from all system partners including Provider Alliance as well as enablers** – following feedback from partners

2. **Clarity on who will be leading programmes of work** – existing gaps identified in ‘forming the Neighbourhood team’, ‘population health’ and ‘OD & improvement’

3. **Partner resource that supports system-wide activity** (as well as activity within their own organisations) e.g. practicalities of forming the Neighbourhood team and anticipatory care

4. **Confirmed governance and accountability for the programme for 20/21** – across Provider Alliance and wider stakeholders

5. **Confirmation of the rollout plan for Neighbourhoods** – see appendix and how this aligns with voluntary sector partnerships work

6. **Resolution on areas where there are existing gaps** e.g. what will partnerships look like and who is being invited to Neighbourhood core team development sessions

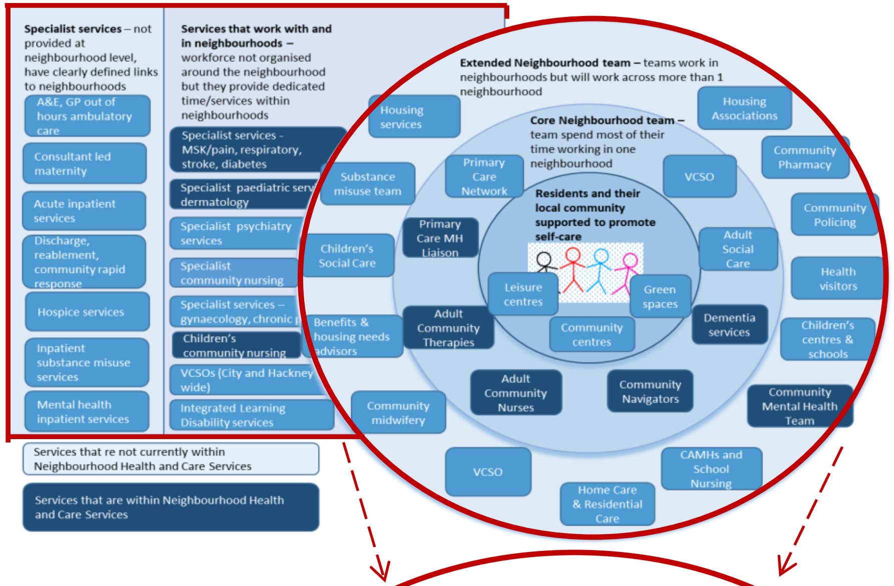
5. Neighbourhoods:

Beyond 18 months…

5. Our priorities 18 months and beyond…

1. **Embed core Neighbourhood team working –** so there are common processes for the team, matrix arrangements and staff are co-located in the Neighbourhood
2. **Strengthen population health arrangements so that there is a richer understanding of resident / family need** beyond a pure medical need
3. **Integrate the extended team into the Neighbourhood** – improving pathways for patients where needs are beyond those that can be supported by the core Neighbourhood team
4. **Strengthen pathways / care models with specialist services** – services that aren't configured to Neighbourhoods but support Neighbourhood teams
5. **Enhance an assets / strengths based approach across all teams** – forms part of training for all organisations in City and Hackney

See next slides for key milestones….

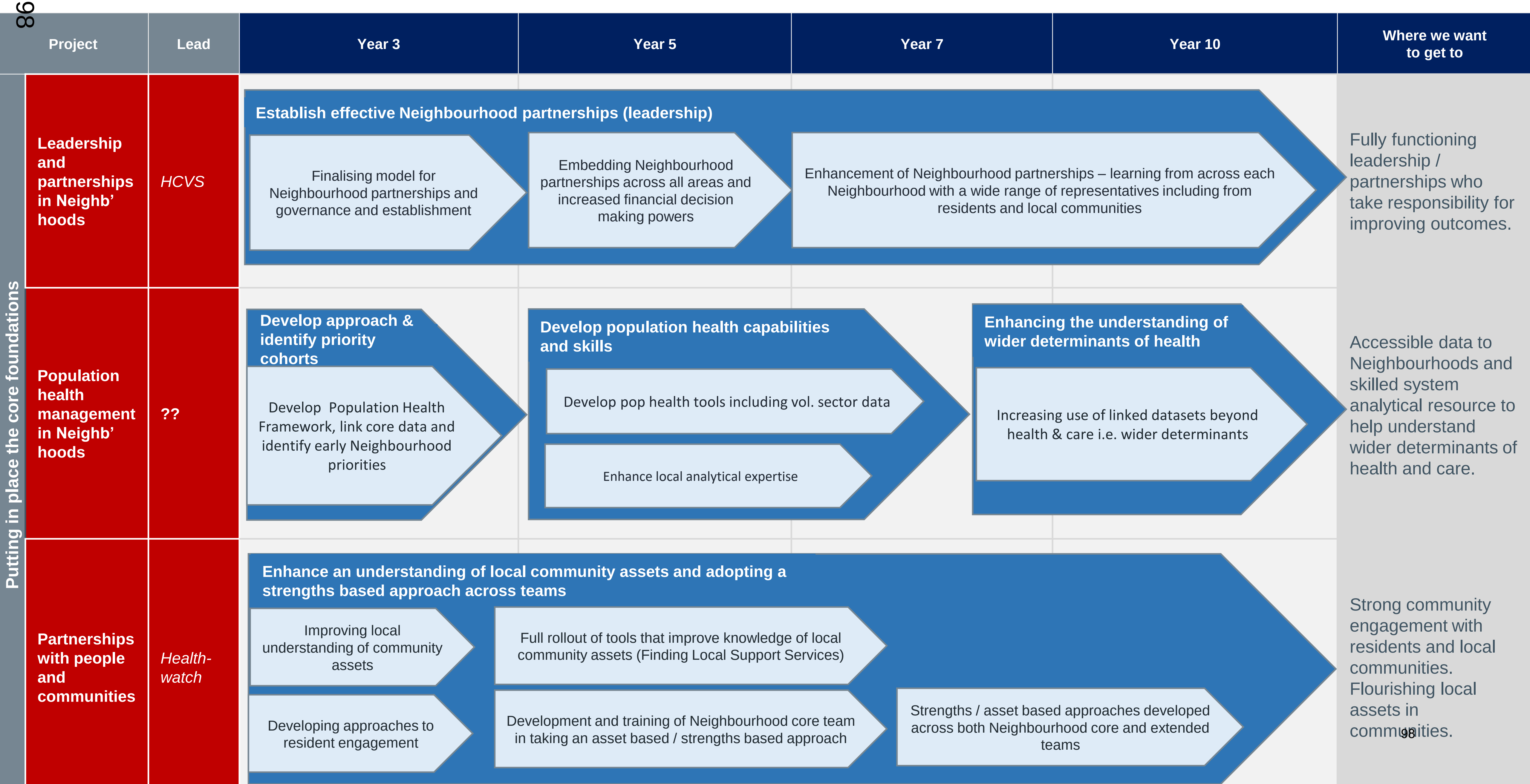


Programme Areas	Year 3 (2020/21)	Year 5 (2022/23)	Year 7 (2024/25)	Year 10 (2029/30)
1. Delivering New Models of Care	• Implement new service models for out of hospital care • Foster relationships and trust between core Neighbourhood team • Roll out Neighbourhood anticipatory care model for people with complex needs • Implement PINS for prevention (incl. vol. sector)	• Embed new models of care within Neighbourhood core teams • Implement regular team huddles to discuss common patients • Strengthen MDT approaches for children & families	• Co-locate core Neighbourhood team & implement matrix management • Foster collaboration between teams working with children/families & adults • Commence engagement of extended team into Neighbourhoods	• Fully functional teams in place within the Neighbourhood (core and extended team) • Staff co-located in the Neighbourhood – services being delivered closer to residents
2. Putting in place the core foundations	• Identify Neighbourhood population health priorities • Begin to develop partnerships & leadership across Neighbourhoods • Improve our understanding of local community assets	• Develop population health tools and data linkage, enhance analytical support • Support Neighbourhoods to identify priorities and evidence-based interventions	• Enhance population health tools & datasets • Strong Neighbourhood partnerships & funding responses to pop. needs • Comprehensive knowledge of community assets	• Pop. health embedded – regularly identification of priorities & tracking outcomes • Flourishing local assets demonstrate thriving Neighbourhoods
3. Enabled with the right support	• OD and improvement plans to support integrated teams & leadership • Utilise estates space and technology for MDTs as well as & outpatient pathways	• OD and workforce plans to exploring matrix management • Develop plans for co-location of Neighbourhood teams	• Enhance population health tools – dashboard development for Neighbourhoods • Estates supporting co-location of teams	• Tech bringing data from multiple systems to build a single view of the client • Community facilities acting as a hub within Neighbourhoods

5. (a) Putting in place the core foundations – Beyond 18 months

	Project	Lead	Year 3 (2020/21)	Year 5	Year 7	Year 10	Where we want to get to
Putting in place the core foundations	**Establishing core integrated team & associated care models**	TBC	**Establishing & Embedded Integrated (Core) Neighbourhood Teams** Implement new service models in key areas & bring together Neighbourhood core team Rollout anticipatory care for people with complex needs Pilot Neighbourhood working with children, yp & families	Embed core Neighbourhood team working within each Neighbourhood & learning between teams Strengthen MDT working at Neighbourhood level incl. personalised care	Explore and embed co-location and matrix management of core Neighbourhood team across Neighbourhoods Each Neighbourhood determining its own priority cohorts and identifying opportunities for new care models		Fully functioning core Neighbourhood teams with strengthened pathways for residents / patients
	Establishing extended Neighb'hood team & associated care models	TBC	Process of continuous learning and improvement	**Establishing & Embedded Integrated (Extended) Neighbourhood Teams** Develop new models of care associated with extended Neighbourhood team e.g. home care, housing Strengthen Neighbourhood working across children, young people, family and maternity	Embed new models of care and population health approaches where extended team play an active role in supporting patients in a coordinated way		Seamless working between core Neighbourhood team and extended Neighbourhood team – common processes and clearer pathways for patients / residents
	Strength pathways with services outside of core Neighb'hood team	TBC		Process of continuous learning and improvement	**Establishing & Embedded working with specialist services (outside of the Neighbourhood)** Develop new models of care associated with specialist services e.g. those not within the Neighbourhood but who provide support to the Neighbourhood	Embed new models of care with specialist services across City and Hackney	Strong relationship with services that are not based within a Neighbourhood but provide support to the Neighbourhood

5. (b) Putting in place the core foundations – Beyond 18 months



Project | Lead | Year 3 | Year 5 | Year 7 | Year 10 | Where we want to get to

Putting in place the core foundations

Leadership and partnerships in Neighb'hoods

HCVS

Establish effective Neighbourhood partnerships (leadership)

- Finalising model for Neighbourhood partnerships and governance and establishment
- Embedding Neighbourhood partnerships across all areas and increased financial decision making powers
- Enhancement of Neighbourhood partnerships – learning from across each Neighbourhood with a wide range of representatives including from residents and local communities

Fully functioning leadership / partnerships who take responsibility for improving outcomes.

Population health management in Neighb'hoods

??

Develop approach & identify priority cohorts

- Develop Population Health Framework, link core data and identify early Neighbourhood priorities

Develop population health capabilities and skills

- Develop pop health tools including vol. sector data
- Enhance local analytical expertise

Enhancing the understanding of wider determinants of health

- Increasing use of linked datasets beyond health & care i.e. wider determinants

Accessible data to Neighbourhoods and skilled system analytical resource to help understand wider determinants of health and care.

Partnerships with people and communities

Health-watch

Enhance an understanding of local community assets and adopting a strengths based approach across teams

- Improving local understanding of community assets
- Full rollout of tools that improve knowledge of local community assets (Finding Local Support Services)
- Developing approaches to resident engagement
- Development and training of Neighbourhood core team in taking an asset based / strengths based approach
- Strengths / asset based approaches developed across both Neighbourhood core and extended teams

Strong community engagement with residents and local communities. Flourishing local assets in communities.

5. (c) Enabled with the right support – Beyond 18 months

<table>
<tr><th colspan="2">Enablers / Resources</th><th>Lead</th><th>Year 3</th><th>Year 5</th><th>Year 7</th><th>Year 10</th><th>Where we want to get to</th></tr>
<tr><td rowspan="10">Enabled with the right support</td><td rowspan="2">Technology</td><td rowspan="2"><i>Technology enabler</i></td><td colspan="4">Building the technology infrastructure needed for Neighbourhood working</td><td rowspan="2">Tech enables teams to work as one, interoperable systems and linked data for analysis.</td></tr>
<tr><td>Putting in place technology to support Neighbourhood teams including MDT working & community navigation</td><td>Enhancing population health tools making use of linked data across health and social care. Tech to support co-location of teams</td><td colspan="2">Advanced use of technology – improved information sharing between systems, comprehensive linked dataset which tracks the patient journey across all organisations and helps understand wider determinants of health and care</td></tr>
<tr><td rowspan="2">Estates</td><td rowspan="2"><i>Estates enabler</i></td><td colspan="4">Making use of estates within Neighbourhoods for teams and communities</td><td rowspan="2">Space for MDMs, co-working for integrated teams and community hub for services.</td></tr>
<tr><td>Determining available space and requirements, supporting MDT working within core team</td><td>Identifying co-working space for Neighbourhood MDTs and moving towards co-location</td><td colspan="2">Co-locating integrated Neighbourhood teams, making use of available community assets (e.g. community halls) for community-led and service-led activities</td></tr>
<tr><td rowspan="2">OD & Improvement</td><td rowspan="2"><i>Provider Alliance</i></td><td colspan="4">Providing OD and improvement support for operational and leadership teams in Neighbourhoods</td><td rowspan="2">Culture change programme for integrated care teams, Neighbourhood leaders and QI improvement support for projects</td></tr>
<tr><td>Provider Alliance OD programme of support for front-line operational teams and leadership</td><td colspan="2">Embed QI (or similar) approaches within Neighbourhood projects</td><td>Extend and embed OD / QI approach across to all Neighbourhood core and extended teams. A continuous process of reflective learning from activities within teams.</td></tr>
<tr><td rowspan="2">Workforce</td><td rowspan="2"><i>Workforce Enabler</i></td><td rowspan="2">To be determined in light of OD & Improvement Plans</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2">Clear view of current and future workforce needs (aligned to priorities) & comprehensive recruitment.</td></tr>
<tr></tr>
<tr><td rowspan="2">Comms and Engagement</td><td rowspan="2"><i>Commss enabler</i></td><td colspan="4">A comms and engagement approach for staff and for residents</td><td rowspan="2">Comprehensive engagement with residents and staff on services with Neighbourhood identity.</td></tr>
<tr><td>Consistent comms messages for staff joining core Neighb’hood team and early resident engagement</td><td>Strengthen comms & engagement approaches with residents through Neighbourhoods</td><td colspan="2">Comprehensive package of comms and engagement as part of Neighbourhoods – led by Neighbourhoods themselves (where relevant) and engaging with staff and residents</td></tr>
</table>

5. What will be different in 7 years time (end of Year 10)…

Residents and patients will see…

- More **inclusivity in care and support planning** for individuals and families
- **That care is more coordinated** – not having to tell different professionals the same information
- **Discussions with staff focus on what matters to them** rather than what is wrong with them
- **Proactive arrangements between different professions** reducing concerns over safeguarding

The Neighbourhood team will feel…

- There is a **common purpose and identity** for each Neighbourhood
- There are the **right skills mix** in the Neighbourhood team – providing support beyond just medical needs
- That the **patient, Neighbourhood and team are more important** than individual organisations
- An **assessment carried out by one person can be trusted** by another
- That there are **opportunities for continuous learning and improvement**

The Neighbourhood team will share…

- A **single process for access, triage and prioritisation**
- A **common caseload and approach to case finding** (e.g. regular huddles, formal MDTs and trusted assessments)
- A **common way of working day-to-day** with common procedures
- A **team leader** for the Neighbourhood core team (but also matrix working)
- A **physical space** to co-locate the team

The Neighbourhood team will be supported by…

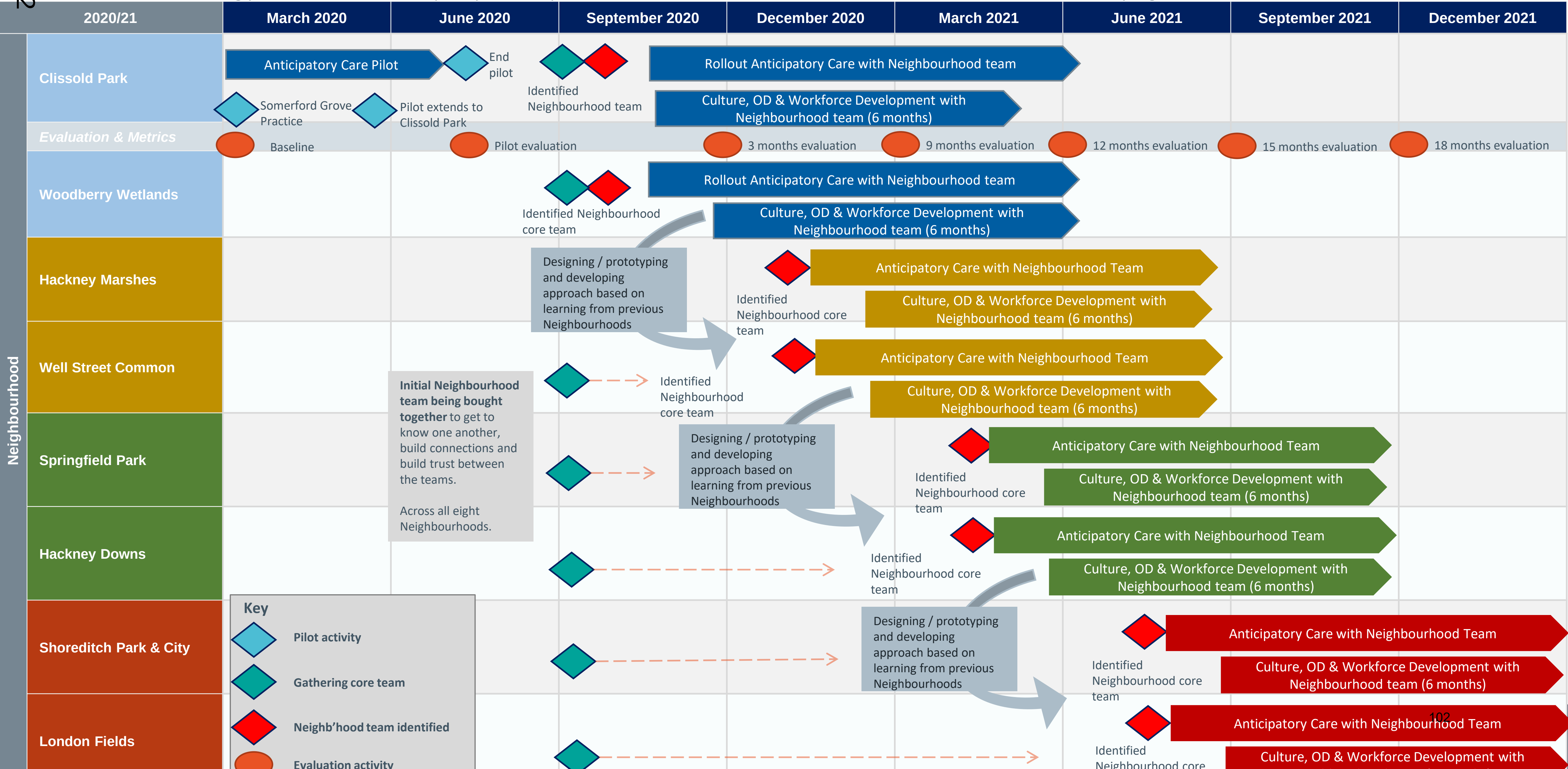
- **Whole system workforce planning**, education and training
- **Leadership (clinical and non-clinical)** within each Neighbourhood
- **Information on local community assets** – supporting a strengths-based approach
- A **strong and collaborative partnership** that puts the needs of the Neighbourhood first
- **Access to specialists** from outside of the Neighbourhood

6. APPENDIX

6. Detailed rollout plan for Neighbourhood operational teams (next 12-18 months)

DRAFT

Our intention is to bring together individuals and teams within Neighbourhoods who can work together for their local populations first (rather than organisations first) and can themselves determine the culture they want for their teams. In the next 18-24 months this will be 'link members of staff' from organisations. Initially, this will start with core members getting to know one another but as services are restructured it will increasingly be the core team. Anticipatory care will provide a basis to test new models that enable these teams to work collectively together.



2020/21
March 2020
June 2020
September 2020
December 2020
March 2021
June 2021
September 2021
December 2021

Neighbourhood

Clissold Park
Anticipatory Care Pilot
End pilot
Identified Neighbourhood team
Rollout Anticipatory Care with Neighbourhood team
Somerford Grove Practice
Pilot extends to Clissold Park
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Evaluation & Metrics
Baseline
Pilot evaluation
3 months evaluation
9 months evaluation
12 months evaluation
15 months evaluation
18 months evaluation

Woodberry Wetlands
Rollout Anticipatory Care with Neighbourhood team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Hackney Marshes
Designing / prototyping and developing approach based on learning from previous Neighbourhoods
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Well Street Common
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Initial Neighbourhood team being bought together to get to know one another, build connections and build trust between the teams.

Across all eight Neighbourhoods.

Springfield Park
Designing / prototyping and developing approach based on learning from previous Neighbourhoods
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Hackney Downs
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

Shoreditch Park & City
Designing / prototyping and developing approach based on learning from previous Neighbourhoods
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core team
Culture, OD & Workforce Development with Neighbourhood team (6 months)

London Fields
Anticipatory Care with Neighbourhood Team
Identified Neighbourhood core
Culture, OD & Workforce Development with

Key
Pilot activity
Gathering core team
Neighb'hood team identified
Evaluation activity

Integrated Commissioning Glossary

ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking,

		Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.
ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local

		authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LBH	London Borough of Hackney	Local authority for the Hackney region
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.
MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes ‘secondary care’ is used to mean ‘hospital care’.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.

STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical ‘footprints’ on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a ‘place-based plans’ for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty vanguard sites were established and allocated funding to improve care for people in their areas.

This page is intentionally left blank

HM Government

NHS

Your hospital discharge: going home

This leaflet explains why you are being discharged from hospital and what you might expect after your discharge.

Why am I being discharged from hospital?

You are being discharged from hospital as your health team have agreed that you are now able to return home.

Why can’t I stay in hospital?

The health system is busy helping patients affected by coronavirus (COVID-19). This is a new illness that can affect the lungs and airways and some people who contract the illness will need to be admitted to hospital. It is important that our hospitals are ready to look after those people who need this hospital care.

Because of this, you will not have a choice over your discharge. You will not be able to remain in hospital if you choose not to accept the care that is being offered to you.

What can I expect?

It is our priority to ensure that you are discharged safely from hospital and to the most appropriate available place.

Your health team will discuss discharge and transport arrangements with you (and a family member, friend or carer if you wish). If you require care and support when you get home, this will be arranged.

Any care provided will be free of charge for a period of time to support your recovery. After this time you may be required to contribute to the cost of your care.

Who can I contact?

After you have been discharged, if you have any concerns or need to speak to someone about your care, you can contact <Insert locally agreed details e.g. team name and contact number>

To find out more about coronavirus (COVID-19) and find out how to avoid catching or spreading it, visit www.nhs.uk/coronavirus

HM Government

NHS

Your hospital discharge: another place of care

This leaflet explains why you are being discharged from hospital and what you might expect after your discharge.

Why am I being discharged from hospital?

You are being discharged as your health team have agreed that you are now able to continue your recovery in another care setting, outside of hospital.

Why can't I stay in hospital?

The health system is busy helping patients affected by coronavirus (COVID-19). This is a new illness that can affect the lungs and airways and some people who contract the illness will need to be admitted to hospital. It is important that our hospitals are ready to look after those people who need this hospital care. Because of this, you will not have a choice over your discharge. You will not be able to remain in hospital if you choose not to accept the care that is being offered to you.

It is our priority to ensure that you are discharged safely from hospital and to the most appropriate available place.

What can I expect?

Your discharge and transport arrangements will be discussed with you (and a family member or carer if you wish) and you will be discharged with the care and support you need to a bed in the community. The care provided will be free of charge for a period of time to support your recovery. After this time you may be required to contribute to the cost of your care.

It is possible that you may be moved more than once after your discharge. This is because we will be trying to find the best place for your long term care. Your health team are here to answer any questions you might have.

Who can I contact?

After you have been discharged, if you have any concerns or need to speak to someone about your care, you can get in touch with <Insert locally agreed details e.g. team name and contact number>

To find out more about coronavirus (COVID-19) and find out how to avoid catching or spreading it, visit www.nhs.uk/coronavirus

NHS England - Hospital Discharge Programme

Name of Local Authority	

Lead CCG	

1) Local Authority Commissioned - pool 1

No and type of care package provided	Cost in the month	Cumulative cost to date	Number of people supported by a package this month	Cumulative number of people supported by a package to date
	£'000	£'000	#	#
Care Home				
Other care accommodation				
Domiciliary/Home care				
Reablement/intermediate care				
Day-care				
Respite Care				
Transport				
Other (please specify)				
Total Local Authority Commissioned (pool 1)	**0**	**0**	**0**	**0**
Less Local Authority Contribution to the pooled fund		**0**	**0**	**0**
Net Local Authority charge to £1.3bn (Pool 1)	**0**	**0**	**0**	**0**

This is a monthly reporting process to record spend on Covid 19 Hospital Discharges and Out of Hospital packages of care and support.

Local Authorities should include the details of their gross spend on the Hospital Discharge programme within the pooled budget with the CCG. Local Authorities should include their whole spend with their lead CCG. The table includes the value of the pool that the Local Authority is contributing on a monthly basis to give the net value that is reported to the CCG. The financial amount submitted to the CCG will be reimbursed to the local authority via the Better Care Fund framework.

LAs should use the drop down menu to select the CCG for their pool.

Further details of costs to include within the expenditure categories are as follows;

Care Home	A registered residential or nursing home
Other care accommodation	Other bed based accommodation (excluding hospice)
Domiciliary/home care	Services provided in a person's home
Reablement / intermediate care	Services are generally provided in the person's own home or care home, is intervention that involves
Day Care	Day Care Facilities may be called Day Hospitals, Centres, Facilities or Units.
Respite care	term used for services designed to give home carers a break from caring.
Transport	Any separate transport costs such as patient transport (PTS), volunteer drivers, taxis, local authority
Other	Typically, equipment and adaptations

This page is intentionally left blank

Dated 2020

(1) **THE MAYOR AND COMMONALTY AND CITIZENS OF THE CITY OF LONDON**

- and -

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP**

DEED OF VARIATION
TO THE
FRAMEWORK SECTION 75 AGREEMENT FOR THE DEVOLUTION OF HEALTH AND SOCIAL CARE SERVICES IN THE CITY OF LONDON (INCLUDING THE BETTER CARE FUND)

THIS DEED is made on 2020

PARTIES

(1) **THE MAYOR AND COMMONALTY AND CITIZENS OF THE CITY OF LONDON** a corporation by prescription of Guildhall, PO Box 270, London EC2P 2EJ (the "**City**")

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP** of 3rd Floor, Block A, St Leonard's Hospital, London, N1 5LZ (the **"CCG"**)

each a "**party"** and together the "**parties**".

BACKGROUND

A This Deed is supplemental to the framework Section 75 Agreement for the devolution of health and social care services in City of London (Including the Better Care Fund) entered into by the parties on 5 July 2019 and as subsequently varied by the parties on 13 December 2019 to incorporate the new Better Care Fund Plan for 2019 and 2020 (the "**Agreement"**).

B The Initial Term of the Agreement was extended for a further year until 31st March 2021 (the Extended Term) pursuant to Clause 2.1 of the Agreement by way of a letter (the Extension Letter) signed on behalf of the parties. A copy of the Extension Letter is appended to this Deed as Schedule 2.

C In accordance with the Agreement, each of the parties has agreed to amend the Agreement as set out in this Deed.

AGREEMENT:

1. DEFINITIONS AND INTERPRETATION

Unless otherwise provided the words and expressions defined in, and the rules of interpretation of, the Agreement shall have the same meaning in this Deed.

2. AMENDMENTS TO THE AGREEMENT

The parties agree that the Agreement is amended as set out in Schedule 1.

3. VARIATION DATE

The parties agree that the amendments set out in this Deed shall have effect from 19th March 2020.

4. AGREEMENT IN FULL FORCE AND EFFECT

This Deed is supplemental to the Agreement and, subject to the amendments described in this Deed, the Agreement shall remain in full force and effect.

5. CONFIRMATION AND INCORPORATION

The parties further agree and declare that the terms of the Agreement except as varied by this Deed are confirmed as if the same were set out in this Deed in full and that such terms as so varied shall for all purposes (including but without limitation for the purposes of s2 of the Law of Property (Miscellaneous Provisions) Act 1989) be deemed to be incorporated in this Deed.

6. COUNTERPARTS

This Deed may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all parties shall constitute a full original of this Deed for all purposes.

7. GOVERNING LAW

This Deed and any dispute or claim arising out of, or in connection with, it, its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales.

8. JURISDICTION

The parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of, or in connection with, this Deed, its subject matter or formation (including non-contractual disputes or claims).

EXECUTED as a deed by the parties and delivered on the date set out at the start of this Deed.

Executed as a Deed by affixing the
common seal of **THE MAYOR AND**
CITIZENS OF THE CITY OF LONDON

in the presence of:

………………………
Authorised Signatory

Executed as a Deed by the CCG acting by
DAVID MAHER under delegated authority
from the Accountable Officer

………………………………

David Maher
Managing Director
NHS City and Hackney
Clinical Commissioning Group

in the presence of:

…………………..

Name:

Address:

Occupation:

SCHEDULE 1
VARIATION

The parties agree to amend the Agreement in accordance with this Schedule 1.

1. The parties acknowledge that since the Deed of Variation dated the 13th December 2019 was entered into, the provisions of clause 35 "Change in Law" of the Agreement have come into effect following the introduction of the "2020 Act". In accordance with the provisions of sub-clause 35.2 of the Agreement, the parties are therefore agreeing the following amendments to the Agreement as a result of a Change of Law.

   The definitions are added to the Agreement at clause 1 (Defined Terms and Interpretation) of the Agreement as the following:

   > ***2020 Act*** *means the Coronavirus Act 2020 granting the UK Government emergency powers to handle the 2020 coronavirus pandemic and which received Royal assent on the 25th March 2020 and came into effect on that date.*
   >
   > ***COVID-19*** *shall have the meaning set out in the 2020 Act, and shall also mean the COVID emergency referred to in the COVID -19 Hospital Discharge Service.*

2. The definition of COVID-19 Hospital Discharge Service is added to the Agreement at Clause 1 (Defined Terms and Interpretation) of the Agreement as the following:

   > ***COVID-19 Hospital Discharge Service*** *means the discharge flow arrangements put in place as part of the COVID-19 response as defined at Part Five of Schedule 1 of this Agreement and the HM Government document 'COVID-19 Hospital Discharge Service Requirements'.*

3. Schedule 1 (Integrated Commissioning Strategies and Budget Contributions) is amended to include the additional COVID-19 Hospital Discharge Service specification set out in Annex 1 of this Deed at Part Five or Schedule 1 of this Agreement.

PART FIVE – COVID-19 Hospital Discharge Service

A. Introduction

The Government has agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages from 19th March 2020, for people being discharged from or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.

The funding will also cover the costs of additional short term residential, domiciliary, reablement and intermediate care capacity to reduce hospital admissions.

During the period of operation of the Covid-19 Hospital Discharge Service there is a temporary suspension of the obligation of the need to carry out Continuing Healthcare assessments for patients on the acute hospital discharge pathway and in community settings as well as a suspension of the usual patient eligibility criteria.

The packages which are covered by this Covid-19 Hospital Discharge Service funding are defined as:

a) New packages of care entirely covered by Covid-19 funding for:
   - Individuals who are discharged with a new package of care.
   - Individuals at home with no care package who deteriorate and require a social care package to prevent admission to hospital.
   - Individuals who are self-funding or local authority funded in a care home placement but deteriorate and require a new nursing home placement to prevent admission to hospital.

b) Extended packages of care partly covered by Covid-19 funding for:
   - Individuals who are discharged and retain an existing package of care but now have an additional package of care to prevent admission.
   - Individuals who are in the community with an existing social care package and require additional support to prevent admission.
   - Individuals who are in a CHC funded (including fast track) that deteriorate and require an additional package of care to prevent admission.

Individuals on existing health and social care support packages that are not modified, or that are modified but not to prevent admission to Hospital, are not funded by the Covid-19 Hospital Discharge Service funding.

Local authorities have been instructed to pool existing funding for discharge support with this additional money. The additional funding should be identifiable separately and support and spending from this new funding should be recorded for each person discharged and supported under these arrangements.

Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

The use of the term ‘pool’ in the Government guidance refers to a pool created within a council, rather than a pooled fund that would usually be created between an NHS body and a council through a section 75 Agreement. In that respect the City adding or not adding additional funds to the amount it will receive from the CCG will be a matter for the City to decide. The City’s current intention is not to pool any additional funds and simply to record on the template the Covid-19 costs associated with hospital discharge (and avoiding hospital admittance) and claim via CCG pursuant to the arrangements hereunder.

The City will provide financial reporting information to CCG on the correct template and will only record the Covid-19 costs relating to the specific headings set out on the reporting template. The CCG will then reclaim those costs and pass them back to the City. This arrangement is set out in more detail at sections F, G and H.

B. Requirements of the COVID-19 Hospital Discharge Service

The requirement of the COVID-19 Hospital Discharge Service is included at Appendix 1 of Part Five of Schedule 1.

The COVID-19 Hospital Discharge Service funding arrangement is being established specifically for the purpose of accelerating discharge and increasing admission avoidance.

The City, the CCG, University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust have agreed a system for patient discharge that is to operate locally.

C. Duration of the COVID-19 Hospital Discharge Service

The COVID-19 Hospital Discharge Service arrangement defined by this Part Five will commence on 19th March 2020 and will continue in force until such time as the CCG and the City is notified by NHS England or the Department of Health and Social Care that the additional funding allocated to CCGs ceases and therefore this arrangement is no longer applied to new patients discharged from hospital.

D. Extent of Funding

The aim of the COVID-19 Hospital Discharge Service is to ensure that the Government fully fund additional costs associated with the COVID 19 impacted packages of support.

Funding should cover the following:

- The full or enhanced cost of care packages agreed at the point of discharge and delivered in the community, both domiciliary and non-domiciliary, and from a range of providers (including hospices).

- The additional cost of care for those who would ordinarily be deemed ‘self-funding’ during the period of the process if they were a hospital discharge during the emergency period or if their needs increased and required a new care setting.

- Enhancements to existing packages of care.

- It will also cover the cost of any loss of ‘means tested’ income from this cohort by the local authority.

- The costs of providing community health services to the homeless and rough-sleepers, wherever this accommodation may be situated.

- It also includes the cost of onward care both stepping up and stepping down packages of care intensity throughout the period covered by these arrangements

Funding is not intended to cover:

- Existing funded packages of care (prior to 19th March 2020) that will remain funded on the normal basis, but that if there are material changes to the package, they will then fall within scope of these new arrangements.

- Additional administrative burden on commissioners such as staffing and non-pay related costs incurred by CCGs and local authorities. CCG funding for this should be covered under the “workforce” element of the COVID 19 response work.

- Any extra costs associated with COVID 19 virus testing.

The extent of the funding should be read together with the definition at paragraph A.

E. The CCG role in providing Funding and the Funding flow from NHS England

To enable funding flows to be as simple as possible, aspects of the current NHS ‘Who Pays?’ guidance are being set aside for the duration of the Covid-19 emergency.

New rules will apply on NHS responsibility for paying for services to support hospital discharge and prevent avoidable admissions, as described in this document and in COVID-19 Hospital Discharge Service Requirements. NHS England is mandating these new rules using its powers under section 14Z7 of the NHS Act 2006 (as amended in 2012).

The new rules on NHS payment responsibility are as follows.

a) For a service being contracted for directly by a CCG (rather than by a local authority), NHS responsibility for paying for a particular service will rest with the CCG in whose geographical area the service in question is physically located. Where a service is being provided in an individual’s own home, the physical location of the individual’s home will determine responsibility.

b) For a service being contracted for by a local authority using a pooled fund, NHS responsibility for paying for a particular service will rest with the CCG which is agreed locally to be the “host CCG” for the local authority in whose geographic area the service in question is physically located. Where a service is being provided in an individual’s own home, the physical location of the individual’s home will determine responsibility.

For the purpose of the COVID-19 Hospital Discharge Service NHS City & Hackney CCG is the ‘host CCG’ for the City of London area.

Funding will flow from NHS England to the CCG direct to the host CCG for the City of London area, to be passed on to the City under this Agreement the City has been identified locally as the lead commissioner, and thus on to the relevant providers.

F. The City role in providing Funding, the Funding flow from the CCG and the pooled budget

The CCG will receive a cash-backed funding allocation related to patients under this arrangement. This funding shall be pooled with City funding as follows:

- The City shall pool existing funding already allocated for care and support packages from the City social care budget. The additional funding should be identifiable in reporting.

- Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

- The budget set by the City should be at a level that would have been expected to reasonably cover the costs of packages if COVID had not occurred.

- The City must place an appropriate portion of their existing funding dedicated to adult social care into the pooled budget with the CCG, to ensure that there is no risk of debates about which fund should pay. This should include existing funding dedicated to discharge to assess spending.

- The City is expected to ensure that an appropriate market-rate is paid for support and will work together with the CCG to agree an approach to ensuring the market can sustain a rapid and significant increase in supply. This appropriate market-rate may need to reflect that some patients and the capacity being utilised would previously have been self funded.

- The market rate should reflect that a) providers' realistic additional costs are covered so they are sustainable and b) that what is paid during an emergency can be adjusted after that emergency.

- For hospital discharges, it is expected that third party top-up fees would not be payable by residents as an appropriate market-rate for care would be paid to the providers of care.

G. The CCG and City role in requesting cash reimbursement from NHS England for the cost of the COVID-19 Hospital Discharge Service

1. The CCG will submit a monthly non-ISFE return to NHS England, by the required deadline that incorporates the actual spend on the COVID-19 Hospital Discharge Service in the preceding month. Following the monthly reconciliation carried out by the CCG and the Local Authority, any over/under claiming in a month will be adjusted in the following month's Non-ISFE submission.

2. The CCG will submit requests for cash funding in the monthly drawdown request to NHS England based on the CCG estimate of required funding and the Non-ISFE return.

3. CCG allocations will be amended using the following:

    a. for 2019/20 the CCG should submit the COVID "19/20 cost reimbursement template" (final collection) and provide further details of the programme spend in the CCG's month 12 non ISFE return.

    b. for 2020/21 the CCG should include the COVID cost collection within the CCG's monthly non ISFE return that has been modified to include a new tab to collect actual spend in the month. The "non ISFE return" is included at Appendix 2 of Part Five of Schedule 1.

The City must complete the Local Authority Spend reimbursement template on a monthly basis; this template is included at Appendix 3 of Part Five of Schedule 1. The CCG cannot take responsibility for completing the Local Authority Spend reimbursement template or the accuracy of the information contained within it. If the Local Authority Spend reimbursement template is not returned on time to the CCG, the CCG will not be able to submit the Non-ISFE return on time and this will delay payment to the City.

The consolidated monthly report will be submitted by the CCG (in accordance with the timetable at H) so that the CCG and the City are funded for the preceding month in a timely manner. This means that the City submission of expenditure reporting to the CCG will need to be incorporated into the CCG submission to NHS England.

H. The Timetable for monthly activities relating to the COVID-19 Hospital Discharge Service

When	Party responsible	Action
During the preceding month	City of London	Accurately records expenditure on the COVID-19 Hospital Discharge Service on the Local Authority Spend reimbursement template
At the end of the preceding month	City of London	Close Local Authority Ledger for the preceding month
Working Day 7 of the month	CCG	Close CCG Ledger for the preceding month
Midday, Working Day 8 of the month[1, 2]	City of London	Submit final Local Authority Spend reimbursement template to the CCG
COP, Working Day 8 of the month[2]	CCG	Complete and Submit final Non-ISFE return to NHS England
Working Day 9 of the month	City of London	Send Invoice to CCG for COVID-19 Hospital Discharge Service monthly amount – the invoice should be marked for the attention of Sunil Thakker, Director of Finance
Working Day 16 of the month	CCG	Complete and Submit cash drawn down request to NHS England
Working Day 17 of the month	City of London and the CCG	Carry out a retrospective month-end reconciliation to ensure the actual costs submitted in the Non-ISFE reconcile back to the local authority and CCG actual, allowable COVID-19 hospital discharge service costs.
Working Day 1 of the following month	NHS England	Release cash to the CCG Bank Account
Next available BACS run	CCG	Pay invoice / transfer money to LBH

NOTES

1. Date has been confirmed as 21st April in Month 1 of 2020 due to bank holidays however this would usually be on WD8.

2. The Working Day 8 deadline are:

Year	Reporting Month	Deadline (WD8) 12 pm
2019/20	March 20	20/04/2020
2020/21	April 20	14/05/2020
	May 20	10/06/2020
	June 20	10/07/2020
	July 20	12/08/2020
	August 20	10/09/2020
	September 20	12/10/2020
	October 20	11/11/2020
	November 20	10/12/2020
	December 20	13/01/2021
	January 21	10/02/2021
	February 21	10/03/2021
	March 21	14/04/2021

3. The CCG will submit a monthly non-ISFE return to NHS England, by the required deadline that incorporates the amount spent on the COVID-19 Hospital Discharge Service in the preceding month. If deadlines are altered the CCG will notify the City as soon as possible after the CCG becomes aware of the change.

I. Financial Reporting

Expenditure will be recorded under the following Expenditure Categories:

Expenditure Categories	Definition
Care Home	A registered residential or nursing home
Other care accommodation	Other bed-based accommodation (excluding hospice). This may be in hotels or other buildings that temporarily house discharged patients.
Domiciliary/home care	Services provided in a person's home.
Reablement / intermediate care	Services are generally provided in the person's own home or care home, is intervention that involves intensive, time-limited assessment and therapeutic work over a period of time.
Day Care	Day Care Facilities may be called Day Hospitals, Centres, Facilities or Units.
Respite care	term used for services designed to give home carers a break from caring.
Hospice	Care, treatment, and support can be provided in accommodation or in the community. It can be long or short-term care, on an inpatient basis or provided through day care, day therapy or outreach services.
Transport	Any separate transport costs such as patient transport (PTS), volunteer drivers, taxis, local authority transport to enable the hospital discharge or meet the ongoing packages of support.
Other	Typically, equipment and adaptations.

J. Consequences of the ending of the COVID-19 Hospital Discharge Service

Funding will continue for these individuals for a short period during the post-cessation phase, and NHS England will work with the CCG and the City to ensure that an appropriate amount of time is allowed for a smooth transition for individuals to return back as safely as possible to pre-COVID-19 health and living standards with agreed funding arrangements.

The care needs and financial assessment would be undertaken for all COVID-19 related individuals at the cessation of this agreement to provide a baseline going forward. Individuals provided with care packages under these arrangements must not face any requirement to refund commissioners retrospectively for the period in question.

The commissioners will plan throughout the period that the enhanced discharge support process is running to ensure appropriate processes and governance are in place for the period following cessation of the enhanced discharge support process with the expectation that commissioner will endeavour to end this arrangement within two (2) months. As part of this, planning conversations should be taking place with patients and their families about the possibility that they will need to pay for their care later, as appropriate.

APPENDIX 1 - COVID-19 Hospital Discharge Service Requirements

COVID-19_hospital_
discharge_service_re

APPENDIX 2 - non ISFE return template for financial reporting

Section 75 non ISFE
- Hospital Discharge

APPENDIX 3 – Local Authority spend reimbursement template

Section 75 Local
Authority Template

SCHEDULE 2

EXTENSION LETTER

PDF

Extensionlet25.2.020.pdf

This page is intentionally left blank

Dated 2020

(1) **LONDON BOROUGH OF HACKNEY**

- and -

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP**

DEED OF VARIATION
TO THE
FRAMEWORK SECTION 75 AGREEMENT FOR THE DEVOLUTION OF HEALTH AND SOCIAL CARE SERVICES IN LONDON BOROUGH OF HACKNEY (INCLUDING THE BETTER CARE FUND)

THIS DEED is made on 2020

PARTIES

(1) **LONDON BOROUGH OF HACKNEY** of Hackney Service Centre, 1 Hillman Street, London E8 1DY (the **"Council"**)

(2) **NHS CITY AND HACKNEY CLINICAL COMMISSIONING GROUP** of 3rd Floor, Block A, St Leonard's Hospital, London, N1 5LZ (the **"CCG"**)

each a "**party"** and together the "**parties**".

BACKGROUND

A This Deed is supplemental to the framework Section 75 Agreement for the devolution of health and social care services in London Borough of Hackney (Including the Better Care Fund) entered into by the parties on 5 July 2019 and as subsequently varied by the parties on 13 December 2019 and on 16 April 2020 (the "**Agreement"**).

B In accordance with the Agreement, each of the parties has agreed to amend the Agreement as set out in this Deed.

AGREEMENT:

1. DEFINITIONS AND INTERPRETATION

Unless otherwise provided the words and expressions defined in, and the rules of interpretation of, the Agreement shall have the same meaning in this Deed.

2. AMENDMENTS TO THE AGREEMENT

The parties agree that the Agreement is amended as set out in Schedule 1.

3. VARIATION DATE

The parties agree that the amendments set out in this Deed shall have effect from 19th March 2020.

4. AGREEMENT IN FULL FORCE AND EFFECT

This Deed is supplemental to the Agreement and, subject to the amendments described in this Deed, the Agreement shall remain in full force and effect.

5. CONFIRMATION AND INCORPORATION

The parties further agree and declare that the terms of the Agreement except as varied by this Deed are confirmed as if the same were set out in this Deed in full and that such terms as so varied shall for all purposes (including but without limitation for the purposes of s2 of the Law of Property (Miscellaneous Provisions) Act 1989) be deemed to be incorporated in this Deed.

6. COUNTERPARTS

This Deed may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all parties shall constitute a full original of this Deed for all purposes.

7. GOVERNING LAW

This Deed and any dispute or claim arising out of, or in connection with, it, its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales.

8. JURISDICTION

The parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of, or in connection with, this Deed, its subject matter or formation (including non-contractual disputes or claims).

EXECUTED as a deed by the parties and delivered on the date set out at the start of this Deed.

Executed as a Deed by affixing the
common seal of **LONDON BOROUGH
OF HACKNEY**

in the presence of:

………………………
Authorised Signatory

………………………
Authorised Signatory

Executed as a Deed by the CCG acting by
DAVID MAHER under delegated authority
from the Accountable Officer

………………………………

David Maher
Managing Director
NHS City and Hackney
Clinical Commissioning Group

in the presence of:

…………………..

Name:

Address:

Occupation:

SCHEDULE 1
VARIATION

The parties agree to amend the Agreement in accordance with this Schedule 1.

1. The definition of COVID-19 Hospital Discharge Service is added to the Agreement at Clause 1 (Defined Terms and Interpretation) of the Agreement as the following:

   COVID-19 Hospital Discharge Service *means the discharge flow arrangements put in place as part of the COVID-19 response as defined at Part Five of Schedule 1 of this Agreement and the HM Government document 'COVID-19 Hospital Discharge Service Requirements'*.

2. Schedule 1 is amended to include the additional COVID-19 Hospital Discharge Service specification set out in Annex 1 of this Deed at Part Five or Schedule 1 of this Agreement.

ANNEX 1

PART FIVE – COVID-19 Hospital Discharge Service

A. Introduction

The Government has agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages from 19th March 2020, for people being discharged from or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.

The funding will also cover the costs of additional short term residential, domiciliary, reablement and intermediate care capacity to reduce hospital admissions.

During the period of operation of the Covid-19 Hospital Discharge Service there is a temporary suspension of the obligation of the need to carry out Continuing Healthcare assessments for patients on the acute hospital discharge pathway and in community settings as well as a suspension of the usual patient eligibility criteria.

The packages which are covered by this Covid-19 Hospital Discharge Service funding are defined as:

a) New packages of care entirely covered by Covid-19 funding for:
   - Individuals who are discharged with a new package of care.
   - Individuals at home with no care package who deteriorate and require a home care package to prevent admission to hospital.
   - Individuals who are self-funding or local authority funded in a care home placement but deteriorate and require a new nursing home placement to prevent admission to hospital.

b) Extended packages of care partly covered by Covid-19 funding for:
   - Individuals who are discharged and retain an existing package of care but now have an additional package of care to prevent admission.
   - Individuals who are in the community with an existing social care package and require additional support to prevent admission.
   - Individuals who are in a CHC funded (including fast track) that deteriorate and require an additional package of care to prevent admission.

Individuals on existing health and social care support packages that are not modified, or that are modified but not to prevent admission to Hospital, are not funded by the Covid-19 Hospital Discharge Service funding.

Local authorities have been instructed to pool existing funding for discharge support with this additional money. The additional funding should be identifiable separately and support and spending from this new funding should be recorded for each person discharged and supported under these arrangements.

Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

The use of the term ‘pool’ in the Government guidance refers to a pool created within the Council, rather than a pooled fund that would usually be created between an NHS body and Council through a section 75 Agreement. In that respect the Council adding or not adding additional funds to the amount it will receive from the CCG will be a matter for the Council to decide. The Council’s current intention is not to pool any additional funds and simply to record on the template the Covid-19 costs associated with hospital discharge (and avoiding hospital admittance) and claim via CCG pursuant to the arrangements hereunder.

The Council will provide financial reporting information to CCG on the correct template and will only record the Covid-19 costs relating to the specific headings set out on the reporting template. The CCG will then reclaim those costs and pass them back to the Council. This arrangement is set out in more detail at sections F, G and H.

B. Requirements of the COVID-19 Hospital Discharge Service

The requirement of the COVID-19 Hospital Discharge Service is included at Appendix 1 of Part Five of Schedule 1.

The COVID-19 Hospital Discharge Service funding arrangement is being established specifically for the purpose of accelerating discharge and increasing admission avoidance.

The Council, the CCG and the Homerton Hospital University Hospital NHS Foundation Trust have agreed a local specification that sets out how the local system will operate the system of discharge. This local specification is included at Appendix 4 of Part Five of Schedule 1.

C. Duration of the COVID-19 Hospital Discharge Service

The COVID-19 Hospital Discharge Service arrangement defined by this Part Five will commence on 19th March 2020 and will continue in force until such time as the CCG and the Council is notified by NHS England or the Department of Health and Social Care that the additional funding allocated to CCGs ceases and therefore this arrangement is no longer applied to new patients discharged from hospital.

D. Extent of Funding

The aim of the COVID-19 Hospital Discharge Service is to ensure that the Government fully fund additional costs associated with the COVID 19 impacted packages of support.

Funding should cover the following:

- The full or enhanced cost of care packages agreed at the point of discharge and delivered in the community, both domiciliary and non-domiciliary, and from a range of providers (including hospices).

- The additional cost of care for those who would ordinarily be deemed ‘self-funding’ during the period of the process if they were a hospital discharge during the emergency period or if their needs increased and required a new care setting.

- Enhancements to existing packages of care.

- It will also cover the cost of any loss of ‘means tested’ income from this cohort by the local authority.

- The costs of providing community health services to the homeless and rough-sleepers, wherever this accommodation may be situated.

Funding is not intended to cover:

- Existing funded packages of care (prior to 19th March 2020) that will remain funded on the normal basis, but that if there are material changes to the package, they will then fall within scope of these new arrangements.

- Additional administrative burden on commissioners such as staffing and non-pay related costs incurred by CCGs and local authorities. CCG funding for this should be covered under the "workforce" element of the COVID 19 response work.

- Any extra costs associated with COVID 19 virus testing.

The extent of the funding should be read together with the definition at paragraph A.

E. The CCG role in providing Funding and the Funding flow from NHS England

To enable funding flows to be as simple as possible, aspects of the current NHS 'Who Pays?' guidance are being set aside for the duration of the Covid-19 emergency..

New rules will apply on NHS responsibility for paying for services to support hospital discharge and prevent avoidable admissions, as described in this document and in COVID-19 Hospital Discharge Service Requirements. NHS England is mandating these new rules using its powers under section 14Z7 of the NHS Act 2006 (as amended in 2012).

The new rules on NHS payment responsibility are as follows.

a) For a service being contracted for directly by a CCG (rather than by a local authority), NHS responsibility for paying for a particular service will rest with the CCG in whose geographical area the service in question is physically located. Where a service is being provided in an individual's own home, the physical location of the individual's home will determine responsibility.

b) For a service being contracted for by a local authority using a pooled fund, NHS responsibility for paying for a particular service will rest with the CCG which is agreed locally to be the "host CCG" for the local authority in whose geographic area the service in question is physically located. Where a service is being provided in an individual's own home, the physical location of the individual's home will determine responsibility.

For the purpose of the COVID-19 Hospital Discharge Service NHS City & Hackney CCG is the 'host CCG' for the London Borough of Hackney area.

Funding will flow from NHS England to the CCG direct to the host CCG for the London Borough of Hackney area, to be passed on to the Council under this Agreement the Council has been identified locally as the lead commissioner, and thus on to the relevant providers.

F. The Council role in providing Funding, the Funding flow from the CCG and the pooled budget

The CCG will receive a cash-backed funding allocation related to patients under this arrangement. This funding shall be pooled with Council funding as follows:

- The Council shall pool existing funding already allocated for care and support packages from the Council social care budget. The additional funding should be identifiable in reporting.

- Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

- The budget set by the Council should be at a level that would have been expected to reasonably cover the costs of packages if COVID had not occurred.

- The Council contribution to the existing hospital discharge arrangements should be calculated at a net budget level and thus 1/12th of the expected spend on discharges (and any additional support to maintain individuals in their care setting or stepping up to care home) should be funded by the pool.

- The Council must place an appropriate portion of their existing funding dedicated to adult social care into the pooled budget with the CCG, to ensure that there is no risk of debates about which fund should pay. This should include existing funding dedicated to discharge to assess spending.
- The Council is expected to ensure that an appropriate market-rate is paid for support and will work together with the CCG to agree an approach to ensuring the market can sustain a rapid and significant increase in supply. This appropriate market-rate may need to reflect that some patients and the capacity being utilised would previously have been self funded.
- The market rate should reflect that a) providers' realistic additional costs are covered so they are sustainable and b) that what is paid during an emergency can be adjusted after that emergency.
- For hospital discharges, it is expected that third party top-up fees would not be payable by residents as an appropriate market-rate for care would be paid to the providers of care.

G. The CCG and Council role in requesting cash reimbursement from NHS England for the cost of the COVID-19 Hospital Discharge Service

1. The CCG will submit a monthly non-ISFE return to NHS England, by the required deadline that incorporates the actual spend on the COVID-19 Hospital Discharge Service in the preceding month. Following the monthly reconciliation carried out by the CCG and the Local Authority, any over/under claiming in a month will be adjusted in the following month's Non-ISFE submission.
2. The CCG will submit requests for cash funding in the monthly drawdown request to NHS England based on the CCG estimate of required funding and the Non-ISFE return.
3. CCG allocations will be amended using the following:
    a. for 2019/20 the CCG should submit the COVID "19/20 cost reimbursement template" (final collection) and provide further details of the programme spend in the CCG's month 12 non ISFE return.
    b. for 2020/21 the CCG should include the COVID cost collection within the CCG's monthly non ISFE return that has been modified to include a new tab to collect actual spend in the month. . The "non ISFE return" is included at Appendix 2 of Part Five of Schedule 1.

The Council must complete the Local Authority Spend reimbursement template on a monthly basis; this template is included at Appendix 3 of Part Five of Schedule 1. The CCG cannot take responsibility for completing the Local Authority Spend reimbursement template or the accuracy of the information contained within it. If the Local Authority Spend reimbursement template is not returned on time to the CCG, the CCG will not be able to submit the Non-ISFE return on time and this will delay payment to the Council.

The consolidated monthly report will be submitted by the CCG (in accordance with the timetable below) so that the CCG and the Council are funded for the preceding month in a timely manner. This means that the Council submission of expenditure reporting to the CCG will need to be incorporated into the

CCG submission to NHS England.

H. The Timetable for monthly activities relating to the COVID-19 Hospital Discharge Service

When	Party responsible	Action
During the preceding month	London Borough of Hackney	Accurately records expenditure on the COVID-19 Hospital Discharge Service on the Local Authority Spend reimbursement template
At the end of the preceding month	London Borough of Hackney	Close Local Authority Ledger for the preceding month
Working Day 7 of the month	CCG	Close CCG Ledger for the preceding month
Midday, Working Day 8 of the month[1, 2]	London Borough of Hackney	Submit final Local Authority Spend reimbursement template to the CCG
COP, Working Day 8 of the month[2]	CCG	Complete and Submit final Non-ISFE return to NHS England
Working Day 9 of the month	London Borough of Hackney	Send Invoice to CCG for COVID-19 Hospital Discharge Service monthly amount – the invoice should be marked for the attention of Sunil Thakker, Director of Finance
Working Day 16 of the month	CCG	Complete and Submit cash drawn down request to NHS England
Working Day 17 of the month	London Borough of Hackney and the CCG	Carry out a retrospective month-end reconciliation to ensure the actual costs submitted in the Non-ISFE reconcile back to the local authority and CCG actual, allowable COVID-19 hospital discharge service costs.
Working Day 1 of the following month	NHS England	Release cash to the CCG Bank Account
Next available BACS run	CCG	Pay invoice / transfer money to LBH

NOTES

1. Date has been confirmed as 21st April in Month 1 of 2020 due to bank holidays however this would usually be on WD8.

2. The Working Day 8 deadline are:

Year	Reporting Month	Deadline (WD8) 12 pm
2019/20	March 20	20/04/2020
2020/21	April 20	14/05/2020
	May 20	10/06/2020
	June 20	10/07/2020
	July 20	12/08/2020
	August 20	10/09/2020
	September 20	12/10/2020
	October 20	11/11/2020
	November 20	10/12/2020
	December 20	13/01/2021
	January 21	10/02/2021
	February 21	10/03/2021
	March 21	14/04/2021

3. The CCG will submit a monthly non-ISFE return to NHS England, by the required deadline that incorporates the amount spent on the COVID-19 Hospital Discharge Service in the preceding month. If deadlines are altered the CCG will notify the Council as soon as possible after the CCG becomes aware of the change.

I. Financial Reporting

Expenditure will be recorded under the following Expenditure Categories:

Expenditure Categories	**Definition**
Care Home	A registered residential or nursing home
Other care accommodation	Other bed-based accommodation (excluding hospice). This may be in hotels or other buildings that temporarily house discharged patients.
Domiciliary/home care	Services provided in a person's home.
Reablement / intermediate care	Services are generally provided in the person's own home or care home, is intervention that involves intensive, time-limited assessment and therapeutic work over a period of time.
Day Care	Day Care Facilities may be called Day Hospitals, Centres, Facilities or Units.
Respite care	term used for services designed to give home carers a break from caring.
Hospice	Care, treatment, and support can be provided in accommodation or in the community. It can be long or short-term care, on an inpatient basis or provided through day care, day therapy or outreach services.
Transport	Any separate transport costs such as patient transport (PTS), volunteer drivers, taxis, local authority transport to enable the hospital discharge or meet the ongoing packages of support.
Other	Typically, equipment and adaptations.

J. Consequences of the ending of the COVID-19 Hospital Discharge Service

Funding will continue for these individuals for a short period during the post-cessation phase, and NHS England will work with the CCG and the Council to ensure that an appropriate amount of time is allowed for a smooth transition for individuals to return back as safely as possible to pre-COVID-19 health and living standards with agreed funding arrangements.

The care needs and financial assessment would be undertaken for all COVID-19 related individuals at the cessation of this agreement to provide a baseline going forward. Individuals provided with care packages under these arrangements must not face any requirement to refund commissioners retrospectively for the period in question.

The commissioners will plan throughout the period that the enhanced discharge support process is running to ensure appropriate processes and governance are in place for the period following cessation of the enhanced discharge support process with the expectation that commissioner will endeavour to end this arrangement within two (2) months. As part of this, planning conversations should be taking place with patients and their families about the possibility that they will need to pay for their care later, as appropriate.

APPENDIX 1 - COVID-19 Hospital Discharge Service Requirements

COVID-19_hospital_
discharge_service_re

APPENDIX 2 - non ISFE return template for financial reporting

Section 75 non ISFE
- Hospital Discharge

APPENDIX 3 – Local Authority spend reimbursement template

Section 75 Local
Authority Template

APPENDIX 4 – C&H Discharge Single Point of Access Specification

C&H Discharge
Single Point of Acce

City and Hackney Service Change Maste

ID No	Original Date received	Impact Level CH CCG WEL NEL	Workstream Area/ Service Type
CH 031	Apr-20	CH	**Planned Care/Voluntary**
CH 038	Mar-20	CH	**Planned Care/LTC**
CH 046	Mar-20	CH	**Prevention**
CH 048	Mar-20	CH	**Prevention**

CH 059	Mar-20	CH	**CYPMF/ CYP**
CH 062	Mar-20	CH	**CYPMF**
CH 069	Apr-20	CH	**Planned Care/Acute Based**

CH 068	Apr-20	CH	**CYPMF/Children and Young People: Paediatric inpatients**
CH 052	Mar-20	CH	**CYPMF/ Maternity**
CH 030	Apr-20	CH	**Prevention**
CH 001	Mar-20	CH	**Planned Care/ CHS**
CH 002	Mar-20	CH	**Planned Care/ CHS**
CH 003	Mar-20	CH	**Planned Care/ CHS**
CH 004	Mar-20	CH	**Planned Care/ CHS**
CH 005	Mar-20	CH	**Planned Care/ CHS**

CH 006	Mar-20	CH	**Planned Care/ CHS**
CH 007	Mar-20	CH	**Planned Care/ CHS**
CH 008	Mar-20	CH	**Planned Care/ CHS**
CH 009	Mar-20	CH	**Planned Care/ CHS**
CH 010	Mar-20	CH	**Planned Care/ CHS**
CH 014	Mar-20	CH	**Planned Care/ CHS**
CH 015	Mar-20	CH	**Planned Care/Independent**

CH 016	Mar-20	CH	**Planned Care/Independent**
CH 017	Mar-20	CH	**Planned Care/Independent**
CH 018	Mar-20	CH	**Planned Care/Independent**
CH 019	Mar-20	CH	**Planned Care/Independent**
CH 020	Mar-20	CH	**Planned Care/Independent**
CH 021	Mar-20	CH	**Planned Care/Independent**
CH 022	Mar-20	CH	**Planned Care/Independent**
CH 023	Mar-20	CH	**Planned Care/Primary Care**
CH 024	Mar-20	CH	**Planned Care/Primary Care**

CH 025	Mar-20	CH	**Planned Care/Primary Care**
CH 026	Mar-20	CH	**Planned Care/Primary Care**
CH 027	Mar-20	CH	**Planned Care/Primary Care**
CH 028	Mar-20	CH	**Planned Care/Voluntary**
CH 029	Mar-20	CH	**Planned Care/Voluntary**
CH 032	Mar-20	CH	**Planned Care/Voluntary**
CH 033	Mar-20	NEL	**Prevention**
CH 034	Mar-20	CH	**Planned Care/CHS**
CH 035	Mar-20	CH	**Planned Care/LTC**
CH 036	Mar-20	CH	**Planned Care/Voluntary**

CH 037	Mar-20	CH	**Planned Care/CHS**
CH 040	Mar-20	CH	**Planned Care/LTC**
CH 041	Mar-20	CH	**Prevention**
CH 042	Mar-20	CH	**Planned Care/CHS**
CH 043	Mar-20	CH	**Planned Care/CHS**

CH 045	Mar-20	CH	**Planned Care/LBH**
CH 047	Mar-20	CH	**Planned Care/CHS**
CH 049	Mar-20	CH	**CYPMF/ Children Safeguarding**
CH 050	Mar-20	CH	**CYPMF/ Children Safeguarding**

CH 051	Mar-20	CH	**CYPMF/ Maternity**
CH 053	Mar-20	CH	**CYPMF/Community CYP services**
CH 054	Mar-20	CH	**CYPMF/Community CYP services**
CH 055	Mar-20	CH	**CYPMF/ Community CYP services**

CH 056	Mar-20	CH	**CYPMF/Children and Young People: Paediatric acute and outpatients**
CH 057	Mar-20	CH	**CYPMF/Children and Young People: Paediatric acute and outpatients**

CH 058	Mar-20	CH	**CYPMF/ CAMHS**
CH 060	Mar-20	CH	**CYPMF/ CAMHS**
CH 061	Mar-20	CH	**CYPMF/ CAMHS**

CH 063	Mar-20	CH	**CYPMF**
CH 064	Mar-20	CH	**CYPMF/ CAMHS**

CH 065	Mar-20	CH	**CYPMF/ CAMHS**
CH 066	Mar-20	CH	**CYPMF/ CAMHS**

CH 067	Mar-20	CH	**CYPMF/ CAMHS**
CH 070			
CH 071			
CH 072			
CH 073			
CH 074			

er Sheet

Service Name	Provider	Who requested change (name & title)
HUH Phase 3 PR groups	Homerton Hospital	Laura Graham
Cardiac Rehab	Homerton Hospital	Laura Graham
LTC contract	GP Confed	
Group Consultations	GP Confed	Katharine Towers

Community Eating Disorder Service	ELFT	ELFT
First Steps	HUH	HUH
TB Team	Homerton	Sue Collinson- TB Case Worker

Paediatric inpatient ward (Starlight)	HUH	Provider
The Home birthing Service	HUH	HUH decision - NEL support
Bereavment Counselling	St Josephs	
Bi-Lingual Advocacy Service	HUH	Jane Welch - Service Manager
Community Gynaecology	HUH	Sue Mann - Clinical lead
Continence Service	HUH	Stella Timms- Clinical Lead
Dermatology	HUH	Christopher Dunning -Service Lead
Dietetics	HUH	Amanda Herbet- Professional Lead

FootHealth	HUH	Csaba Barody- Clinical Lead
Leg Ulcer Clinics	HUH	Stella Timms- Clinical Lead
Locomotor - MsK	HUH	Hilda Walsh - Head of Physiotherapy
Locomotor - Pain Service	HUH	Mel Rendall/ Anna Ferguson - Service Lead
PFD Service	HUH	Stella Timms- Service Lead
Wheelchair	HUH	Jenny Richardson - Service Lead
Community ENT	Communitas	Anna Bernard, Head of Operations, Communitas

Direct Access Audiology (AQP)	Inhealth	River Calveley, Head of Planned Care, CCG
Direct Access Audiology (AQP)	Outside Clinic	River Calveley, Head of Planned Care, CCG
Direct Access Audiology (AQP)	Scrivens	River Calveley, Head of Planned Care, CCG
Direct Access Audiology (AQP)	Specsavers	River Calveley, Head of Planned Care, CCG
Lymphoedema	Accelerate	Christine O'Connor, Commercial, Business and Operations Director, Accelerate CIC
Minor Eye Conditions Service	Primary Eyecare	Charles Greenwood, Operations, Primary Eyecare
Out of Area ToP Service (AQP)	BPAS	Hannah Wilkie, Service Lead
Minor Surgery Service	Lawson Practice-Lawson Consortium	Deborah Colvin, GP Partner
Minor Surgery Service	Nightingale Practice-Lawson Consortium	Jill White, Practice Manager

Minor Surgery Service	Well Street Surgery-Lawson Consortium	Rey Felek, Practice Manager
Phlebotomy (Practice based)	GP Confed	Amaia Portelli, Director of Operations, GP Confed
Post Operative Wound care	GP Confed	Amaia Portelli, Director of Operations, GP Confed
Hear to Help Service	Action on Hearing Loss	Sharon James, Community Support Officer, Action on Hearing Loss
Stroke Project	Shoreditch Trust	
Healthier Together Hackney - Cardio-respiratory Phase IV Rehabilitation	GLL	
National Diabetes Prevention Programme	ICS Health and Wellbeing	
Specialist Diabetes Service	HUH	
Diabetes Structured Education	Homerton Hospital	
Stroke/Neurology specialist disability gym	Ability Bow	

Community Heart Failure Nursing	Homerton Hospital	
Homerton Stroke	Homerton Hospital	
Social Prescribing	Family Action	
ACERS - Respiratory	Homerton Hospital	
Diabetes Community Service	Homerton Hospital	

Learning disabilities	LBH integrated commissioning	
Community Sickle Cell	HUH	
Looked After Children (LAC) Initial health assessments	HUFT	C&H LAC and SG Partners
Children's safeguarding	HUFT / LBH and CoL Children's Social Care	C&H LAC and SG Partners

Antenatal and Post natal Clinics	HUH and associate providers (ie. UCLH)	
CAMHS services, Community Paediatrics, Occupational Therapy, Physiotherapy, Speech and Language Therapy	HUH	HUH
The School Nursing Service	HUH	HUH
Health visiting - New birth Home visits and Blood spots	HUH	HUH

1. Paeds Epilepsy 2. Paeds Dermatology 3. Paeds Gastro 4. Paeds Rheumatology 5. Paeds T.B (TBC) 6. Paeds UTI 7. Paeds Bladder	HUH	HUH
1.Paeds Allergy Clinics 2. Paeds Dietitian Clinics 3.Paeds Challenges 4.Paeds ENT (apart from Urgent slots – typically about two a week) 5.Paeds Surgery 6.Paeds Ophthalmology 7.Paeds Max Fac 8.Paeds Urology 9.Paeds Cardiology (Dr P. Venugopalan) 10.Paeds General Medicine (New) 11.Paeds Epilepsy (New) 12.Paeds Gastro (New) 13.Paeds Gastro (New) 14.Paeds Rheumatology (New) 15.Paeds UTI (New) 16. Paeds Bladder (New) 17. Paeds CAMHS (New & FUs)	HUH	HUH

Specialist (Child and Adolescent Mental Health Services) CAMHs	ELFT	ELFT
Special Schools	WAMHS/MHST; ELFT; Secondary schools and PRU	Providers
CAMHS Disability;	HUH	HUH

Special Schools	WAMHS; HUH; Primary	Providers
CFS Clinical Service: LA	Local Authority	LA

Off Centre Family Action:	Voluntary Sector	Providers
Adolescent Mental Health	The Coborn	System partners

Perinatal mental health	HUH	

Deputy Director Lead	Commissioning Lead
Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter
Jayne Taylor	Charlotte Painter
Jayne Taylor	Charlotte Painter

Amy Wilkinson	Fiona Murray
Amy Wilkinson	Fiona Murray
Siobhan Harper	James Courtney

Amy Wilkinson	Sarah Darcy
Amy Wilkinson	Ilaria Torre
Jayne Taylor	Charlotte Painter
Siobhan Harper	River Calveley
Siobhan Harper	River Calveley
Siobhan Harper	River Calveley
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney

Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	River Calveley
Siobhan Harper	River Calveley
Siobhan Harper	River Calveley
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney

Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	River Calveley
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney

Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	James Courtney
Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter
Jayne Taylor	Charlotte Painter
Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter

Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter
Jayne Taylor	Charlotte Painter
Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter

Siobhan Harper	Charlotte Painter
Siobhan Harper	Charlotte Painter
Amy Wilkinson	Anna Jones (Des Nurse LAC CCG)
Amy Wilkinson	Mary Lee (Des Nurse SG CCG)

Amy Wilkinson	Ilaria Torre
Amy Wilkinson	Sarah Darcy
Amy Wilkinson	Nadia Sica
Amy Wilkinson	Nadia Sica

Amy Wilkinson	Sarah Darcy
Amy Wilkinson	Sarah Darcy

Amy Wilkinson	Fiona Murray
Amy Wilkinson	Fiona Murray and Sophie McElroy
Amy Wilkinson	Fiona Murray

Amy Wilkinson	Fiona Murray and Sophie McElroy
Amy Wilkinson	Laura Smith

Amy Wilkinson	Fiona Murray and Sophie McElroy
Amy Wilkinson	Fiona Murray and Ellie Duncan

Amy Wilkinson	Fiona Murray and Ilaria Torre

Initial Query / Request	Change Category (Stop/Start/Continue/Other)
Exploring virtual / online options currently. Latest update from the service as follows: Assessing all new referrals over the phone. Anyone assessed has been provided with a remote option or HEP, uptake is variable and we	Other
Exploring virtual / online options currently. Latest update from the service as follows: 1) For all patients assessed (i.e.) who have had an exercise capacity test, we have enrolled them on a remote CR programme, either the Heart Manual (which we have always had) or Activate my Heart (free during COVID) or a HEP provided by the physiotherapists. 2) New Referrals: We are assessing over the phone all new referrals, providing phase 1 and 2 of rehab and the education for Phase 3. We sign-post to BHF but we cannot prescribe exercise as we do not have an exercise capacity test	Other
Only essential contacts and reviews taking place. work ongoing with Primary care about starting to review their most at risk patients. Clinical pathways and searches have been created. The first groups to be included are people with uncontrolled diabetes, severe Asthma and severe COPD as well as Learning Disabilities.	Other
Suspended - Currently looking at using a virtual model	Other

Reduction of service Provision and Change in Service delivery method (e.g. telephone appointments vs face to face	Other - Virtual approach
Prioritising - moving to virtual where possible	Other - Virtual approach
Prioritising urgent work. Increased home visiting and giving more medication to minimise f2f contact. Nurse/Consultant time switched to COVID-19 response.	Continue- prioritising urgent

Paediatric Inpatients admissions into Starlight Ward	Other - Prioritising emergency
Suspension of serivce	April 24/04/2020: Service reinstated March 2020 : Suspension of service
Contacting all clients to offer telephone counselling - some are deciding to wait to be seen face-to-face again but hoping to provide as much	Other
All interpretation moved to phone only with exception of BSL where essential only	Continue with virtual approach
Prioritising an triaging urgent patients only for face to face. Existing bookings are being reviewed and redirected to HUH if appropriate. Telephone clinics being undertaken if appropriate. FU	Other - Virtual approach
Moved to telephone assessment in the main. Home visits available for patients at risk of complications. Ad hoc clinics for catheter issues. Working with DNs to review care plans for	Other - Virtual approach
The patients are being converted to ASI's then being triaged. running telephone and video consultations	Other - Virtual approach
Moved to telephone appointments only. Dietetics triaging all referrals, adding non nutrition support referrals to a waiting list for future pick up. All nutrition support referrals are being offered telephone appointments.	Other - Virtual approach

Face to face clinic only for urgent patients- emergency clinic run daily. Patients/Clinicians can book by phone. Routine patients supported by phone. Foot orthotics sent by post after phone assessment. Supporting inpatients and Community Nursing. Link to RLH Vascular Team if advice needed.	Other - Virtual approach
Patients switched to wraps/kits to support self-care. Telephone follow-up. Home visit/emergency clinic for concerns. Tissue viability triaging all referrals.	Service continues as per patient needs
Prioritising - moving to telephone assessement, providing exercise online and looking for virtual solutions where possible. No routine face to face activity. All referrals are screened. Patient who may be urgent or of concern receive a phone or	Continue with virtual approach only
All new referrals are being screened by Senior Staff in the Pain Service. However, patients are being informed that clinics have been reduced to telephone consultations or in some cases closed until further notice. Patients where appropriate are being screened to other parts of the service, informed of wait or if want to be discharged back to the GP this is actioned with a letter. Other than groups and classes, all elements of the service remain open, albeit with a reduced MDT assessment time and more limited follow up due to capacity.	Continue with virtual approach only
Prioritising - moving to virtual where possible	Other - Virtual approach
All referrals are logged & triaged by senior clinical staff. The following services are provided as usual: Urgent assessments, equipment provision and equipment repairs Clinical Priorities ~ pressure ulcers, falls, WCS equipment failure, supporting community care package provision, hospital discharges, admission avoidance. Face-to-face provided at home- not in clinic. Closed- customised seating, non urgent repairs, routine clinical assessment, routine equipment provision.	Other - Virtual approach
No longer running face-to-face services following the issuing of new guidance. Launched virtual consultations.	Other- Virtual Approach

No longer running face-to-face services following the issuing of new guidance. Aftercare continues to be provided remotely.	Other- Virtual Approach
No longer running face-to-face services following the issuing of new guidance. Aftercare continues to be provided remotely.	Other- Virtual Approach
No longer running face-to-face services following the issuing of new guidance. Aftercare continues to be provided remotely.	Other- Virtual Approach
No longer running face-to-face services following the issuing of new guidance. Aftercare continues to be provided remotely.	Other- Virtual Approach
Prioritising urgent visits/care only (Text message and phone call to run through NHS111 assessment).	Other - Prioritising Urgents
Only providing face-to-face in urgent cases. Virtual consultations launched for routine.	Other- Virtual Approach
Switching to virtual where possible. Continuing with face-to-face and surgery where require. COVID-19 screening as necessary and PPE precautions taken as needed. New postal system for some terminations introduced after virtual appointments	Continuing
No longer running face-to-face services following the issuing of new guidance.	Stop
No longer running face-to-face services following the issuing of new guidance.	Stop

No longer running face-to-face services following the issuing of new guidance.	Stop
Operating as necessary - screening patients	Continuing
Operating as necessary - screening patients	Continuing
Service closed but offering telephone support to patients	Other
Staff will continue to provide a service, contacting all clients to put in place a remote support plan and regular telephone contact. This support will include reviewing individual support networks, ensuring that clients are confident about the latest Government guidance and can take any action according to their own individual situation as things unfold.	Other
Service signposting patients to how they can remain active at home, as well as other healthy lifestyle advice. Developing plans to remain in contact with all those currently attending these classes and contacting individuals programmes able to restart.	Stop
Virtual group education sessions will start from Monday 30 March. Patients will be contacted via telephone. Referrals will continue to be accepted and work is continuing to clear any backlog and invite patients to attend these sessions.	Other - Virtual
Service largely suspended - Nurses have been recalled to help on the wards. Dietitians will continue to offer support to patients and practices but are short staffed. Minimum in practice support available. Centralised requests for patient reviews and remote review. Still working through the details of this. Diabetes psychology continuing via remote working.	Other
Face to face services suspended	Stop
New referrals will still be accepted, assessments over the phone, and offer of an alternative ‘remote’ service for gym members.	Other

> continuing with home visits where there is urgent need, eg decompensating HF symptoms. >Any new referrals and patients discharged following HF admission are phone reviewed first then will be home visited according to clinical need. >avoiding all non essential contacts	Other
>TIA services for new patients to continue as normal >Currently only urgent follow ups are being seen >Routine follow ups are being cancelled across the Trust >6 month follow ups are all being done via telephone clinic	Other
> All sessions to be carried out by telephone > Continuing to accept referrals, particularly those who GPs feel could be most vulnerable during this time. Working with Volunteer Centre Hackney to triage support requests and match volunteers.	Other
New Referrals: Triaged. Phone call. Home visit only if essential. Hospital at home and home oxygen services running as usual . At risk' and urgent patients been identified and reviewed Admission Avoidance	Other
New nurse referrals are contacted by telephone for advice. Where a patient needs to be started on insulin, or is urgent in another way, they will be brought in to the diabetes centre for consultation, these will be small in number. Advice line running as usual, patients can call in for advice by telephone, patients starting on insulin will continue to be seen face to face to start vital treatment. 'at risk' and urgent patients have been identified and reviewed those who are booked are being contacted by nurses by telephone. Where necessary these patients will still be brought in to the hospital for face to face appointments.	Other

Minimal face to face OP for urgent psychiatry (based at St. Leonards). Team doing welfare calls by phone and ensuring all have a hospital passport. Significant increase in capacity in duty function, safeguarding being maintained. Increased care packages being offerred to people previously on day care packages. CTRs going ahead only when essential.	Other
New referrals are being managed by Contacted via text on Anytime Anywhere and video call conducted with patients on the same platform. Psychology sessions and assessments running as normal. Therapy method has changed to video calls on Anytime Anywhere, rather than face to face. No more ward rounds to visit patients on the wards. The following Have been closed: MDT meetings with the wider team until further notice. We are communicating via email.	Other
Prioritising - moving to virtual where possible	Other - Virtual approach
Prioritising - moving to virtual where possible	Other - Virtual approach

Prioritising - moving to virtual where possible	Other - Virtual approach
Reduction of all non-emergency provision of face to face within these community services.	Other - Prioritising Urgents
Reduction of all non-emergency provision of face to face within these community services.	Other - Virtual approach
Reduction of all non-emergency provision of face to face within these community services.	Other - Virtual approach

Reduction of service Provision and Change in Service delivery method (e.g. telephone appointments vs face to face?	Other - Virtual approach
Closure of Services	Stop

Reduction of service Provision and Change in Service delivery method (e.g. telephone appointments vs face to face	Other - A combination of virtual and face to face
Move to telephone consultation or advice only.	Other - Virtual approach
Prioritising - moving to virtual where possible	Other - Virtual approach

Move to Virtual consultation or advice .	Other - Virtual approach - Telephone consultations
	Continue

Move to Virtual consultation or advice .	Other
Limited Service Provision; Priorisation o fdischarge pathway	Other

Prioritising - moving to virtual where possible	Other - Virtual approach

Commissioner comments/notes - amalgamate with commissioner / provider suggested course of action	Commissioner assessed Impact on Patients
Agreed	Exploring virtual / online options currently
Exploring virtual / online options currently	Exploring virtual / online options currently
reduced activity with patients. work ongoing with Primary care about starting to review their most at risk patients. Clinical pathways and searches have been created. The first groups to be included are people with uncontrolled diabetes, severe Asthma and severe COPD as well as Learning Disabilities.	Reduced monitoring and recording. work ongoing with Primary care about starting to review their most at risk patients. Clinical pathways and searches have been created. The first groups to be included are people with uncontrolled diabetes, severe Asthma and severe COPD as well as Learning Disabilities.
Suspended - Currently looking at using a virtual model	Suspended - Currently looking at using a virtual model

Existing Clients A service will still be delivered, even though this will be reduced. Should all routine appointments of stable patients need to be suspended in the future, these young people and their families will be advised on how to identify increasing risk. If young people or their families feel that their child’s difficulties are becoming more urgent, the service will offer a more urgent telephone response service where they can discuss their concerns with a duty clinician and the service will try to help advise on how to manage the situation. New referrals A reduced service will be provided, where only referrals which require an immediate crisis response will be accepted.	Currently, the service is contacting young people and their families by telephone to offer some continuing support and ideas of how their treatment can continue using self-help and digital resources and offering telephone/virtual reviews as well as advising on how to manage risks. **Update 29/04/20: CAMHS have now resumed accepting new referrals from professionals only.**
Update 29/04/20: CAMHS now accepting new referrals from professionals only **March 2020**: New referrals Closing to all new referrals as of 5pm Tuesday 17th March. This includes self-referrals. Existing Clients Majority of patient contacts will be over the phone. The service are prioritising cases where there is risk. The service continue to support work with professional colleagues in emails and calls but patient care is the priority.	Limited face to face consultations
Agreed	COVID demands mean switching to prioritising urgent necessary

UPDATE 24/04/20: The Paediatric inpatient ward has re-opened today. **April 2020:** Provider has directed that all Paeds that need admission will now go to the Royal London. HUFT Paediatric A&E will remain open	**UPDATE 24/04/20**: Patients can now be admitted into the ward **April 2020:**Paediatric patients are being diverted to the Royal London
UPDATE 24/04/2020: Resumed Homebirth service and return to BAU. Women have been contacted as appropriate. **March 2020**: The home birthing service has been suspended, due to risks flagged by LAS (increased demand	**UPDATE 24/04/2020**: Resumed Homebirth service and return to BAU. **March 2020**: Access to home birthing service not available to patients
Plan to operate a phone service and develop other forms of support during the COVID period.	No face to face Service
Agreed	Can be less effective than face to face but will meet the outcomes necessary
Agreed	Routine face to face delayed indefinitely
Agreed	Face to face activity limited but mostly deferred.
Agreed	No face to face consultations
Agreed	No face to face consultations

Agreed	No face to face consultations
Agreed	Minimal service change. More telephone assessment of urgency of need
Agreed	No routine face to face. Urgent may be prioritised for face to face as deemed necessary
Agreed	No routine face to face. Urgent may be prioritised for face to face as deemed necessary
Agreed	No face to face consultations
Agreed	No face to face consultations
Guidance leading to ending f2f: https://www.cbsgb.co.uk/news/33/cutting_surgeons_risk_	No face to face consultations

Requested block contract - denied as per NHSE	No face to face consultations
Guidance recommending closing f2f community audiology- https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-prioritisation-within-community-health-services-with-annex_19-March-2020.pdf	No face to face consultations
Guidance recommending closing f2f community audiology- https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-prioritisation-within-community-health-services-with-annex_19-March-2020.pdf	No face to face consultations
Requested block contract - denied as per NHSE	No face to face consultations
Offered to help with domicilliary wound care if there was a gap in provision during COVID.	Prioritising urgent visits/care only
Offered to help with referral refinement and follow up in community.	N/A
Needed to maintain services	N/A
N/A	No face to face consultations
N/A	No face to face consultations

N/A	No face to face consultations
Prioritising patients to enable ongoing mgt in primary care	Focus on priority patients/ ongoing management in pry care
Prioritising patients to enable ongoing mgt in primary care	N/A
Plan to operate a phone service and develop other forms of support during the COVID period.	No face to face consultations
Plan to operate a phone service and develop other forms of support during the COVID period.	No face to face Service
Plan to remain in contact by telephone.	Usual service suspended
Service continues on a non face to face basis. Referrals still being accepted.	No face to face Service
Face to face service largely suspended. Urgent patients will be asked to attend the hospital centre with a prescription from GP.	Service suspended
No other information	No Service at present
Virtula service being offered	No face to face Service

Service available on an urgency basis.	reduced routine service
Conitues as normal for some patients. Telephone for follow ups as needed	rotuine face to face deferred
Telephone advice and support available.	No face to face Service
Reduced services. Avoiding Face to face and home visits. Traige and prioritisation in place	Reduced services and less face to face. More support by phone as appropriate
Reduced services	All face to face contact with patients have been reduced/replaced with telephone or attend anytime contact.

Reduced face to face activity. Move to telephone etc	Reduceed serviee
Reduced service	Reduced service
Designated nurse for LAC is overseeing and picking up any gaps at the moment.	Limited face to face consultations
Supporting virtual child protection arrangements, including virtual case conferencing and MDT's with Children's social care to risk stratify and ensure on-going support. Measures being put in place include; 1. Ensuring continued delivery of child protection medicals etc. . 2. Agreeing MDTs for assurance around children placed out of area 3. Co-ordinating safety guidance for	Limited face to face consultations. Direct visits to children/young people at home with their families/carers will only be required in the following circumstances: 1. When a child/young person has suffered harm, or there is an immediate risk of harm to the child/young person that warrants removal of the child from their family (visit to be undertaken jointly with Police)

Antenatal clinics are moving mostly to virtual appointments (bookings, 16 weeks appointments and other follow ups or obstetric follow ups, where possible). Face to face elements now done with nuchal scan at 12 or 20 weeks. Similar process for postnatal women and babies, apart from those considered most at risk, who will still be seen F2F, and all babies for new birth visit	Limited face to face consultations
Services will communicate directly with the families of children attending school. The trust is also urgently exploring safe and confidential video conferencing and face to face telephone systems. Staff will be asked to continue to support teaching staff through telephone contact, the provision and maintenance of therapy programmes, and where possible training.	Services will no longer routinely provide a direct service on school sites. Provision of health care will be under urgent or essential circumstances. Visits to see a particular child may be provided where essential.
The School Nursing Service will continue to provide a service to the three special schools at present. A lead health professional has been allocated to the three special schools; these staff will act as a key point of contact in regard of health service provision during the coming weeks or months	Face to face health care provision will be under urgent or essential circumstances only
Staff are currently using the telephone assessments when necessary. Based on the assessment and history, a follow up visit will be booked; Following the latest triage advice For those where a visit can not be undertaken, a telephone consultation will be being offered (Work is being done to facilitate the use of the recommended IT solutions)	Face to face health care provision will be under urgent or essential circumstances only

1. Paeds Epilepsy - (Phone Consultation with FUs) 2. Paeds Dermatology - (Phone onsultation/photos of affected areas to be emailed to a dedicated email address) 3. Paeds Gastro (Phone Consultation with FUs) 4. Paeds Rheumatology (Phone Consultation with FUs) 5. Paeds T.B (TBC) 6. Paeds UTI (Phone Consultation with FUs) 7. Paeds Bladder (Phone Consultation with FUs)	Limited face to face consultations
N/A	

Contingency plan is being activated The focus is to continue to provide essential and critical services to young people and their families and gradual reduction and management of non-urgent work. a combination of face to face contact as well as use of other mobile technologies. Existing cases, where necessary, will have telephone / Web-Ex (rolled out sporadically) reviews from w/c 23rd March. The service anticipates having all essential areas covered such as reception, triage, crisis, Consultant support, but responses might be a little slower than usual. Staffing capacity will be reviewed in line with government guidance	Most new routine referrals will not be accepted due to potential reduced capacity. Triage will be continuing. Referrers and parents and carers will be provided with details of where online support can be found. They will also be told to contact the service again if the child or young person deteriorates.
Once schools are open to vulnerable pupils only, this may be in the form of pulling clinicians out of schools and offering telephone consultation or advice only.	Until there is a direction to close schools, the service will continue to provide Services.
New referrals Closure of all new referrals as of 5pm on Tuesday 17th March. This includes self-referrals. Urgent or risk related referrals will be seen by the team. Existing Clients Majority of patient contacts will be over the phone. The service continue to support work with professional colleagues in emails and calls but patient care is the priority.	Limited acceptance of new referrals by Service; urgent referrals to be accepted. Limited face to face consultations, Virtual approach

Clinicians will not be visiting their schools, but will be available for consultation, advice and any other work they can do from their base at the Ark.	Limited face to face consultations
New Referrals Clinicians continue to take new referrals including via the CAMHS 'no wrong door' via ClinicalTeam@hackney.gov.uk Existing Clients Clinicians are mostly working from home, but continuing clinical work using video and telephone sessions / consultations. The service will continue to operate a same day crisis service, but anticipate having less capacity for face-to-face clinical risk assessment/management. Clinicians are available for virtual meetings, preferably using Google Hangouts, Zoom, or conference calls.	

New Referrals The service will be risk assessing each case and providing additional check in sessions as required and linking them into other resources as appropriate. The service will continue to offer regular individual sessions and assessments for new referrals, conducting these over the telephone or via video online until it is safe to return to normal working practices. Existing Clients There will be no face-to-face groups or services at Off Centre for the foreseeable future. The service is offering online group video sessions for Project Indigo (LGBTIQ+ drop-in youth group) at the usual time of 5.30-7.30pm on Thursdays. The service is continuing to offer the Wednesday group via telephone or video. These group members have been contacted regarding their choice of ongoing provision. The service is also offering the therapy	No face to face consultations
RAG Ratings are being carried out for all young people in the service. The service will send a weekly update to each borough's ACDs, Consultants and Care coordinators. All RAG Rated green young people at	Limited face to face consultations; The trust has stopped all visits to all ELFT sites

Currently about 50% of the team are having to work from home, the whole team have access to email/virtual meeting platforms. The team are still waiting for a few members to get remote working access to RiO. Team base is open with 3-5 members of staff onsite daily. Admin is very limited. The service is setting up a duty system – currently remains via 0208 5108151. A member of staff will be allocated every day as duty and they will have access to support/advice. The team remains open to referrals via elft.chperinatal@nhs.net but the threshold may need to be higher than previously especially if staffing levels decrease. Urgent referrals will still need to go via UAT. The team are having daily team meetings via Zoom/MS Teams to discuss cases, concern, referrals and allocated new assessments.	

Commissioner assessed Impact on Pathways	Commissioner assessed Impact on Payments	Is National Guidance available for this area?	If Yes - does the change request align with National Guidance?
Exploring virtual / online options currently	N/A	Yes	Yes
Implementation of Virtual /online pathways	N/A	Yes	Yes
reduced service. work ongoing with Primary care about starting to review their most at risk patients. Clinical pathways and searches have been created. The first groups to be included are people with uncontrolled diabetes, severe Asthma and severe COPD as well as Learning Disabilities.	N/A	Yes	Yes
Suspended - Currently looking at using a virtual model	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of urgent pathway.	N/A	Yes	Yes

UPDATE 24/04/20: Inpatients no longer being diverted and now admitted to HUFT Starlight Ward - resumed BAU. **April 2020**:Redirection of patients to Royal London	N/A	N/A	N/A
	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of telephone assessments	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
Increased use of telephone	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
N/A	N/A	Yes	Yes
	N/A	Yes	Yes
N/A	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
N/A	N/A	Yes	Yes
N/A	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways		Yes	
service suspended	N/A	Yes	
Implementation of Virtual pathways	N/A	Yes	
service suspended	N/A	Yes	Yes
No services	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

routine not availabel	N/A	Yes	Yes
Some new virtual follow up.	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Less contact and face to face	N/A	Yes	Yes
All face to face contact with patients have been reduced/replaced with telephone or attend anytime contact.	N/A	Yes	Yes

reduced service	N/A	Yes	Yes
Reduced service	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways. Face to face service provision will only be under urgent or essential circumstances only	N/A	Yes	Yes
Implementation of Virtual pathways. Face to face service provision will only be under urgent or essential circumstances only	N/A	Yes	Yes
Implementation of Virtual pathways. Face to face service provision will only be under urgent or essential circumstances only	N/A	Yes	Yes

	N/A	Yes	Yes
	N/A	Yes	Yes

Implementation of Virtual pathways; Face to face service provision under urgent or essential circumstances only	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes
Implementation of Virtual pathways	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes
Assessments and Prioritising Discharge pathway	N/A	Yes	Yes

Implementation of Virtual pathways	N/A	Yes	Yes

Lead Commissioner / Provider Suggested course of action - amalgamate with commissioner comments	Is this a request for retrospective approval?	Date rec'd by C&H Consideration Panel
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A

The service has a pop-up critical response team which will consist of 2-3 team members and will be based at the hub, Emanuel Miller Centre on 11, Gill Street. This on-site team will be available to conduct face to face immediate crisis reviews/immediate crisis assessments, Mon-Fri between 10:00am-4:00pm.		N/A
		N/A
Change accepted as necessary course of action	Yes	N/A

	Yes	N/A
Suspend for safety reasons, in line with most NEL trusts.		N/A
agreed	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A

Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Change accepted as necessary course of action	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A

Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A

Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
Agreed to implement national guidance	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A

agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A
agreed	Yes	N/A

agreed	Yes	N/A
agreed	Yes	N/A
Our Designated Doctor for LAC and the Designated Doctor for Camden have drafted an assessment tool specifically for telephone consultations (is with NEL CYP COVID response group for circulation). The plan is that nurses will also be able to use the tool if / when the doctors get re-deployed.	Yes	N/A
The CH Safeguarding Children's Partnership are collating all partners safeguarding contingency plans for review	Yes	N/A

Revised postnatal and antenatal guidelines have been communicated to Primary Care (basically all ante and postnatal appts are going virtual apart from the new birth visit and those for the most vulnerable women).		N/A
A letter has gone to schools / settings for cascade to families to advise, along with local Public Heath guidance for schools continuing to operate for children of key workers and vulnerable childen. Close working with Hackney Learning Trust.		N/A
A letter has gone to schools / settings for cascade to families to advise, along with local Public Heath guidance for schools continuing to operate for children of key workers and vulnerable childen. Close working with Hackney Learning Trust.		N/A
A letter has gone to schools / settings or cascade to families to advise, along with local Public Heath guidance for schools continuing to operate for children of key workers and vulnerable childen. Close working with Hackney Learning Trust.		N/A

Urgent face to face appointments are still holding, all other referrals and booked appointments are being reviewed and vetted and where appropriate followed up with telephone consultation		N/A
CCG / System / HUFT will keep under review.		N/A

There is priority on the provision of the following critical services; · Crisis and home treatment intervention including admission avoidance and supporting discharges from Tier 4 · Daily Duty system · Face to face review of 'Red' cases at clinics · Triage functions · Assessment of urgent referrals.		N/A
Service to continue until complete closure of schools		N/A
		N/A

		N/A
		N/A

		N/A
		N/A

Routine appointments are no longer seen face to face and almost all interactions with patients will be via telephone, skype or virtual apps such as zoom. All new assessments are being done on phone. Provider has confirned that so far no-one has been identified that we had to see F2F as emergency		

C&H Consideration Panel Recommendation	Risk (Describe)
Agree change and review monthly	Progress stalled
Agree change and review monthly	Service reduced
Agree change and review monthly	Impact on long term condiiton outcomes
Agree change and review monthly	Impact on long term aims for transformation

N/A	. It is unclear how long this will last.
N/A	Contingency plan activated from Tuesday 17th March The service are prioritising cases where there is risk. Urgent or risk related referrals will be seen by the team. 'Kooth' online CAMHS live from 01st April for 11 year olds +. Crisis support directed to ELFT
N/A	minimal

N/A	
N/A	
Agree change and review monthly	Service offer reduced
N/A	minimal
N/A	routine patients may become urgent over time
N/A	needs not identified
N/A	routine patients may become urgent over time
N/A	needs not identified

N/A	needs not identified
N/A	minimal
N/A	Routine physio delayed indefinitely
N/A	routine pain management delayed
N/A	routine appointments/Group sessions delayed indefinitely.
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients

N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients

N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
N/A	Unmet need for routine patients
Agree change and review monthly	Service reduced
Agree change and review monthly	service unavailable
Agree change and review monthly	Virtual service
Agree change and review monthly	No routine services - may impact long term conditions of patient
Agree change and review monthly	Service not available
Agree change and review monthly	Service reduced

Agree change and review monthly	Service reduced
Agree change and review monthly	Service reduced
Agree change and review monthly	Virtual service
Agree change and review monthly	Service reduced
Agree change and review monthly	service will impact long term care

Agree change and review monthly	reduced service
Agree change and review monthly	May increase acute activity
N/A	There is increased risk of safeguarding and child protection issues during the pandemic due to the pressure on households in self isolation, without 'safe adults' in schools and settings and economic pressures. A clear virtual pathway and weekly MDT review process is being put in place and implemented in partnership with Children's Social Care. Risks around capacity and oversight due to NEL key staff redeployments. Some NEL co-ordination of capacity ie, to cover Nightingale. These local risks will be closely monitored by the C&H System over the next few
N/A	There is increased risk of safeguarding and child protection issues during the pandemic due to the pressure on households in self isolation, without 'safe adults' in schools and settings and economic pressures. A clear virtual pathway and weekly MDT review process is being put in place and implemented in partnership with Children's Social Care. Risks around capacity and oversight due to NEL key staff redeployments. Some NEL co-ordination of capacity ie, to cover Nightingale. These local risks will be closely monitored by the C&H System over the next few

N/A	Staffing level: HUFT reports as currently coping - have split into 2 management units and have 21 staff off. Other units seem to struggling more capacity wise. Risk around LAS and response times for emergency births. Strong ELLMS / NEL co-ordination of risk and contingency.
N/A	Services will undertake a risk assessment of each child or young person to determine appropriate support that will continue to take place.
N/A	
N/A	

N/A	Risk of backlog of appointments and delayed treatments.To be kept under reivew.
N/A	Risk of backlog of appointments and delayed treatments.To be kept under reivew.

N/A	New Referrals: Cases deemed high risk, particularly those that fit within the Crisis Team and AMHT, will have an assessment and be followed up as deemed clinically appropriate Existing Clients: All clinicians within the Service are currently RAG rating their cases based on risk/need, so there is shared understanding of clinical prioritisation and plans can be developed to ensure young people are managed in a safe way through the crisis. This should continue to be monitored. Particular risk around CYP need CAMHS support, but virtual contingencies in place.
N/A	
N/A	The service are prioritising cases where there is risk. Crisis support directed to ELFT

N/A	Contingency plan activated from Tuesday 17th March The service are prioritising cases where there is risk. Urgent or risk related referrals will be seen by the team. 'Kooth' online CAMHS live from 01st April for 11 year olds +. Crisis support directed to ELFT
N/A	Contingency plan activated from Tuesday 17th March The service are prioritising cases where there is risk. Urgent or risk related referrals will be seen by the team. 'Kooth' online CAMHS live from 01st April for 11 year olds +. Crisis support directed to ELFT

N/A	Contingency plan activated from Tuesday 17th March The service are prioritising cases where there is risk. Urgent or risk related referrals will be seen by the team. 'Kooth' online CAMHS live from 01st April for 11 year olds +. Crisis support directed to ELFT
	RAG Ratings are being carried out for all young people in the service. The service will send a weekly update to each borough's ACDs, Consultants and Care coordinators.

	Needs to be kept under review - key risks around peri-natal women in isolation and those with exiisitng mental heath. Midwidery new birth visits still in place F2F for most vulnernable.

	Blue - complete, decision made or not needed
	Urgent - decision needed within 24 hours
	Moderately urgent - decision in 2-3 days
	Lower urgency - decision within 5 days

Risk (Score)	Urgency of need for approval.(Please see RAG rating key above)	Date shared with NEL Incident Room	Sent to NeEL Incident Room for decision or informaiton (dropdown)
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed	N/A	
Low	Blue - complete, decision made or not needed		

Med - High	Lower urgency - decision within 5 days		
Med	Lower urgency - decision within 5 days		
Low	Blue - complete, decision made or not needed		

	Blue - complete, decision made or not needed		
Med	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		

Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		

Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		

Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		

Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		
Low	Blue - complete, decision made or not needed		

Low	Blue - complete, decision made or not needed	N/A	
Low	Blue - complete, decision made or not needed		
High	Blue - complete, decision made or not needed		
High	Blue - complete, decision made or not needed		

Med	Blue - complete, decision made or not needed		
Med	Blue - complete, decision made or not needed		
Med	Blue - complete, decision made or not needed		
Med	Blue - complete, decision made or not needed		

Med	Blue - complete, decision made or not needed		
Med	Blue - complete, decision made or not needed		

Med - High	Lower urgency - decision within 5 days		
Med - High	Lower urgency - decision within 5 days		
Med - High	Lower urgency - decision within 5 days		

Med	Lower urgency - decision within 5 days		
Low	Lower urgency - decision within 5 days		

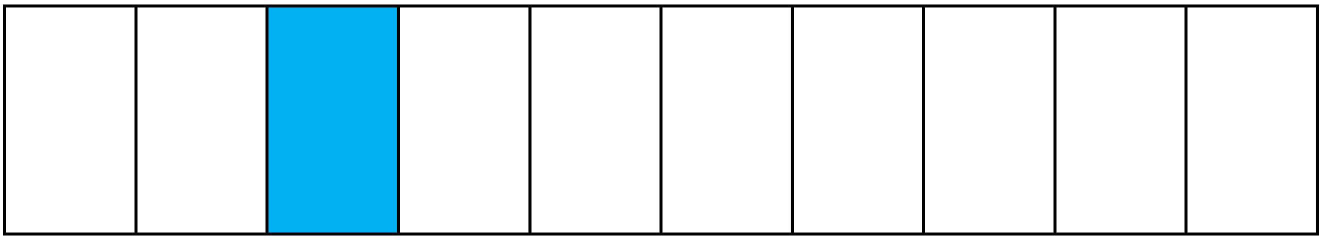
Med	Lower urgency - decision within 5 days		
Med	Lower urgency - decision within 5 days		

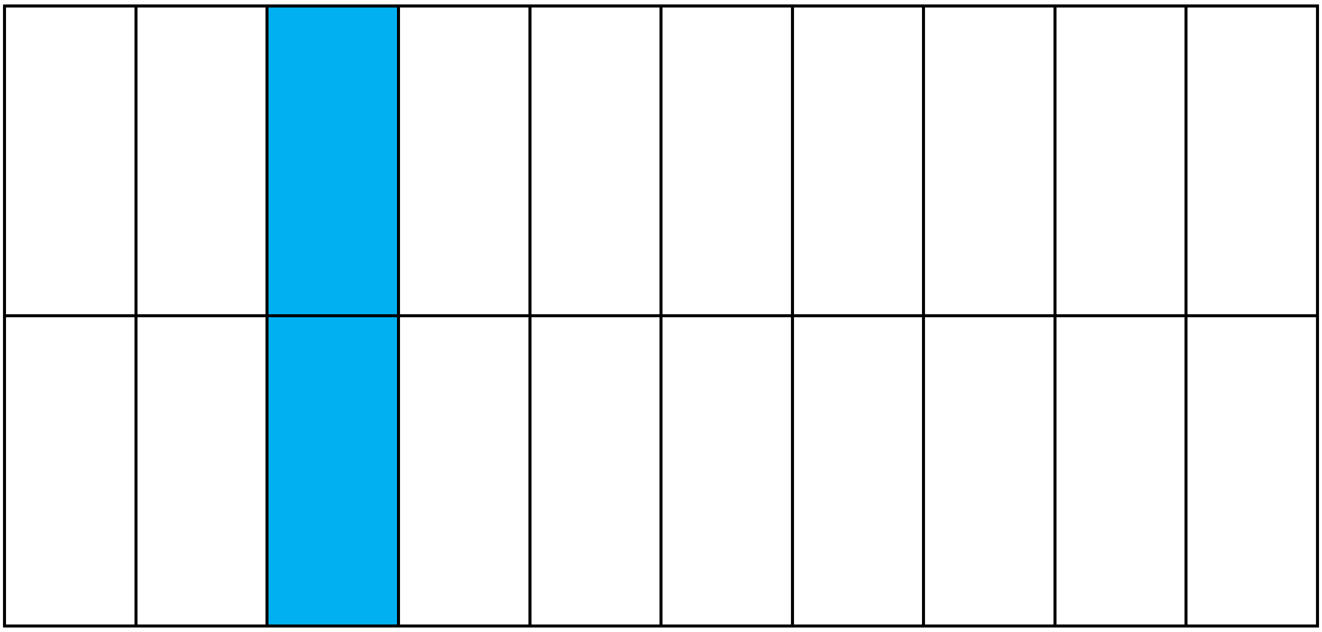
Med	Lower urgency - decision within 5 days		

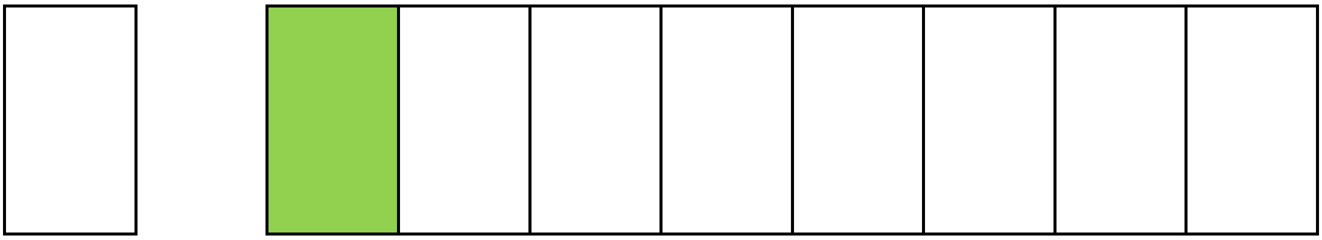
NEL Response	Date of latest update
	01/05/20
	01/05/20
	01/05/20
	01/05/20

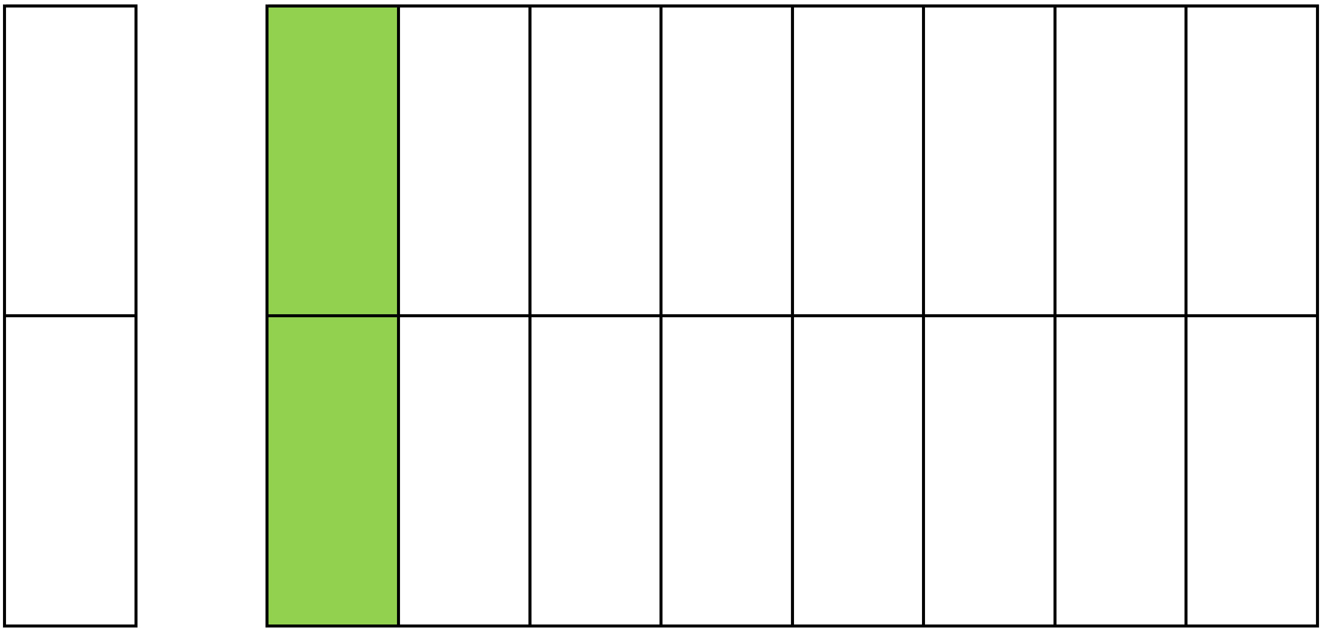
	01/05/20
	01/05/20
	01/05/20

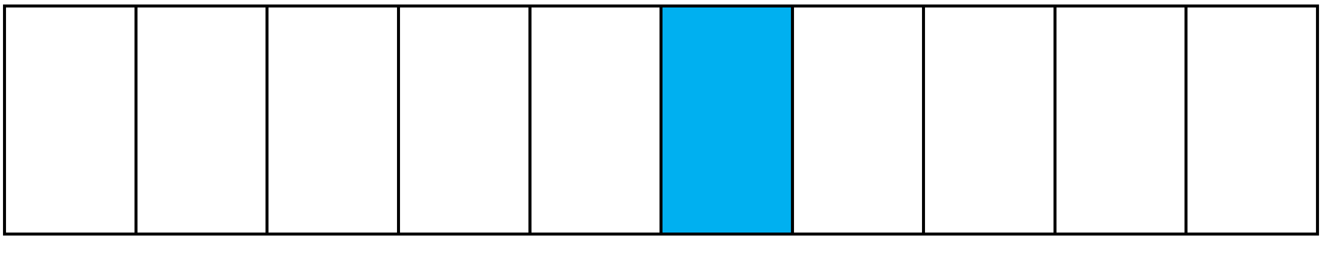
	24/04/20
	24/04/20

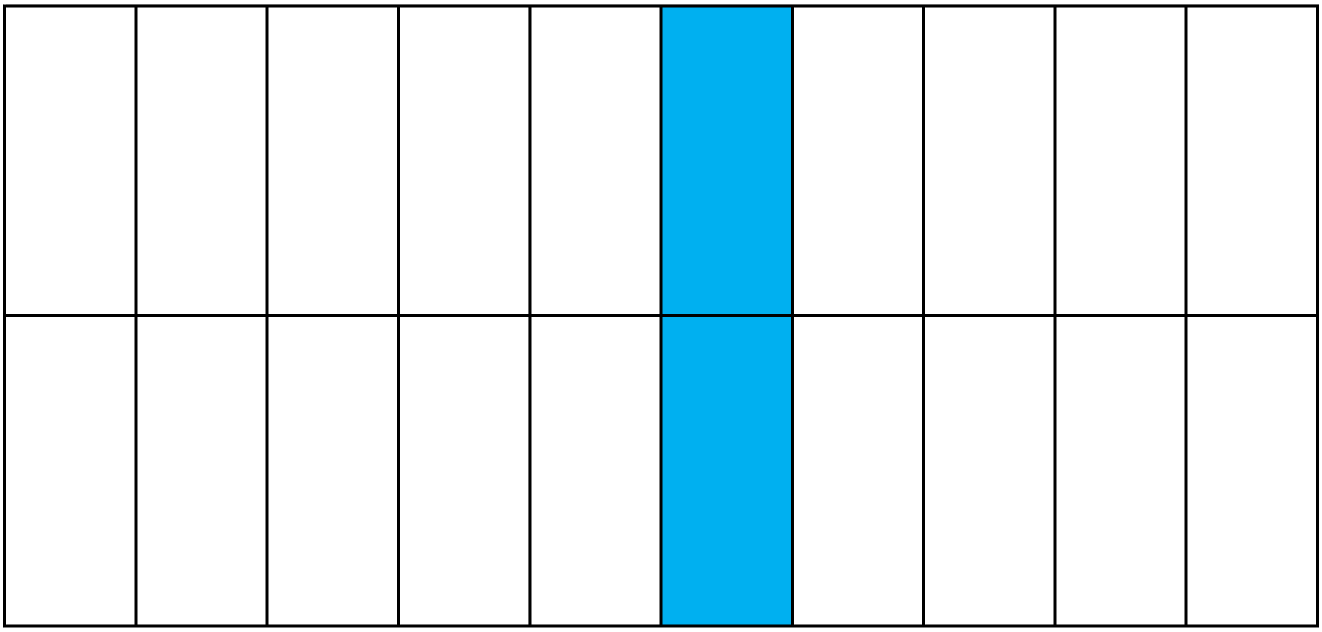


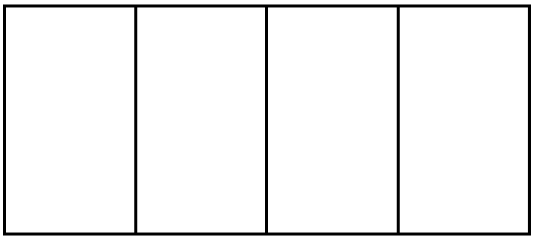


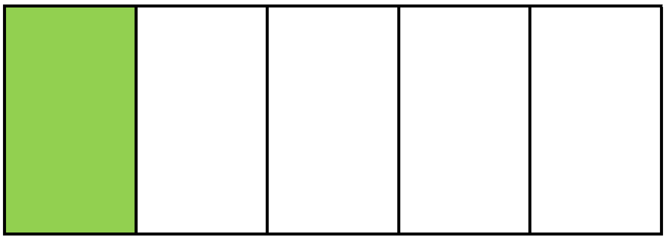


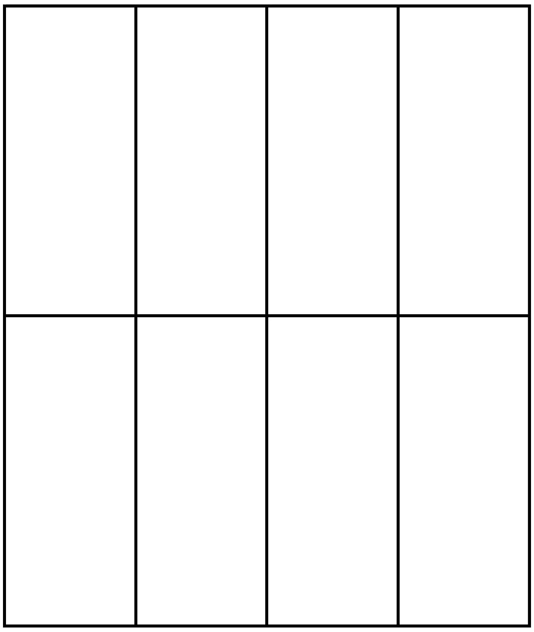


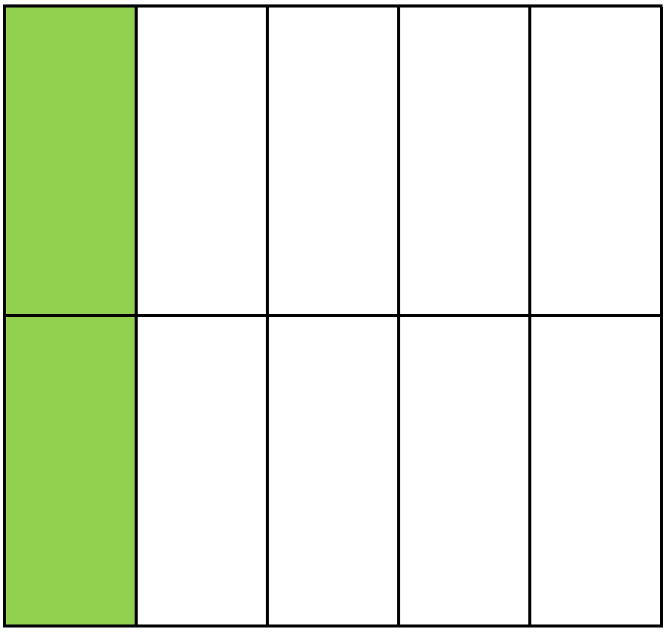


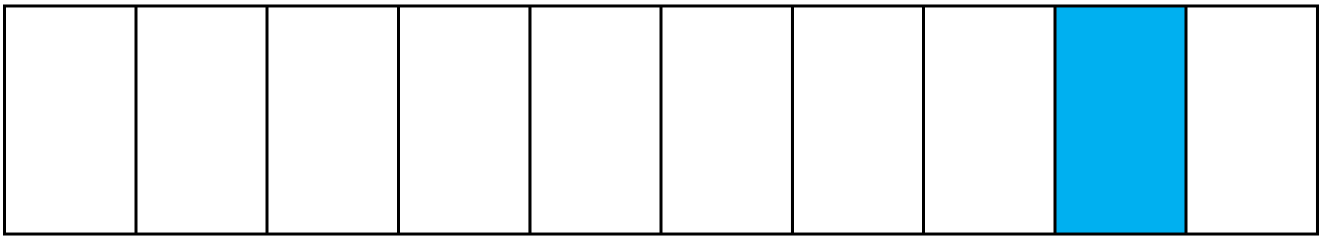


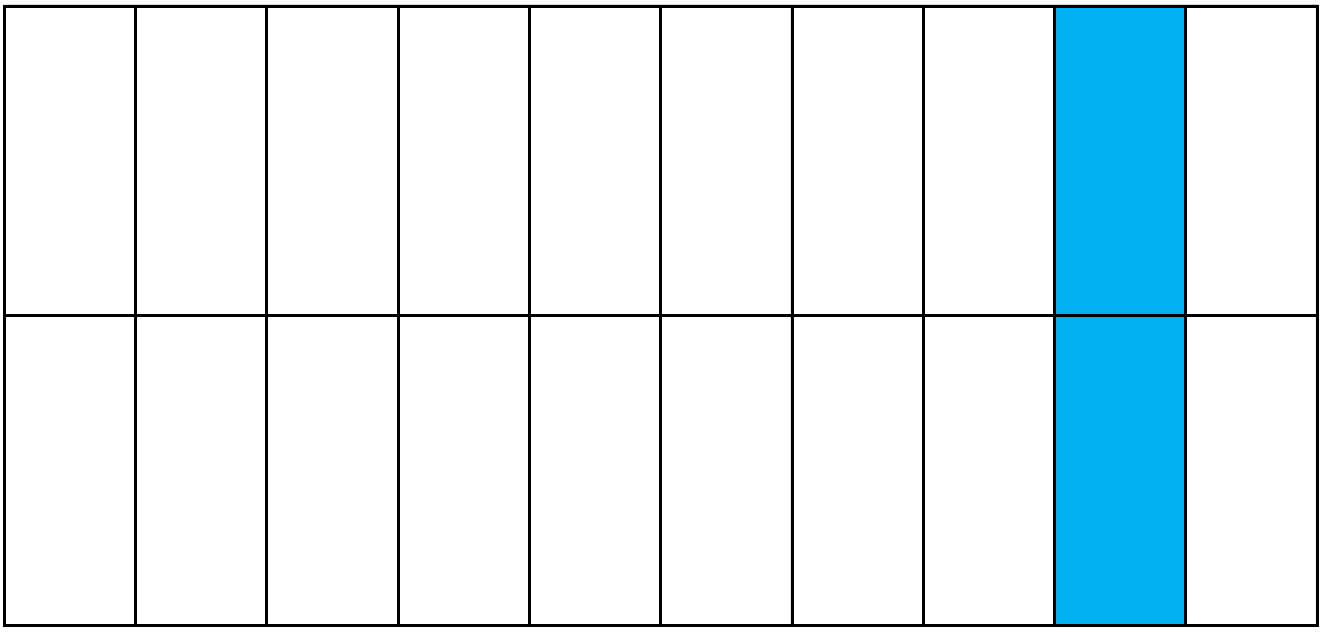


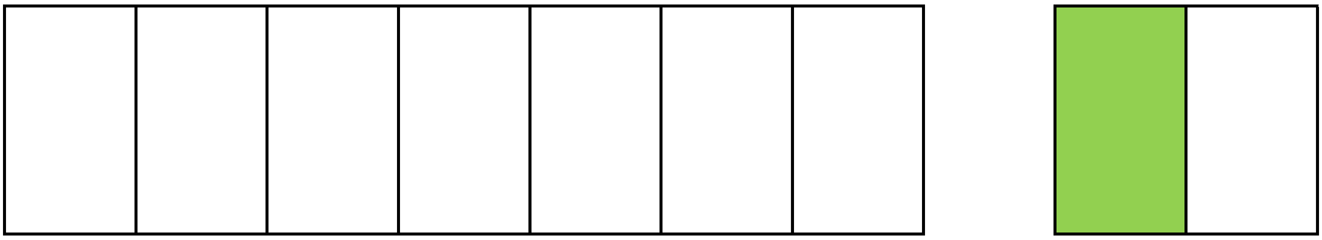


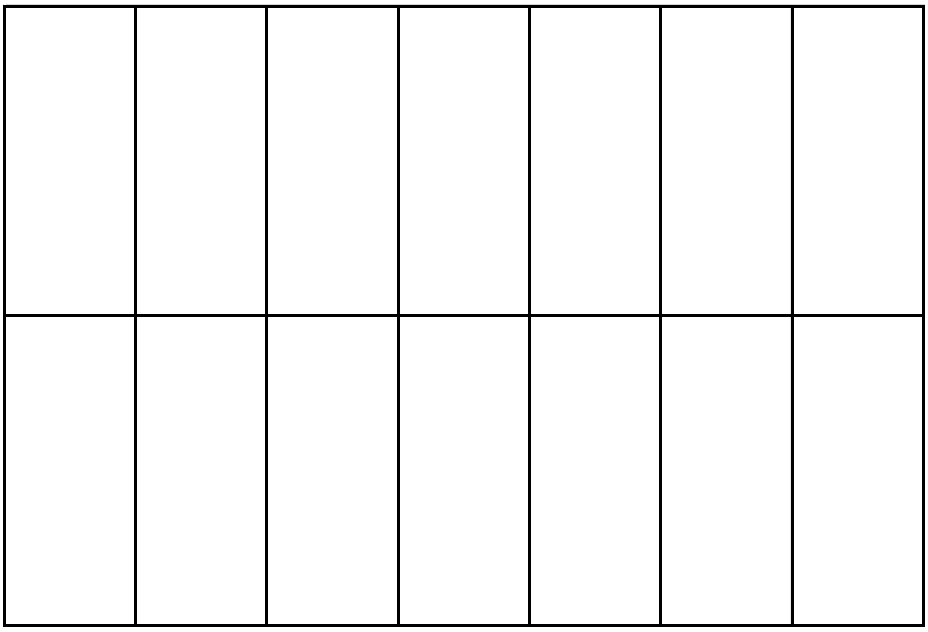


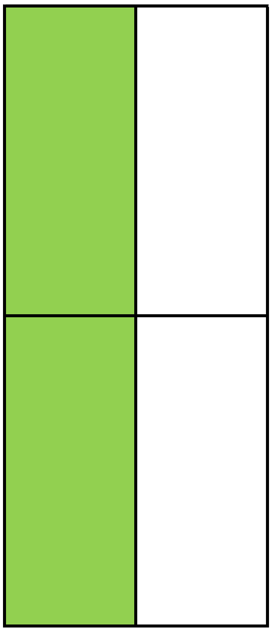


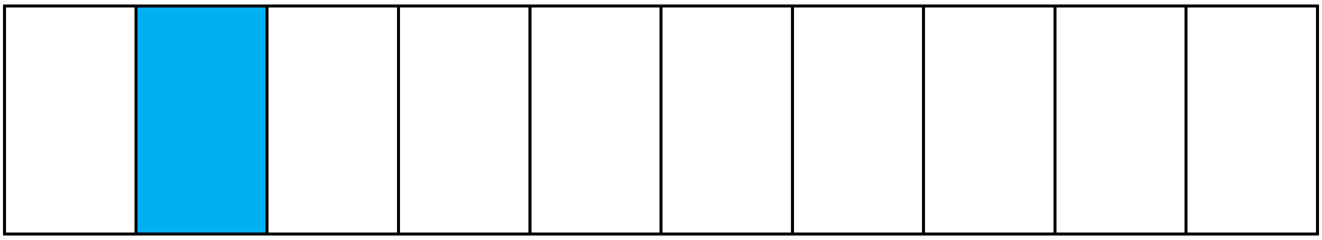


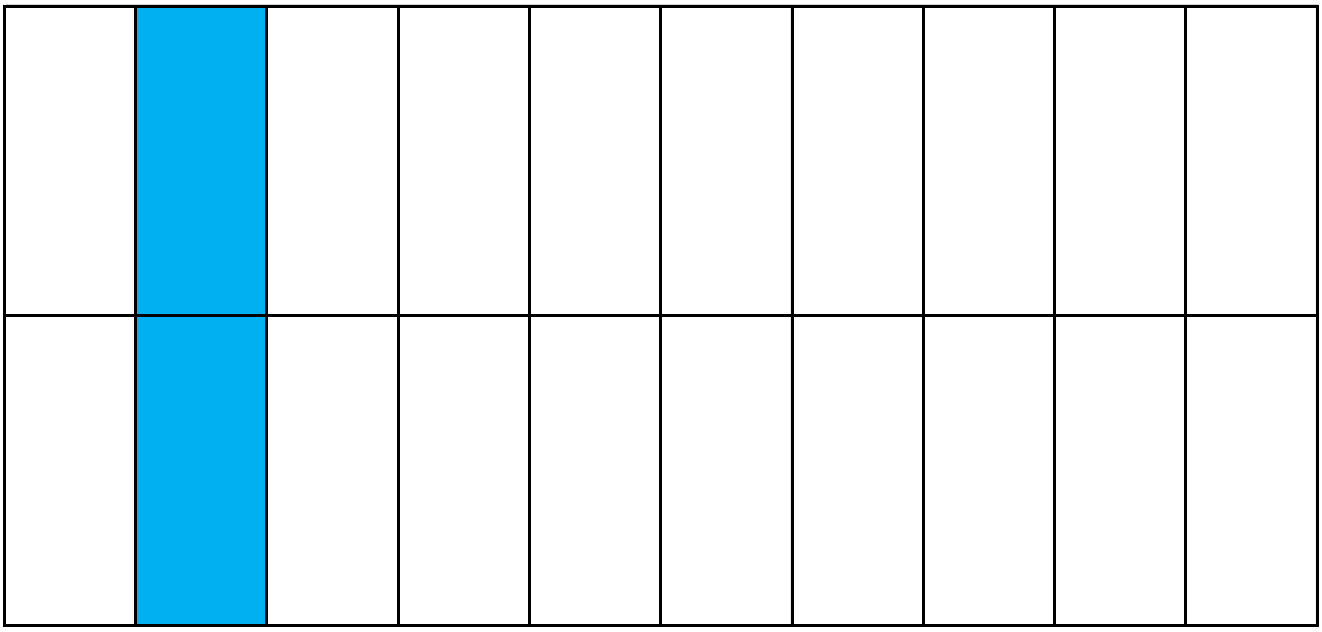


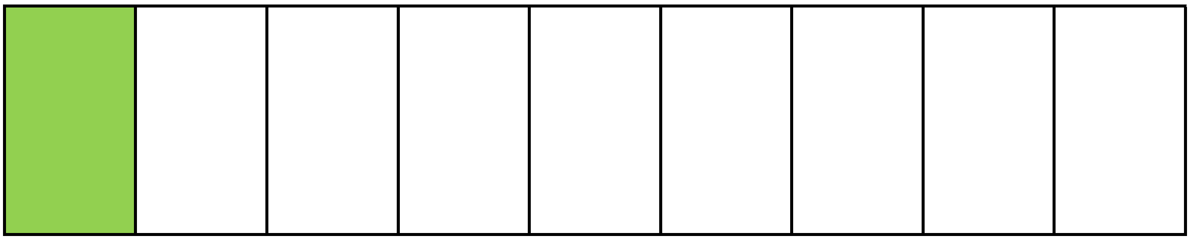


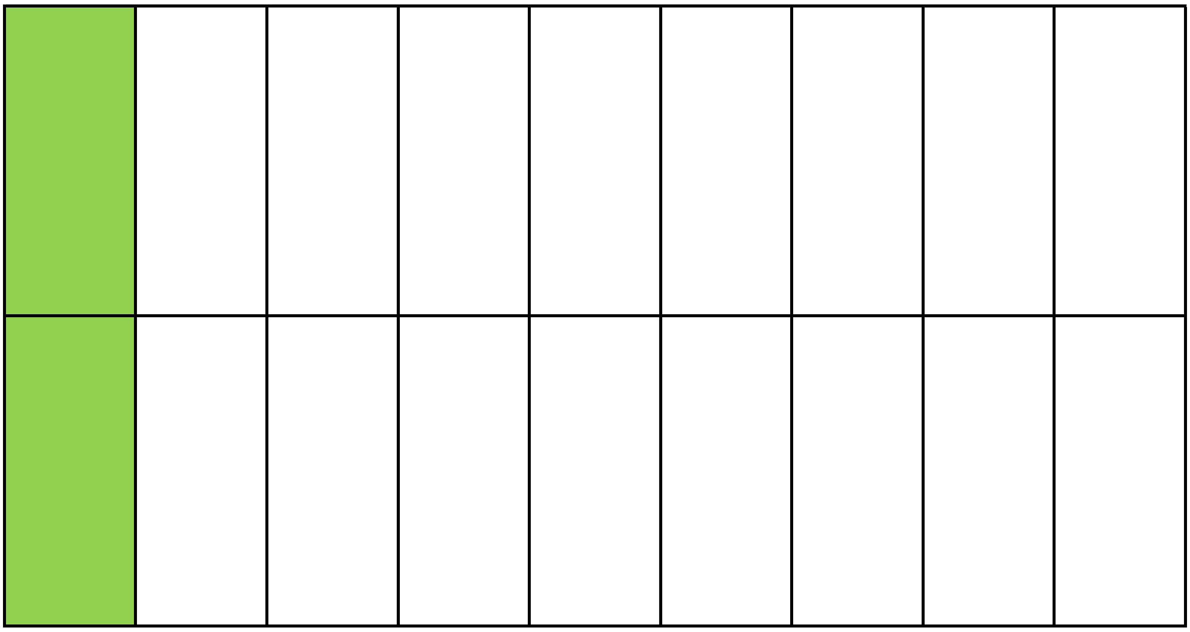


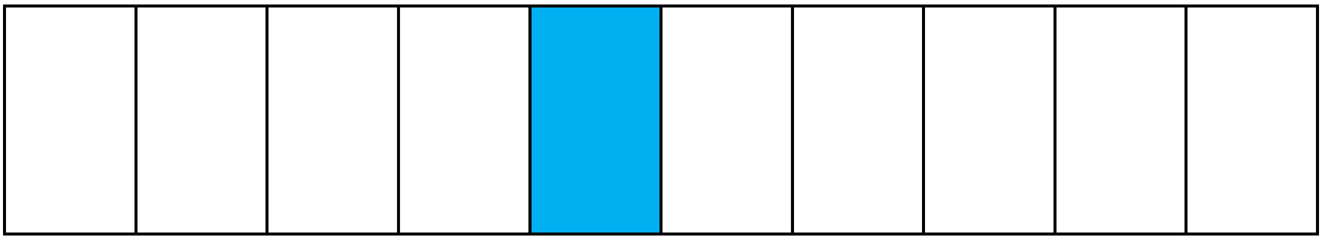


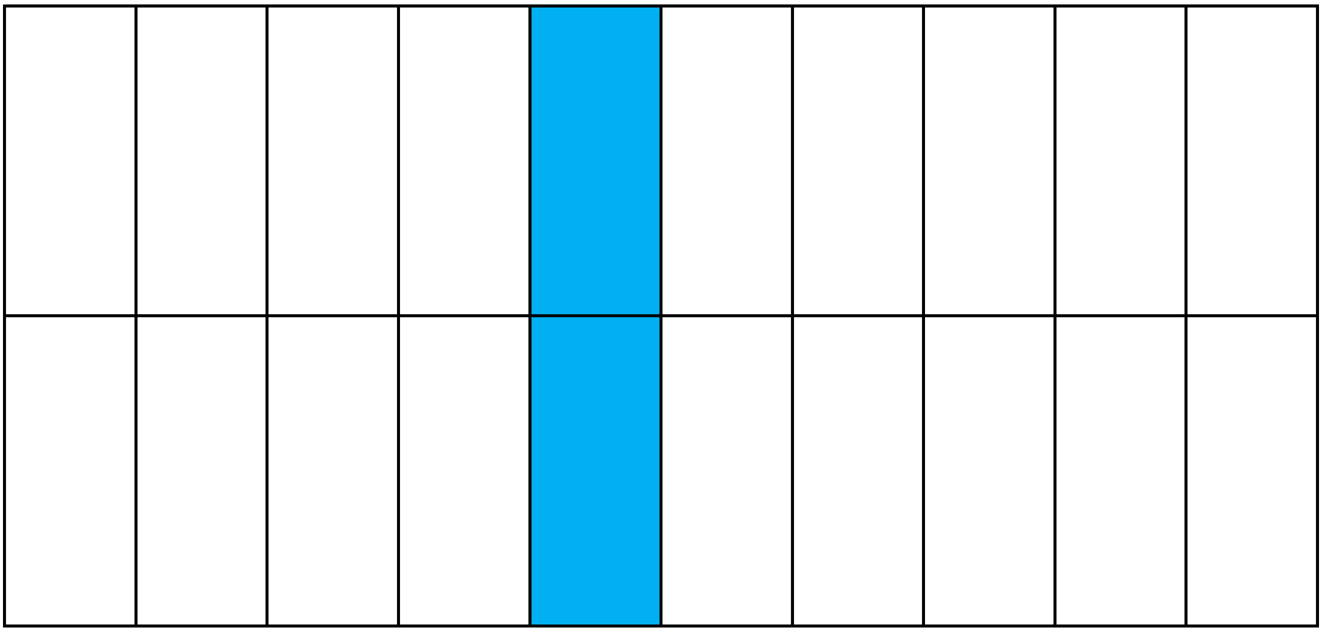


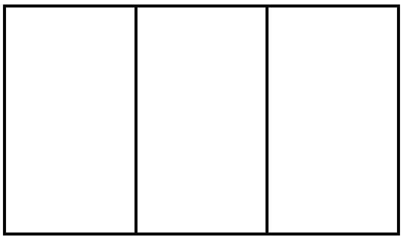


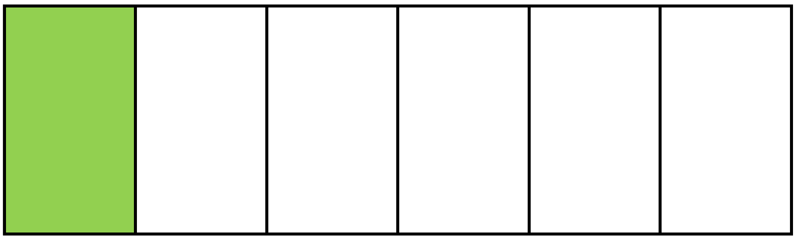


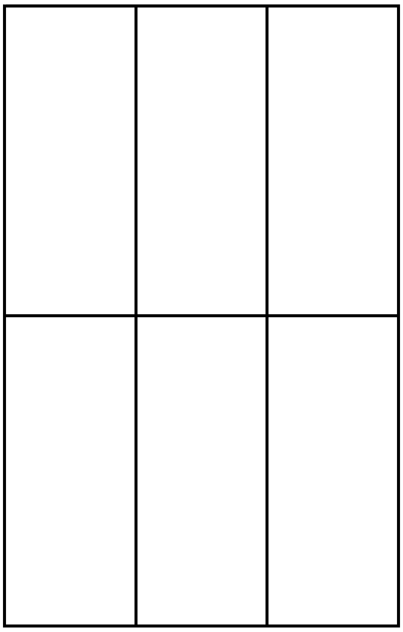


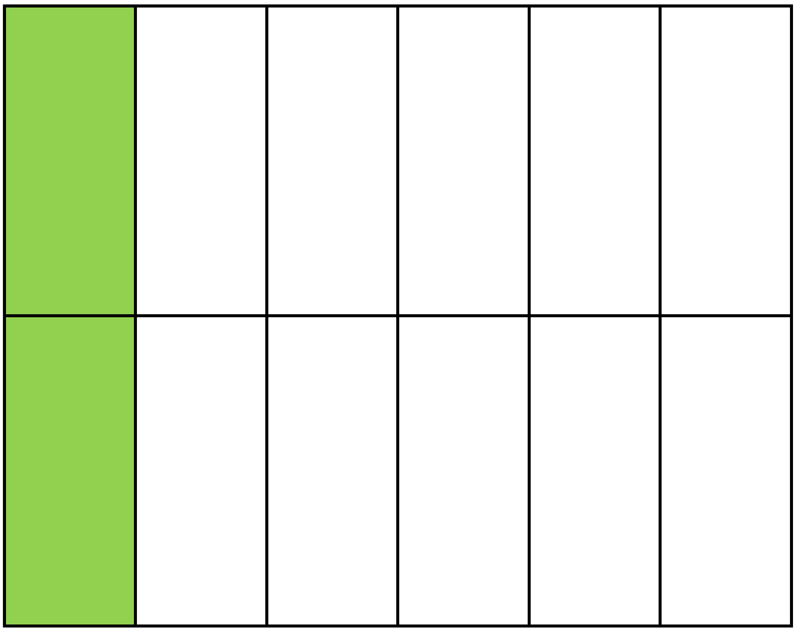


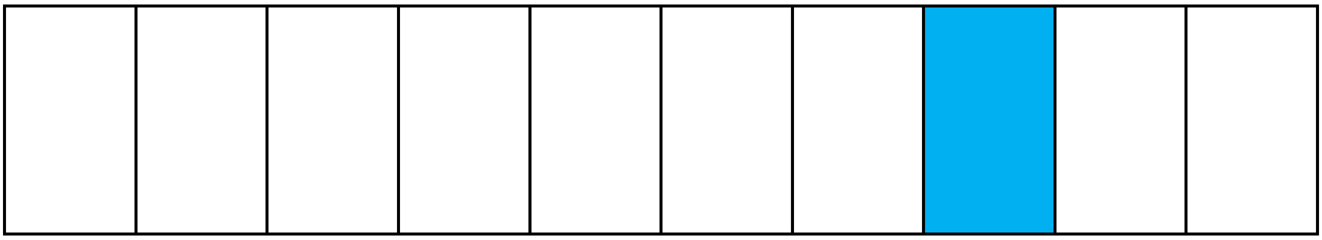


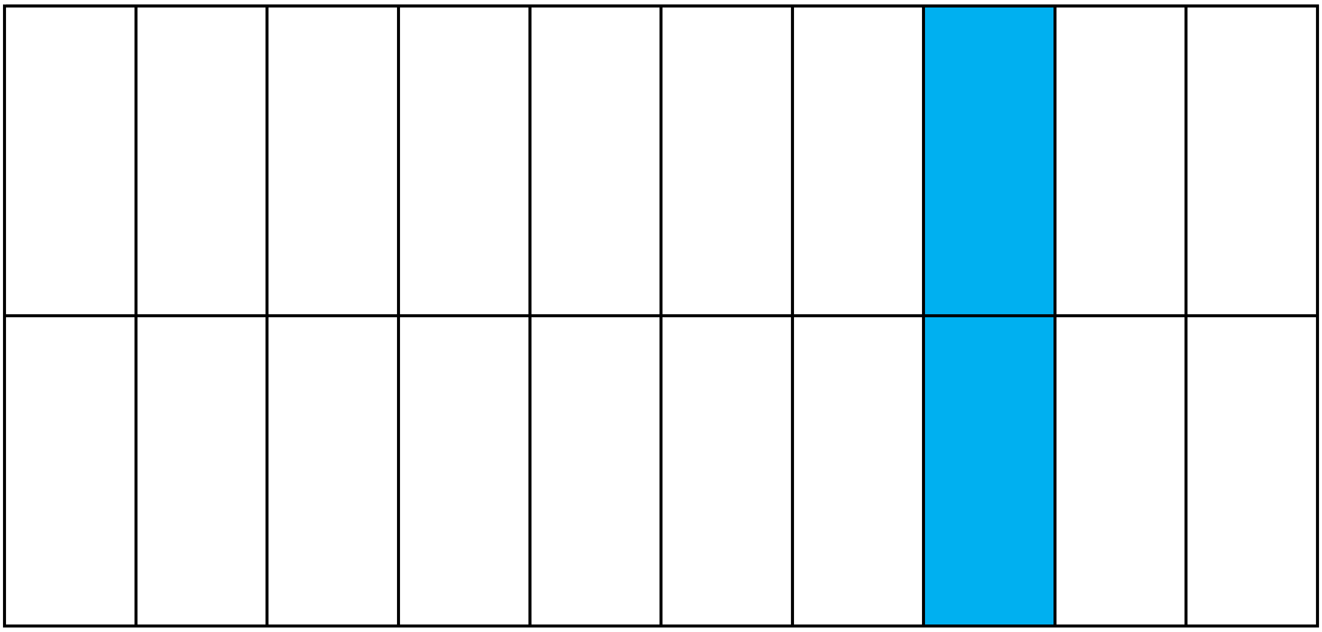


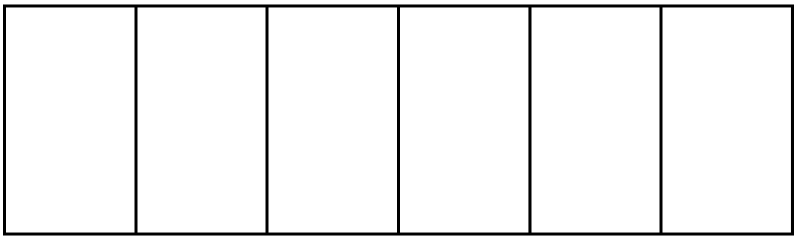


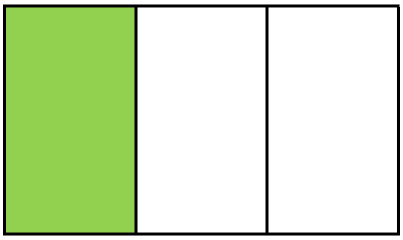


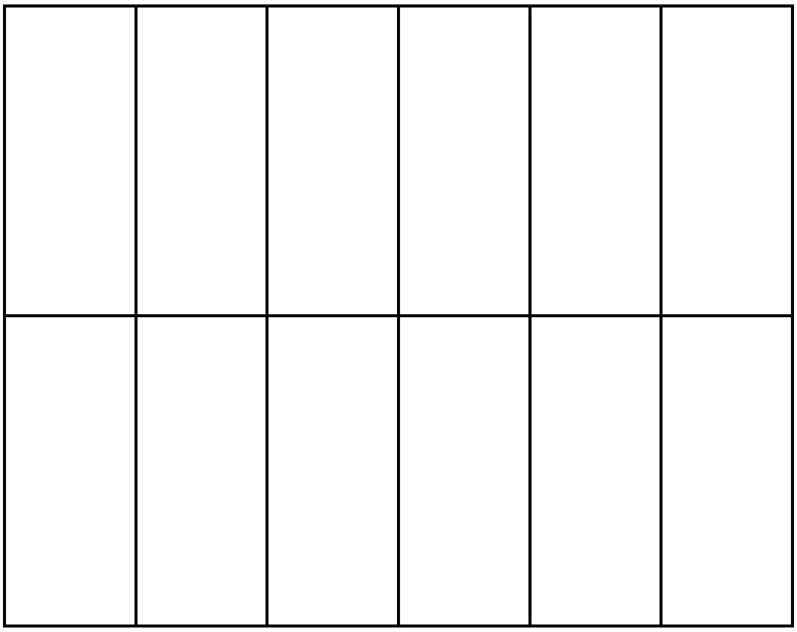


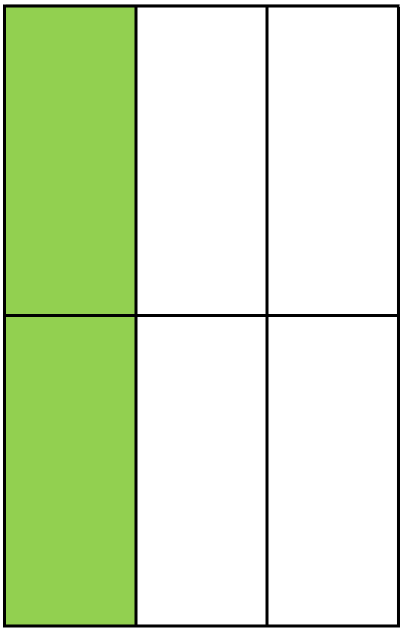


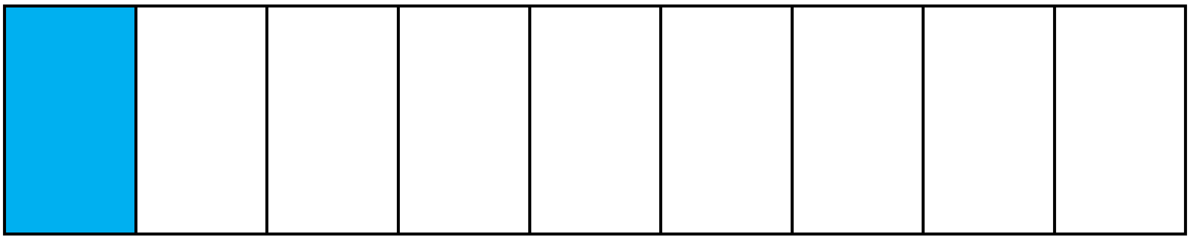


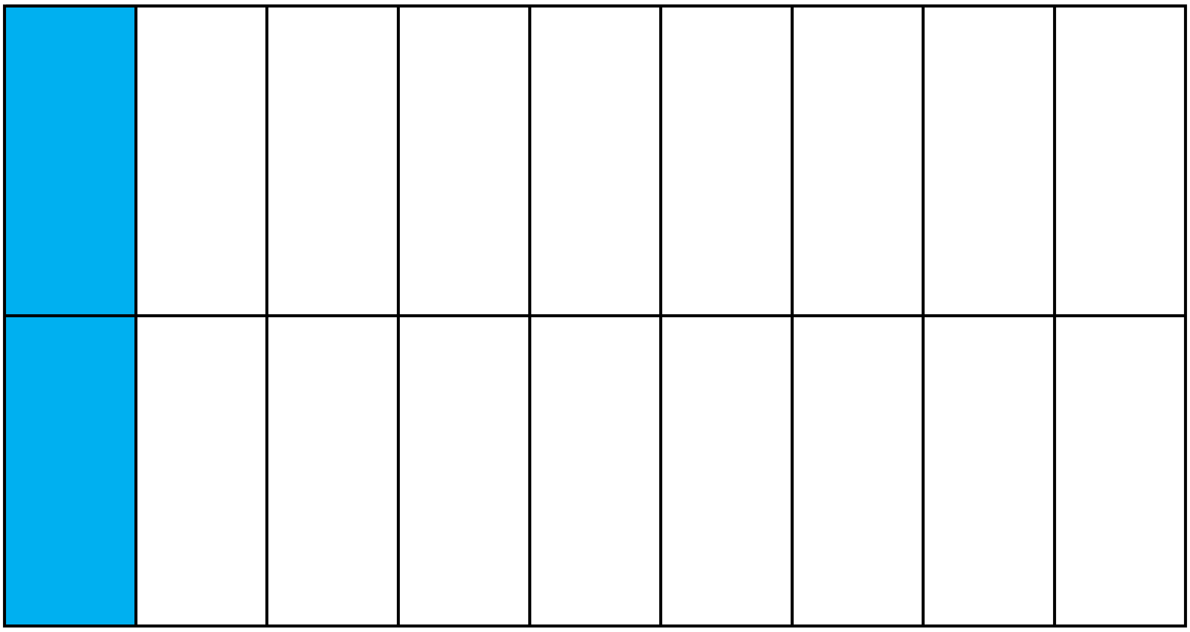


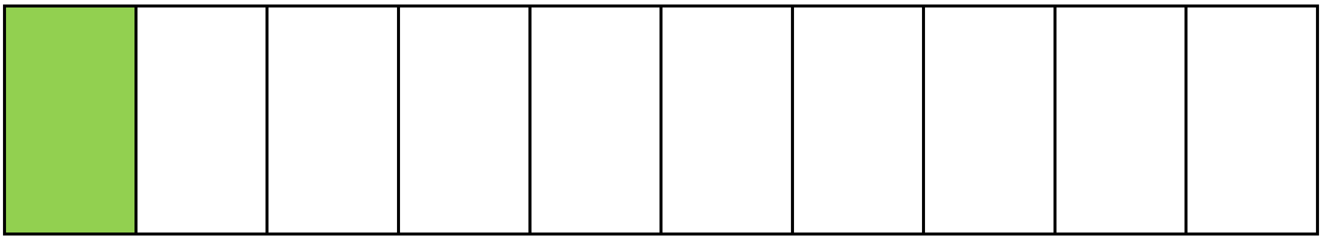


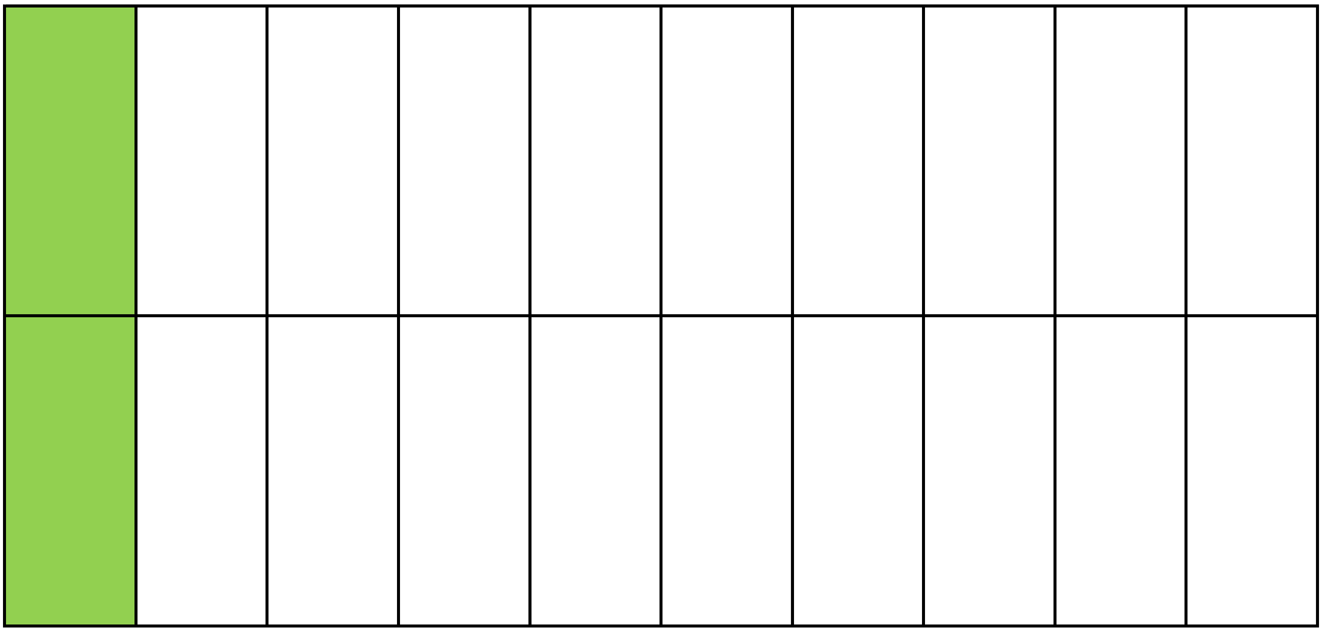


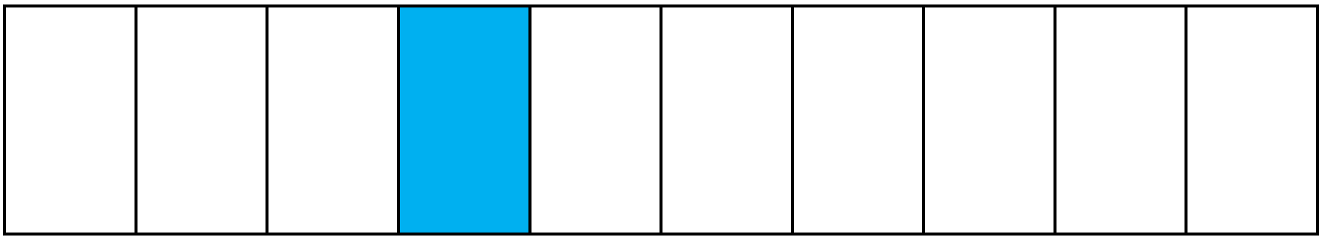


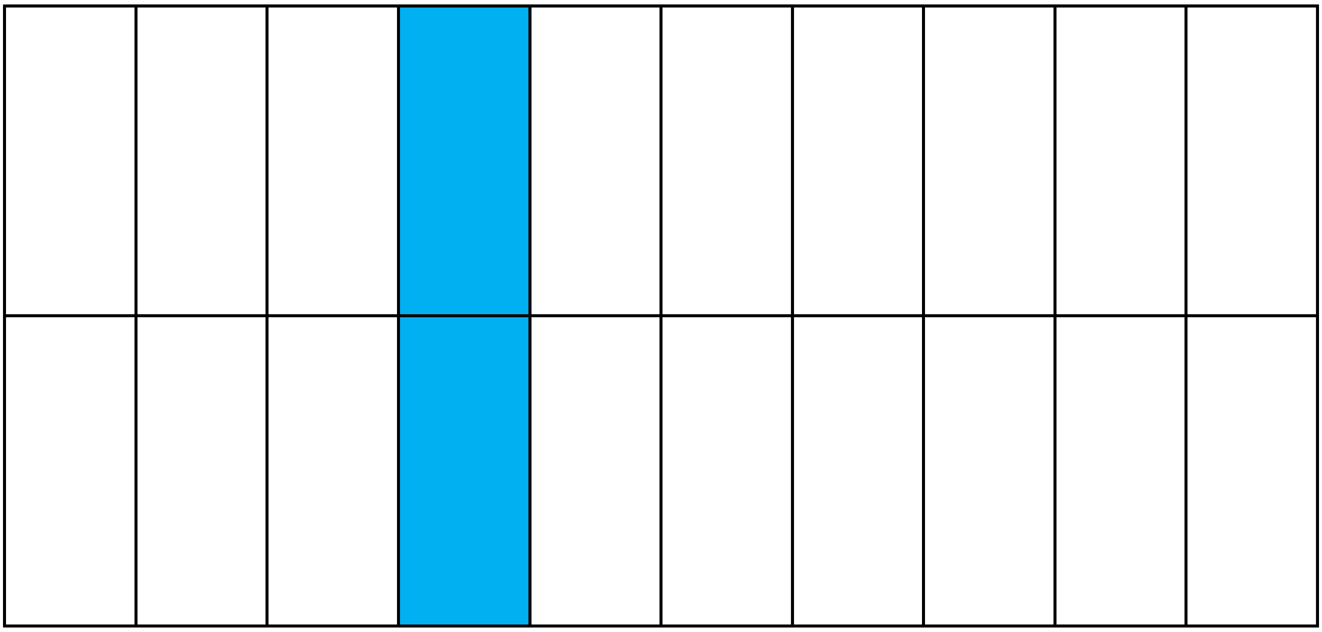


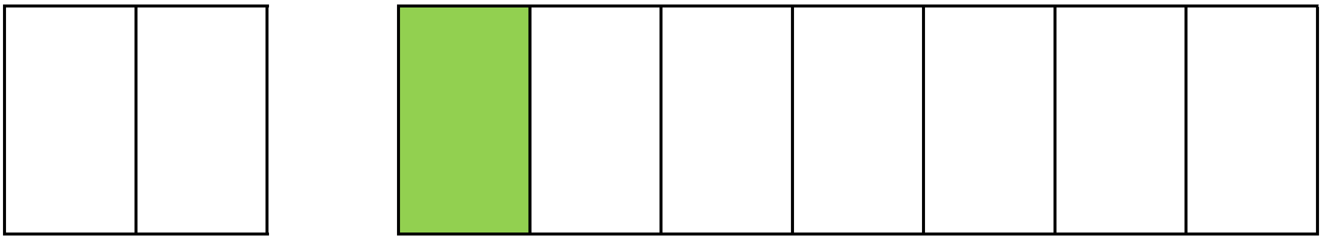


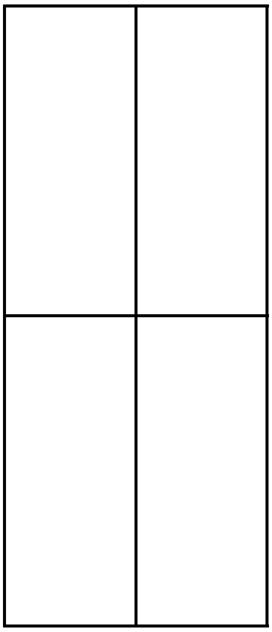


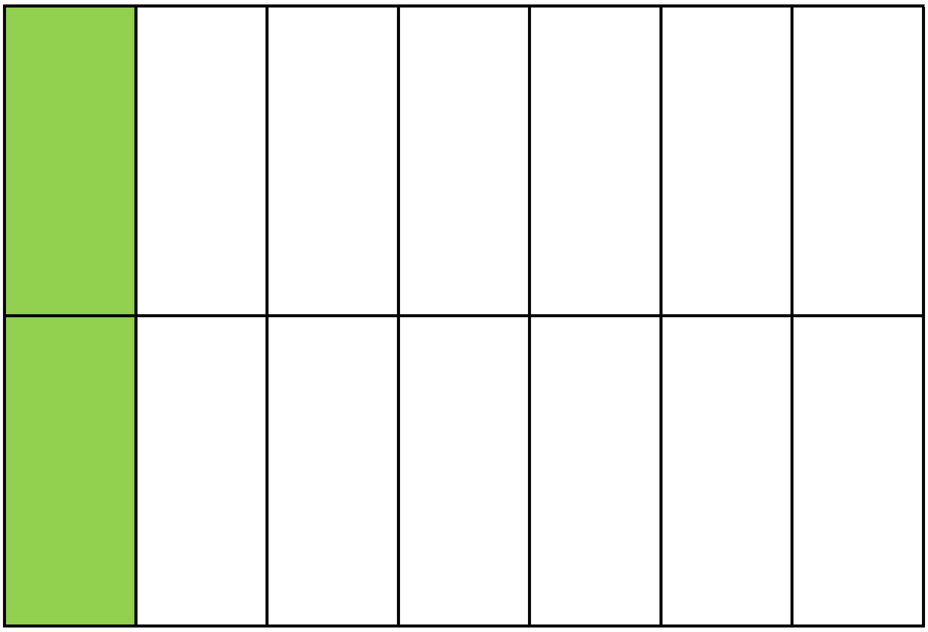


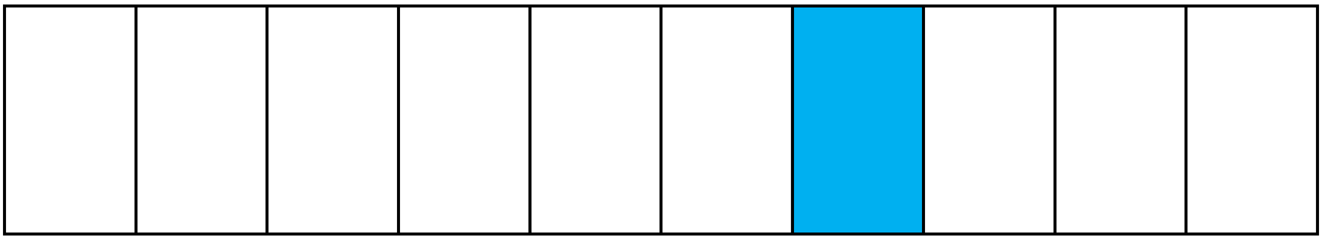


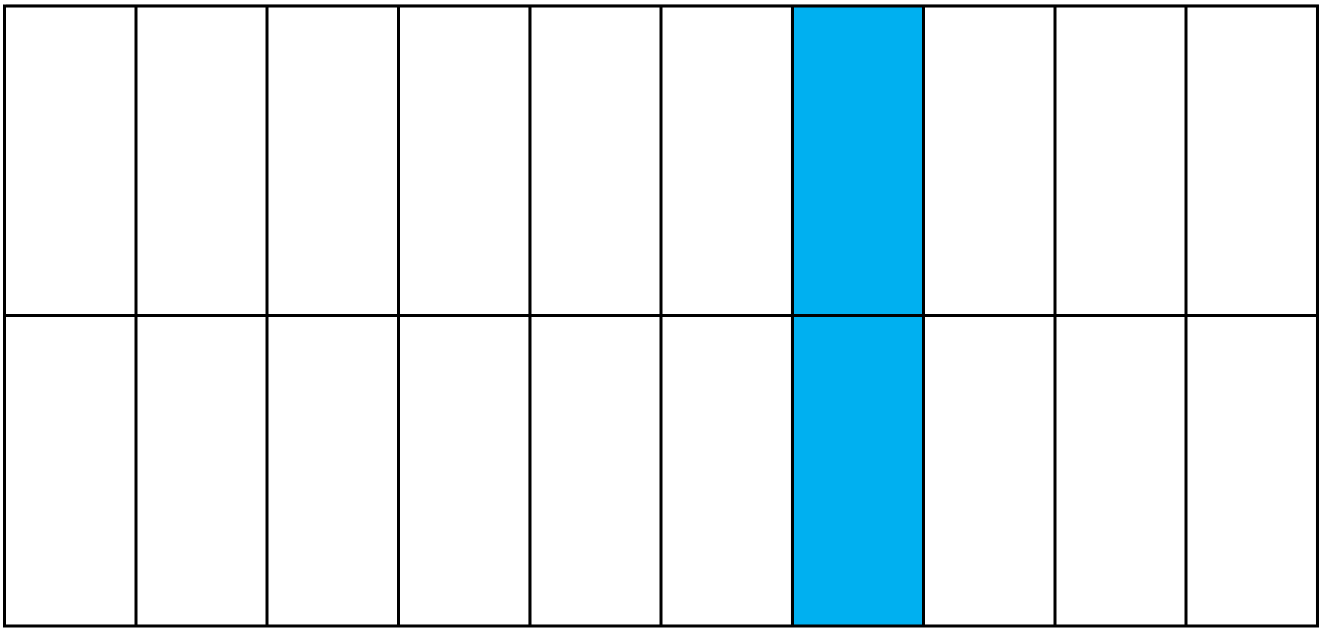


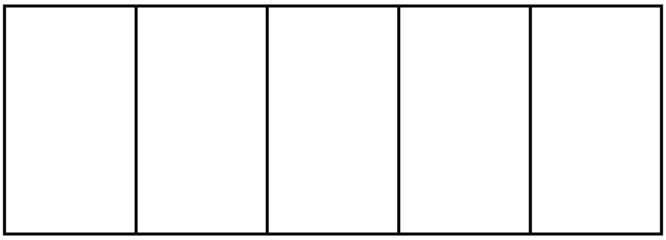


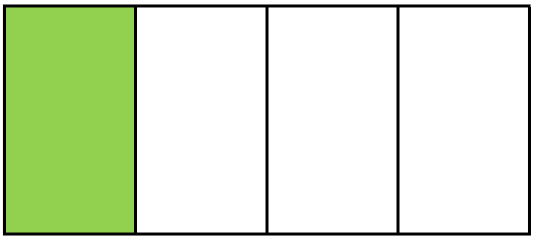


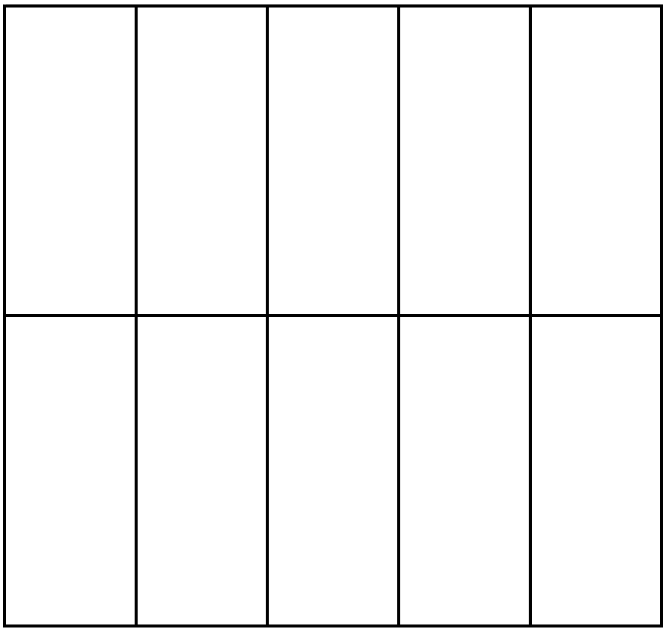


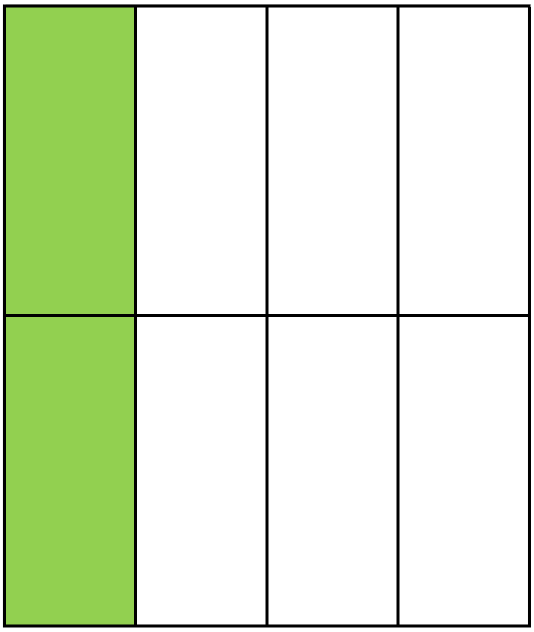


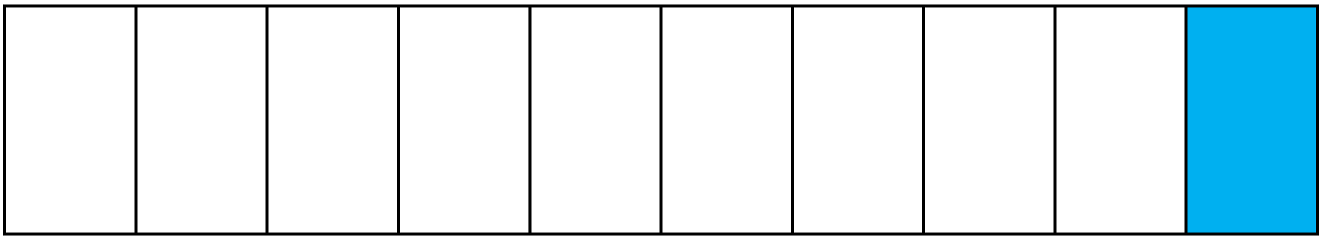


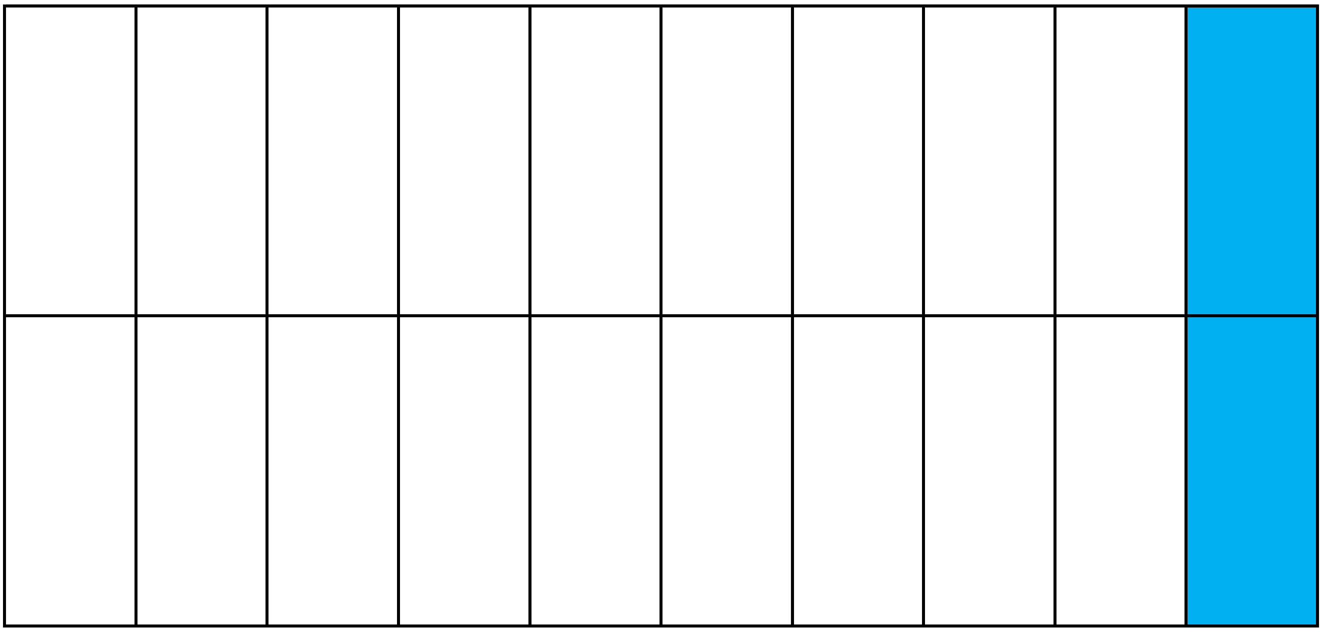


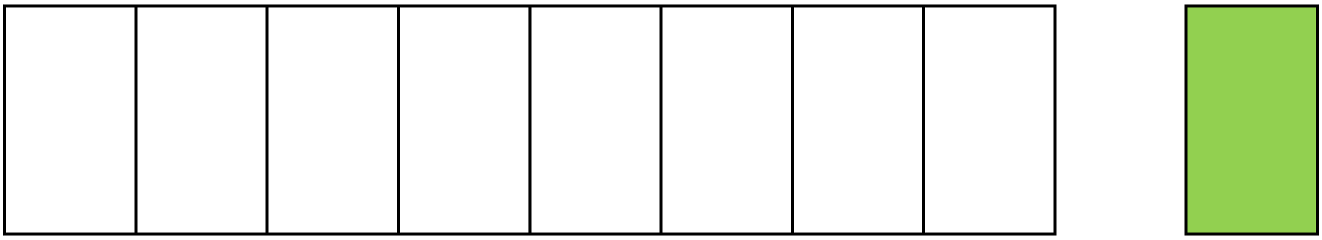


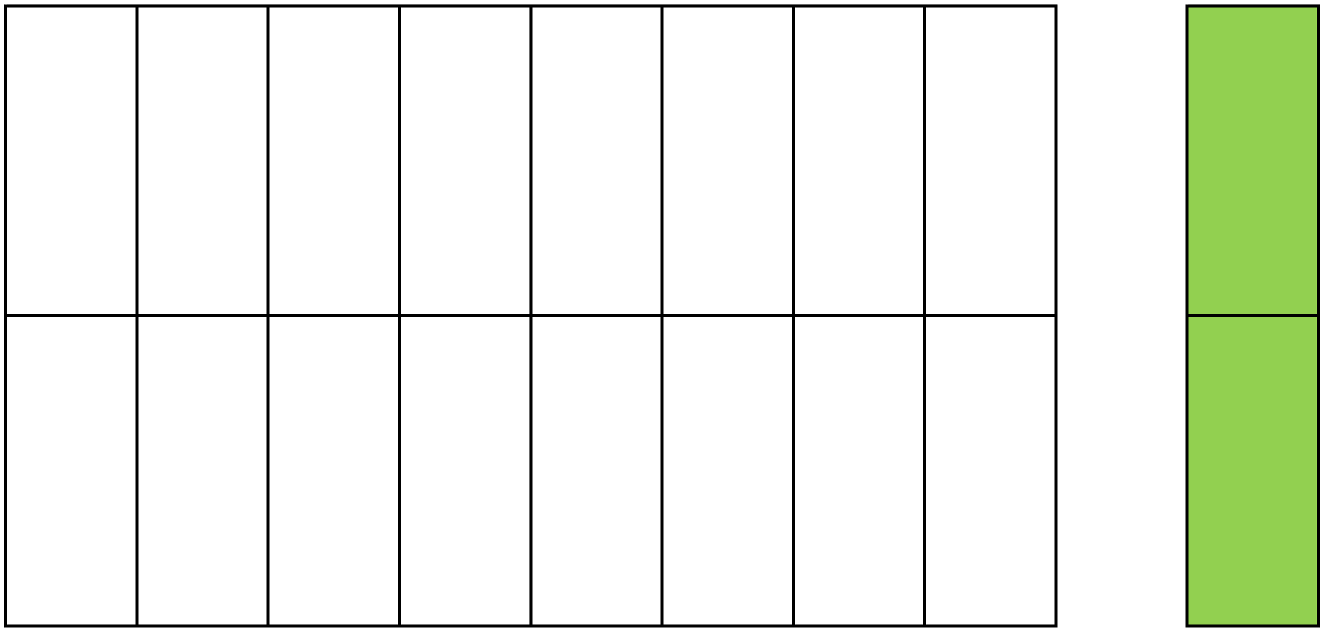


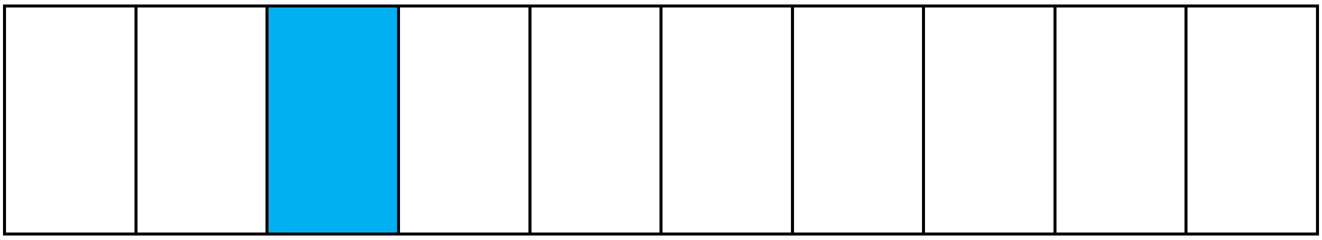


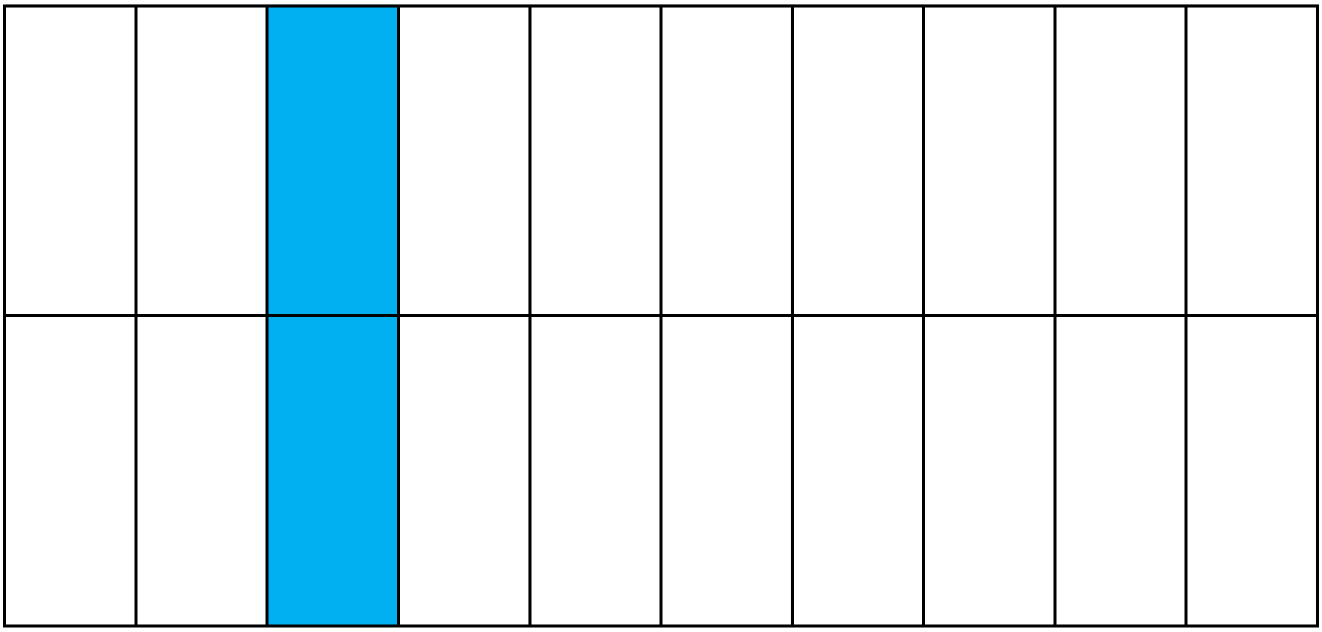


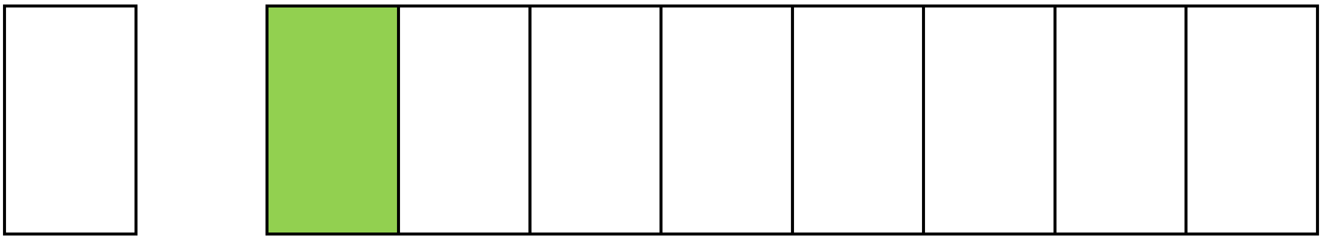


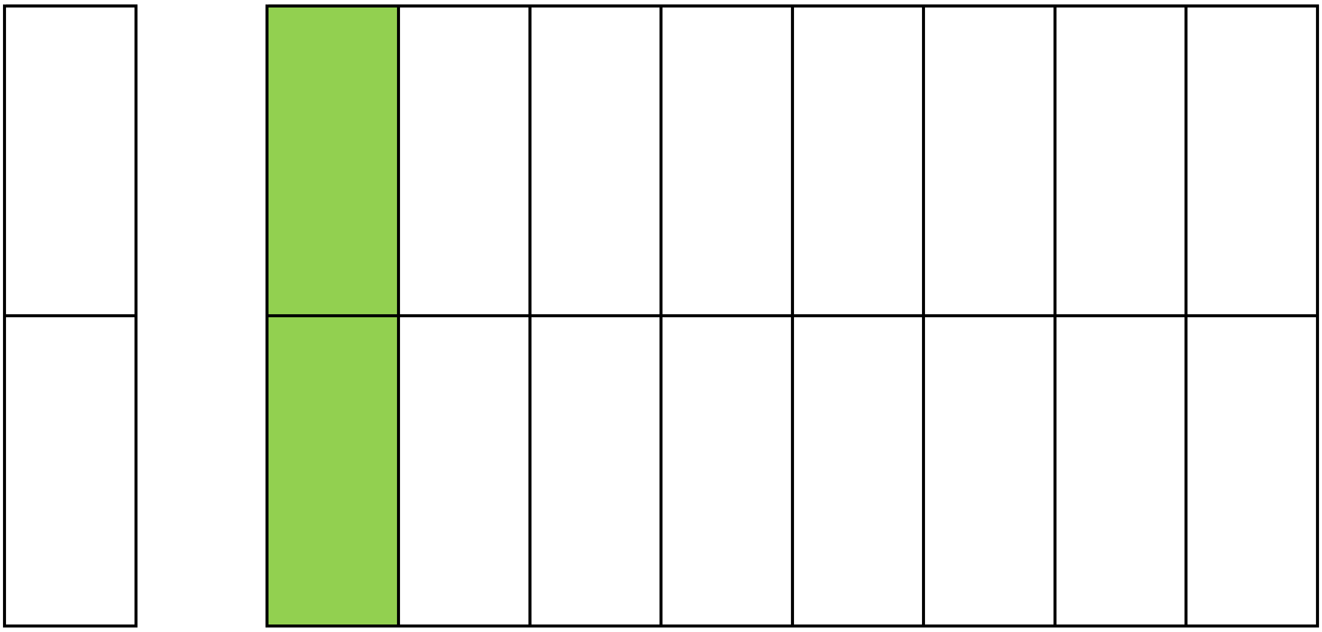


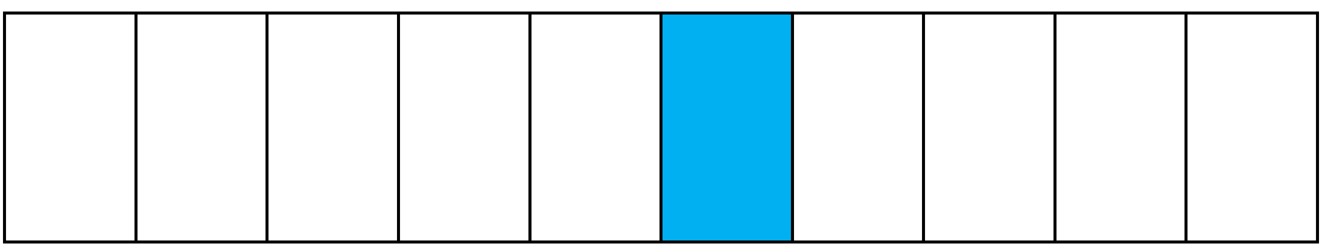


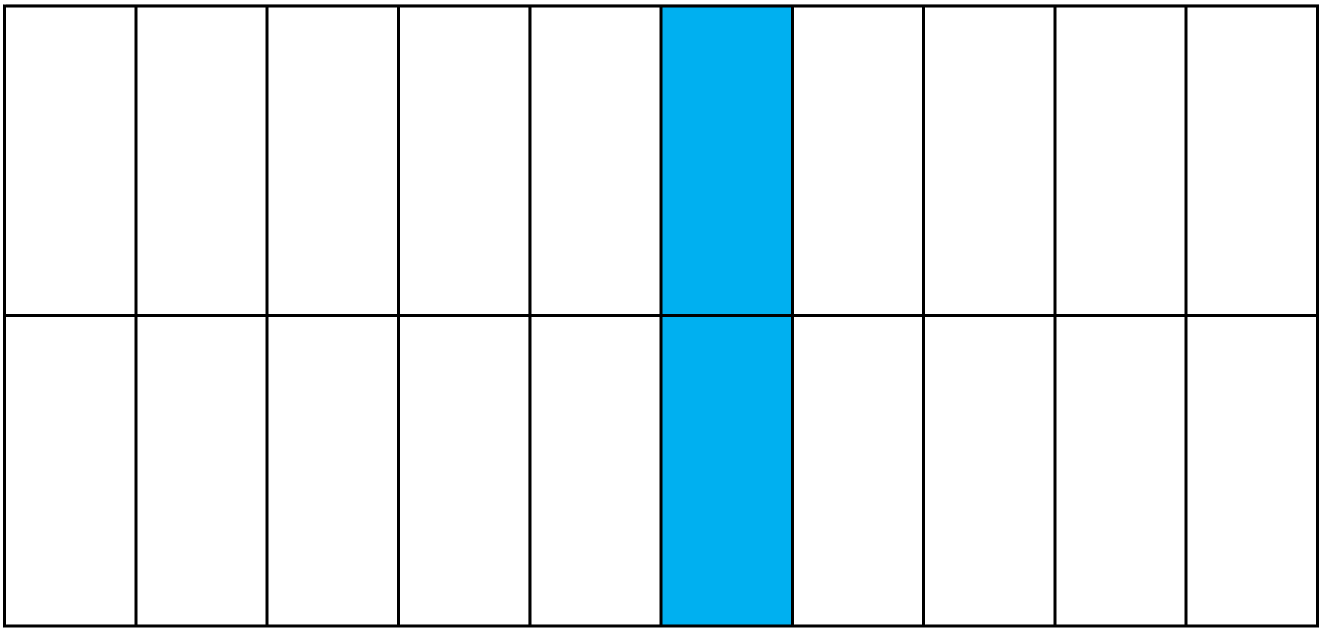


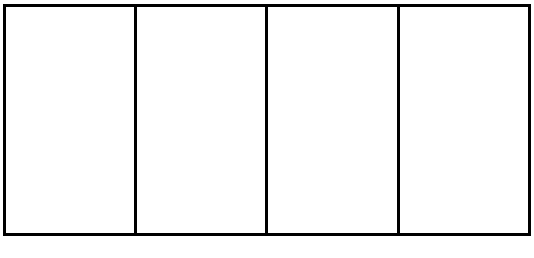


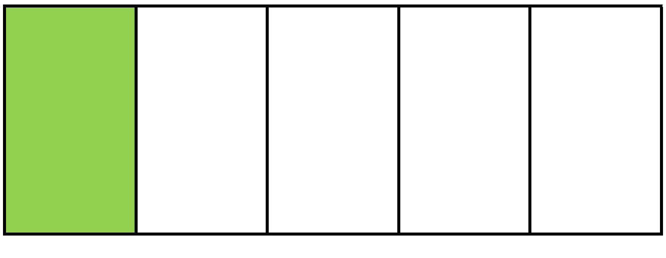


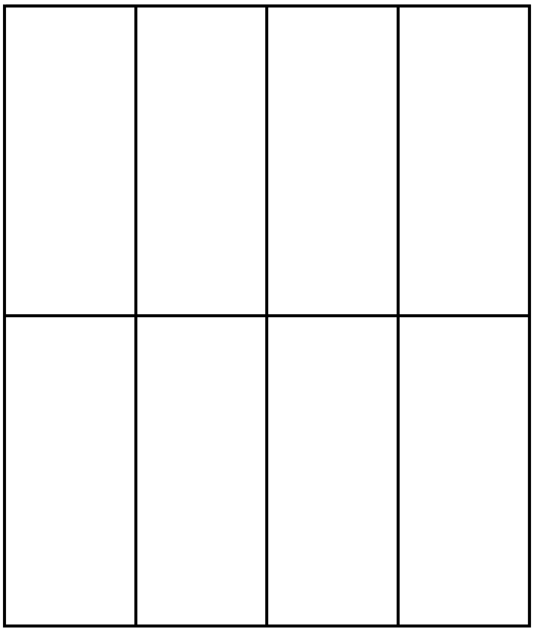


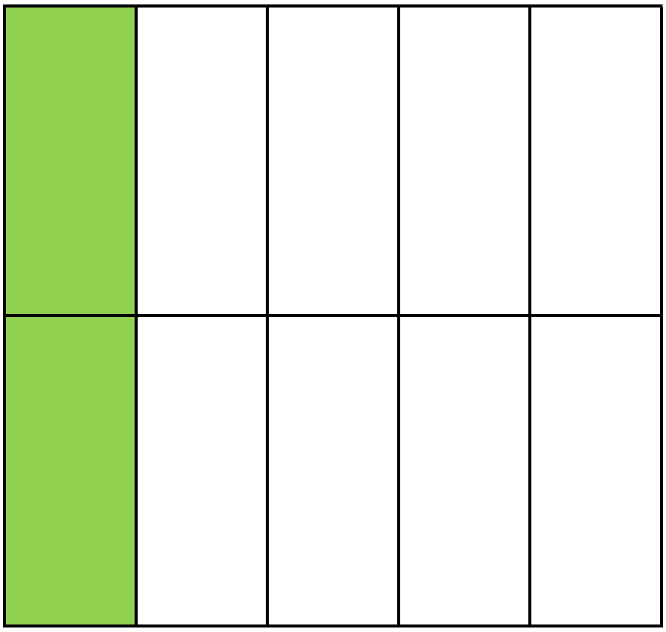


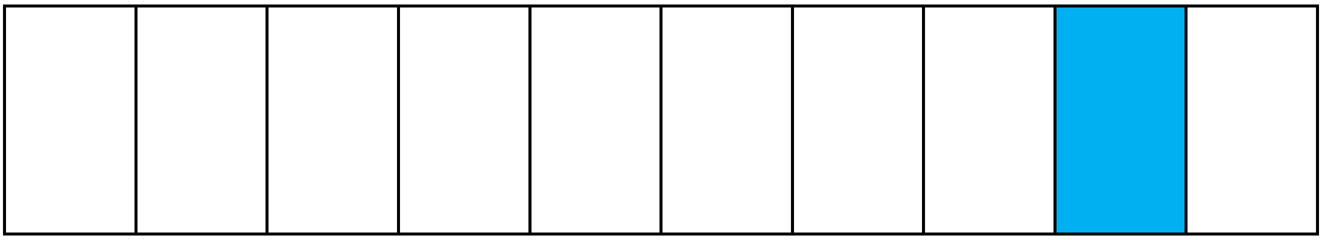


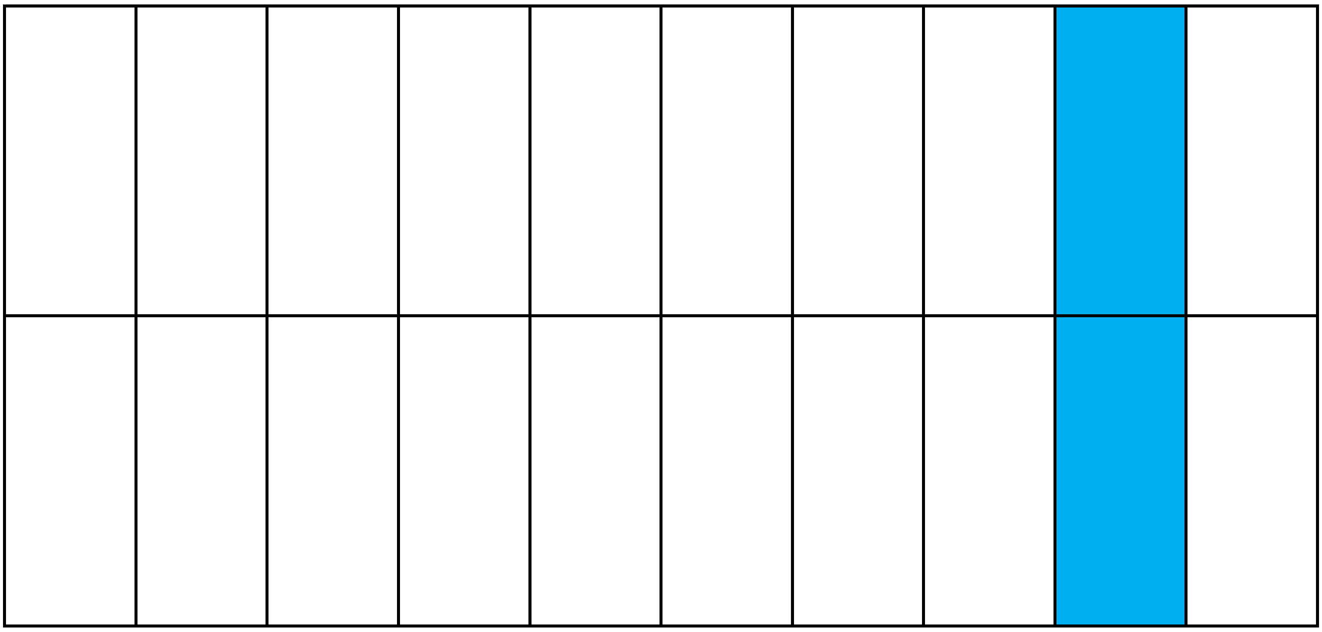


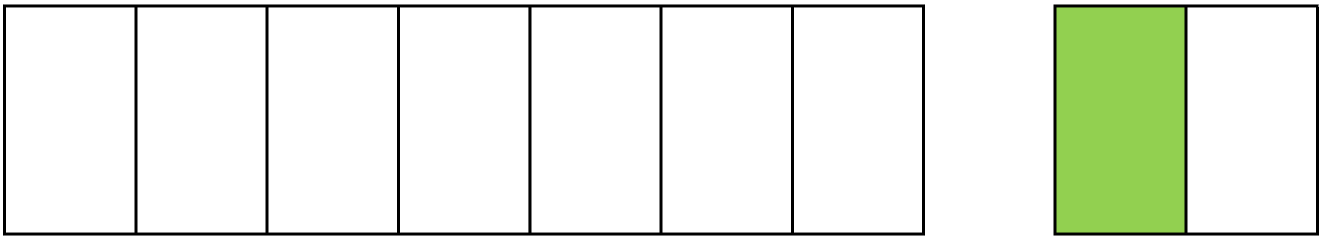


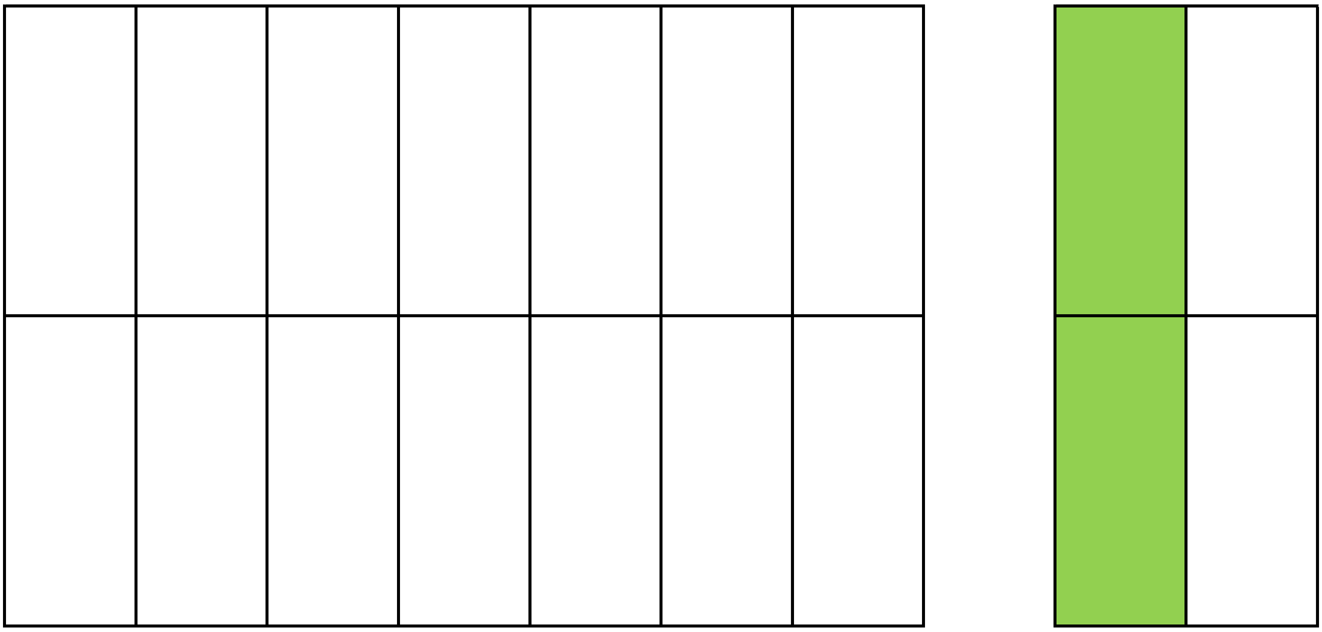


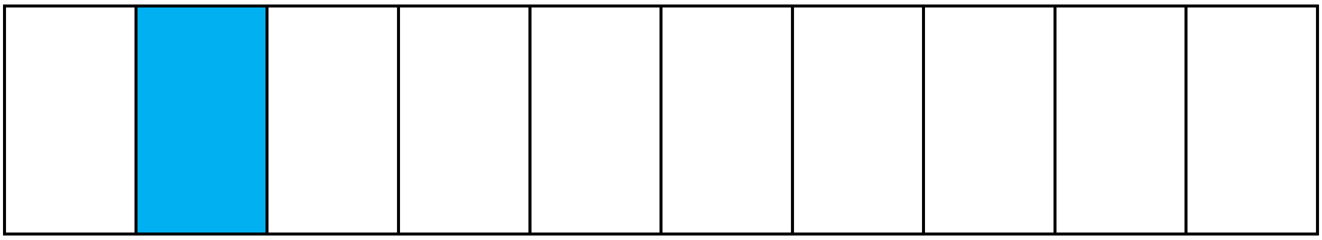


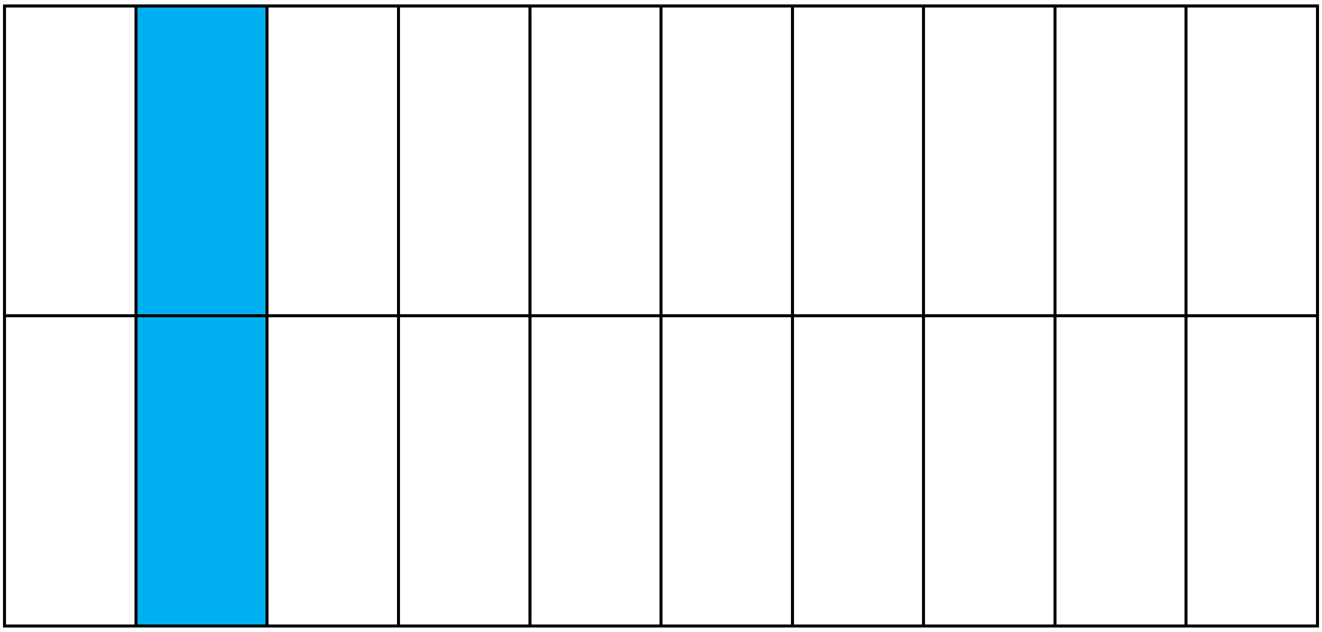


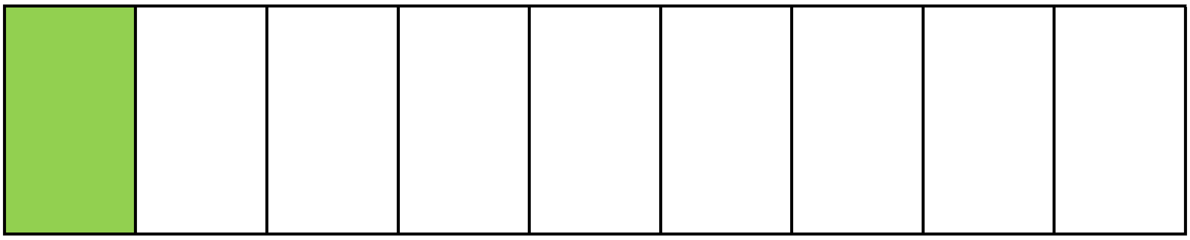


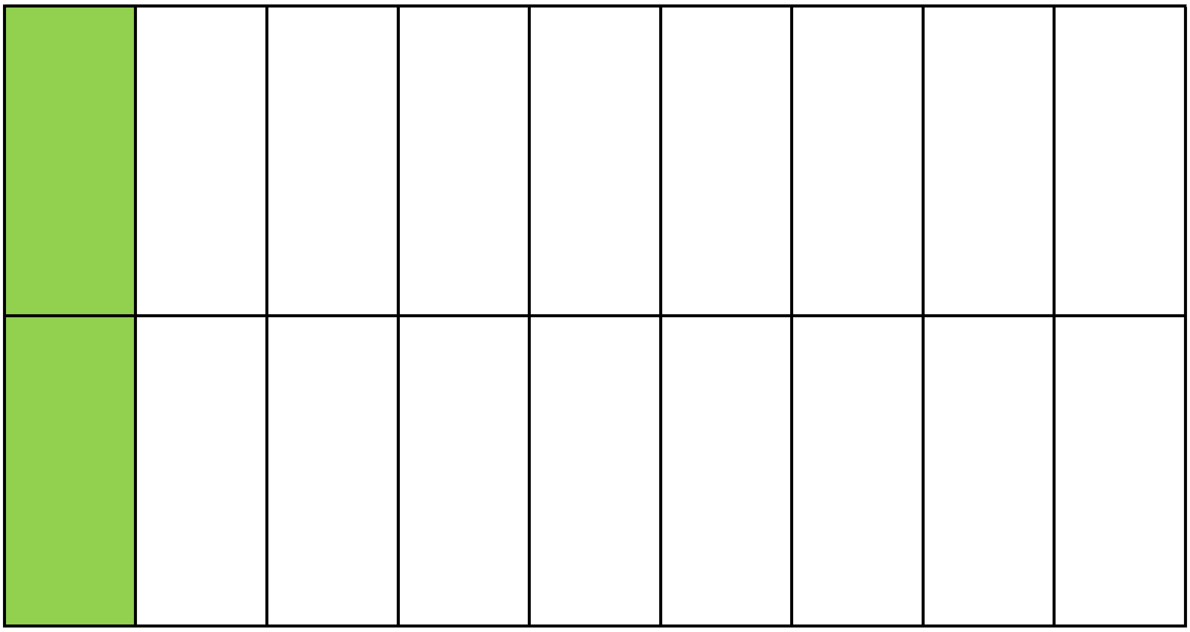


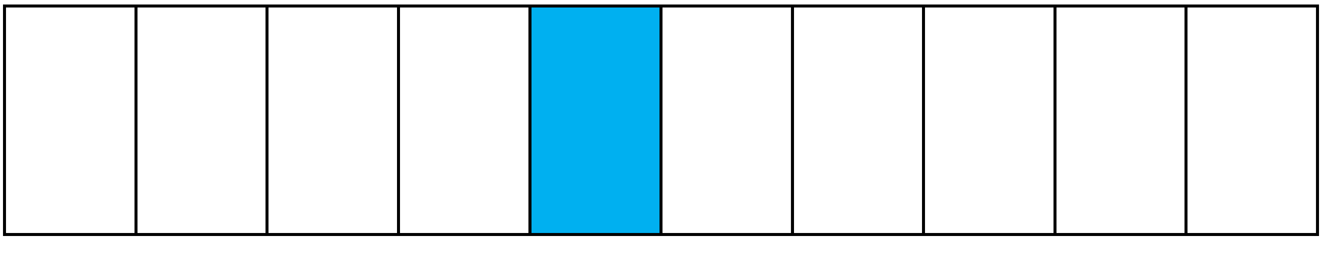


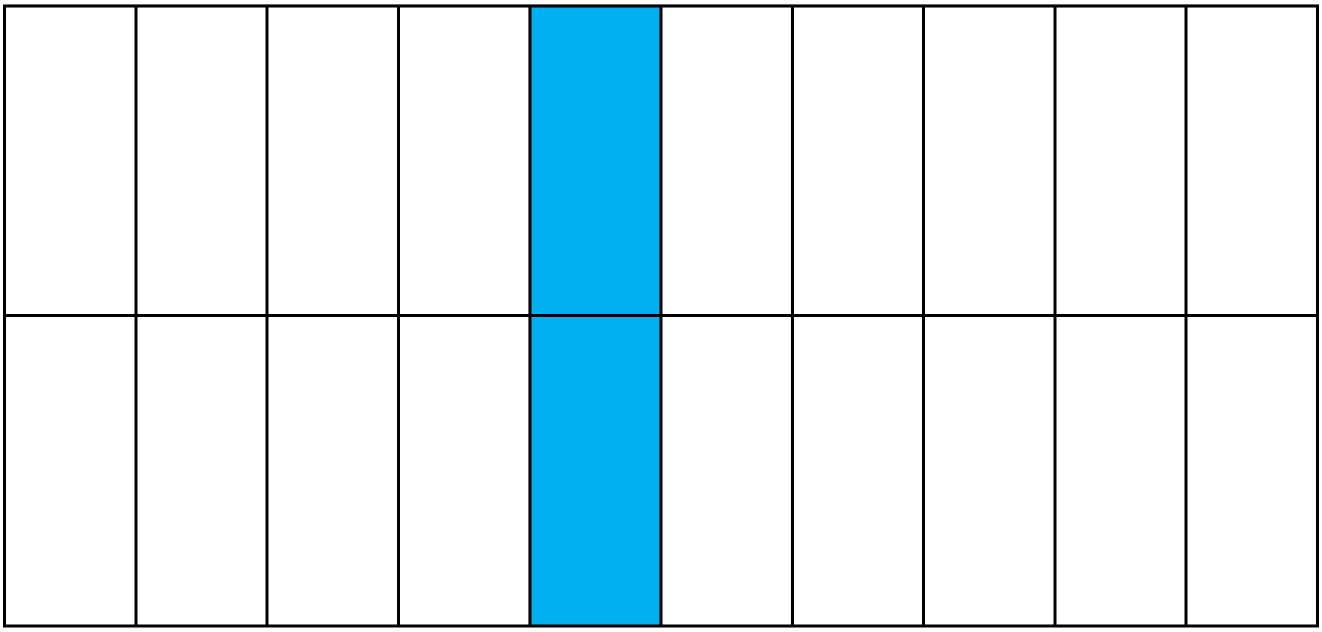


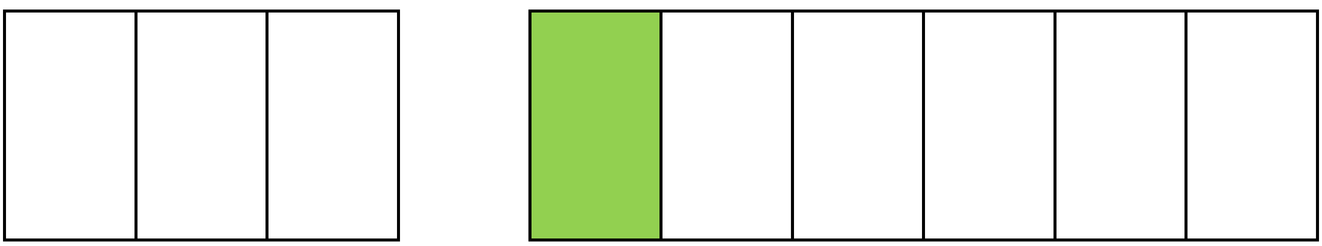


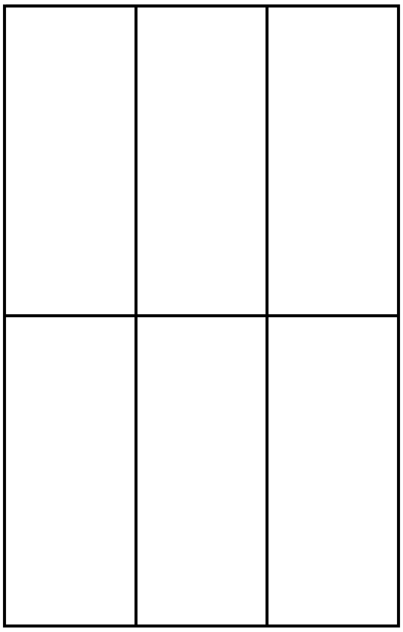


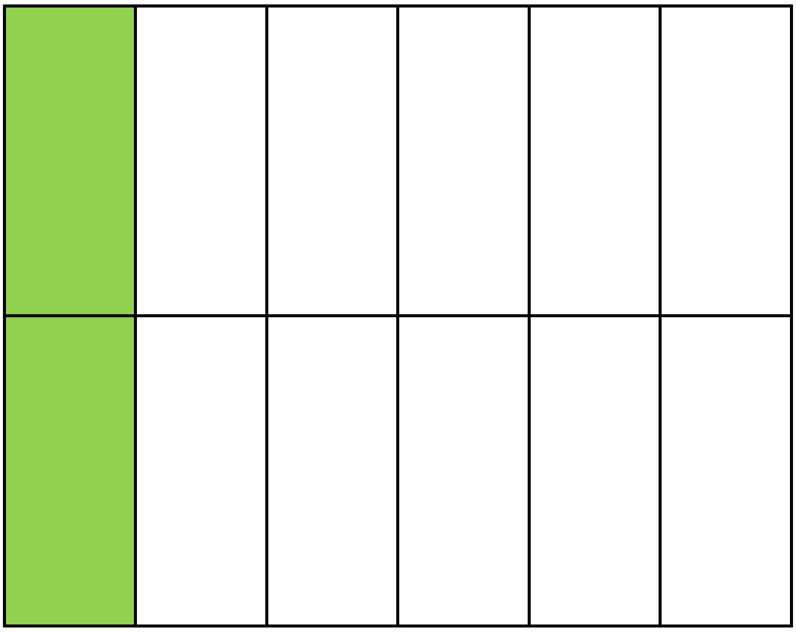


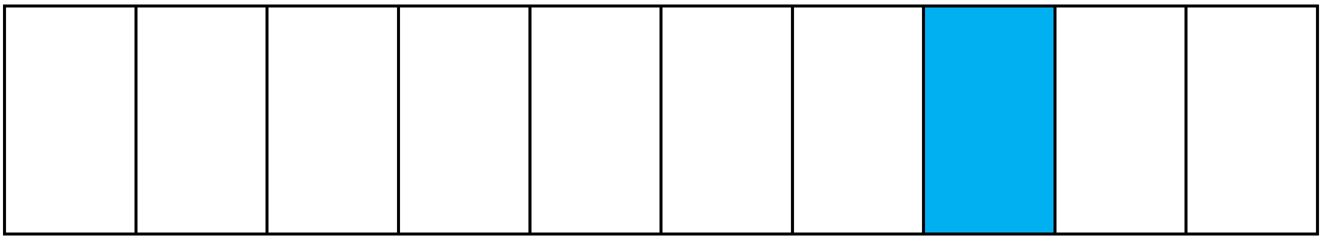


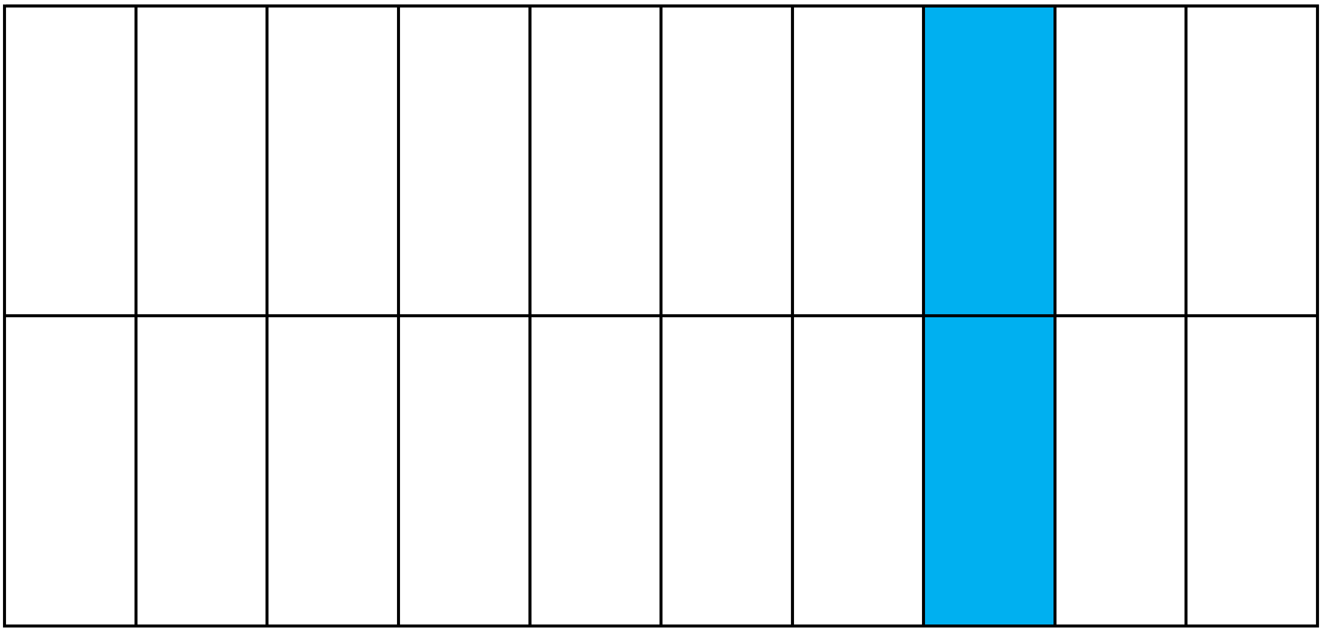


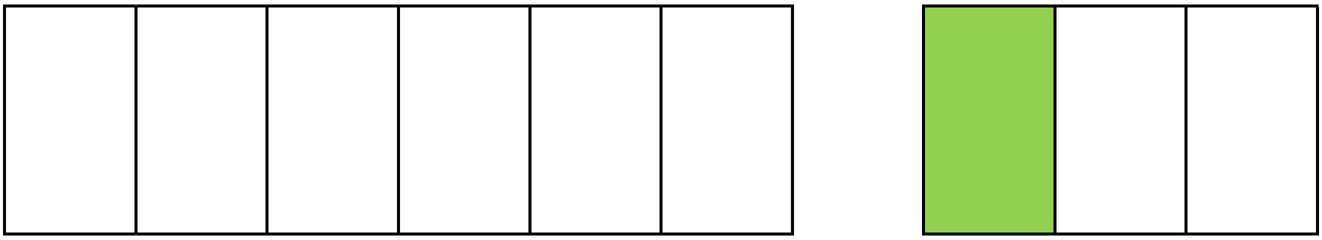


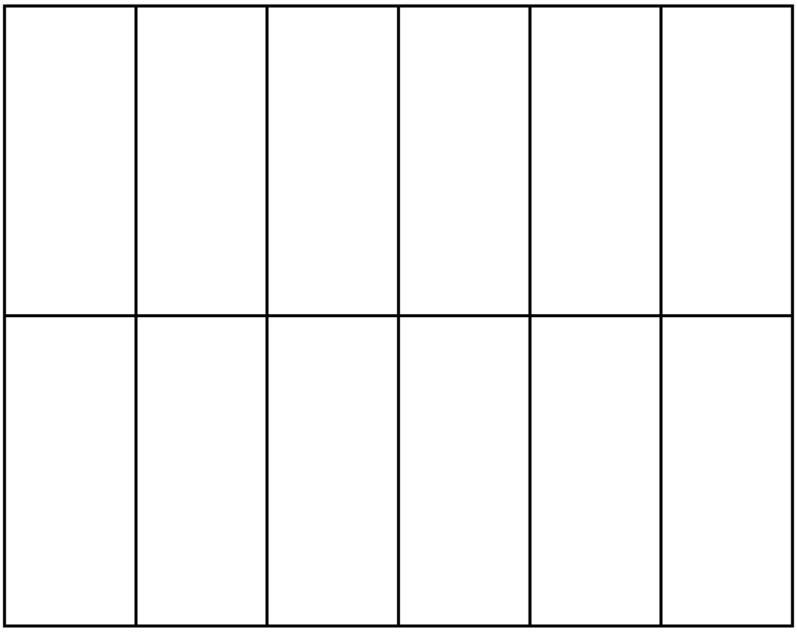


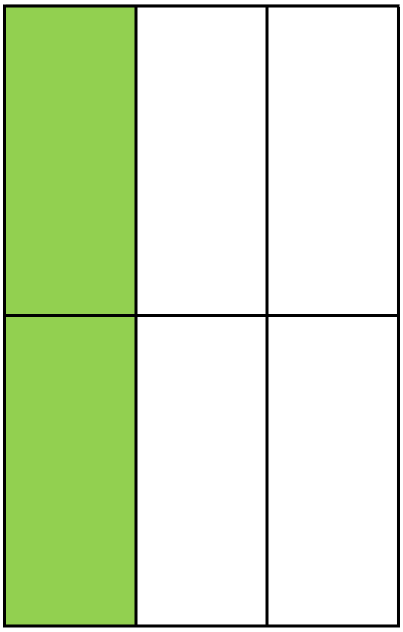


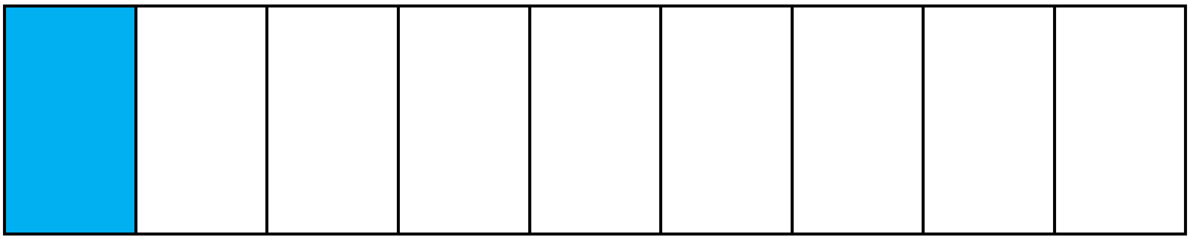


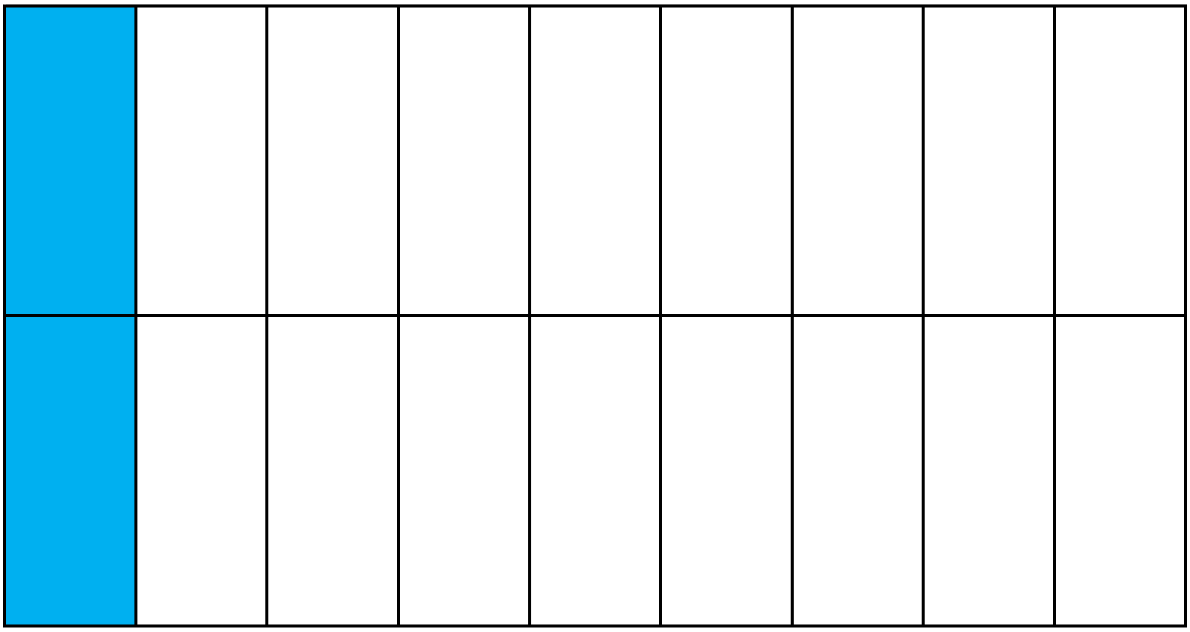


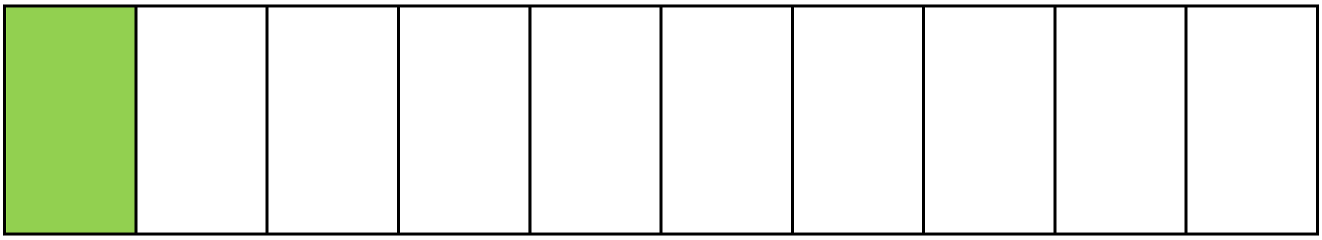


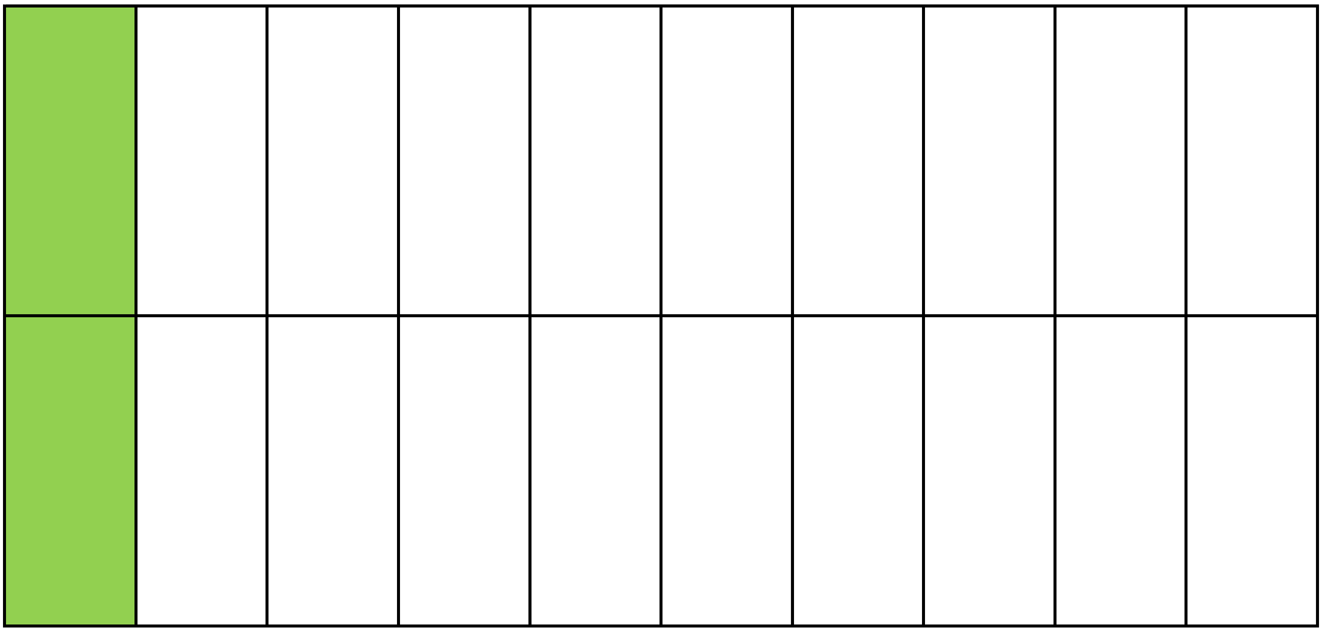


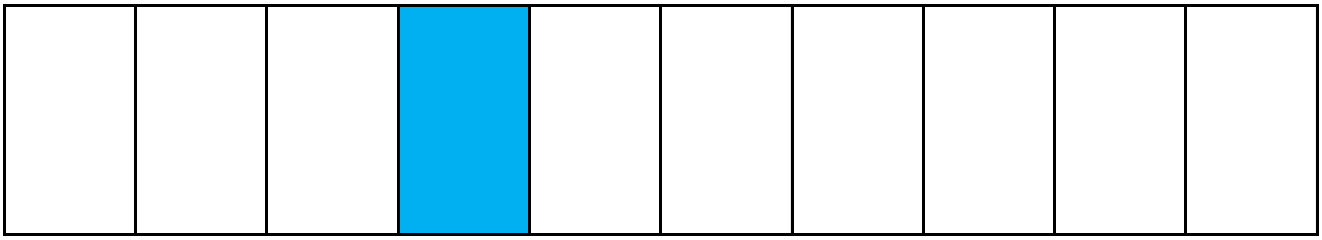


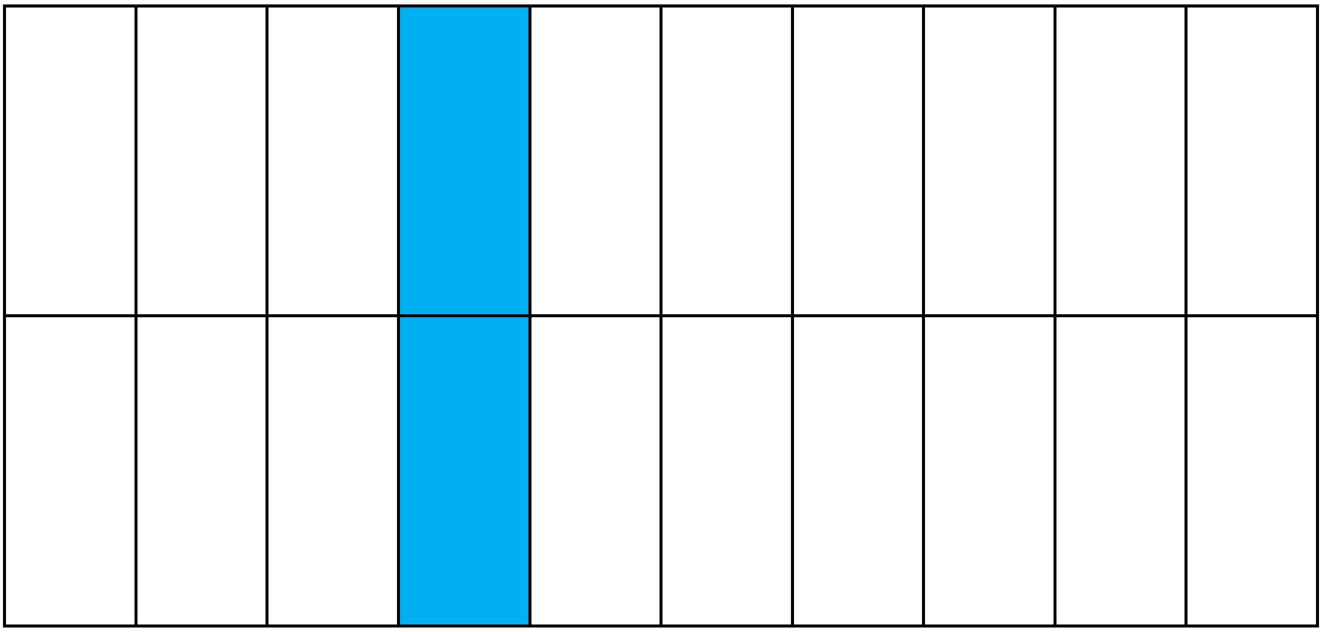


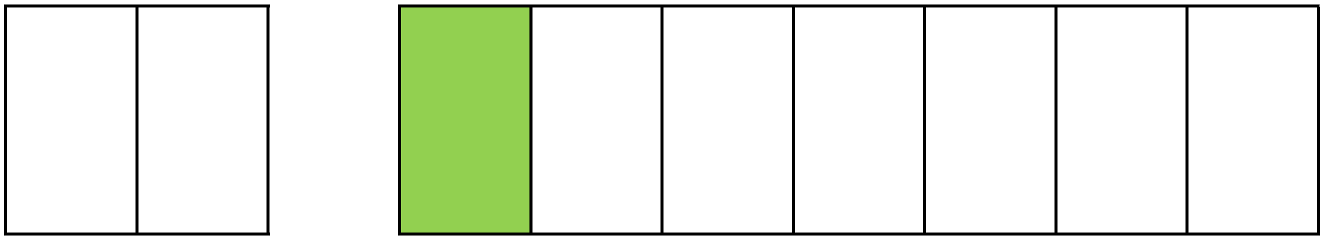


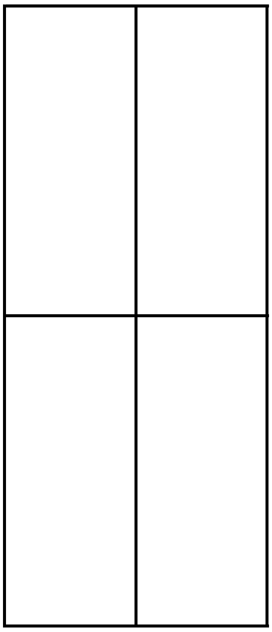


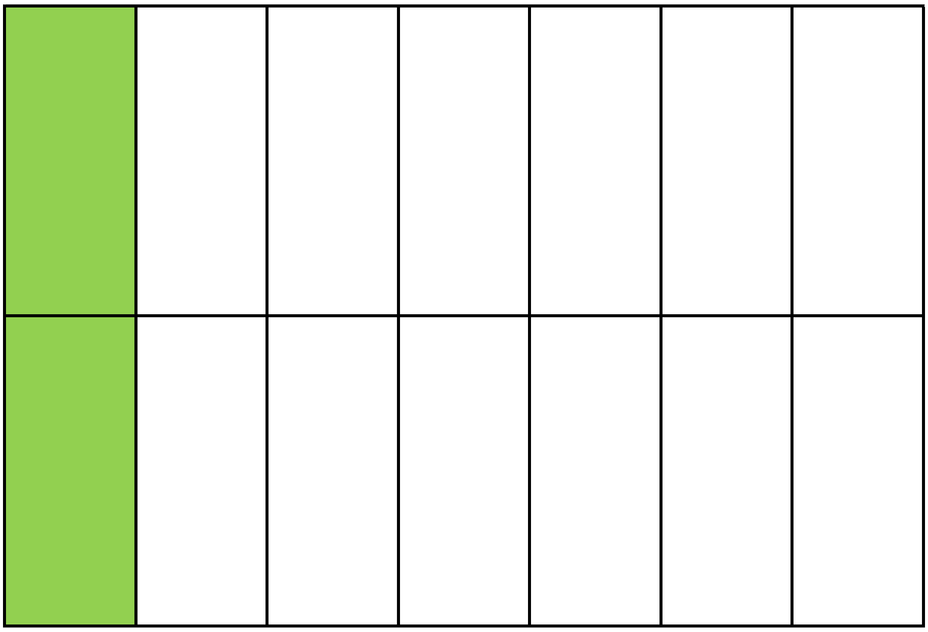


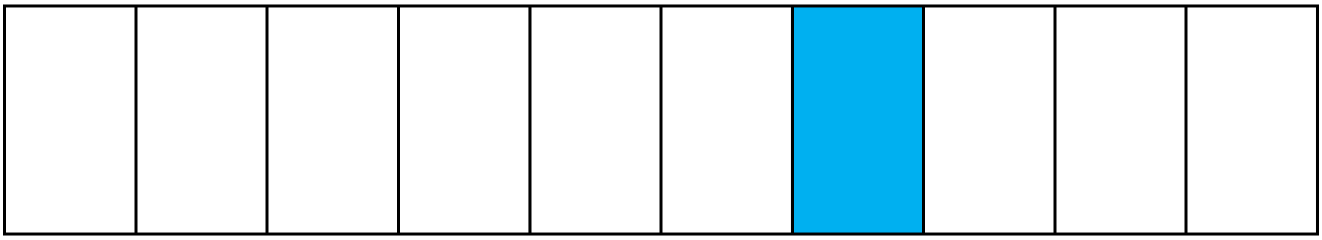


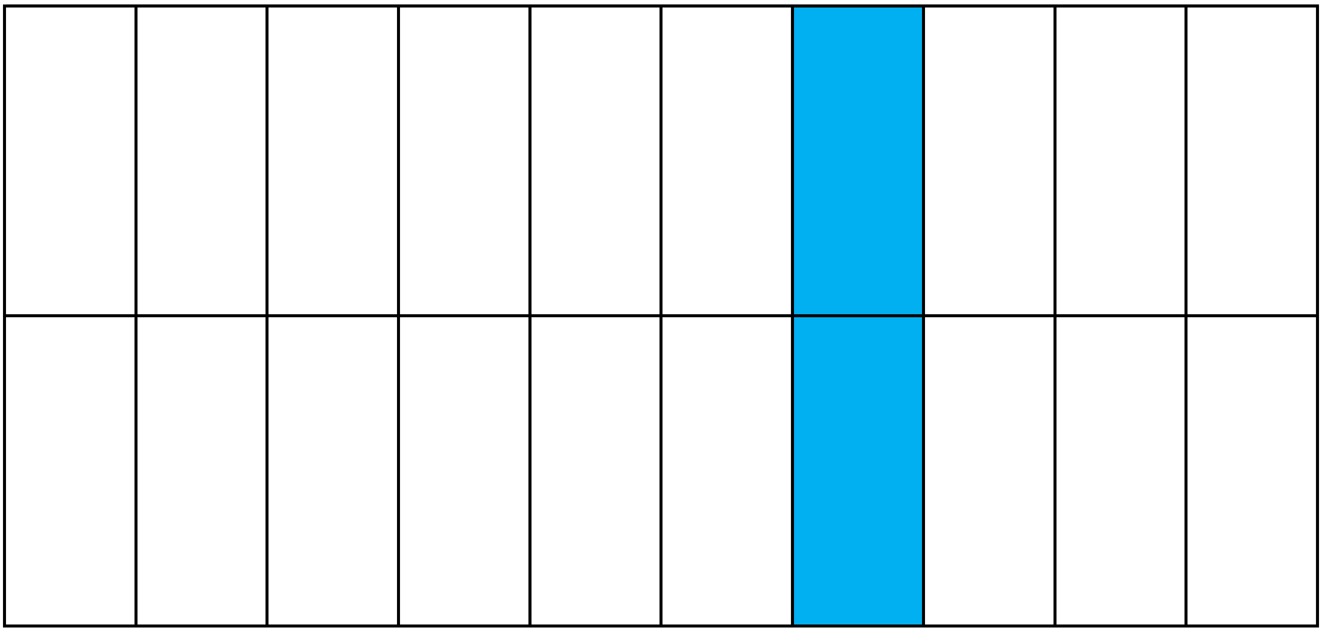


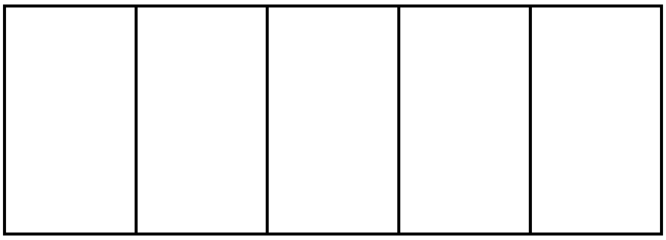


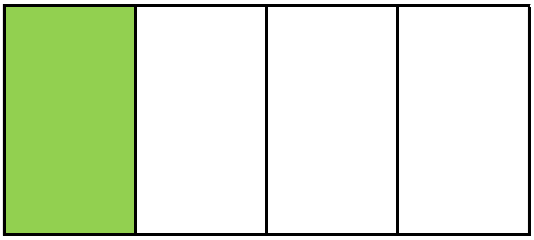


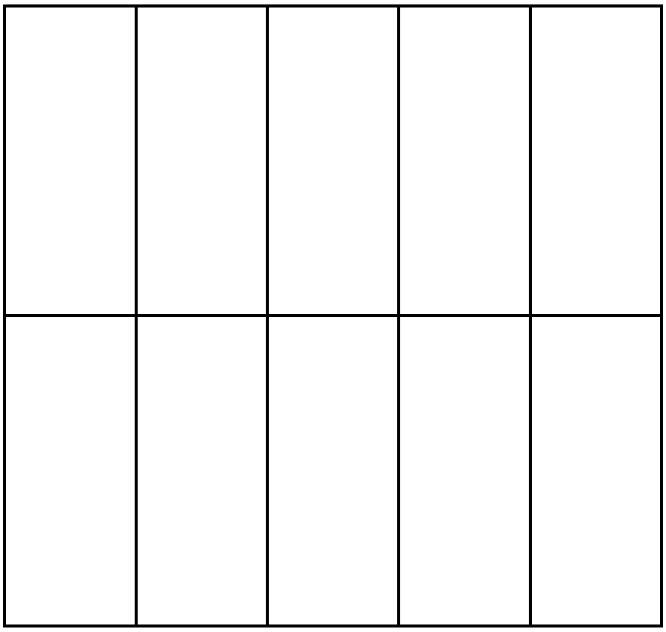


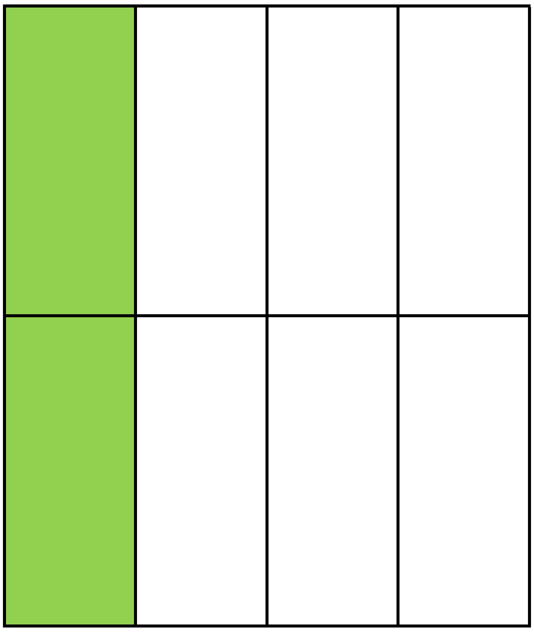


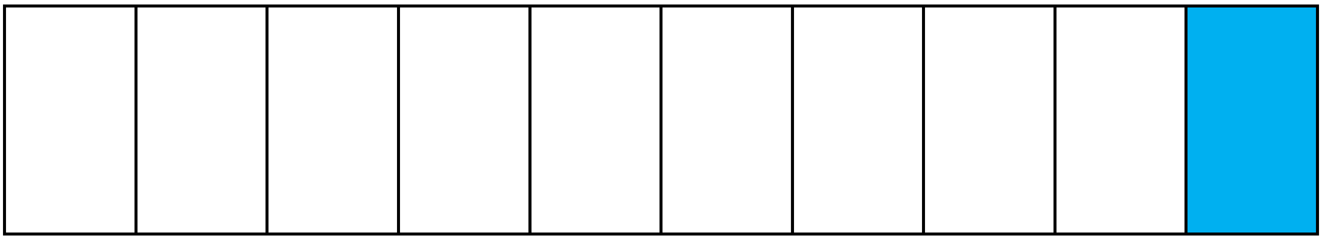


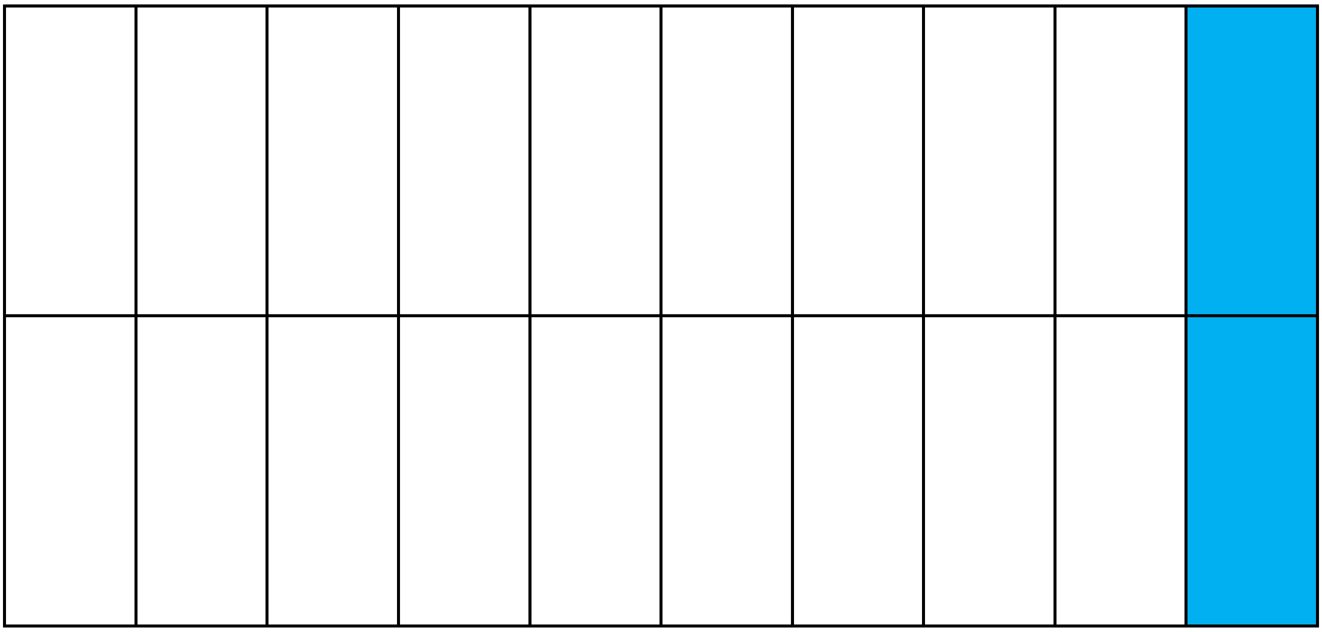


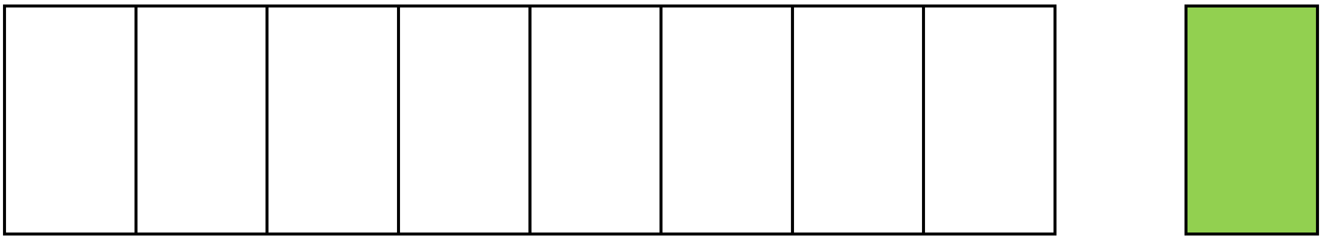


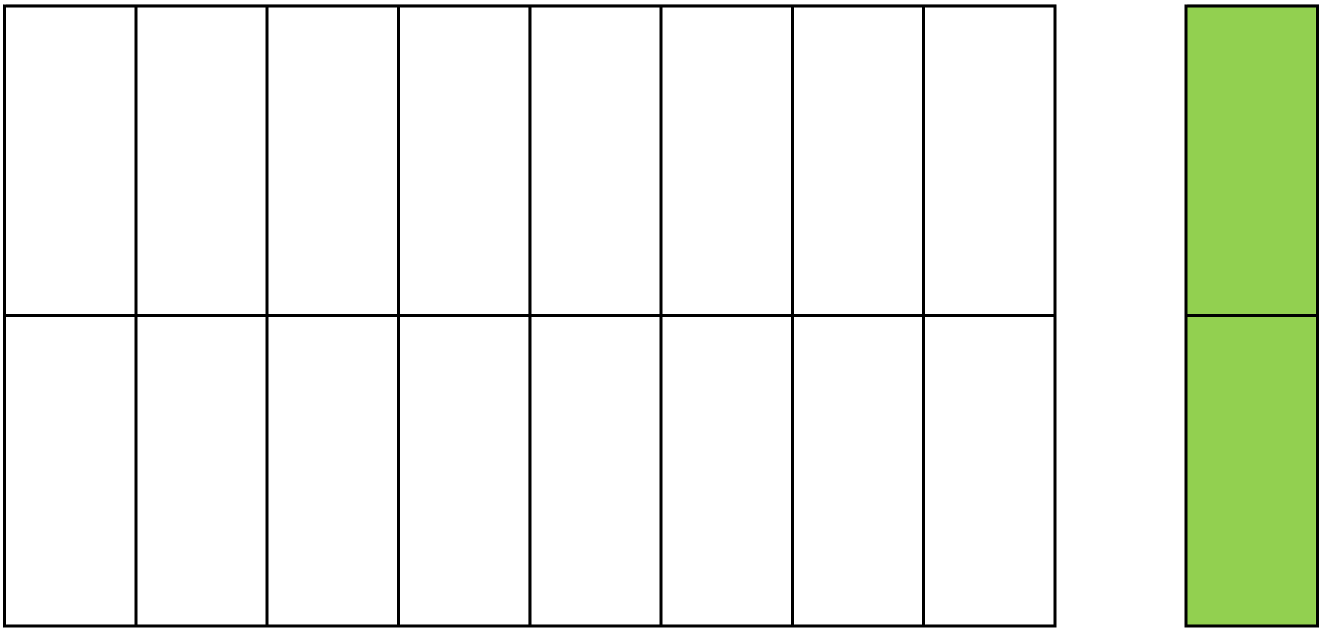


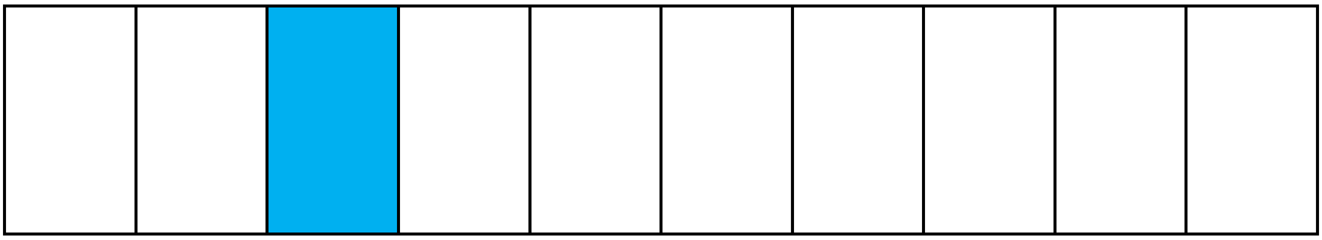


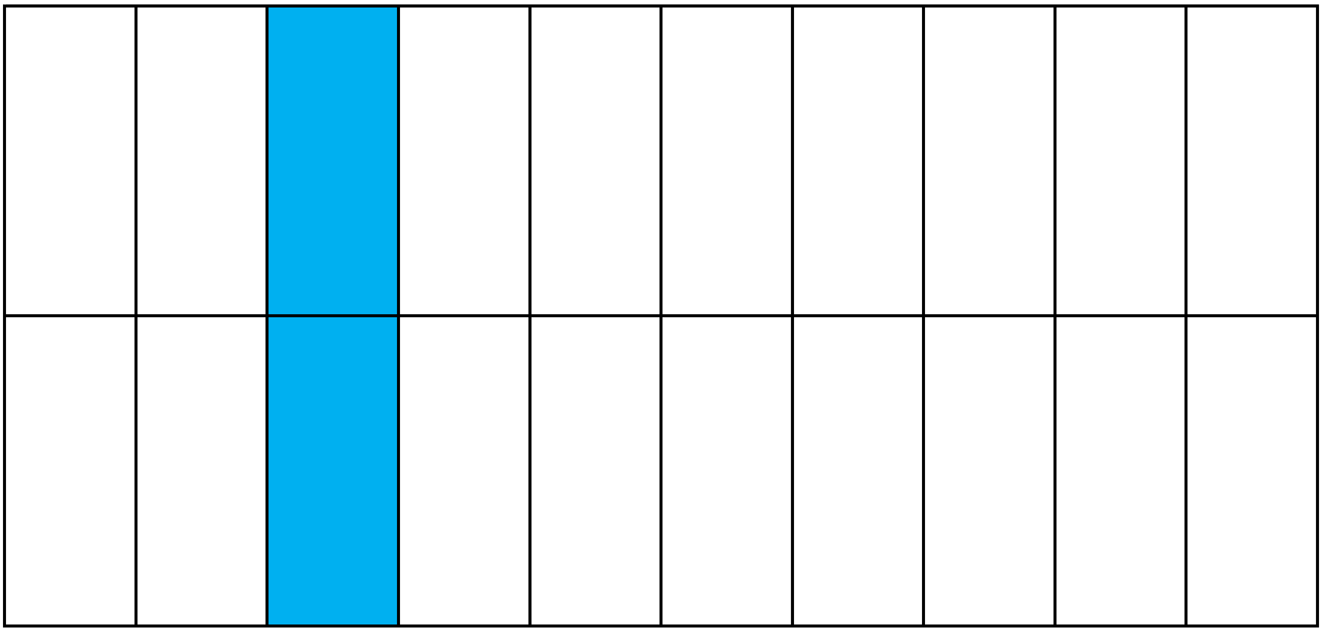




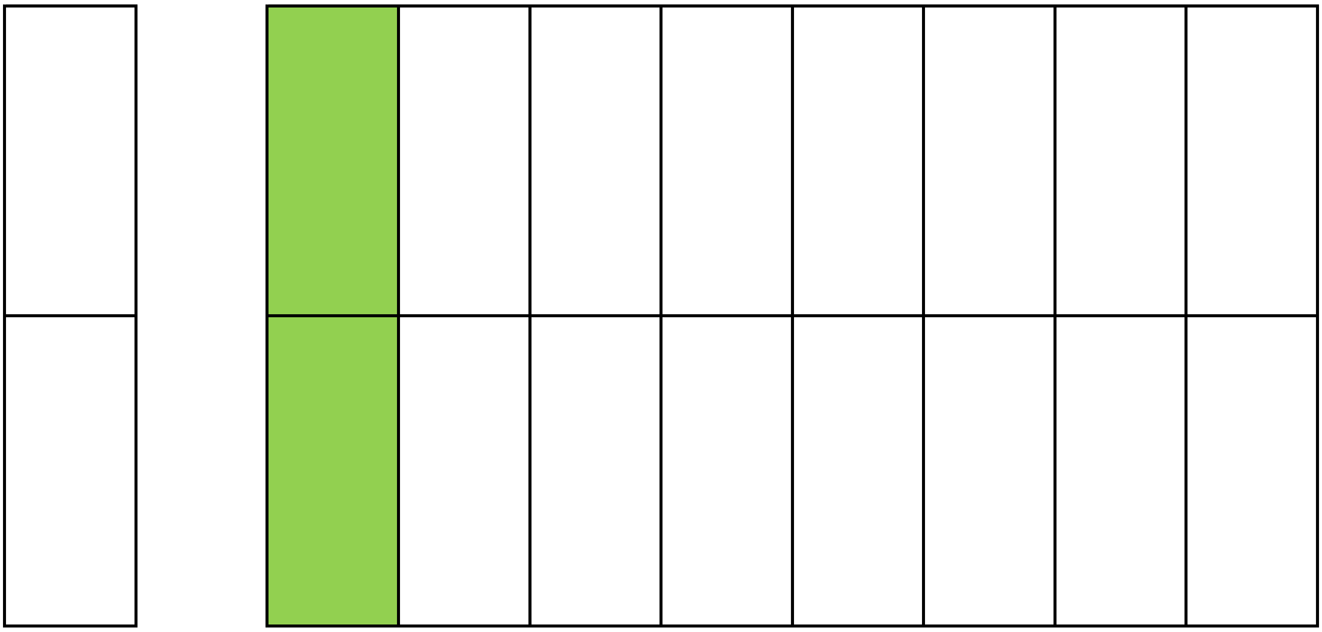


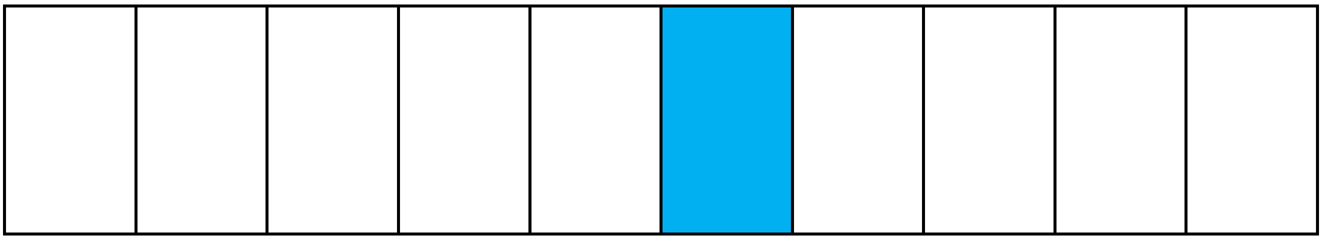


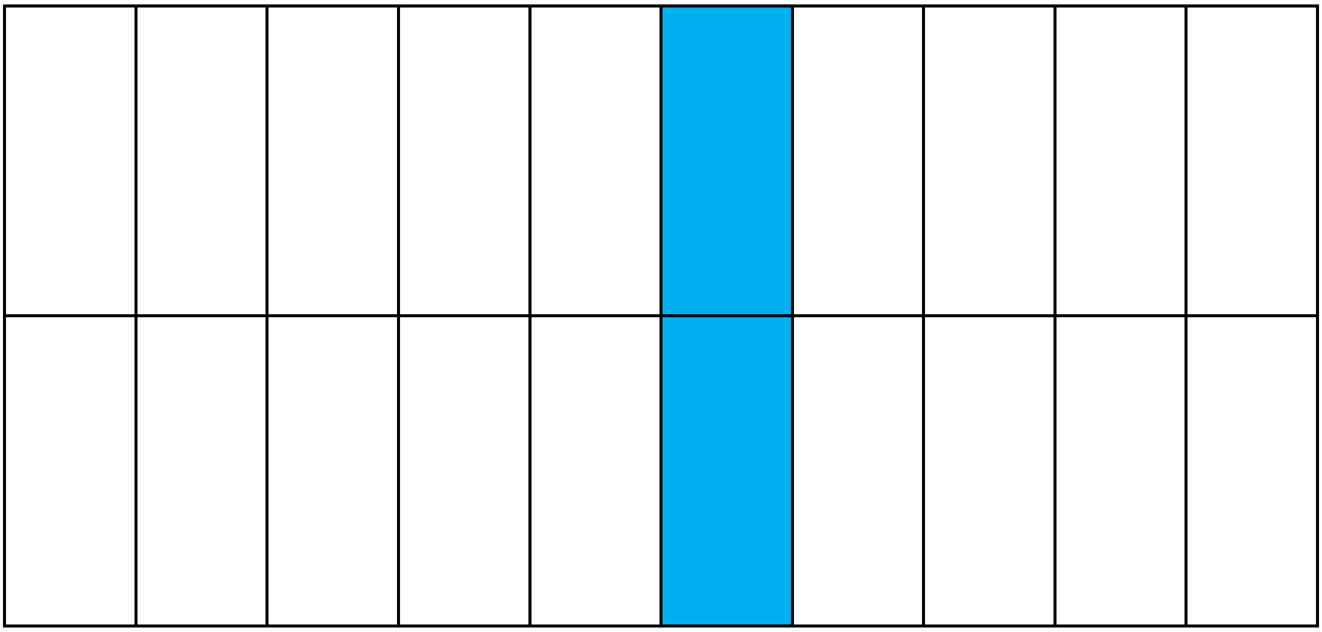


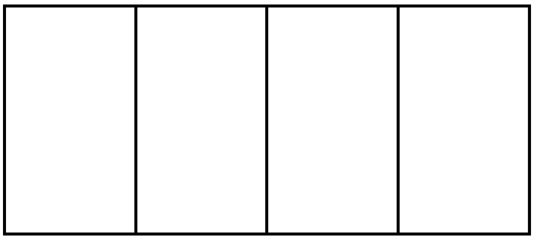


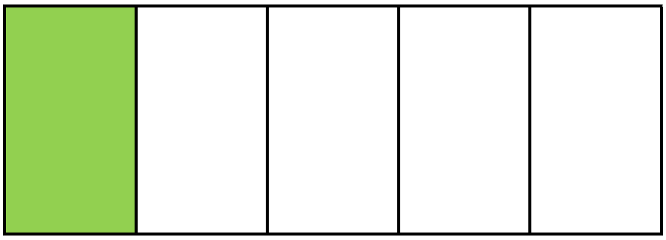
	🟩							

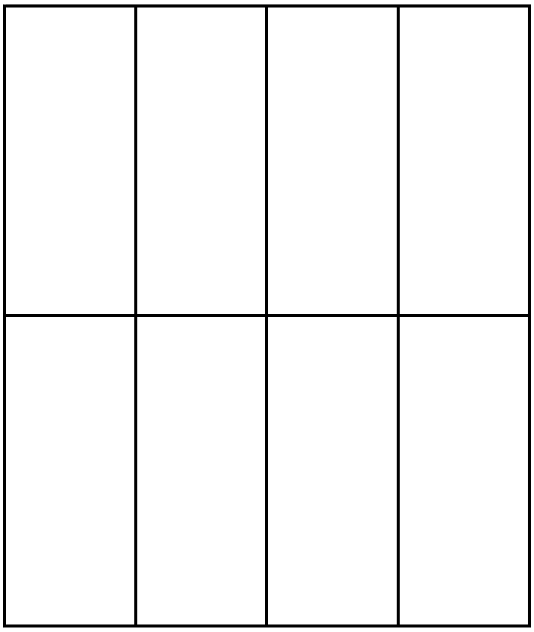


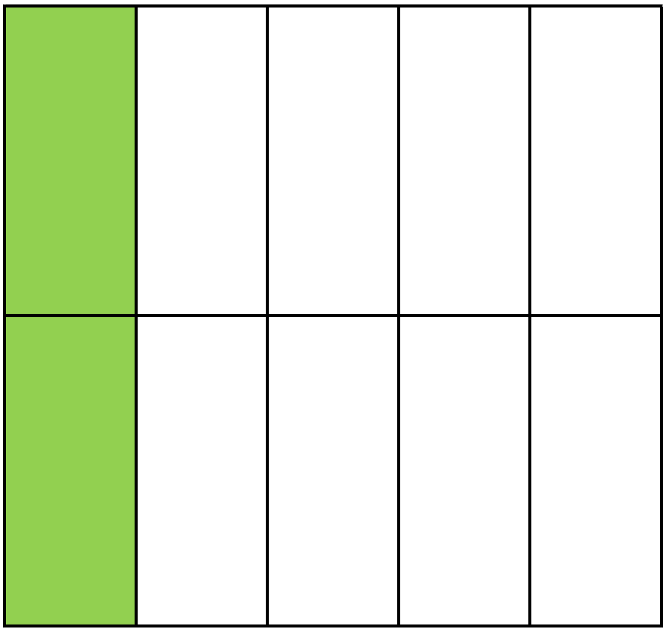


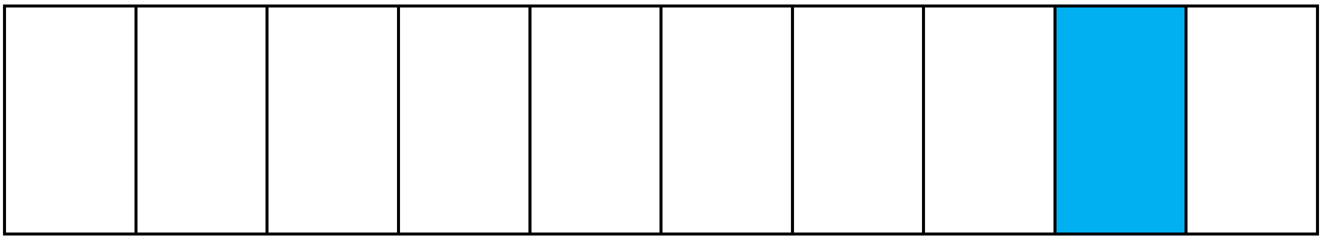


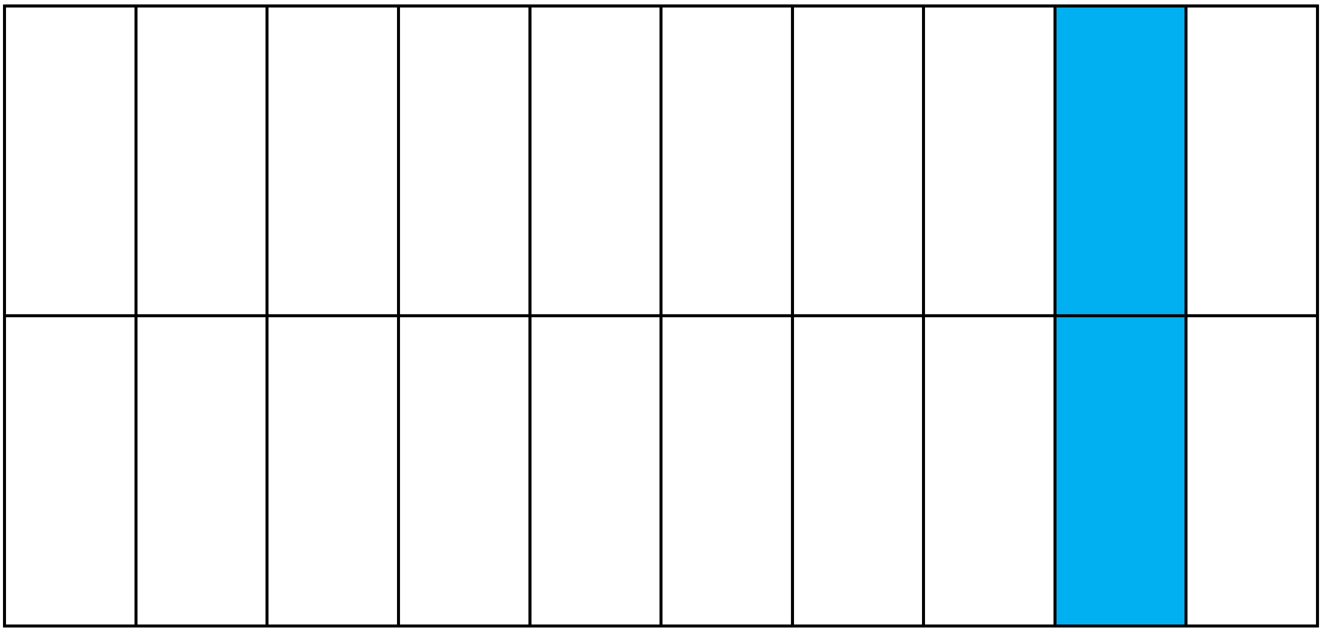


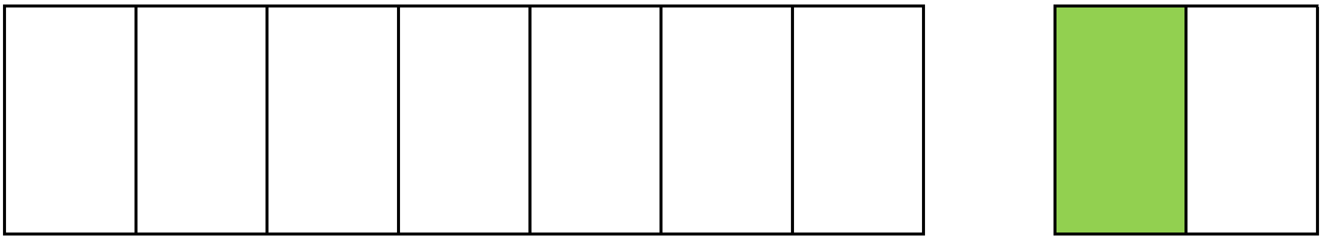


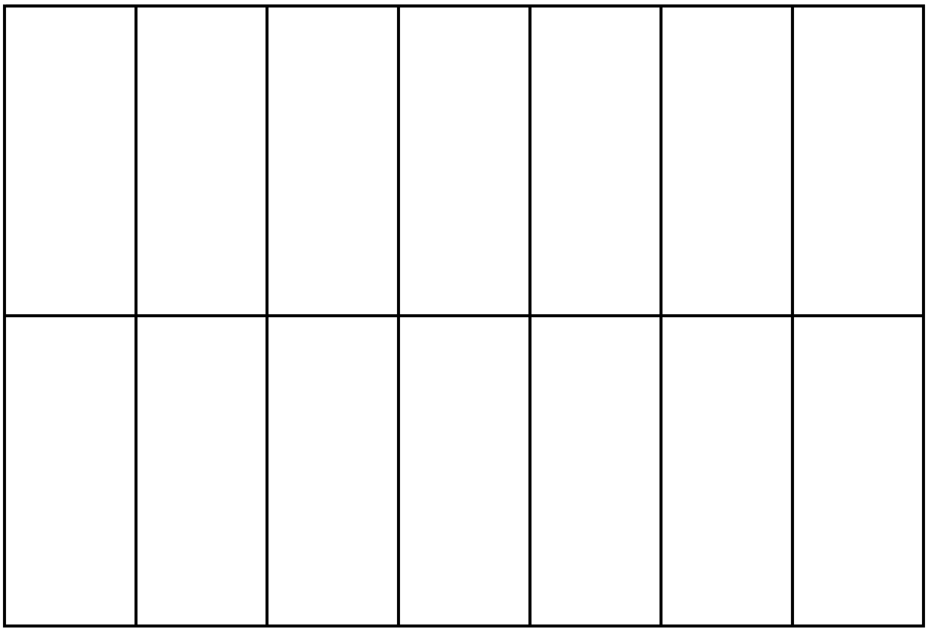


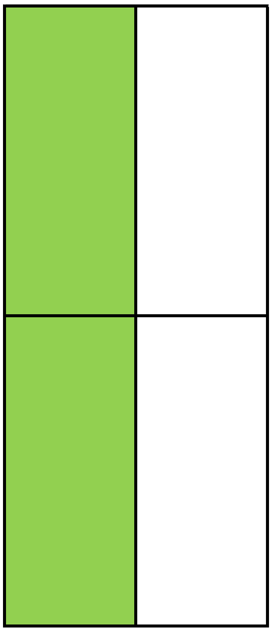


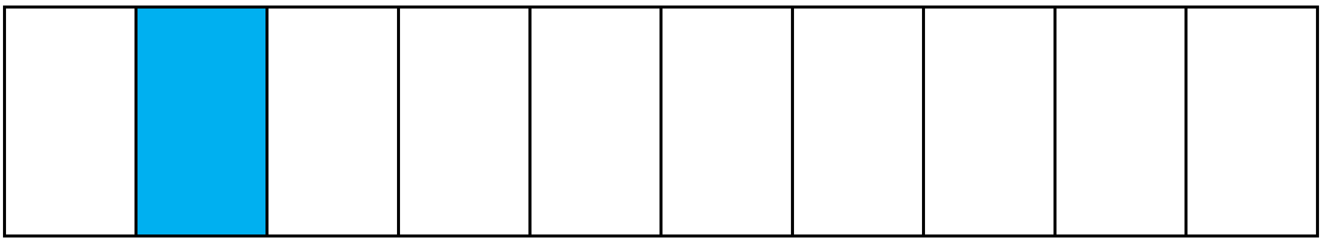


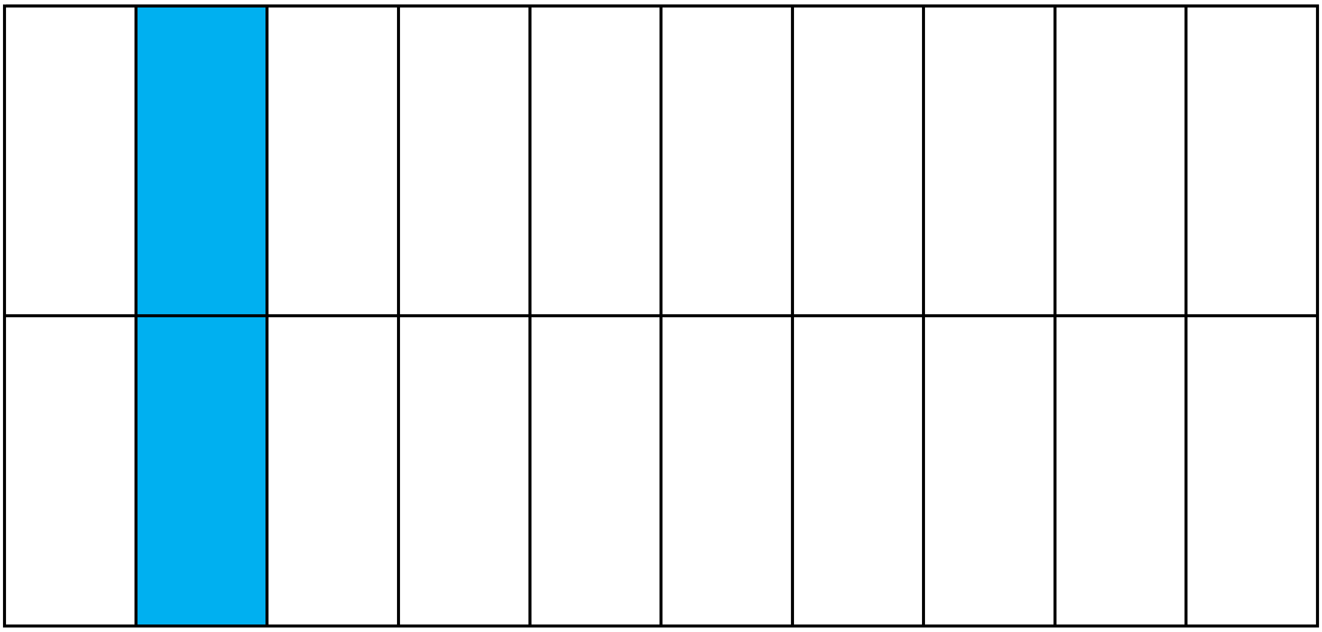


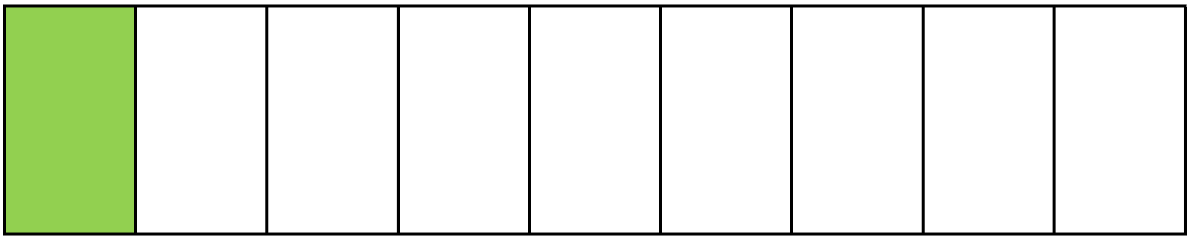


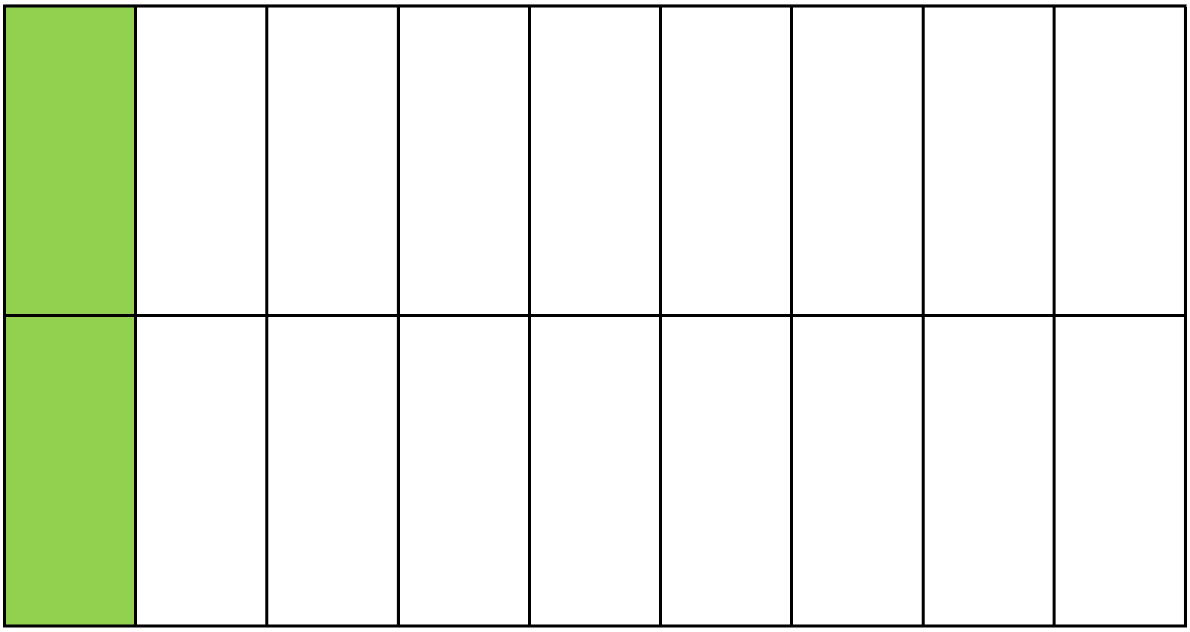


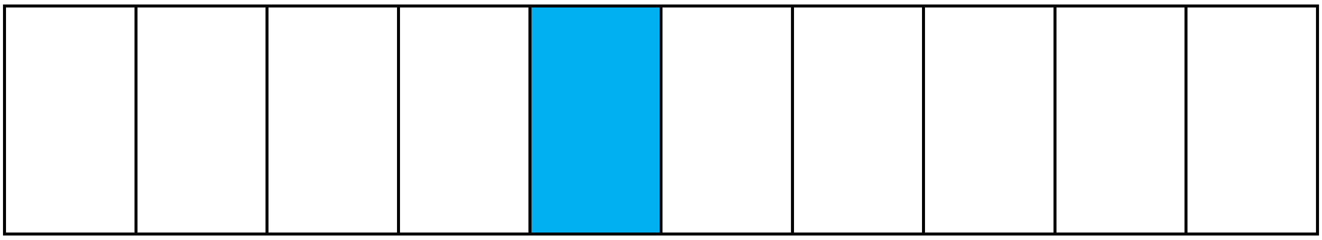


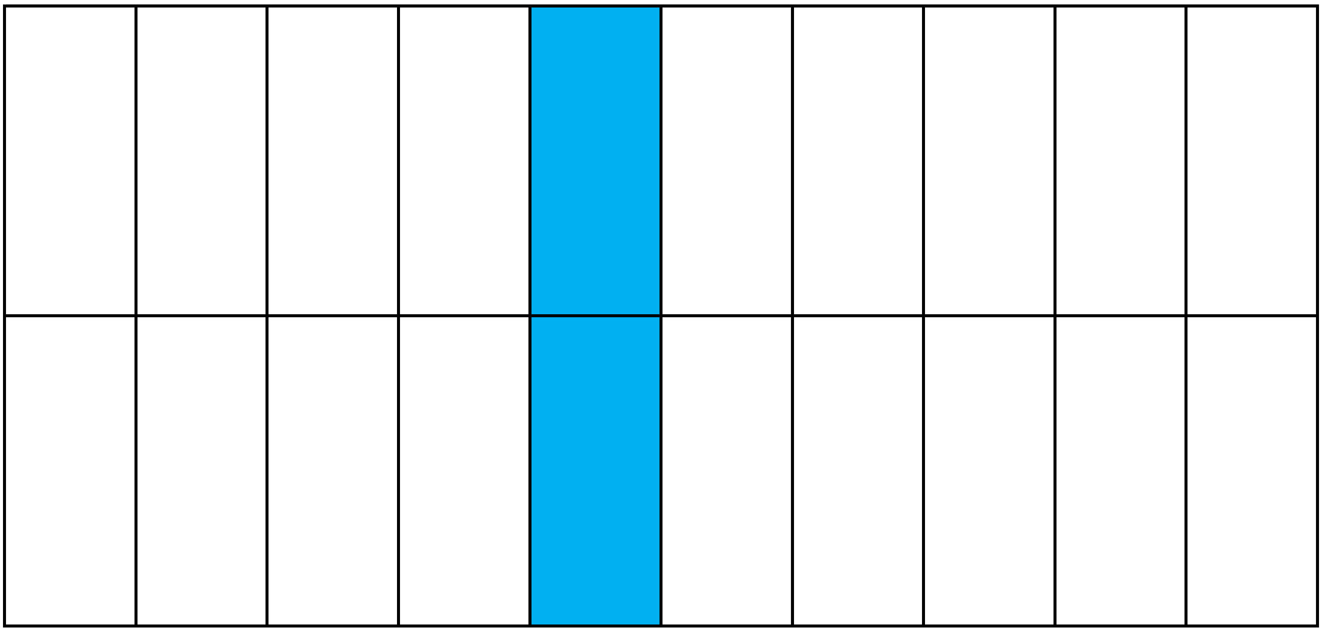


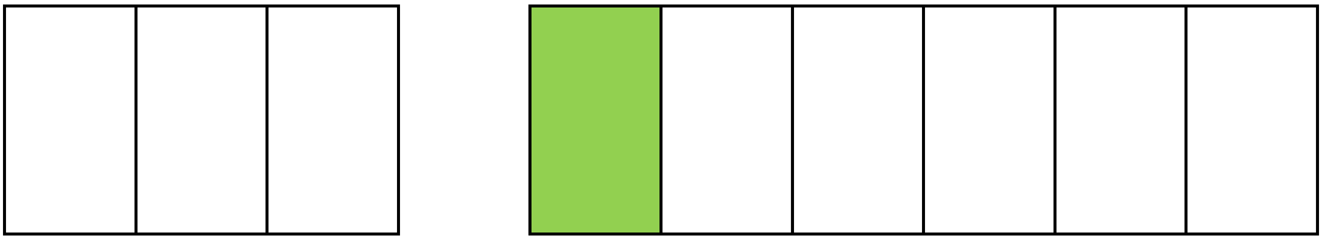


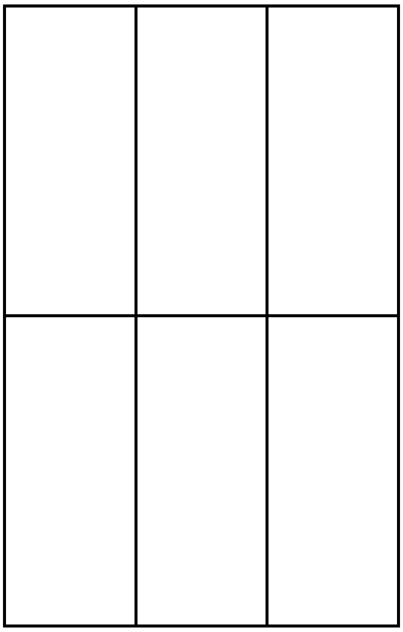


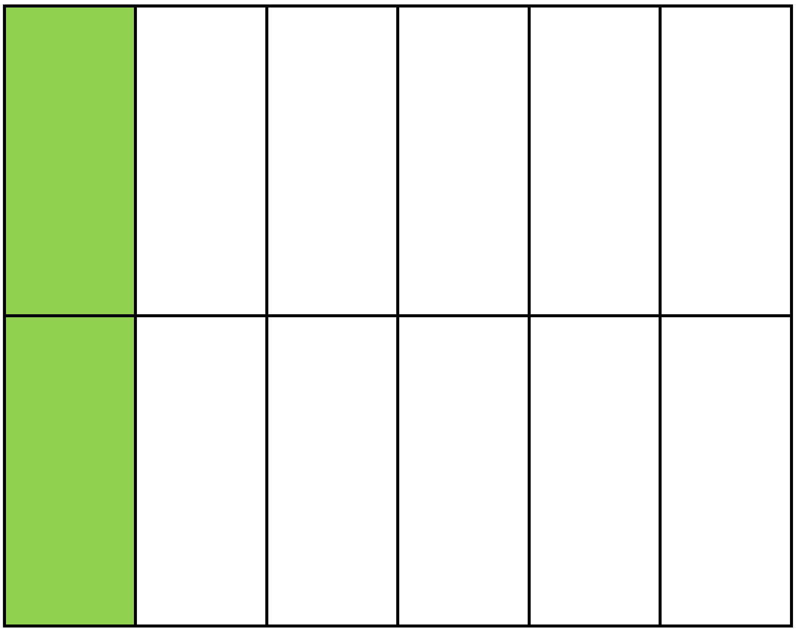


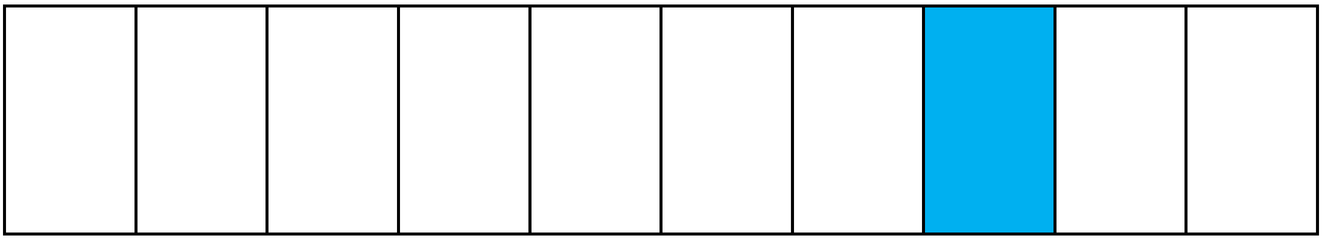


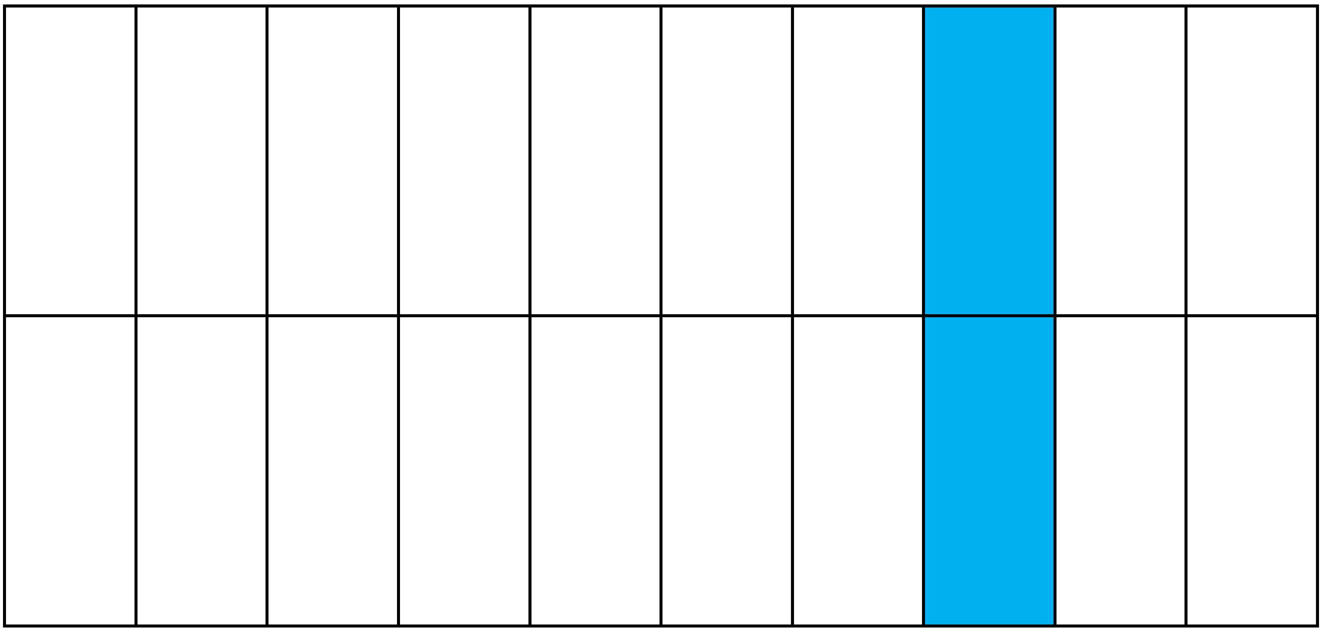


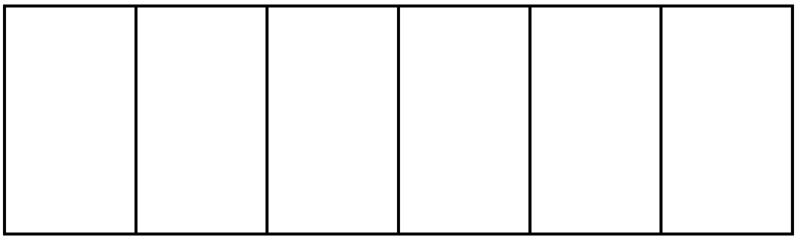


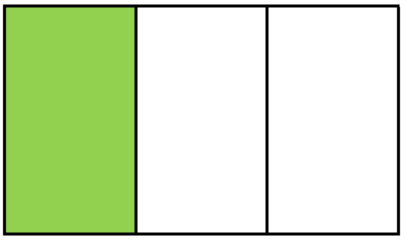


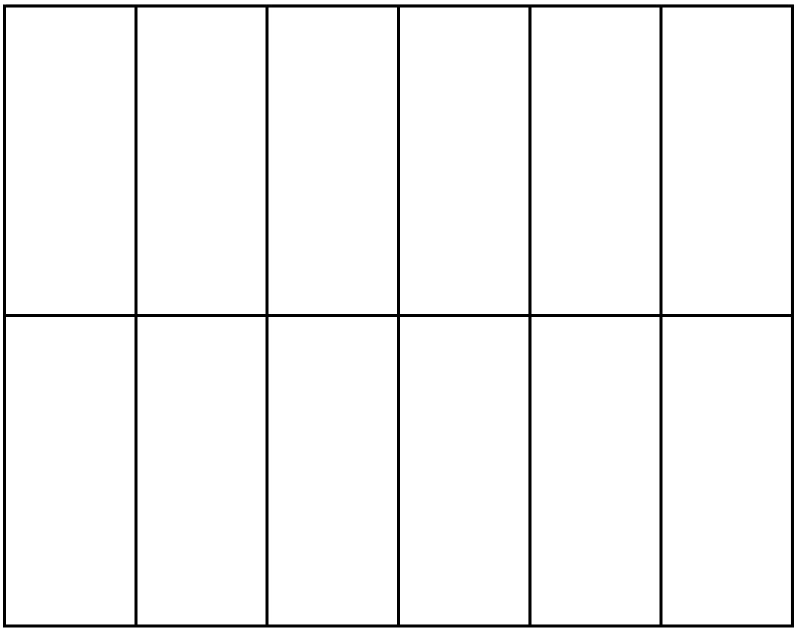


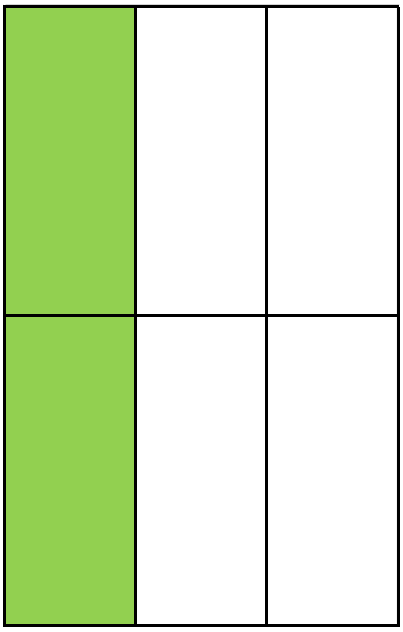


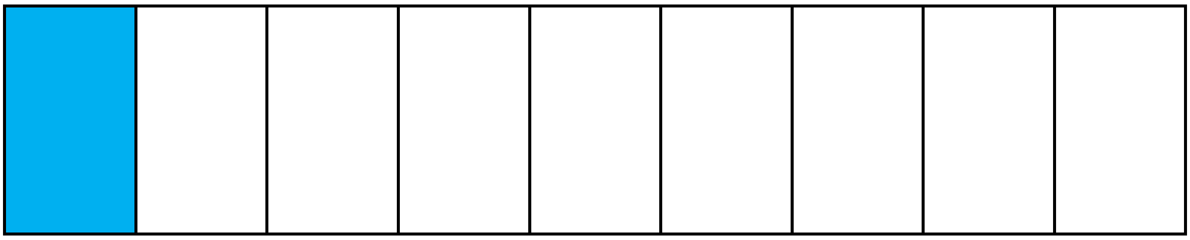


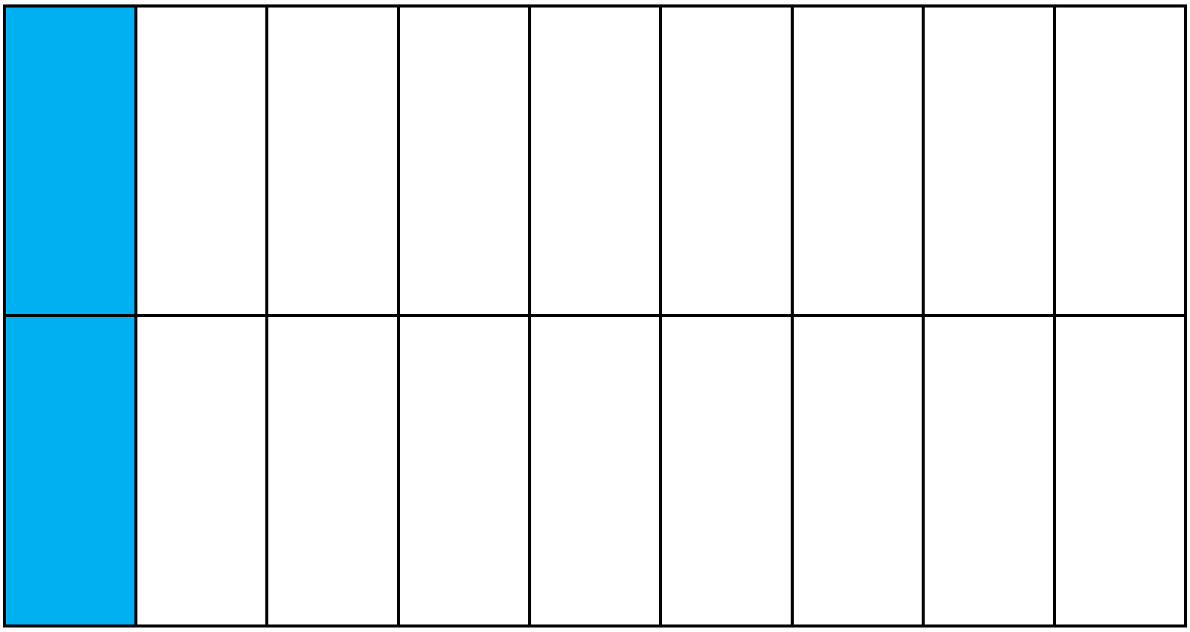


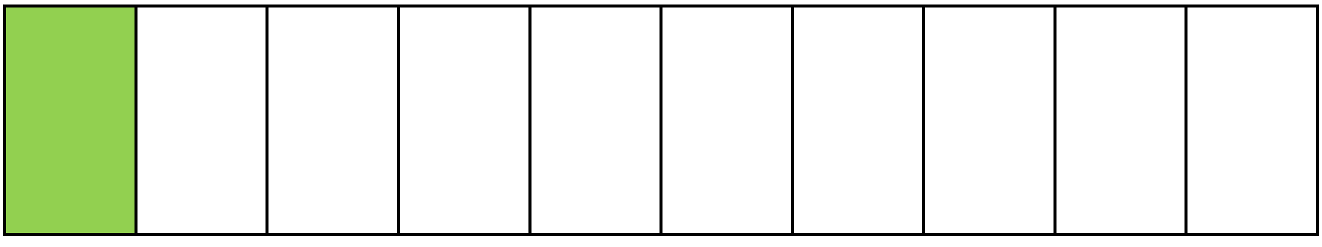


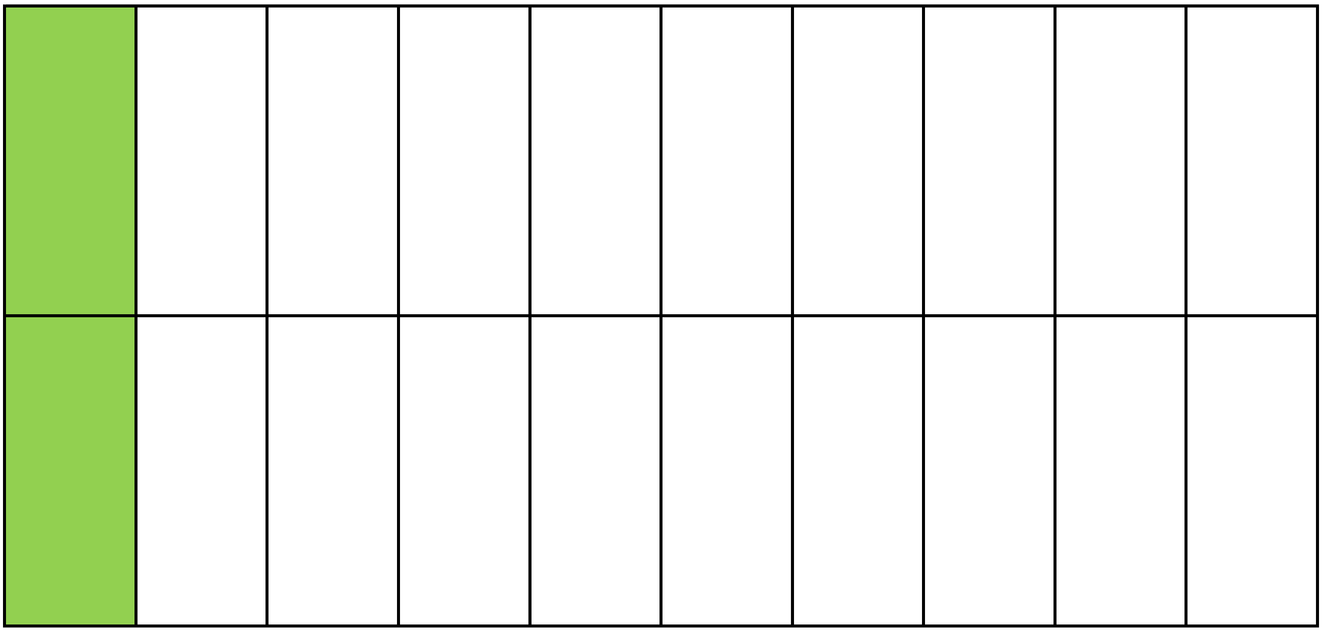


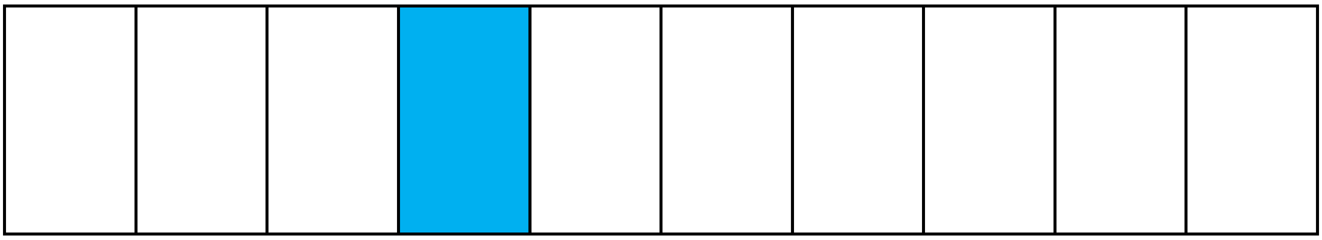


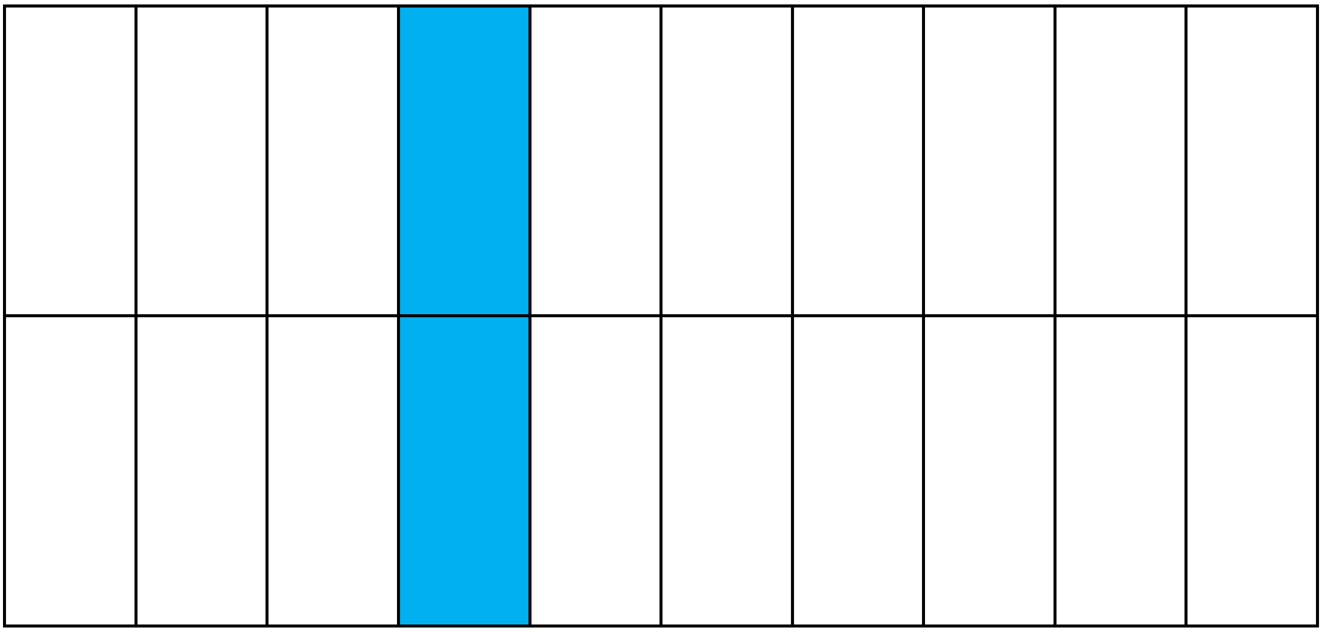


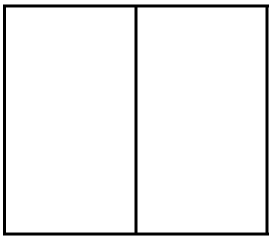


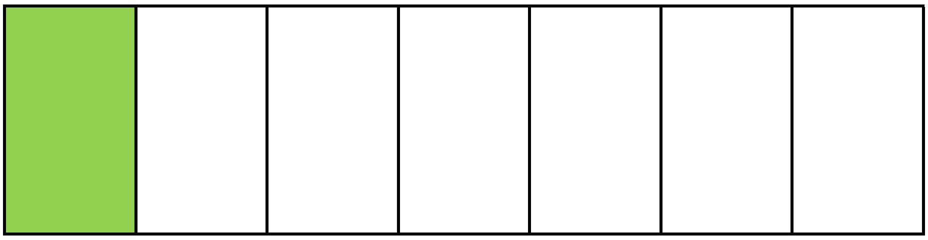


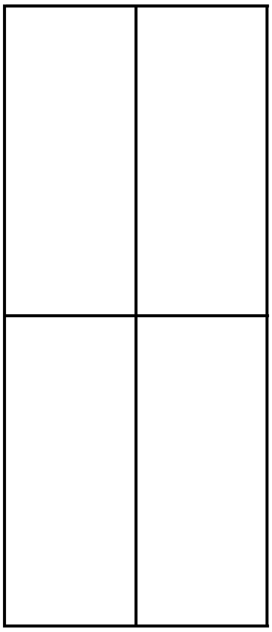


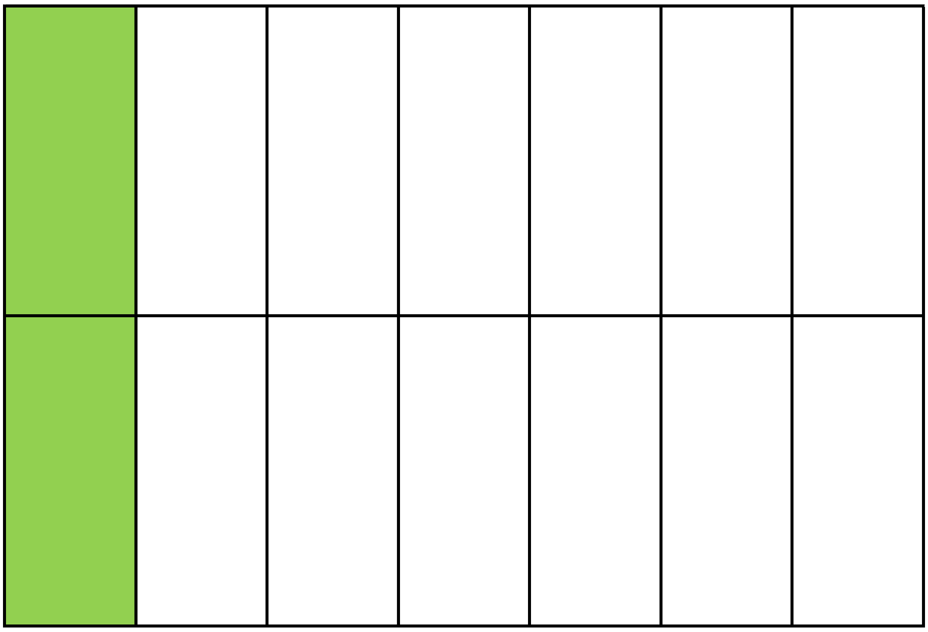


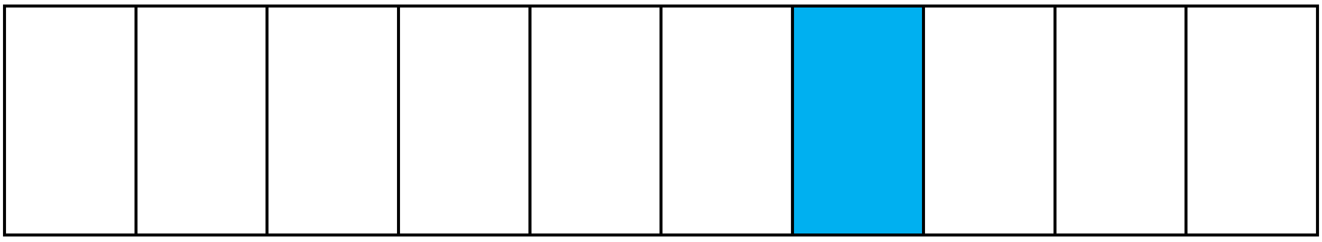


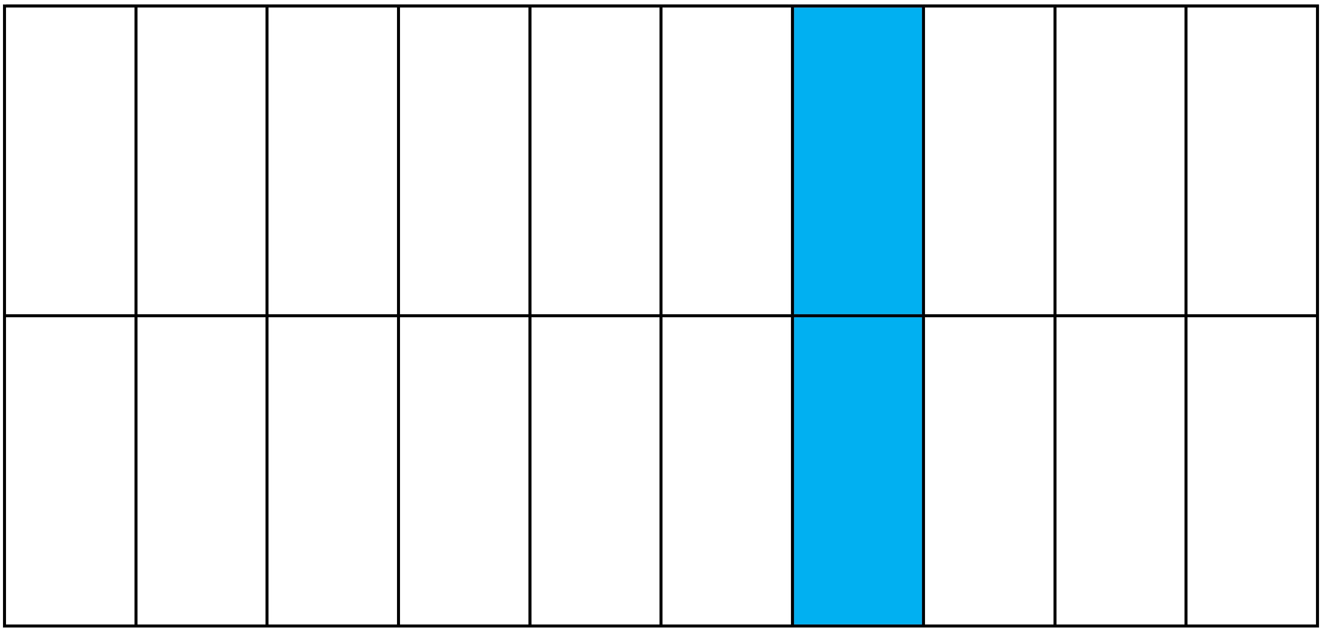


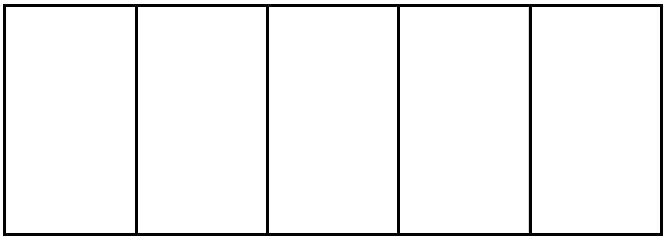


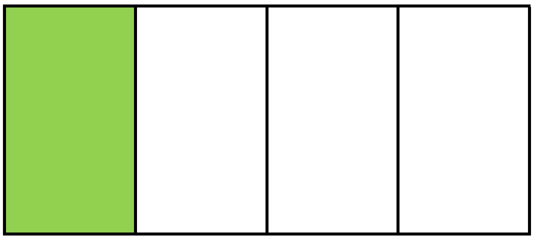


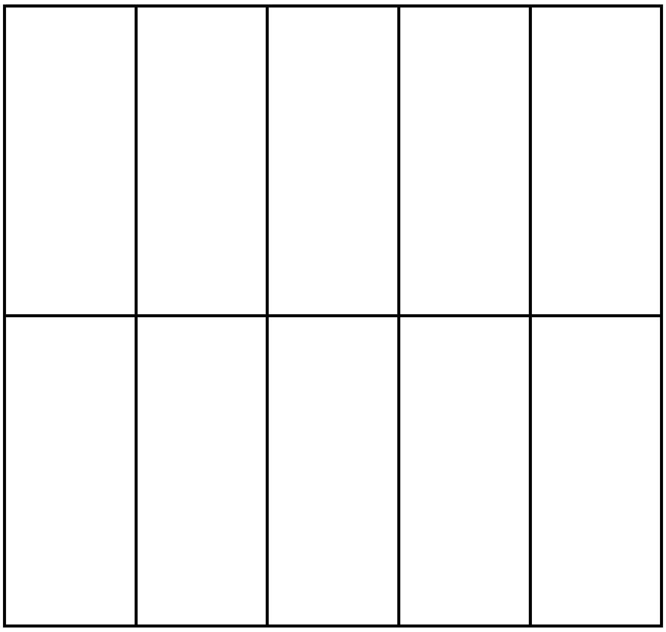


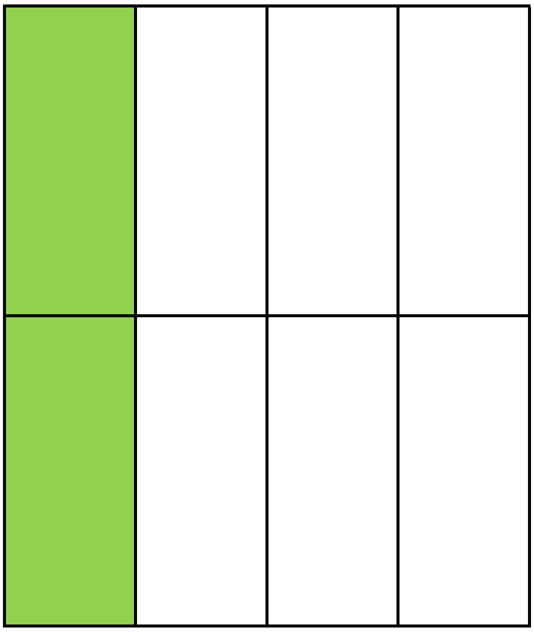


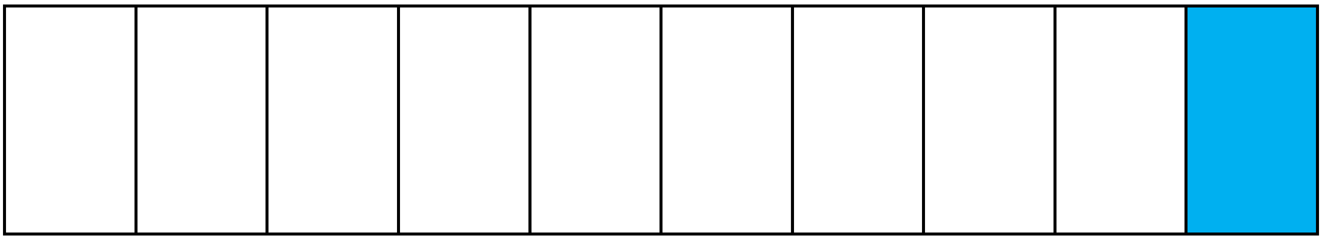


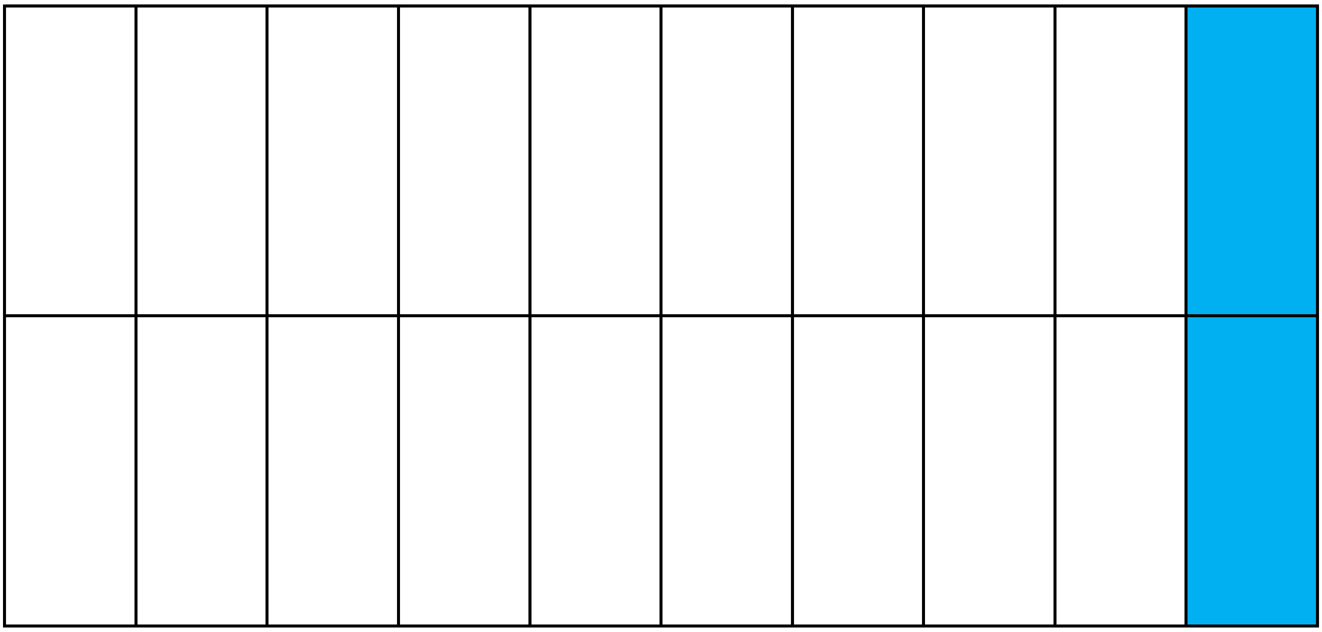


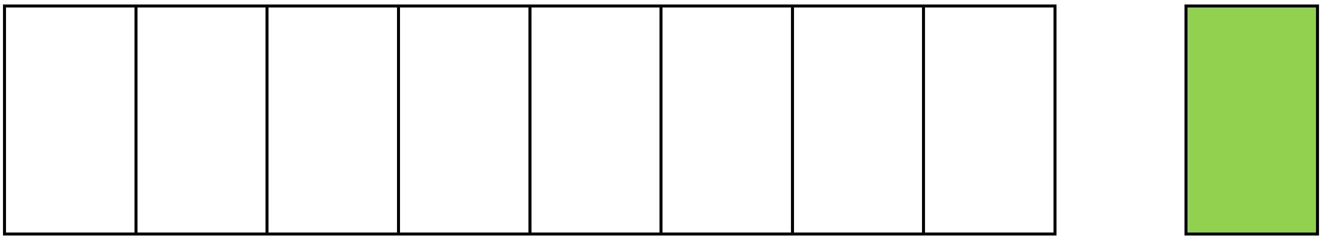


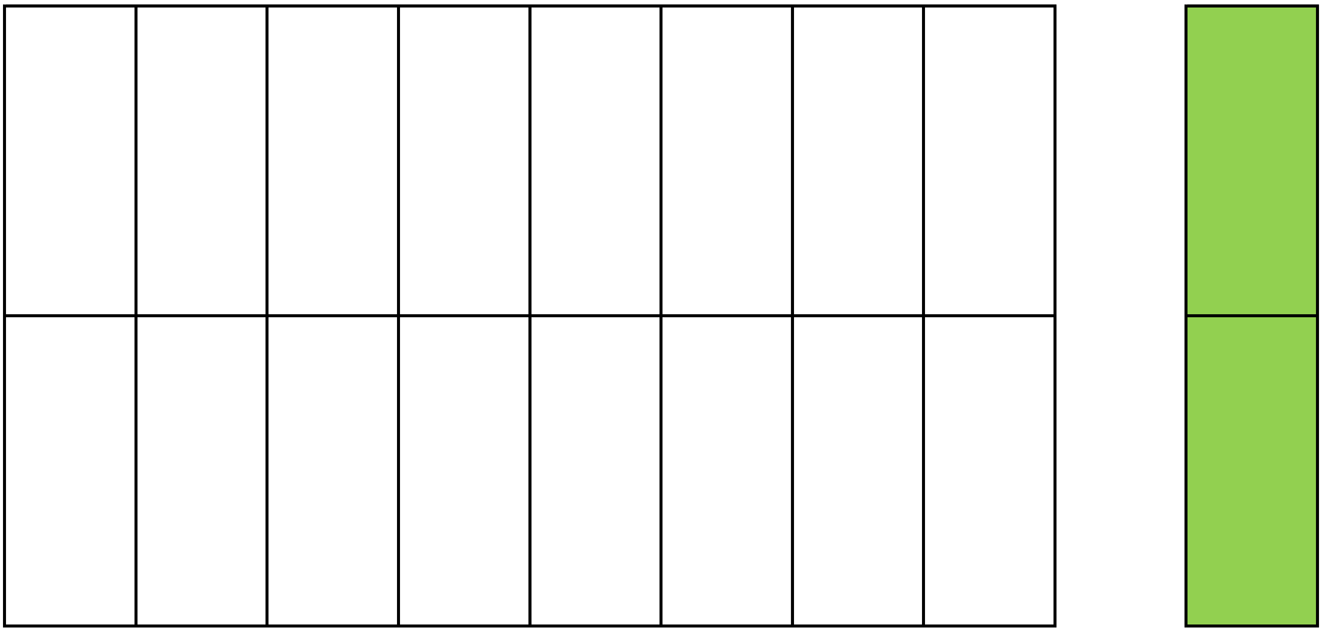


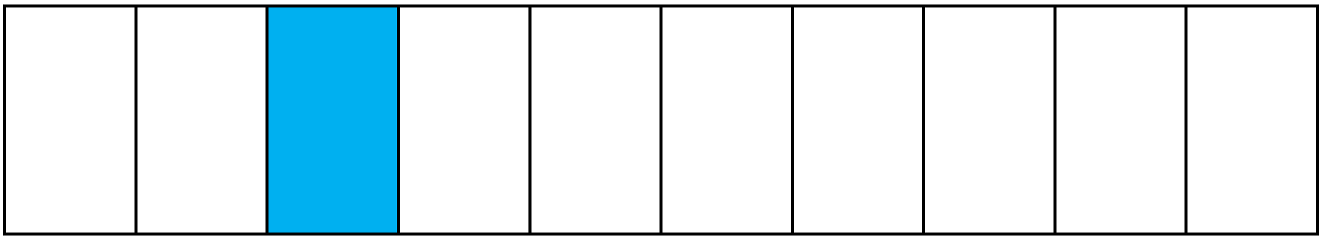


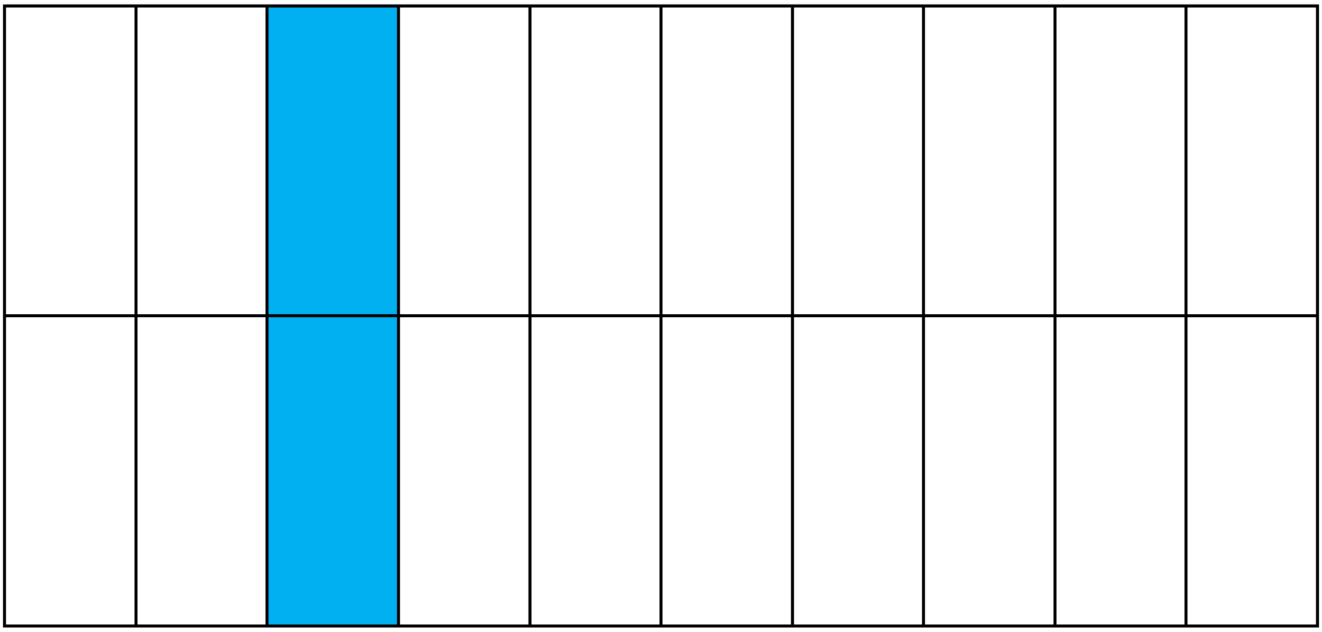


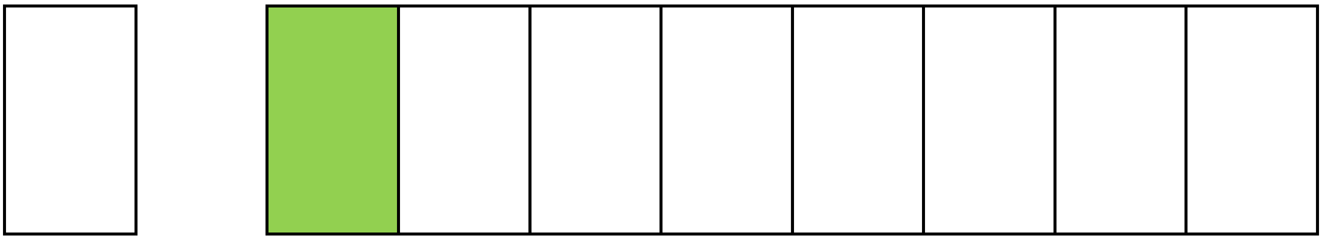


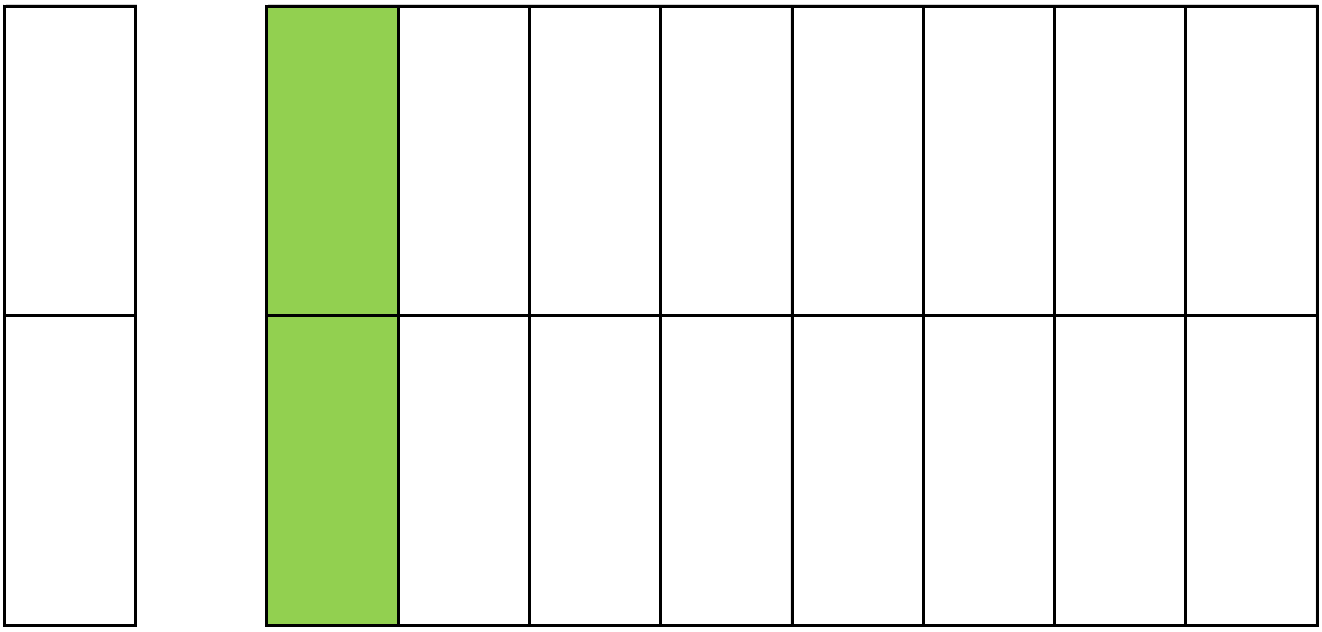


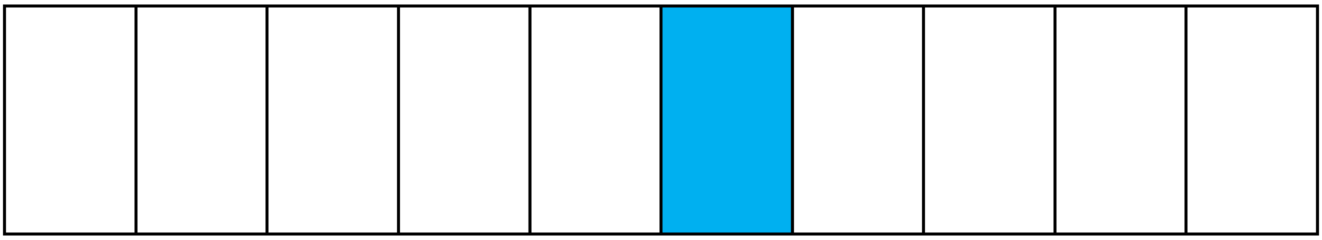


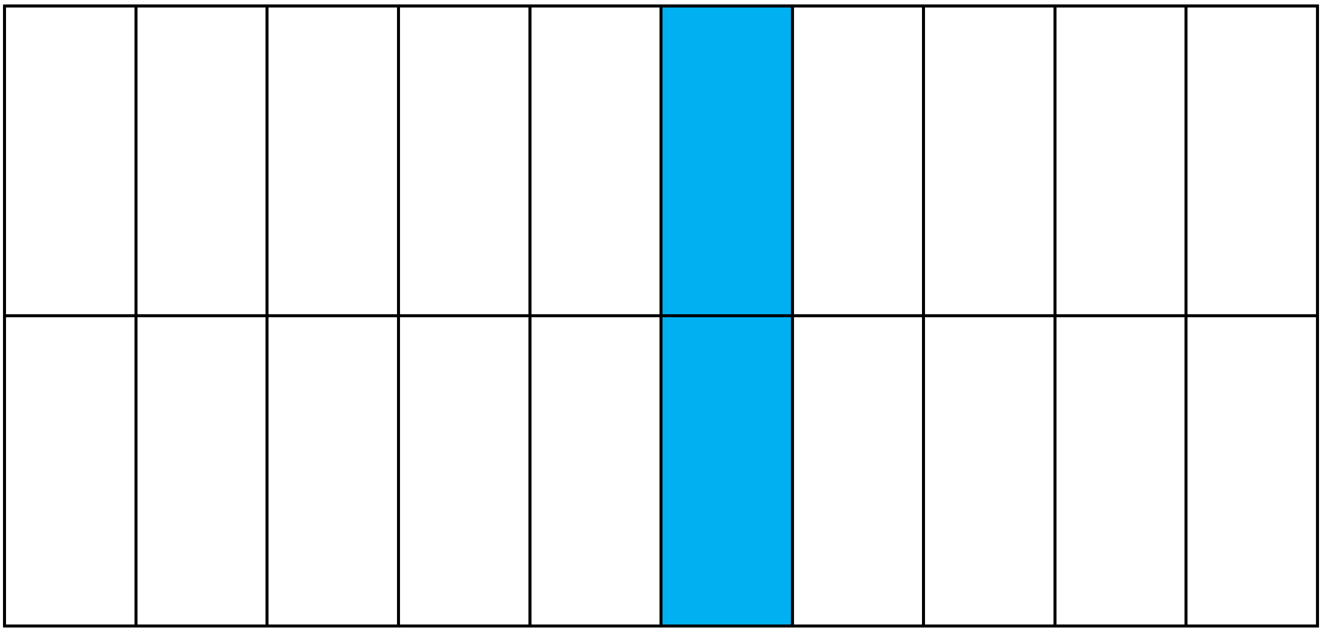


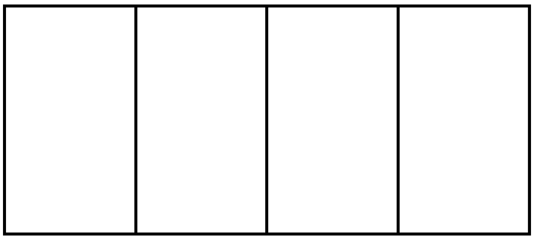


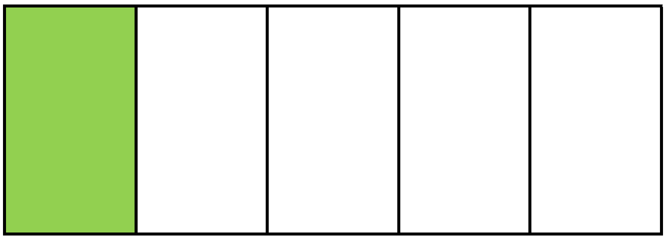


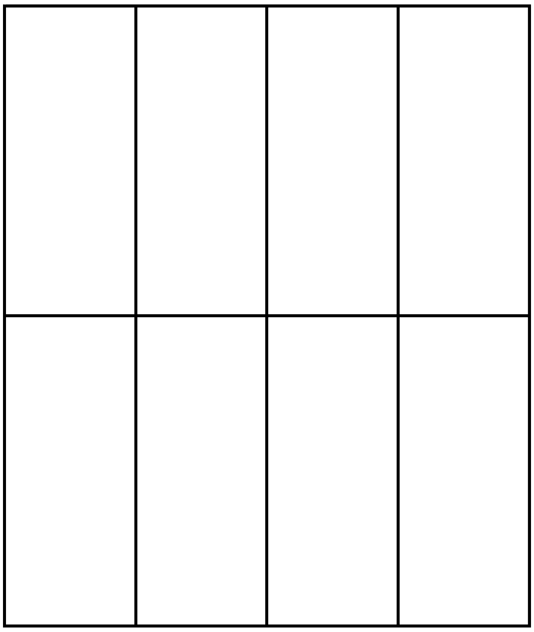


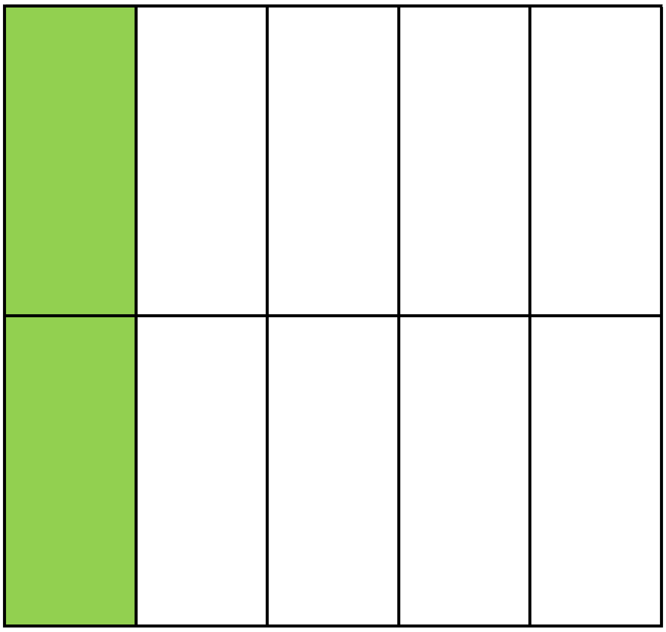


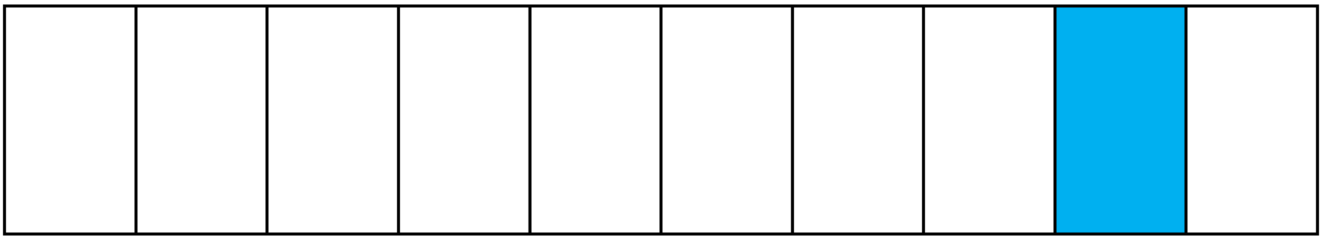


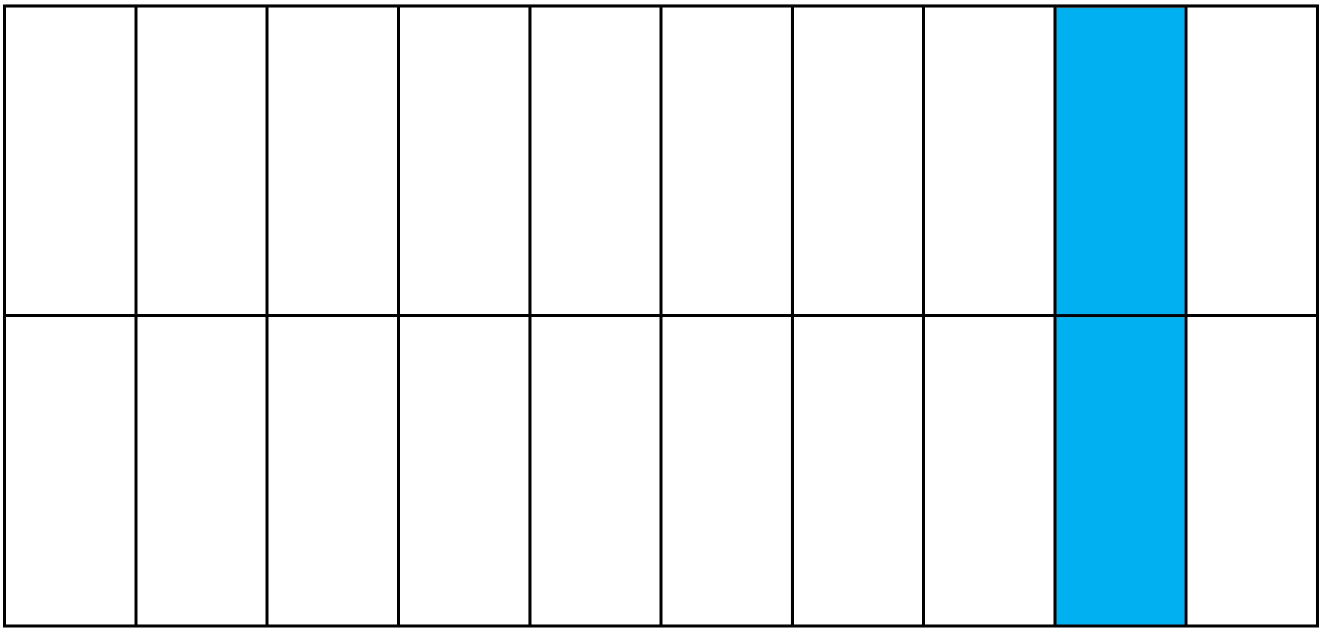


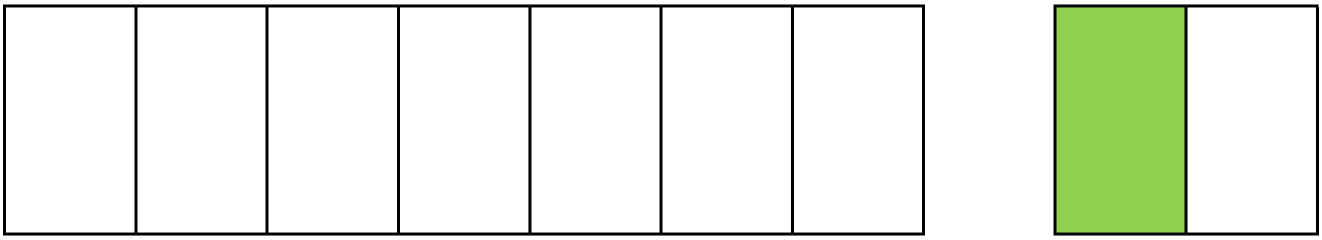


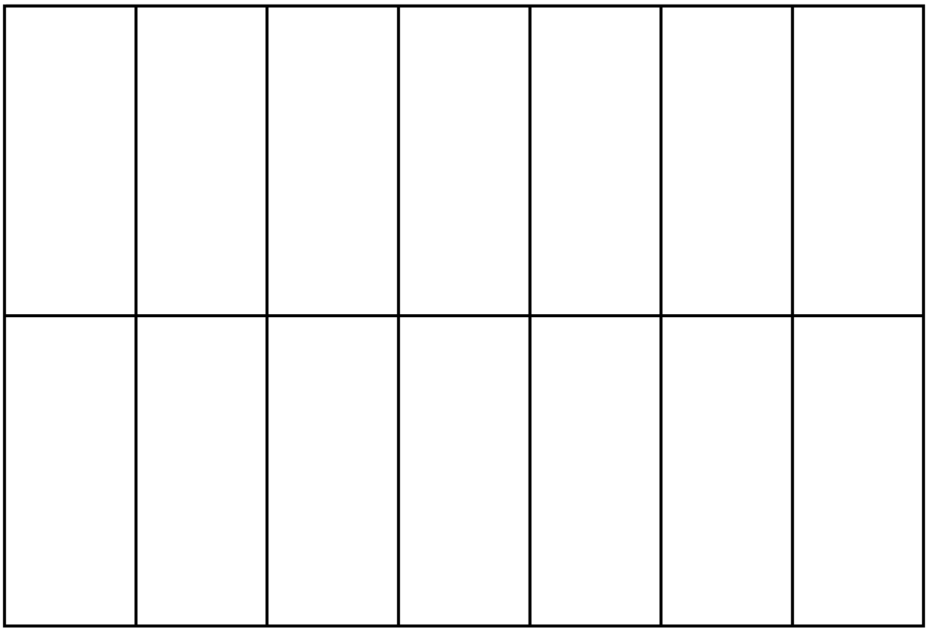


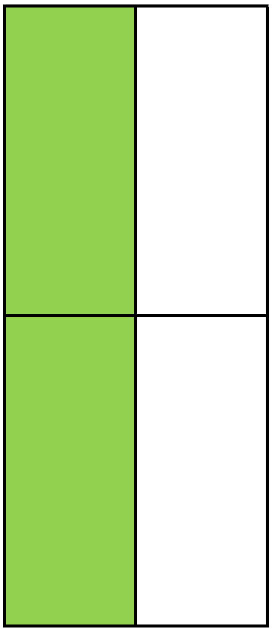


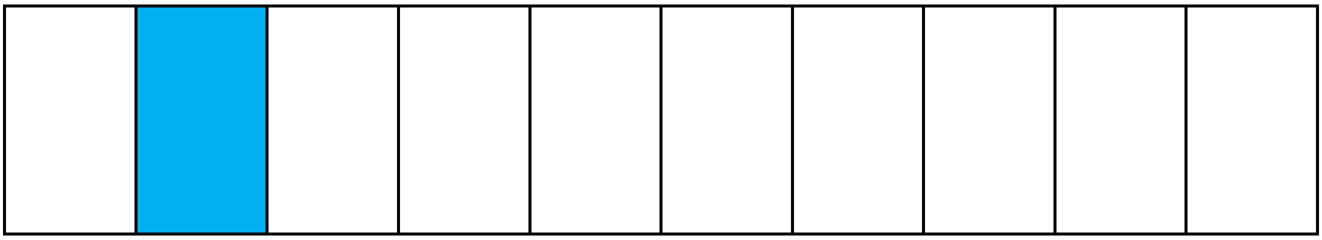


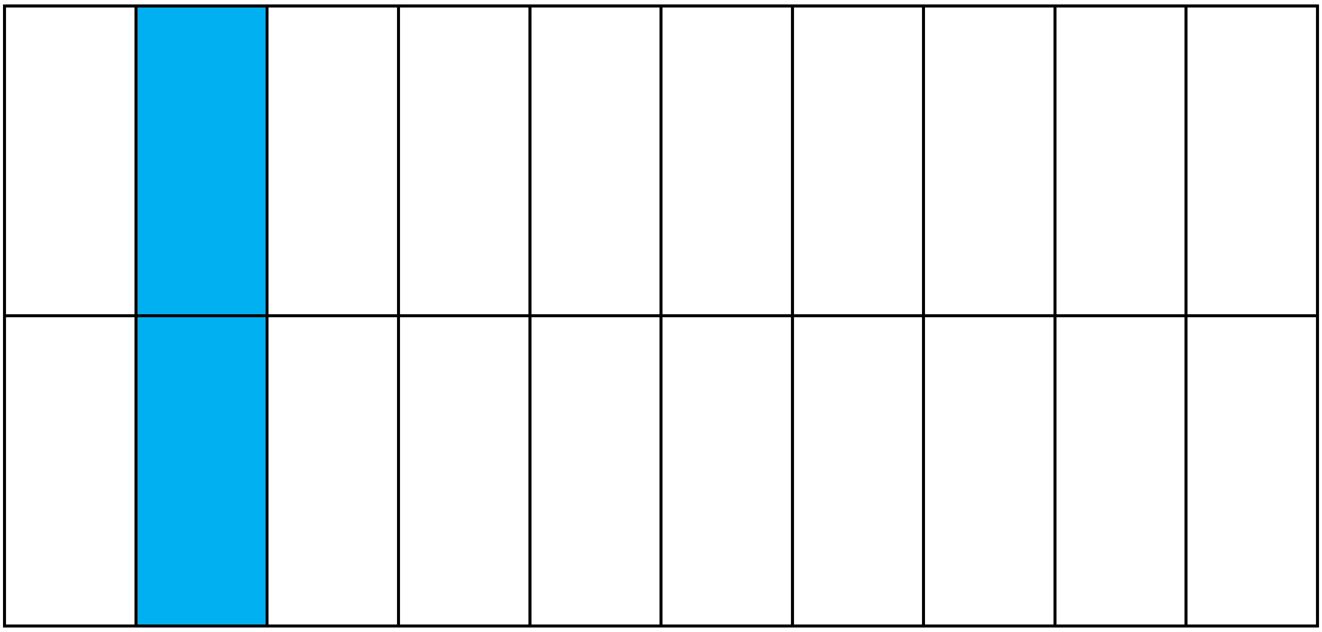


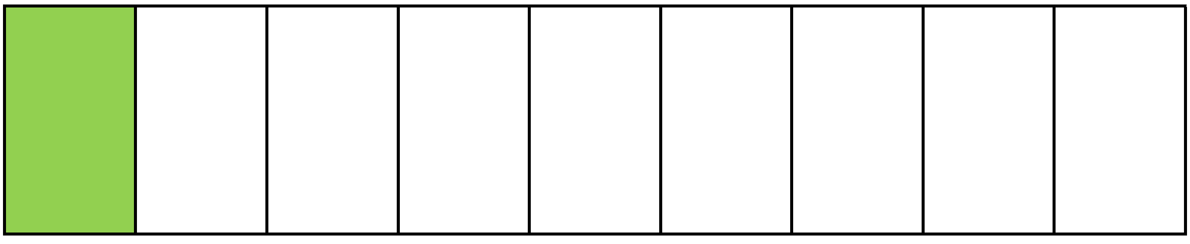


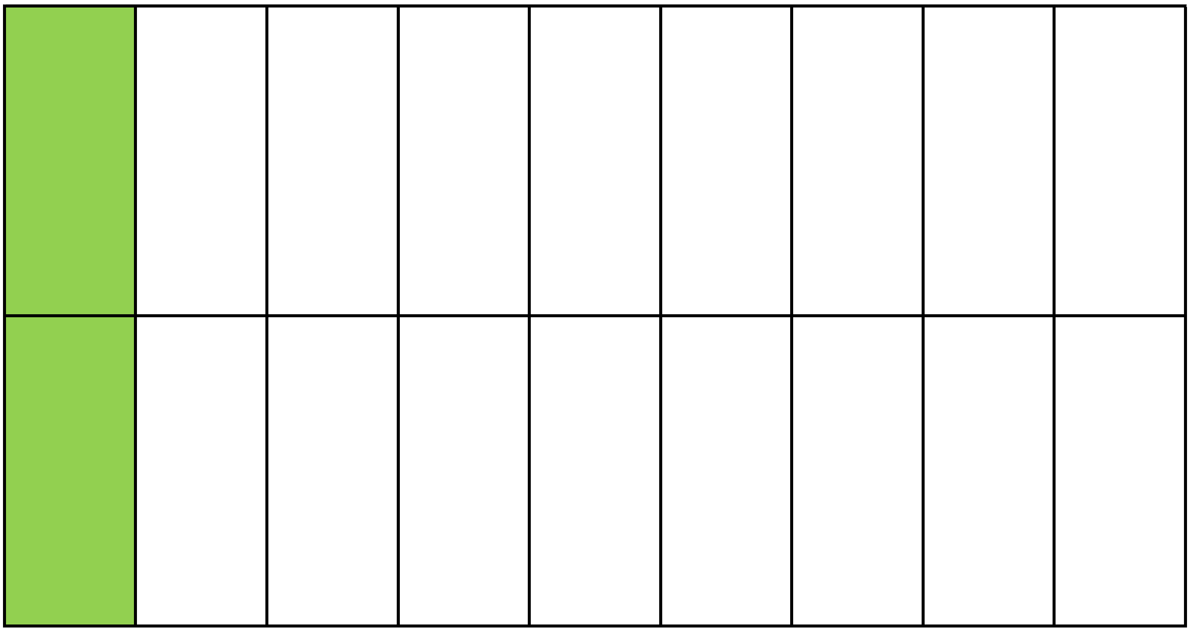


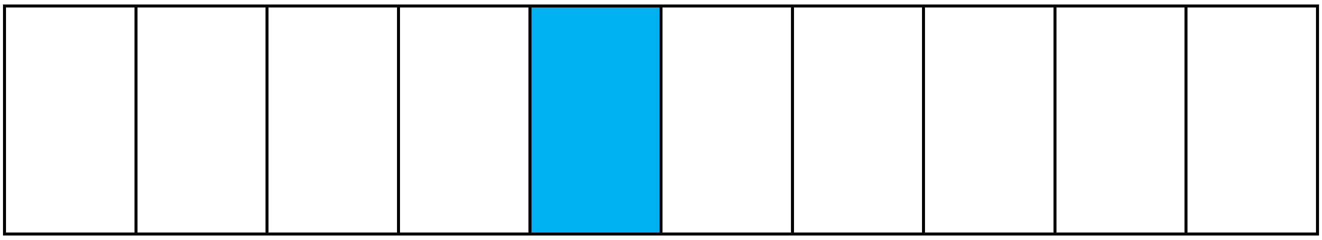


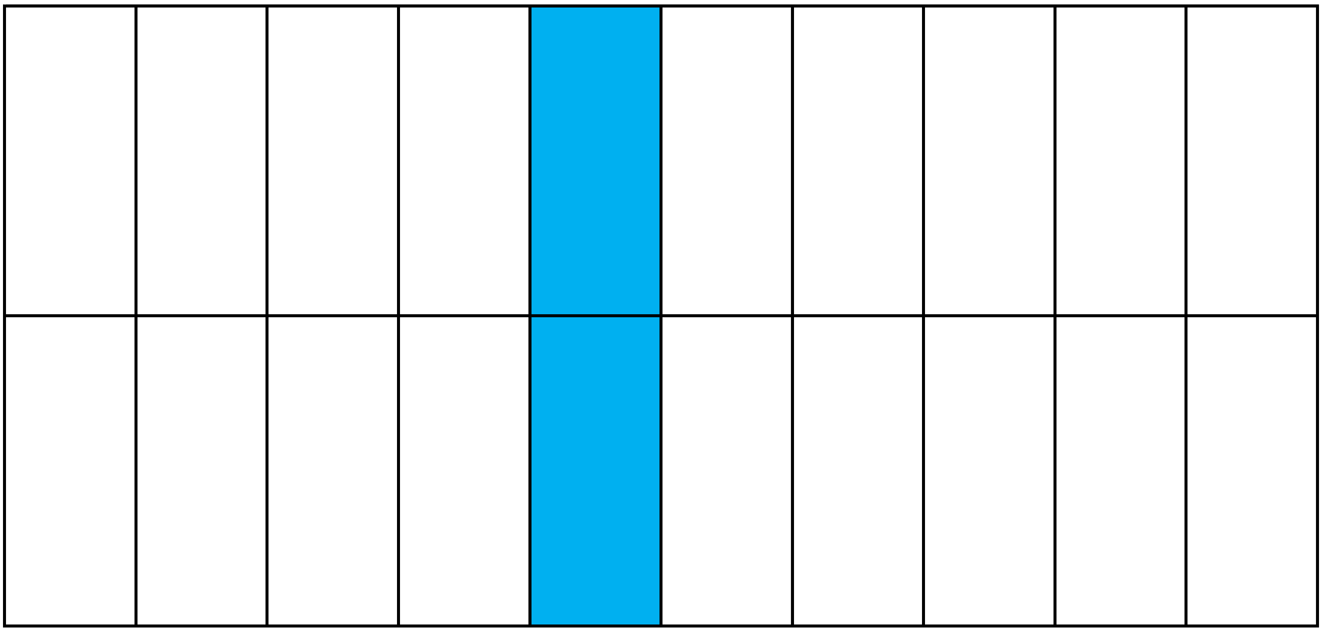


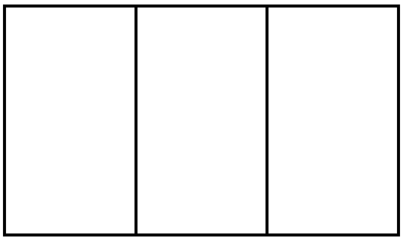


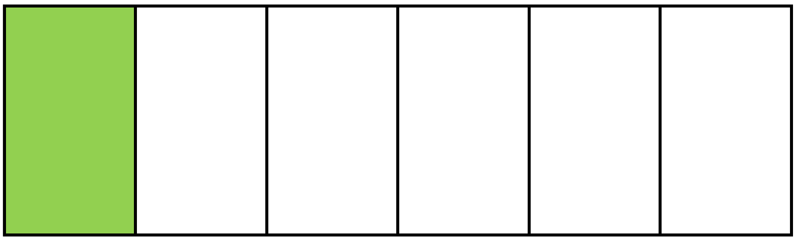


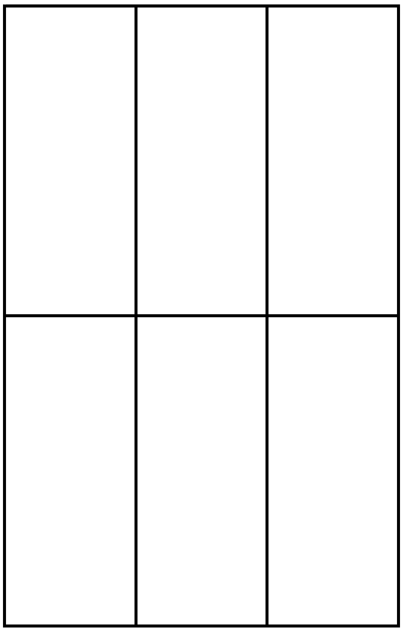


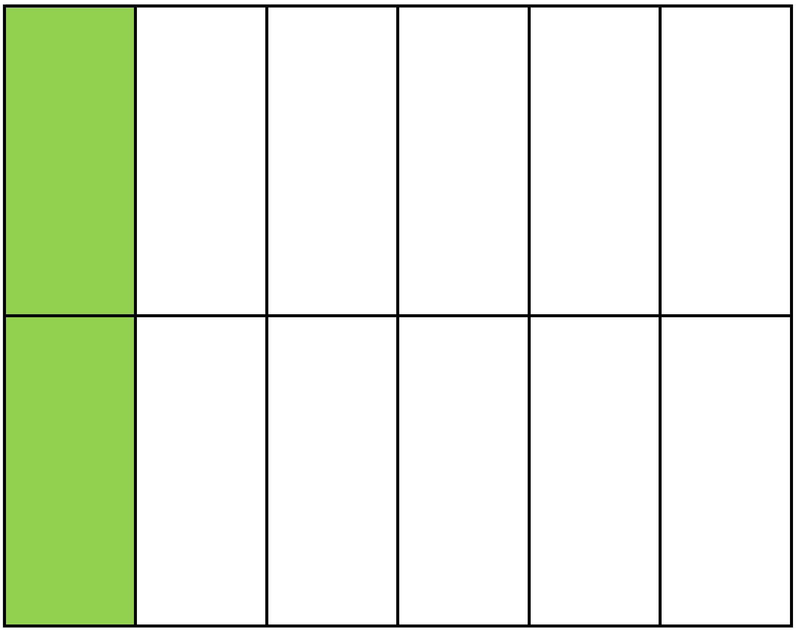


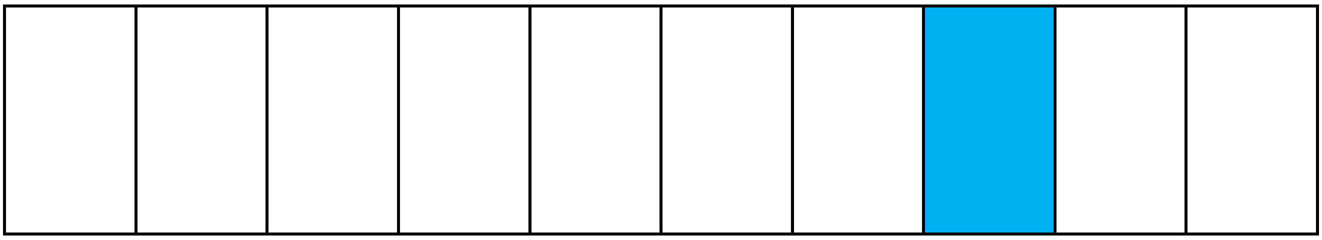


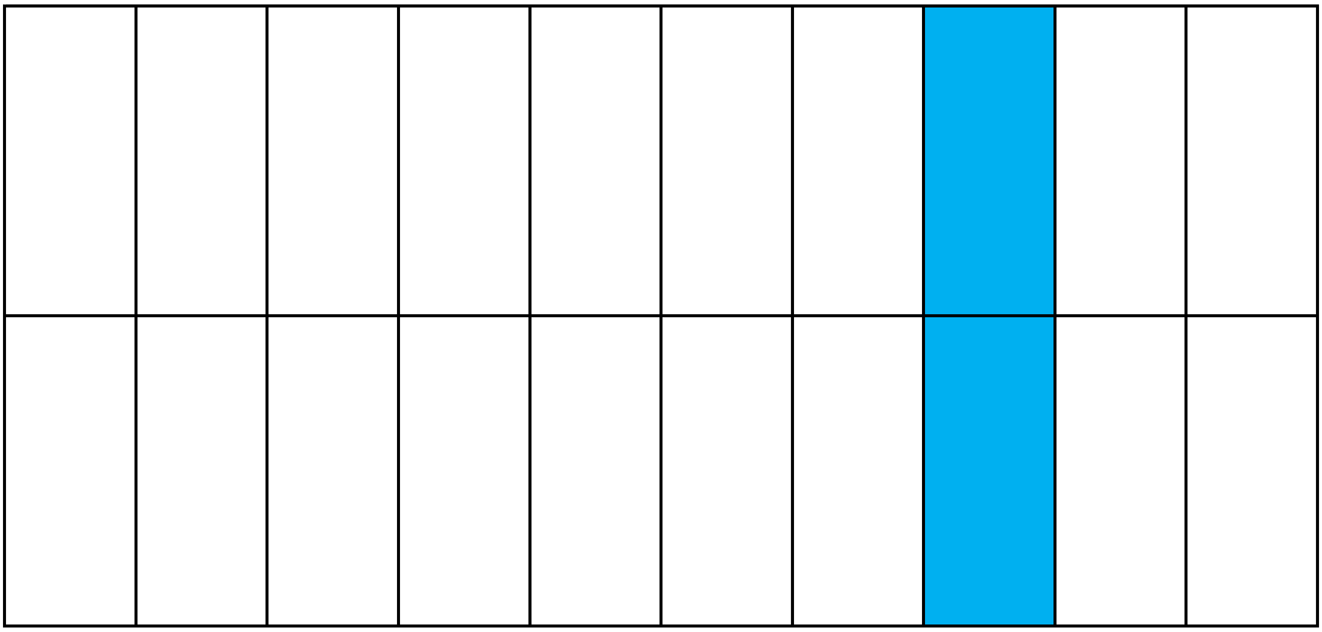


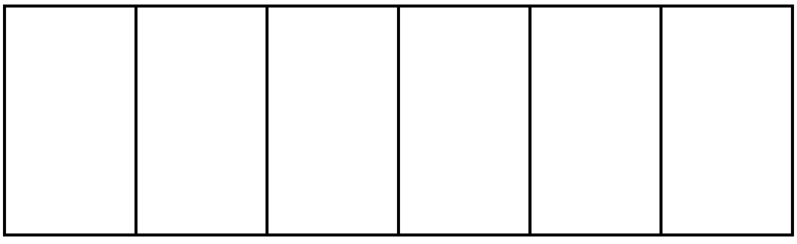


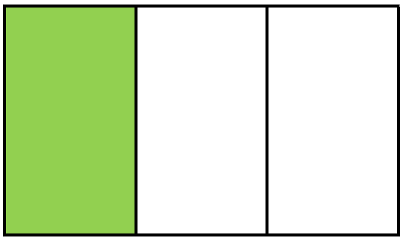


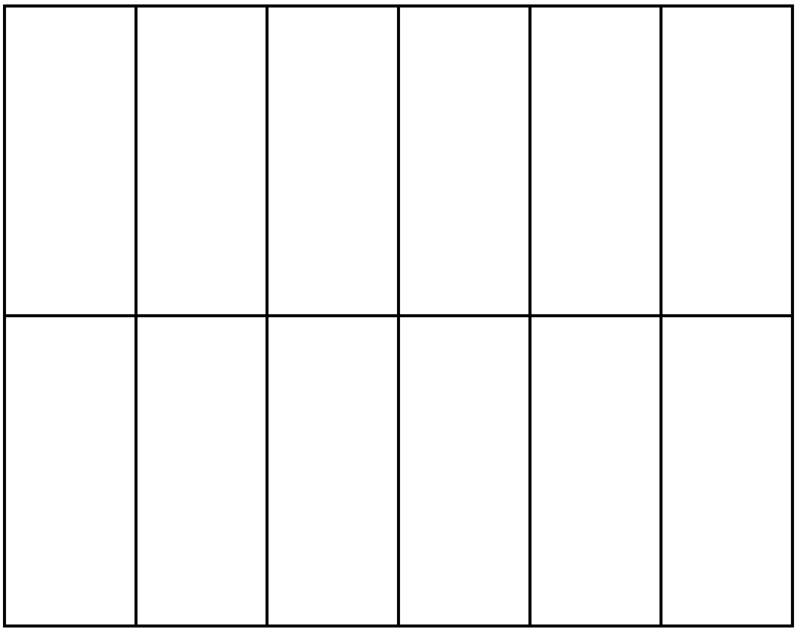


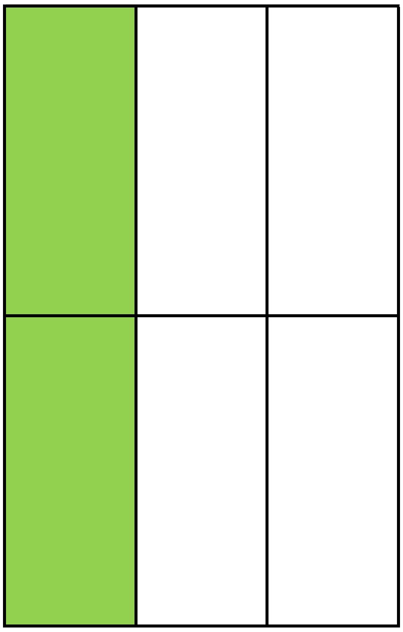


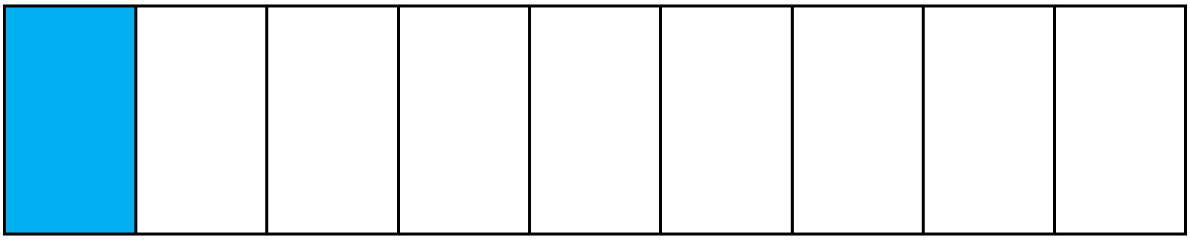


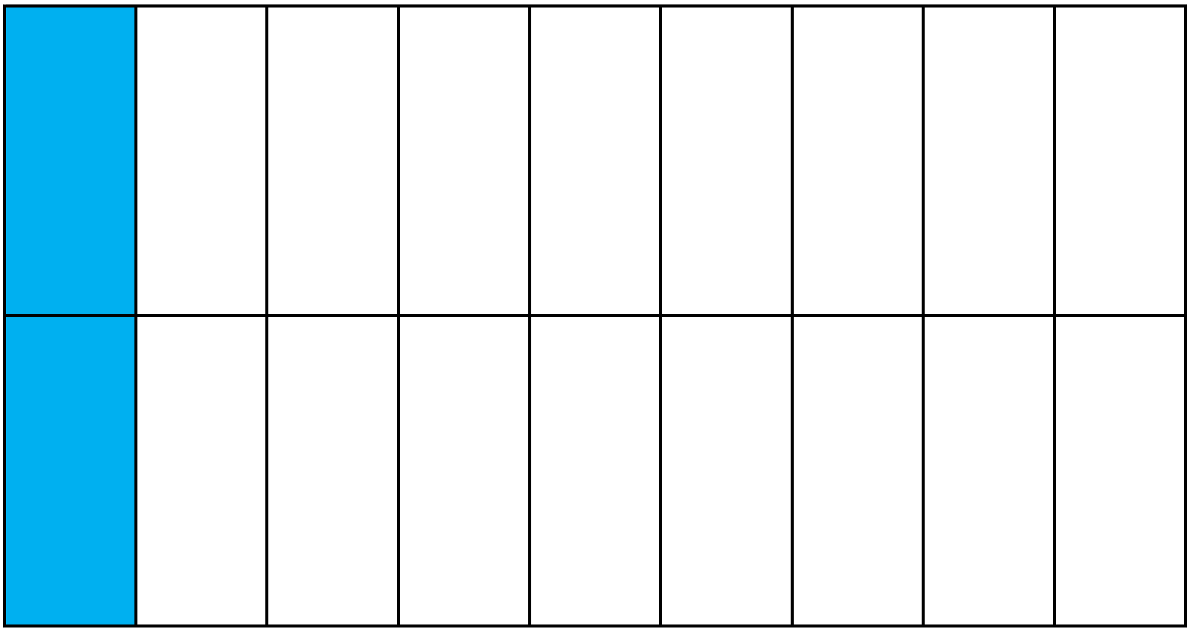


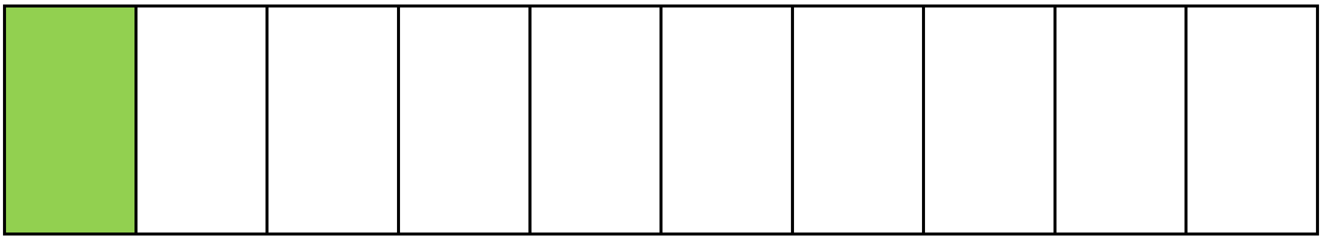


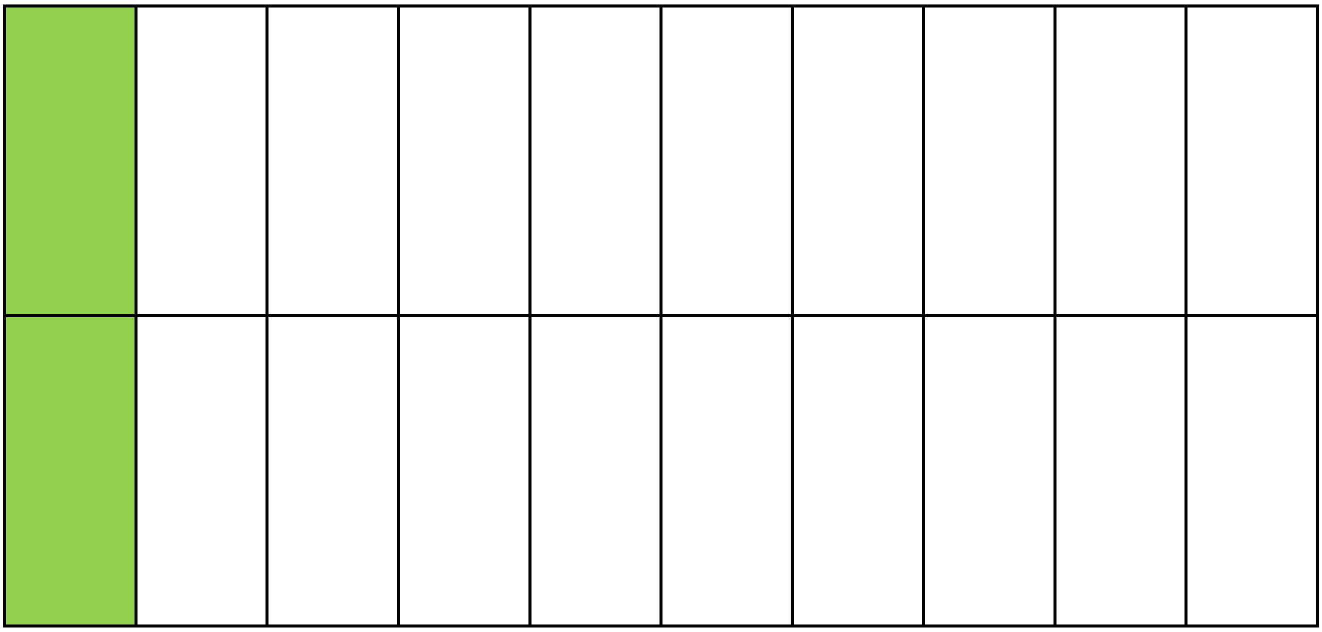


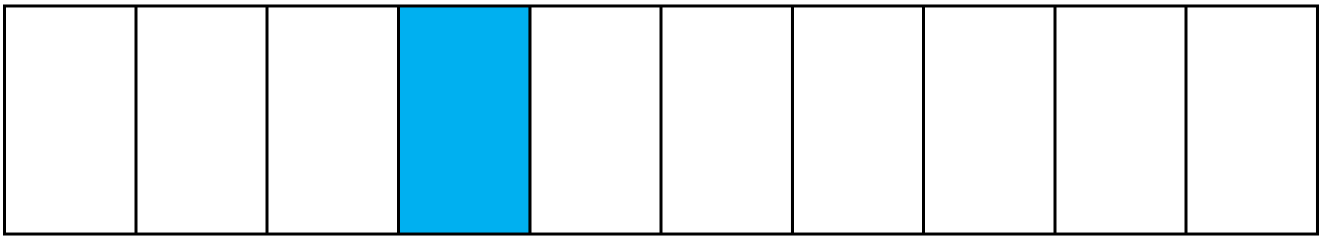


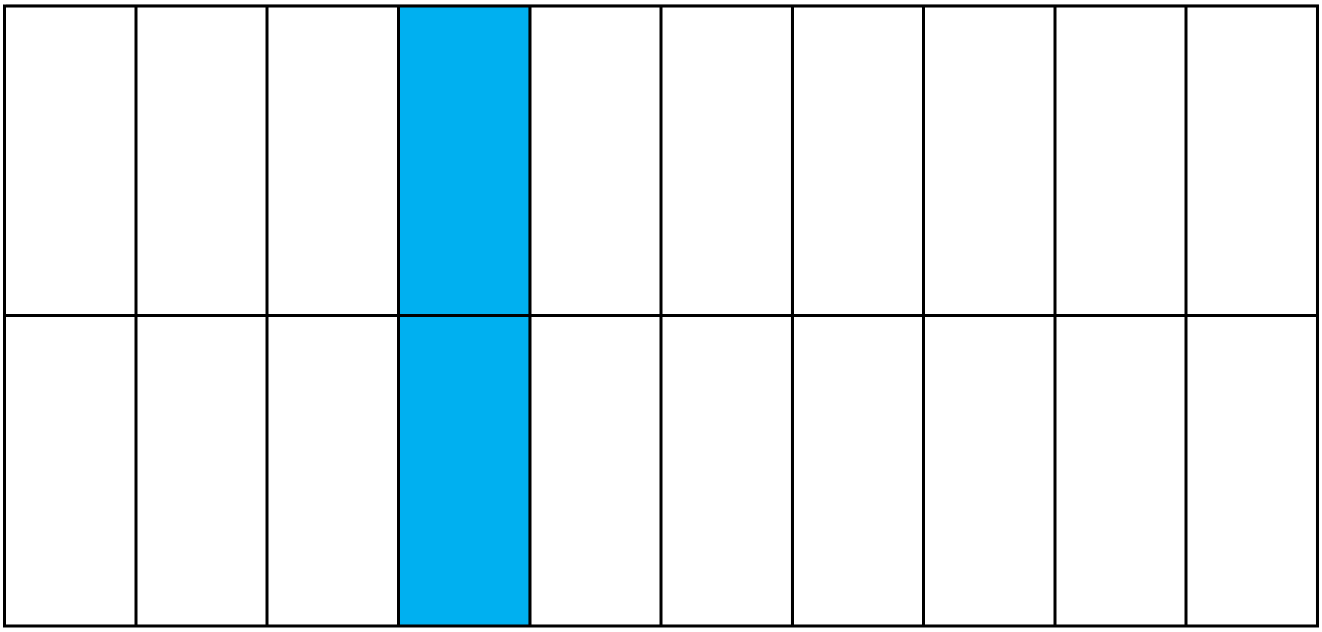


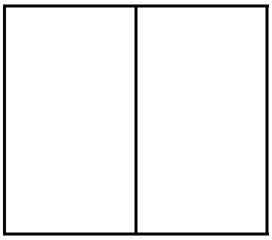


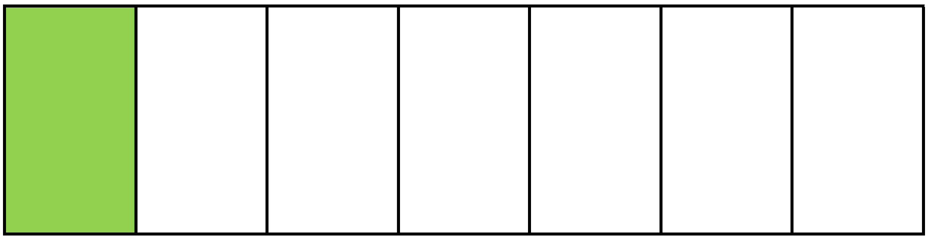


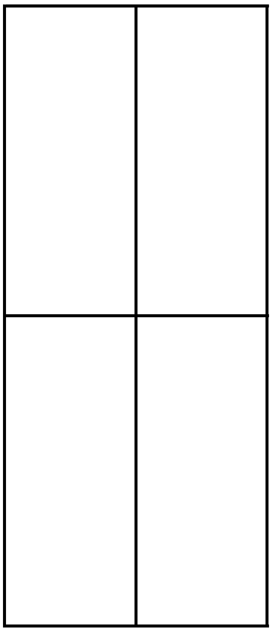


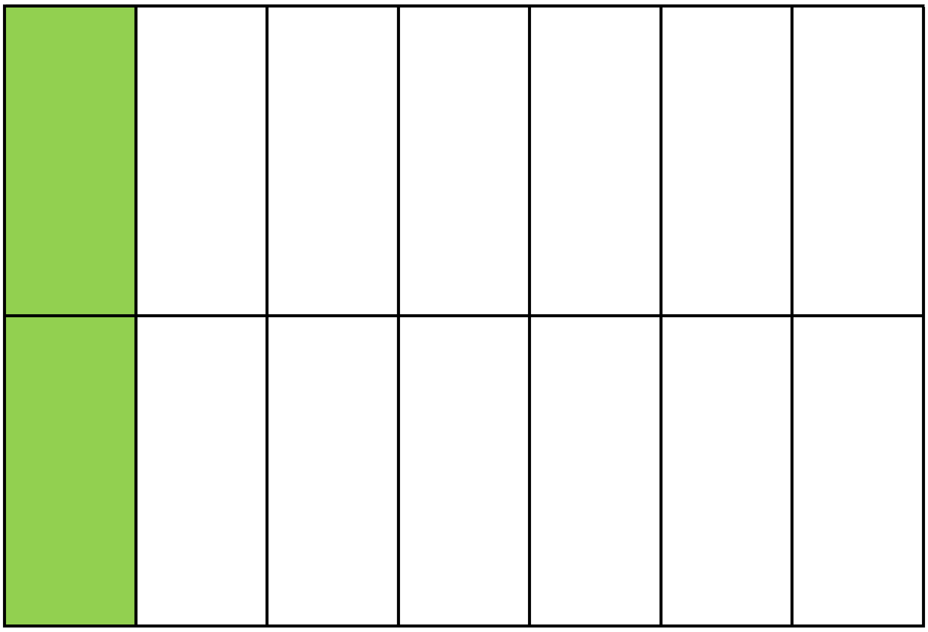


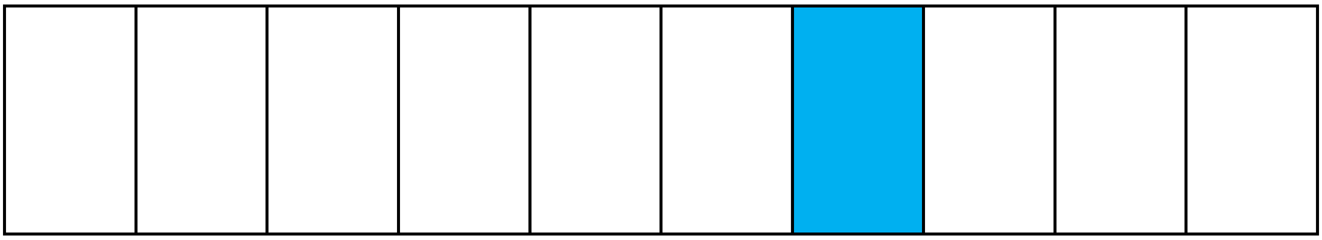


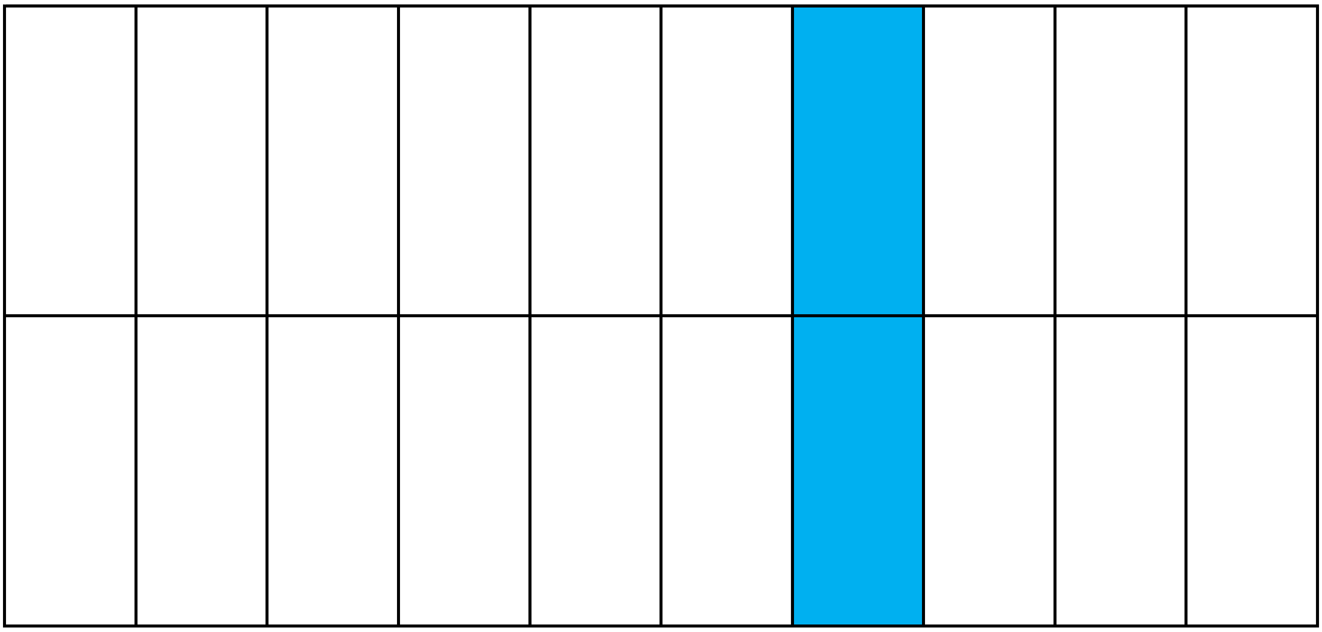


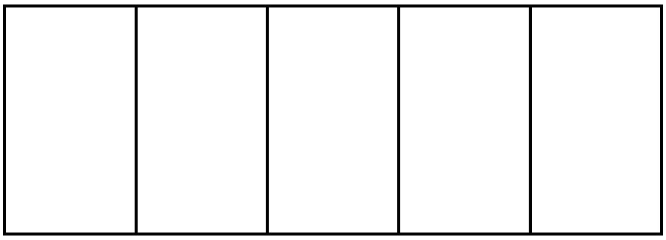


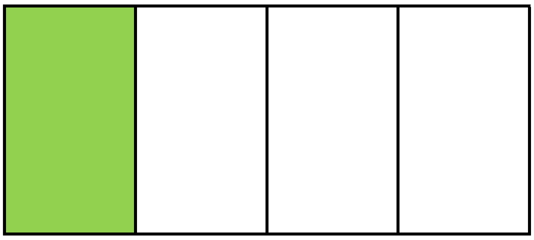


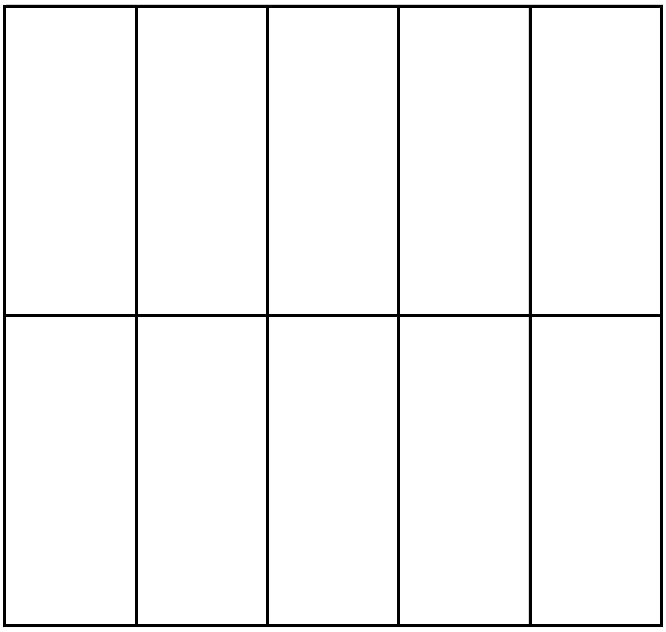


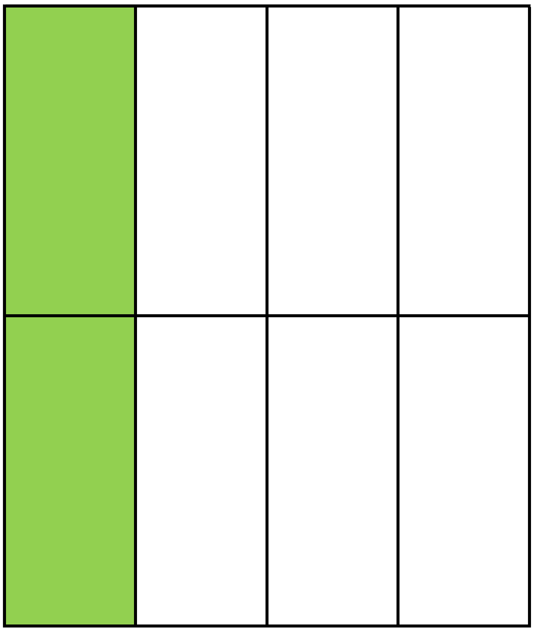


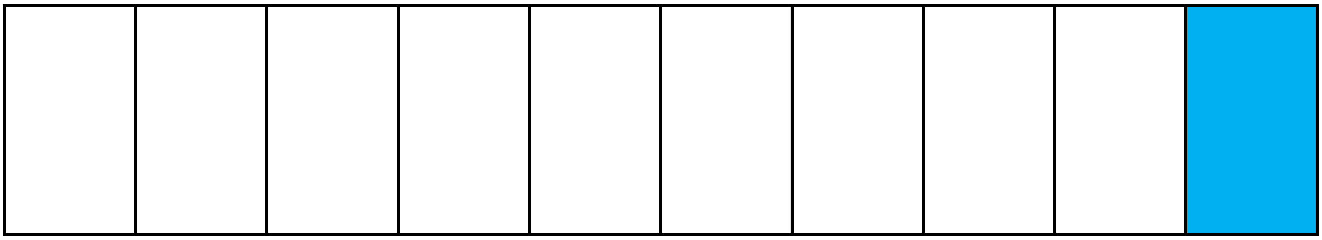


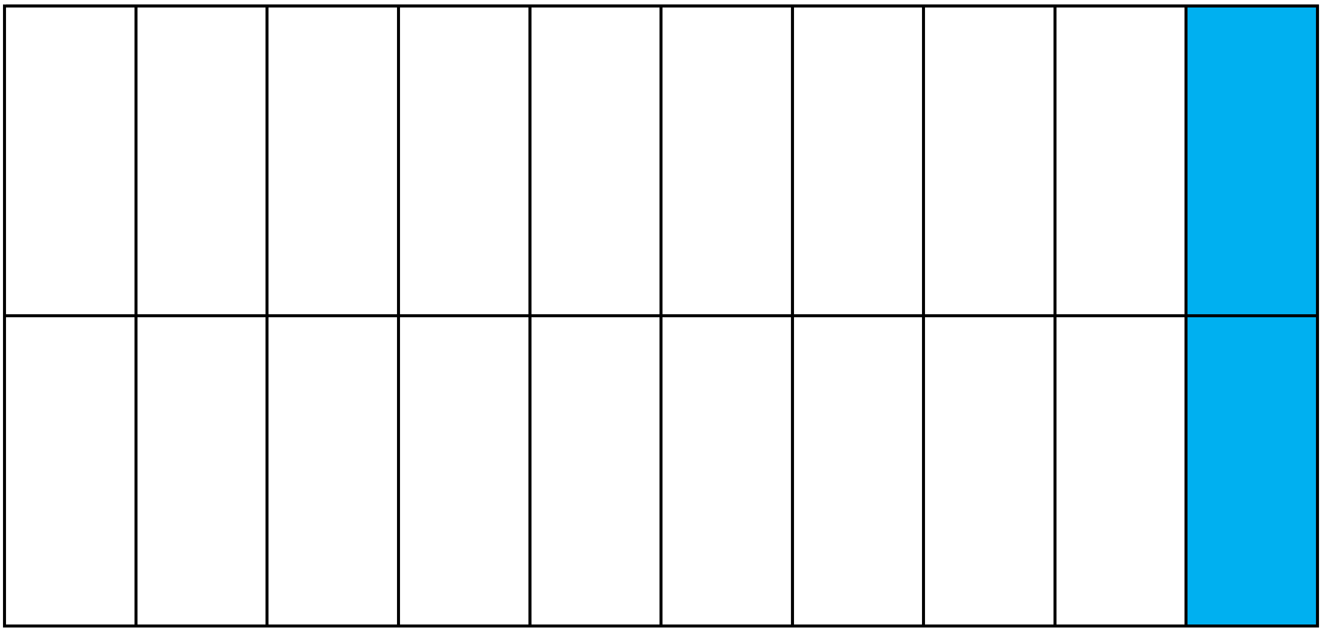


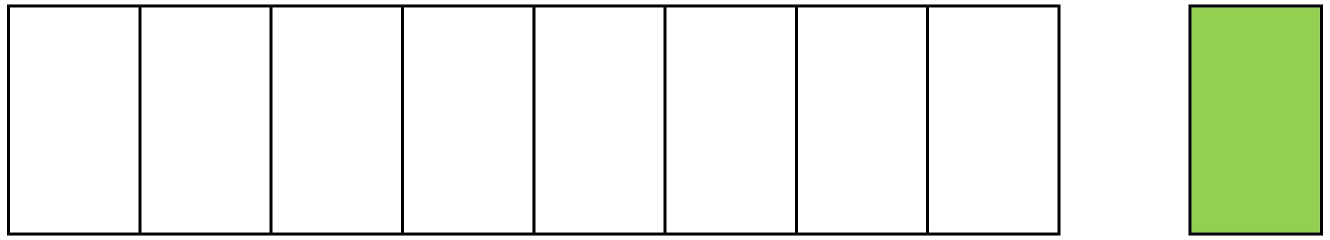


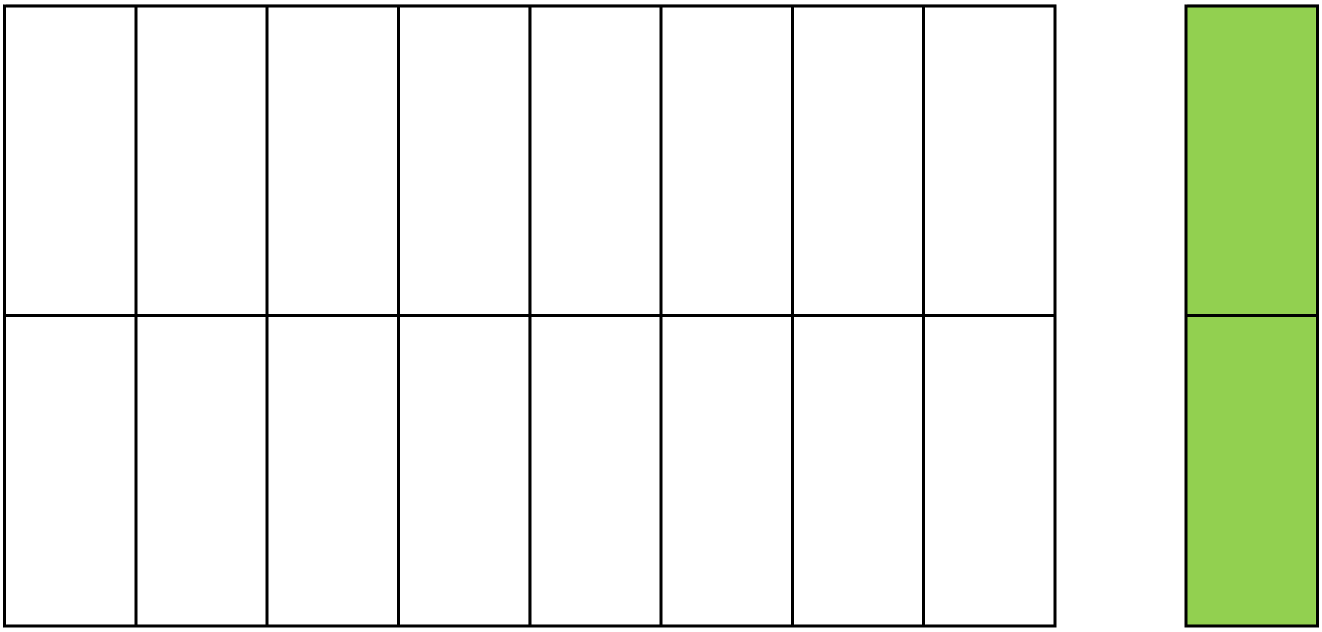


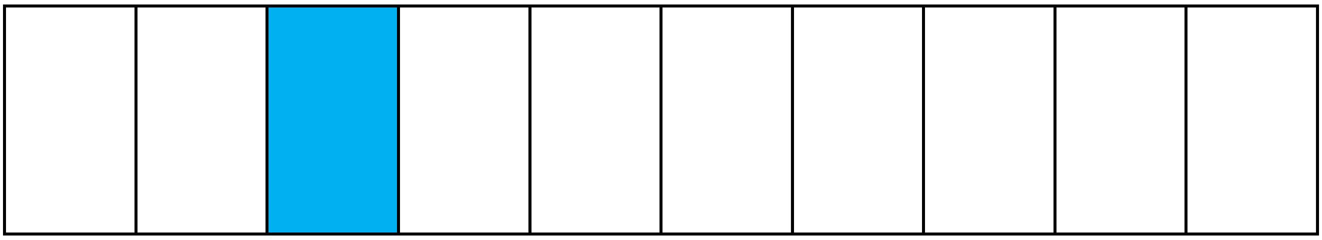


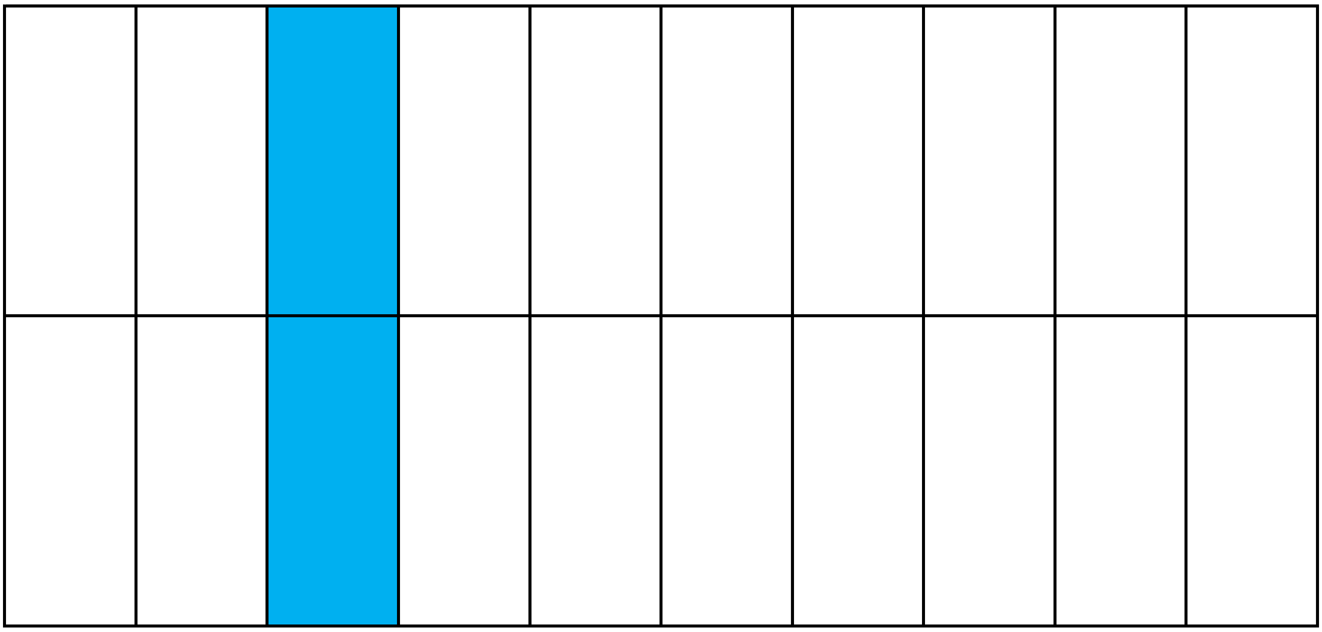


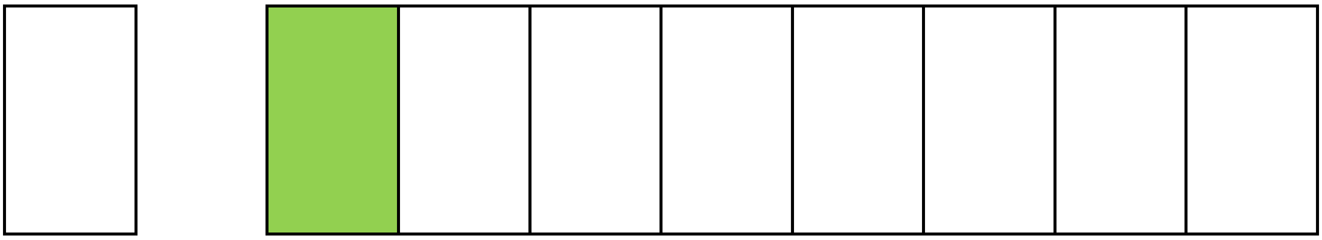


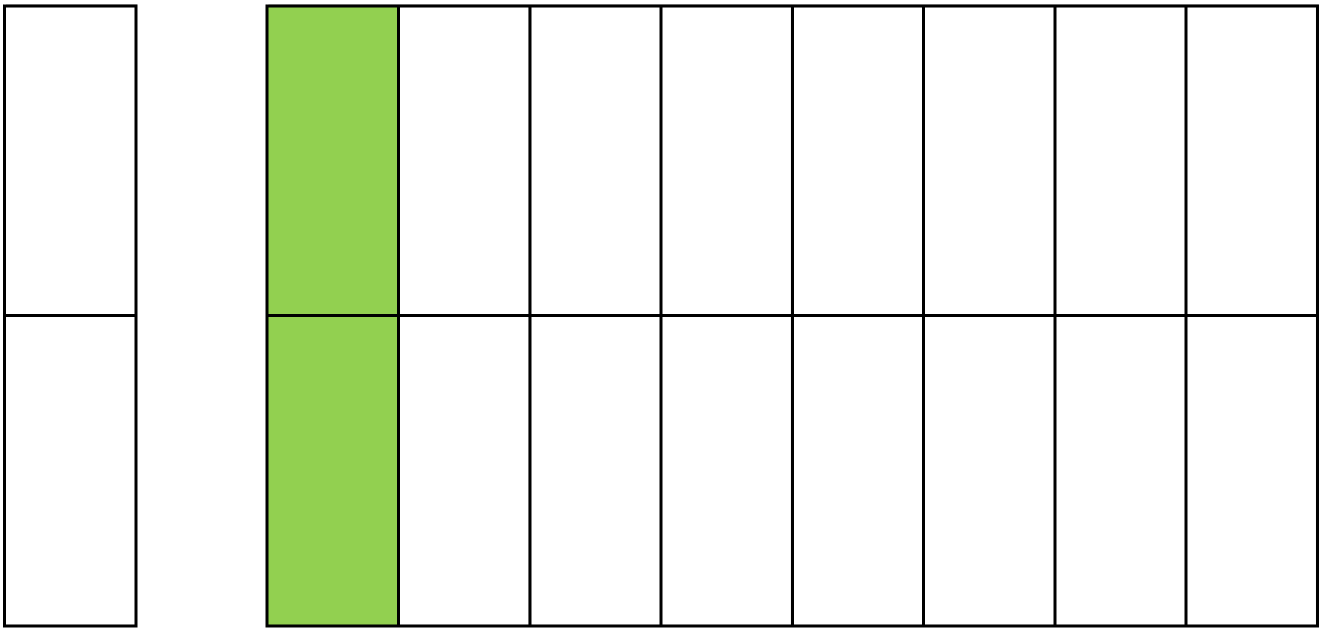


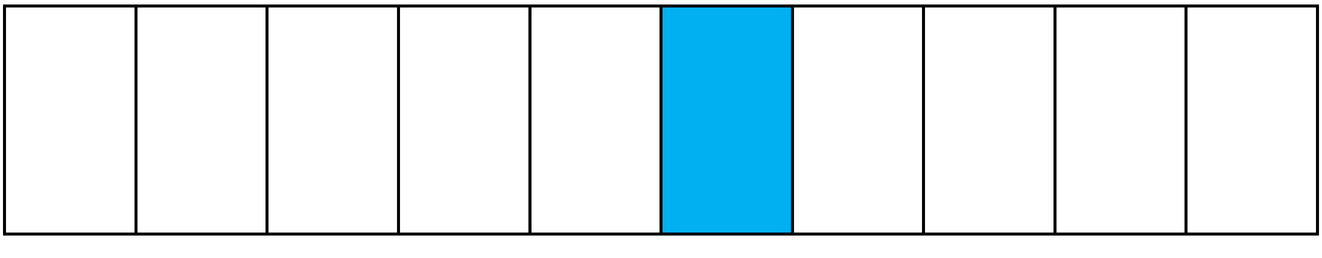


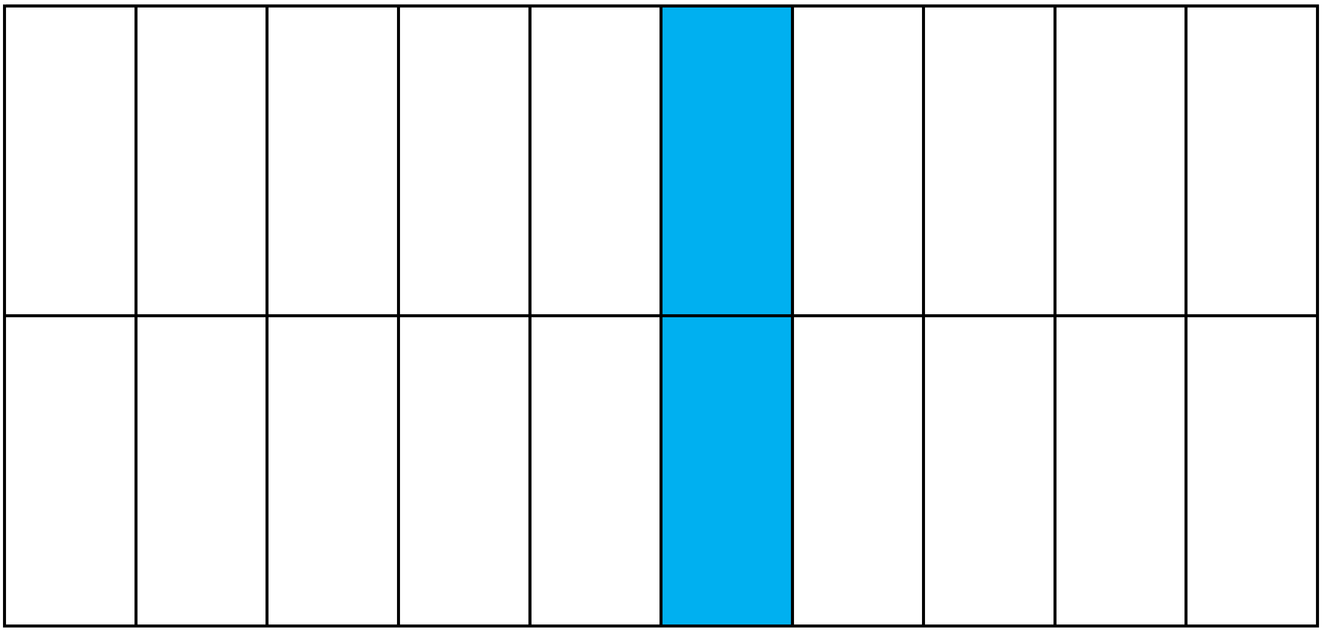


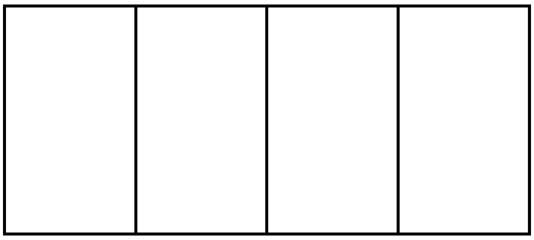


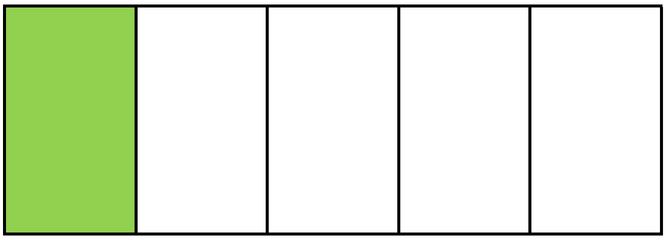


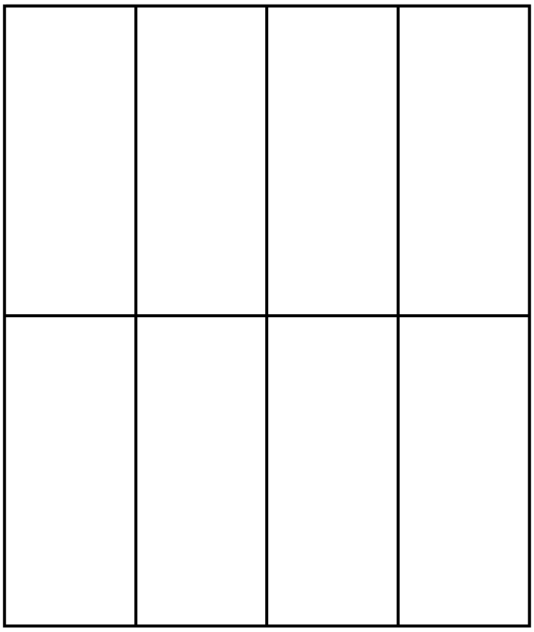


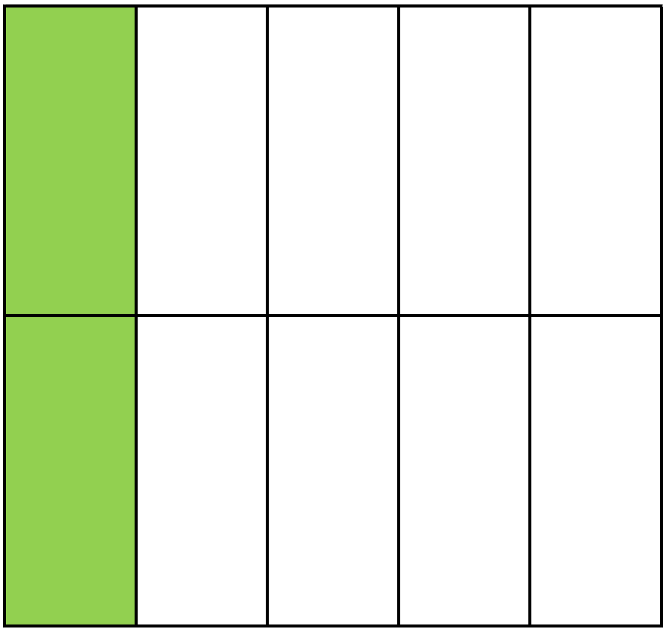


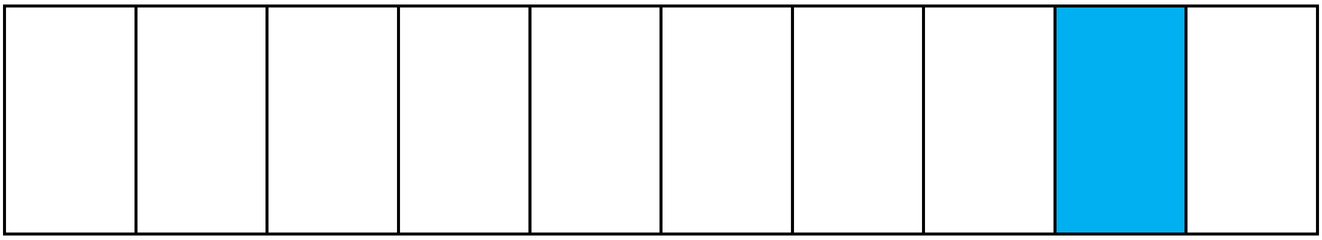


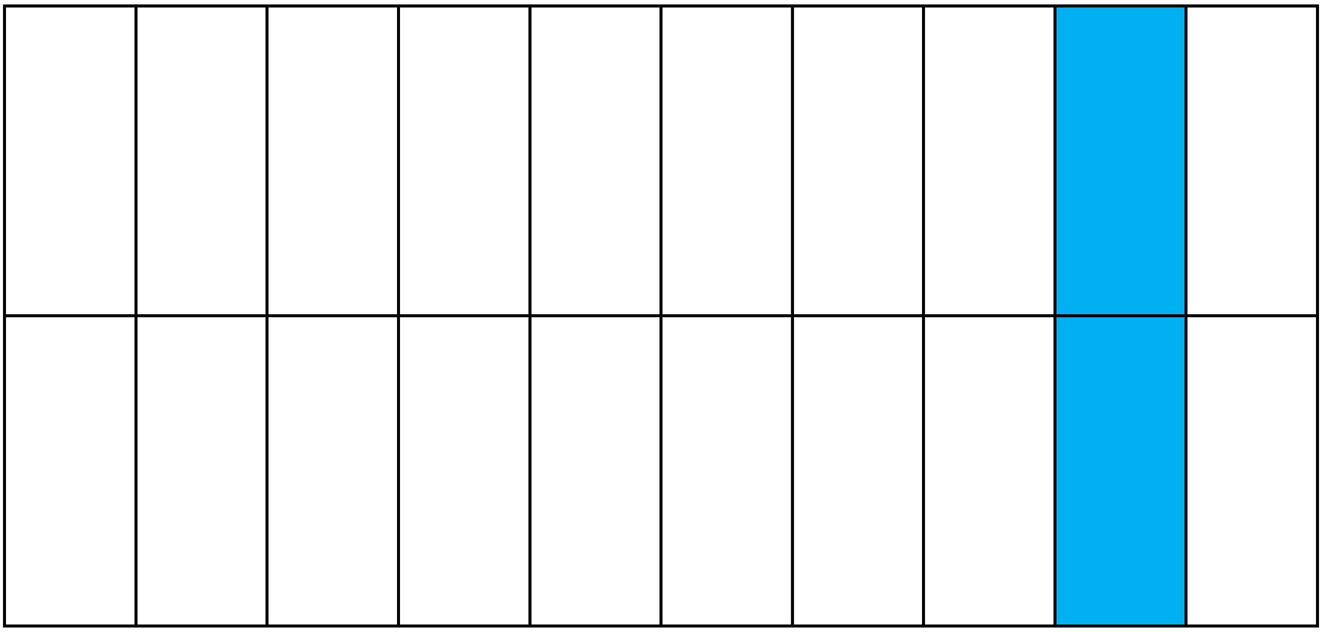


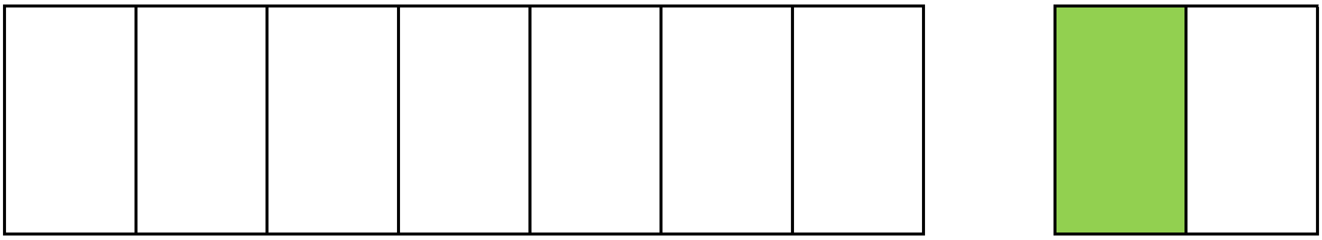


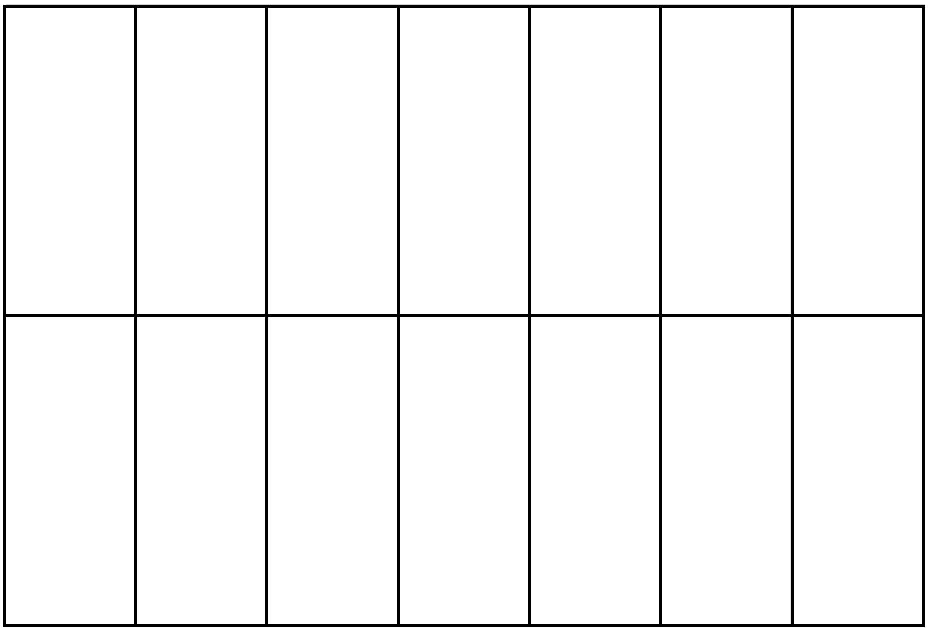


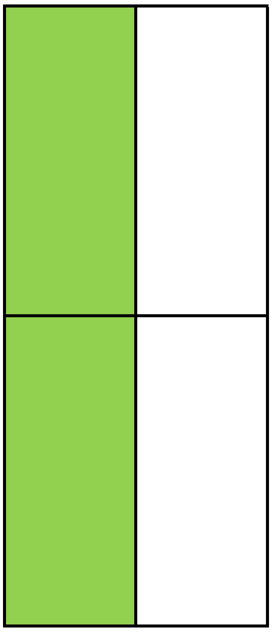


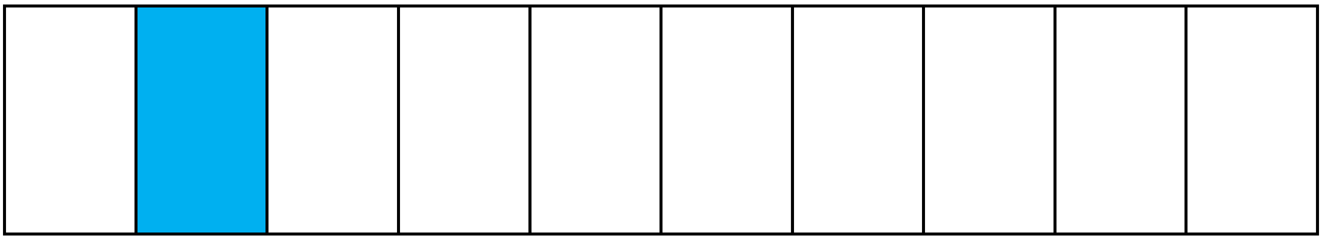


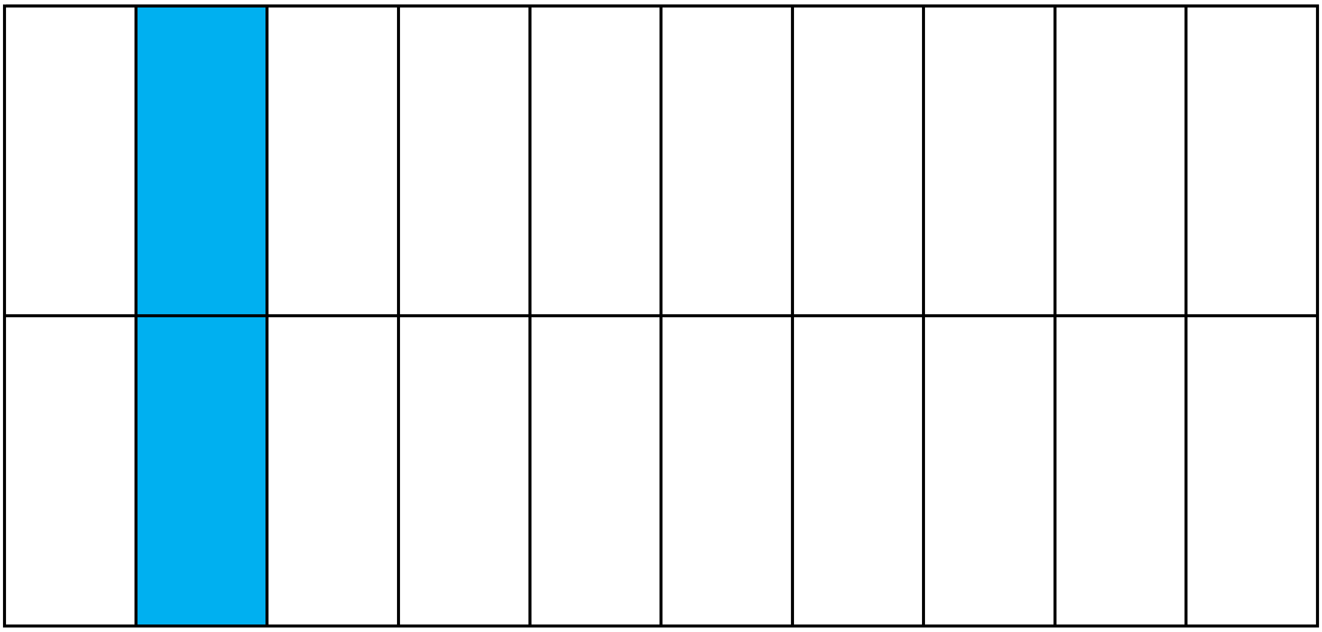


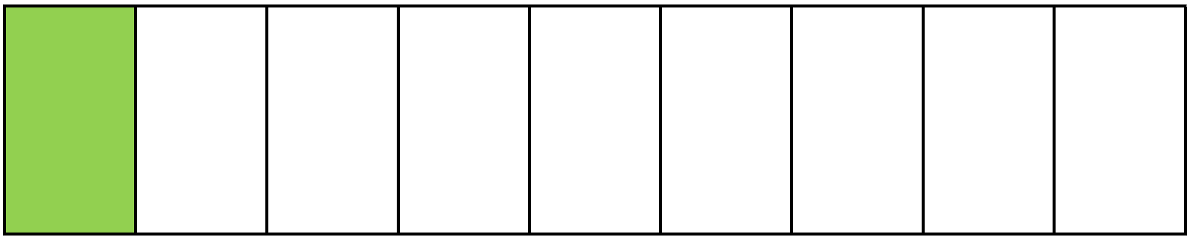


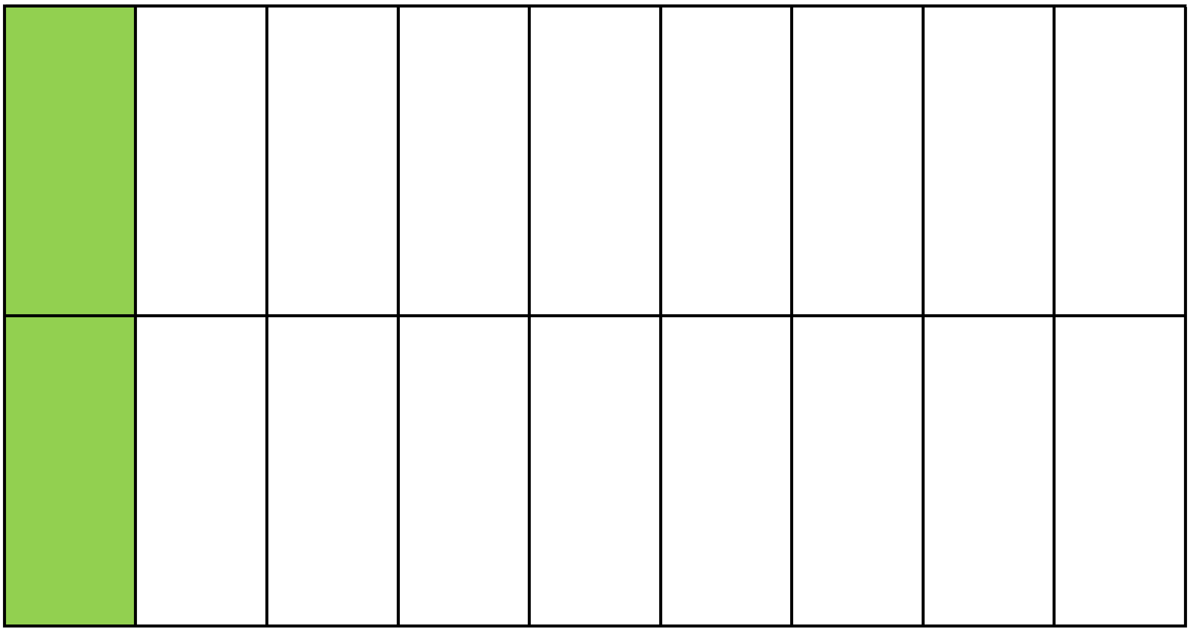


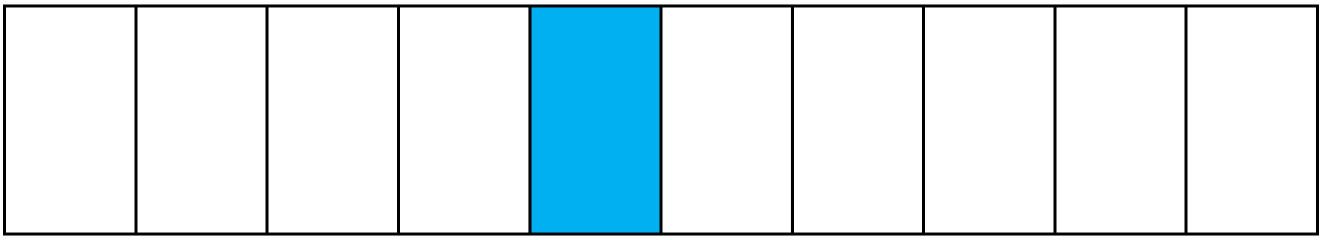


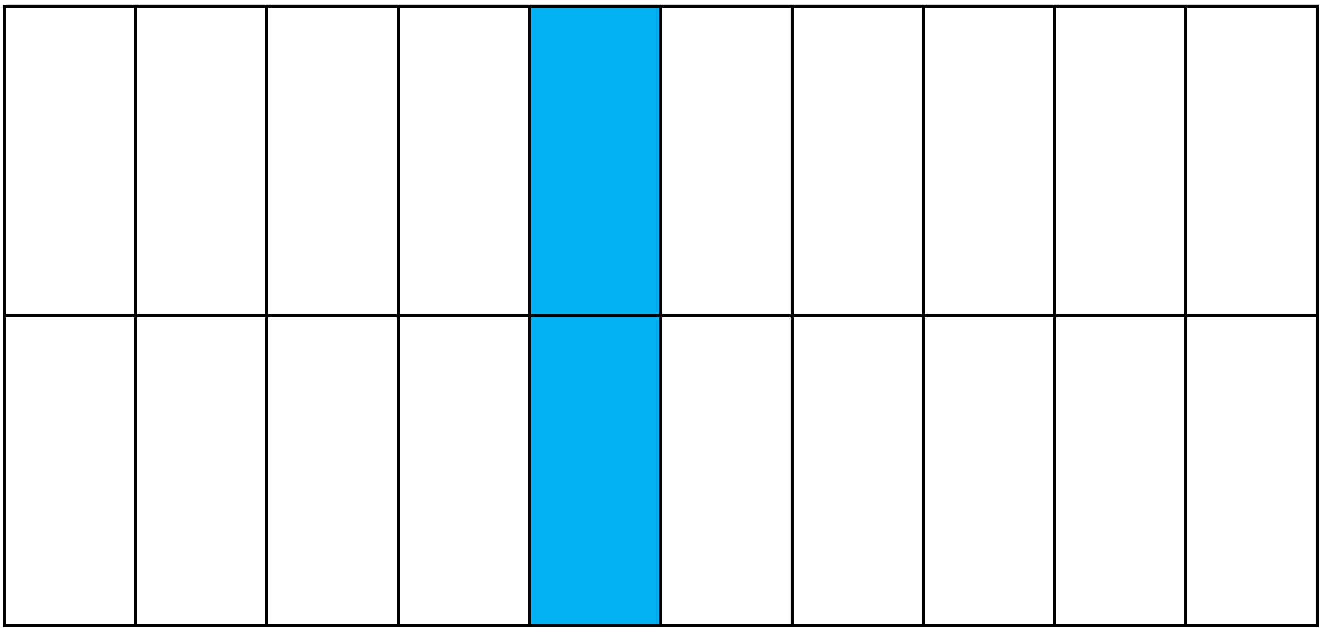


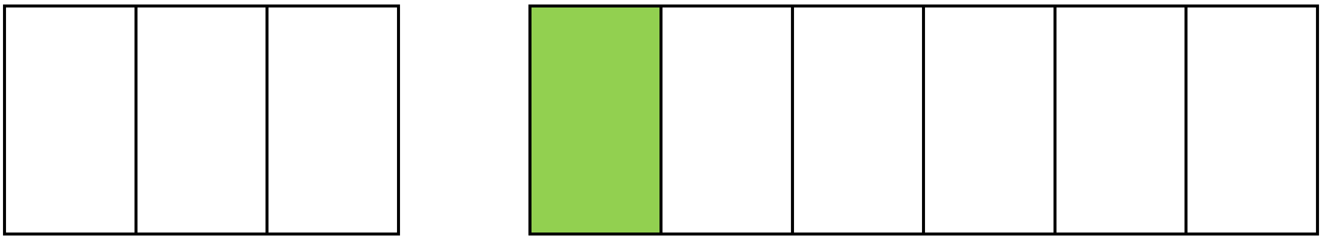


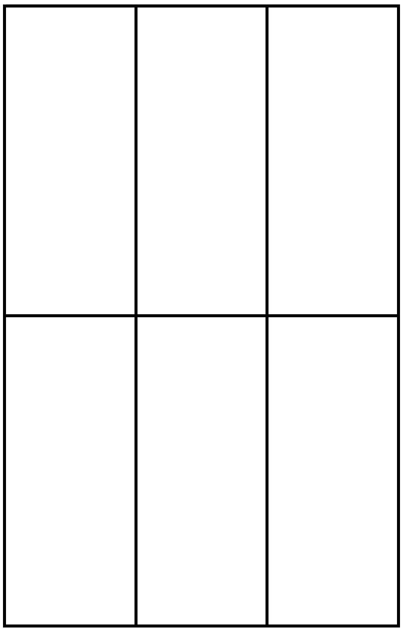


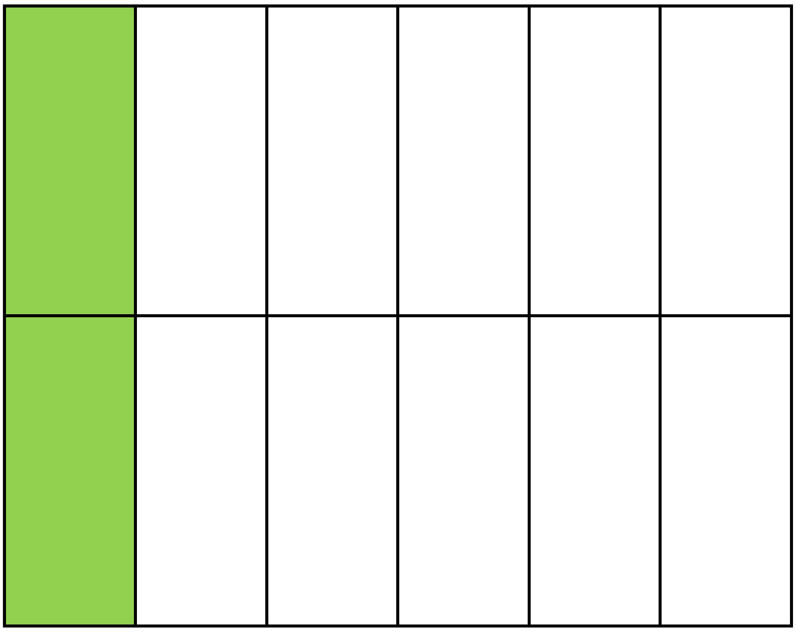


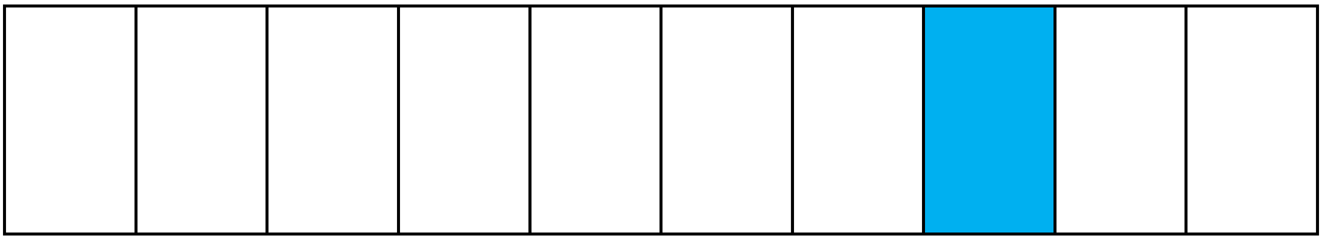


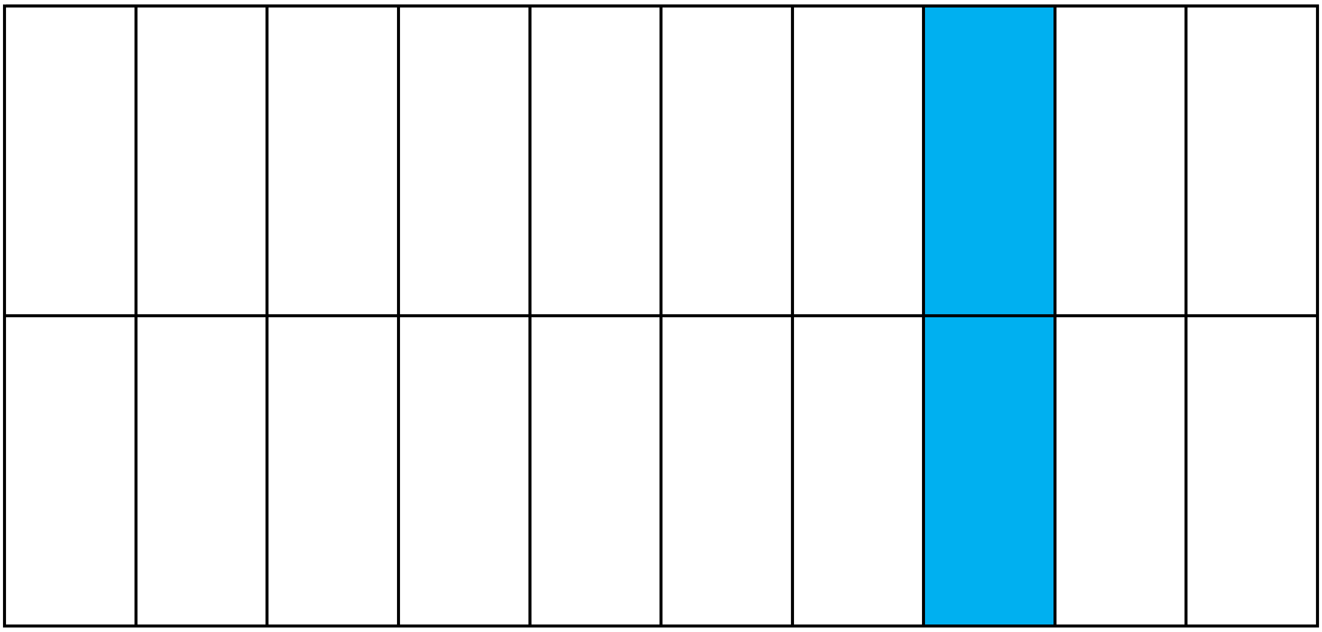


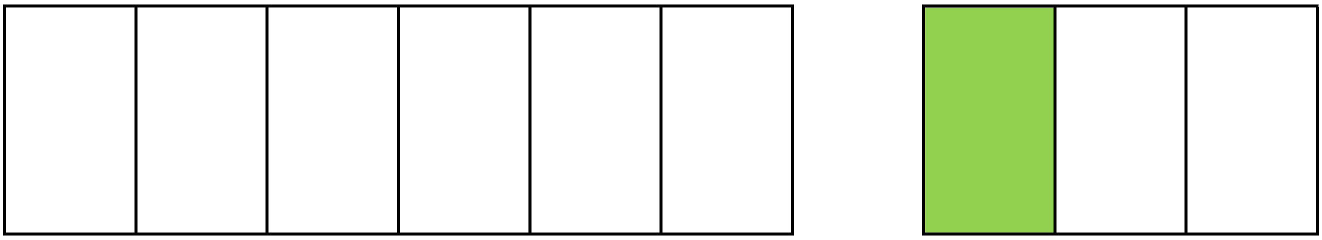


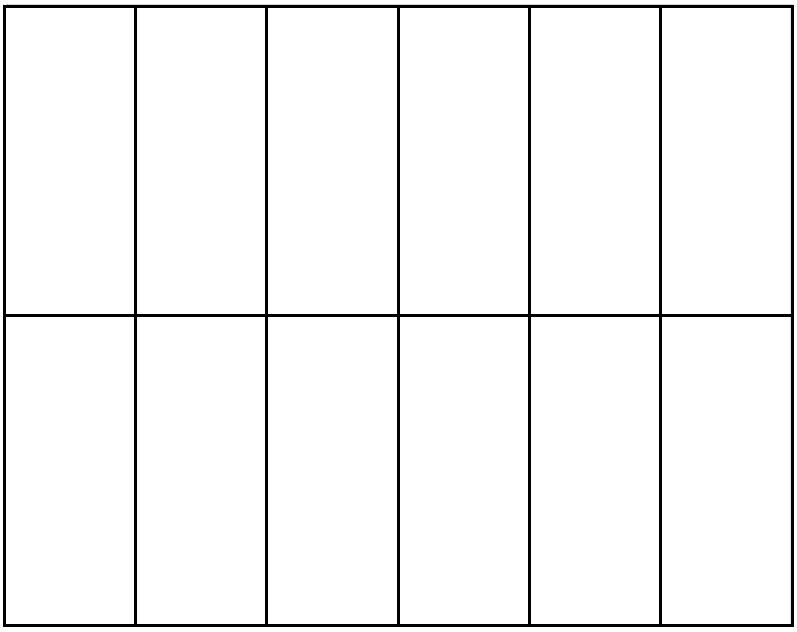


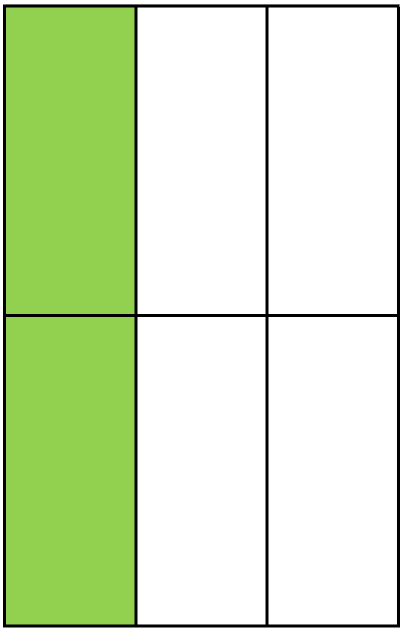


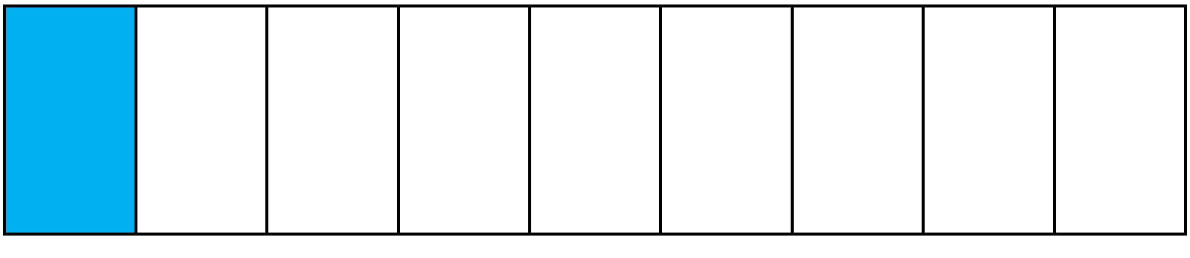


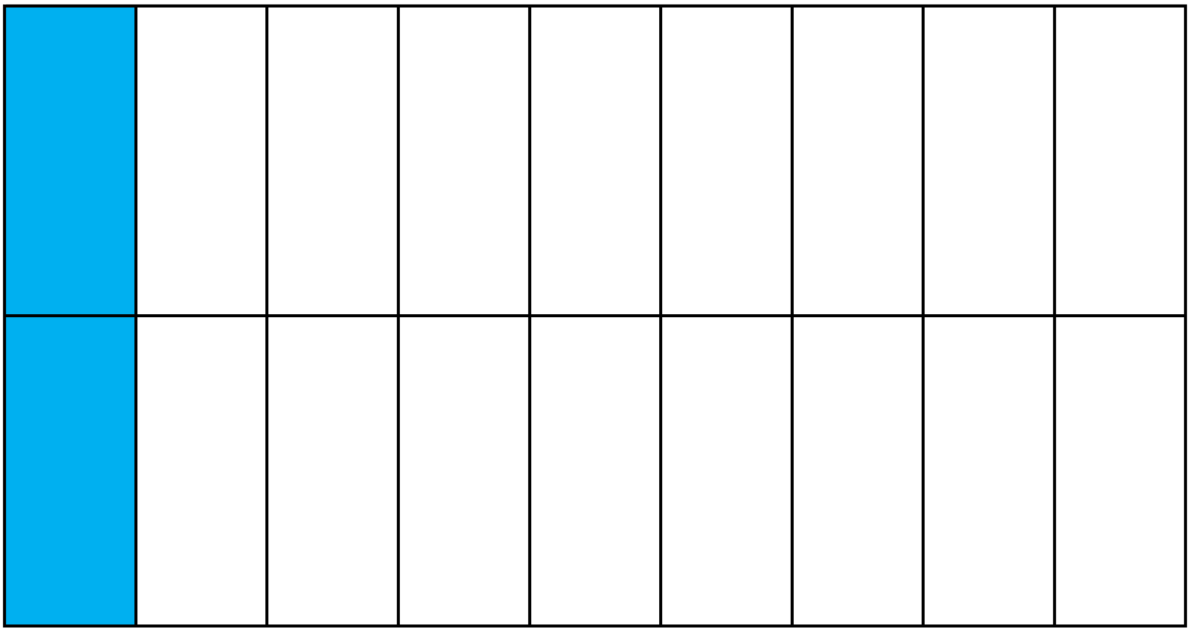


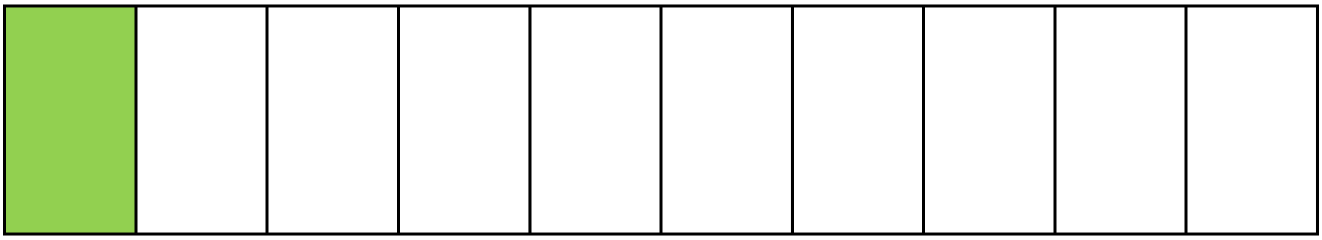


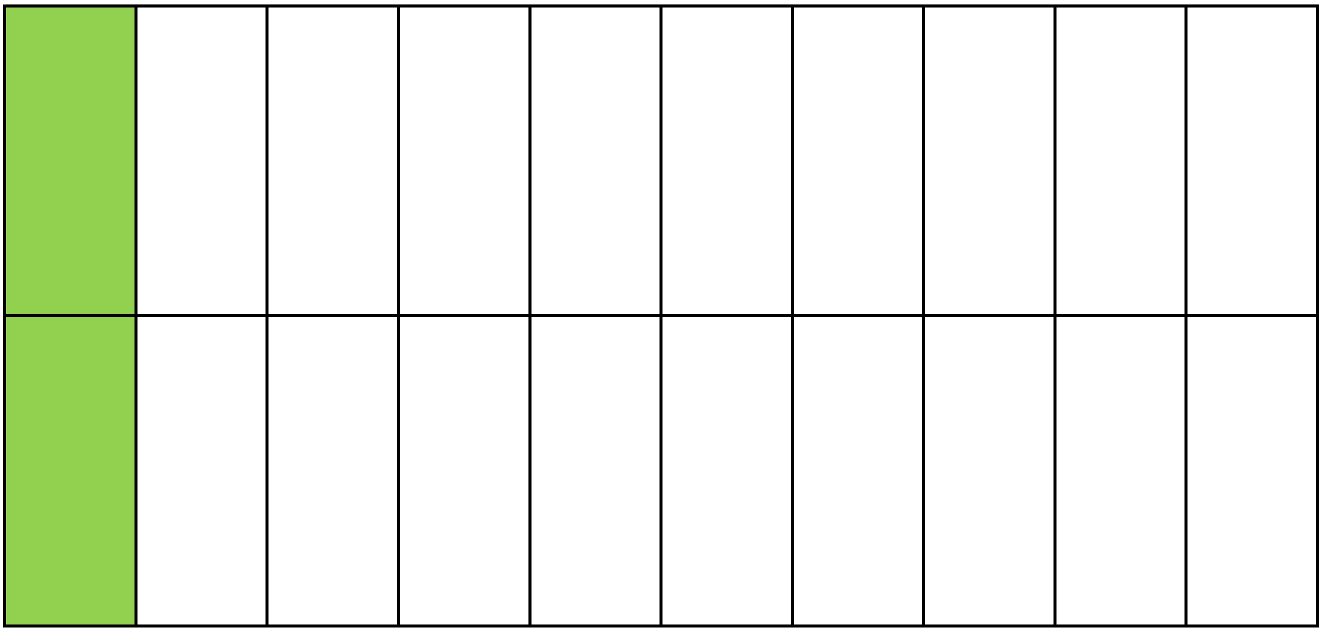


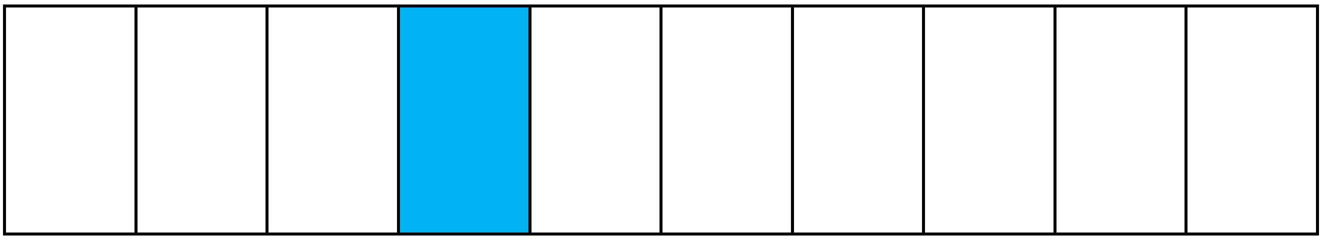


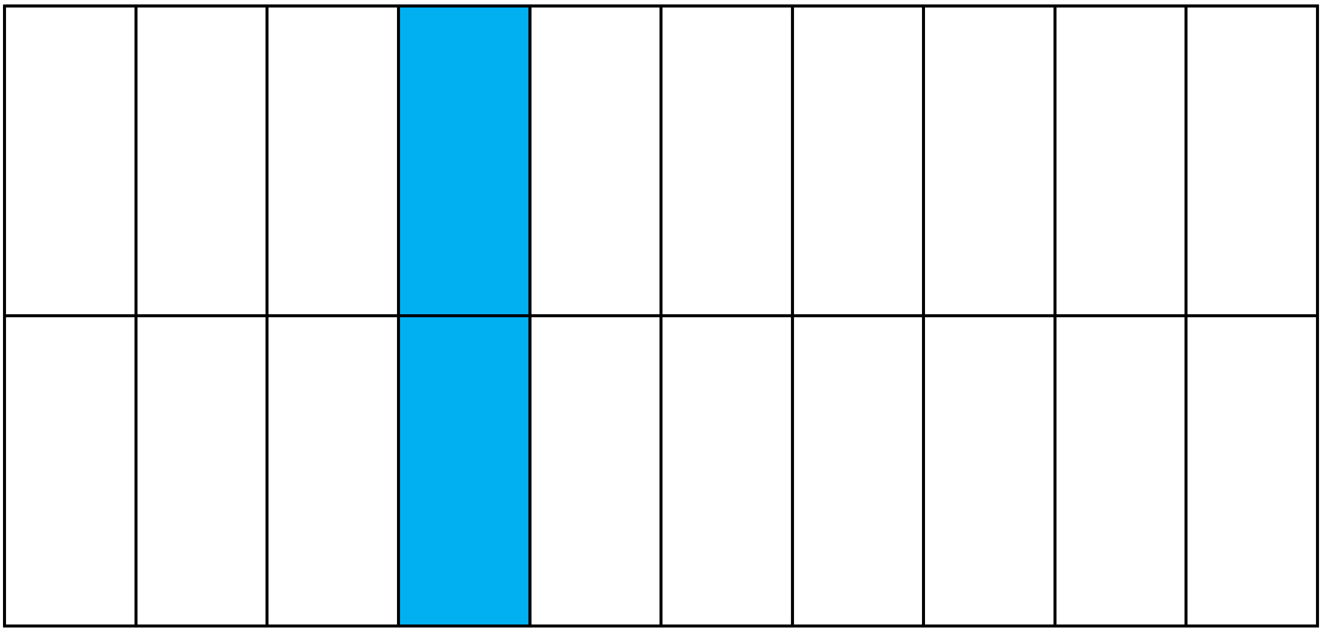


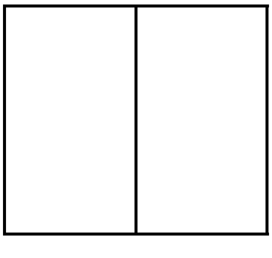


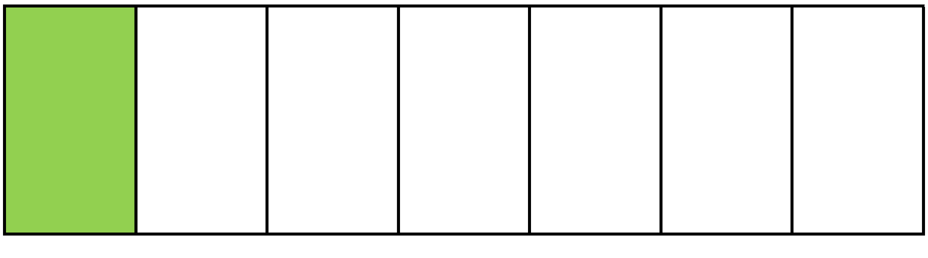


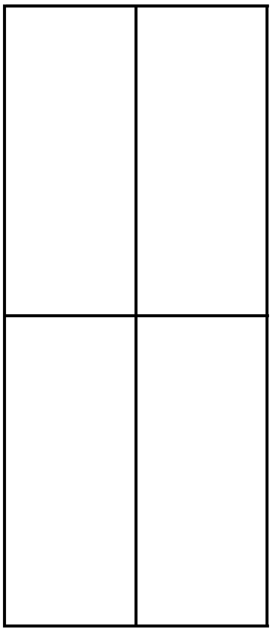


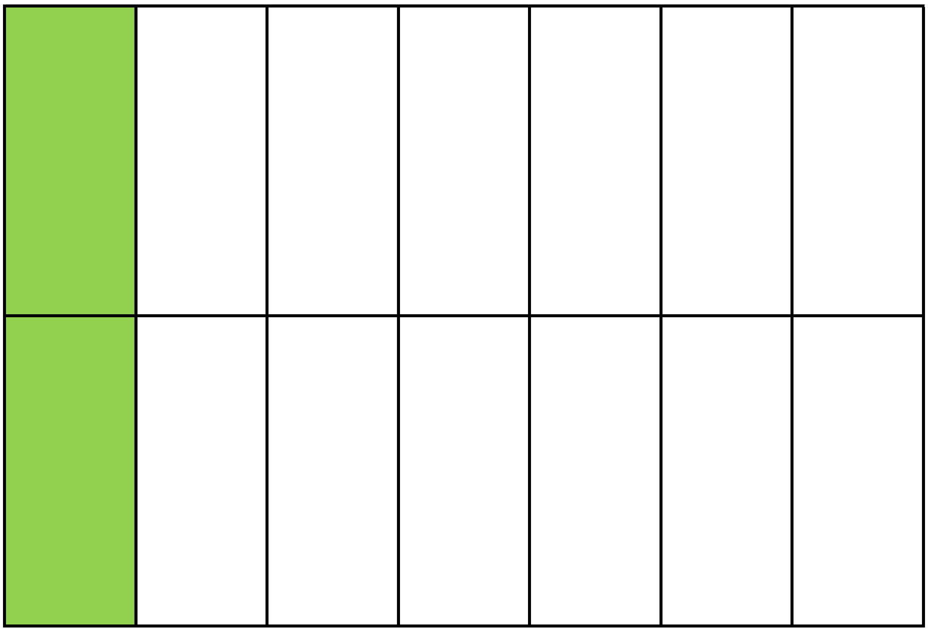


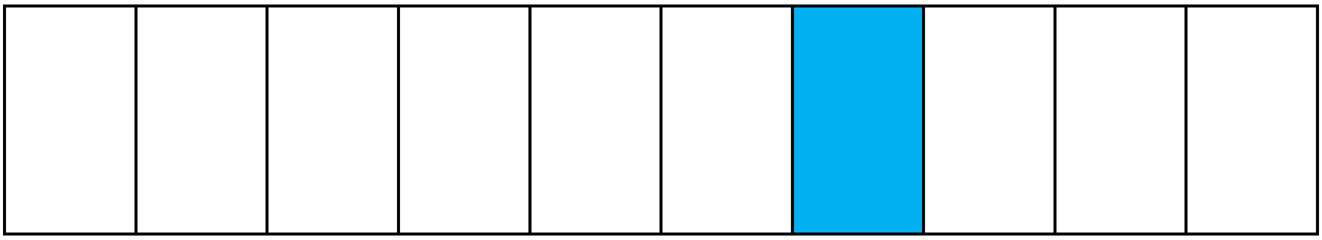


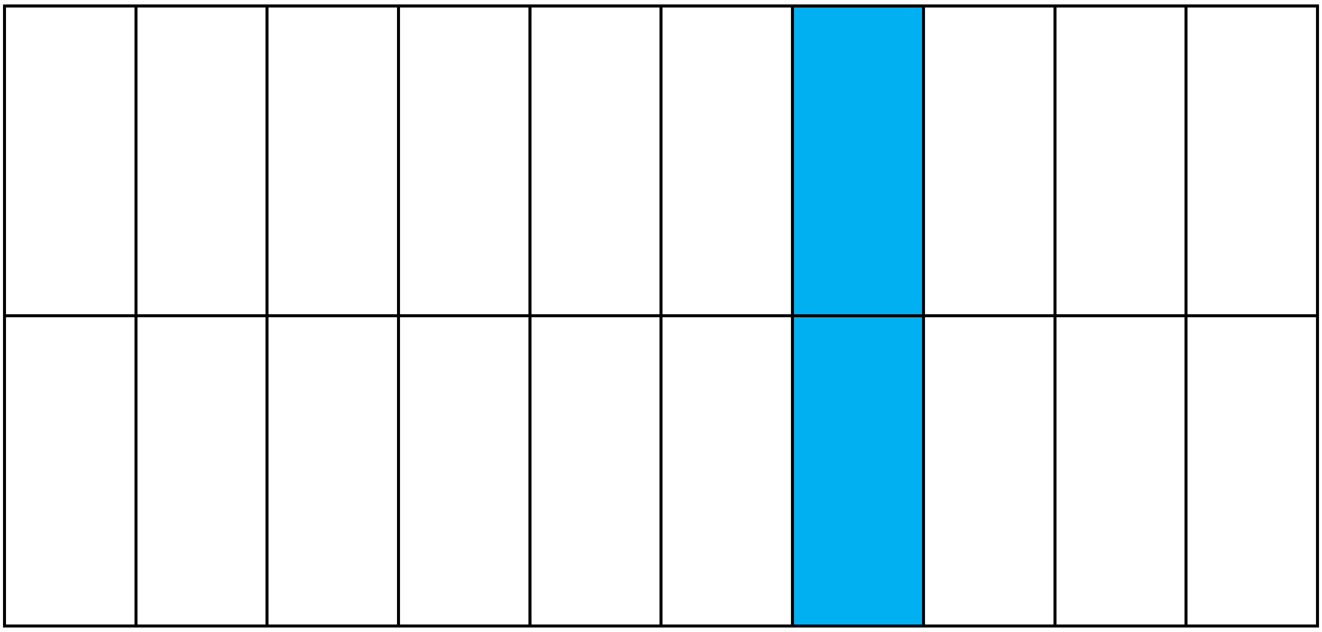


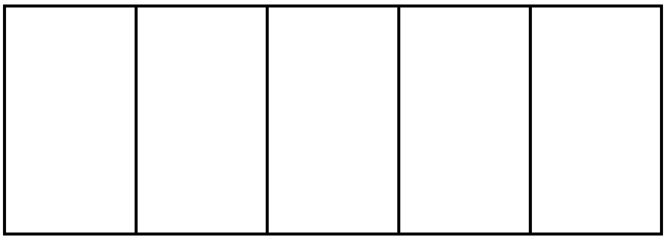


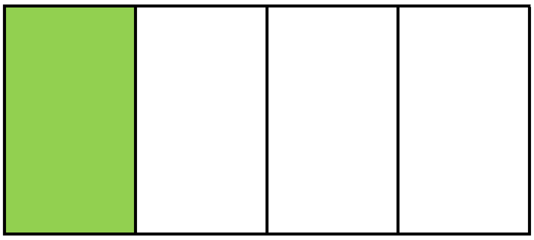


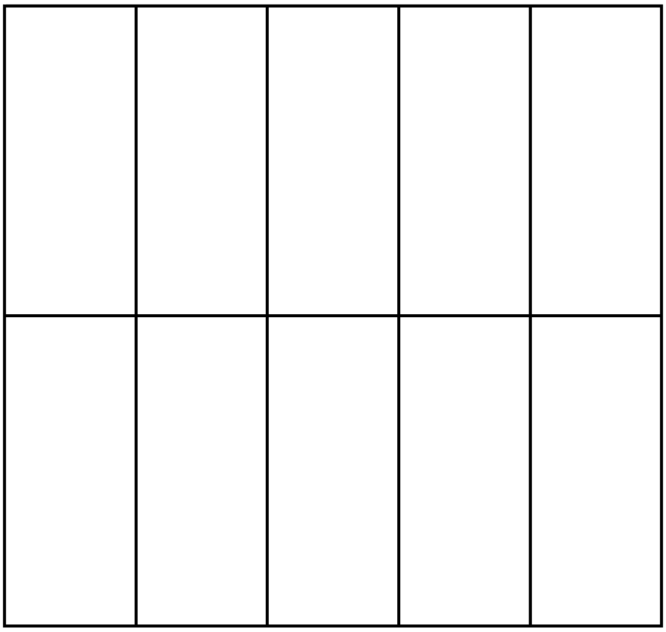


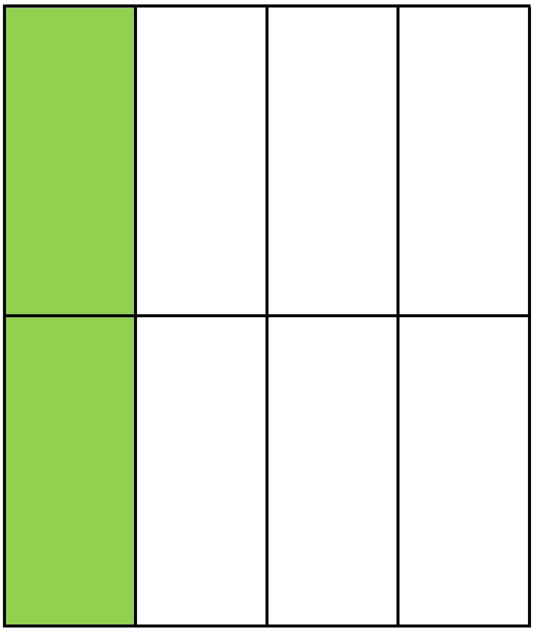


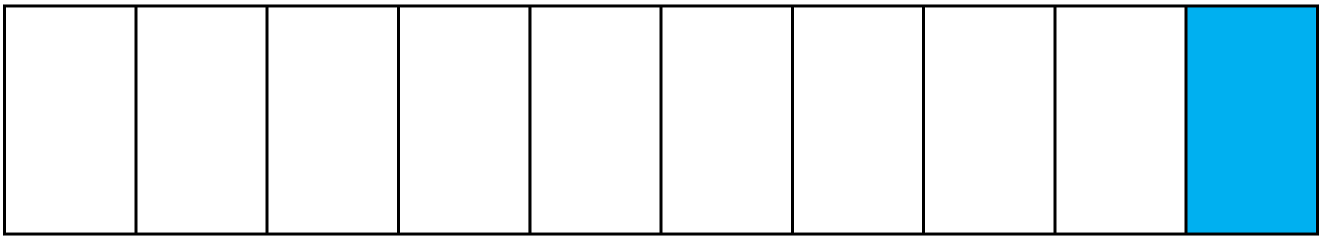


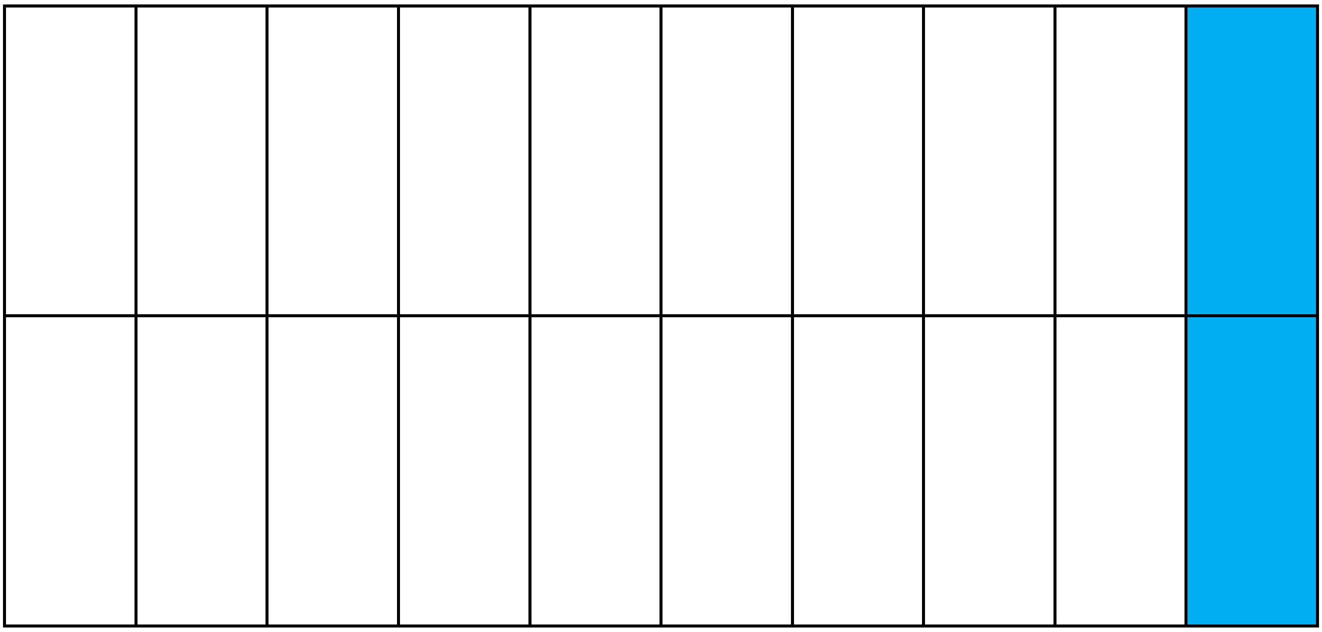


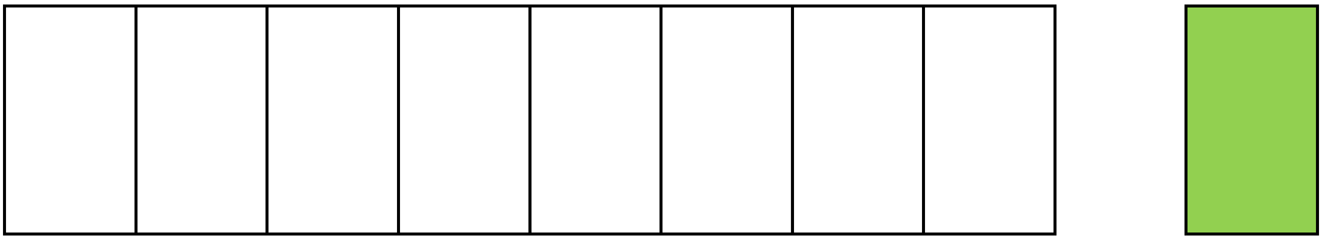


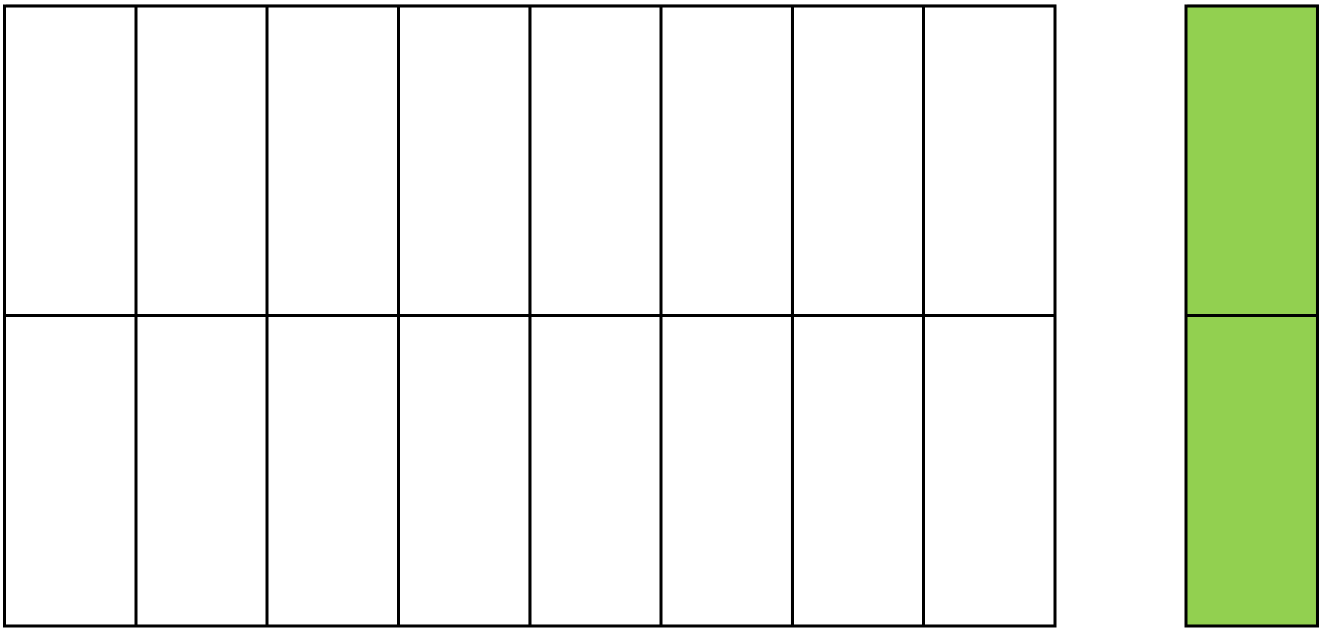


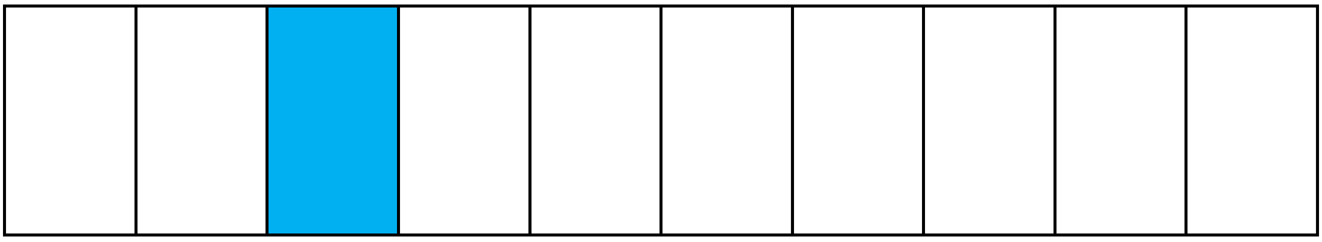


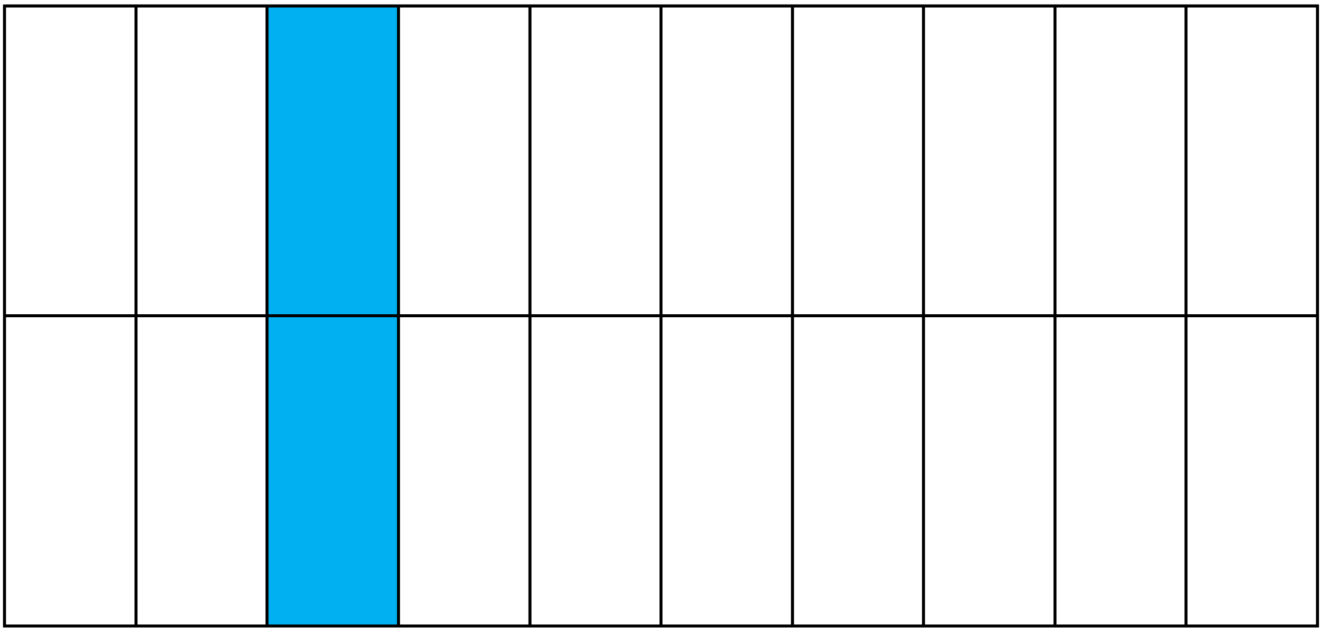


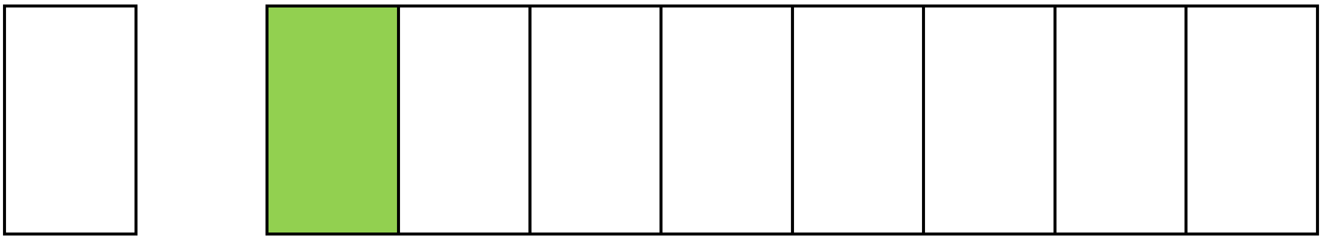


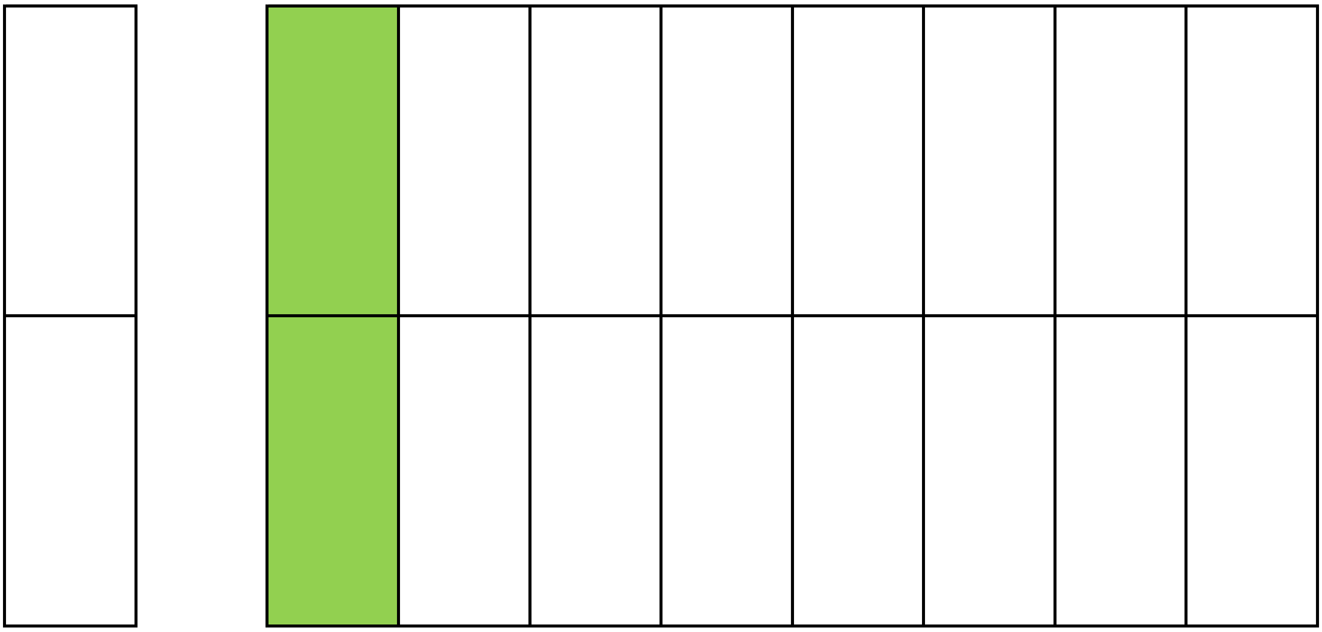


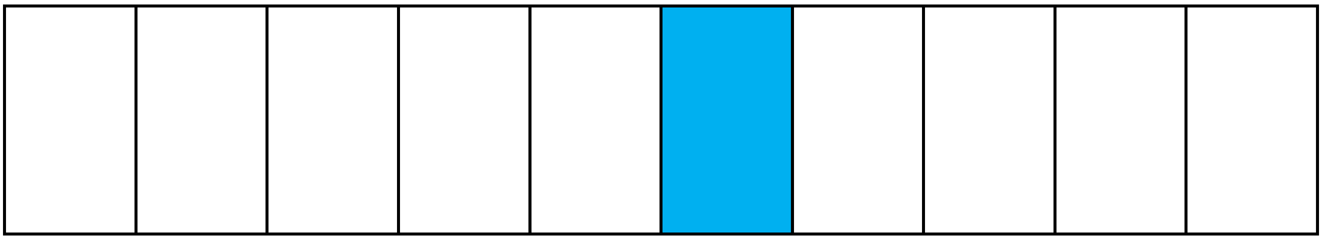


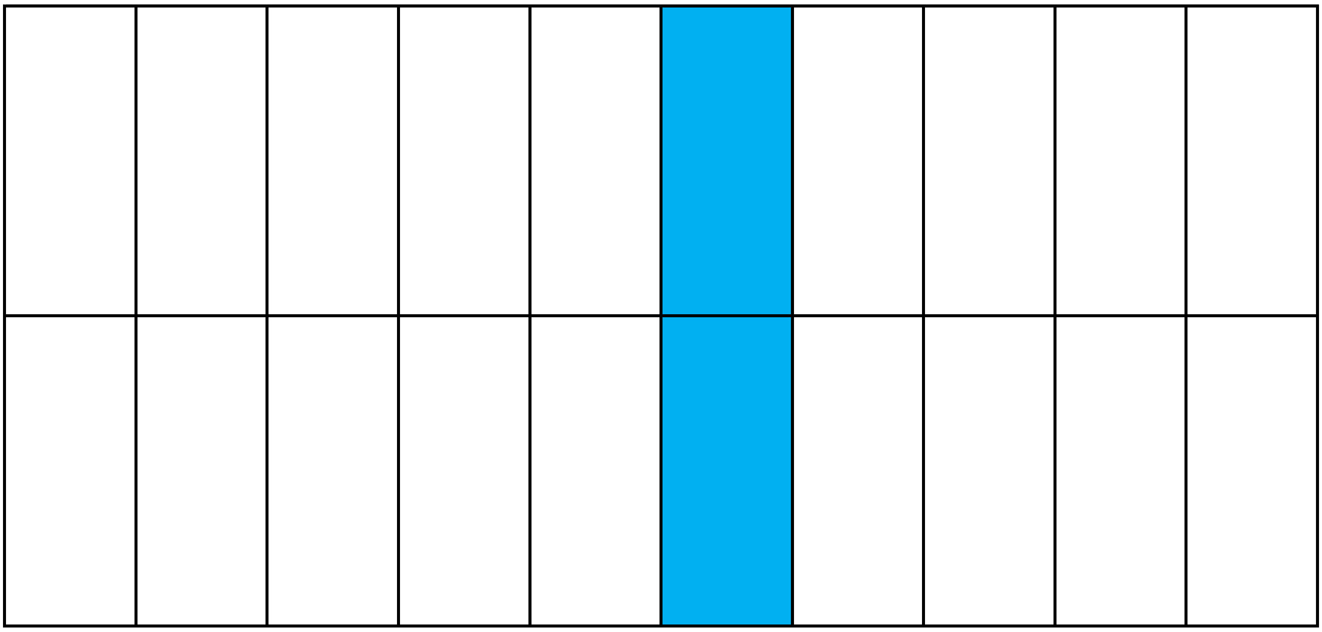


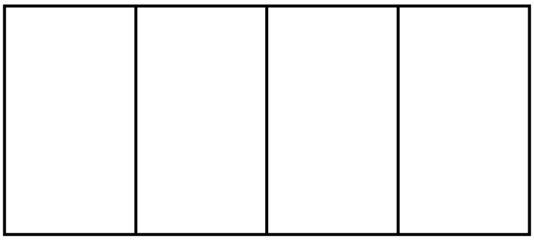


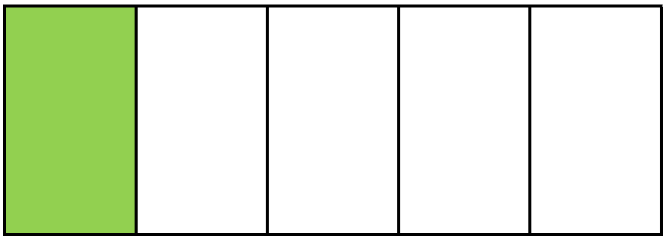


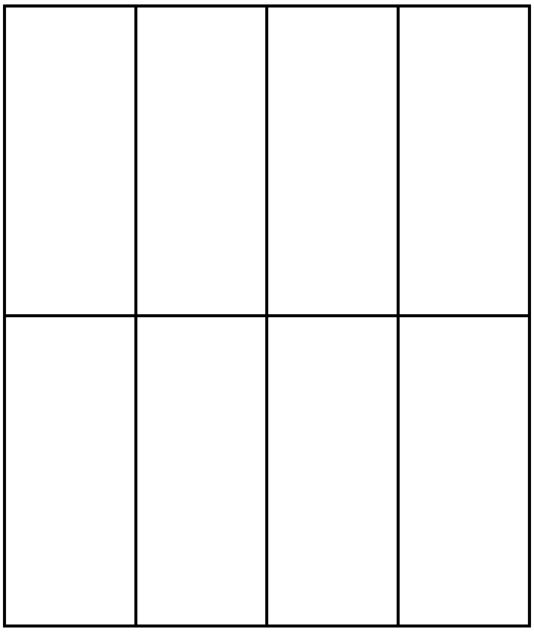


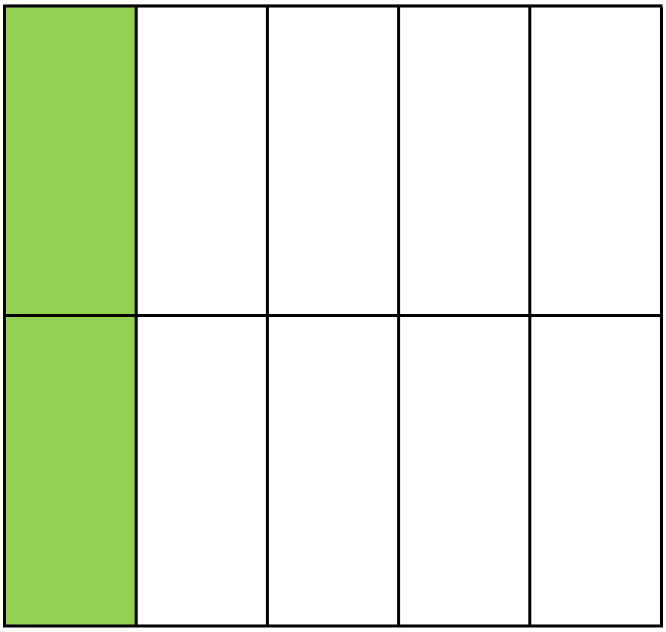


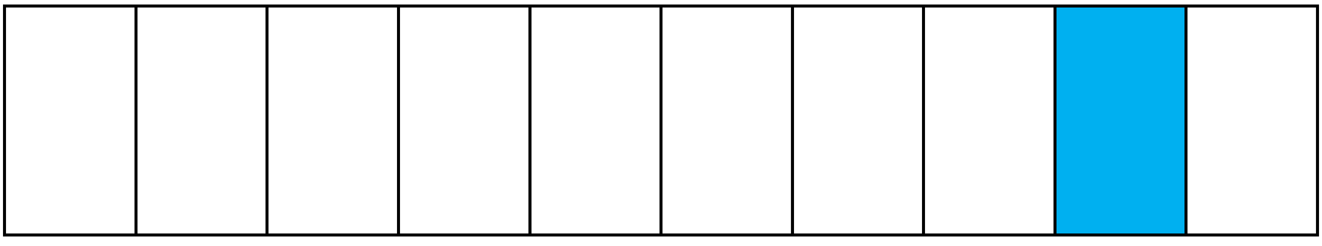


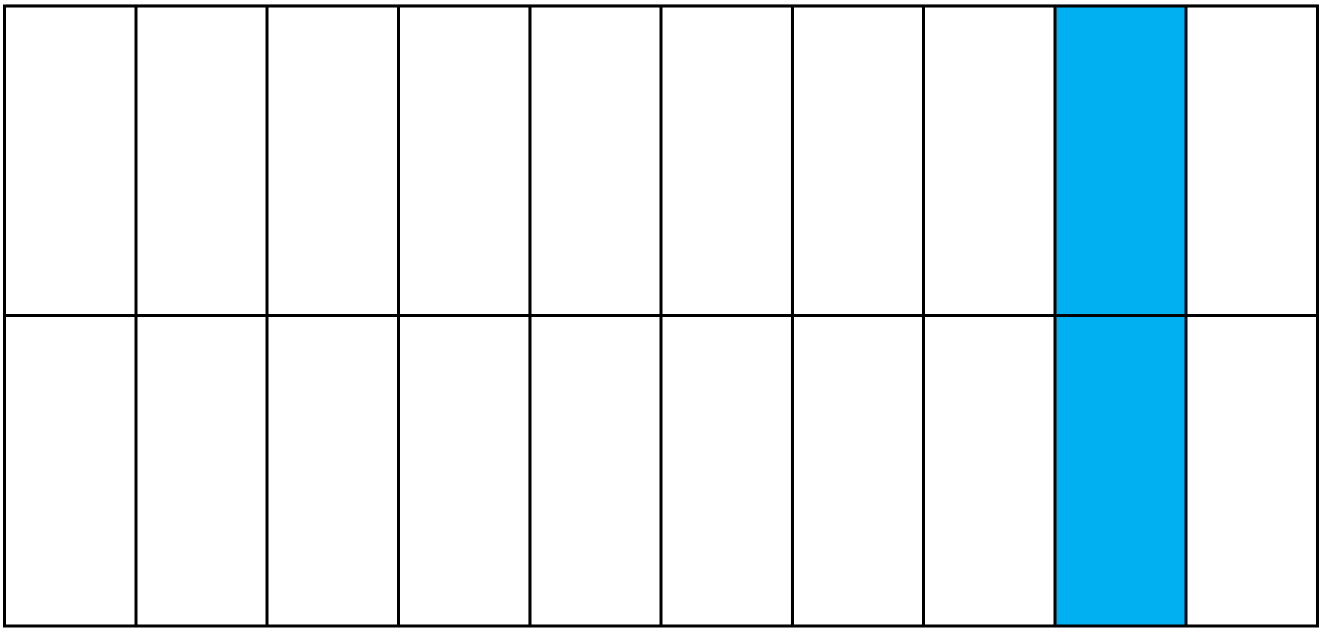


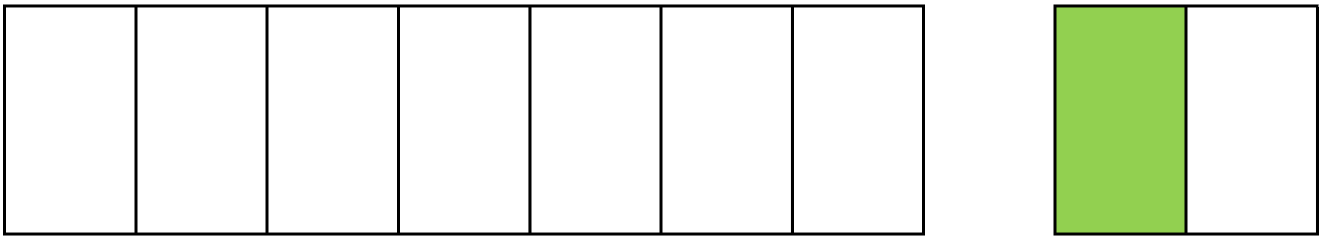


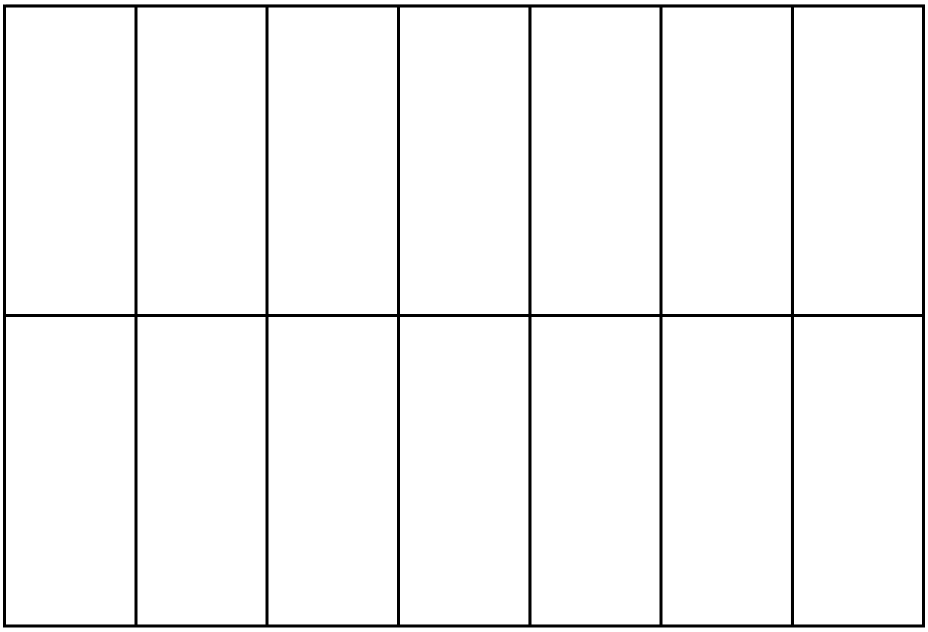


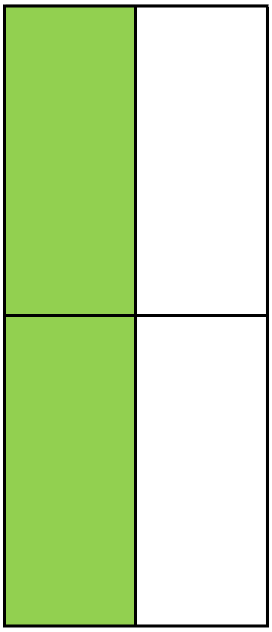


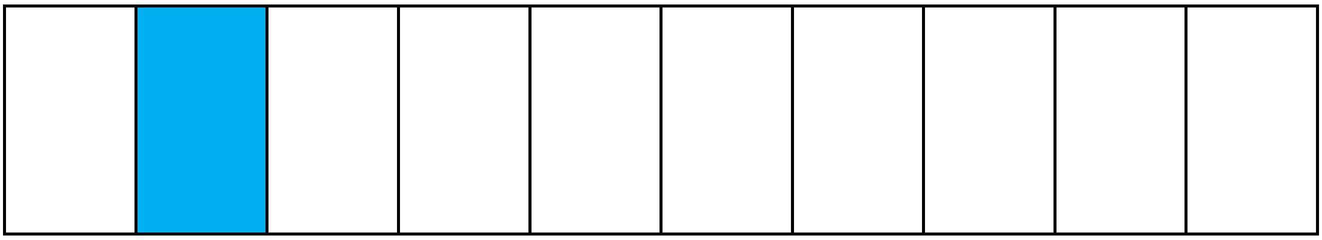


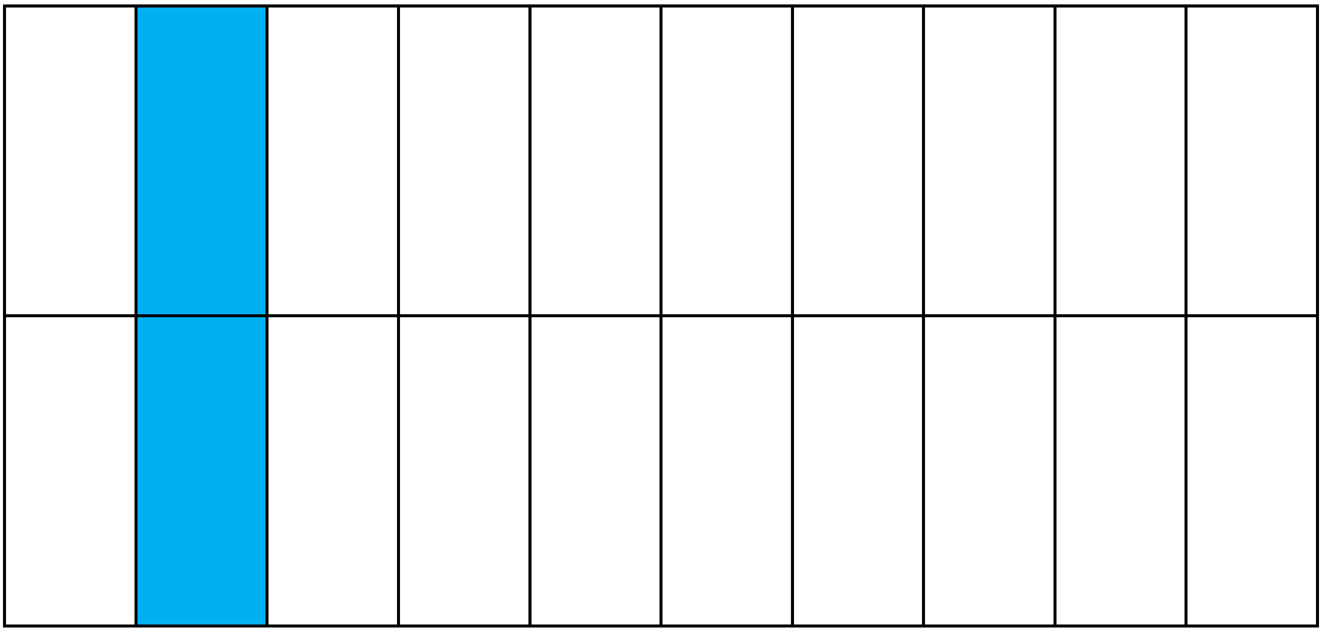


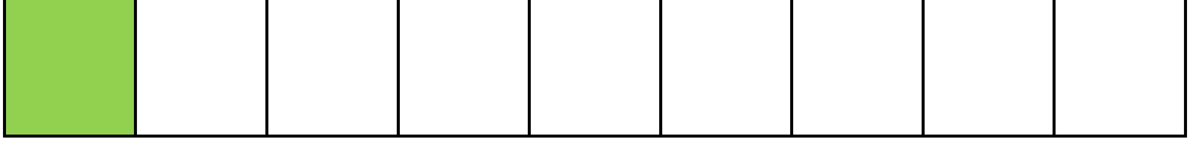


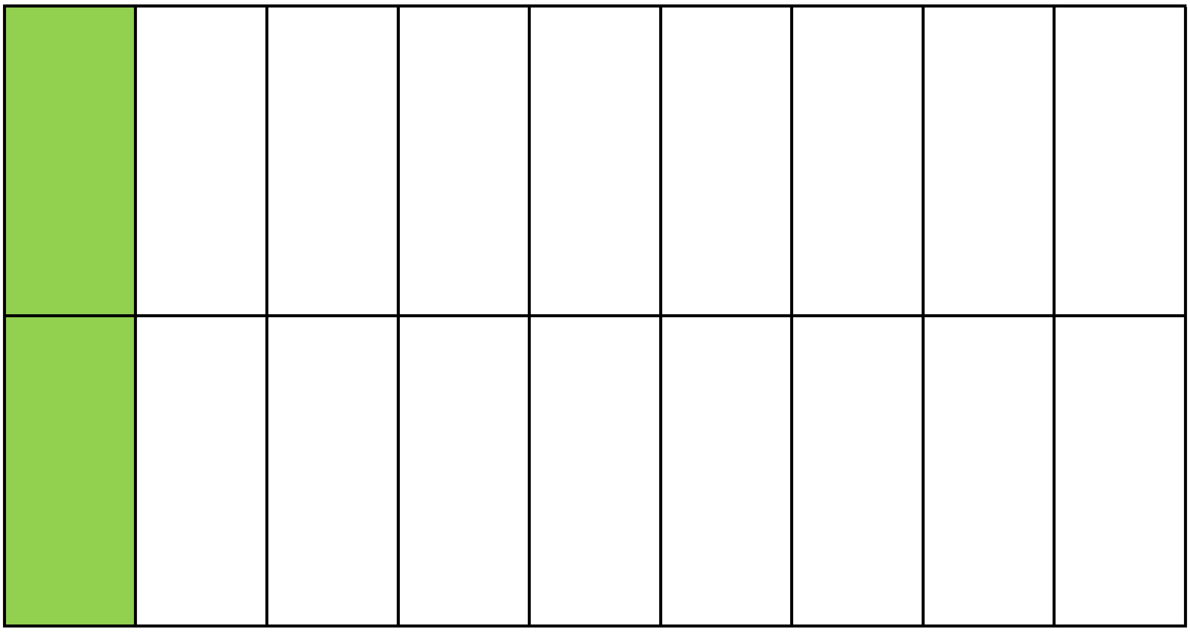


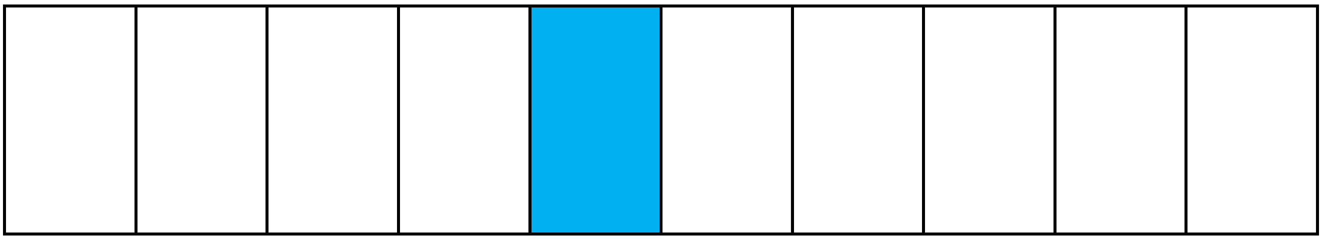


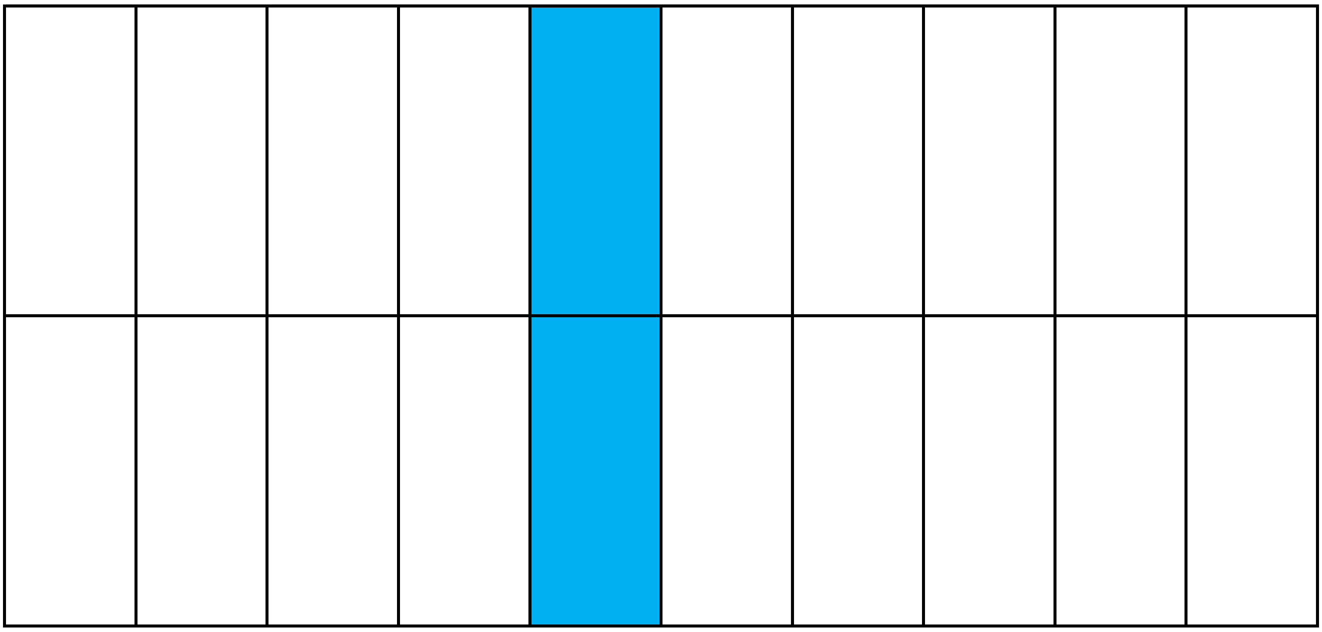


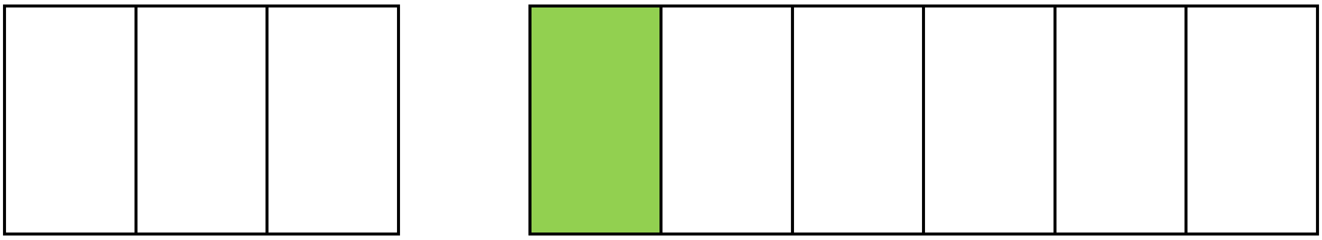


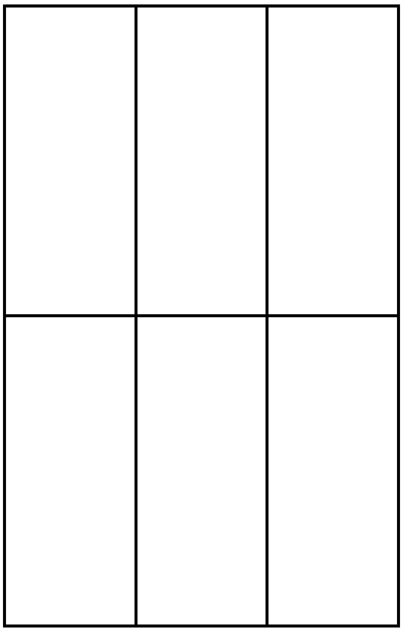


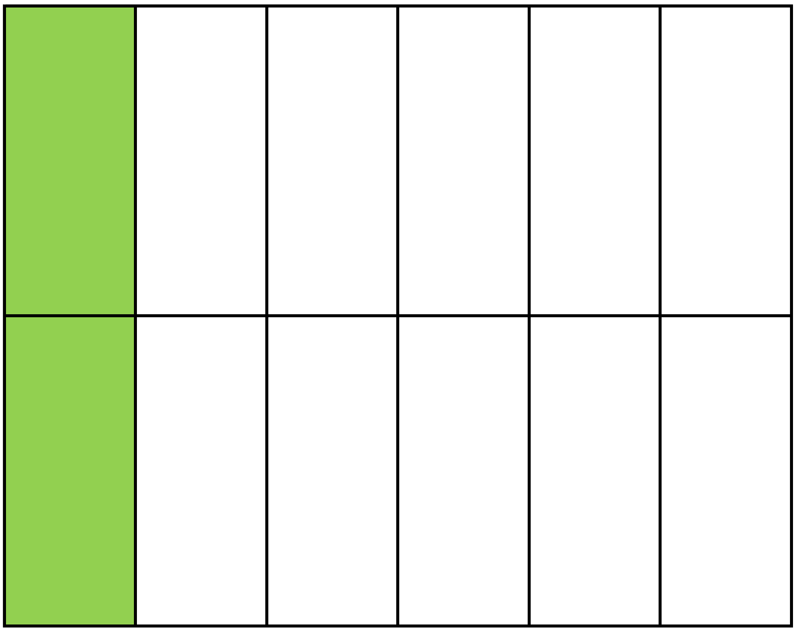


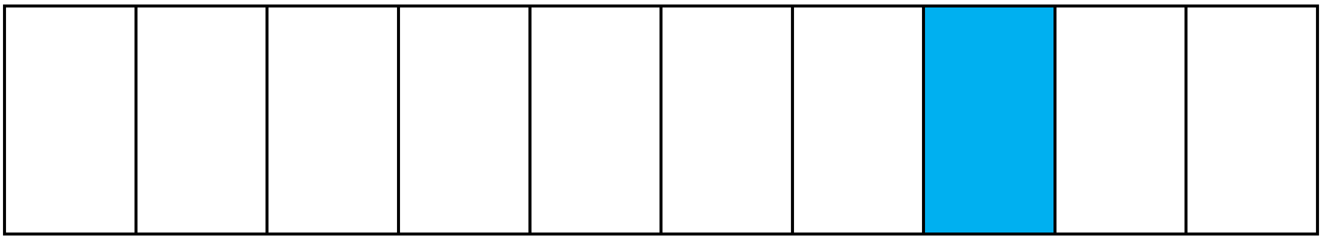


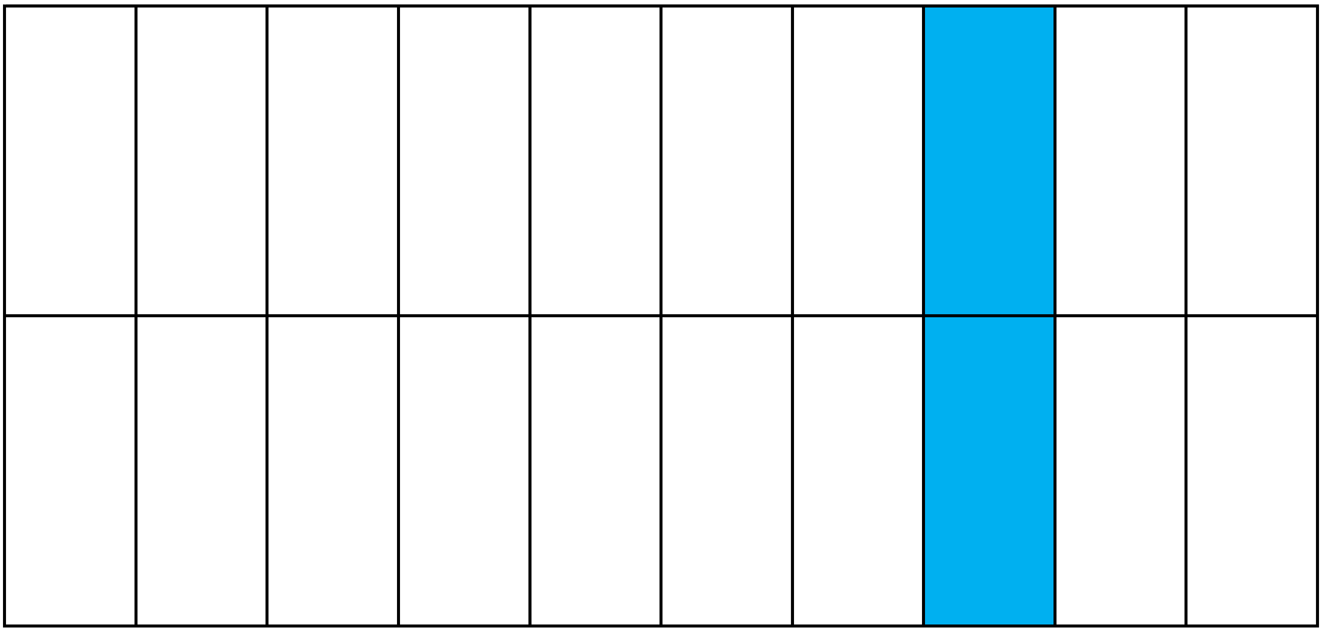


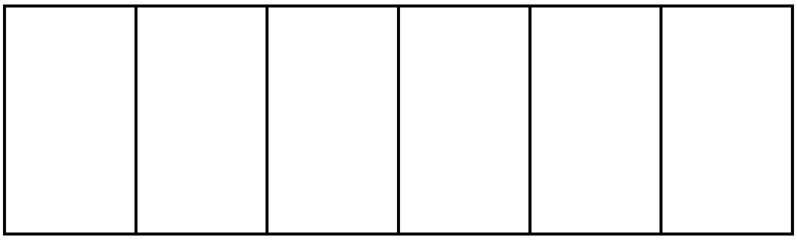


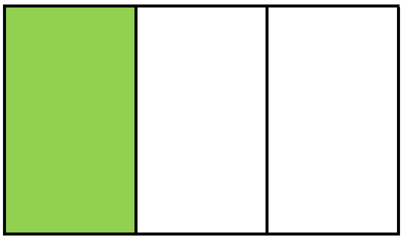


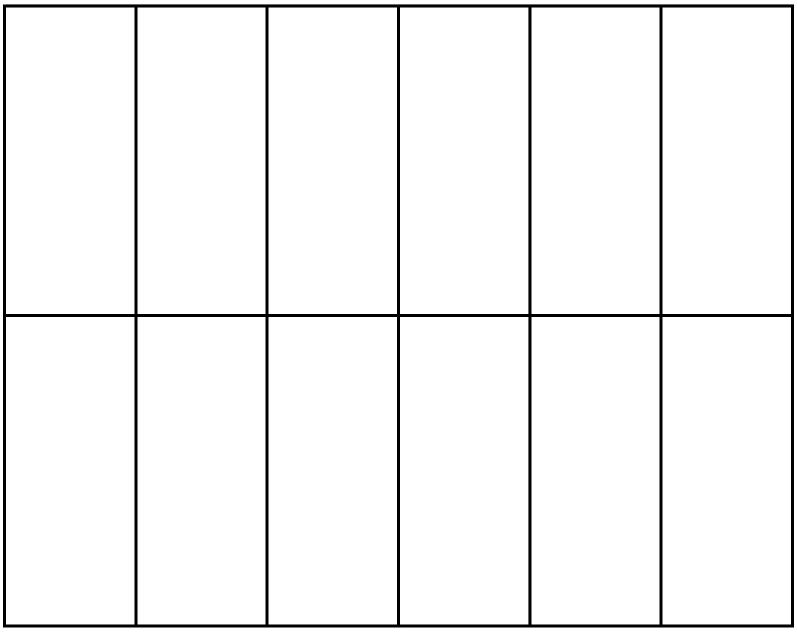


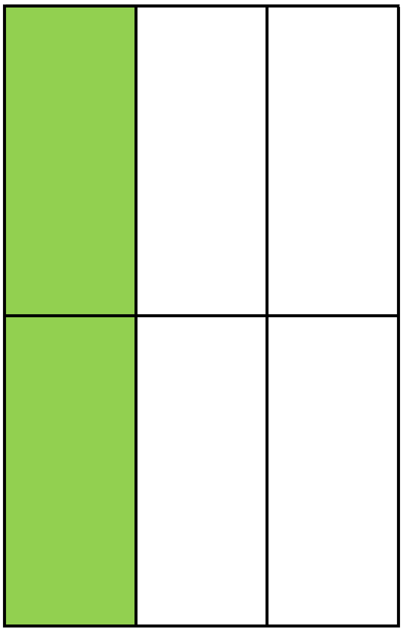


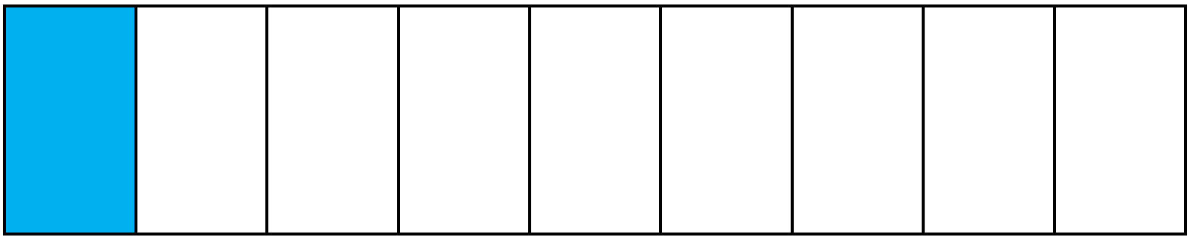


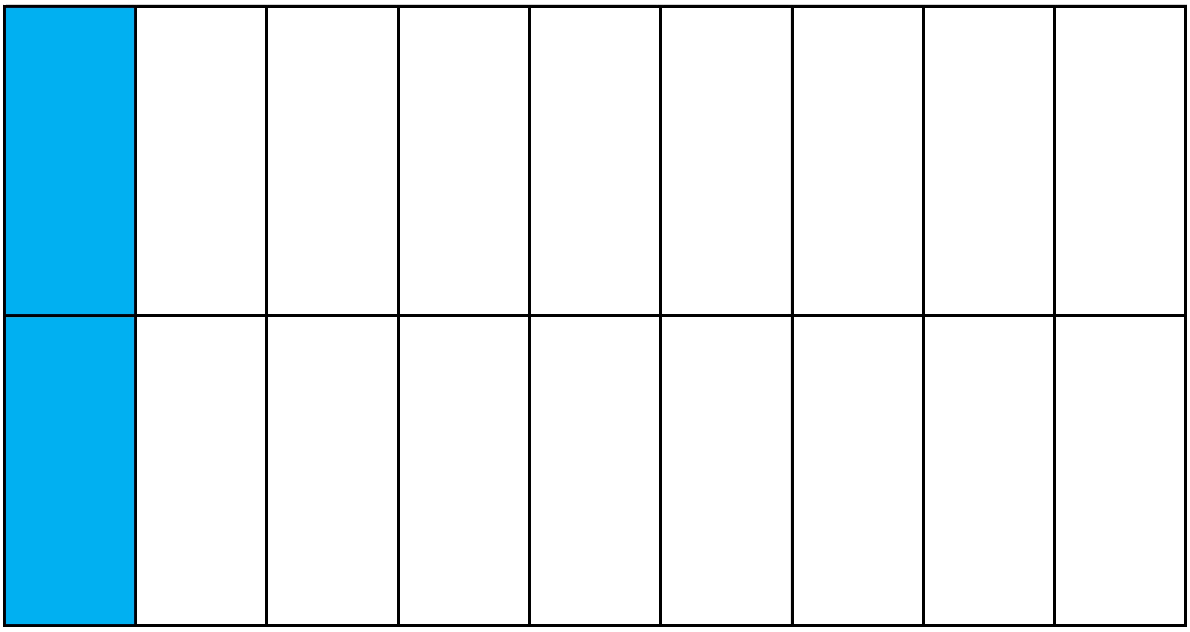


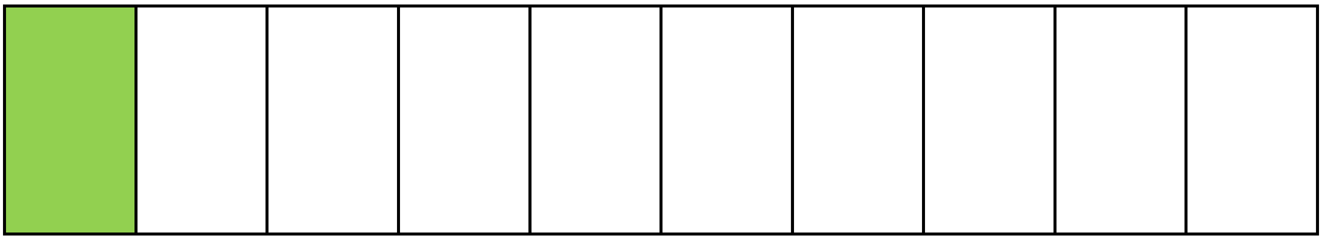


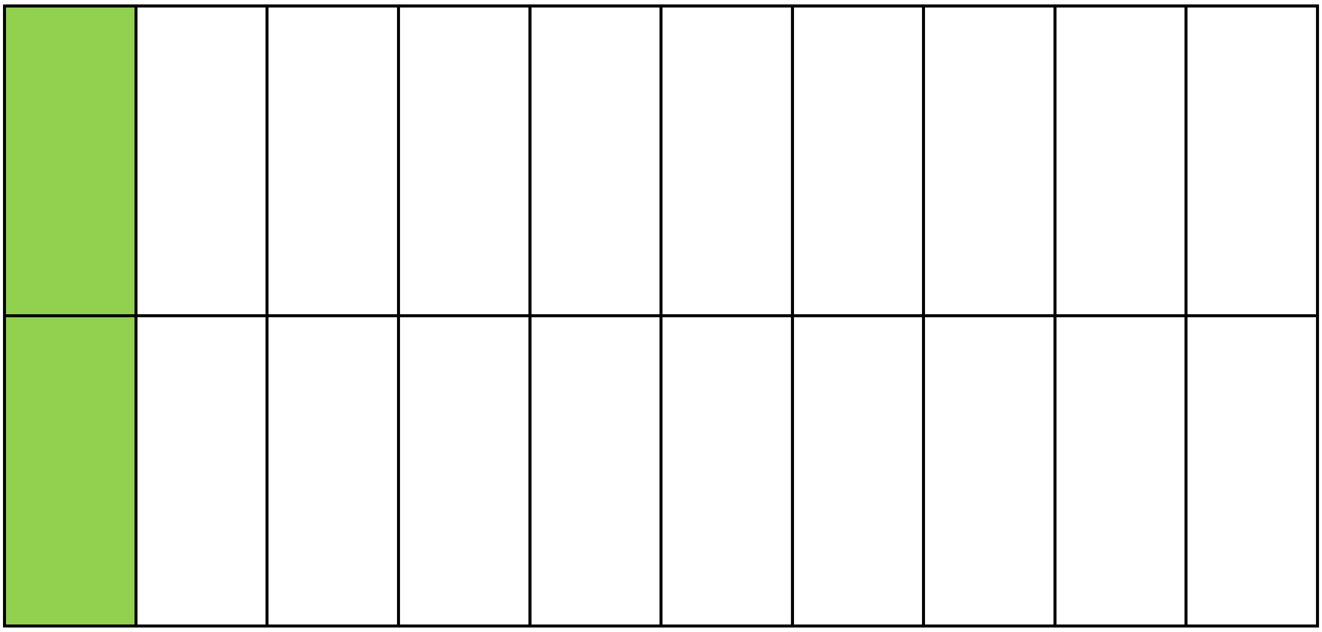


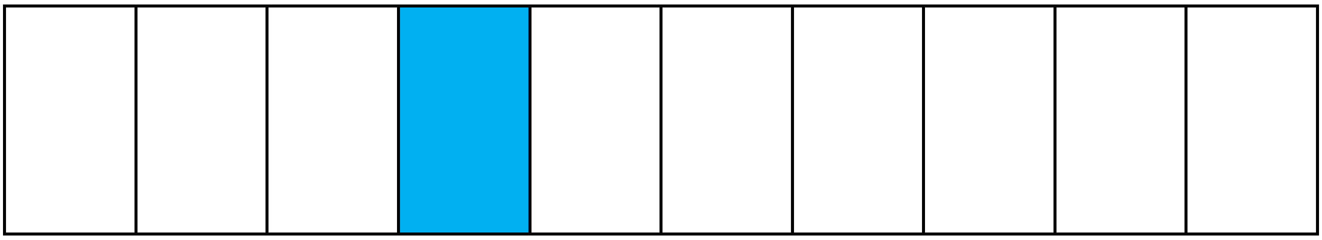


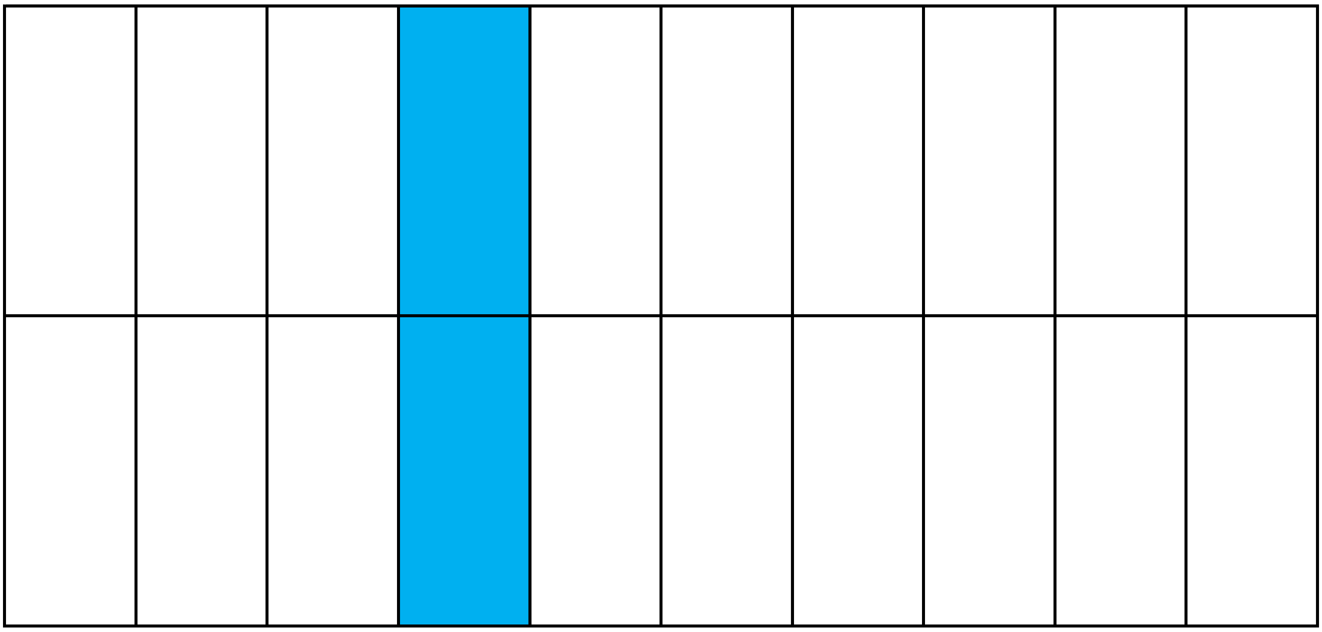


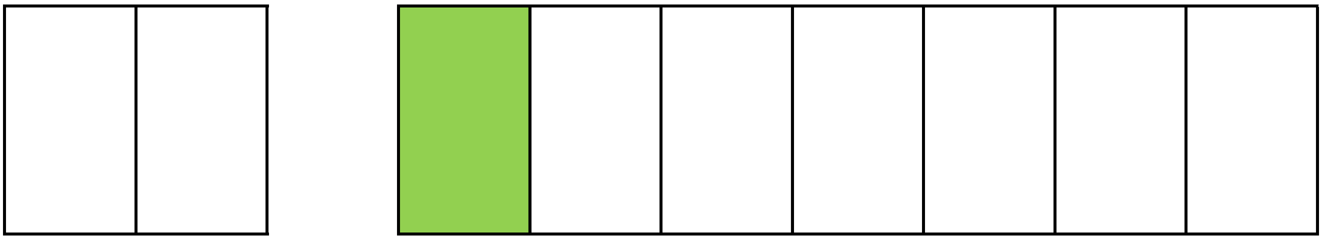


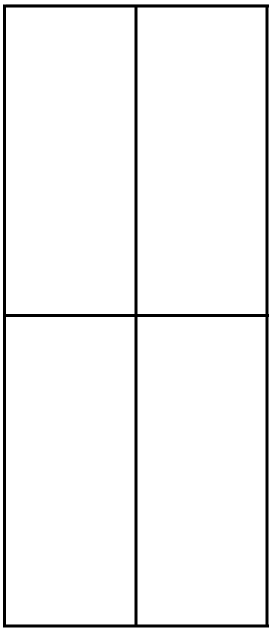


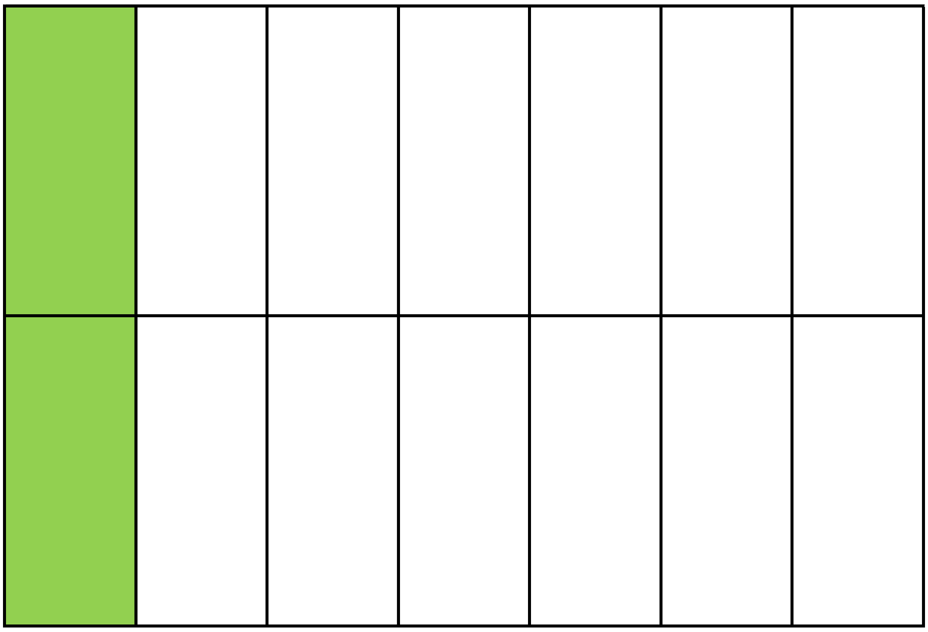


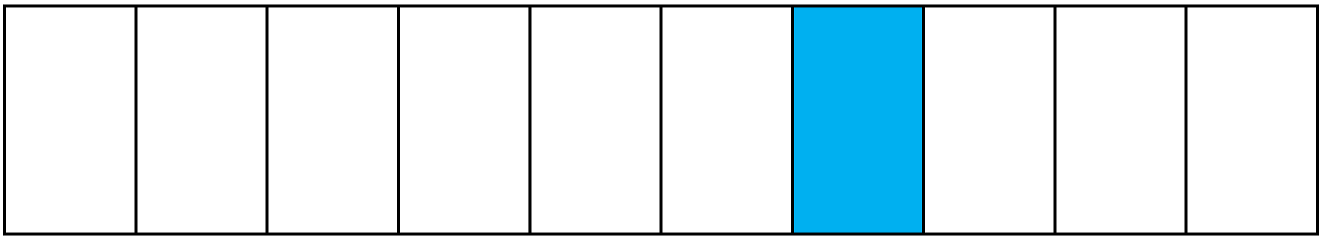


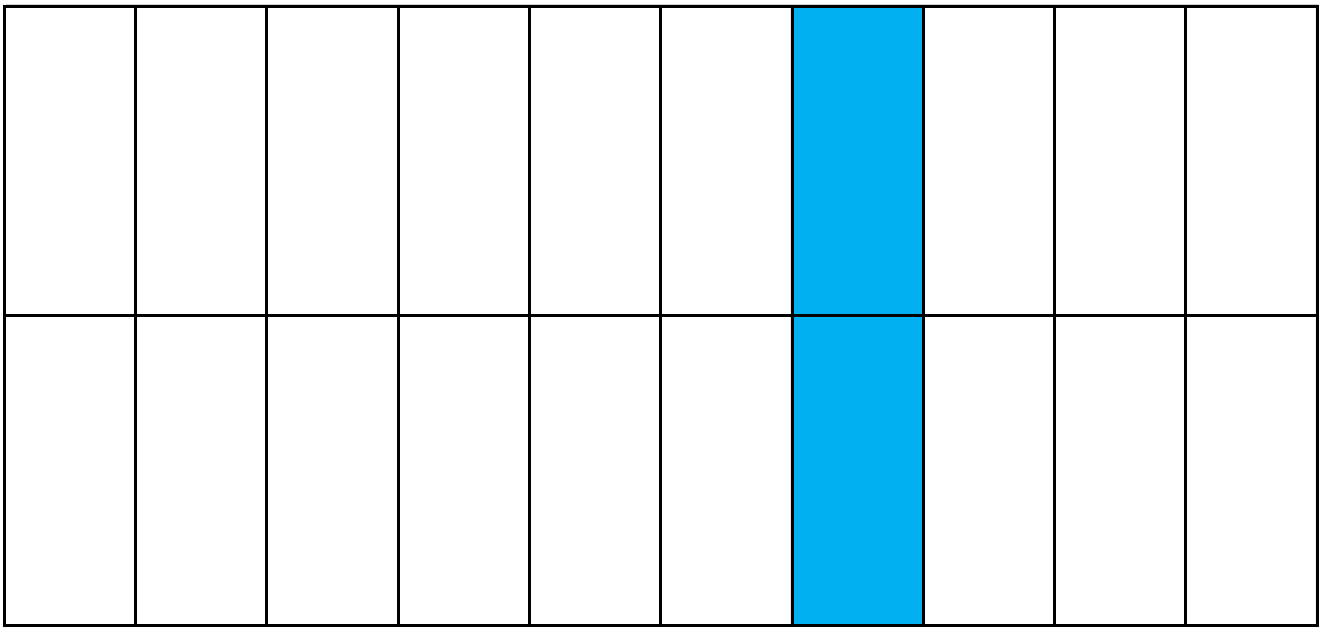


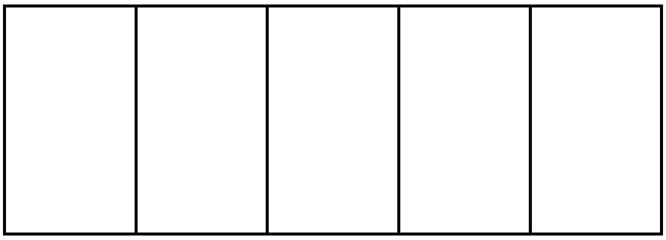


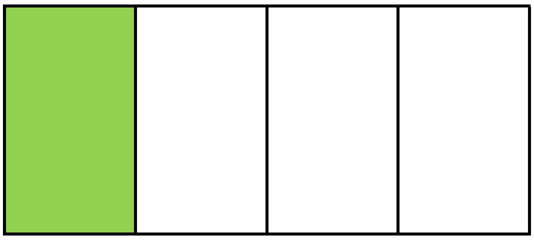


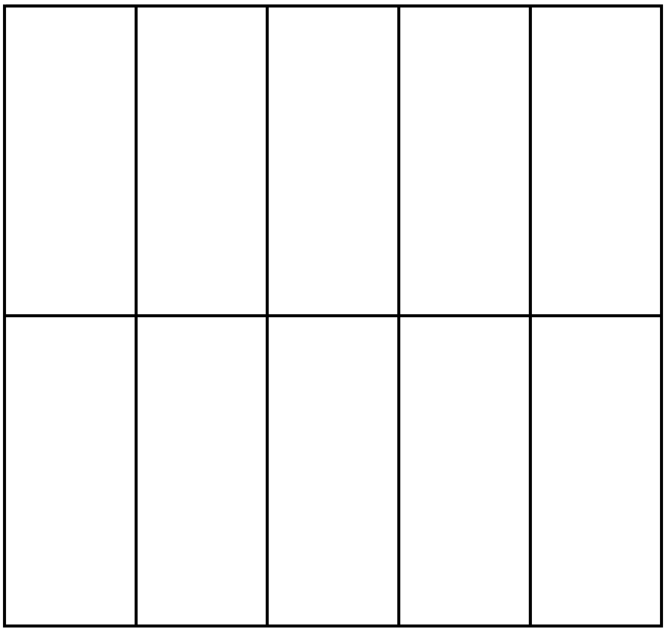


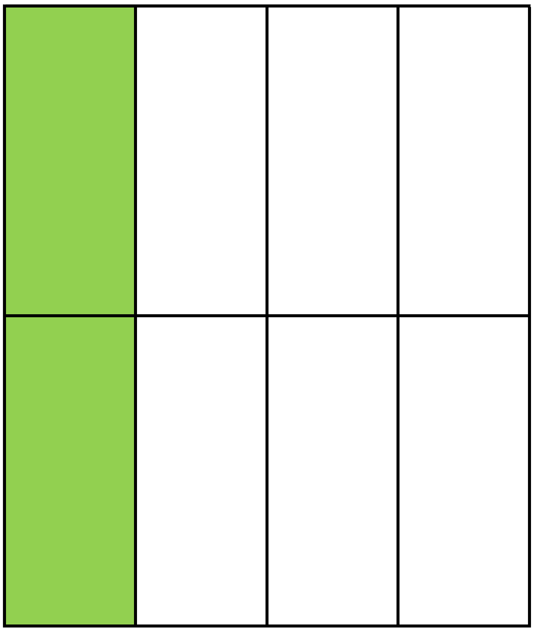


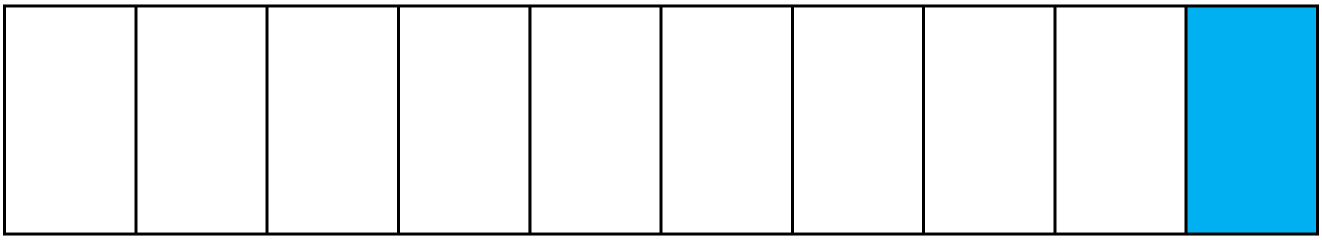


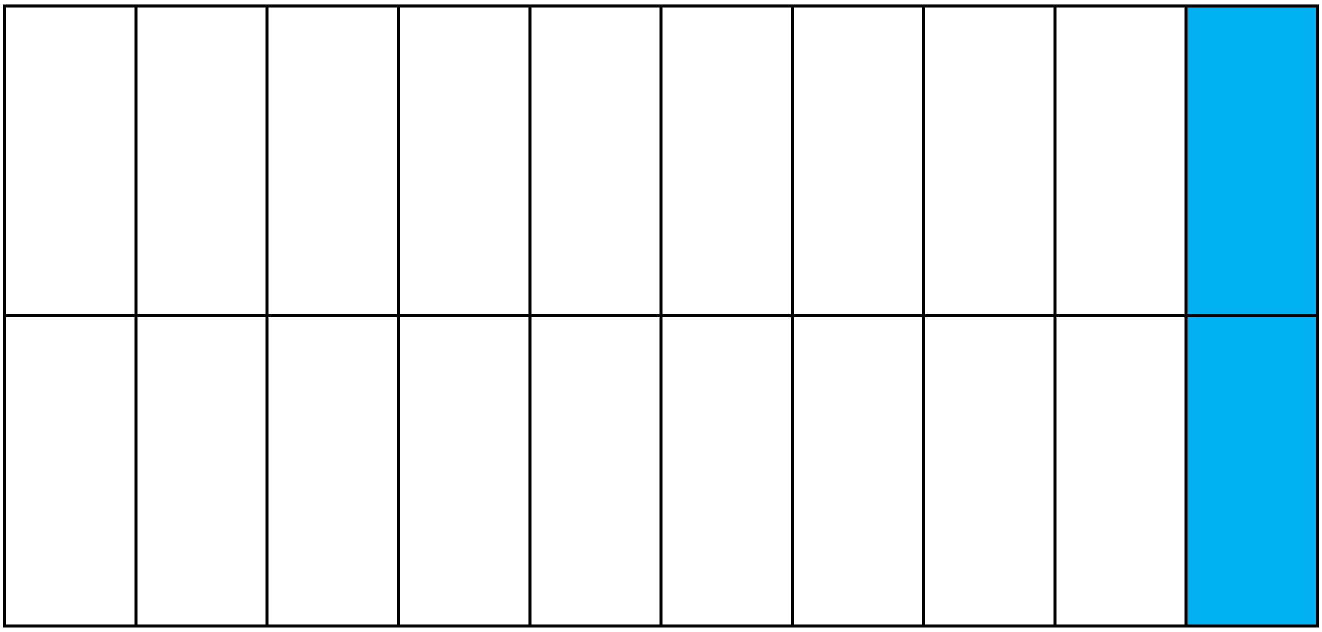


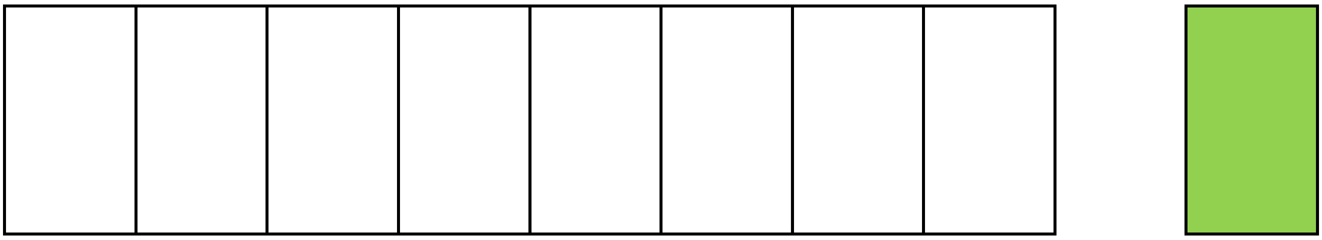


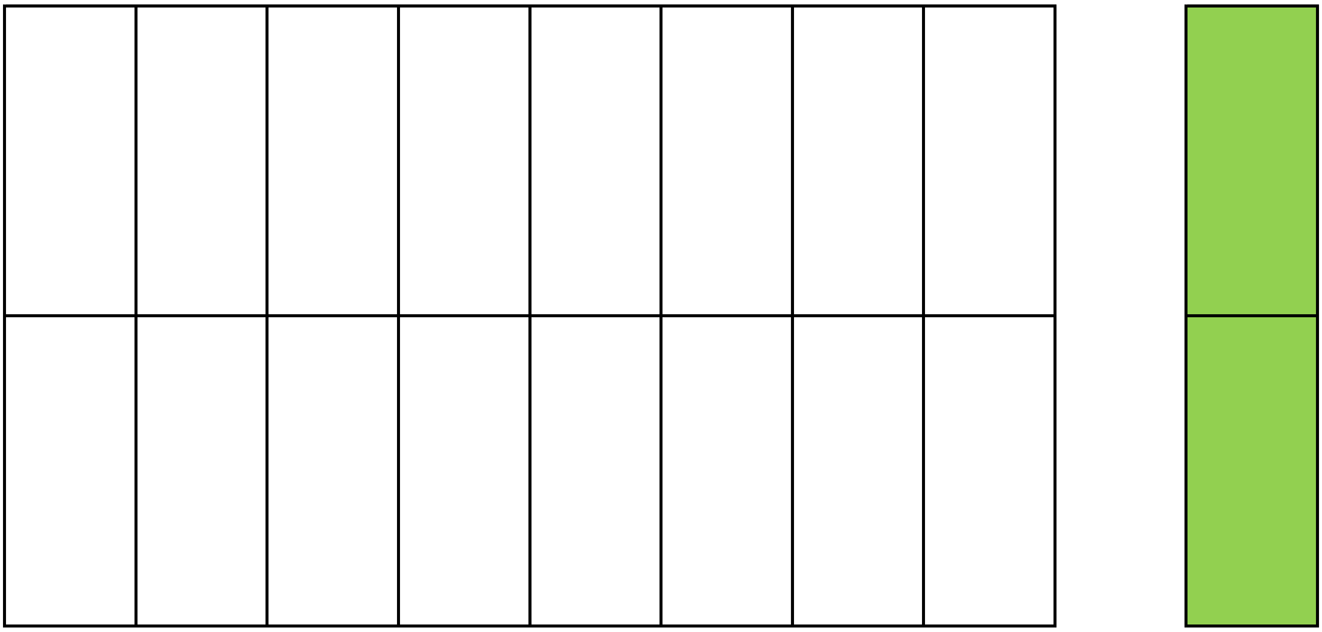


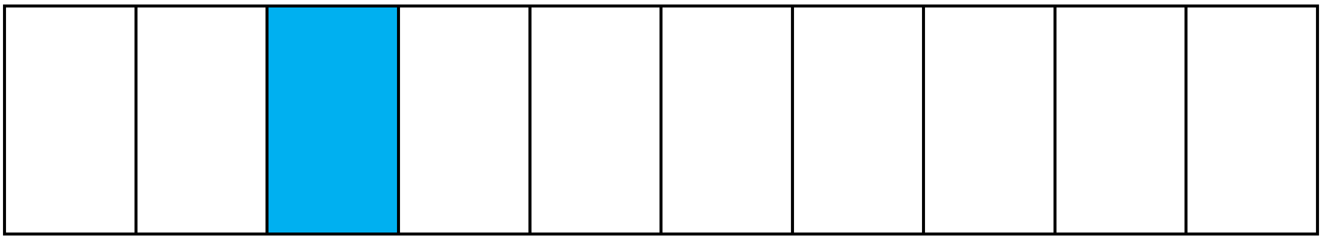


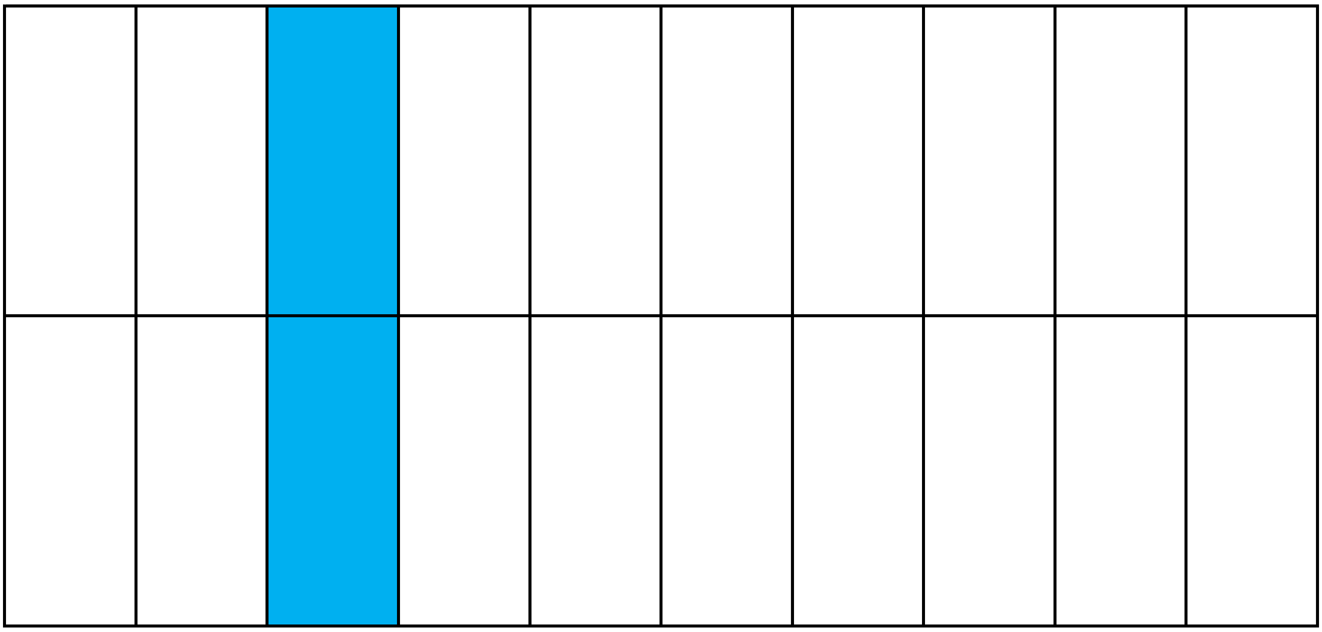


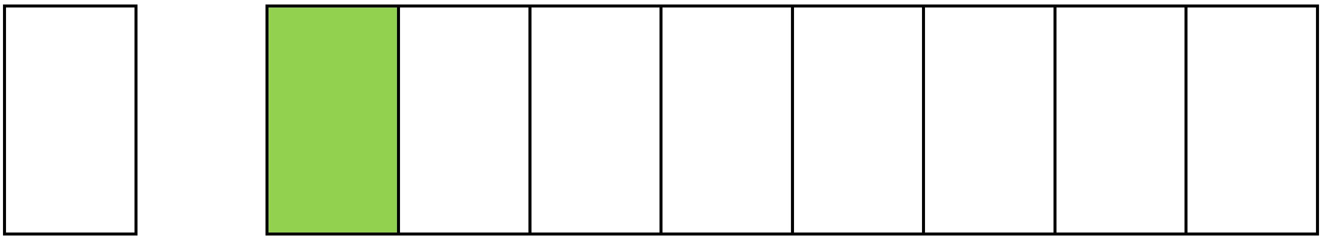


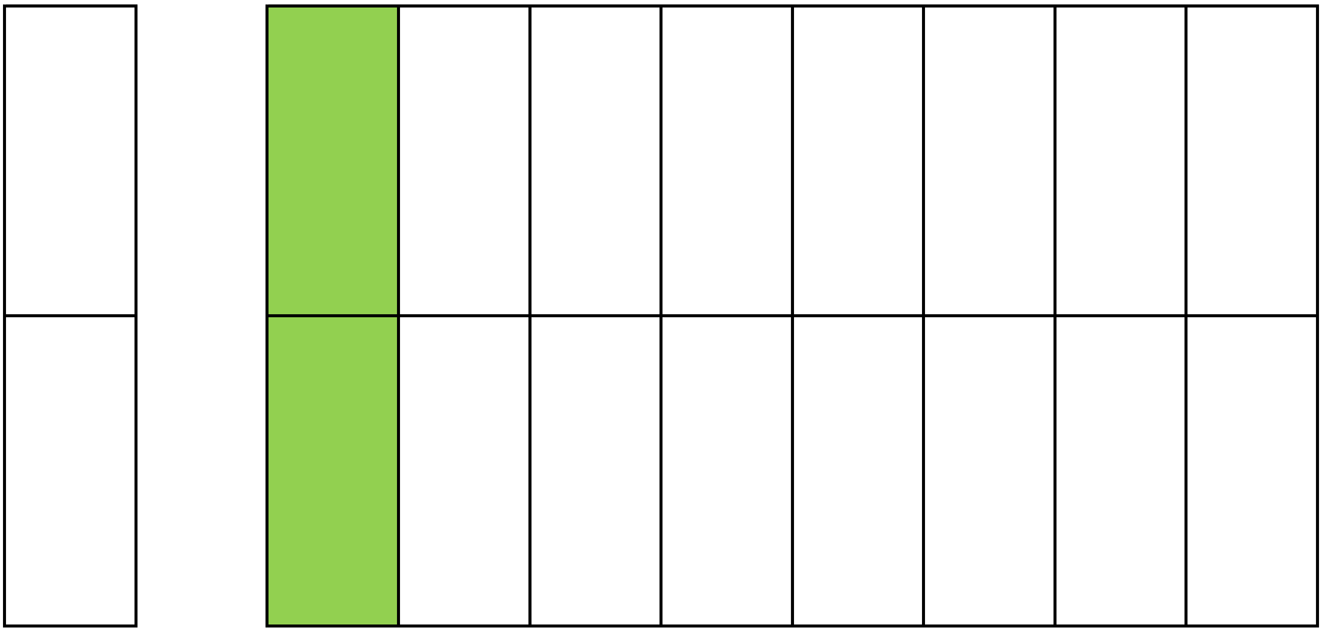


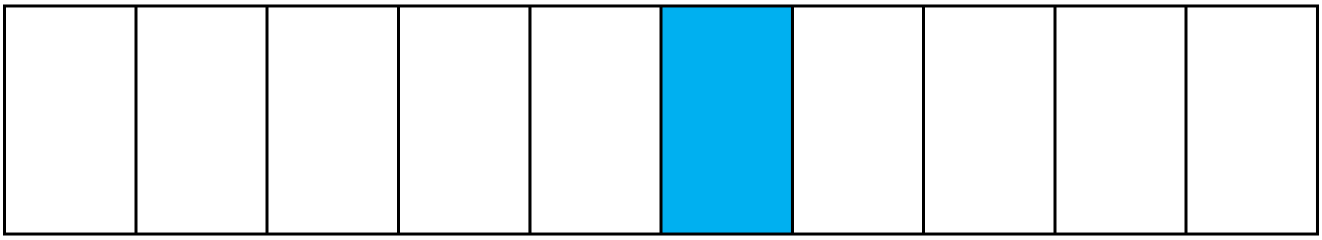


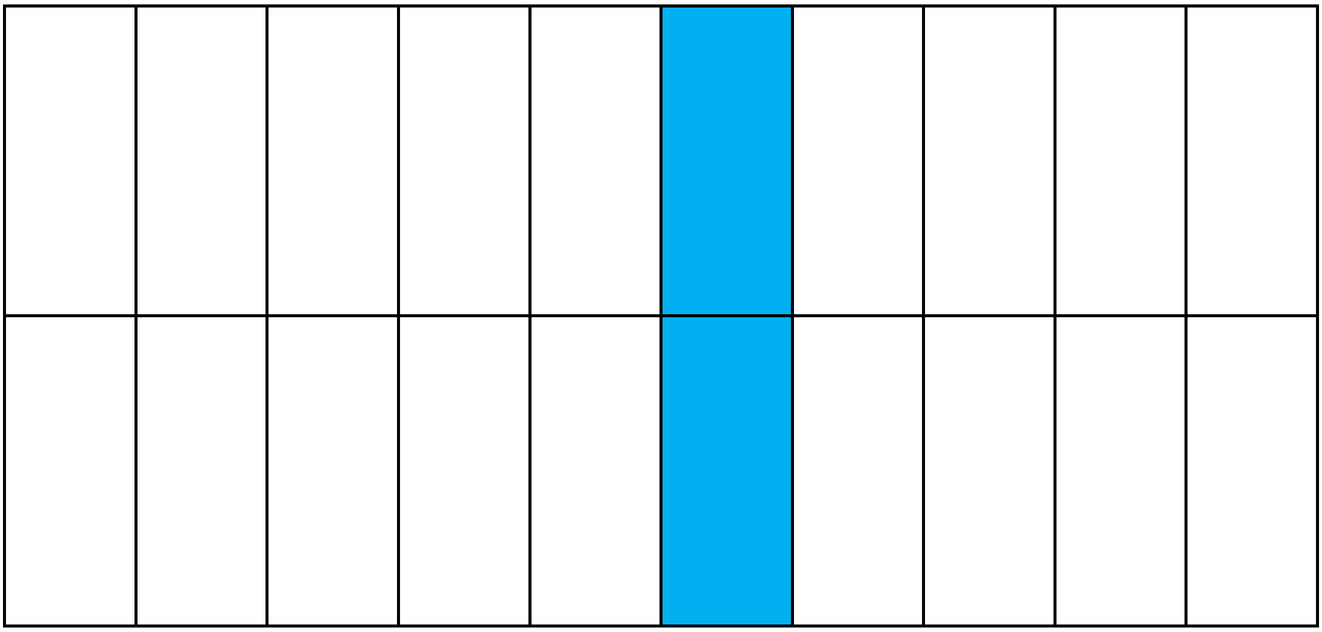


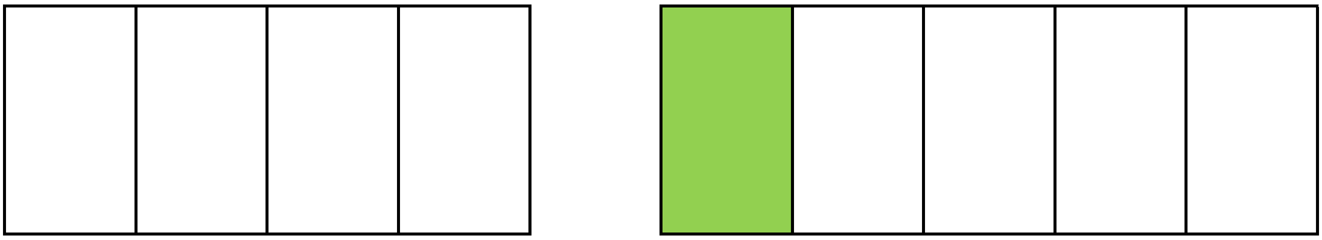


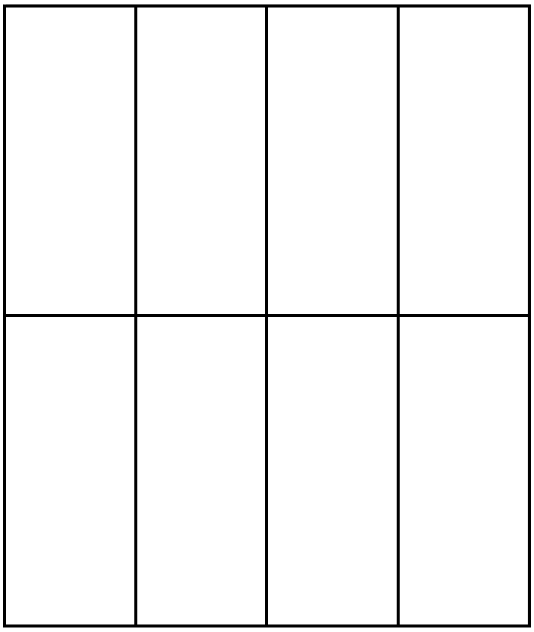


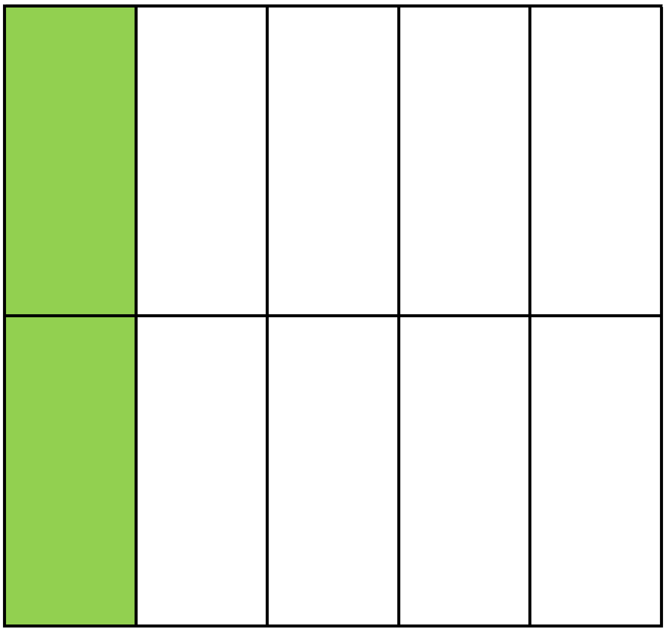


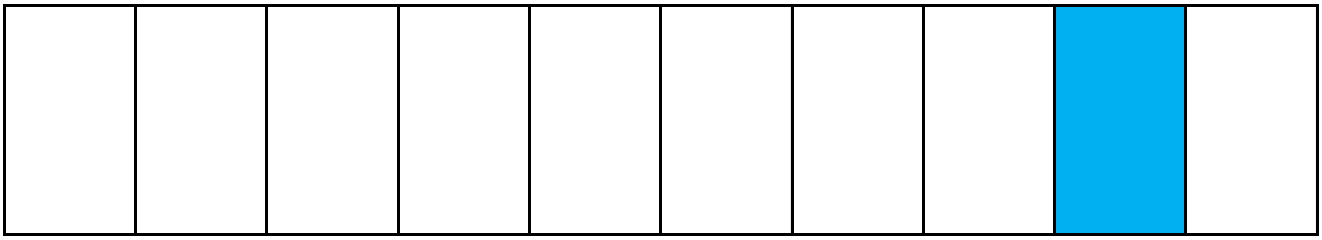


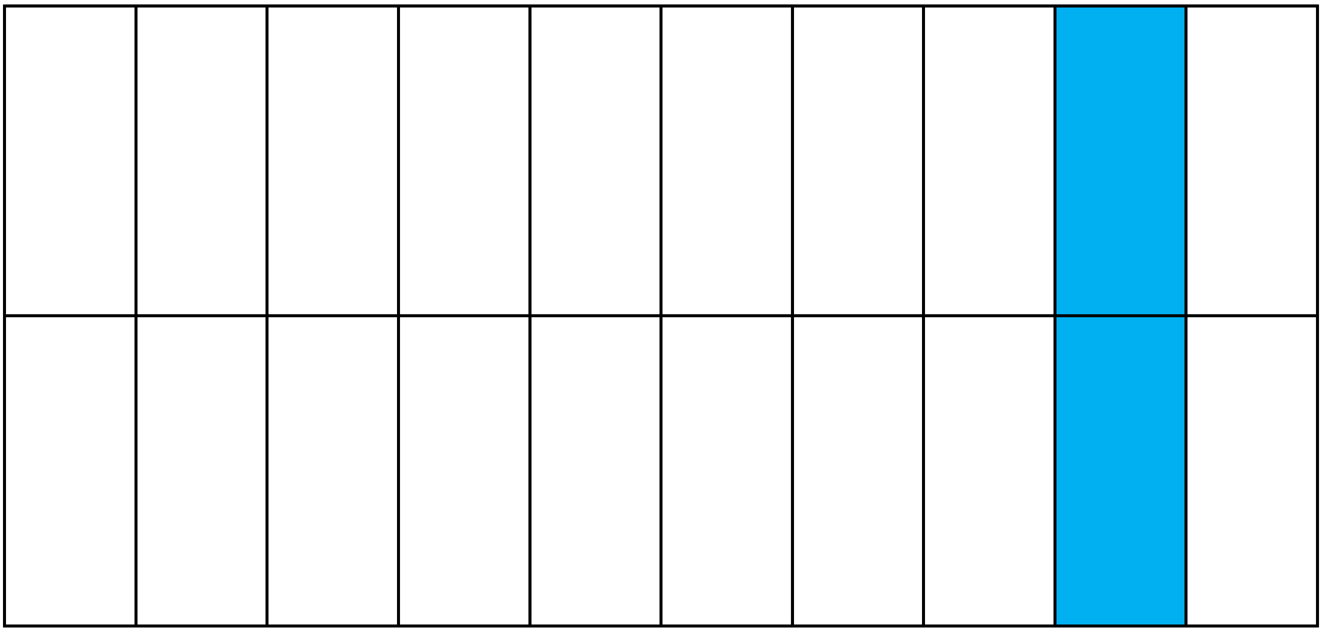


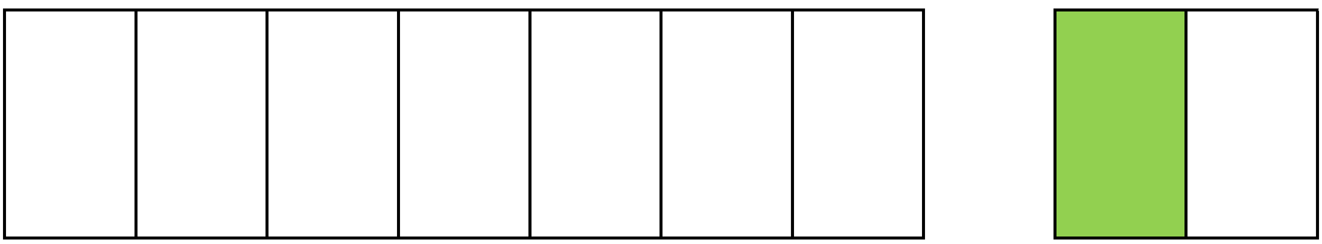


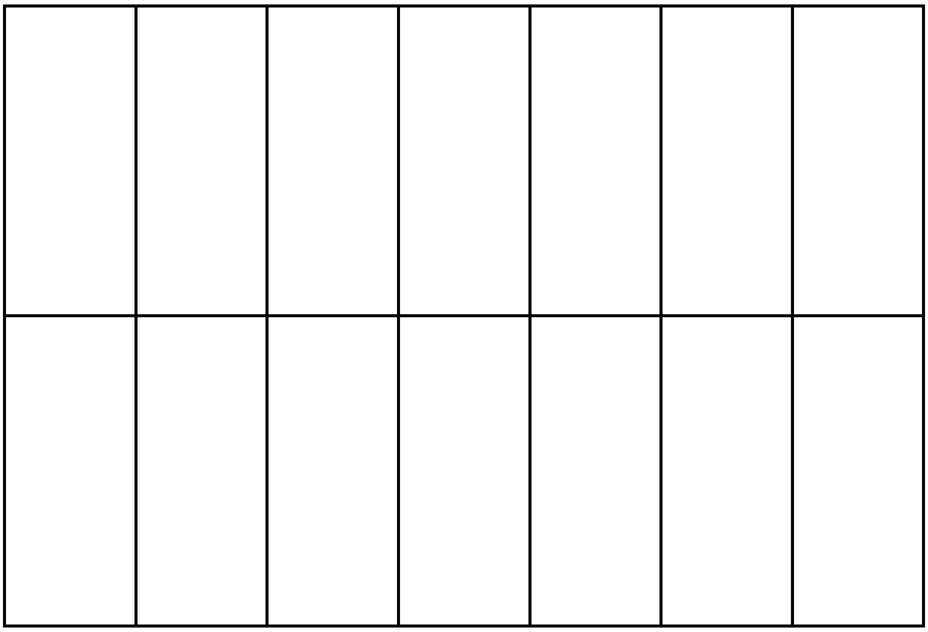


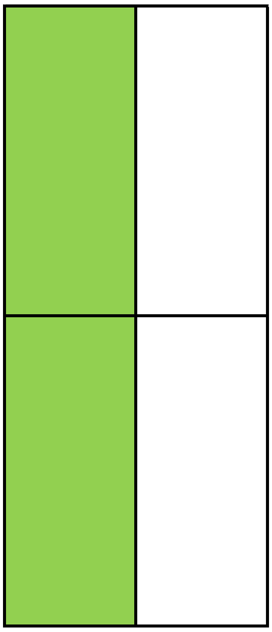


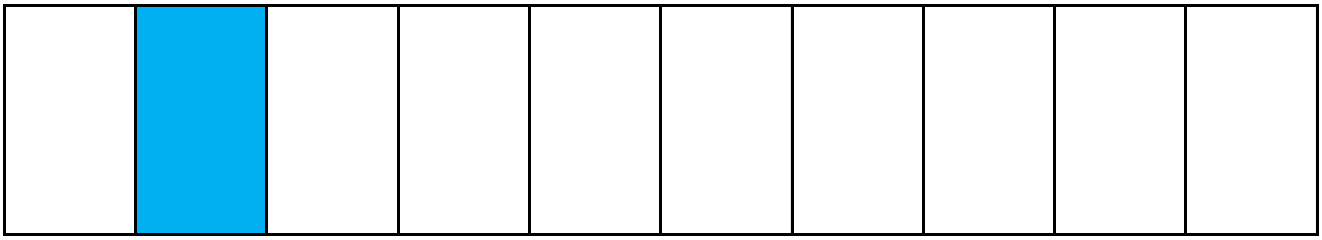


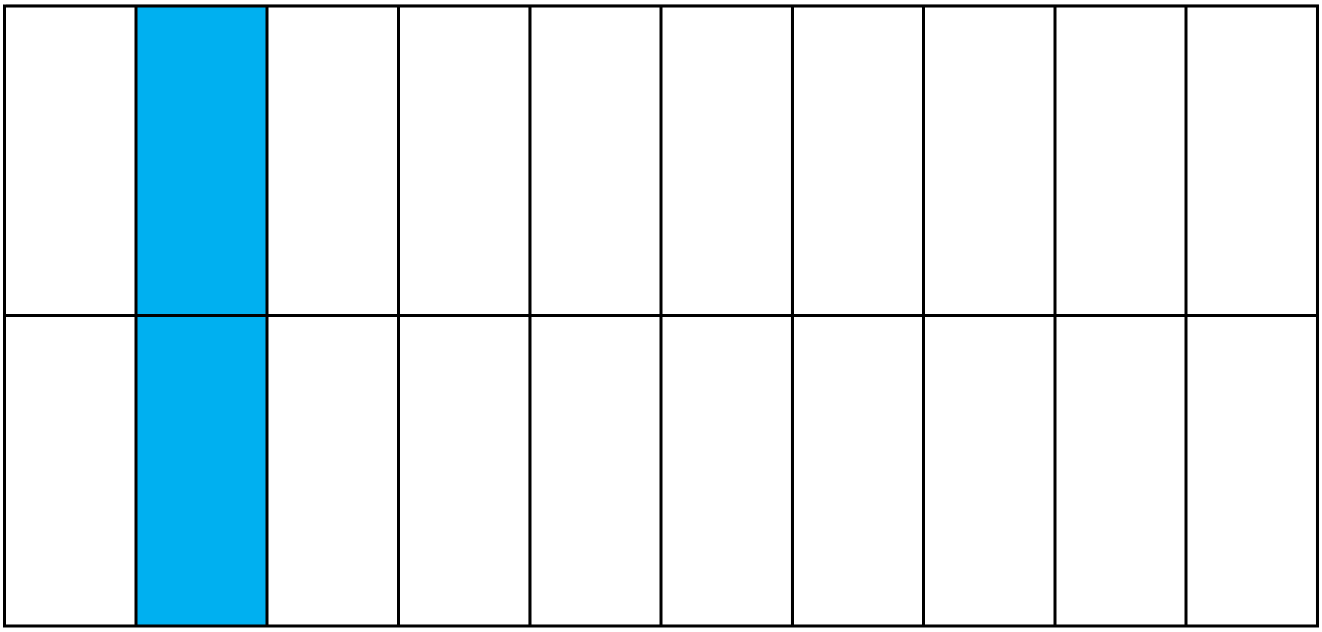


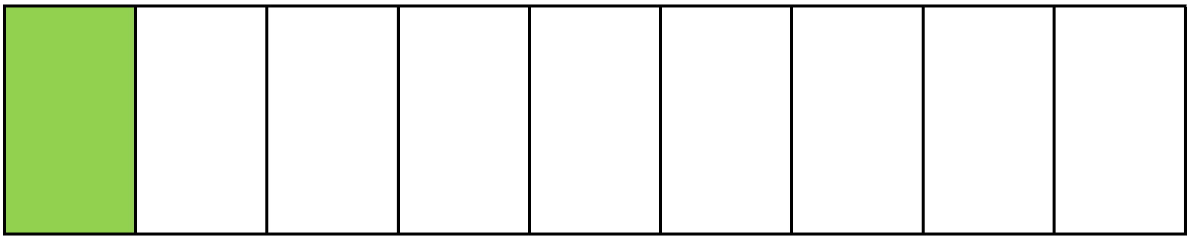


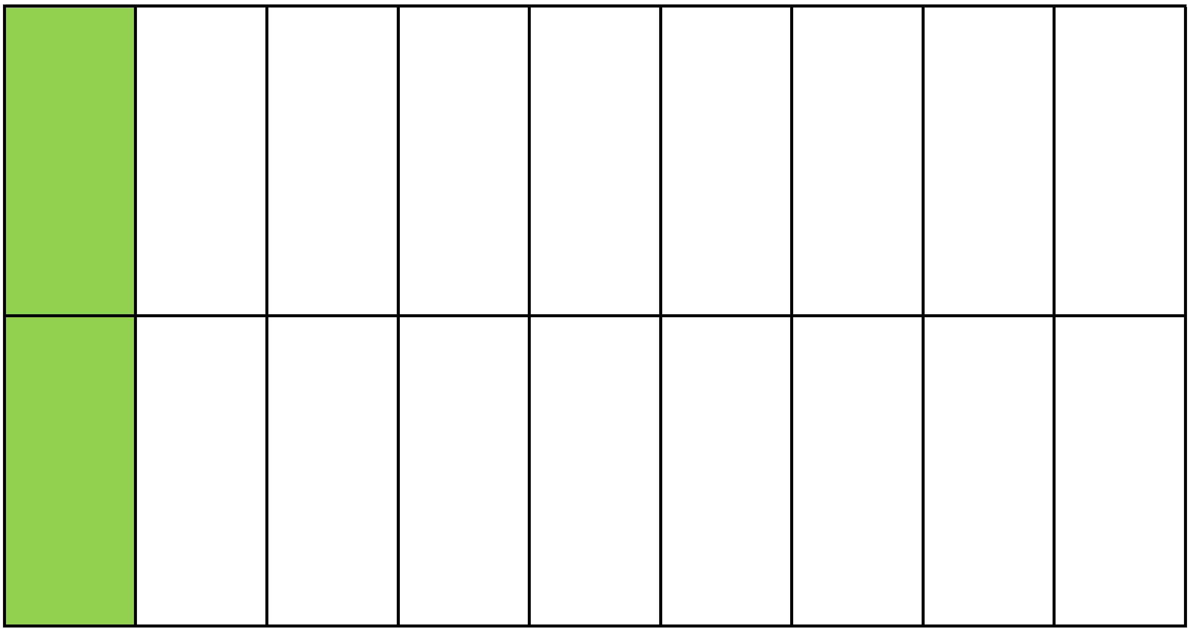


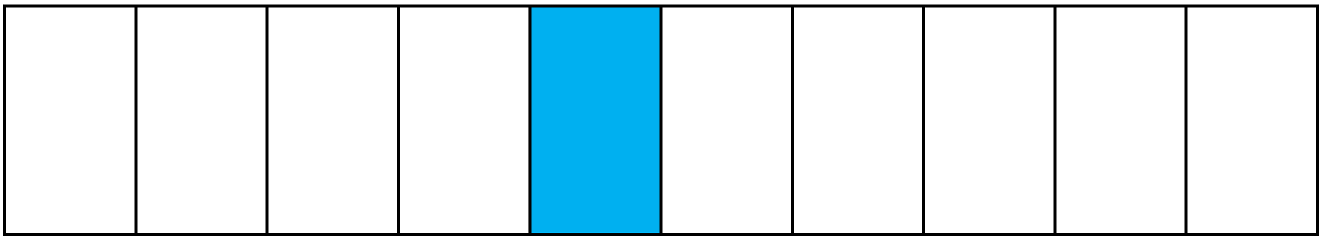


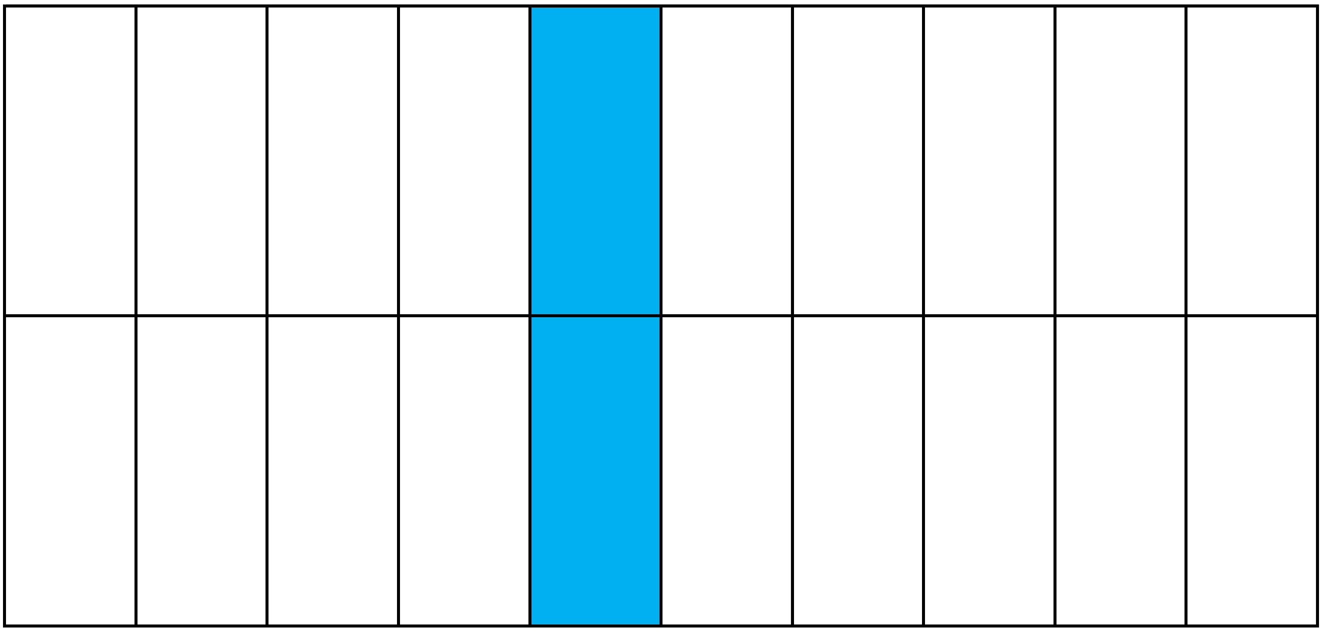


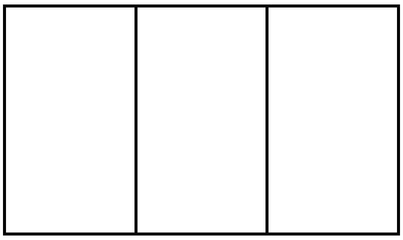


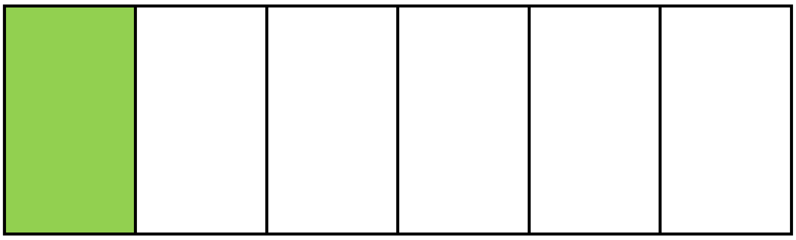


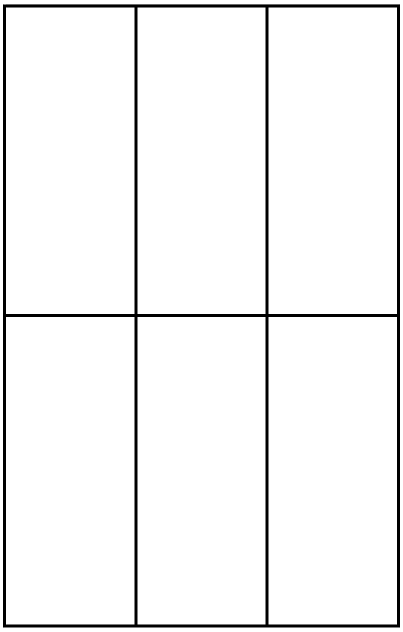


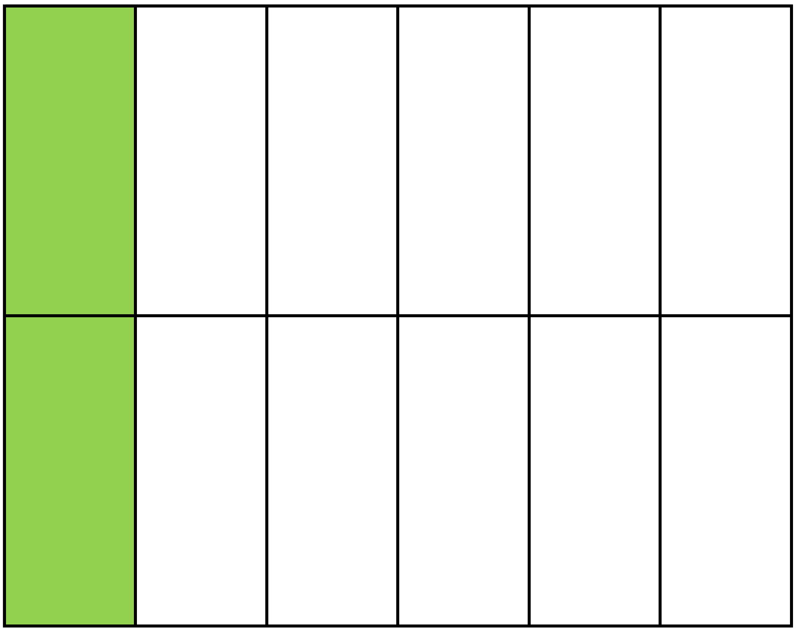


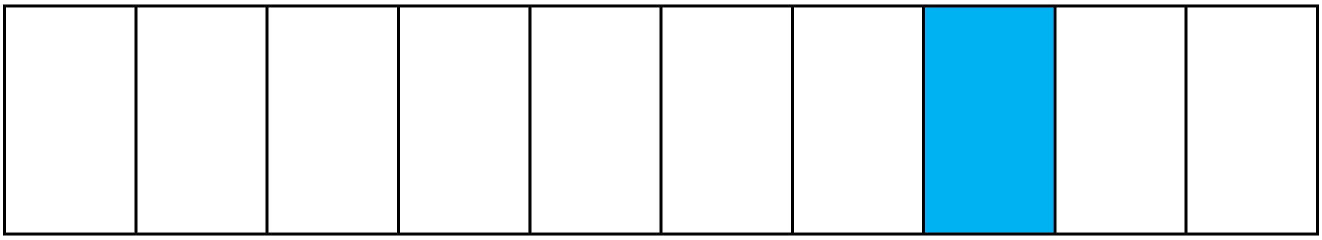


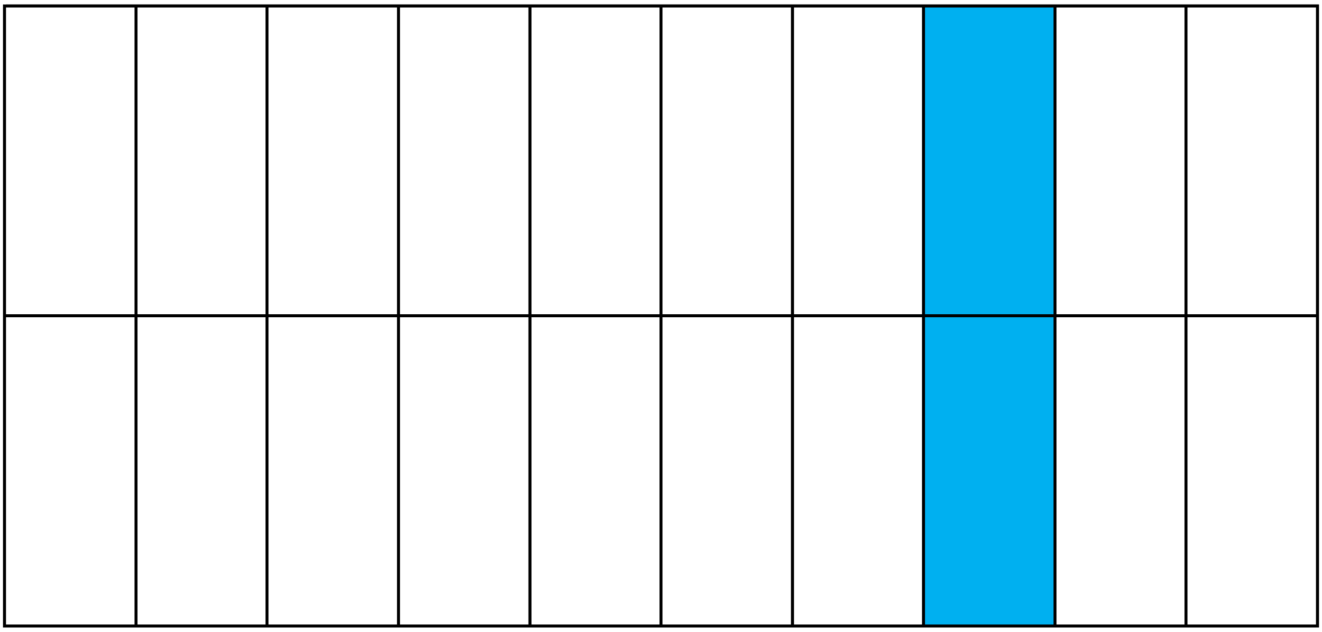


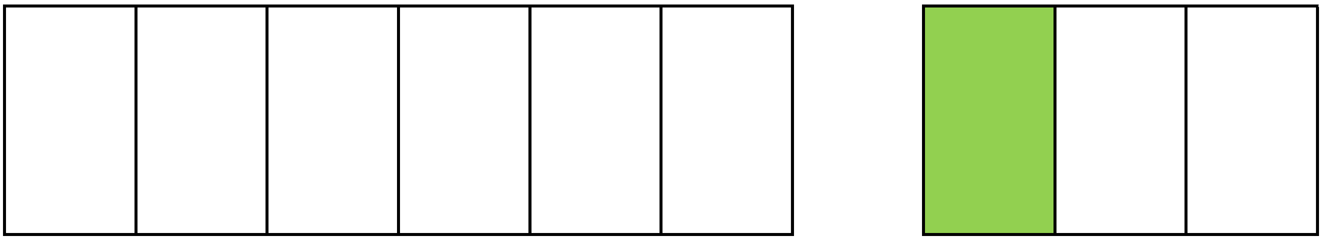


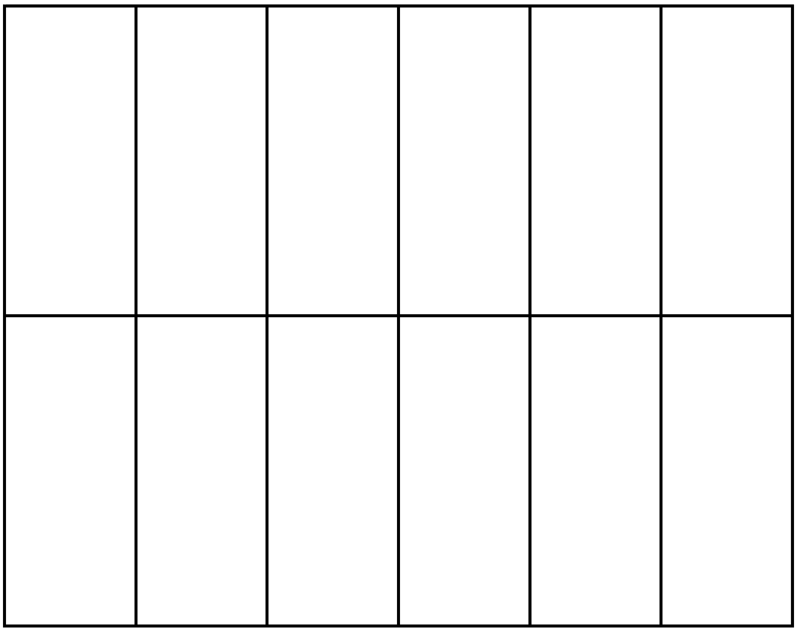


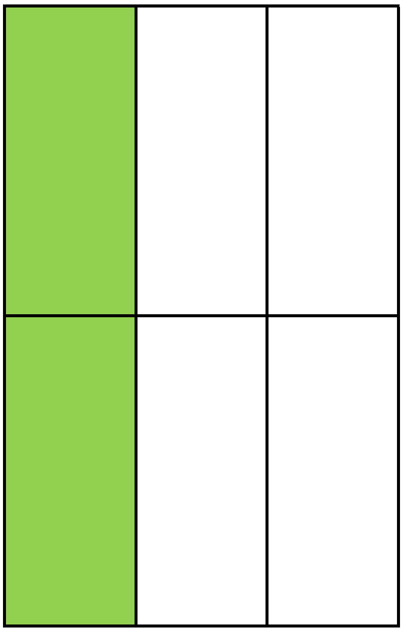


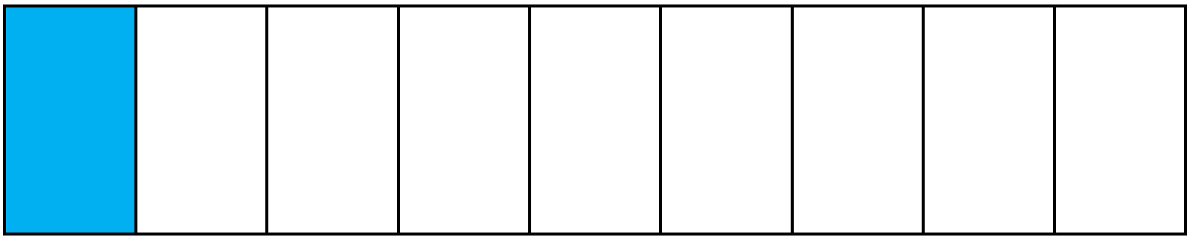


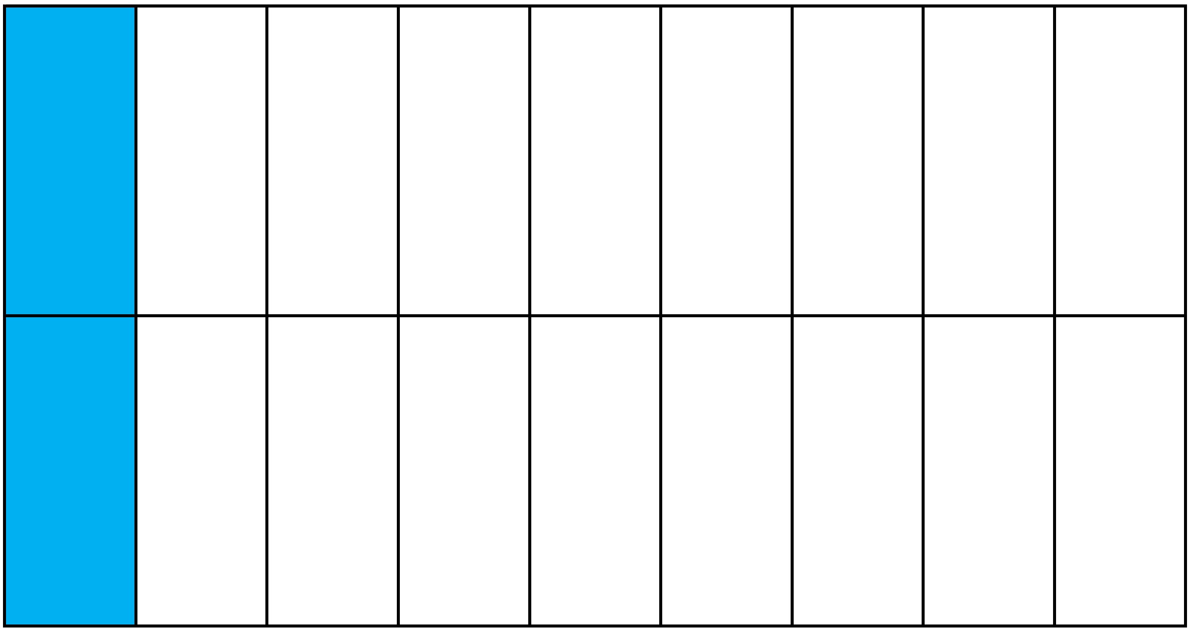


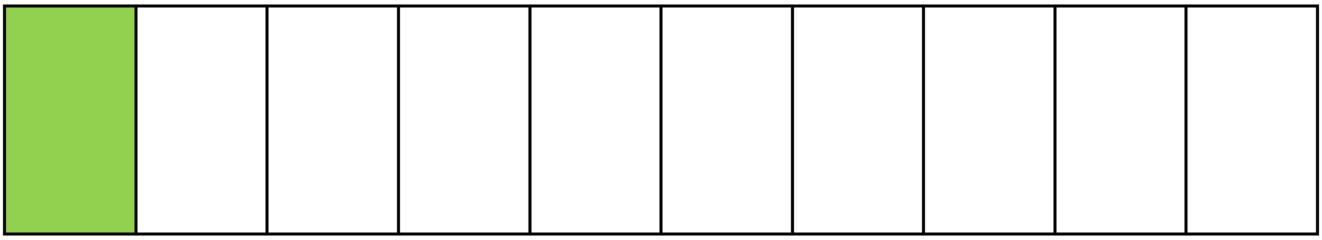


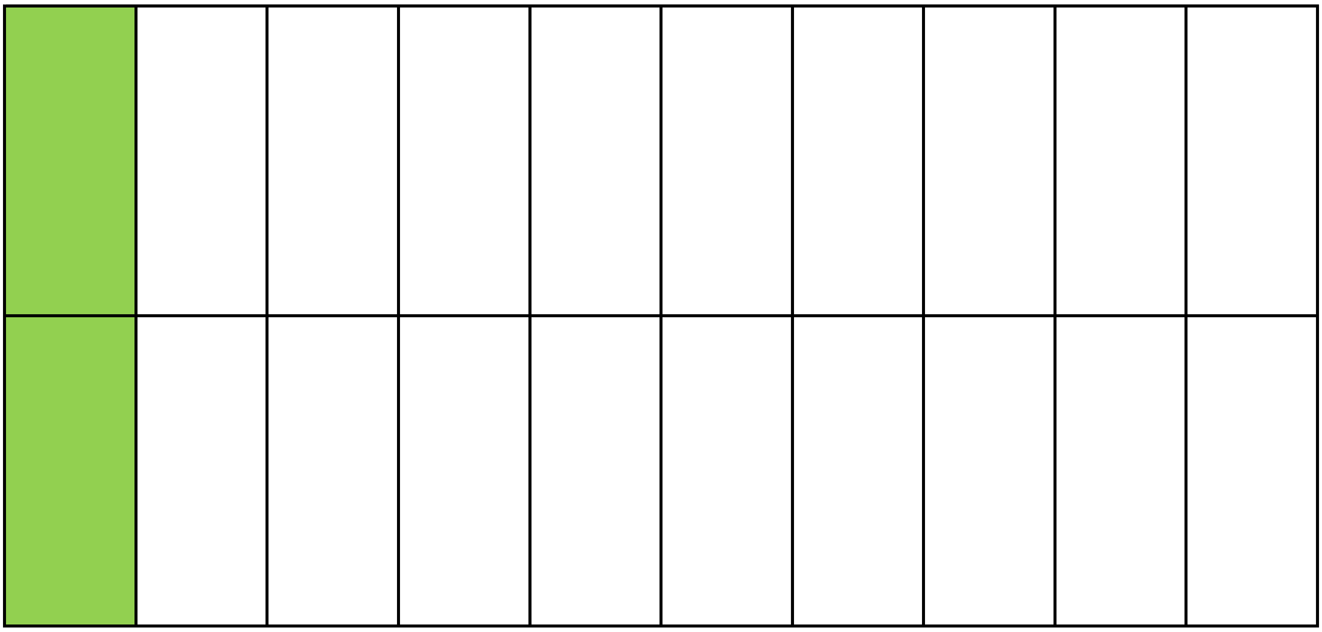


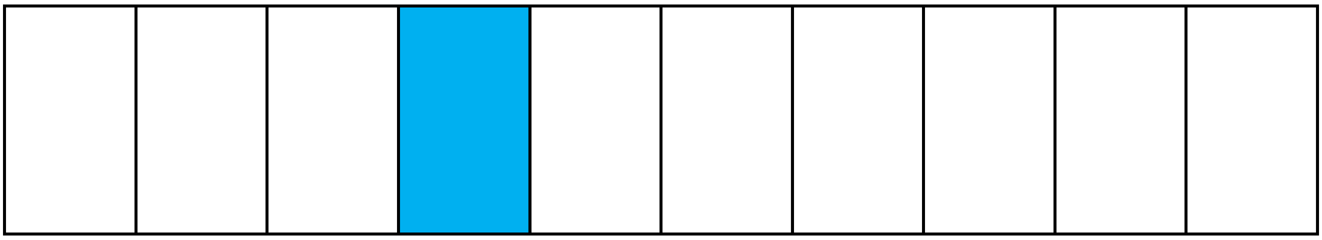


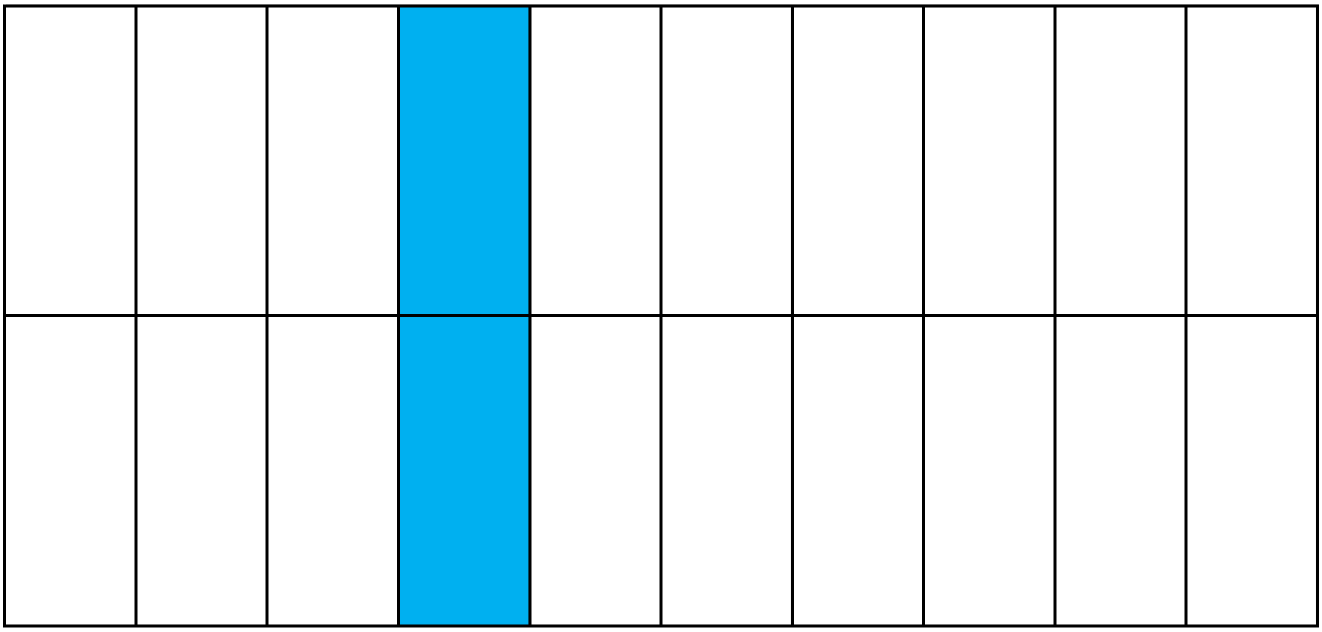


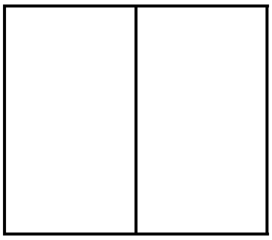


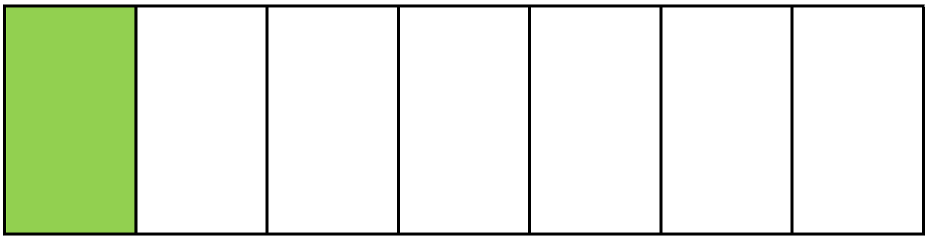


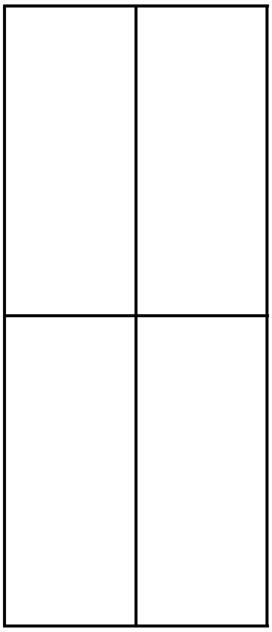


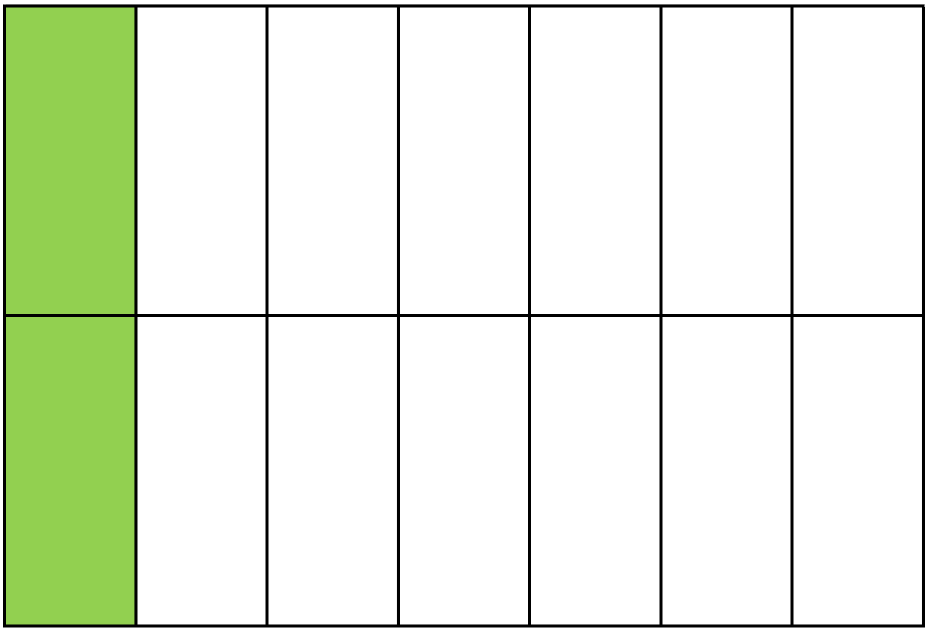


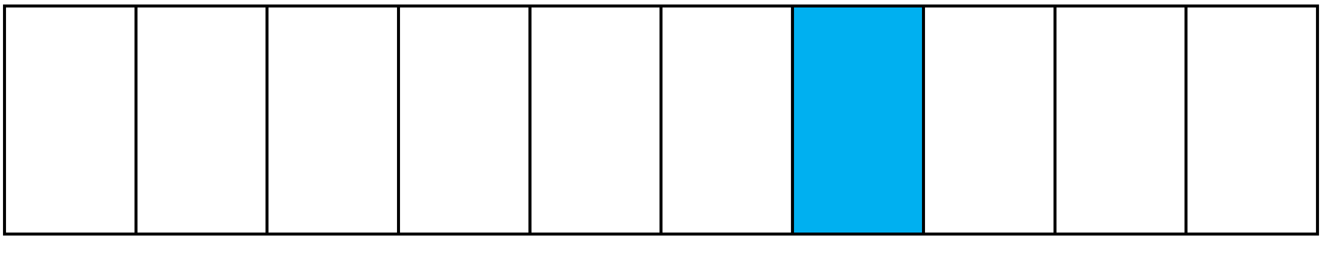


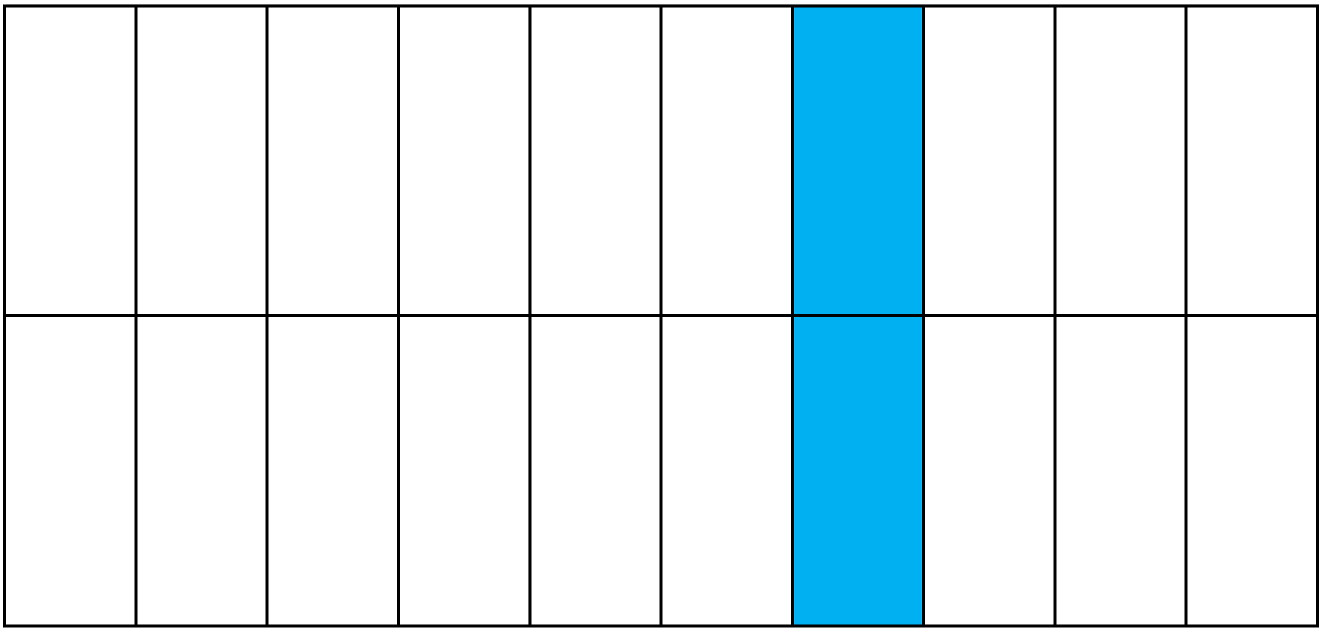


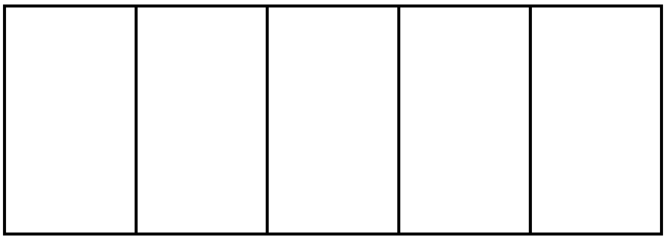


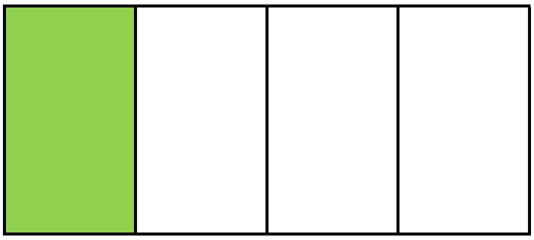


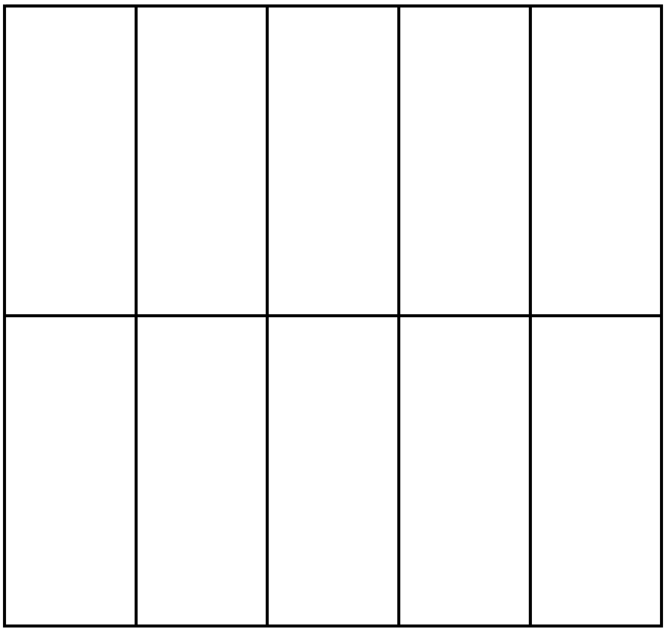


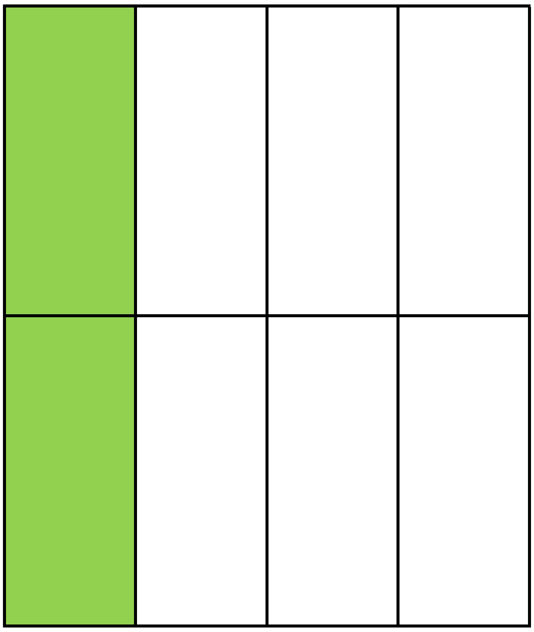


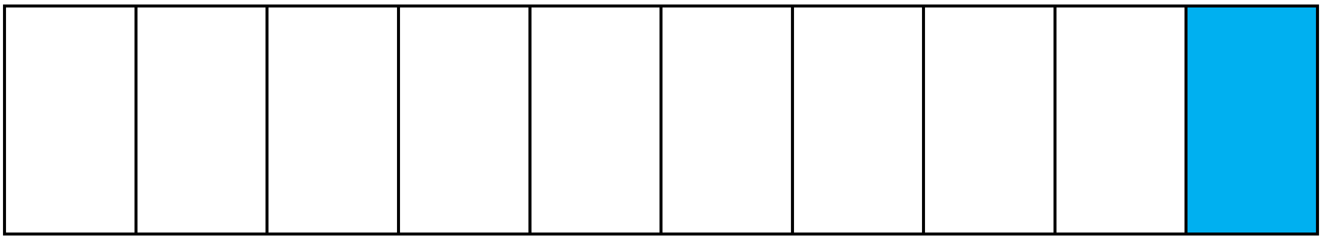


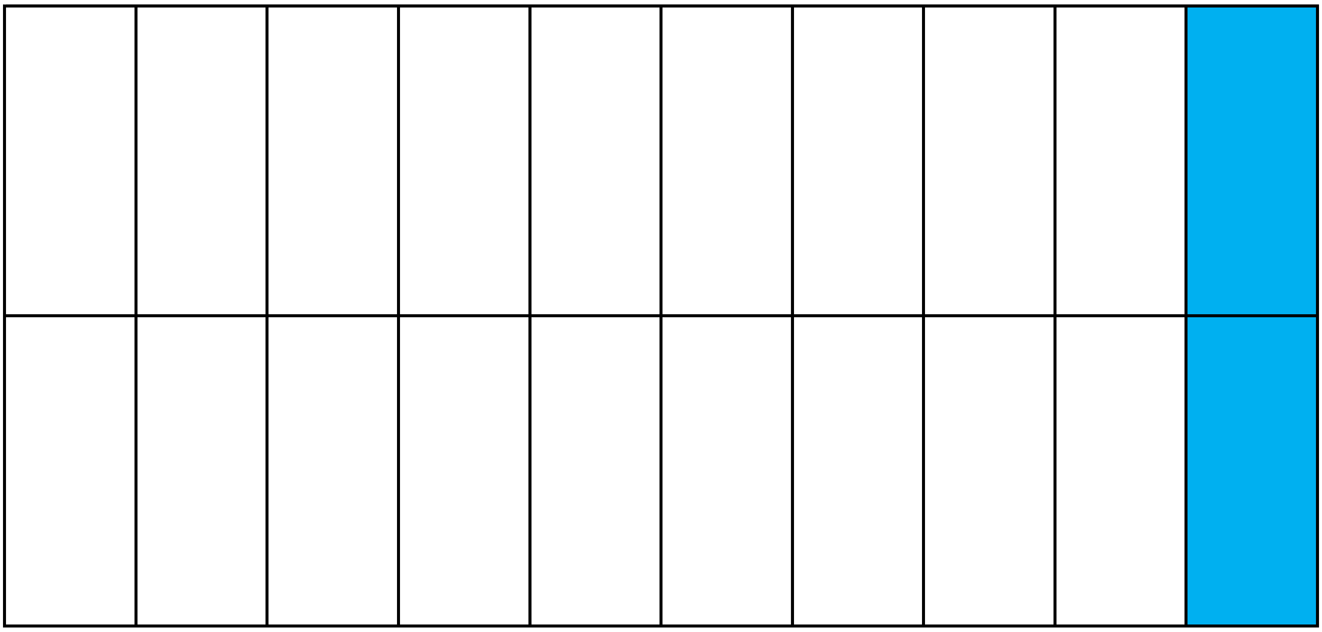


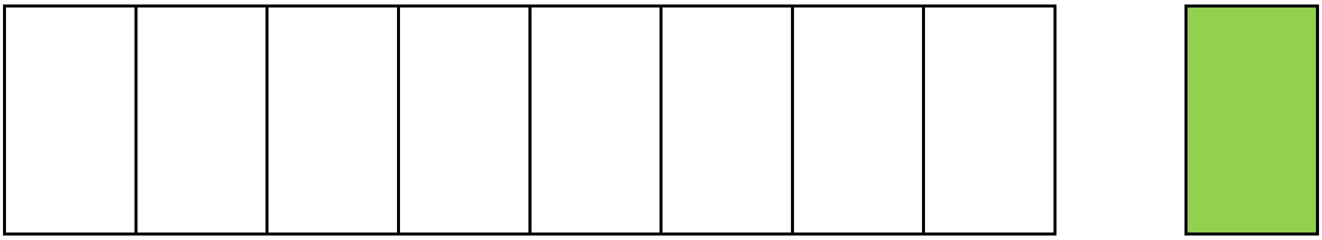


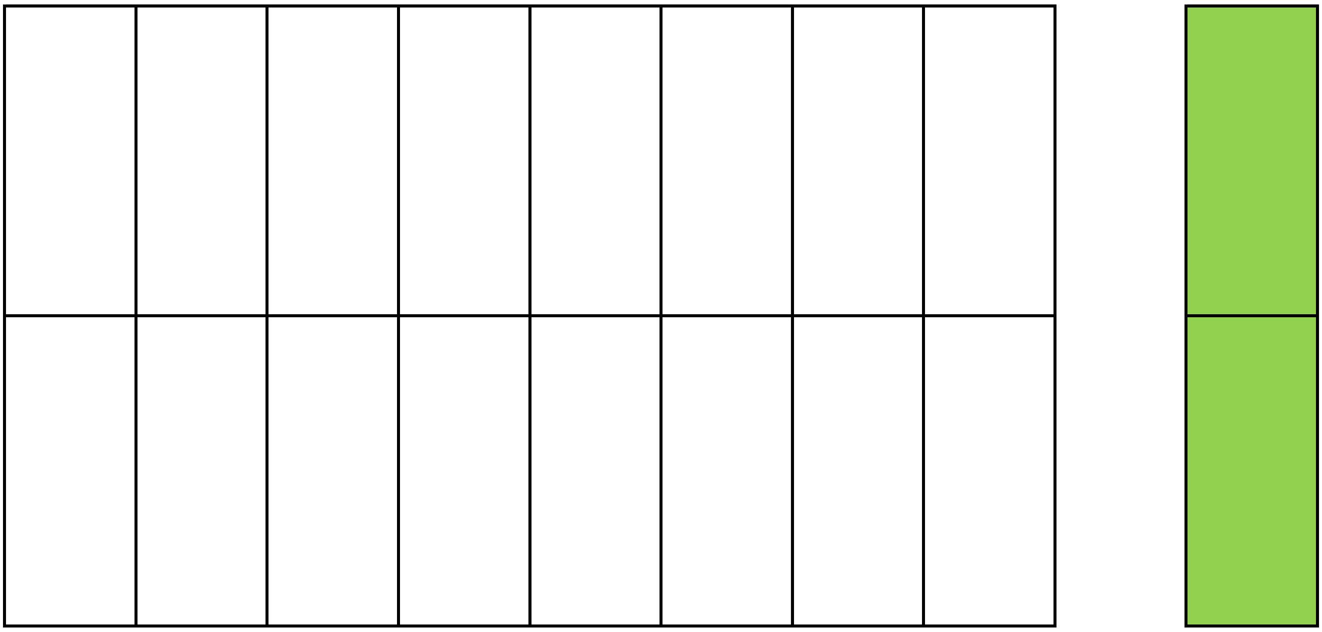


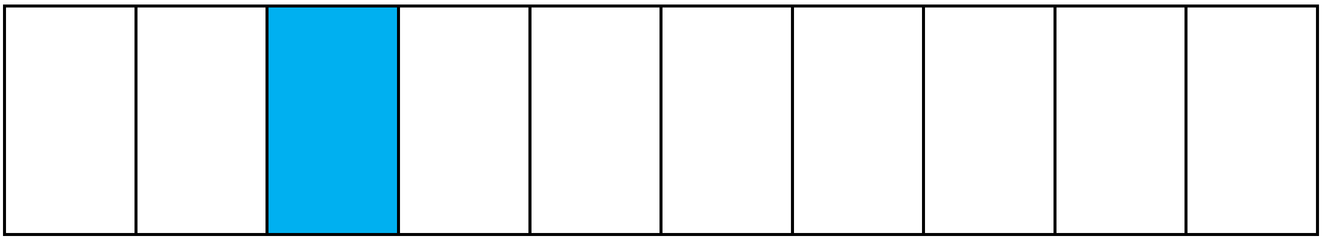


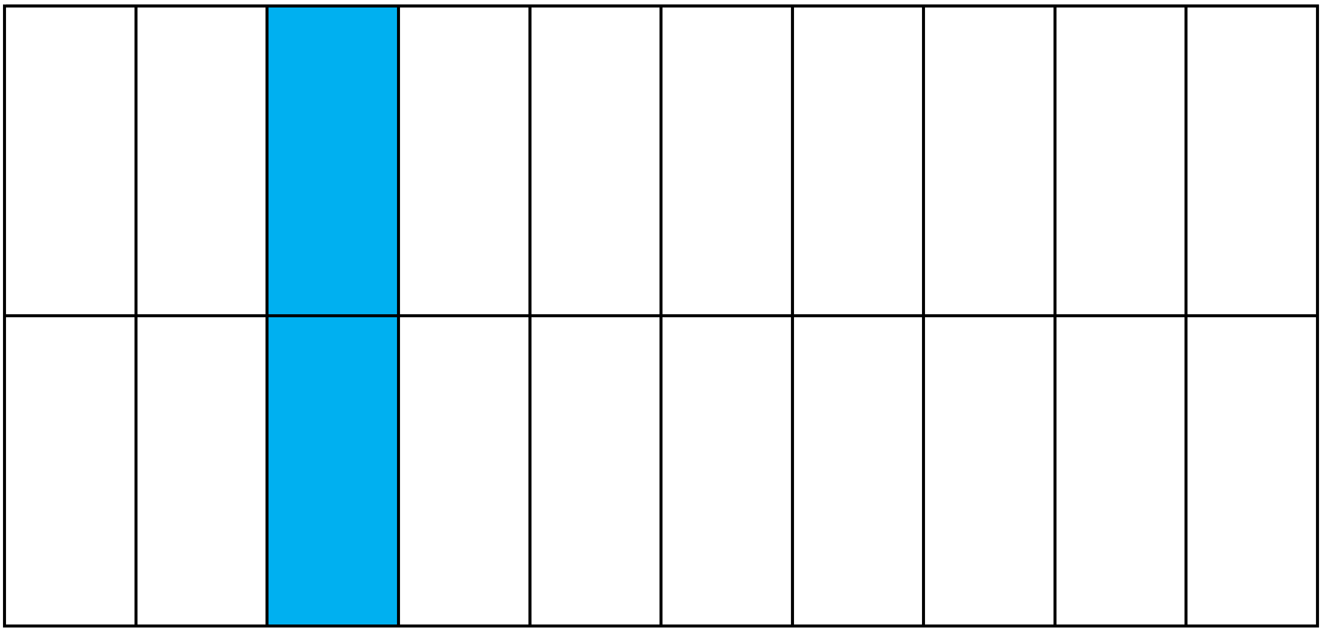


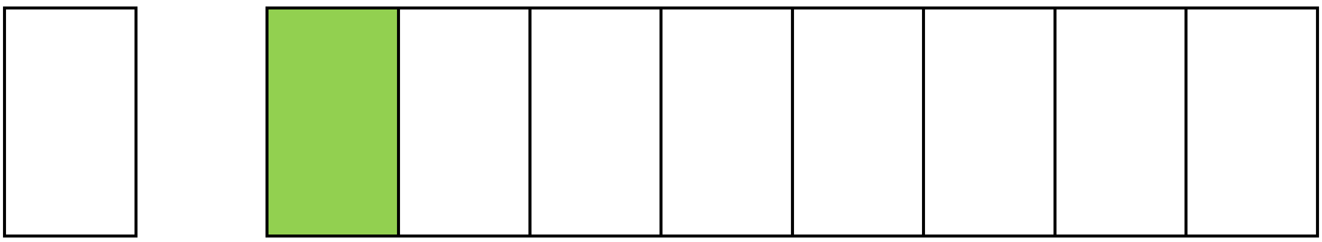


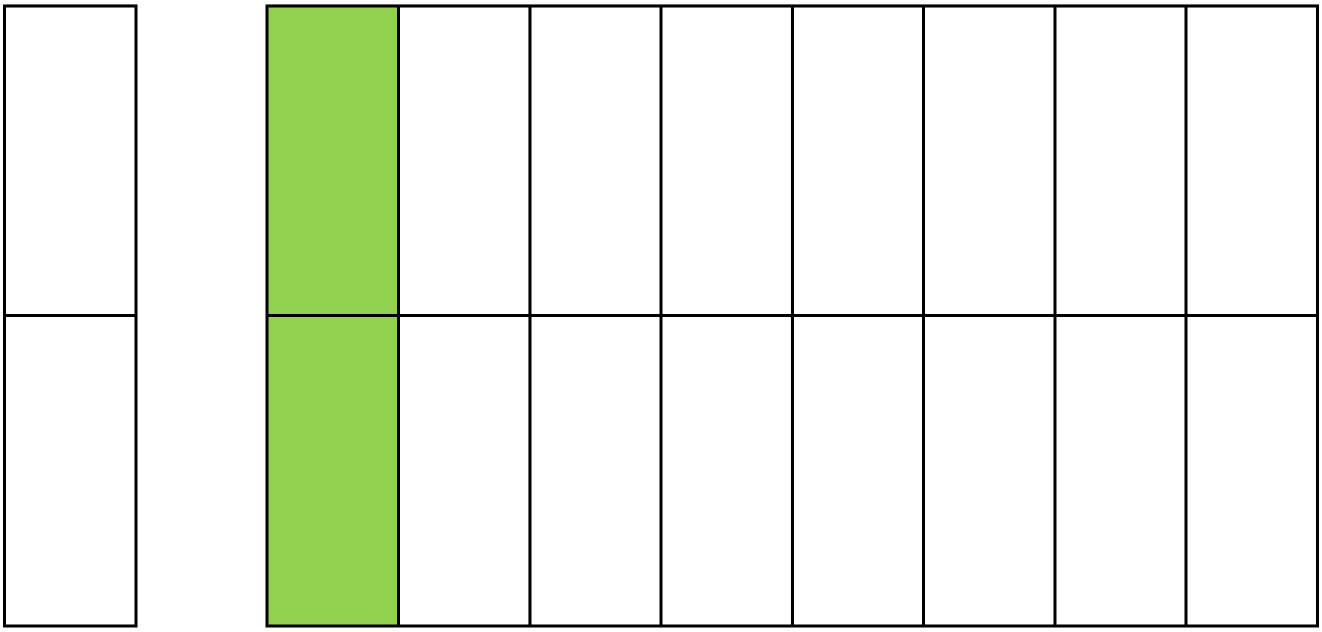


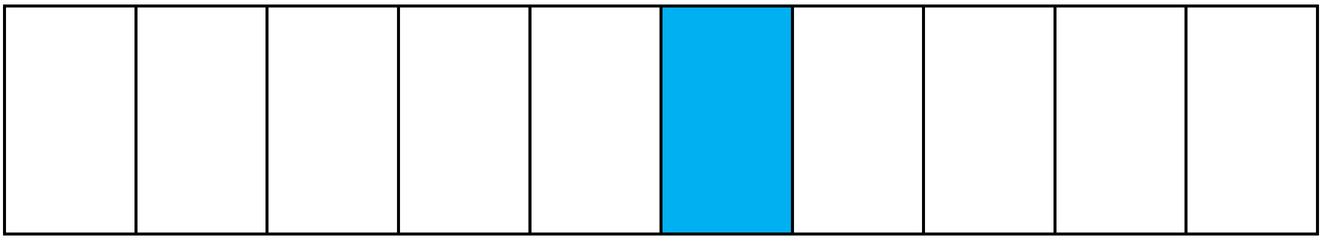


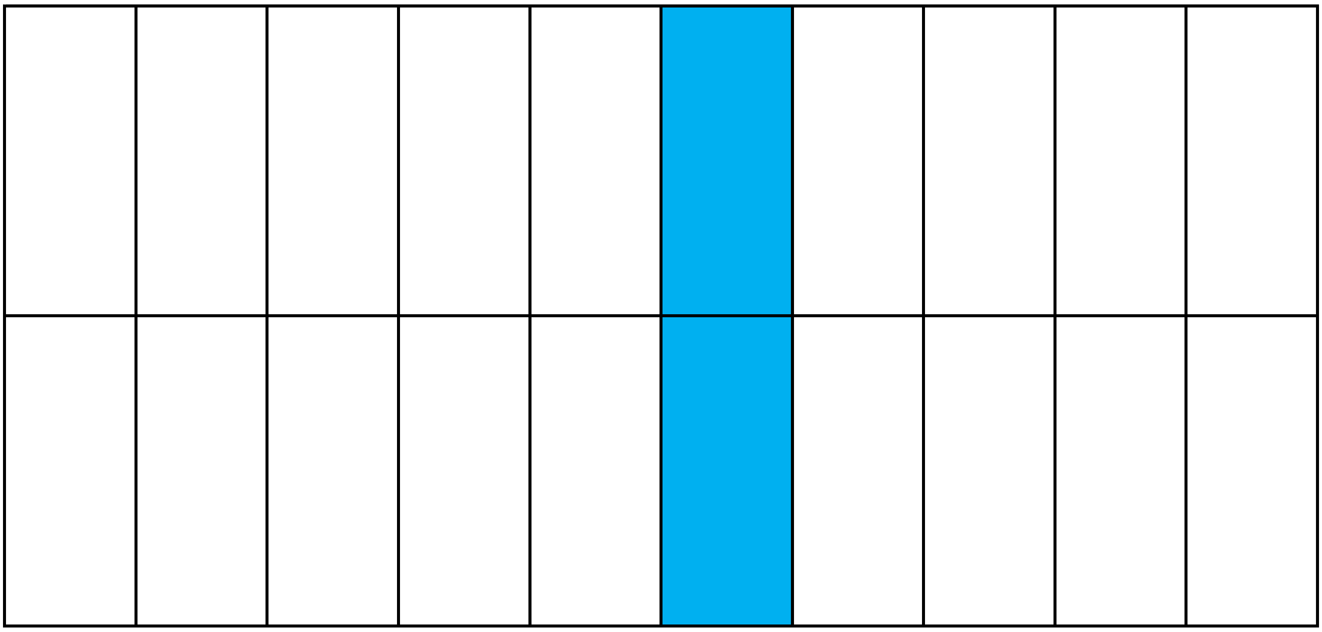


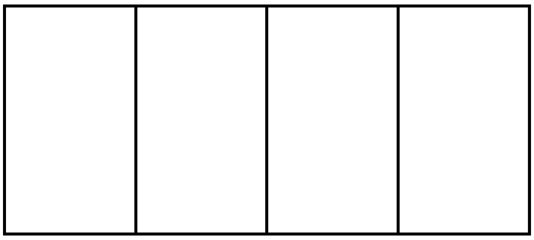


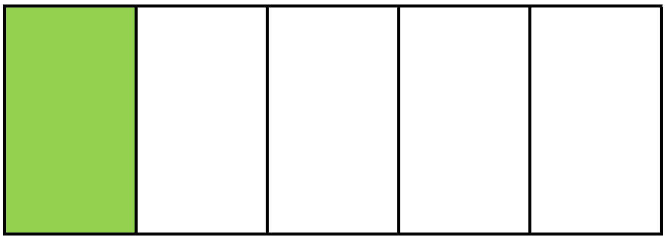


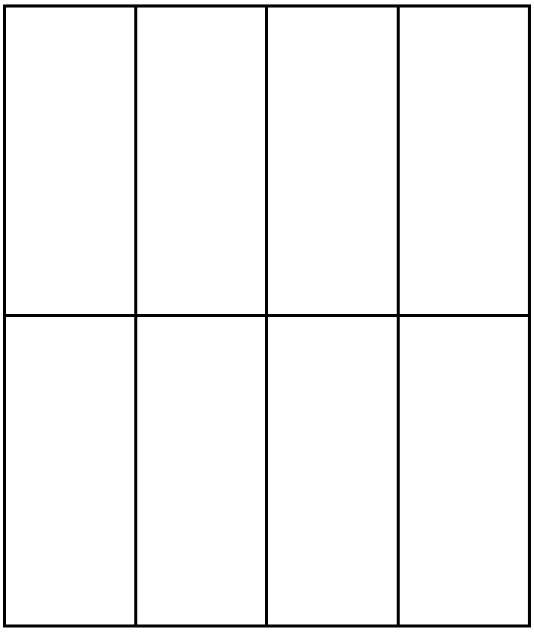


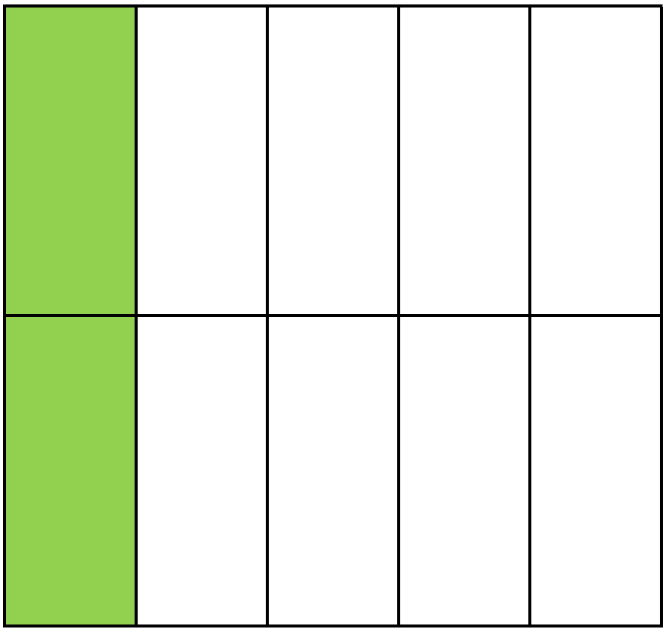


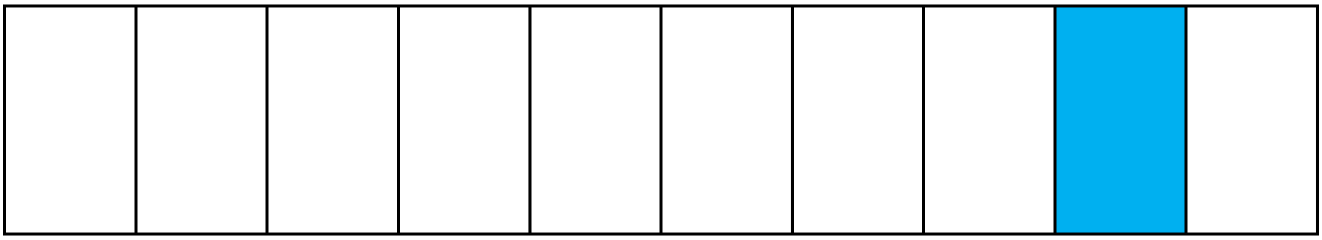


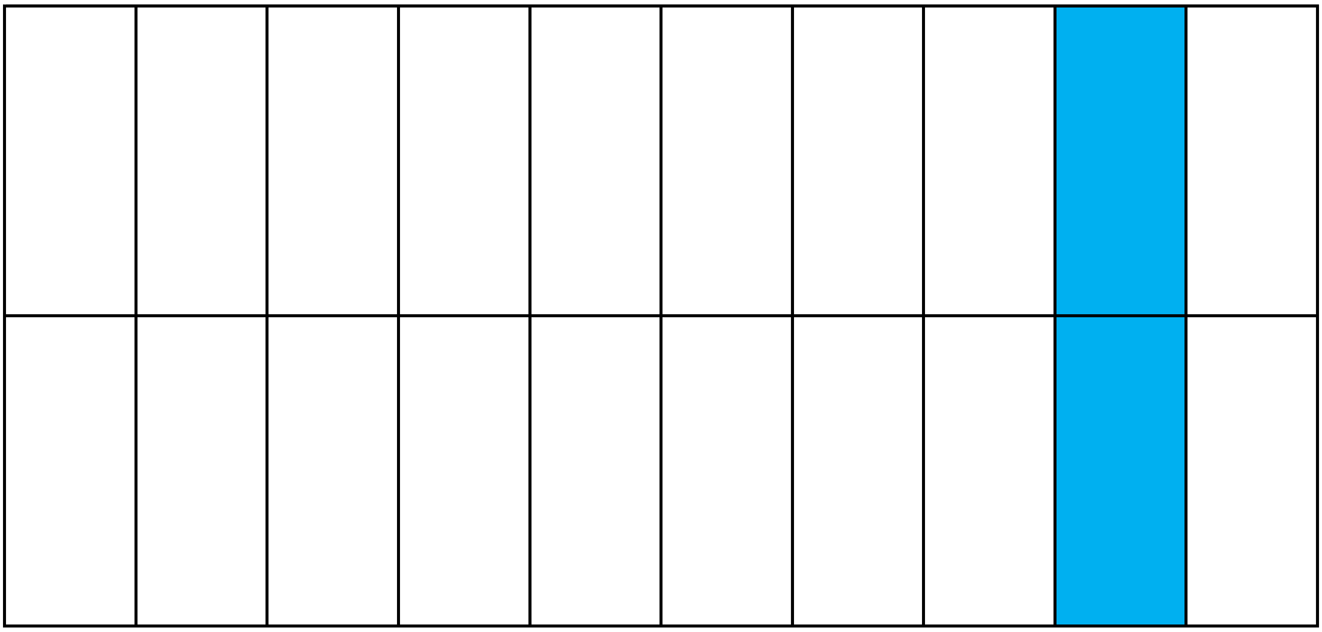


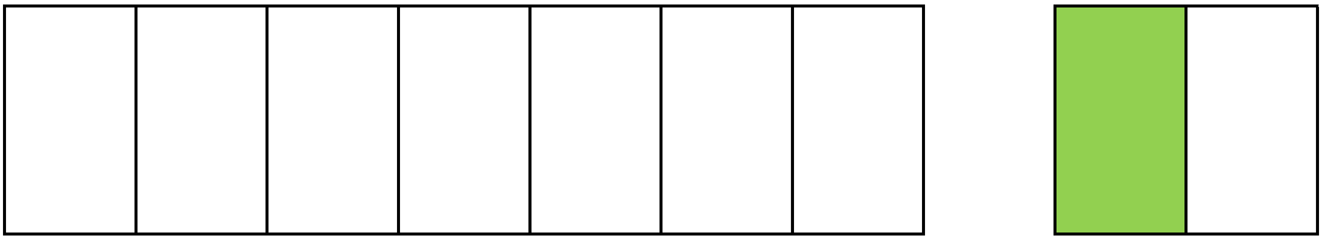


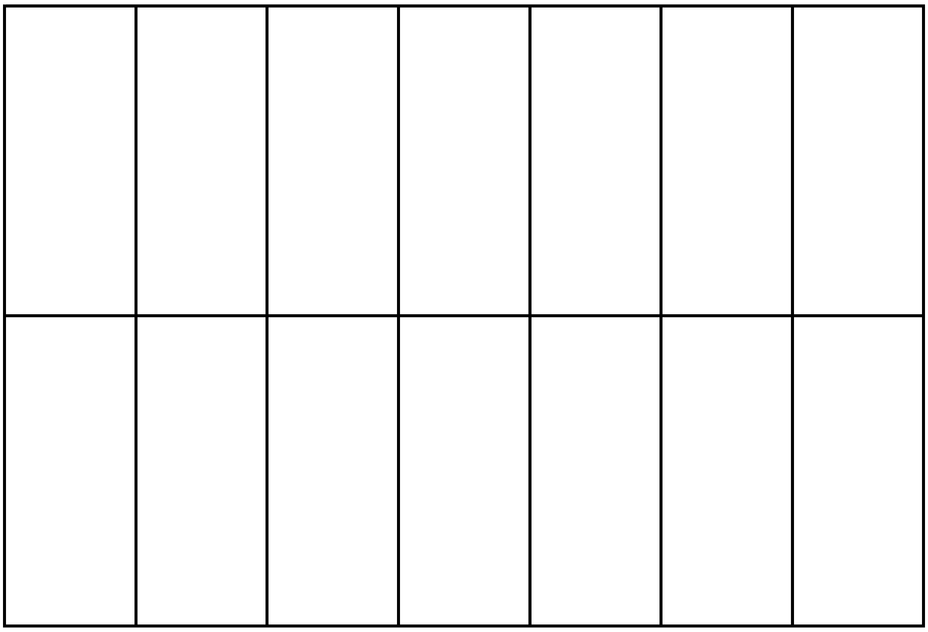


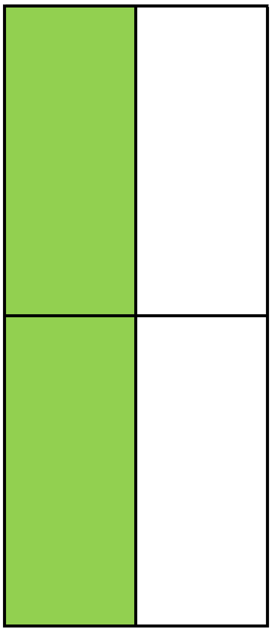


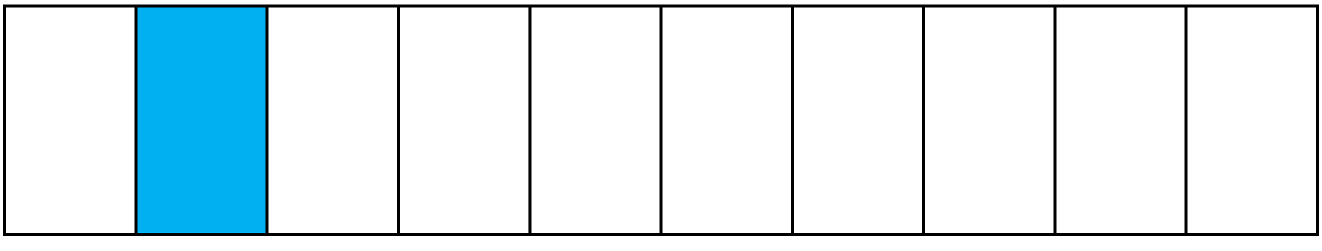


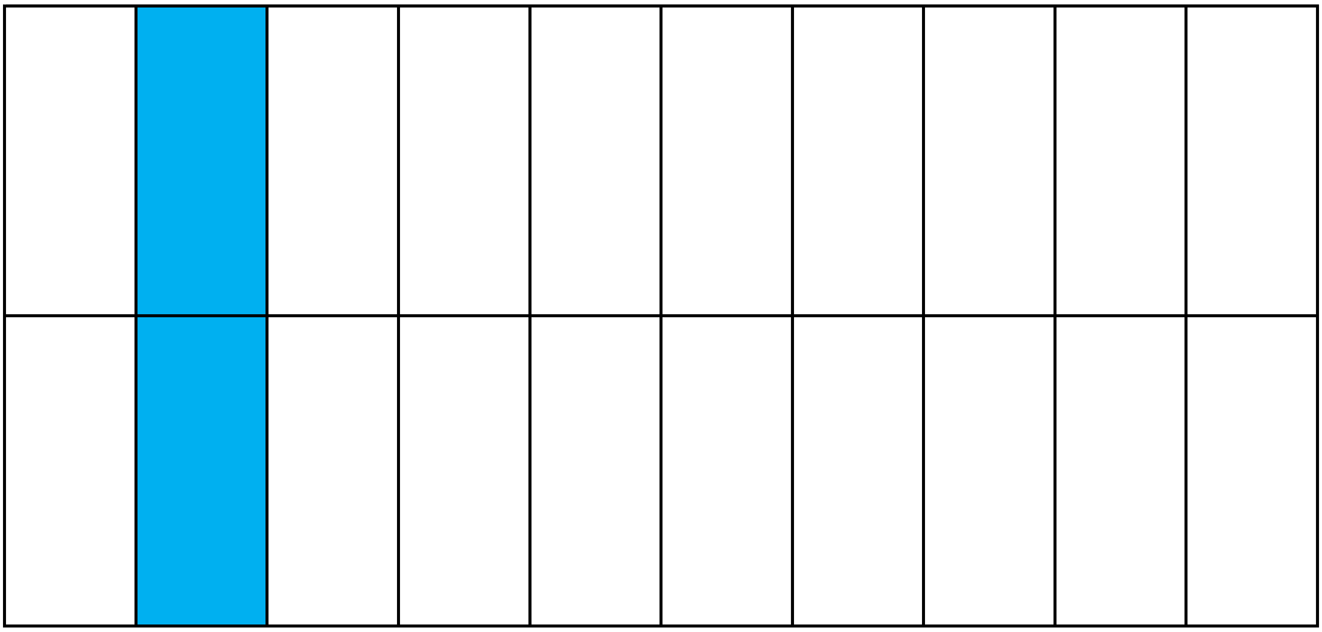


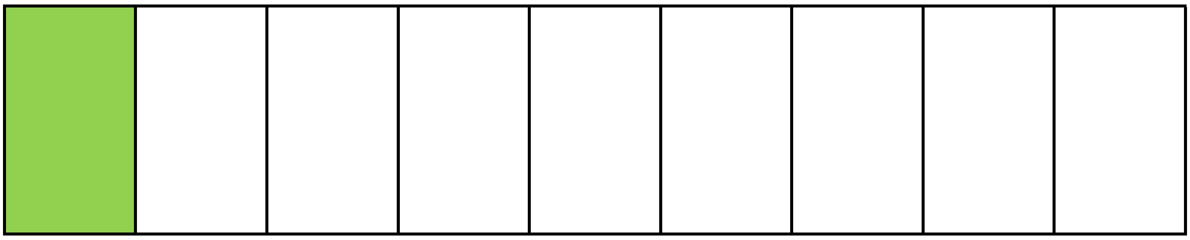


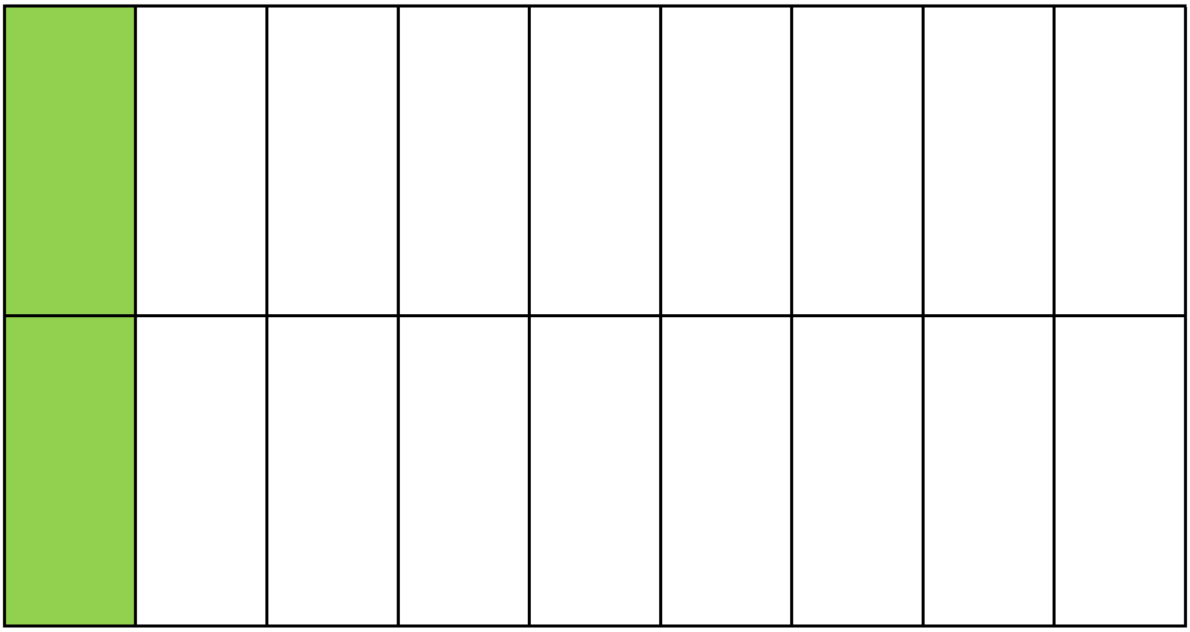


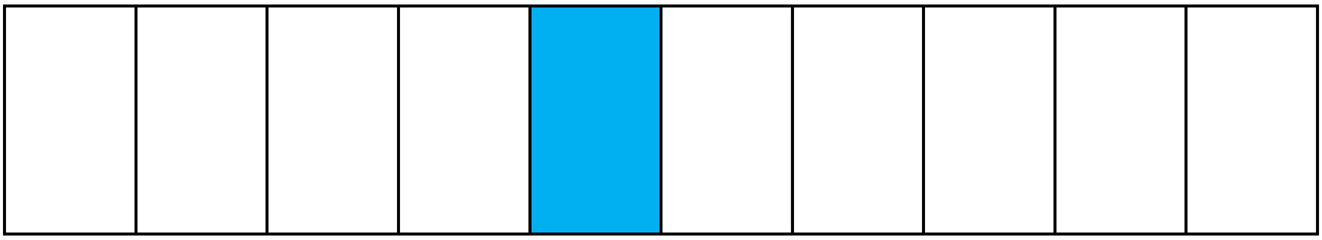


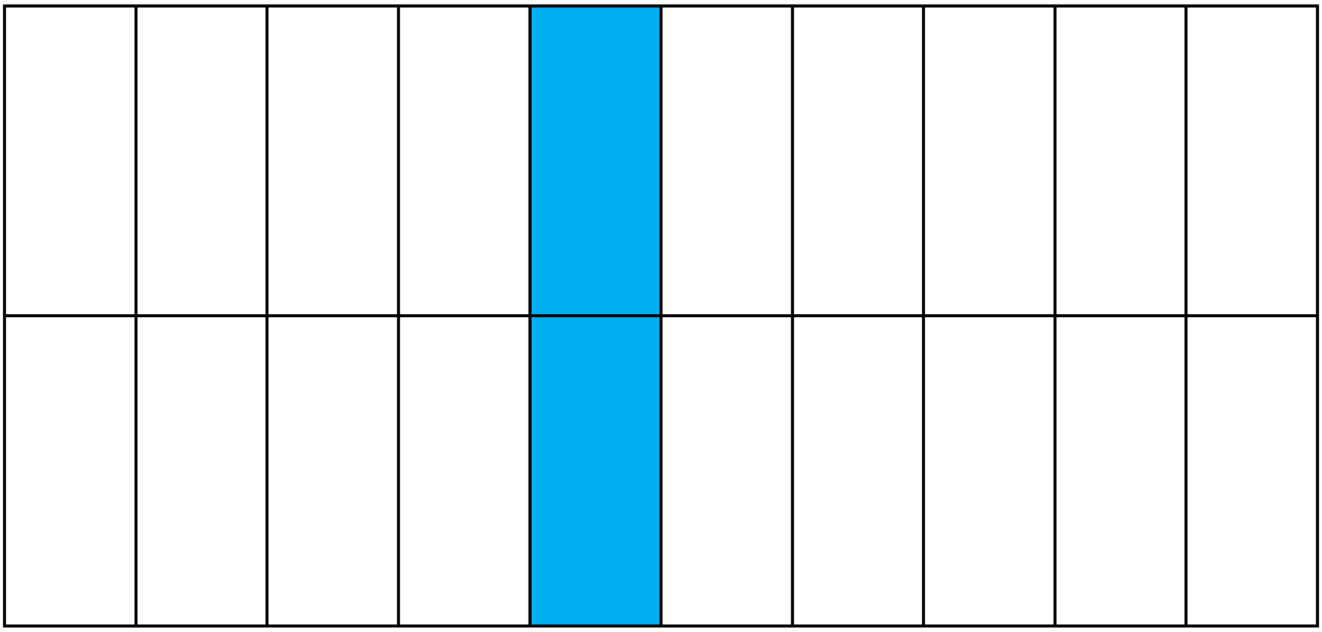


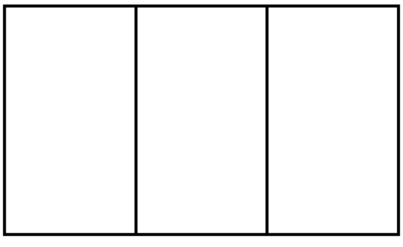


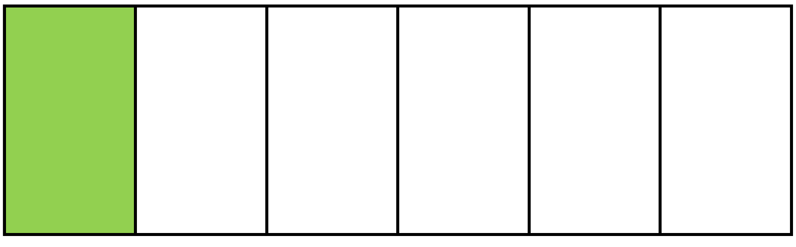


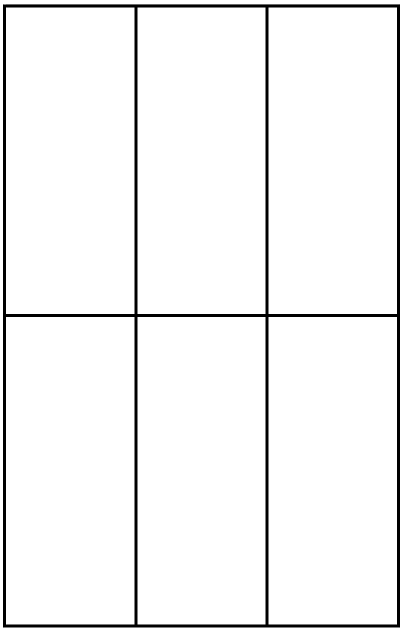


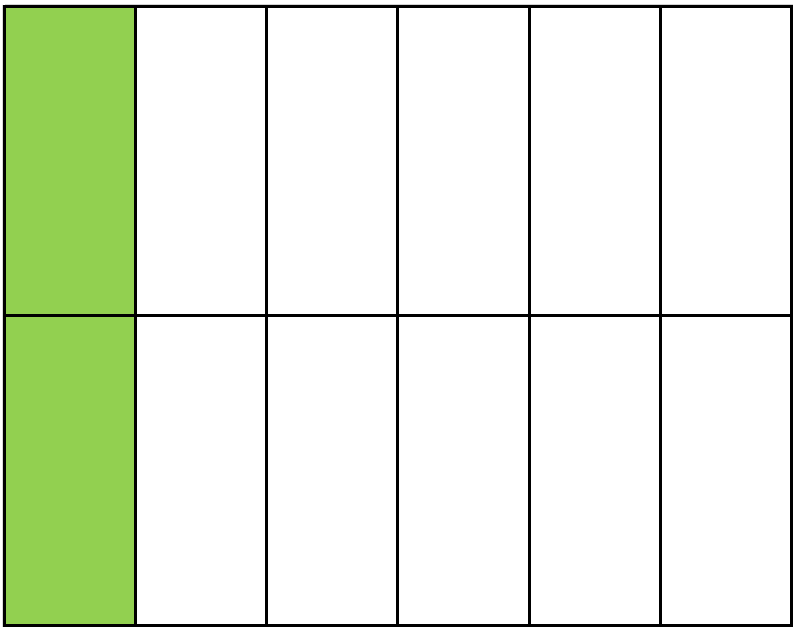


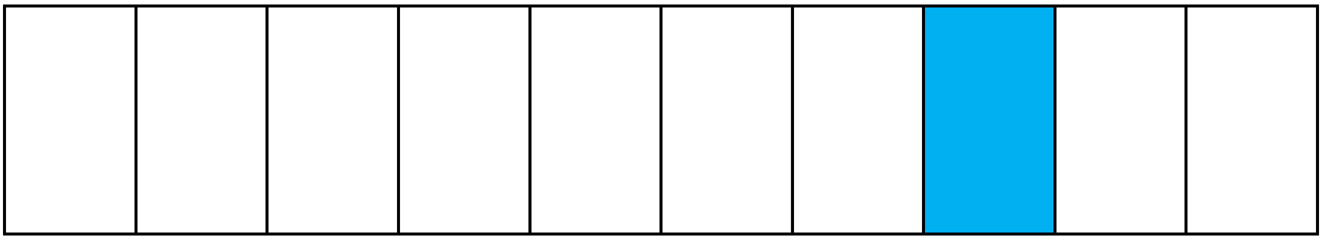


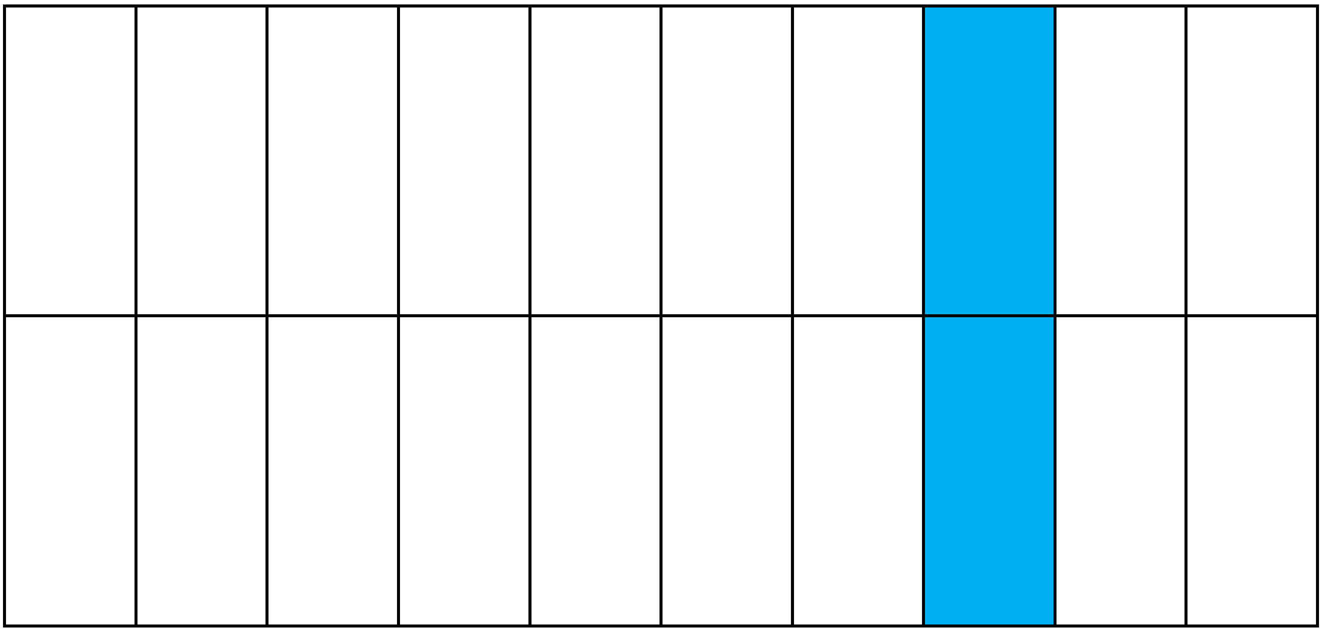


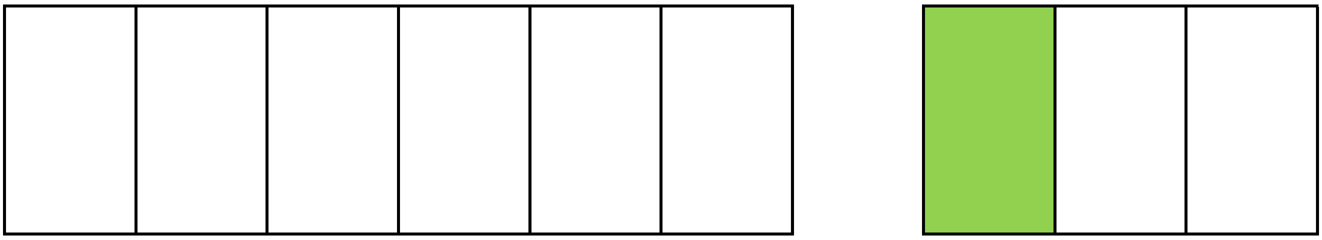


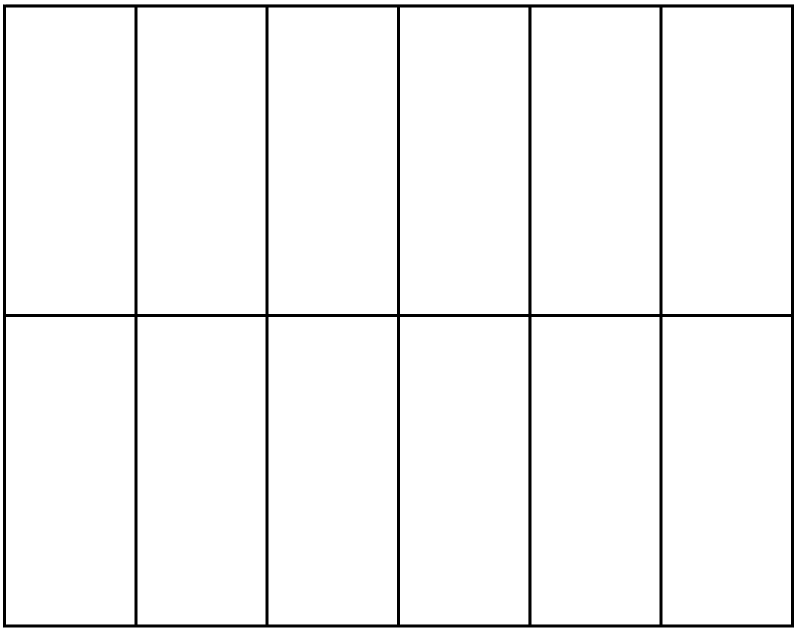


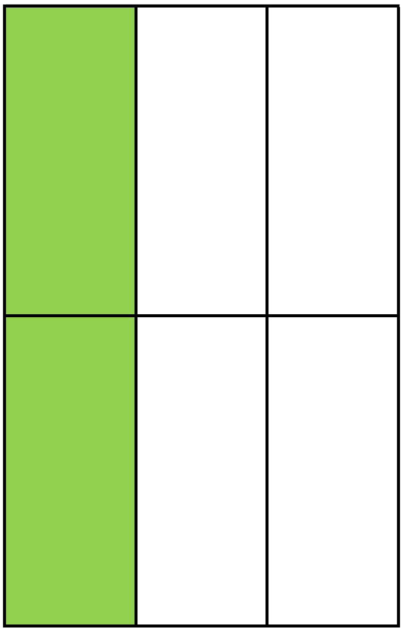


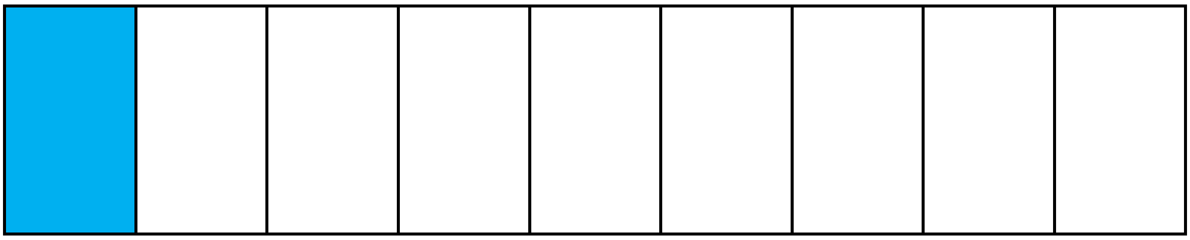


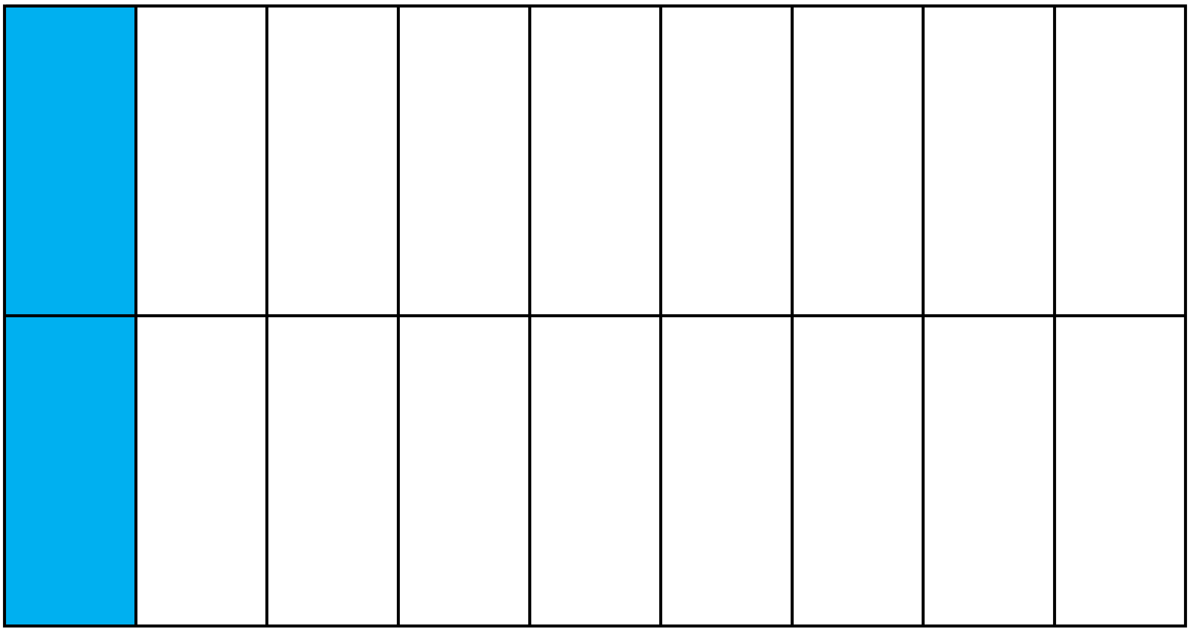


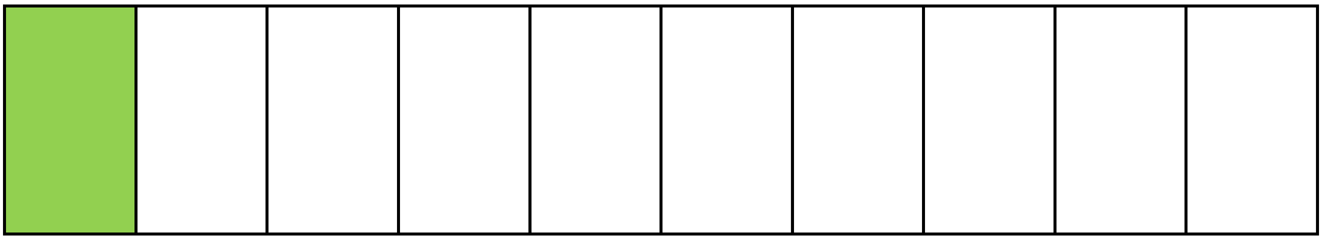


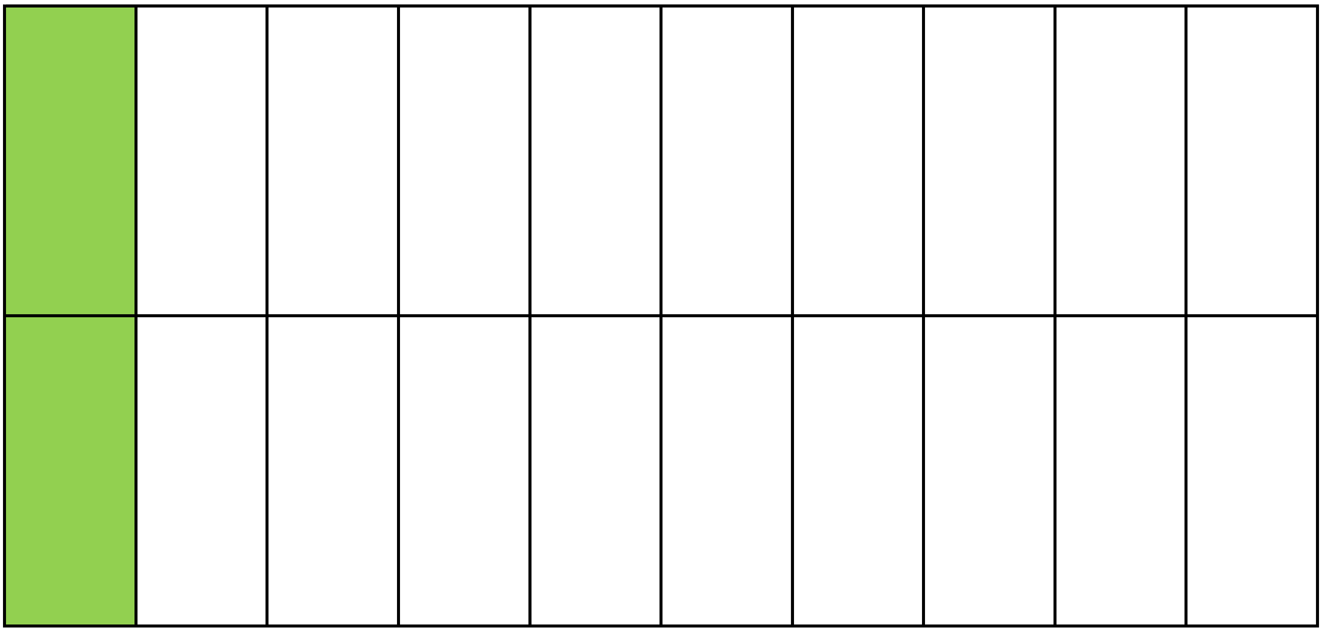


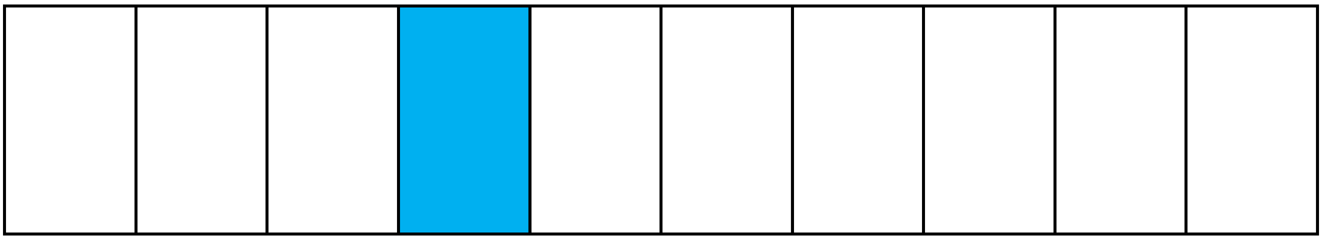


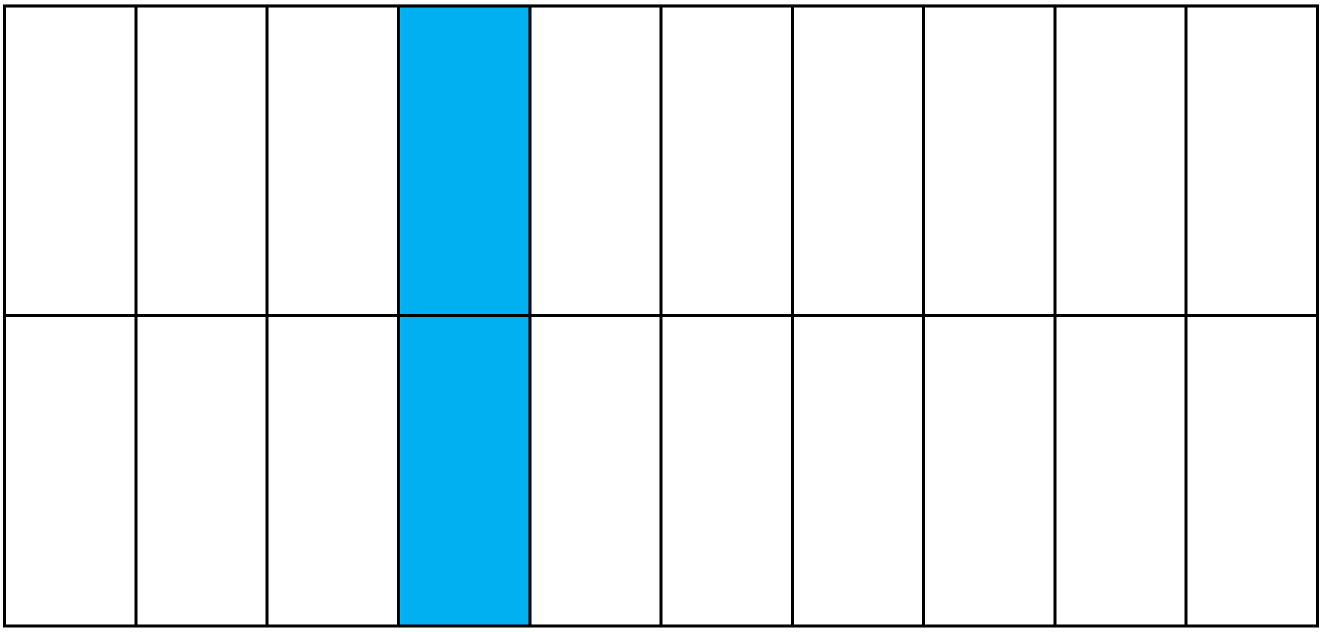


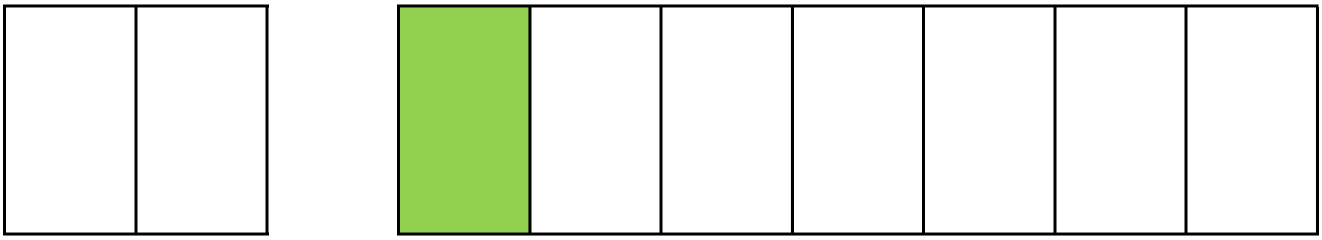


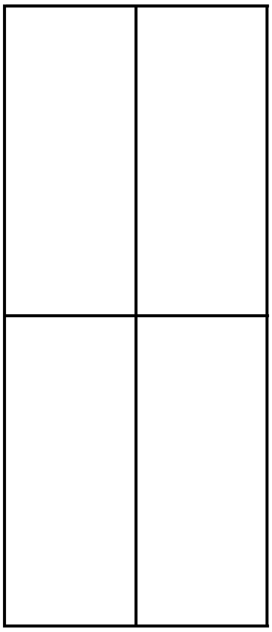


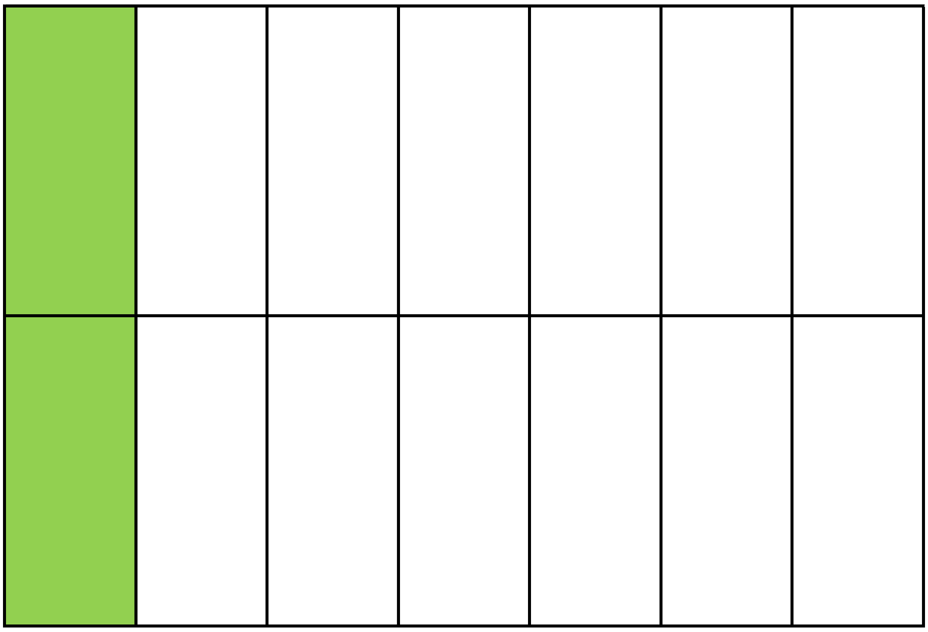


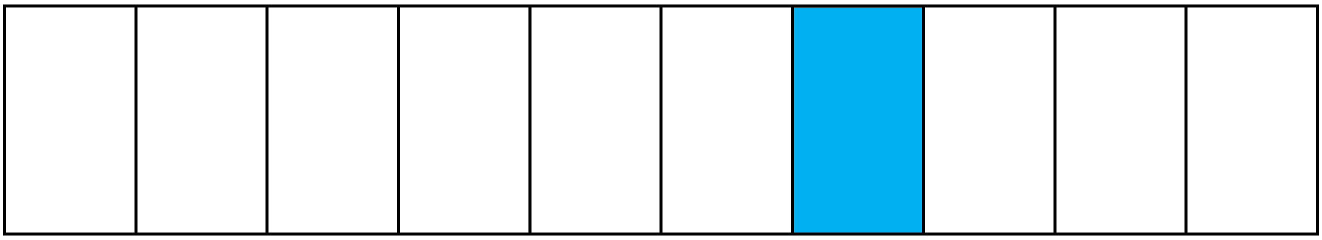


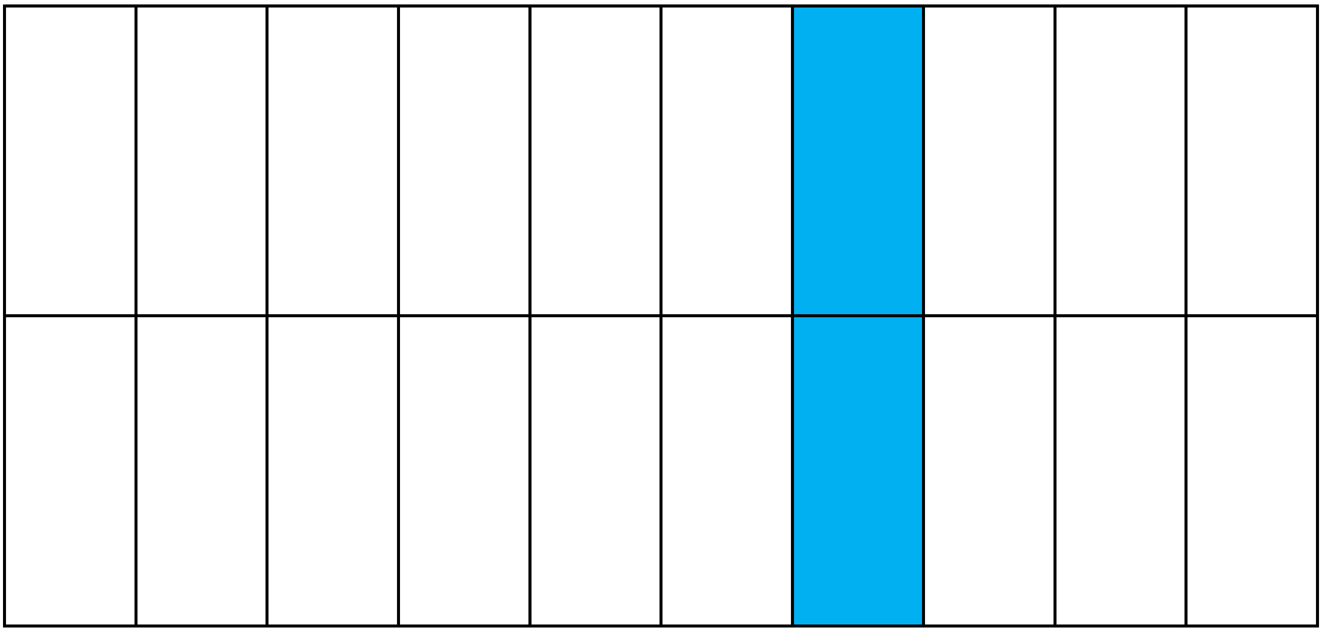


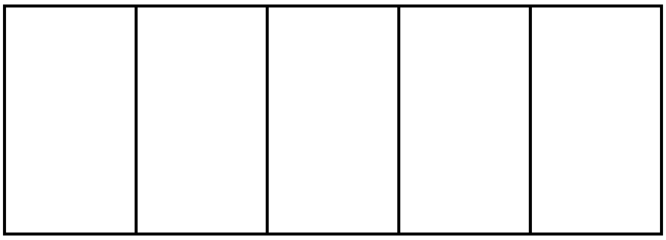


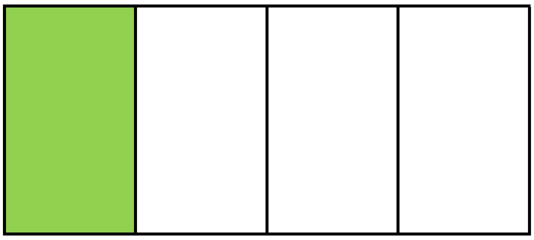


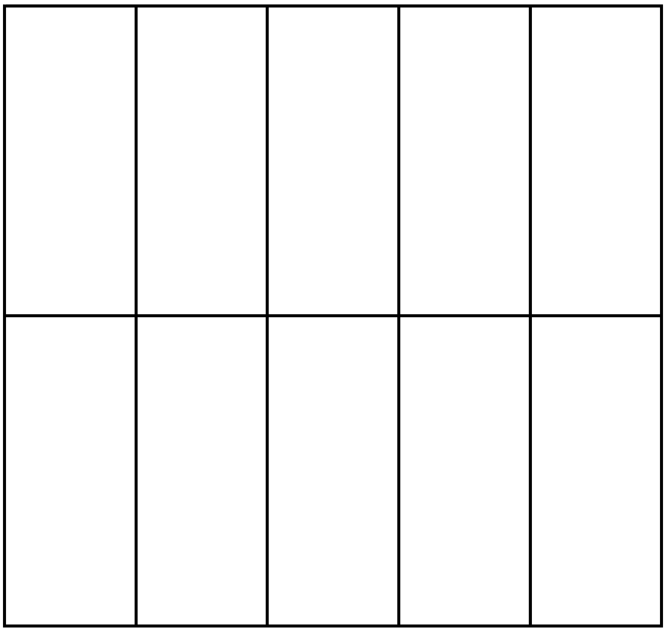


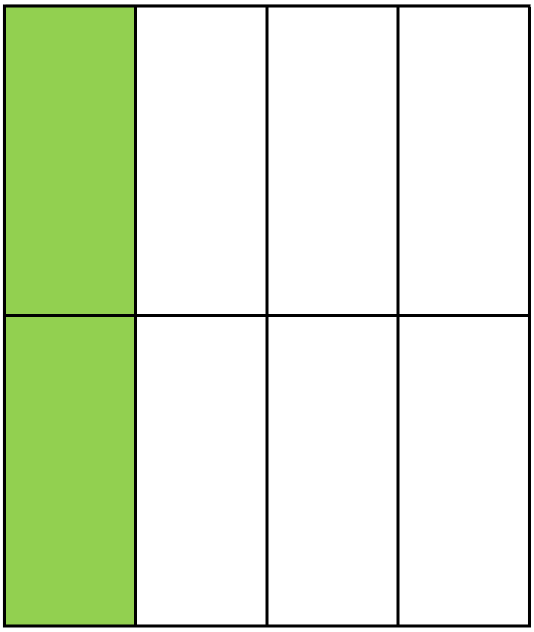


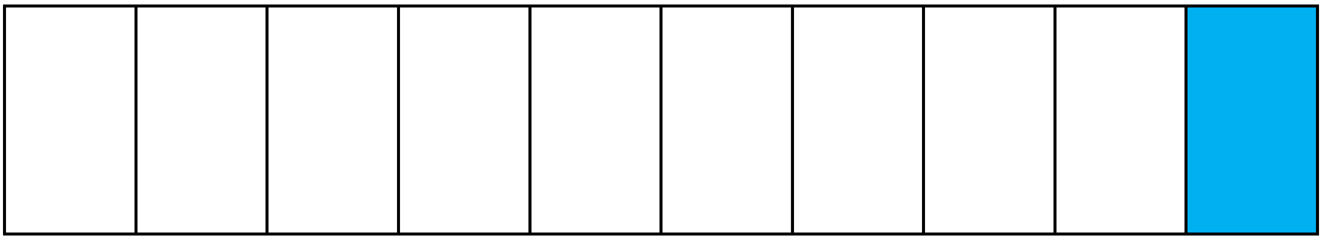


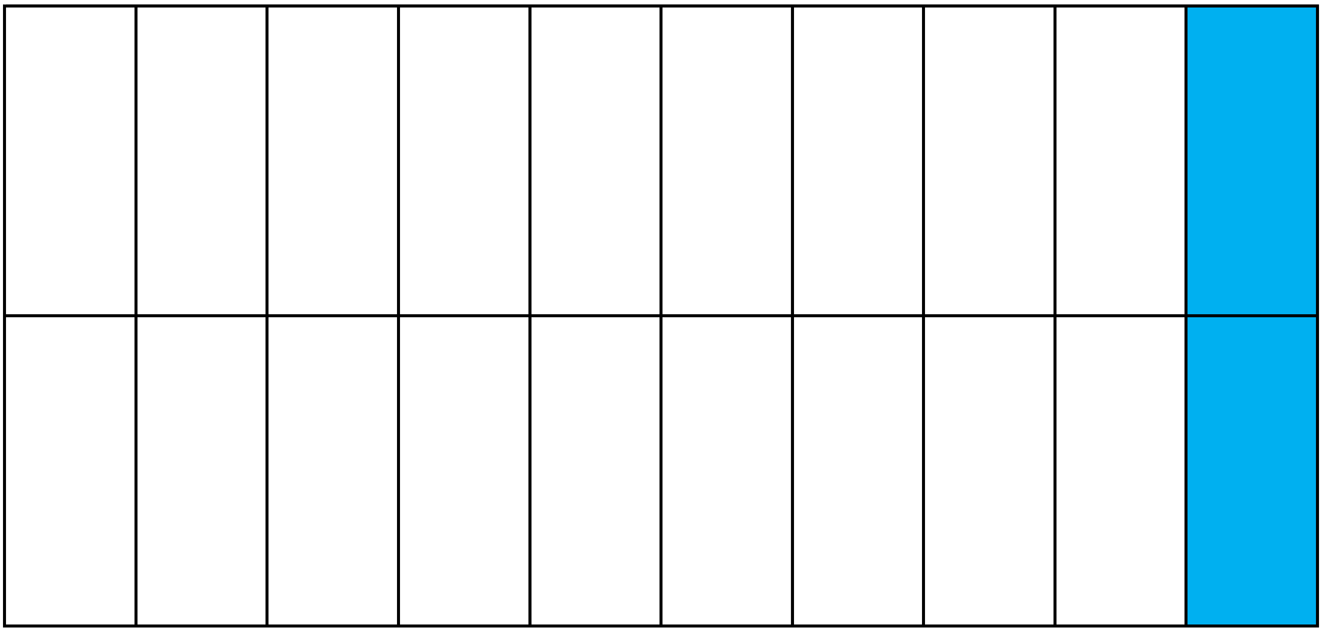


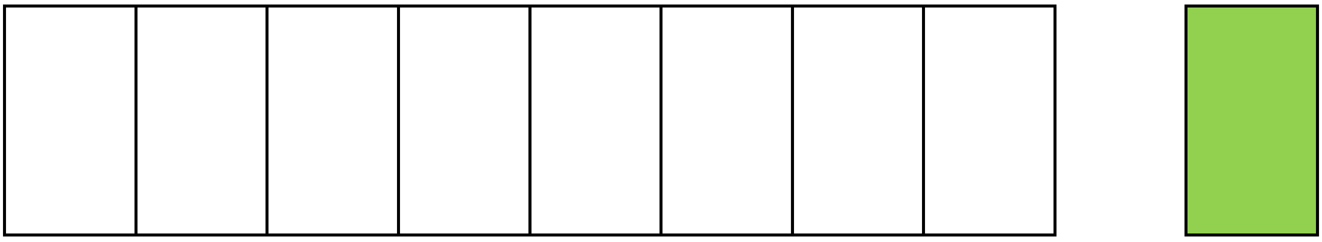


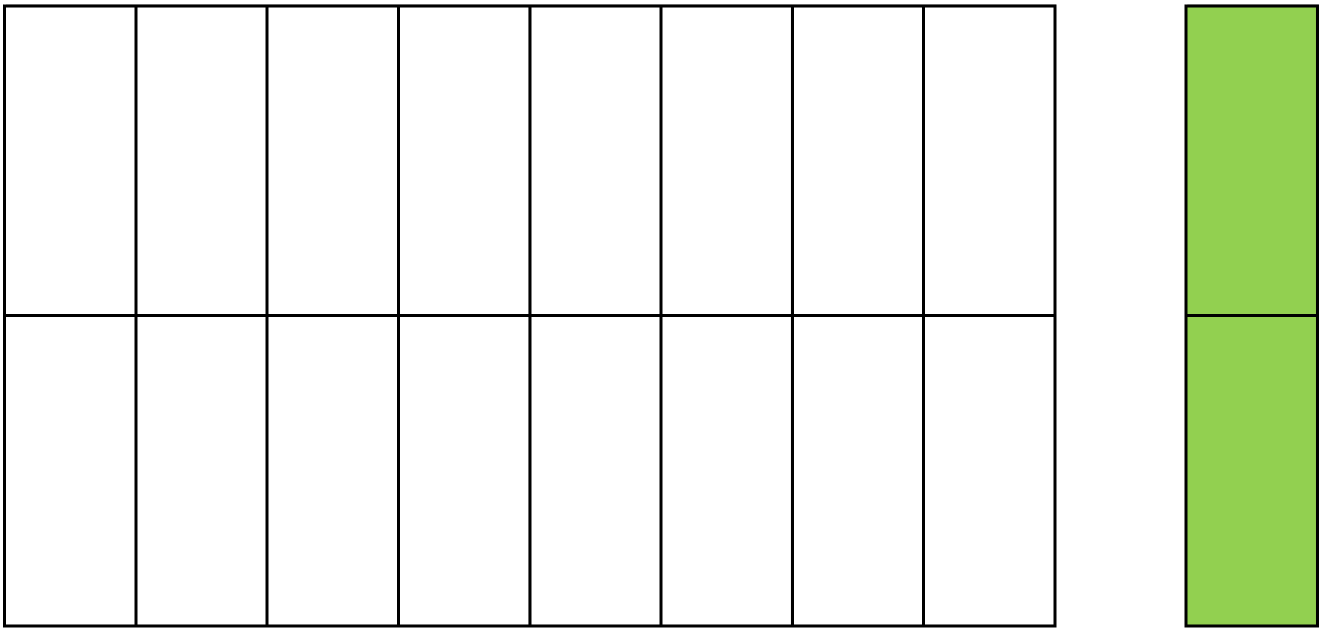


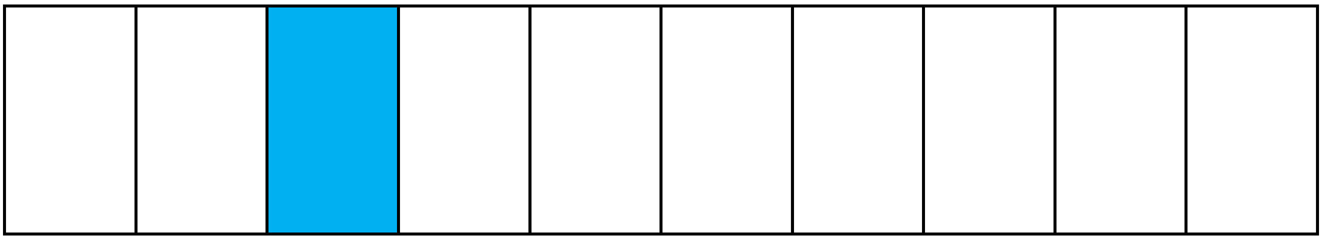


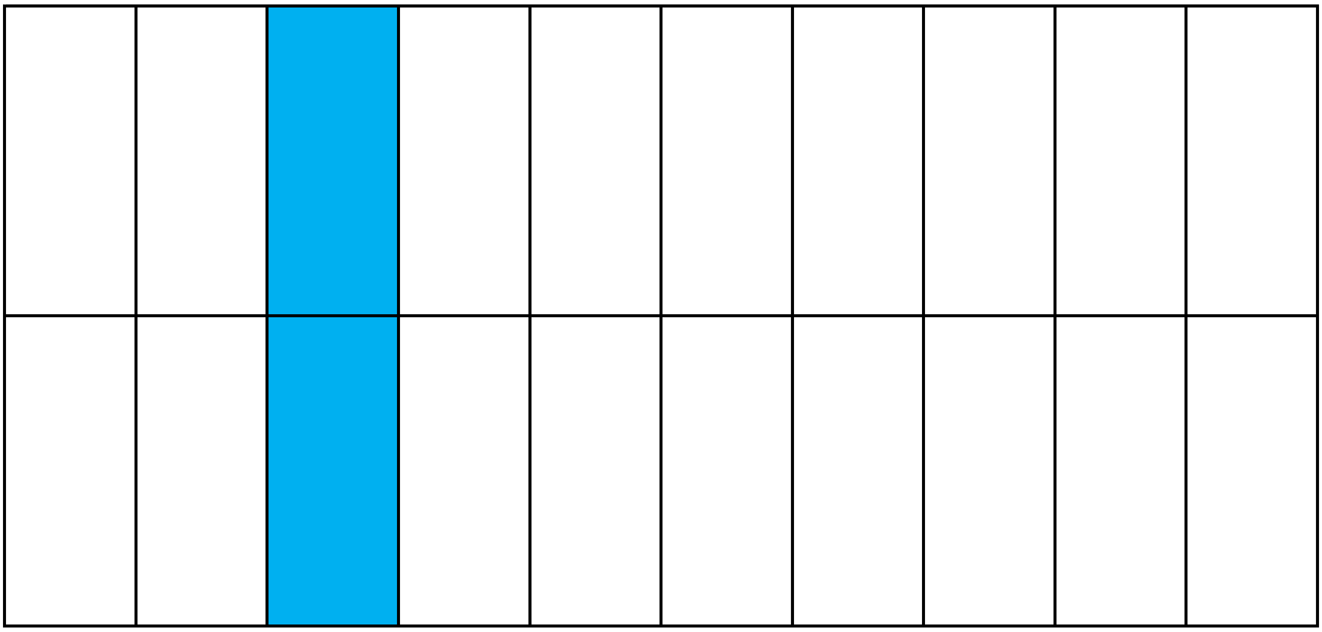


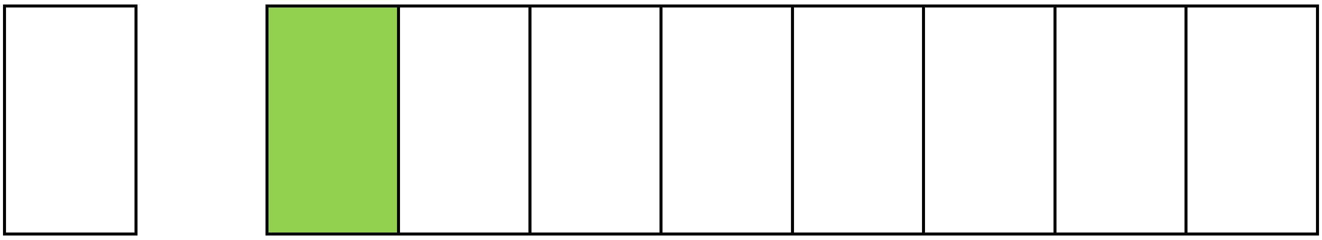


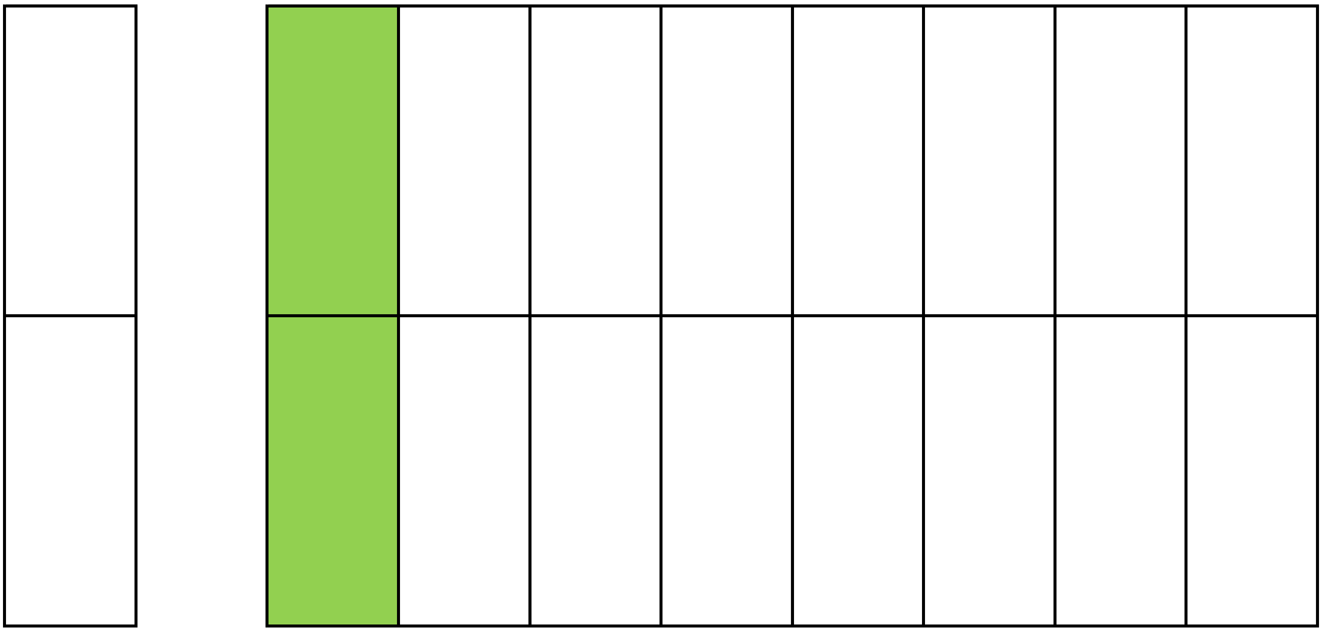


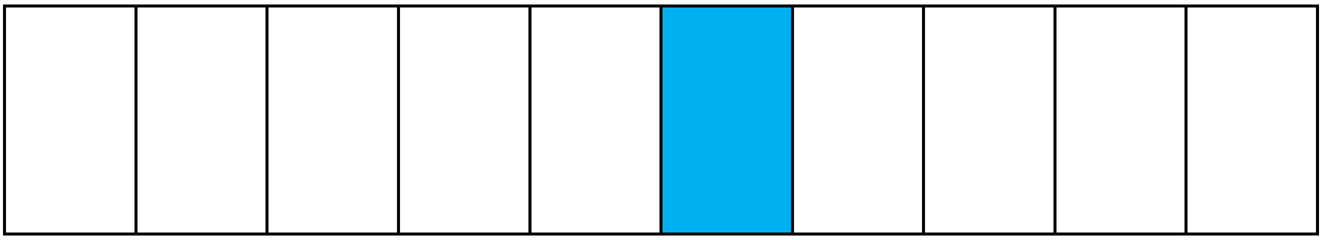


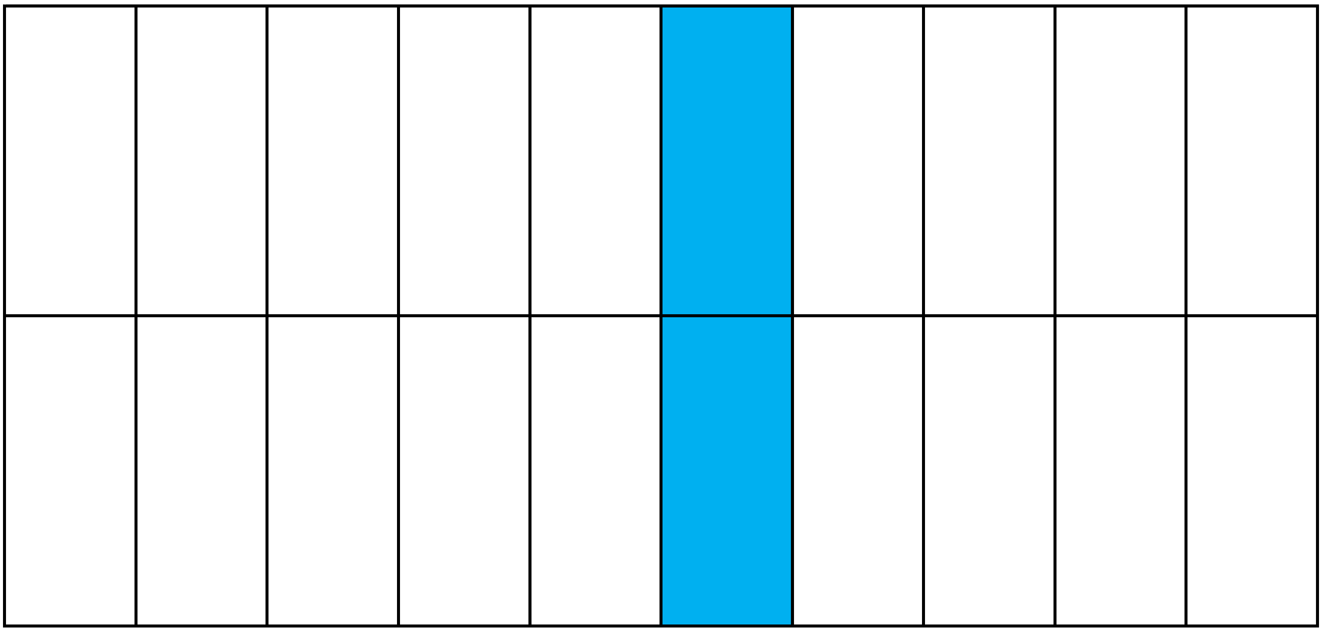


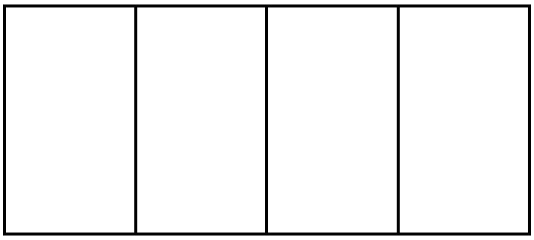


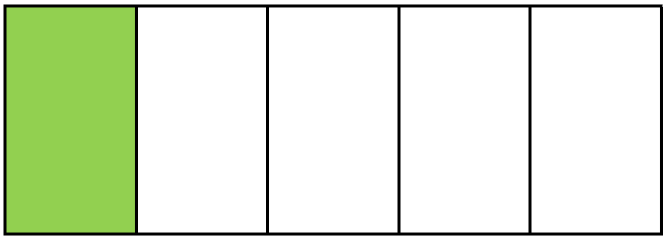


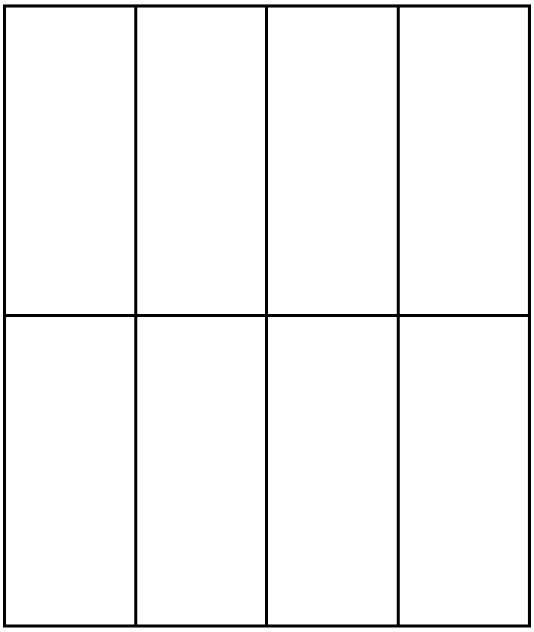


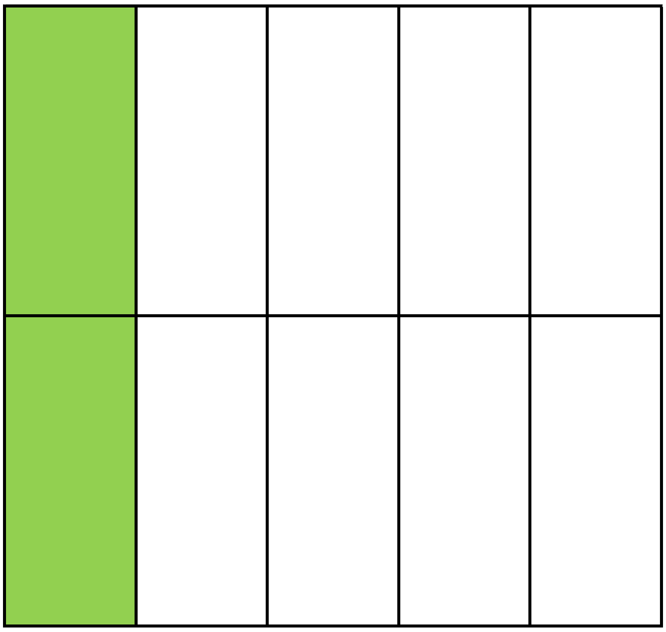


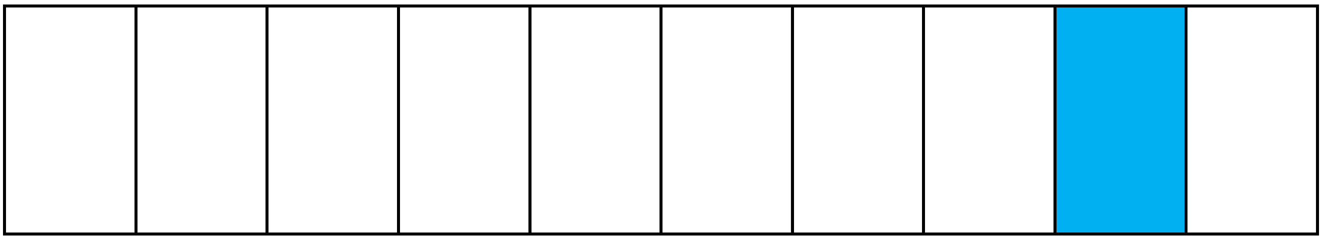


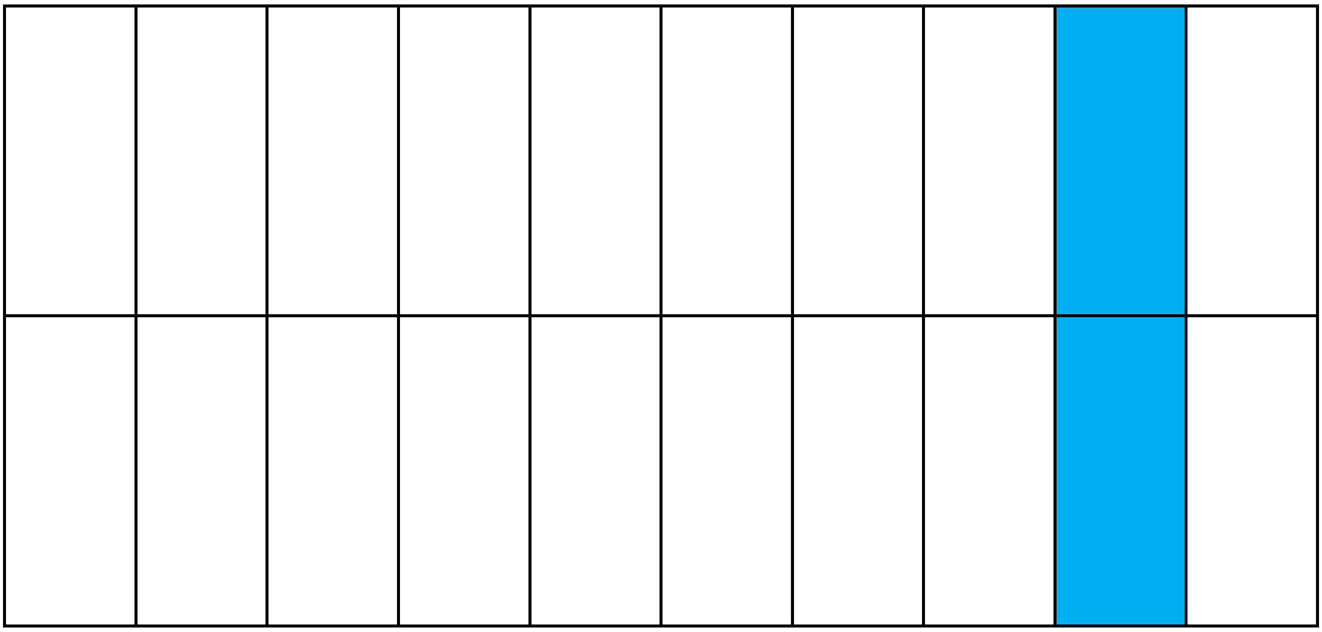


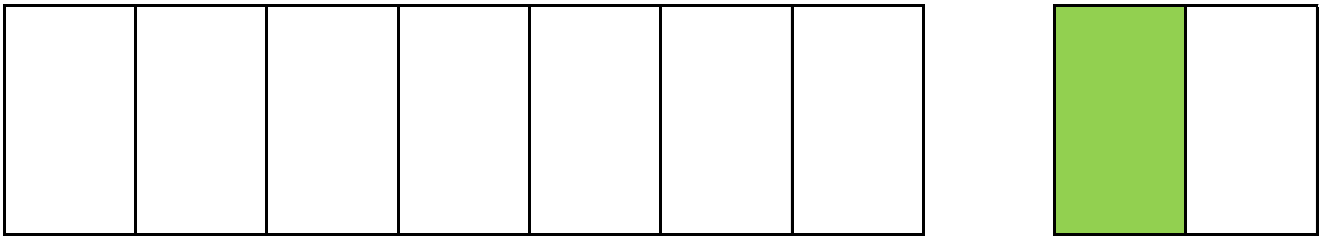


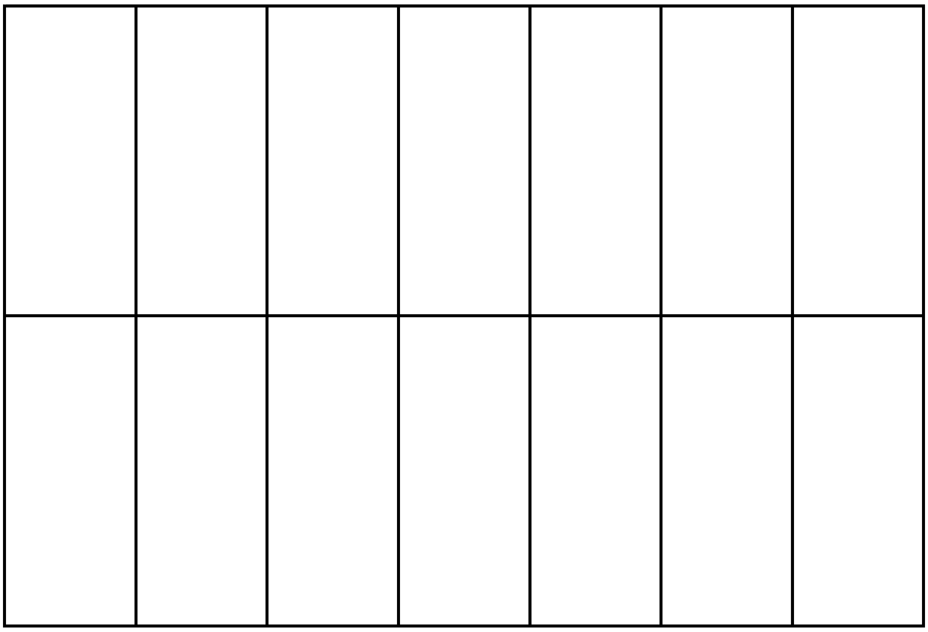


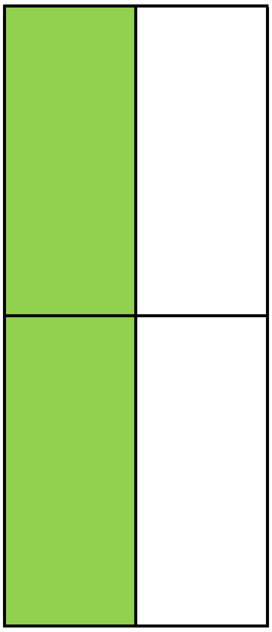


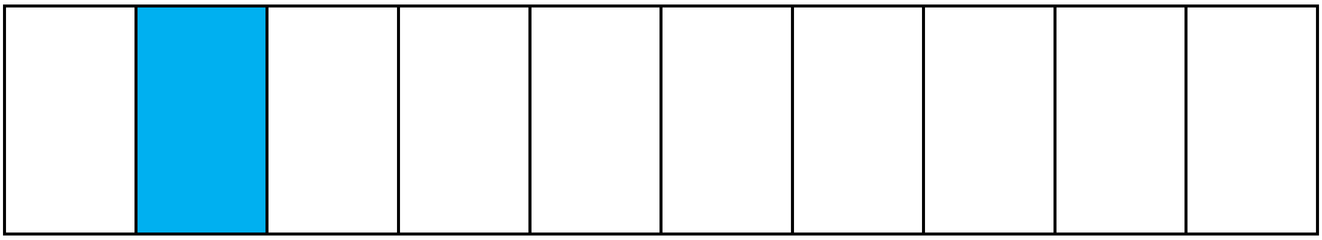


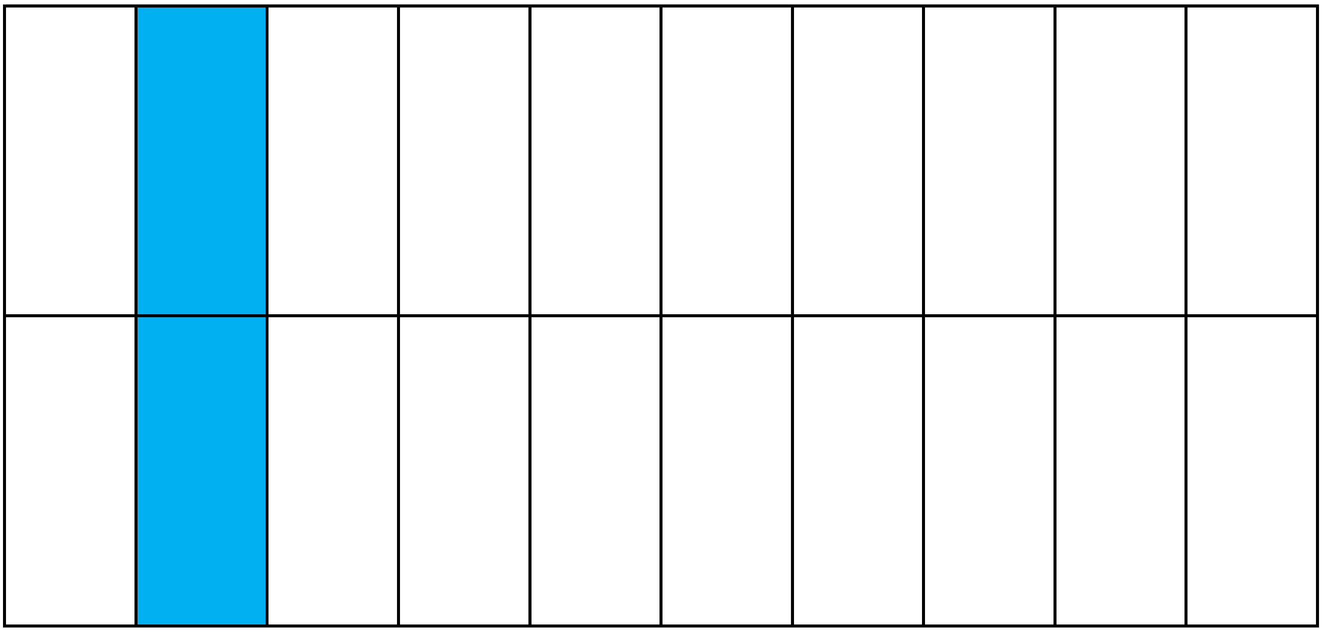


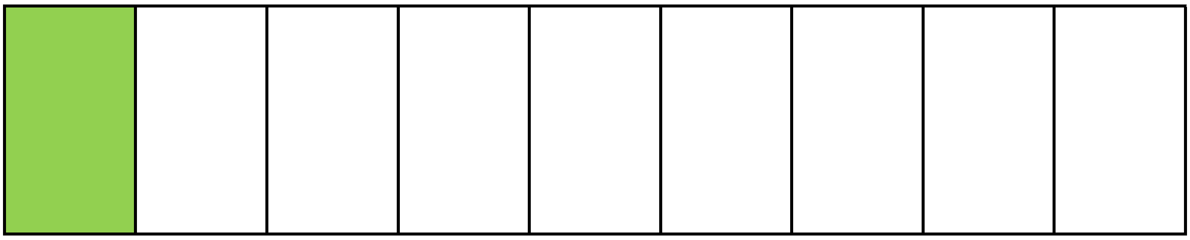


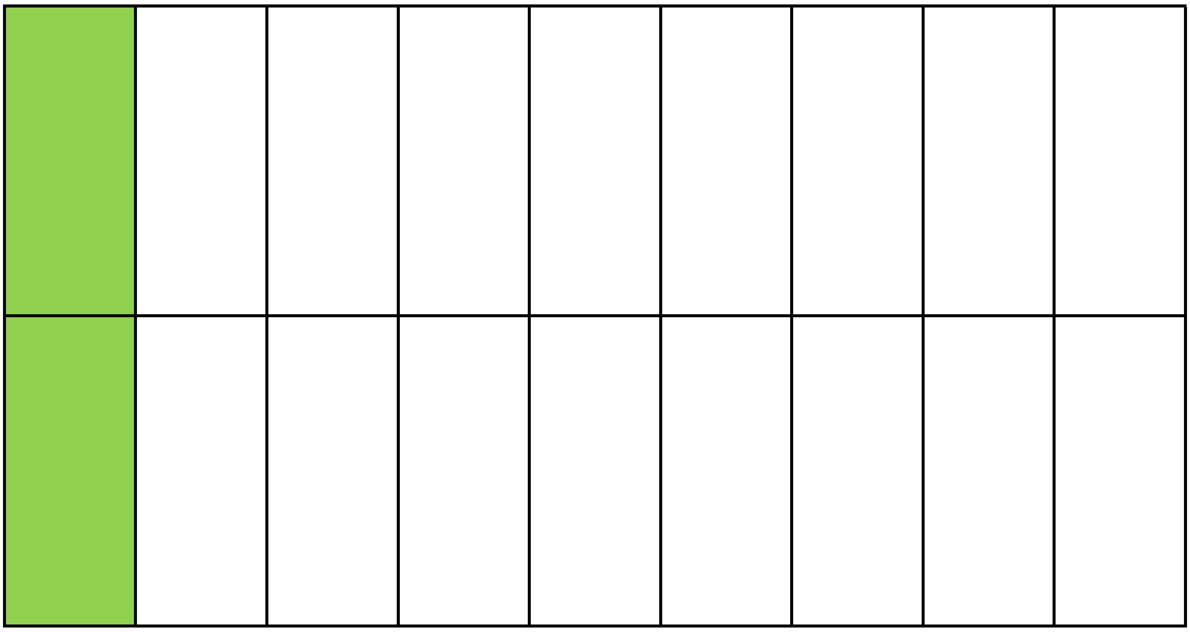


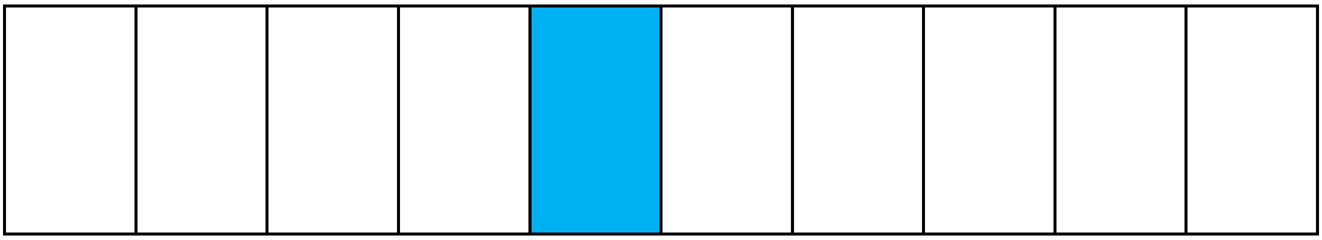


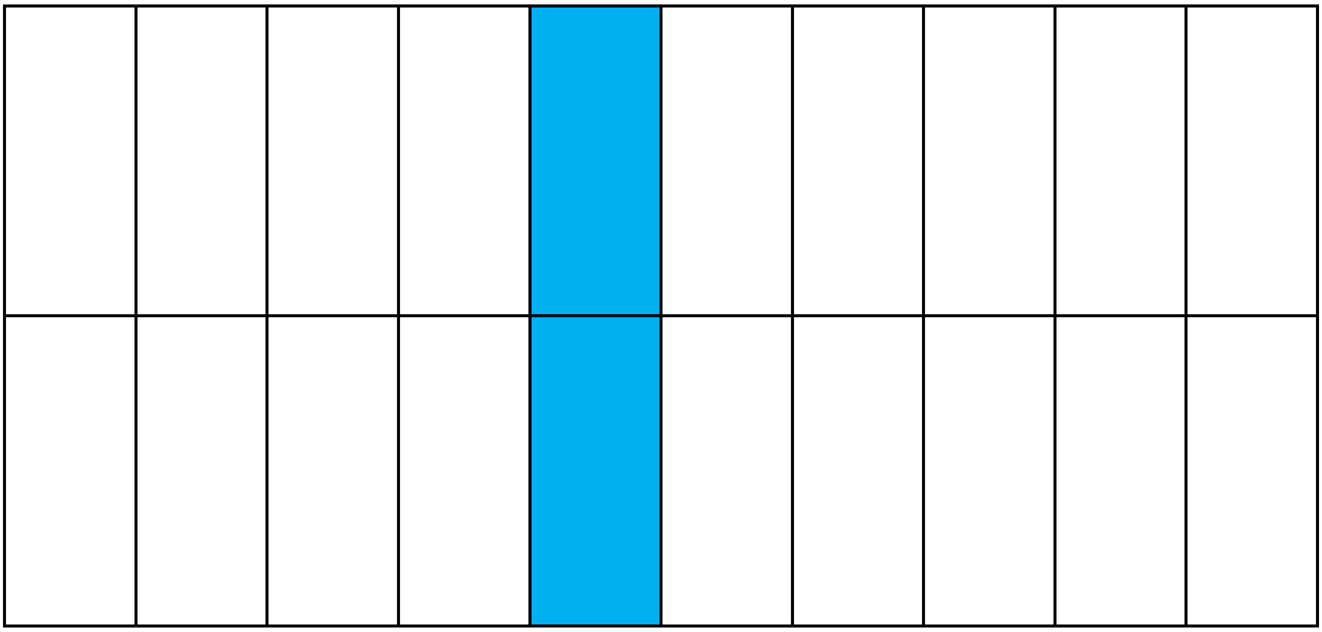


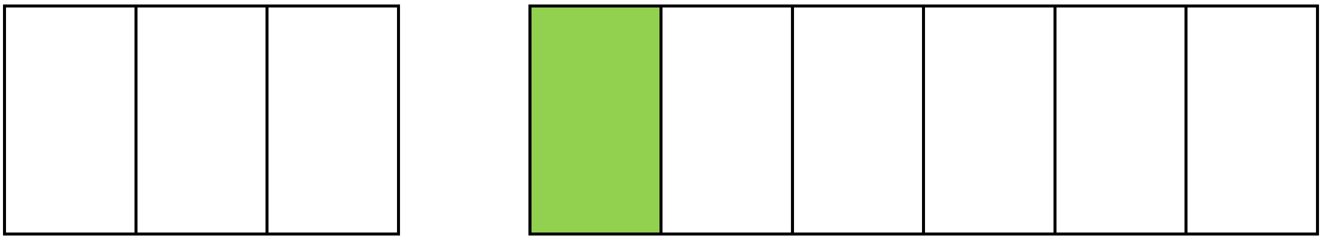


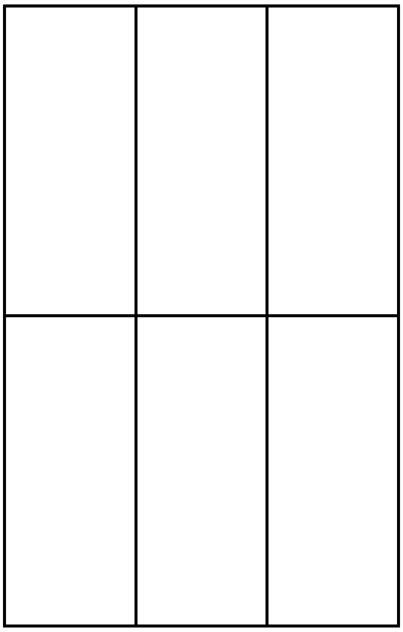


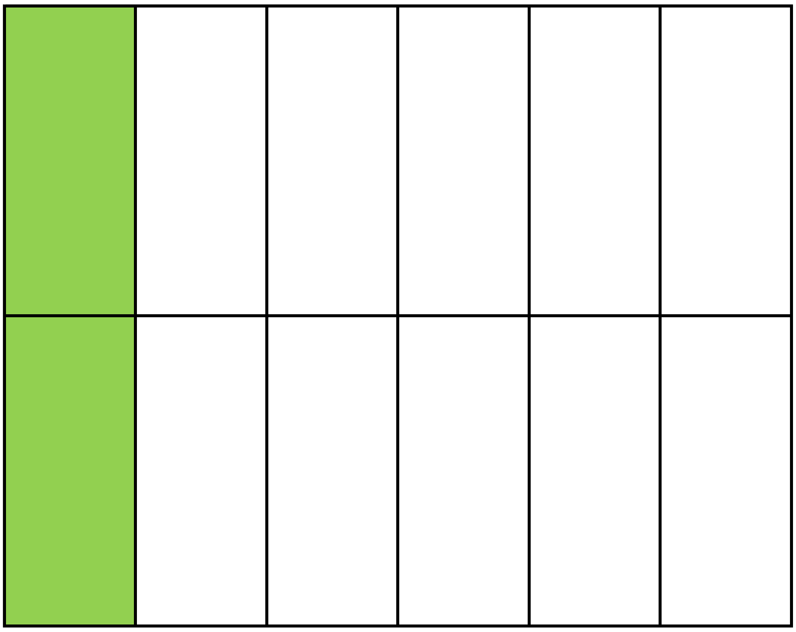


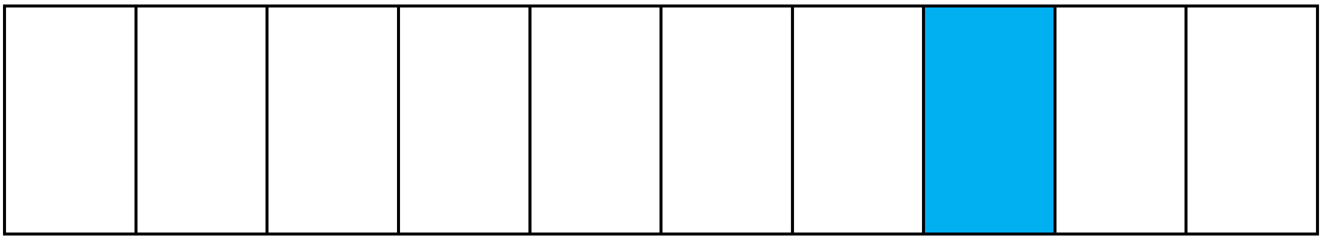


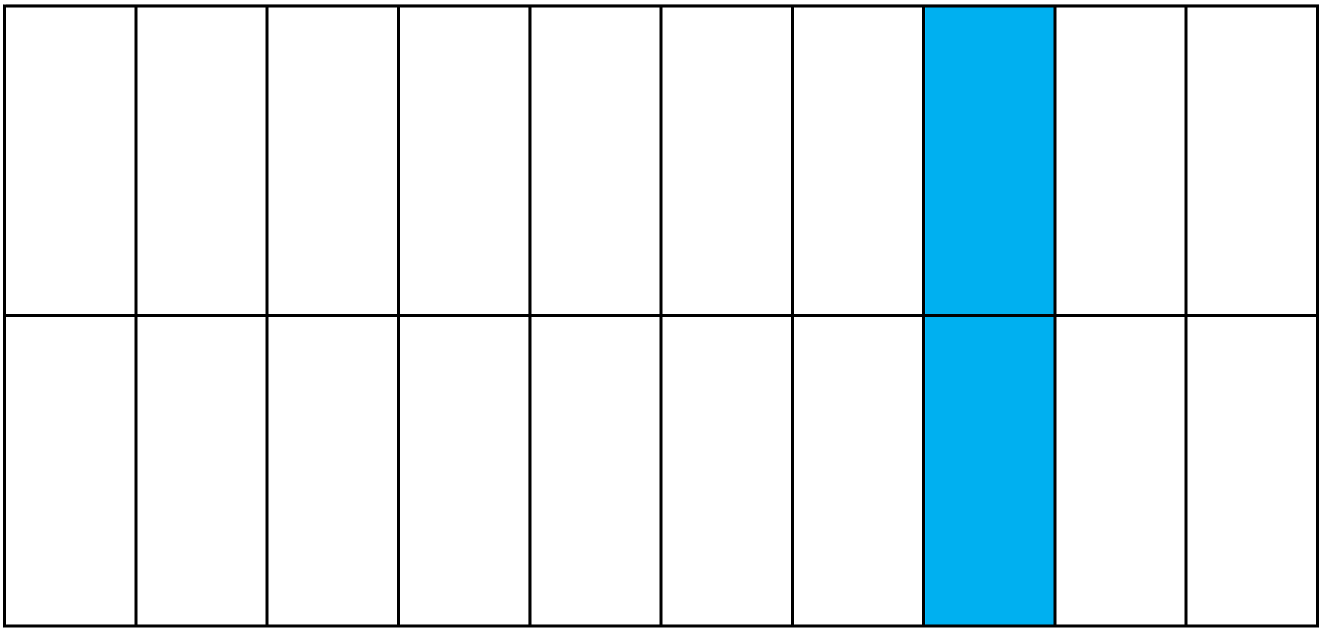


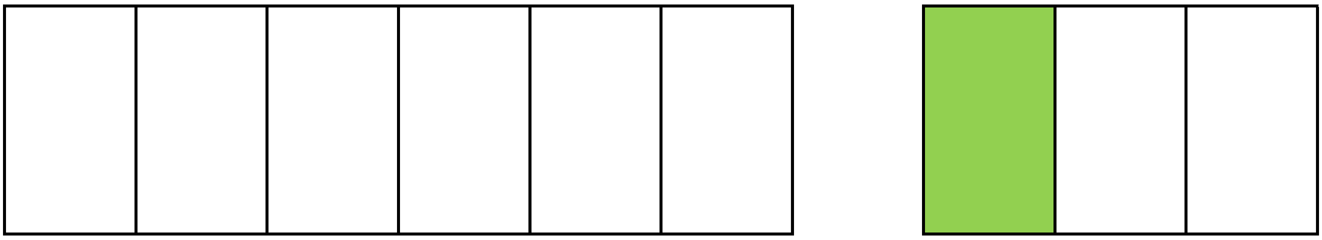


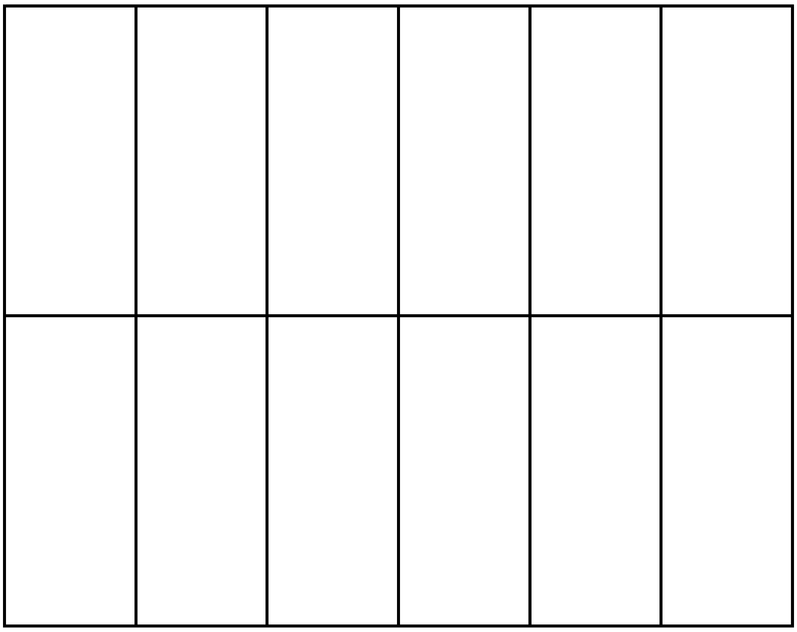


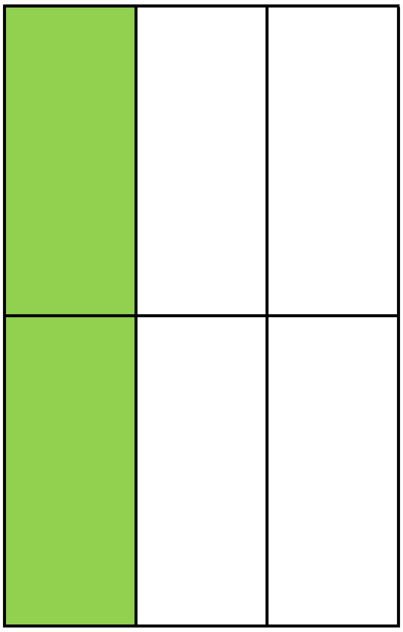


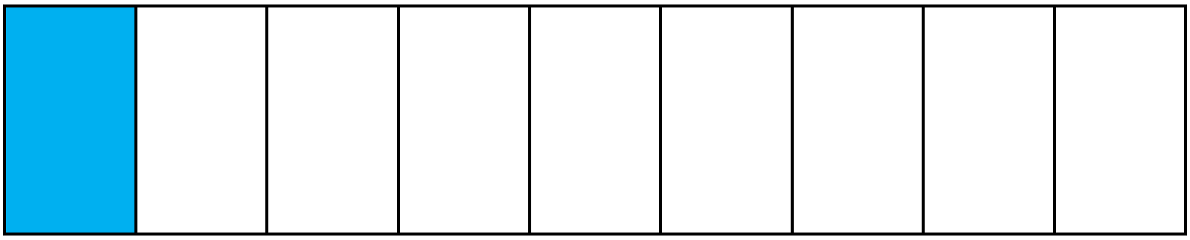


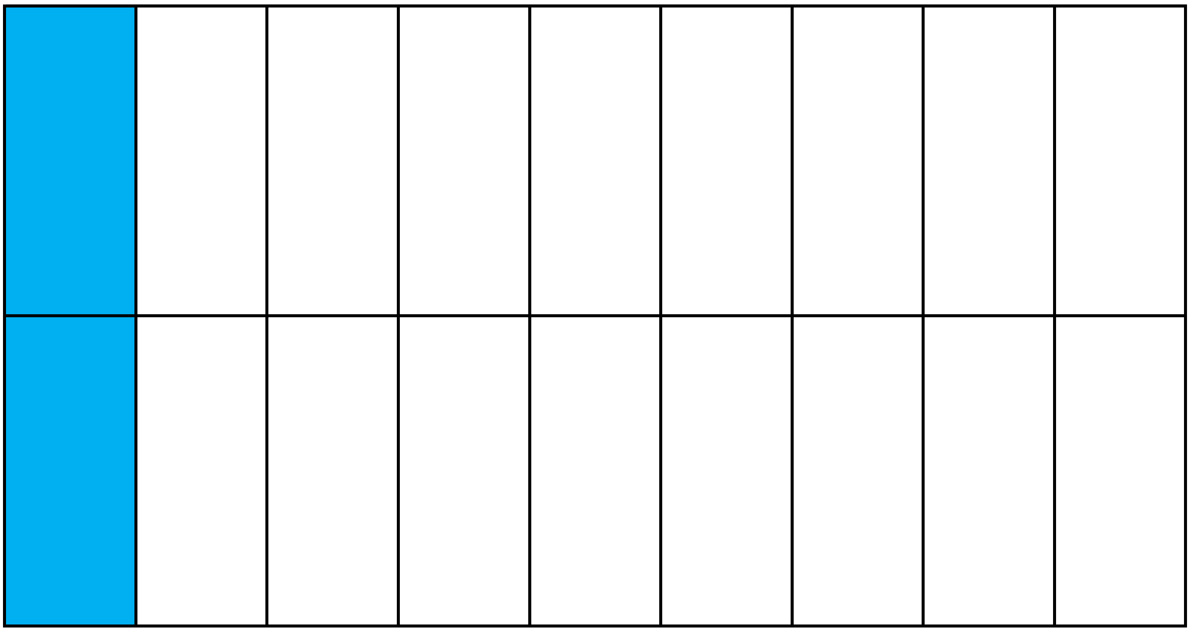


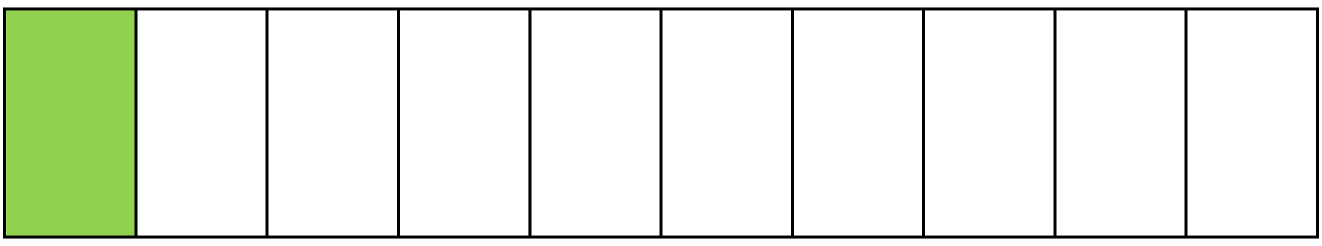


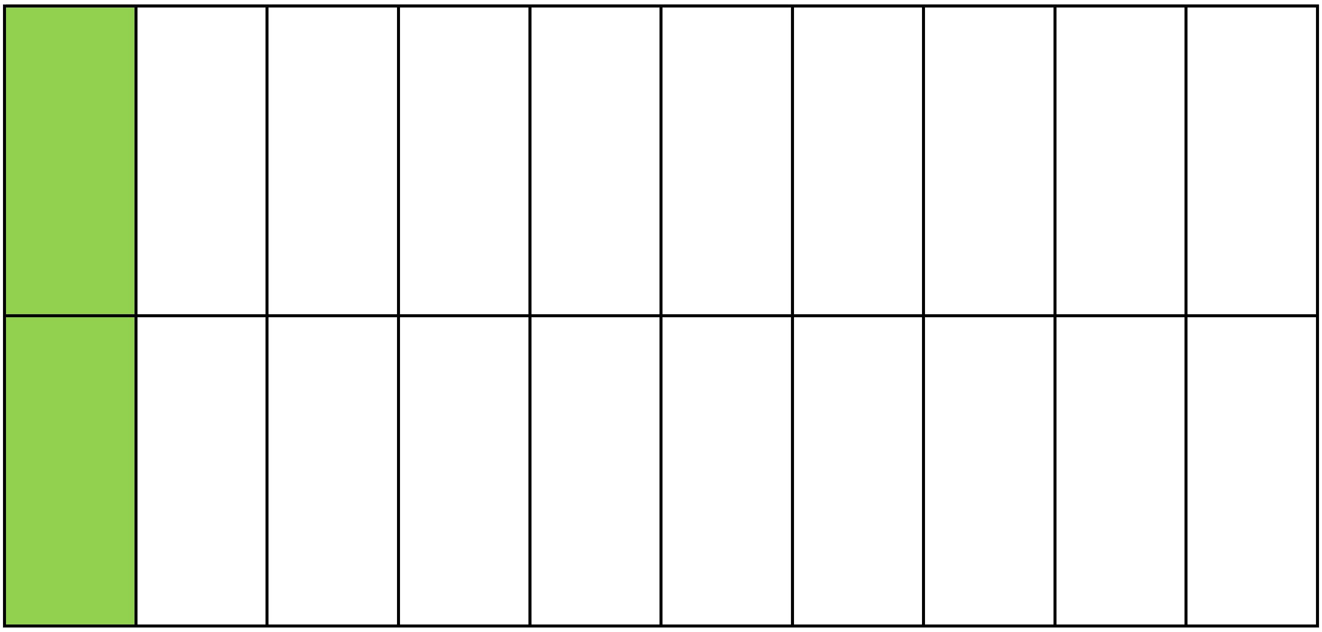


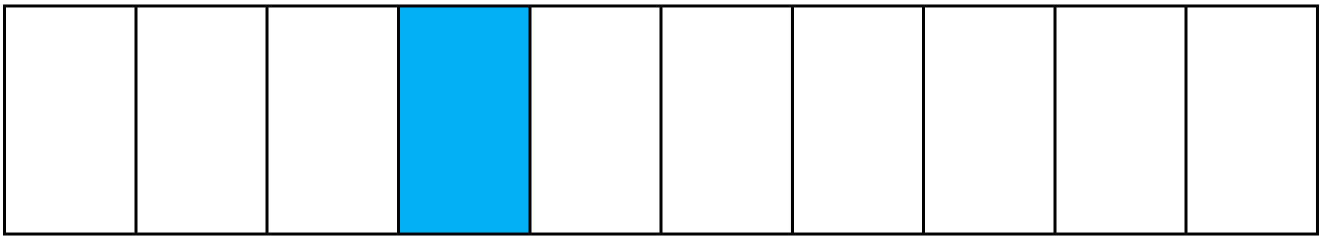


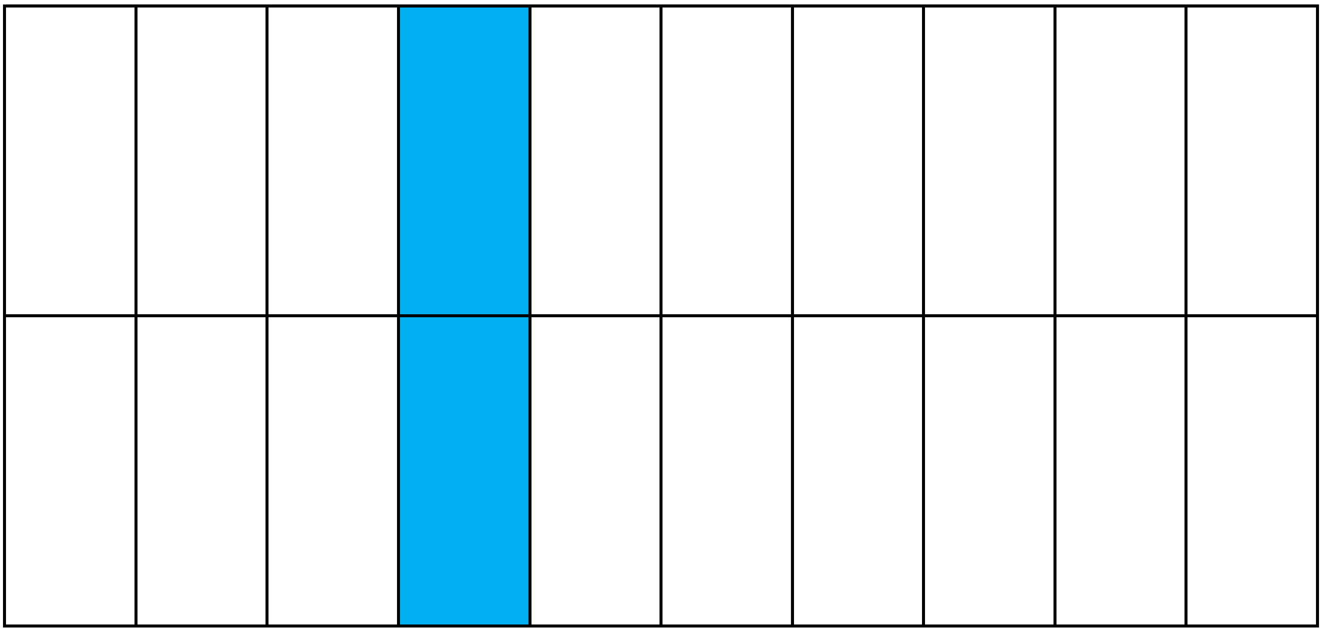


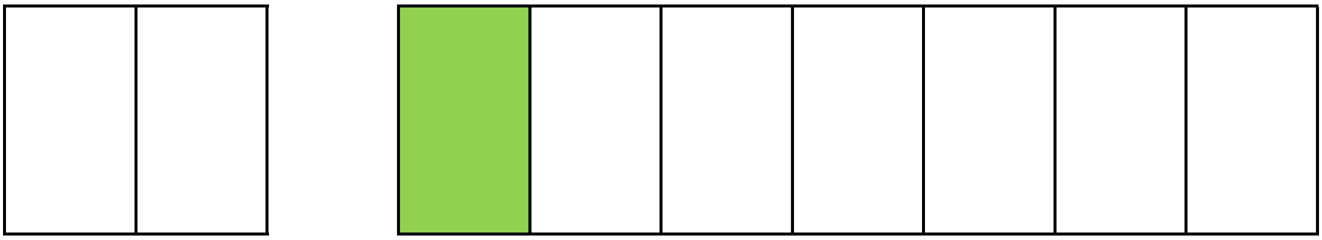


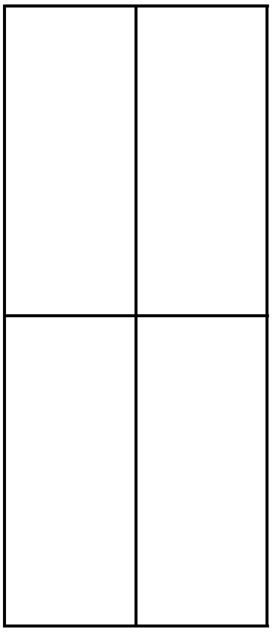


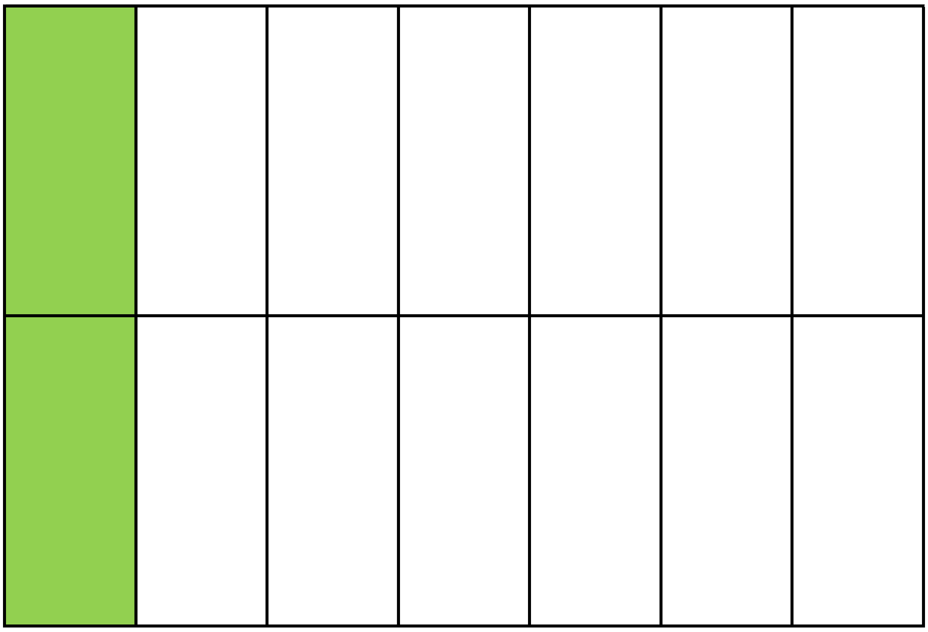


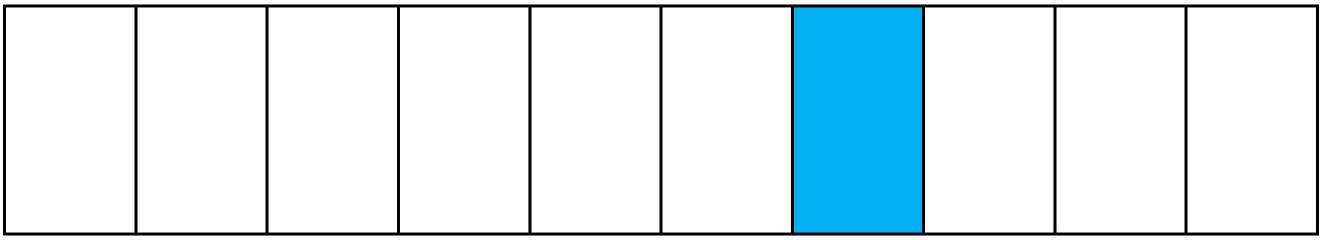


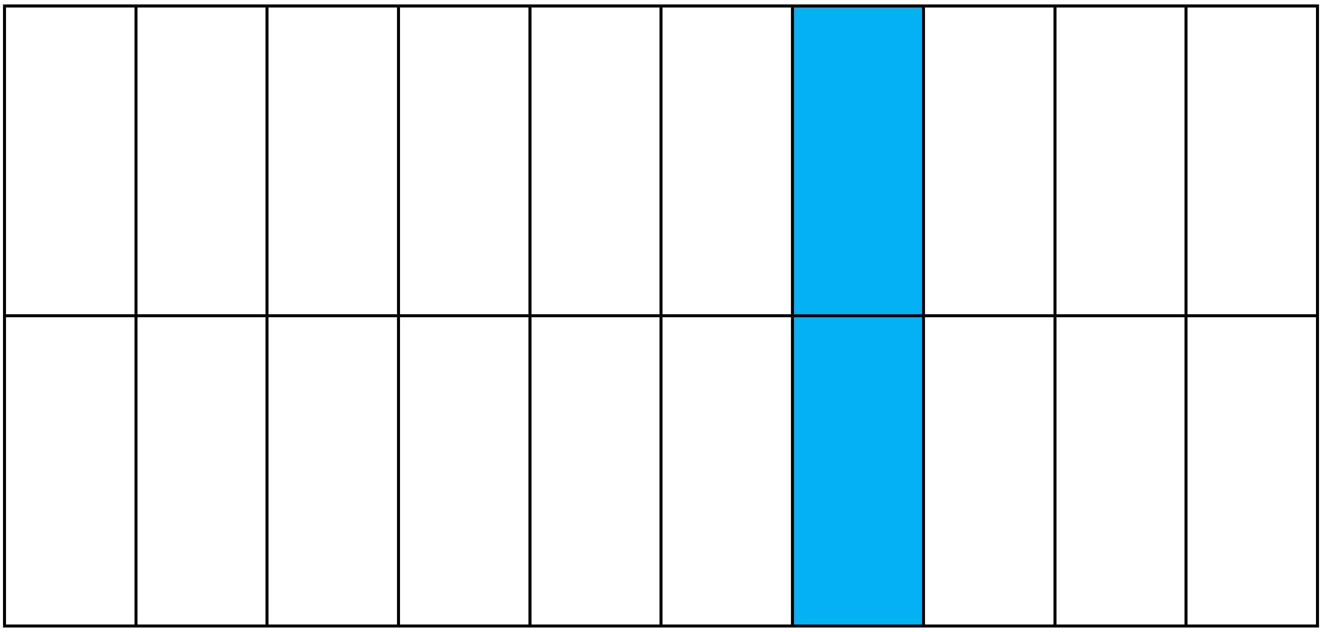


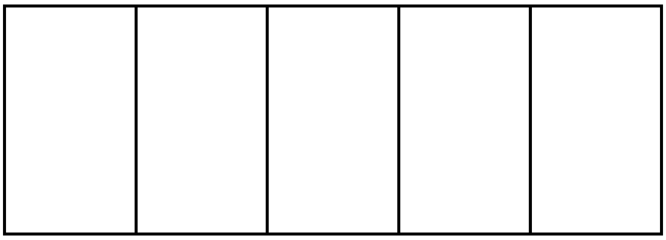


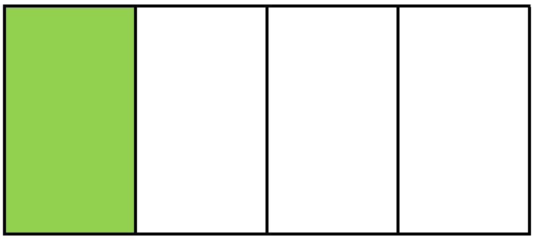


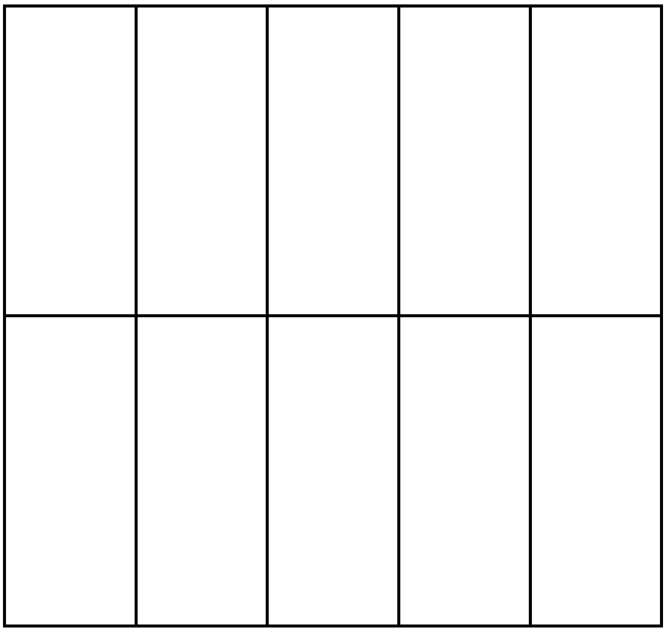


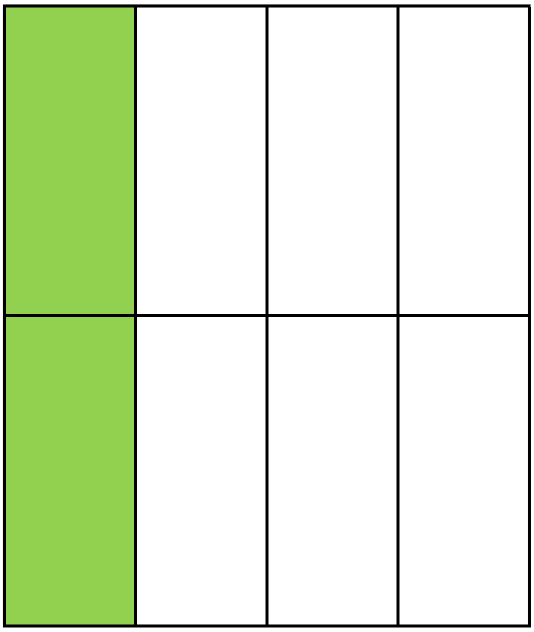


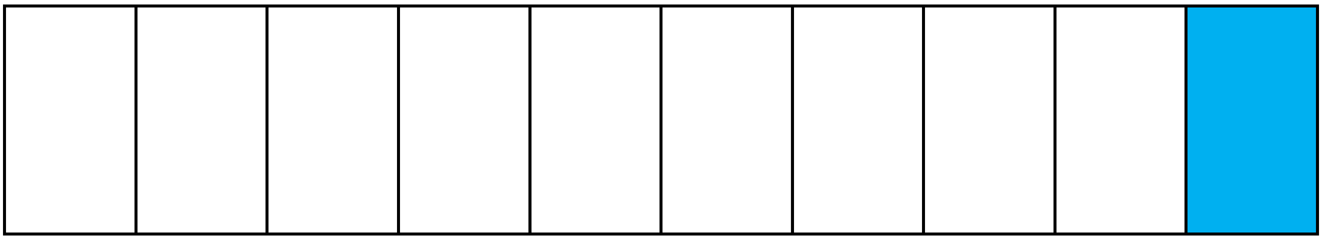


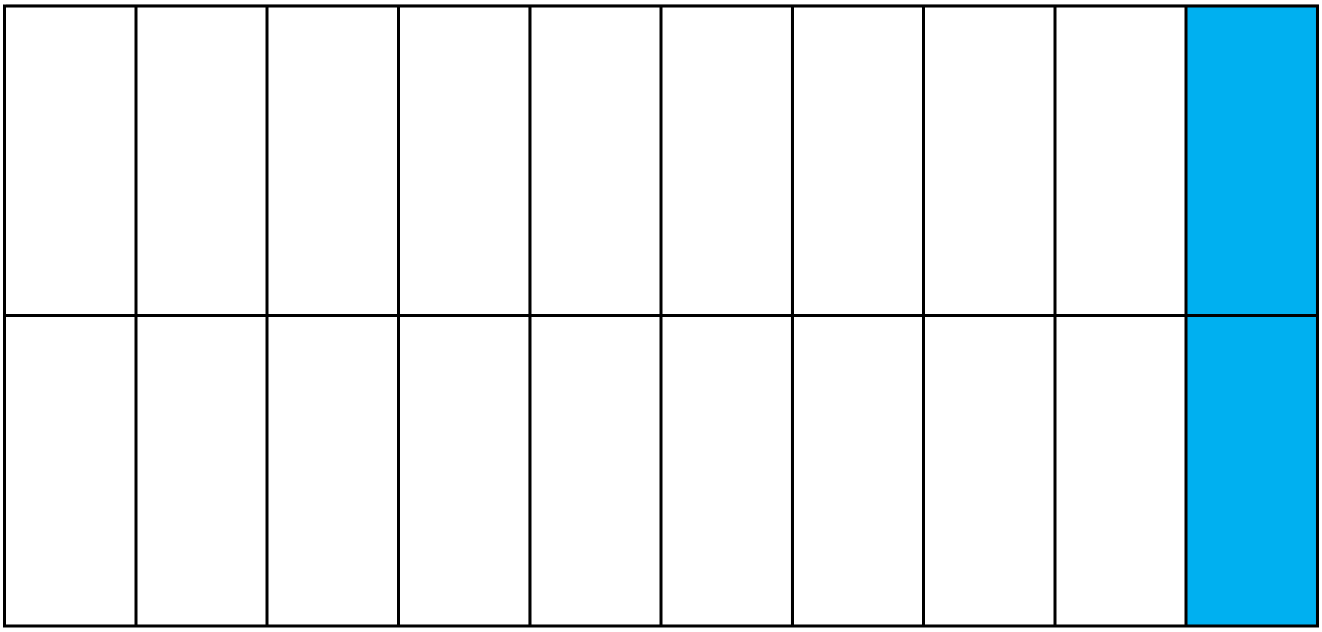


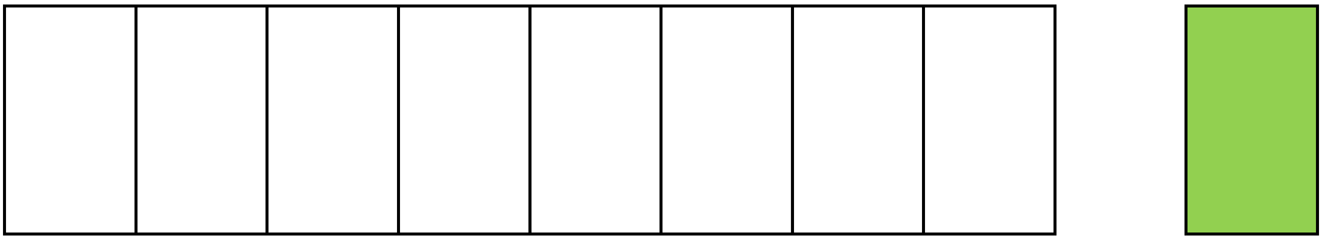


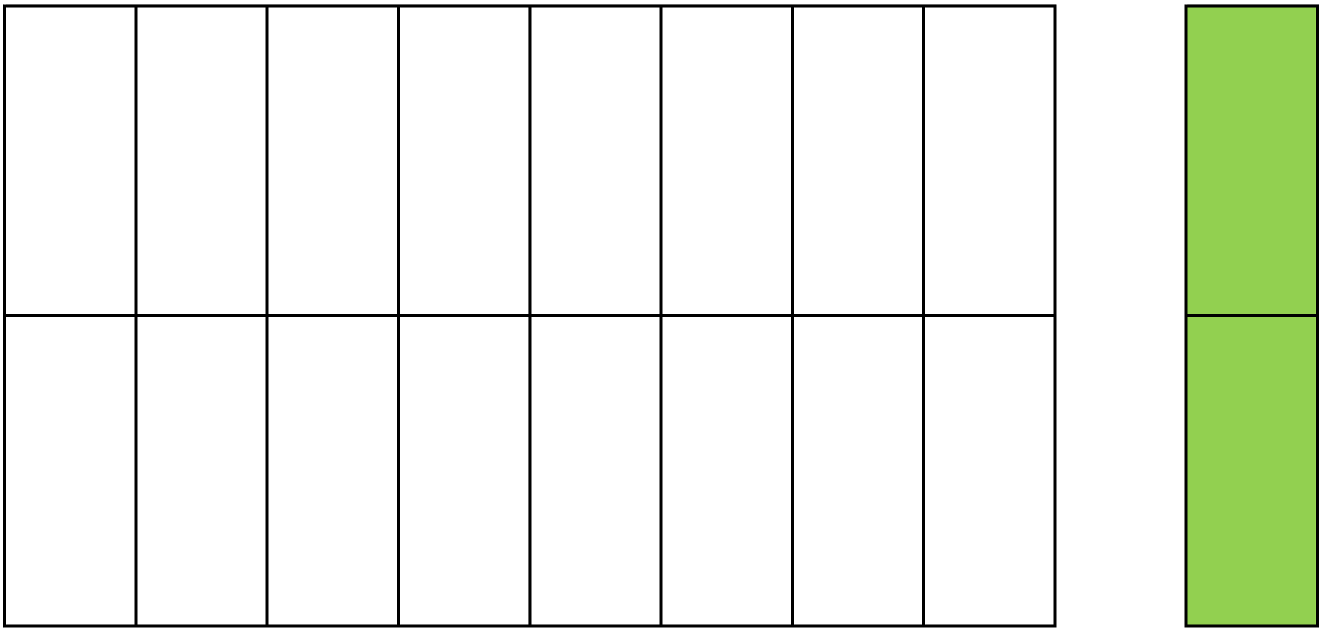


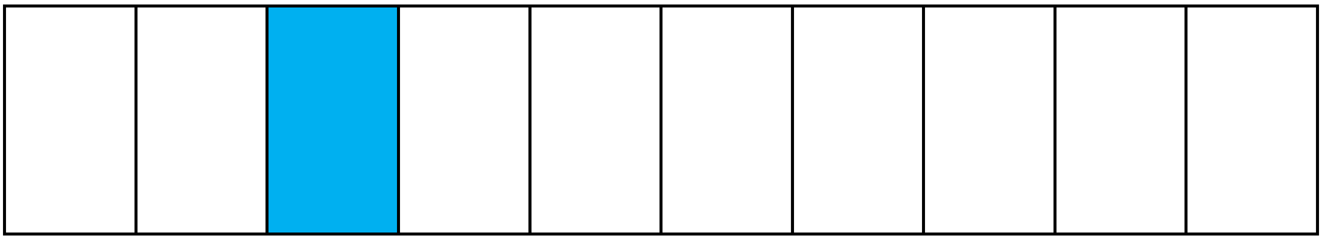


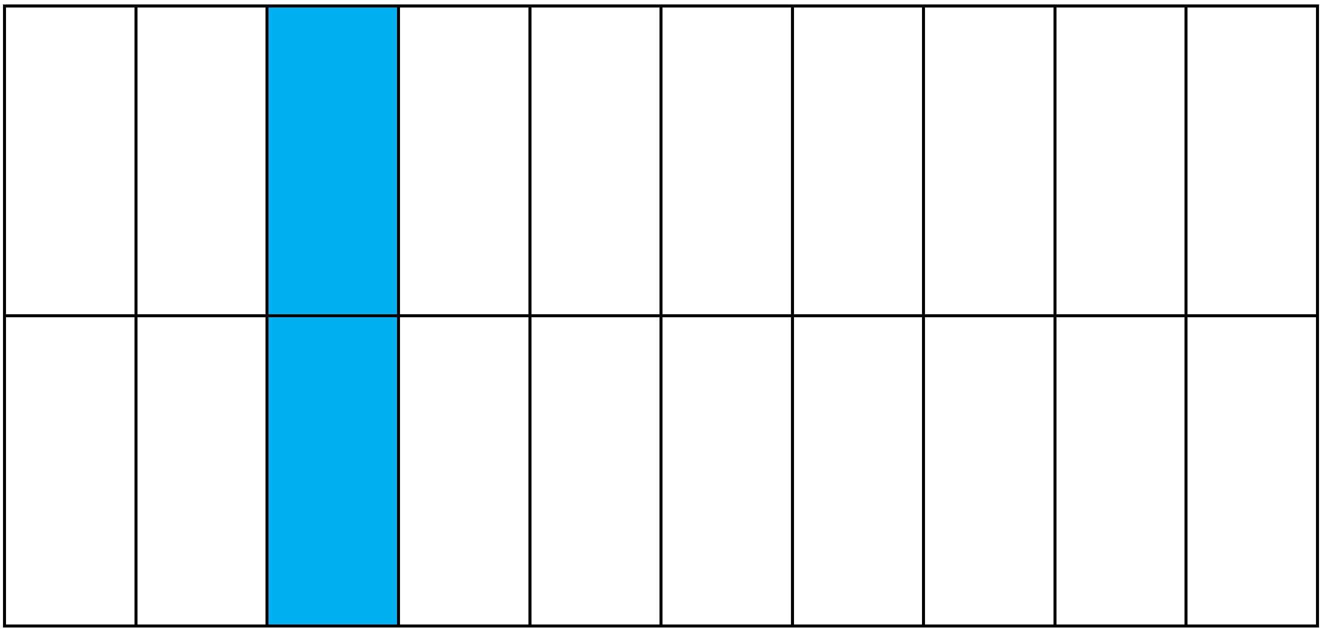


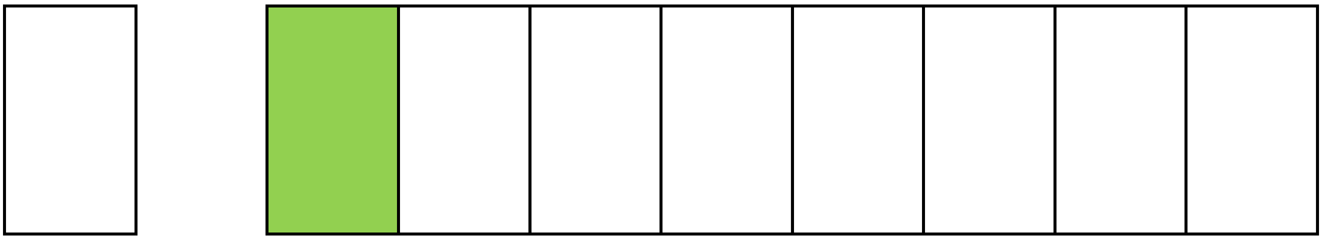


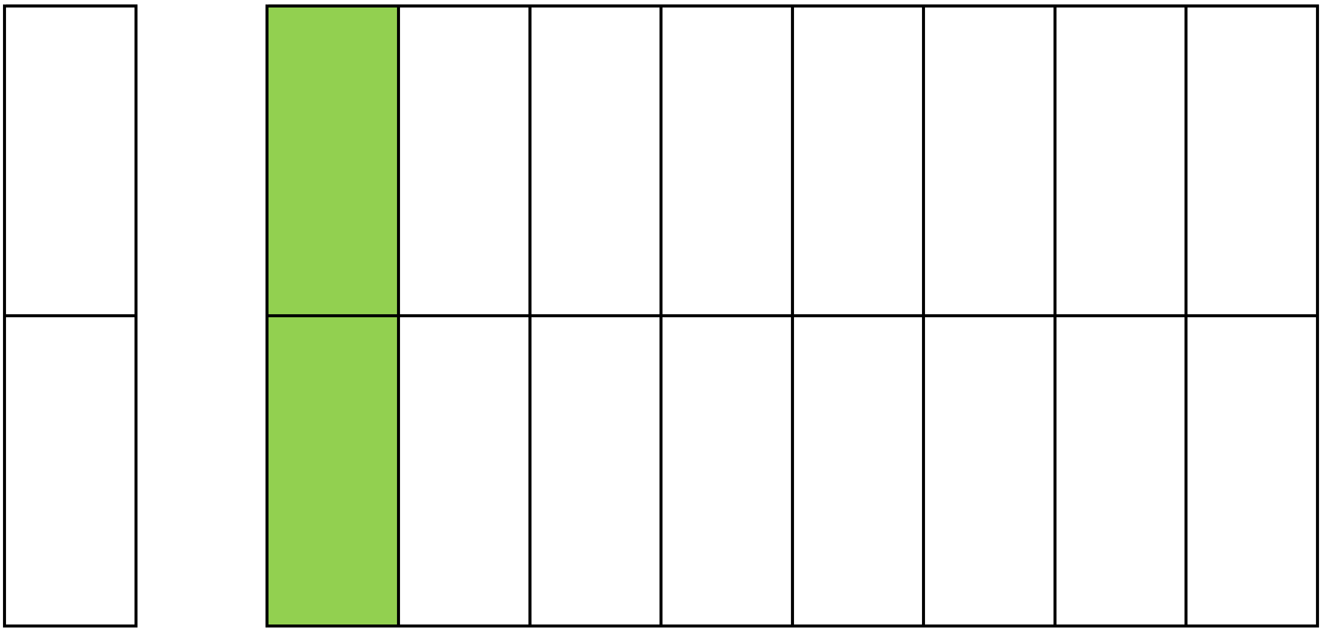


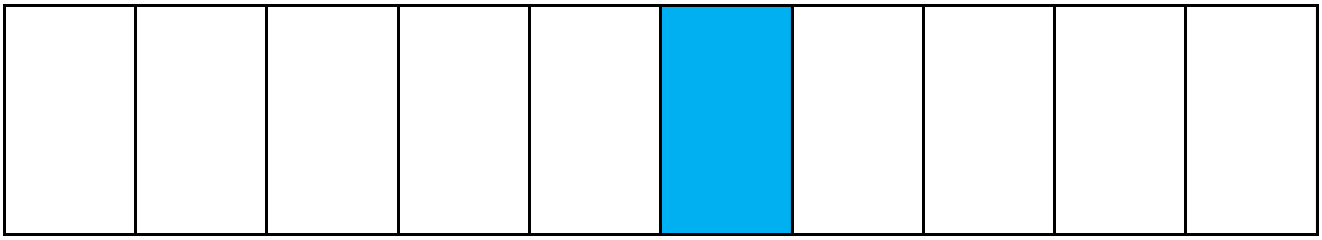


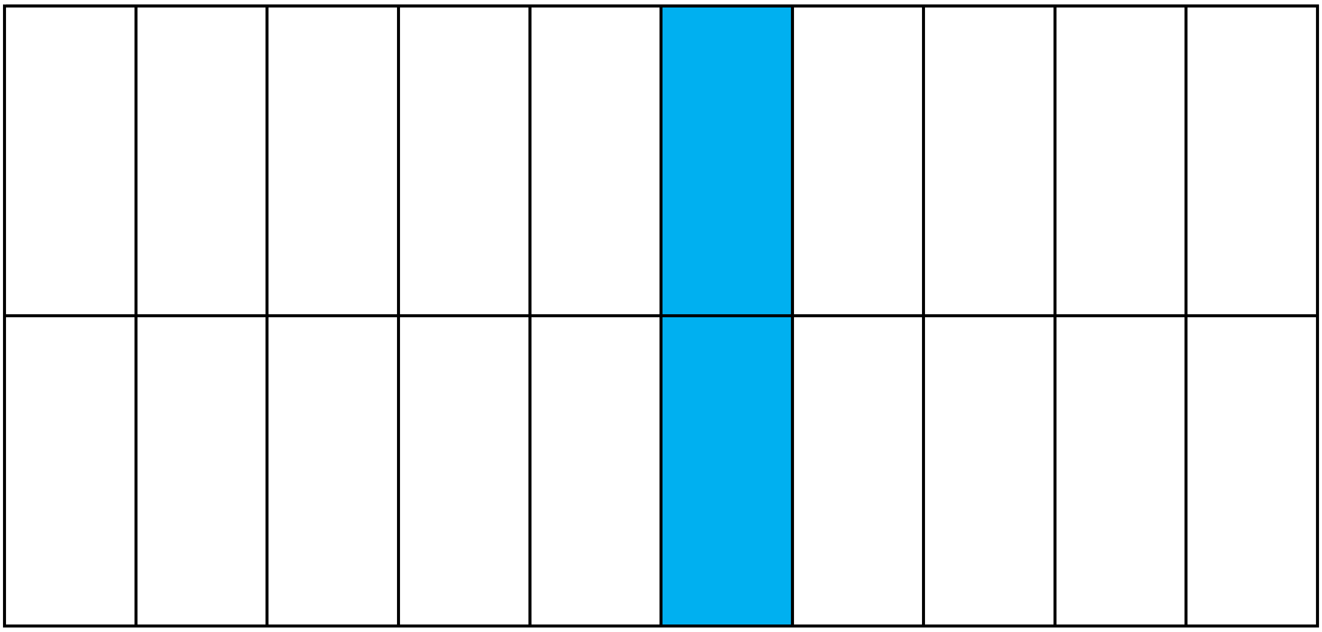


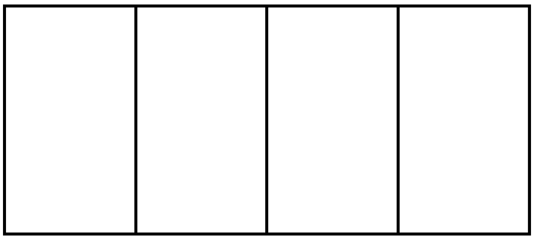


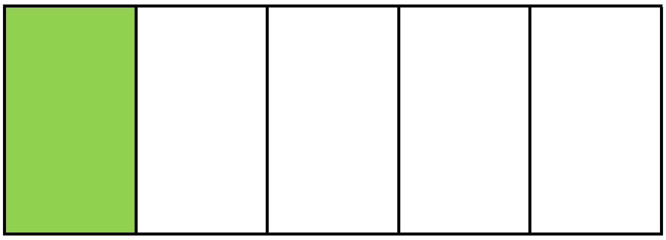


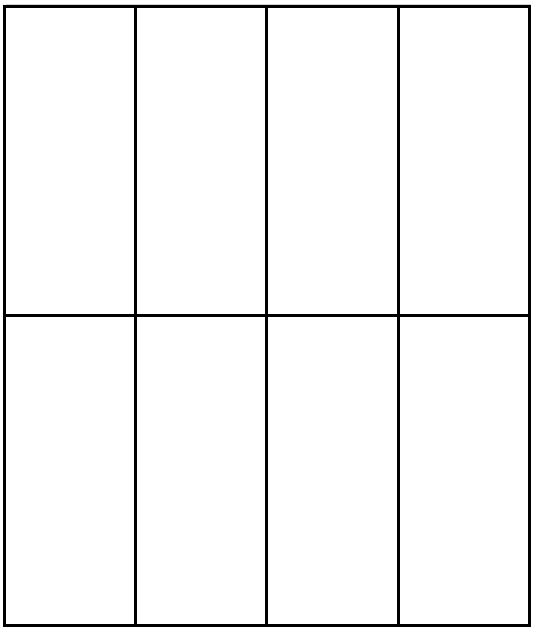


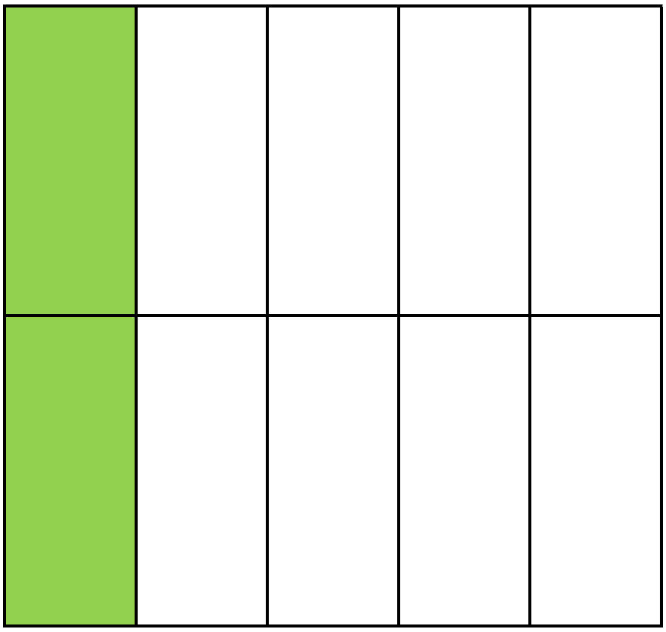


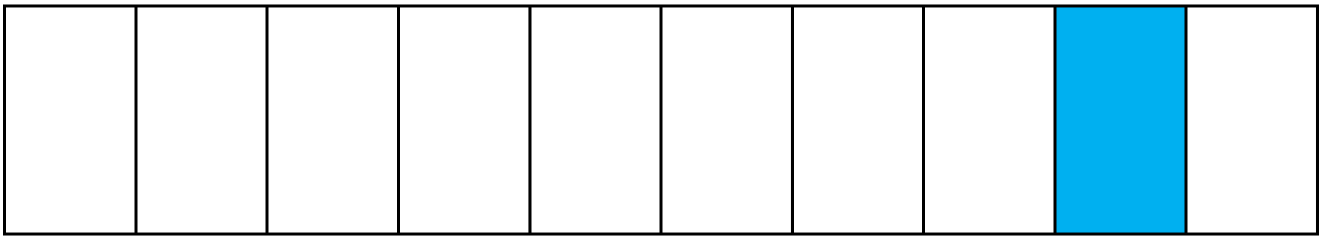


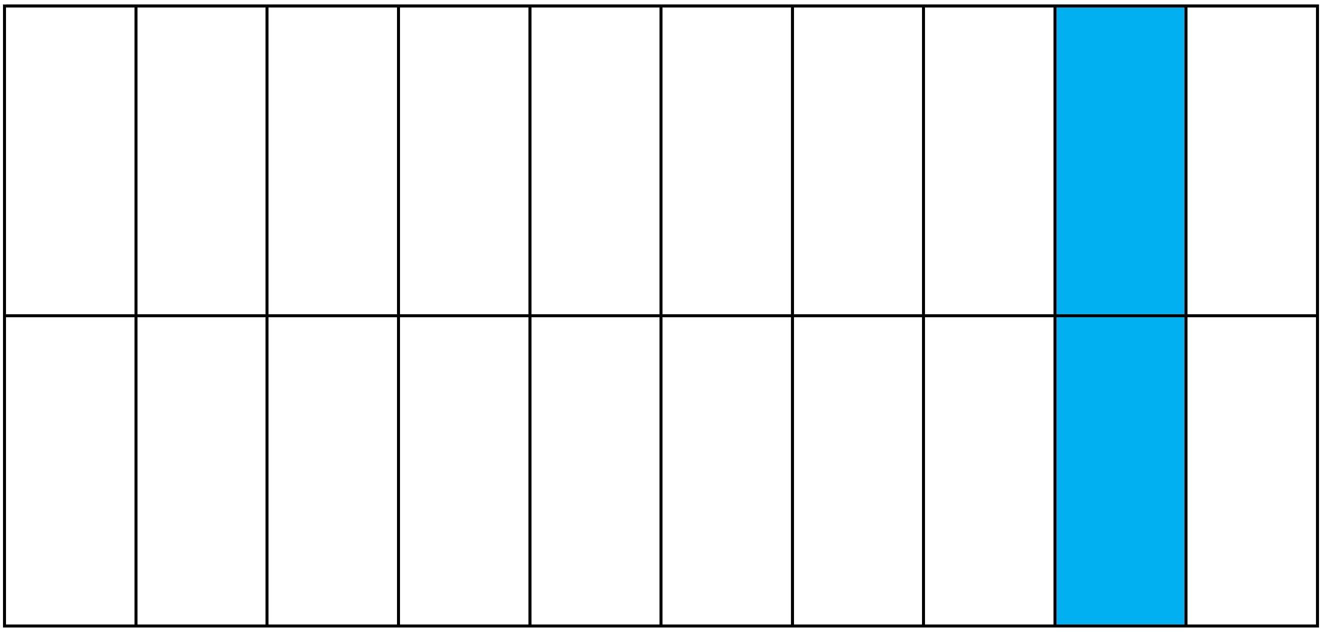


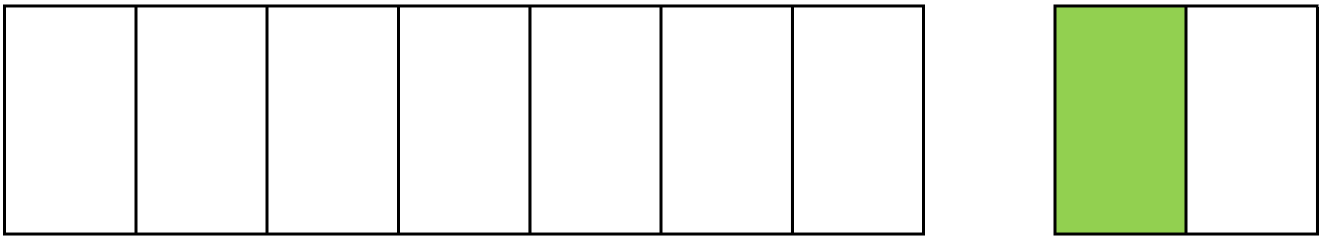


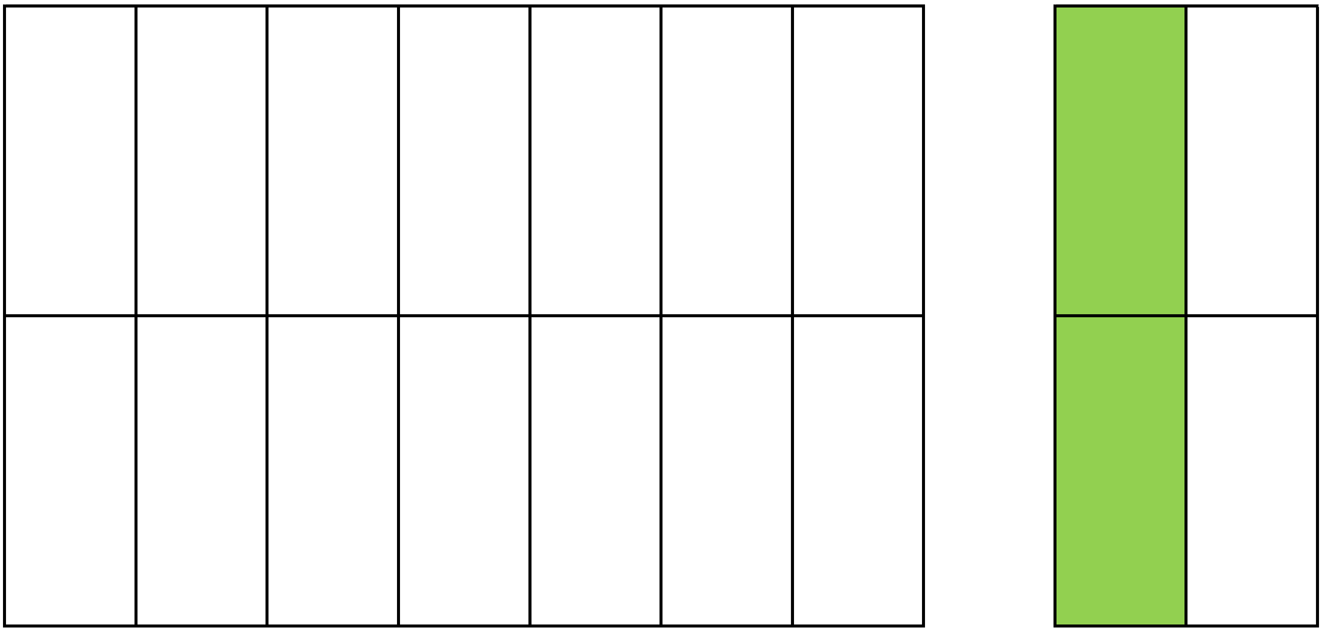


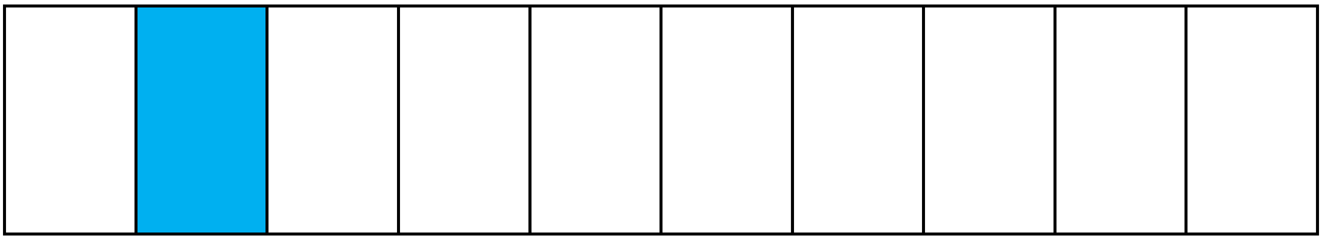


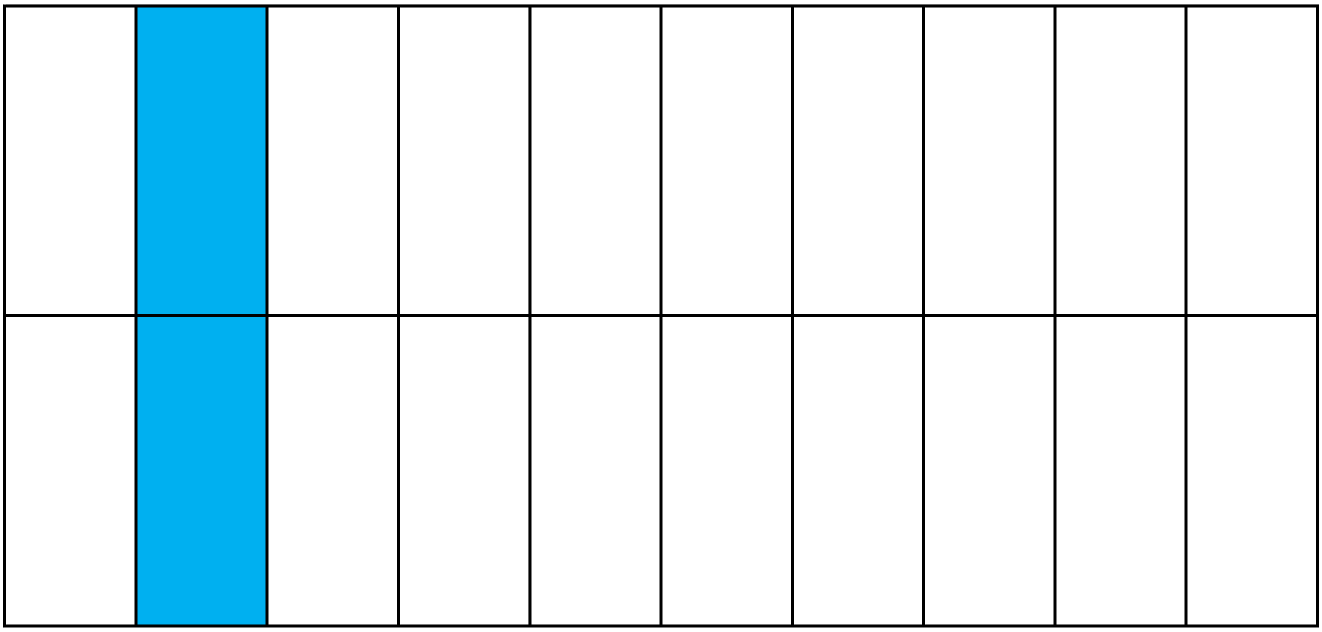


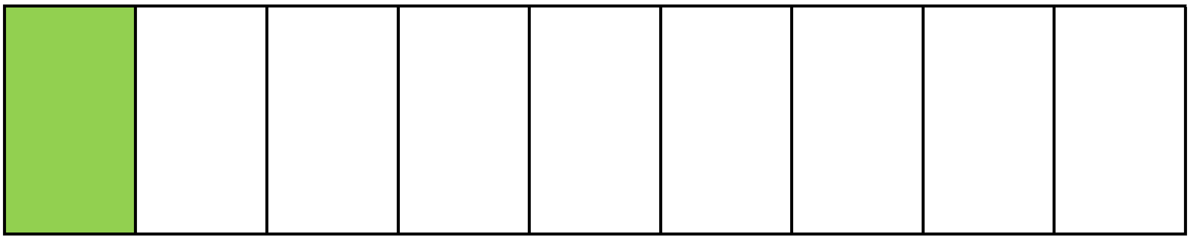


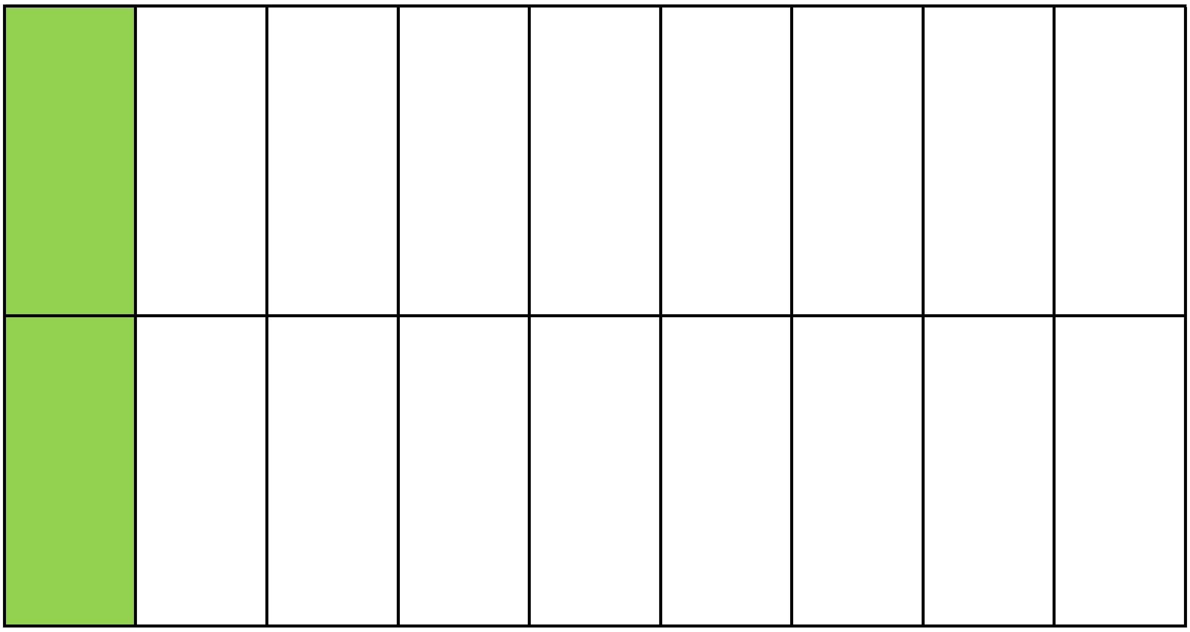


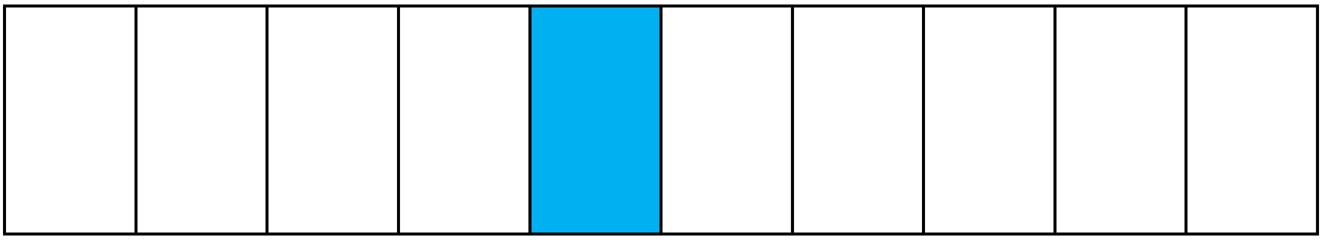


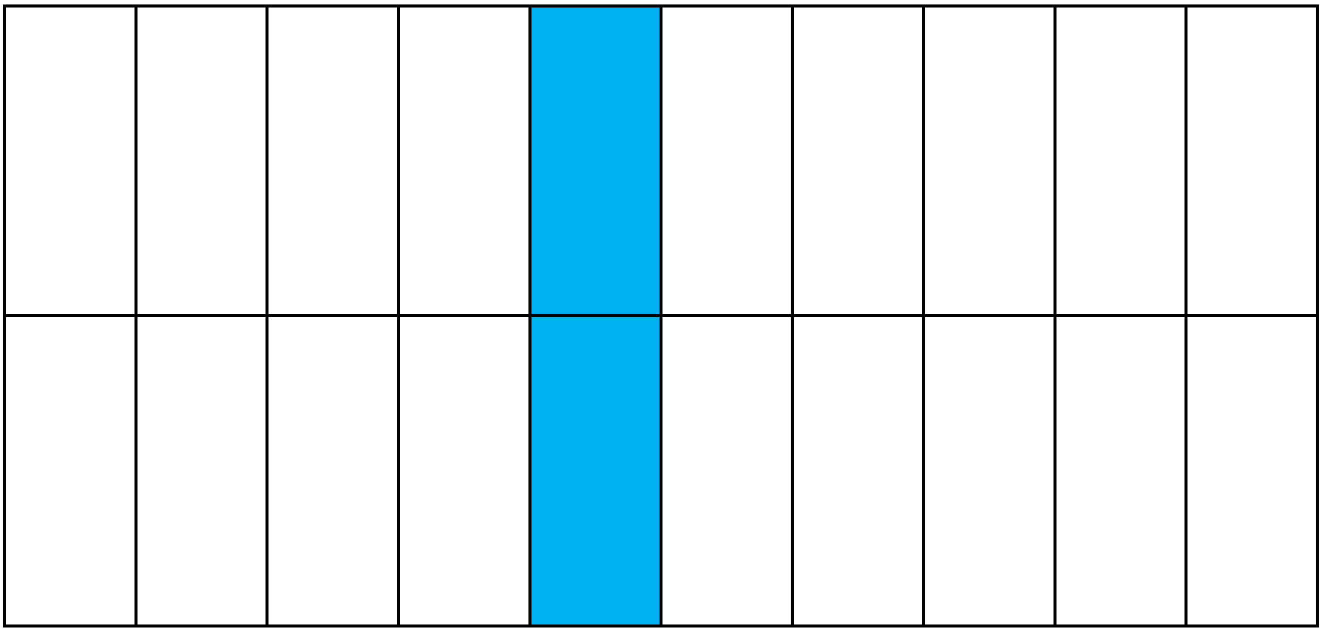


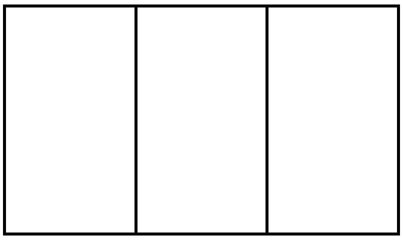


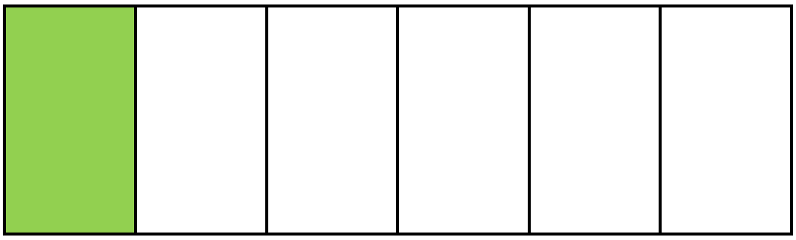


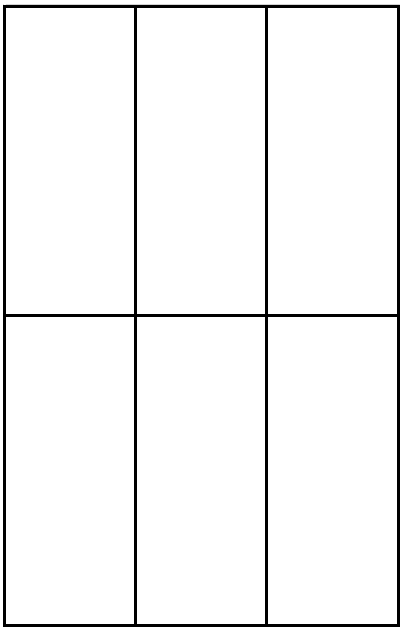


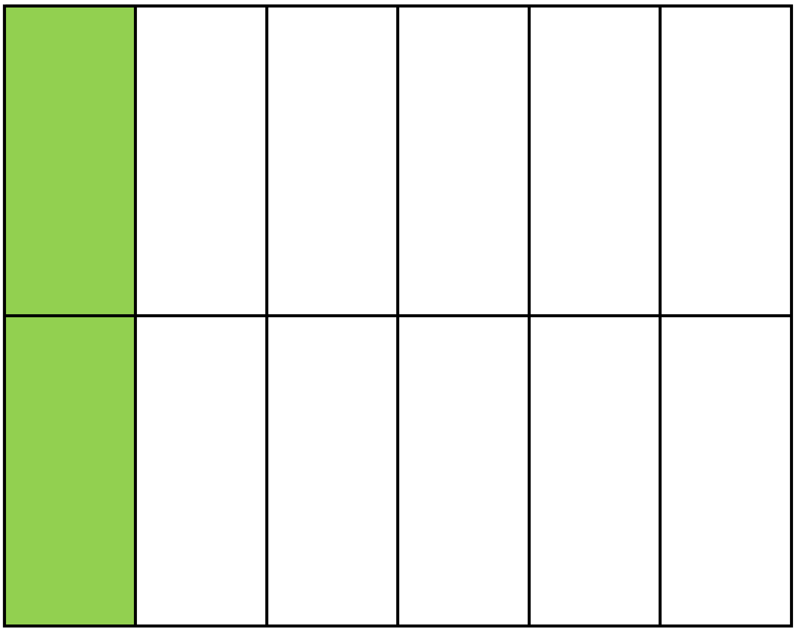


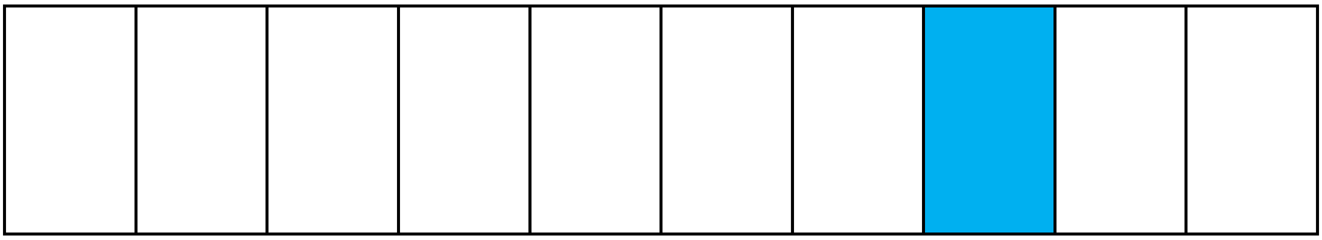


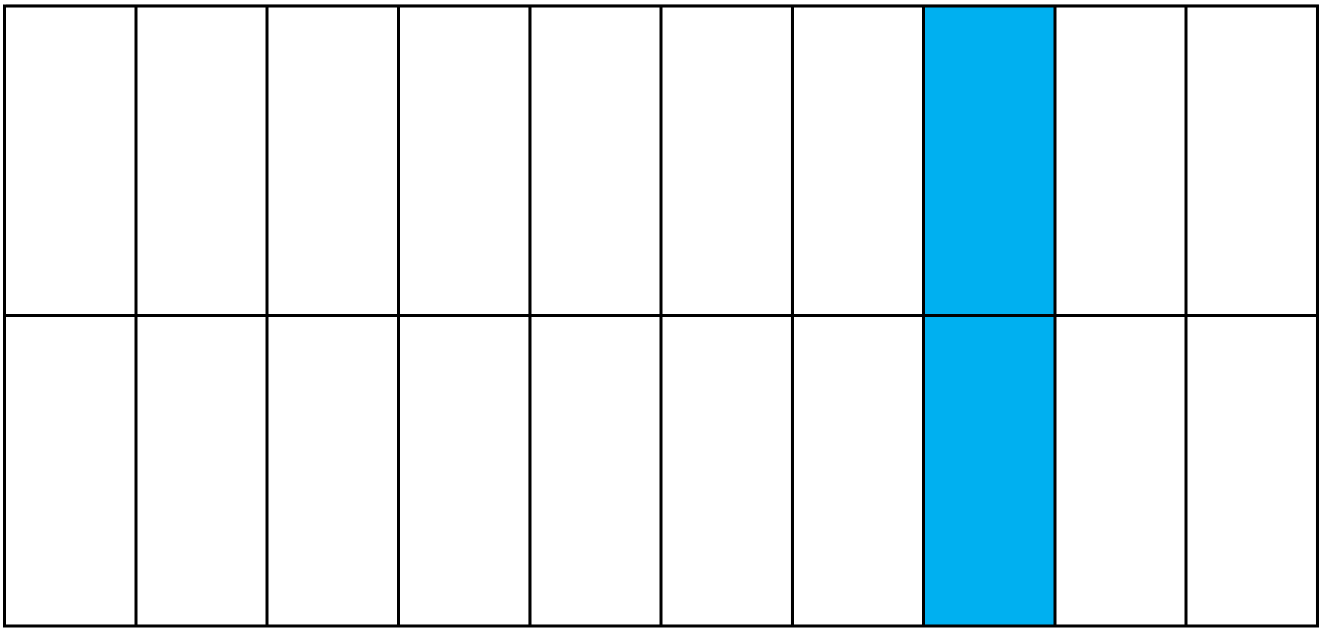


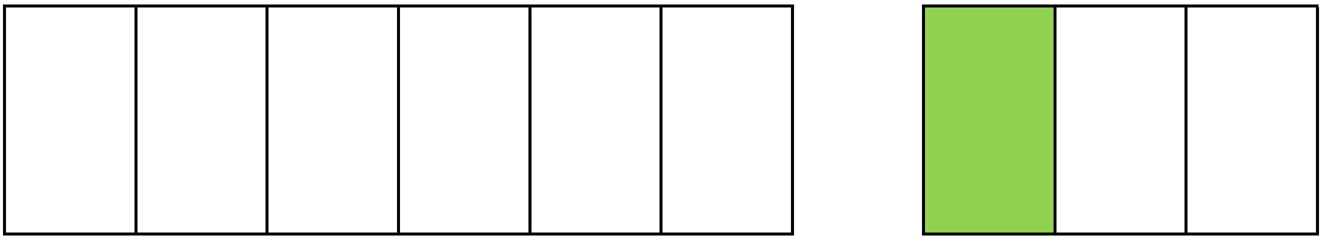


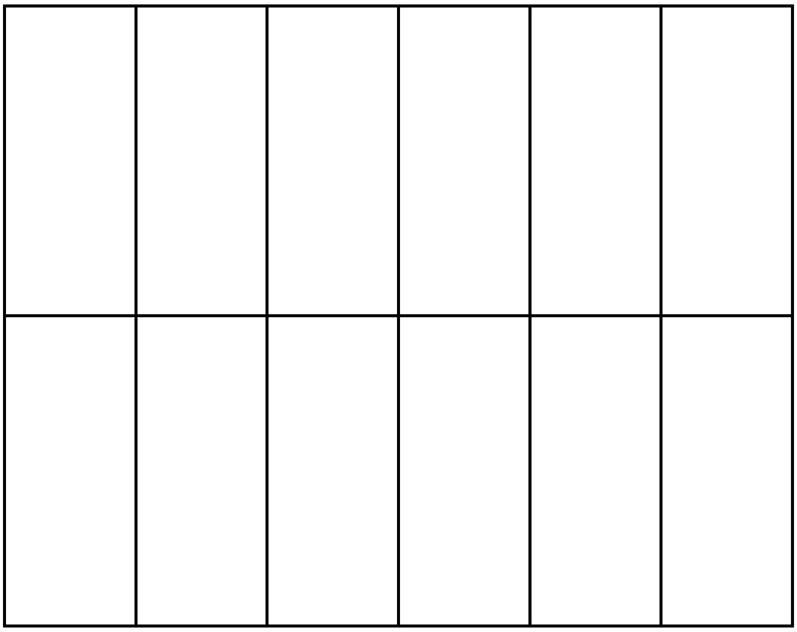


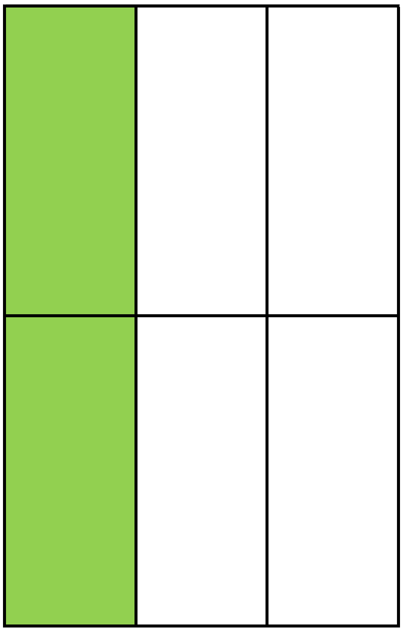


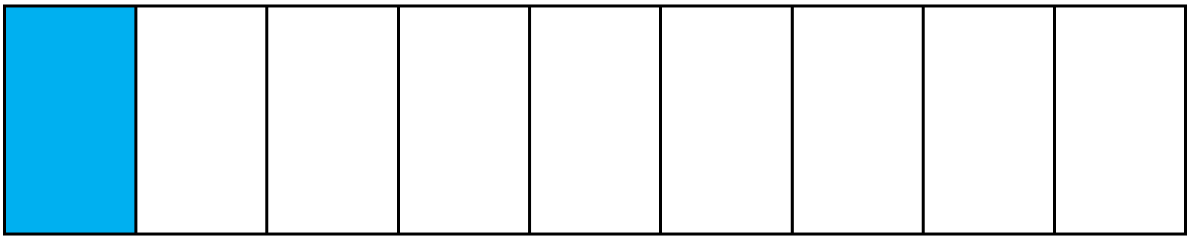


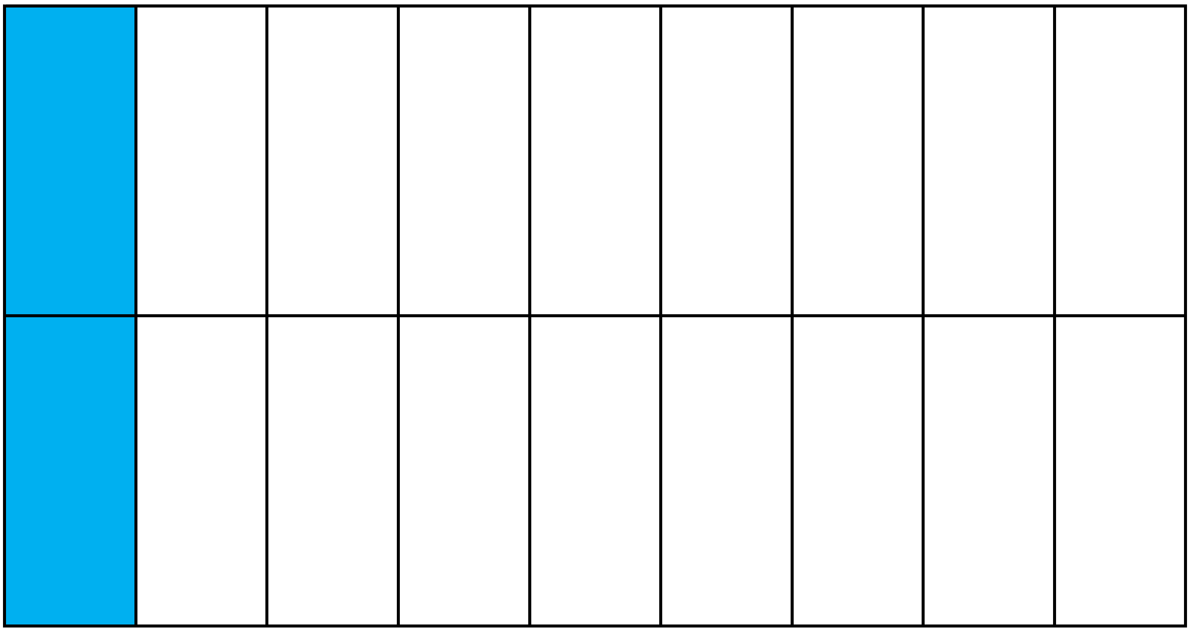


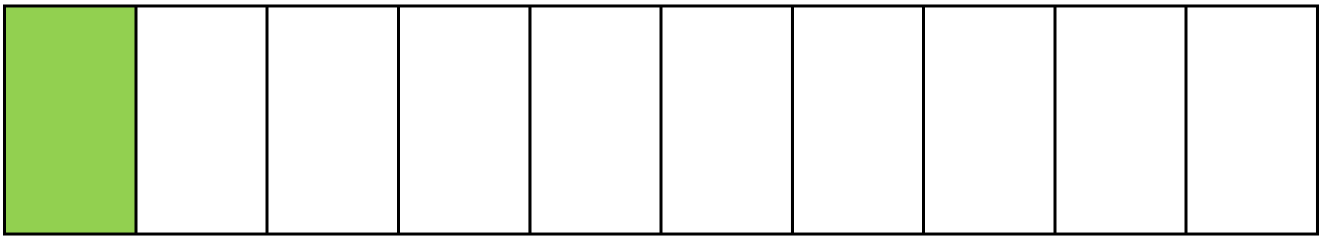


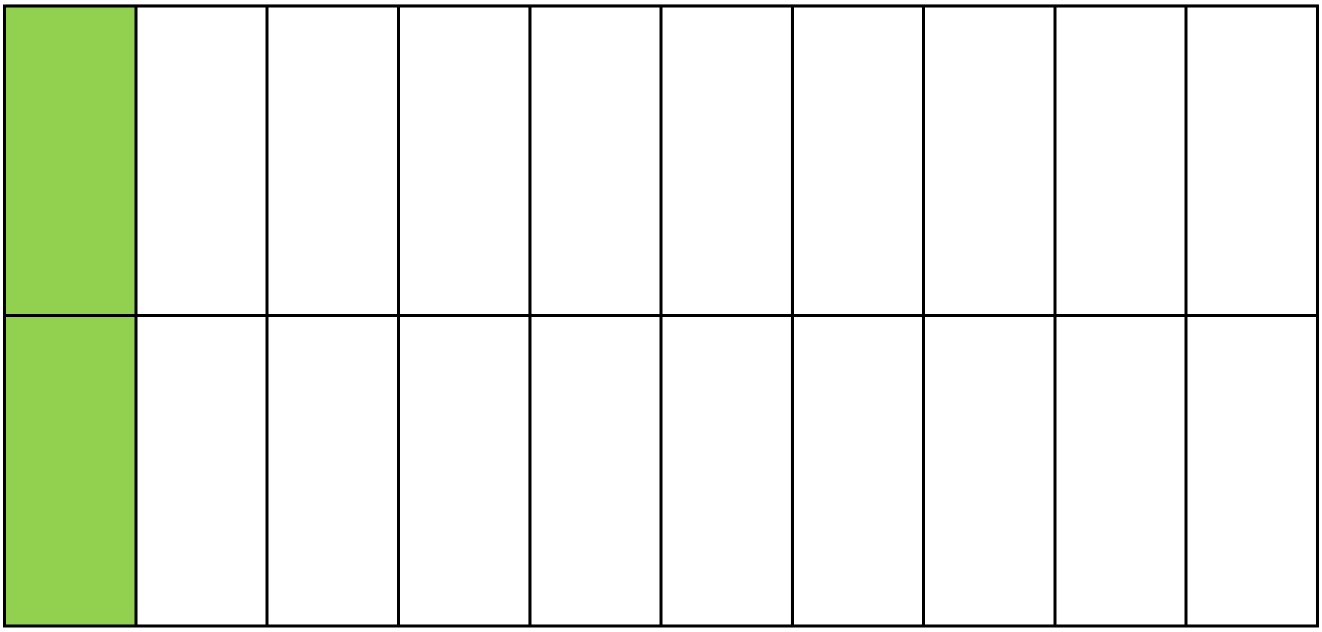


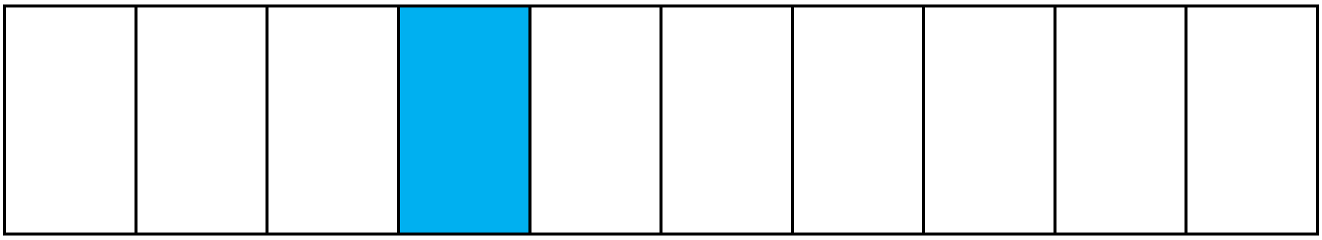


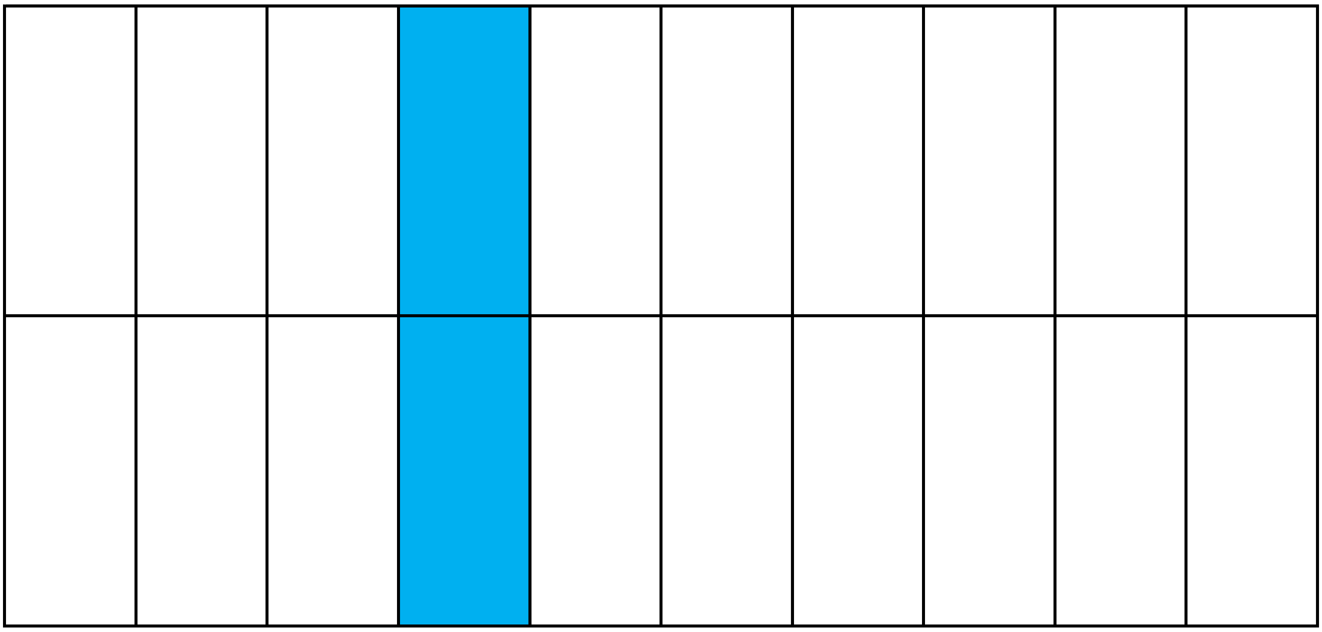


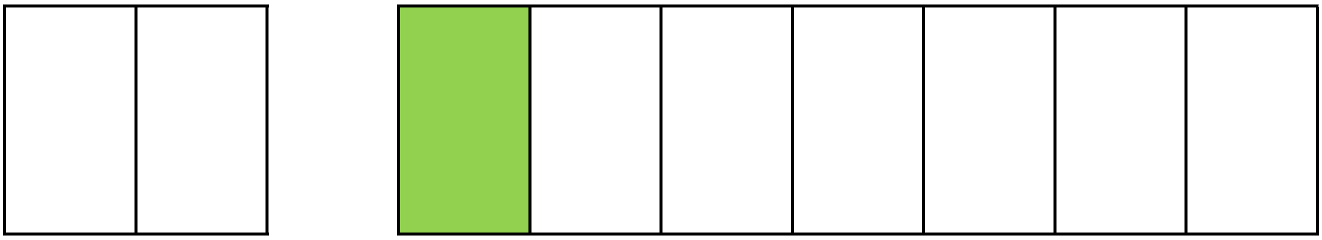


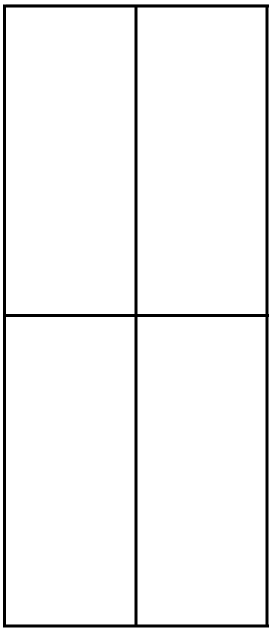


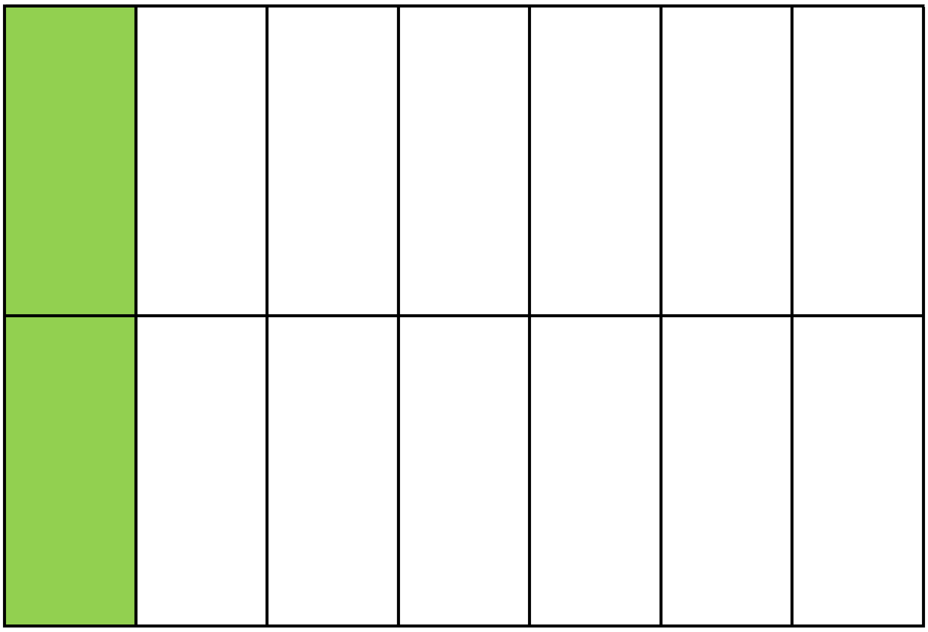


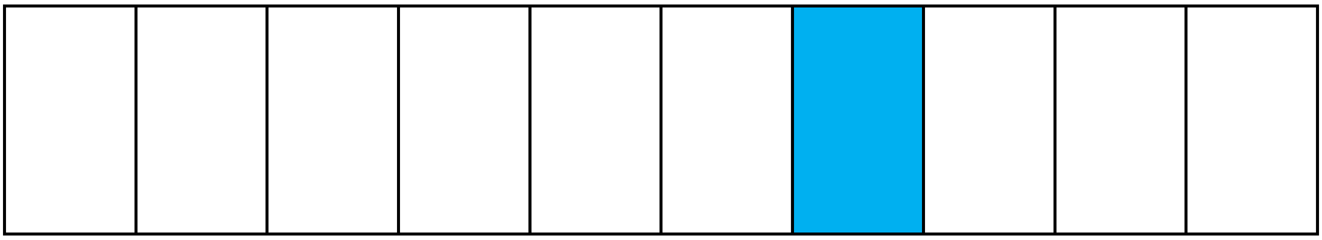


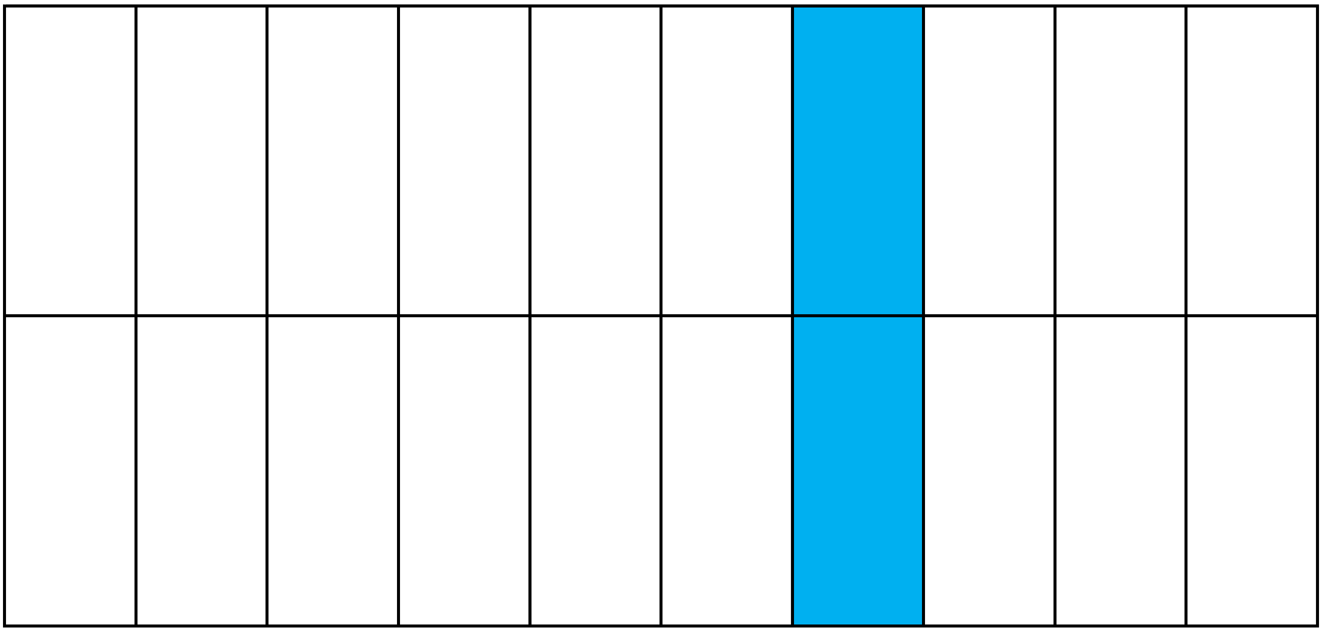


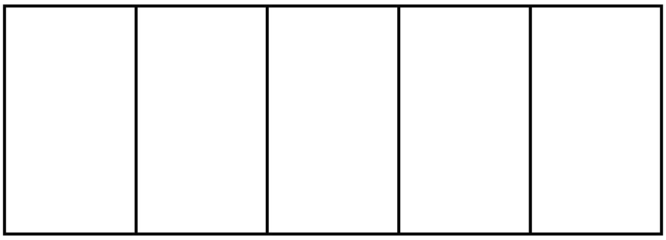


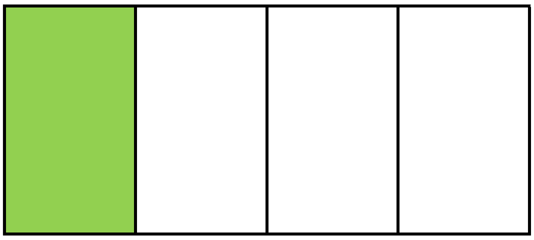


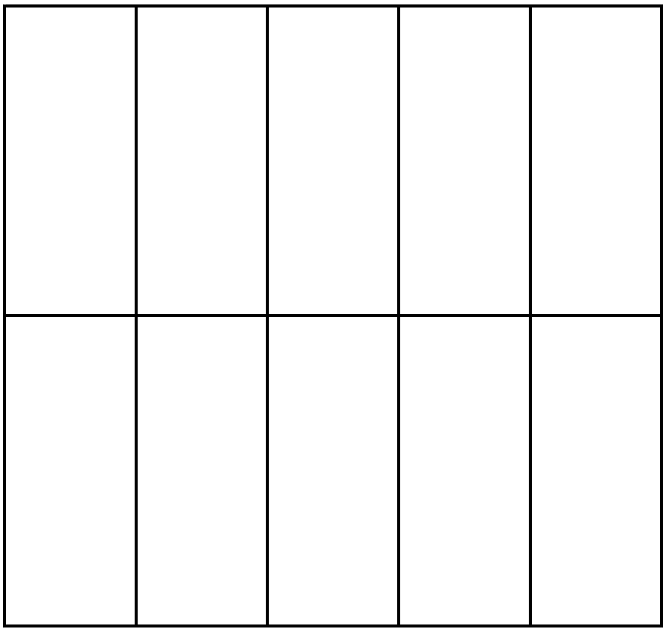


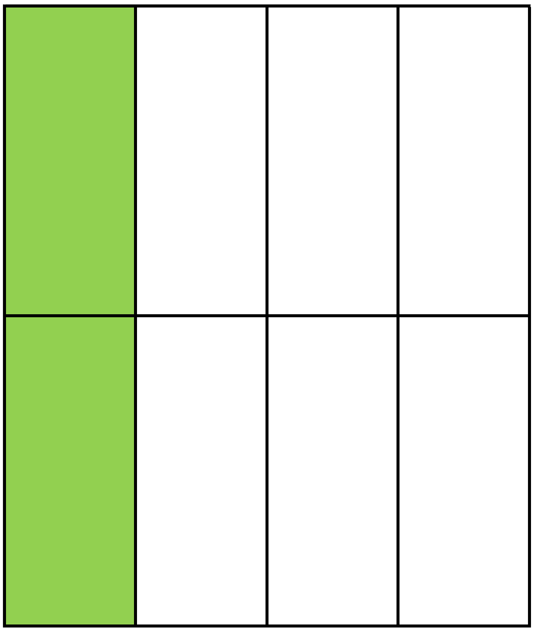


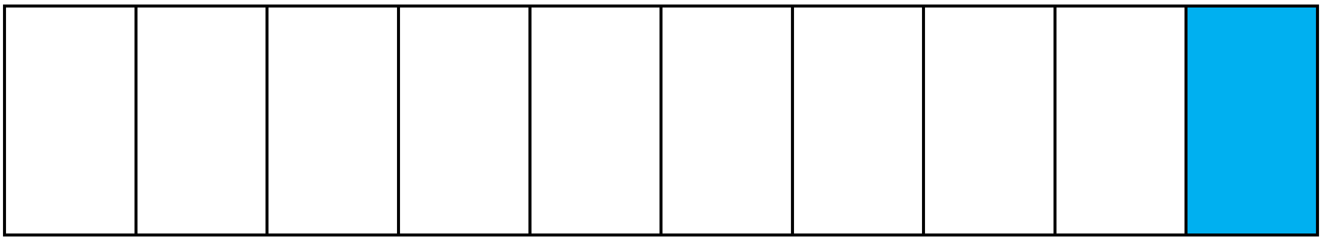


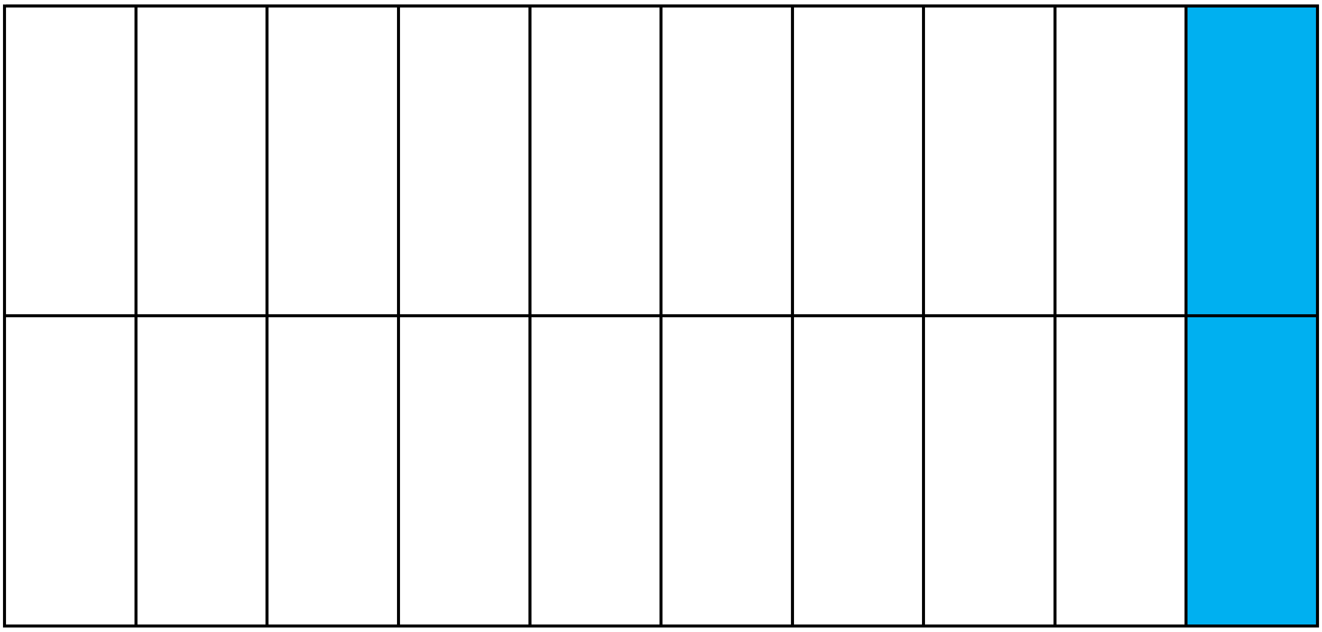


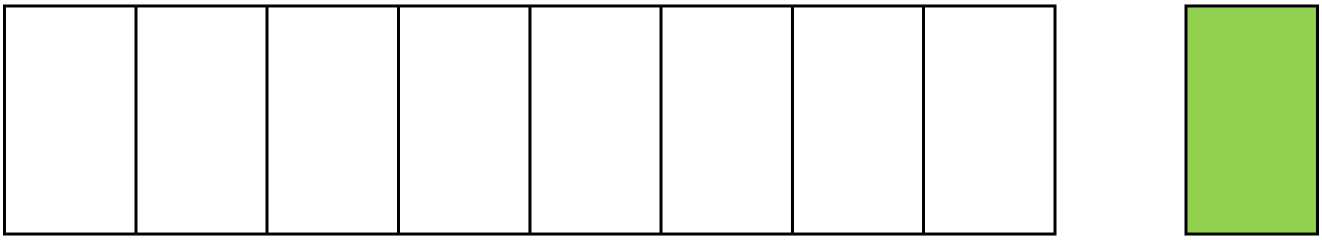


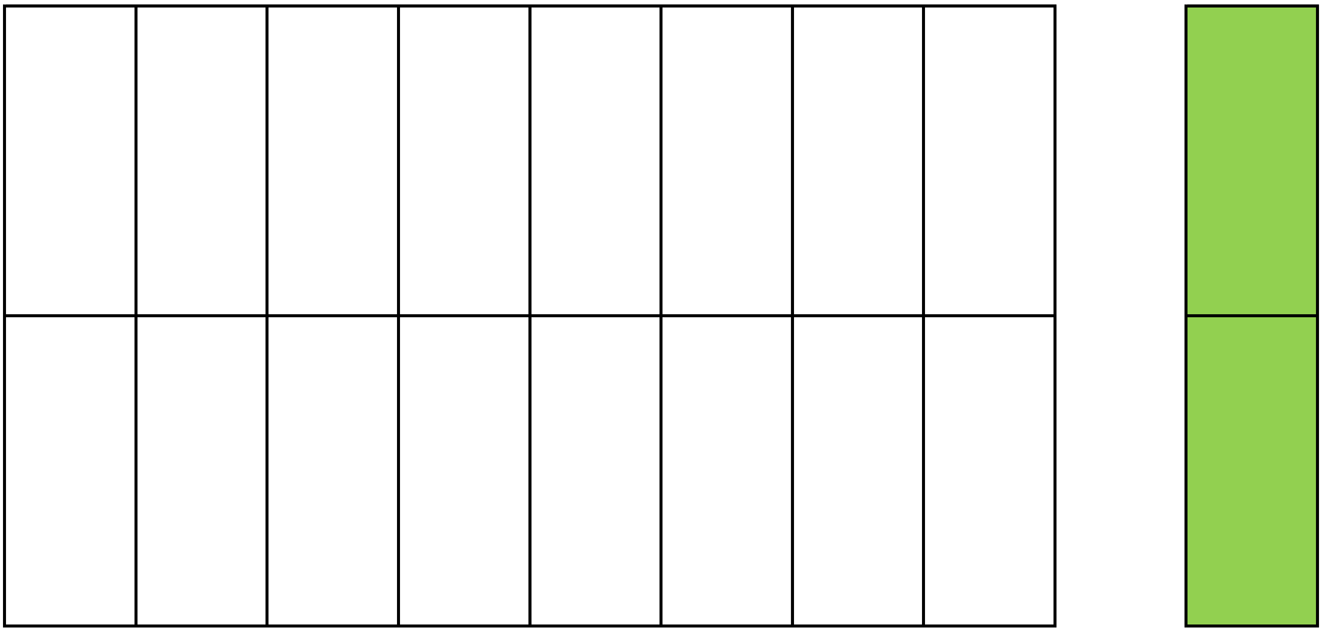


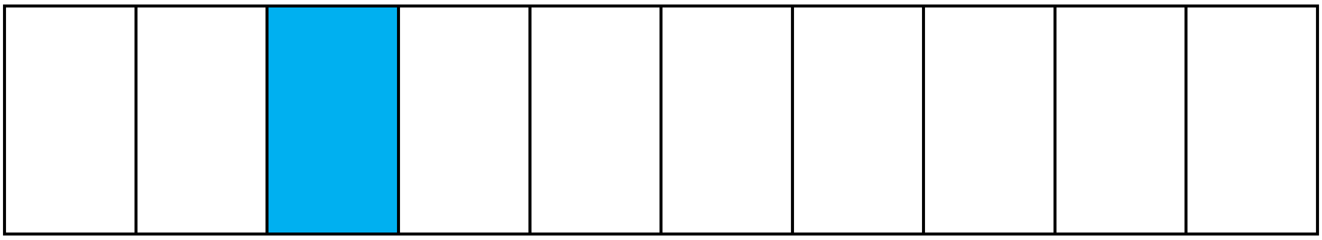


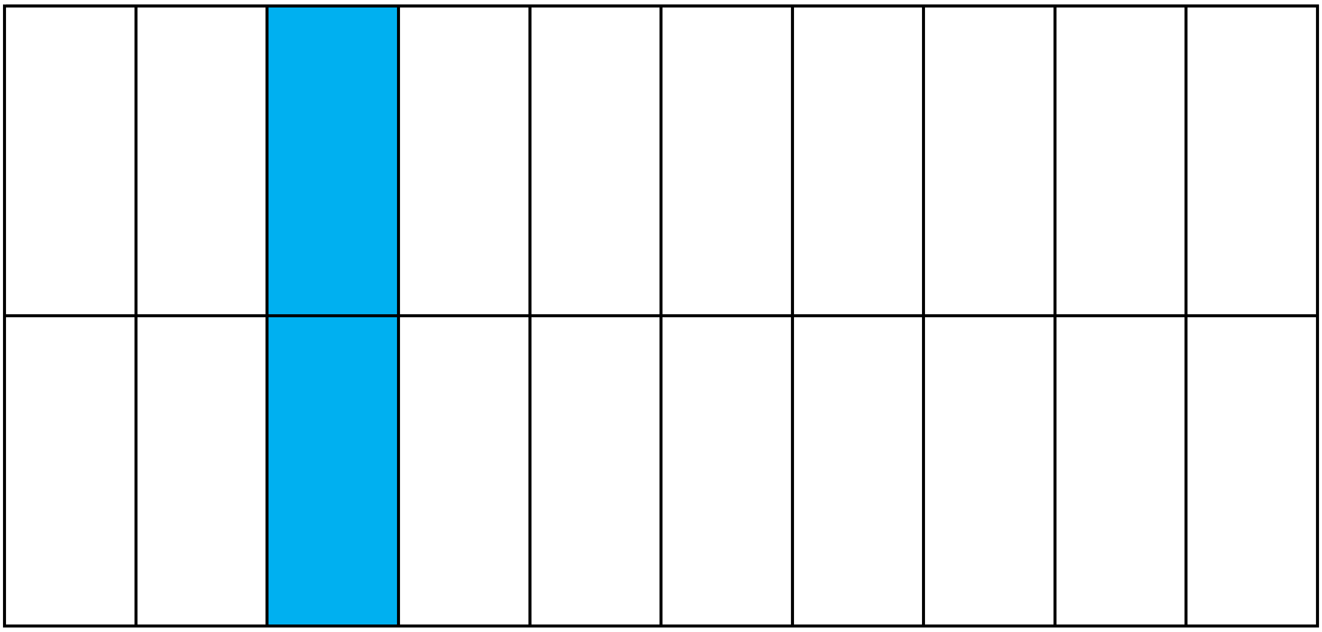


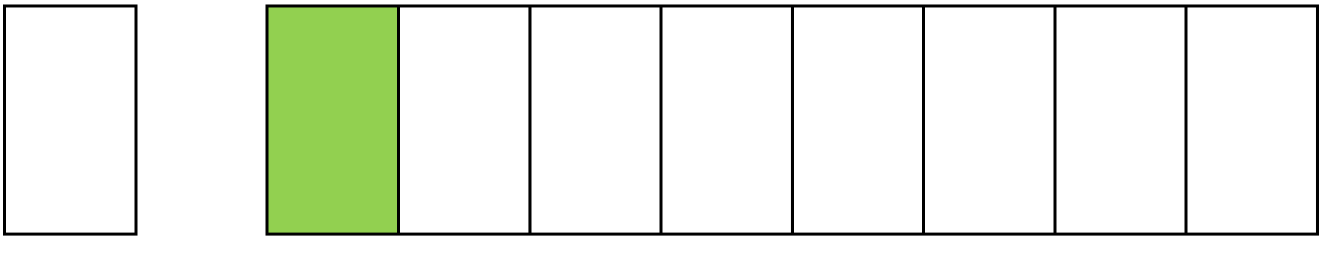


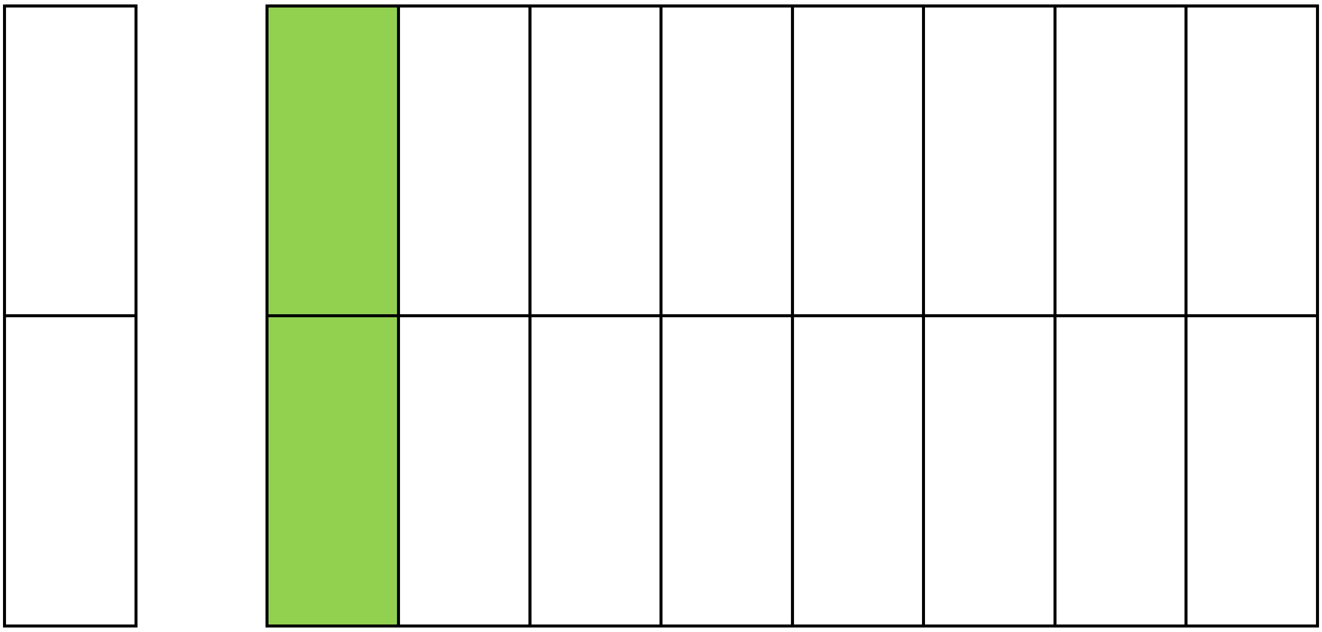


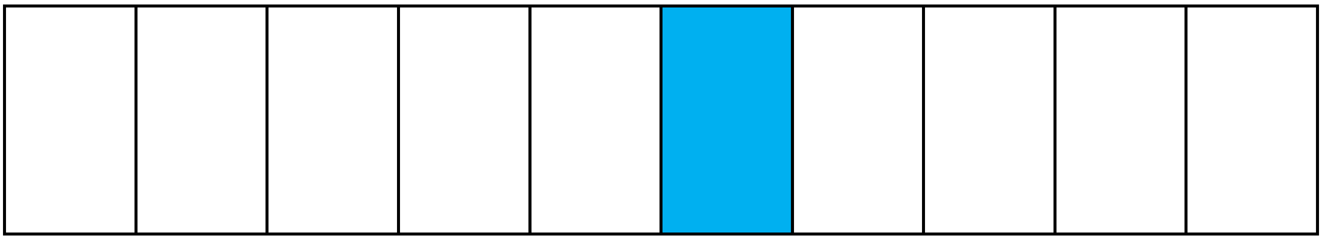


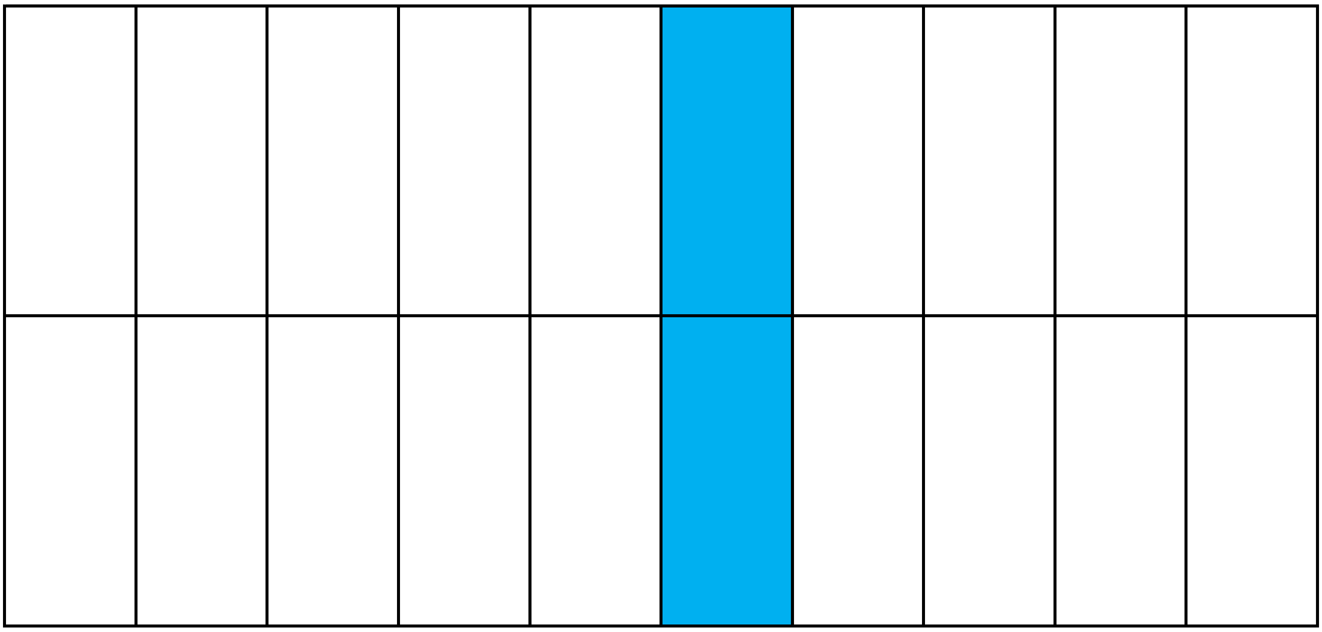


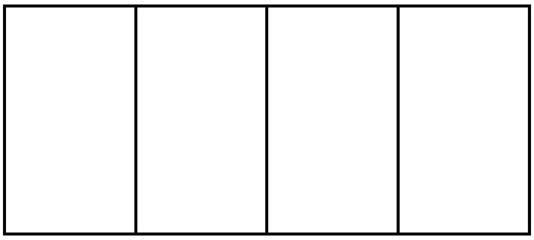


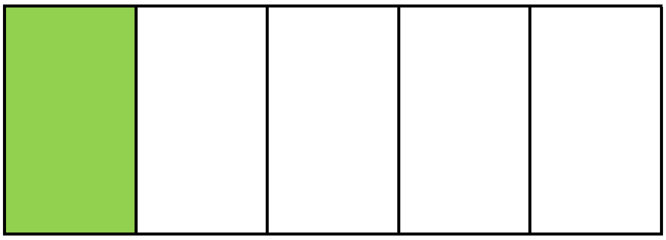


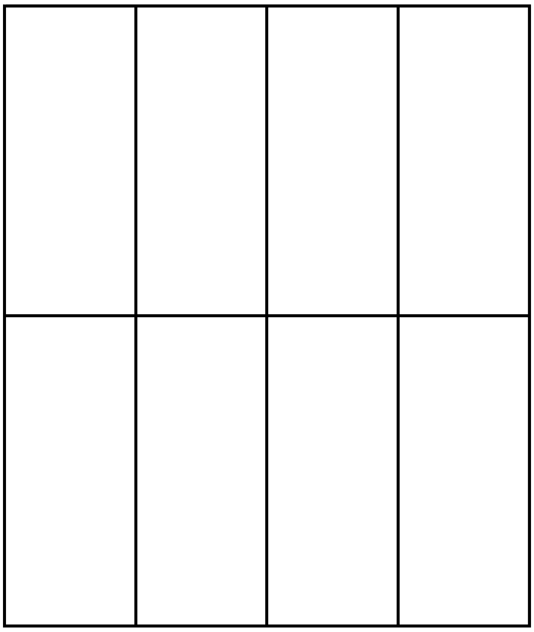


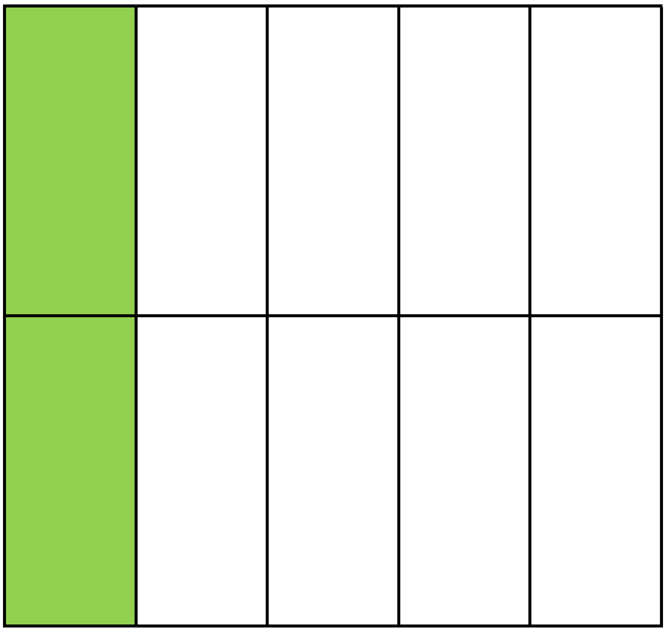


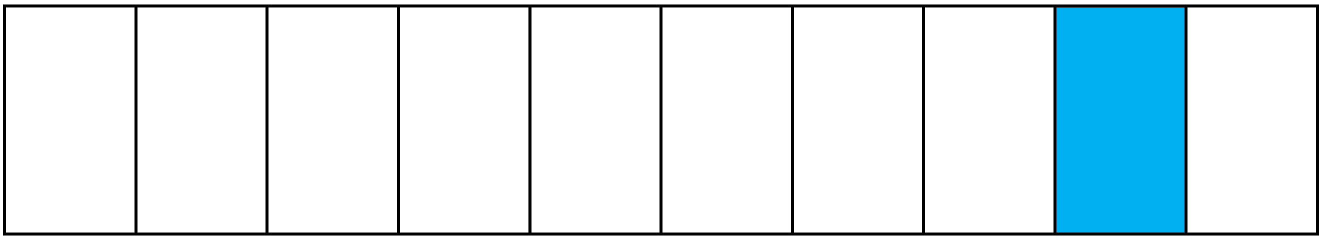


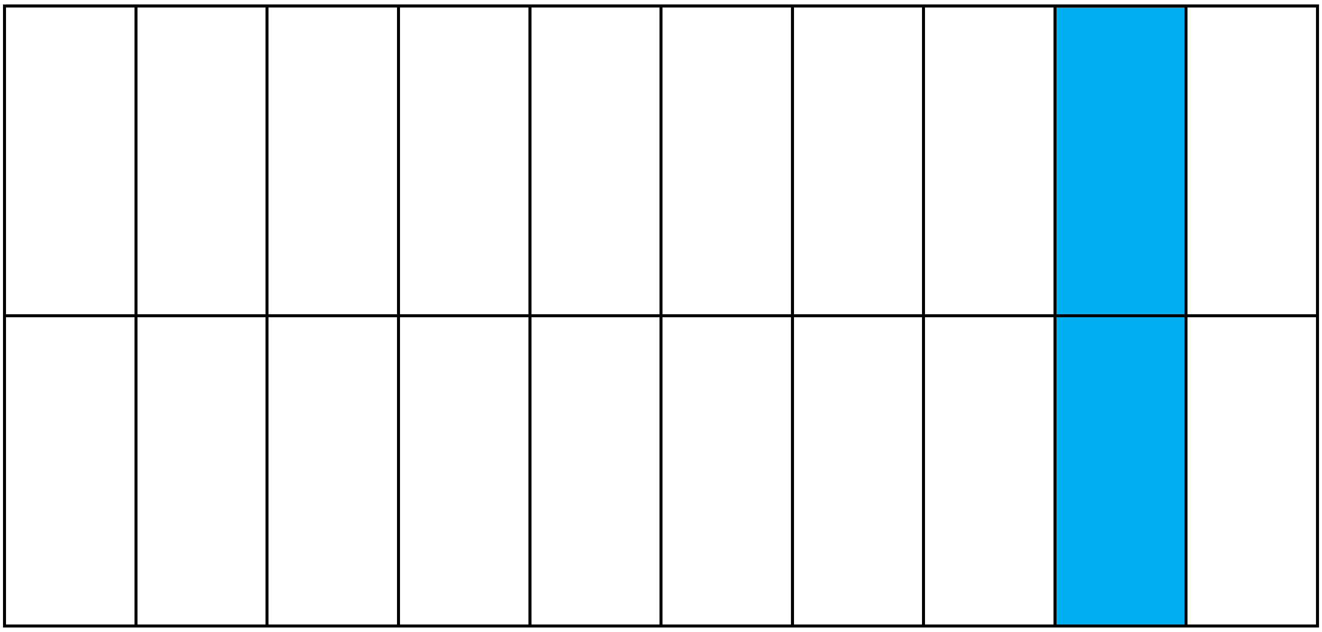


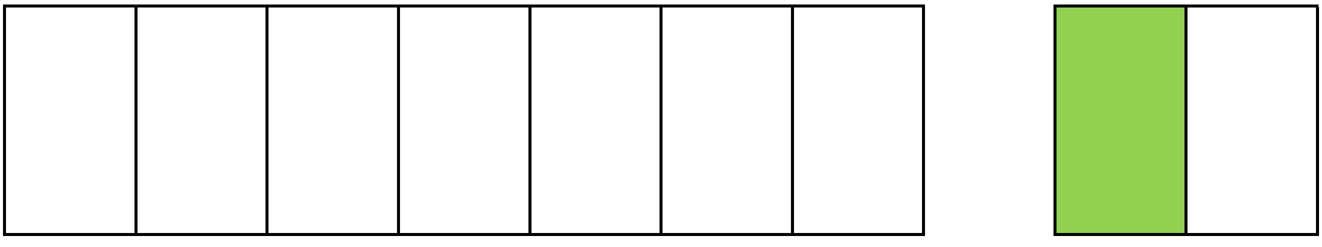


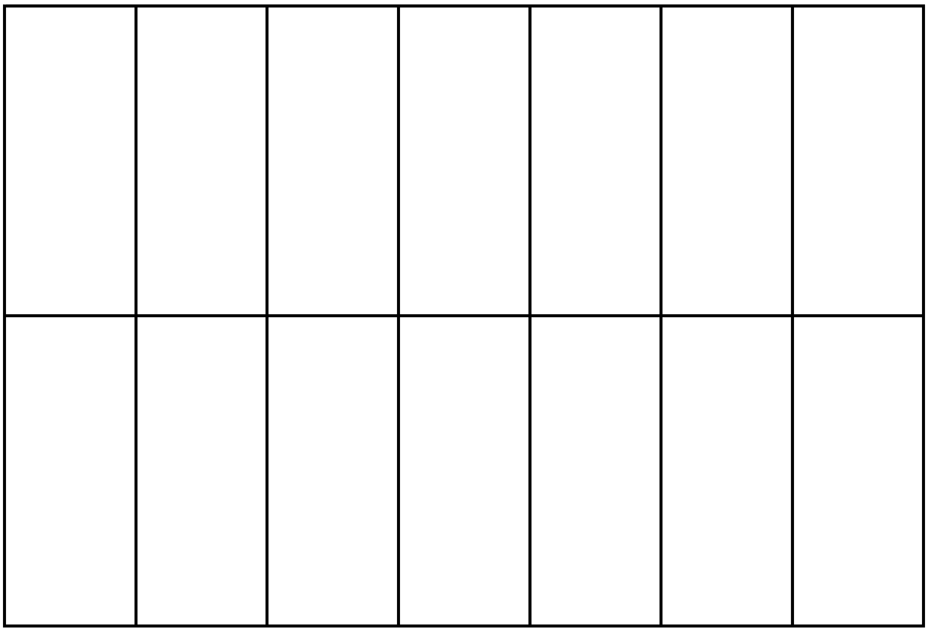


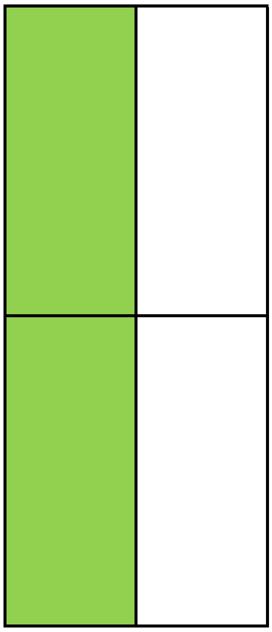


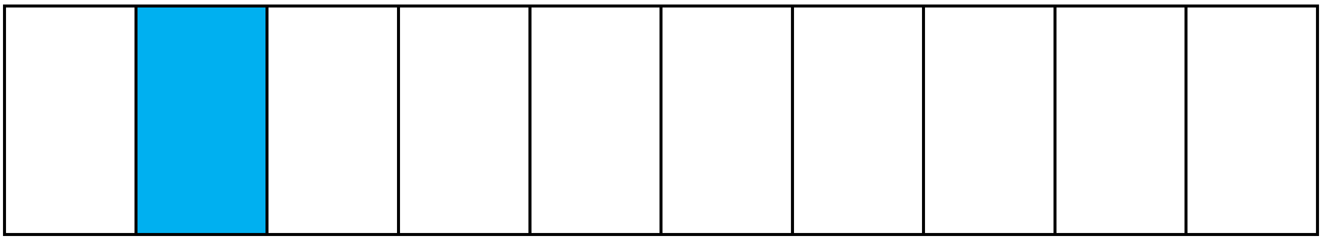


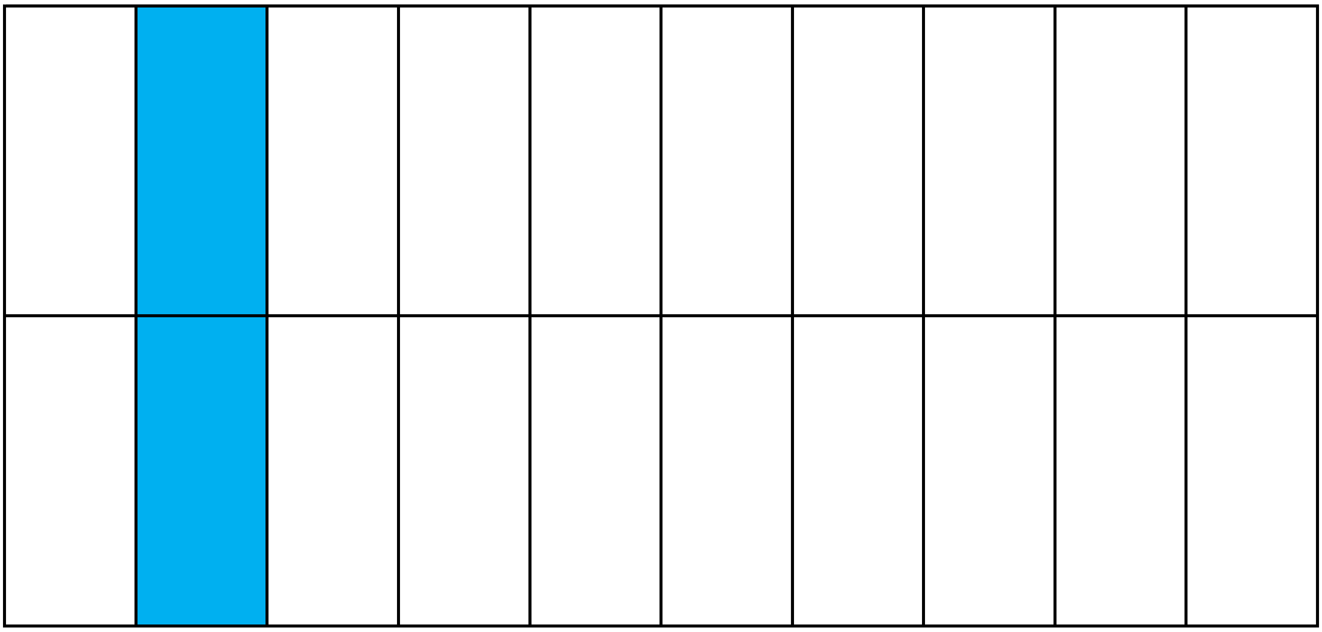


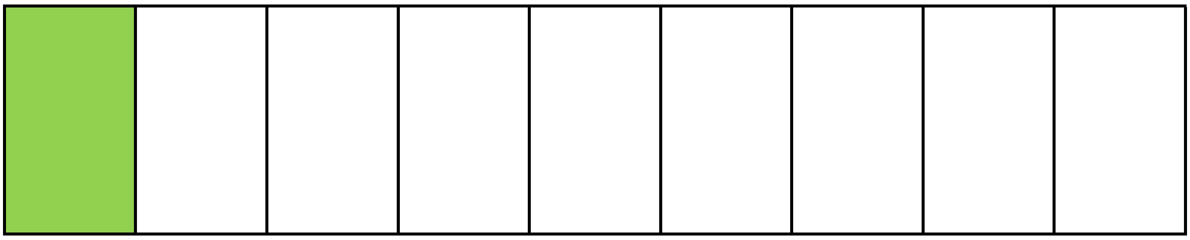


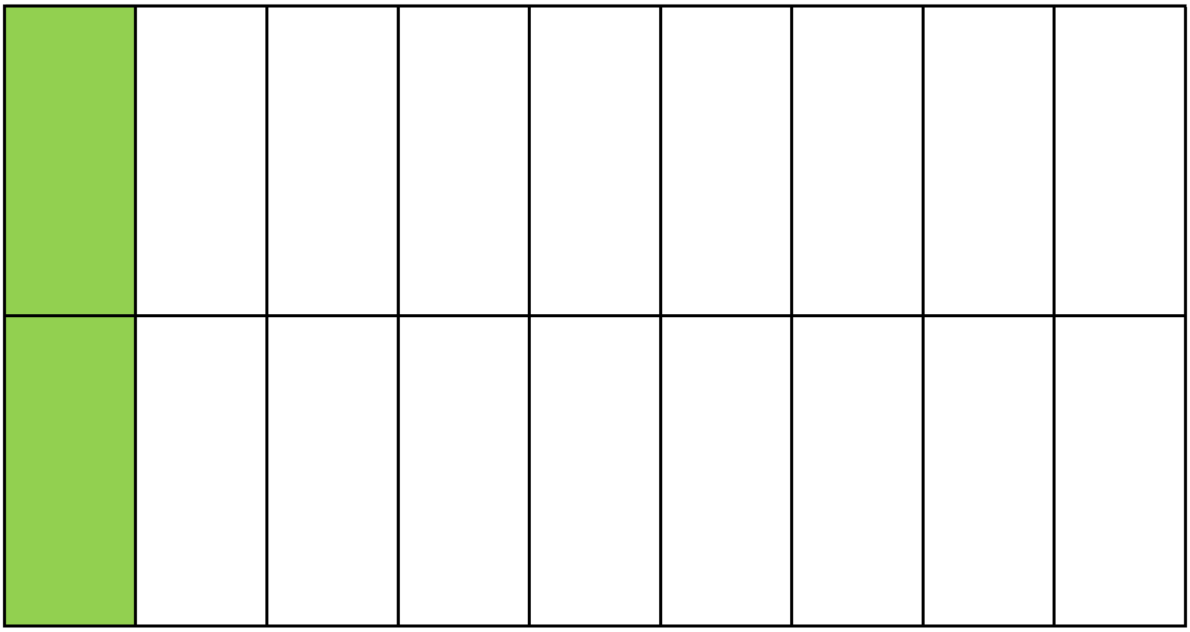


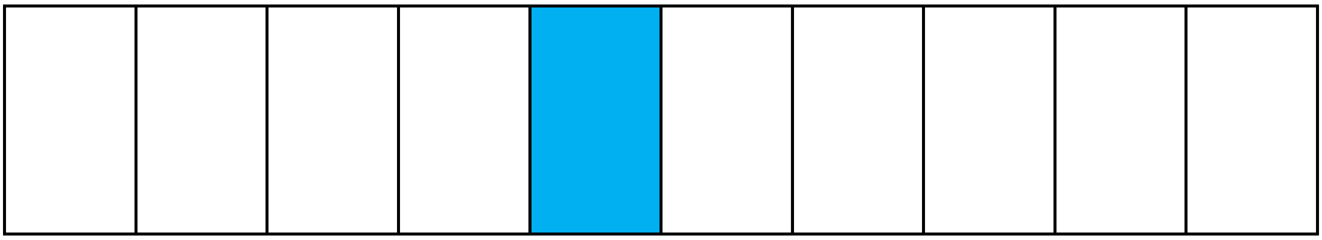


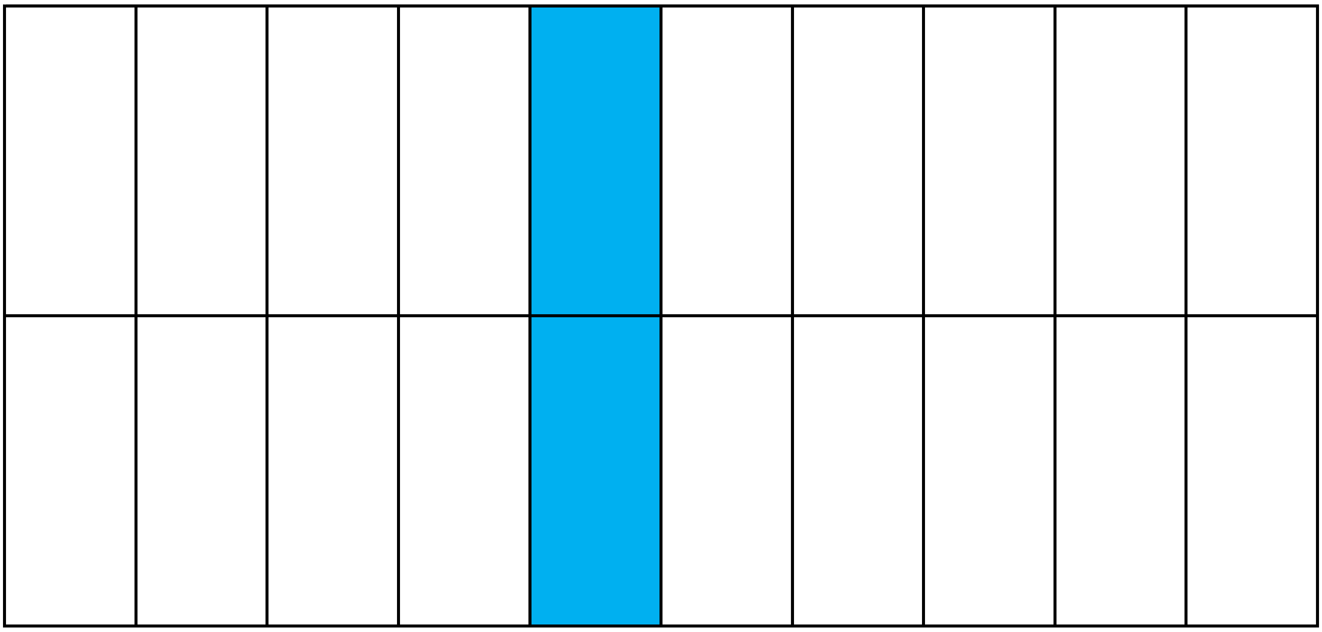


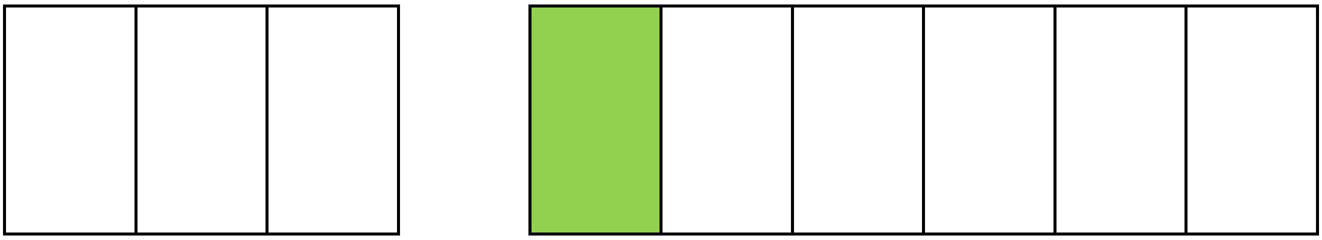


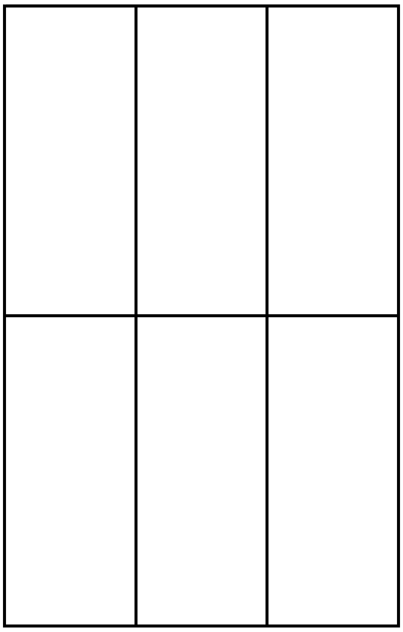


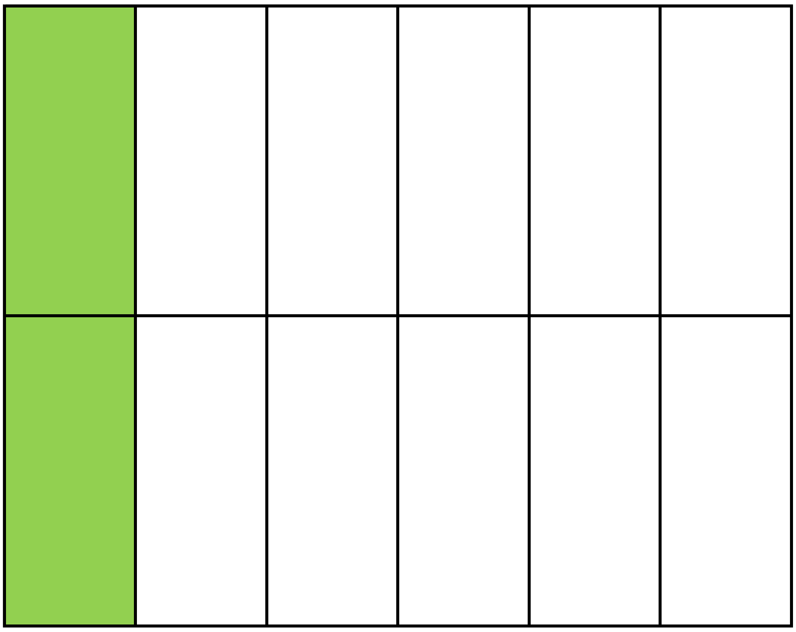


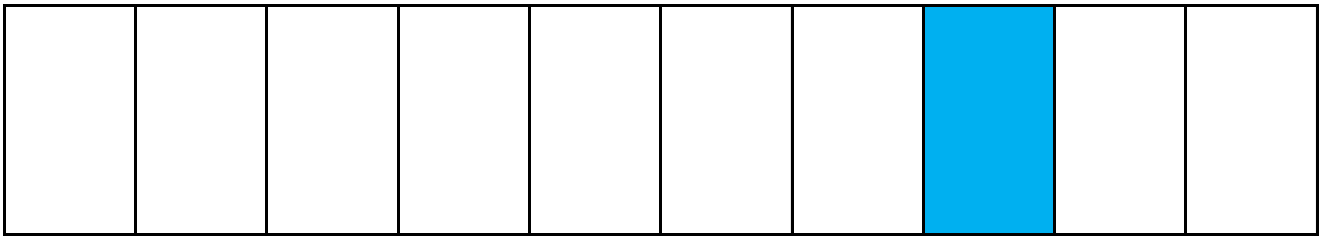


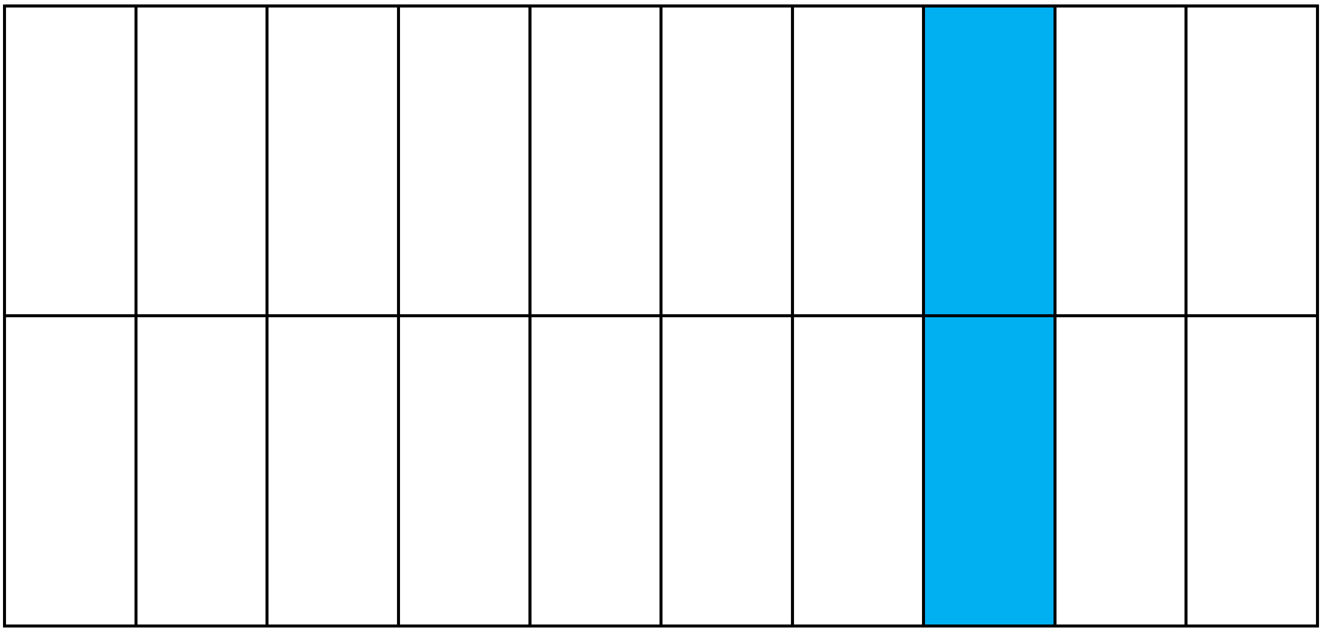


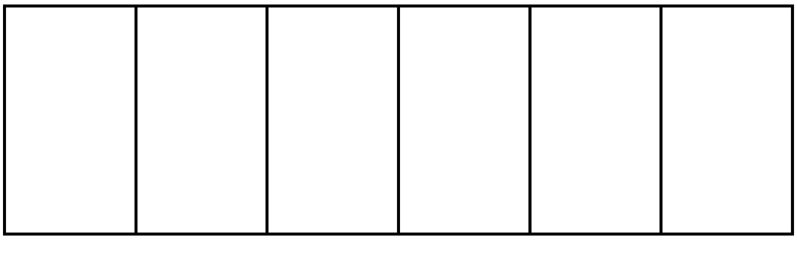


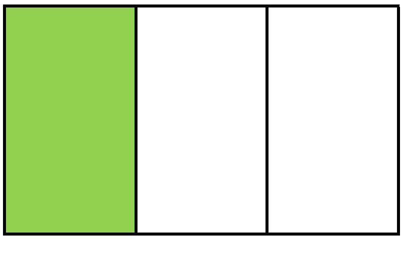


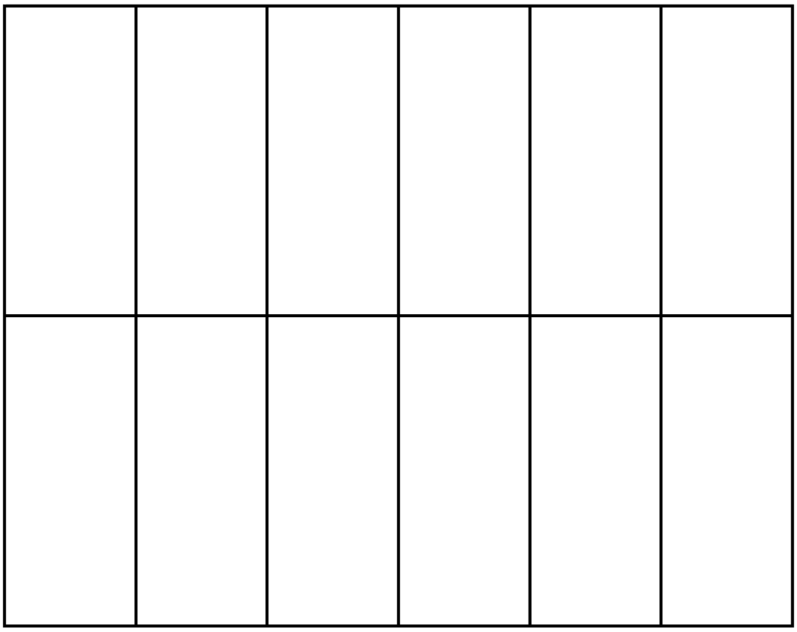


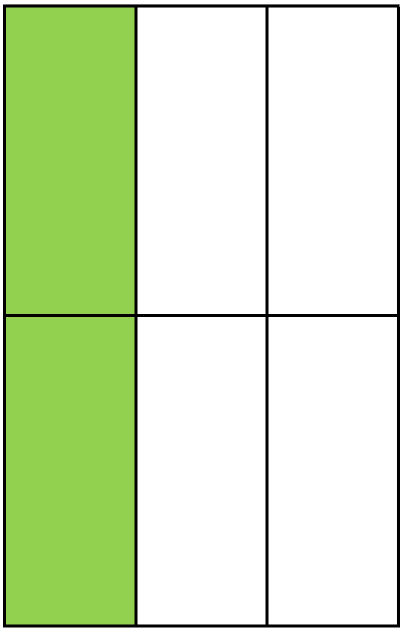


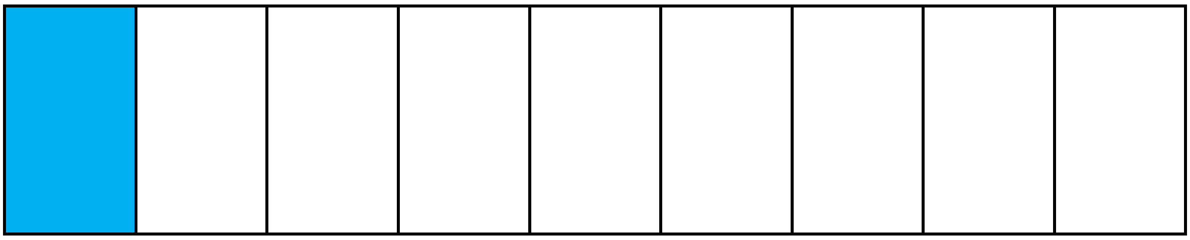


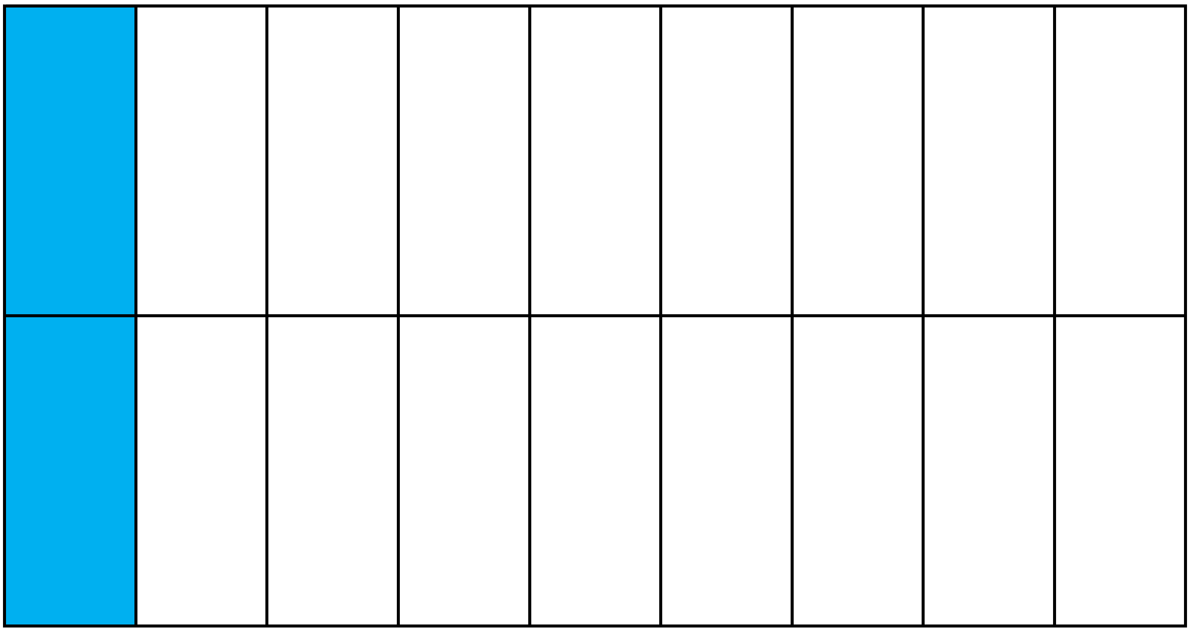


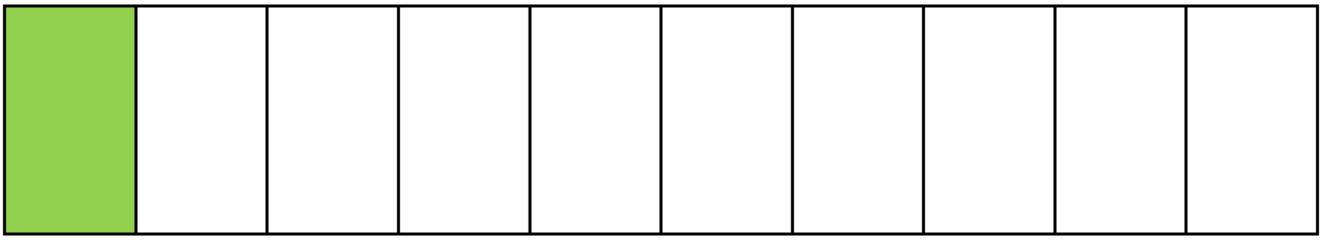


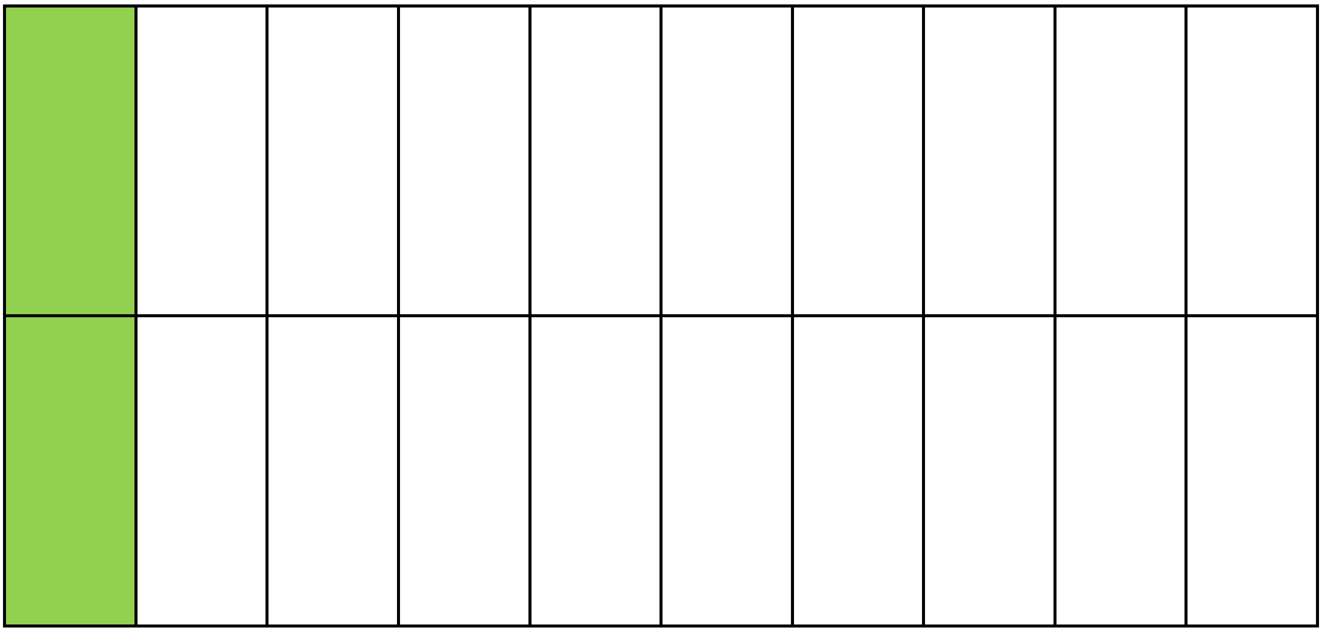


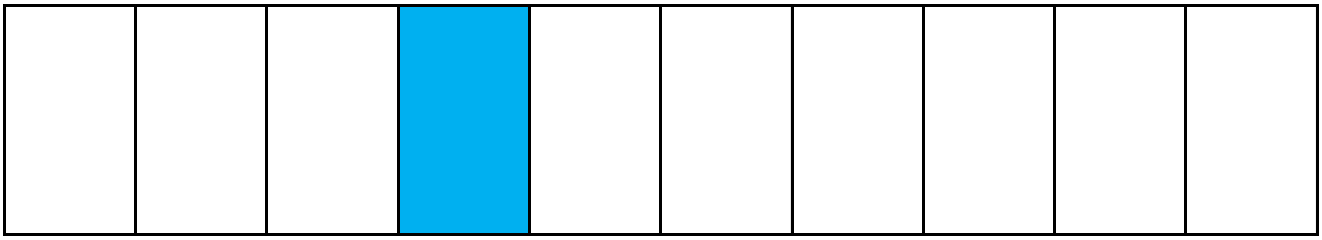


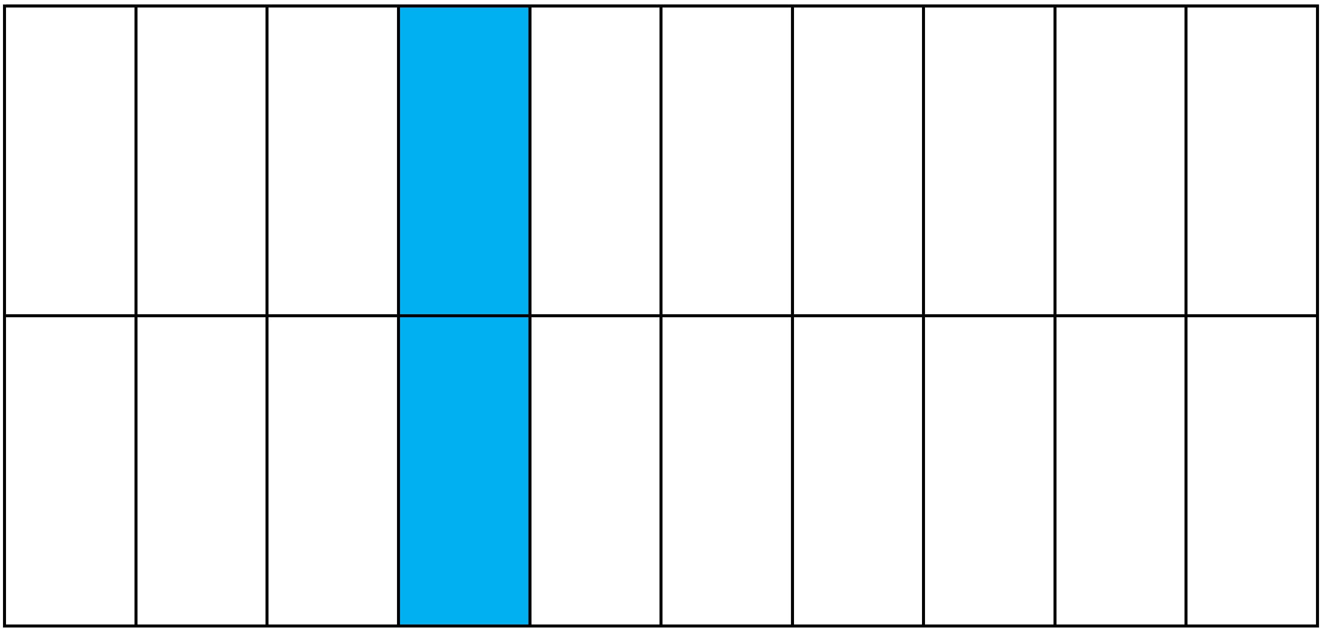


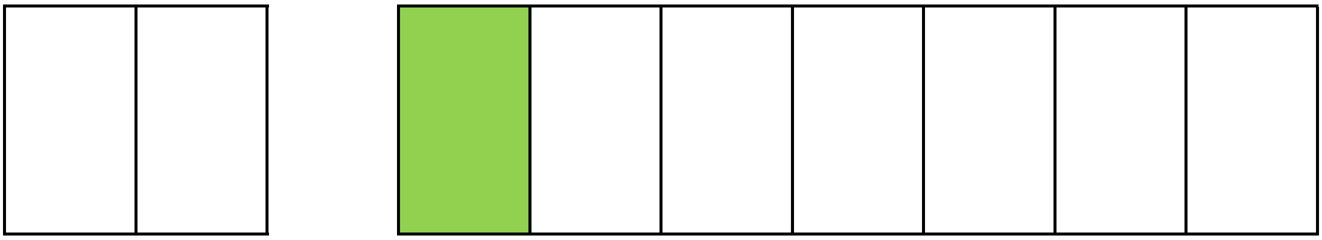


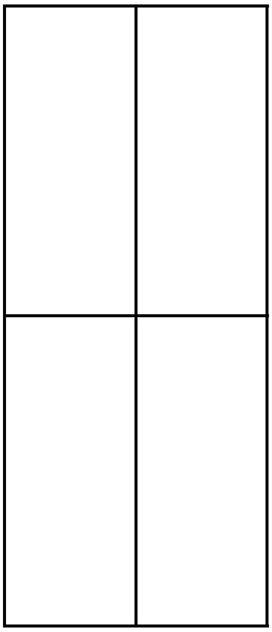


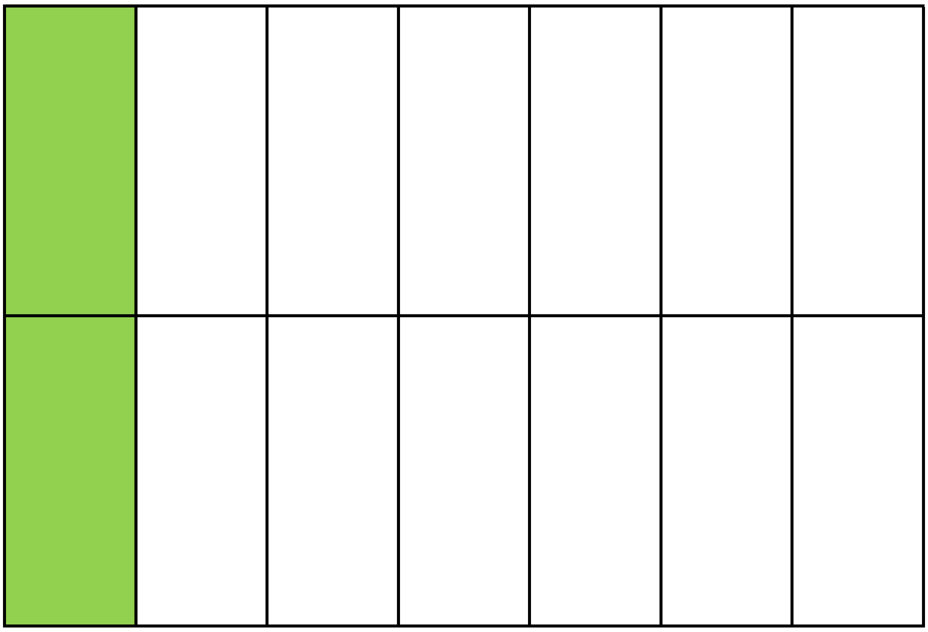


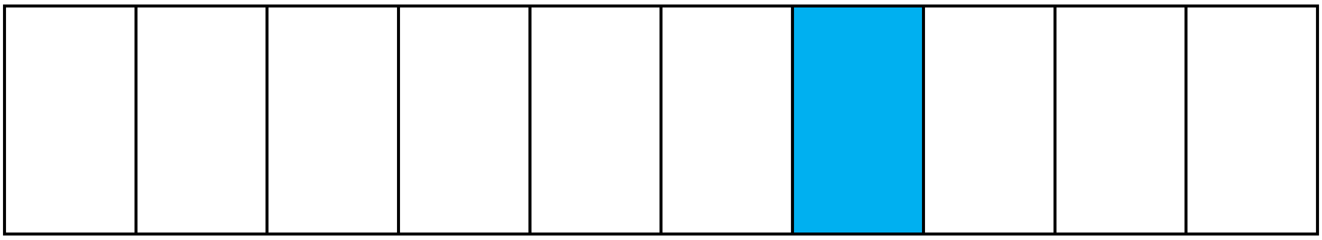


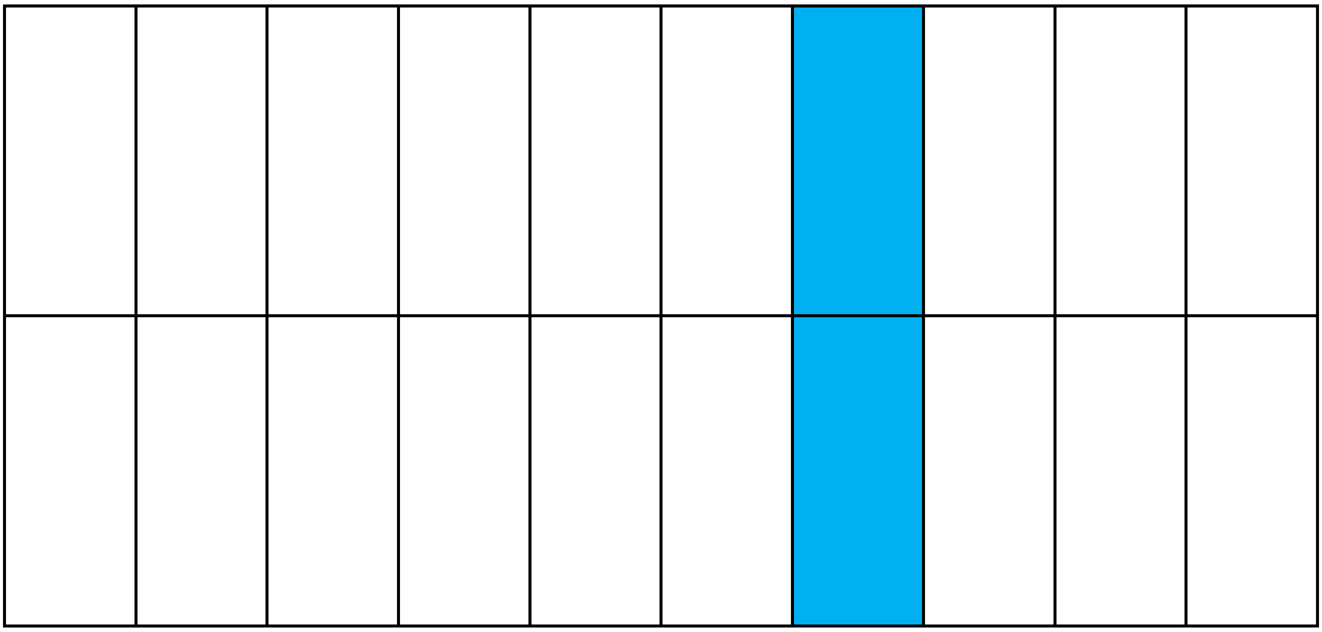


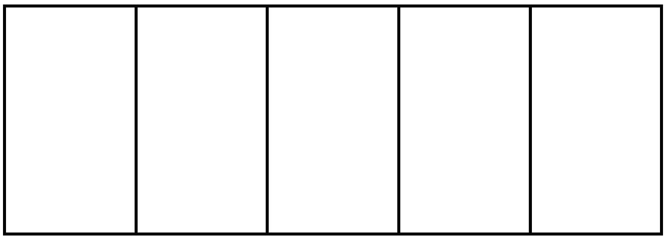


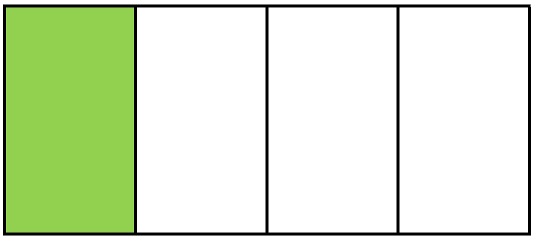


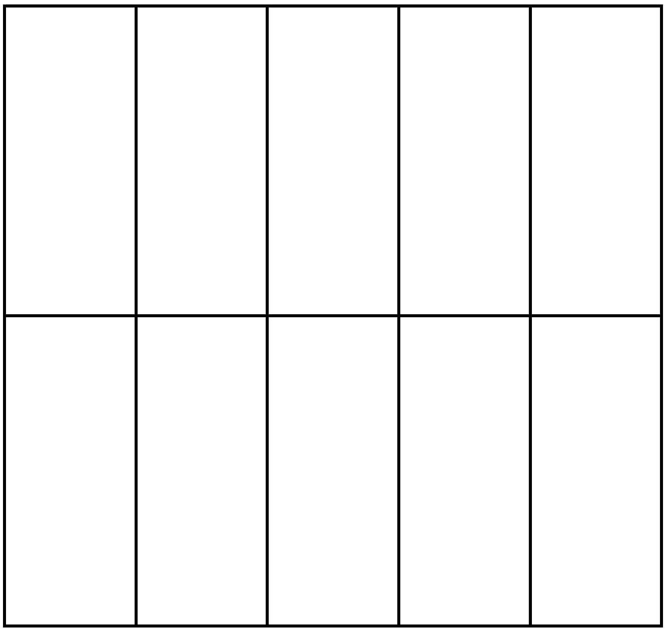


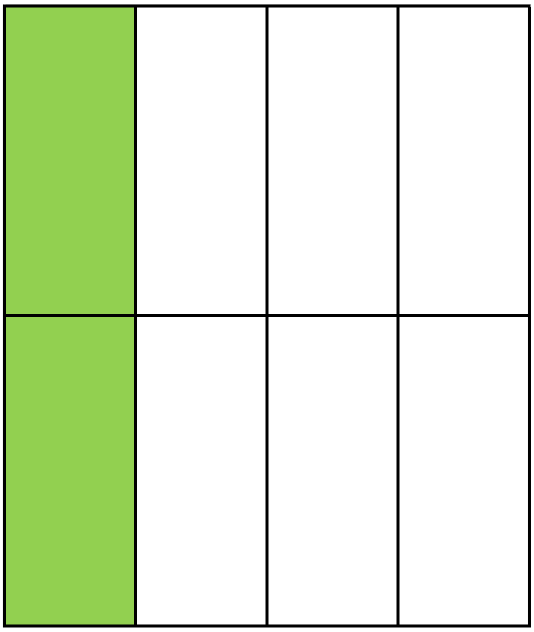


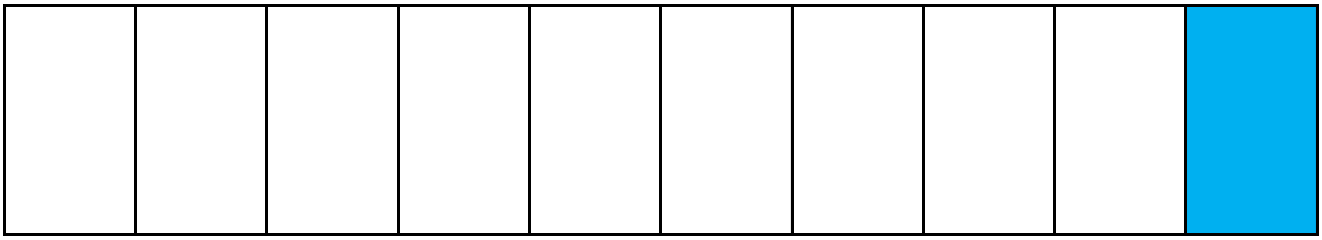


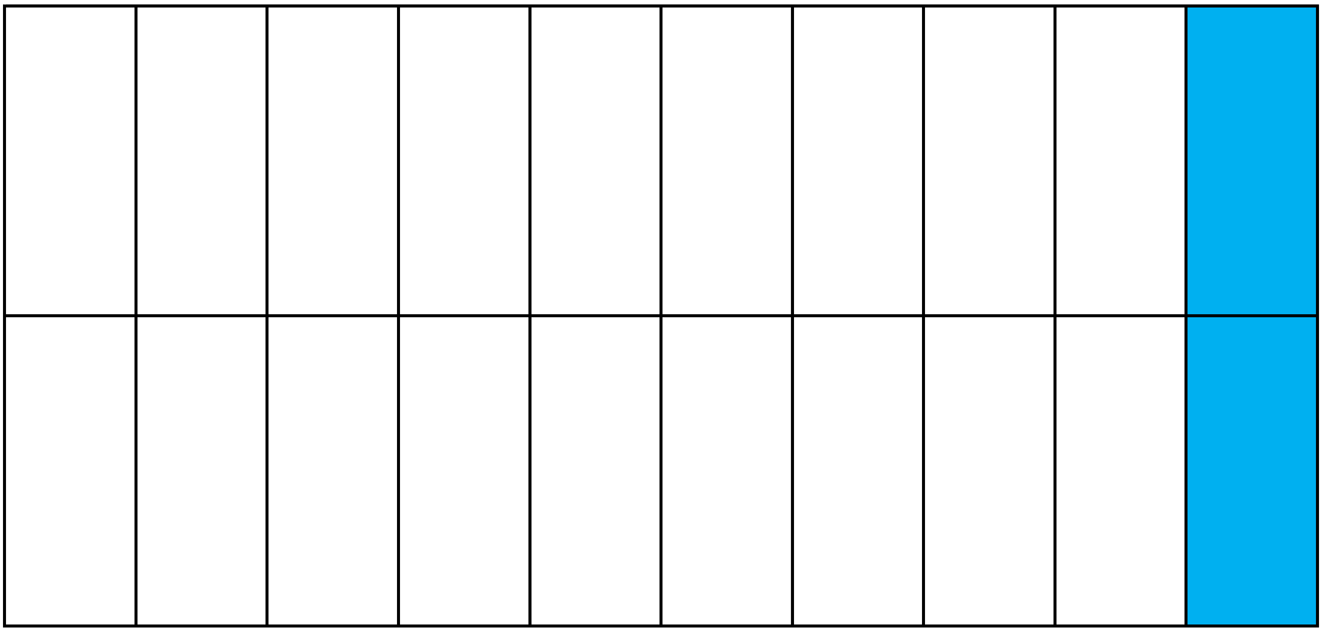


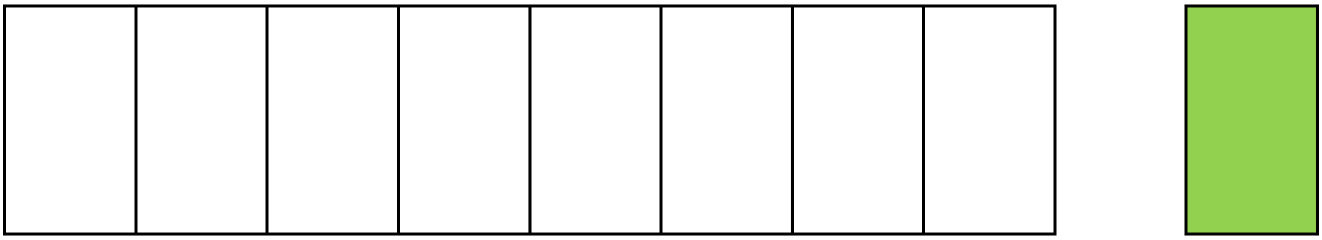


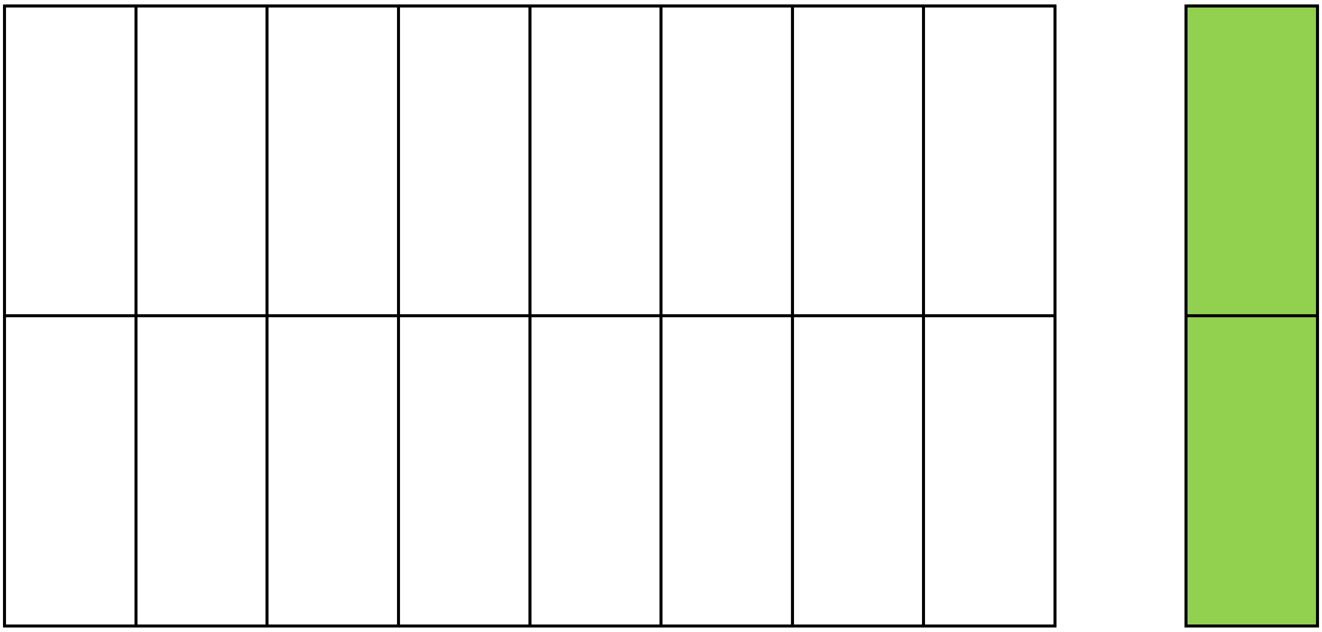


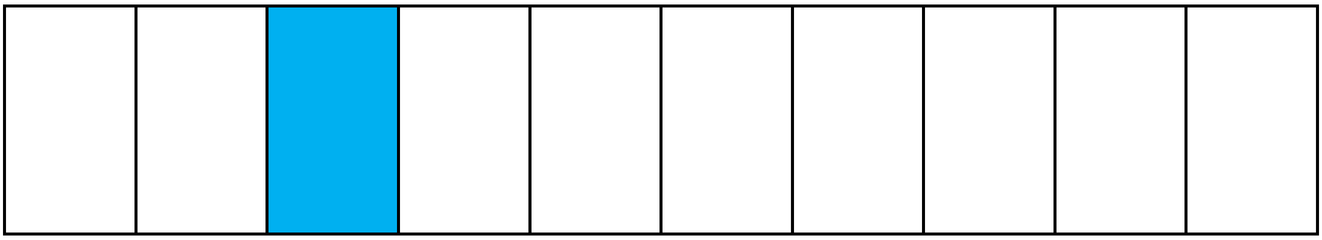


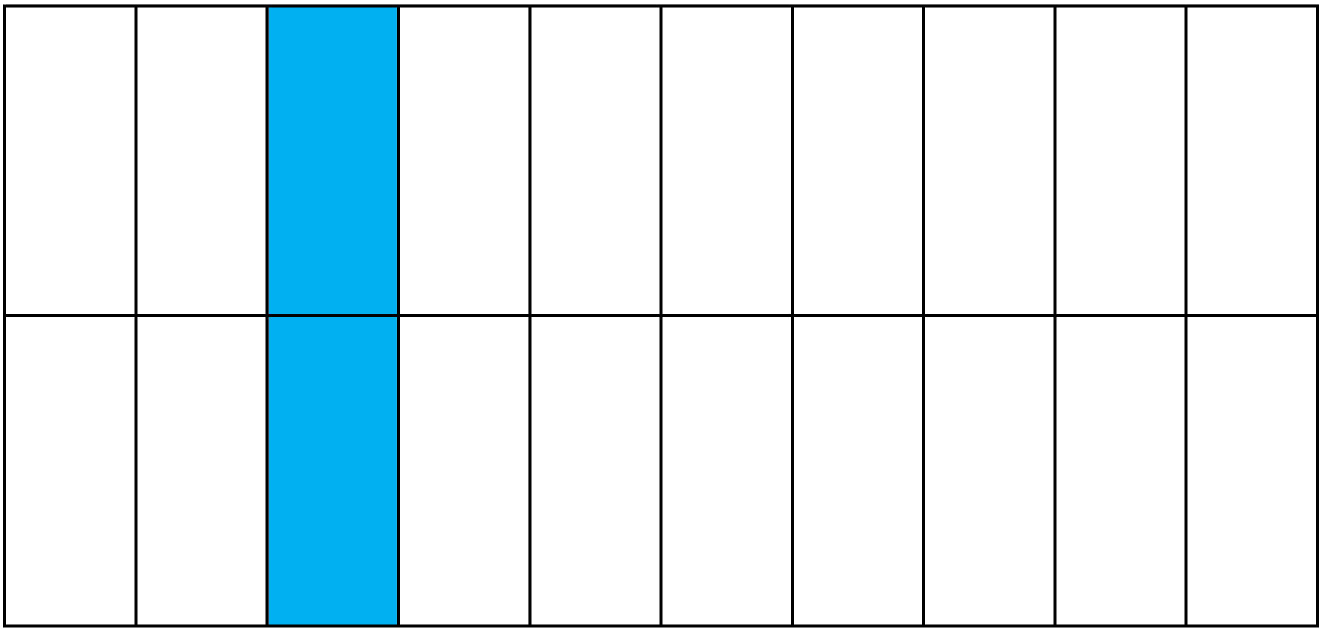


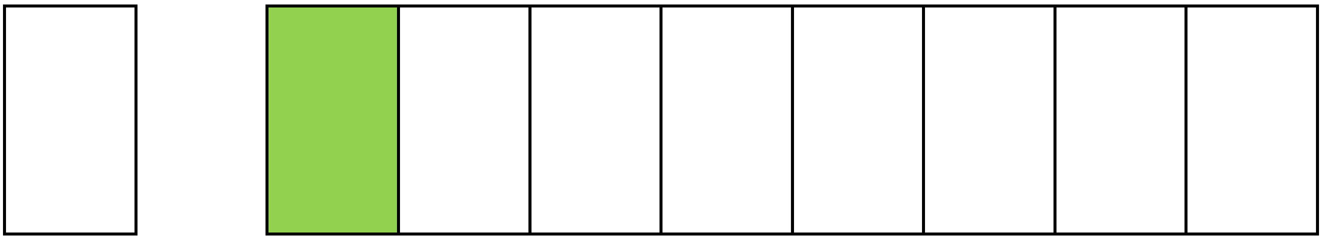


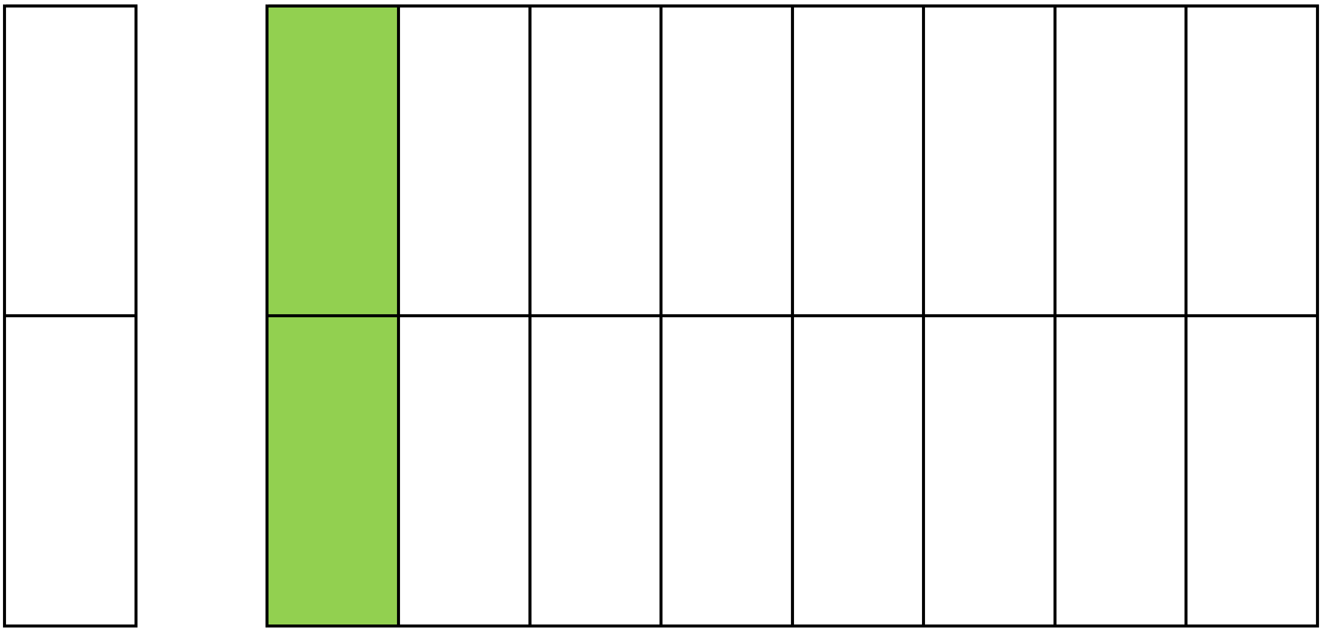


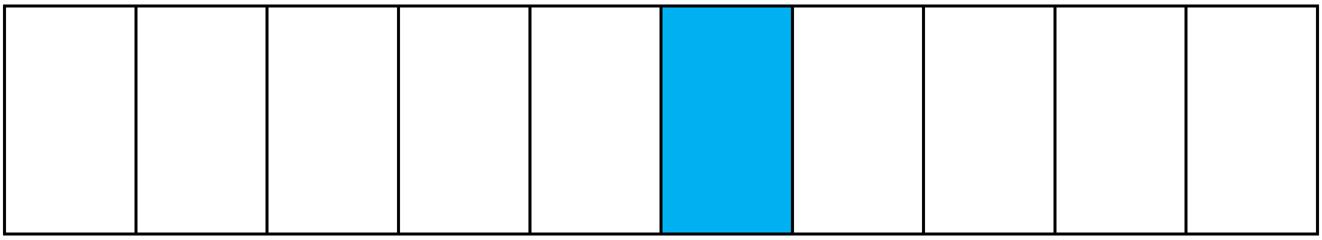


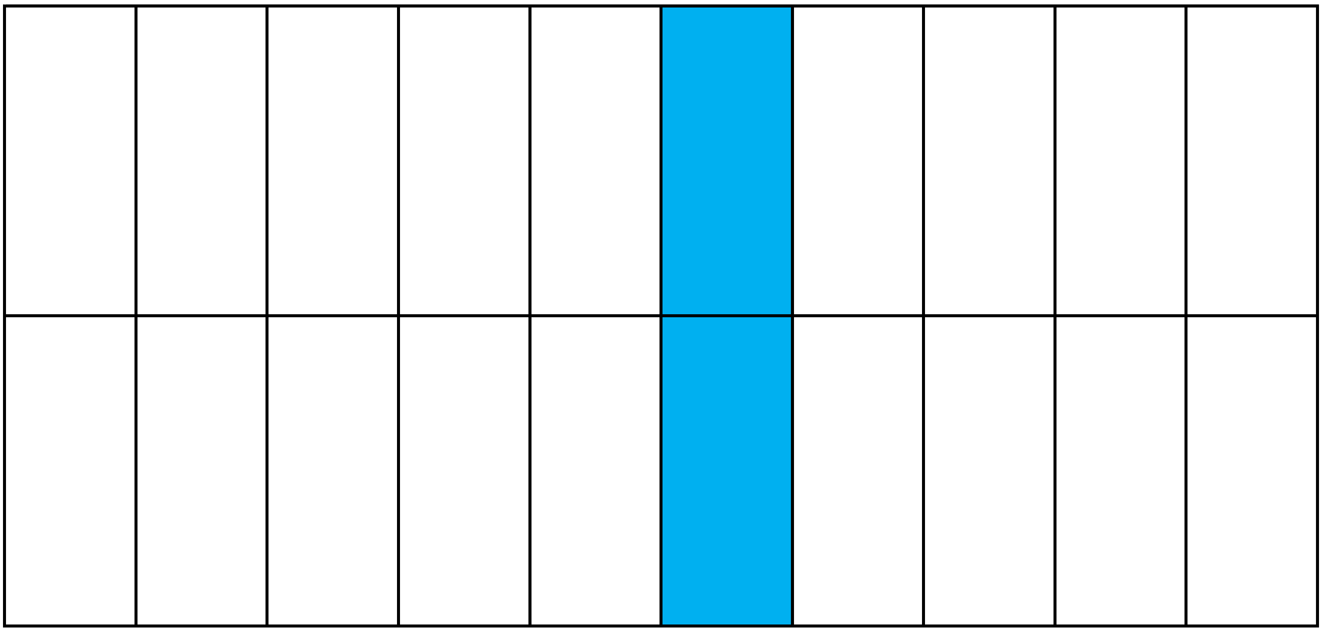


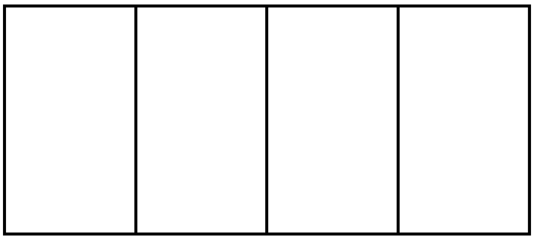


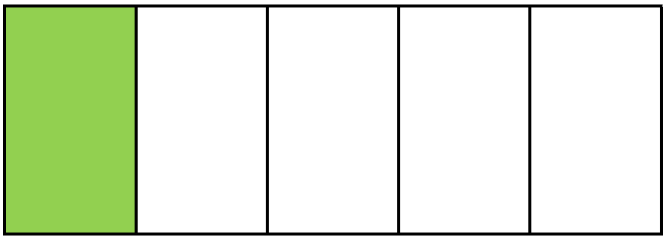


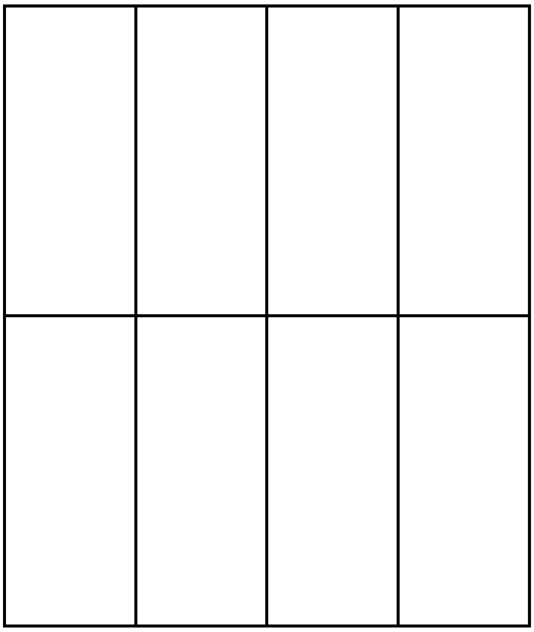


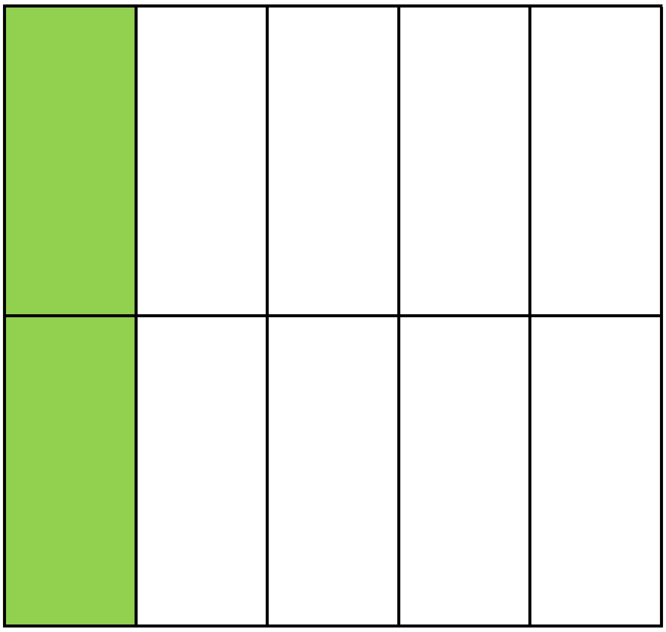


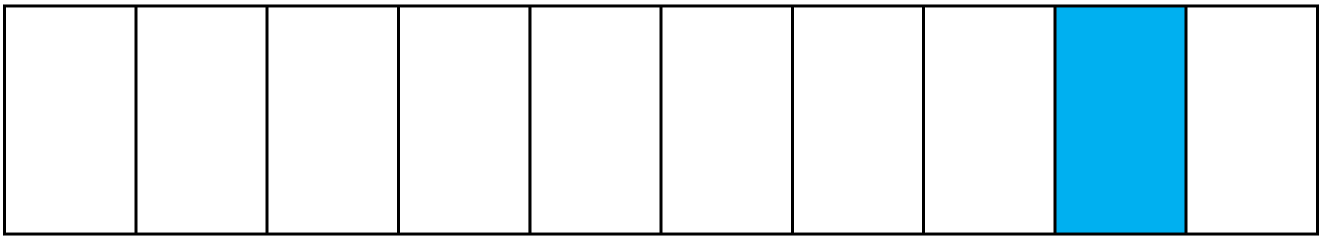


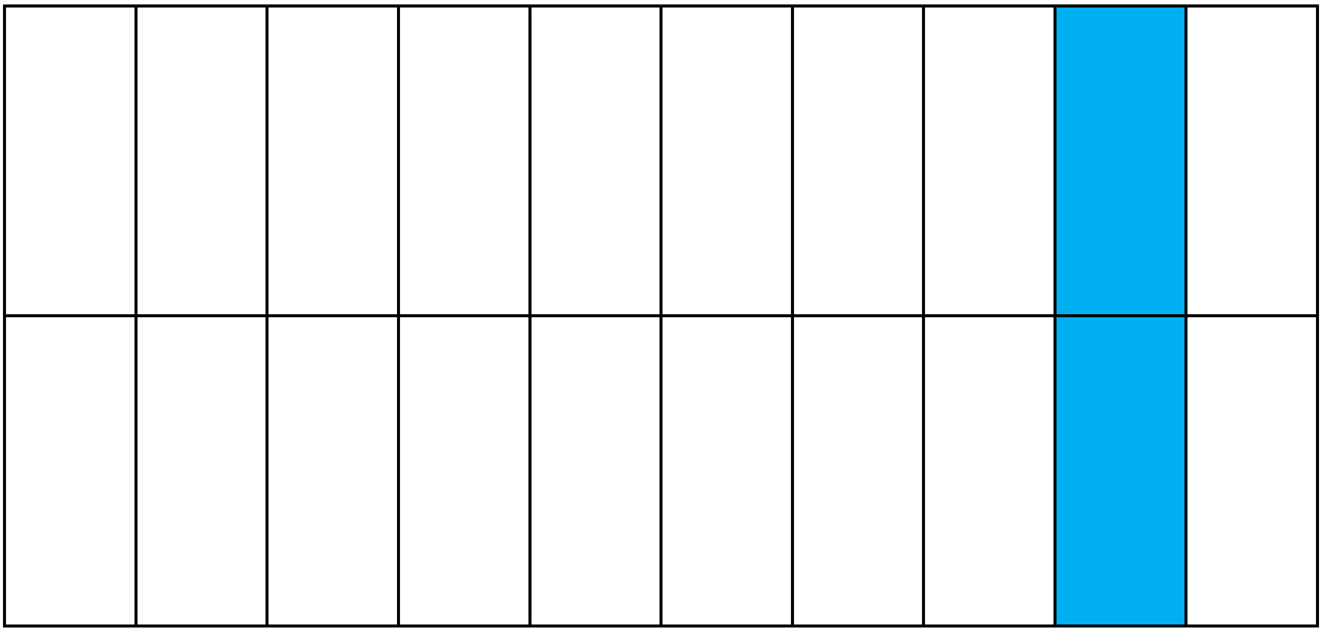


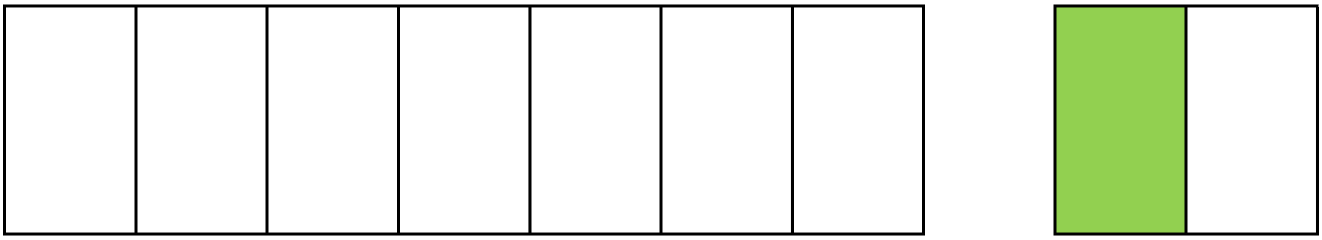


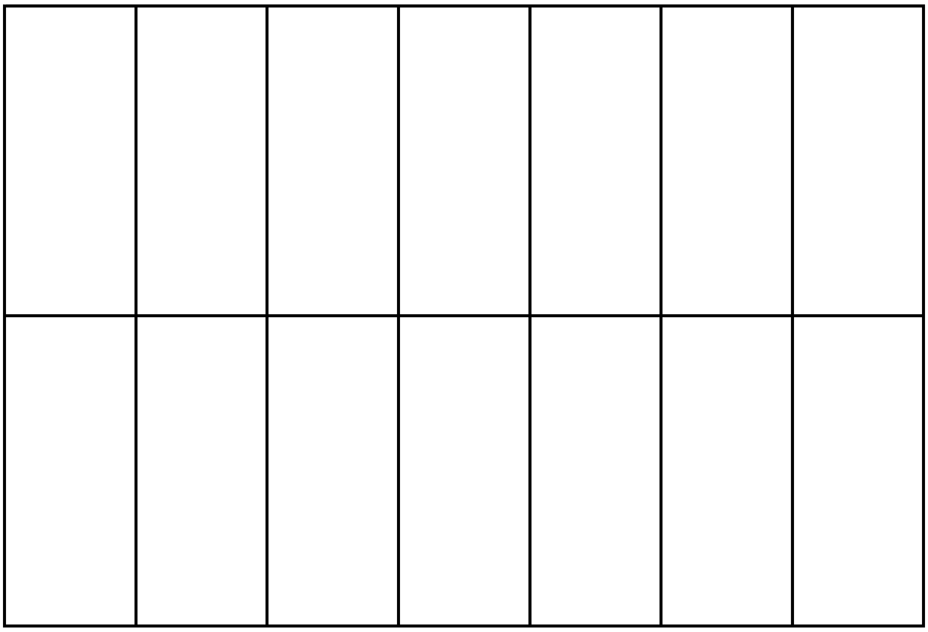


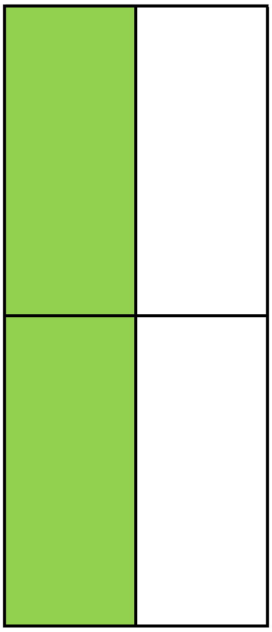


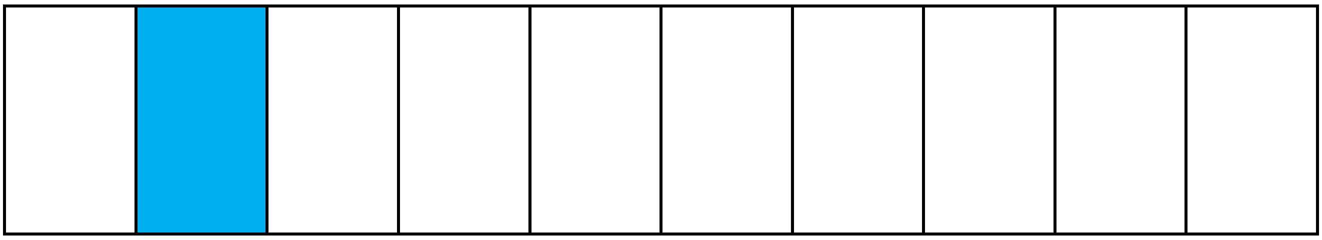


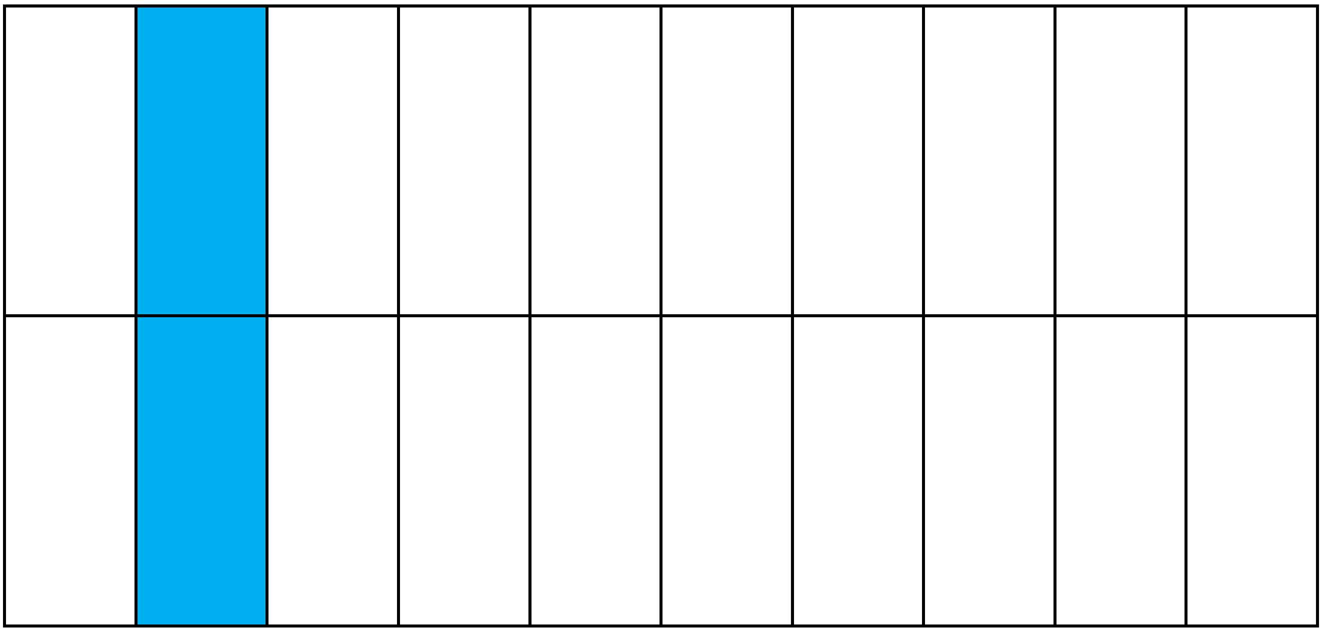


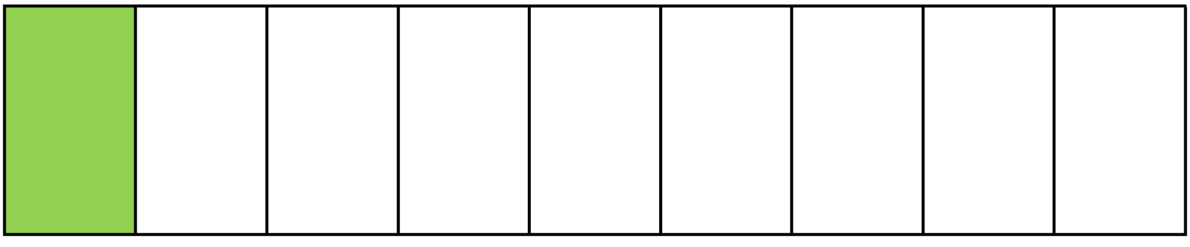


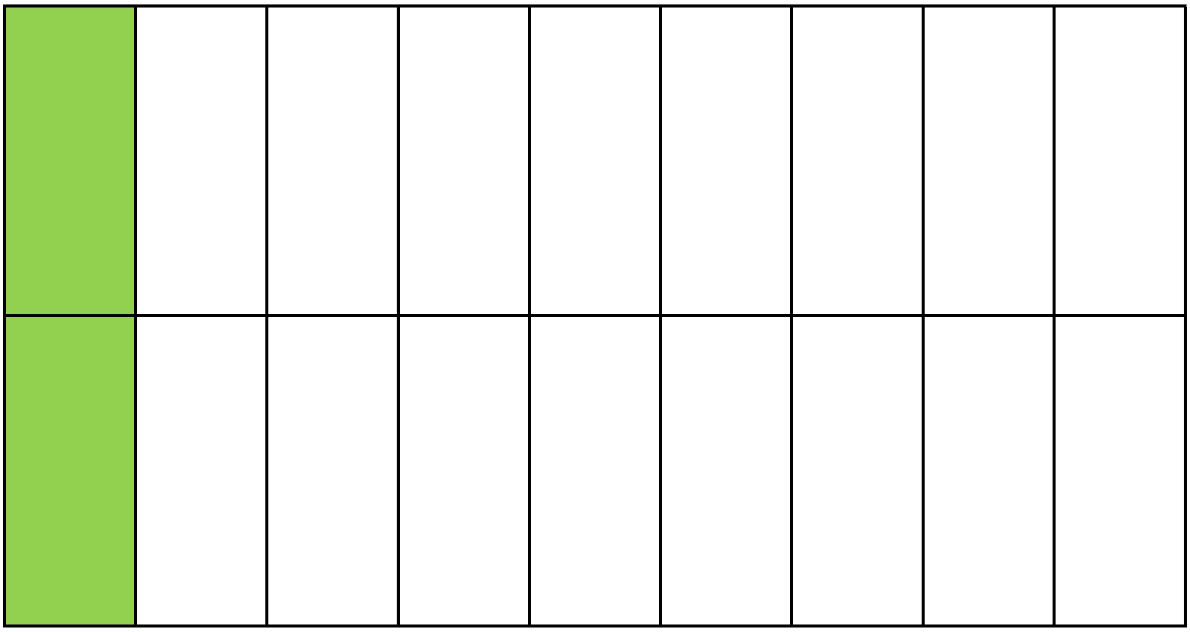


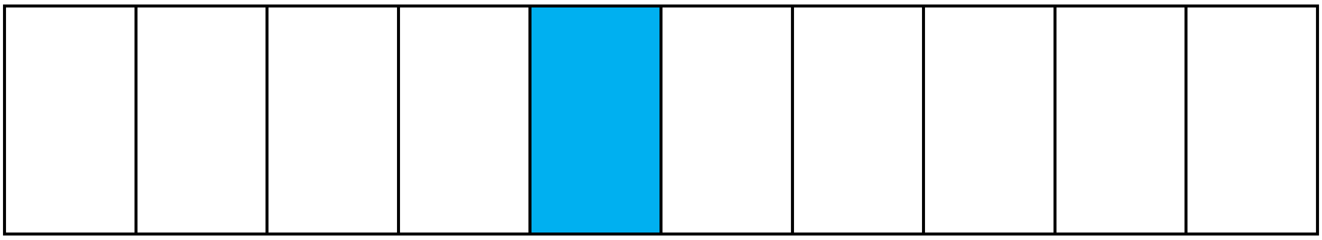


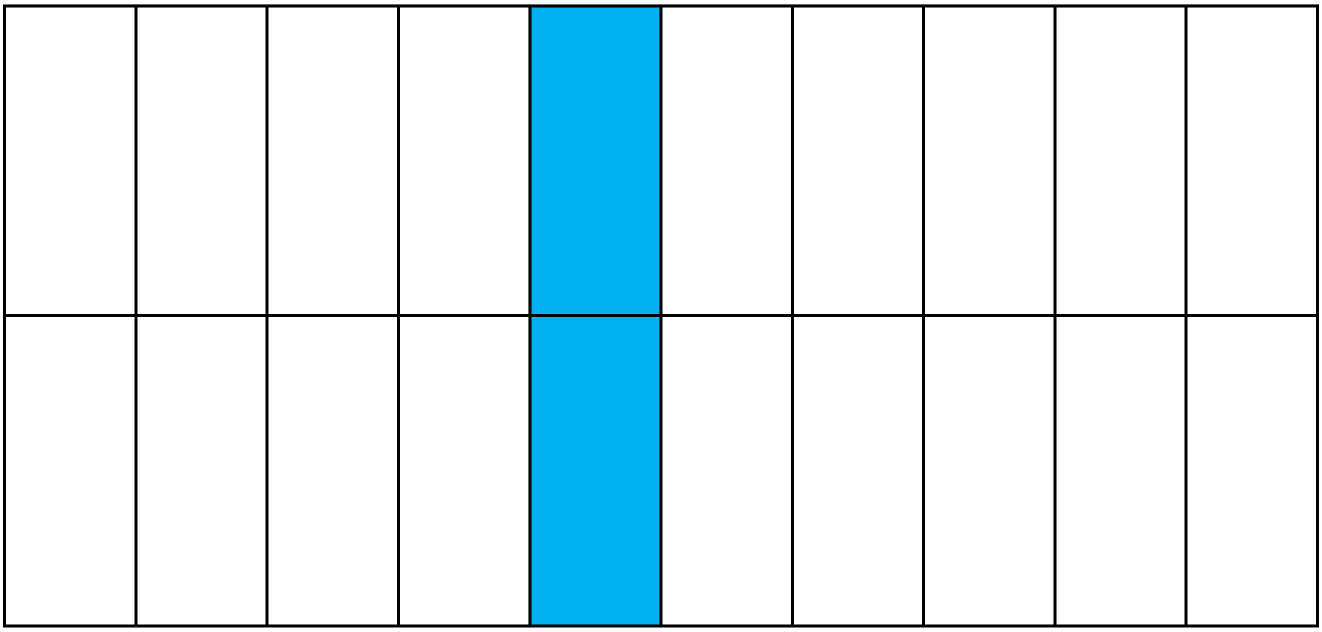


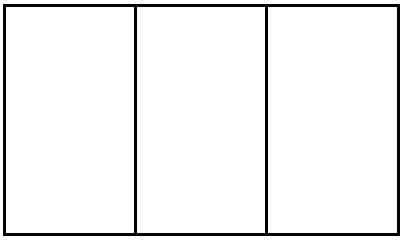


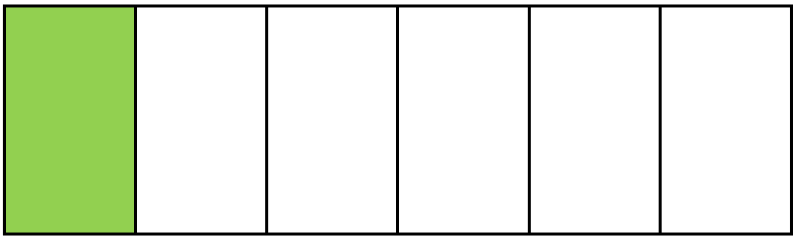


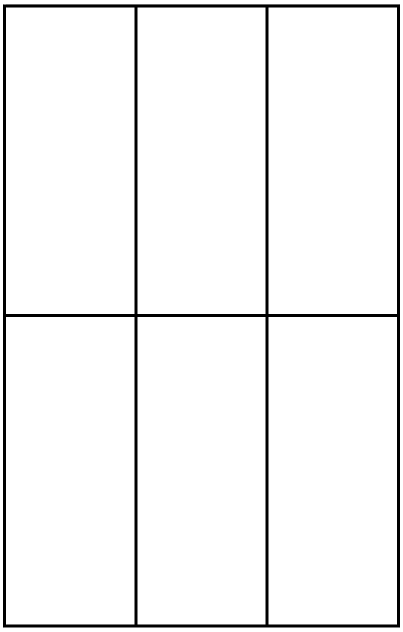


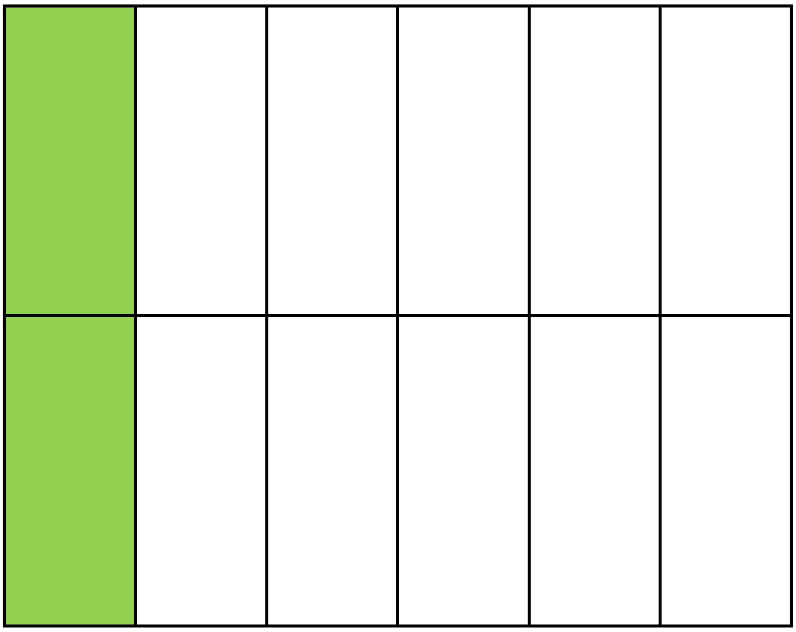


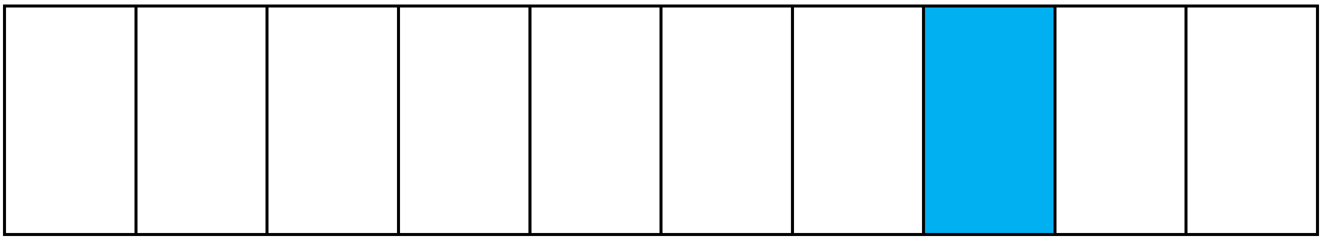


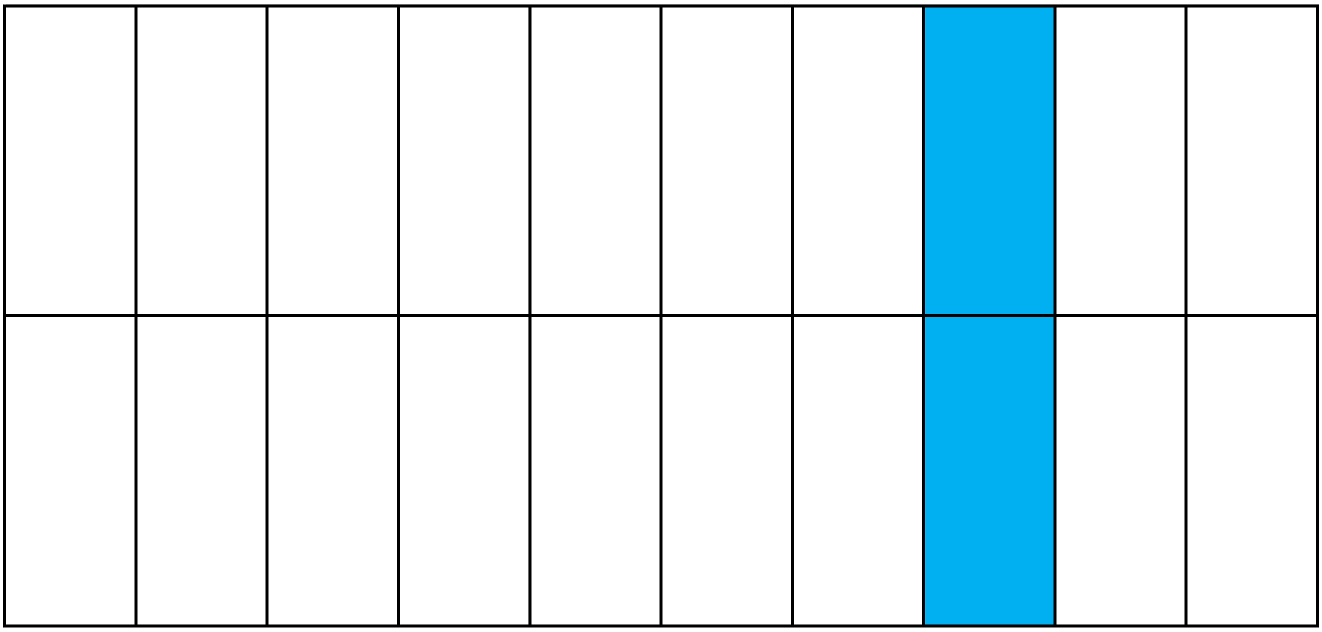


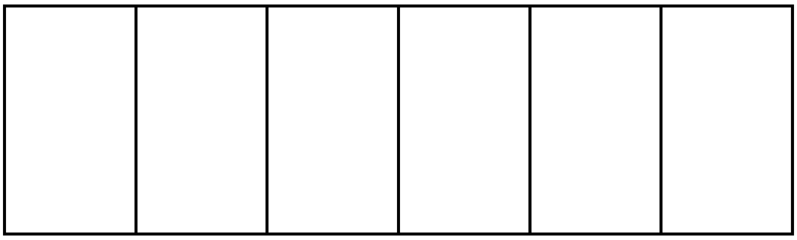


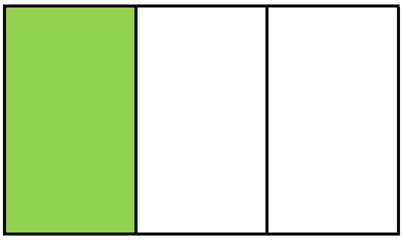


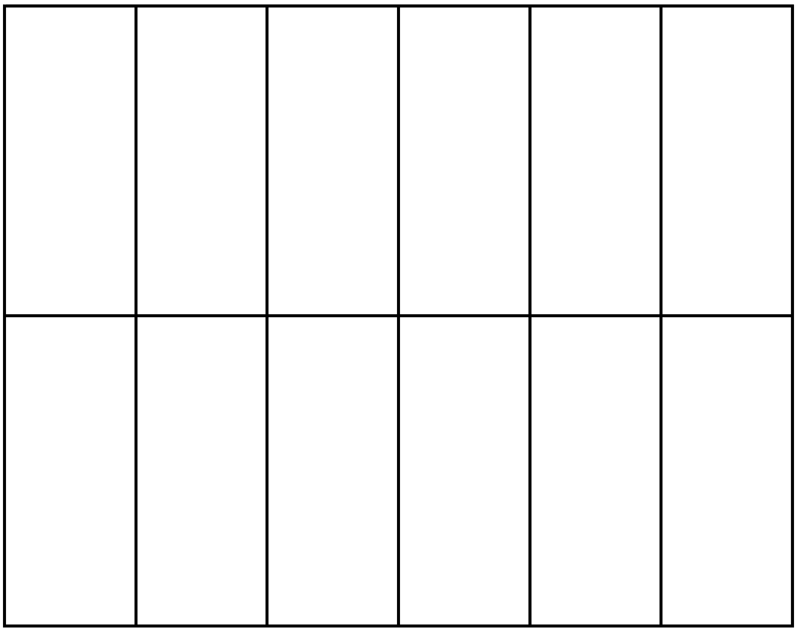


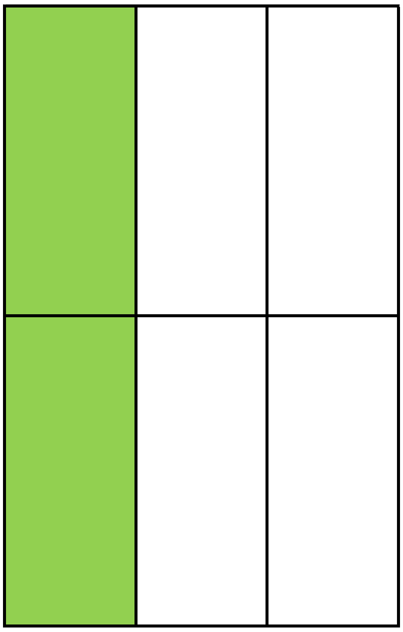


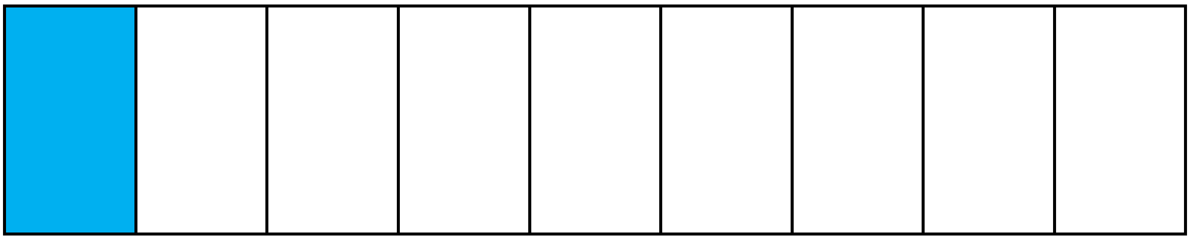


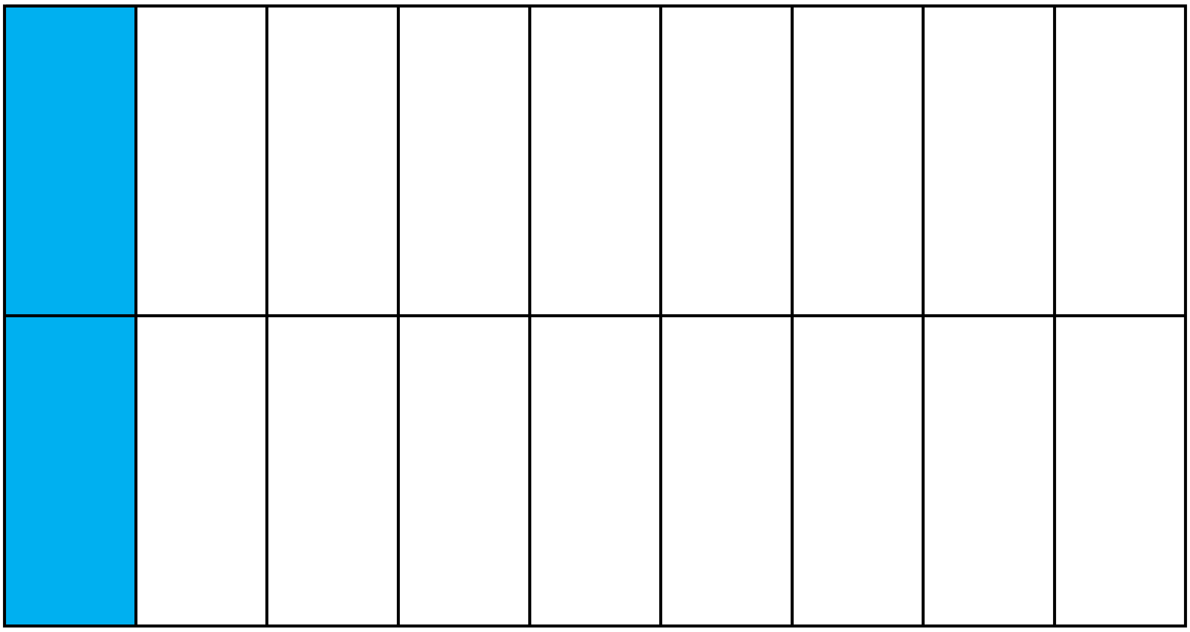


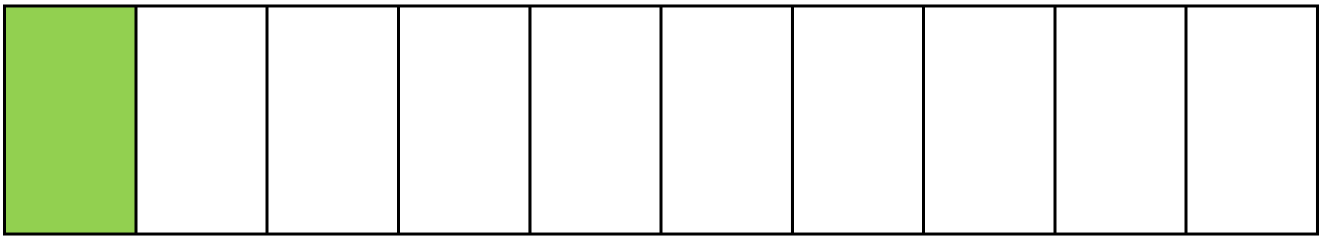


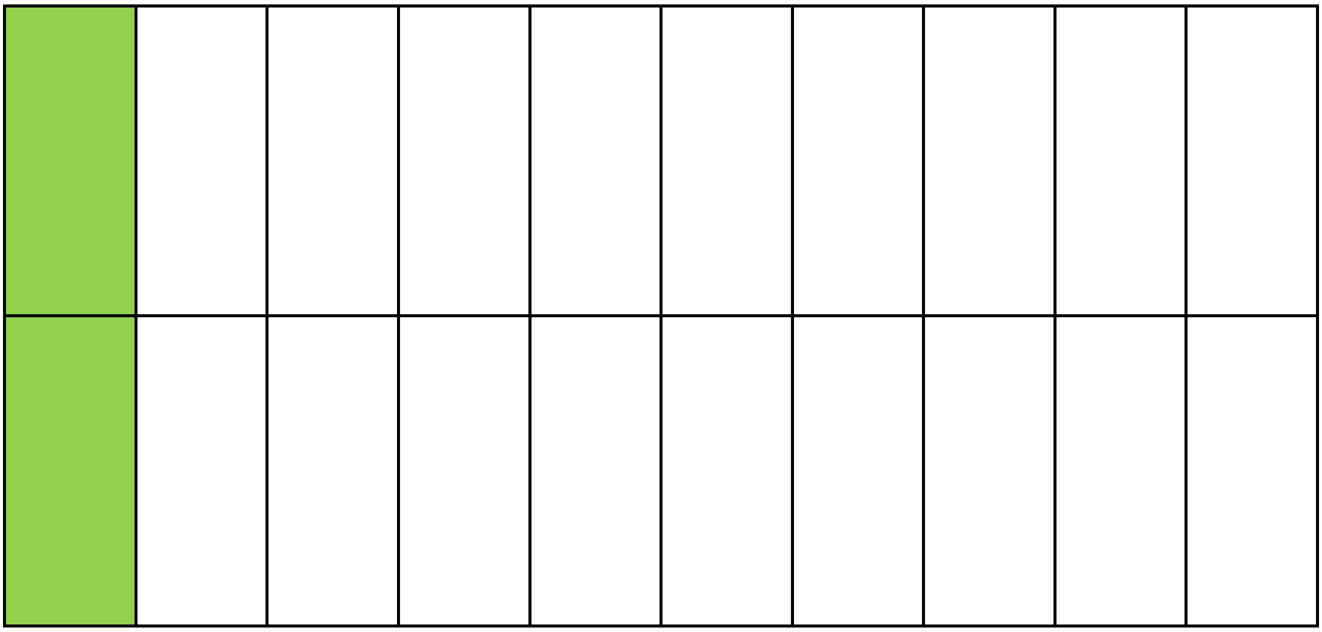


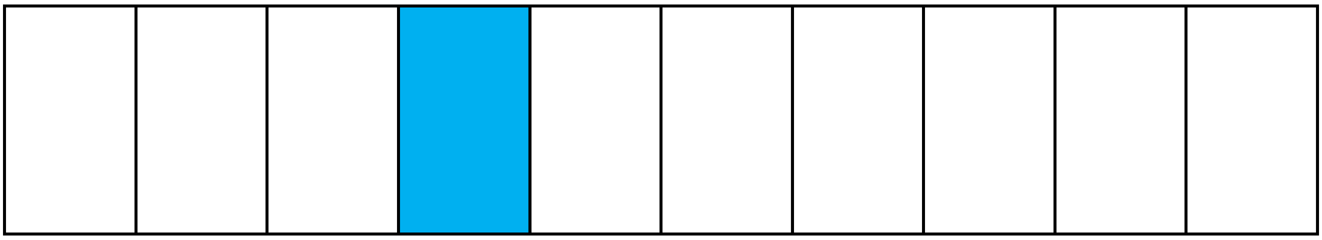


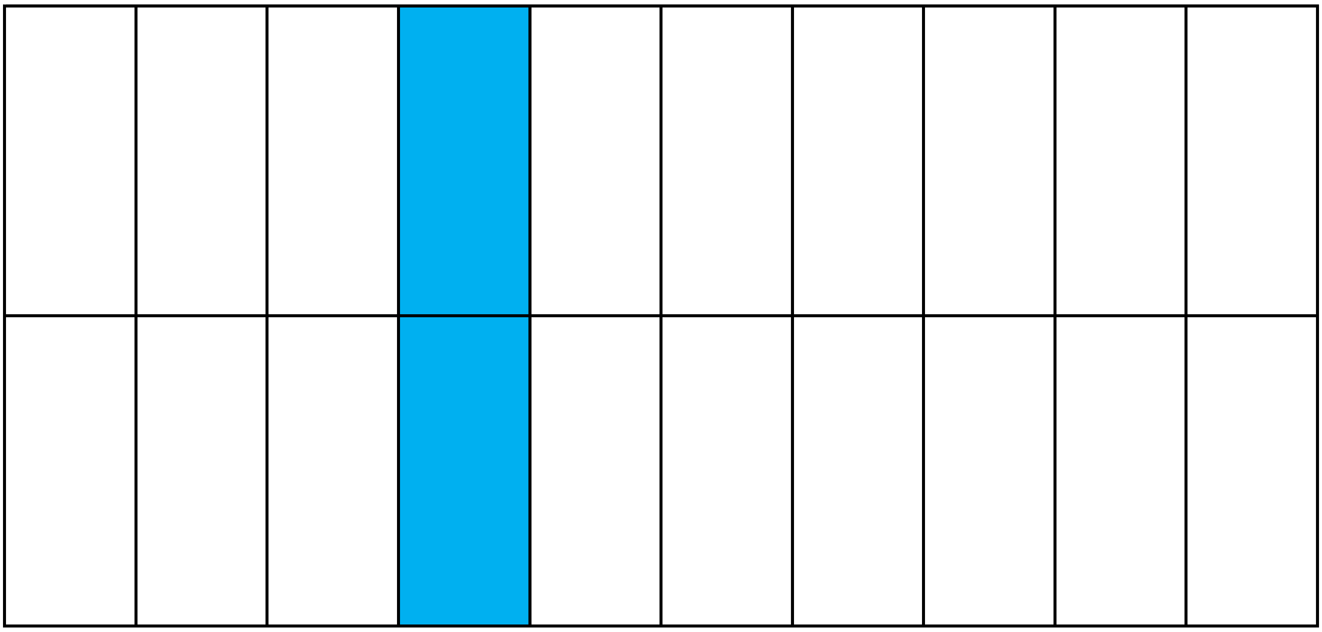


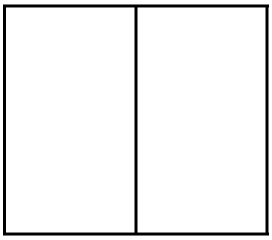


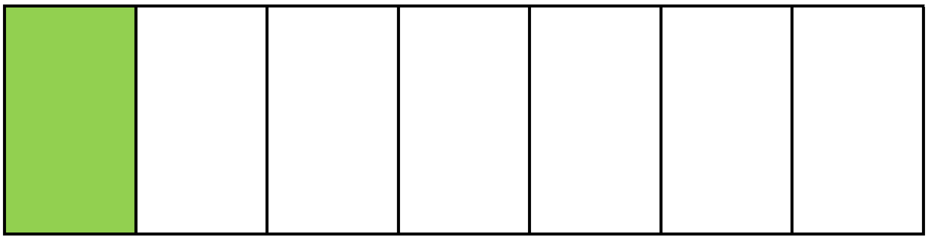


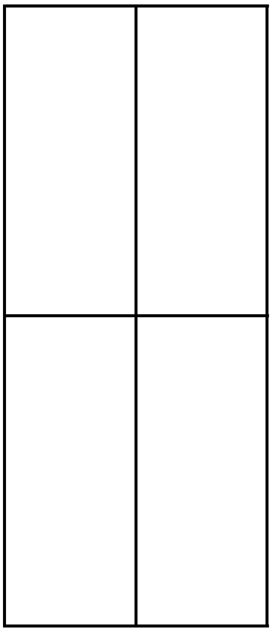


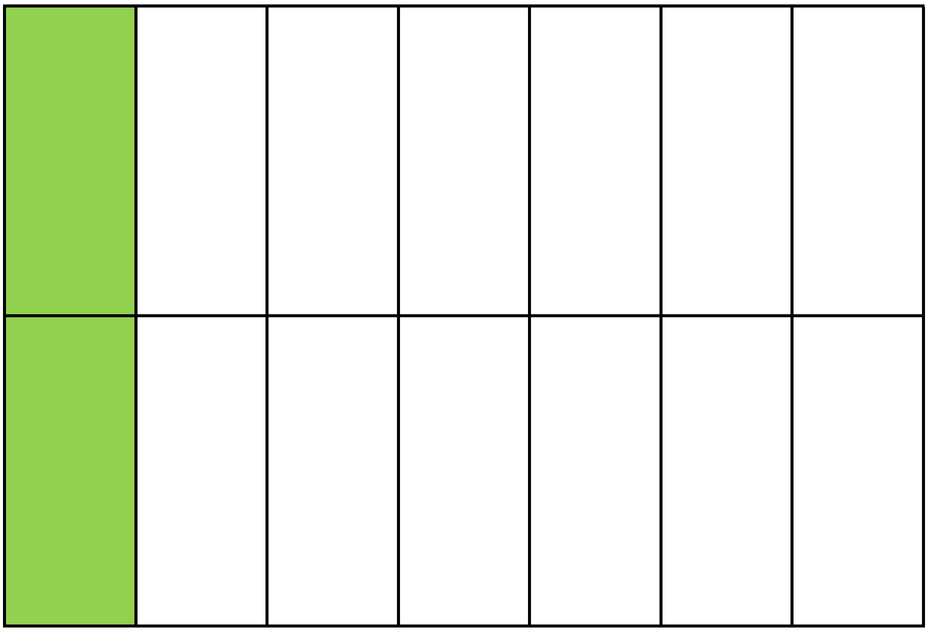


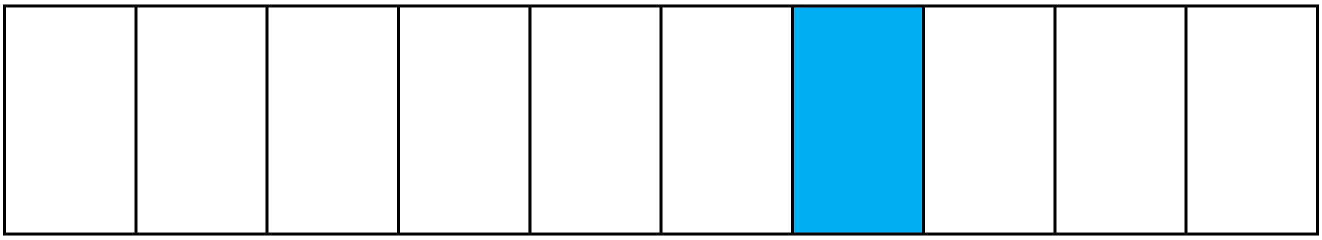


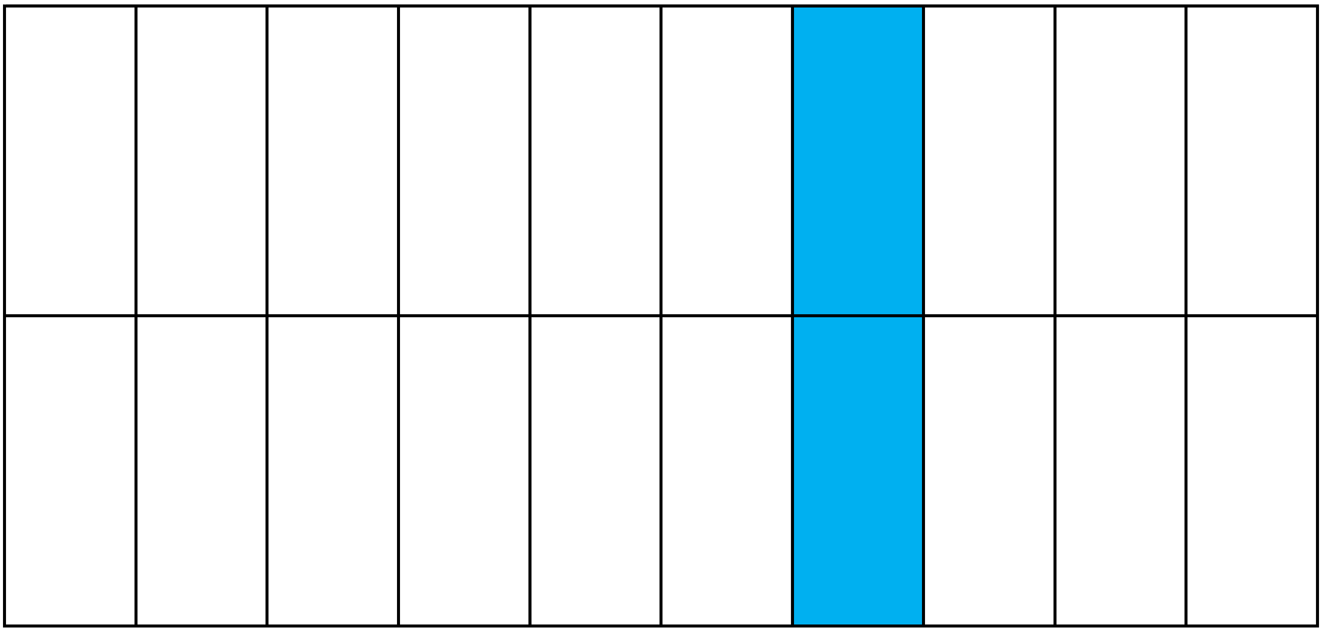


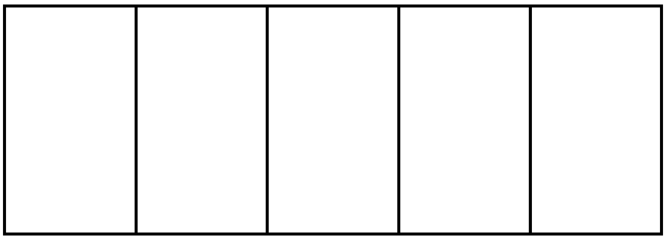


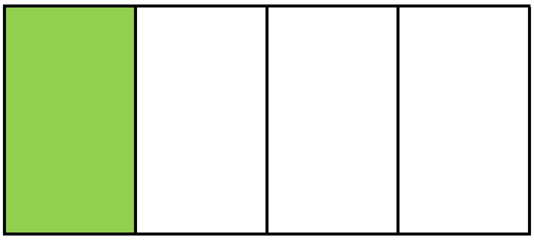


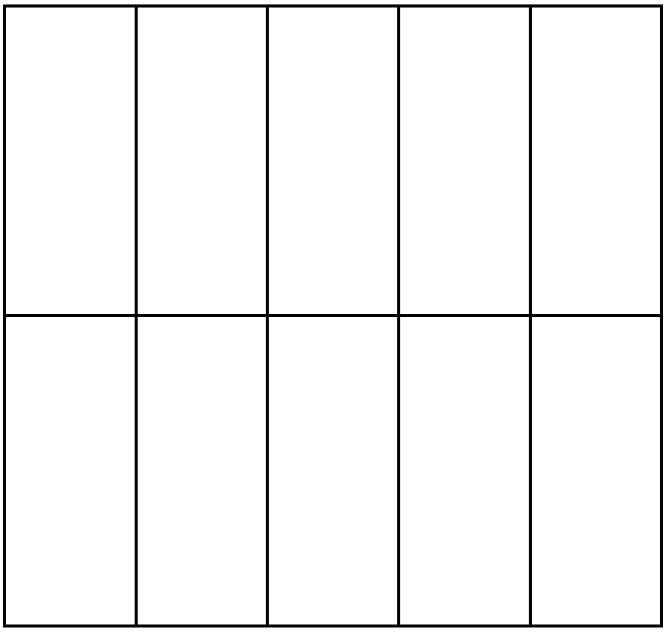


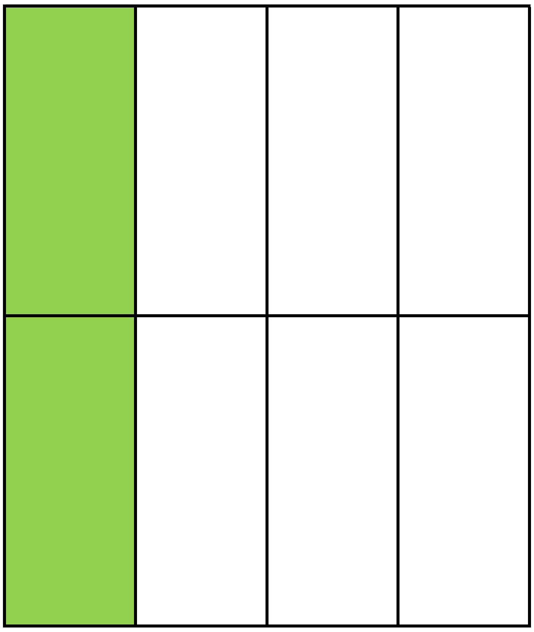


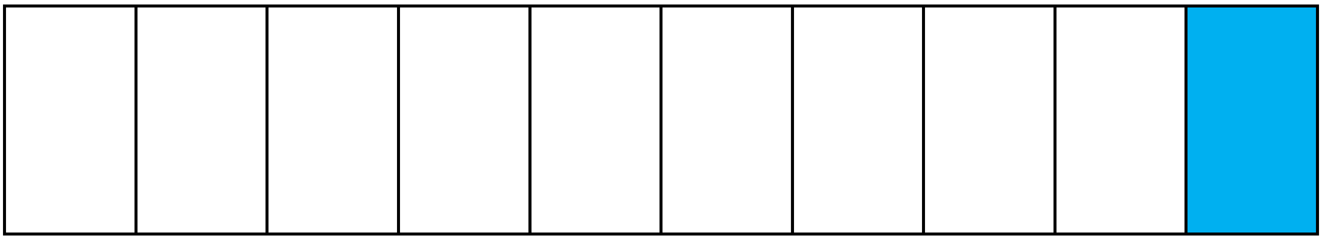


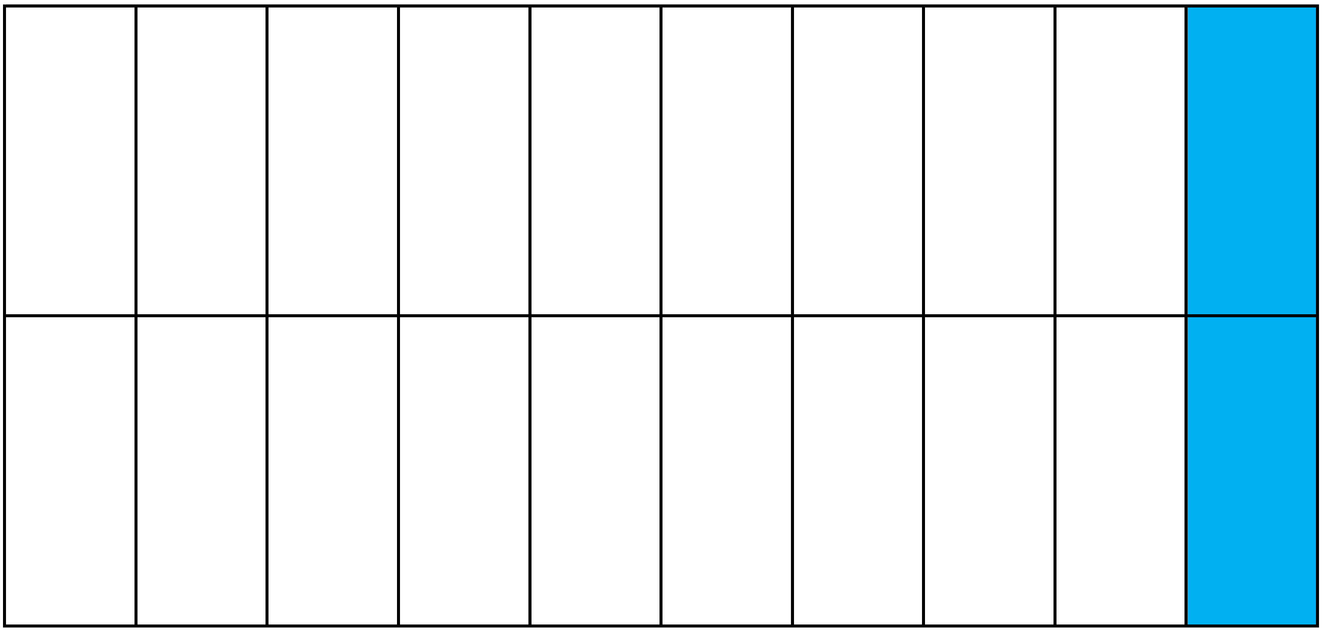


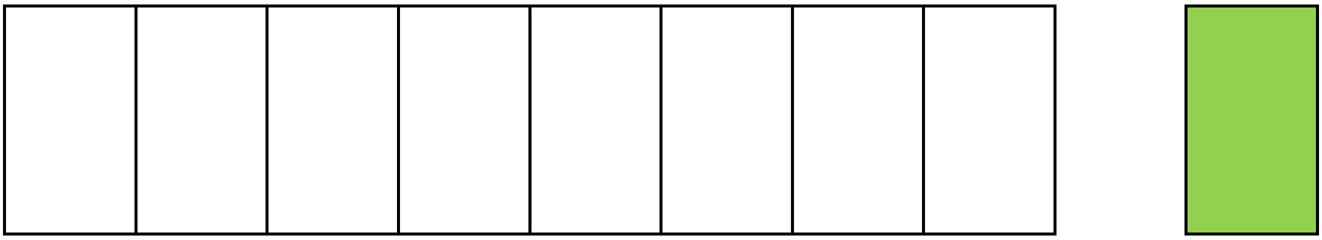


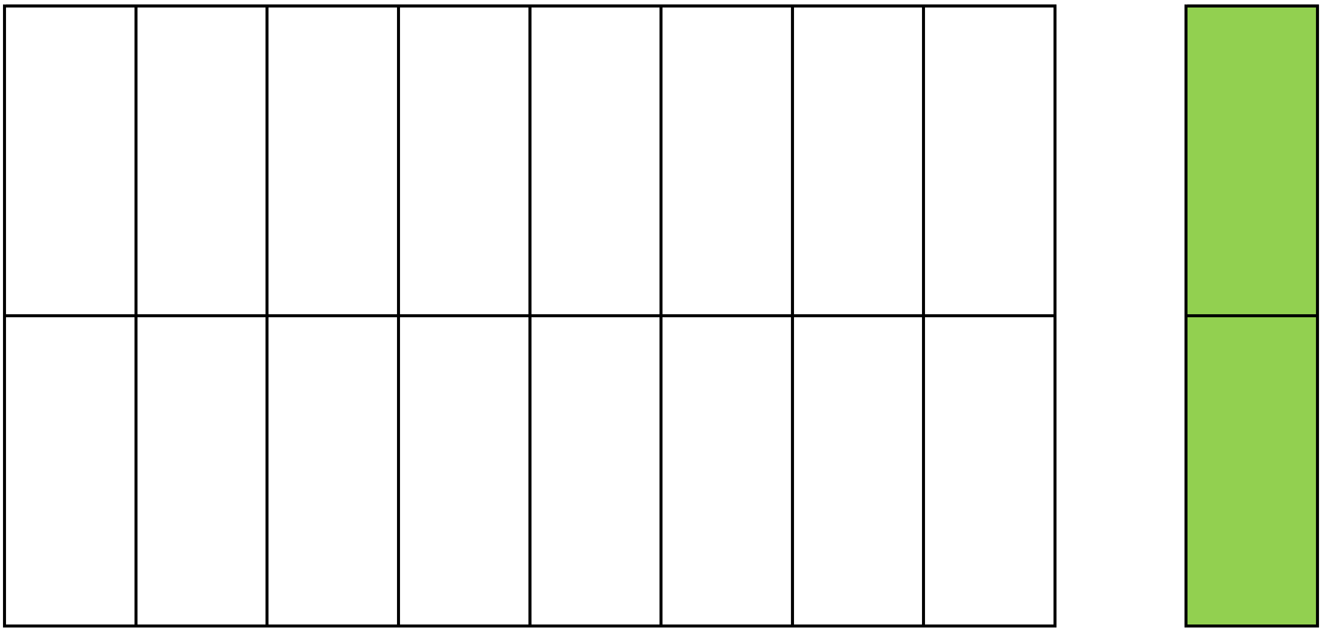


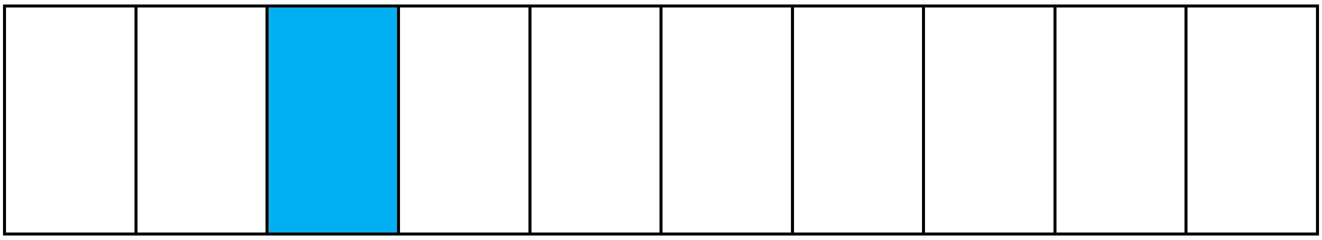


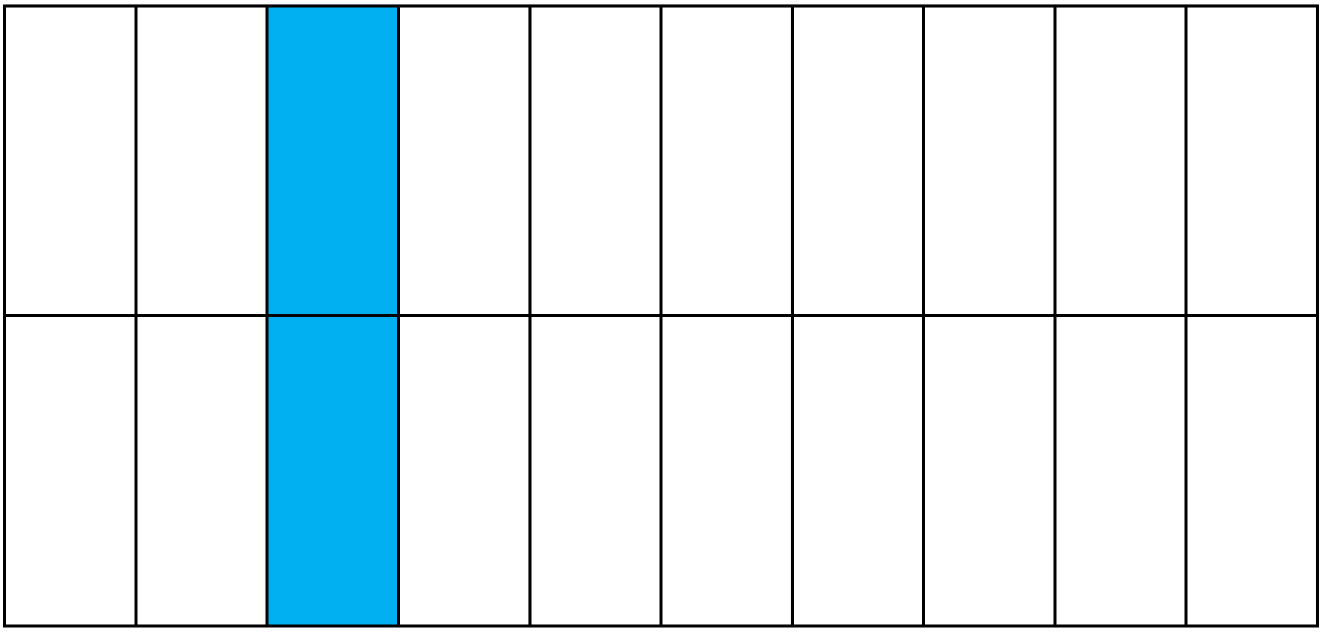


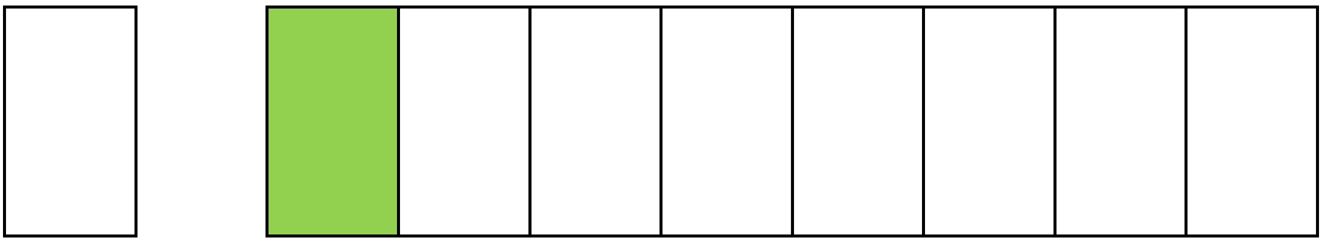


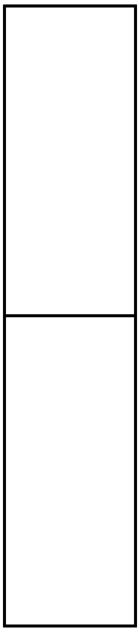


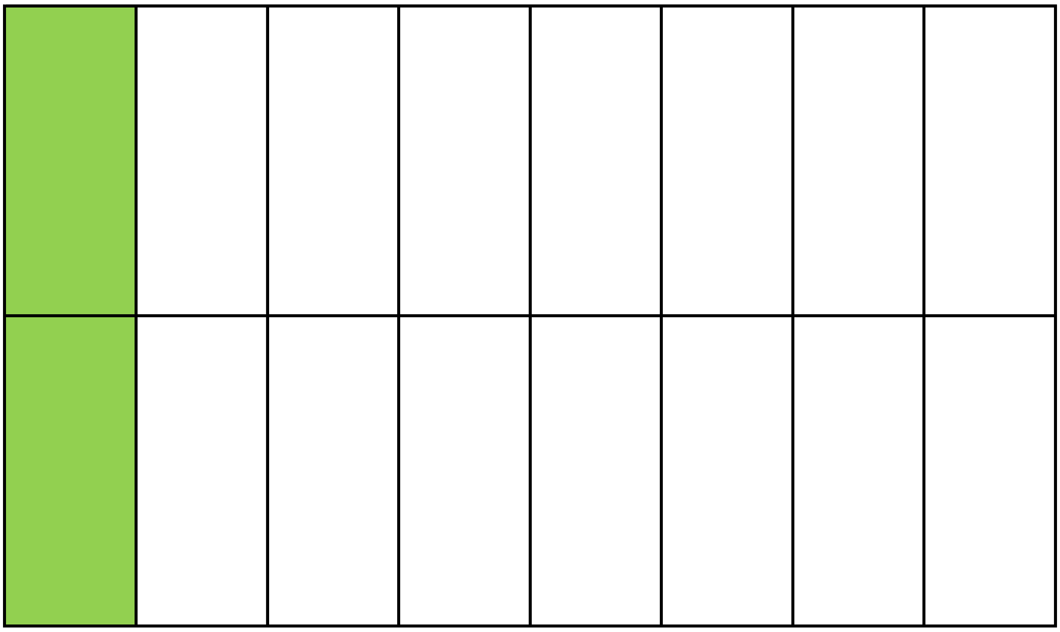


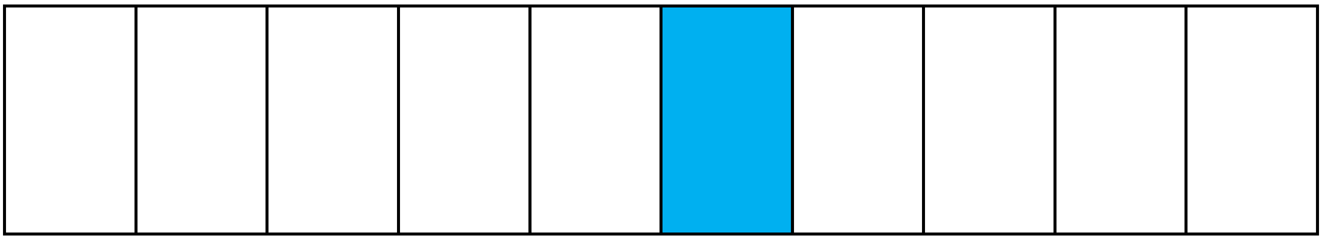


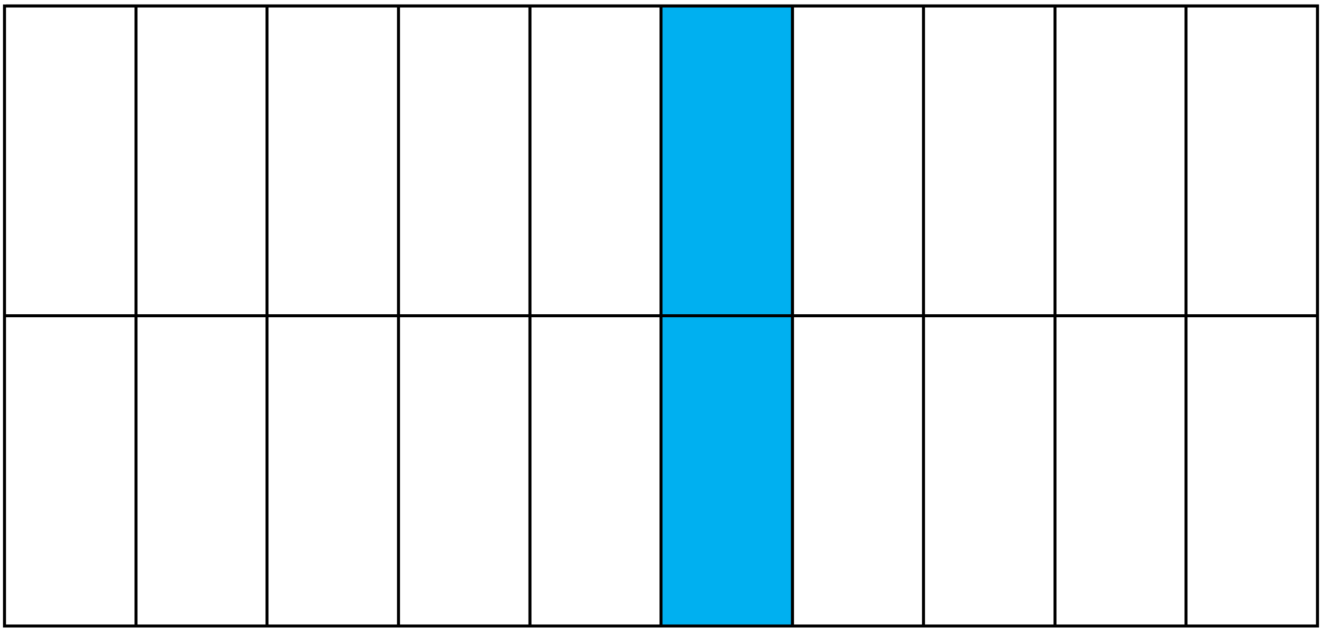


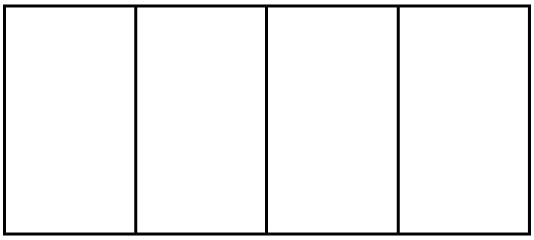


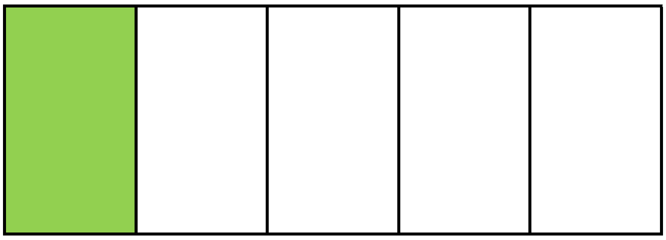


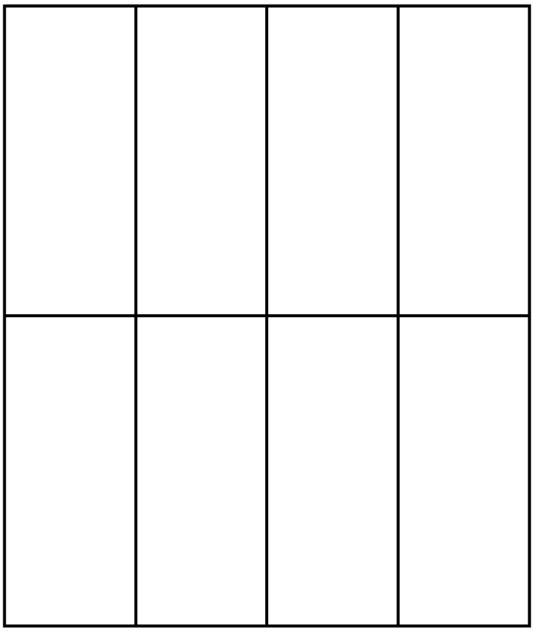


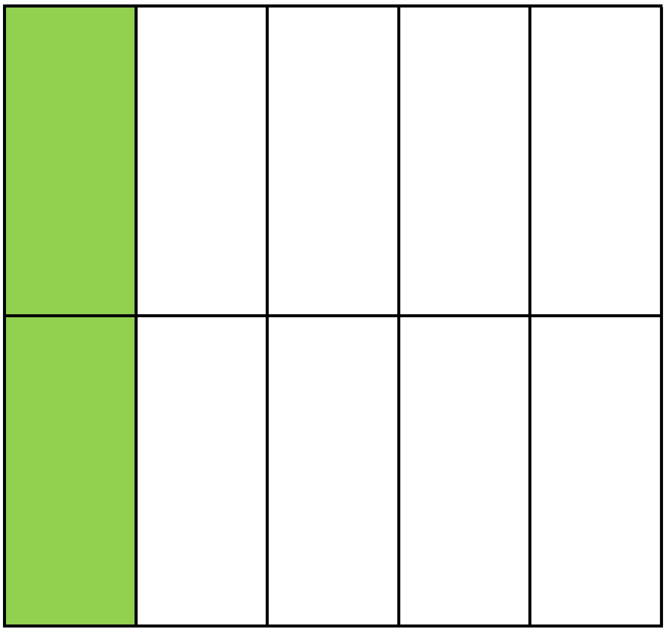


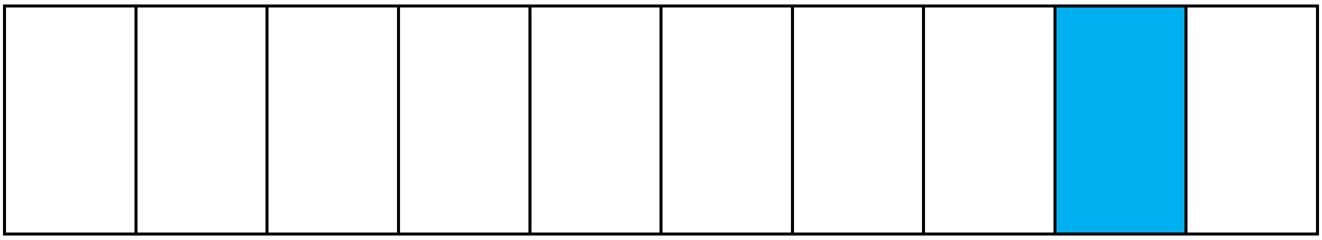


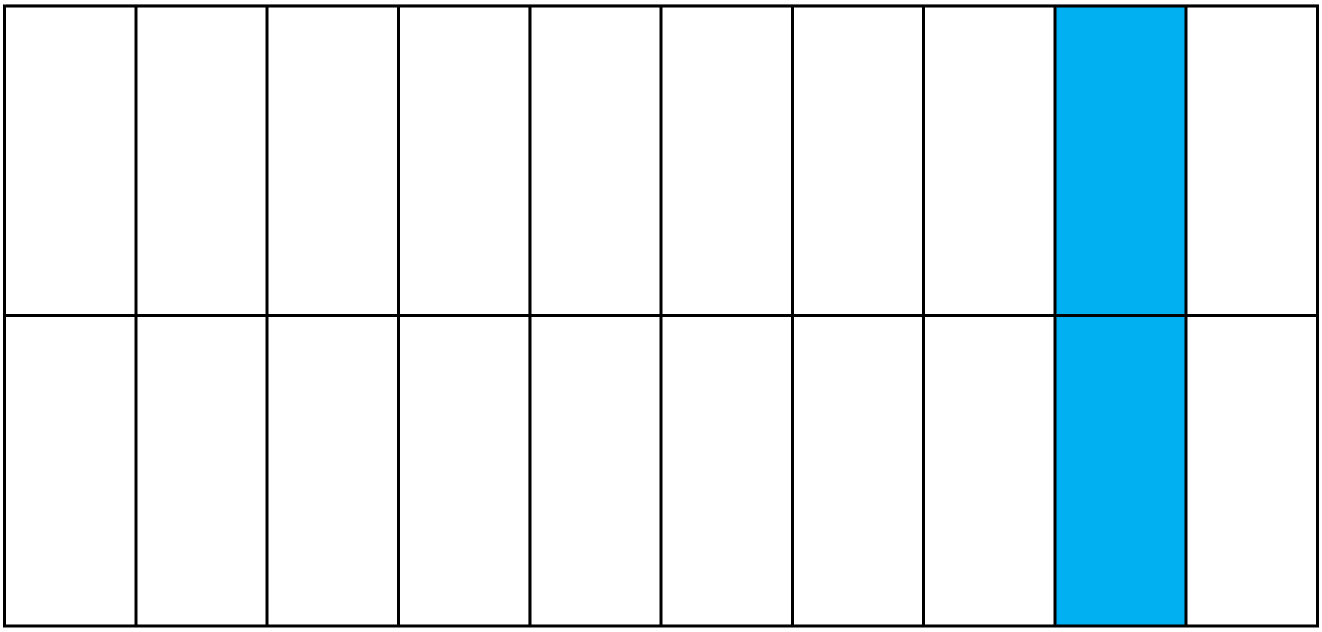


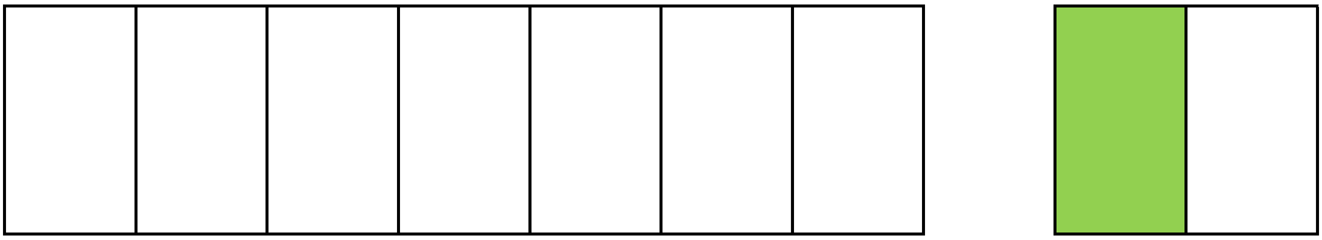


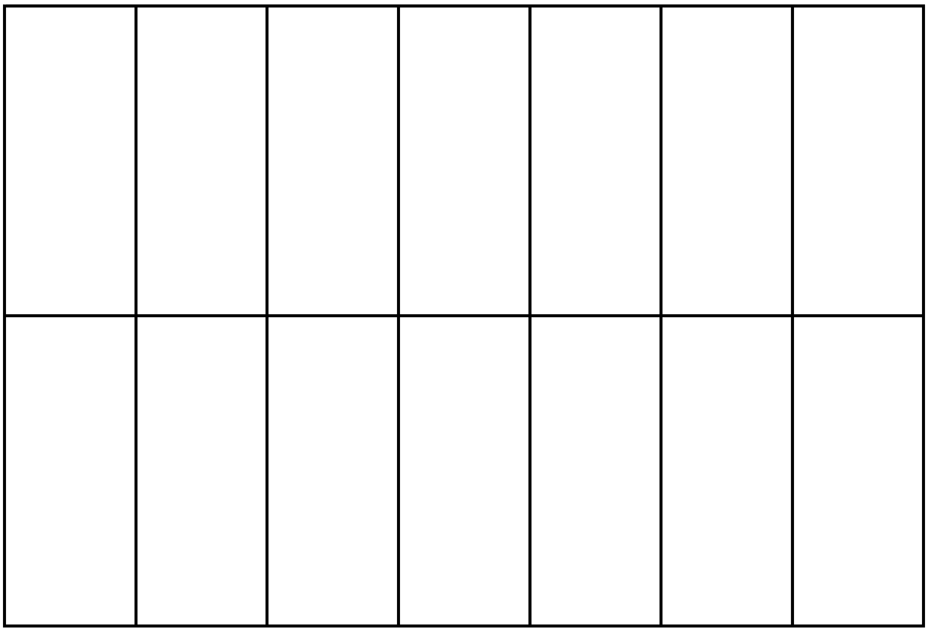


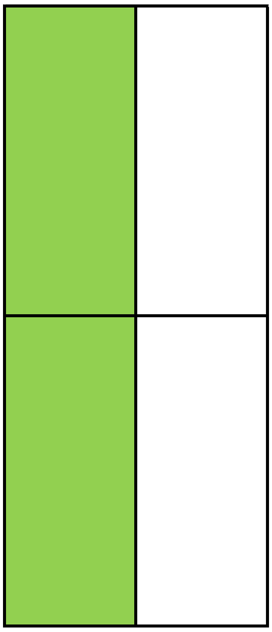


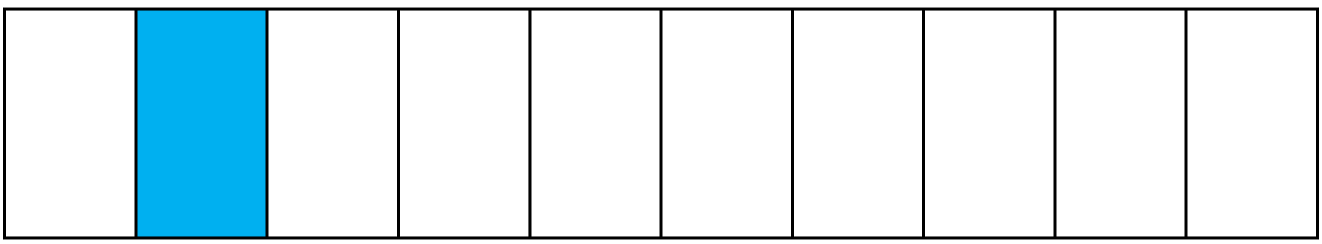


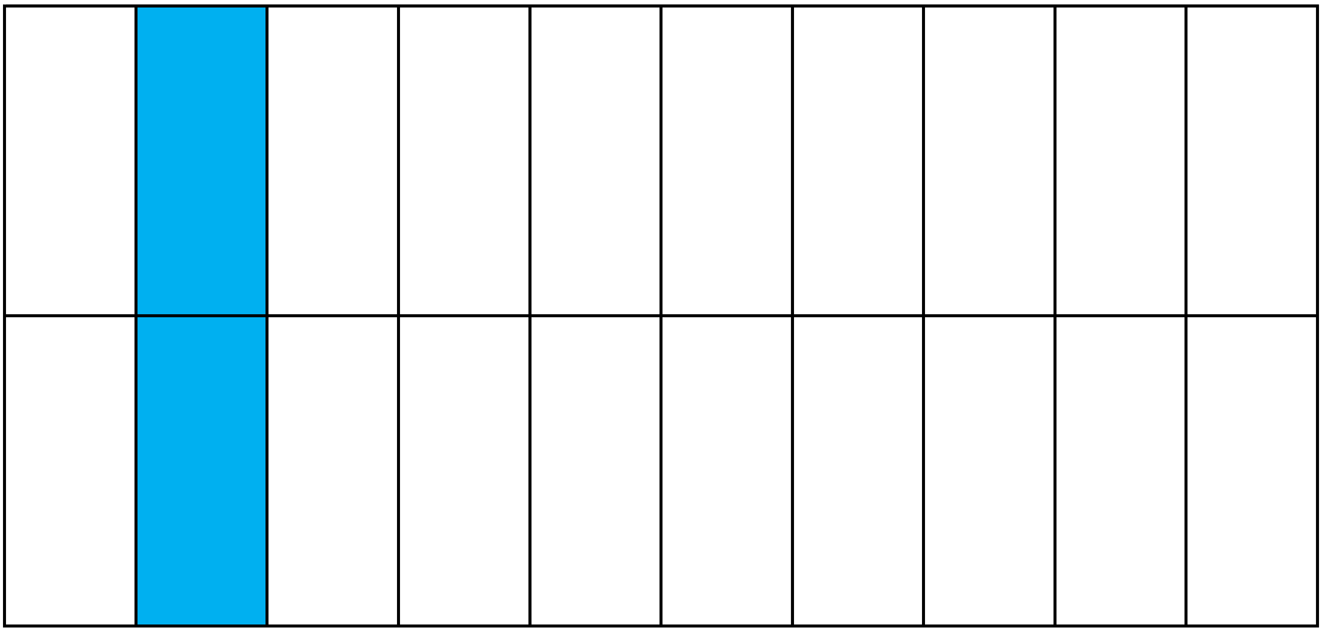


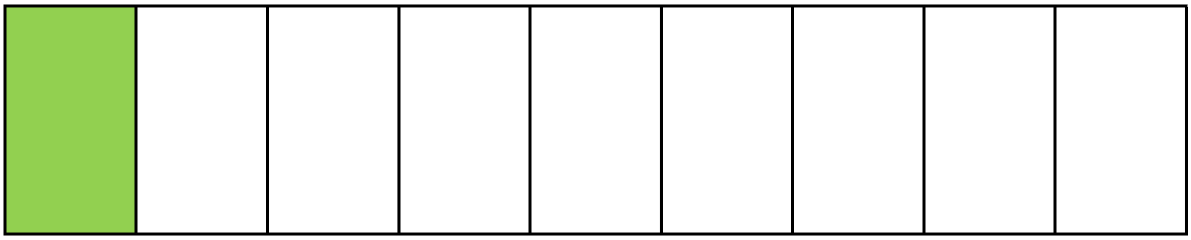


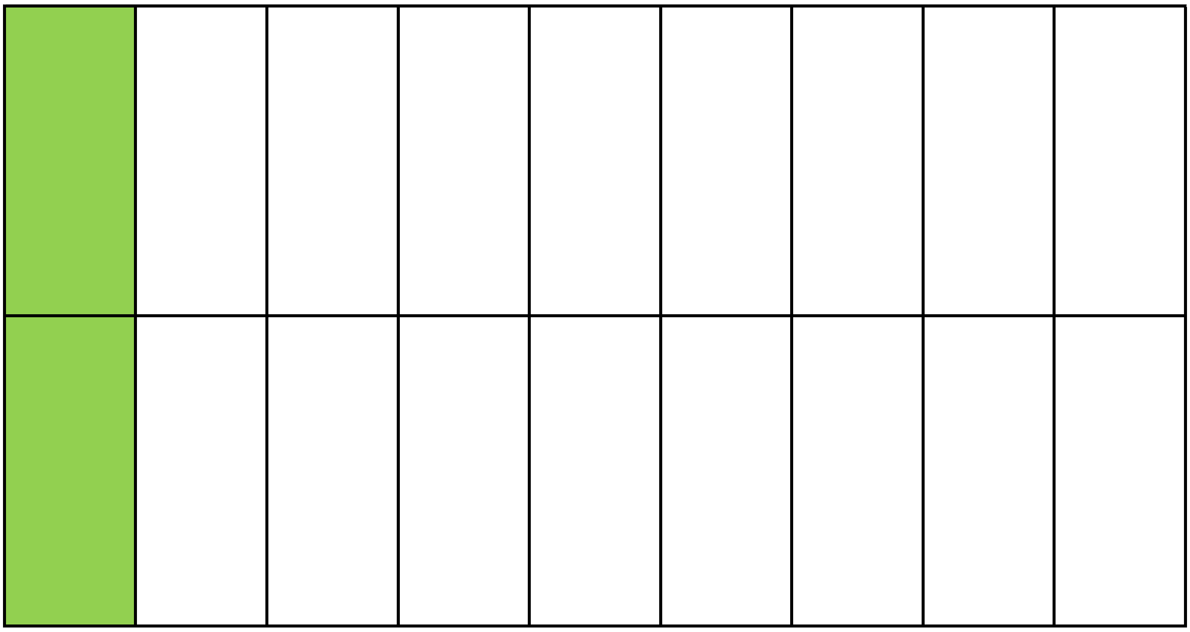


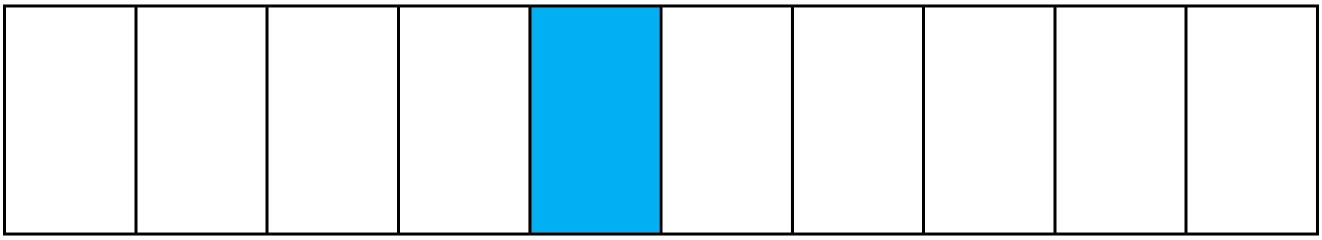


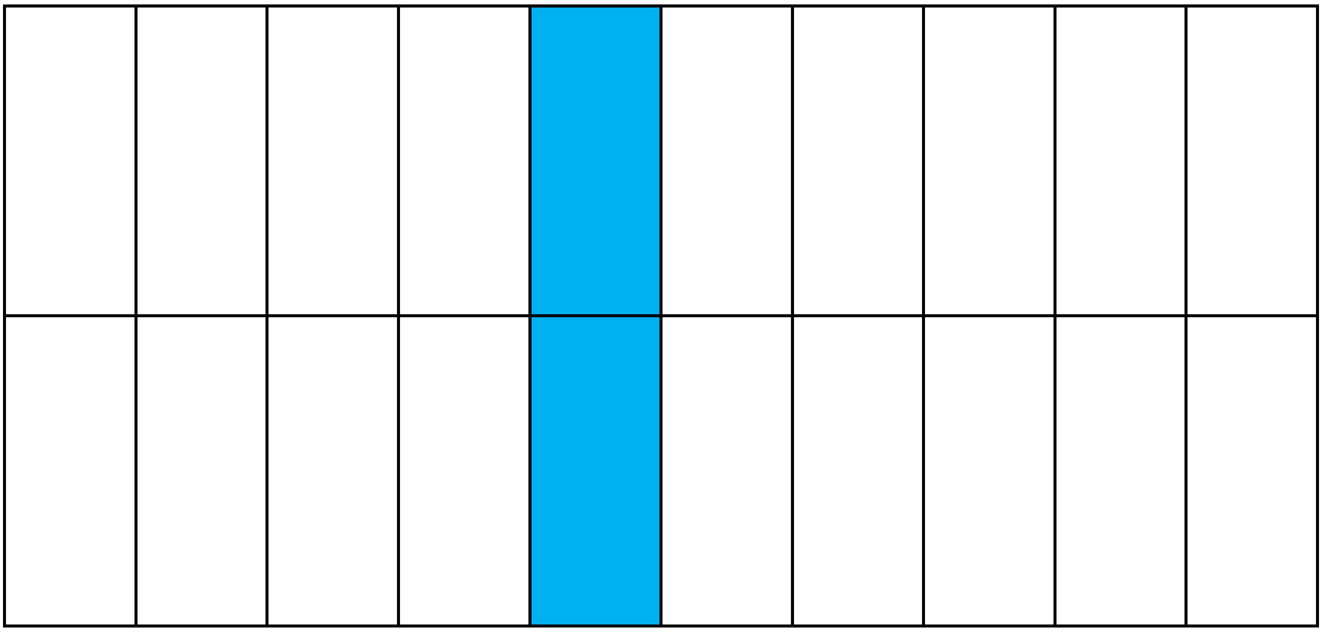


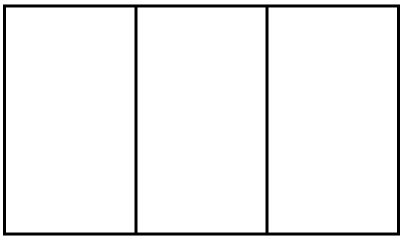


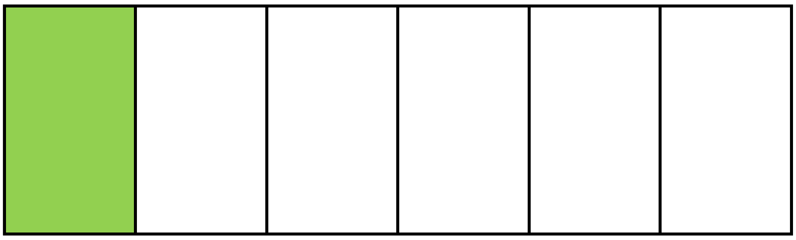


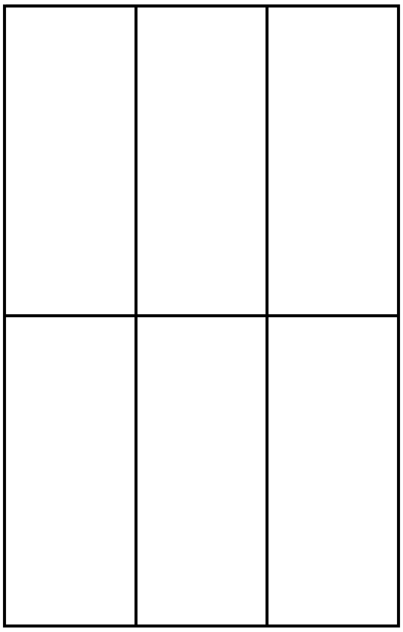


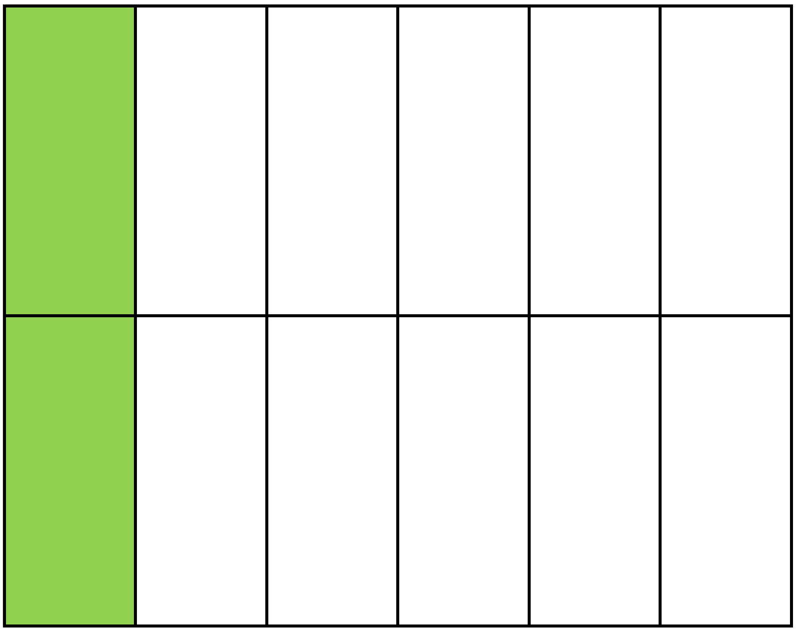


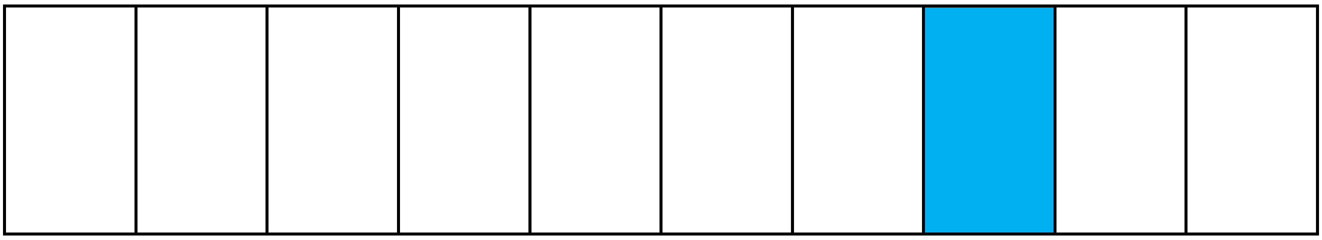


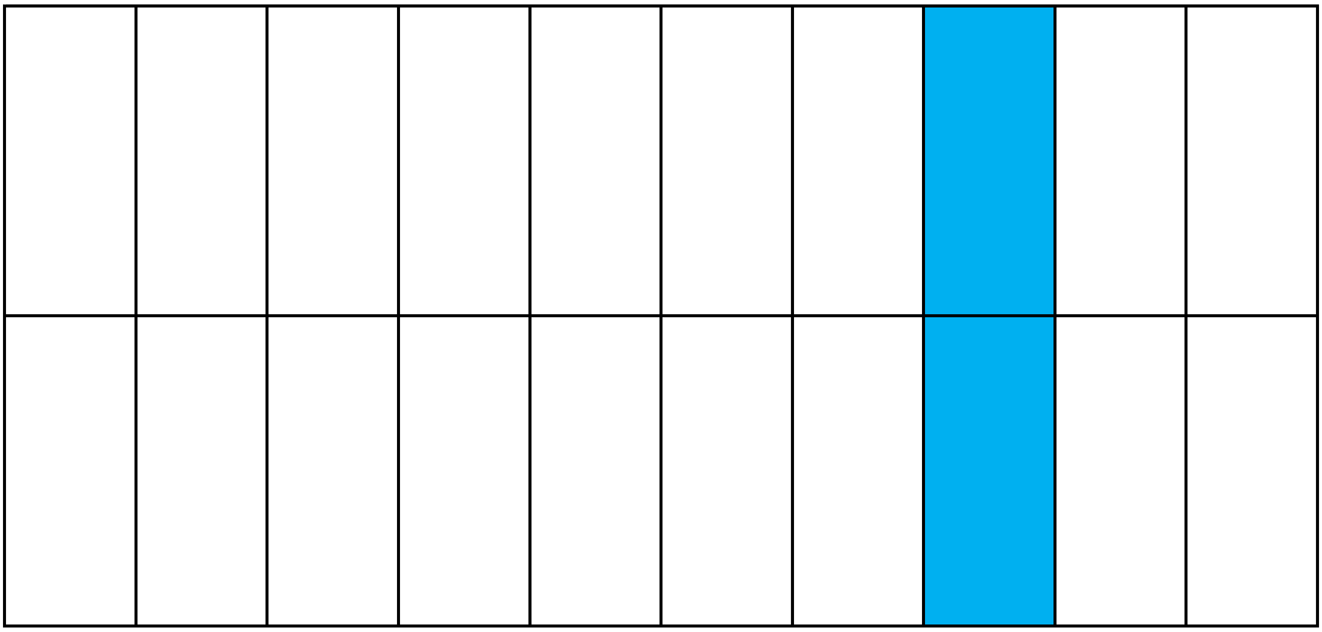


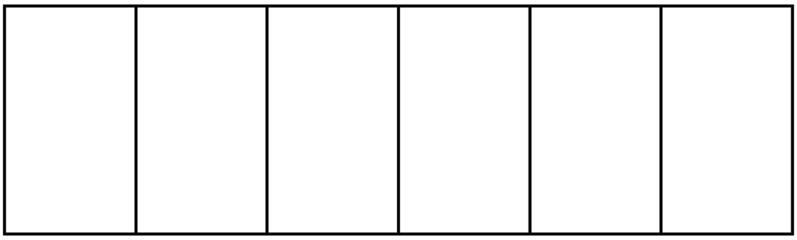


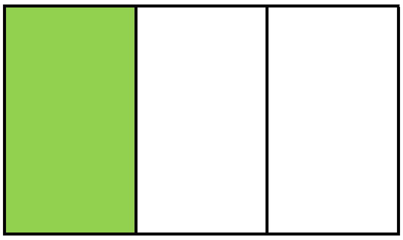


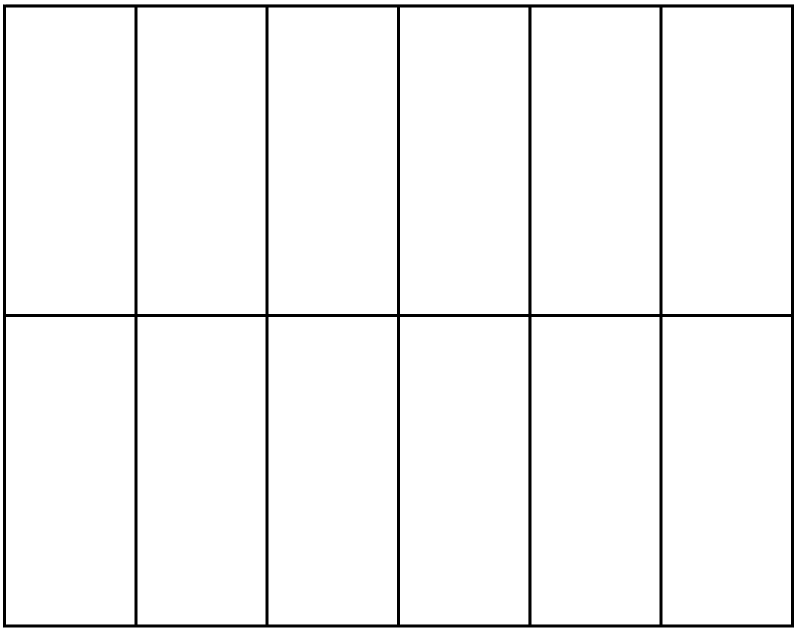


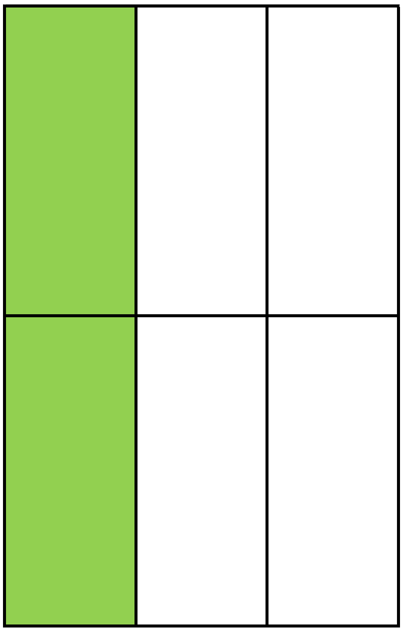


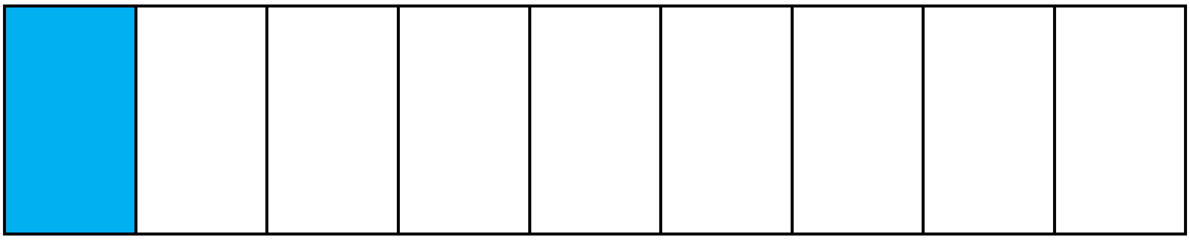


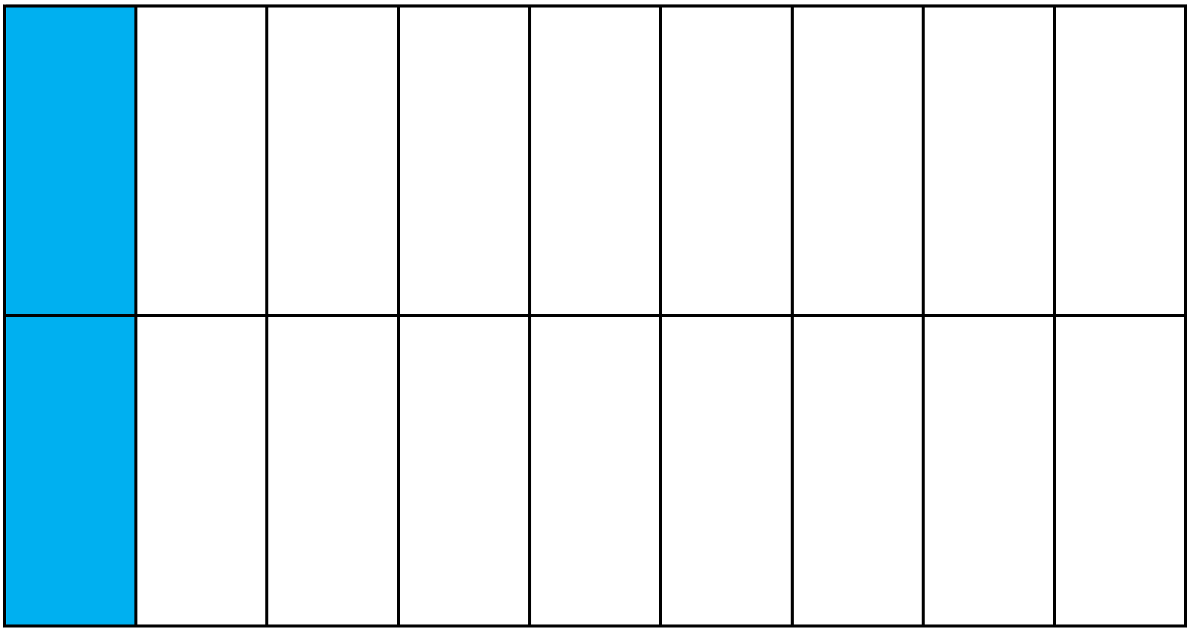


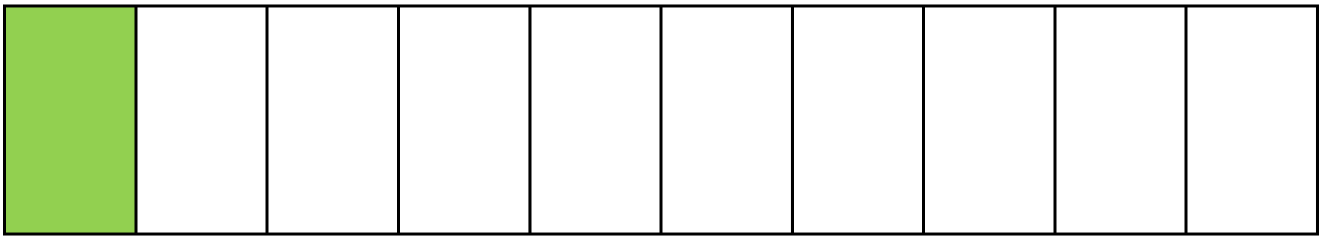


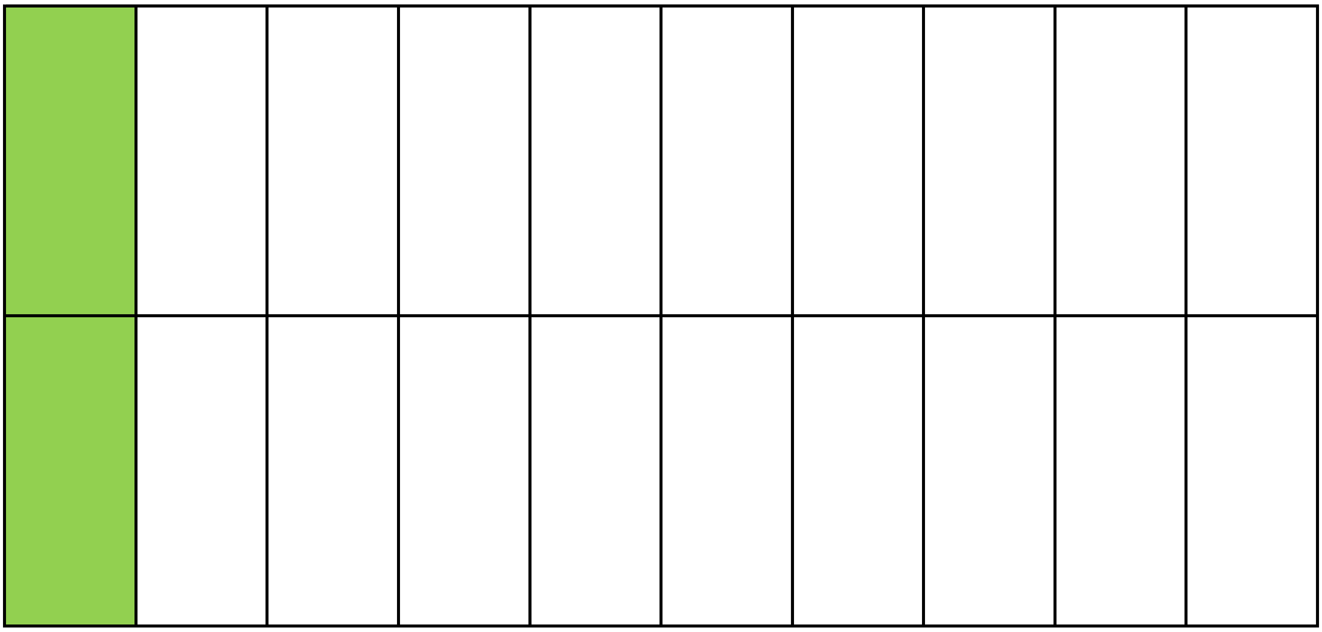


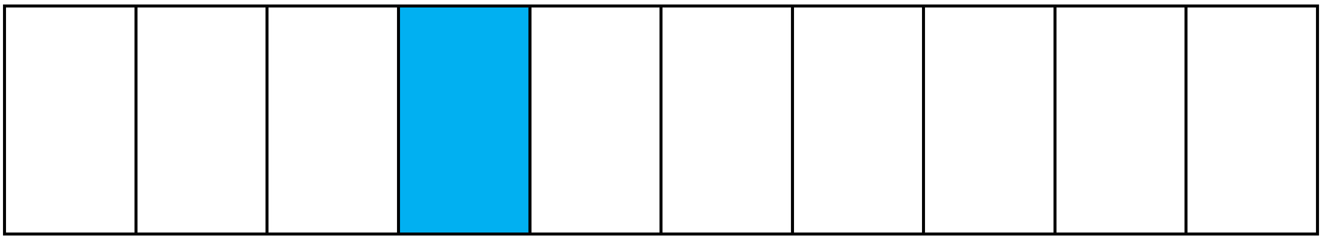


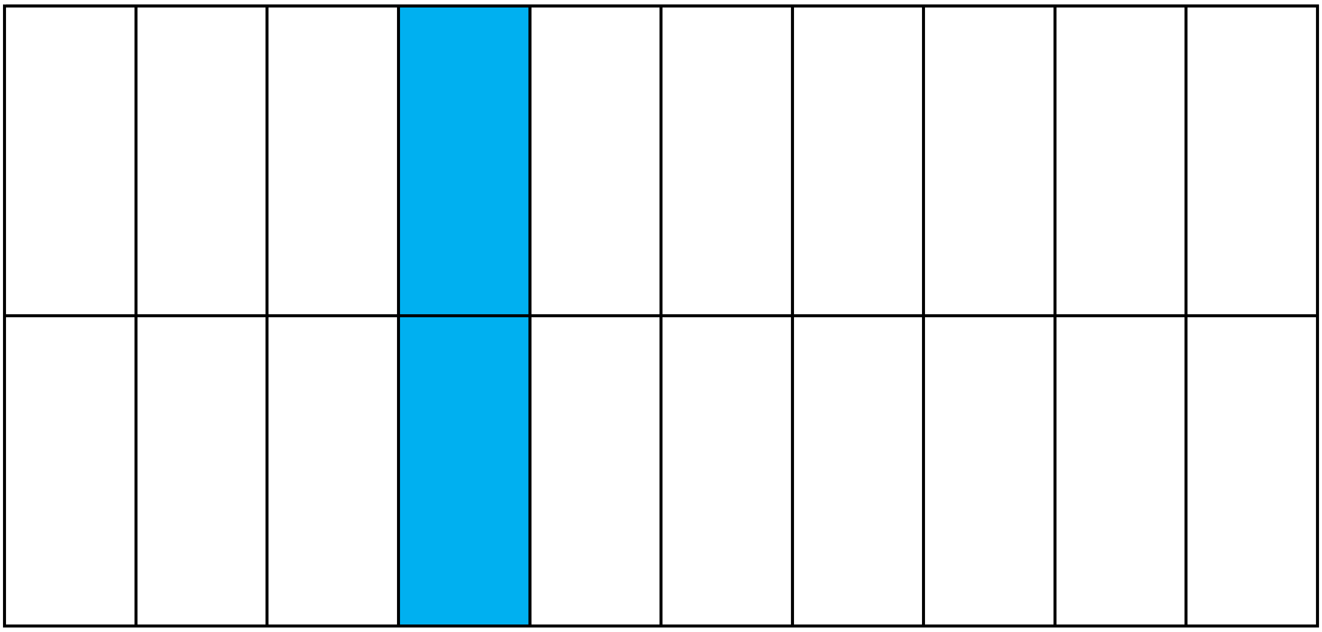


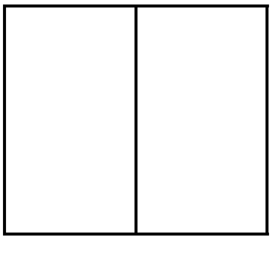


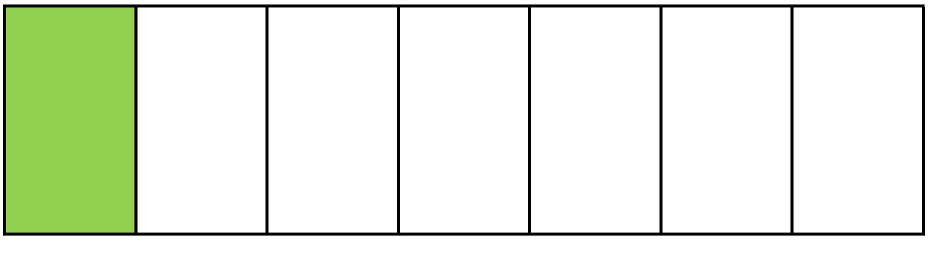


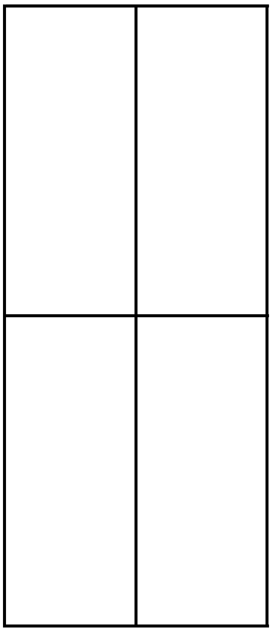


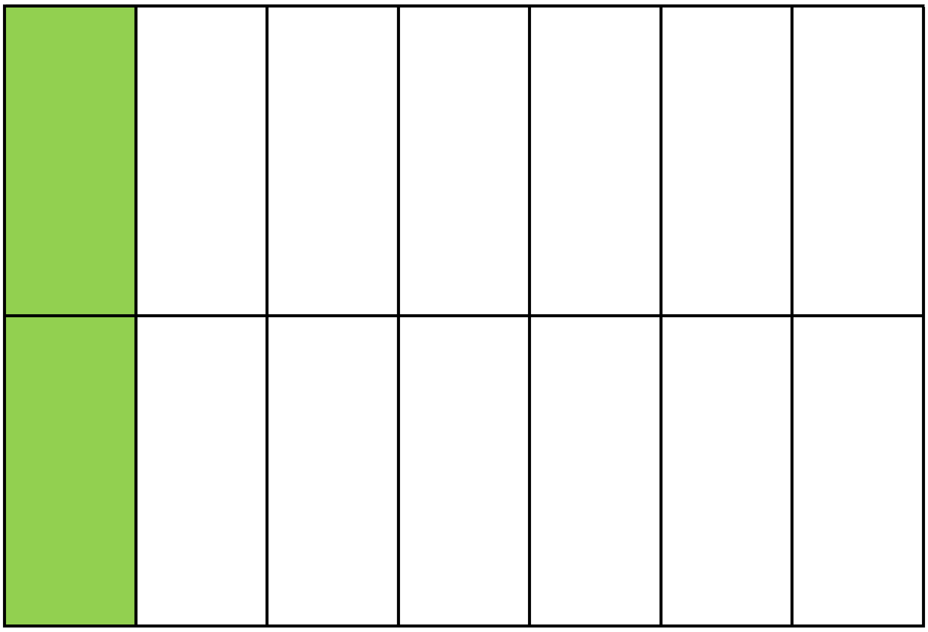


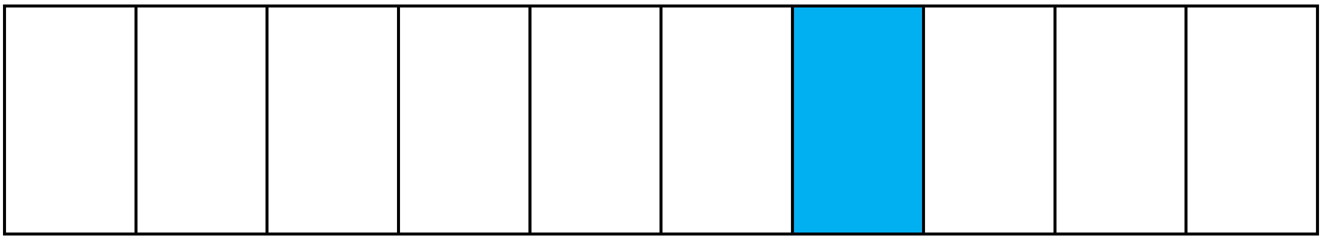


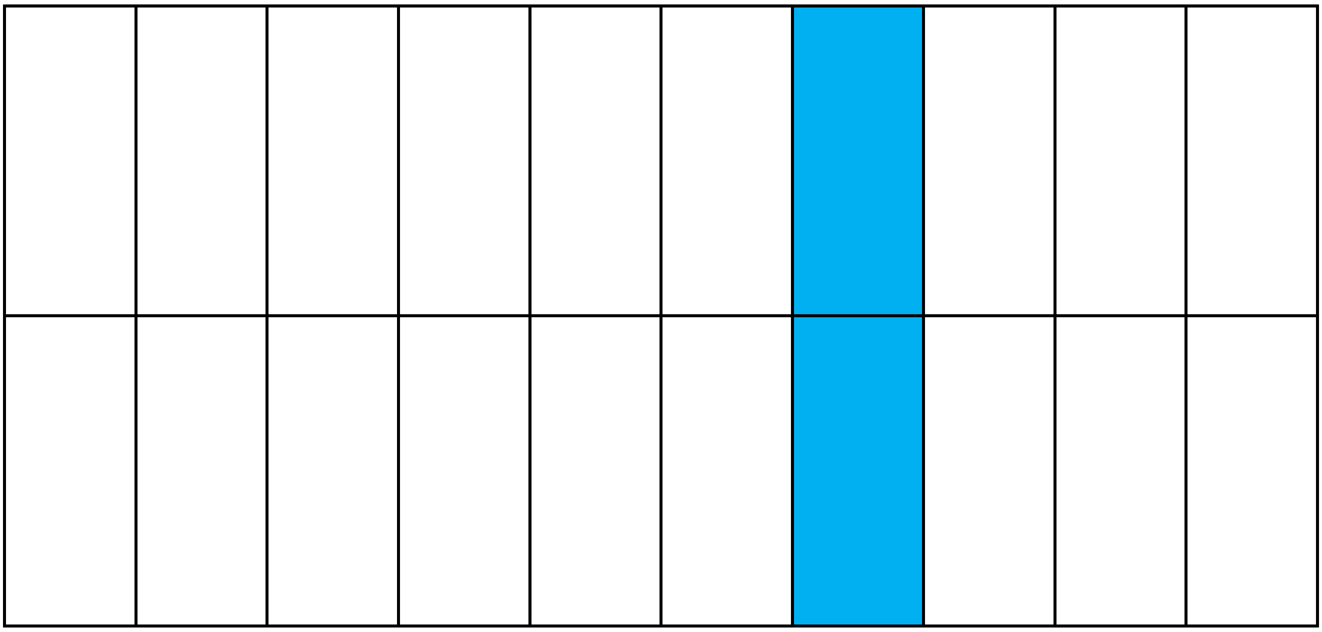


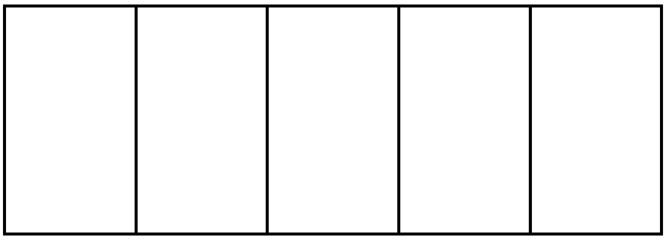


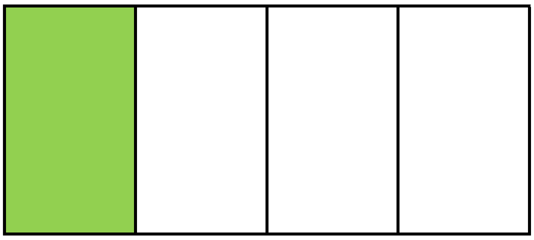


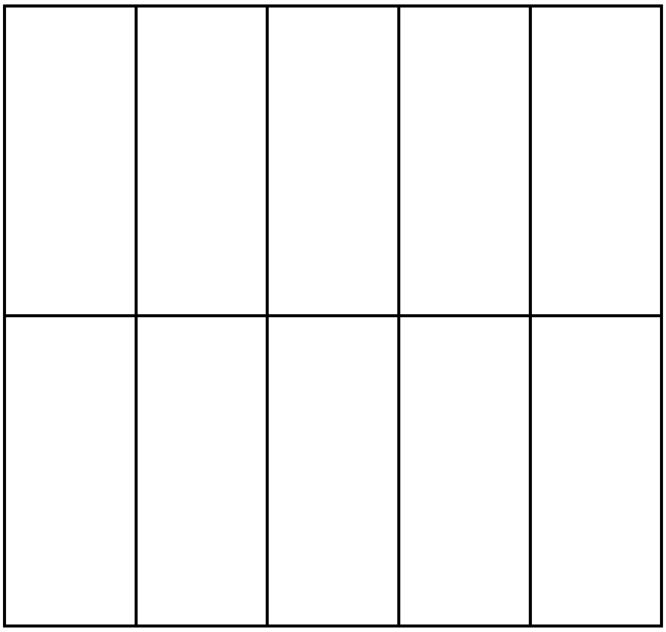


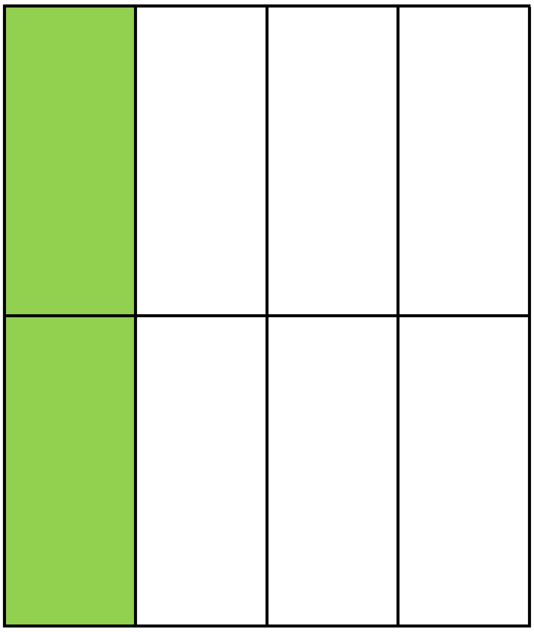


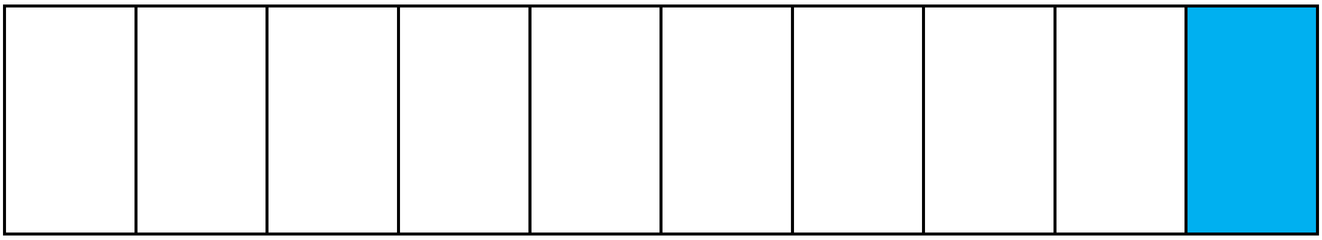


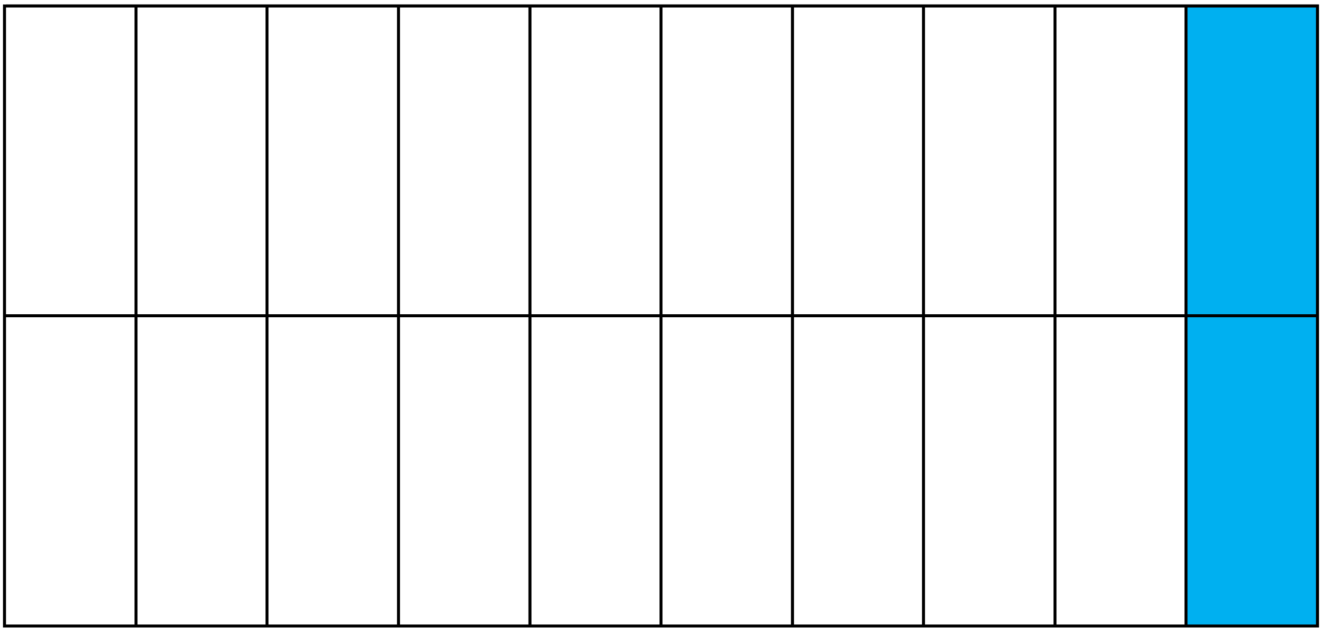


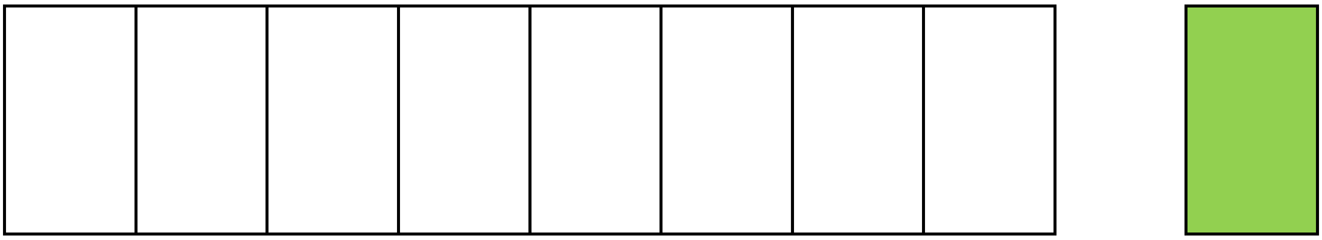


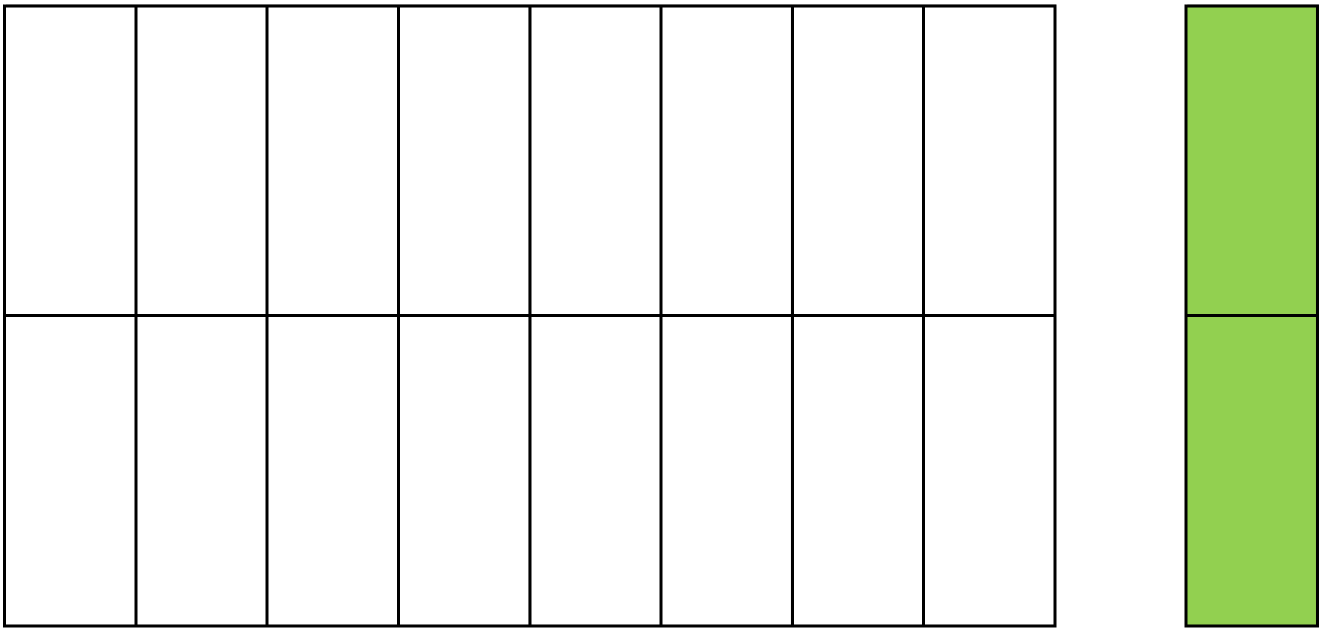


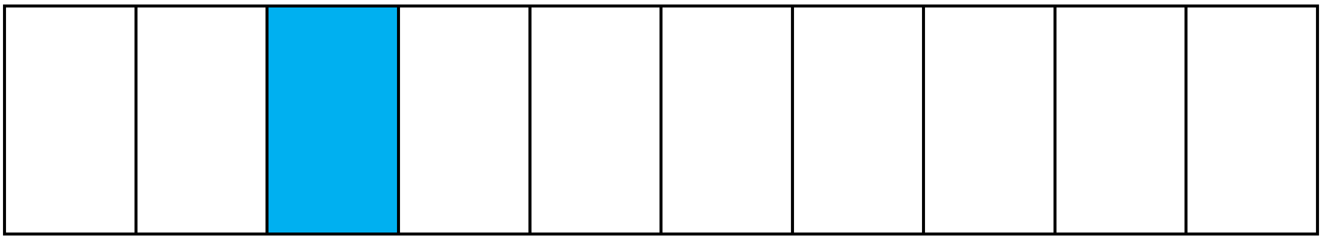


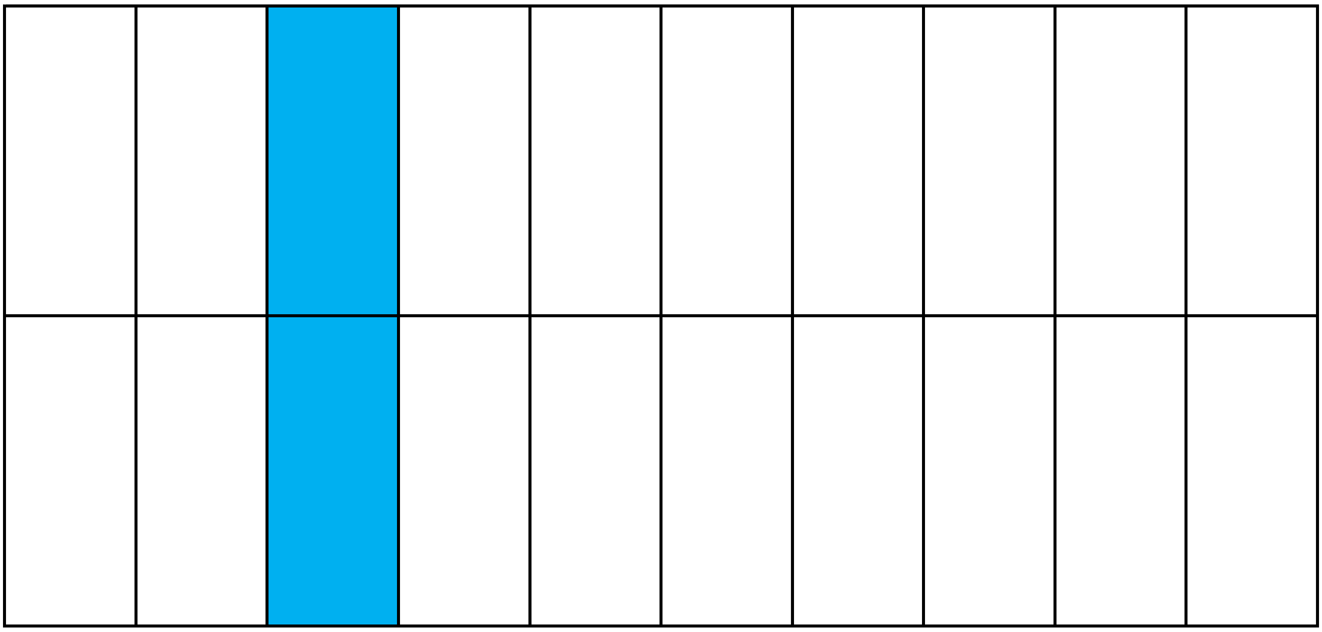


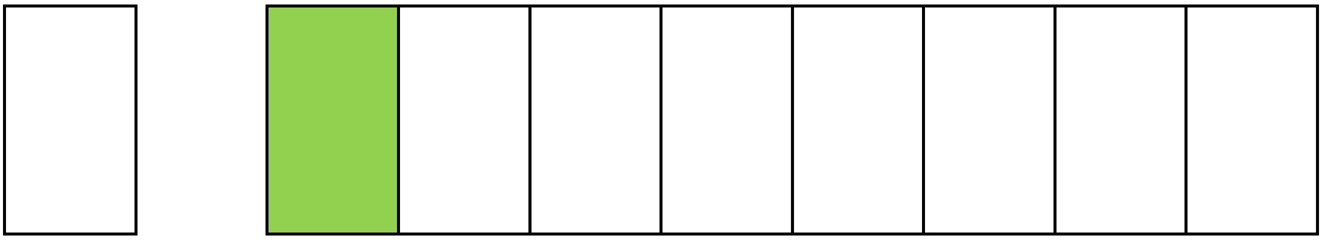


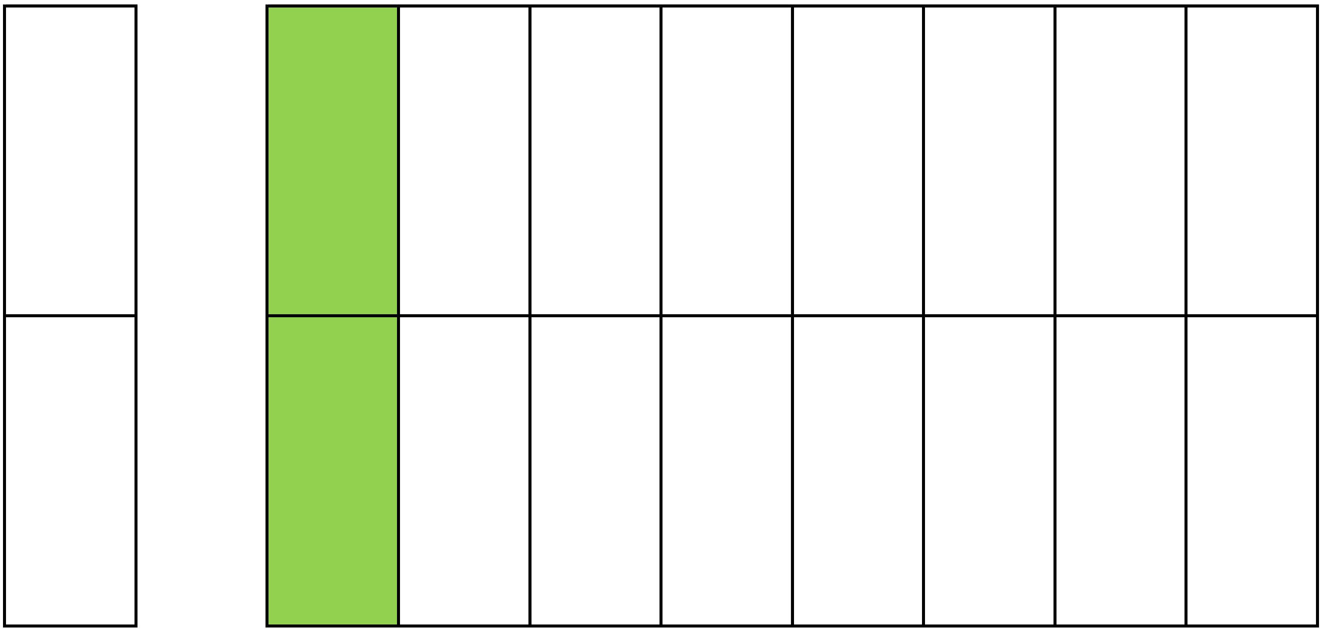


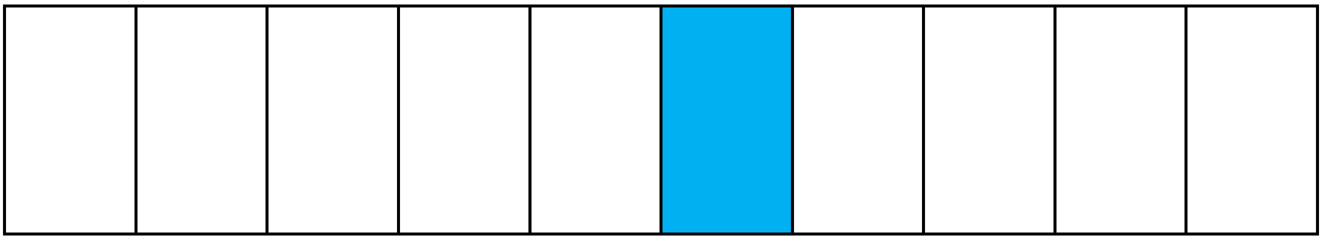


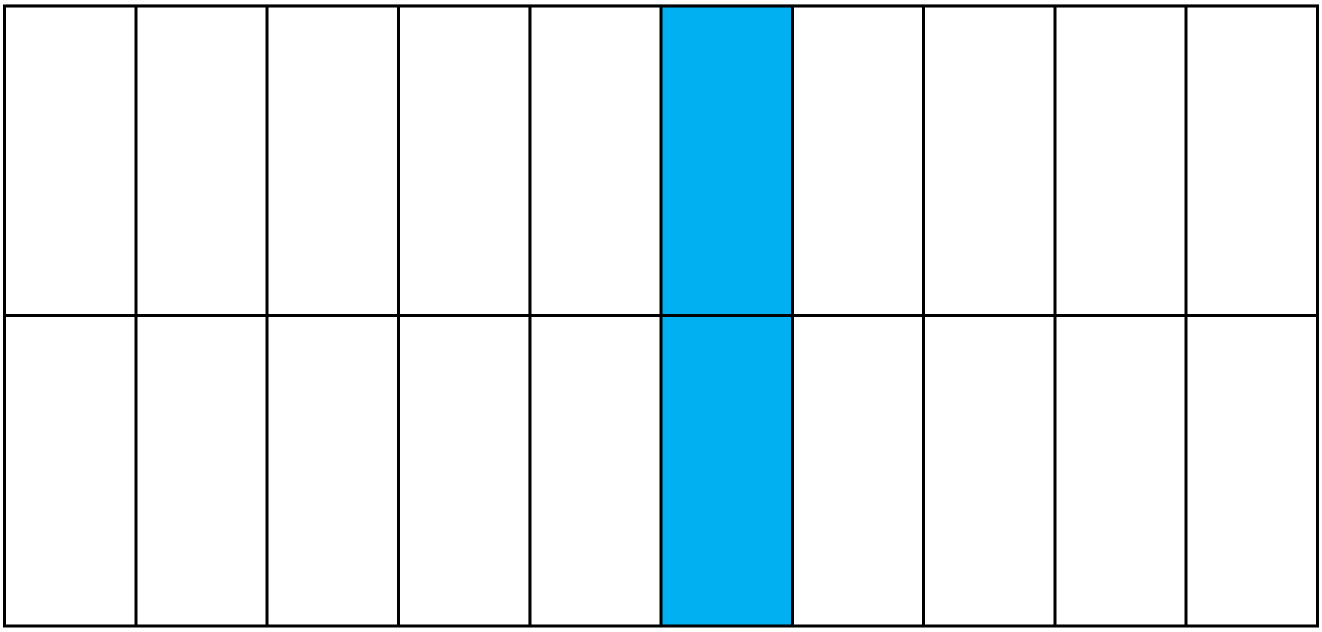


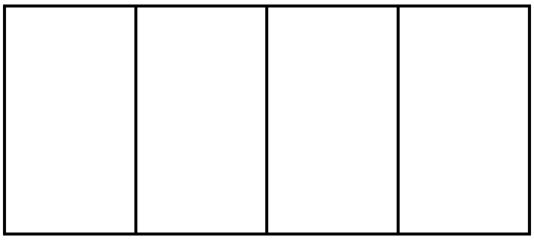


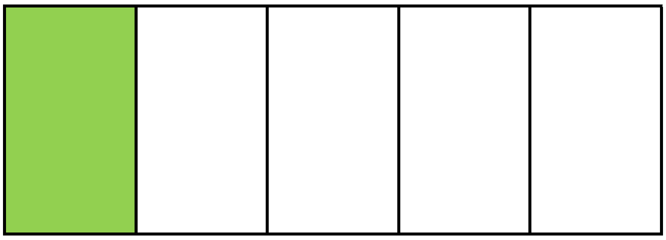


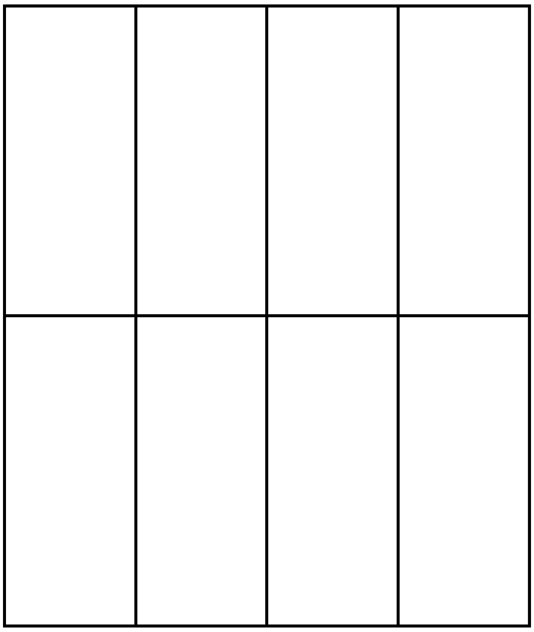


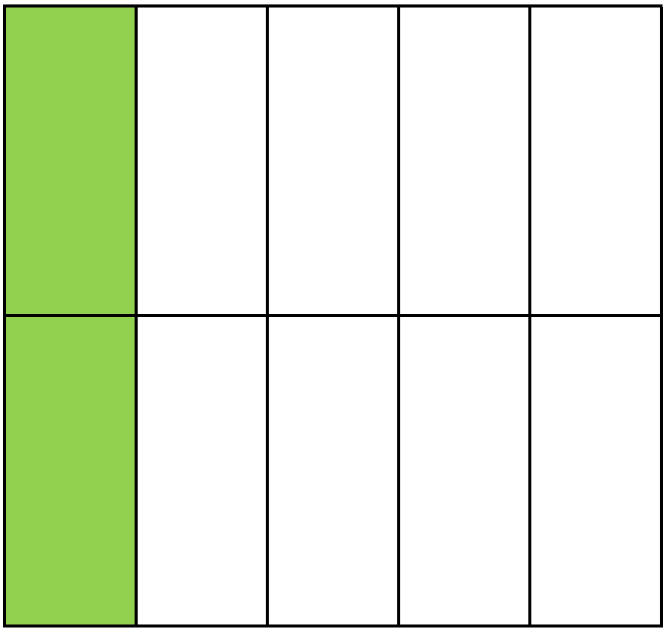


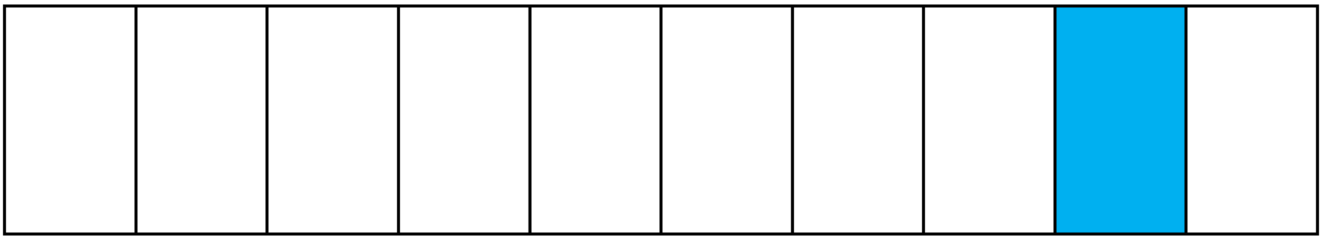


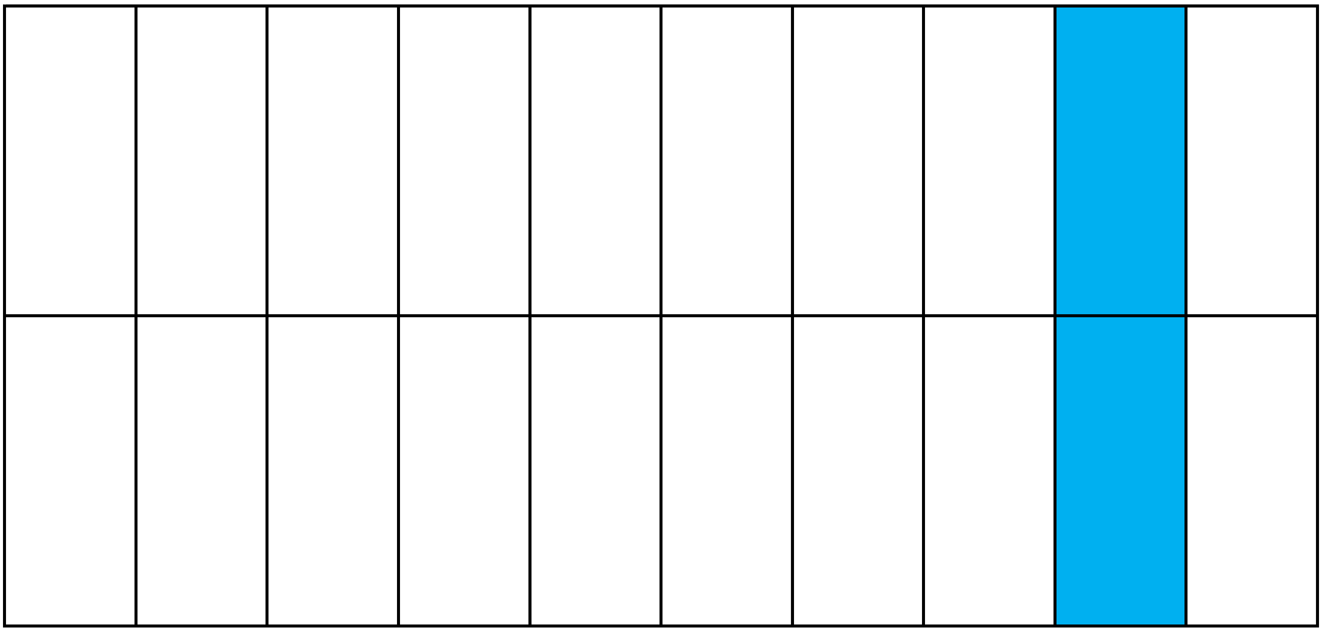


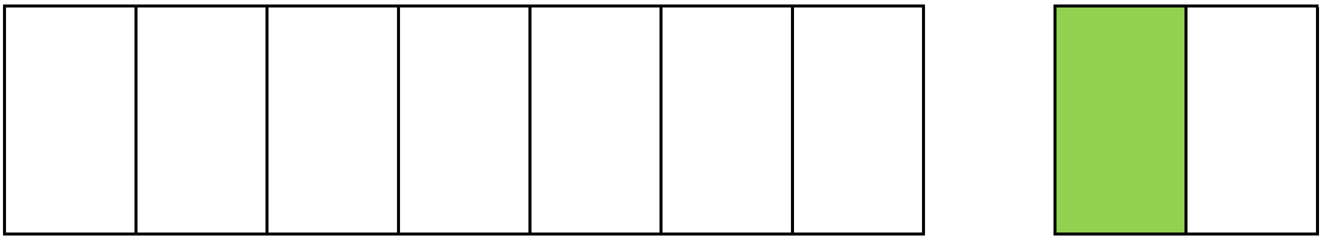


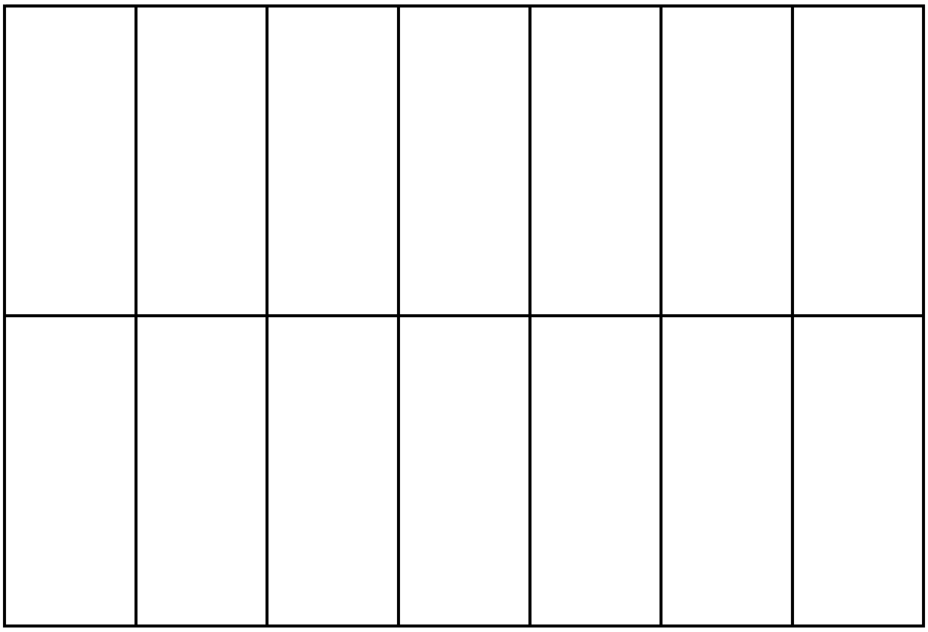


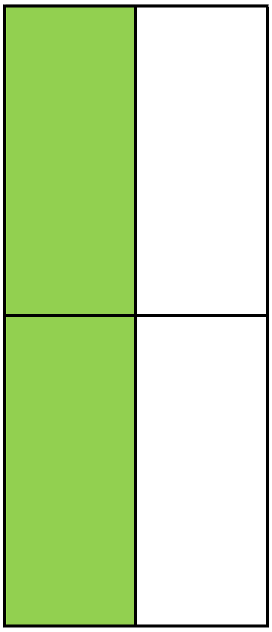


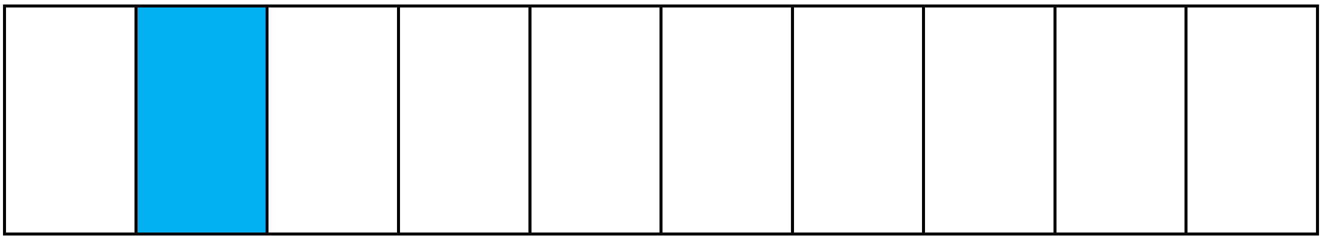


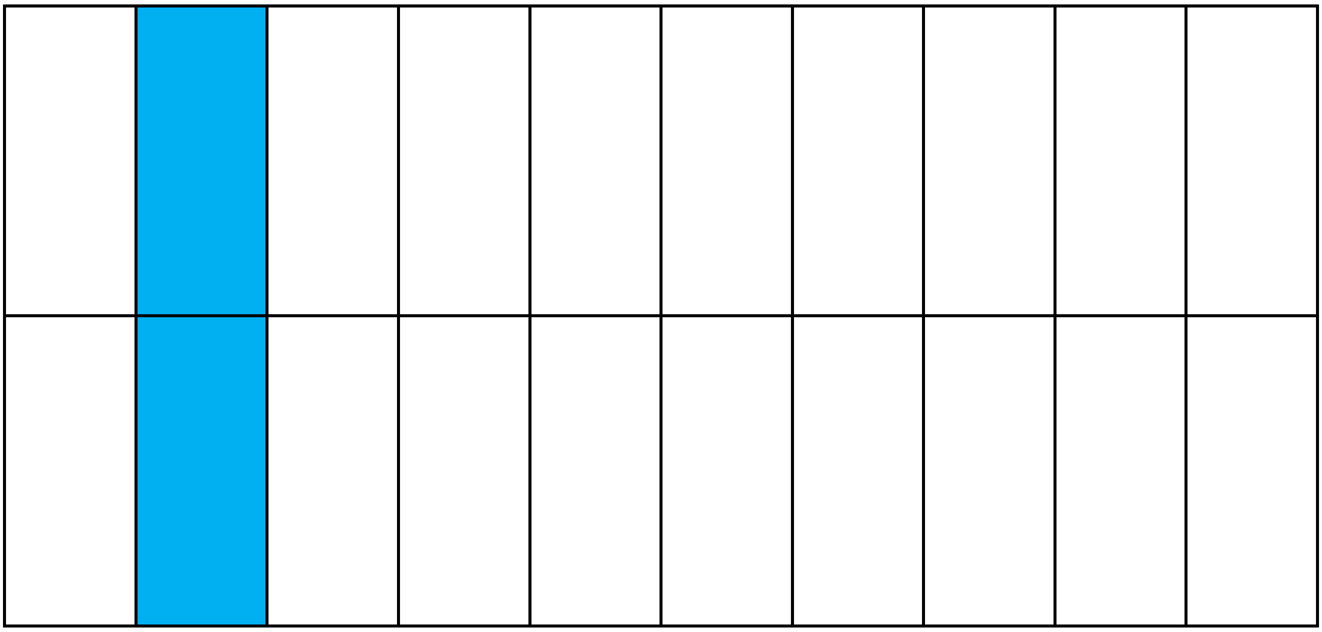


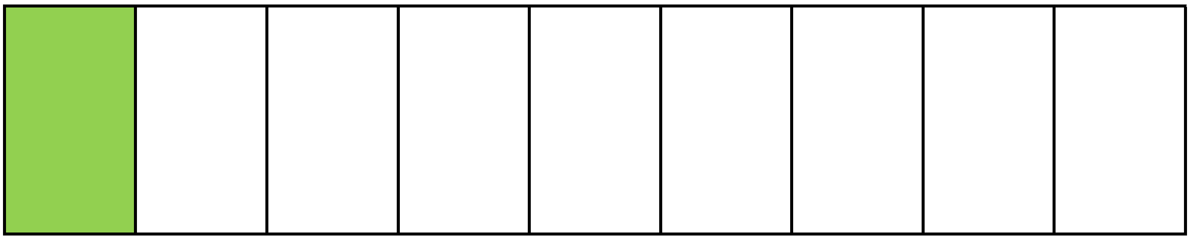


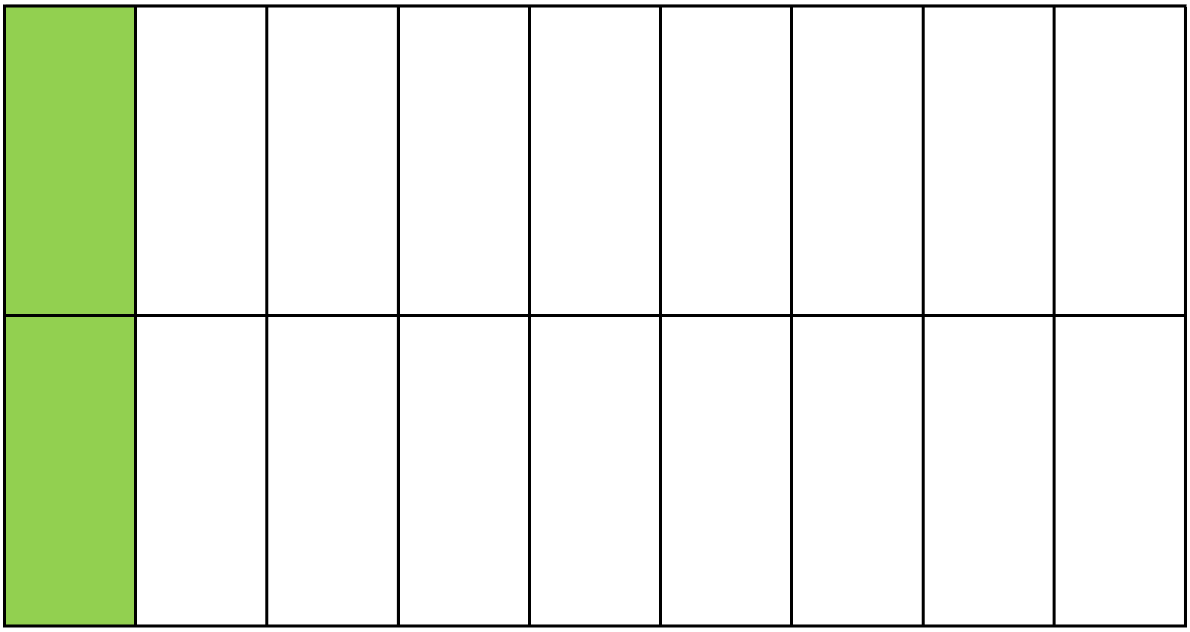


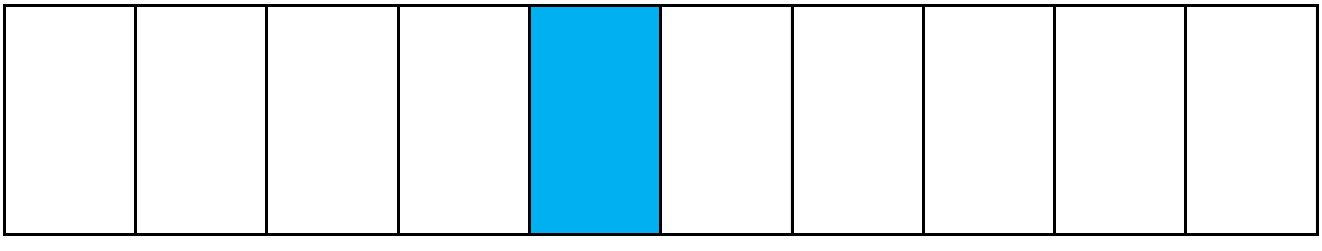


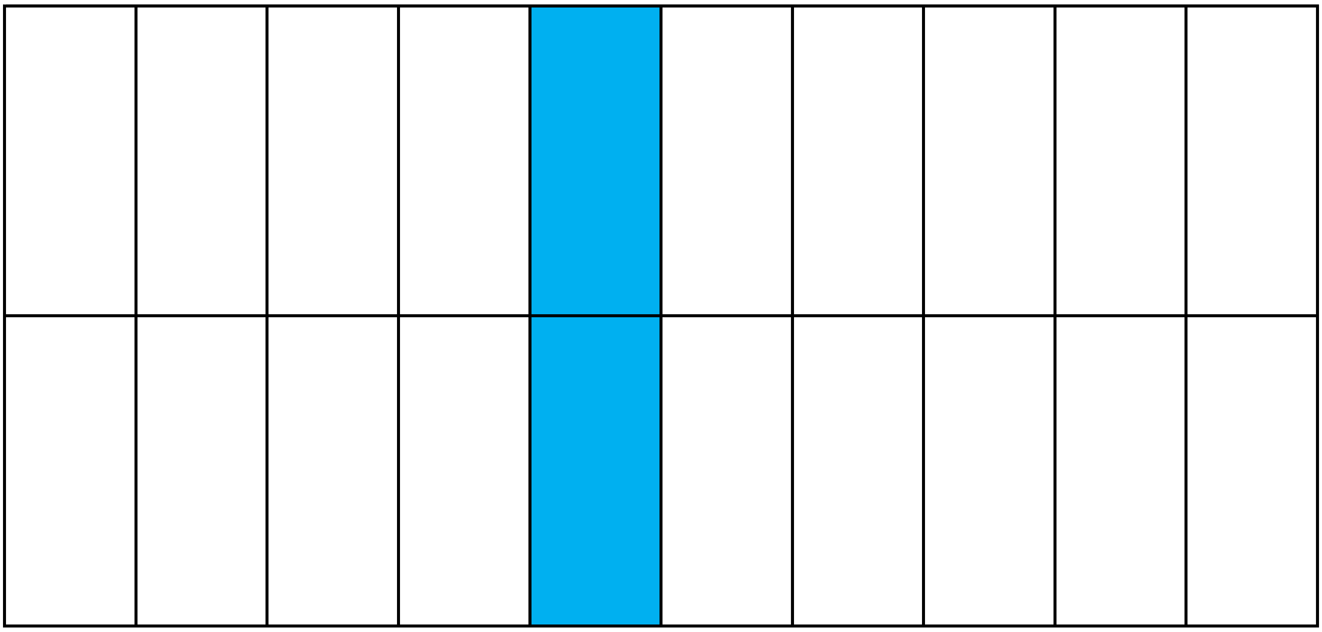


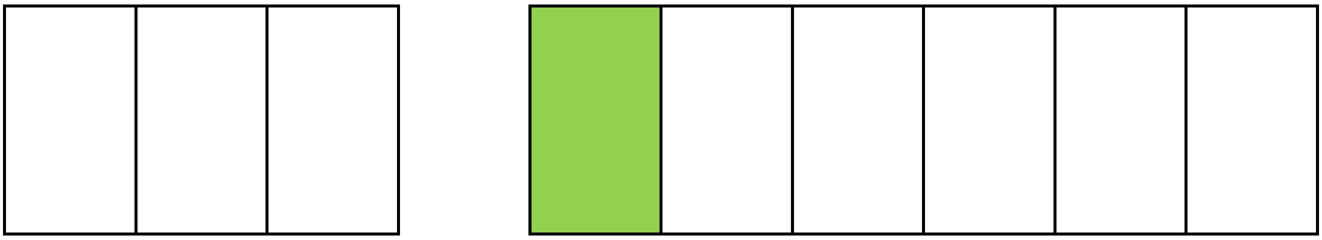


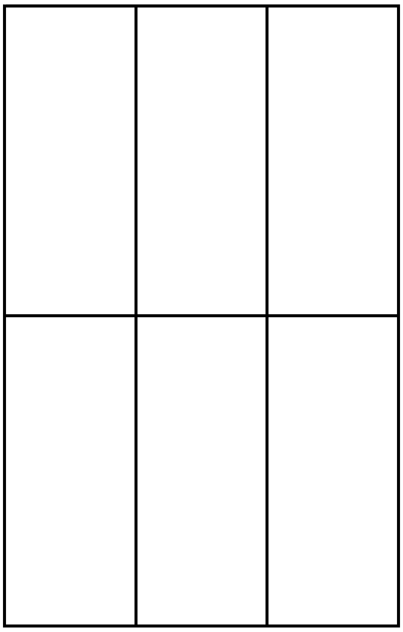


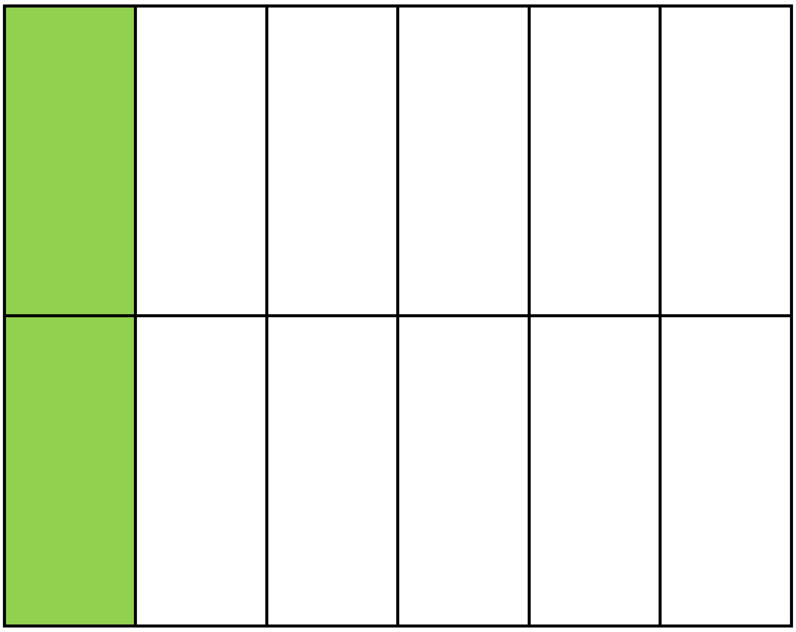


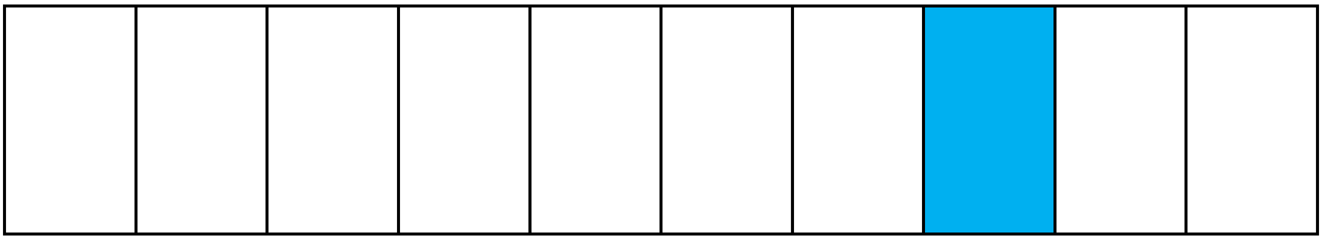


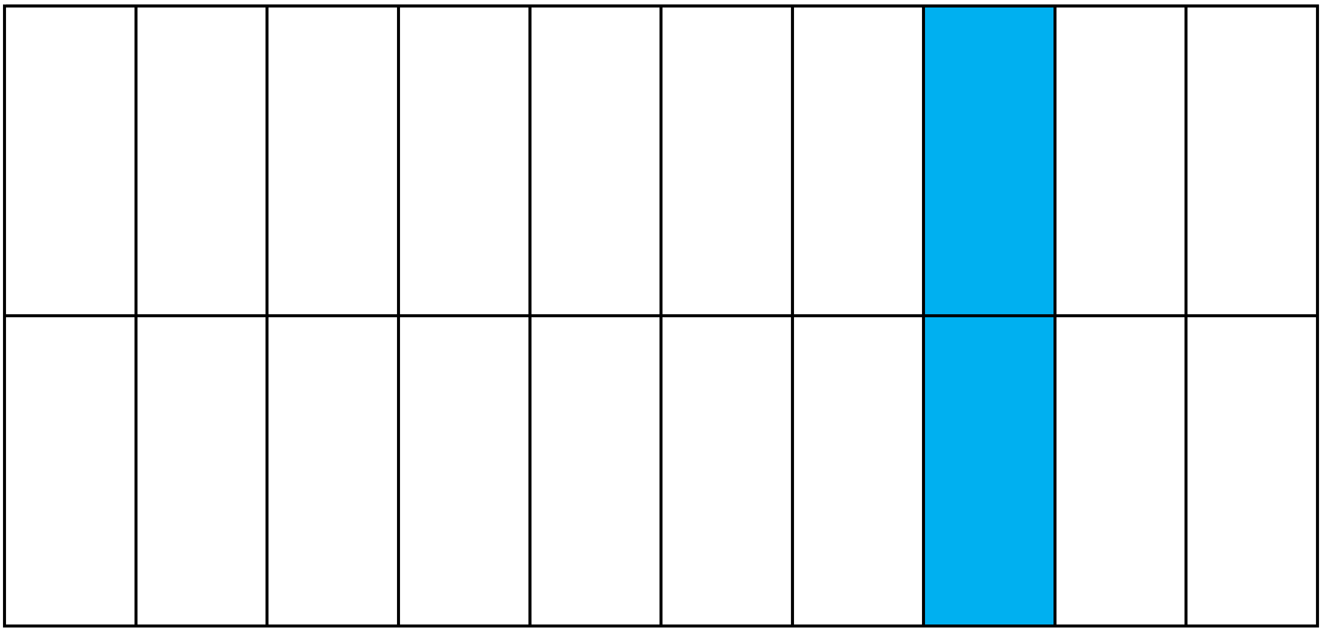


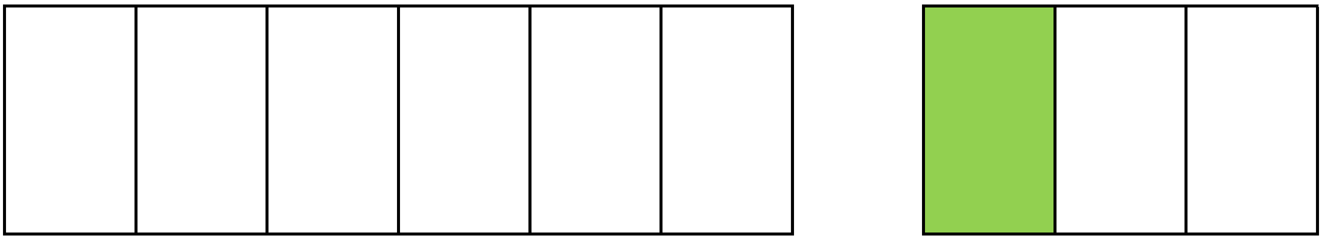


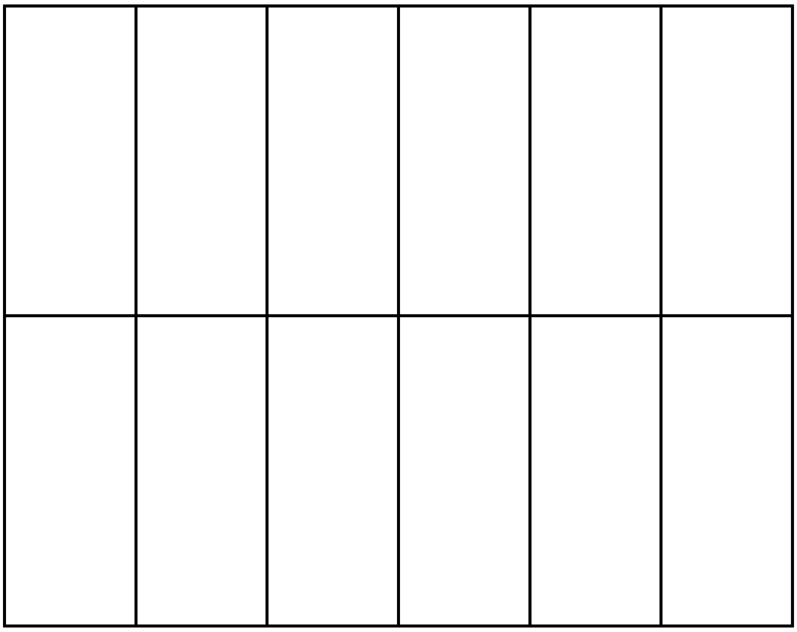


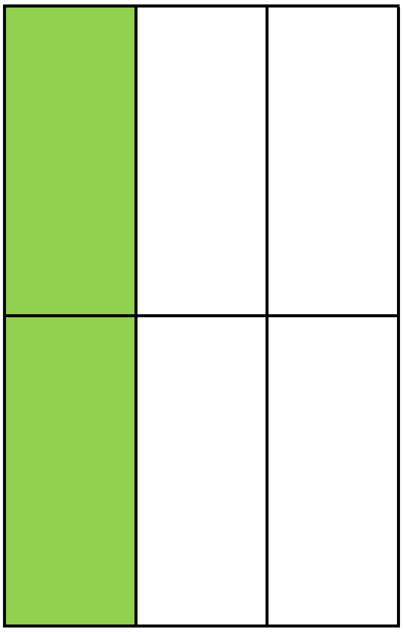


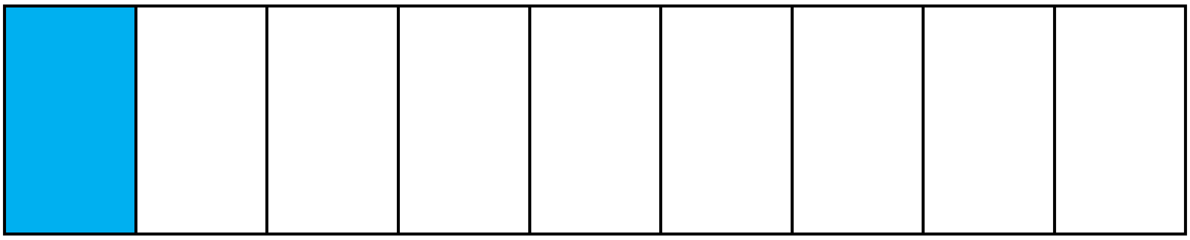


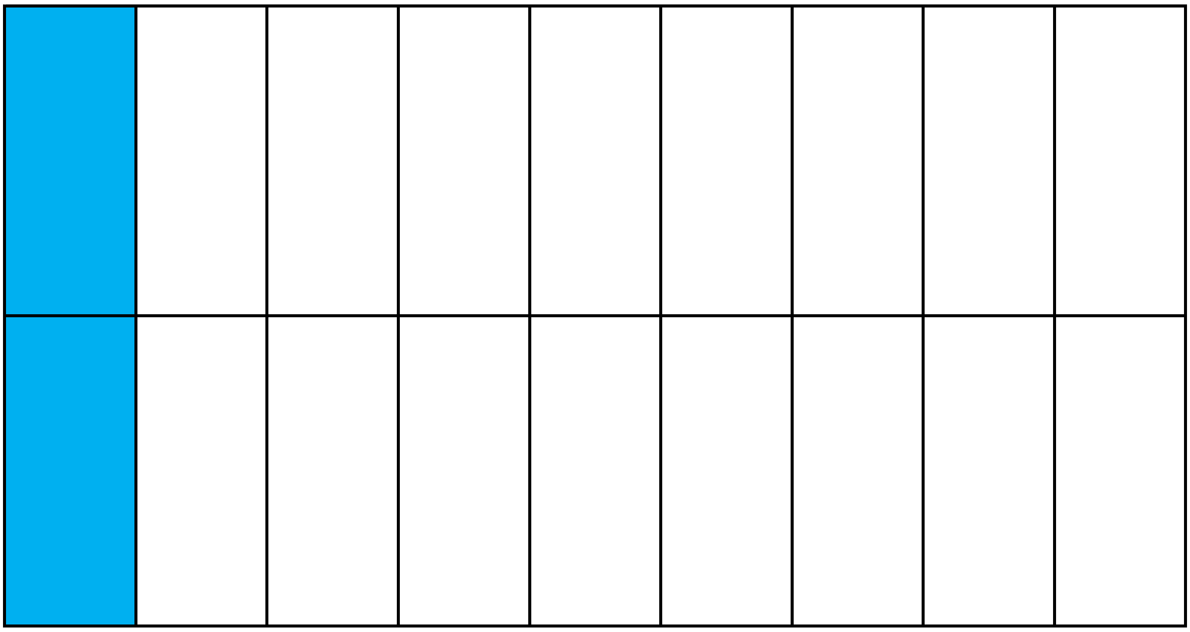


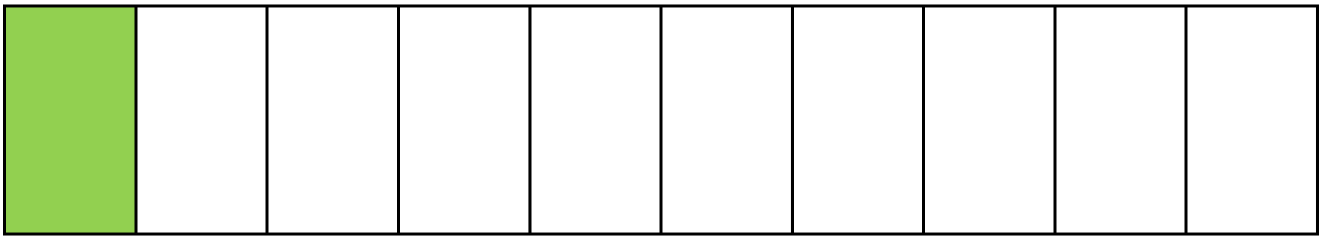


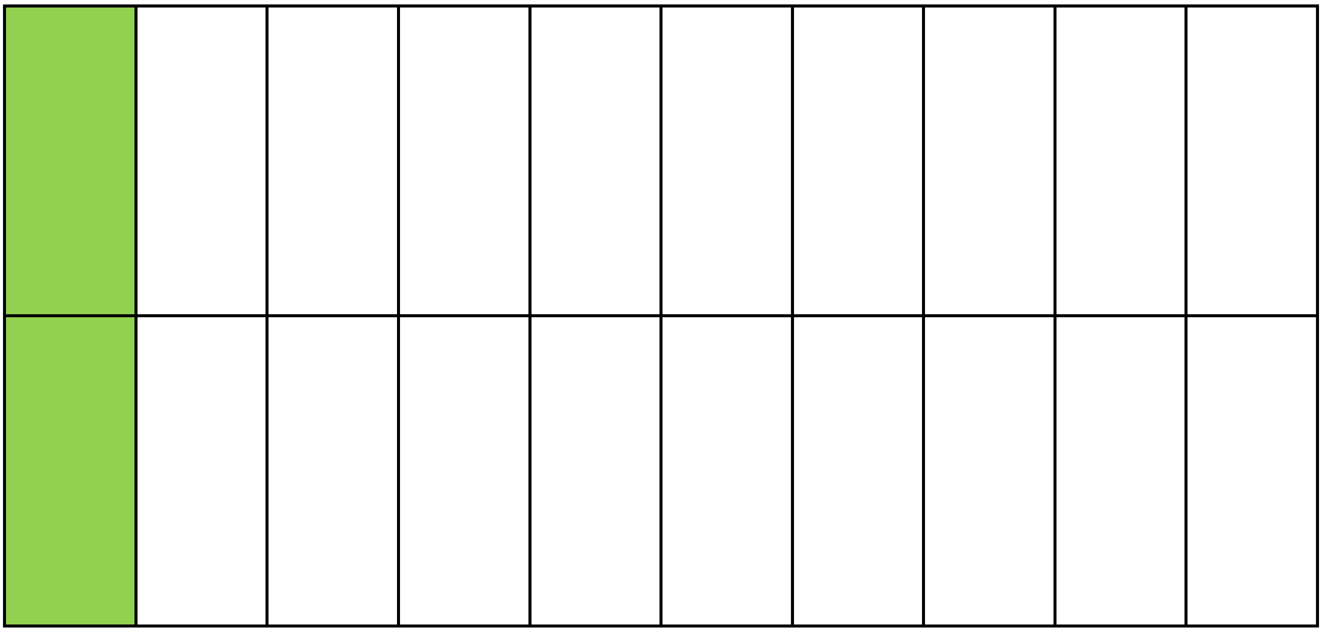


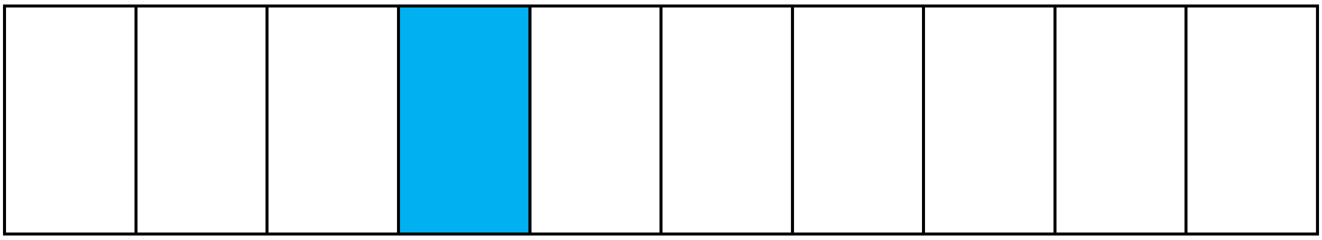


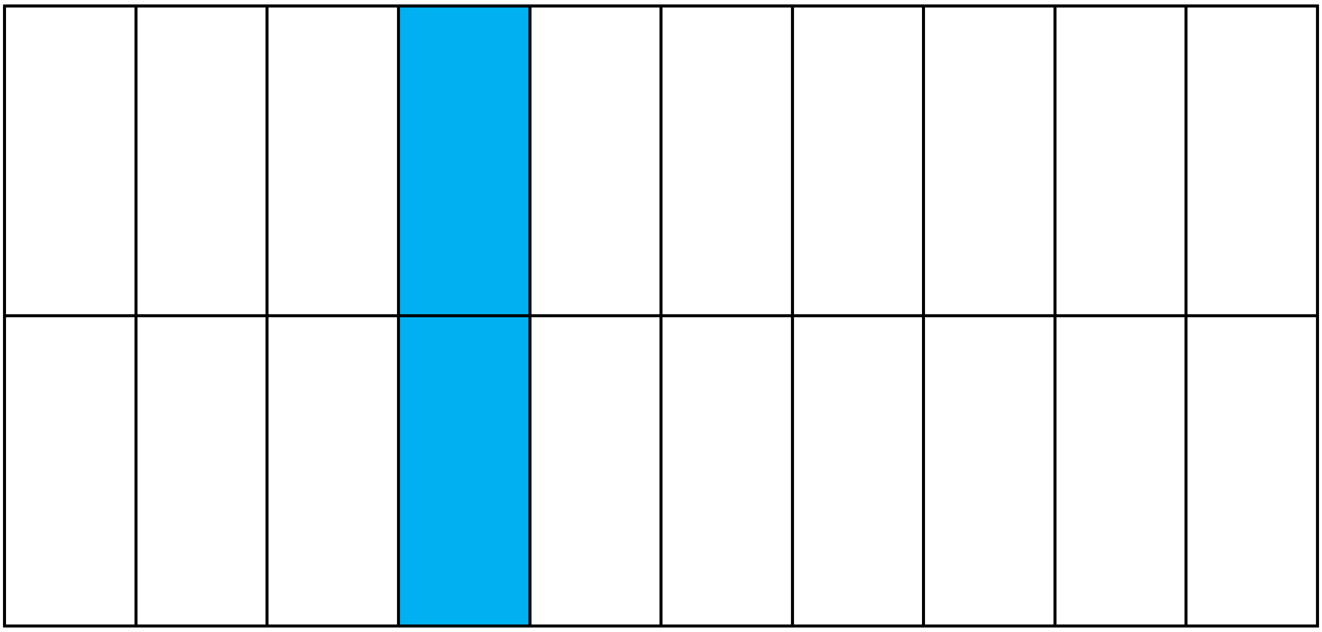


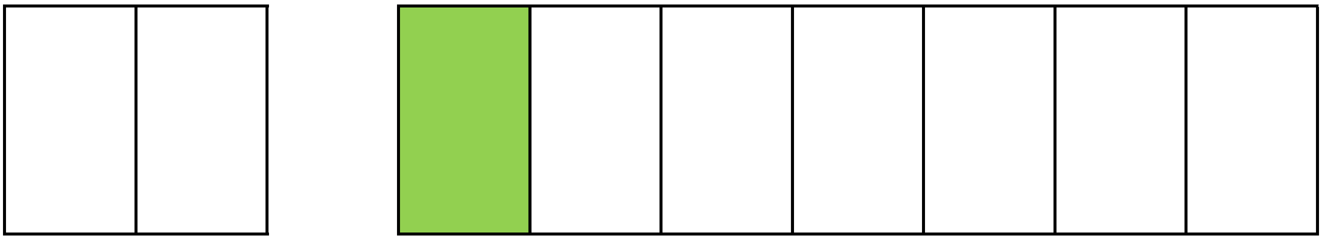


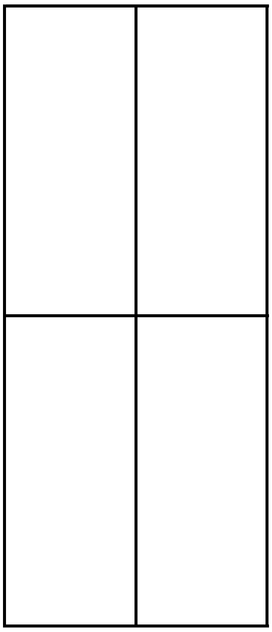


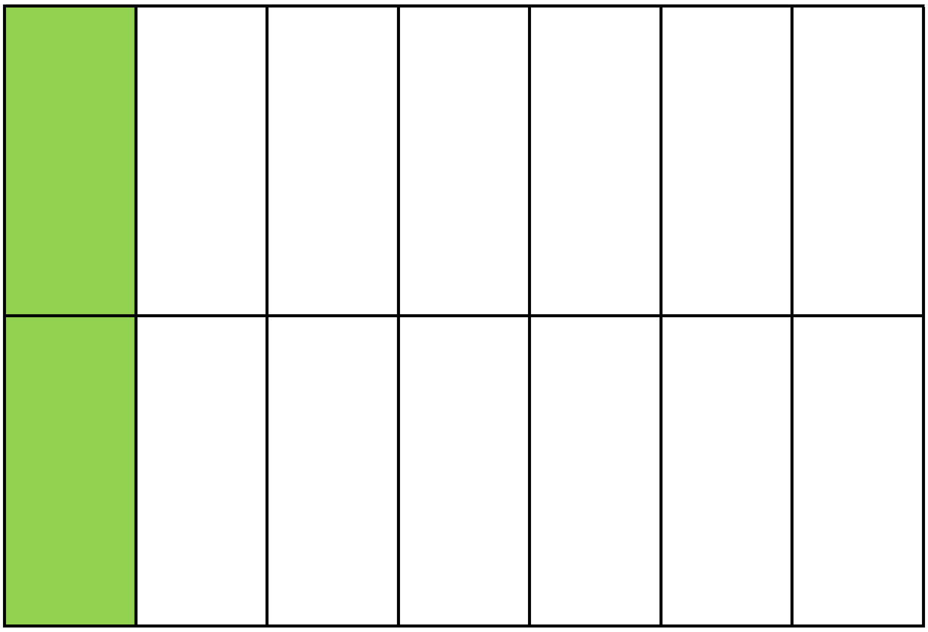


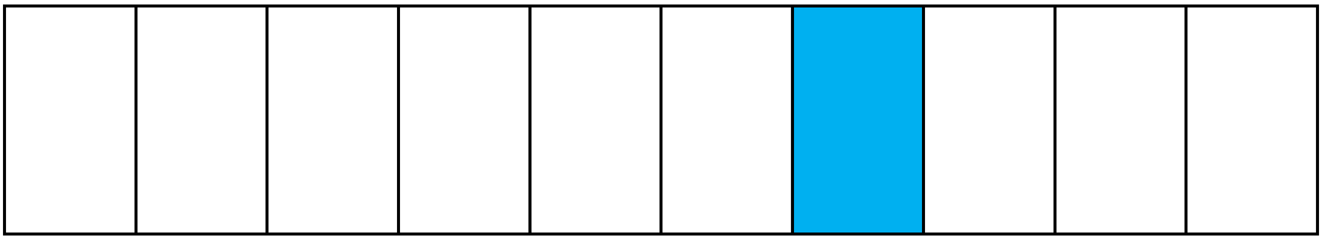


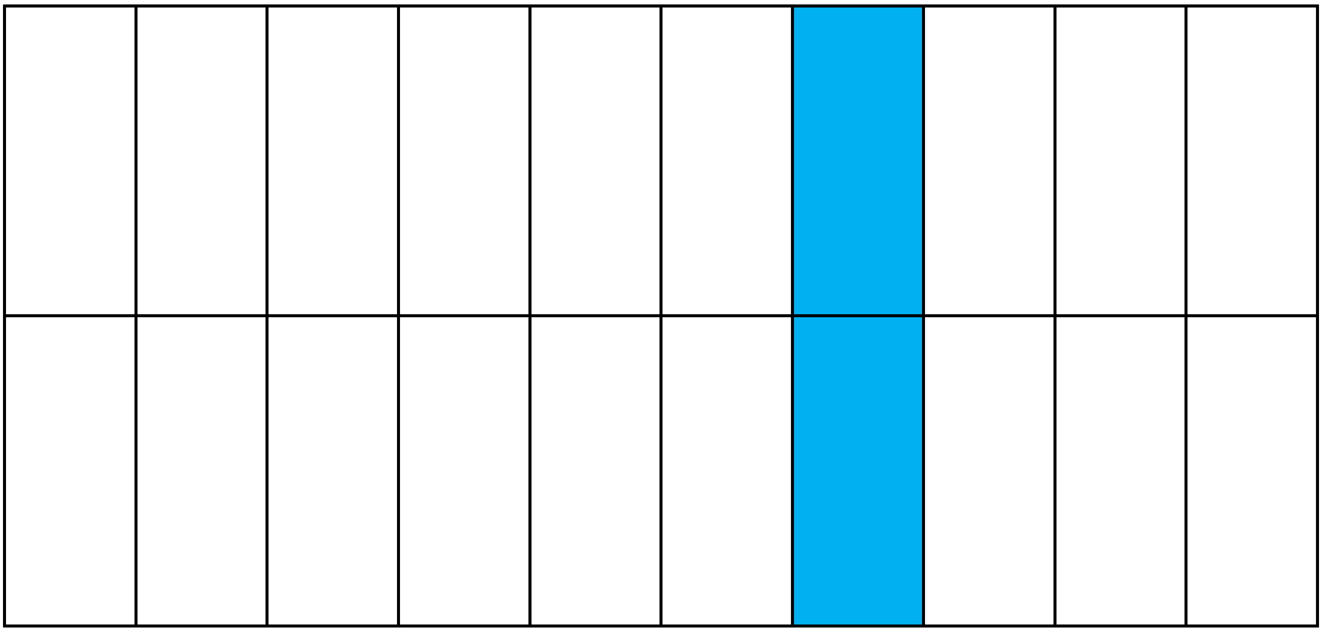


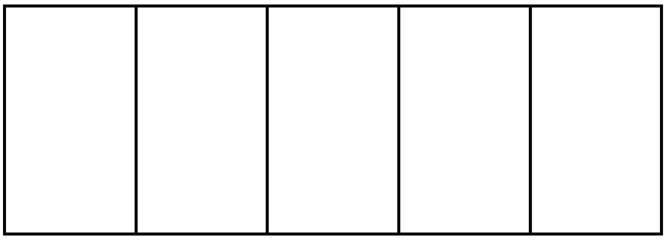


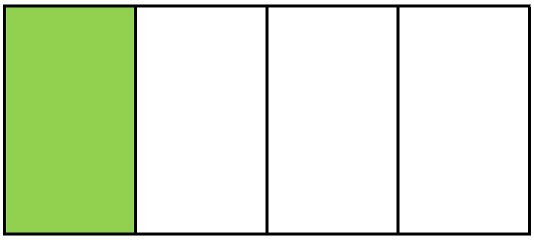


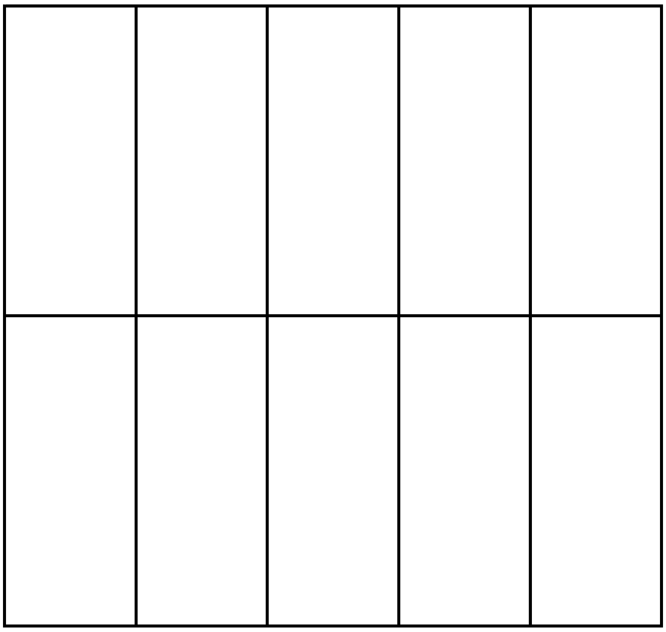


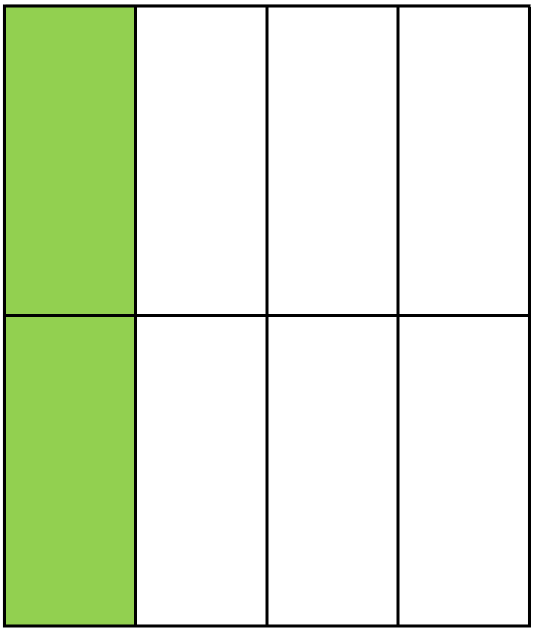


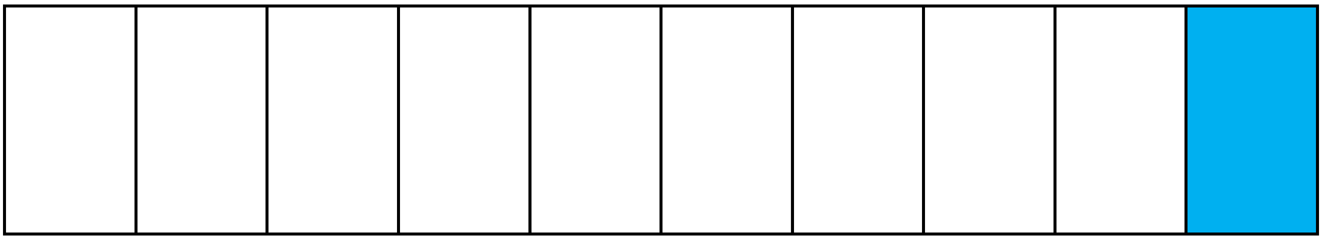


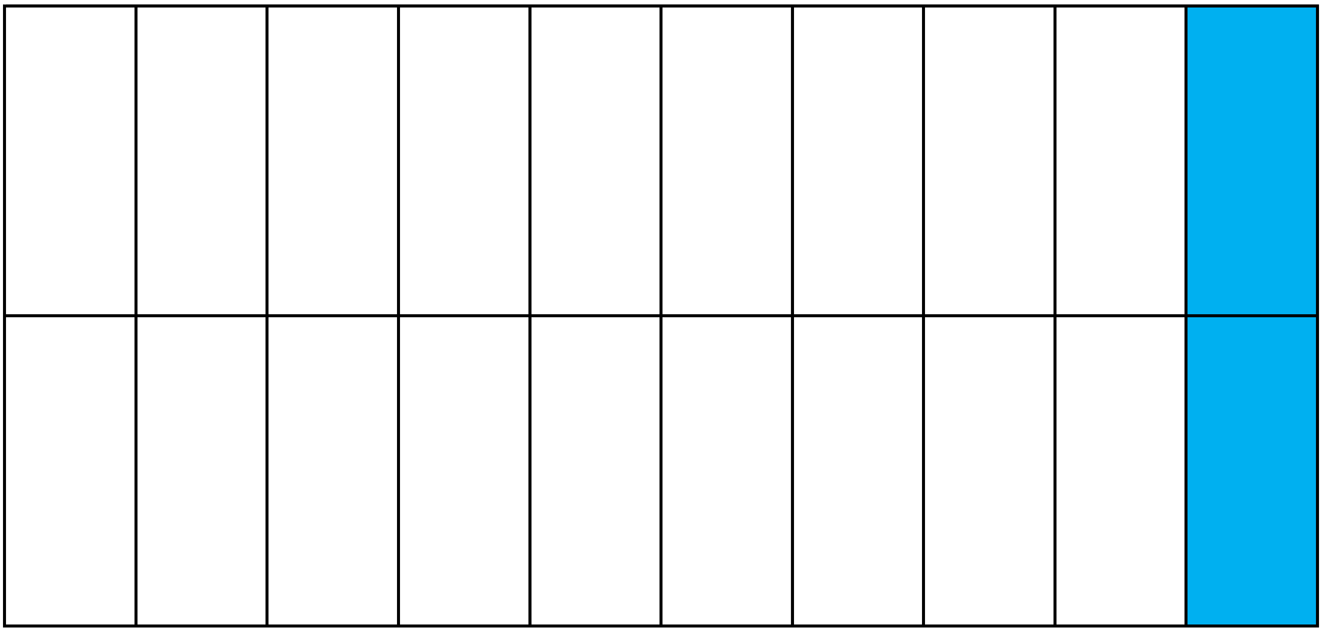


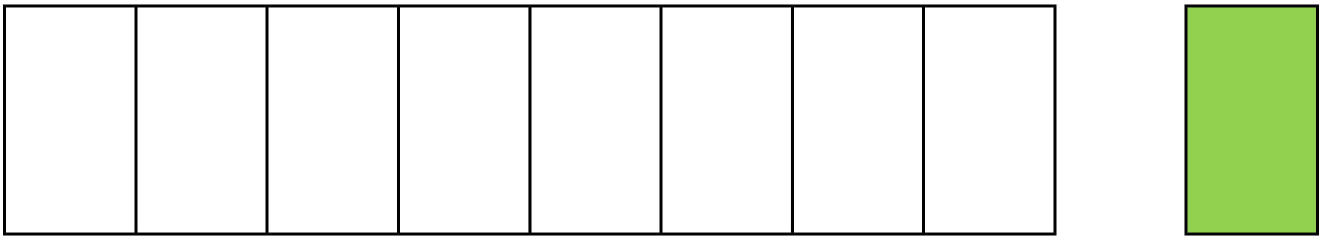


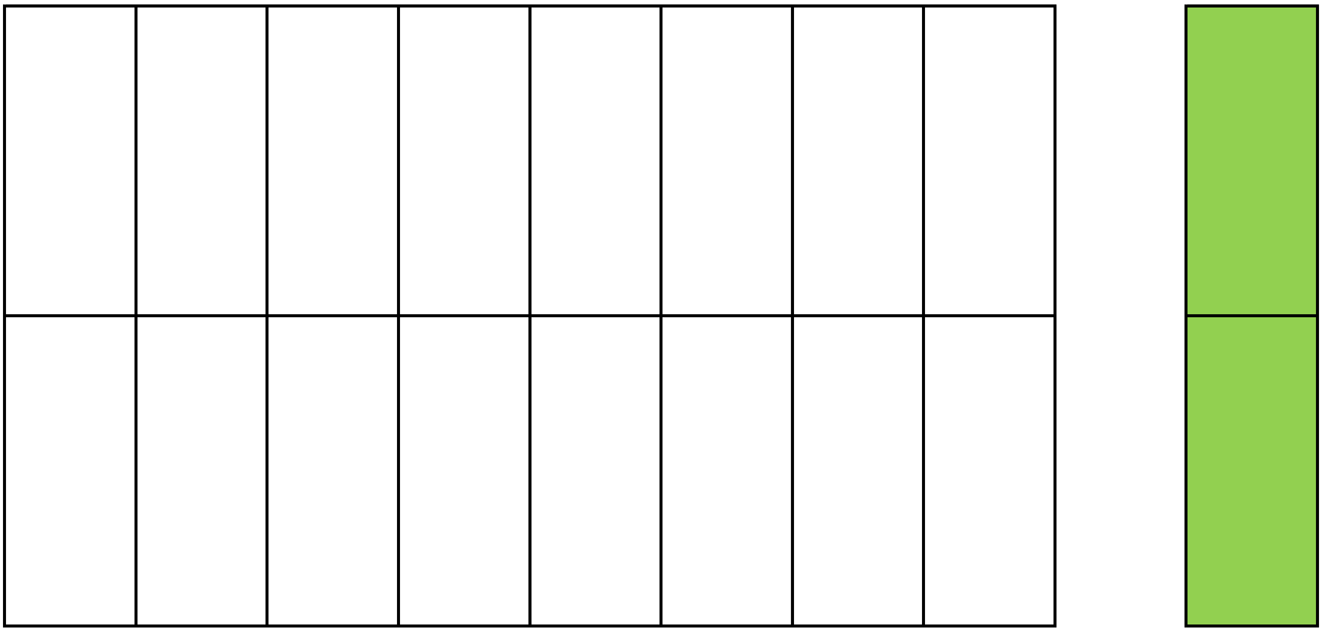


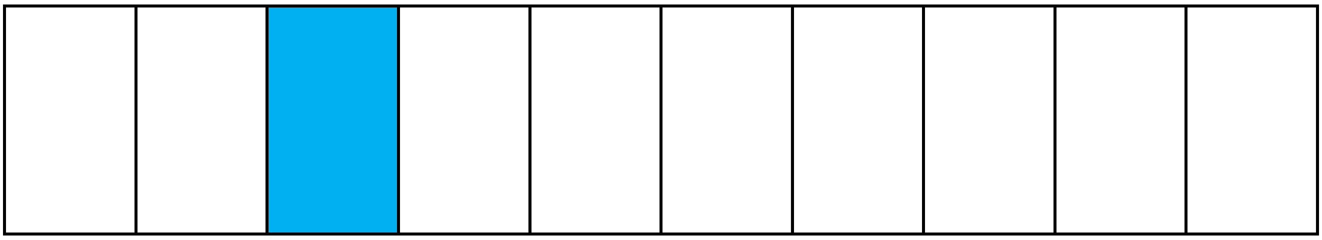


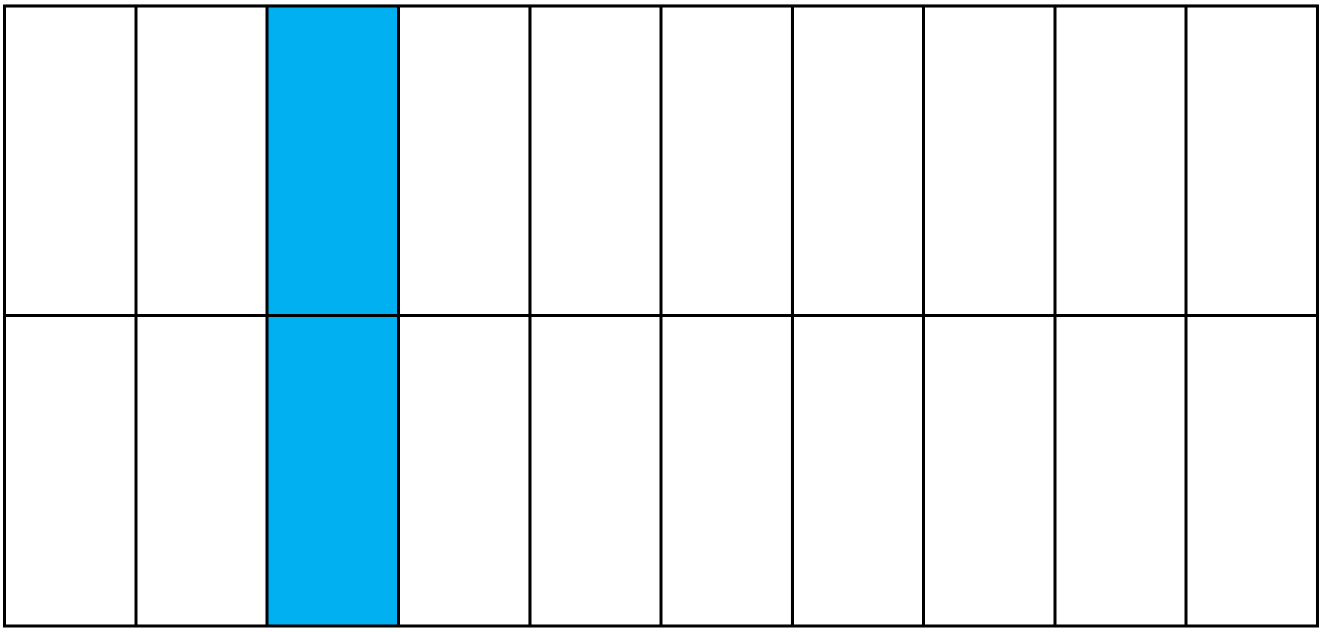


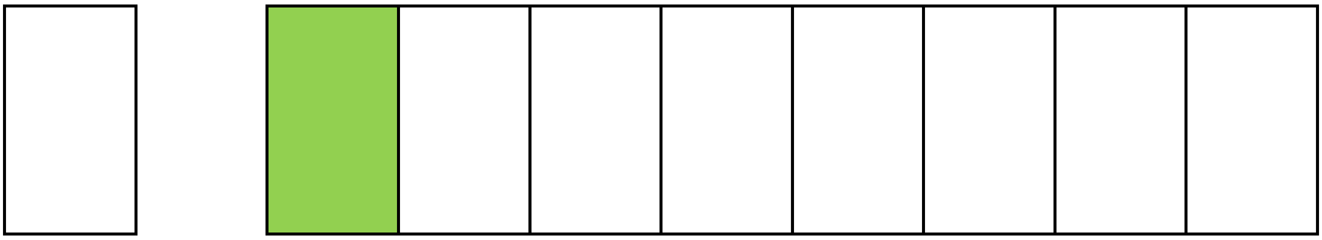


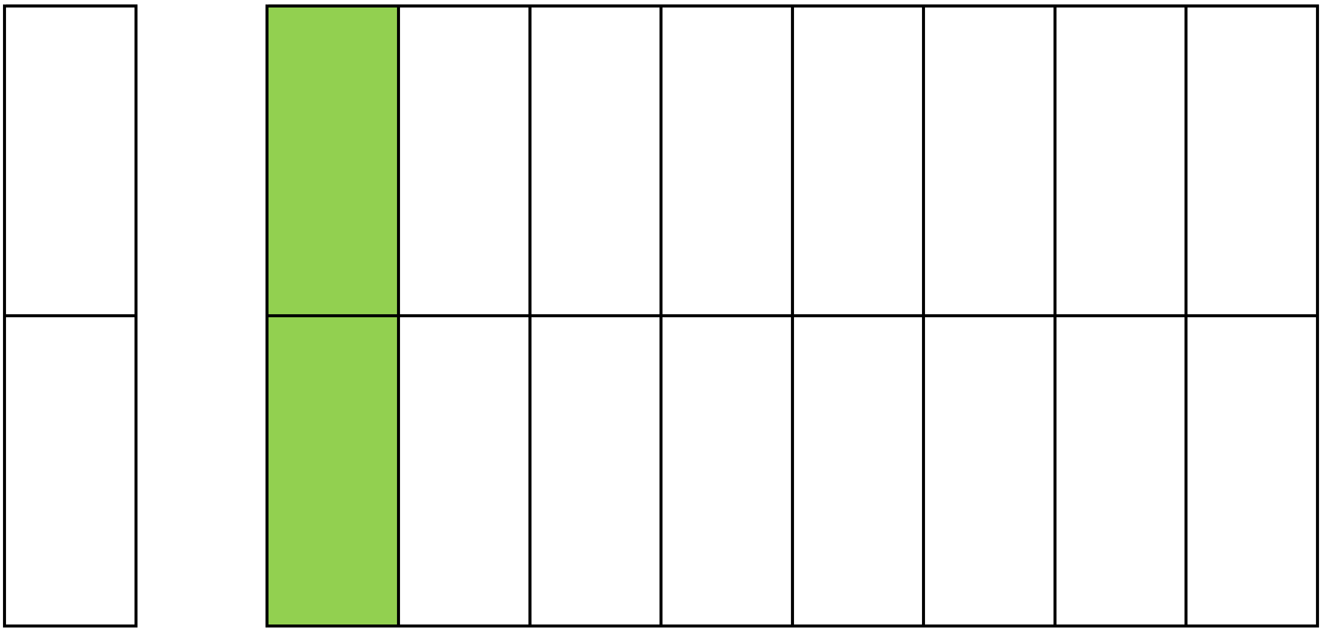


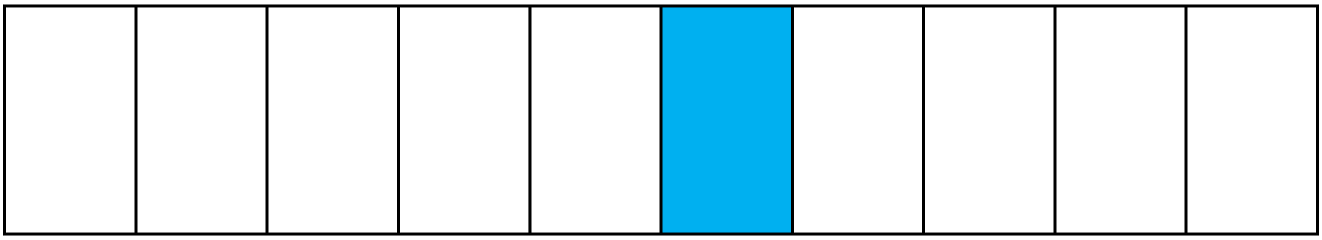


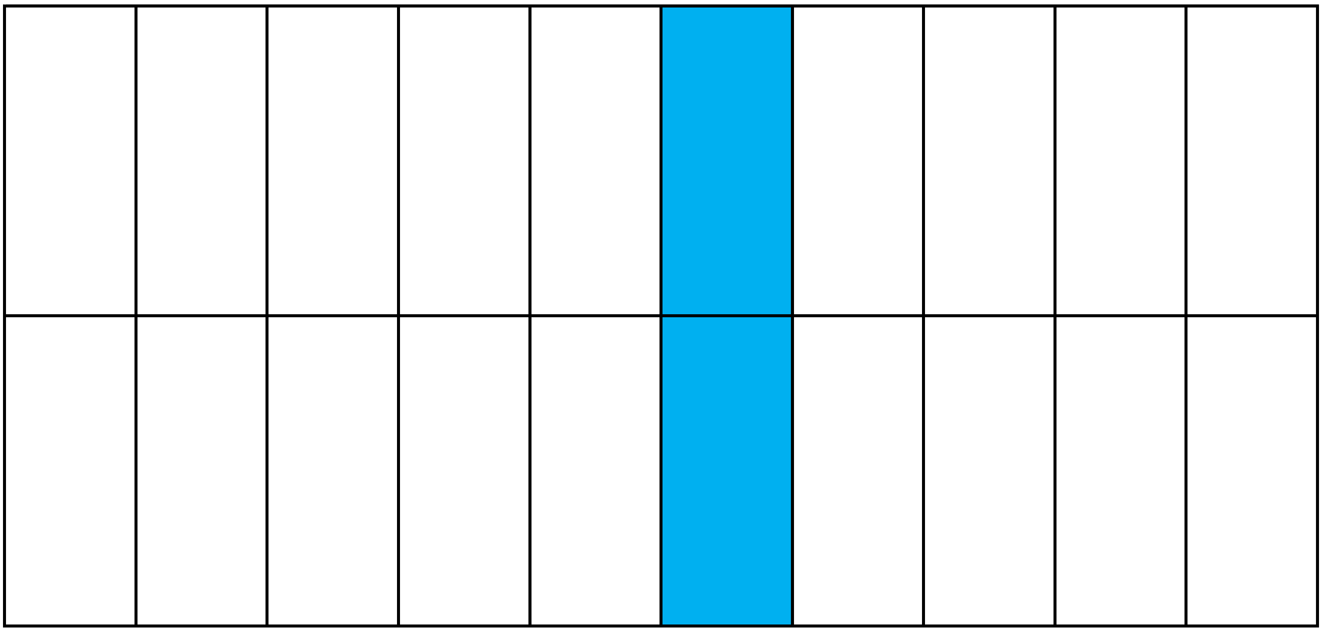


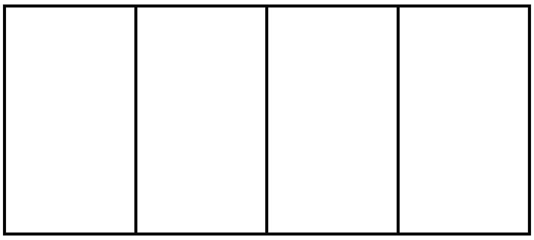


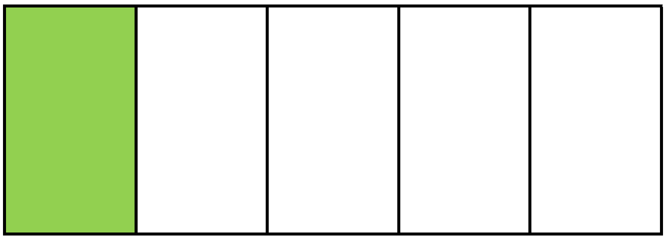


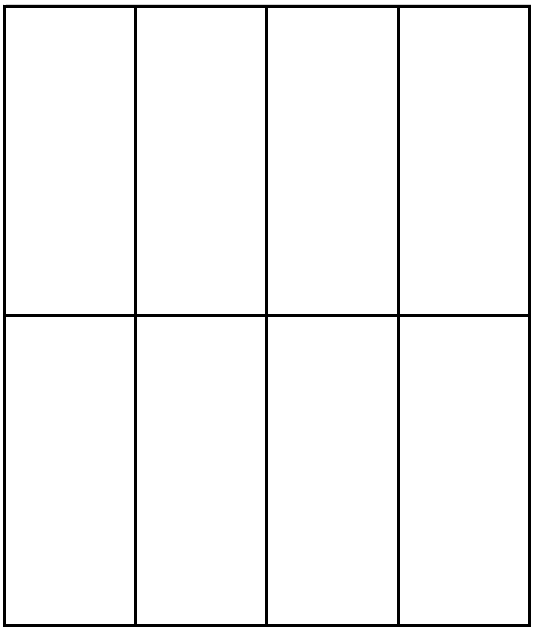


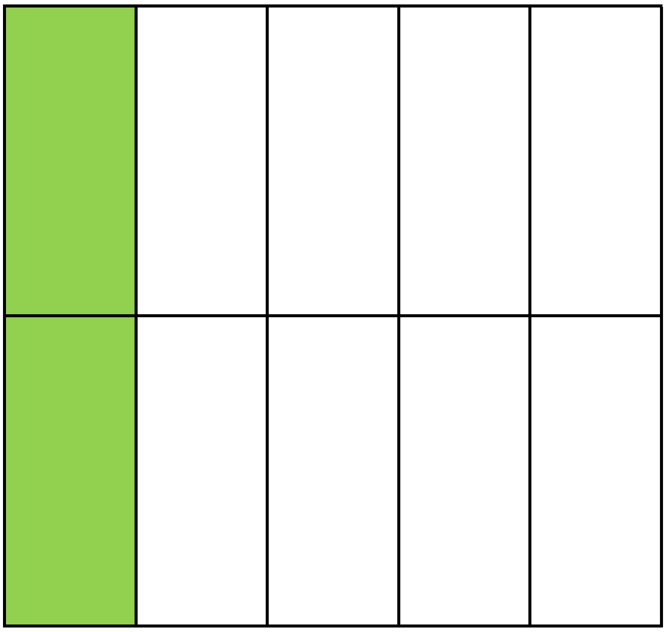


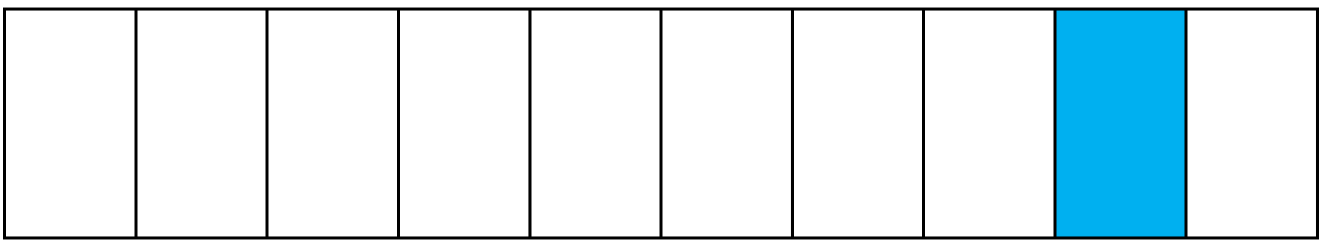


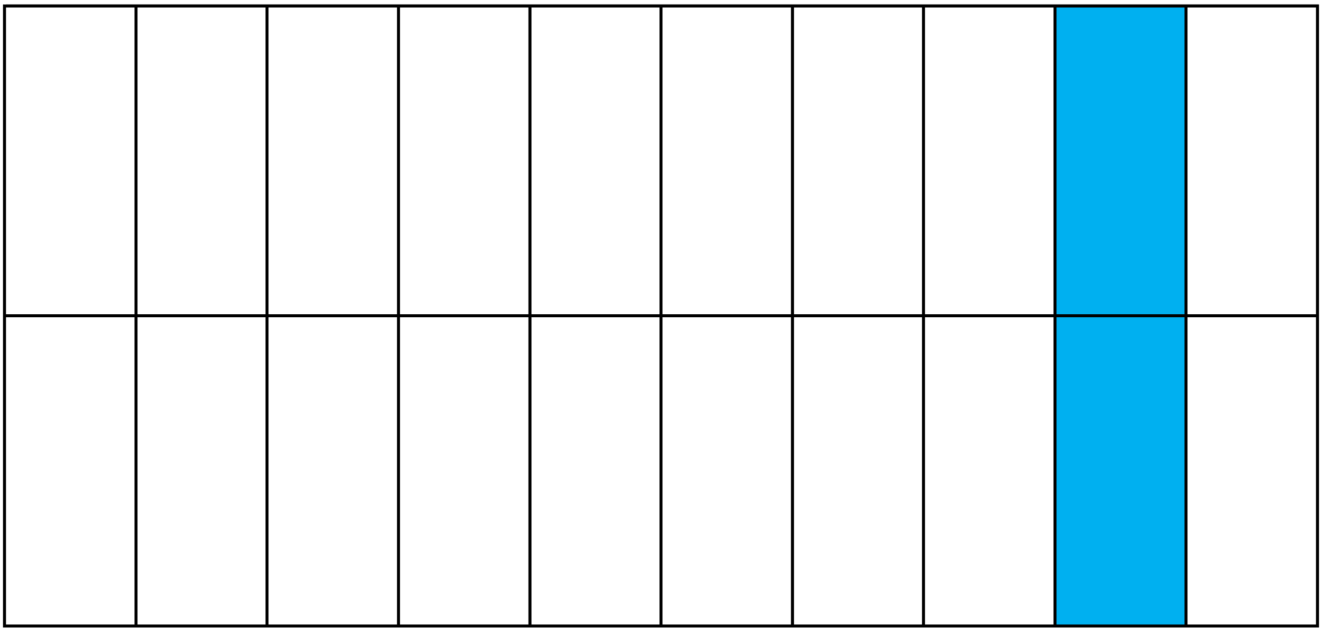


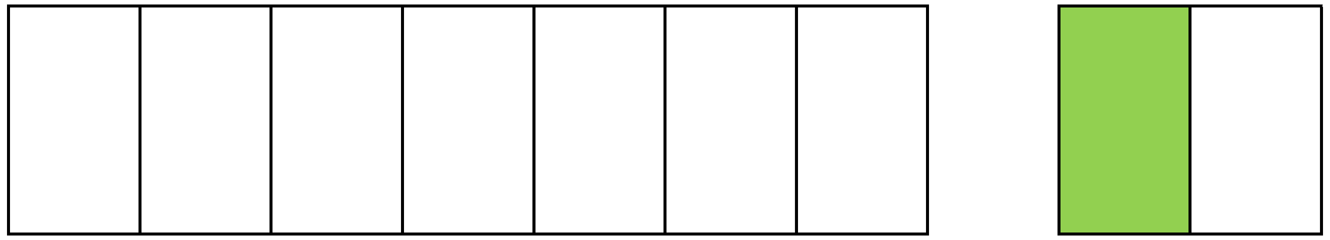


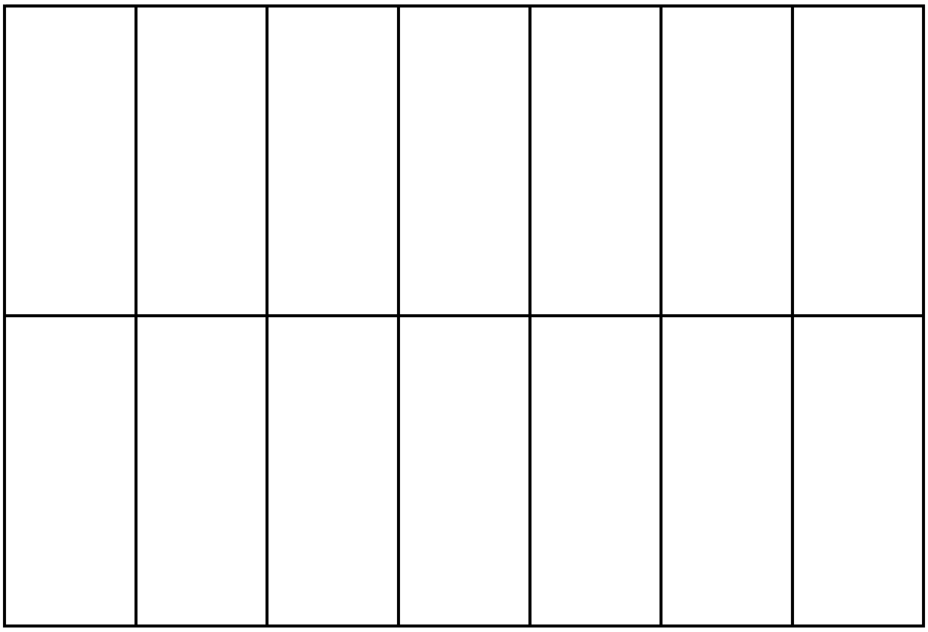


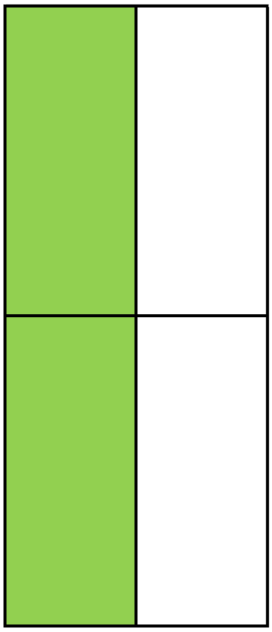


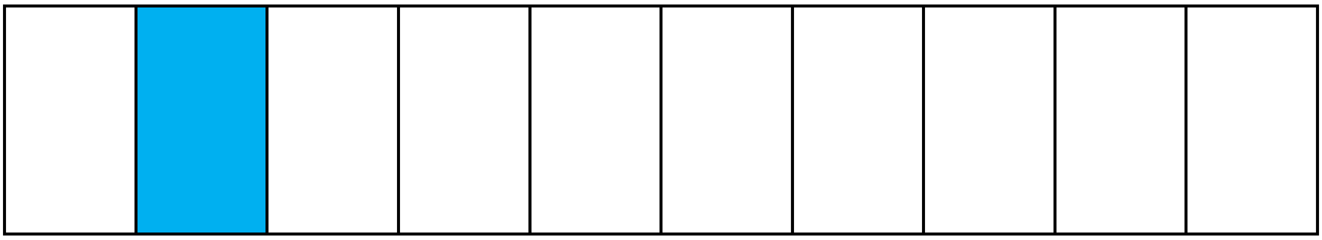


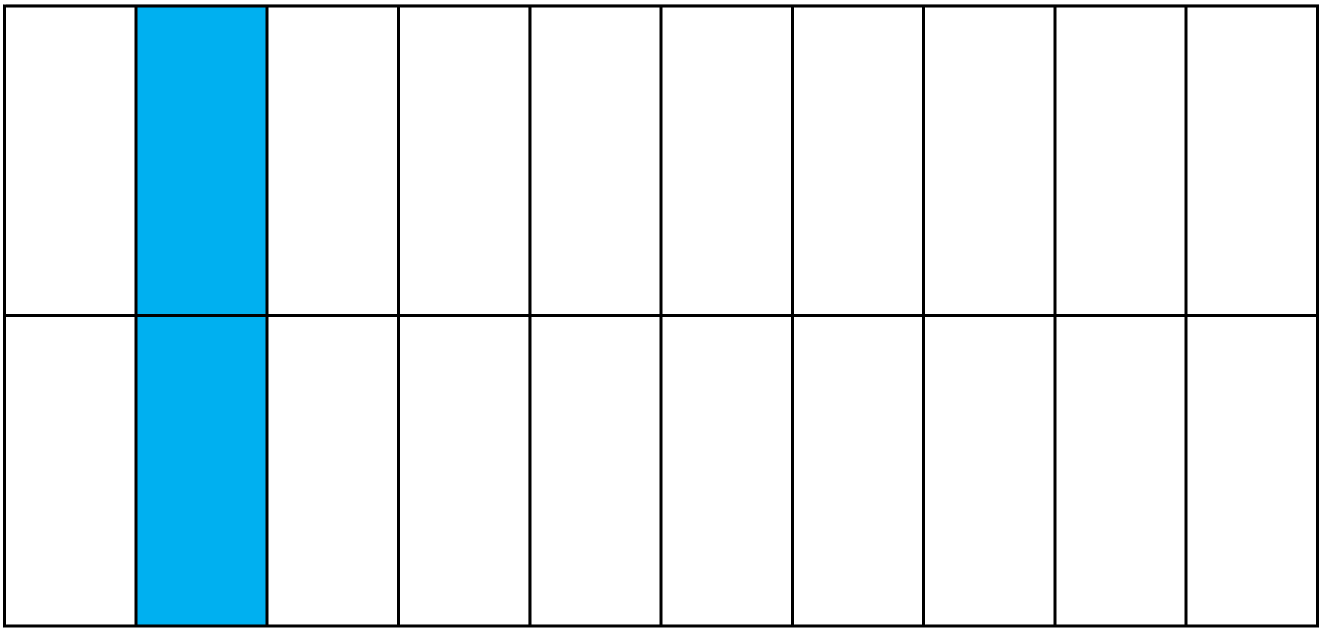


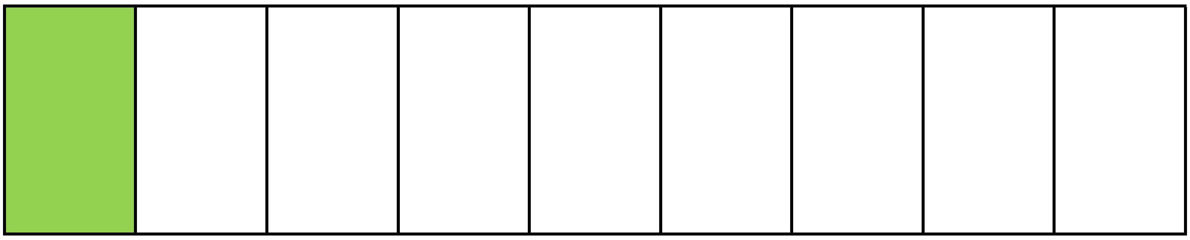


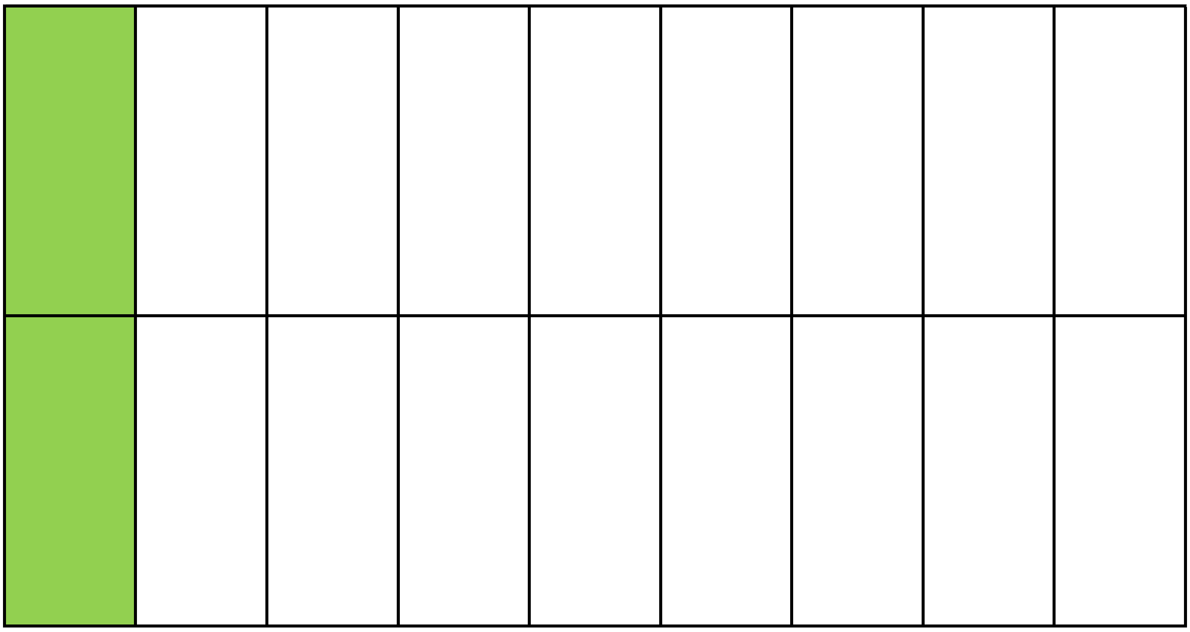


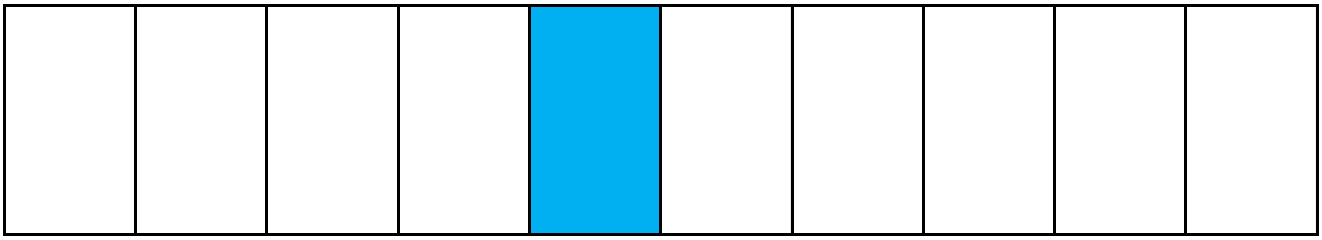


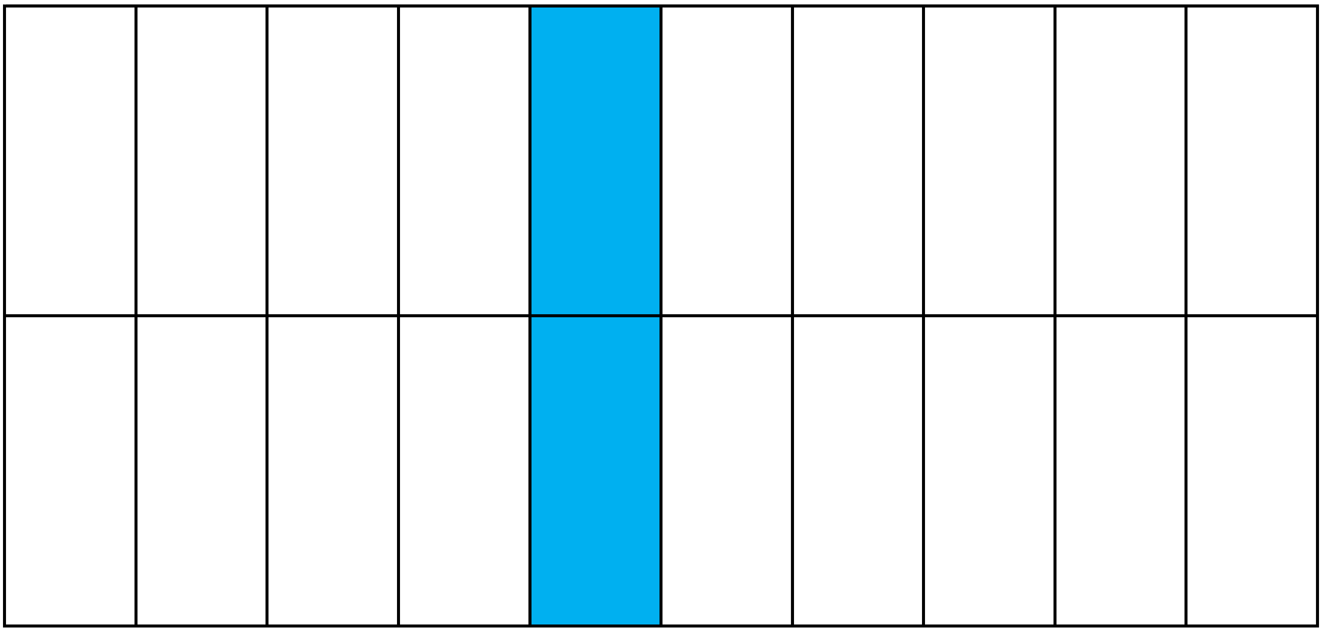


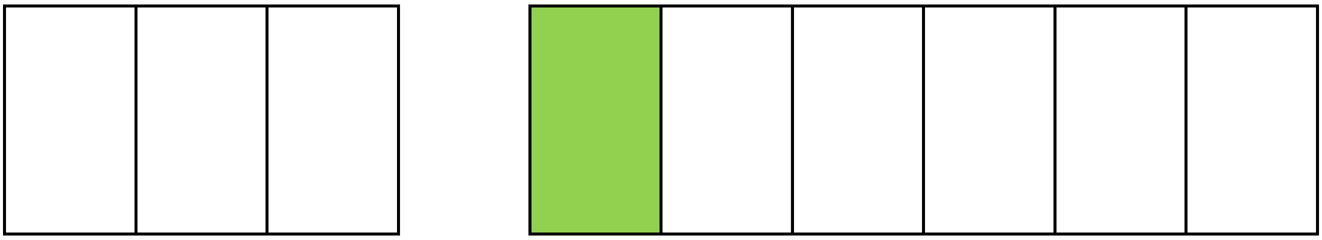


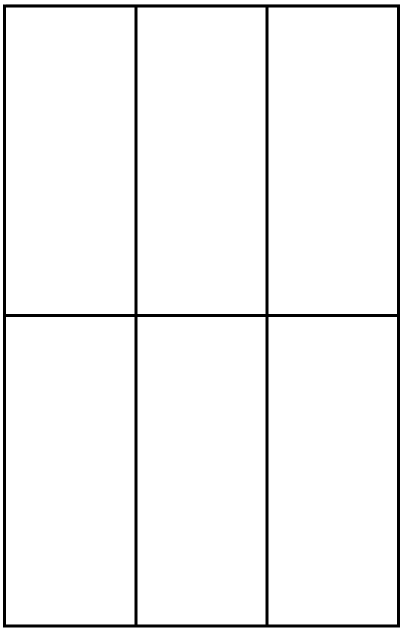


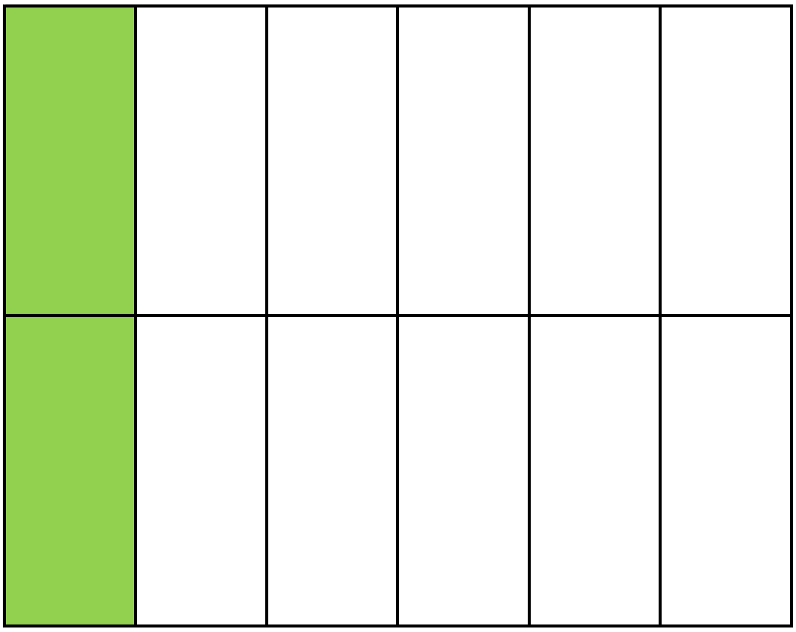


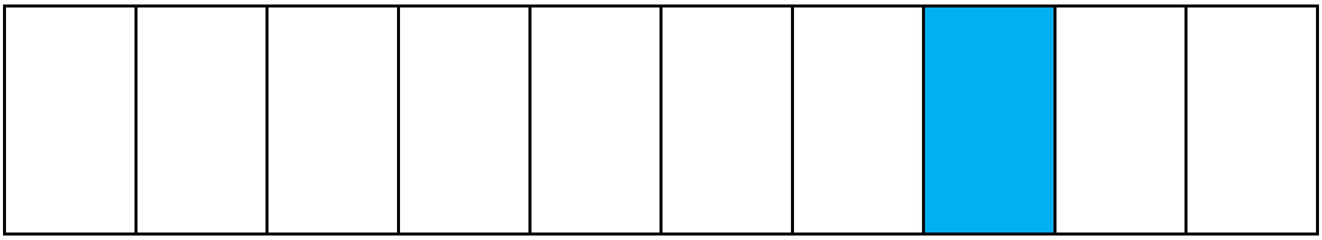


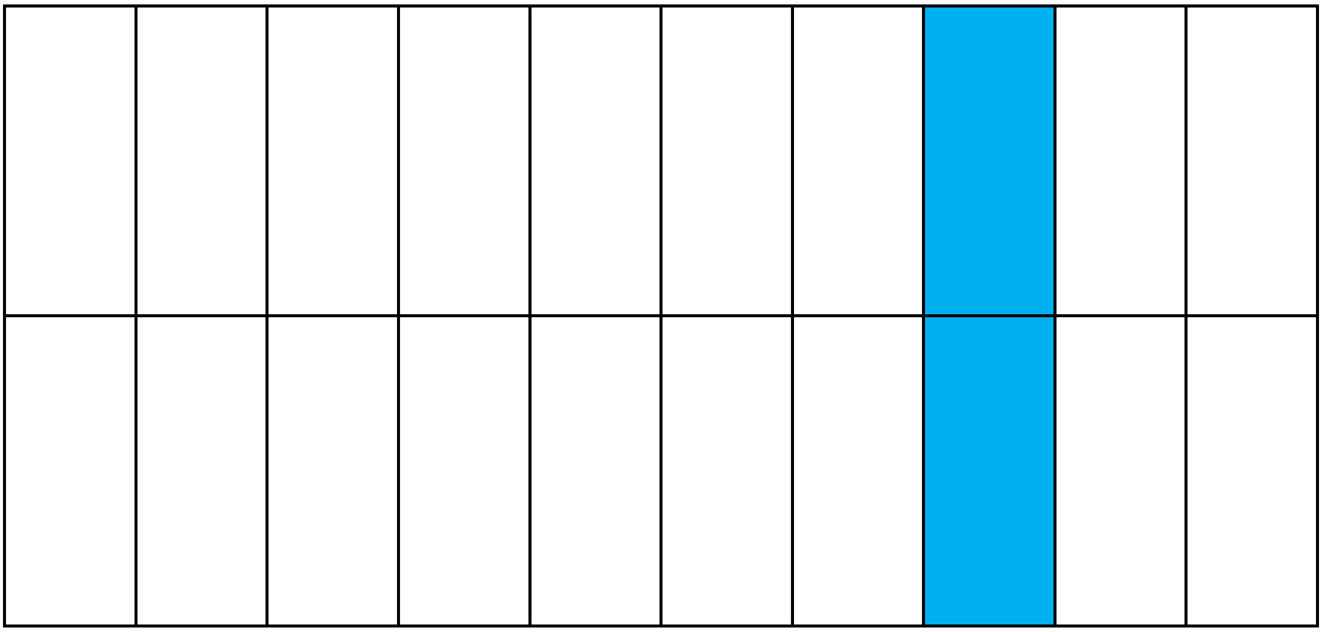


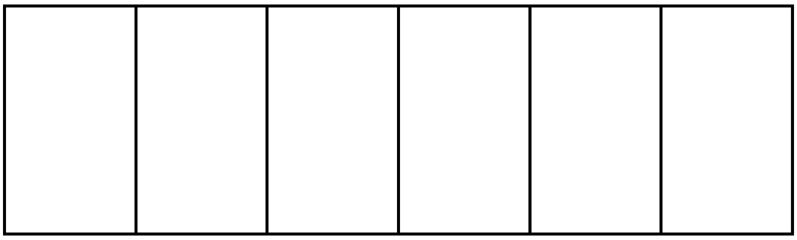


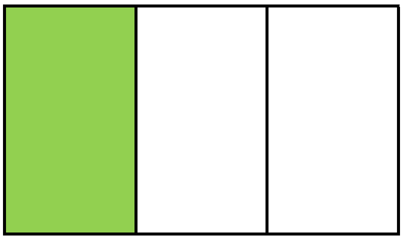


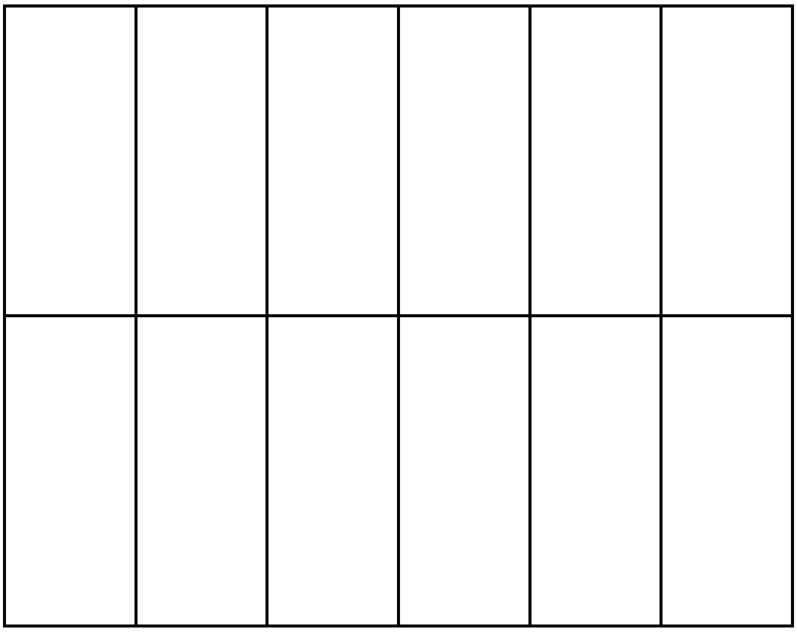


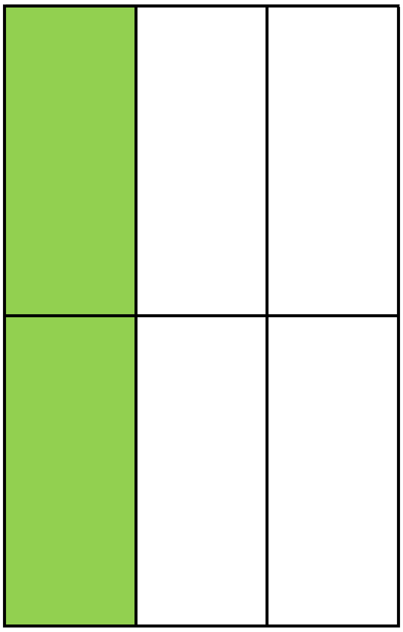


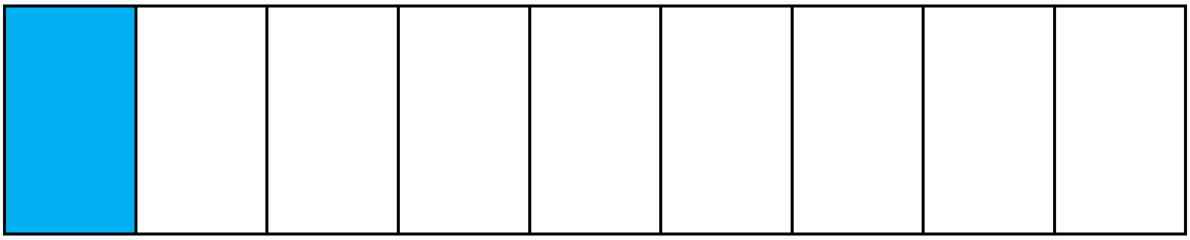


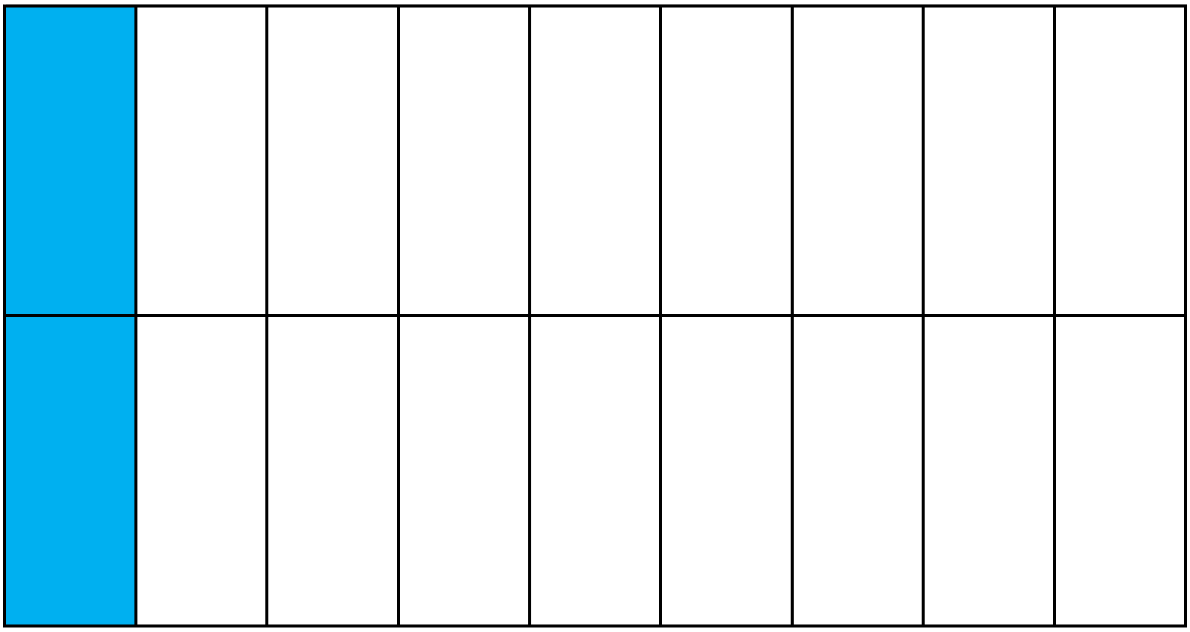


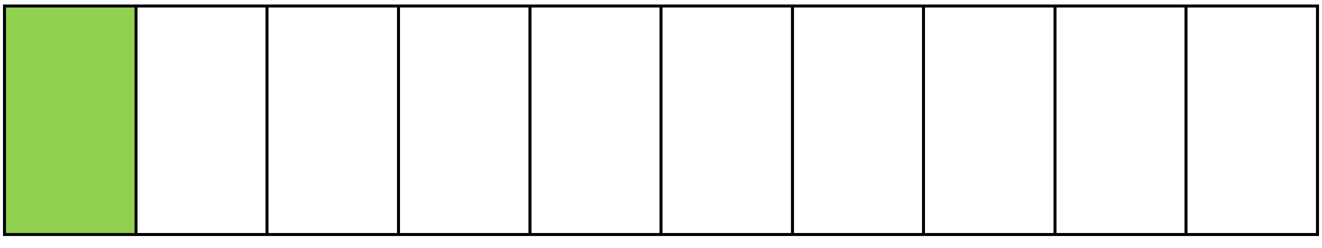


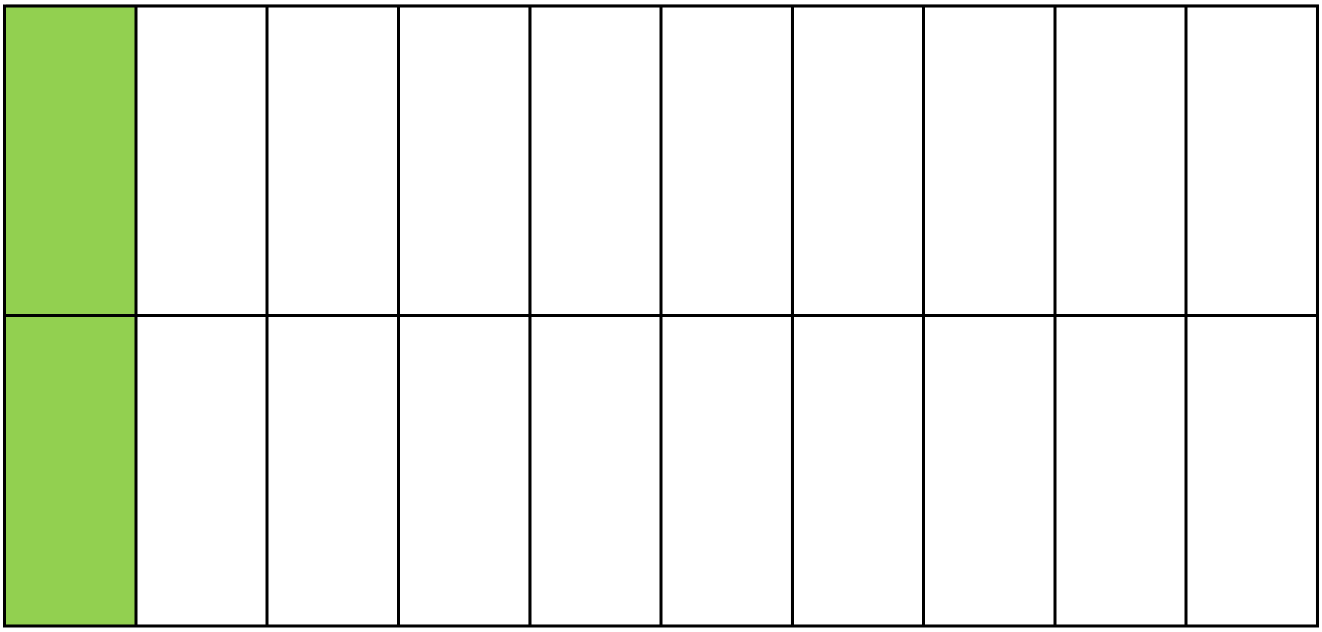


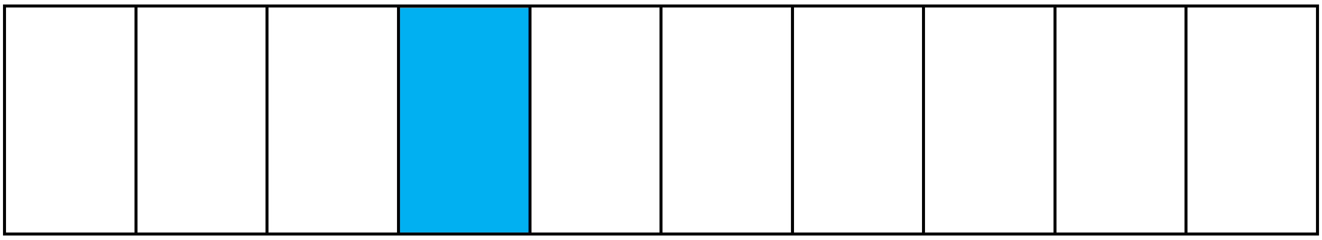


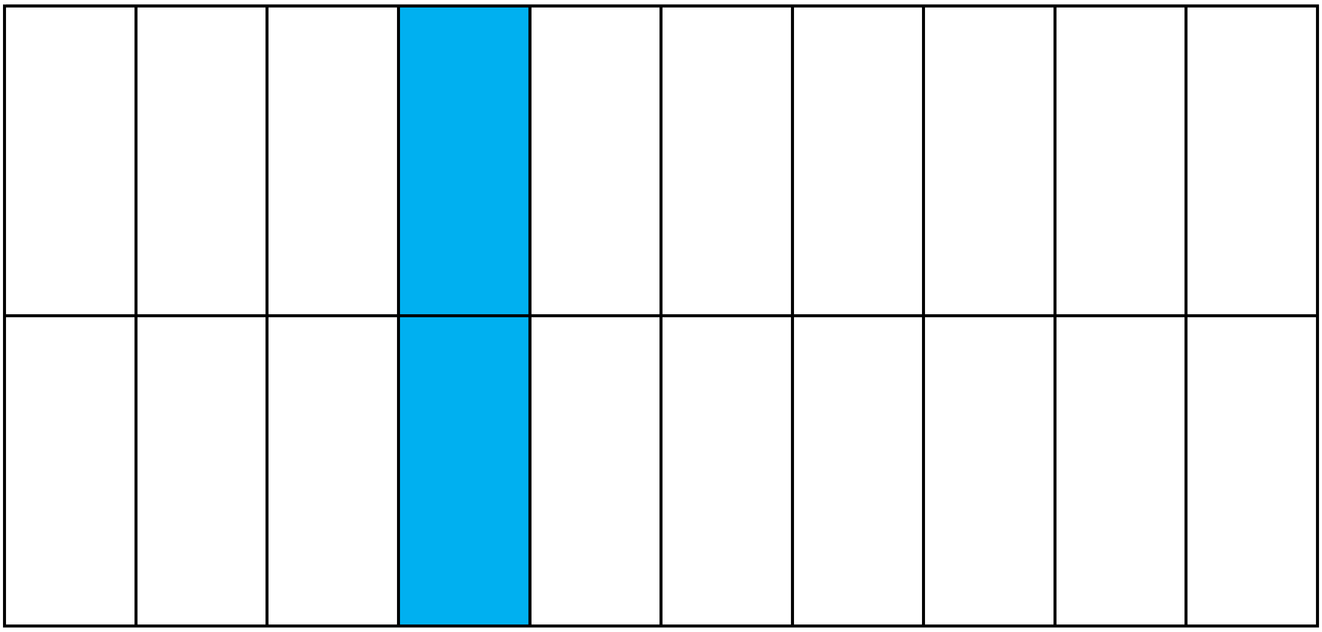


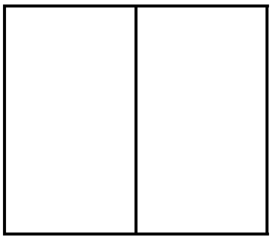


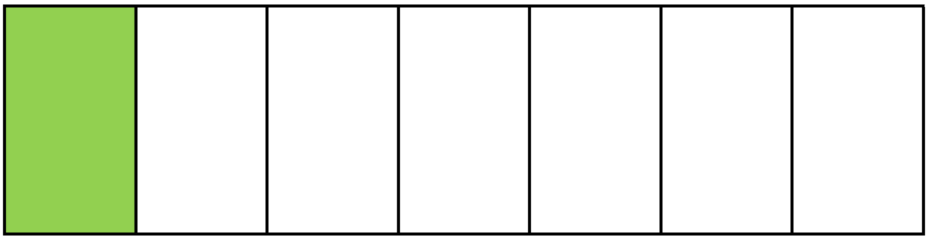


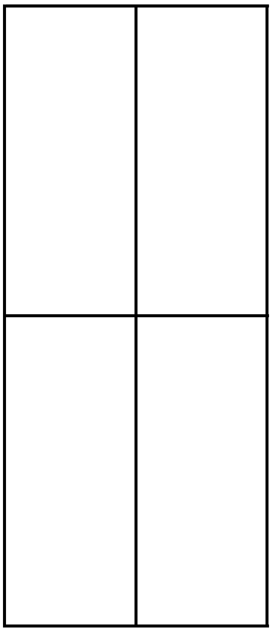


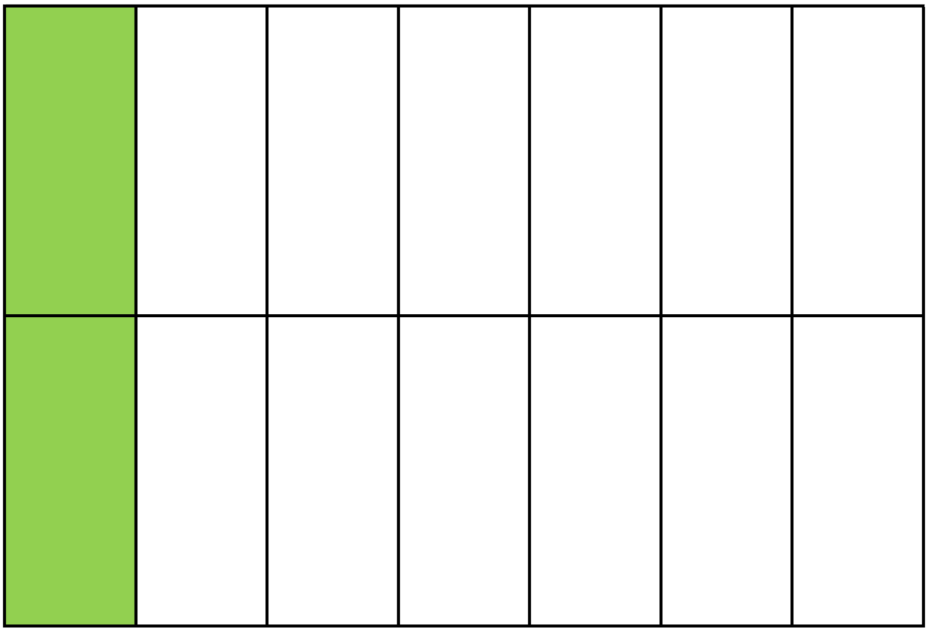


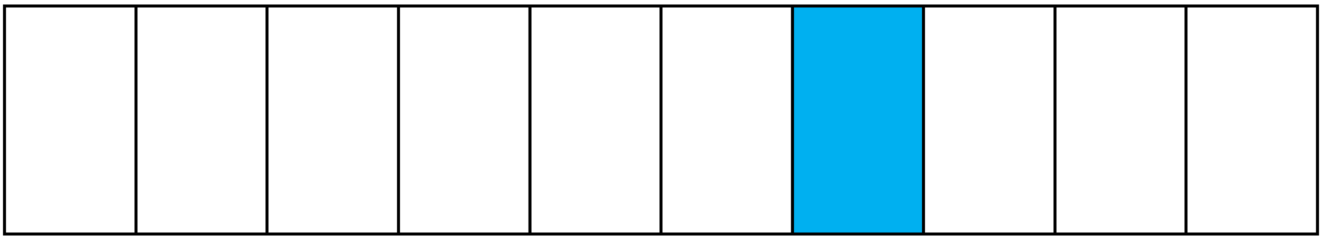


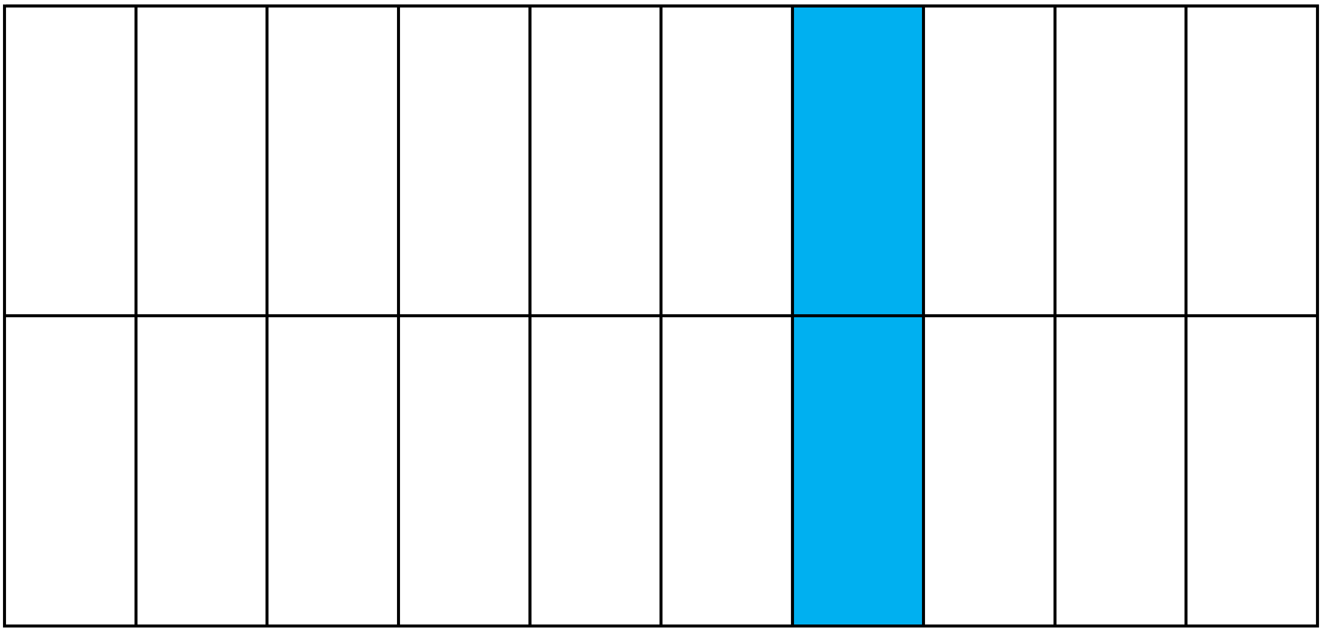


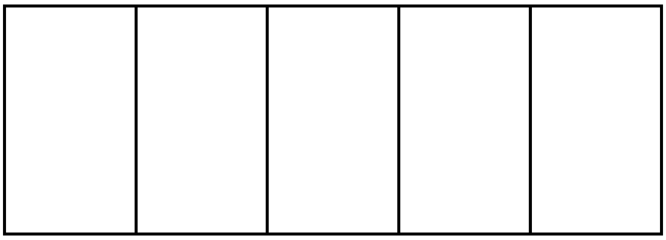


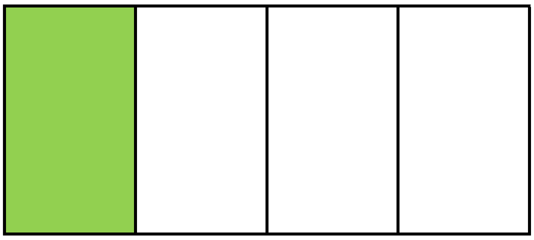


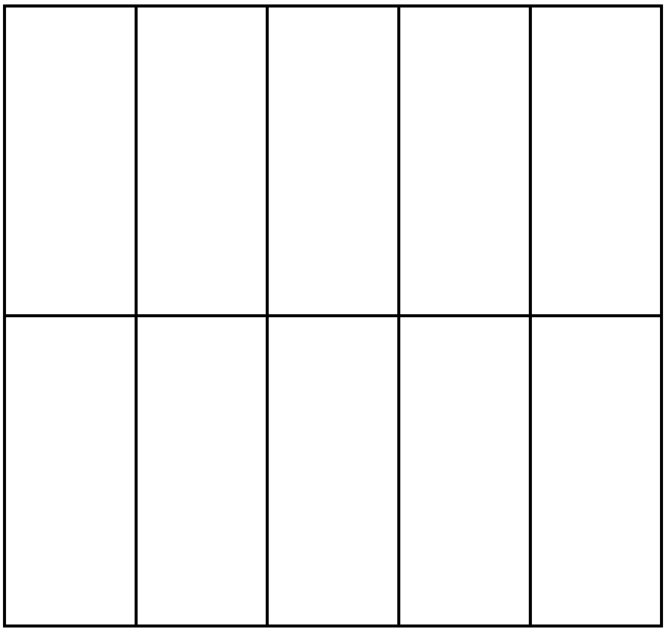


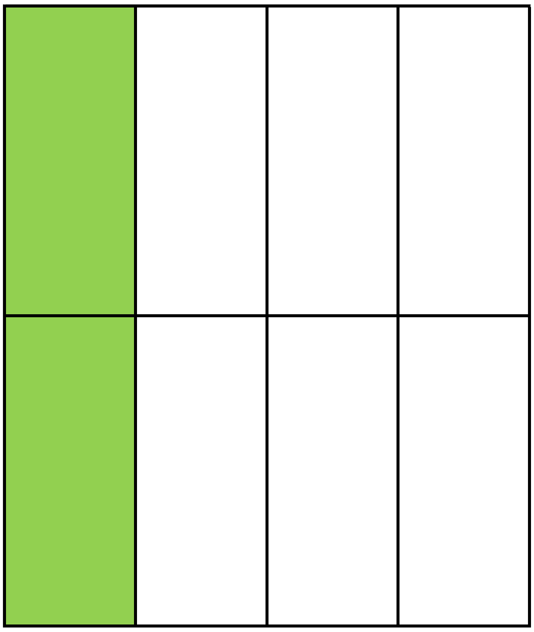


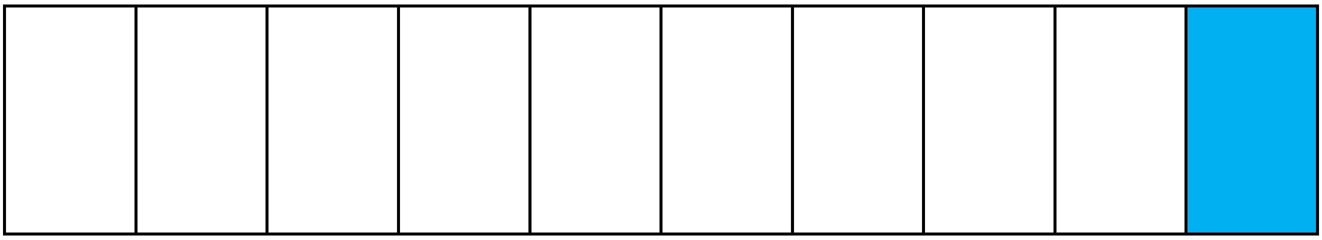


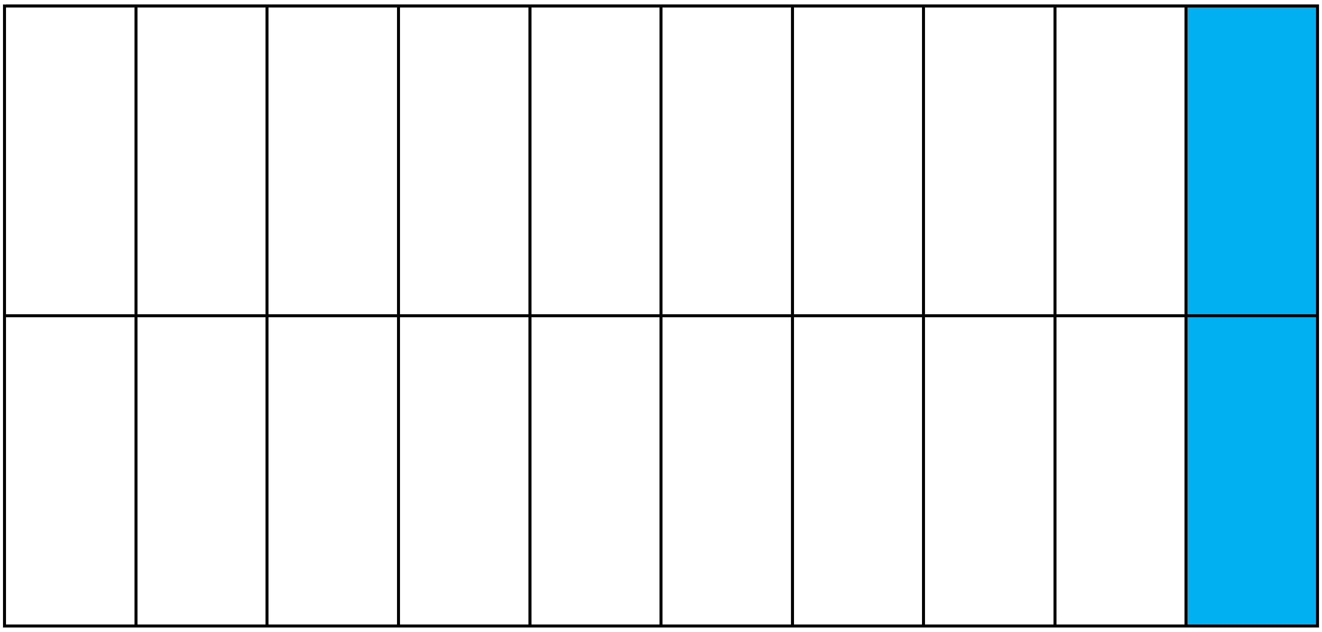


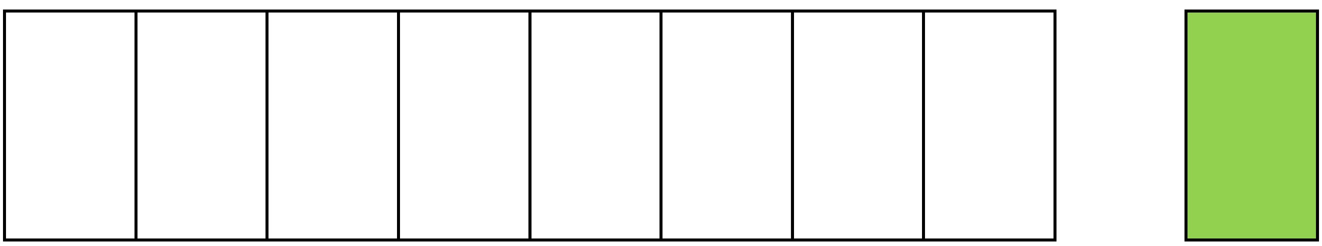


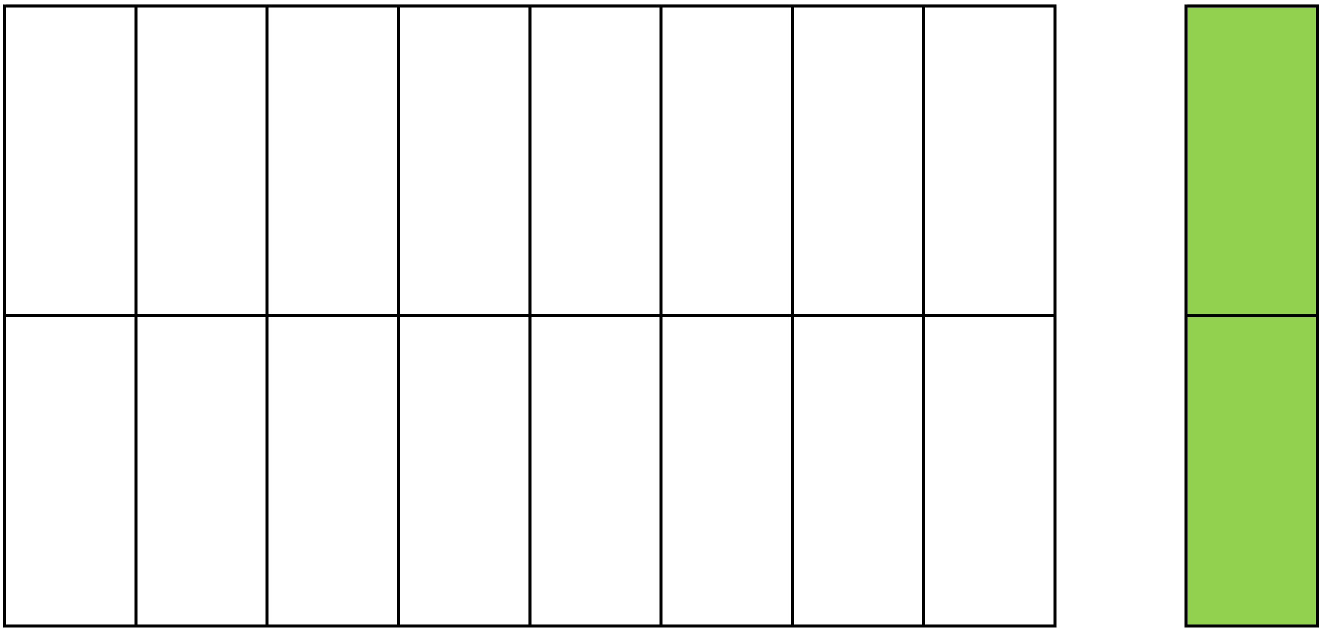


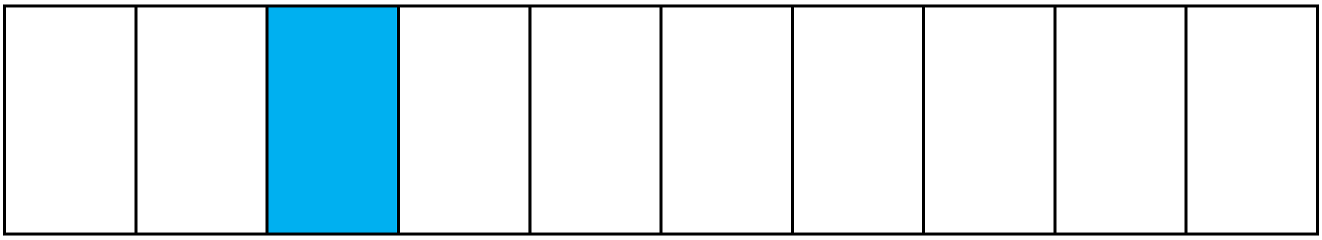


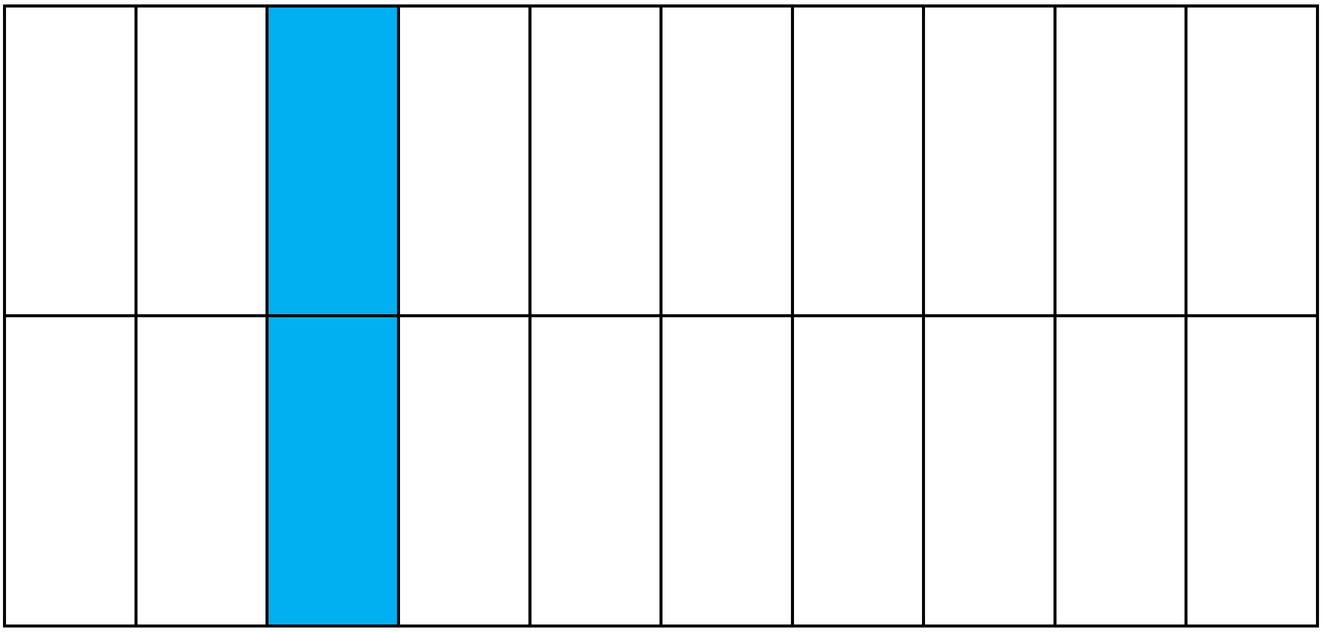


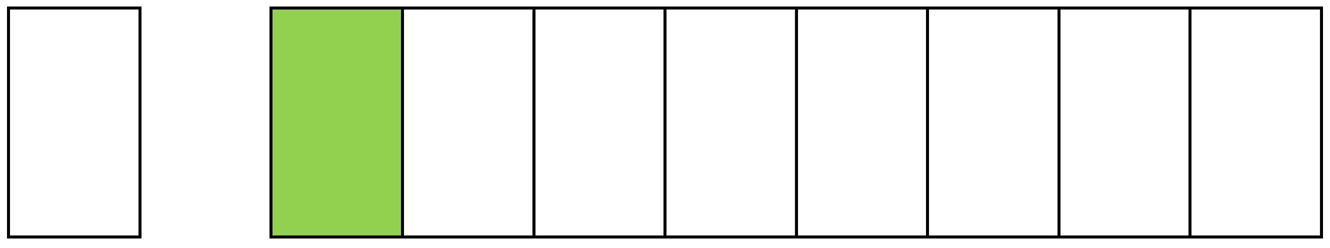


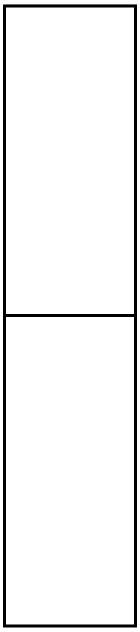


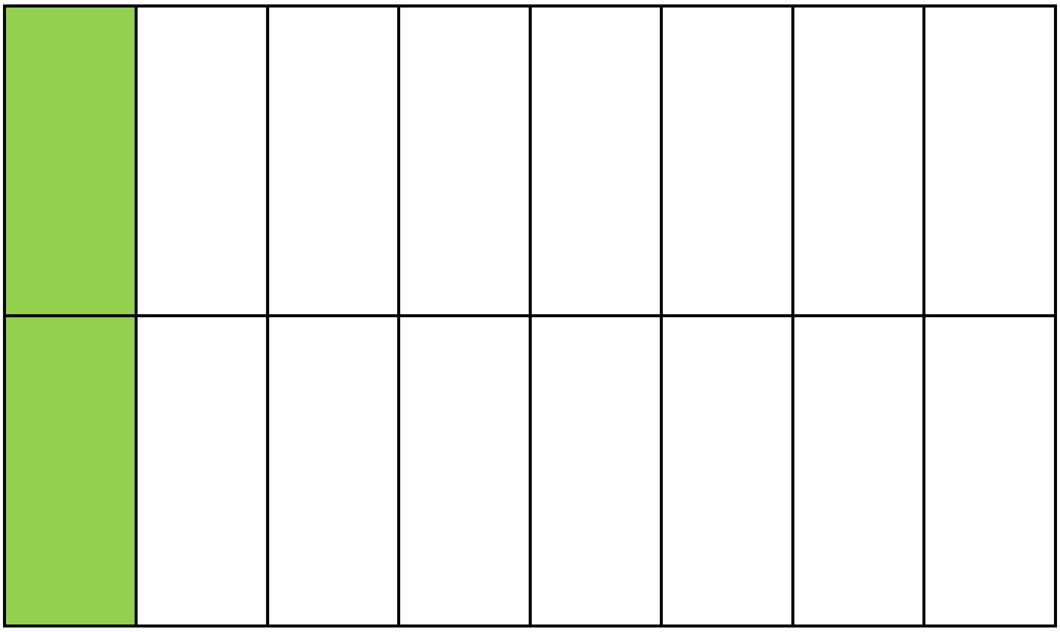


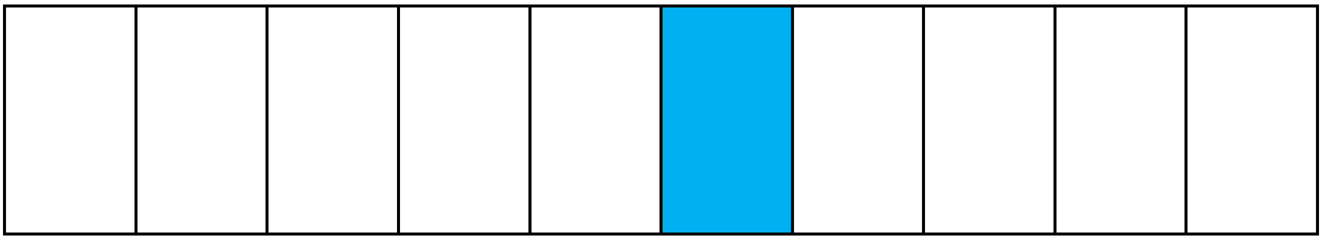


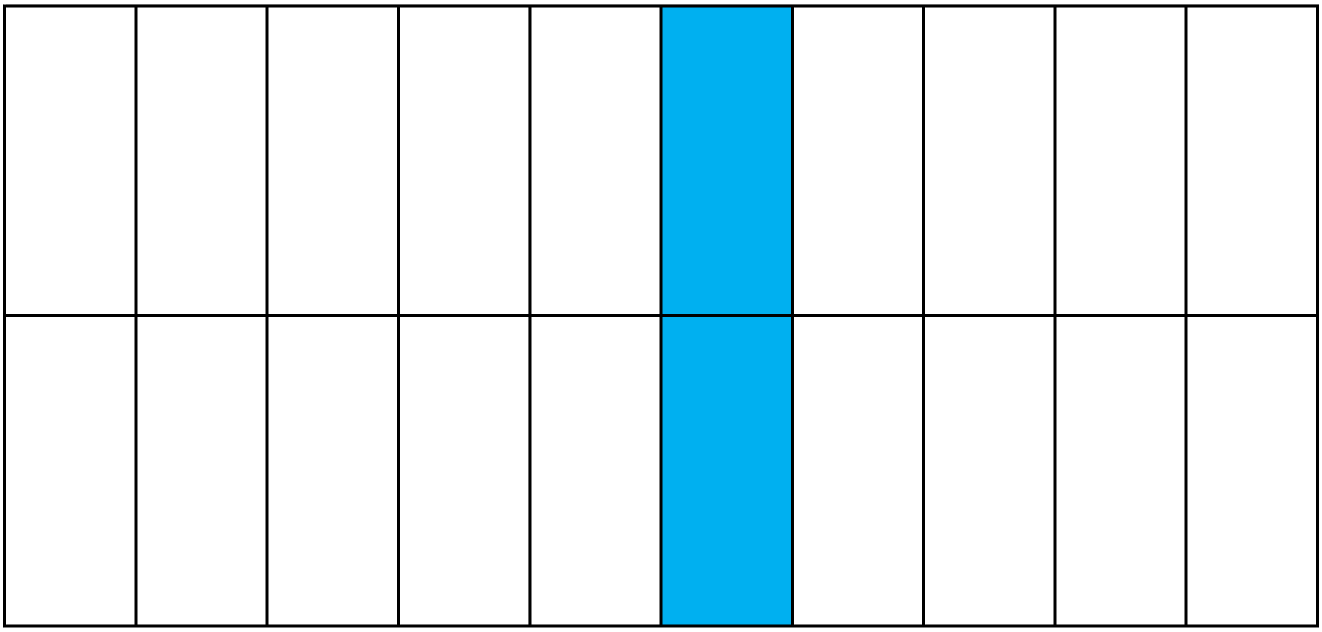


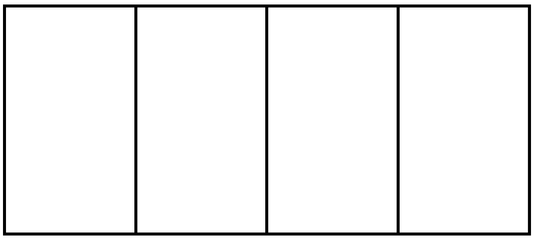


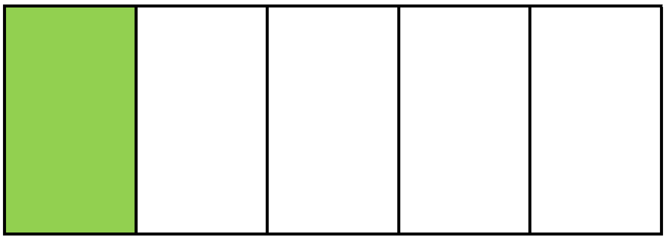


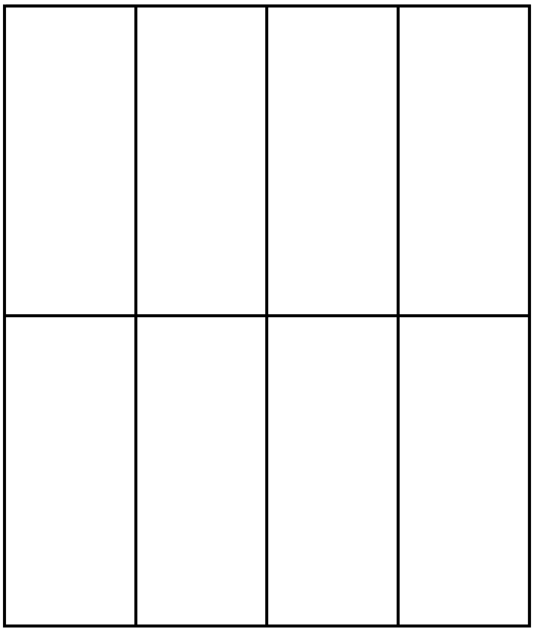


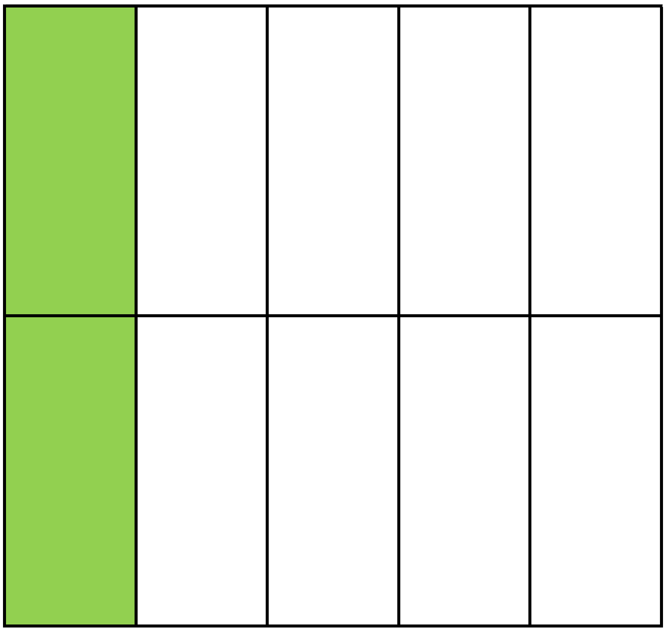


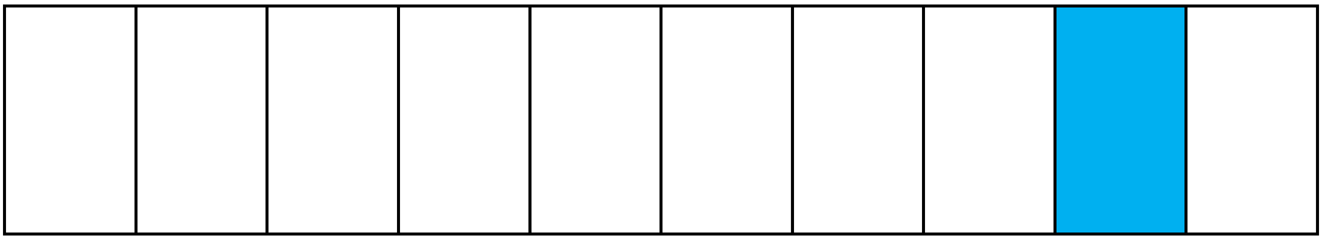


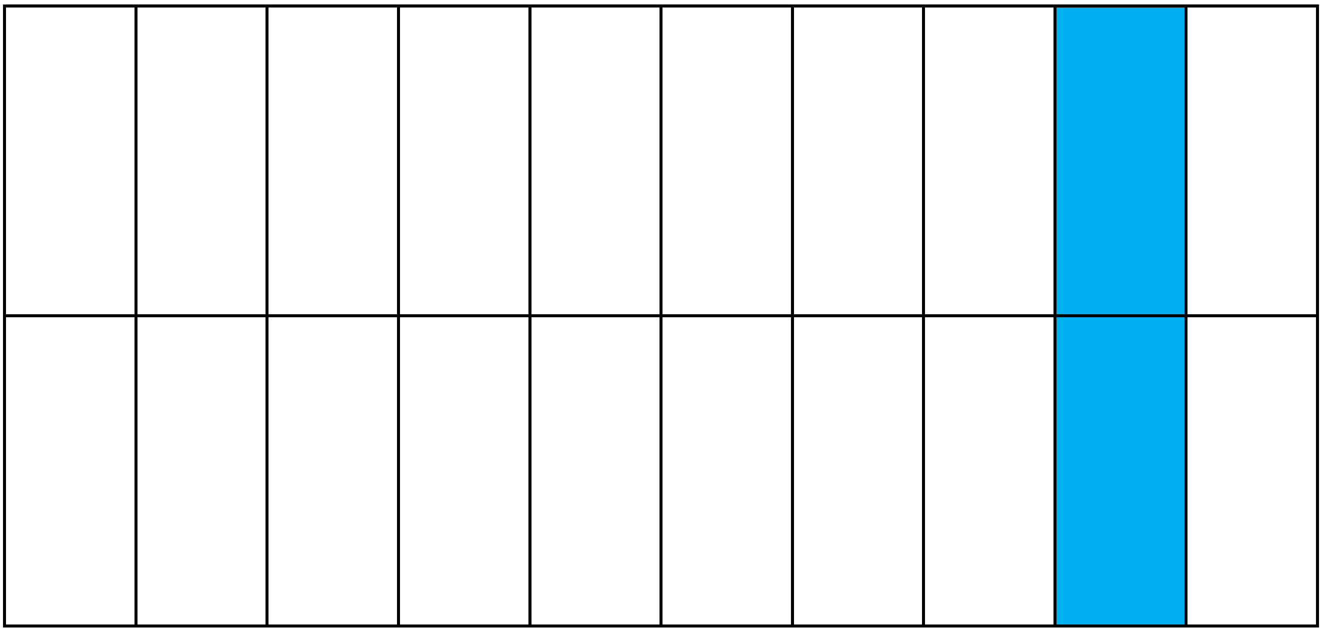


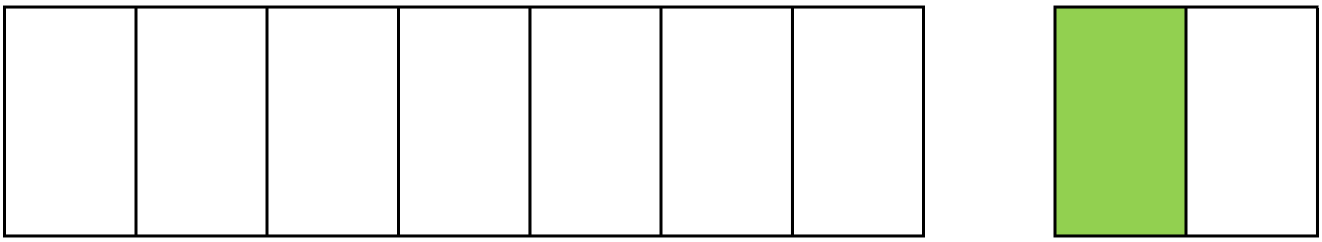


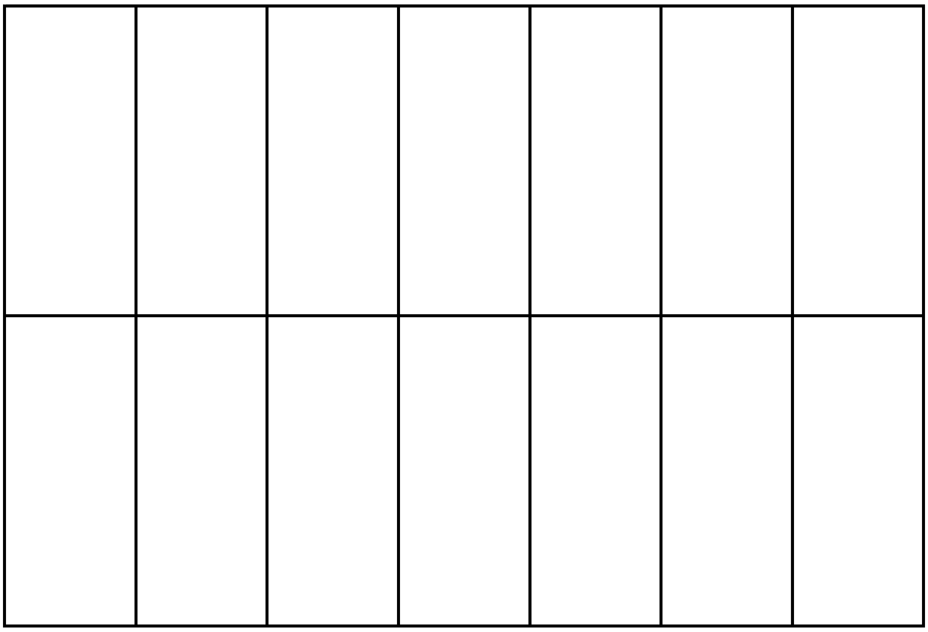


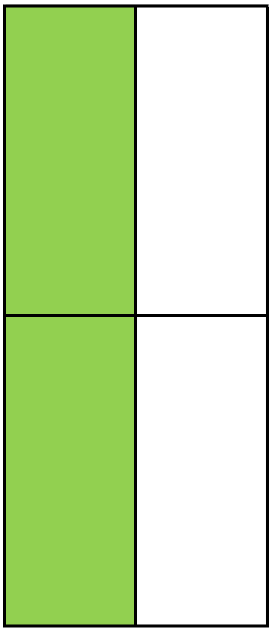


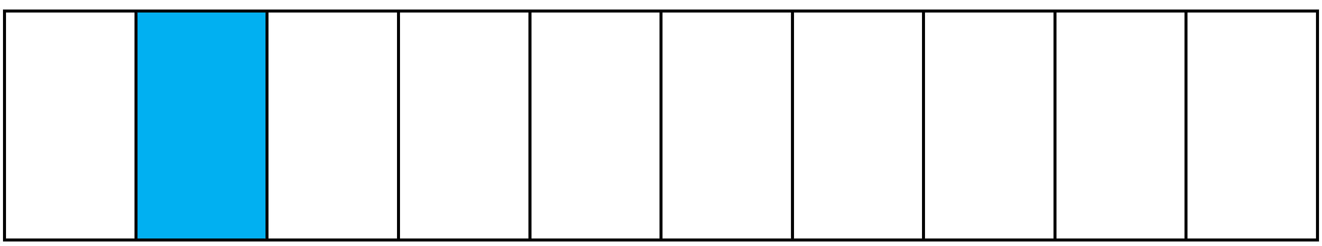


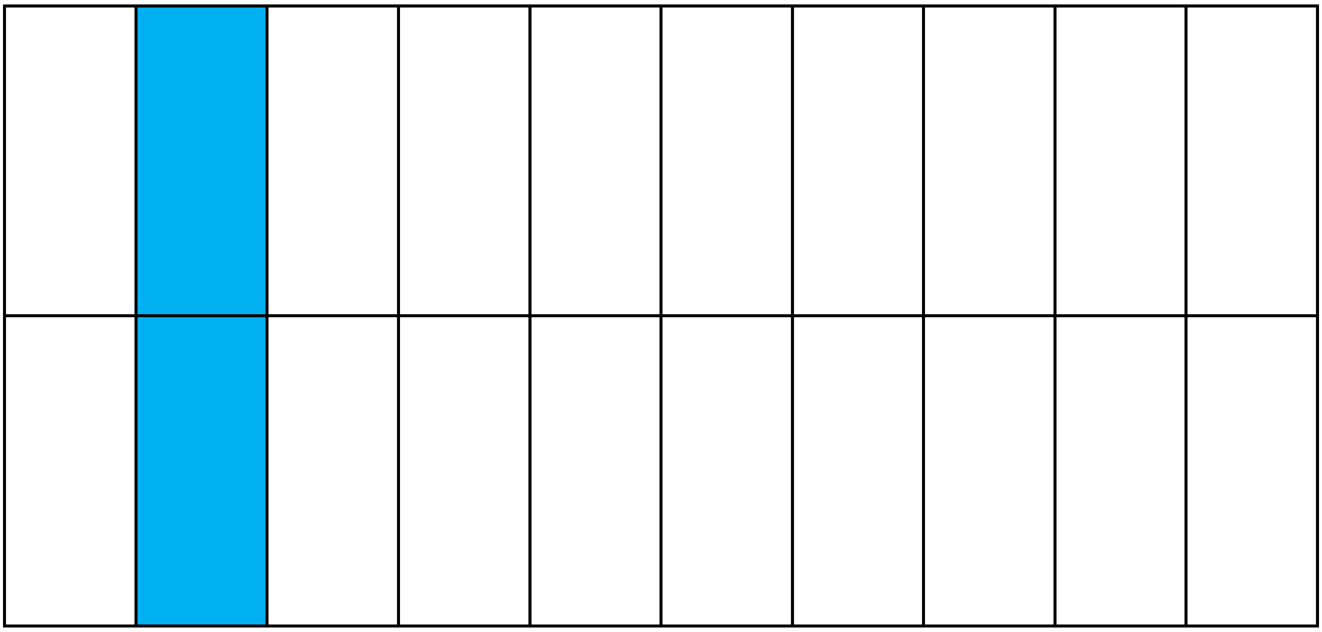


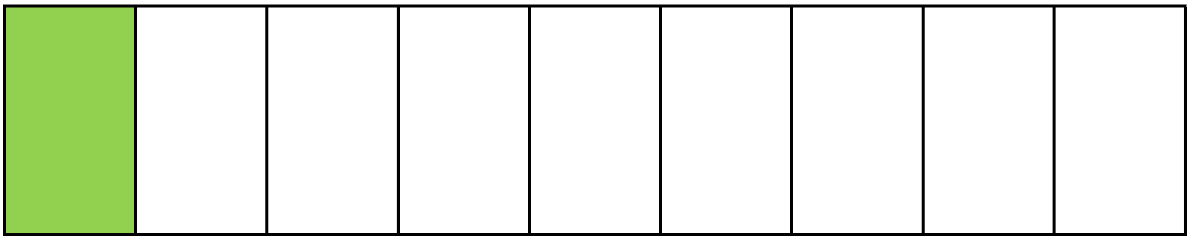


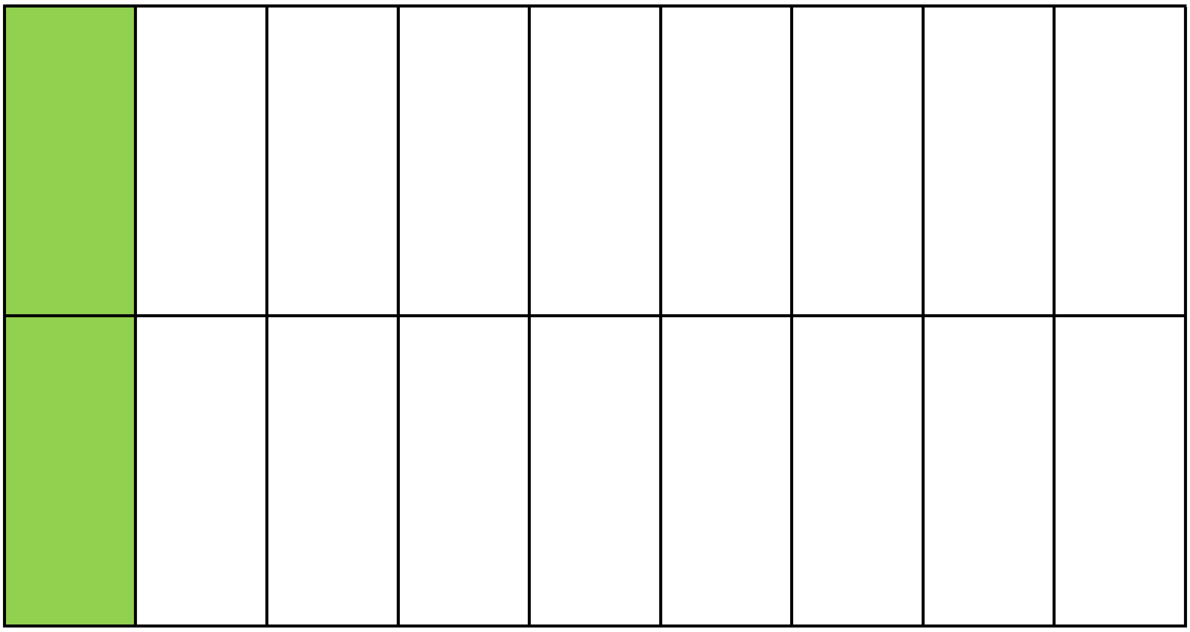


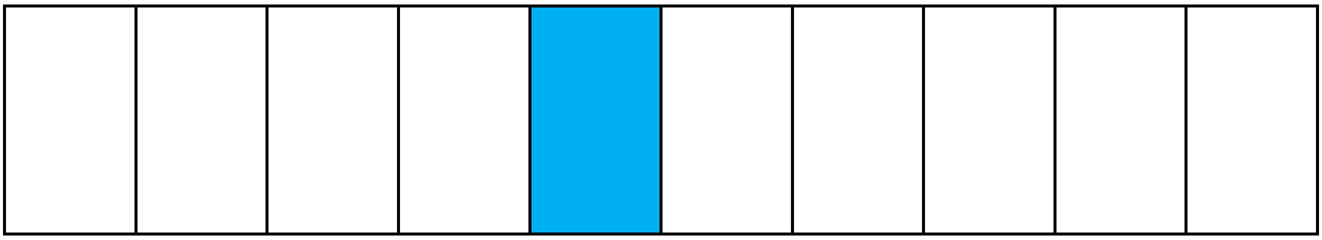


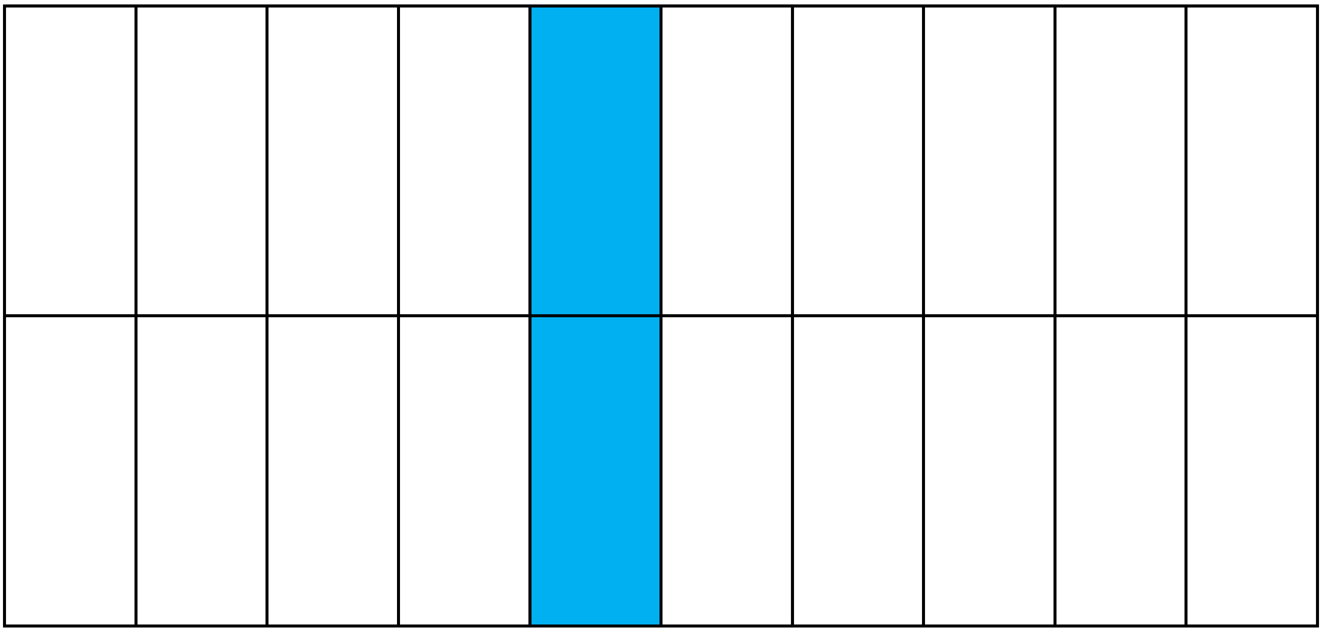


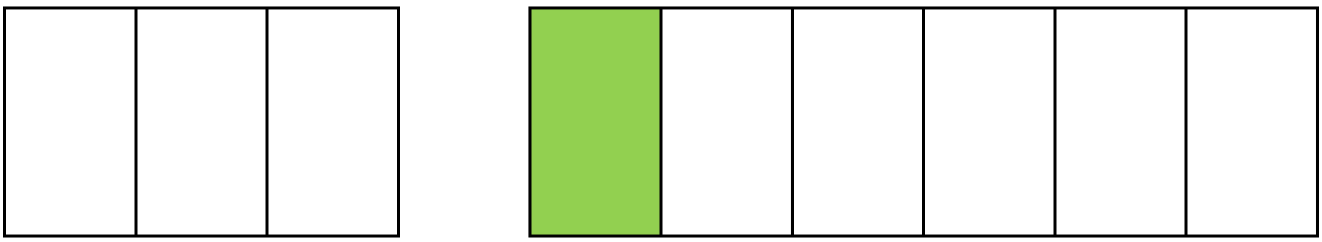


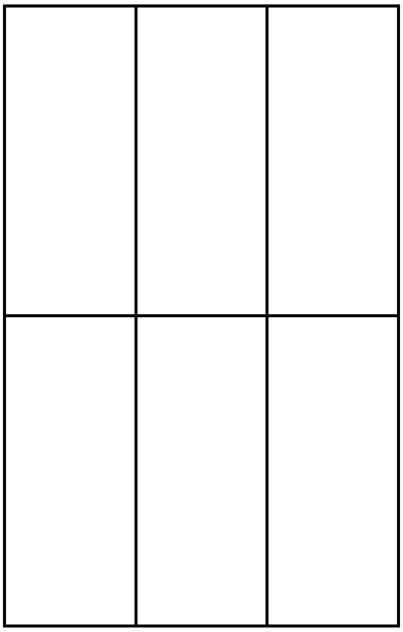


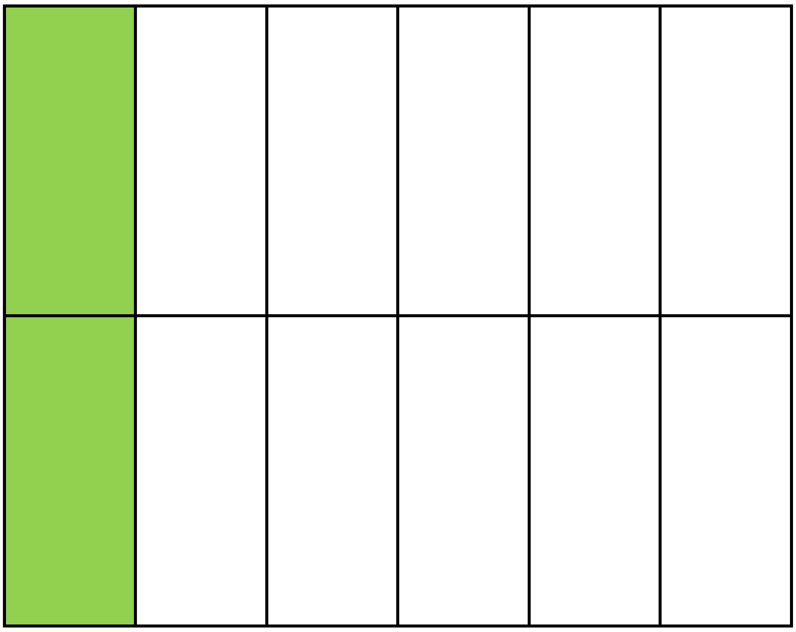


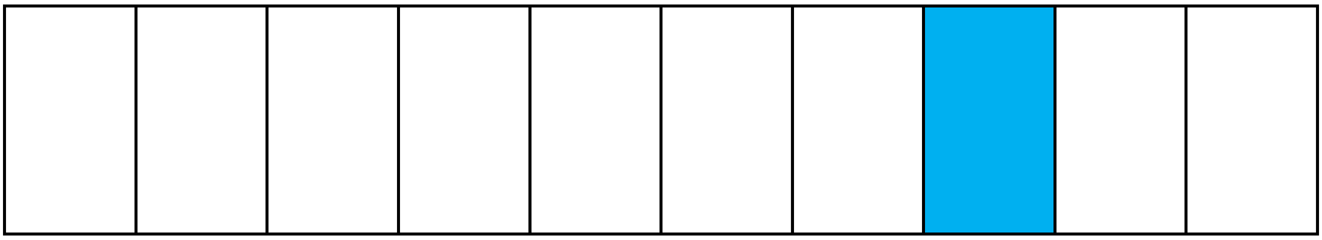


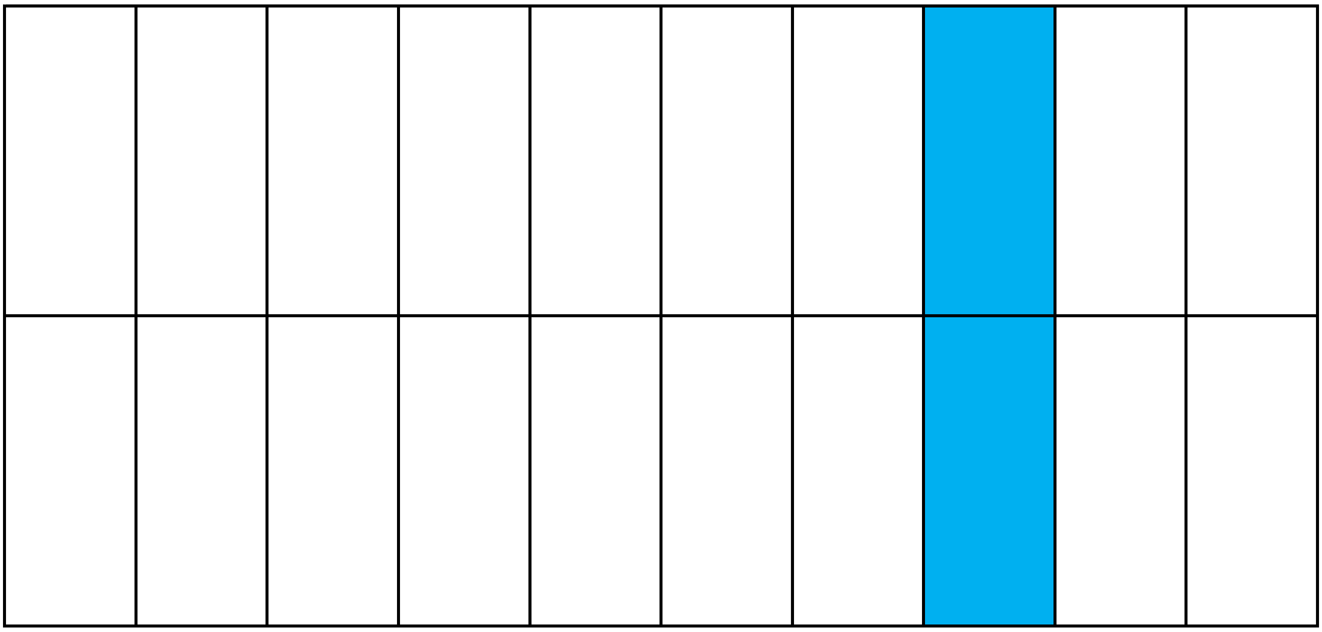


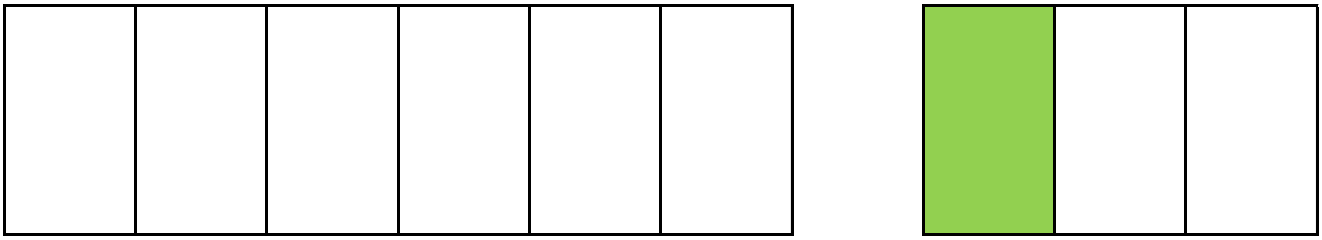


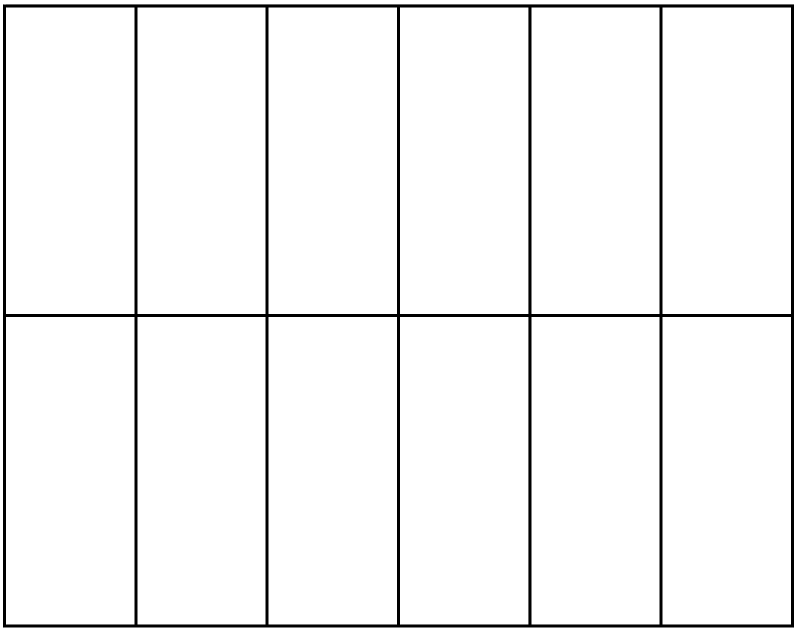


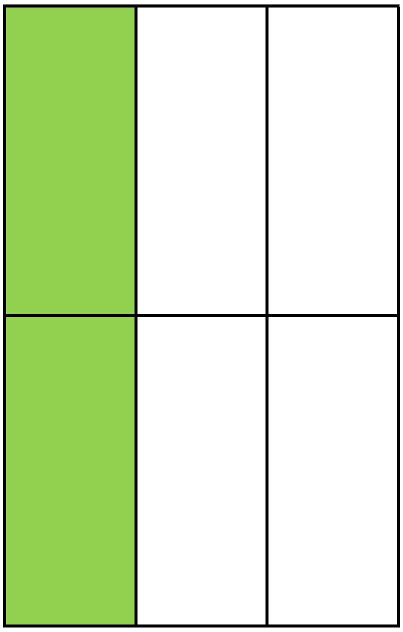


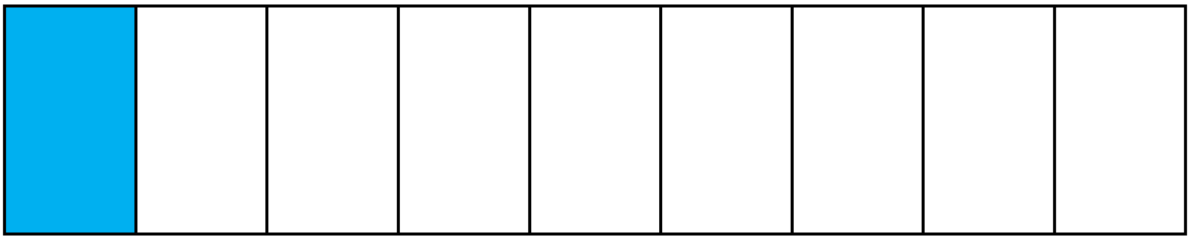


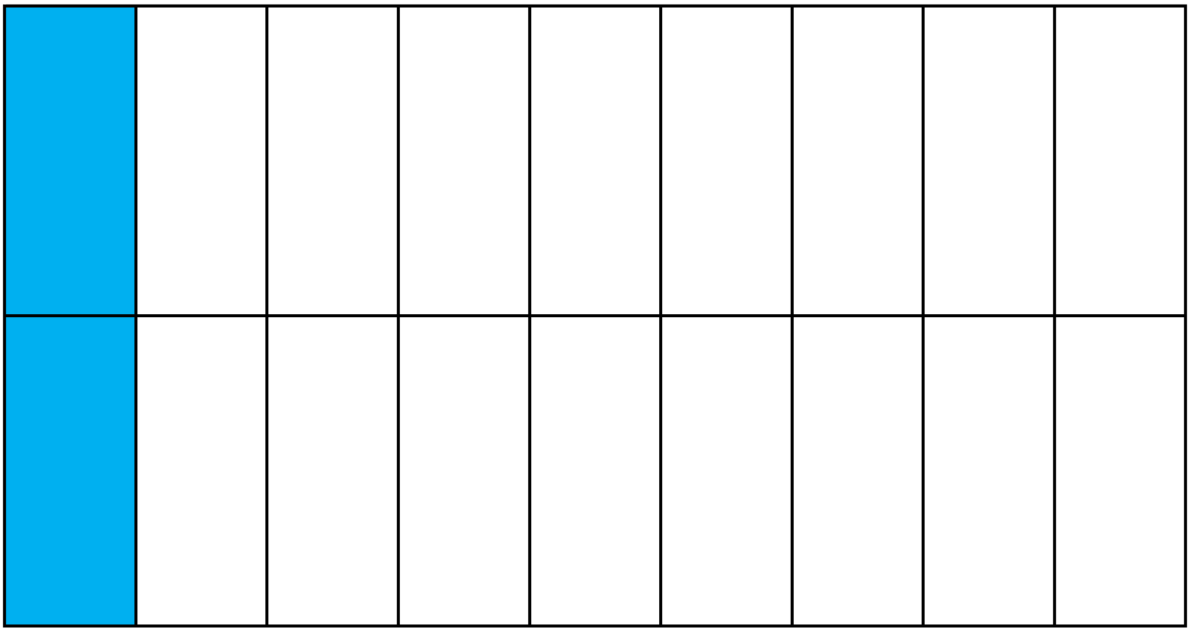


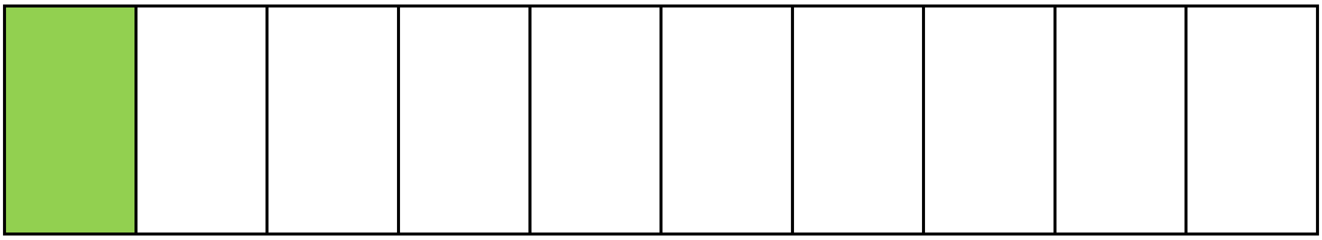


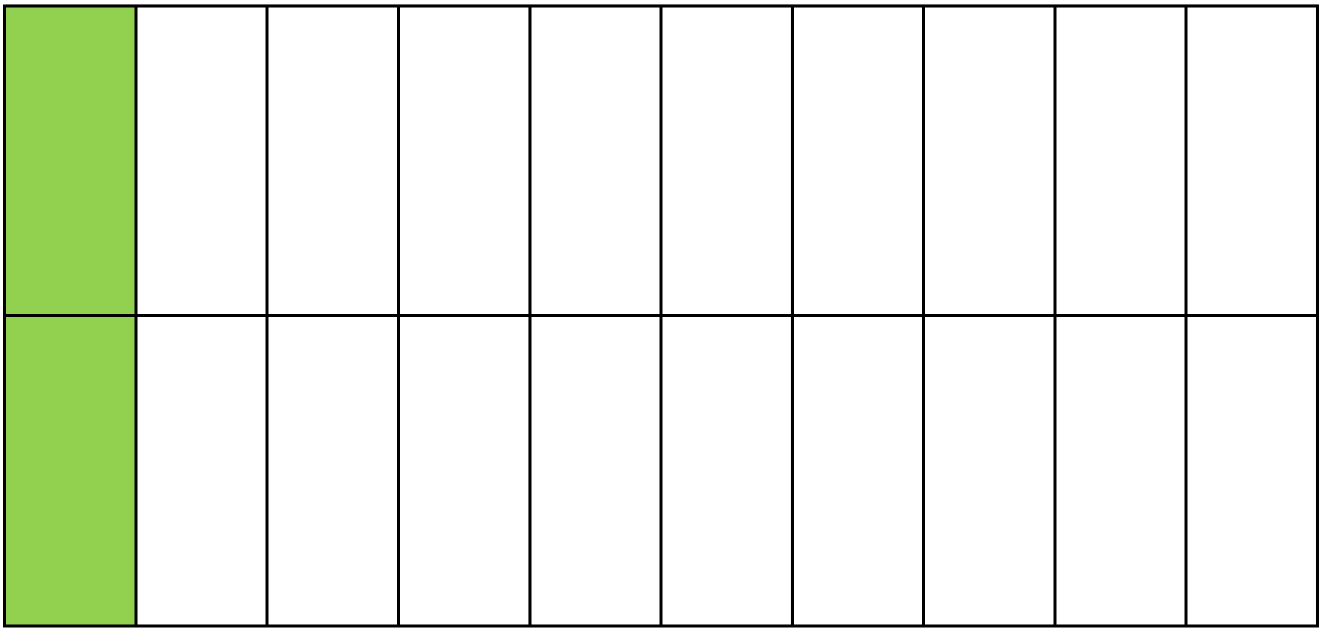


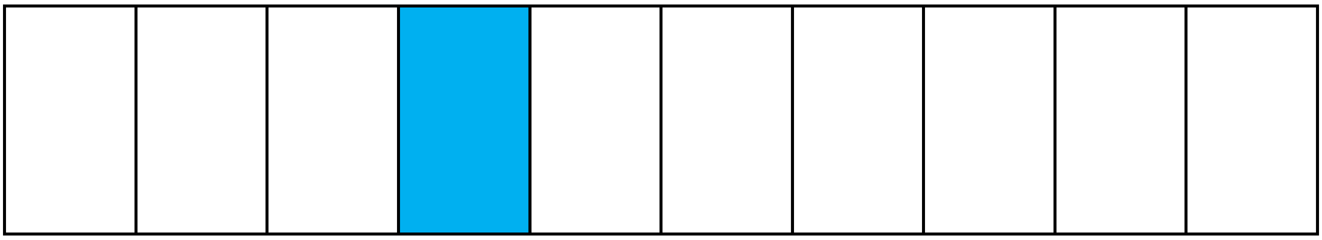


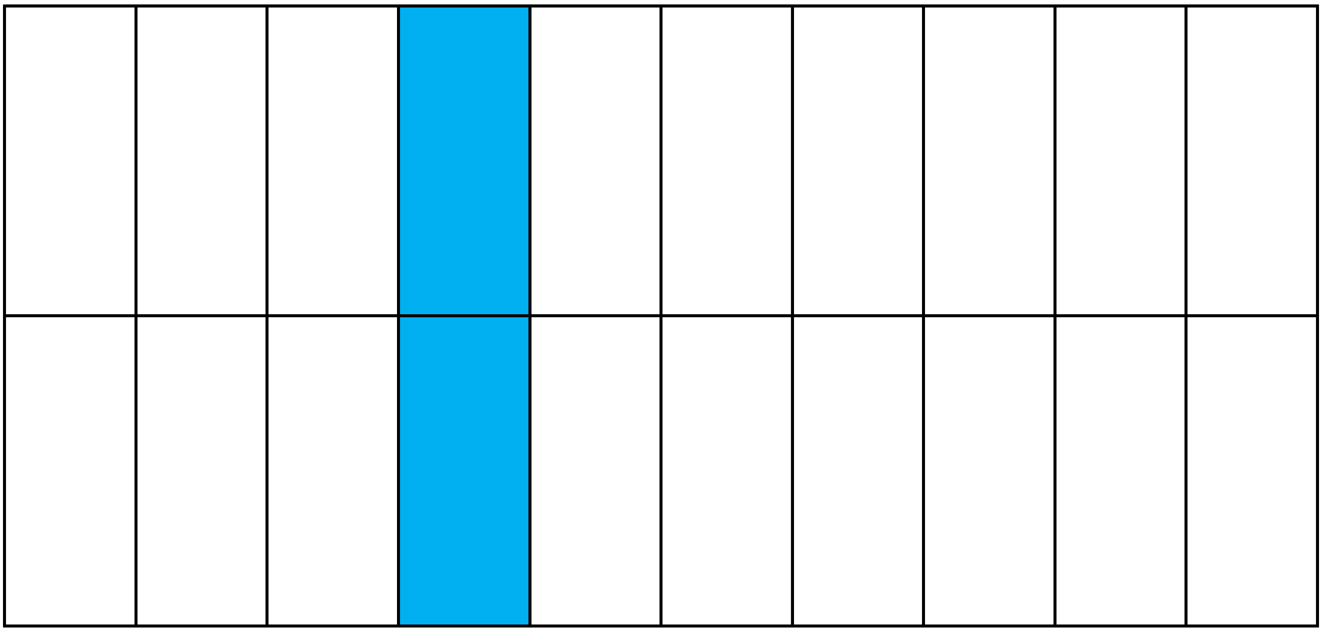


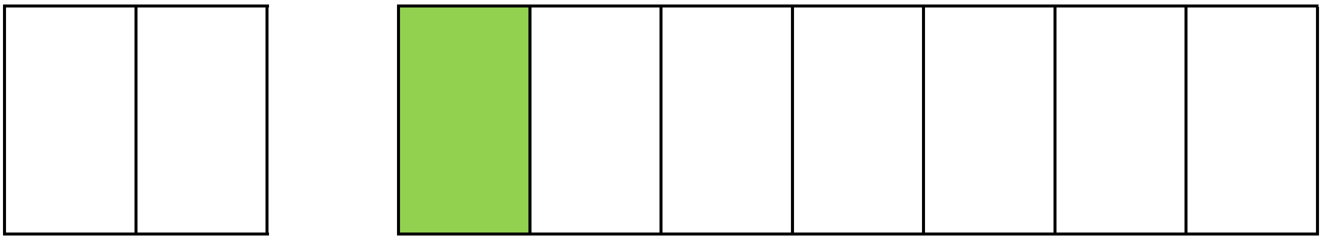


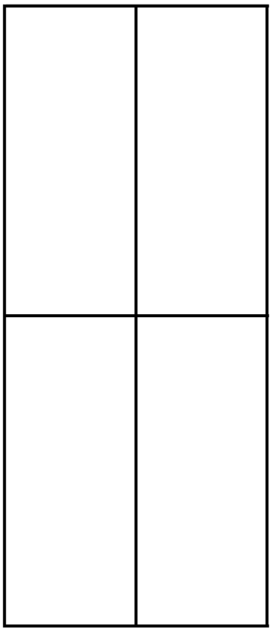


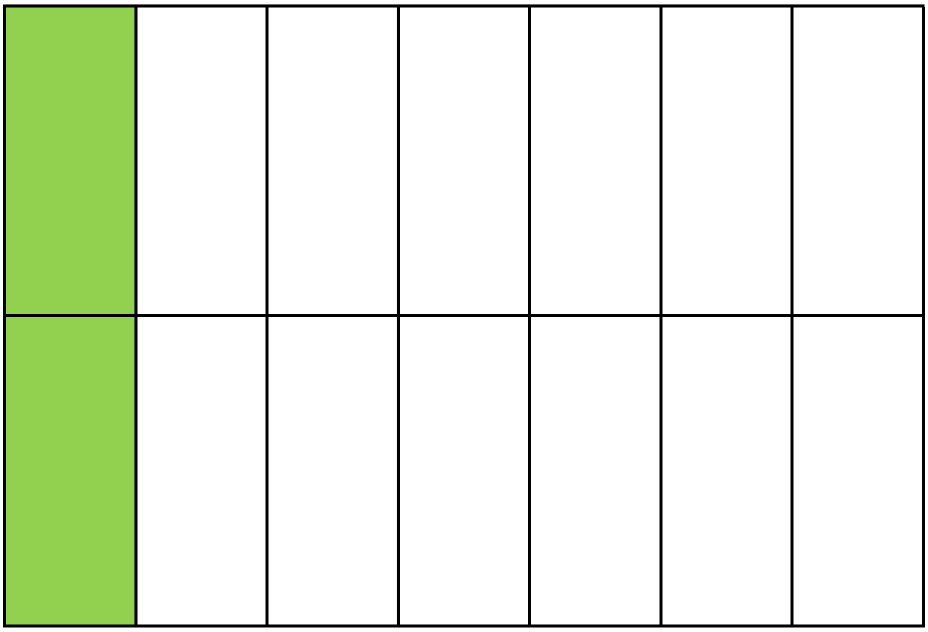


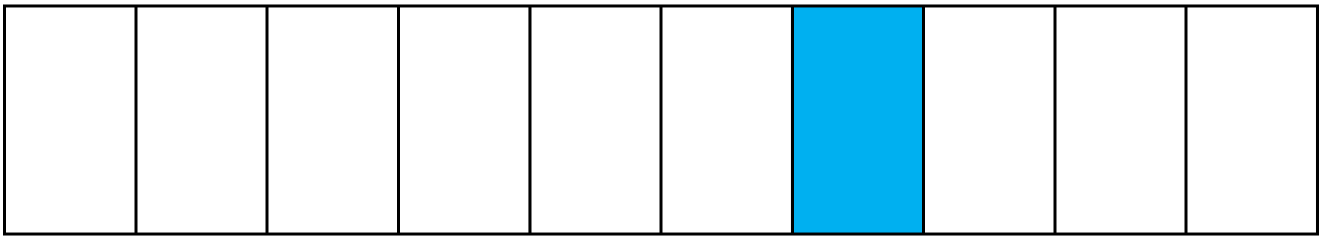


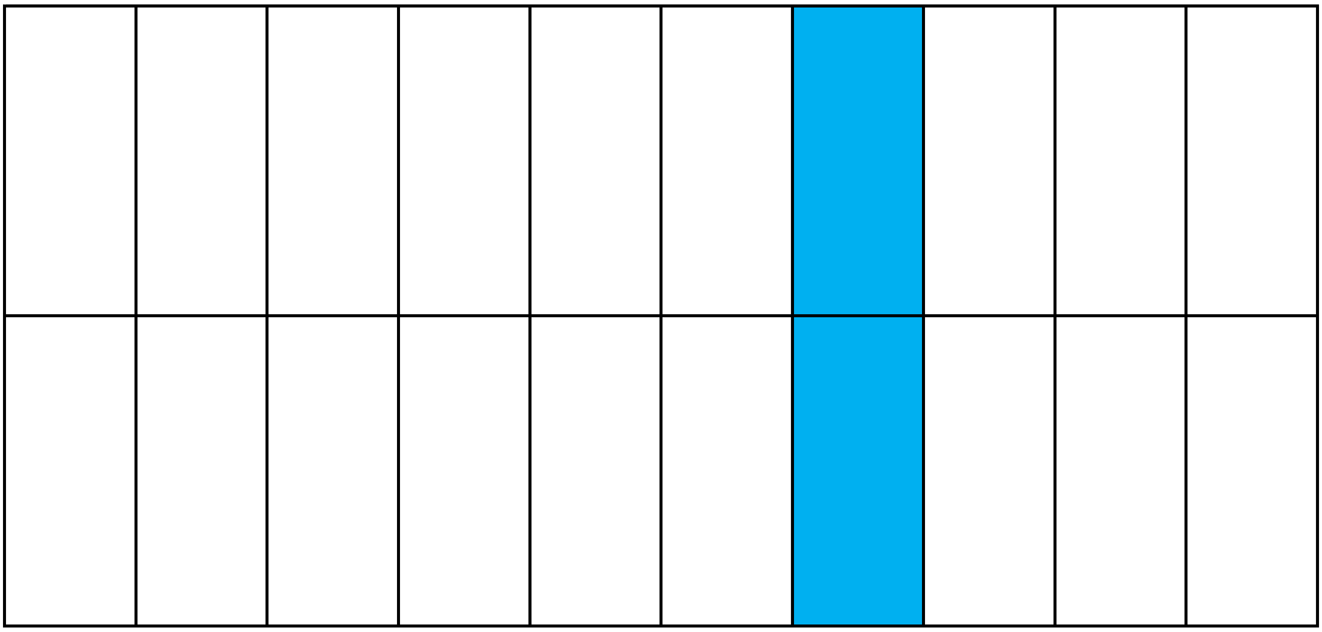


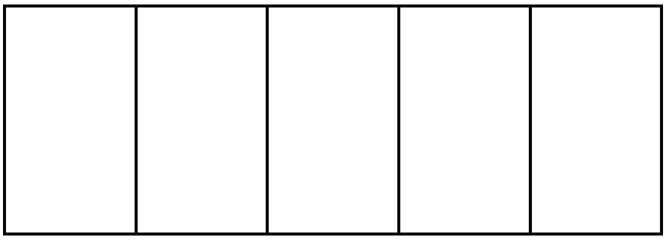


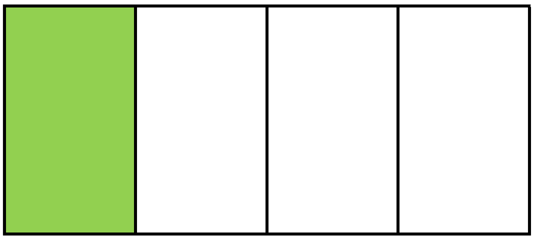


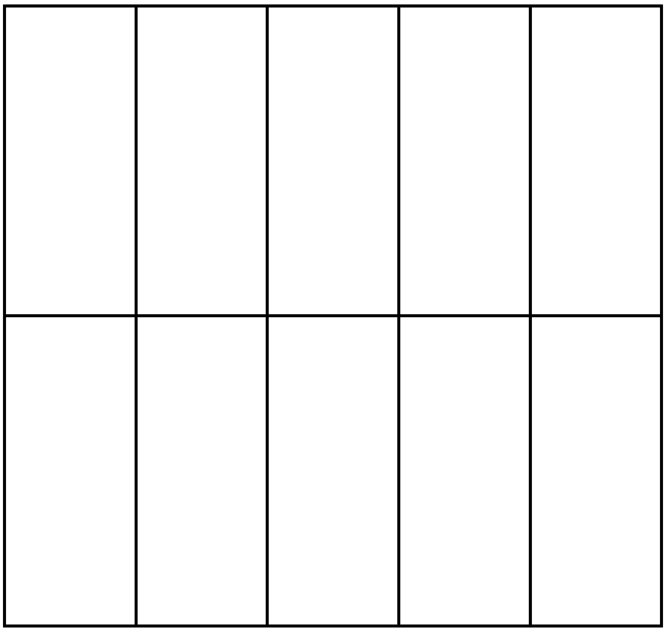


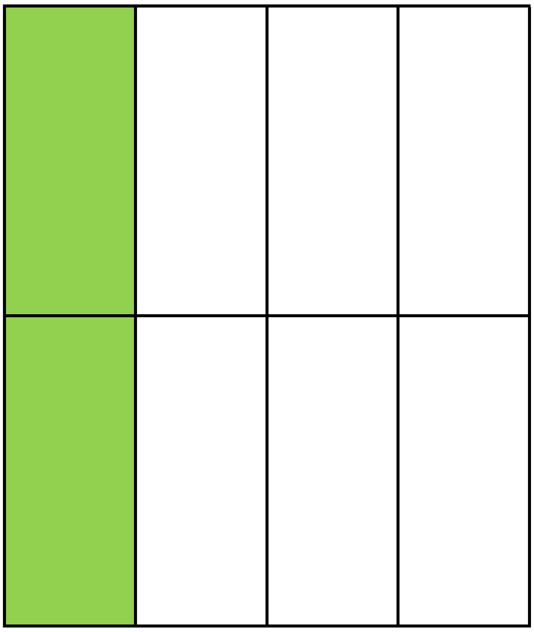


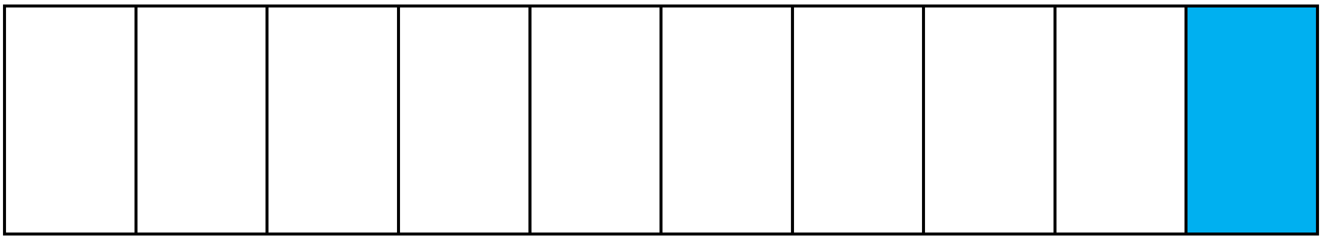


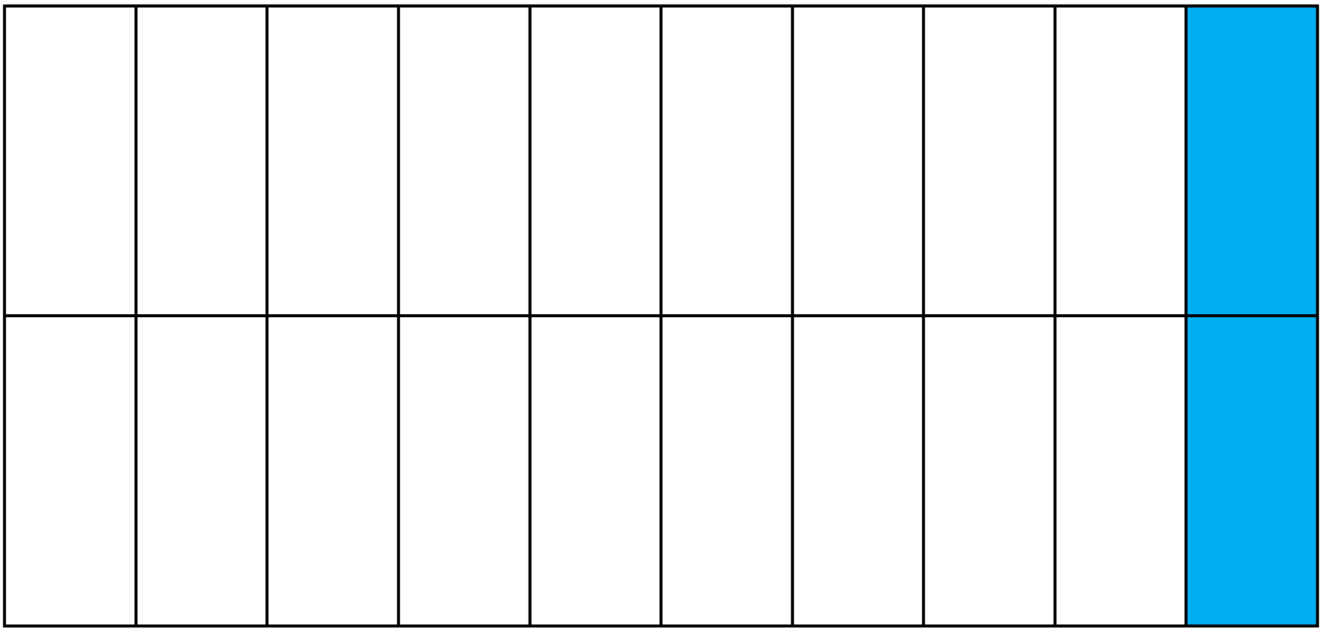


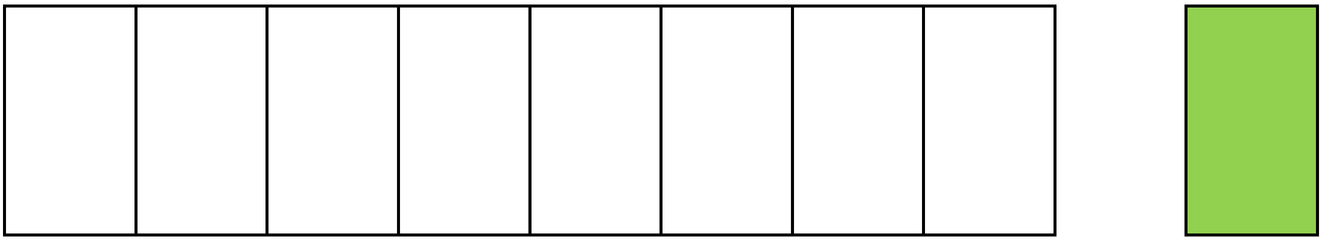


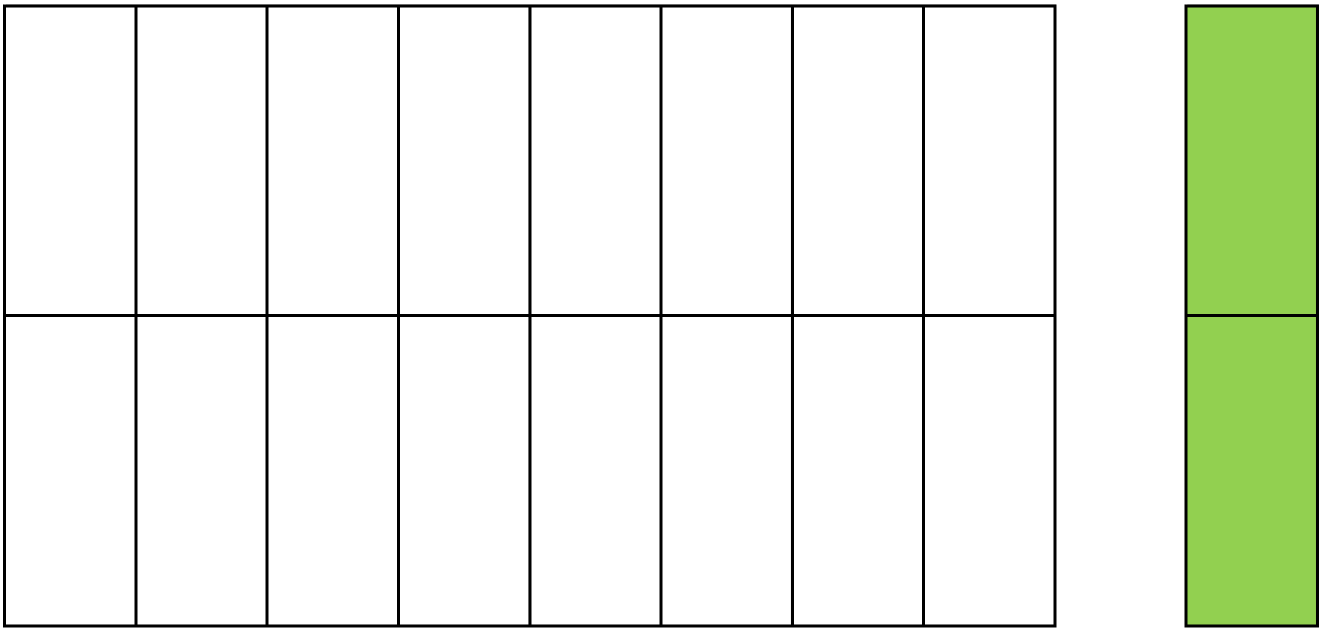


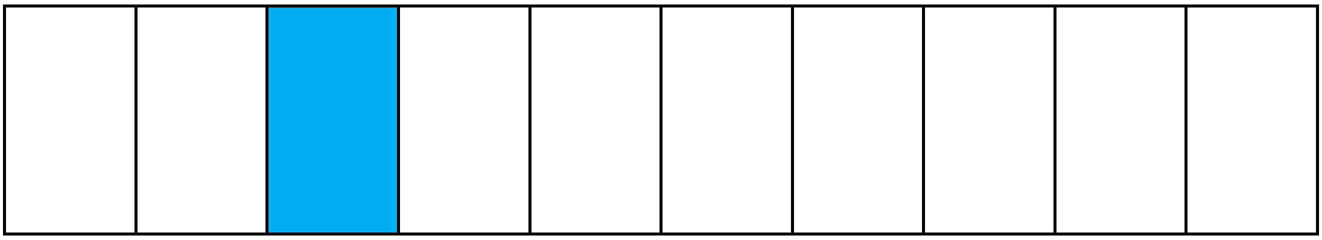


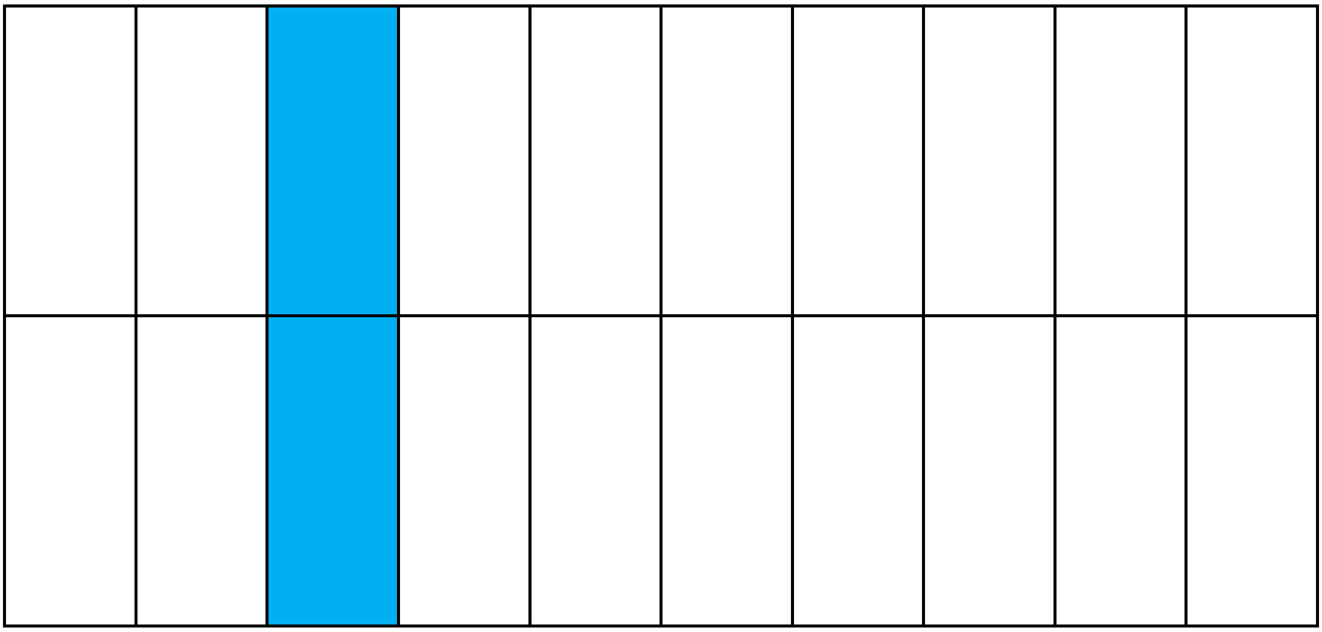


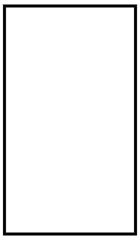


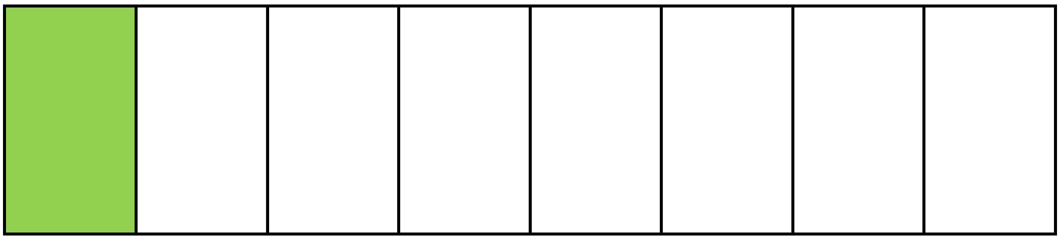


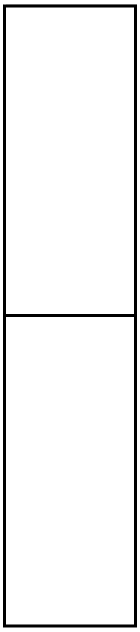


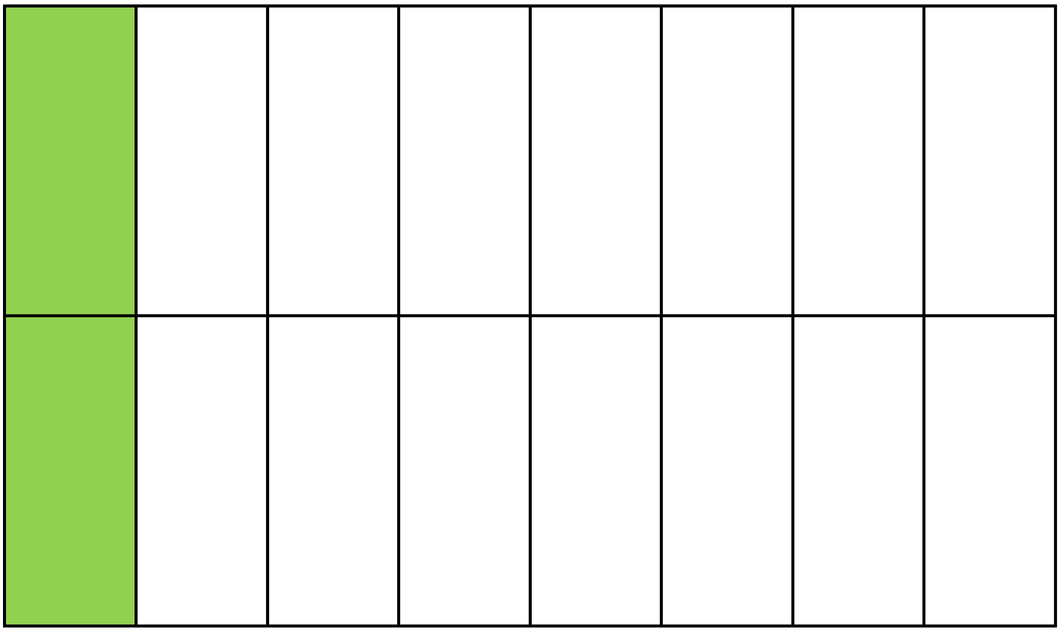


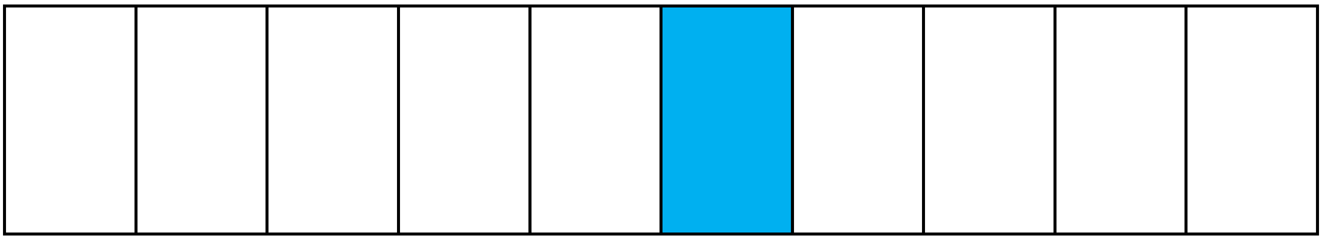


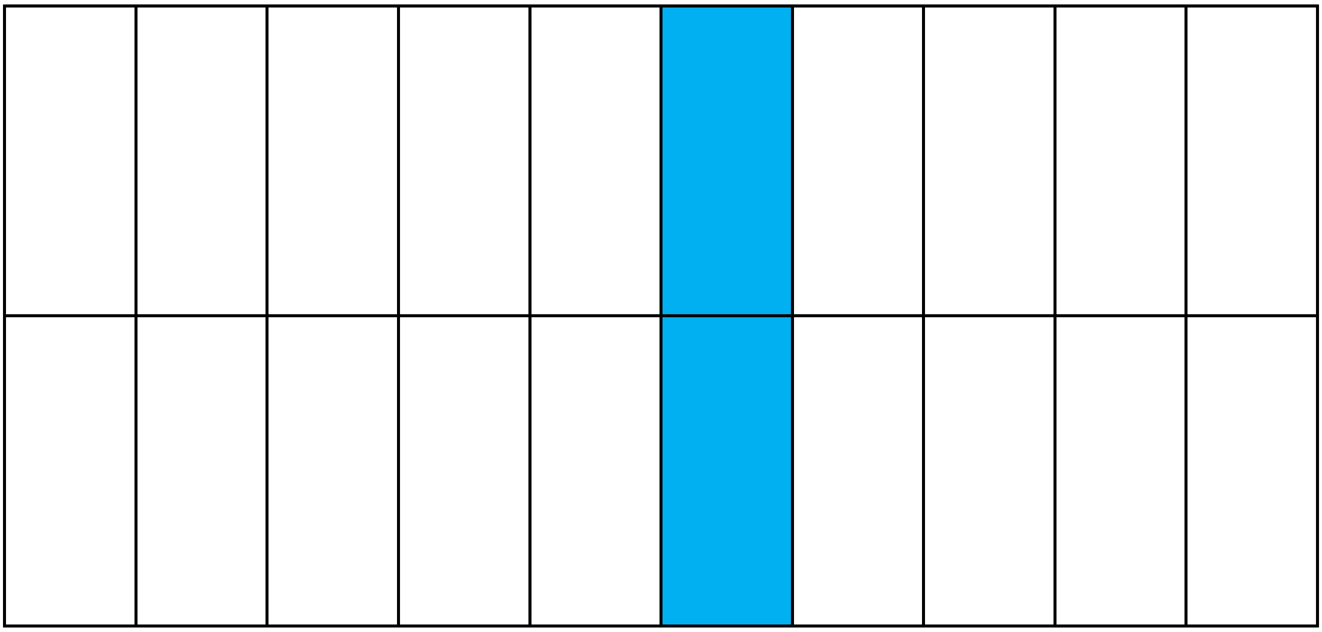


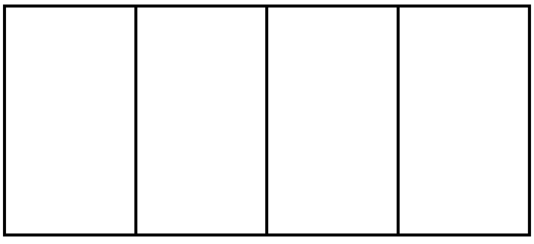


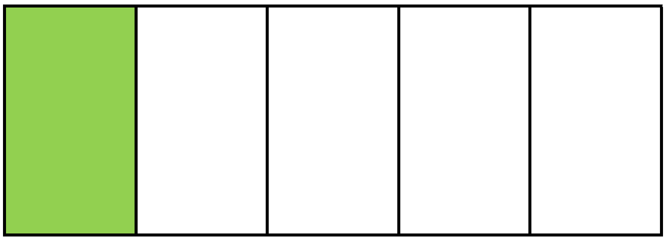


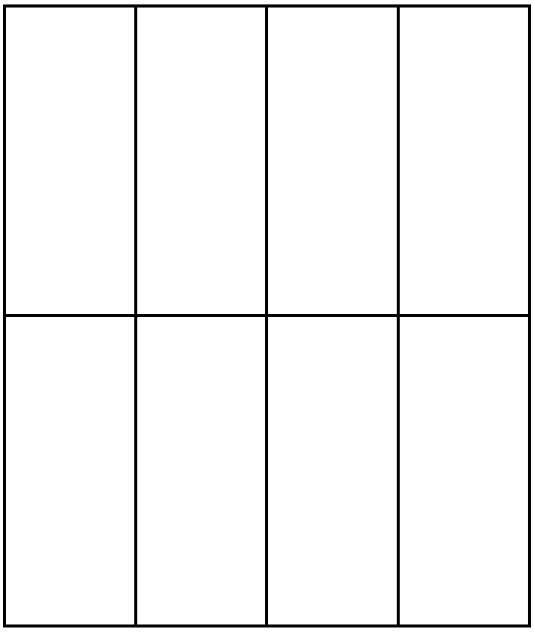


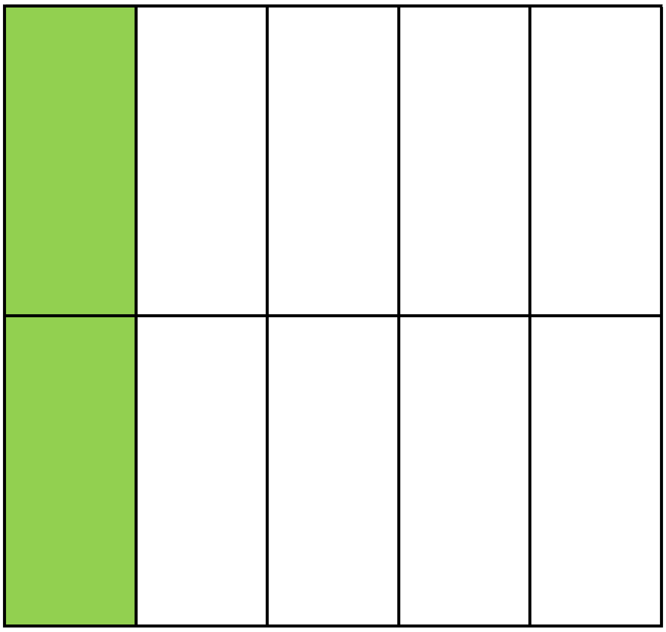


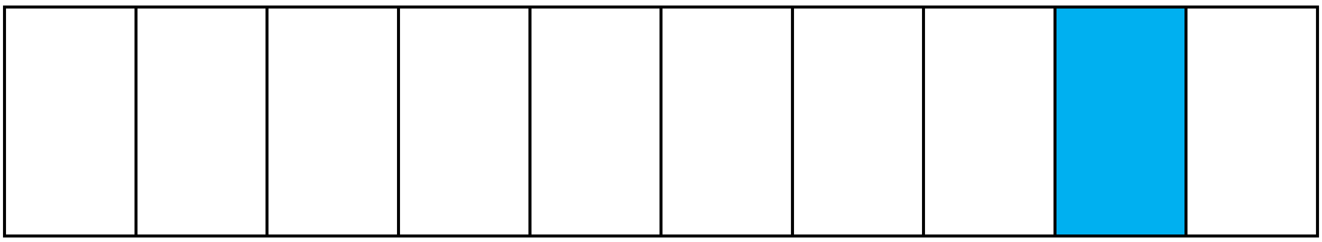


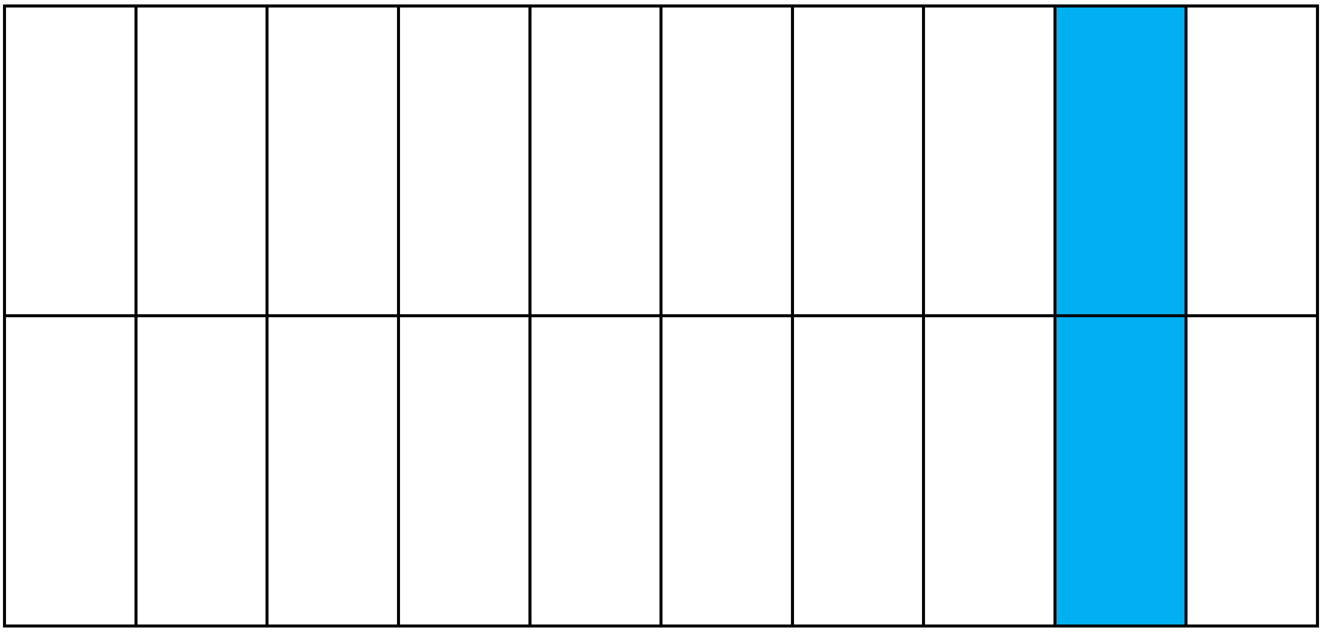


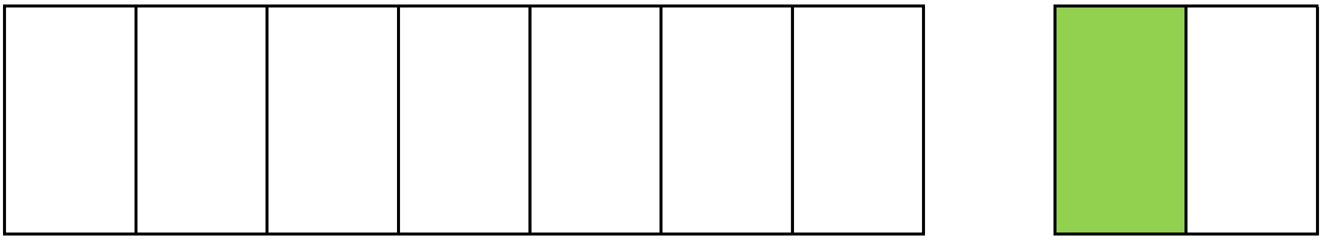


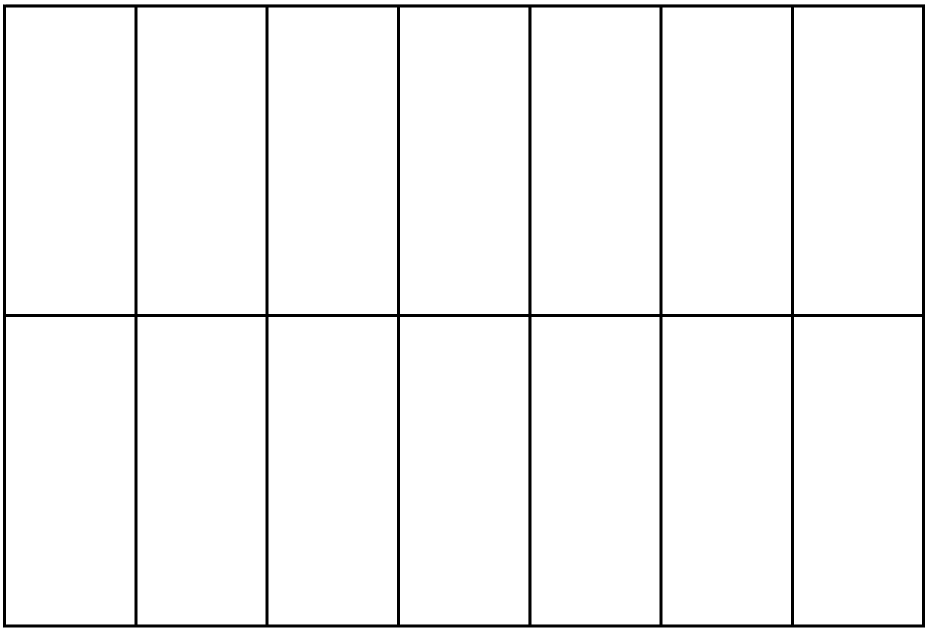


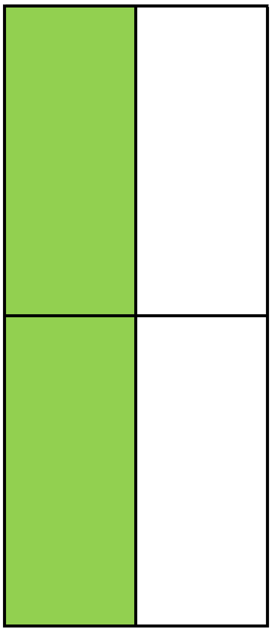


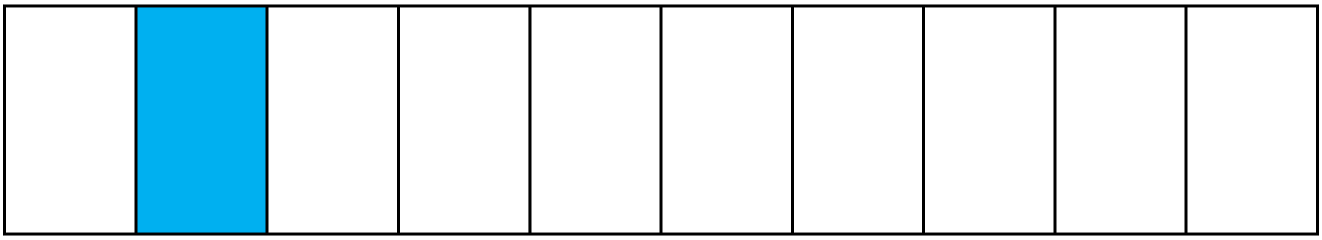


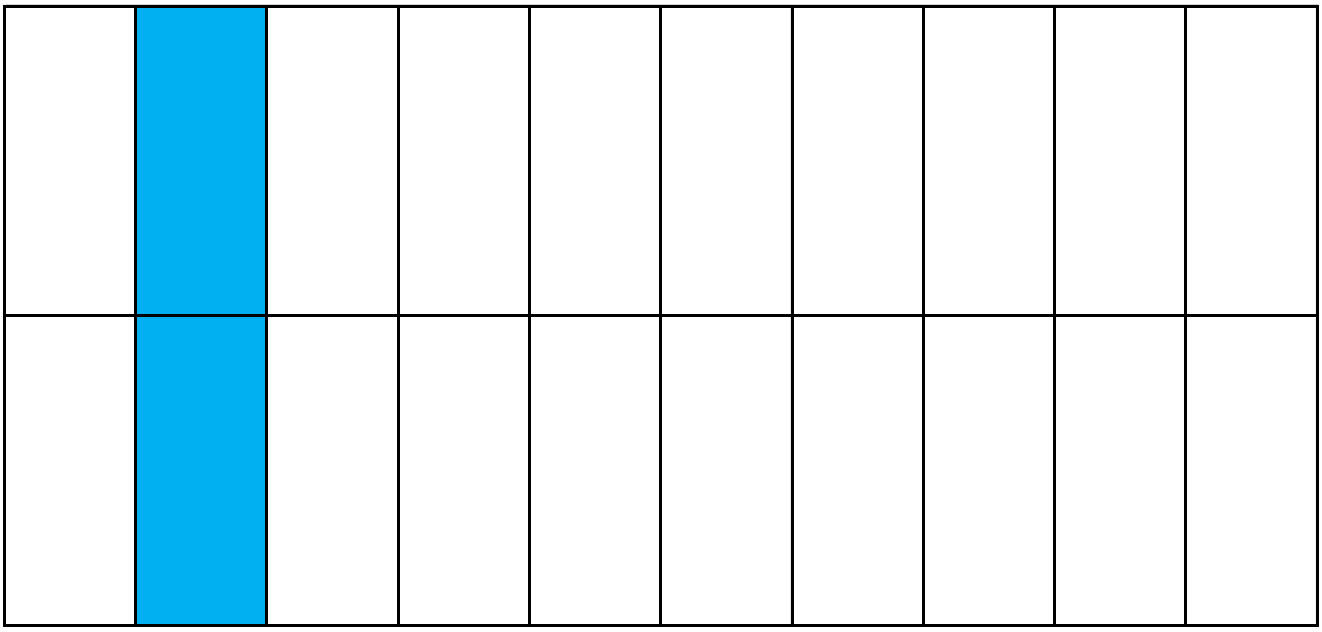


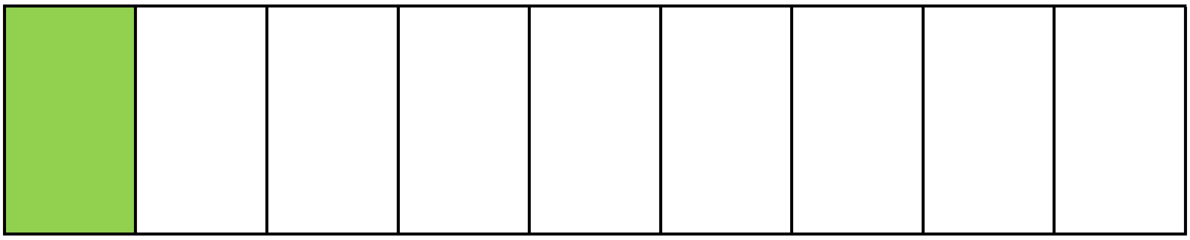


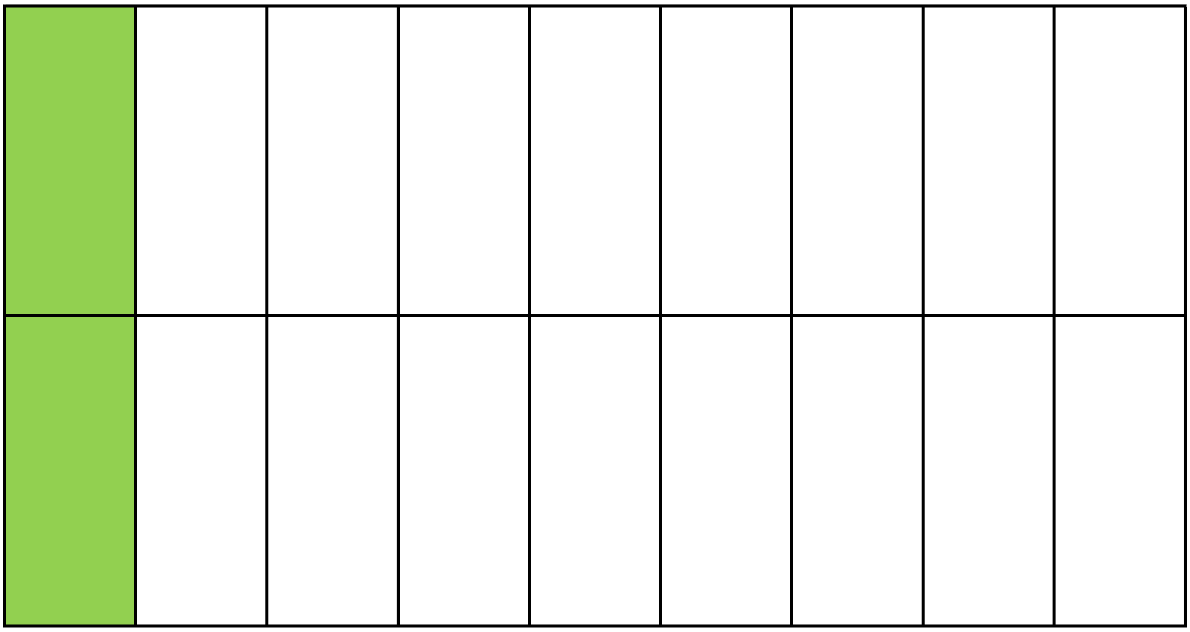


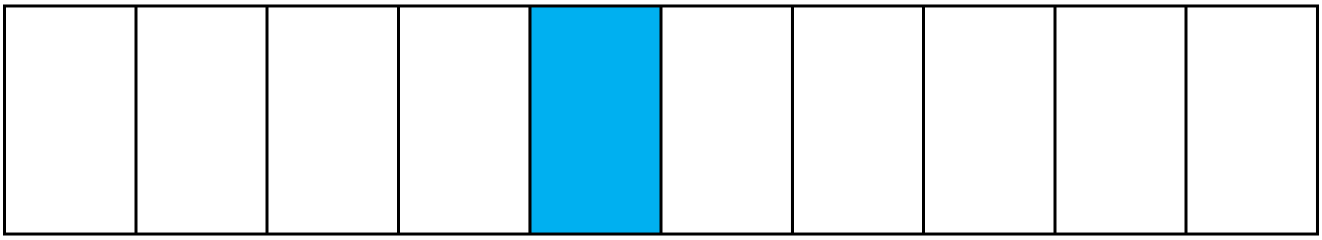


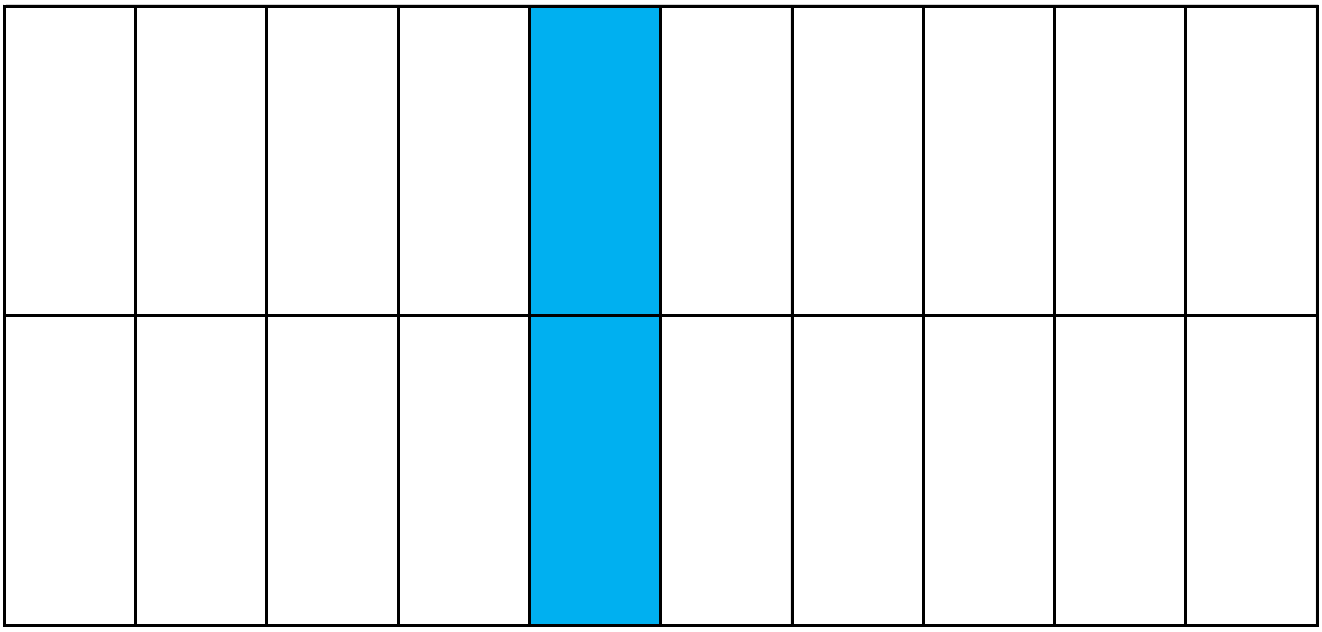


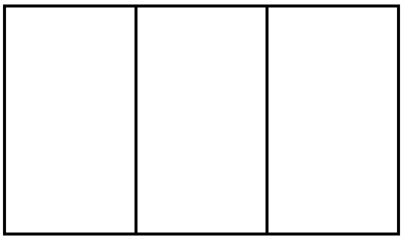


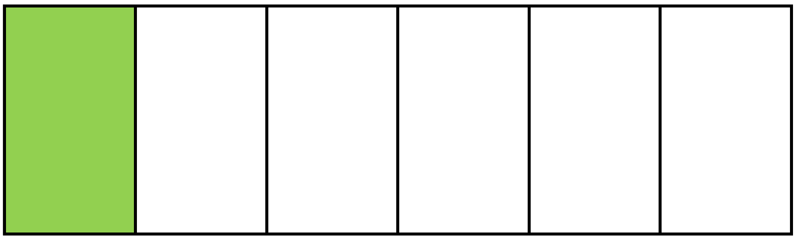


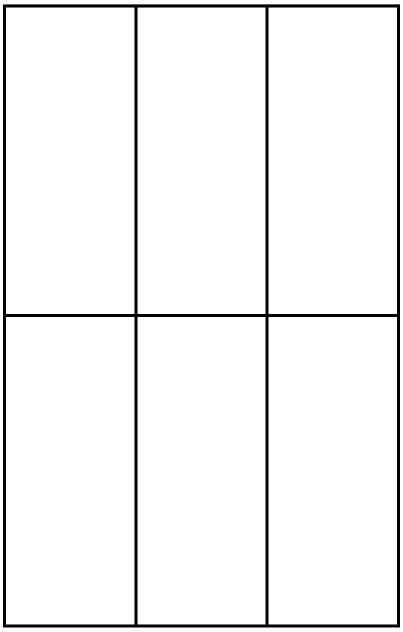


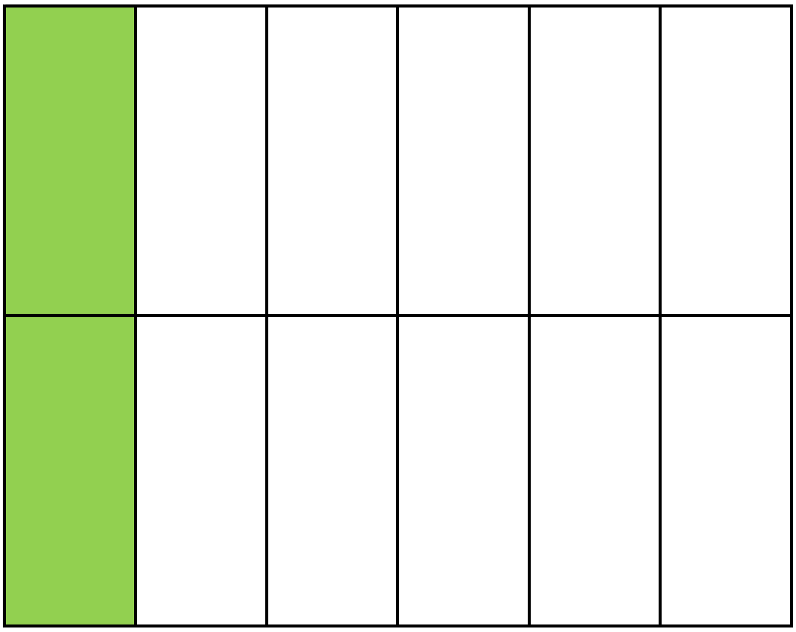


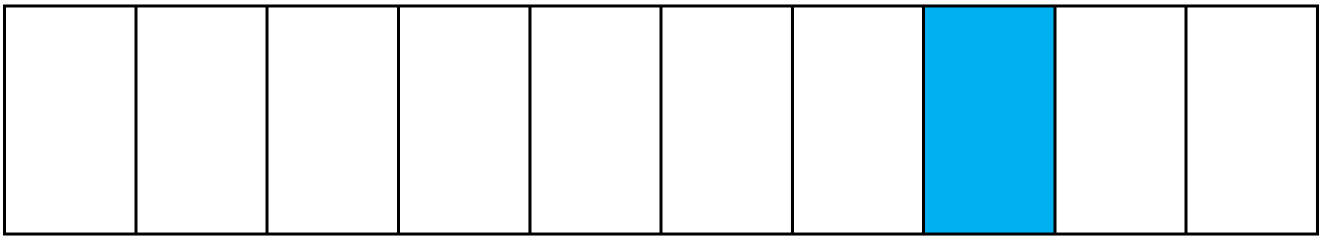


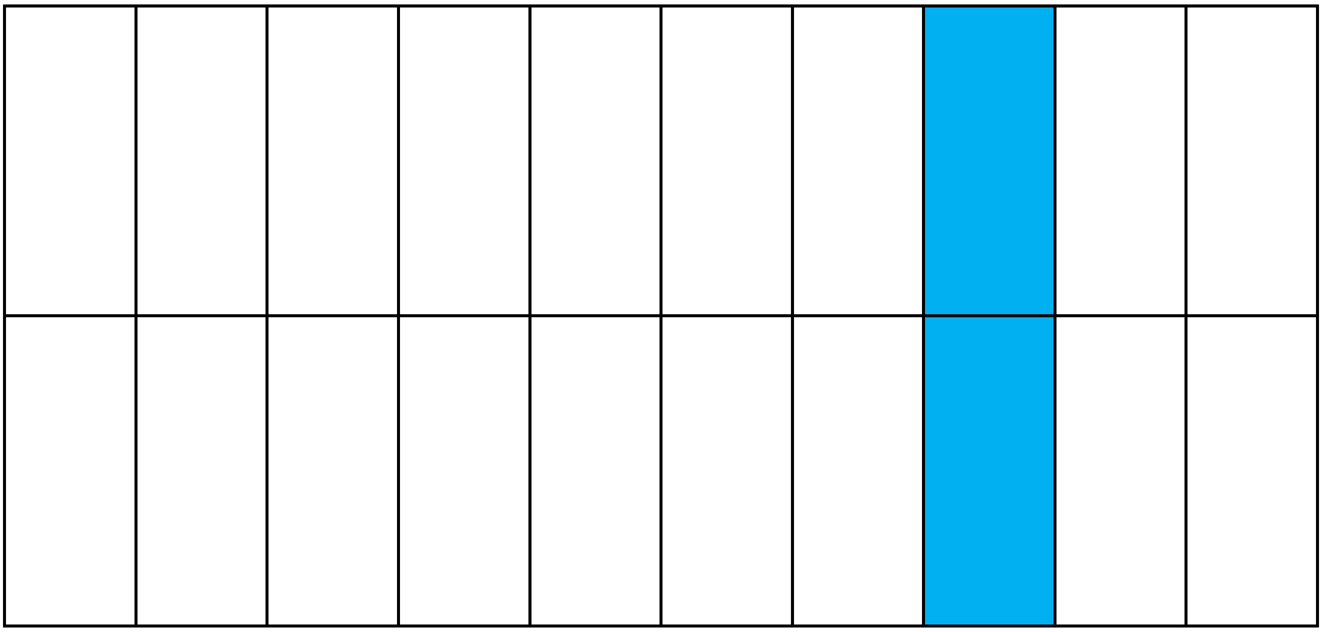


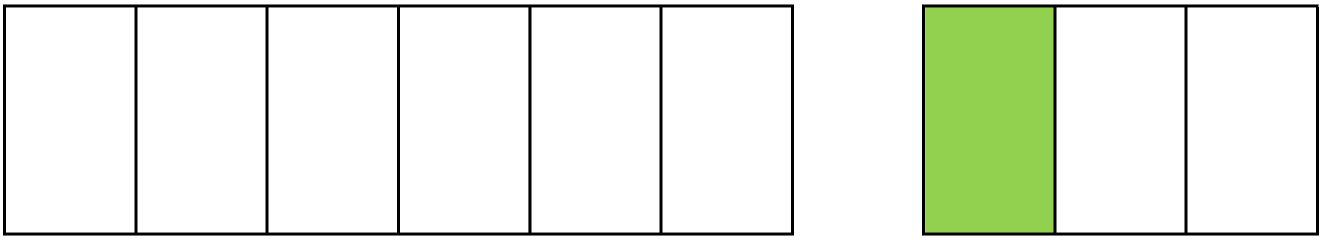


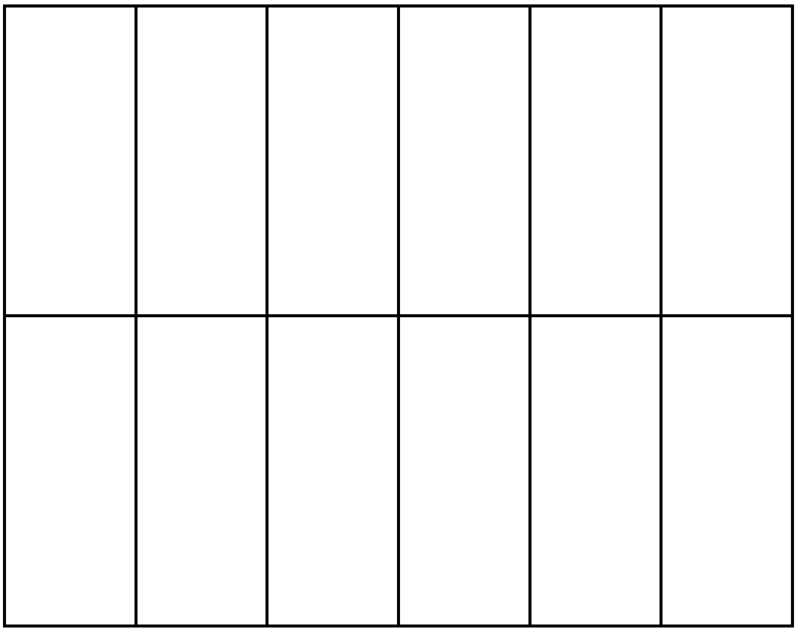


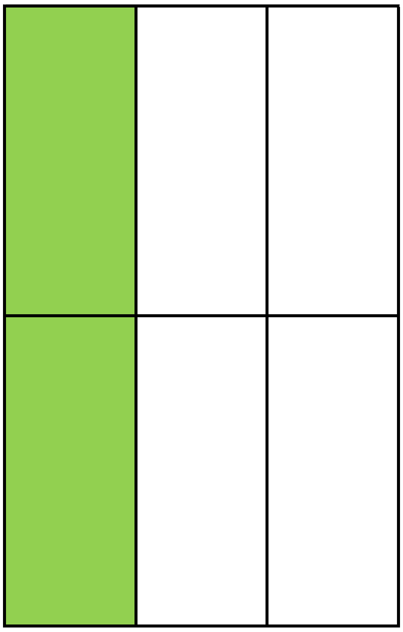


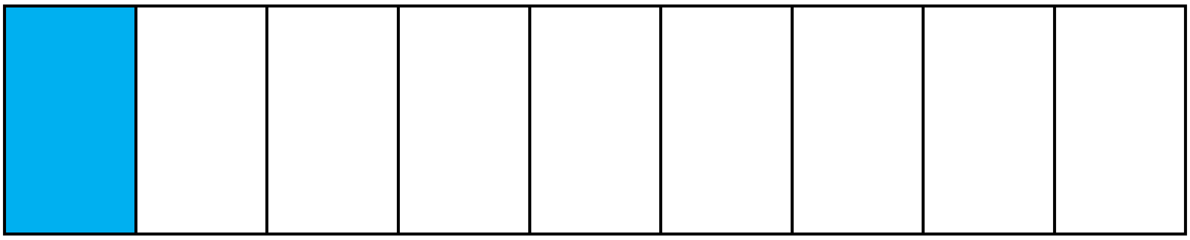


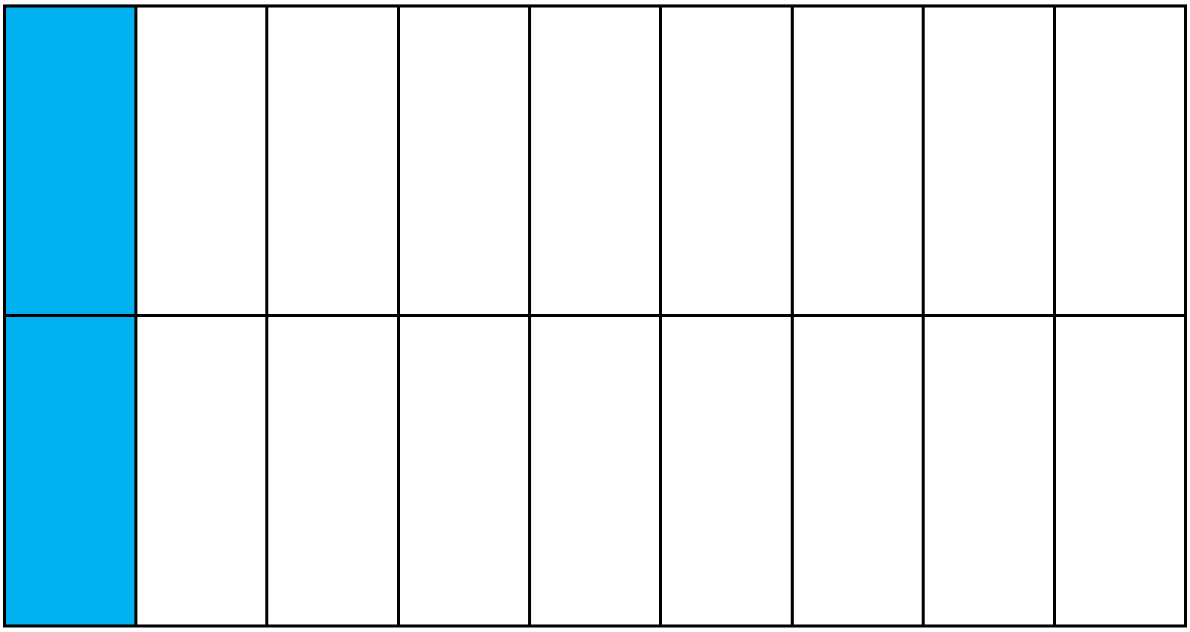


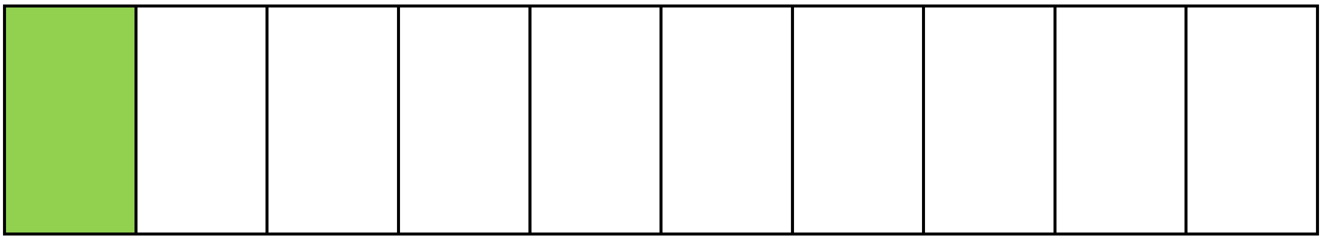


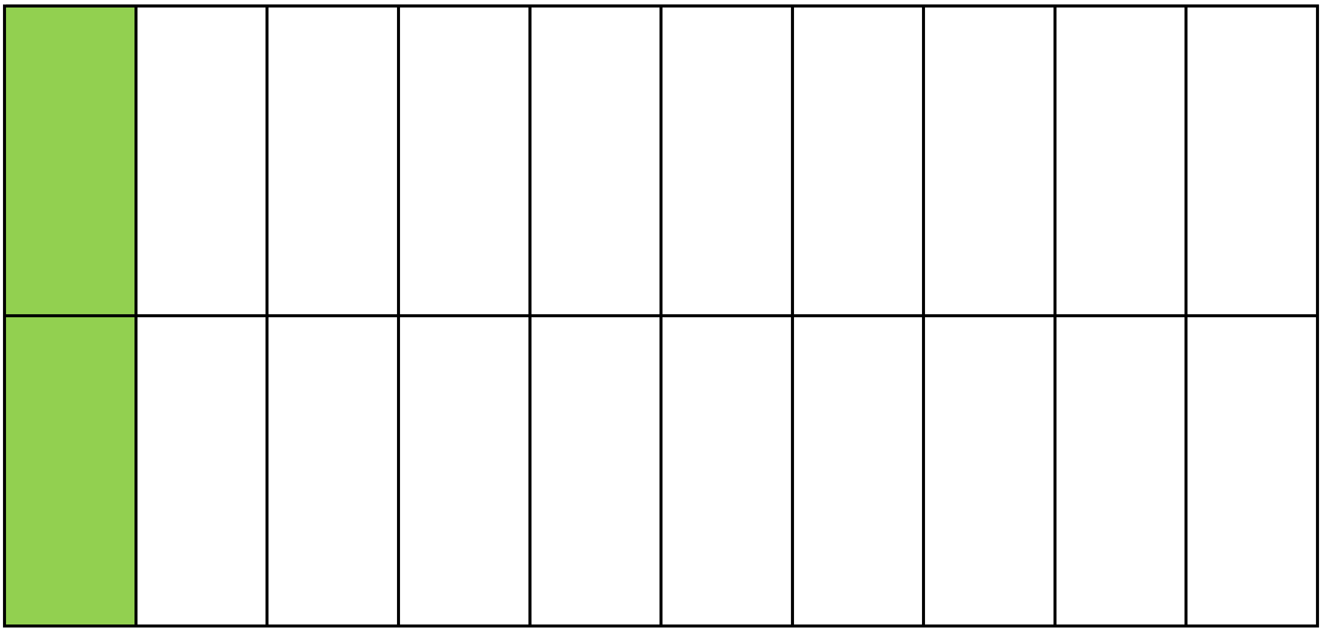




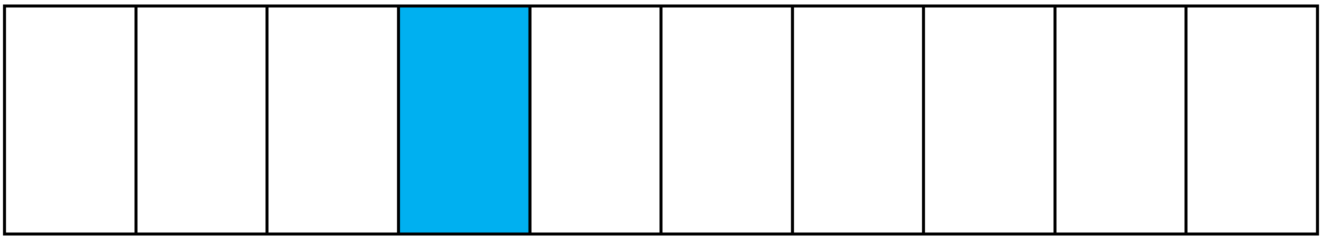


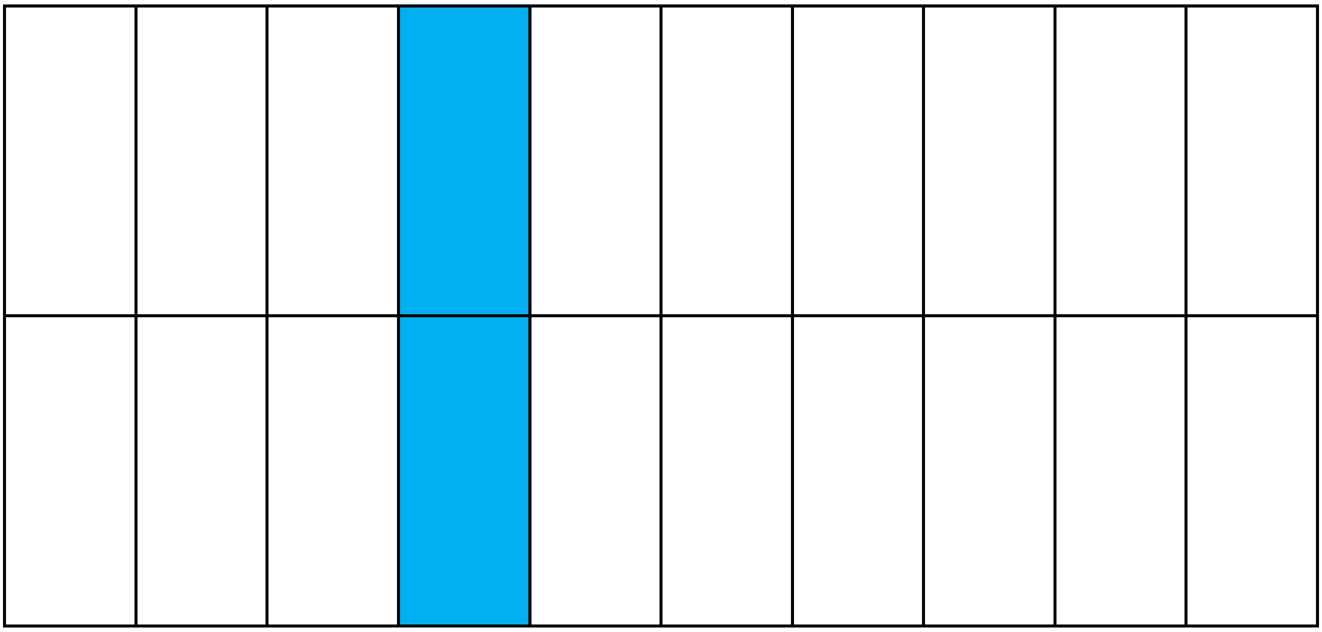


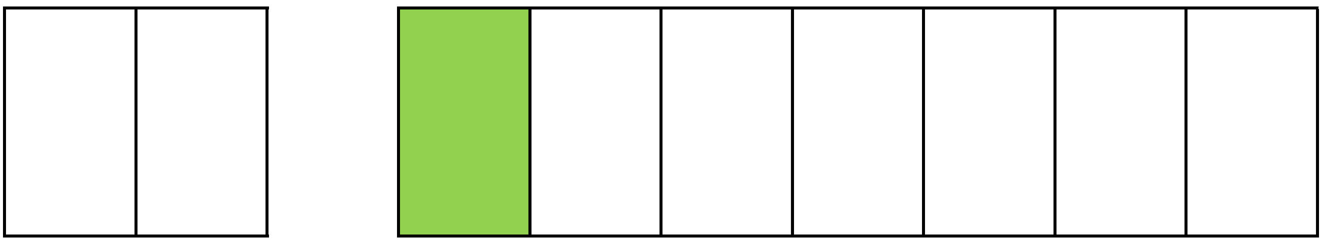


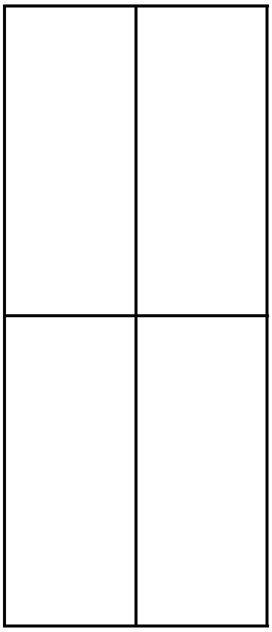


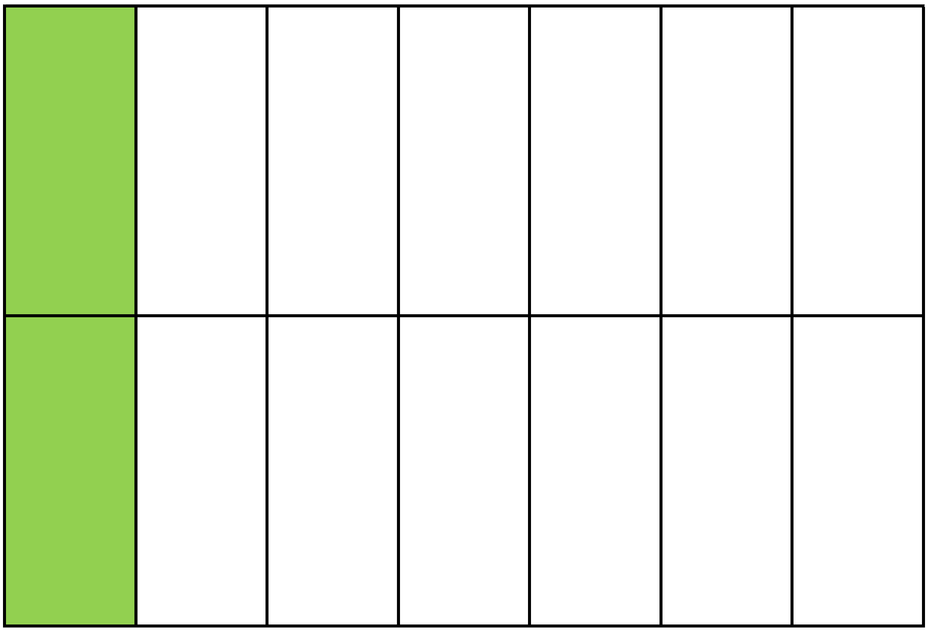
🟩									
🟩									

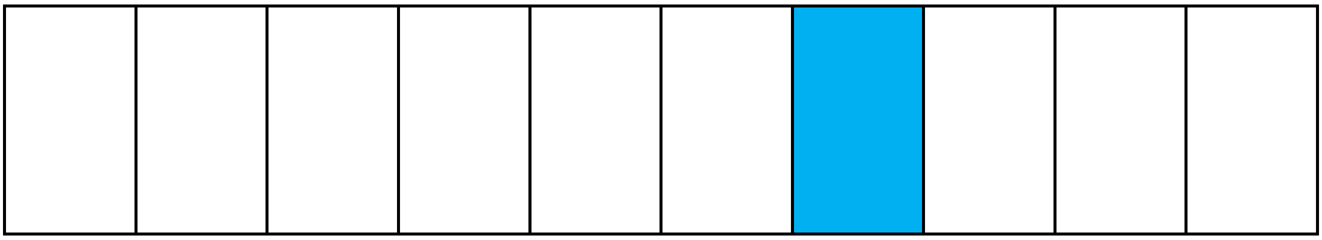


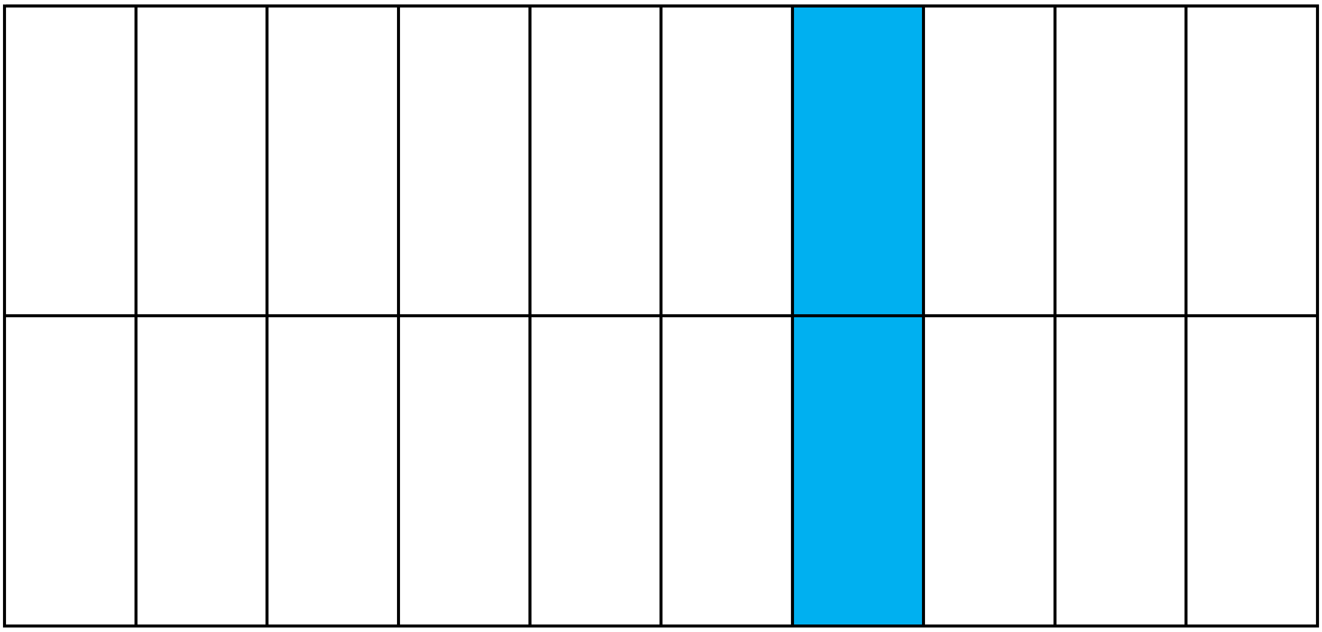


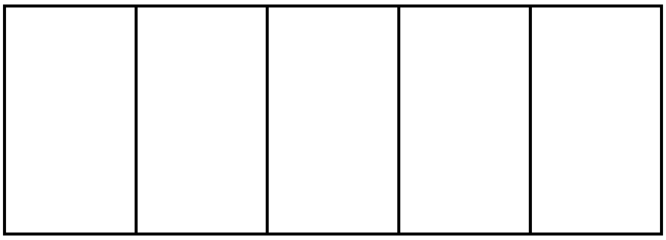


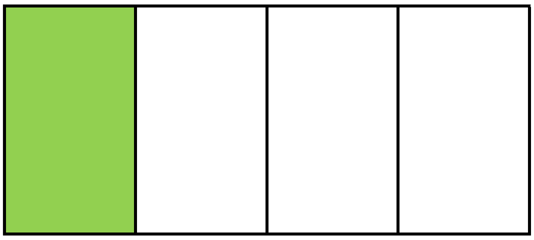


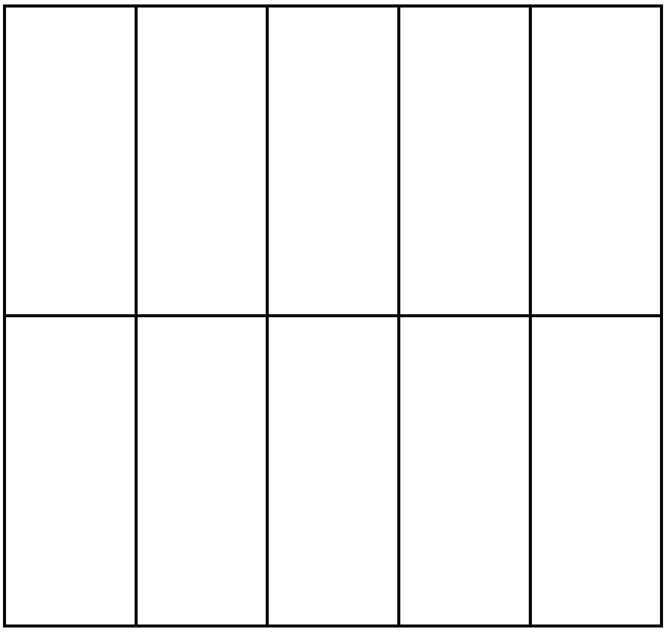


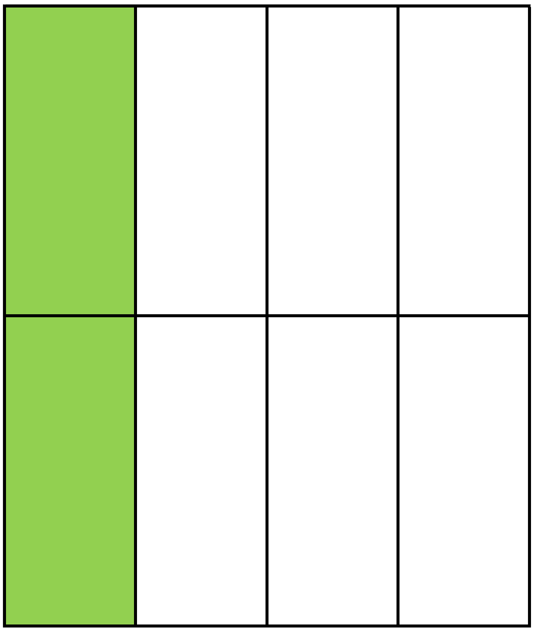


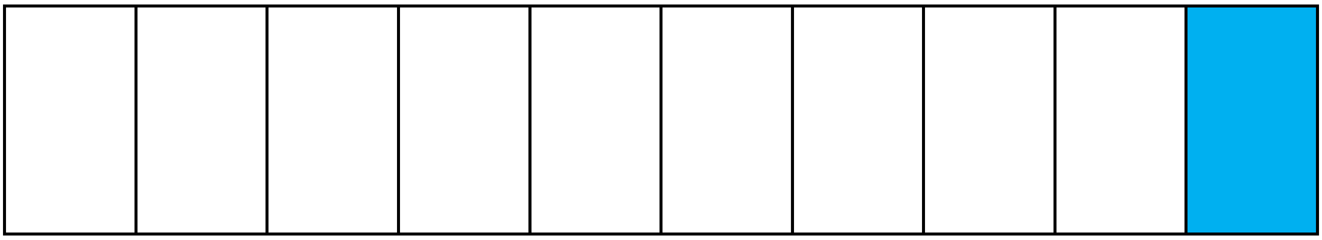


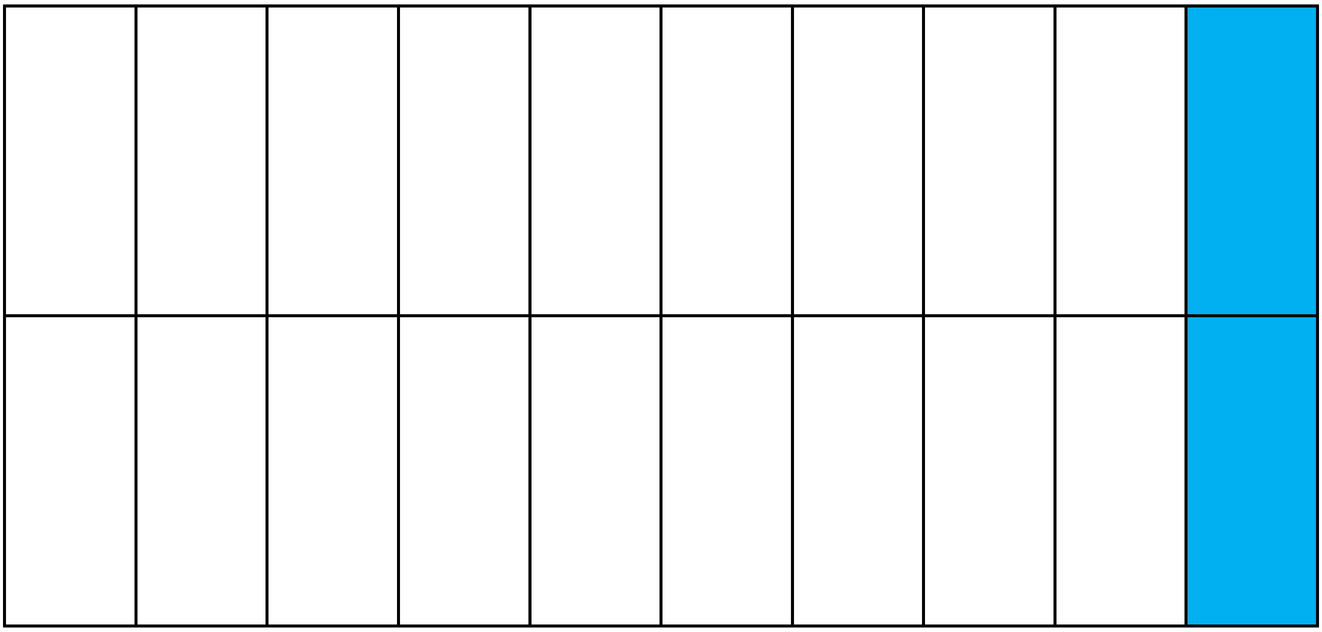


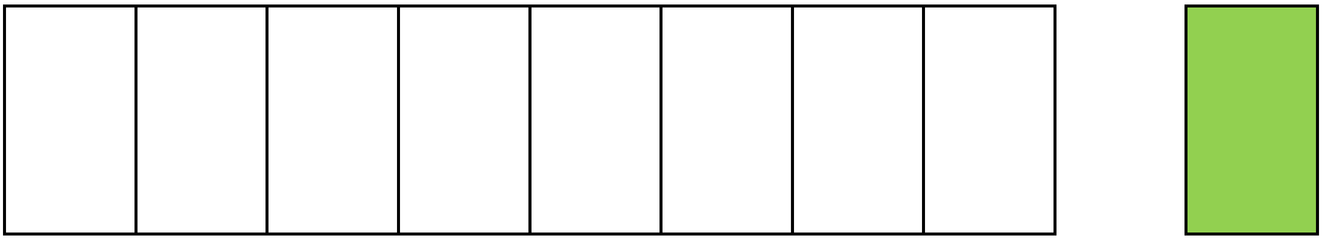


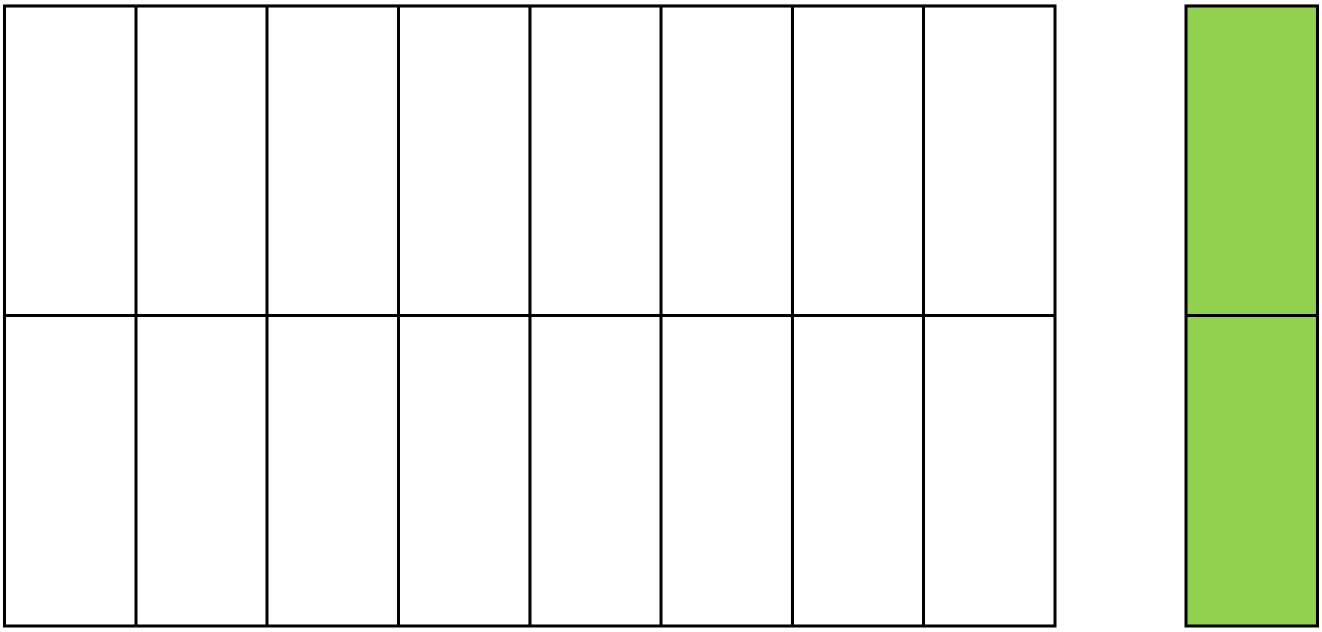


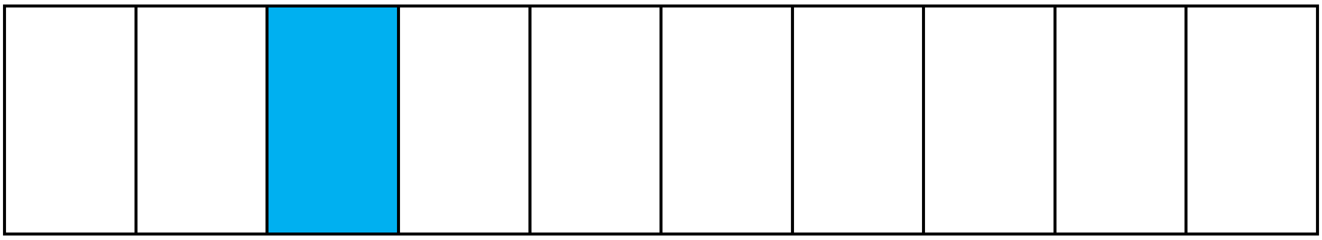


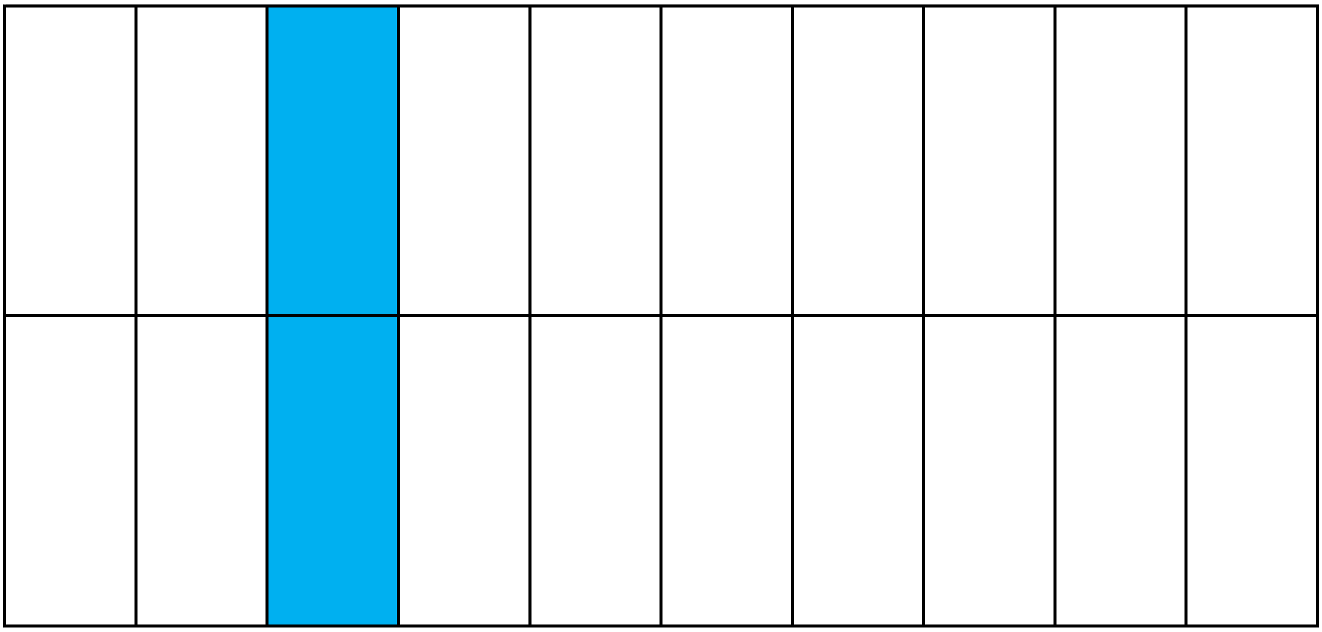


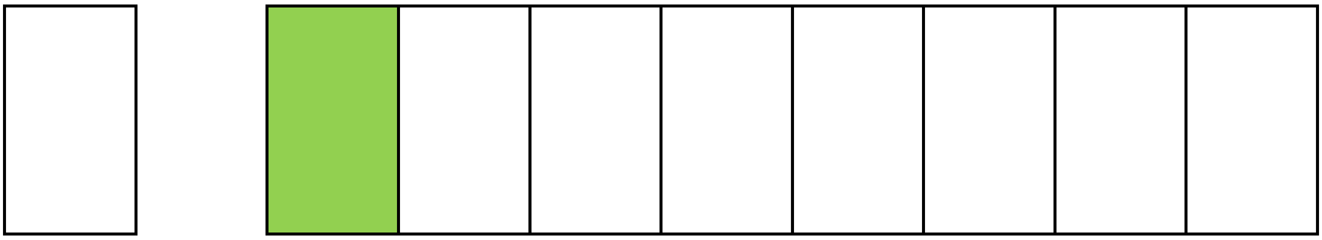


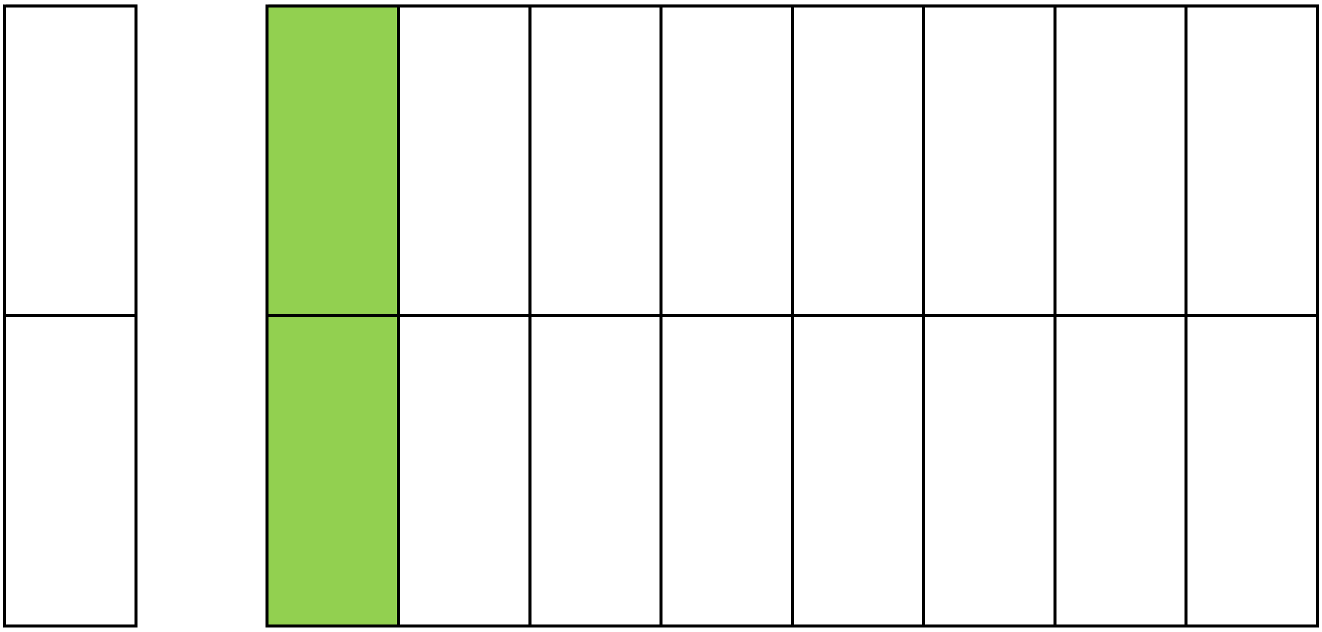


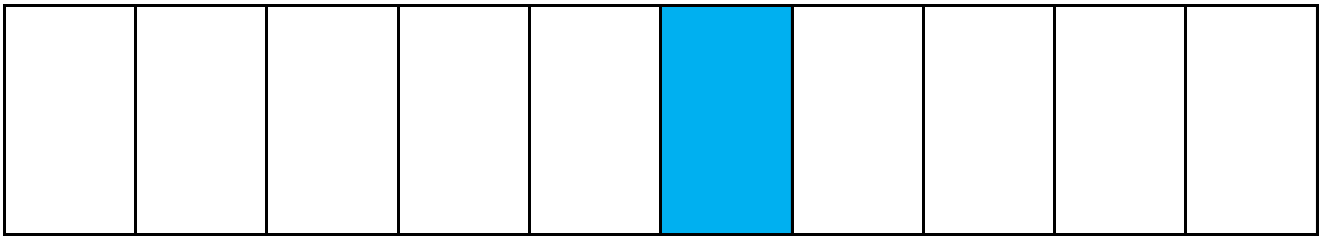


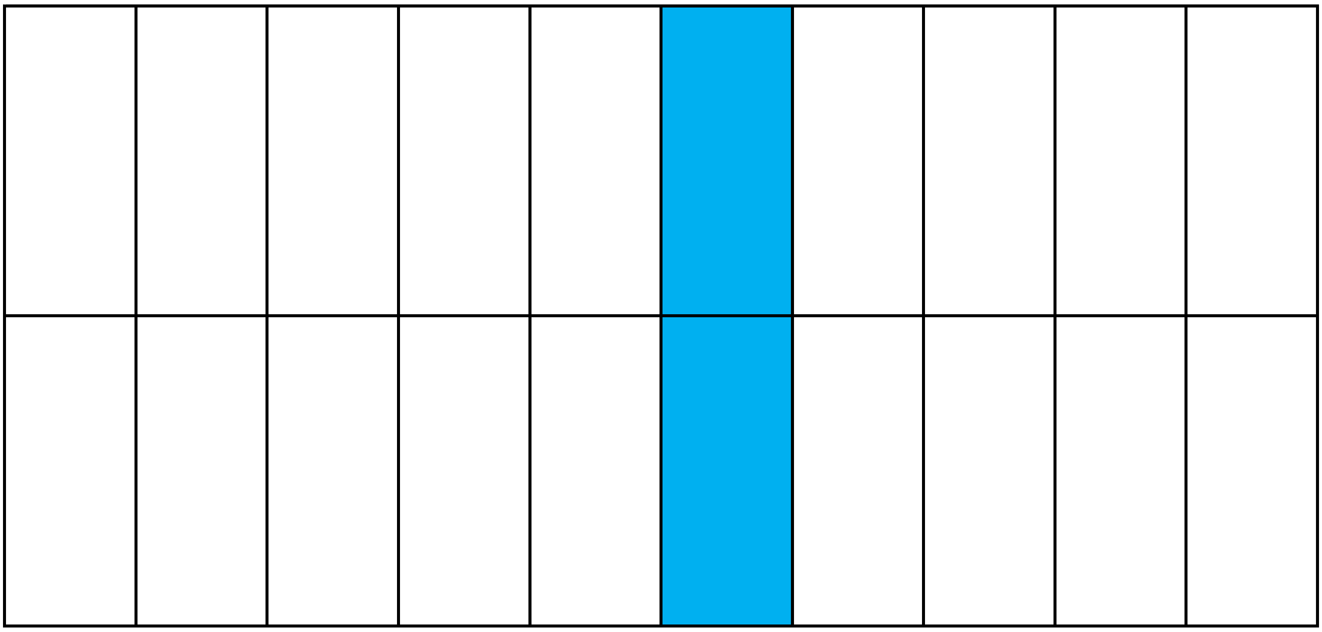


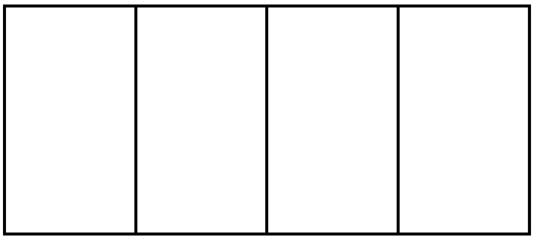


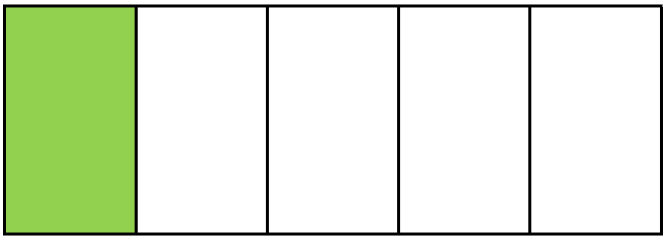


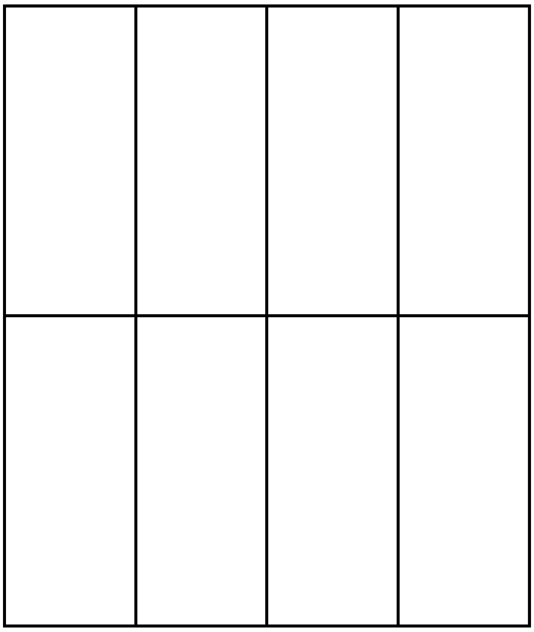


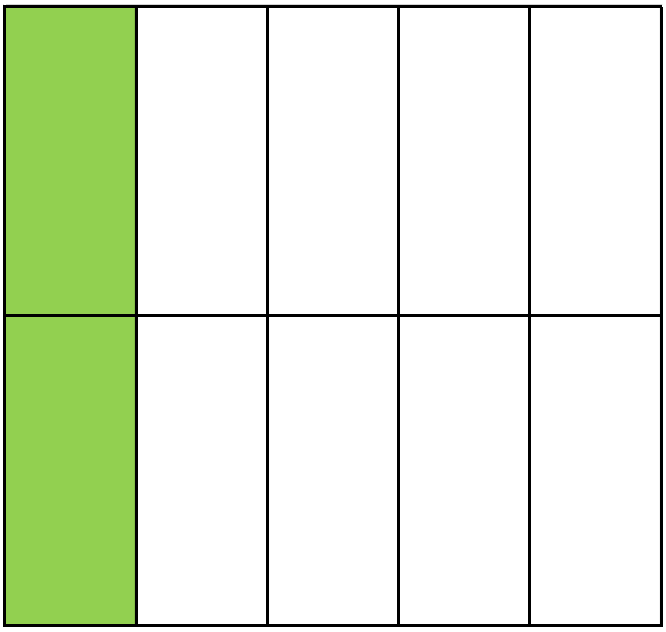


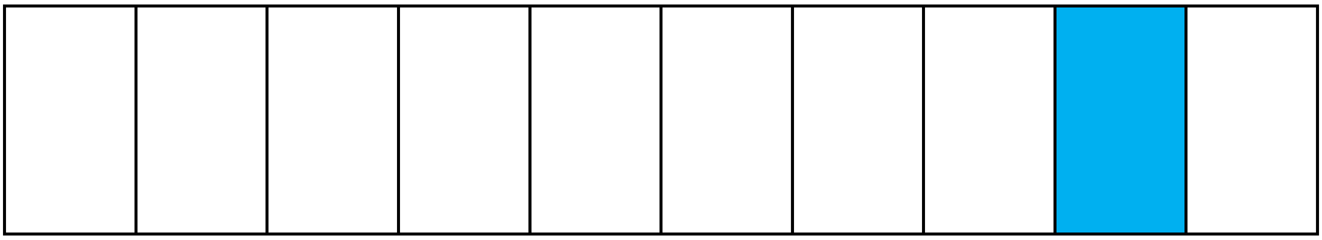


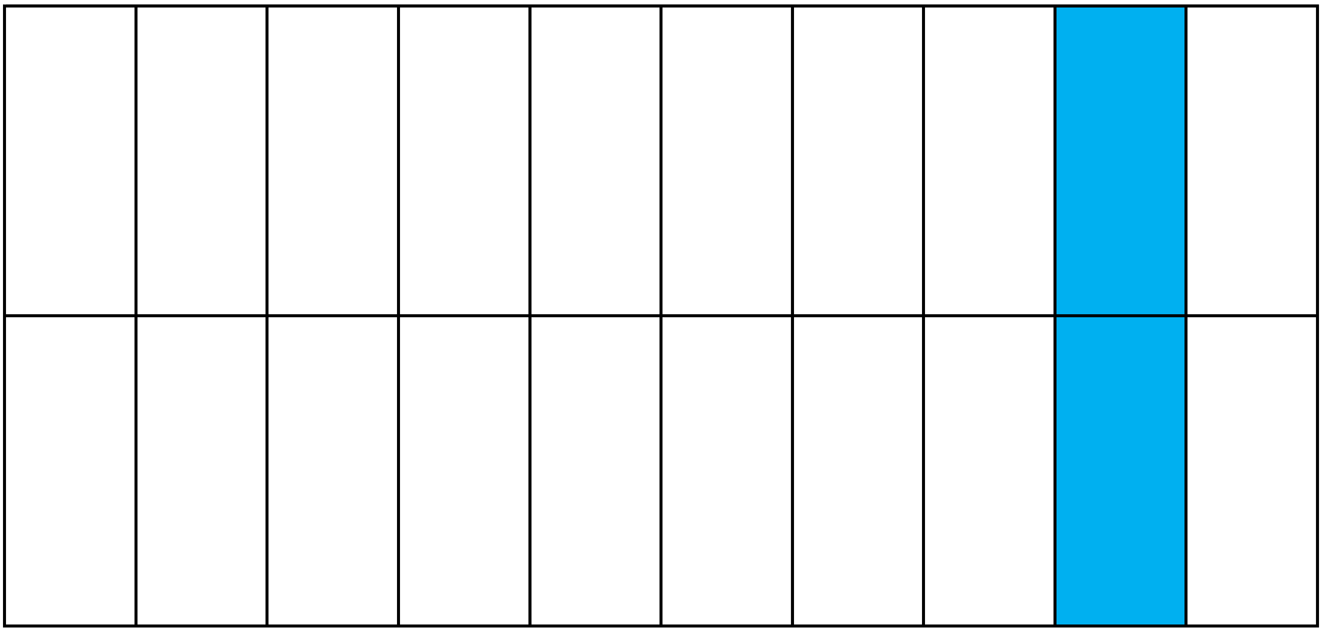


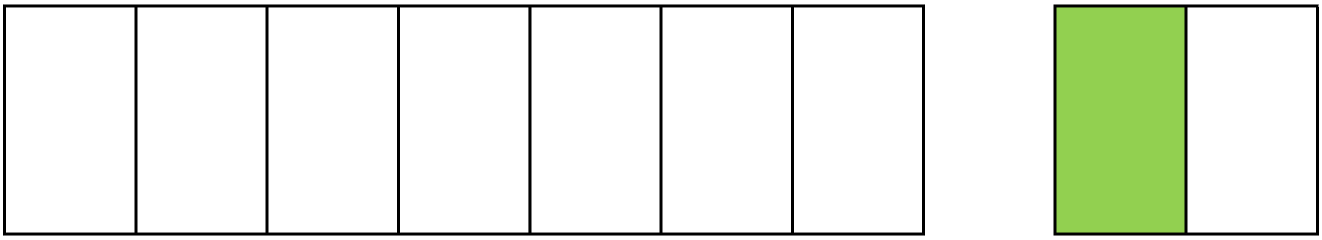


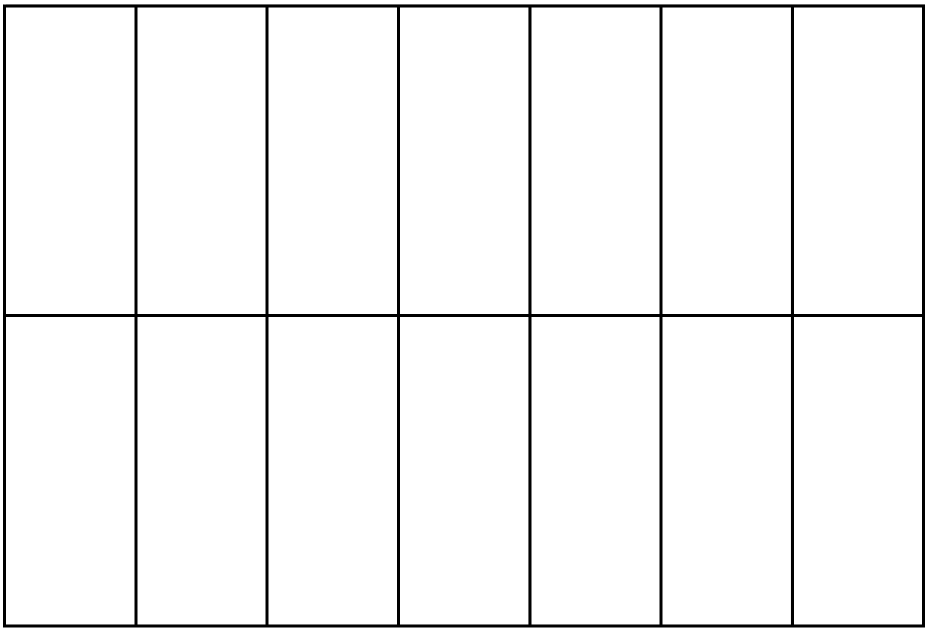


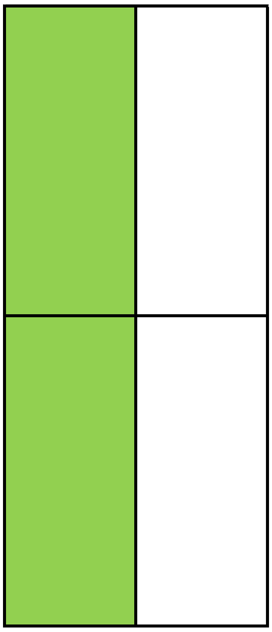


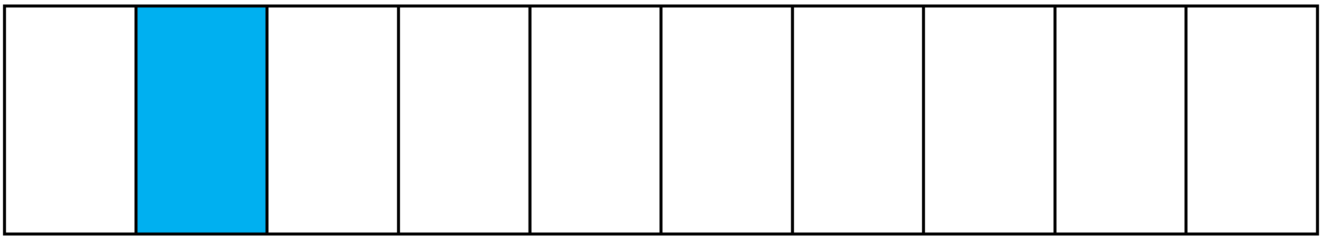


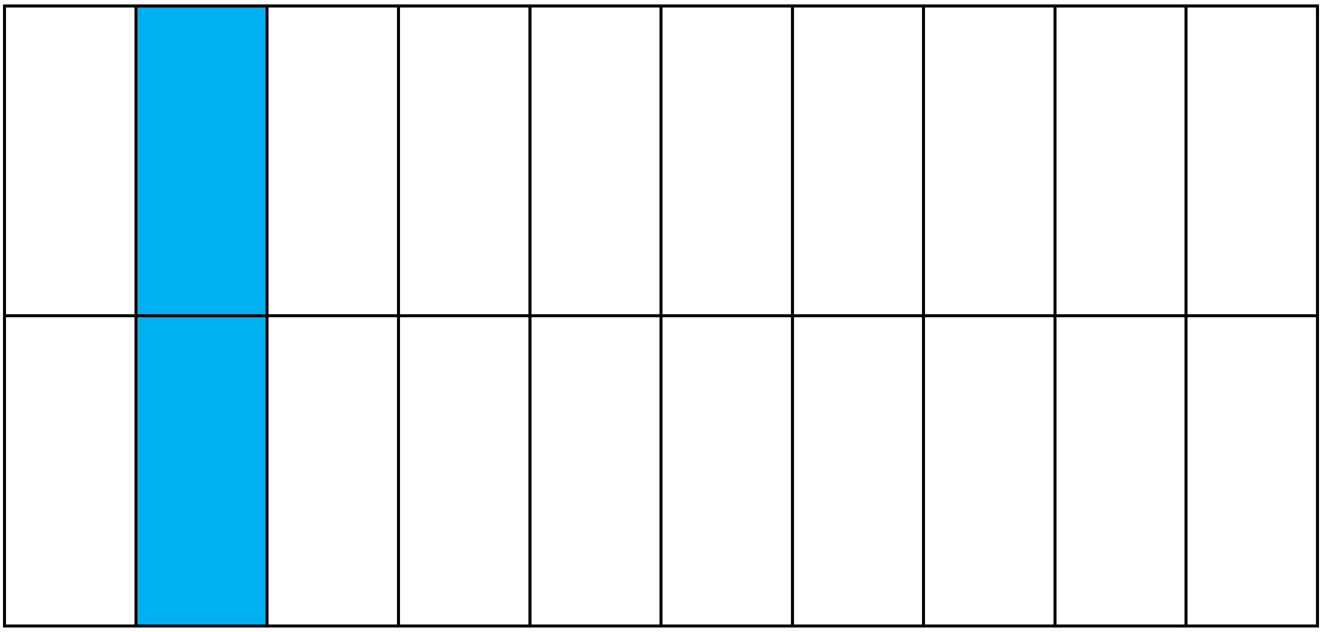


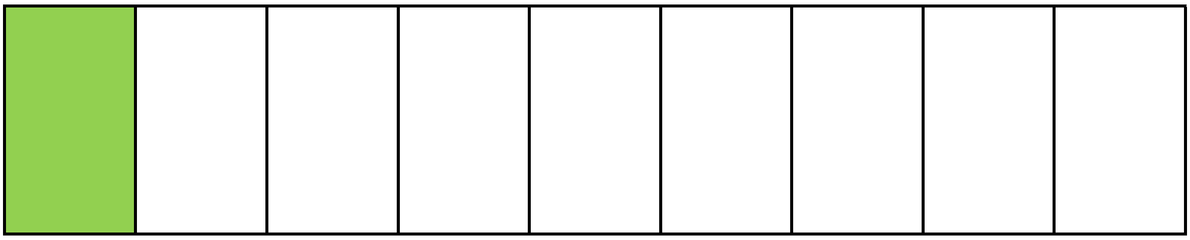


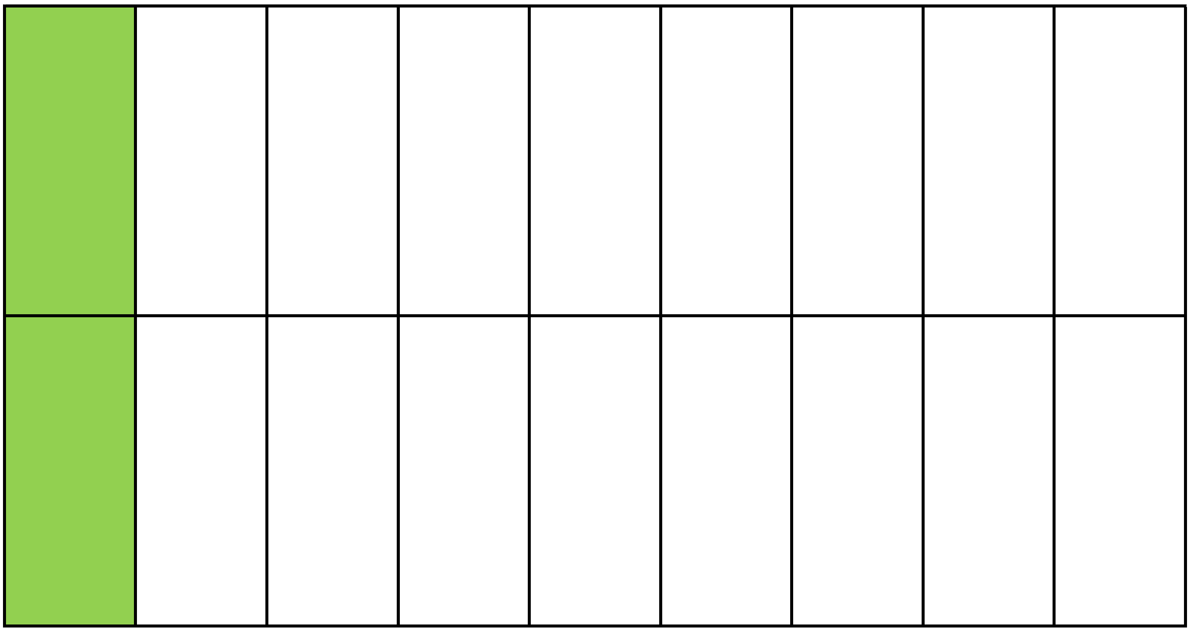


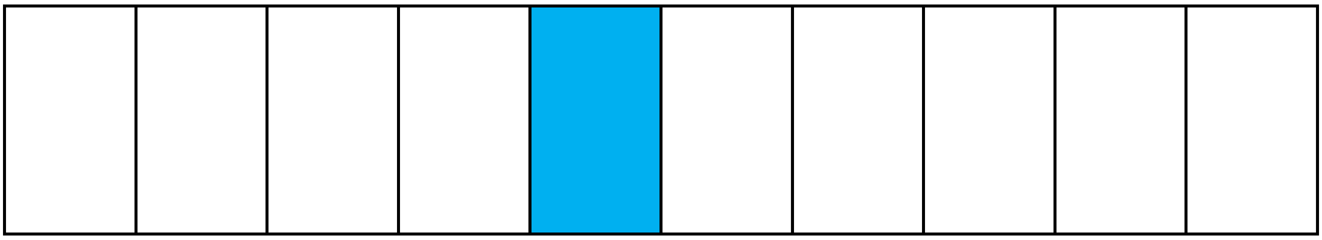


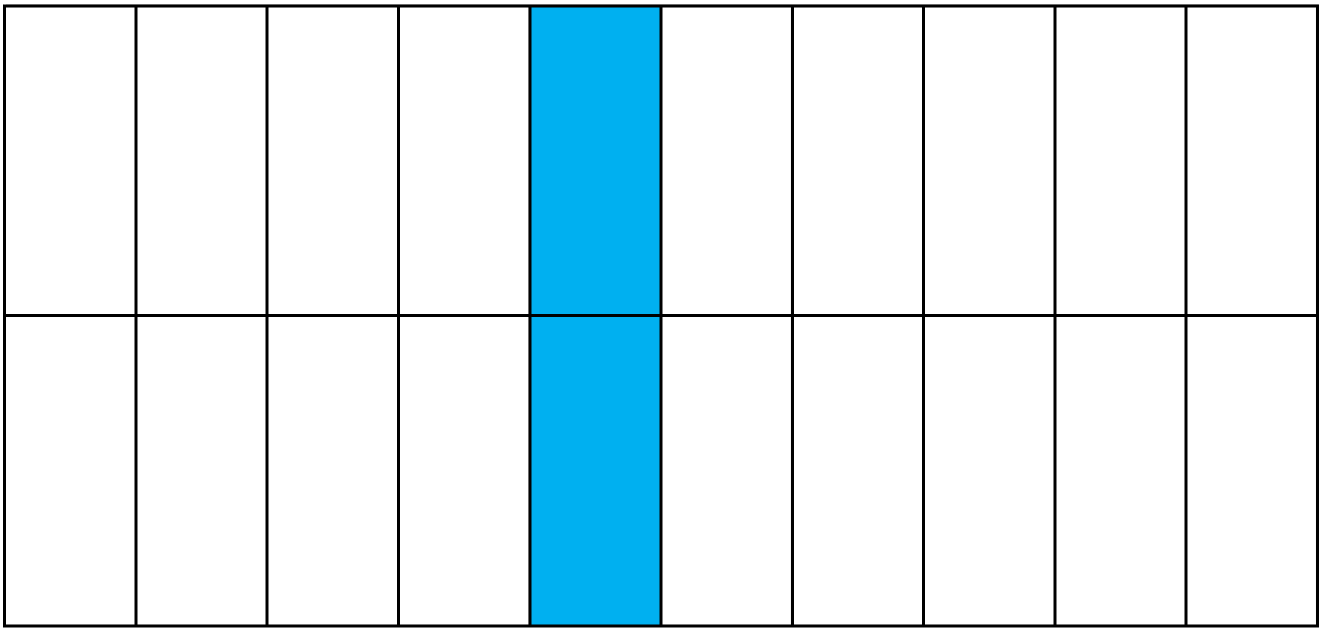


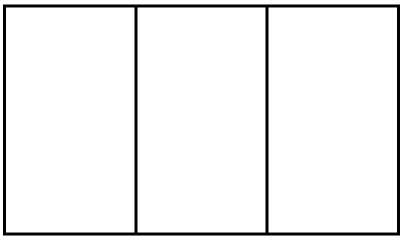


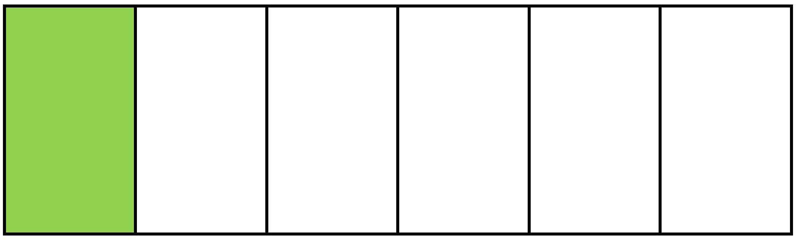


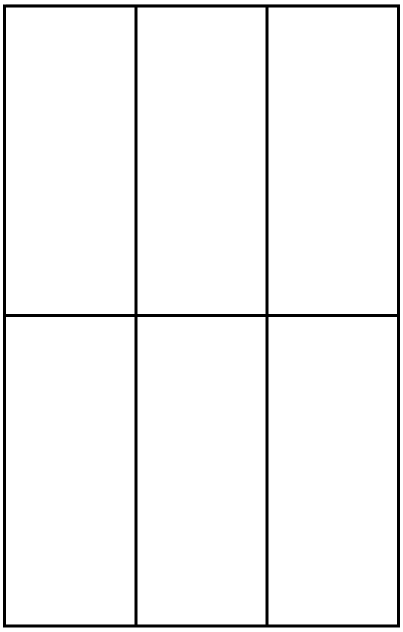


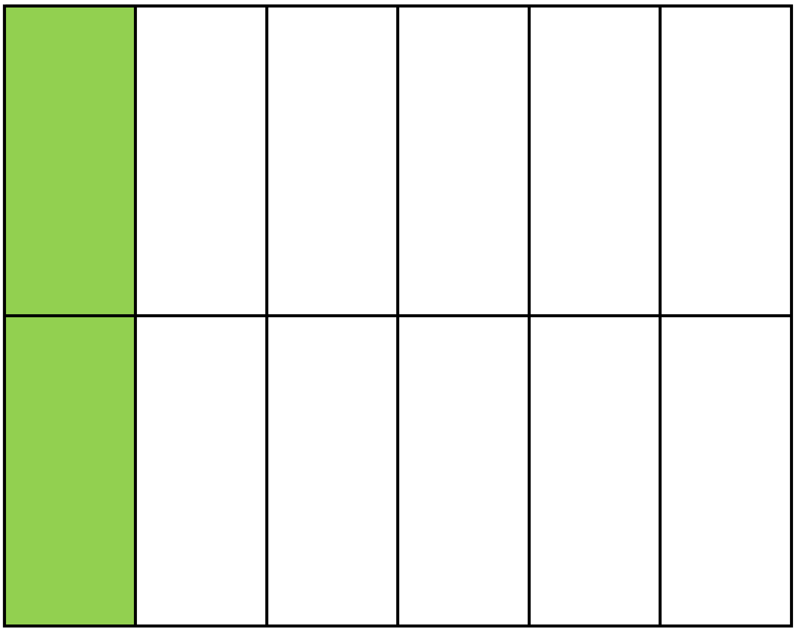


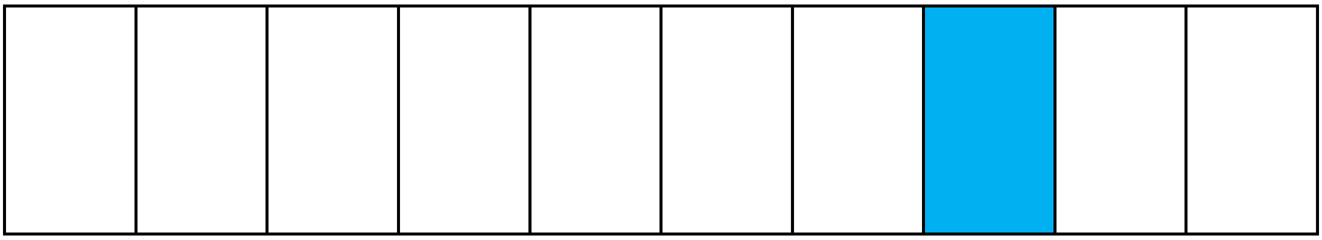


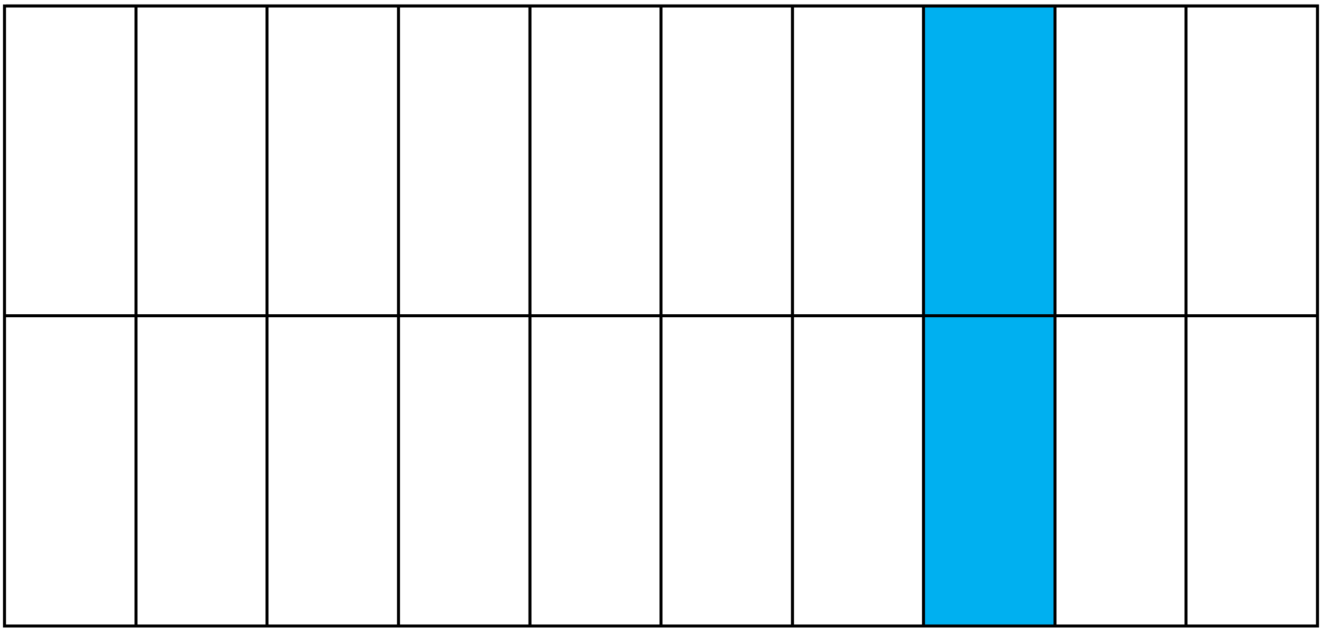


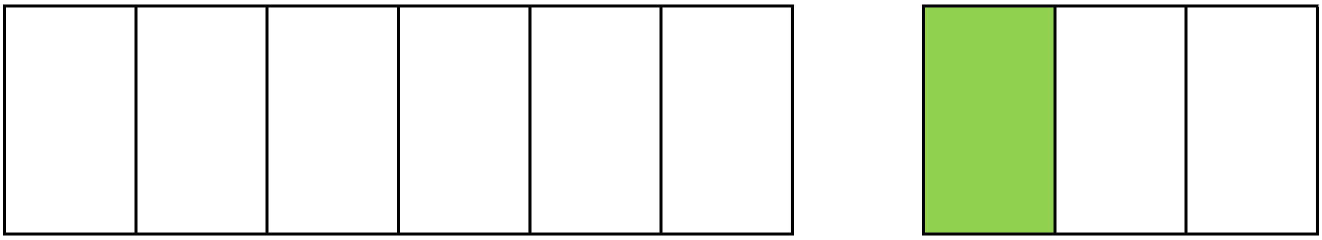


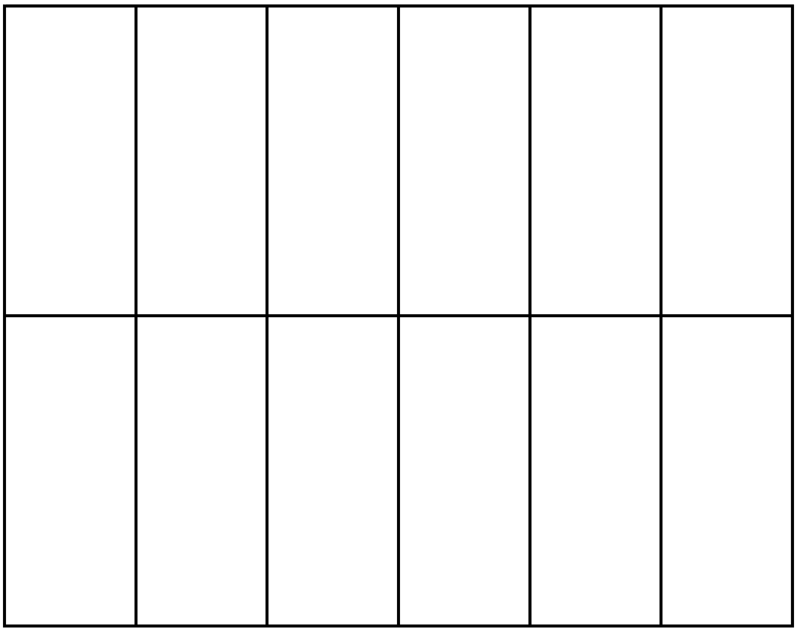


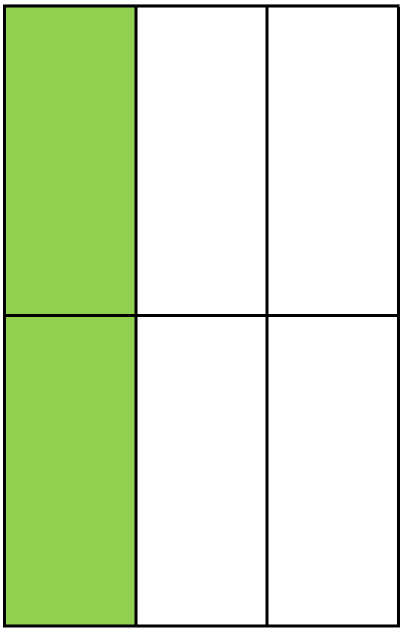


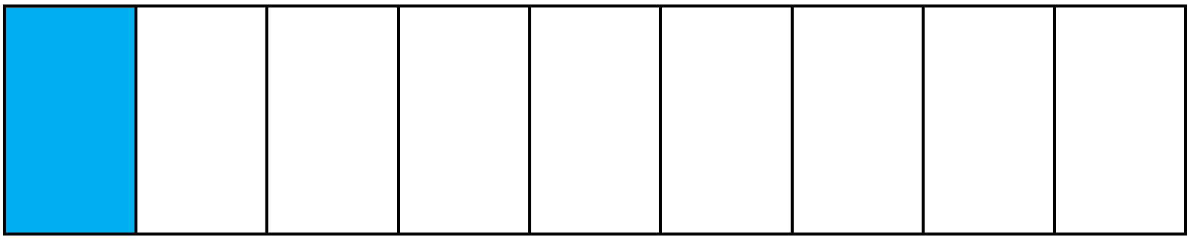


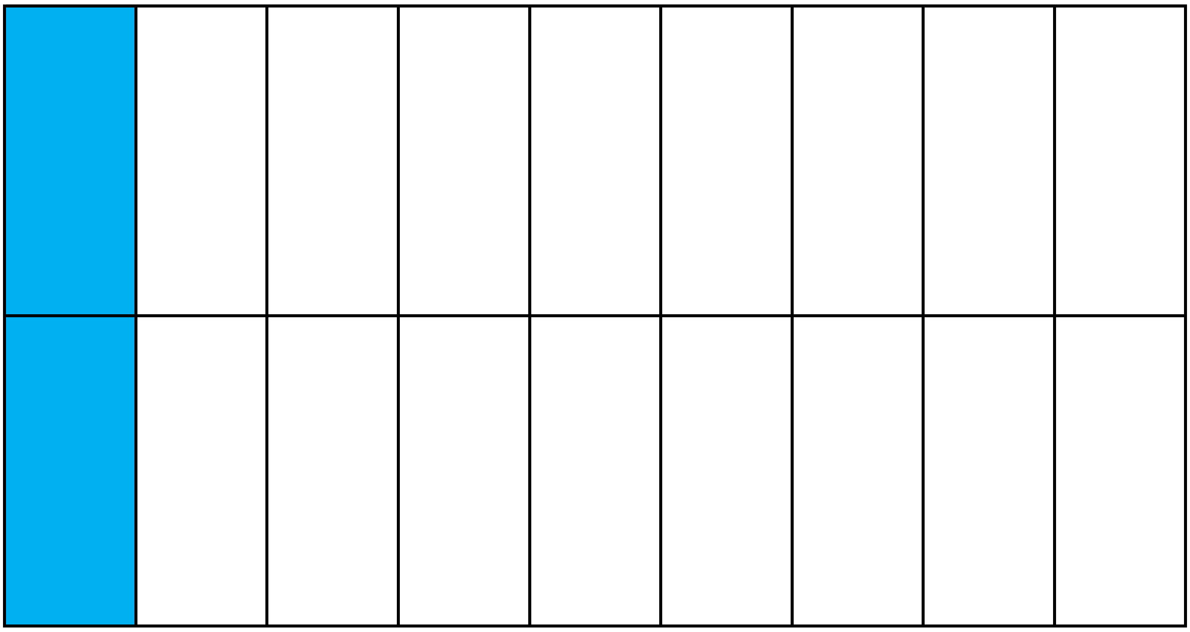


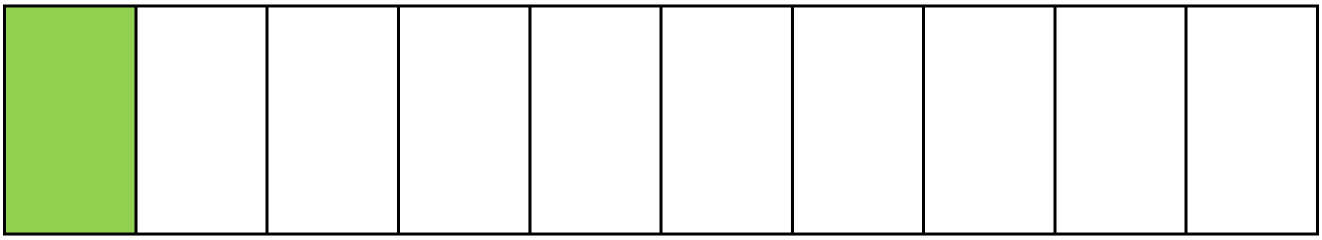


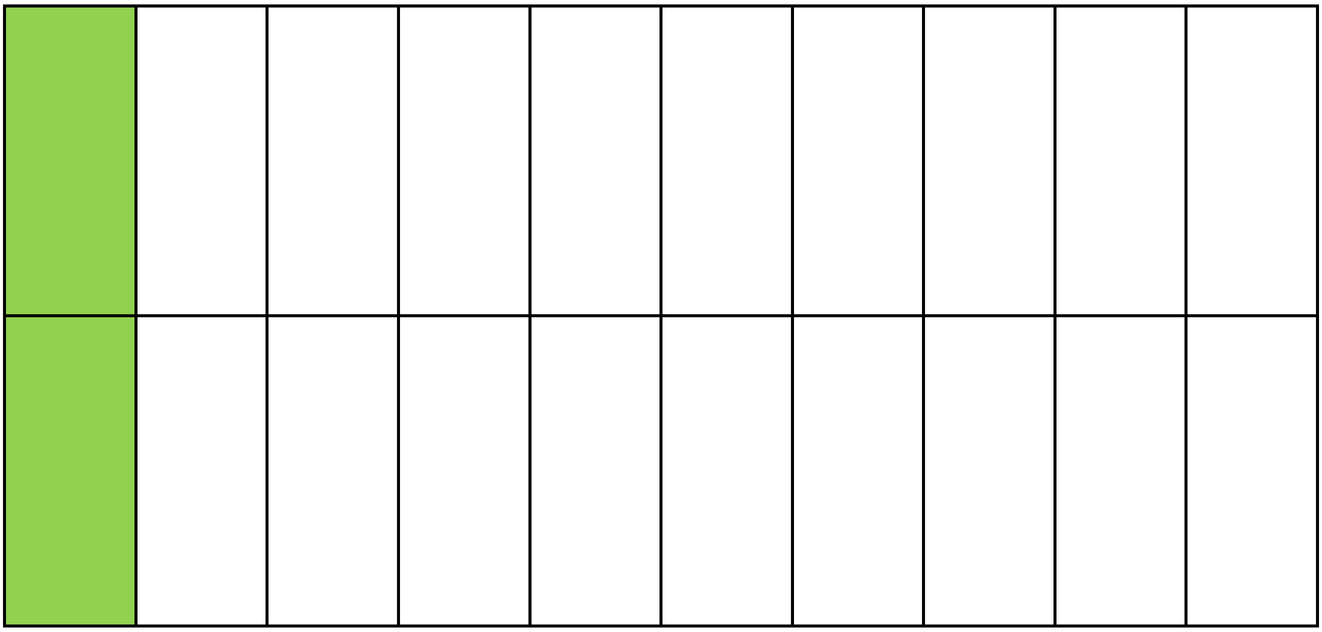


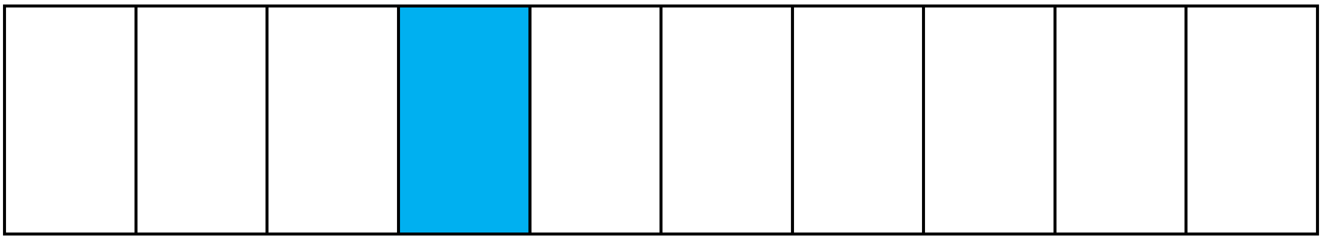


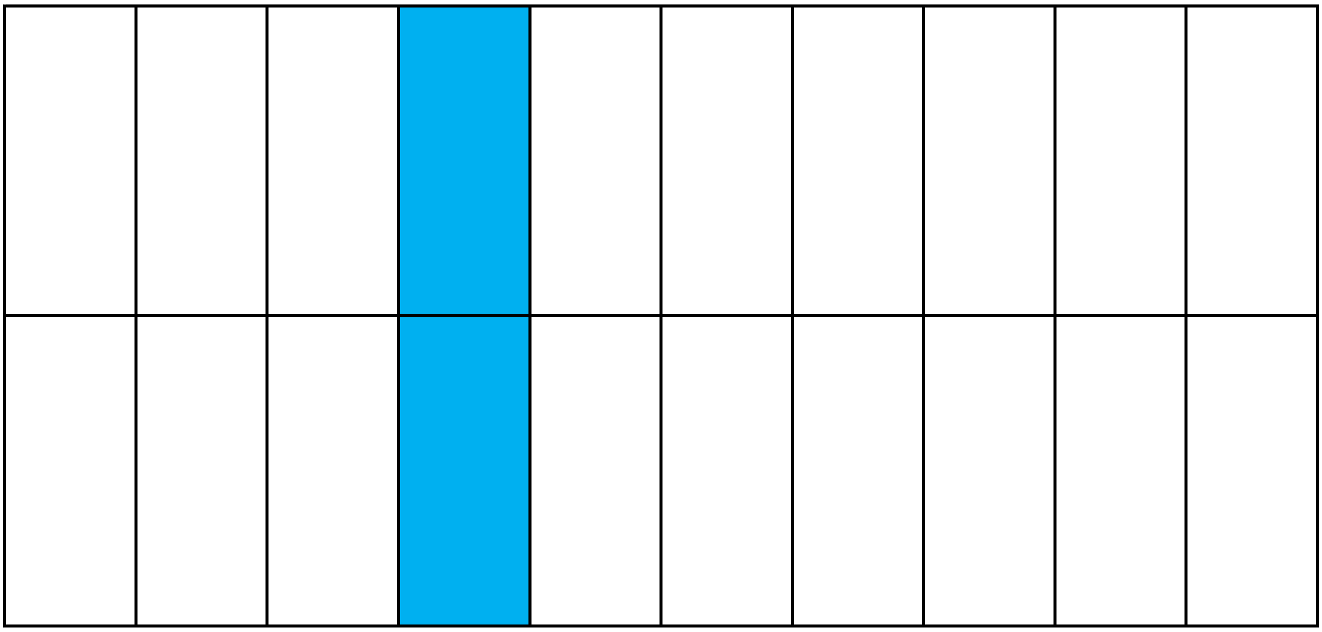


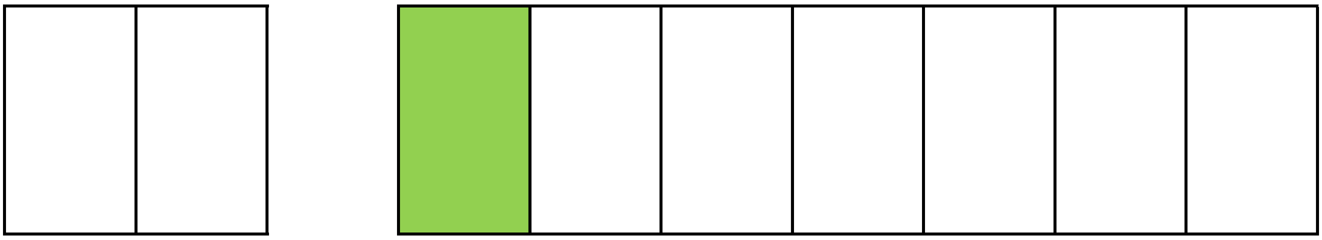


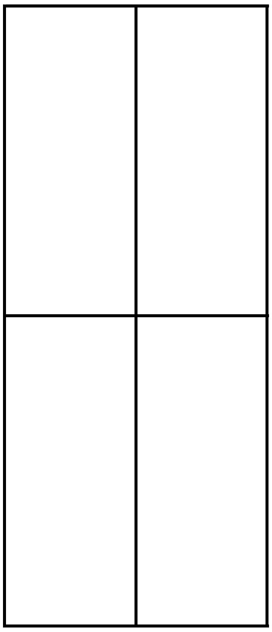


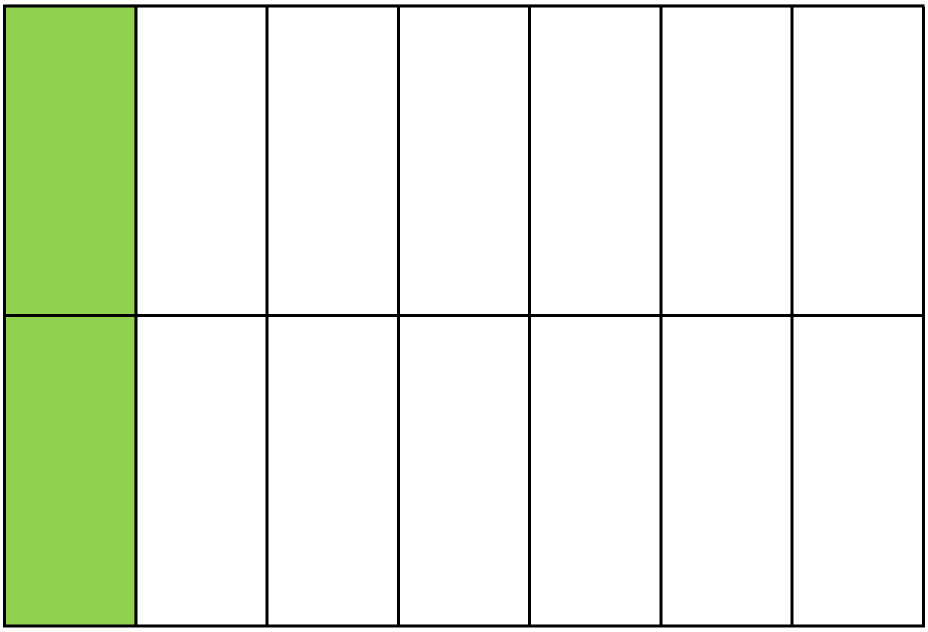


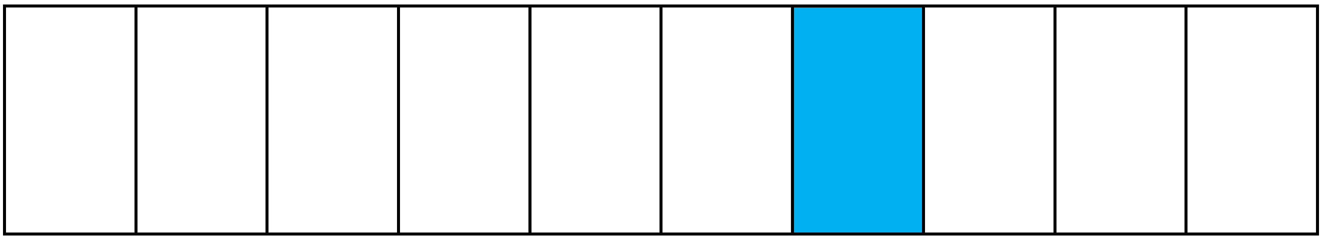


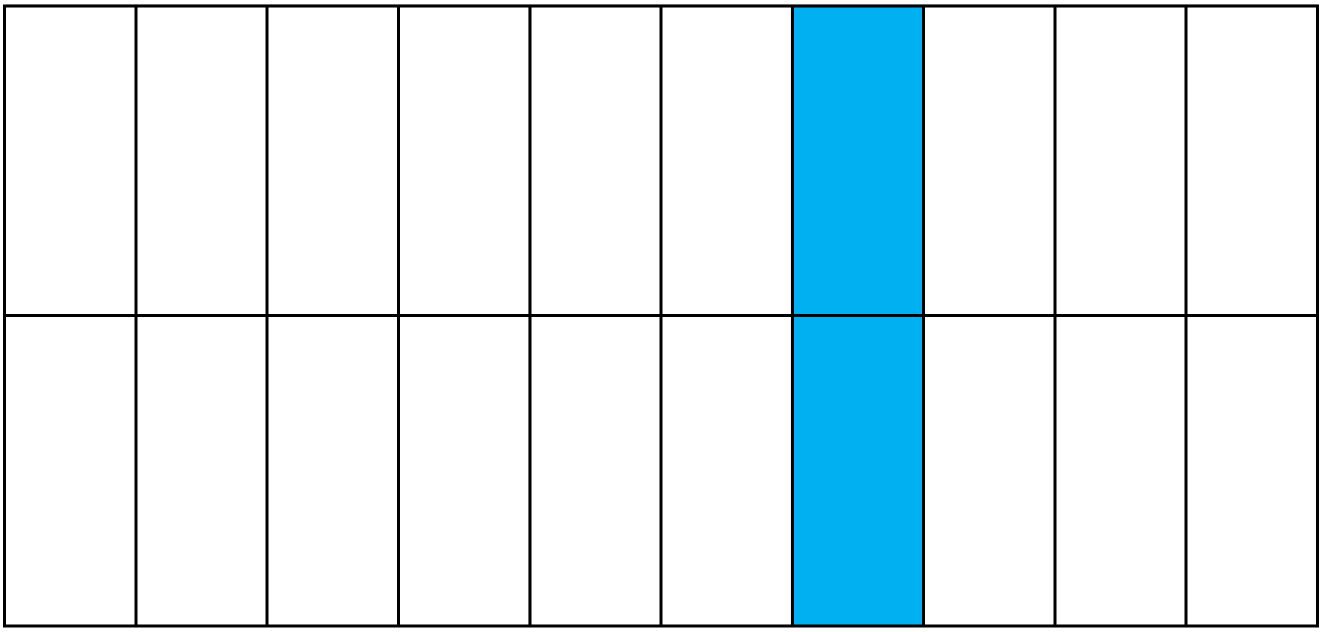


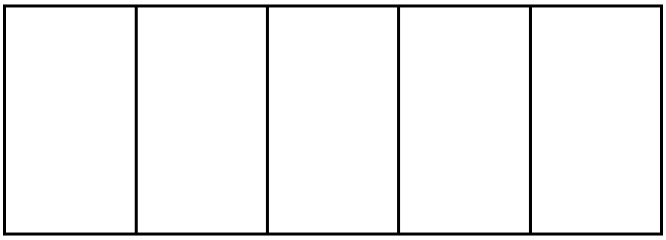


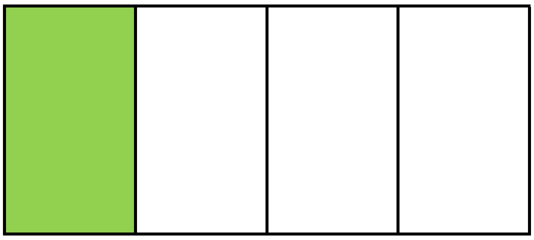


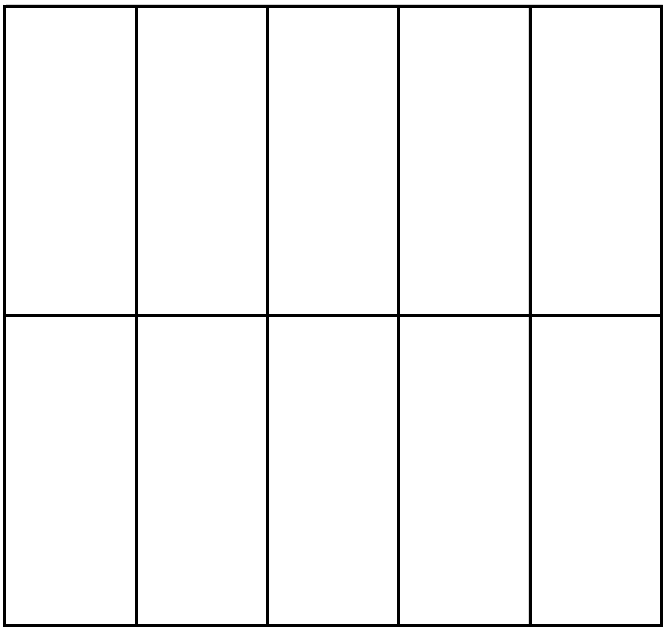


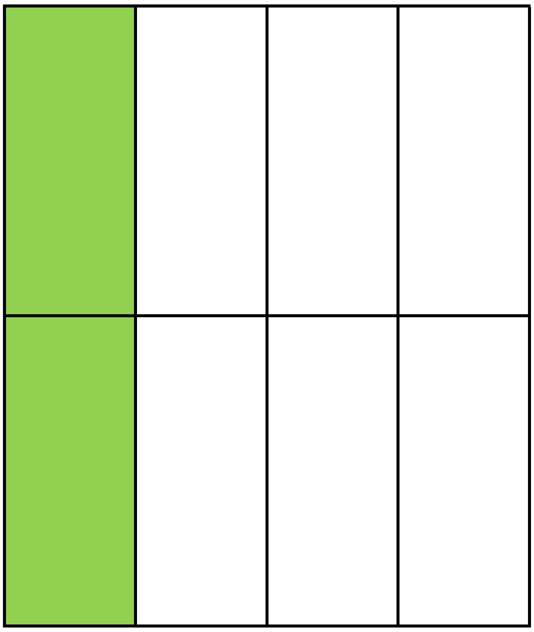


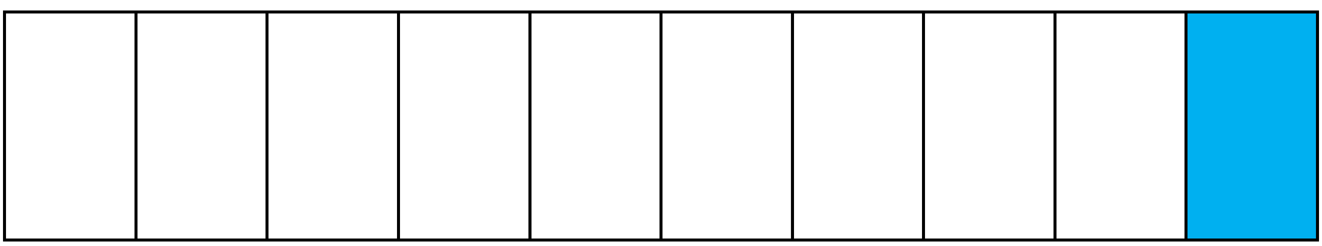


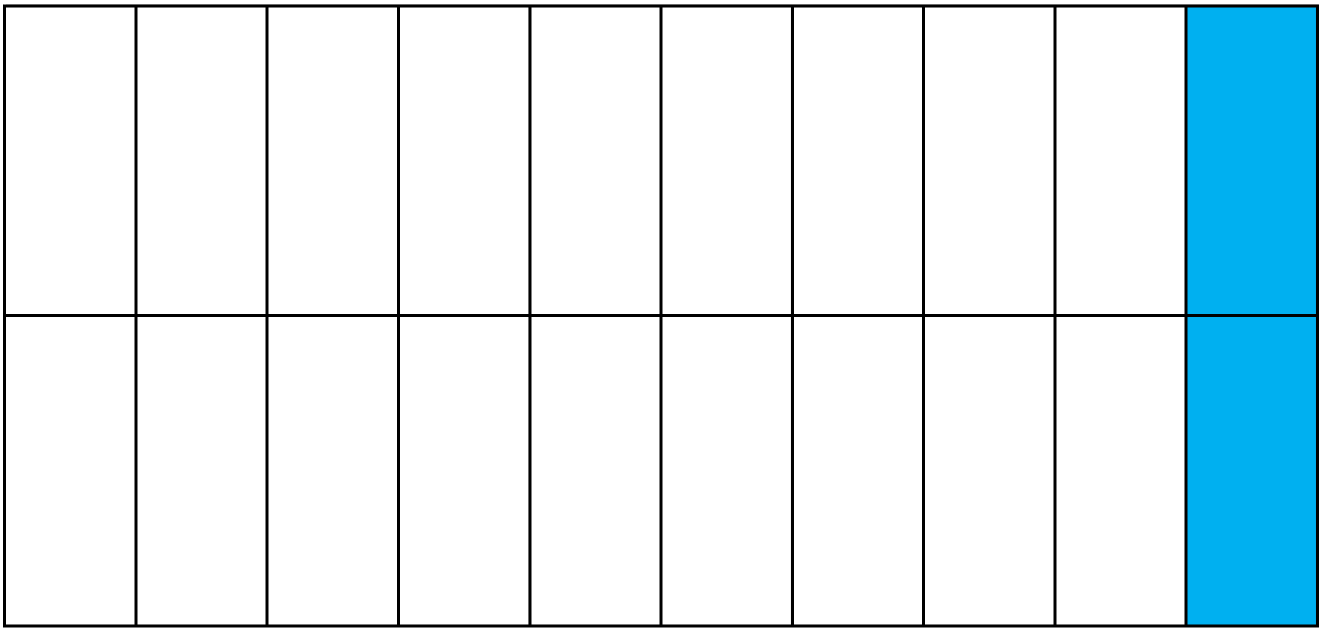


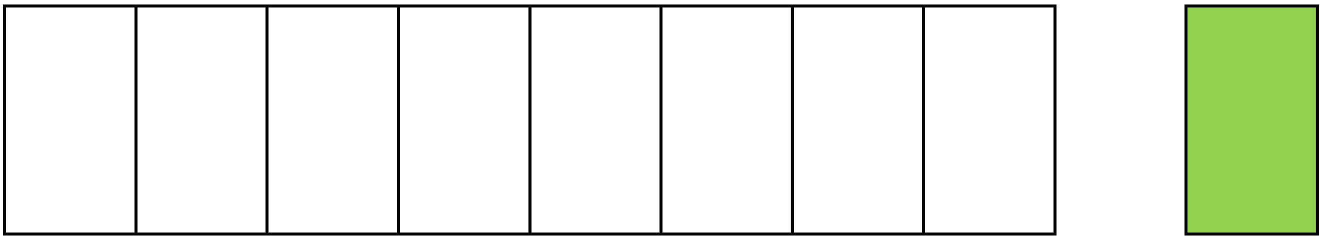


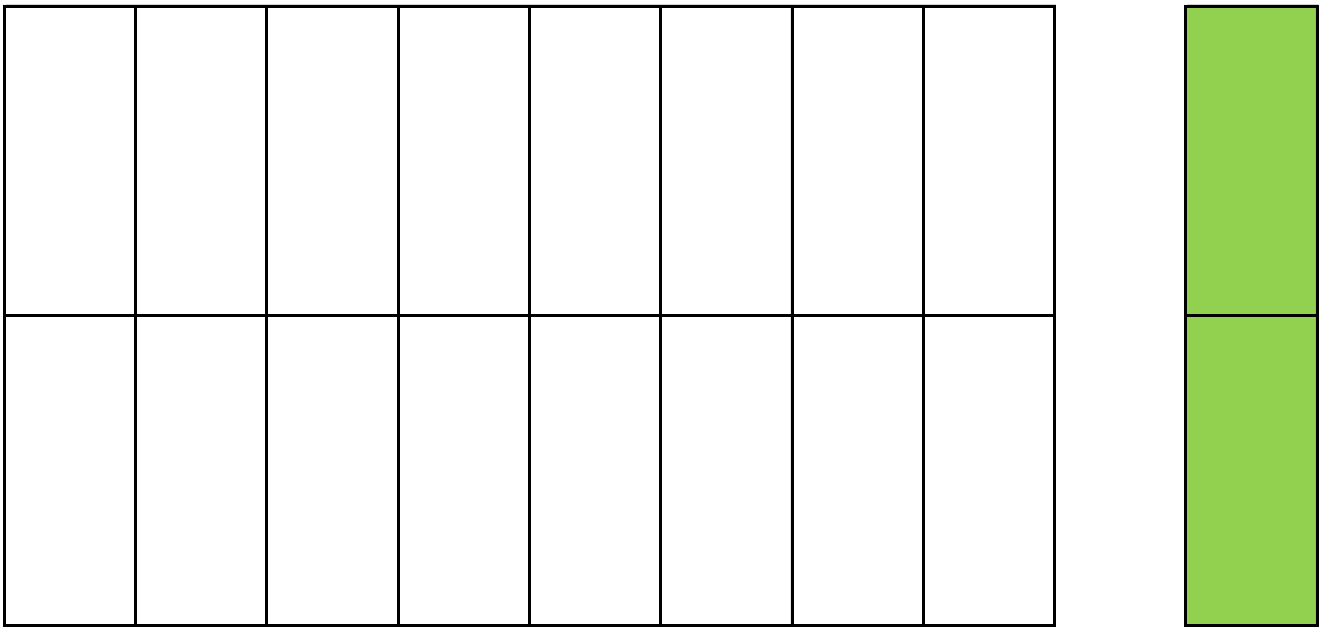


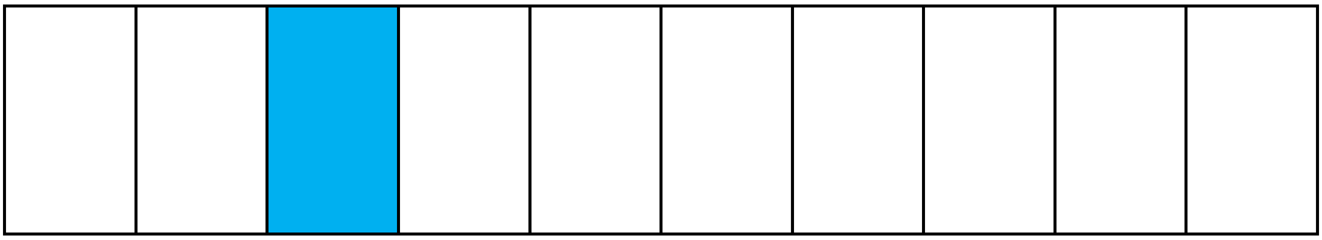


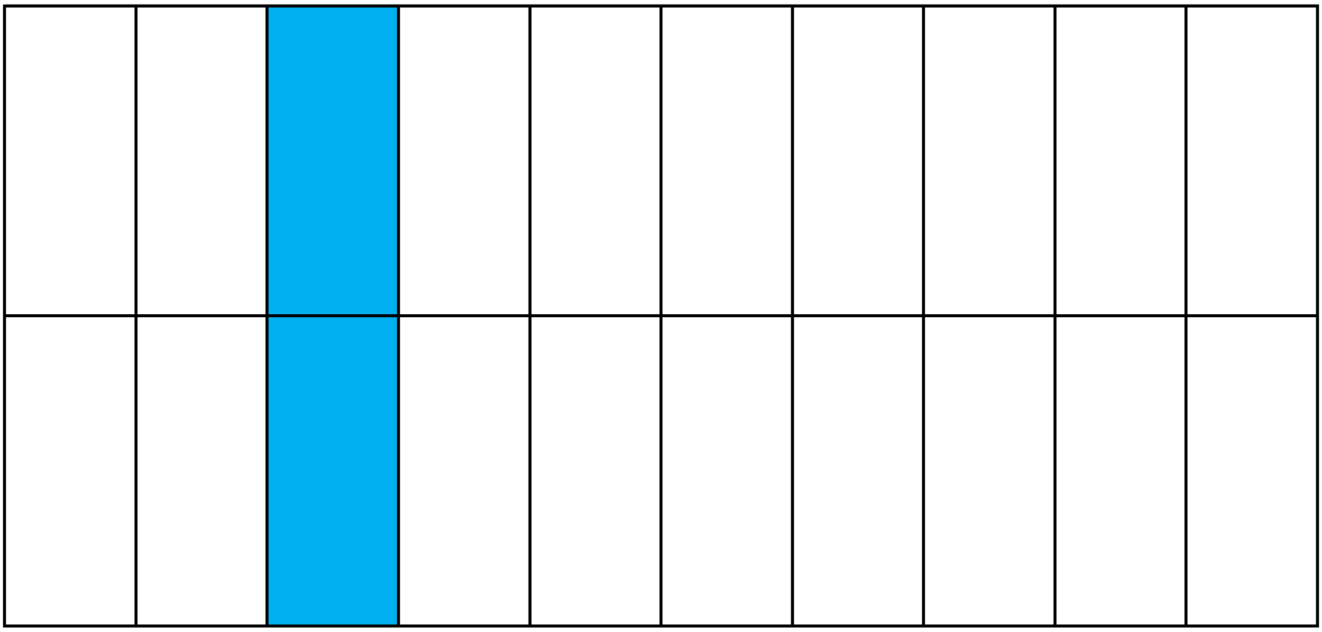


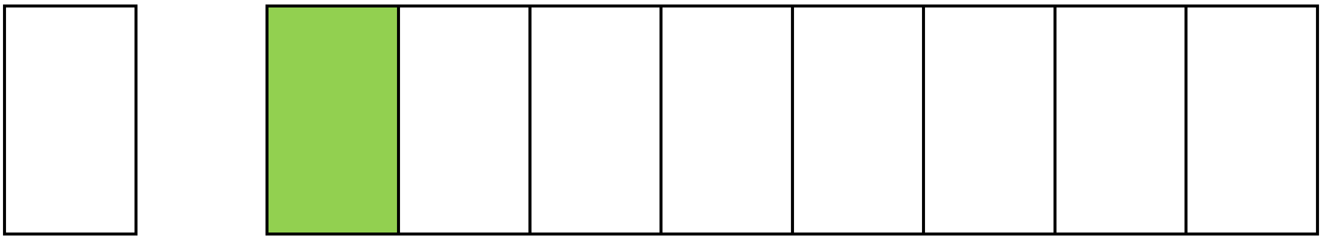


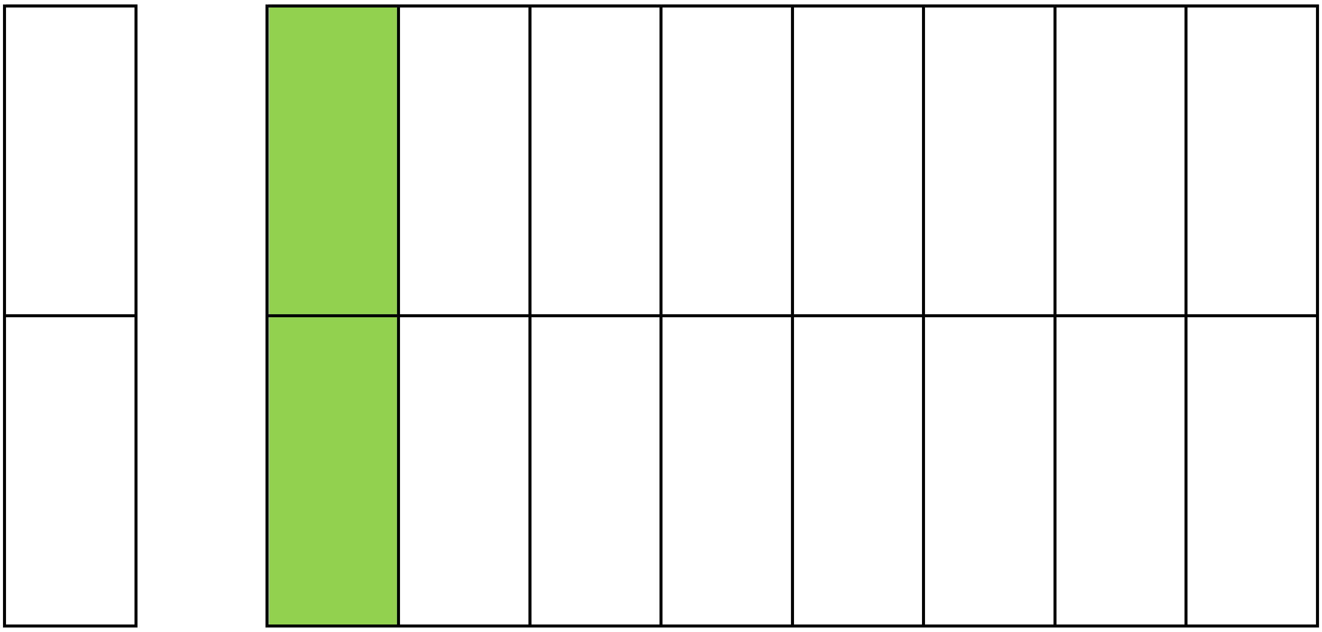


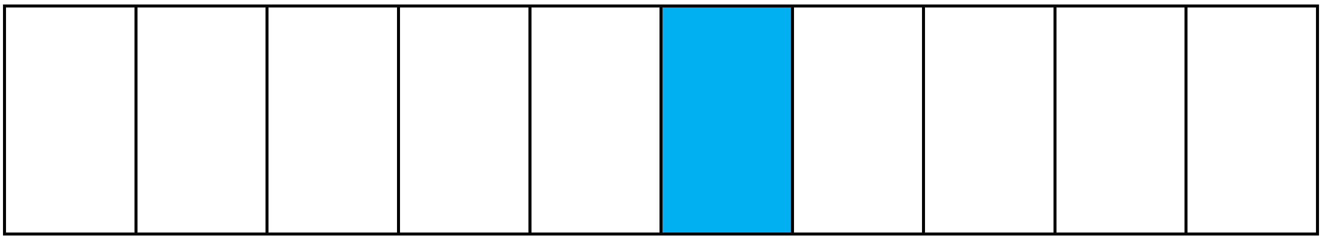


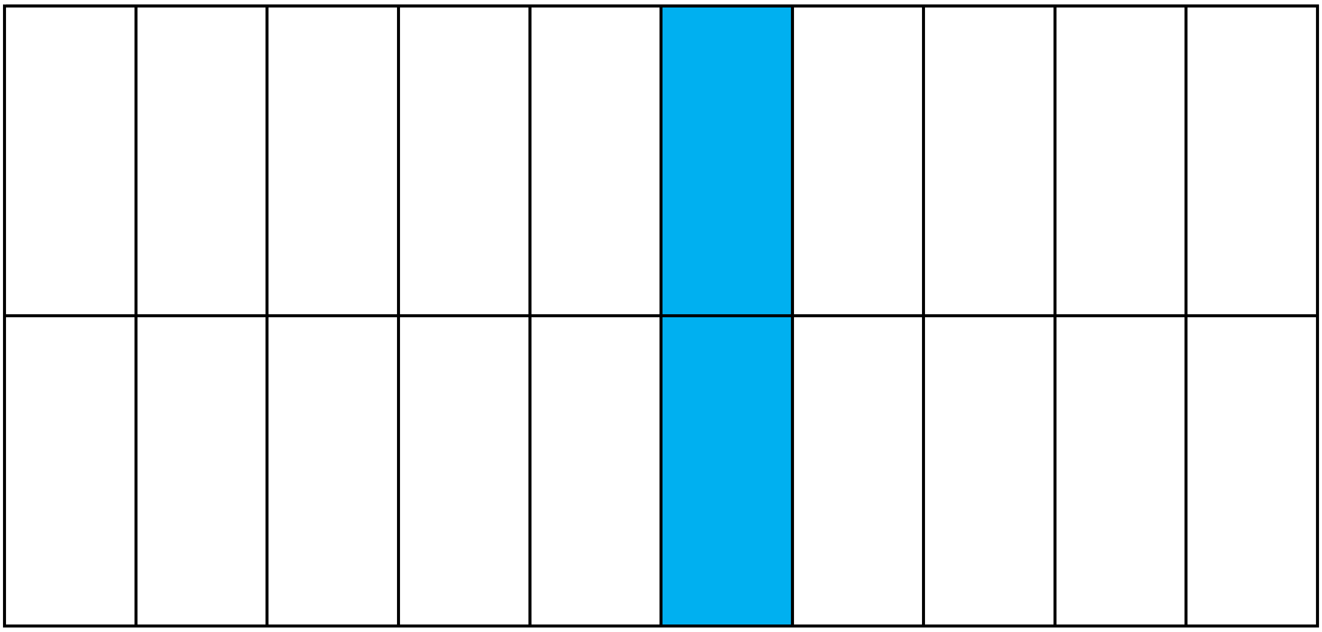


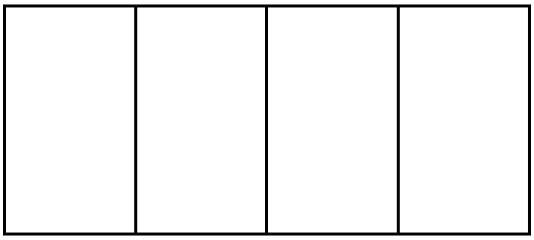


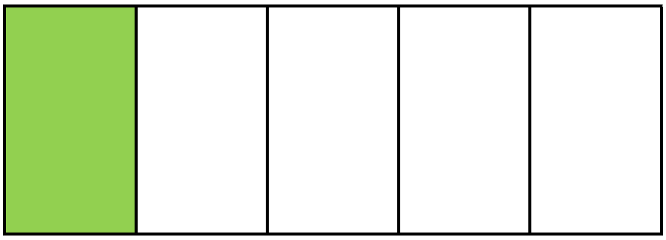


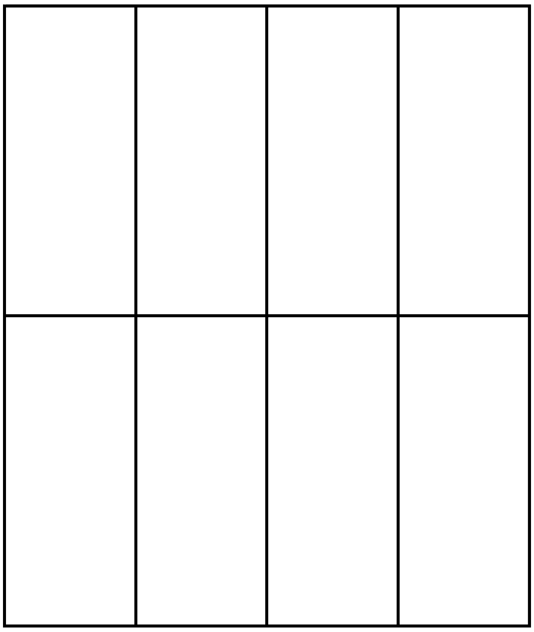


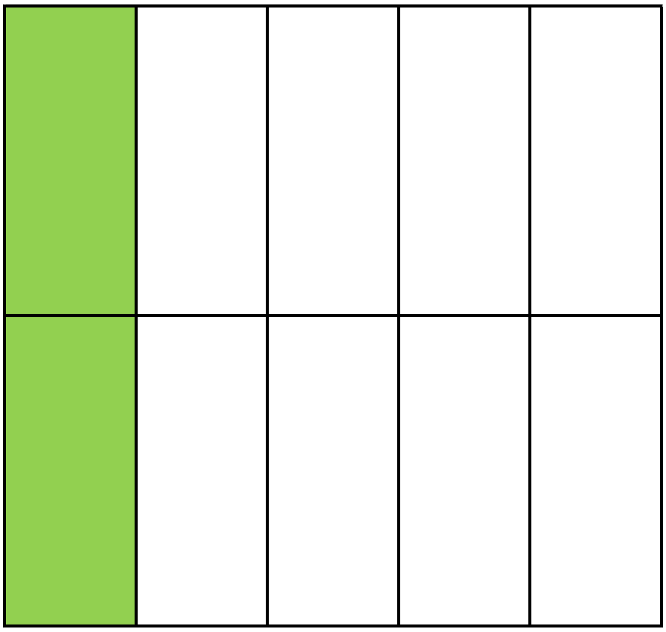


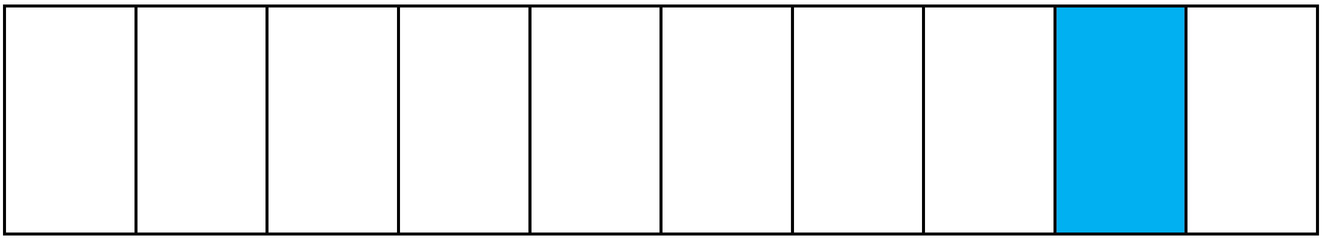


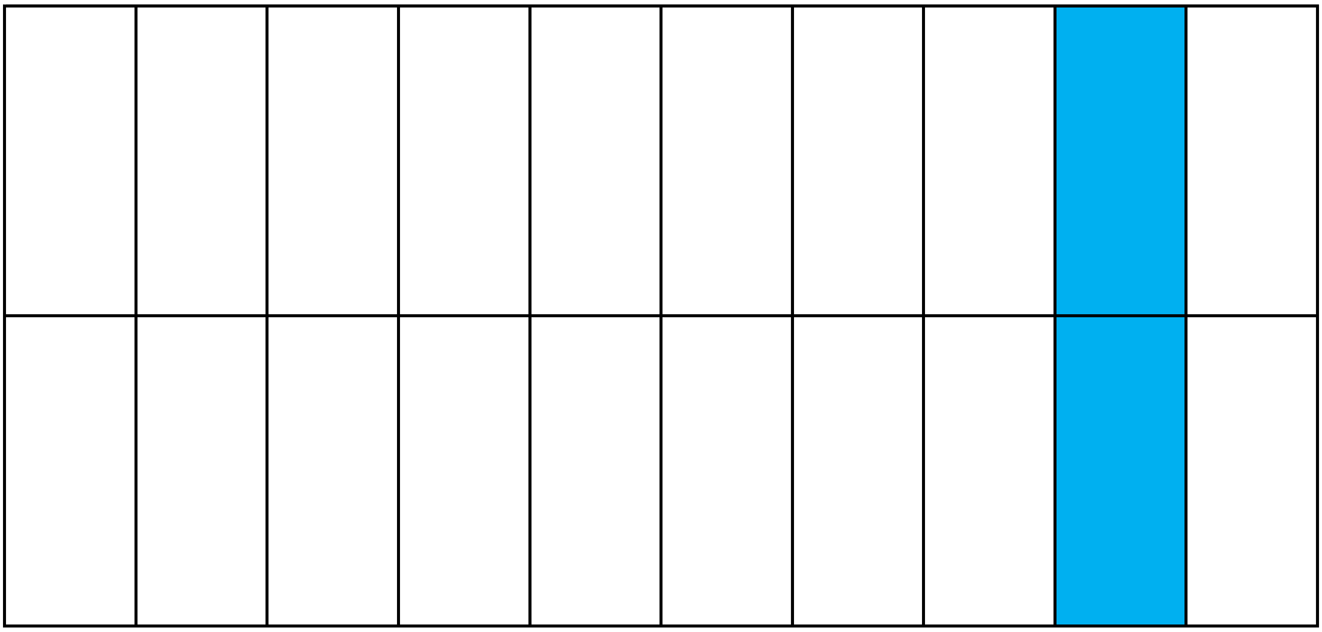


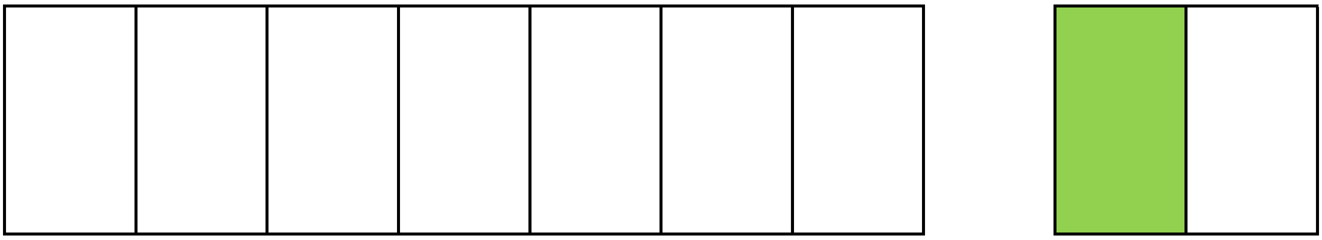


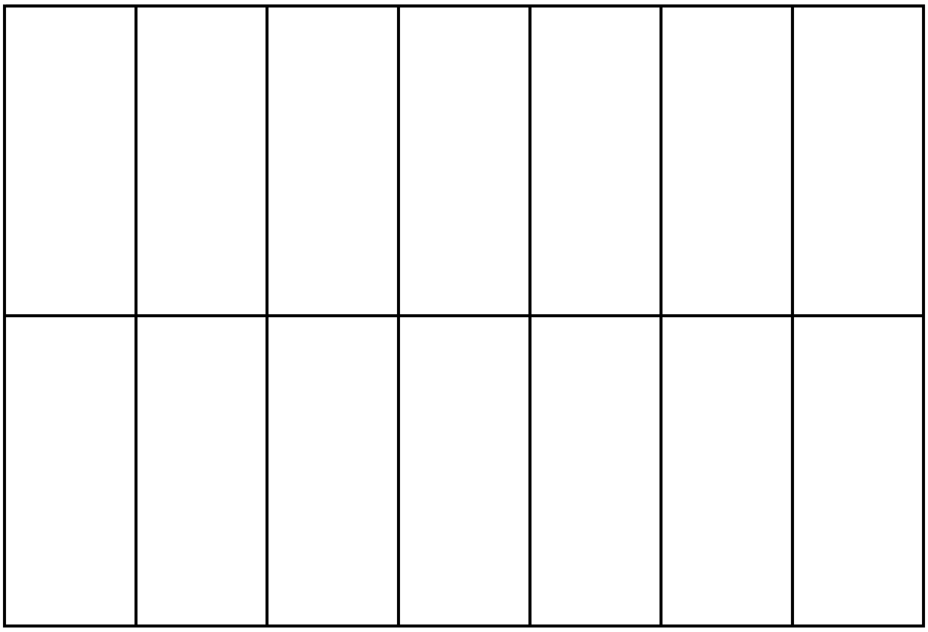


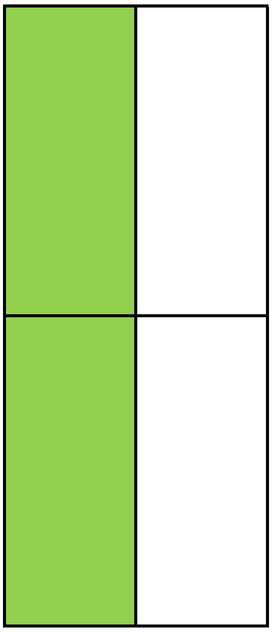


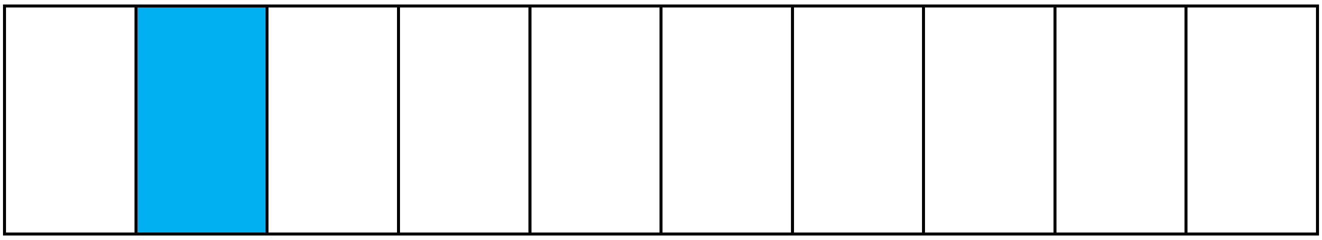


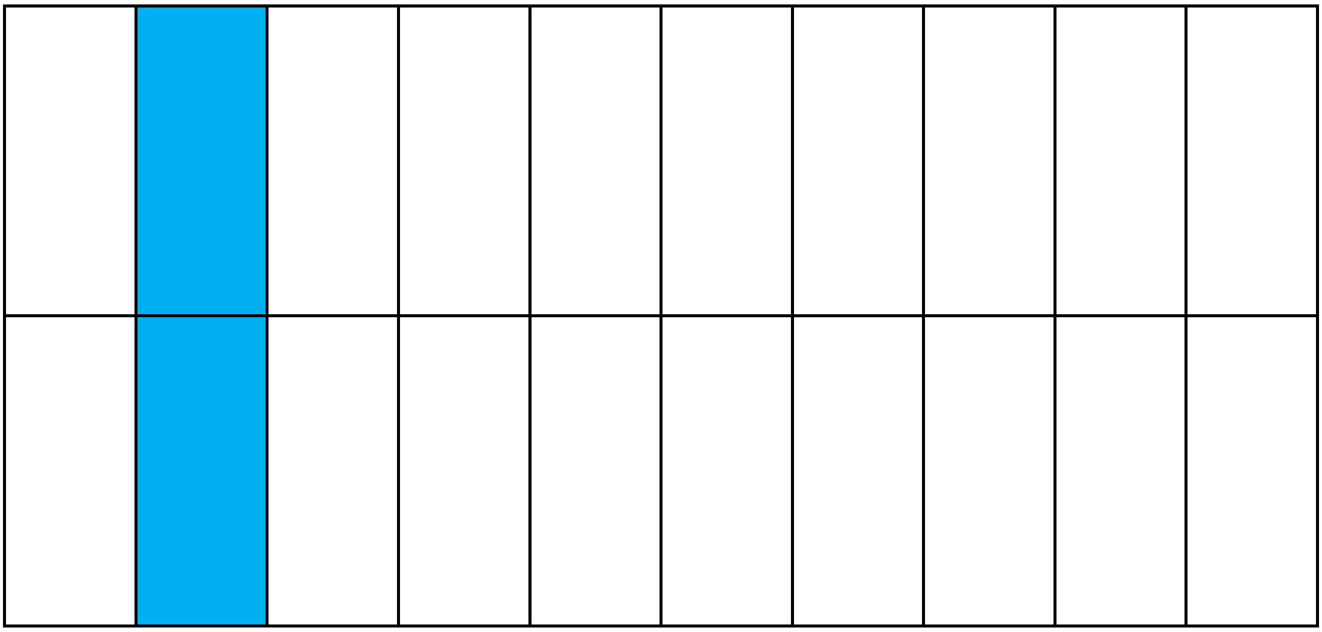


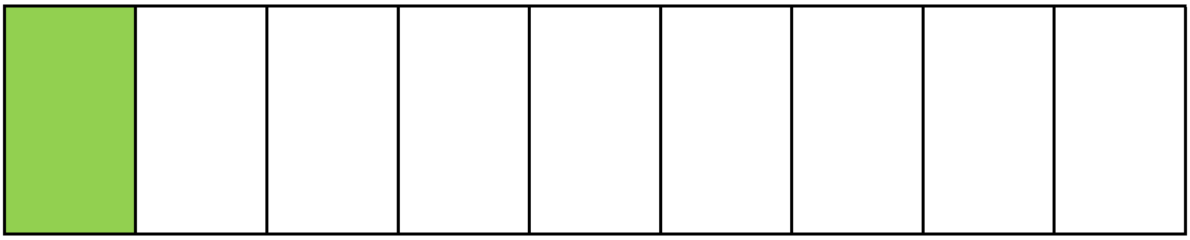


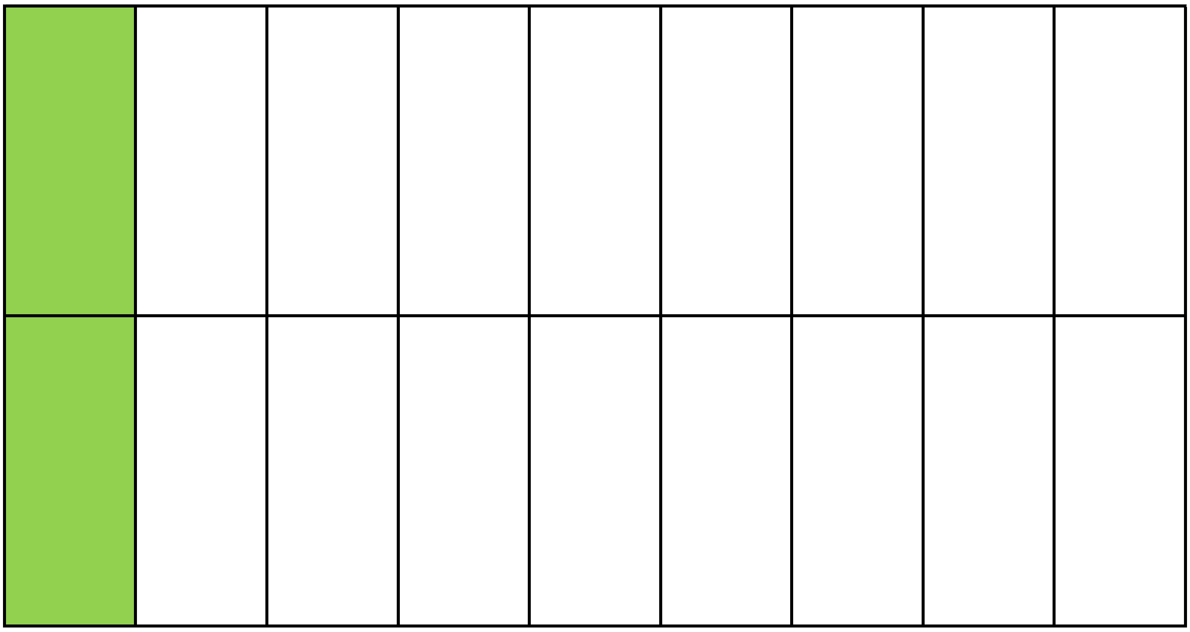


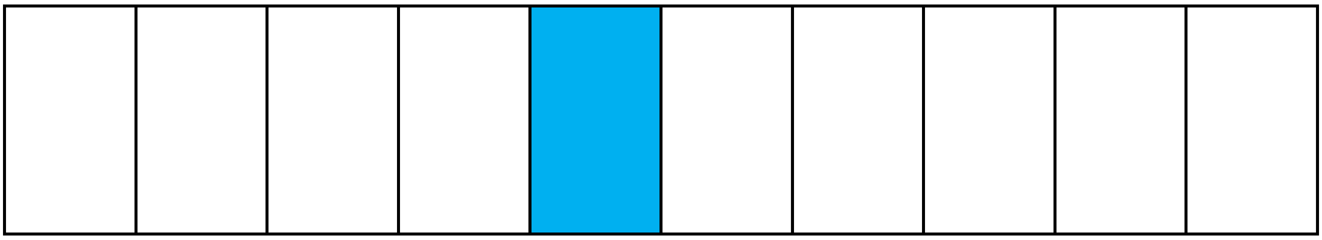


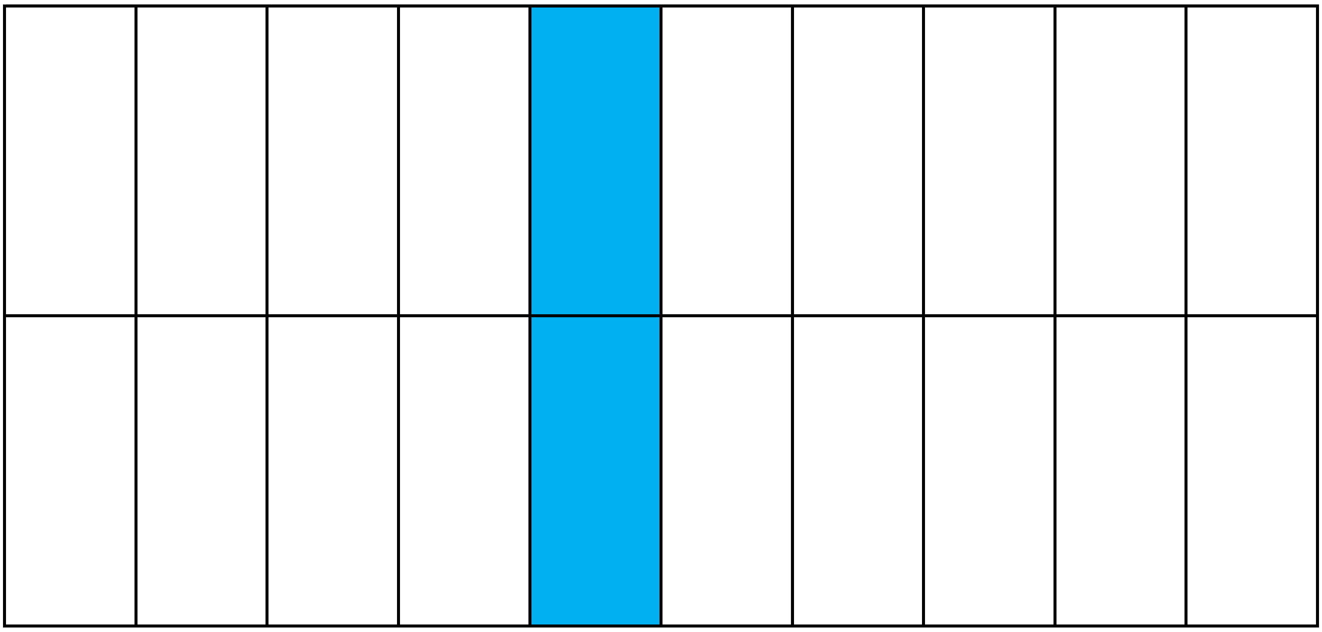


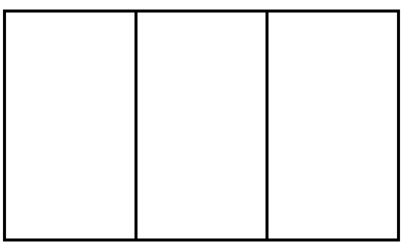


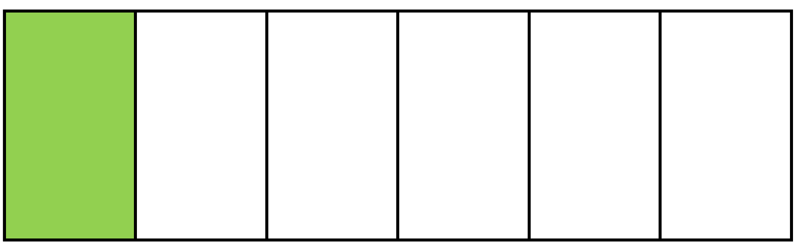


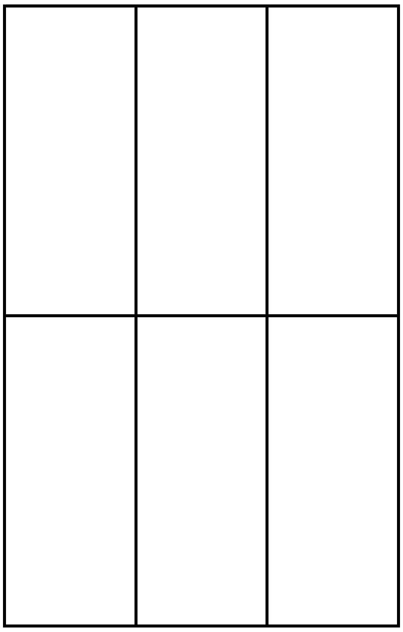


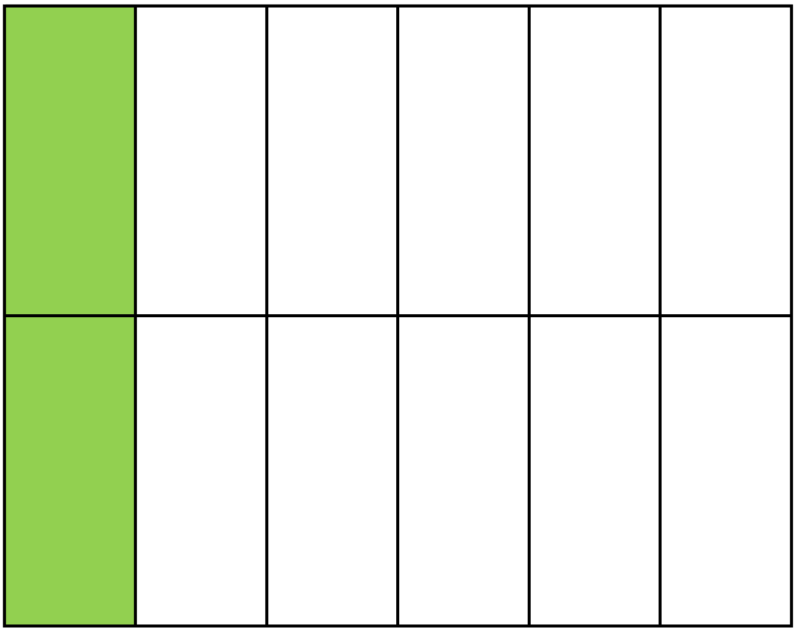


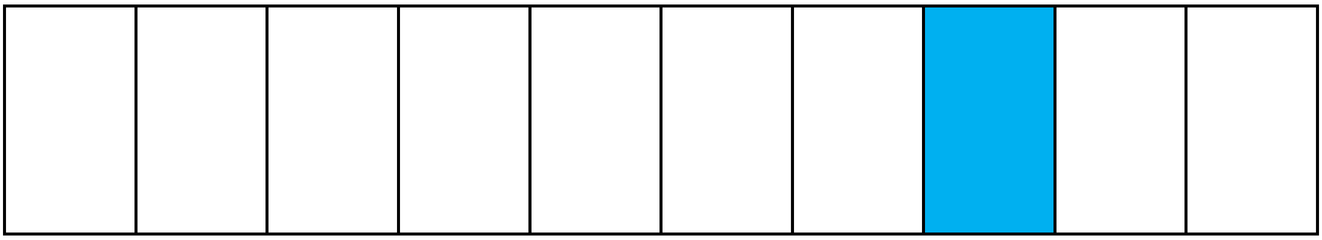


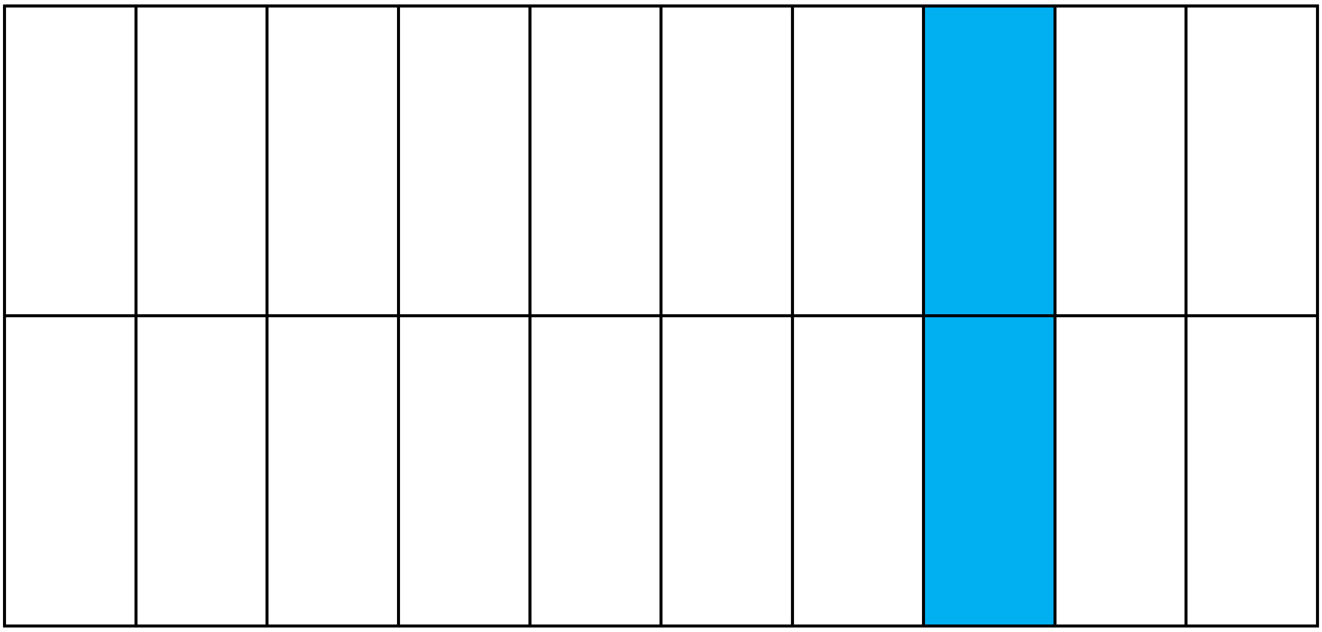


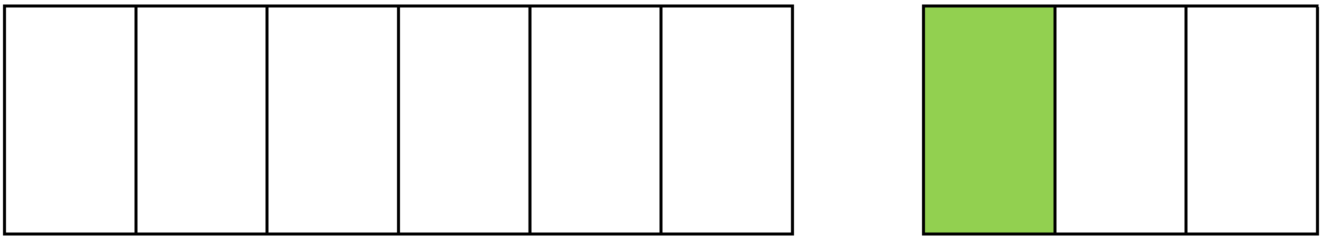


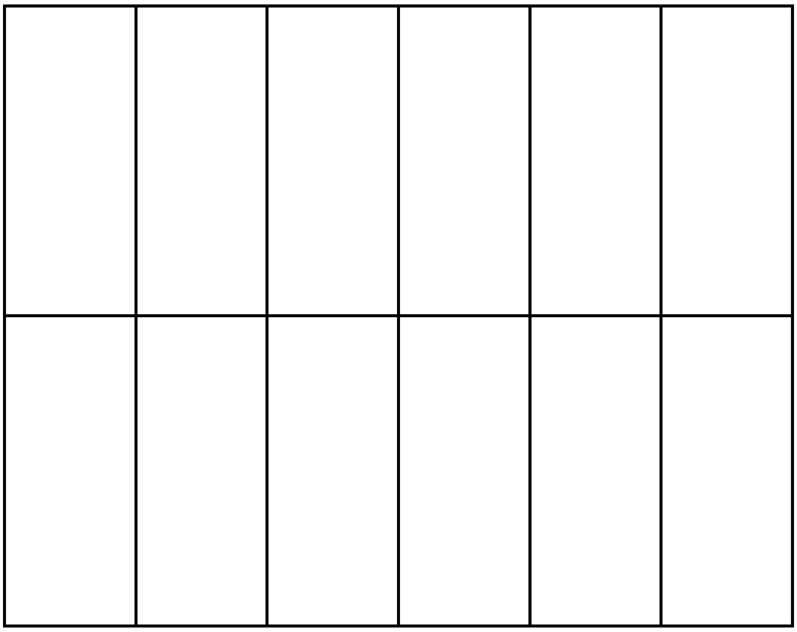


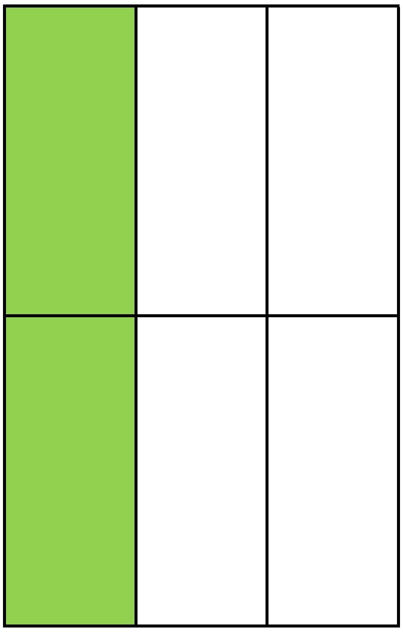


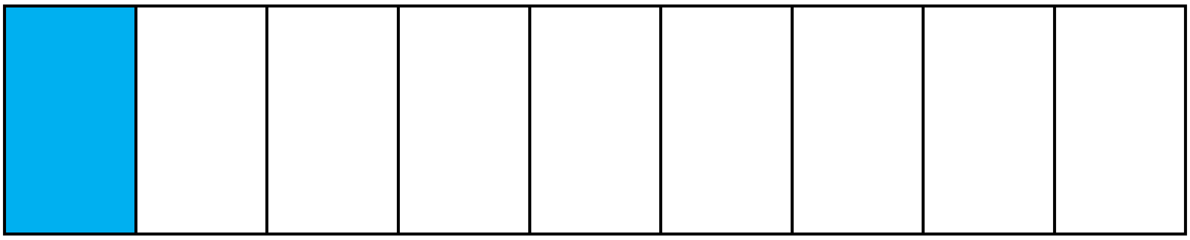


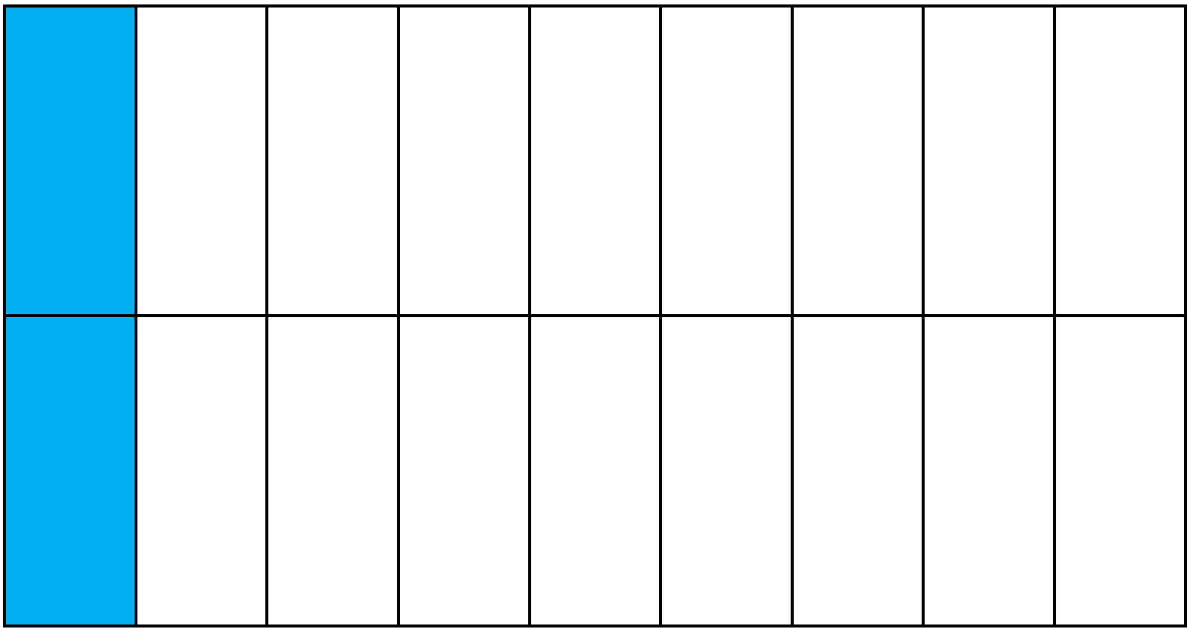


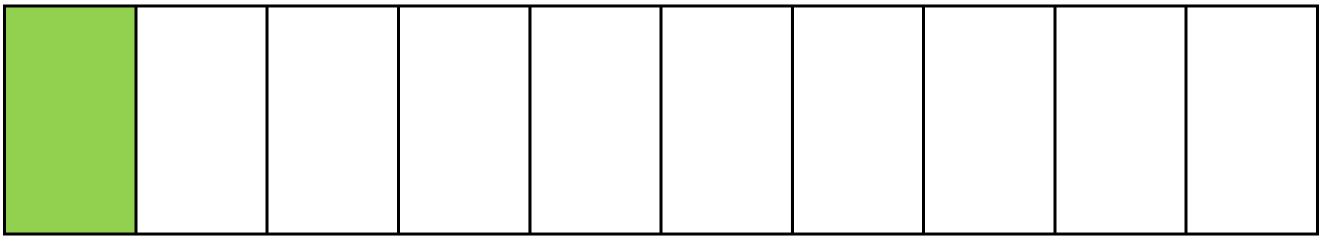


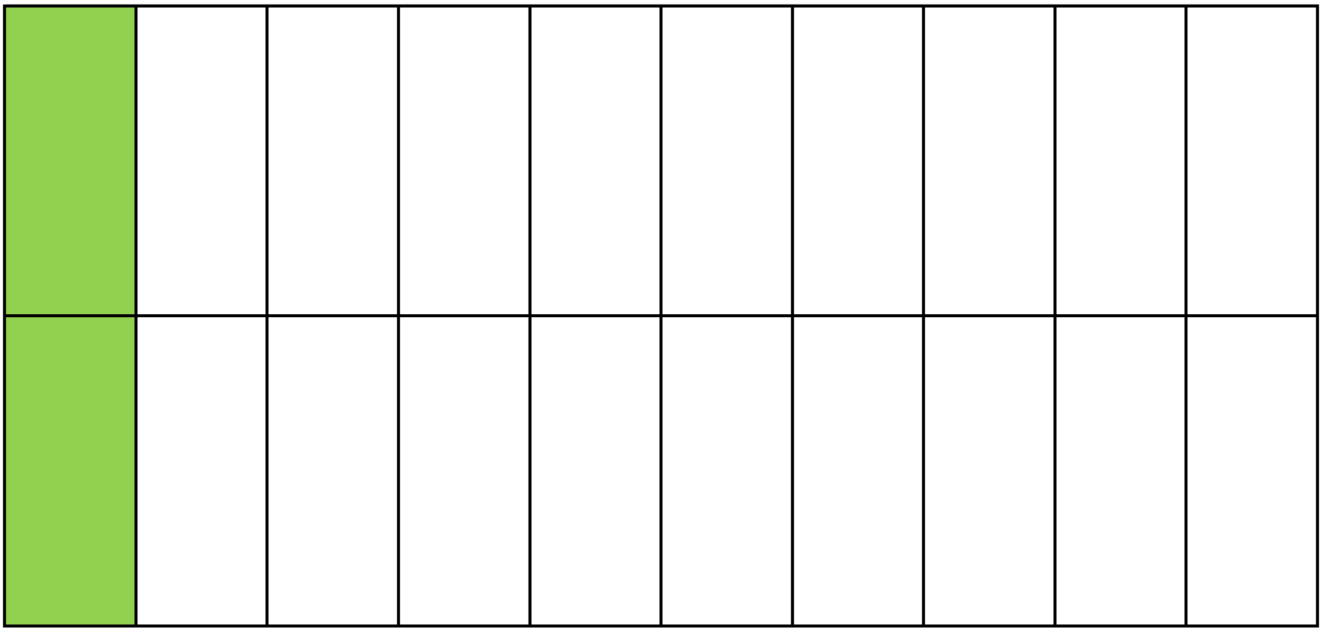


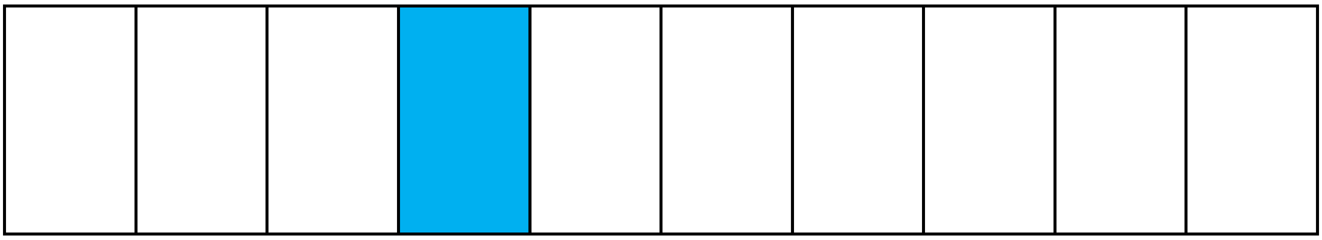


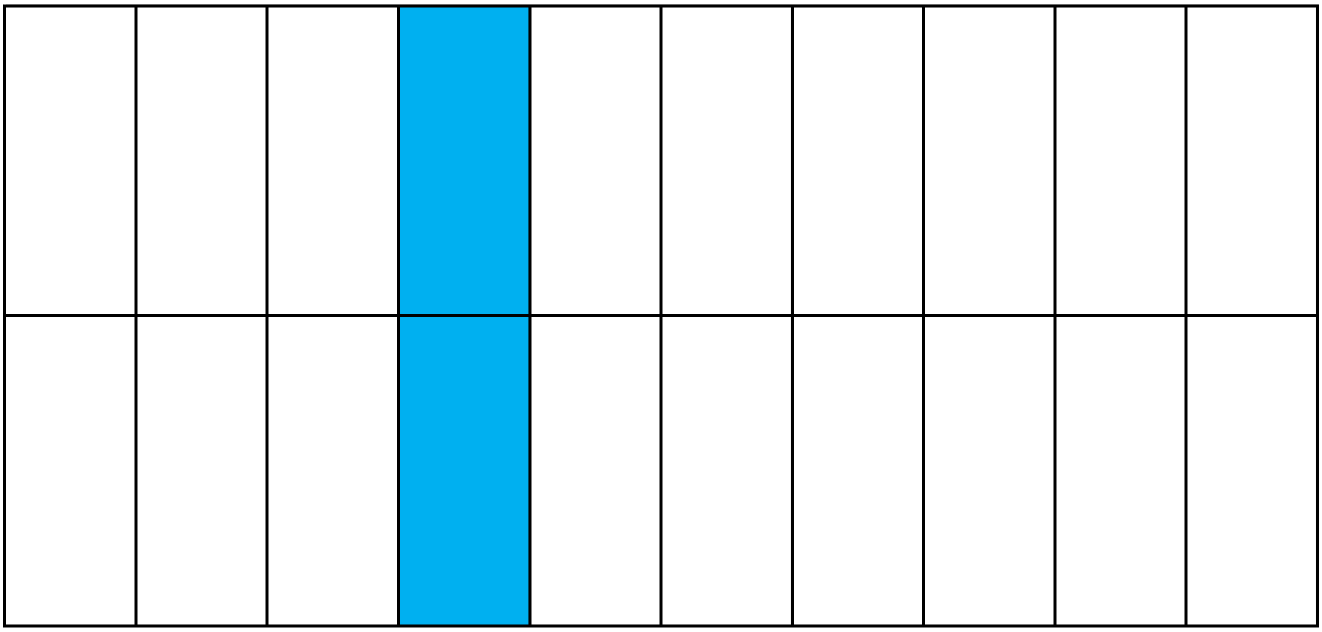


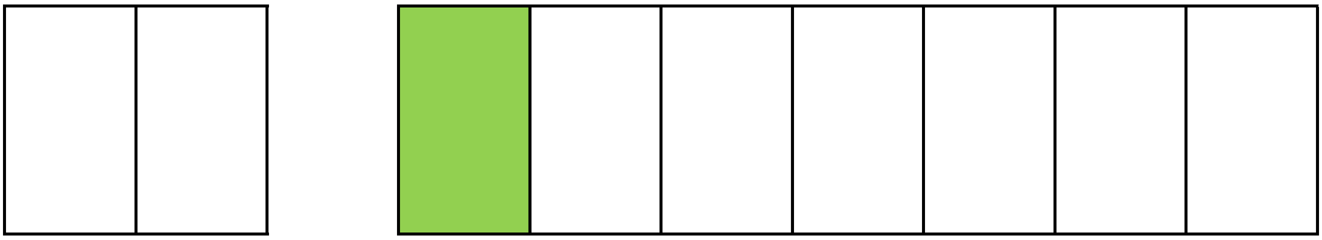


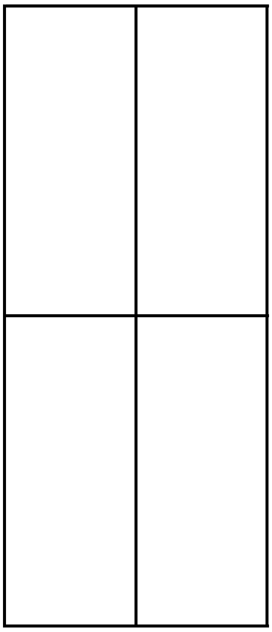


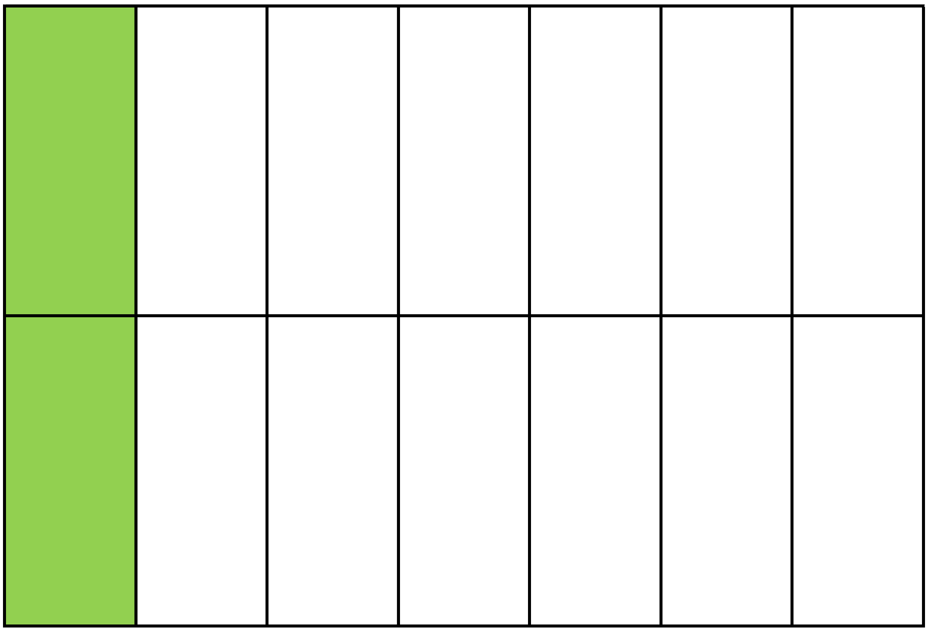


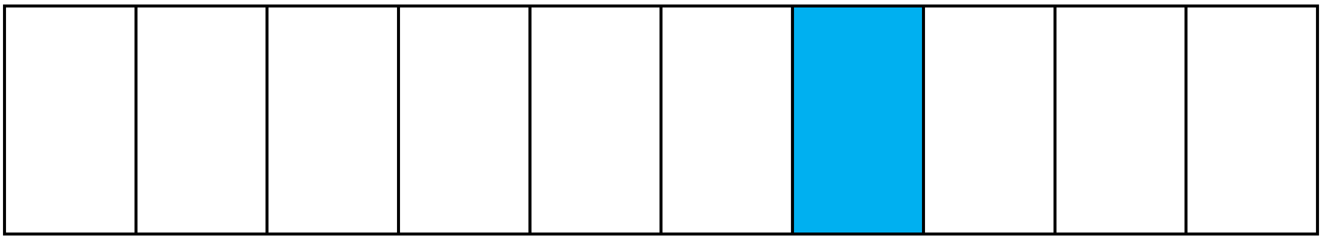


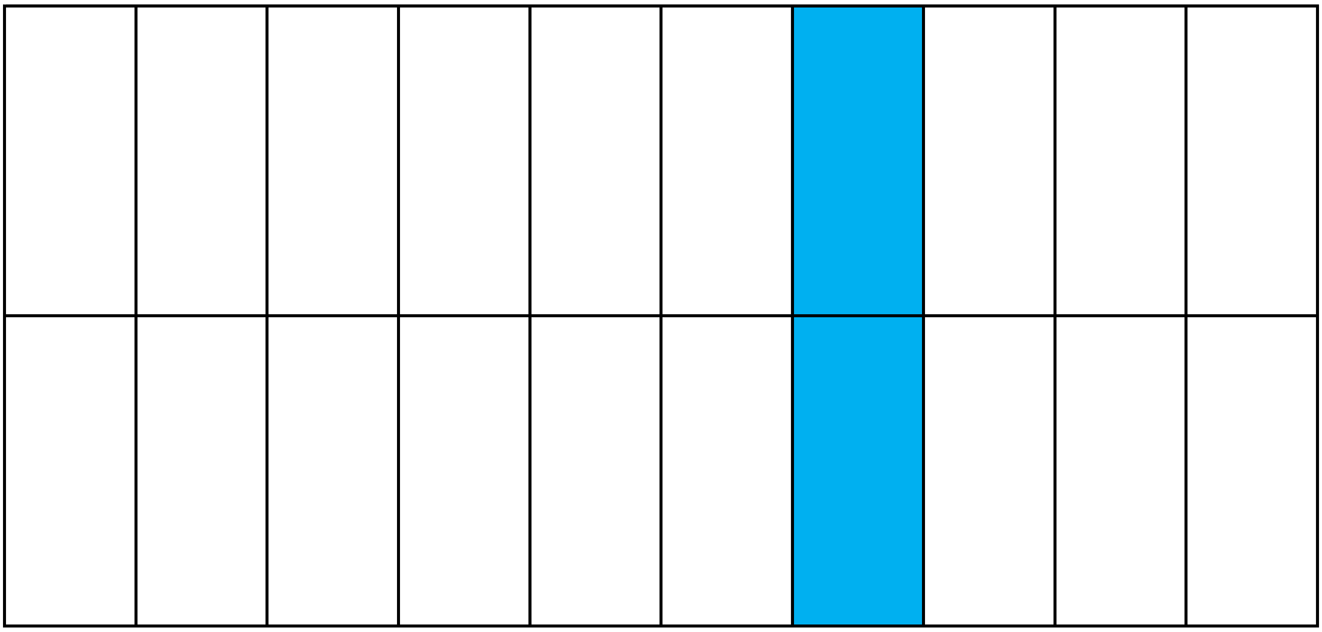


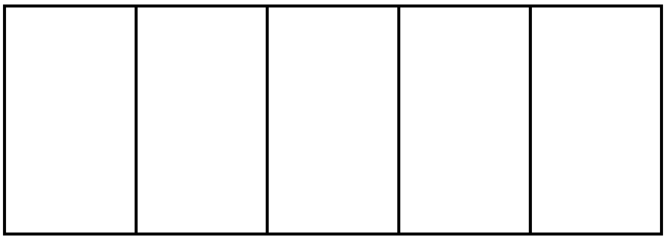


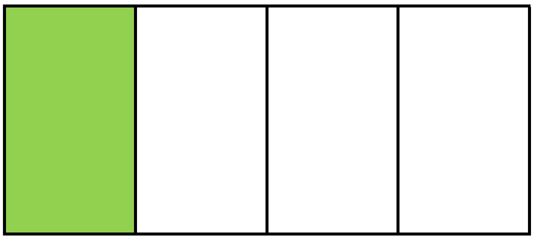


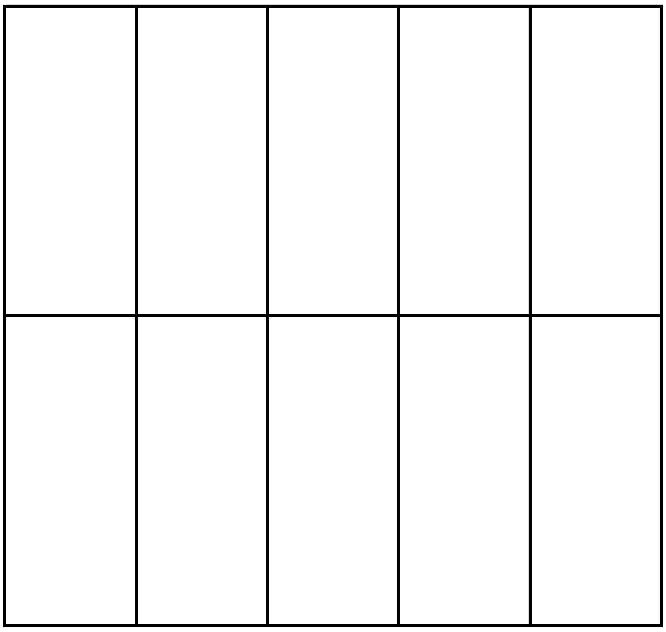


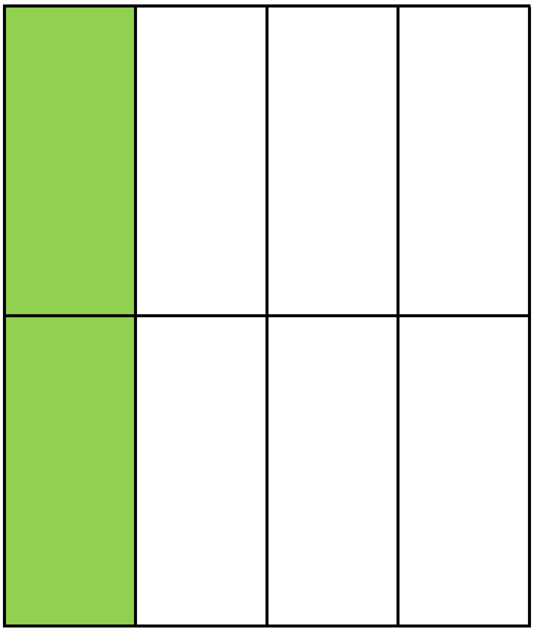


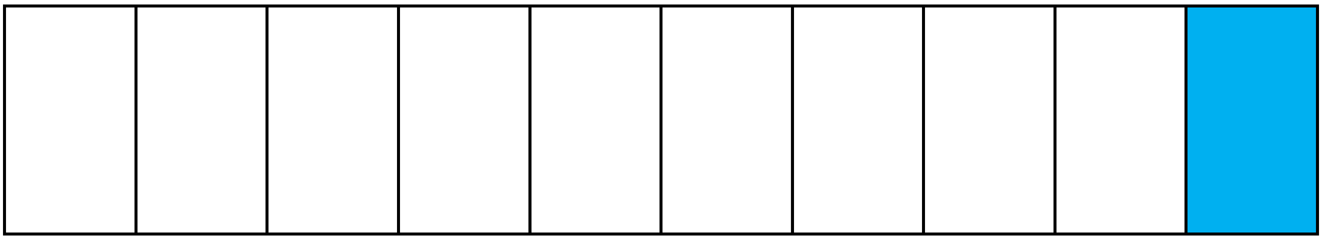


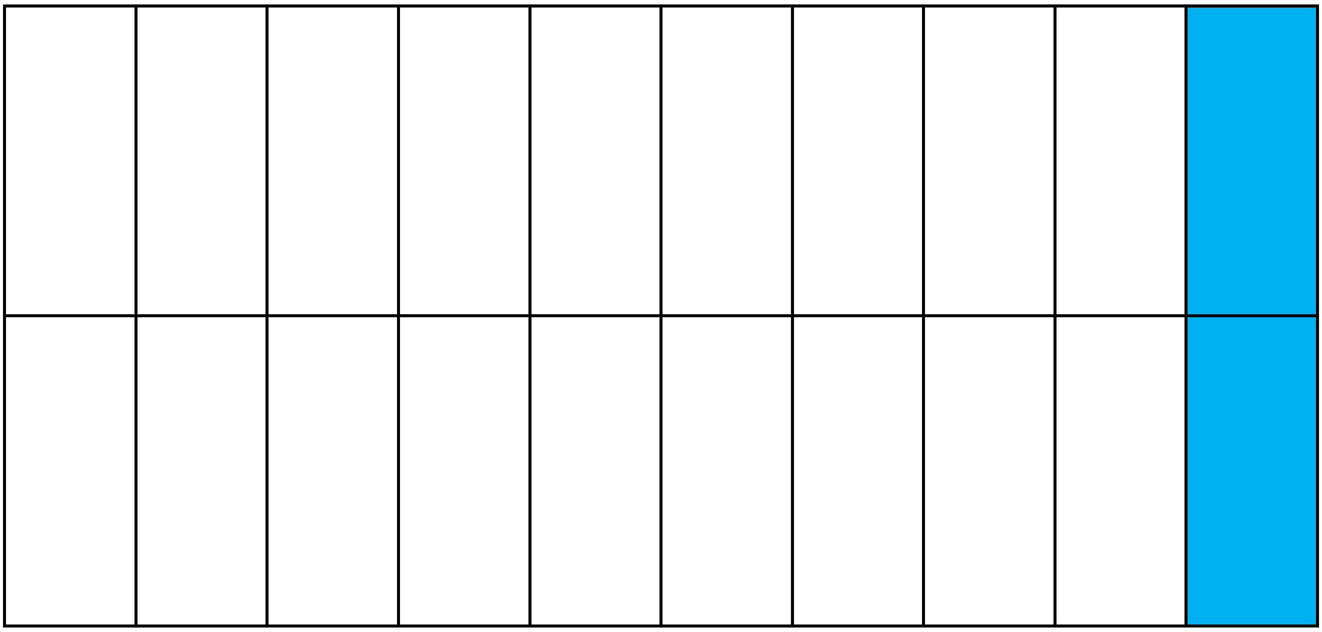


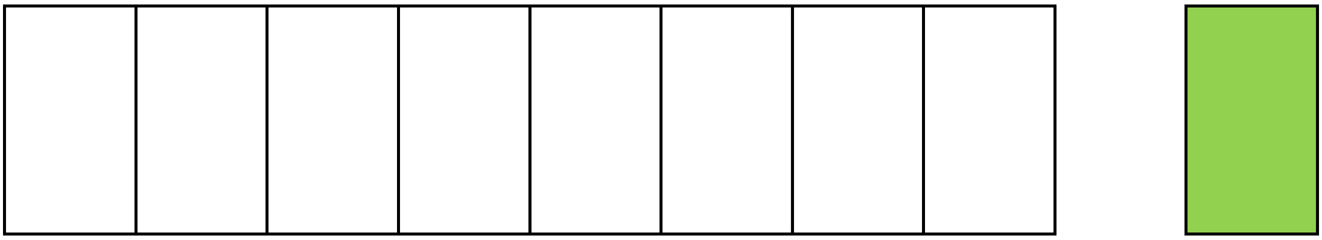


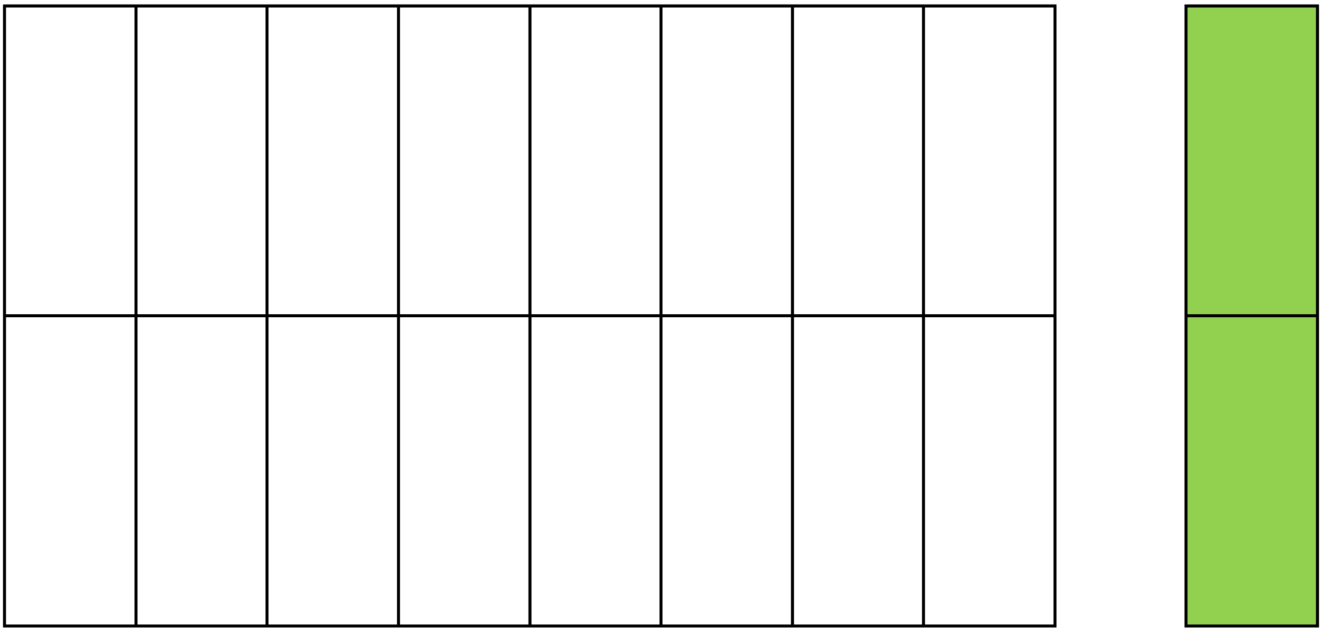


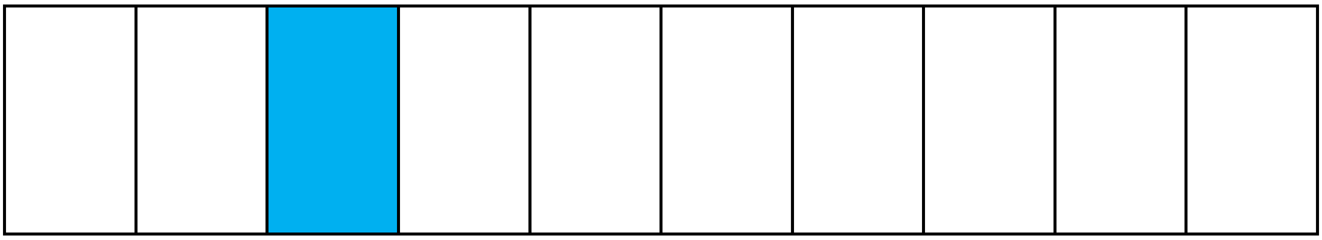


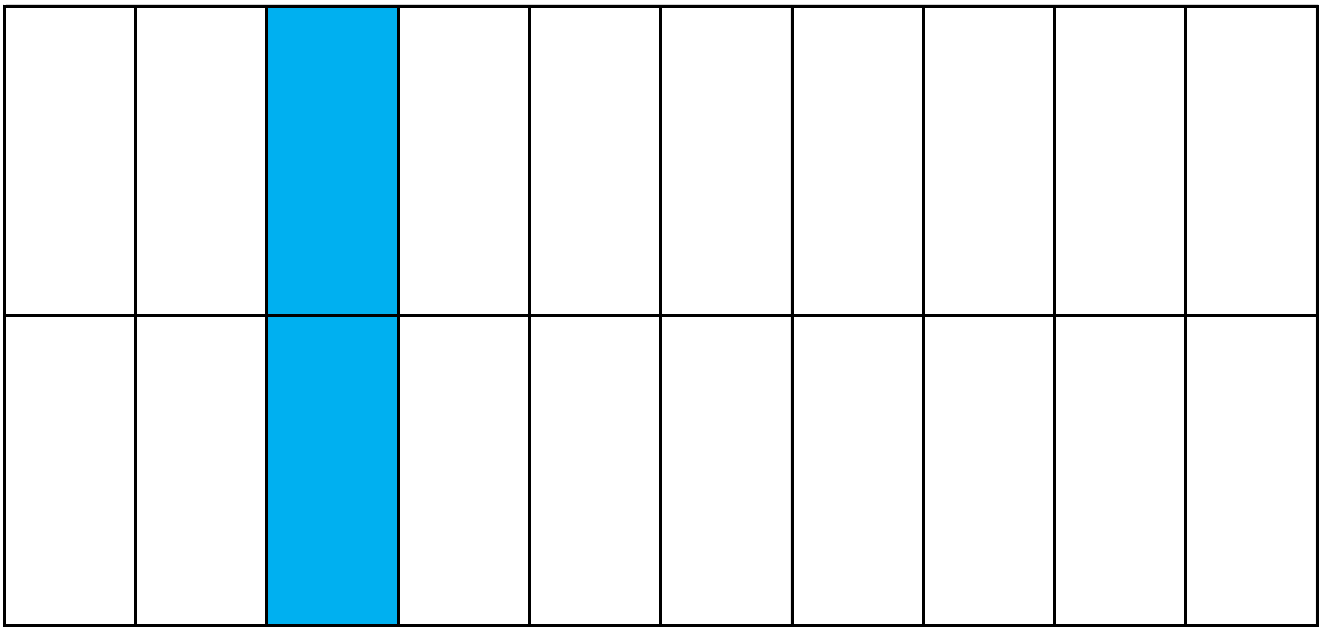


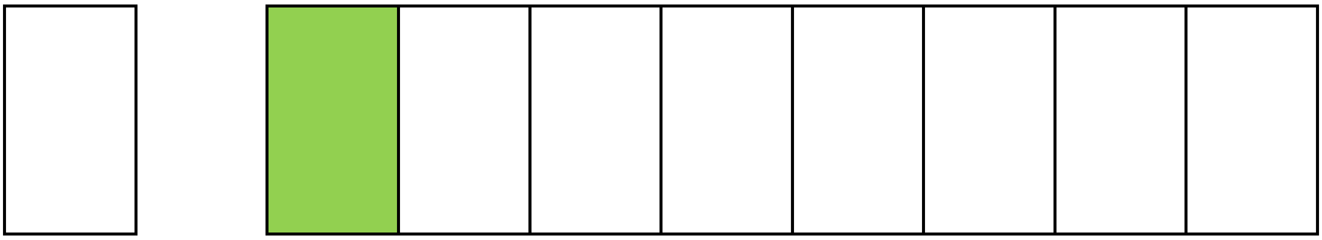


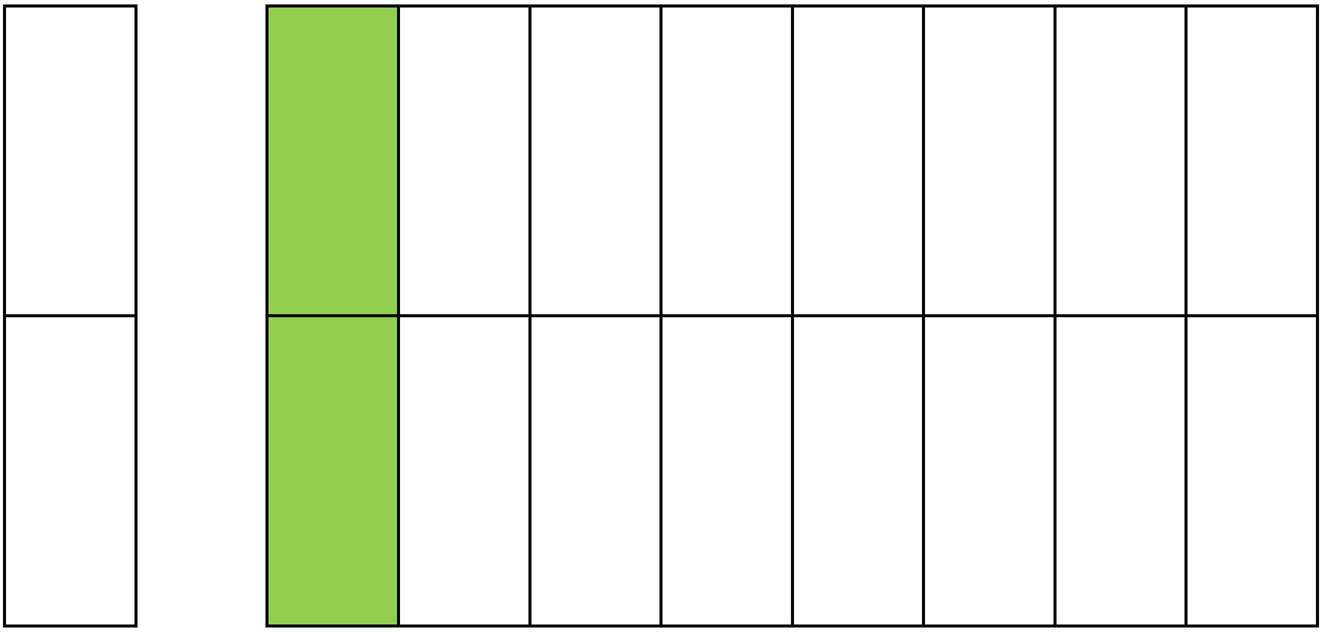


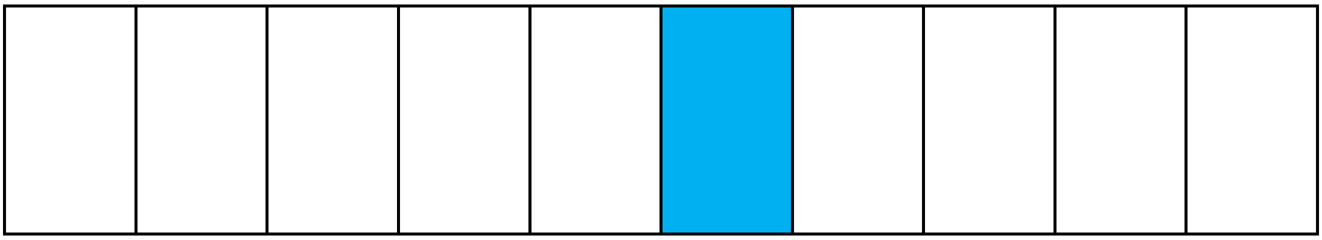


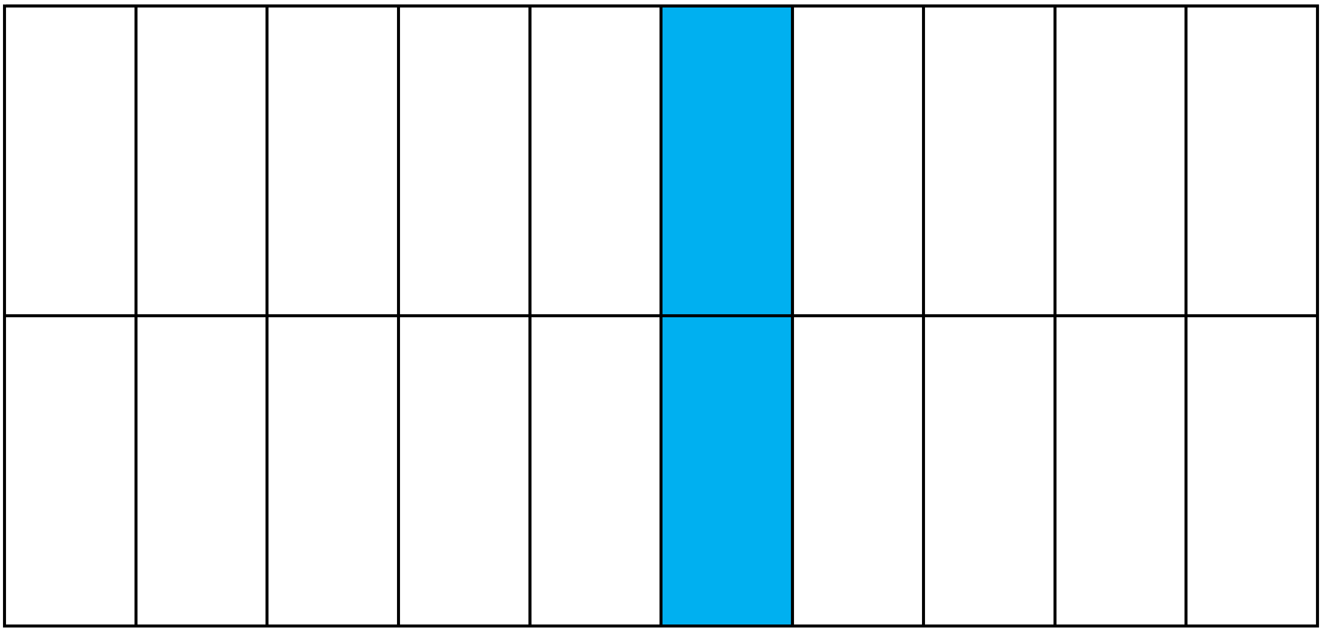


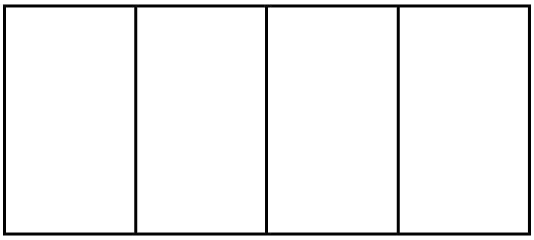


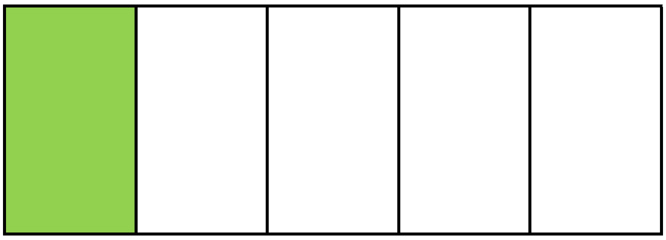


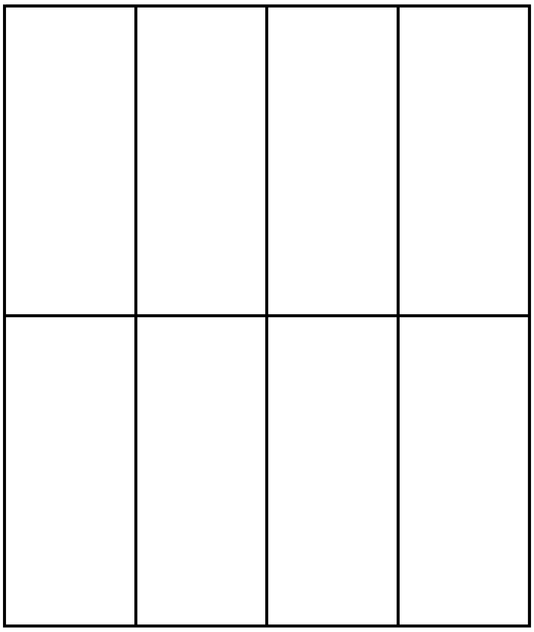


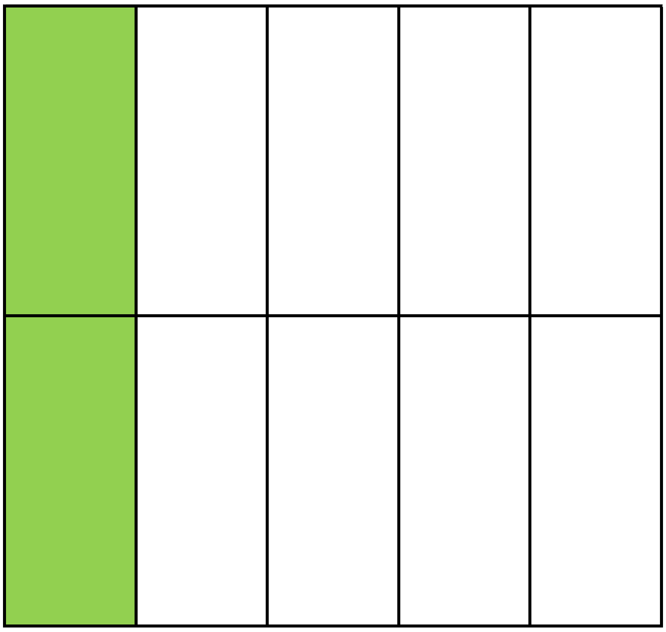


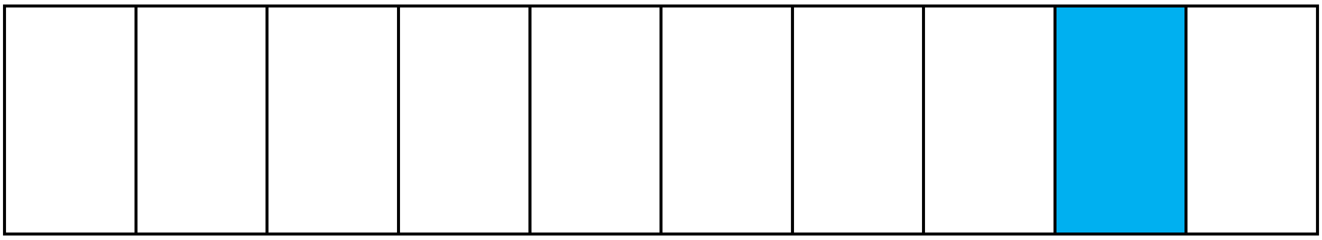


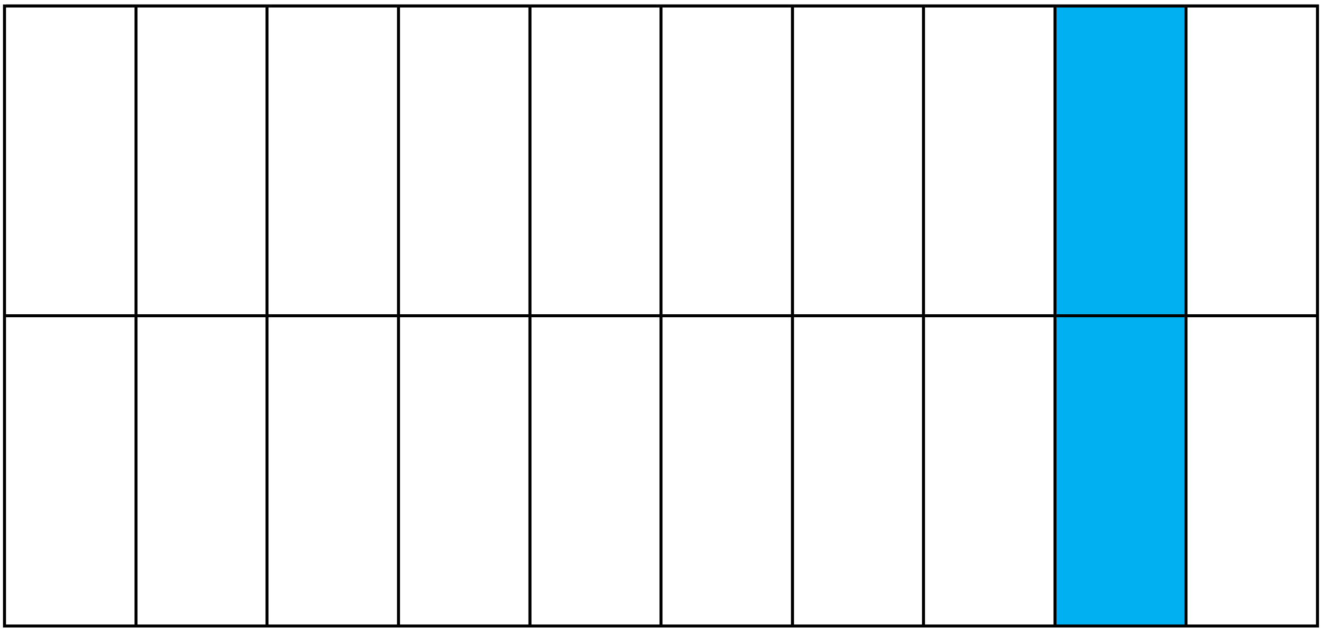


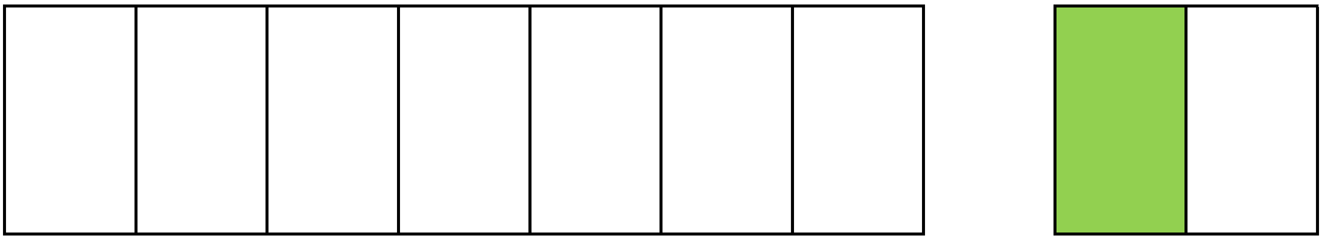


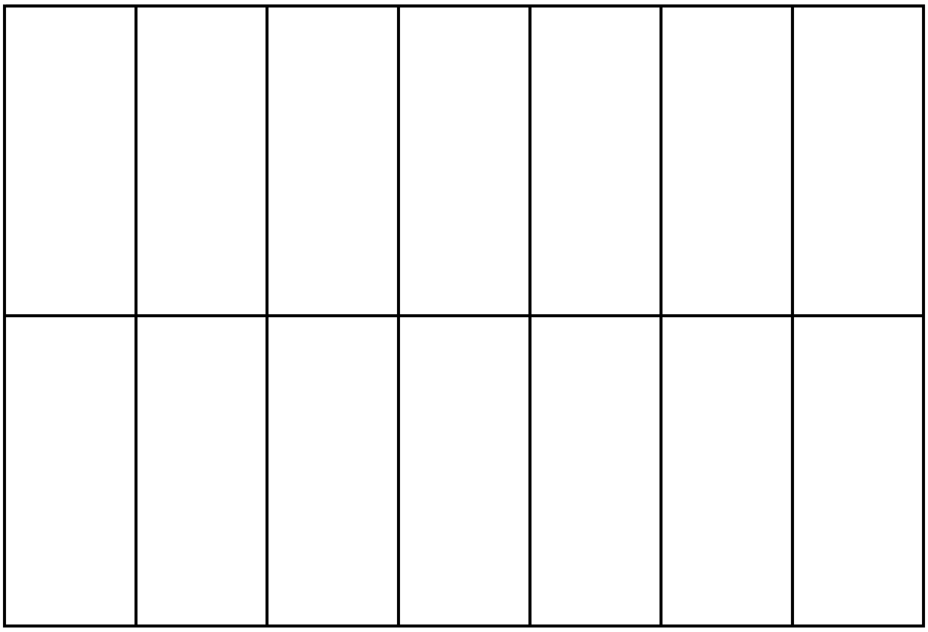


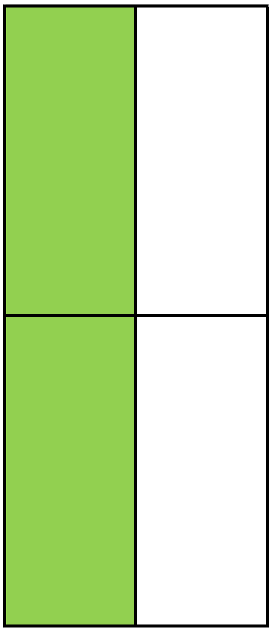


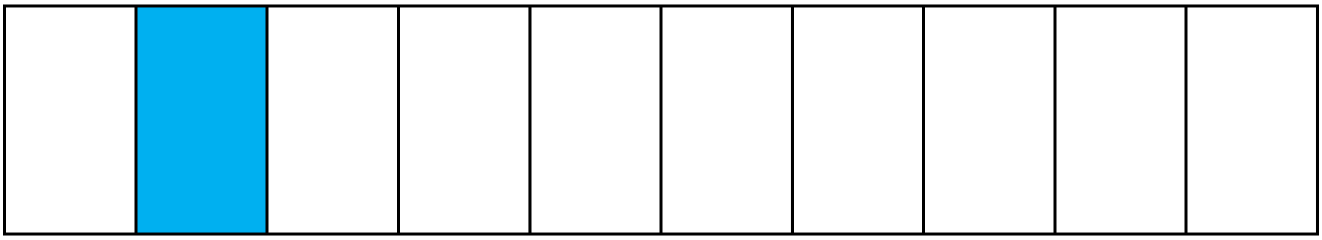


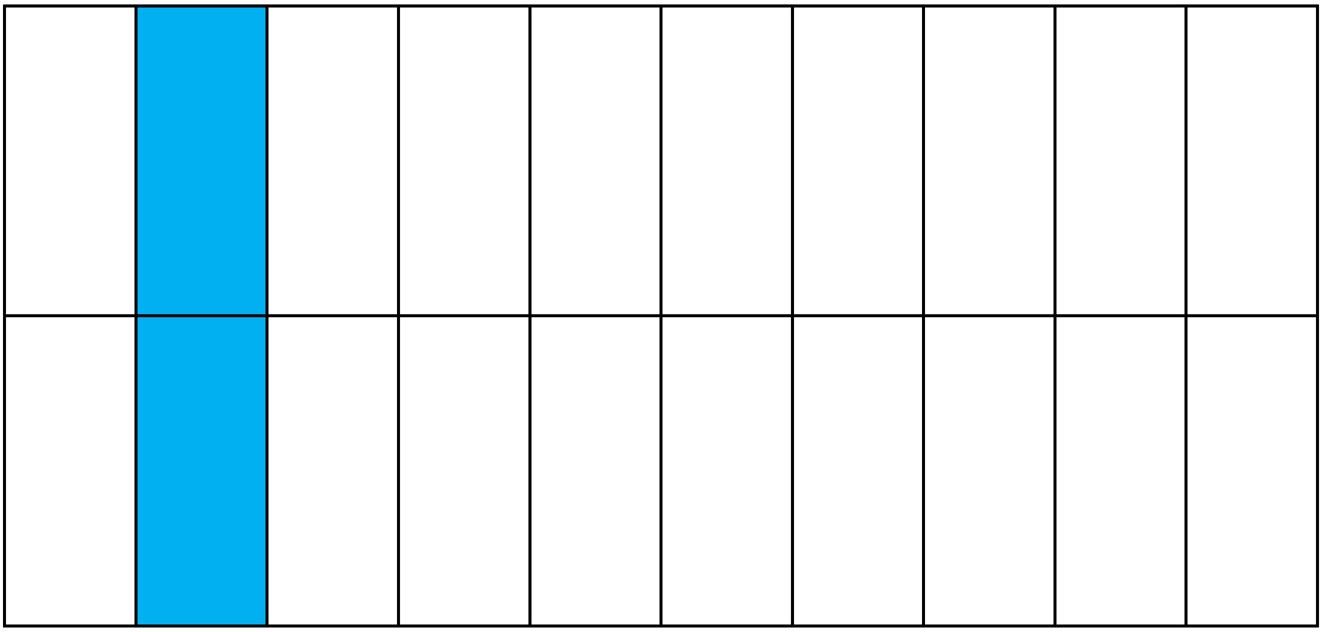


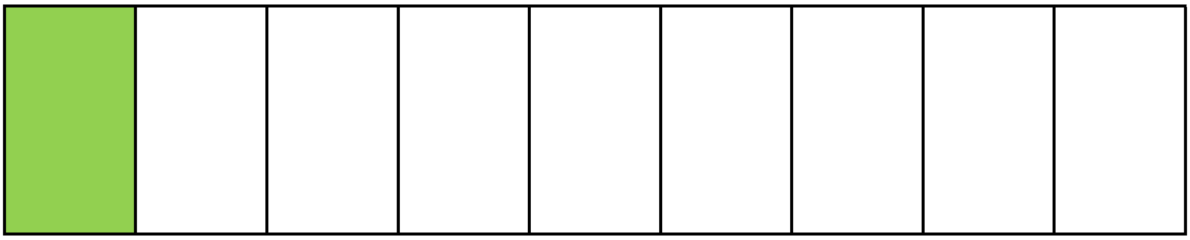


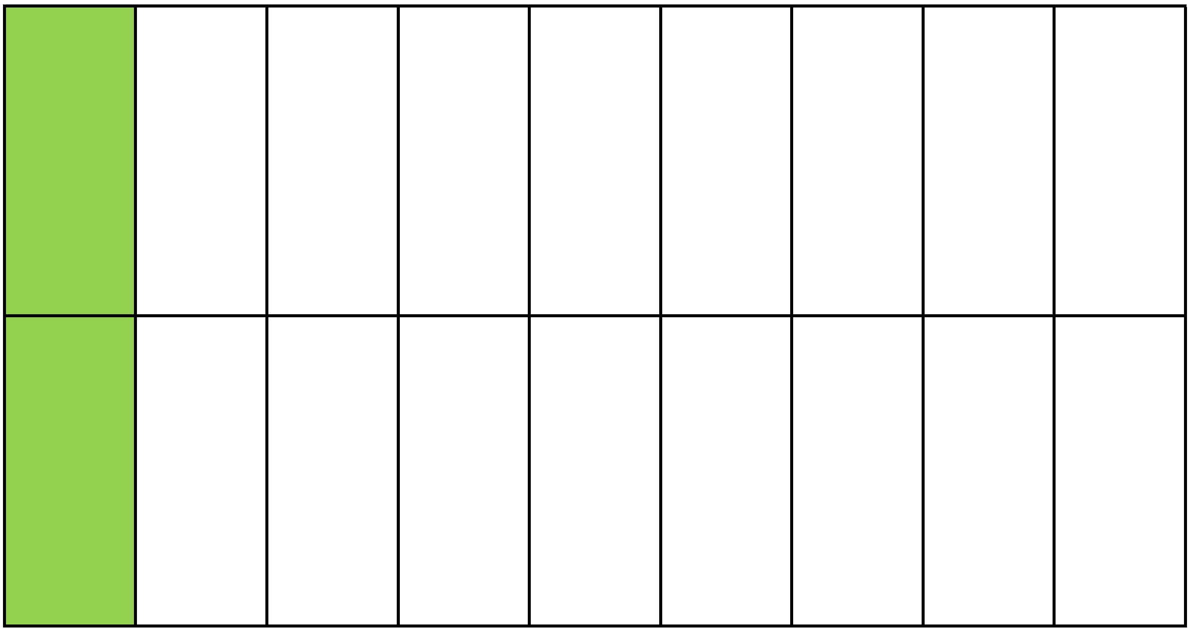


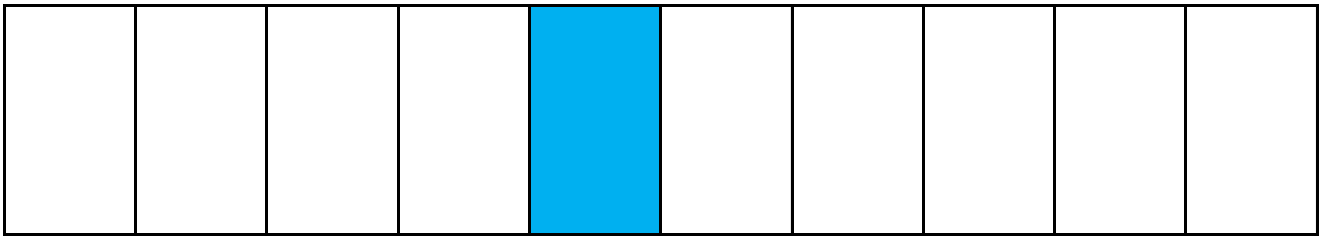


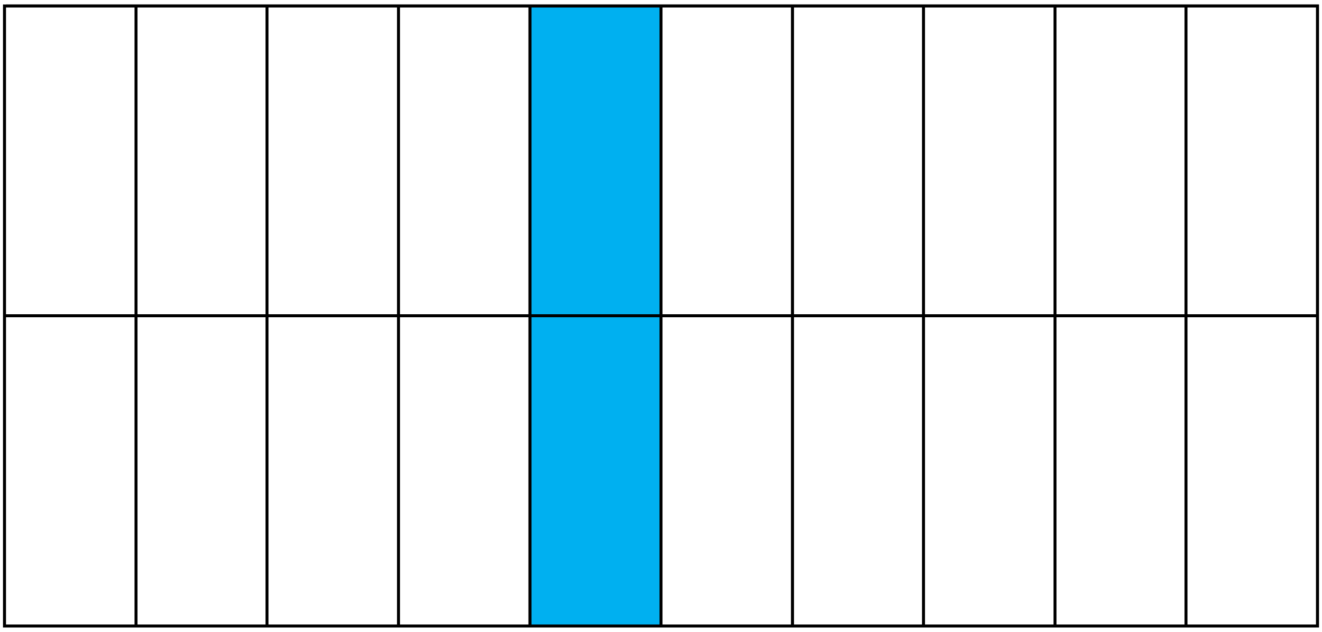


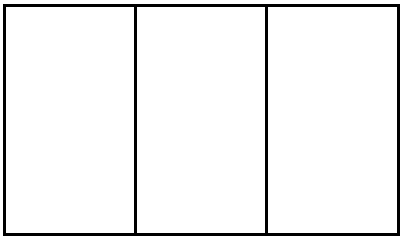


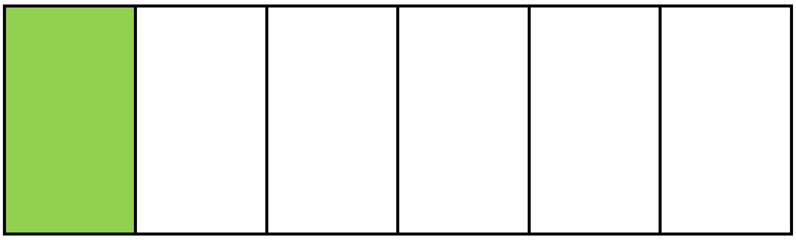


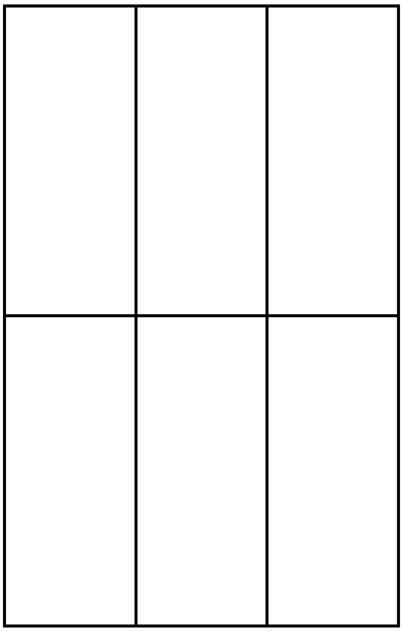


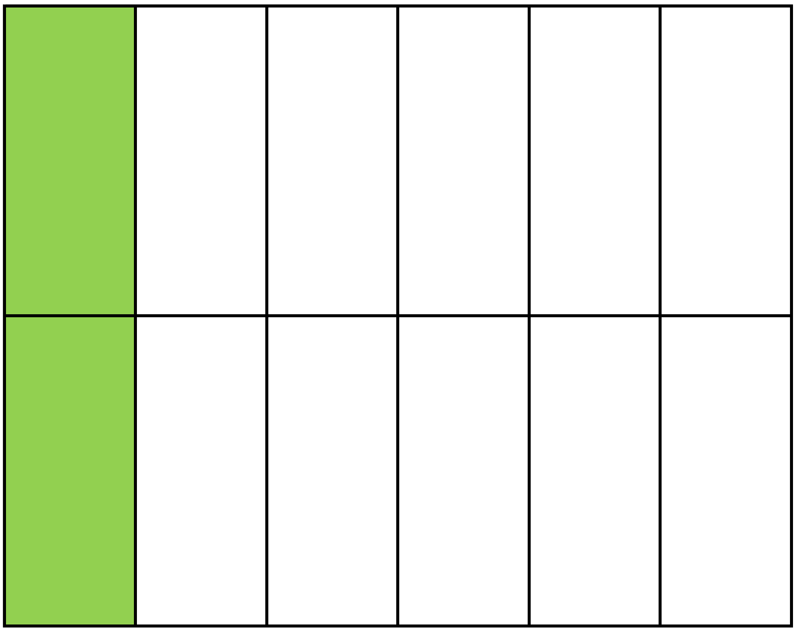


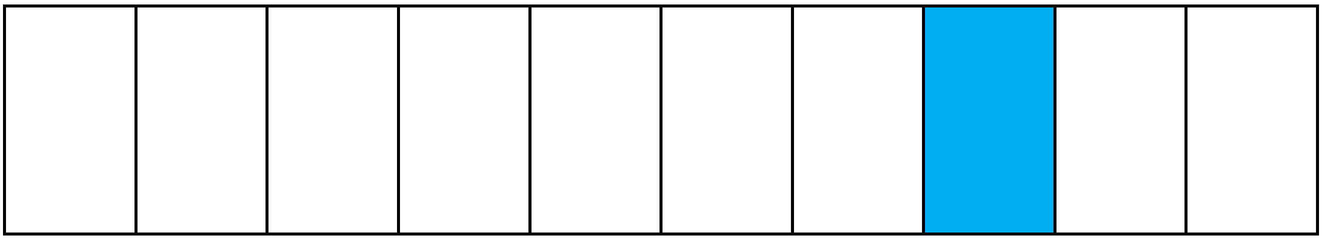


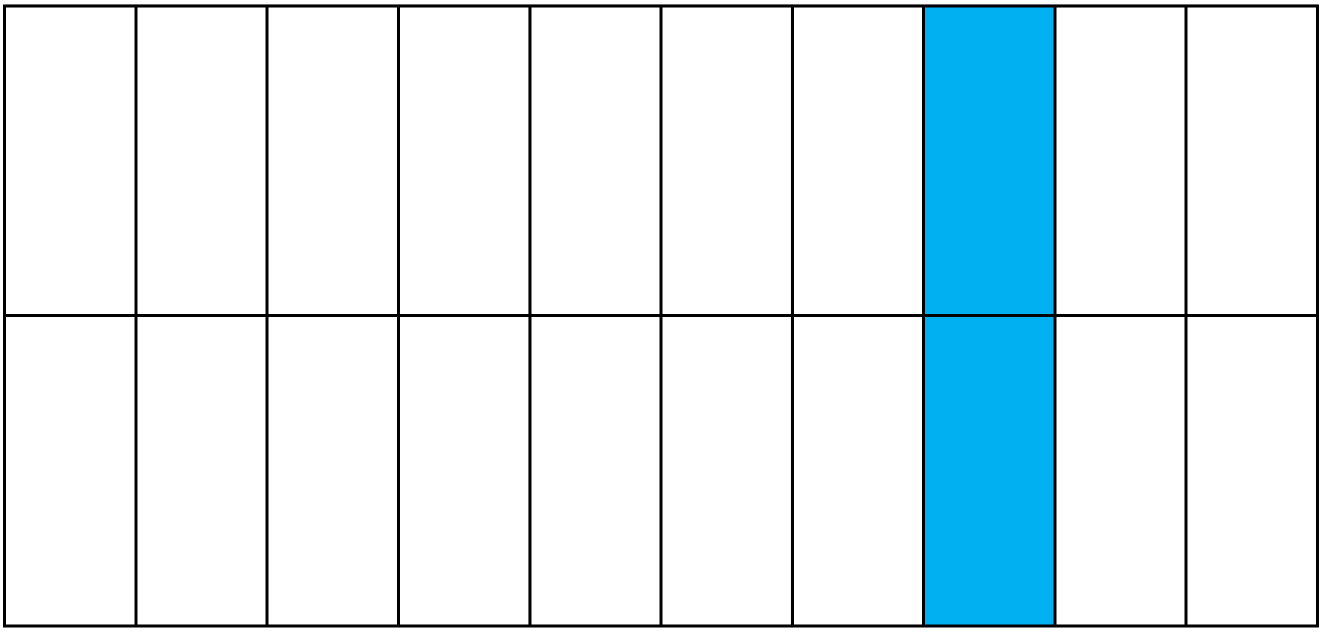


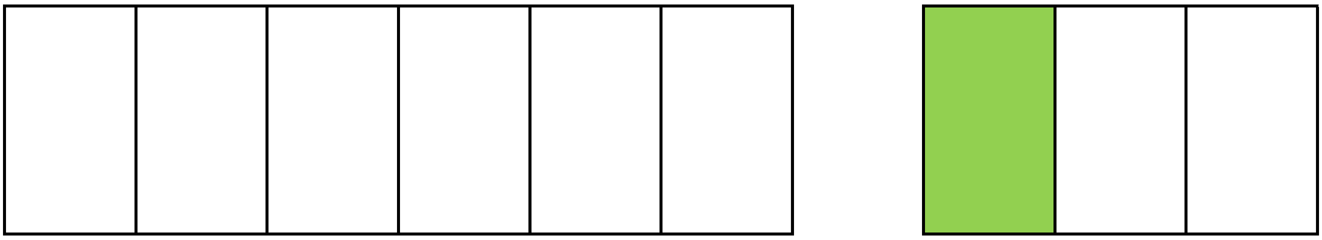


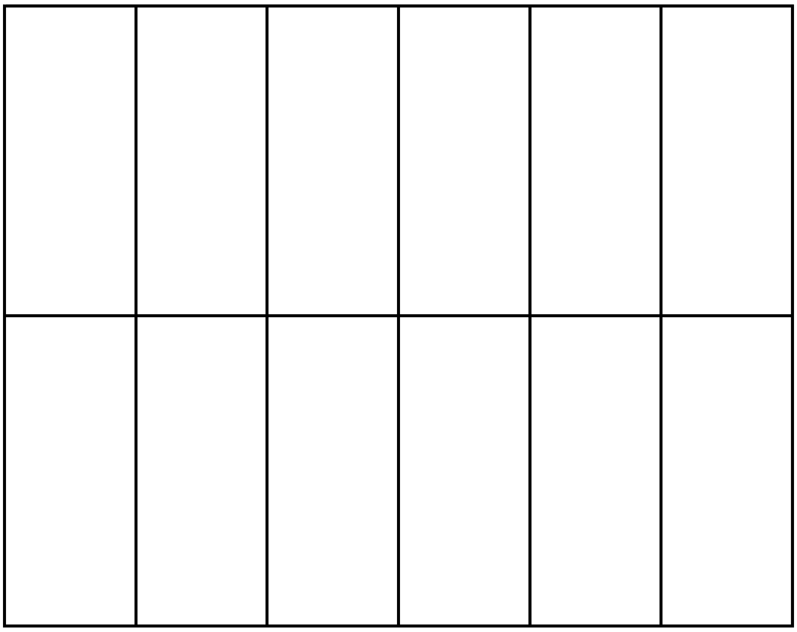


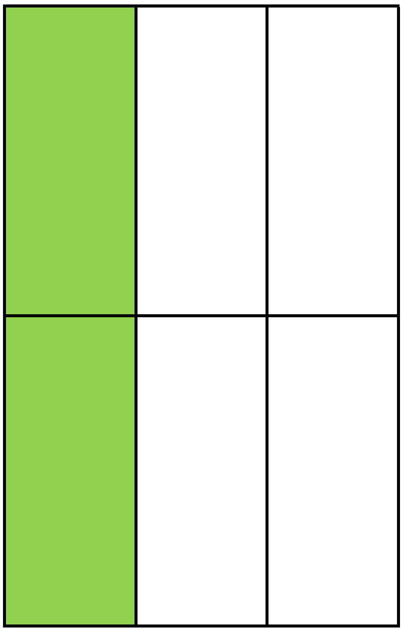


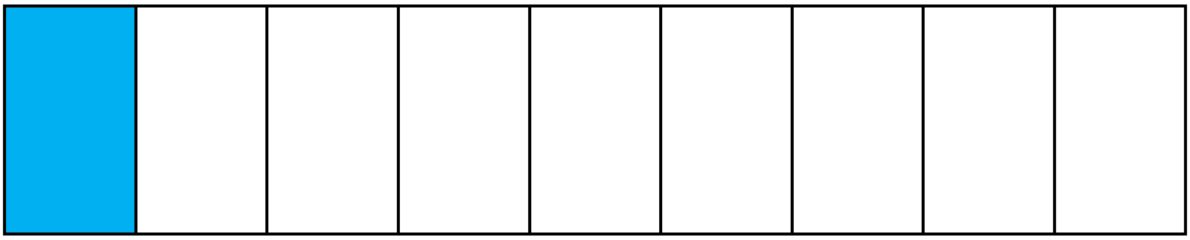


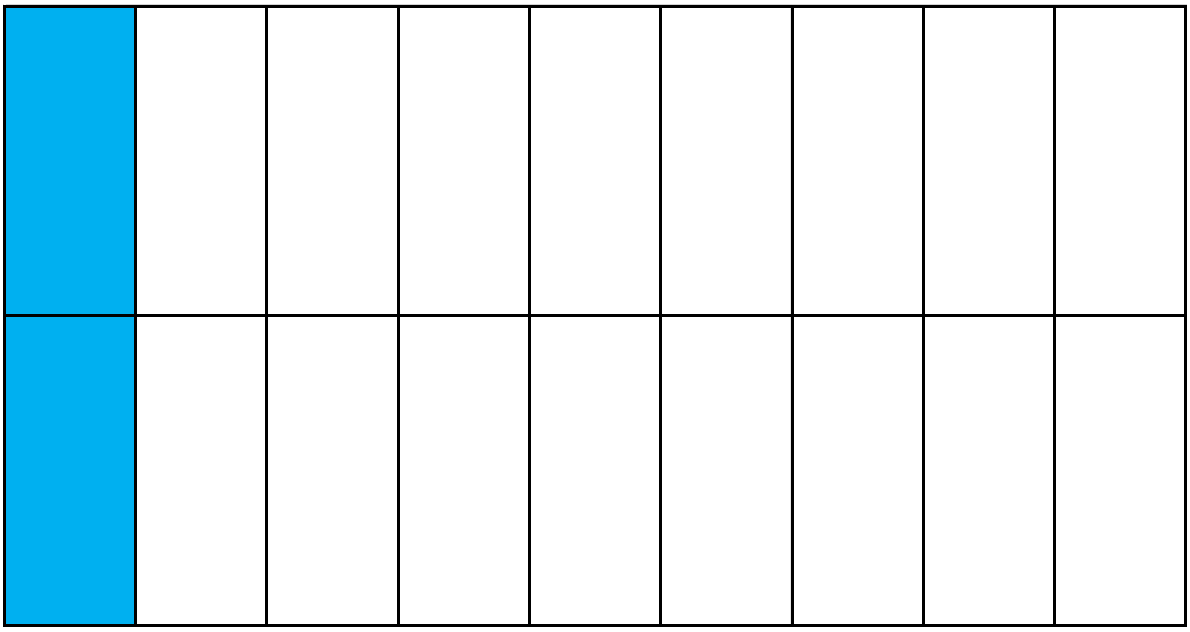


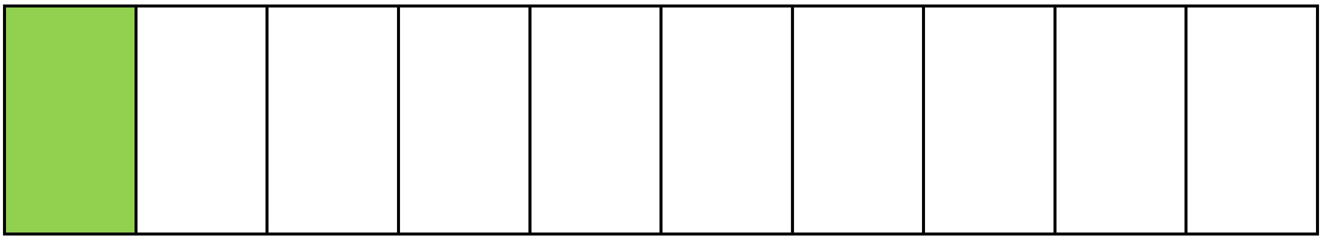


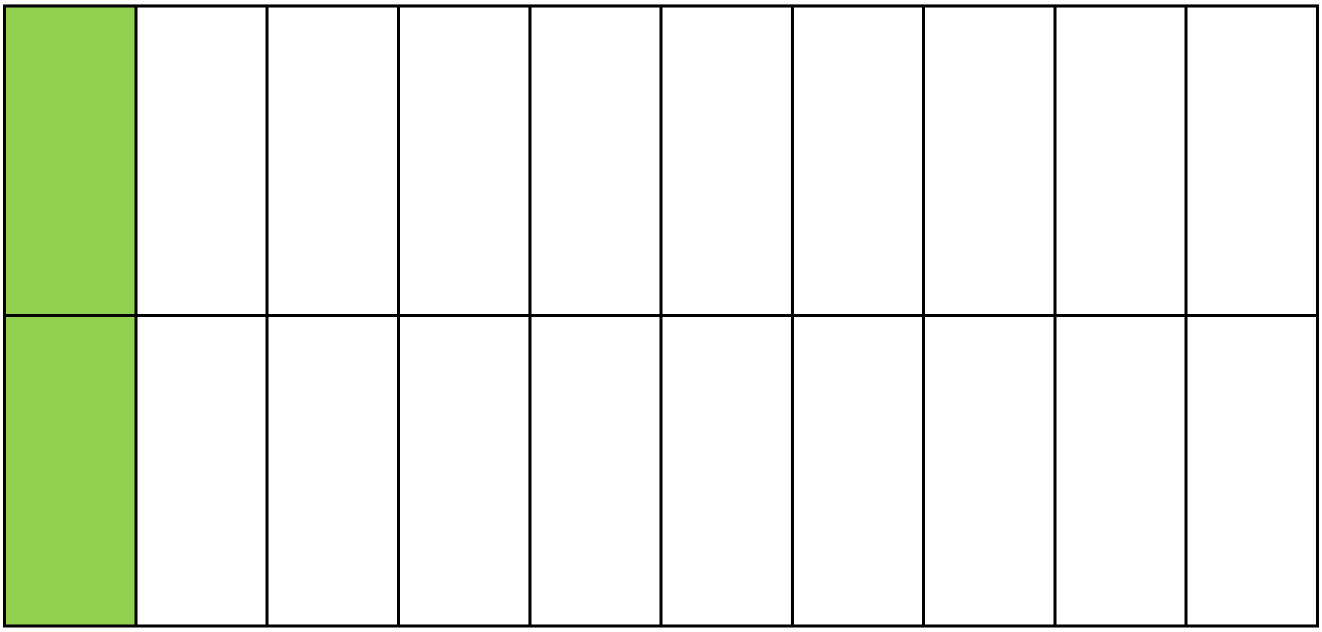


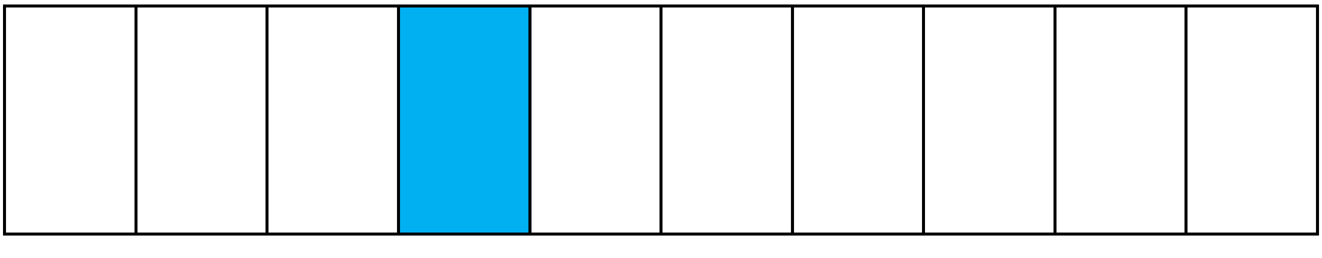


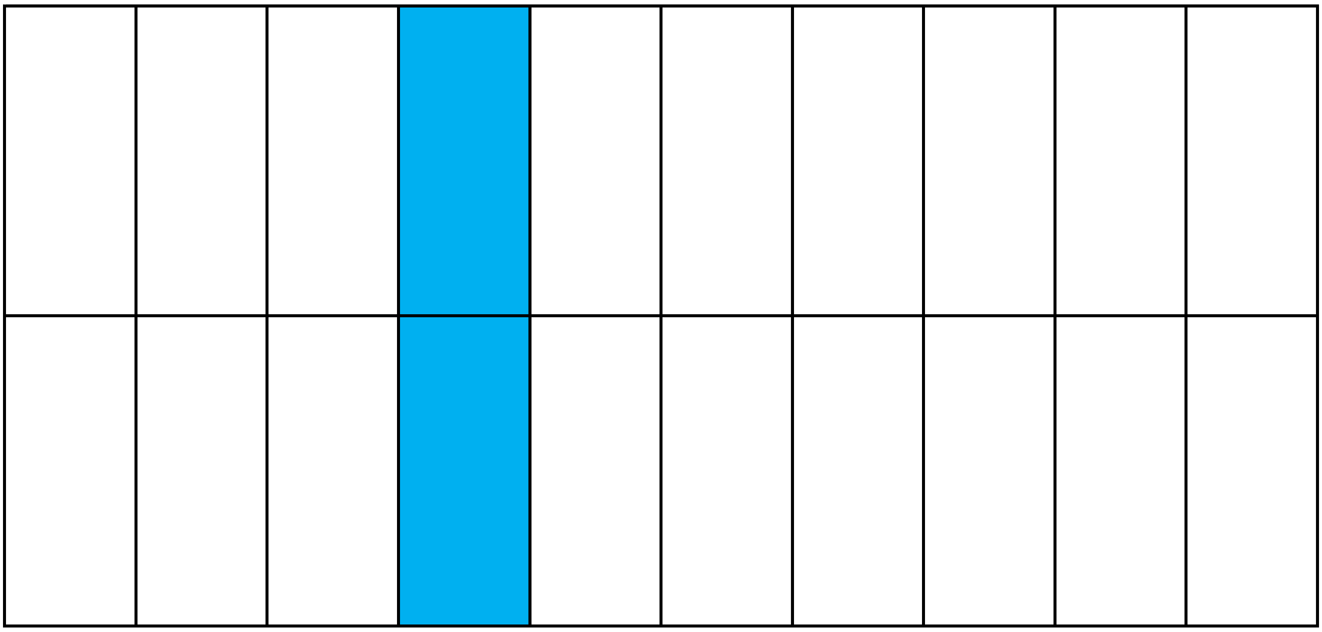


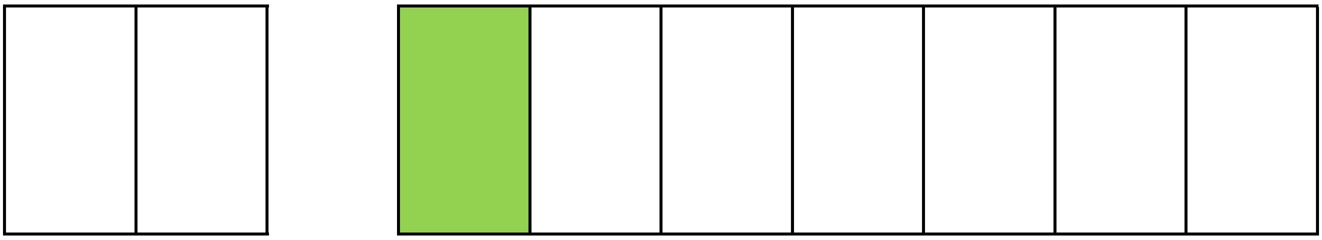


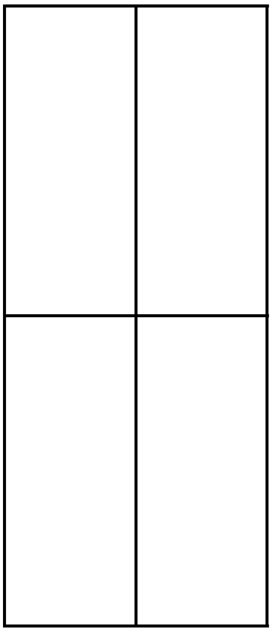


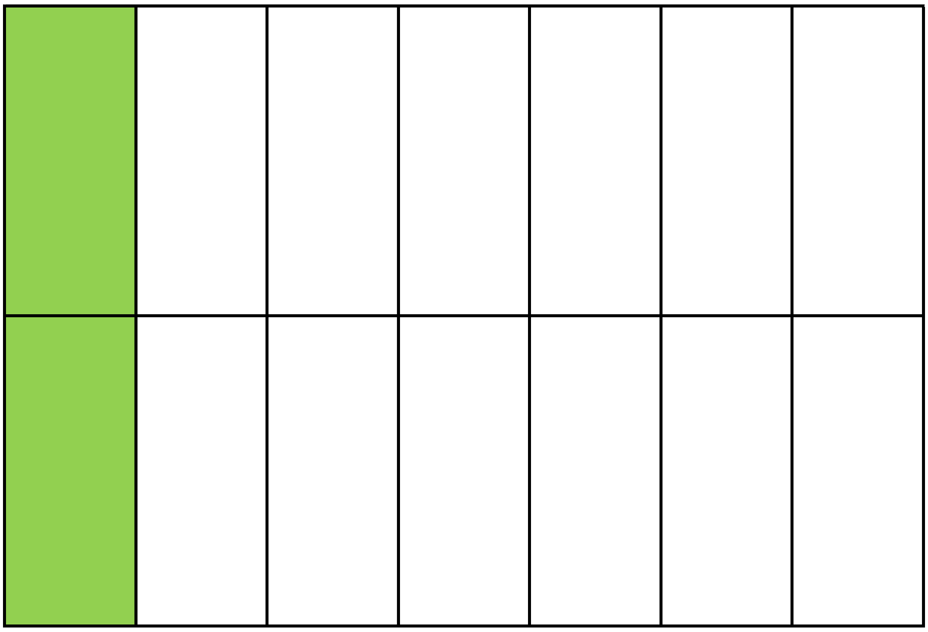


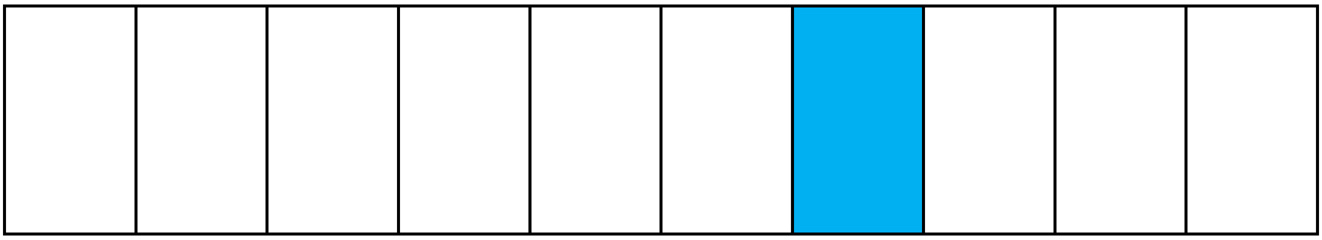


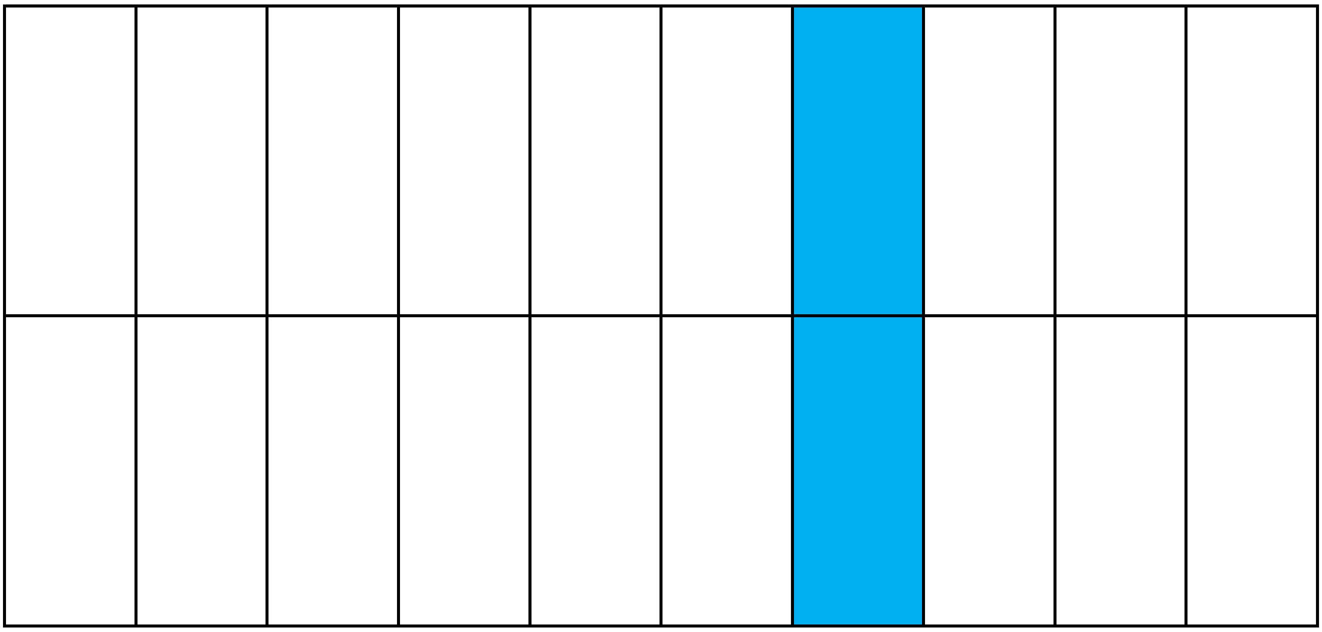


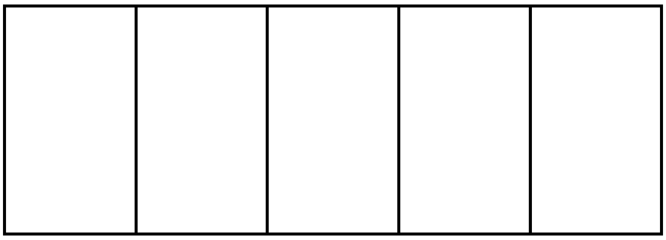


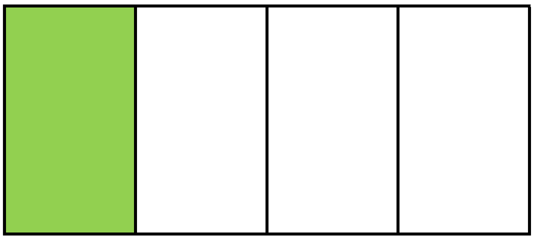


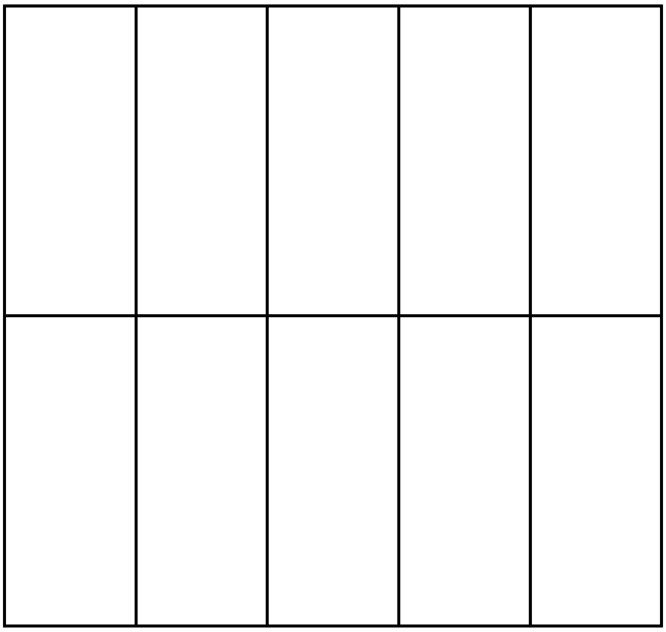


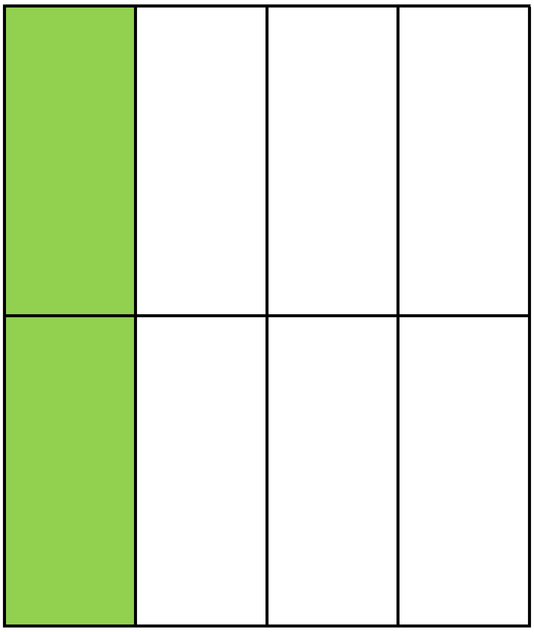


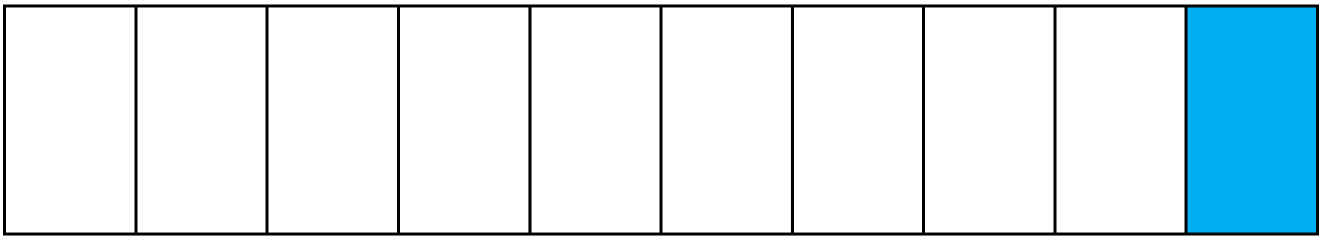


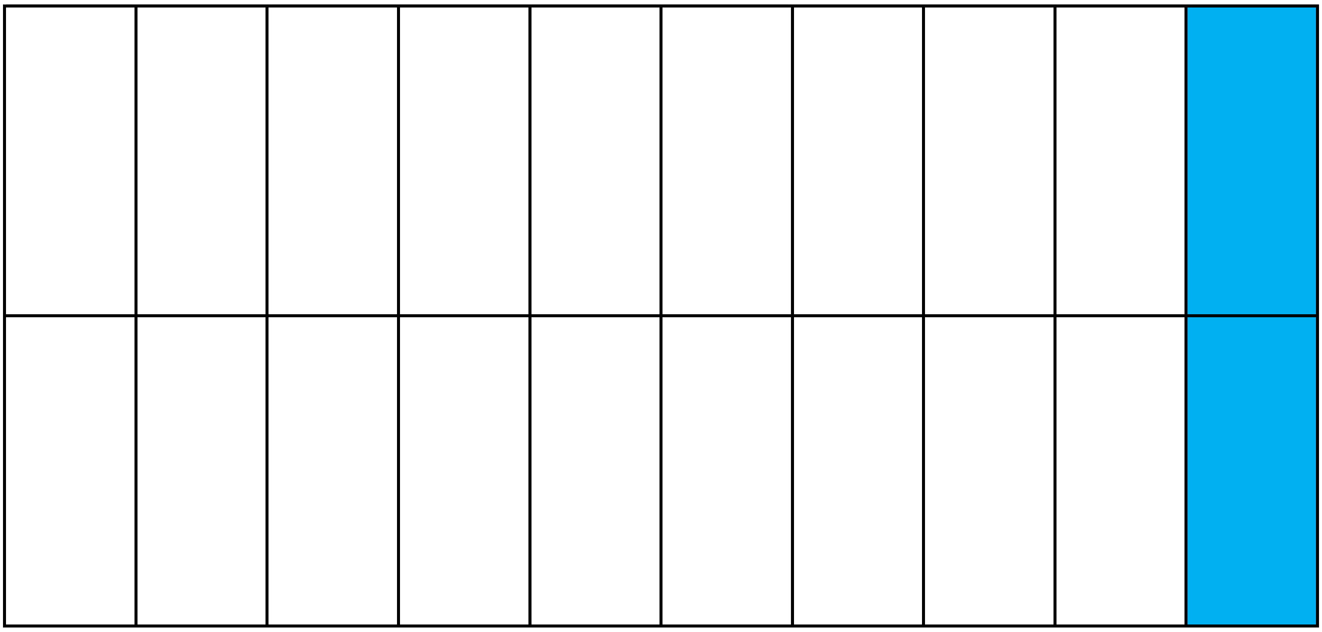


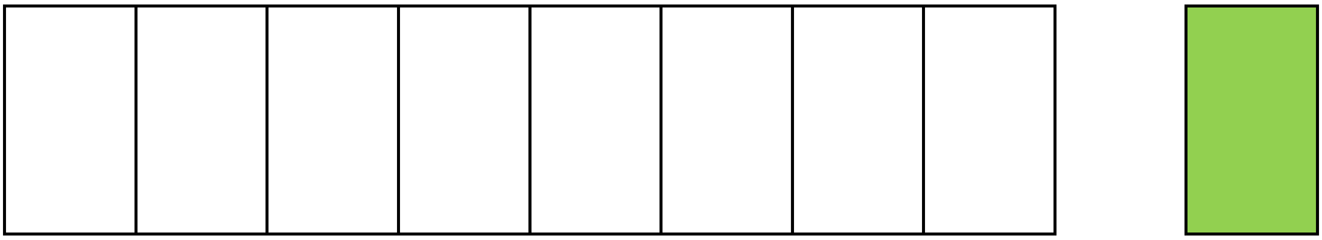


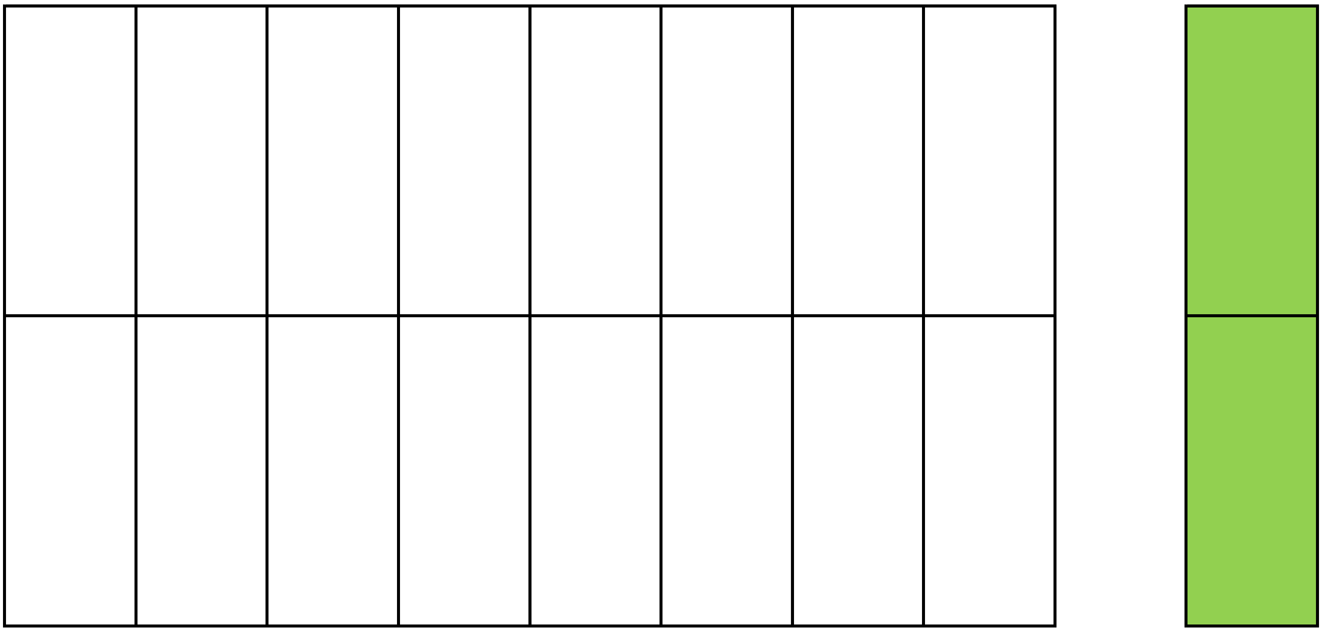


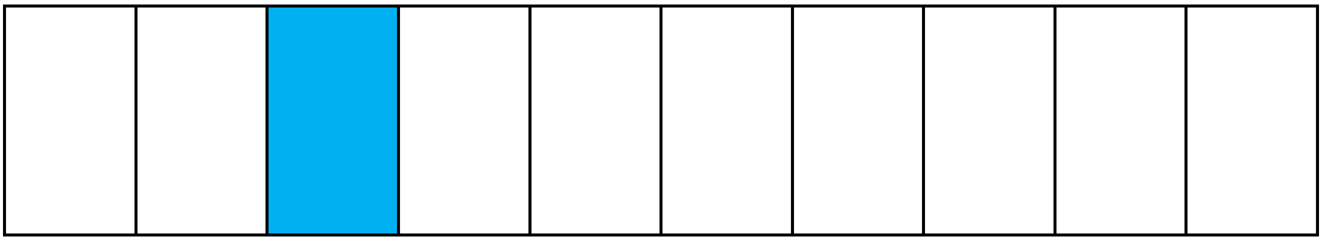


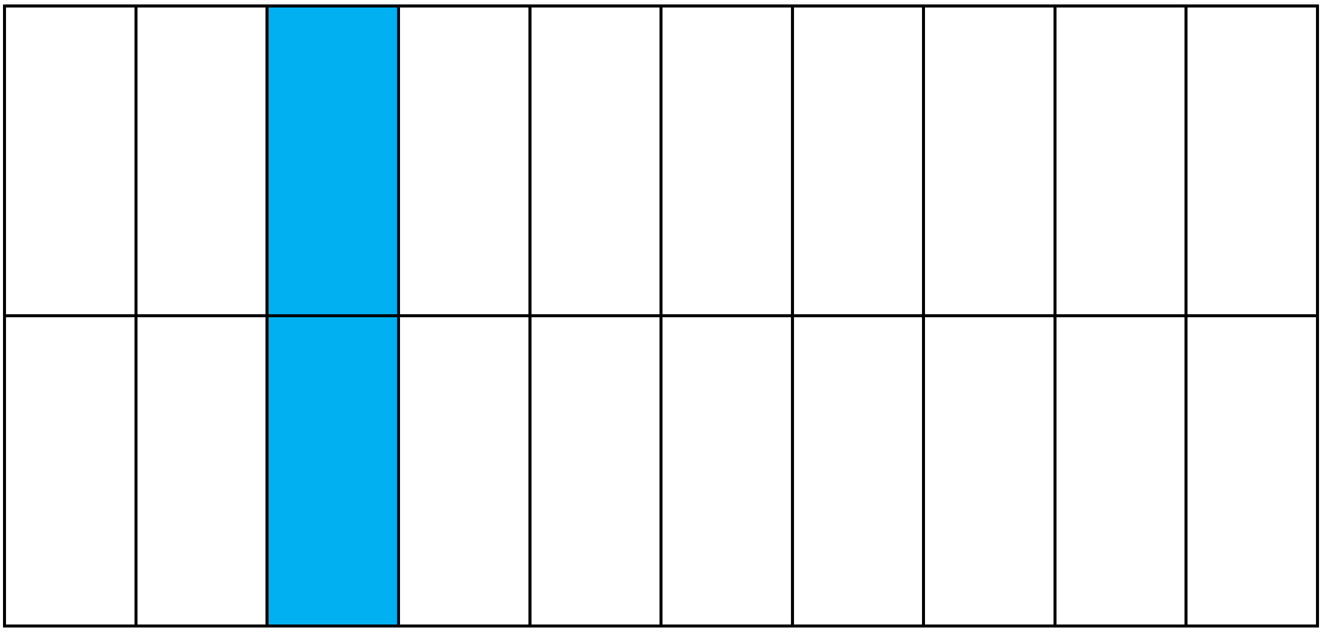


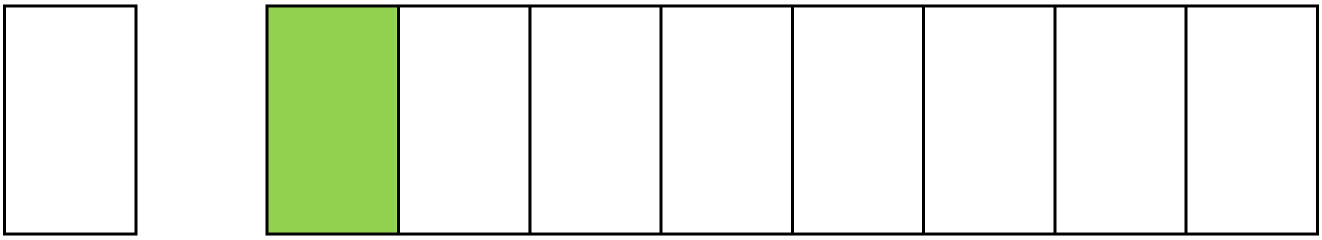


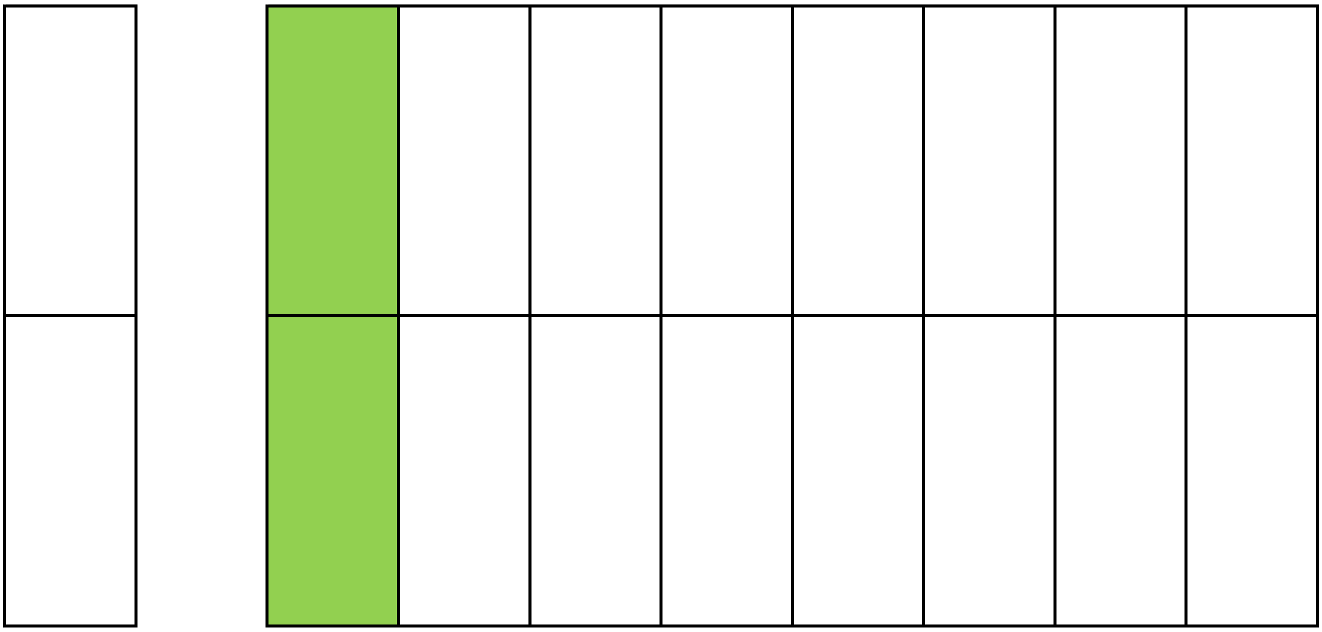


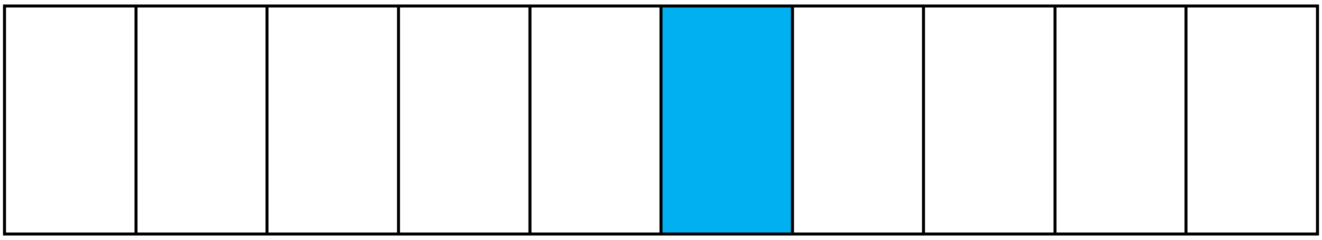


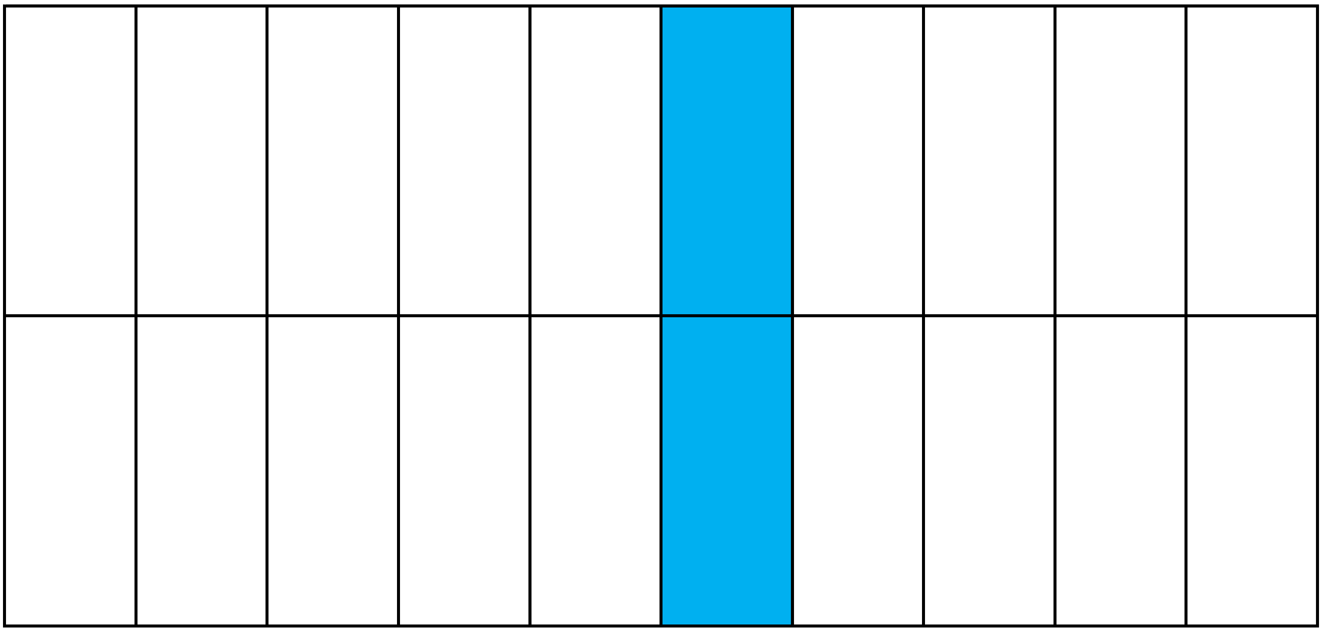


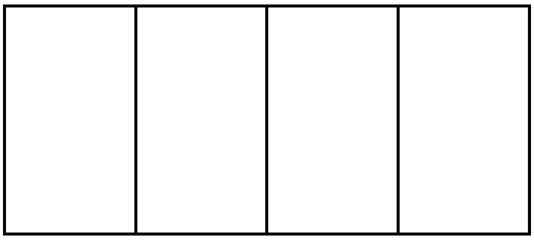


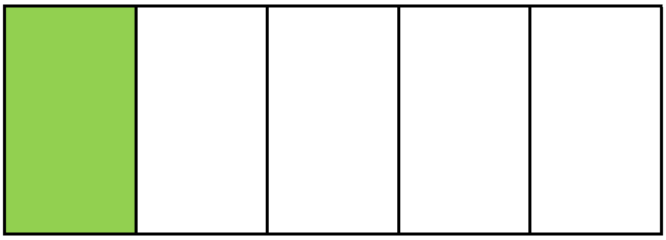


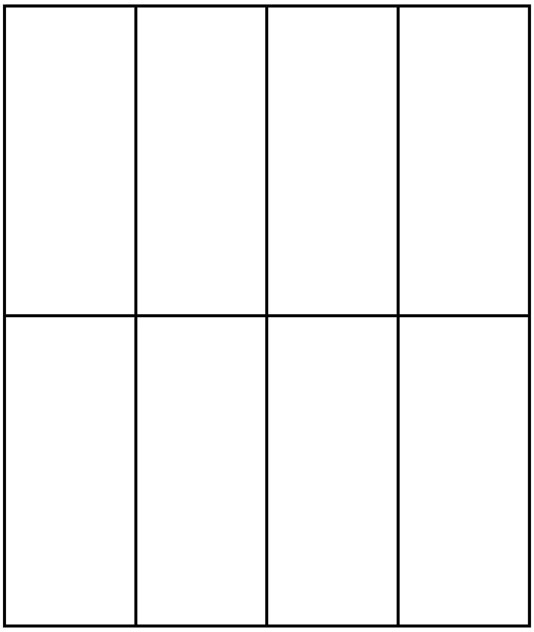


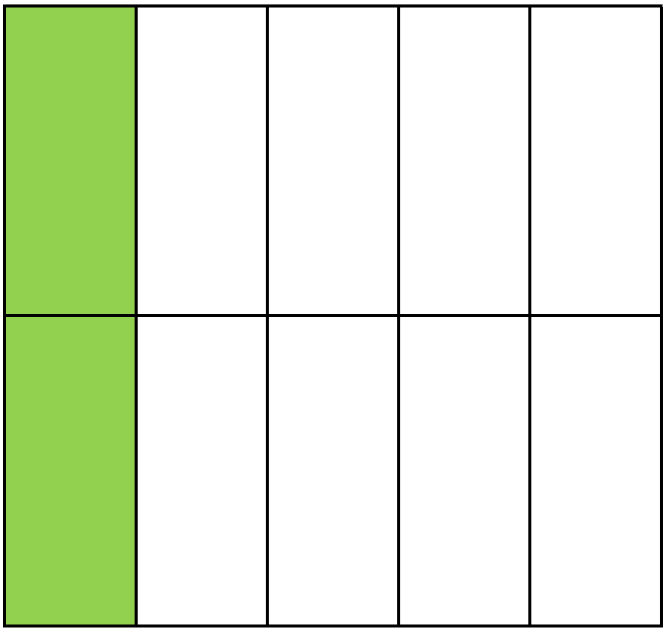


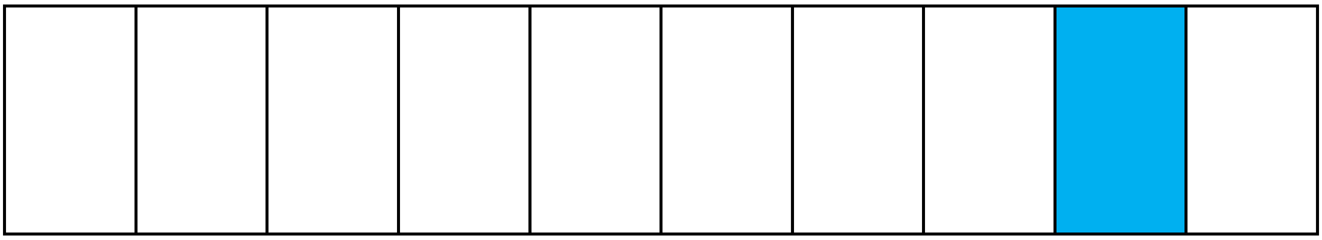


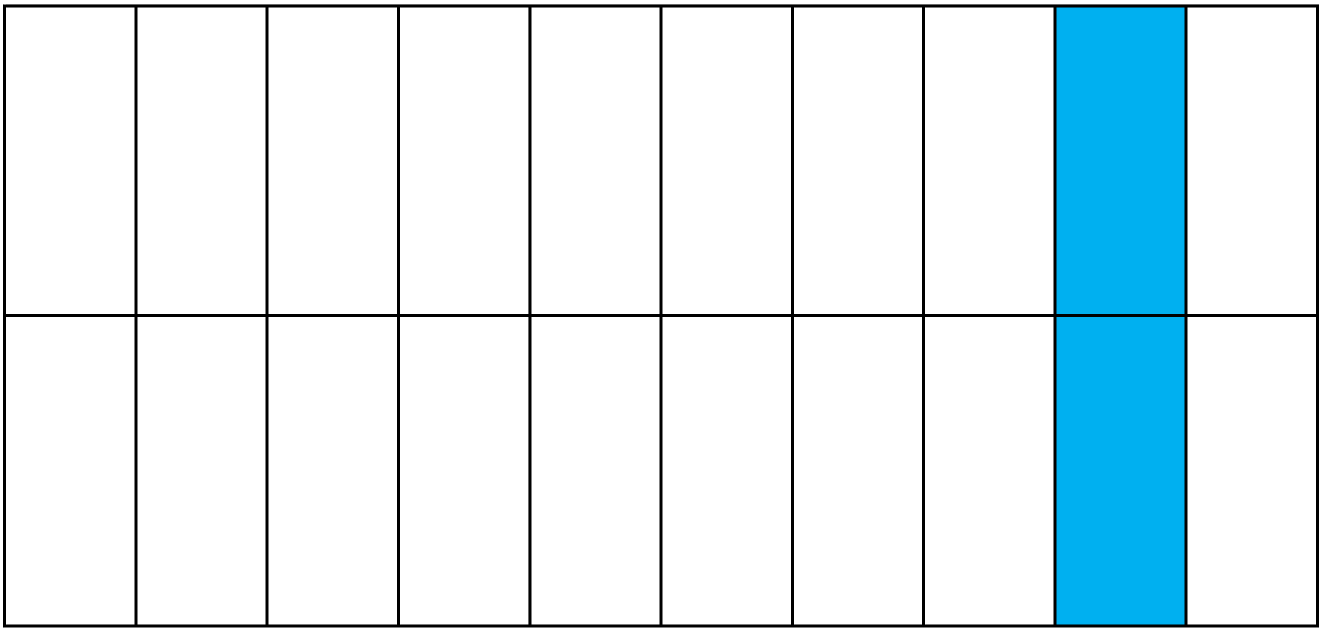


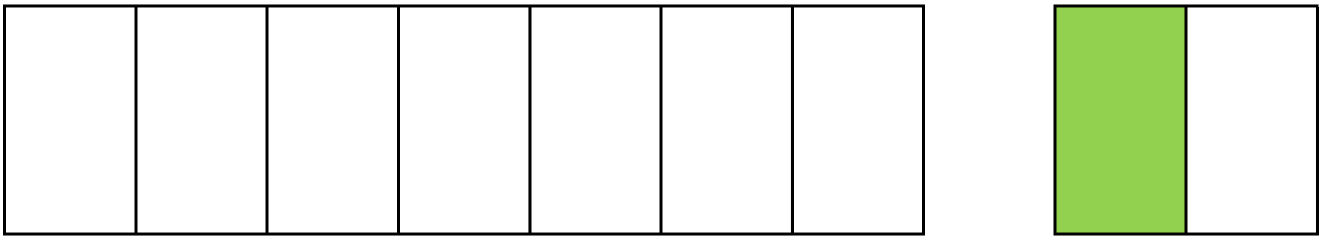


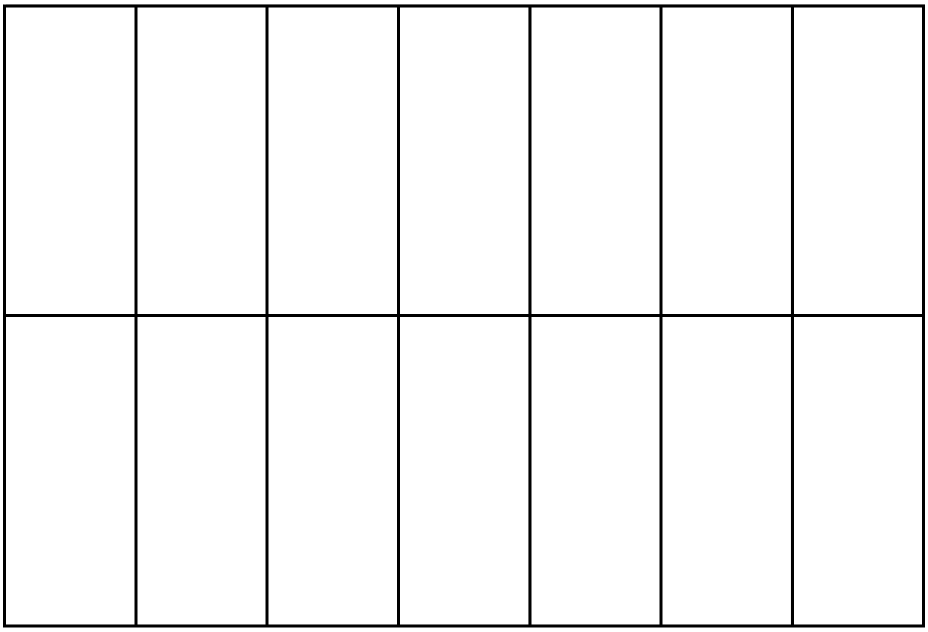


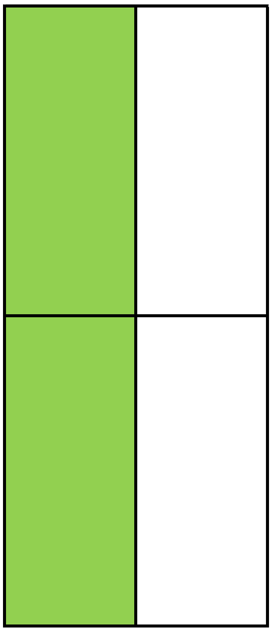


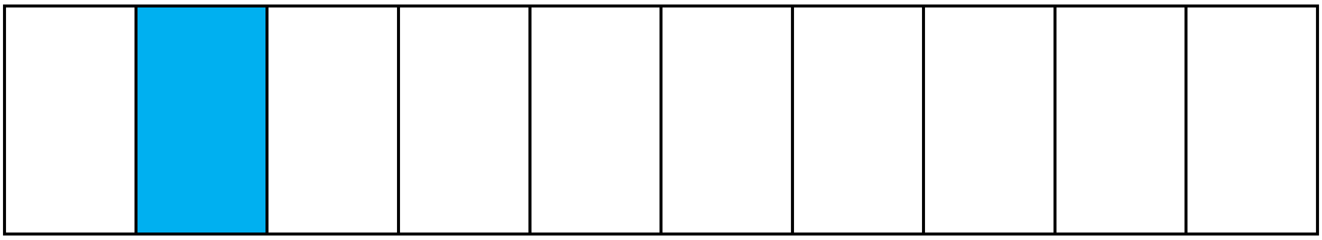


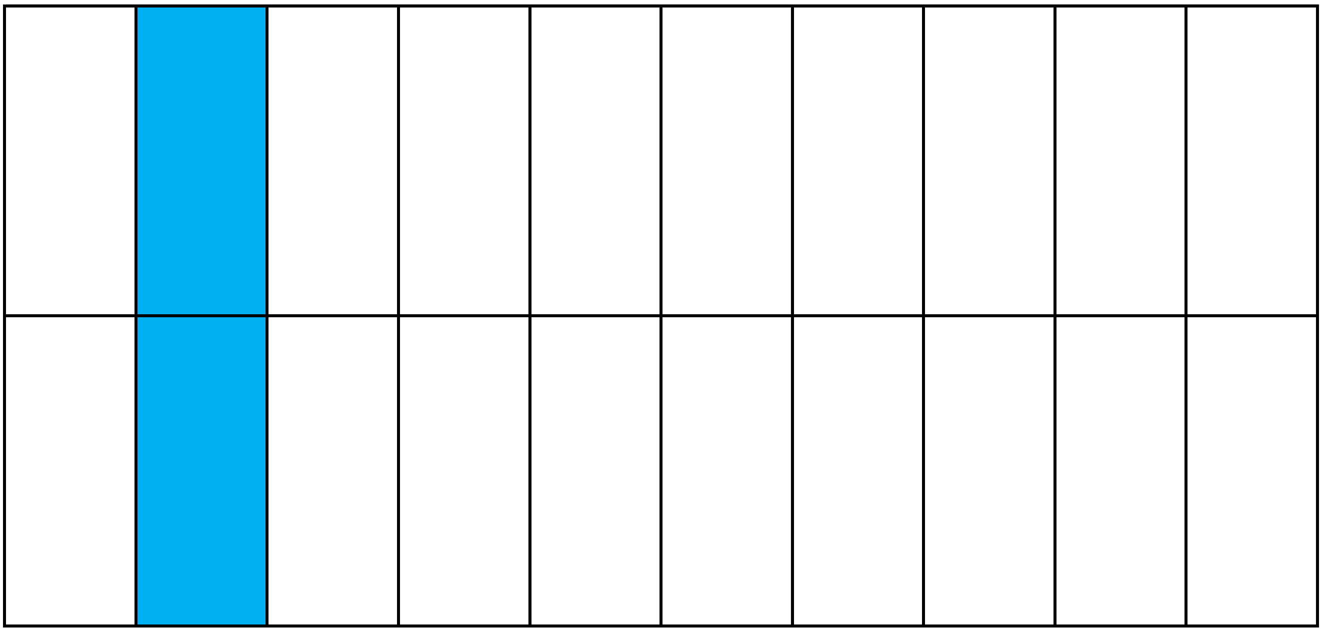


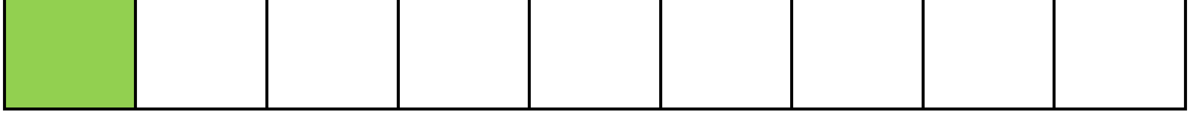


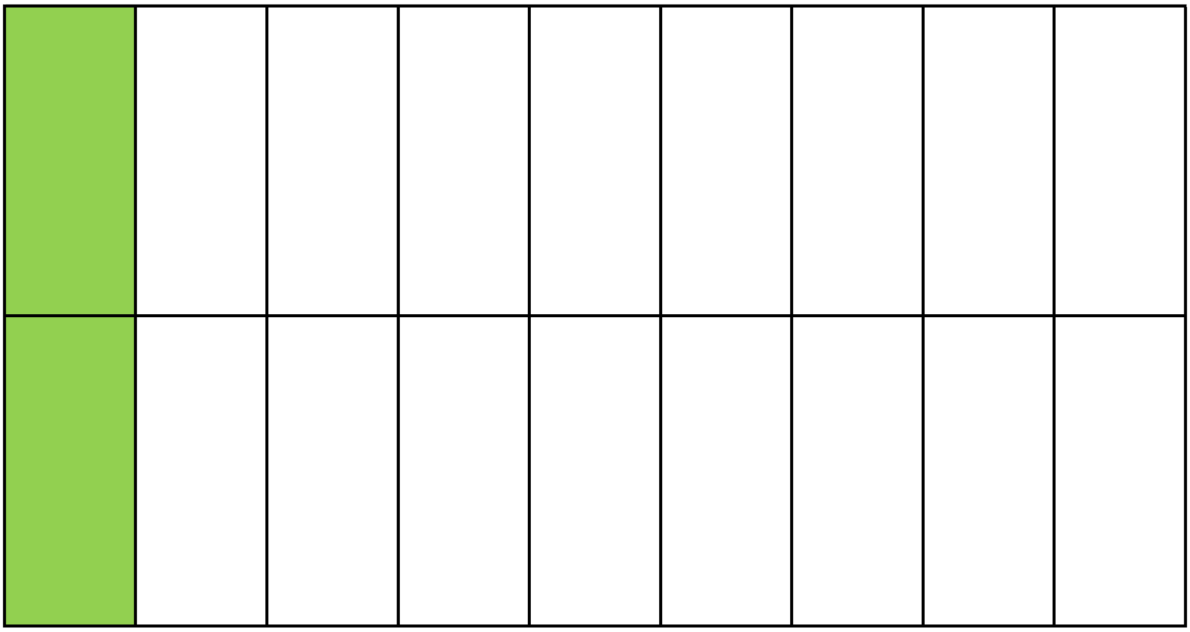


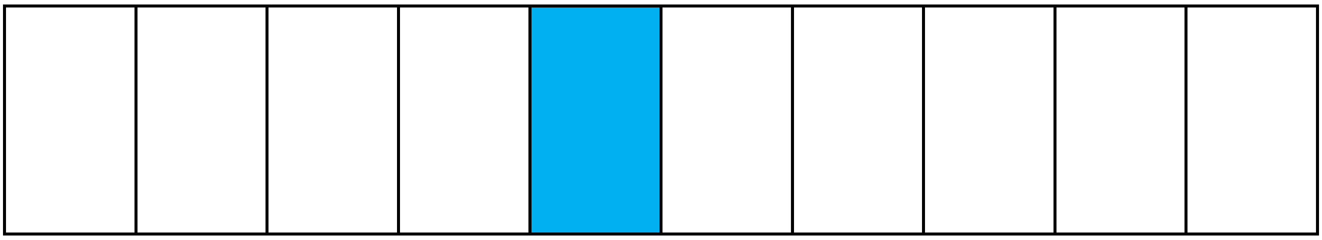


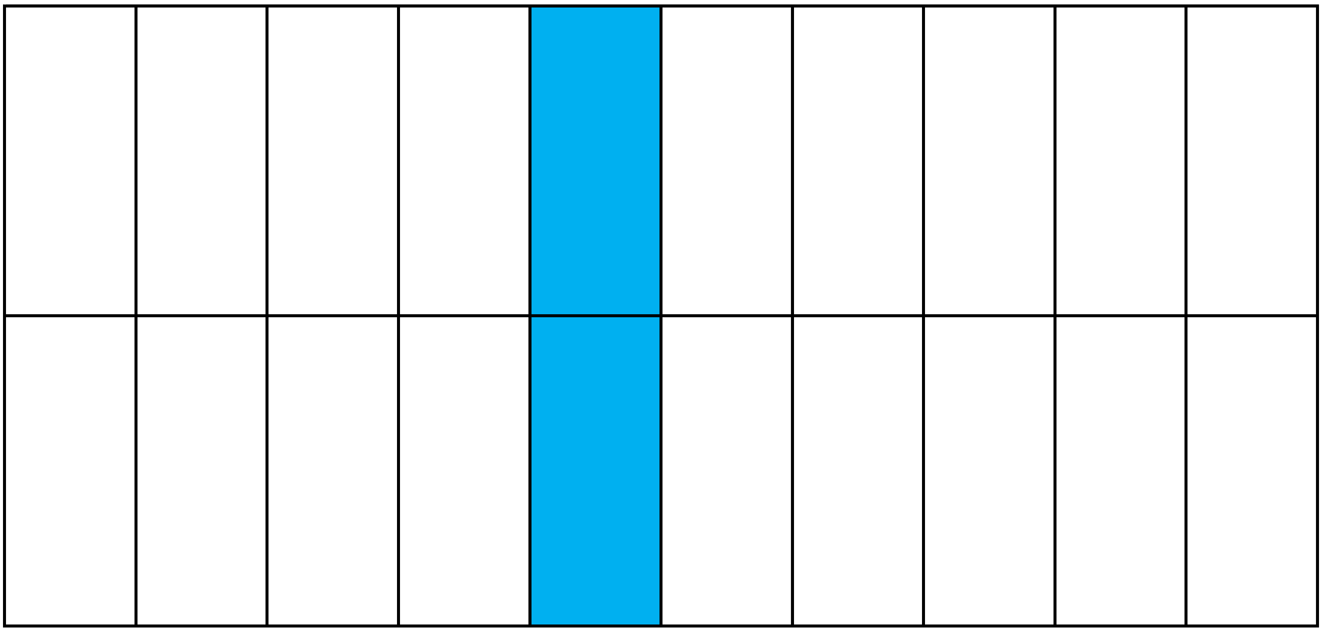


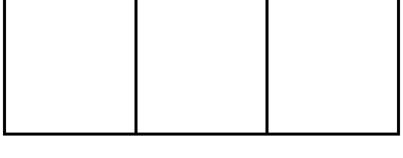


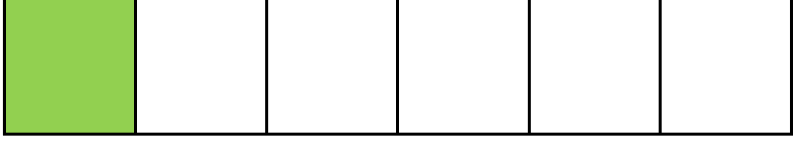


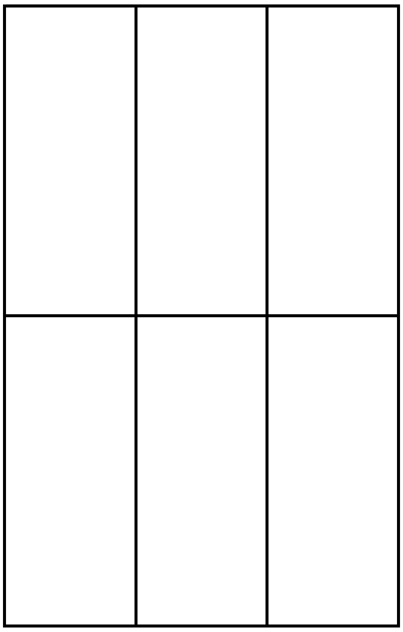


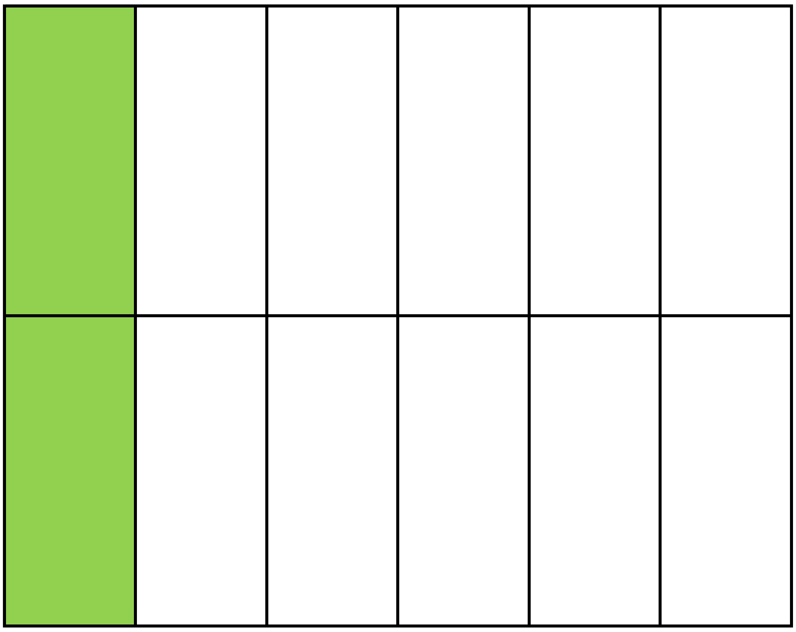


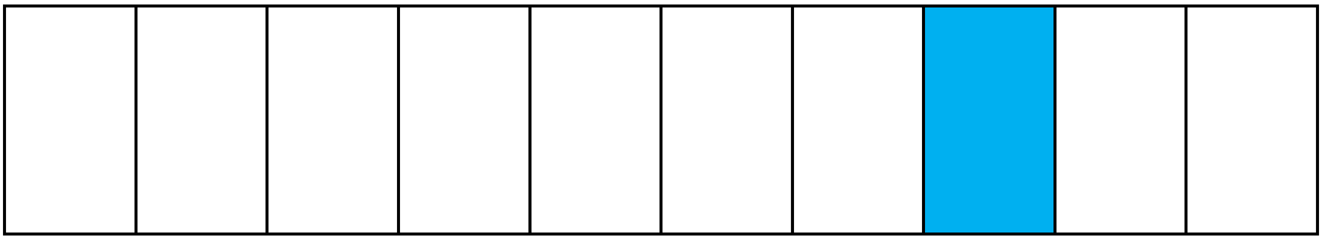


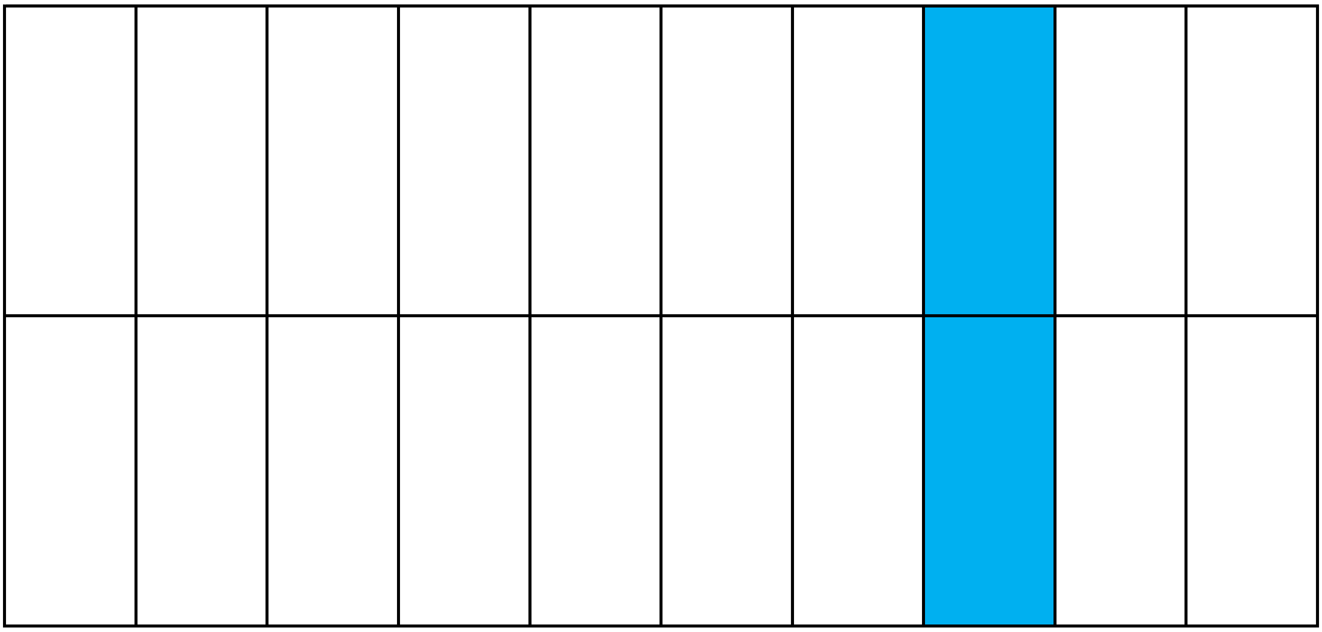


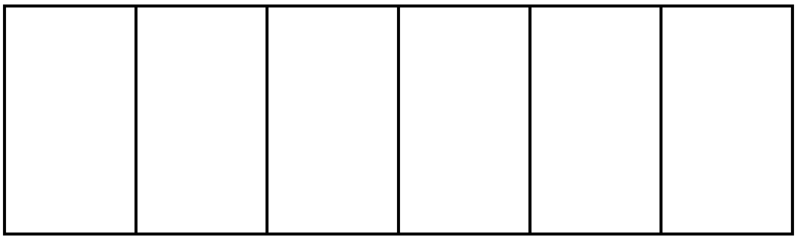


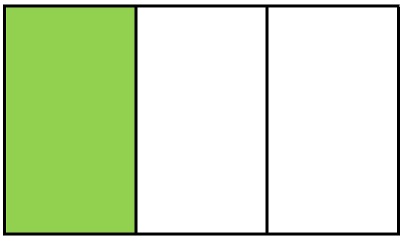


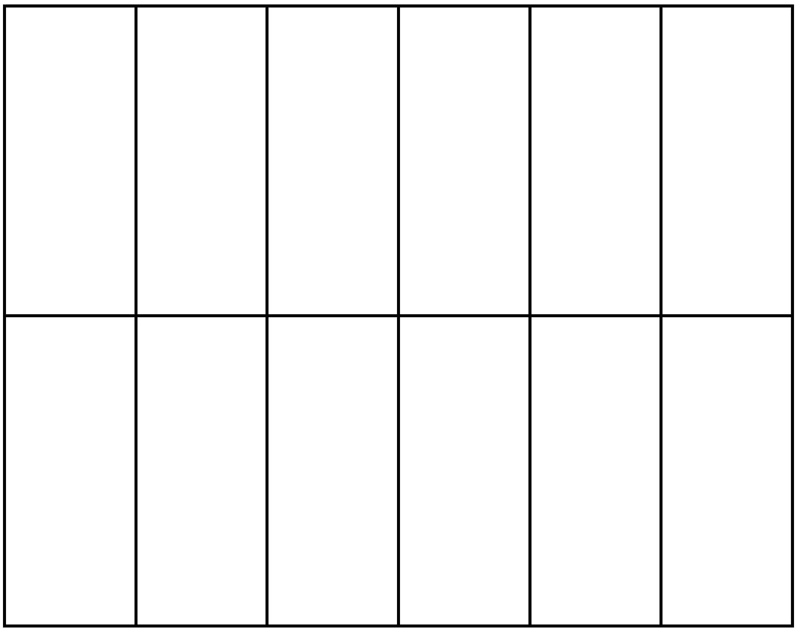


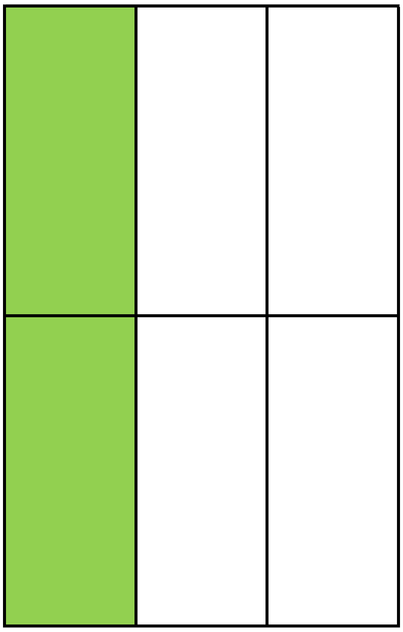


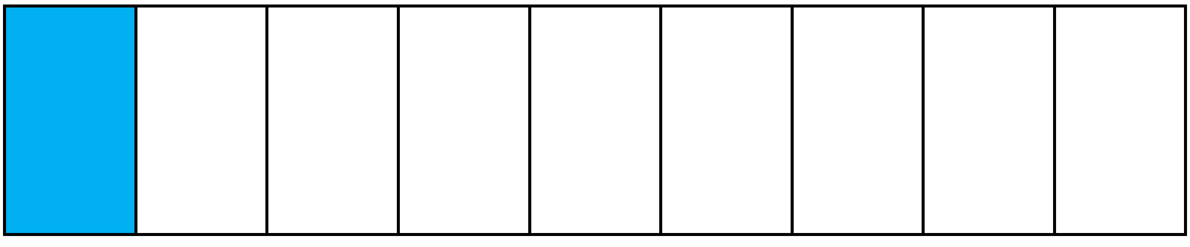


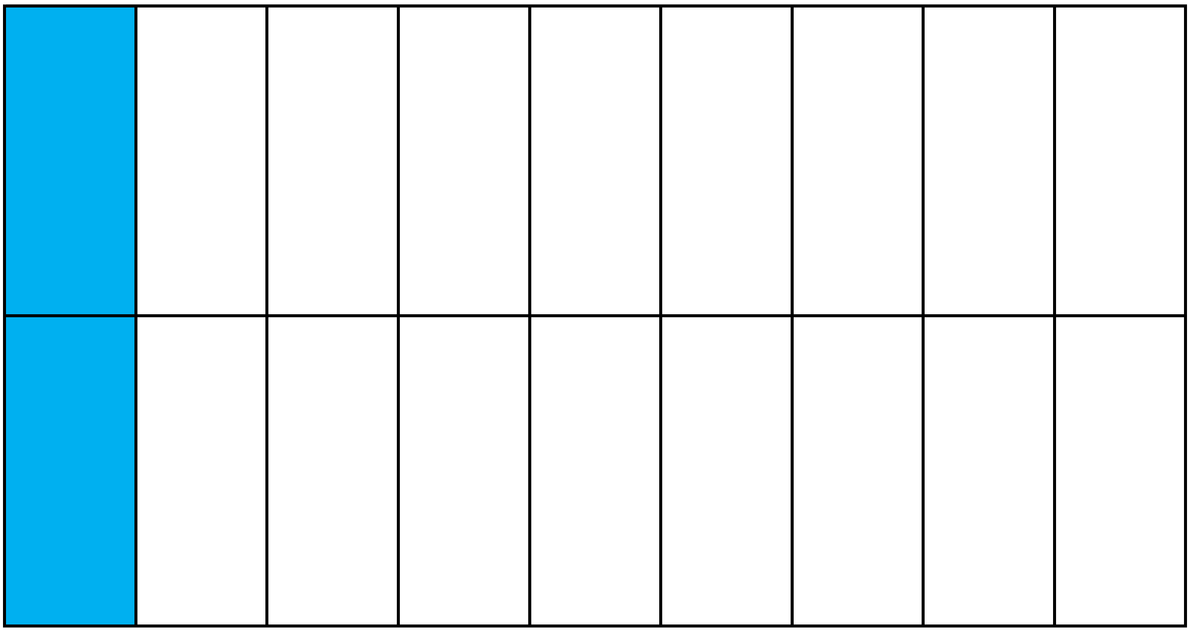


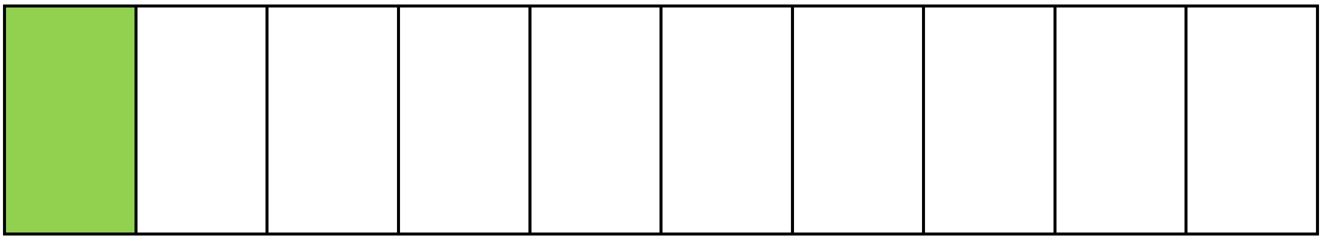


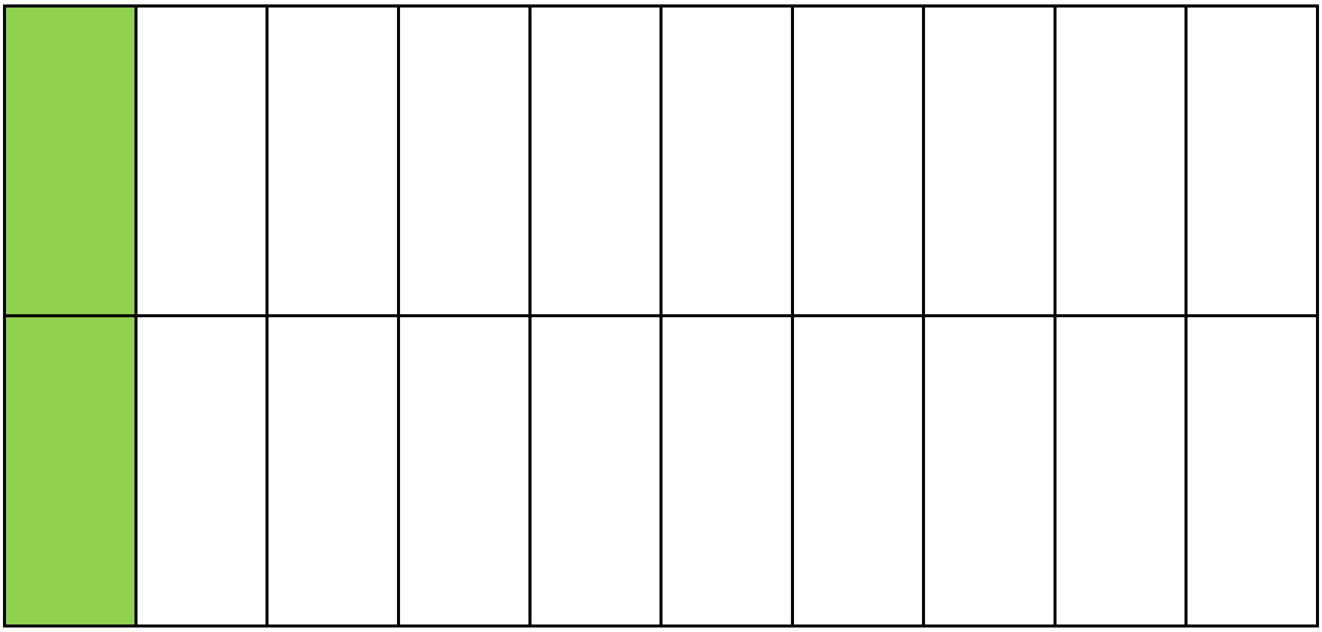


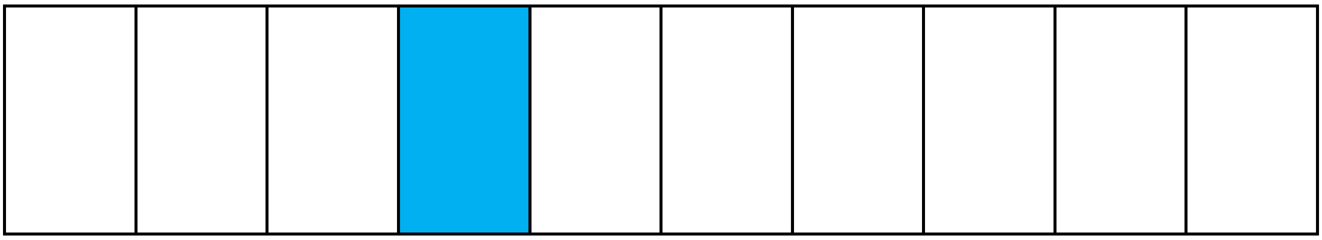


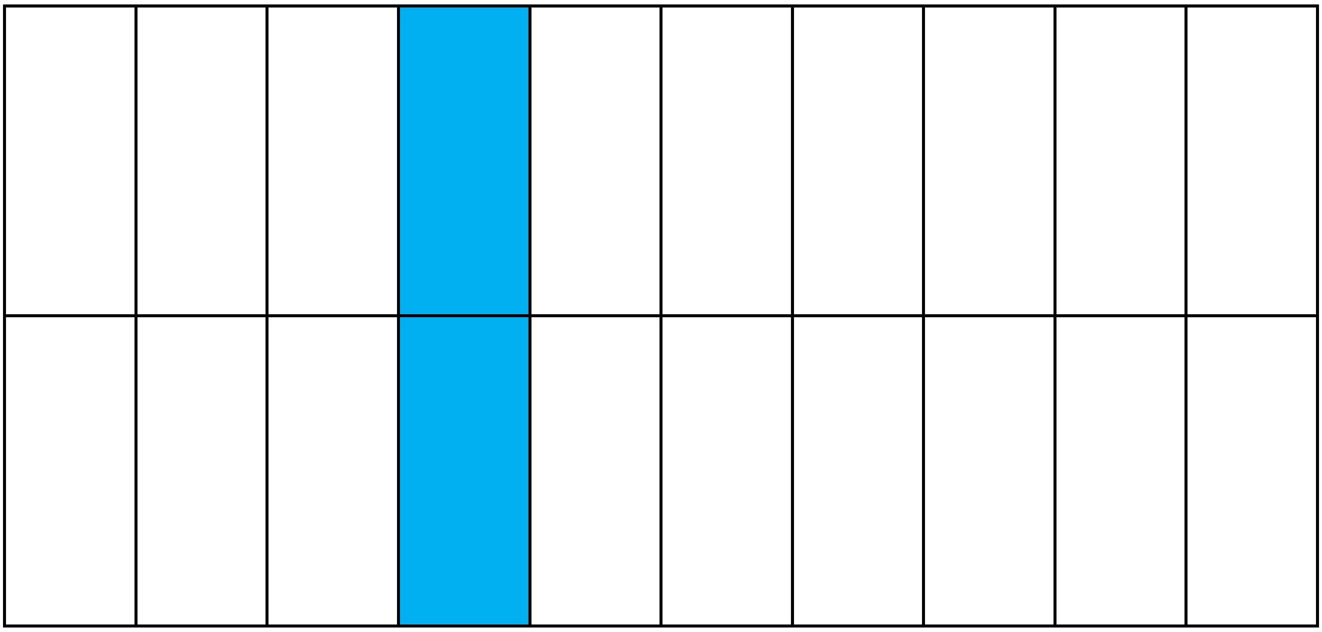


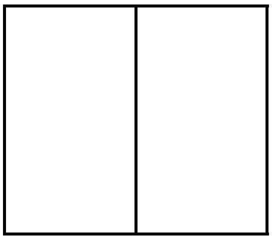


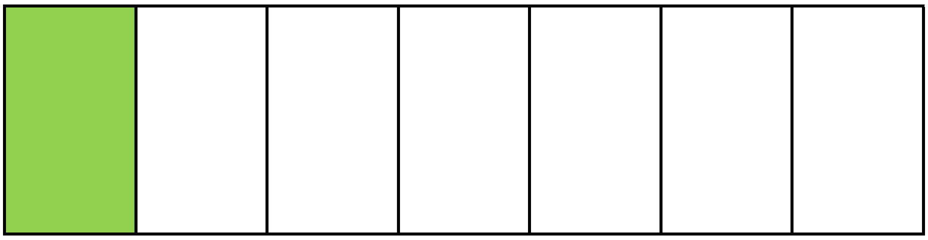


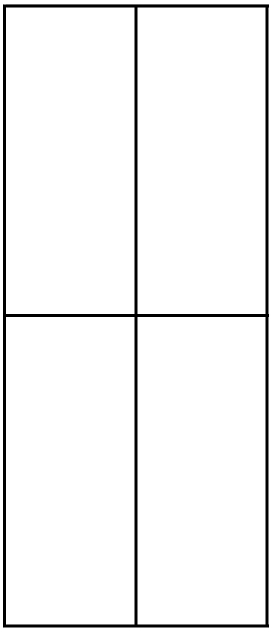


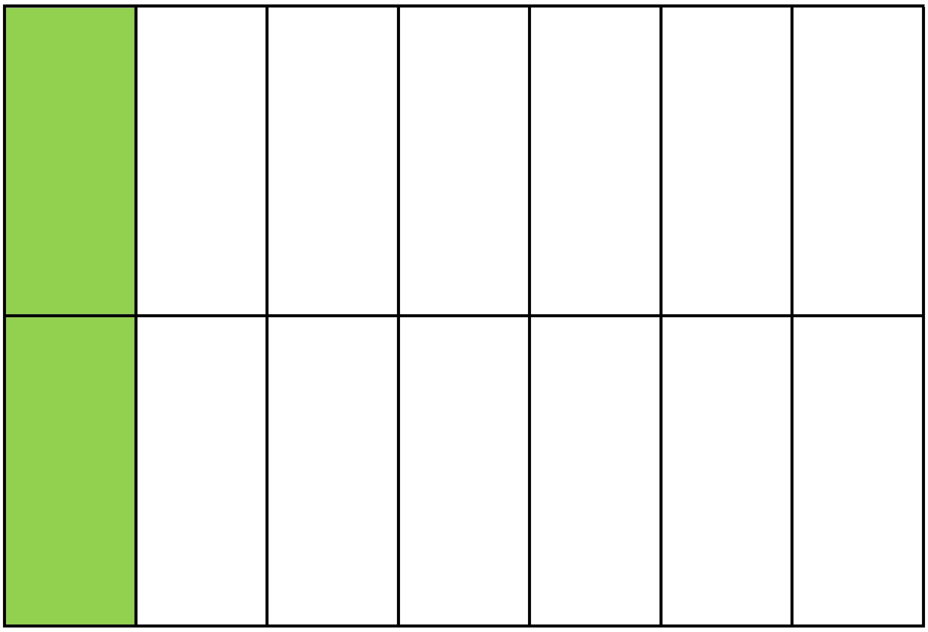


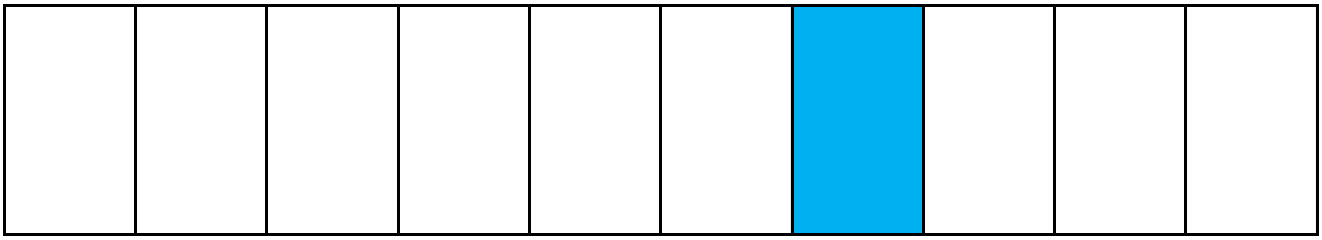


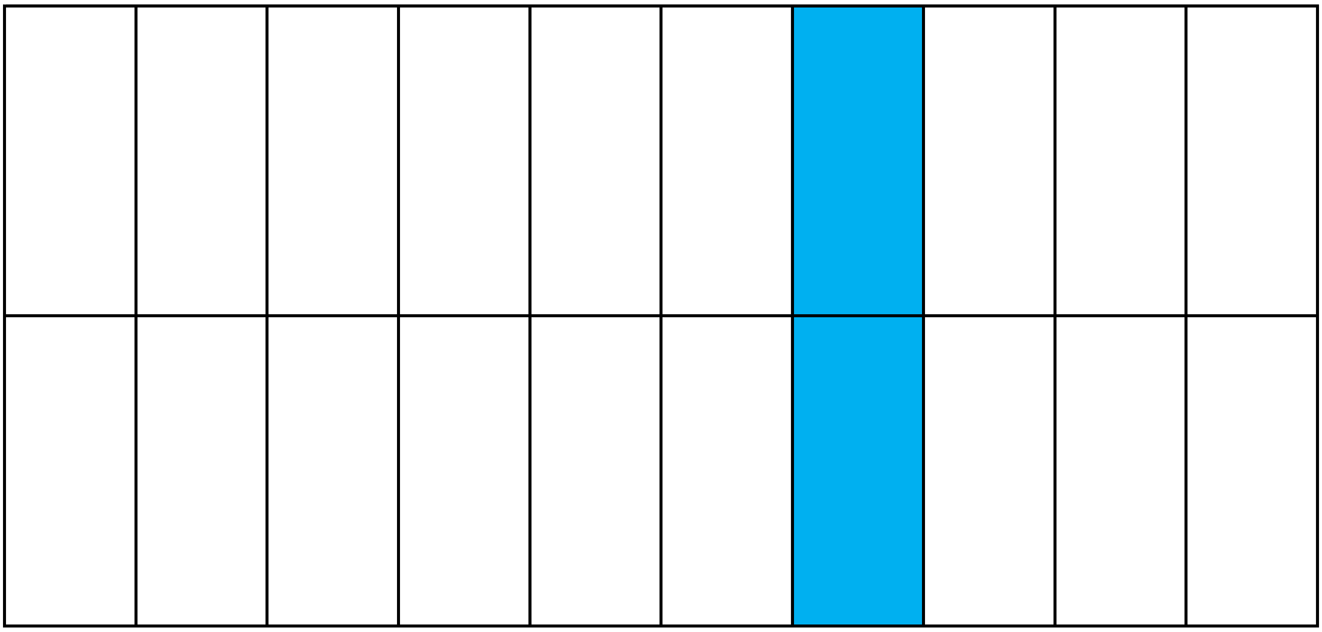


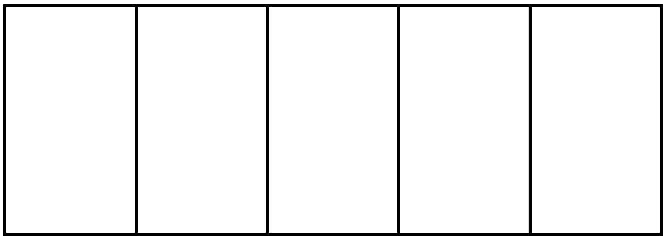


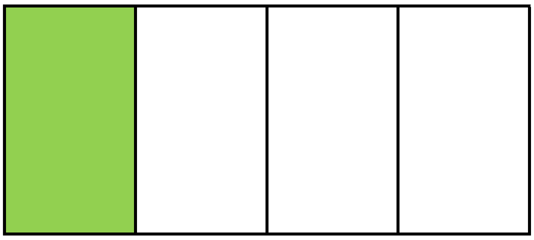


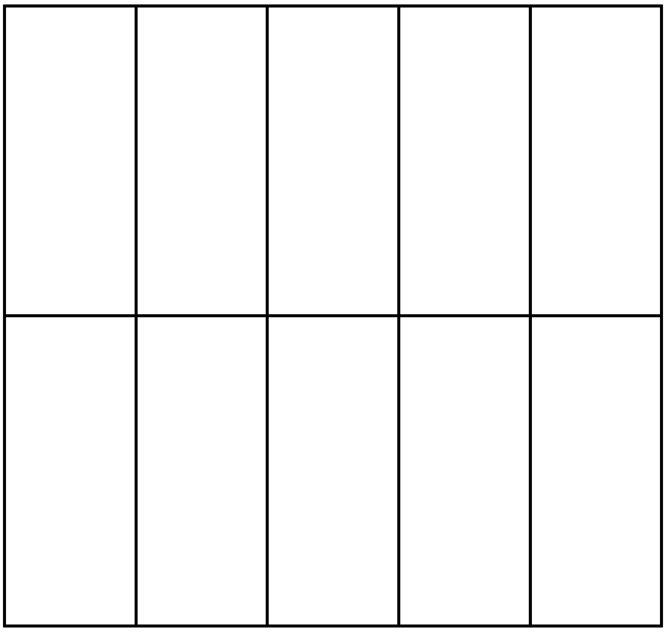


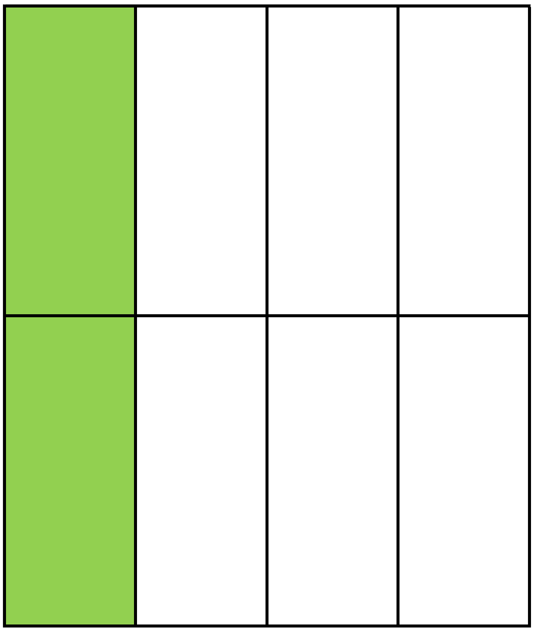


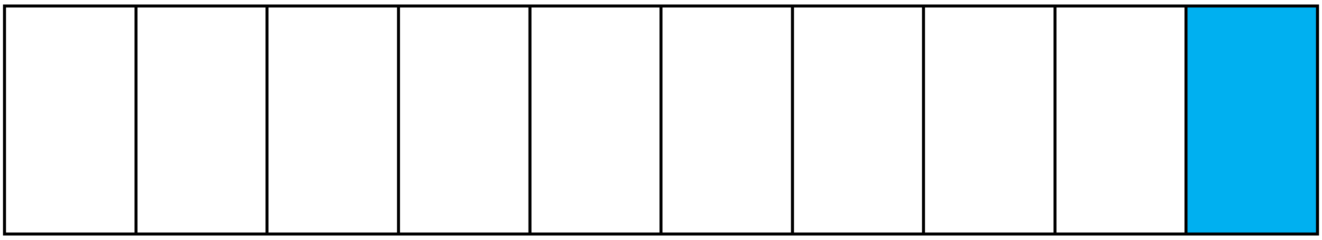


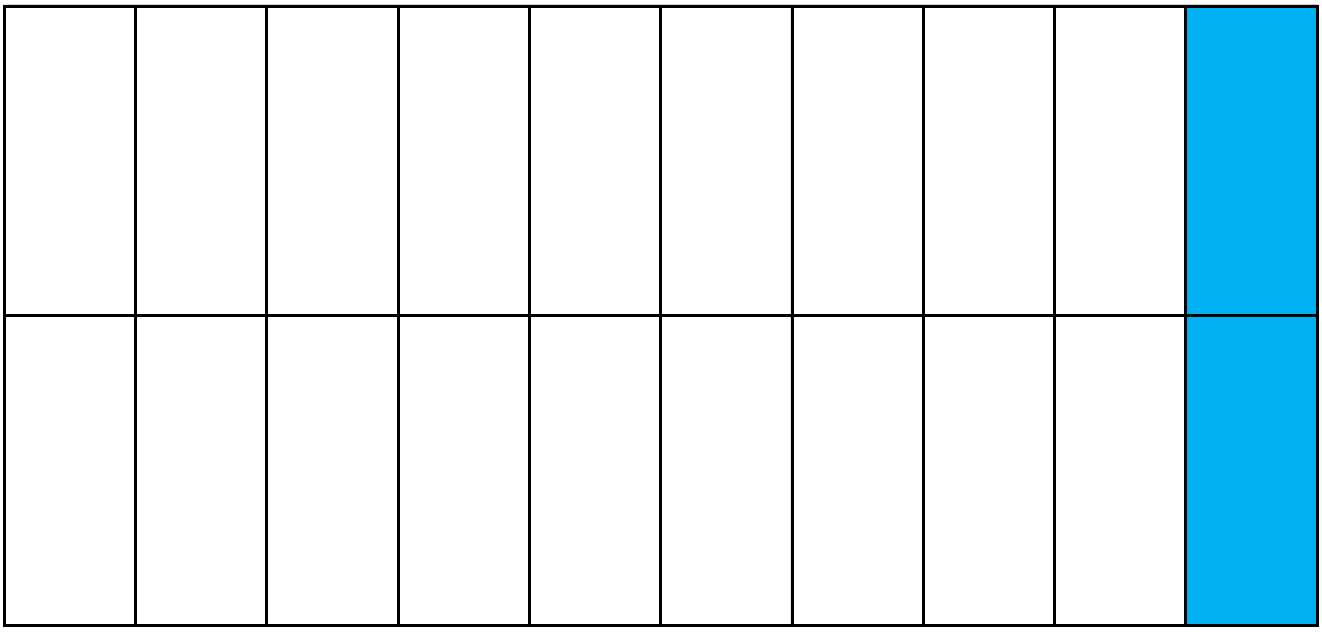


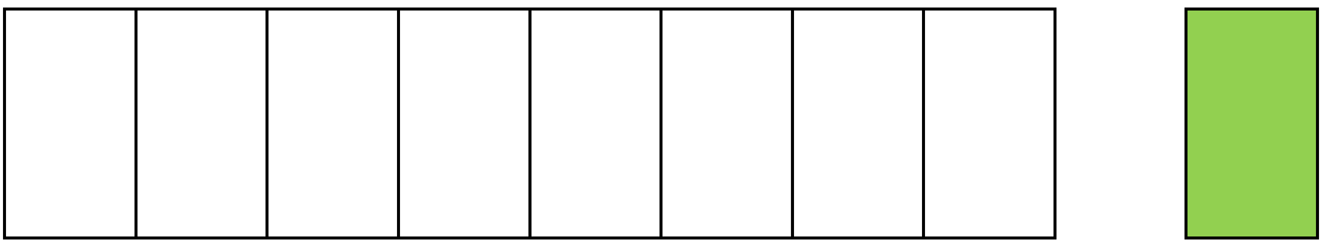


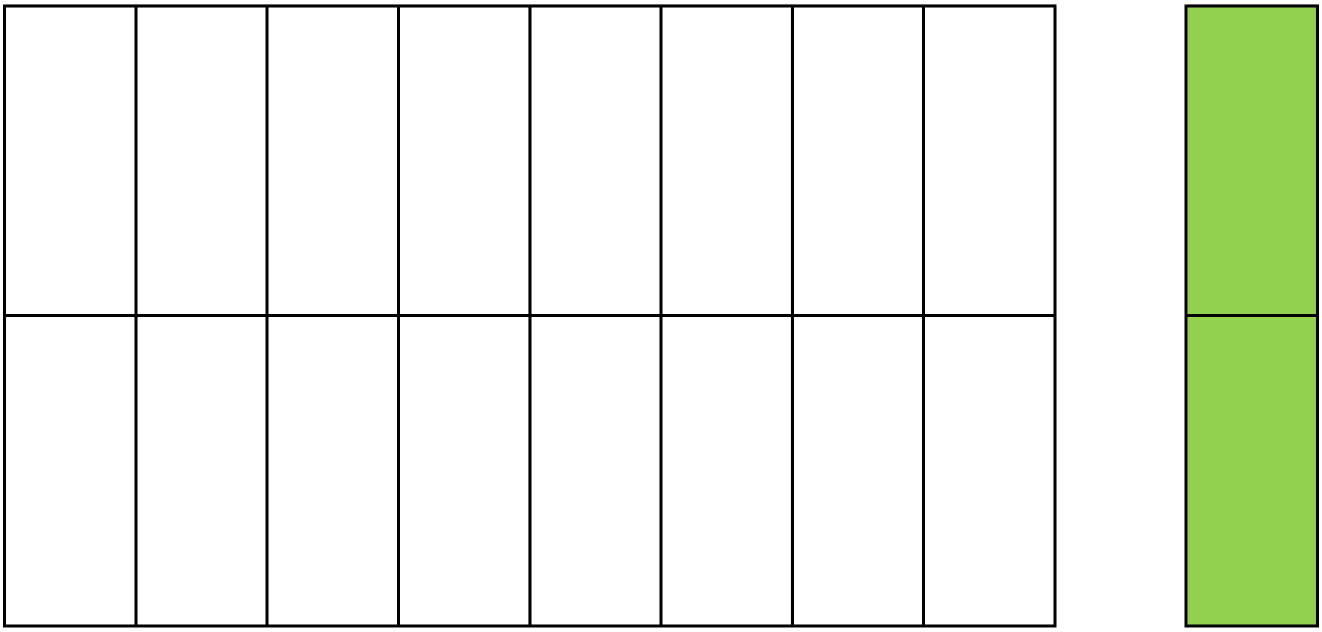


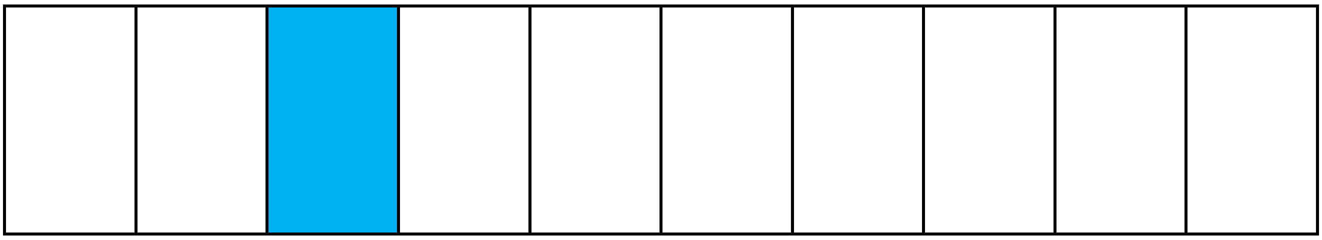


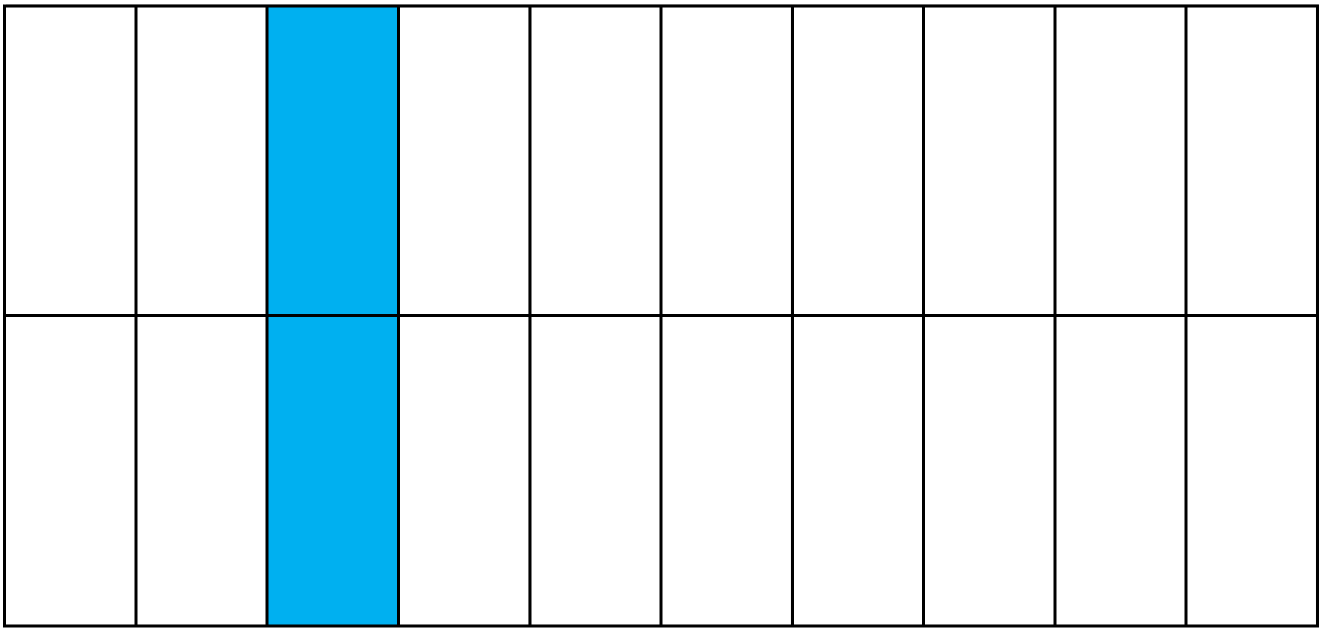


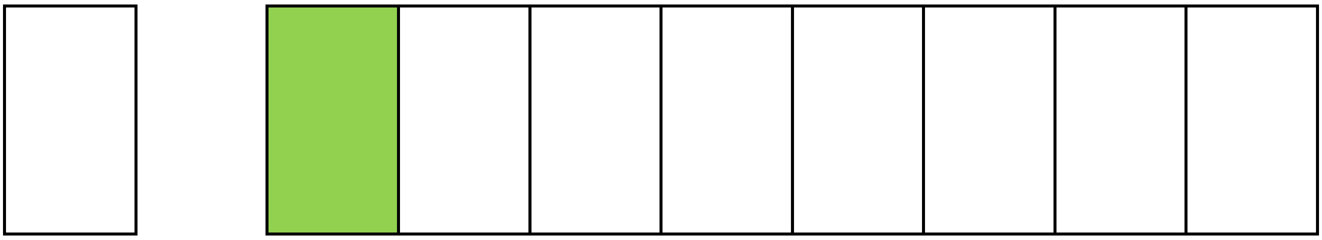


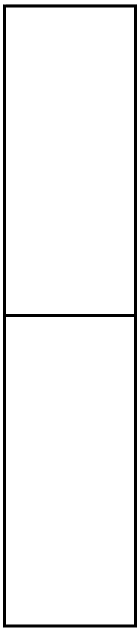


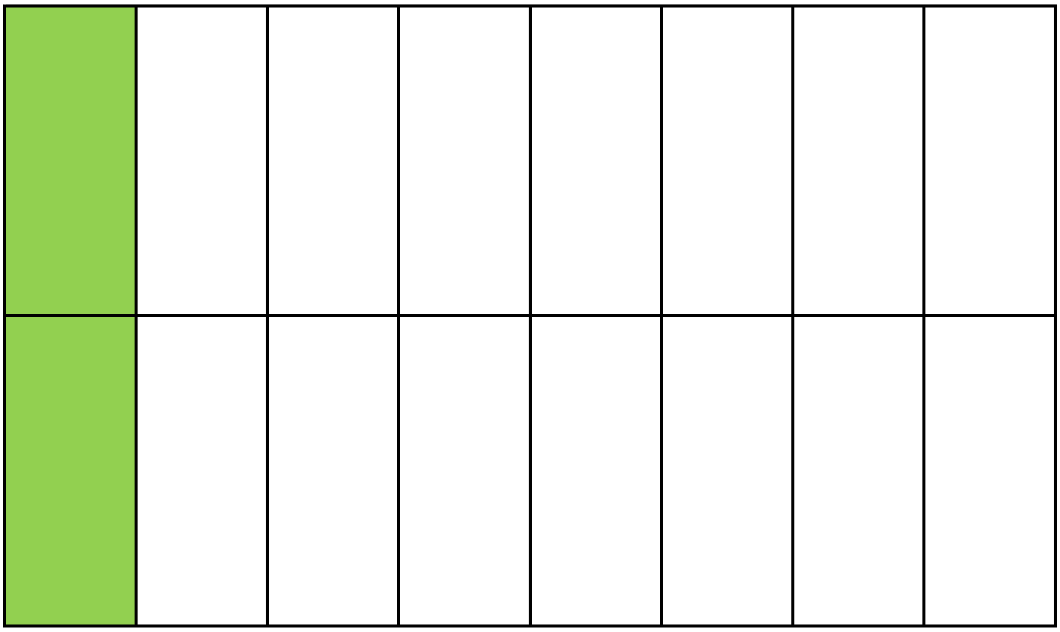


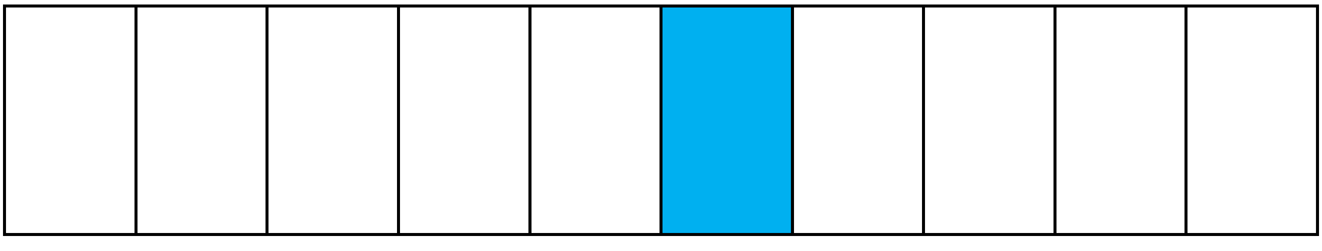


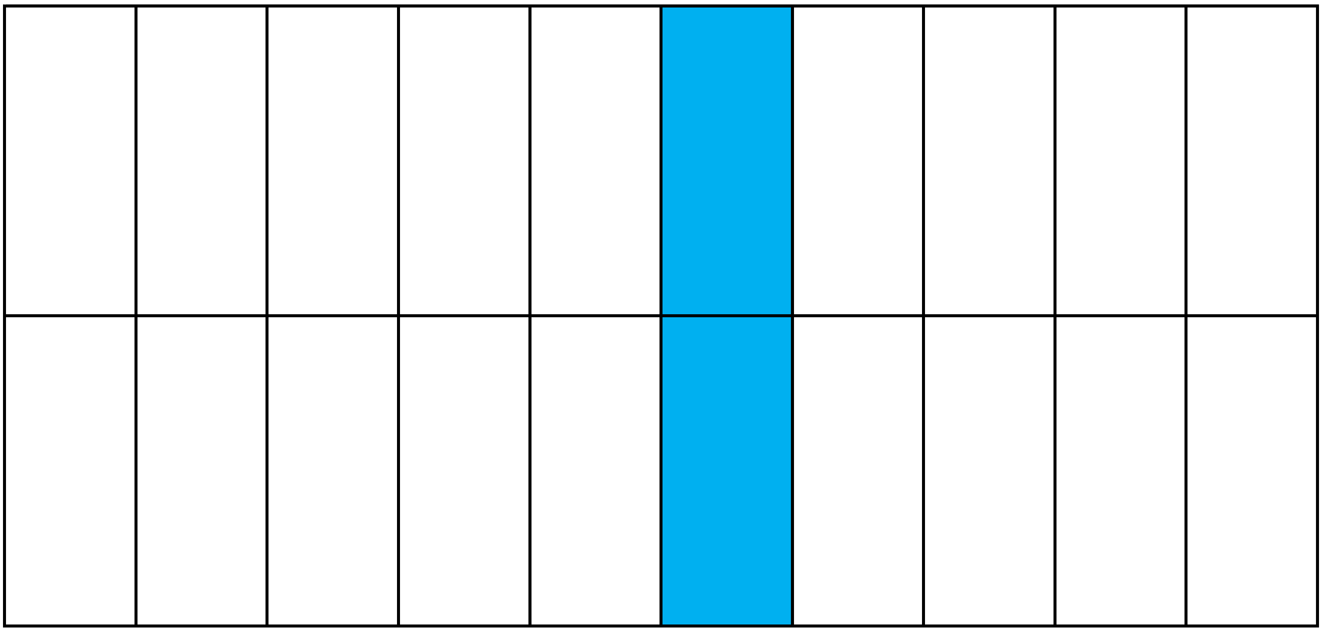


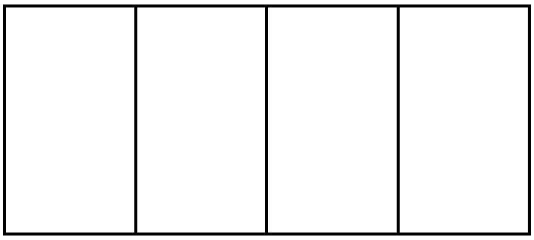


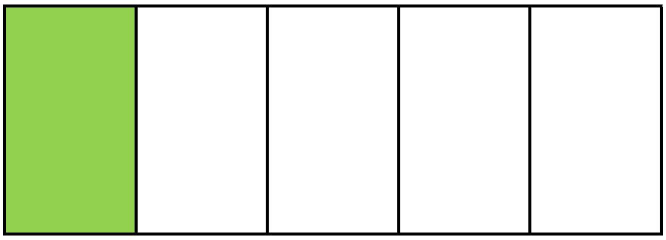


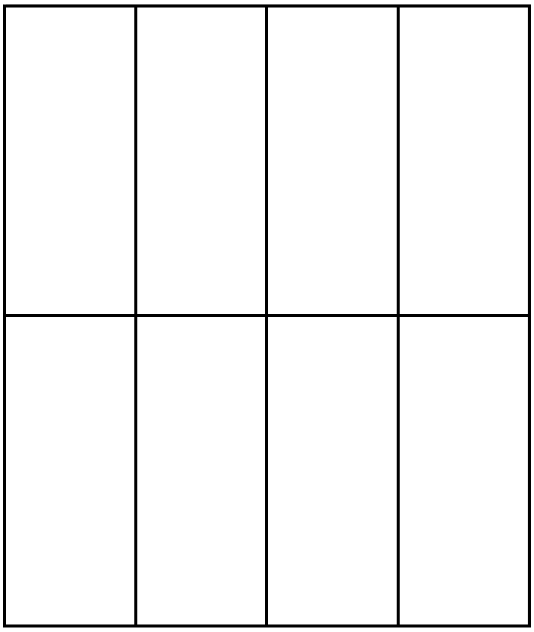


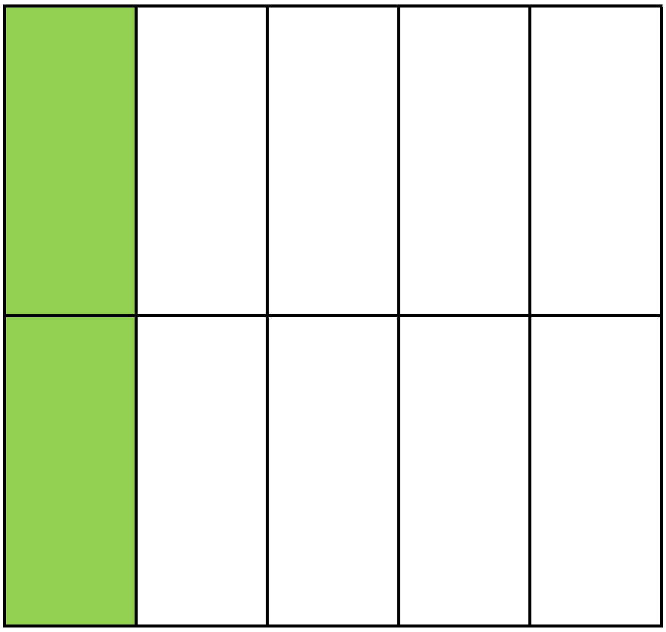


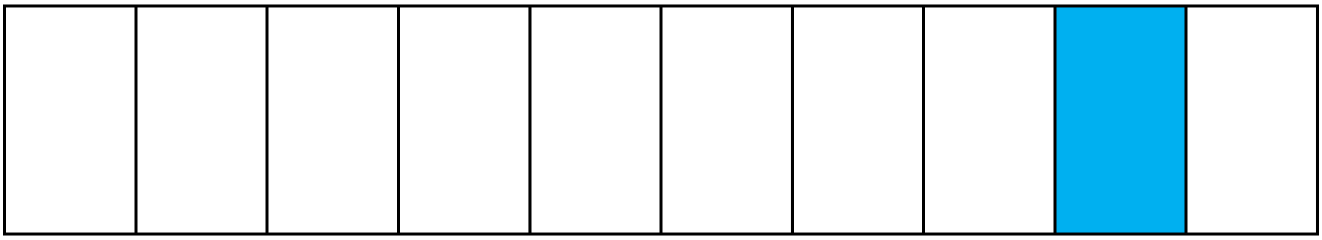


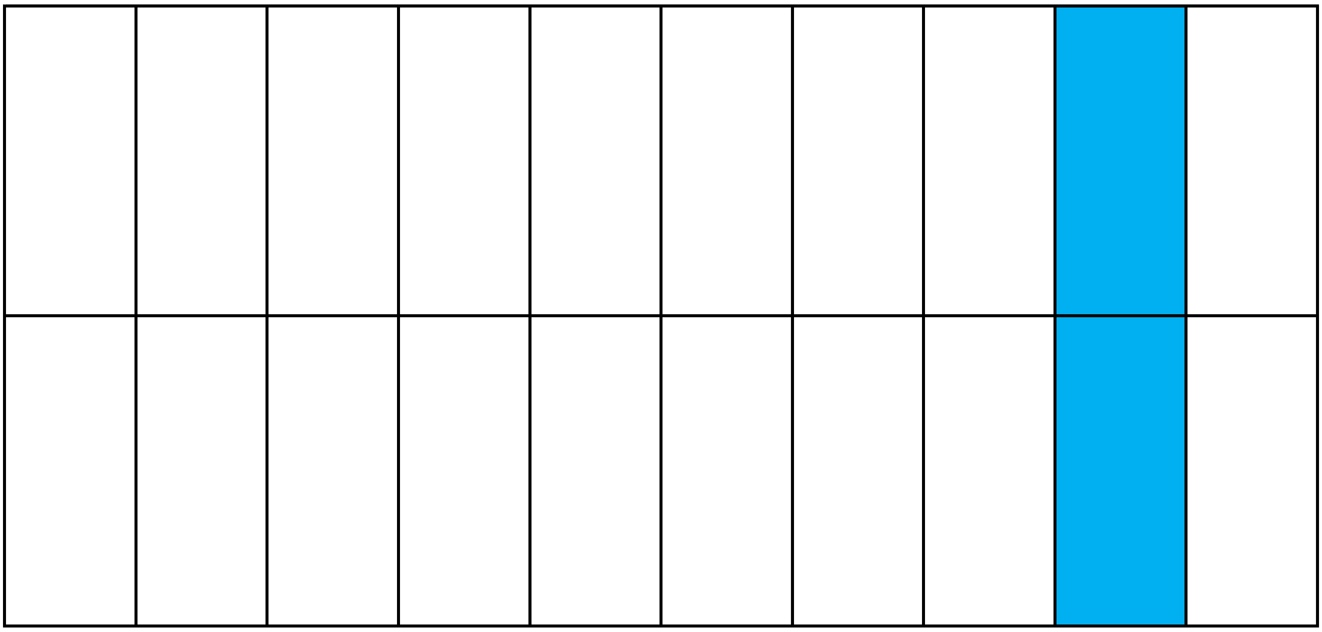


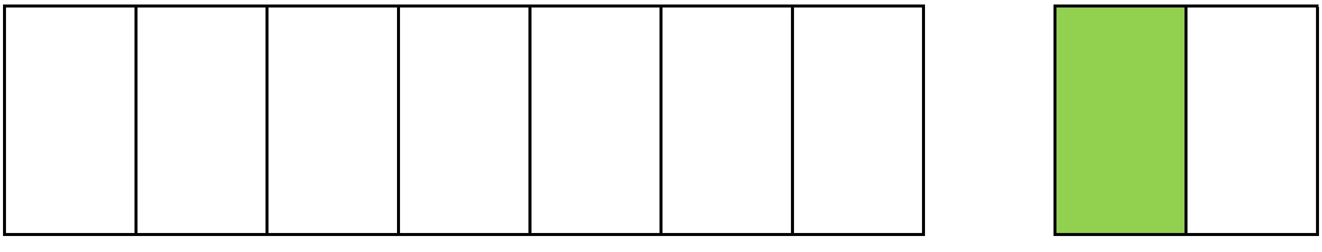


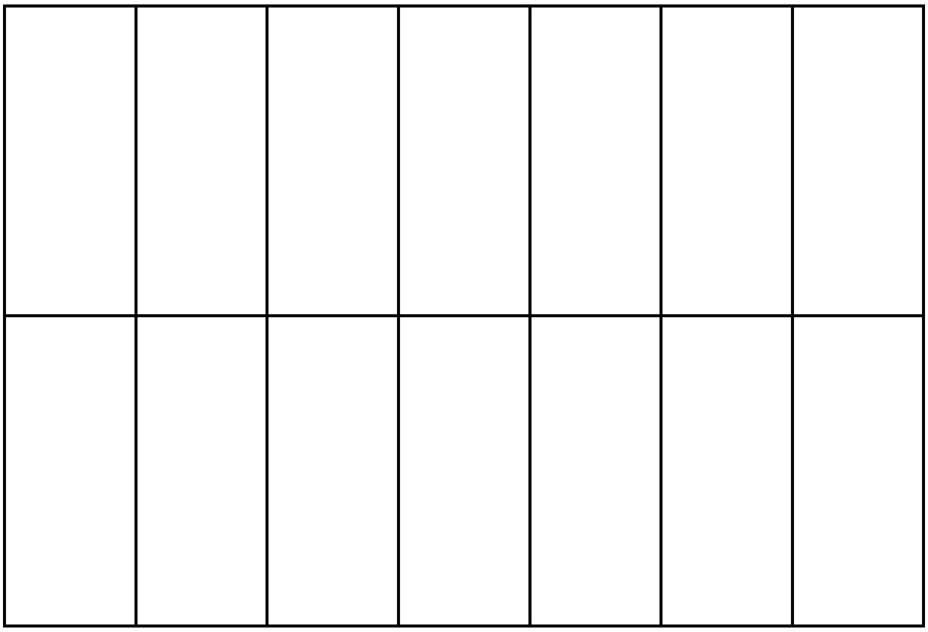


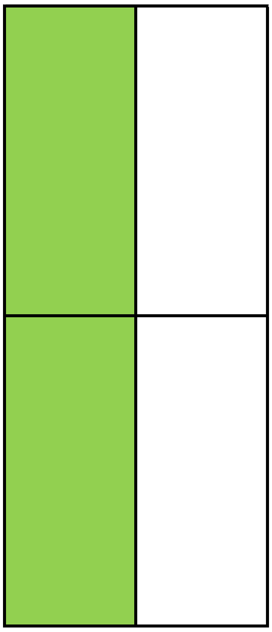


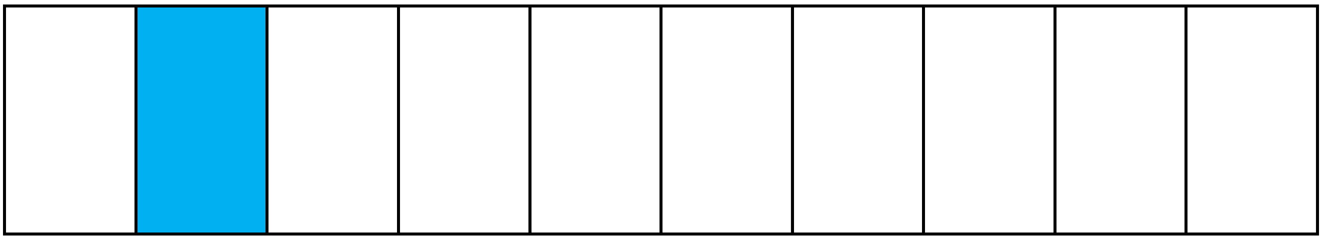


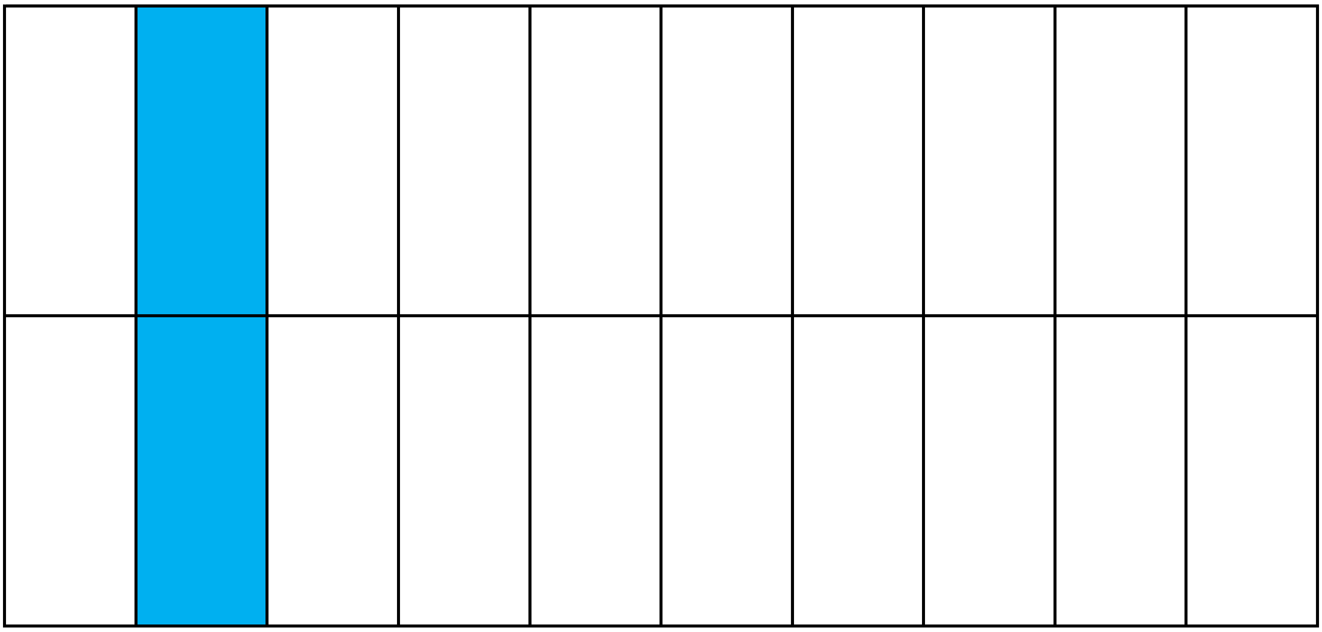


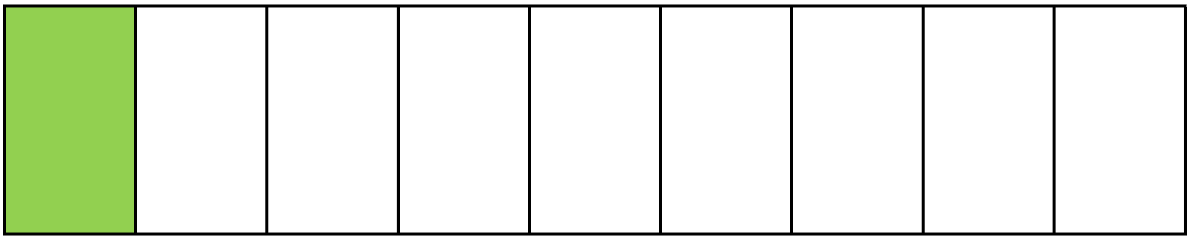


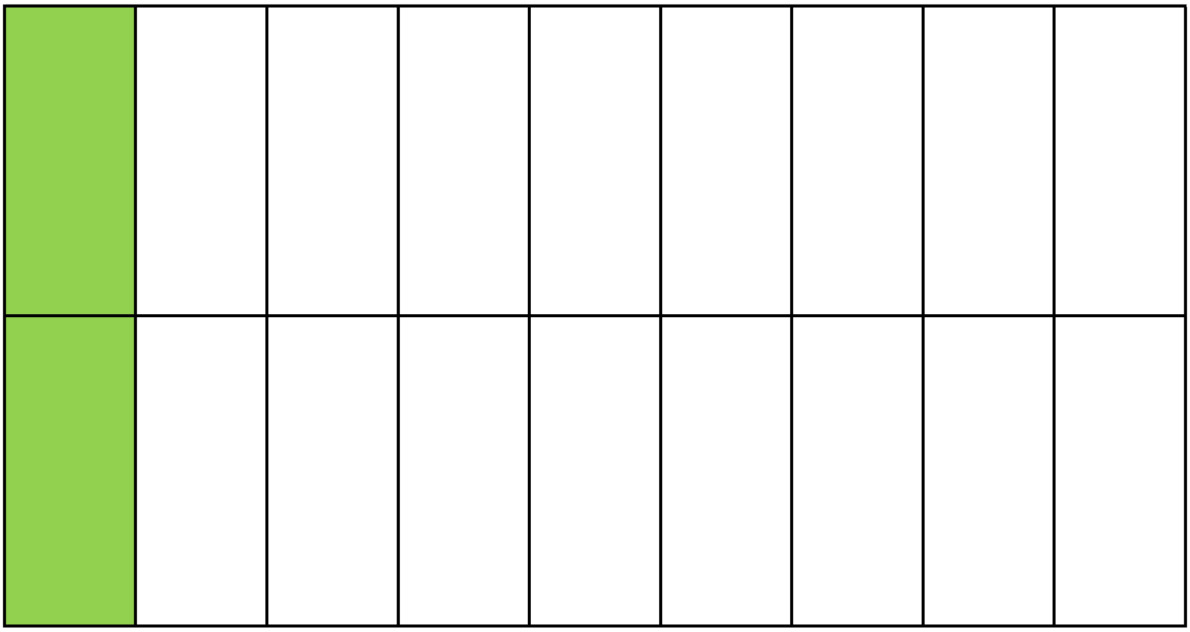


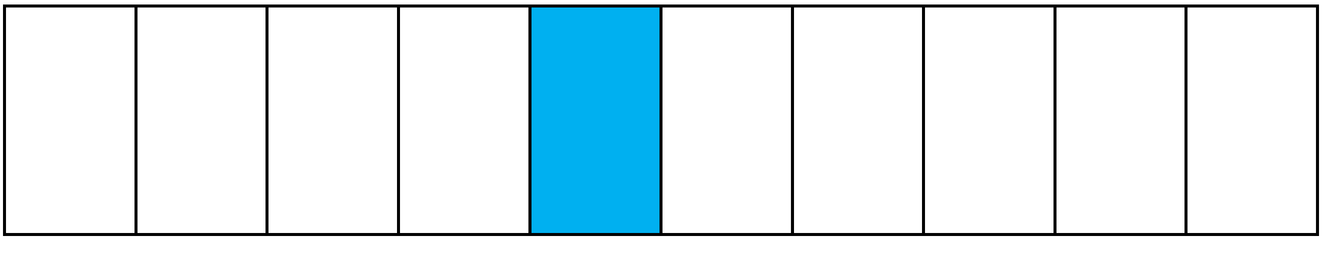


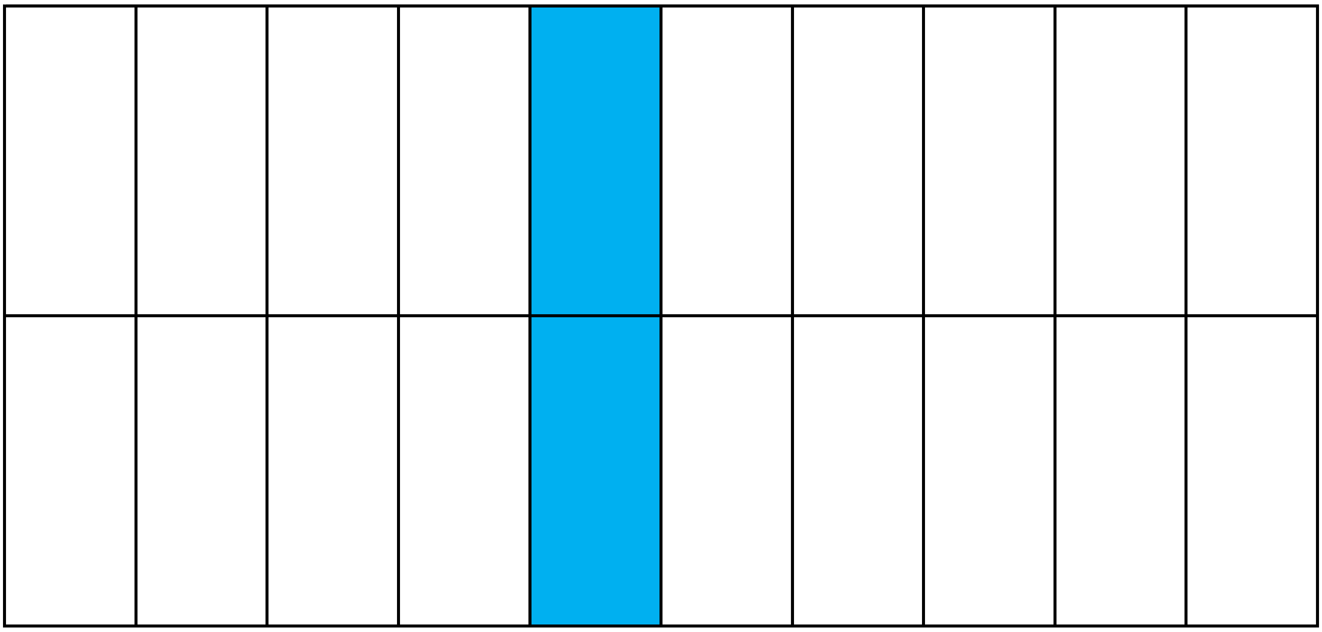


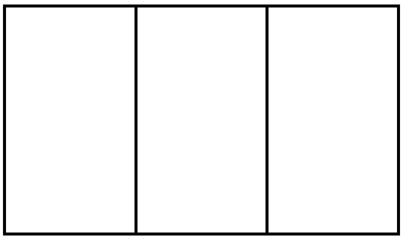


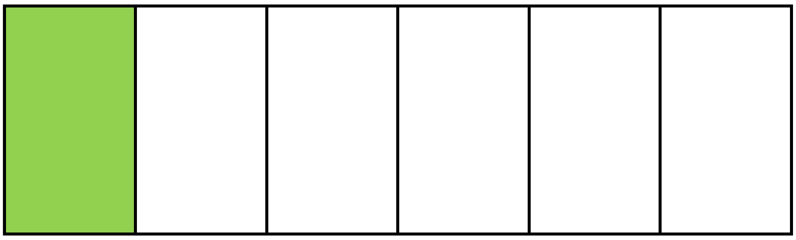


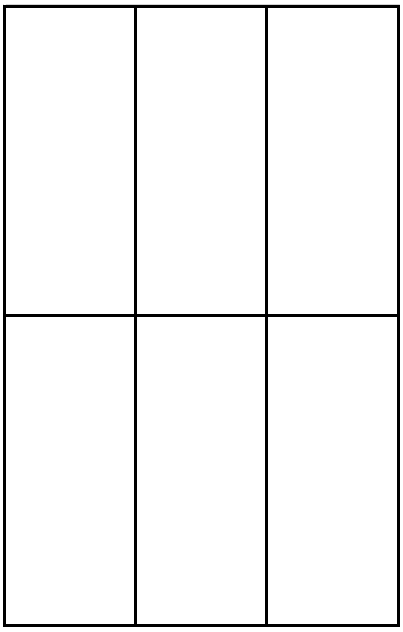


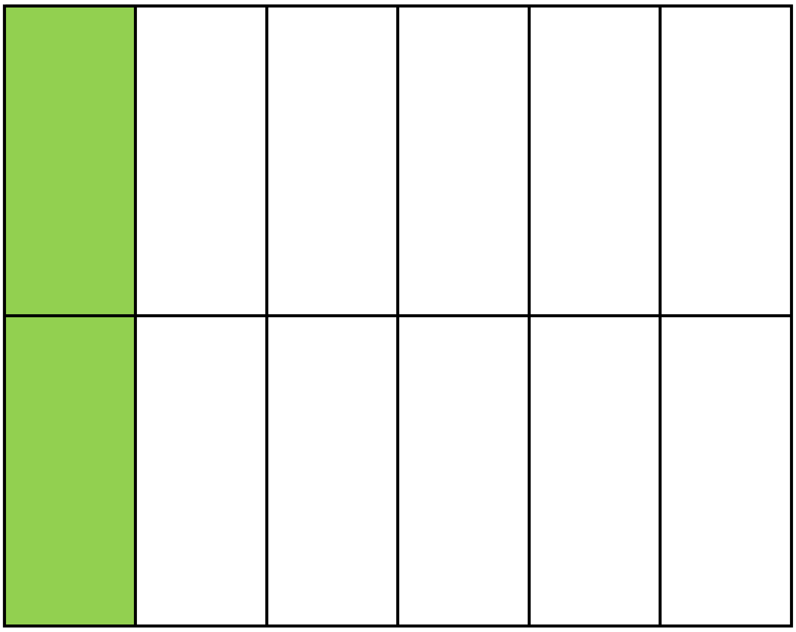


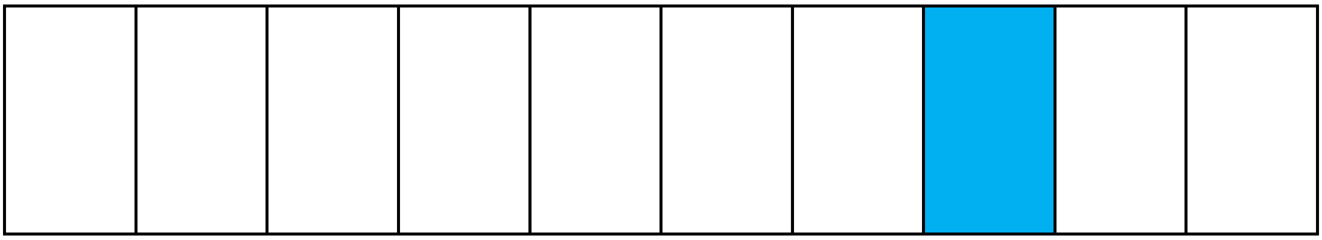


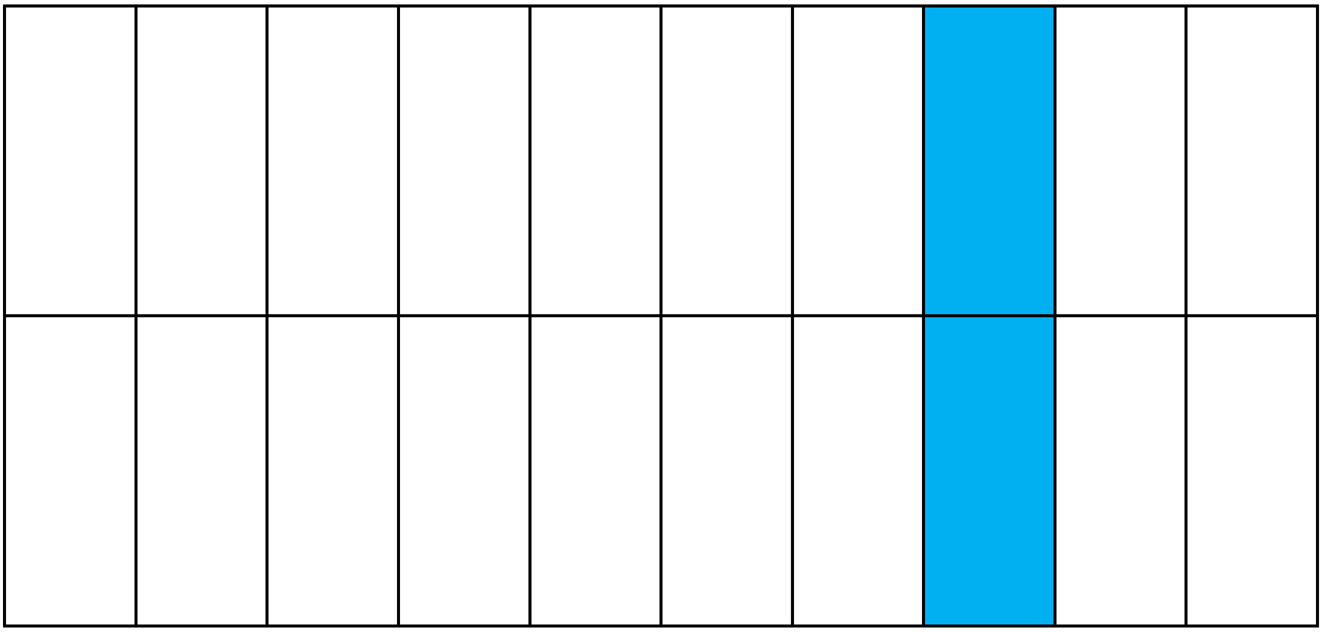


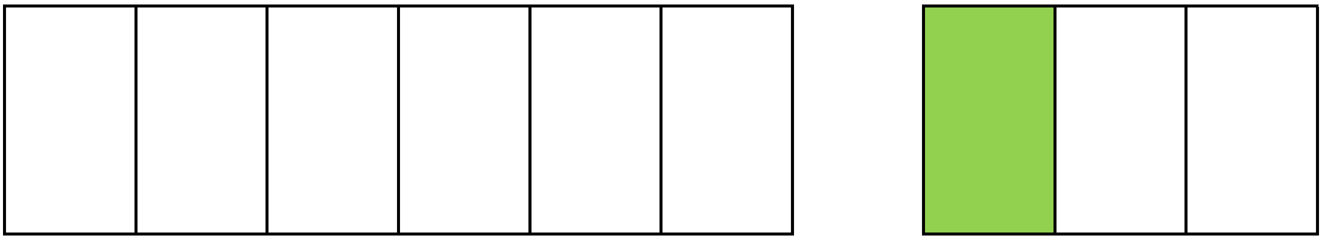


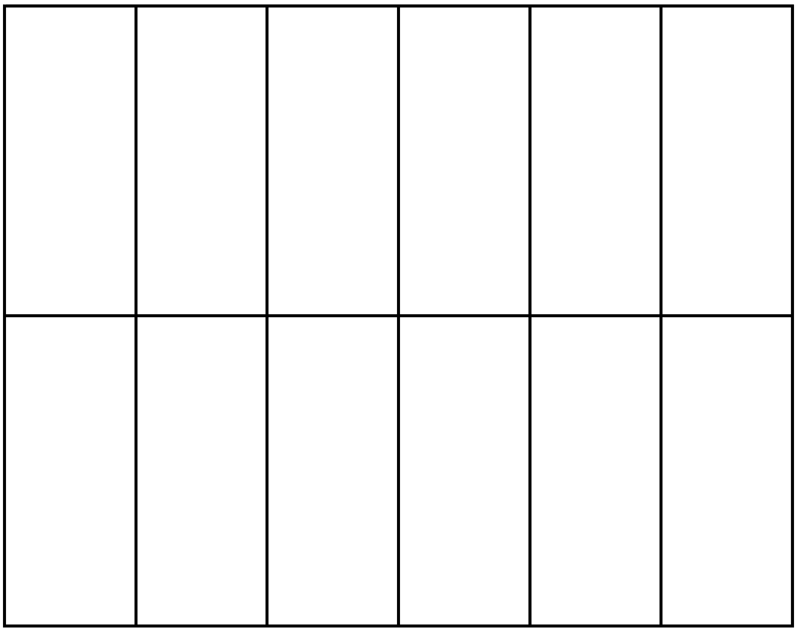


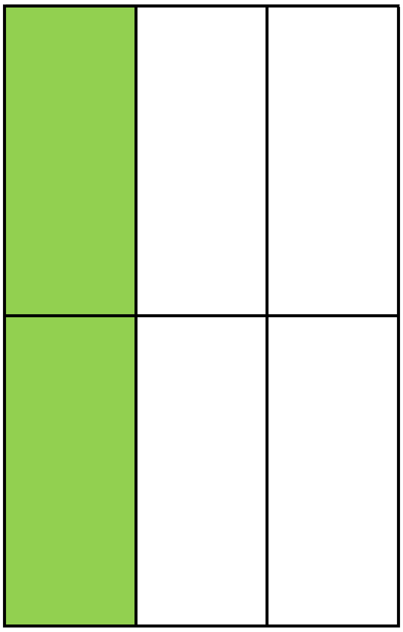


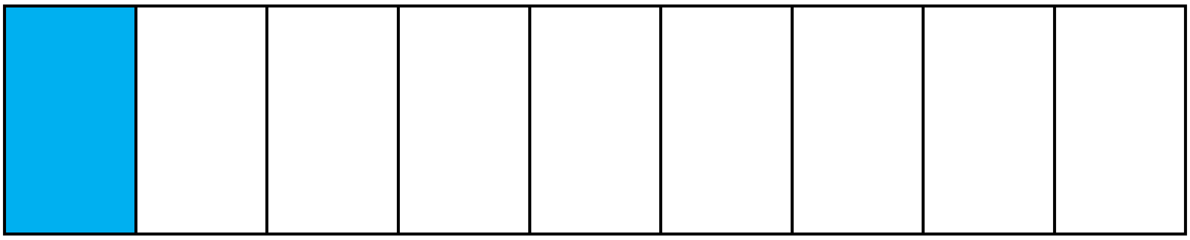


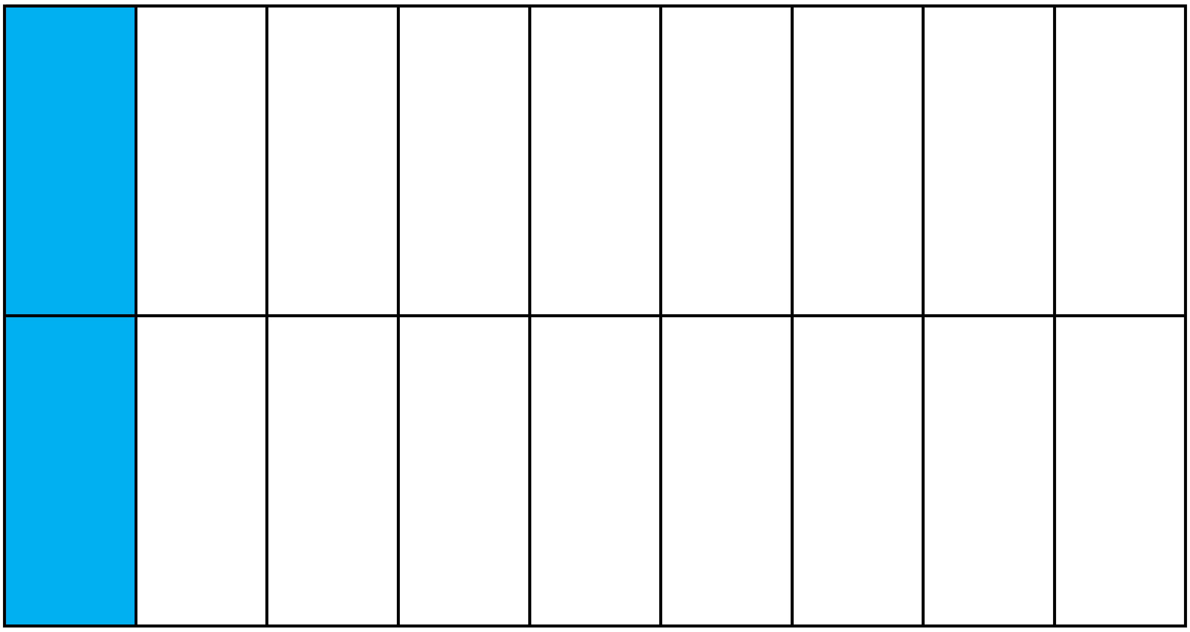


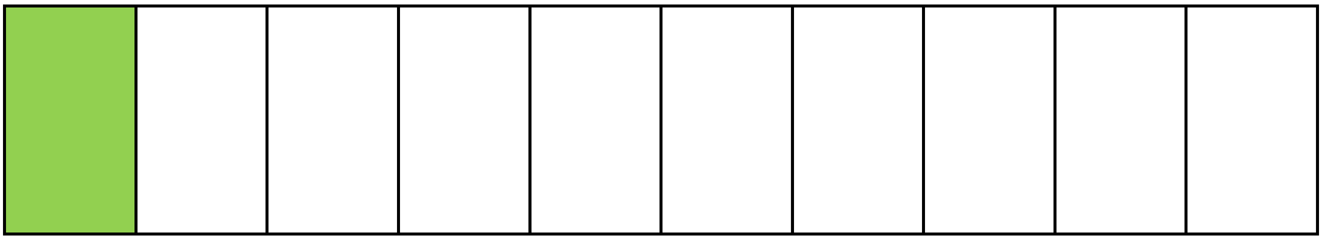


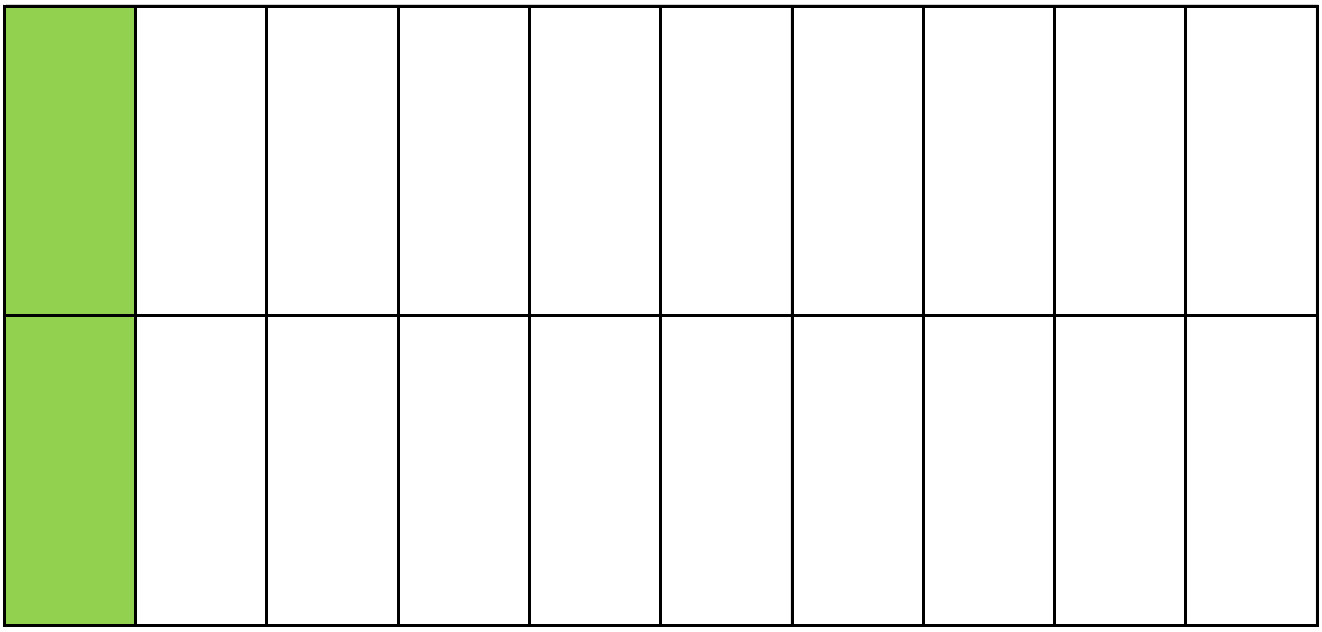


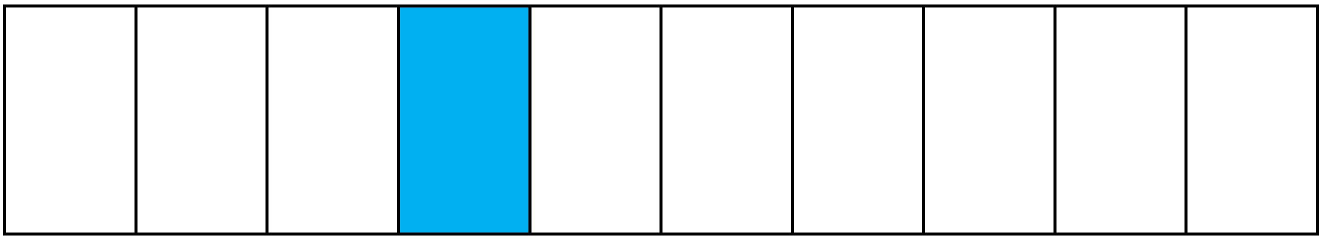


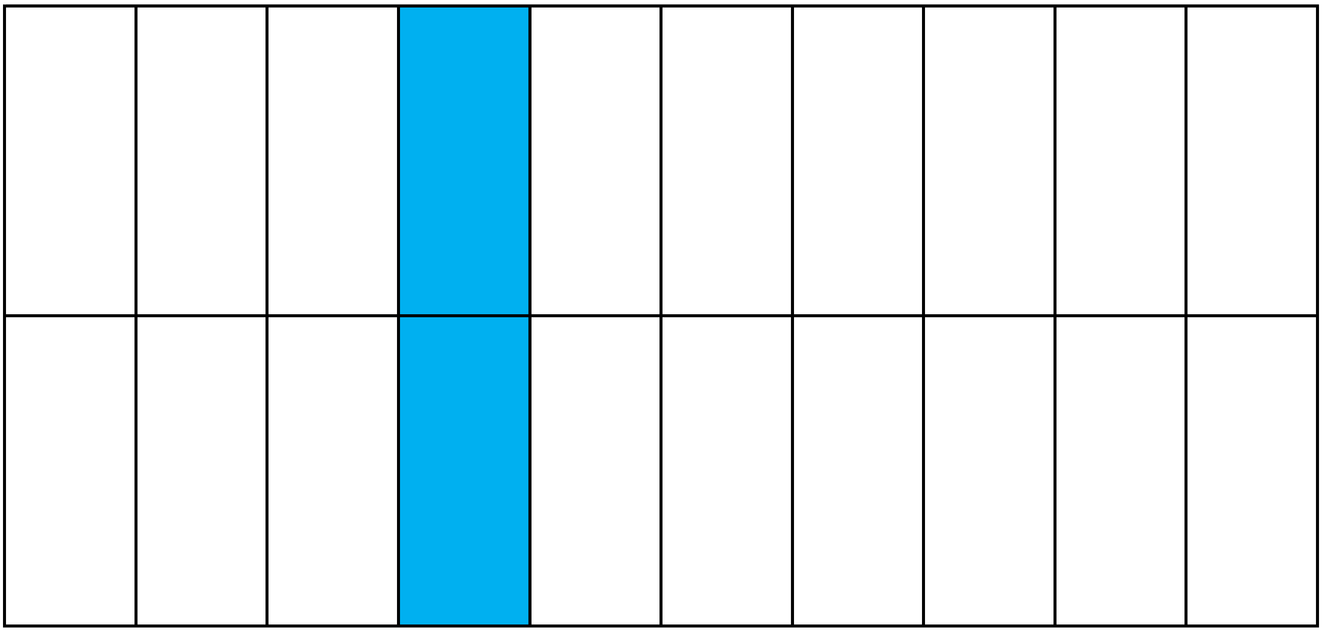


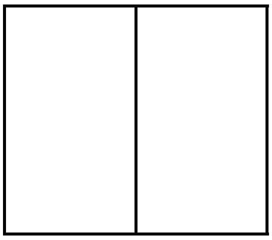


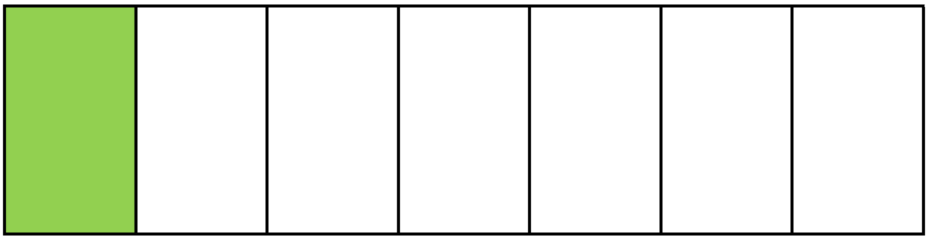


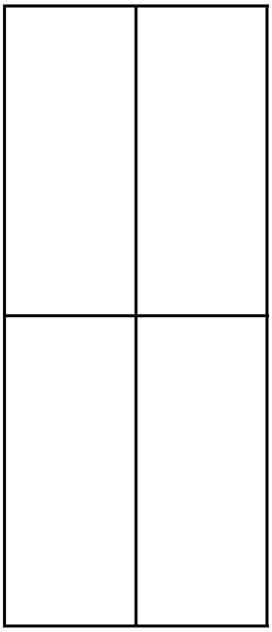


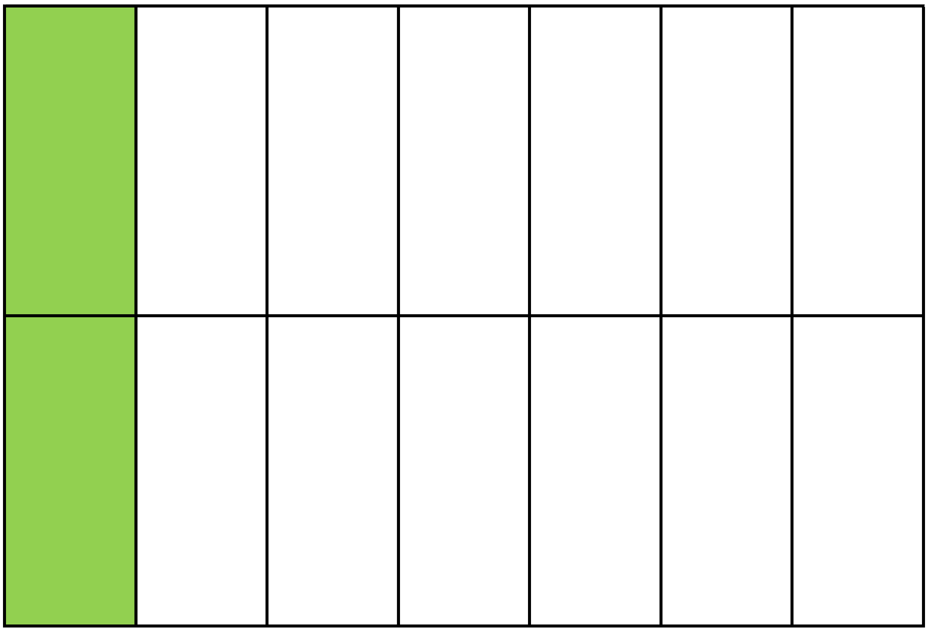


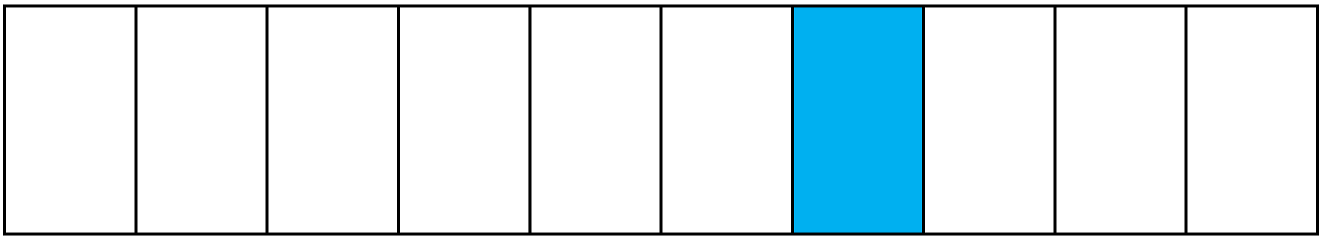


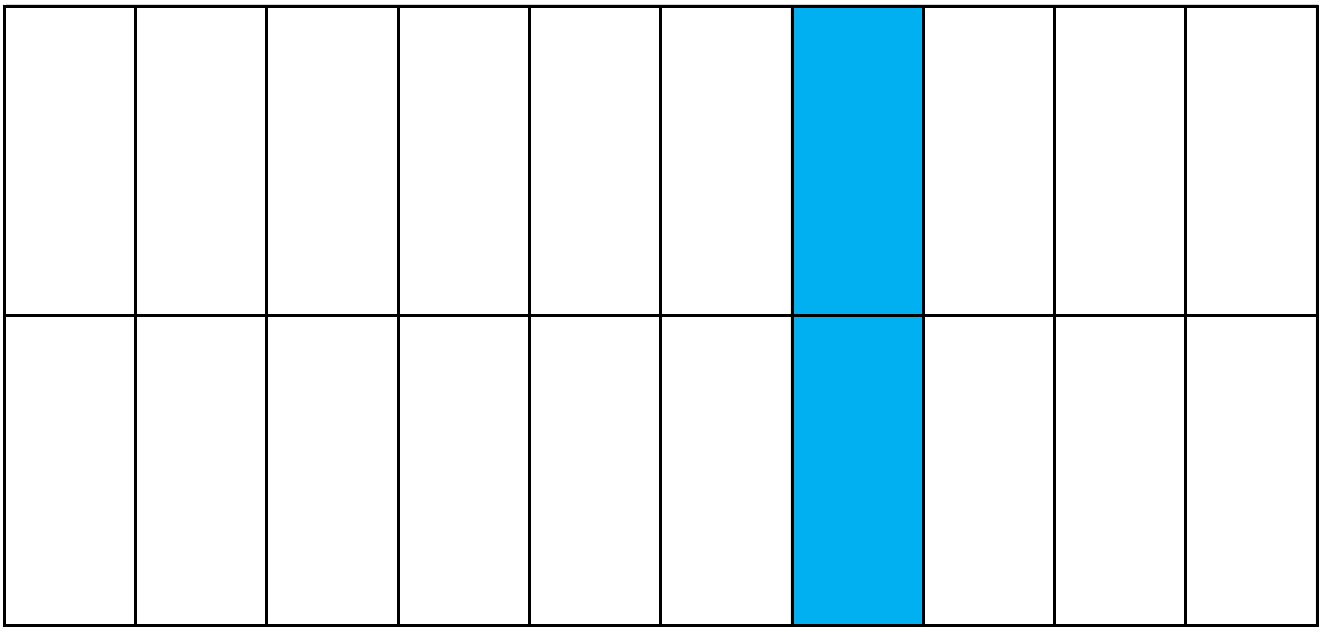


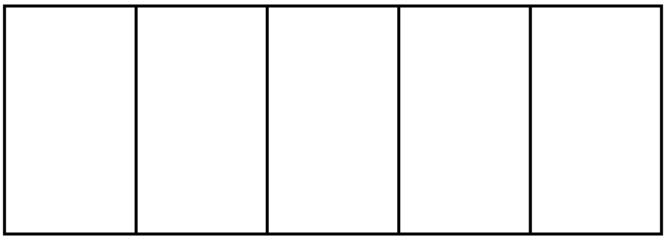


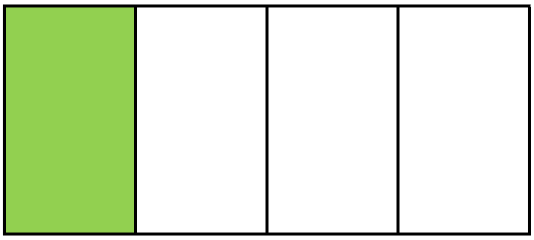


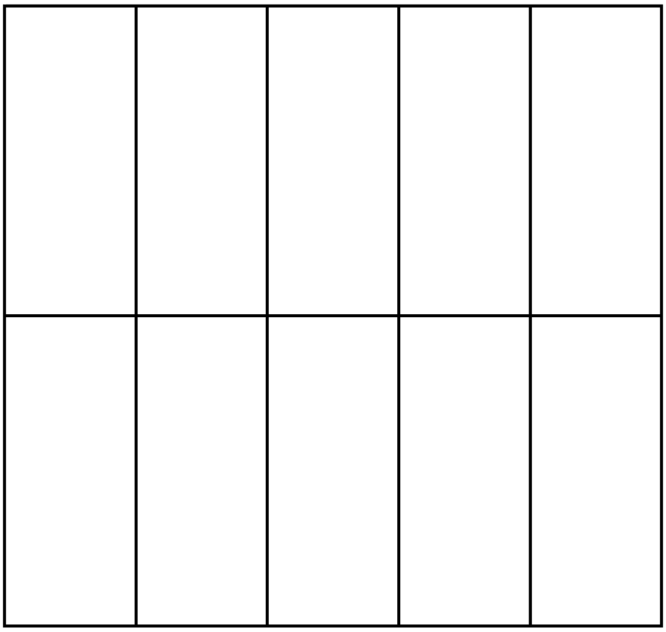


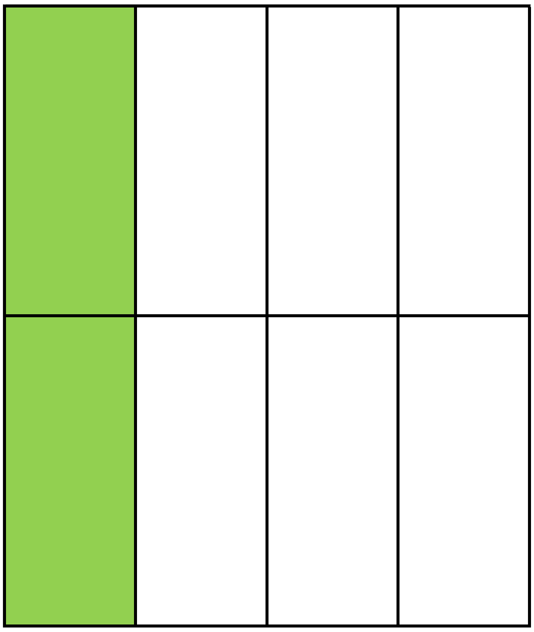


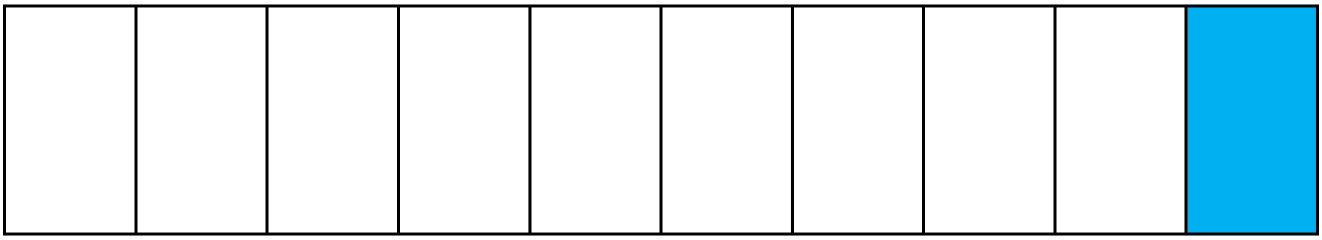


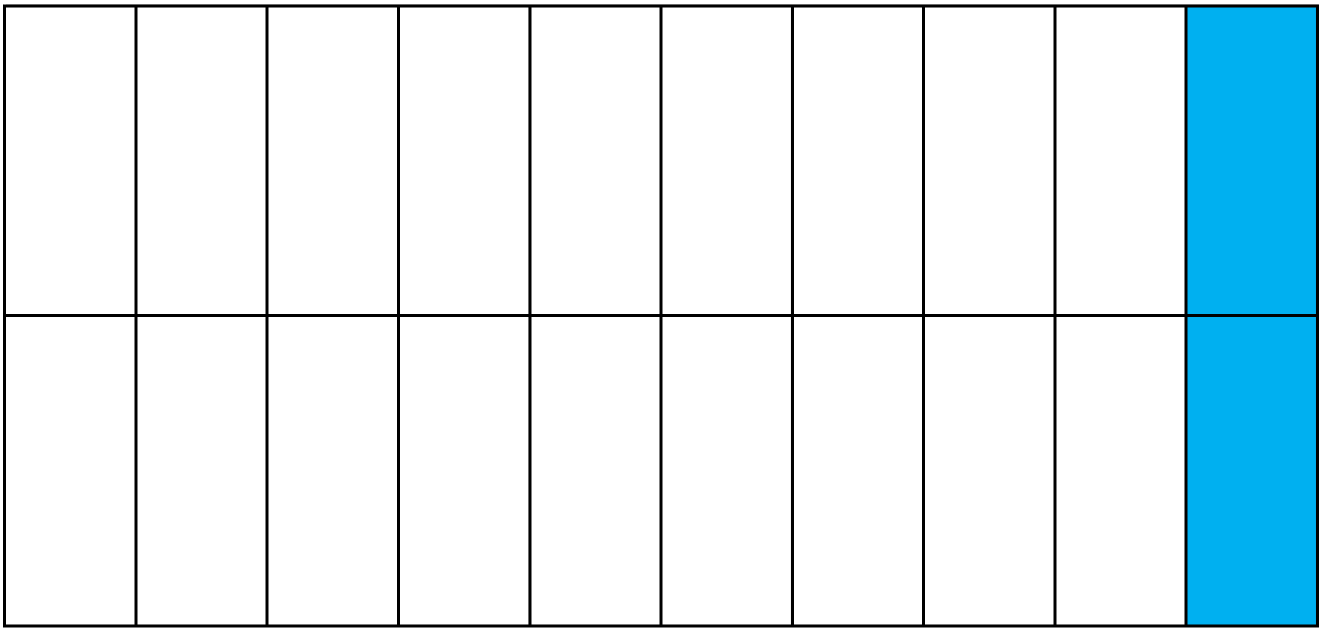


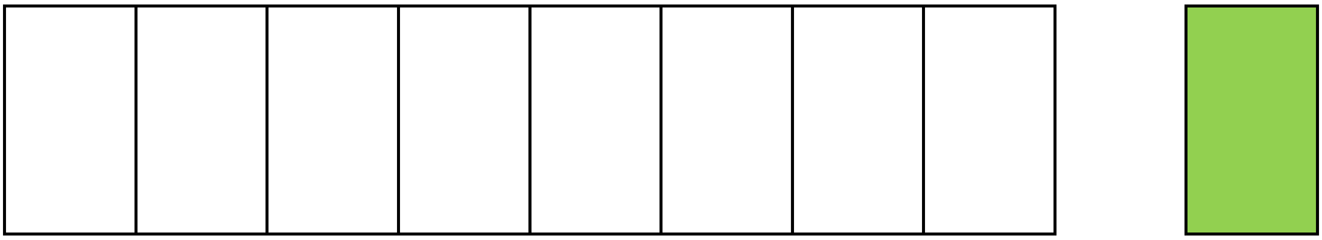


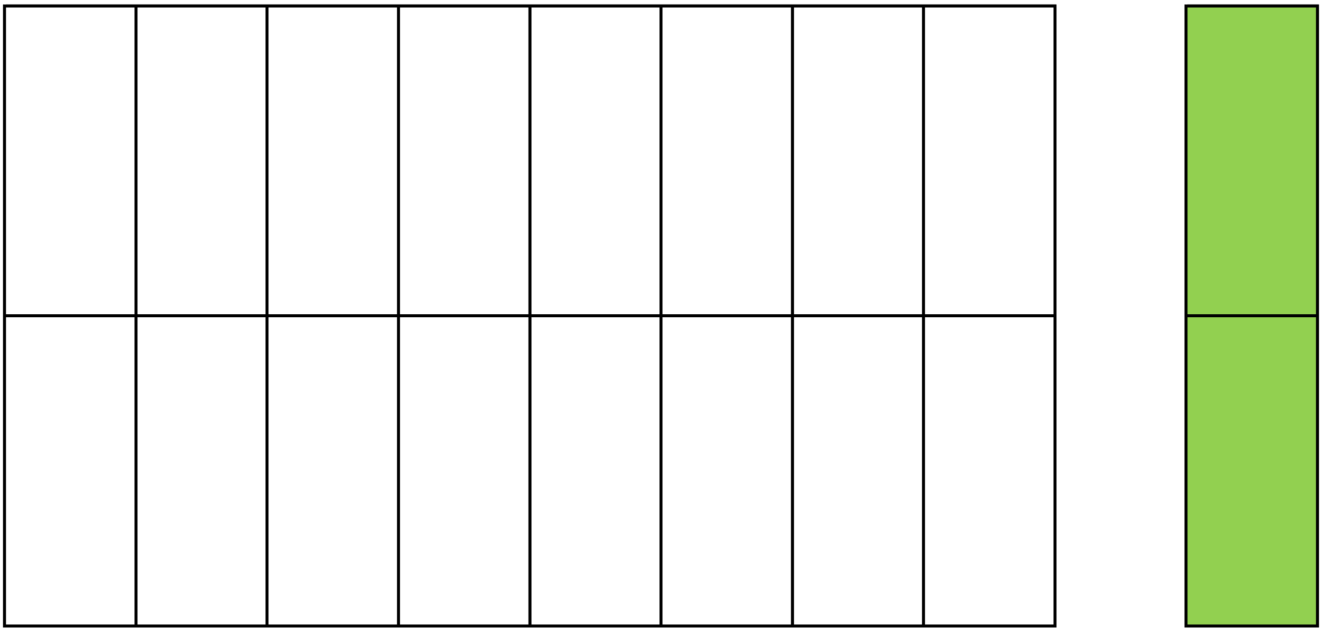


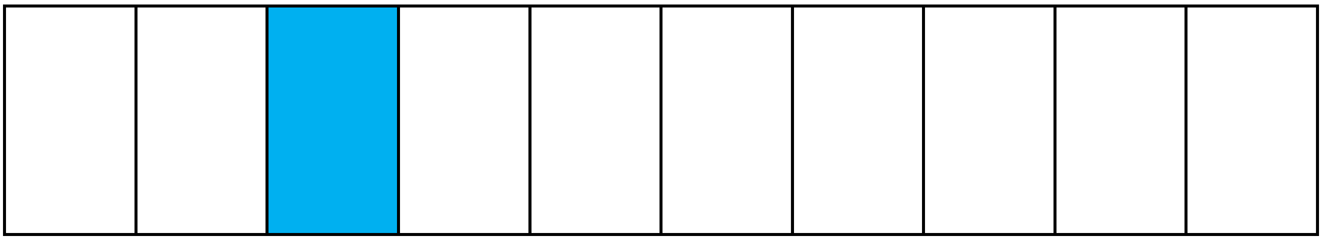


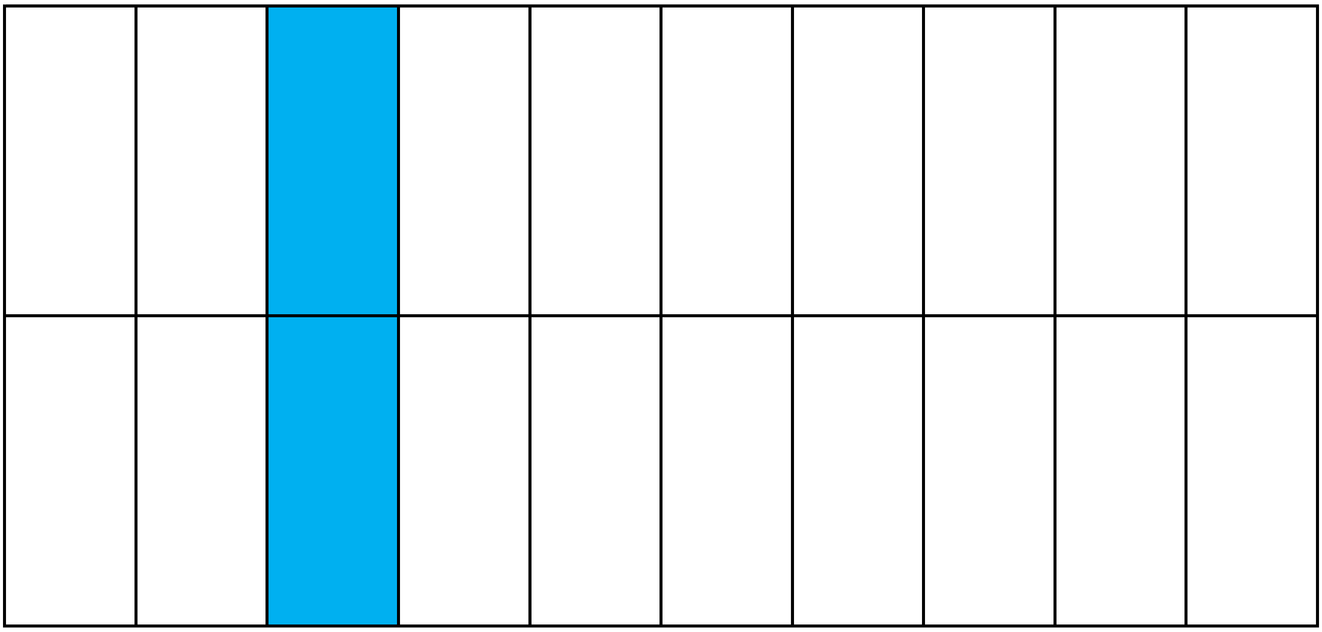


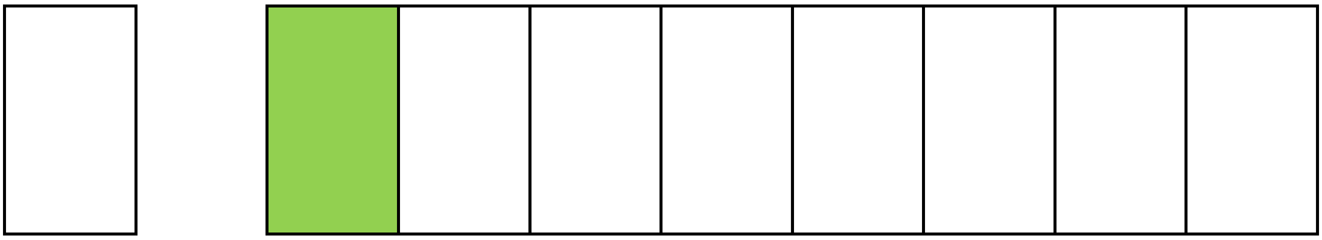


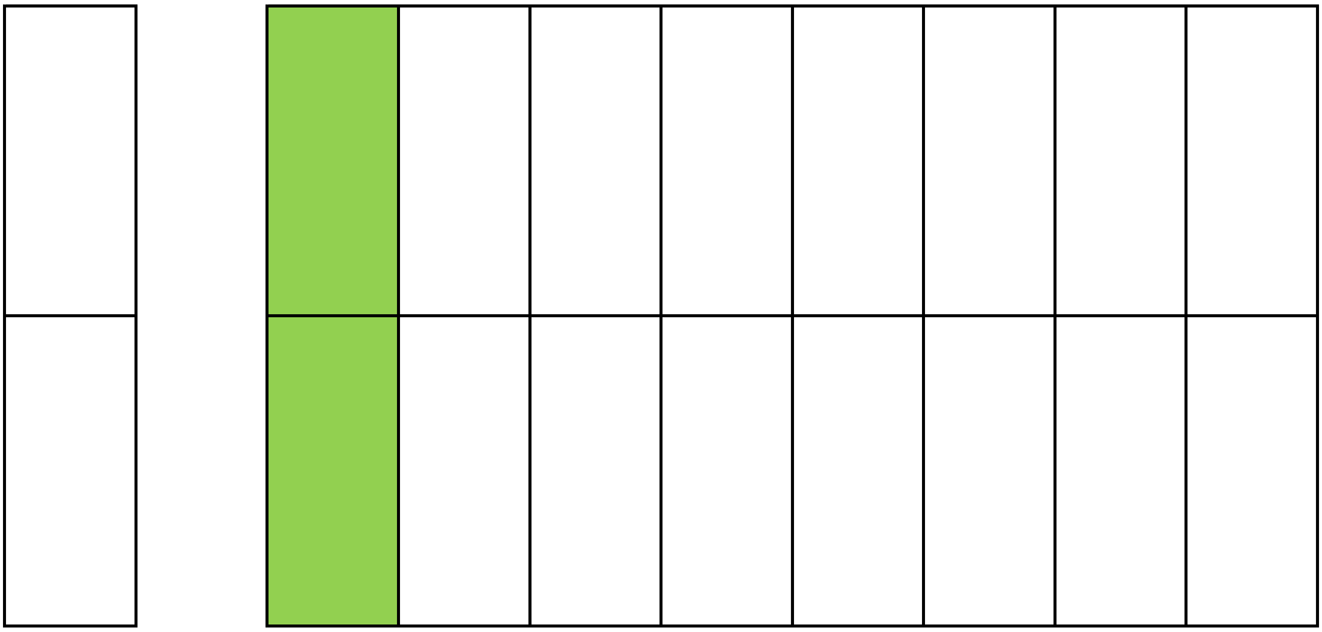


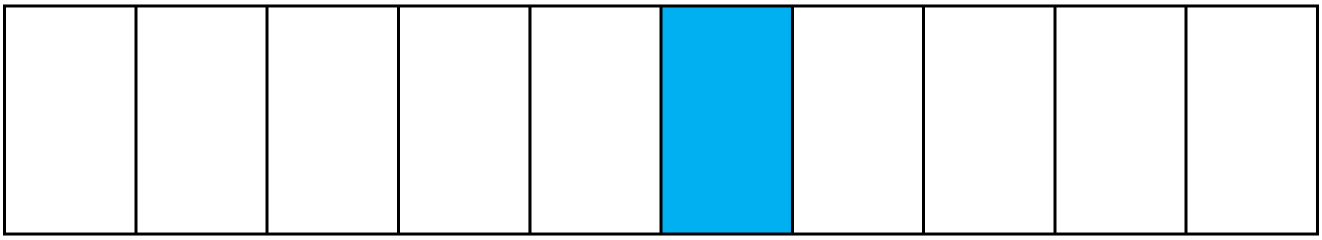


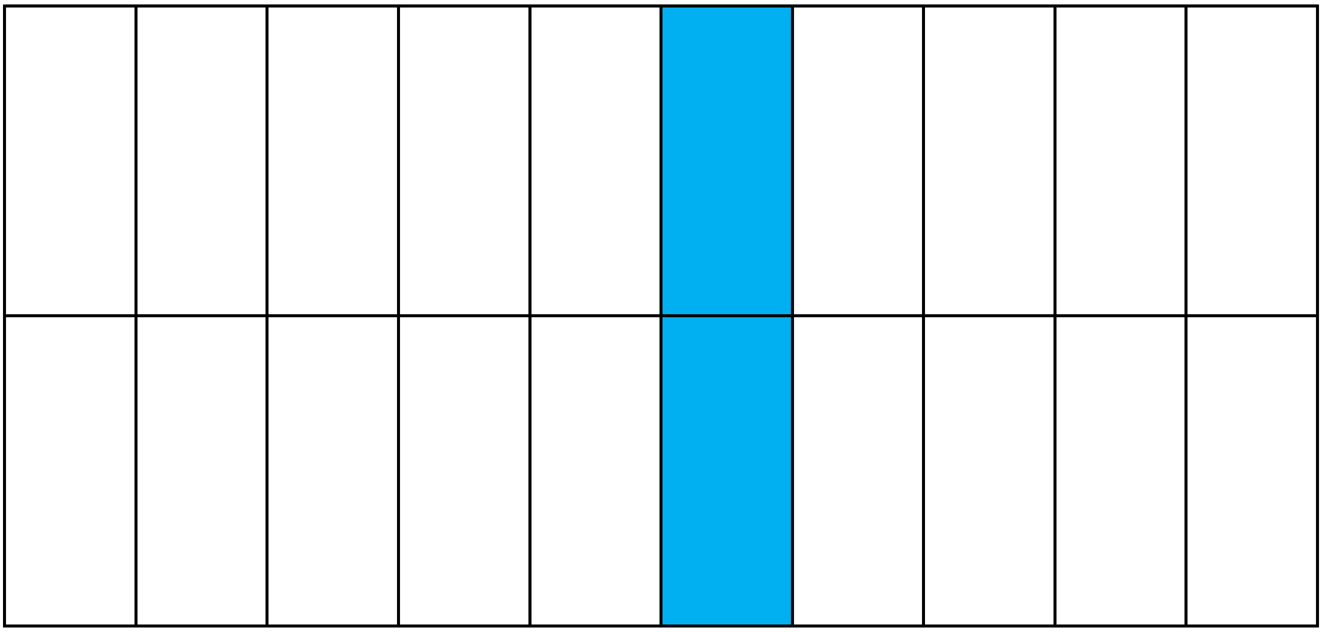


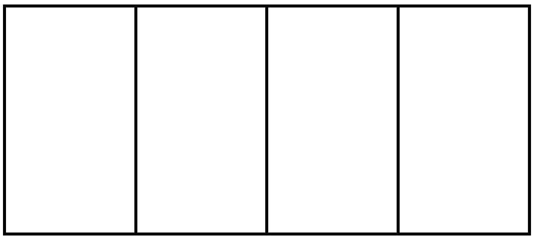


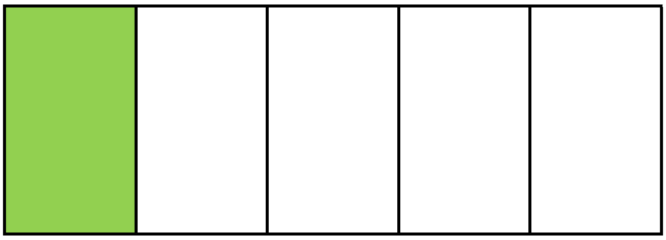


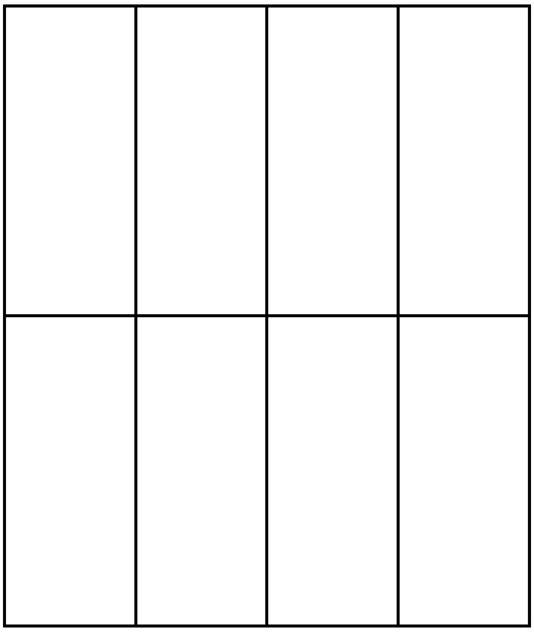


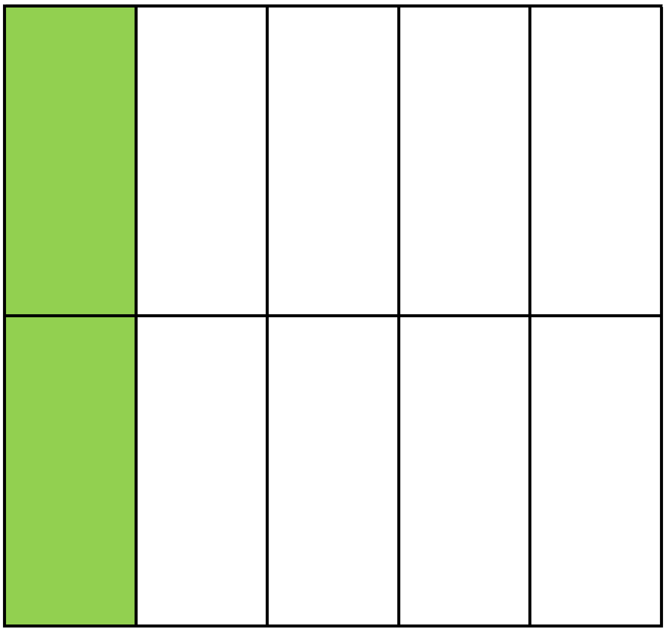


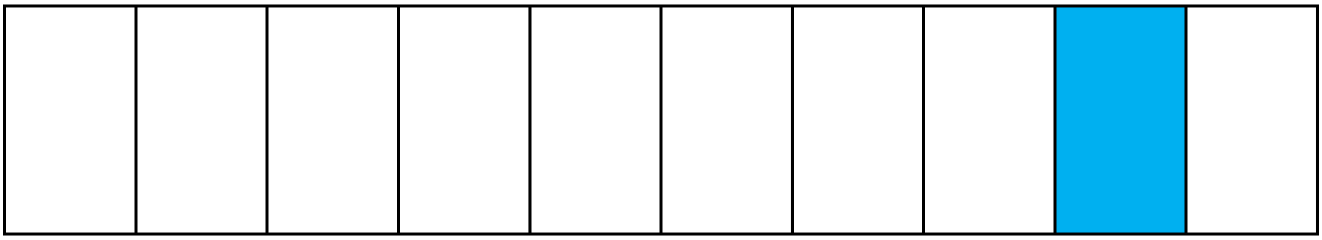


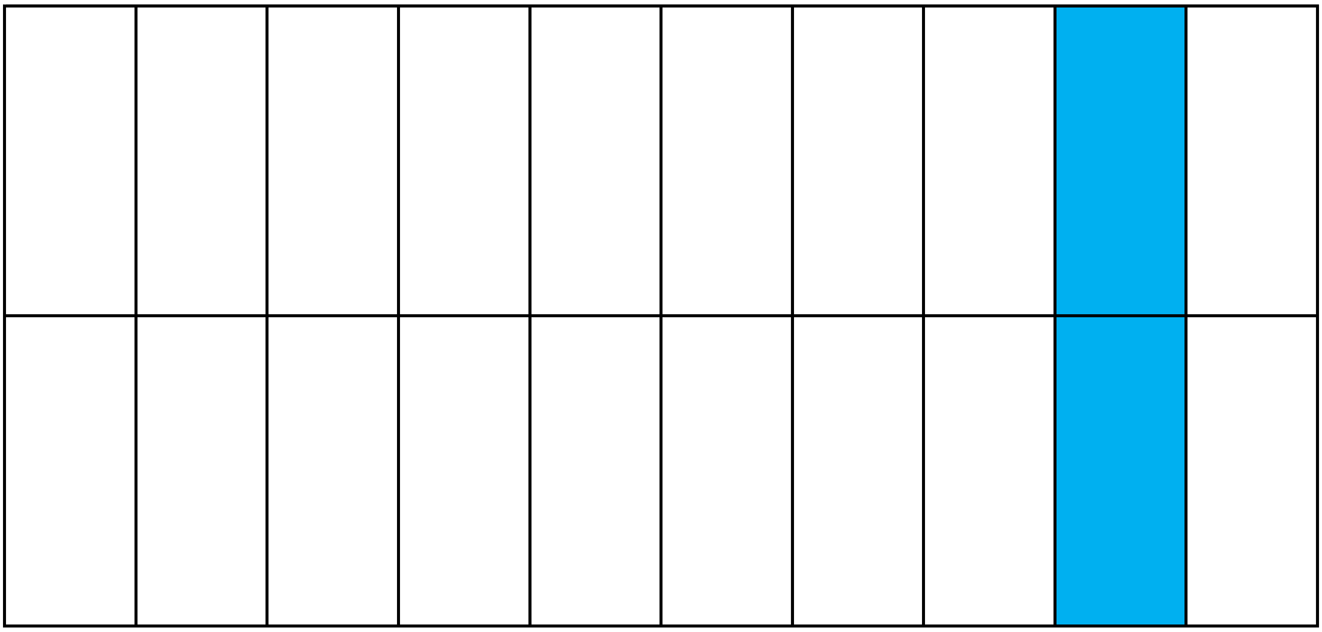


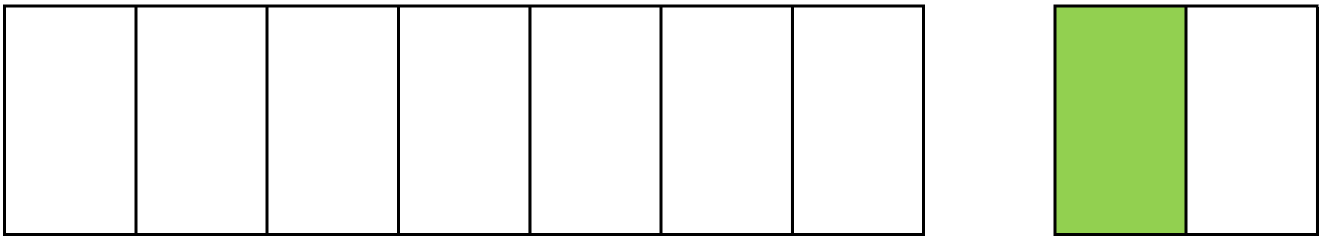


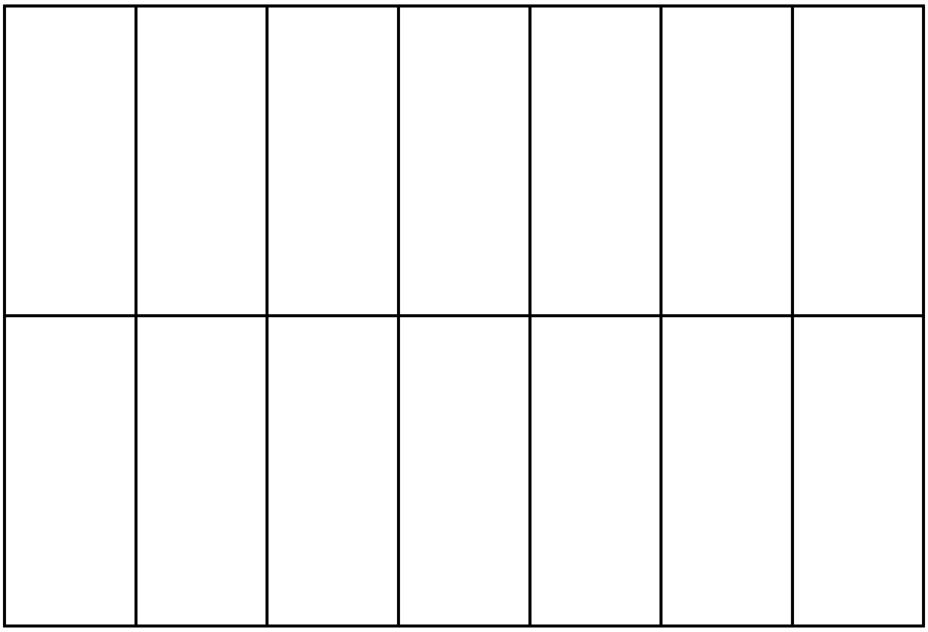


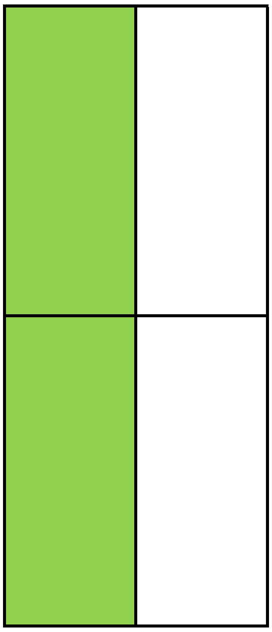


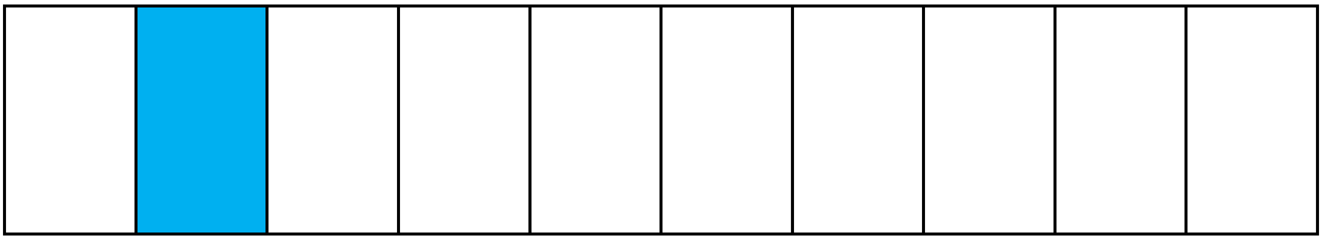


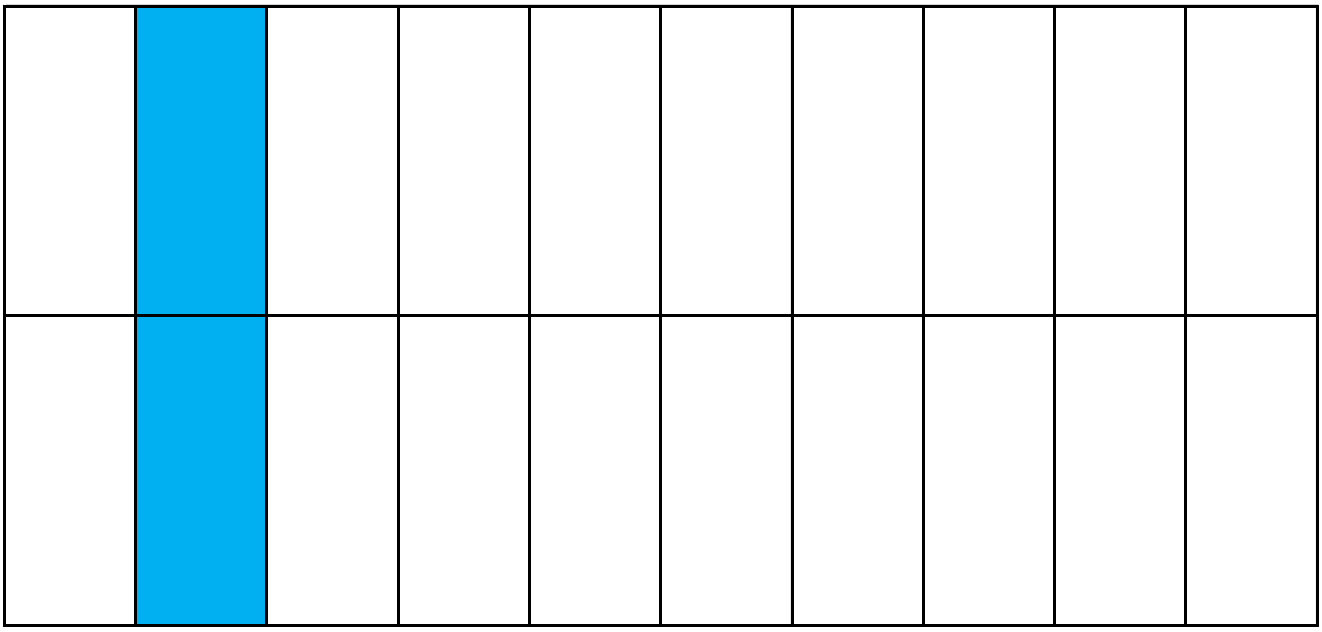


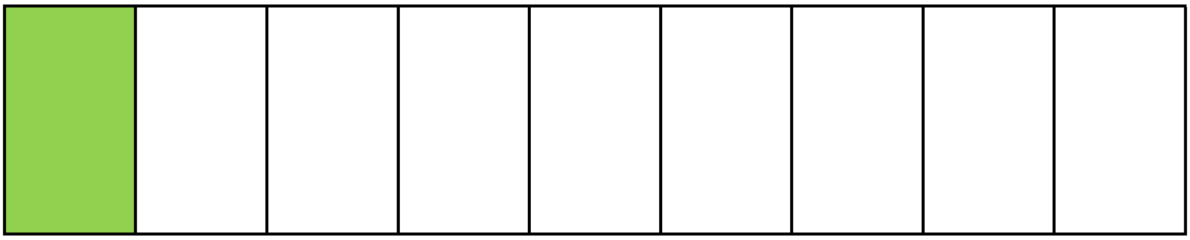


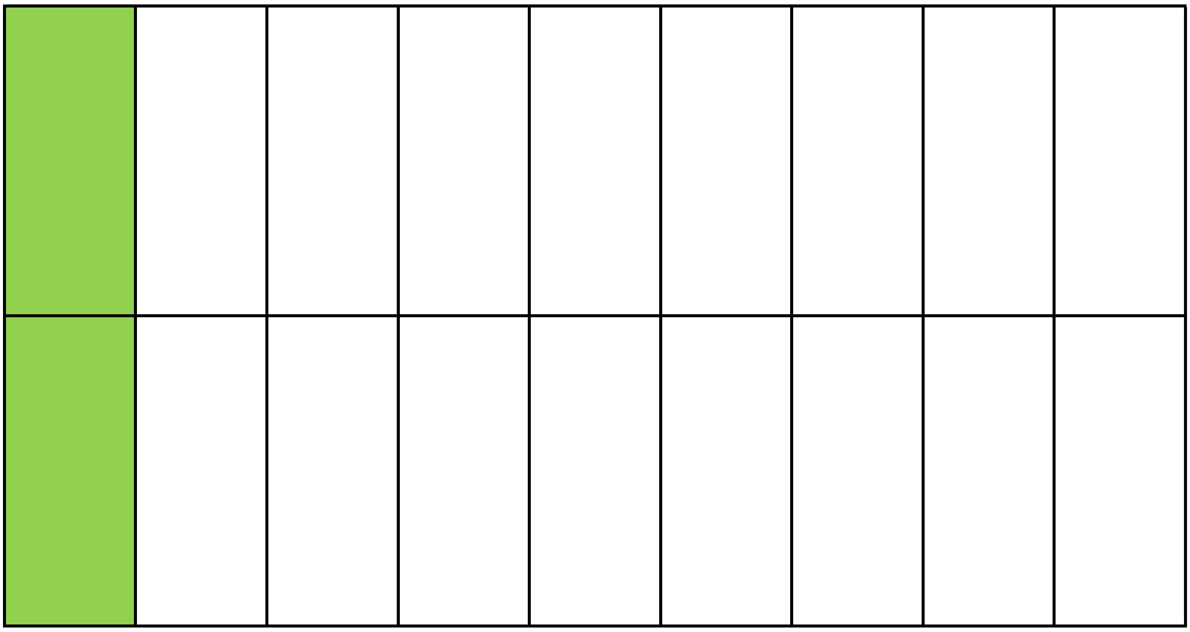


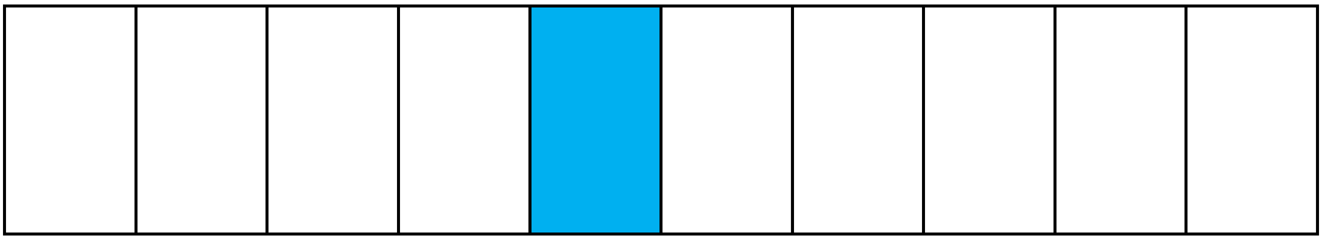


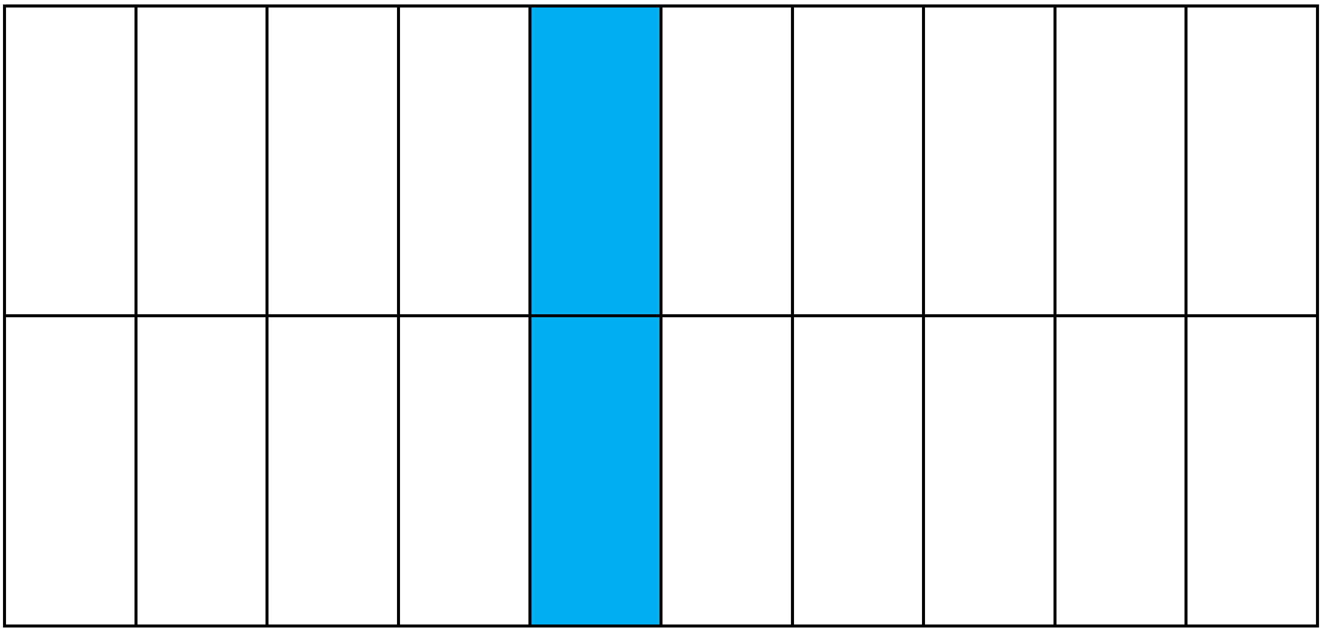


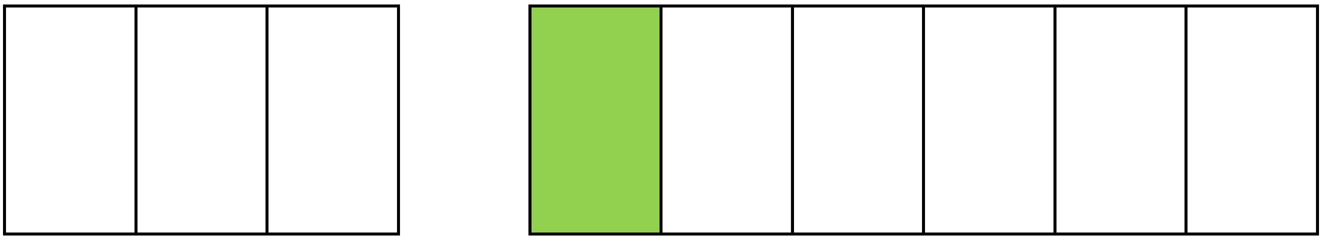


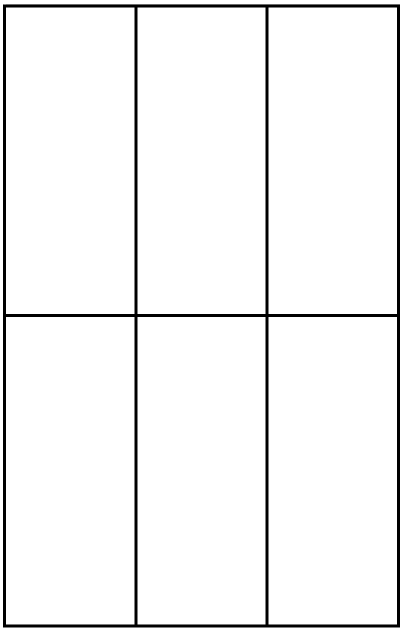


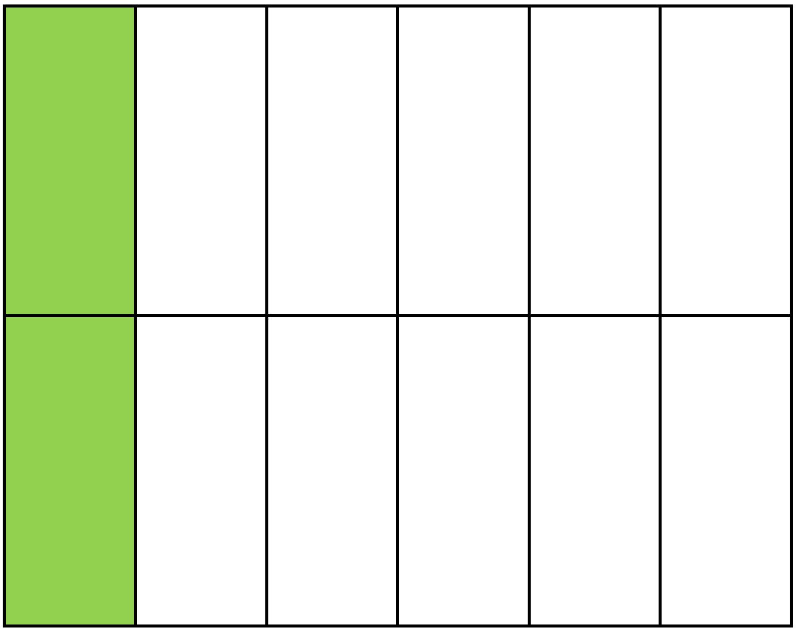


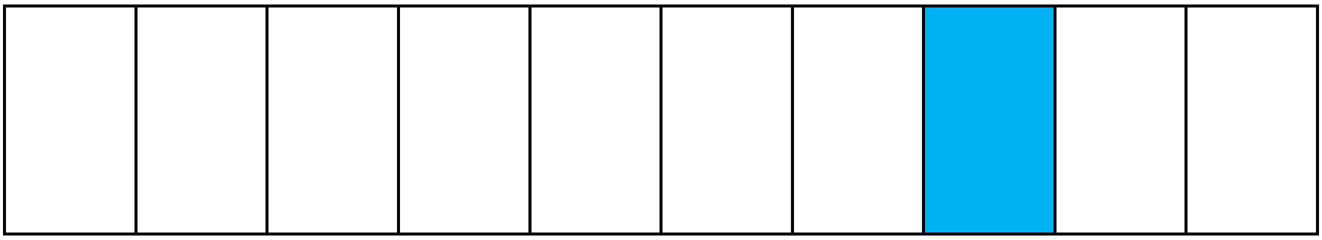


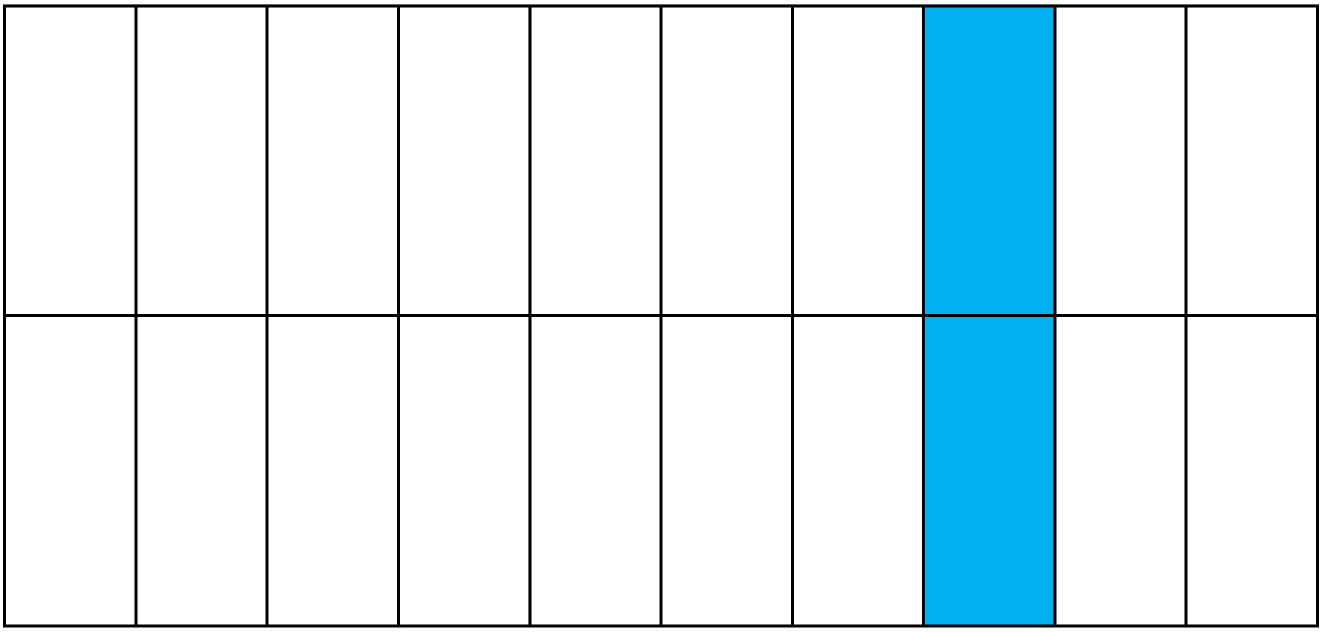


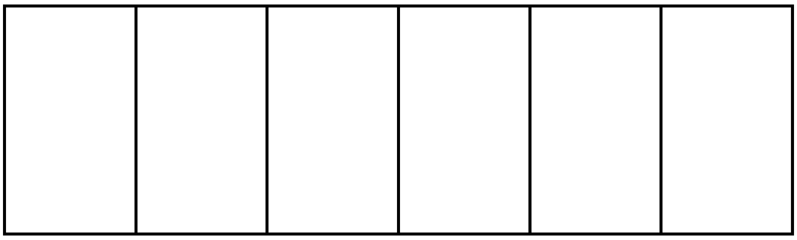


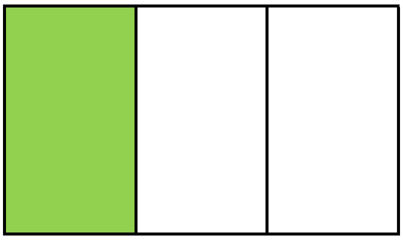


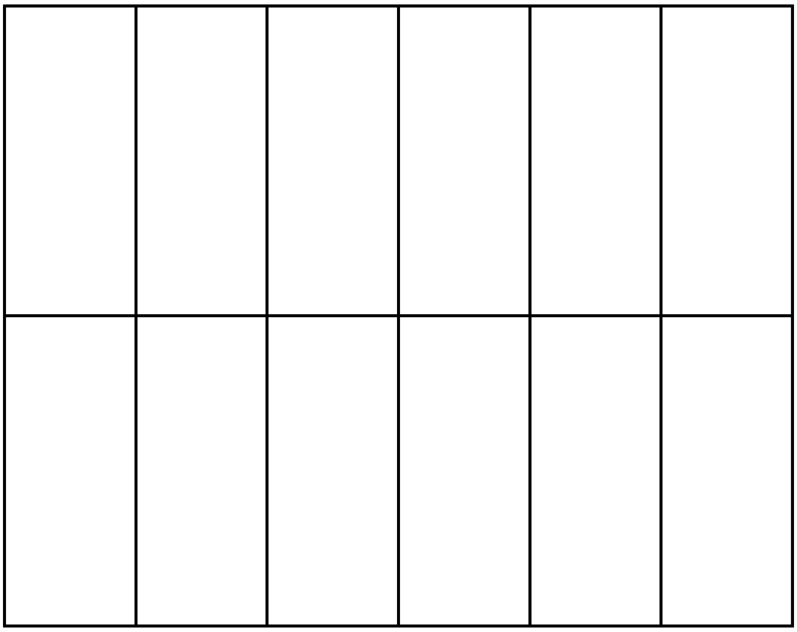


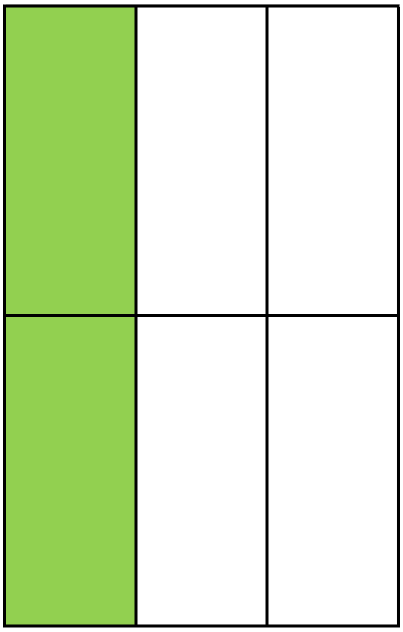


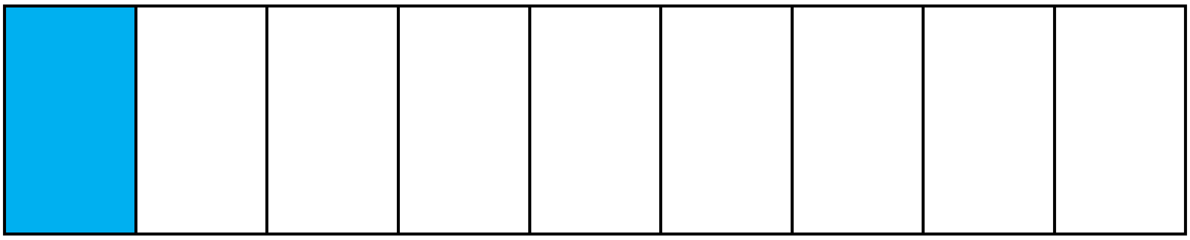


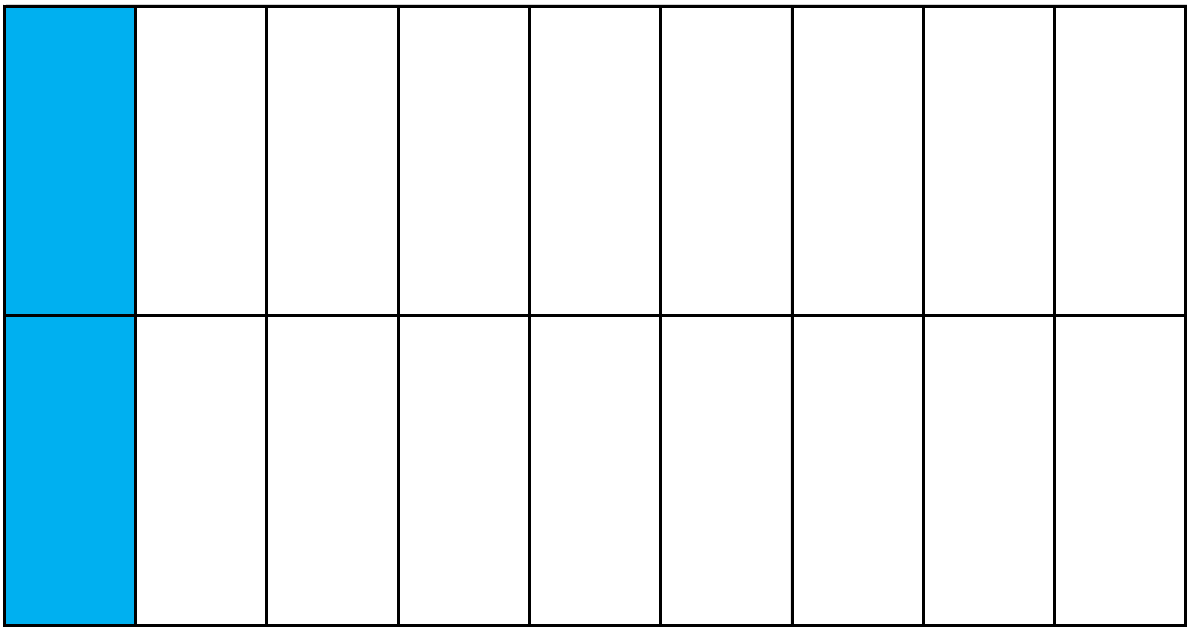


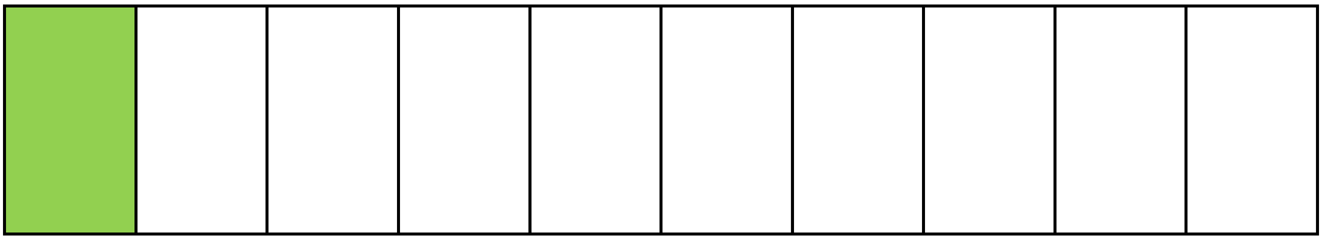


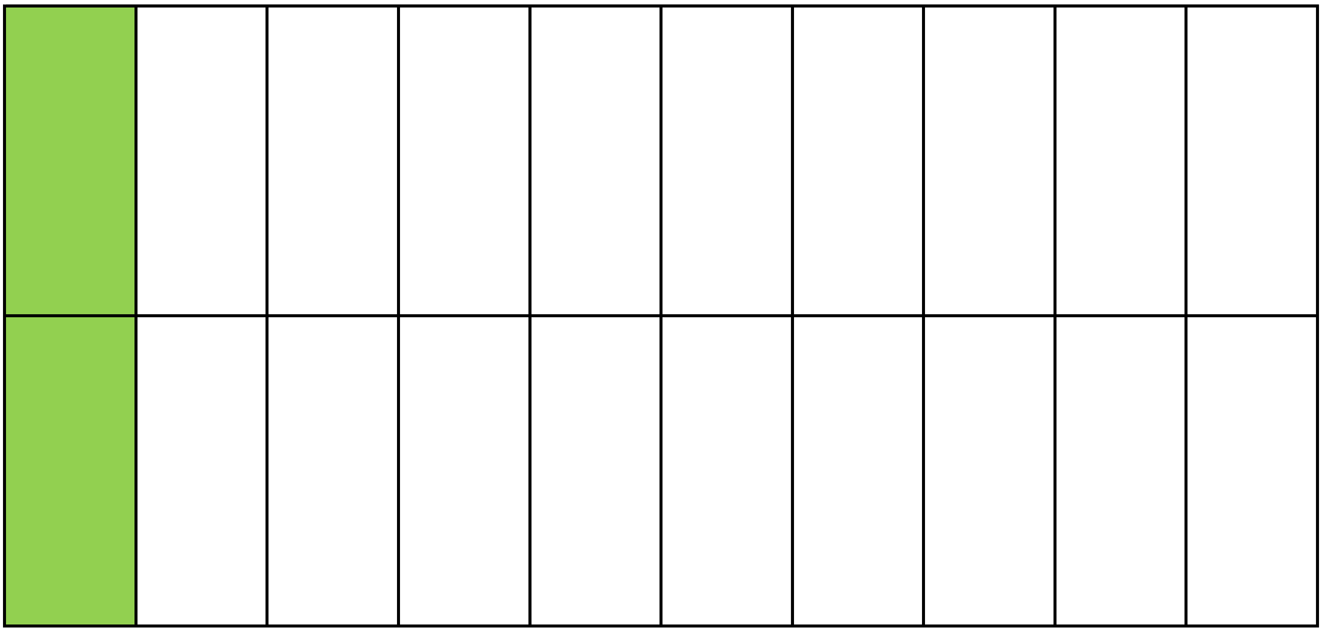


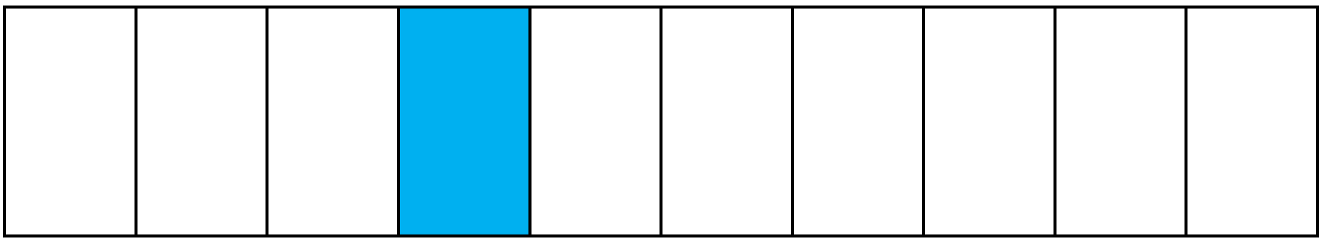


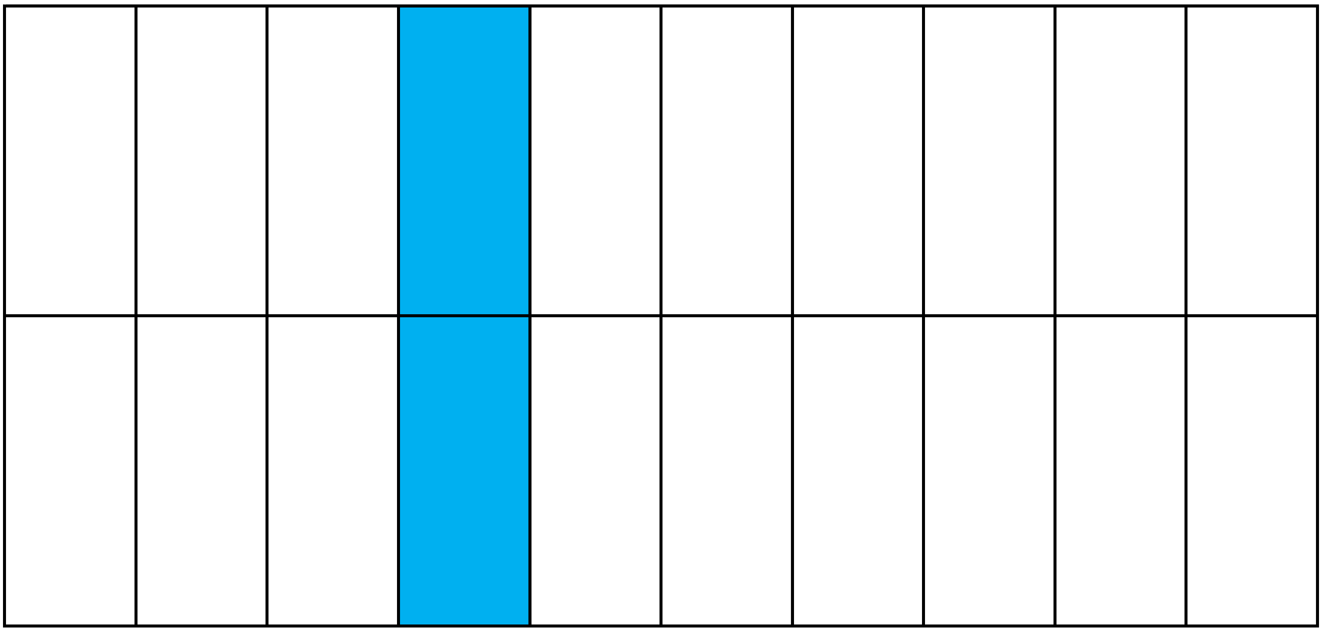


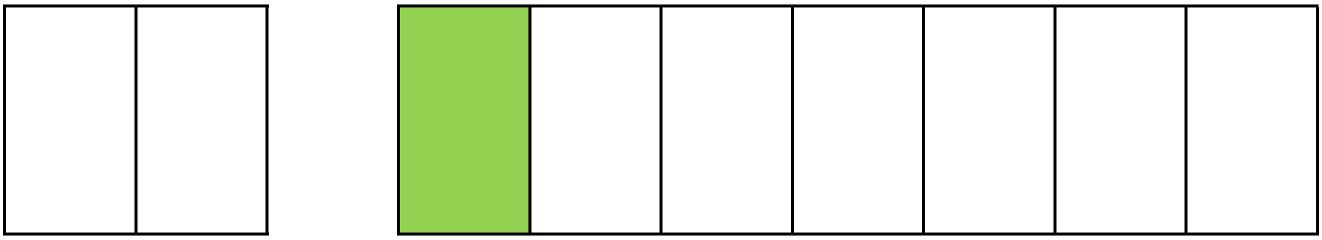


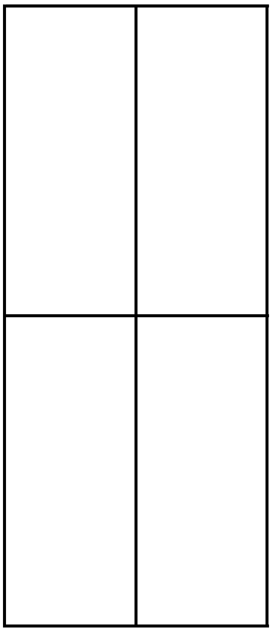


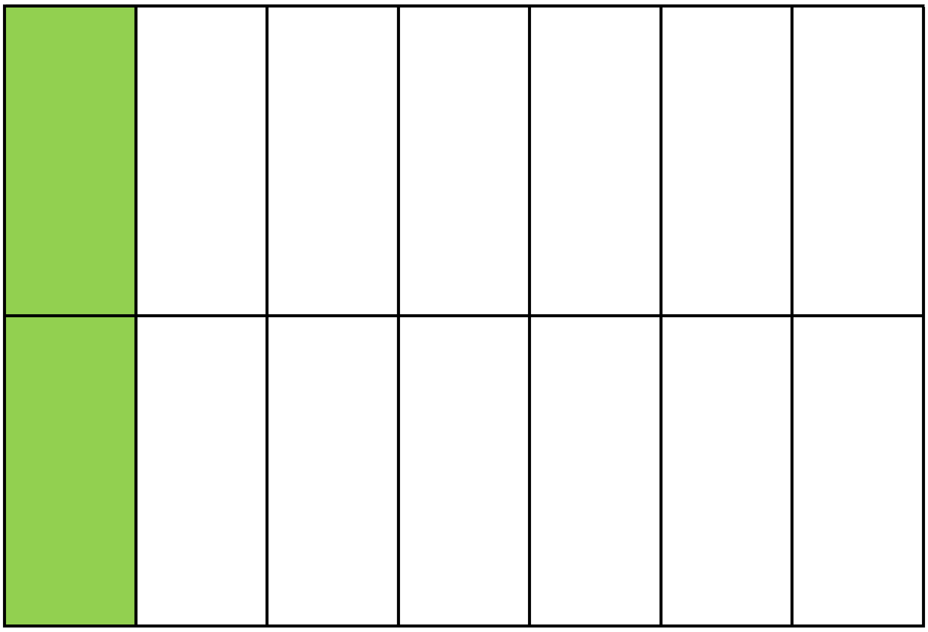


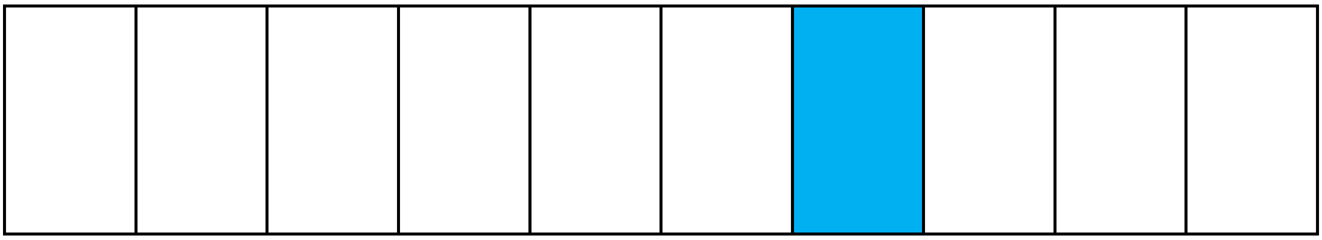


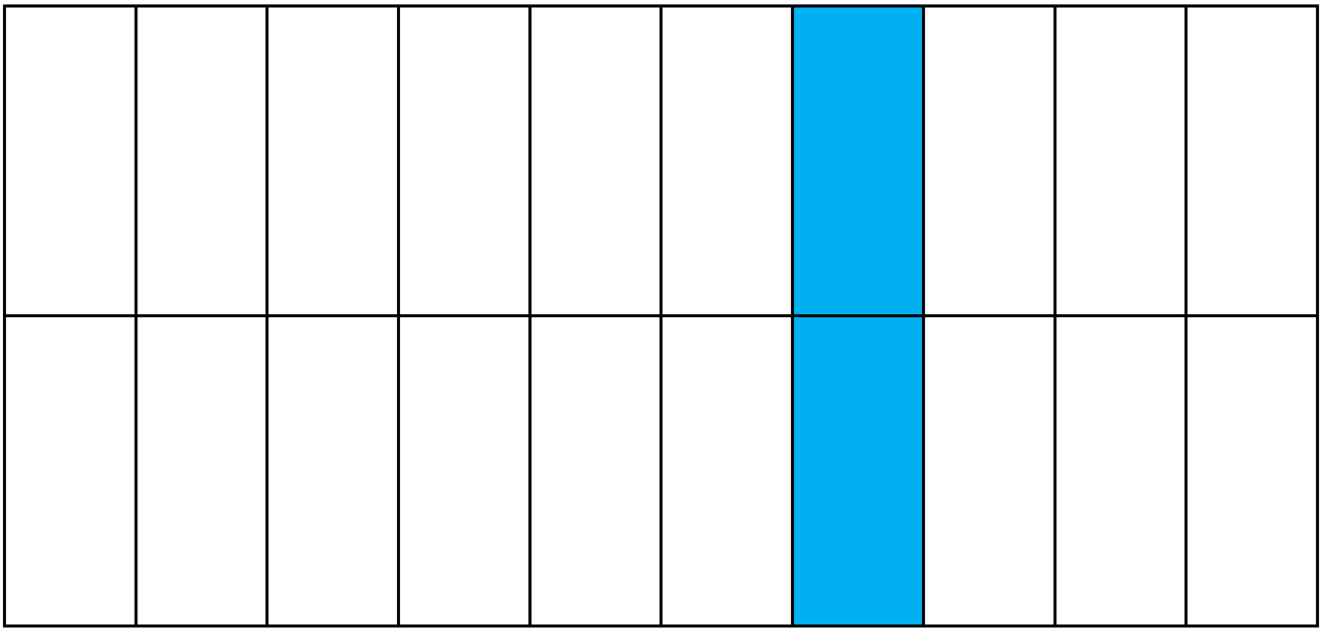


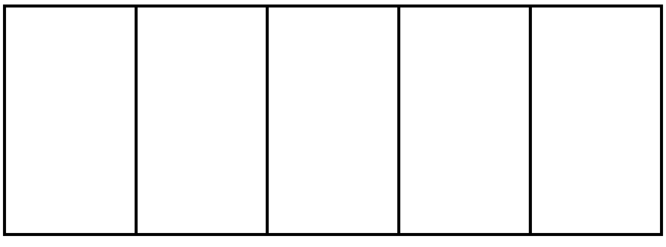


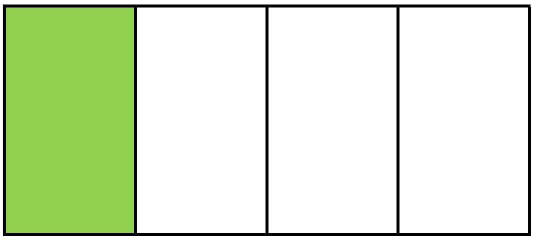


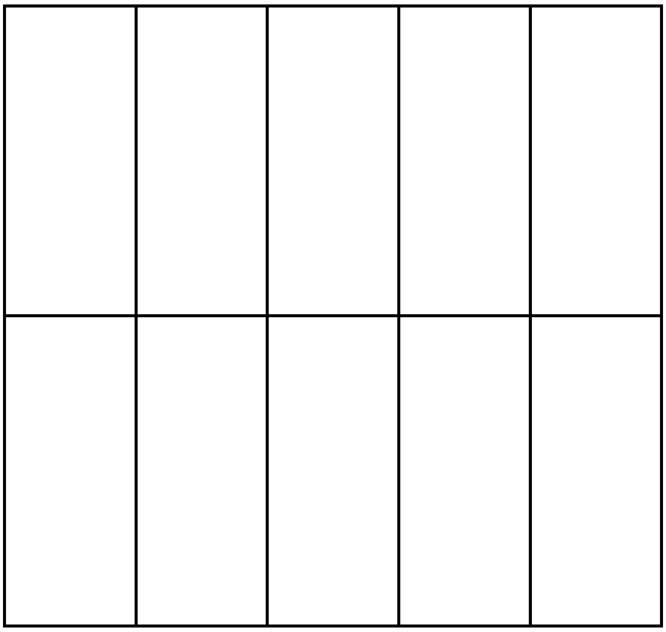


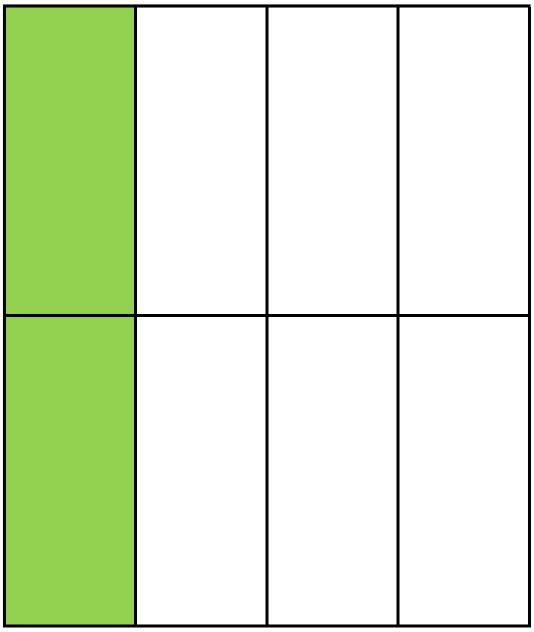


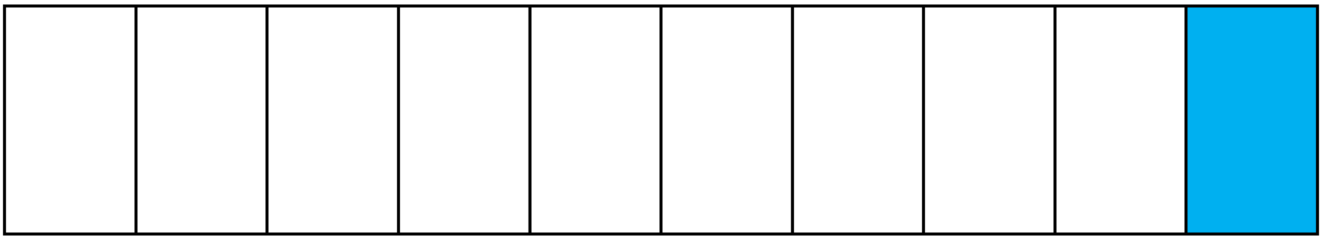


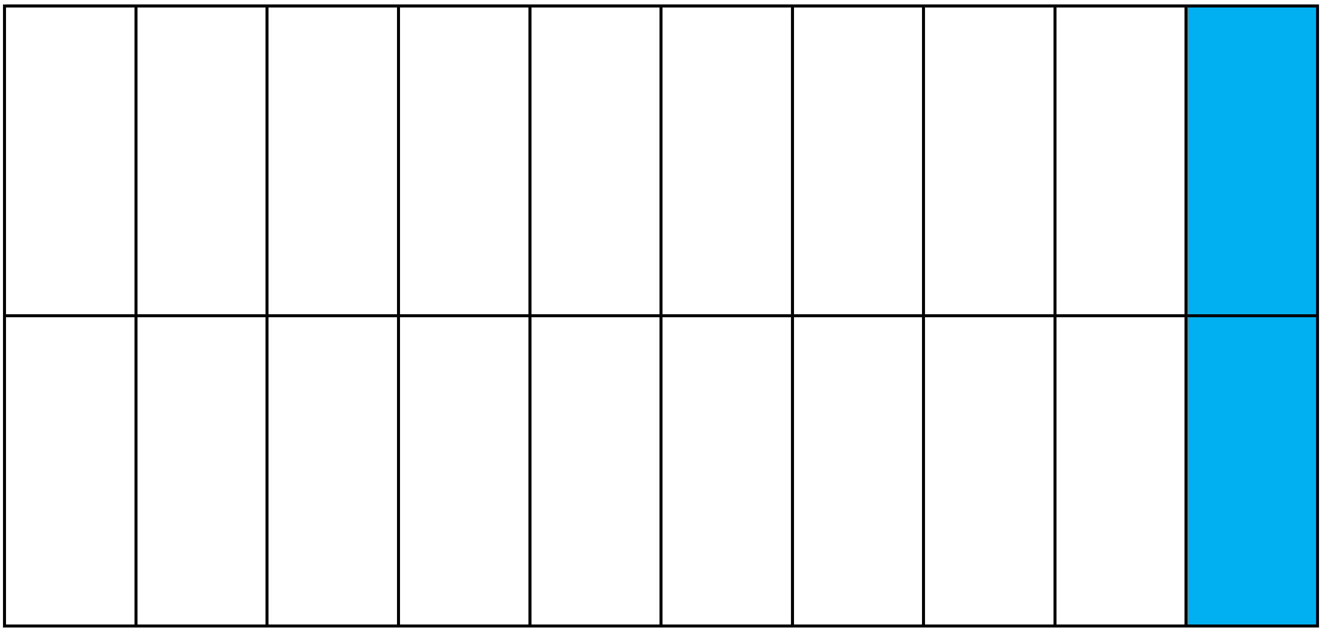


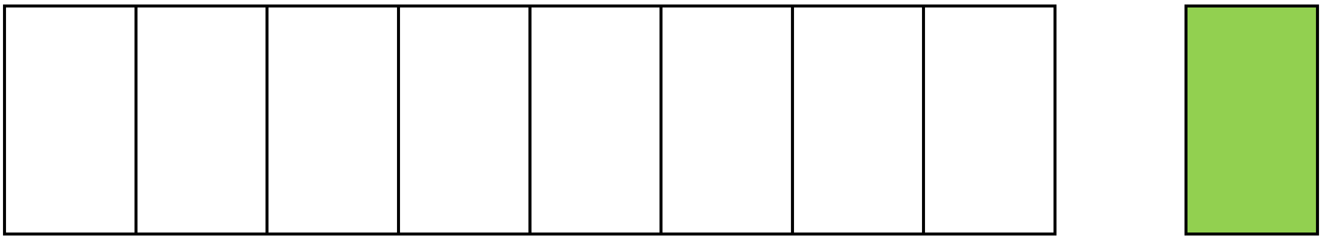


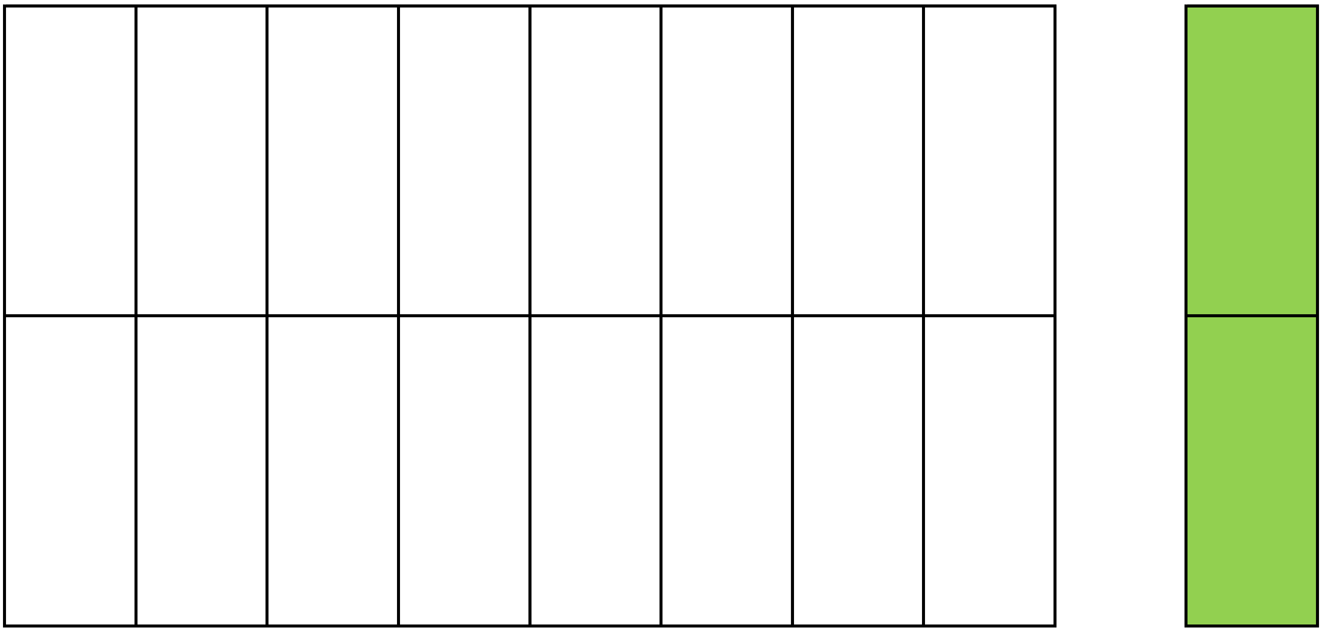


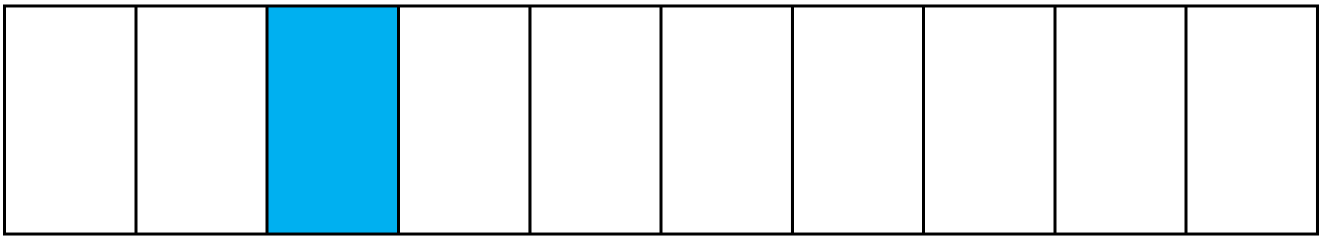


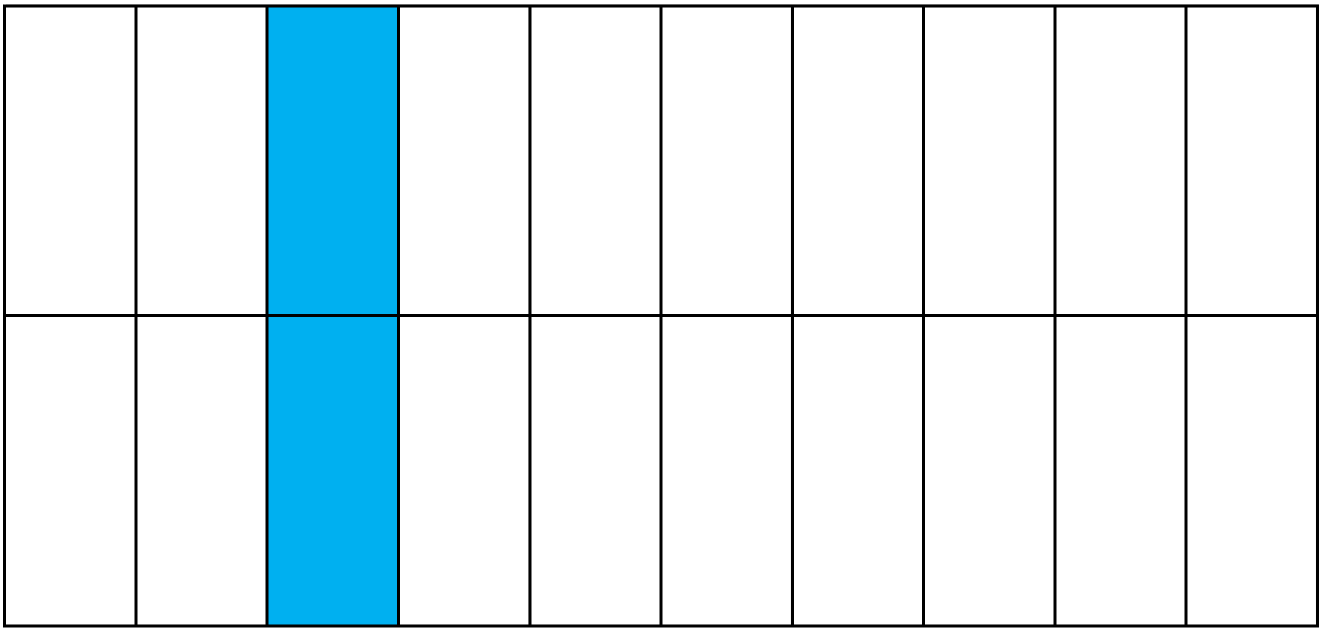


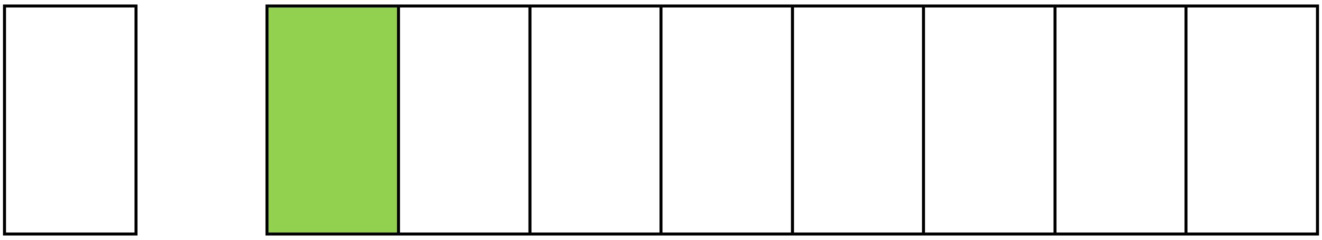


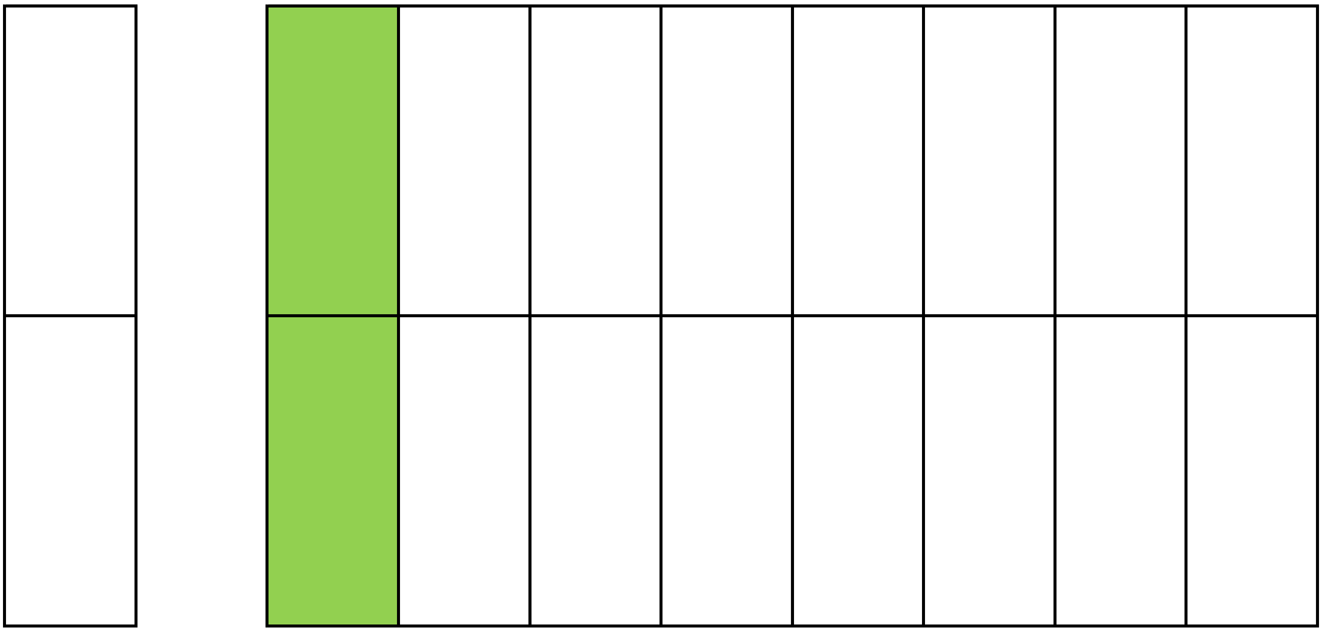


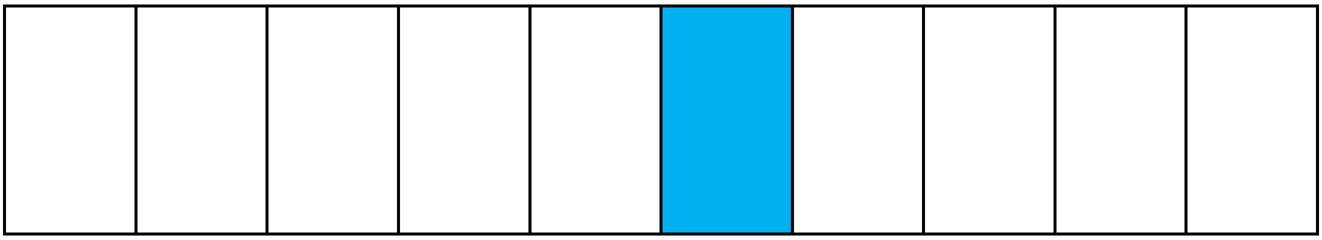


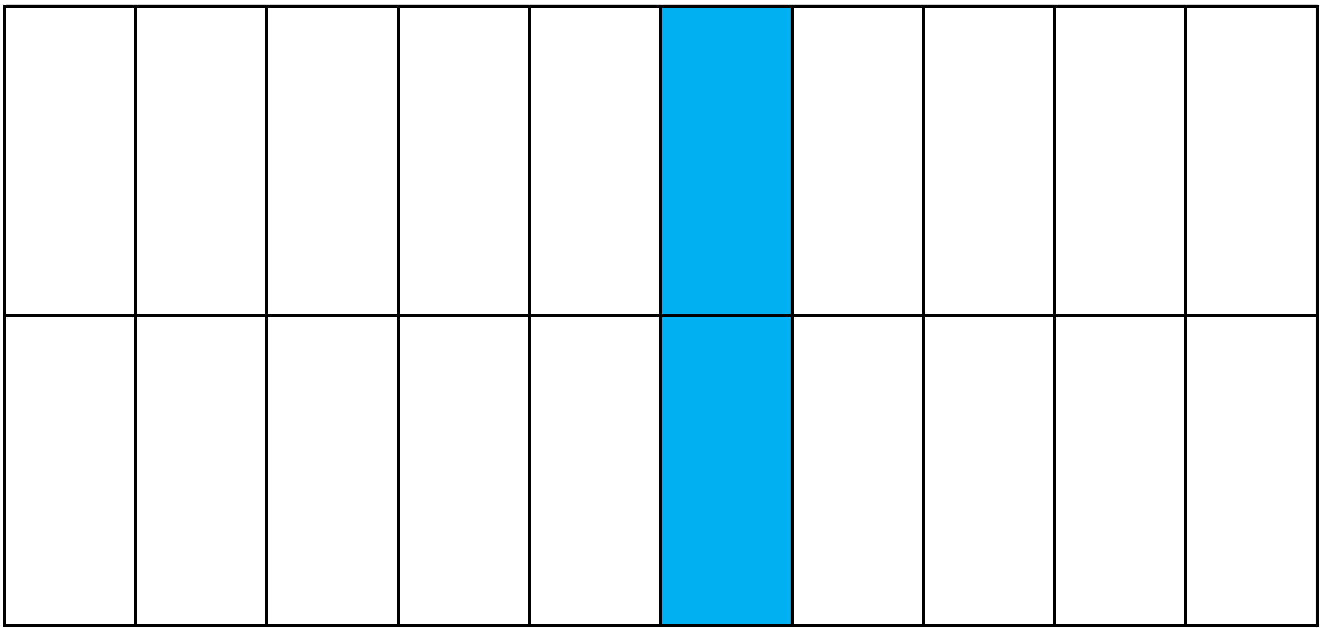


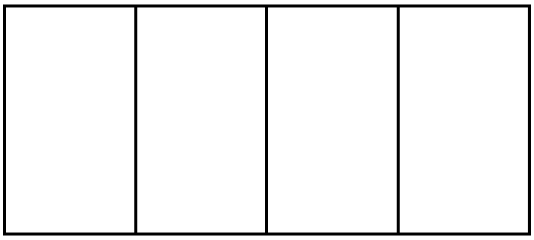


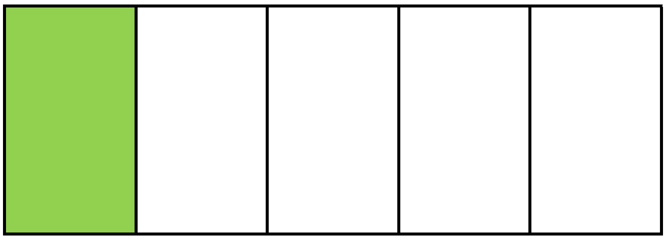


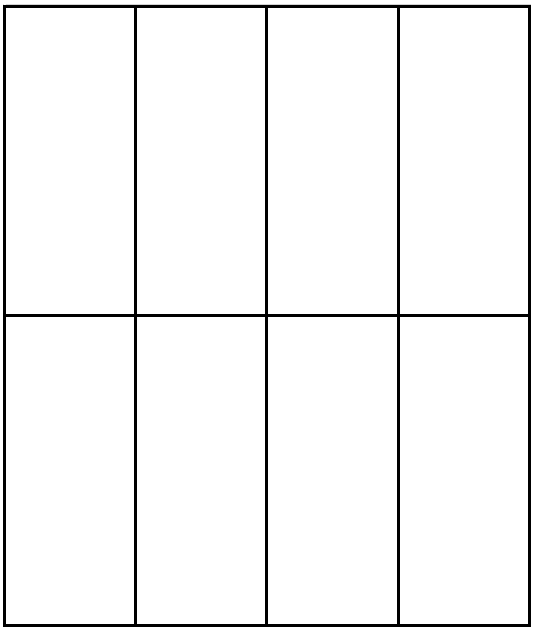


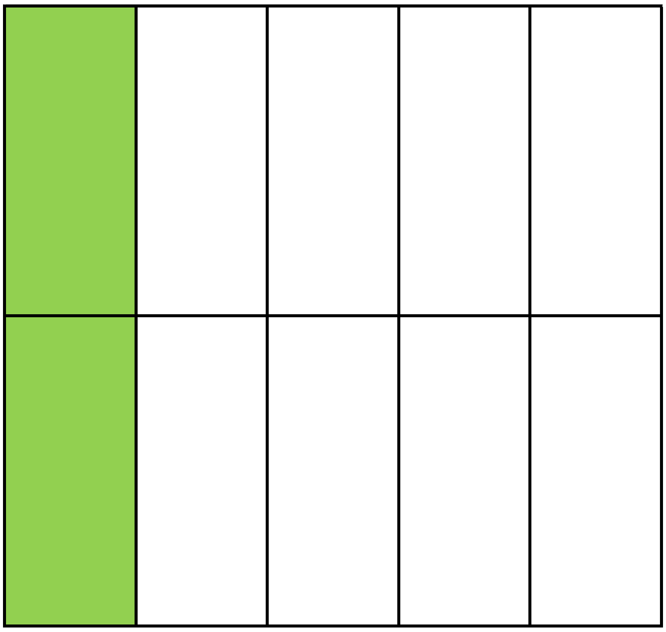


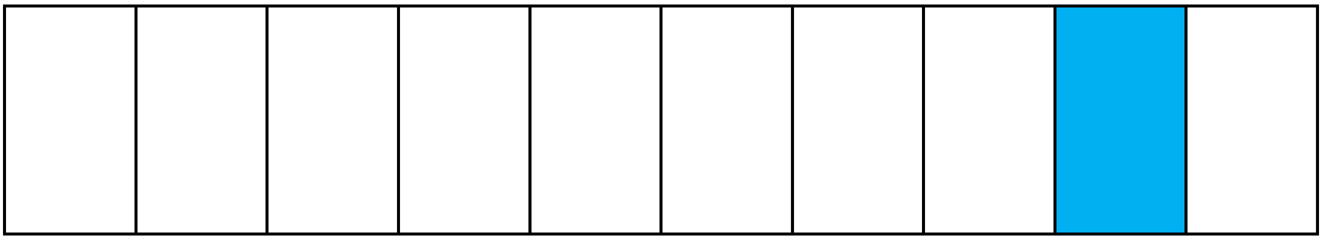


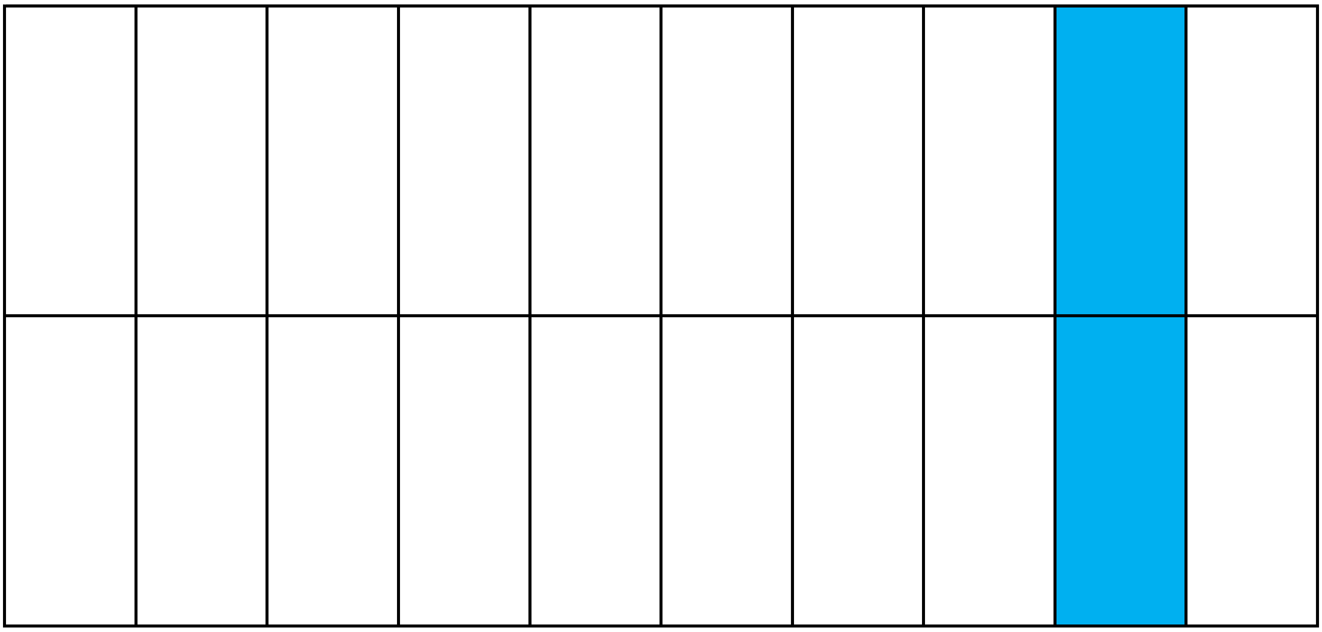


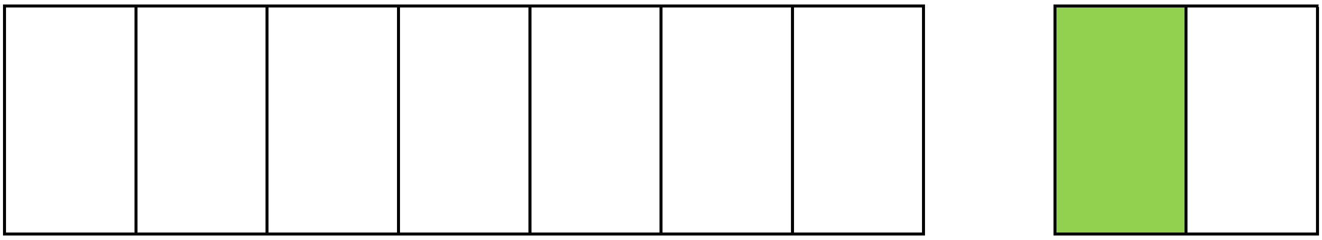


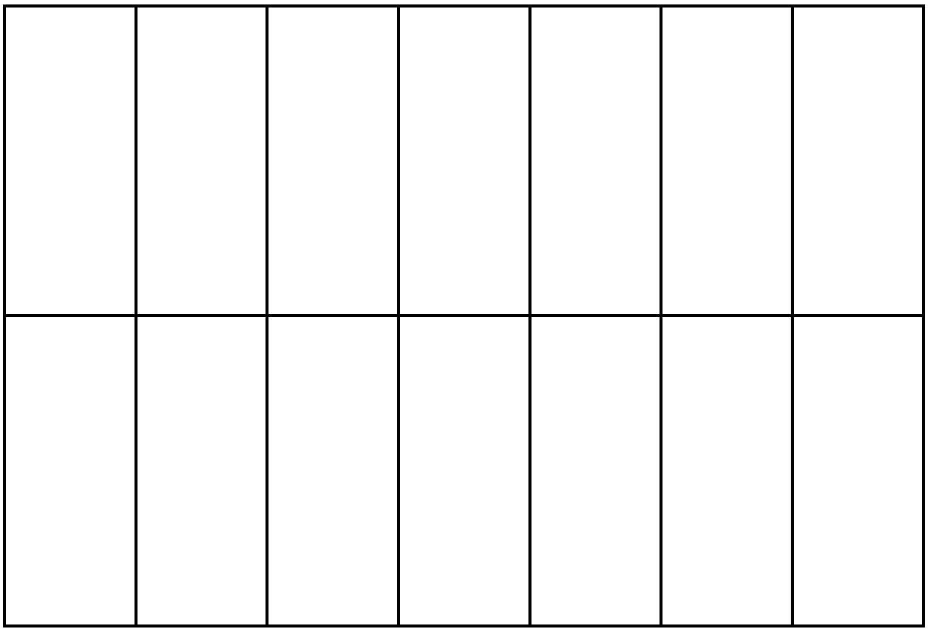


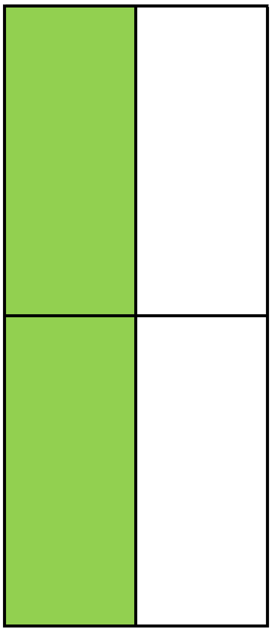


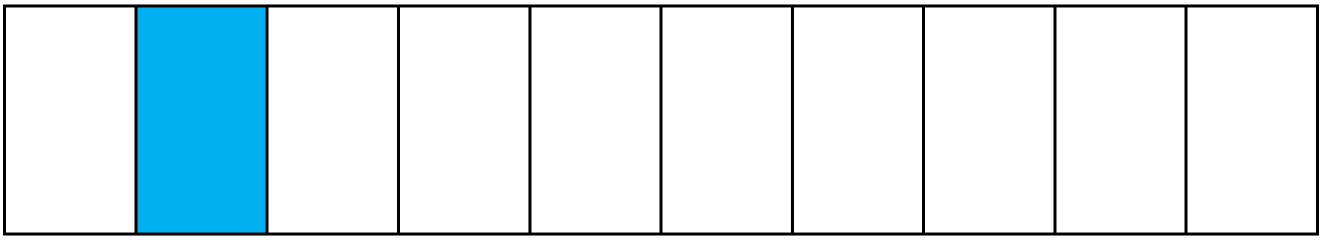


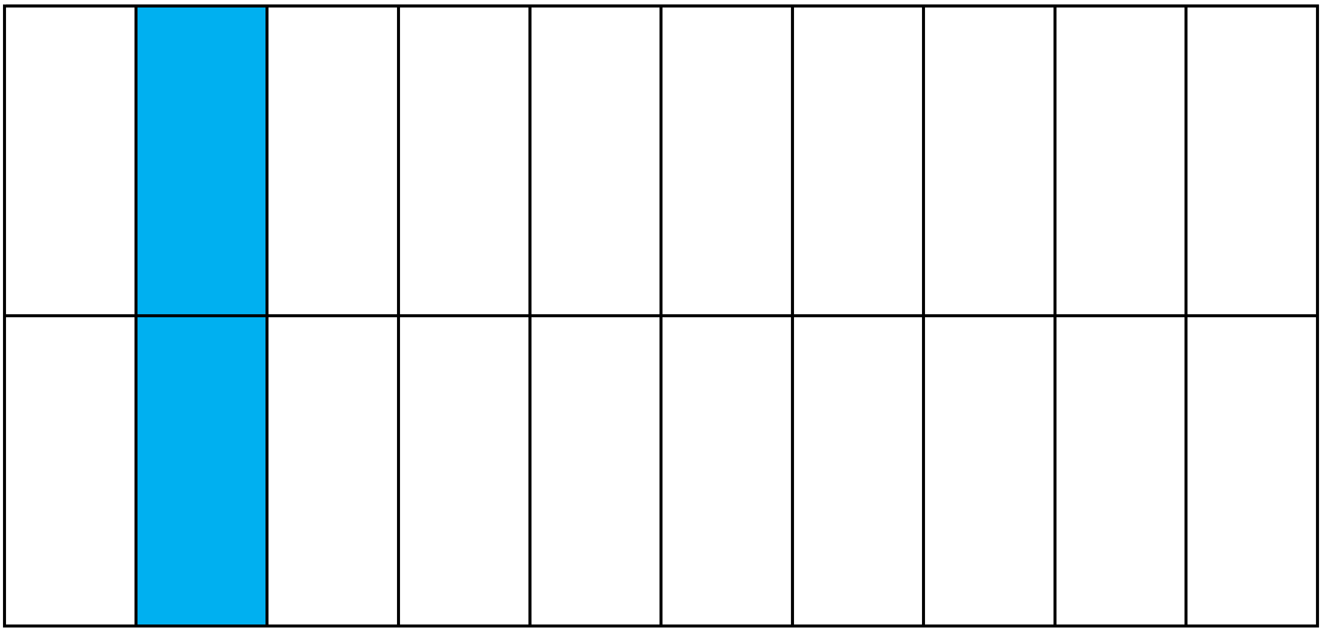


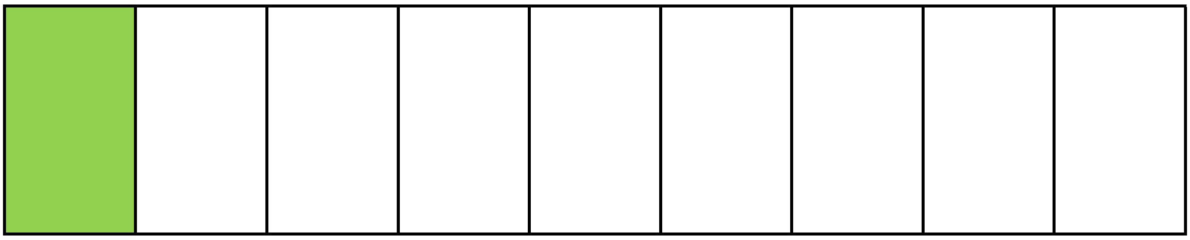


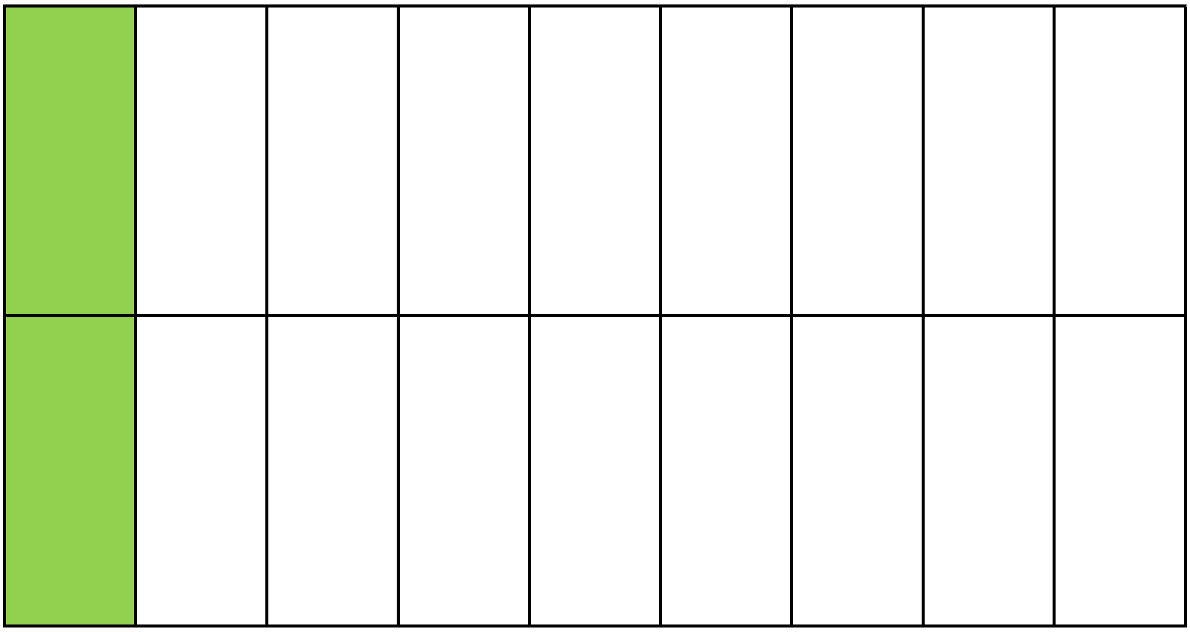


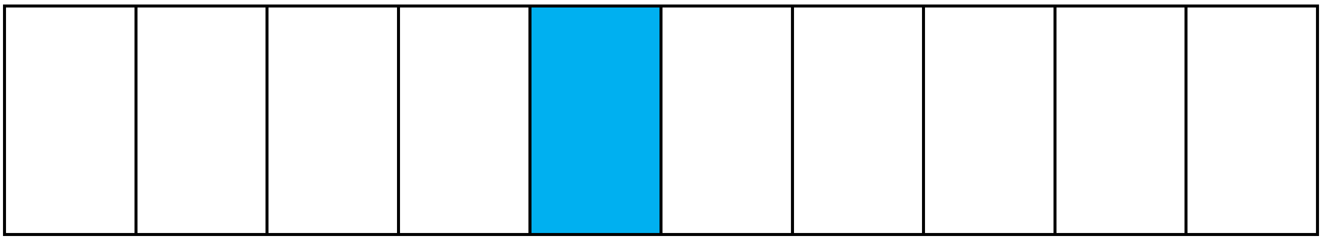


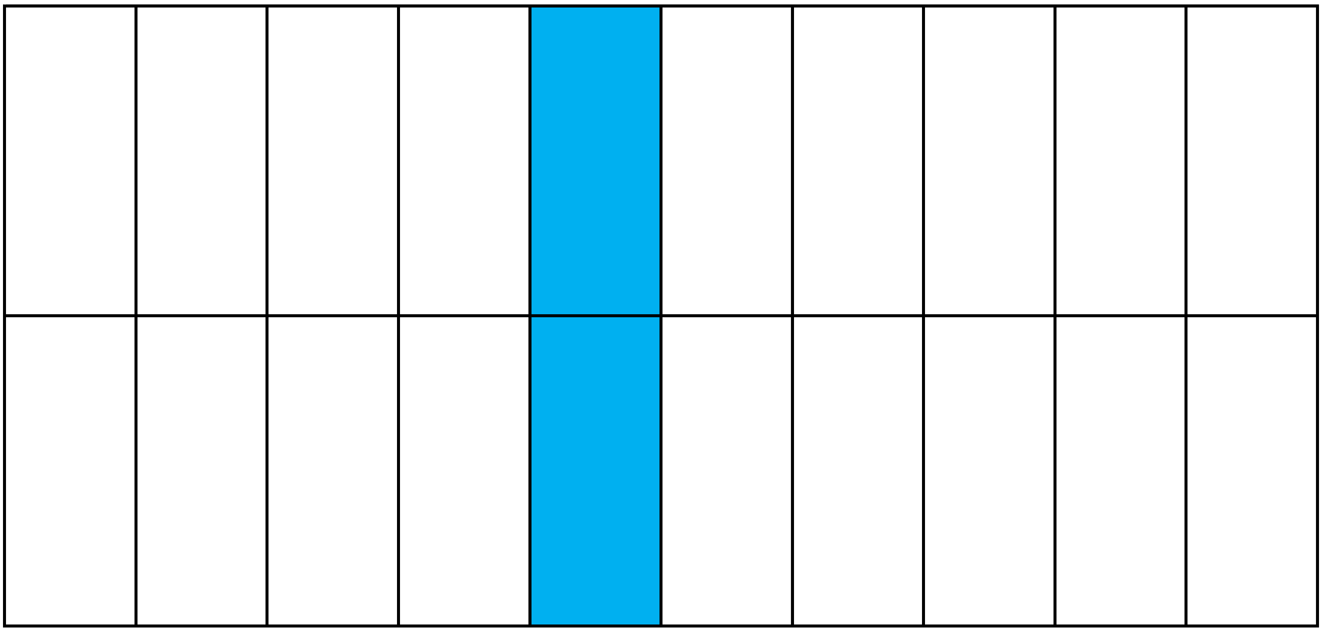


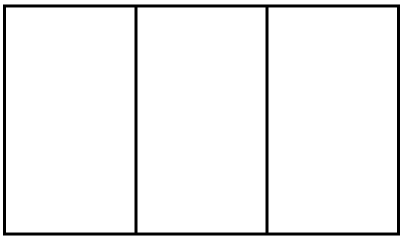


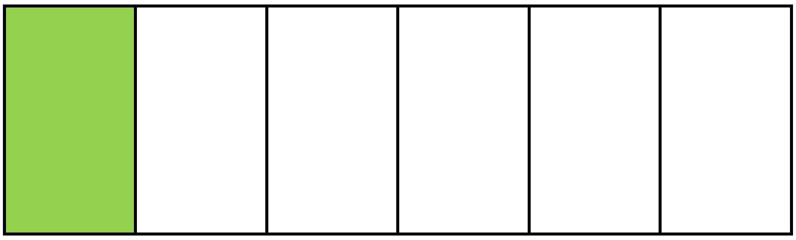


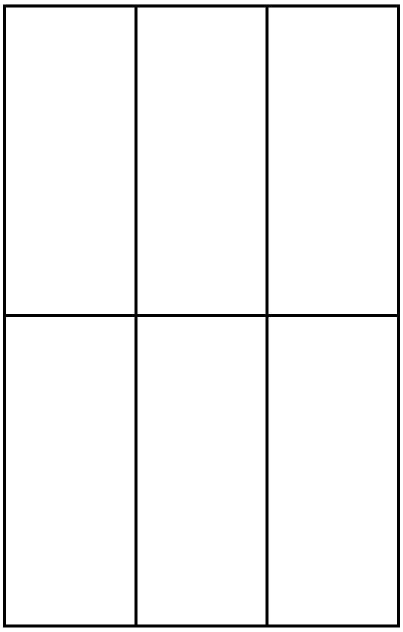


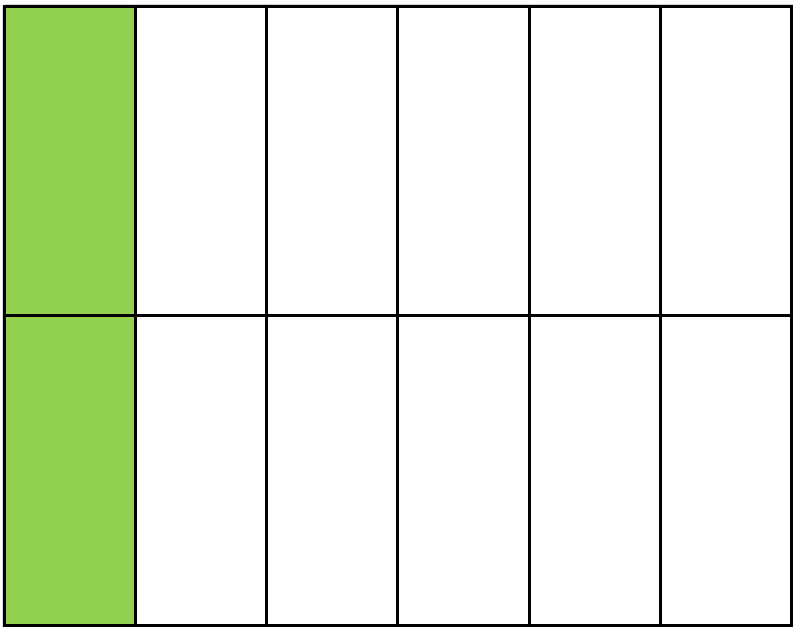


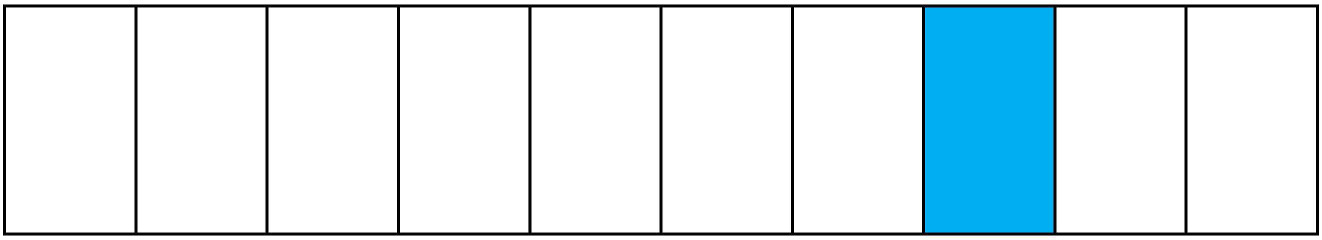


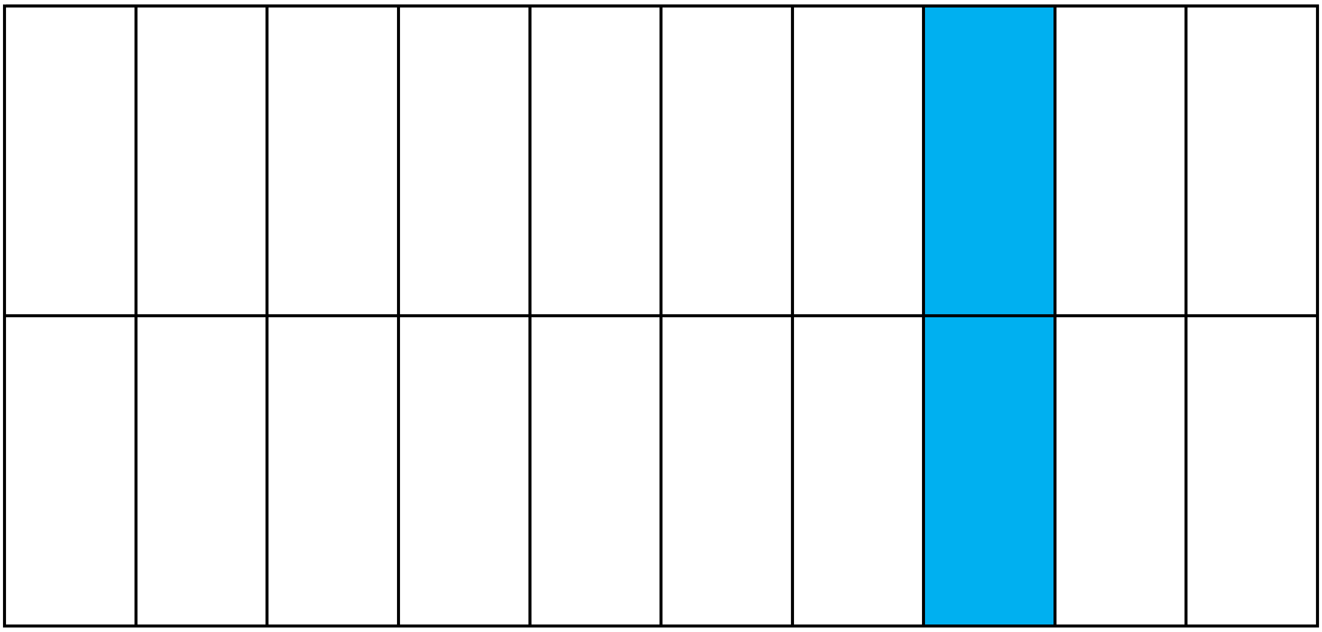


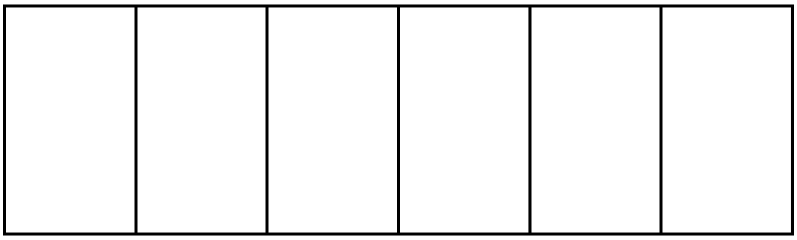


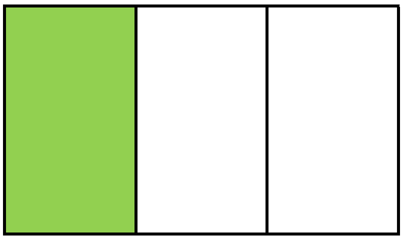


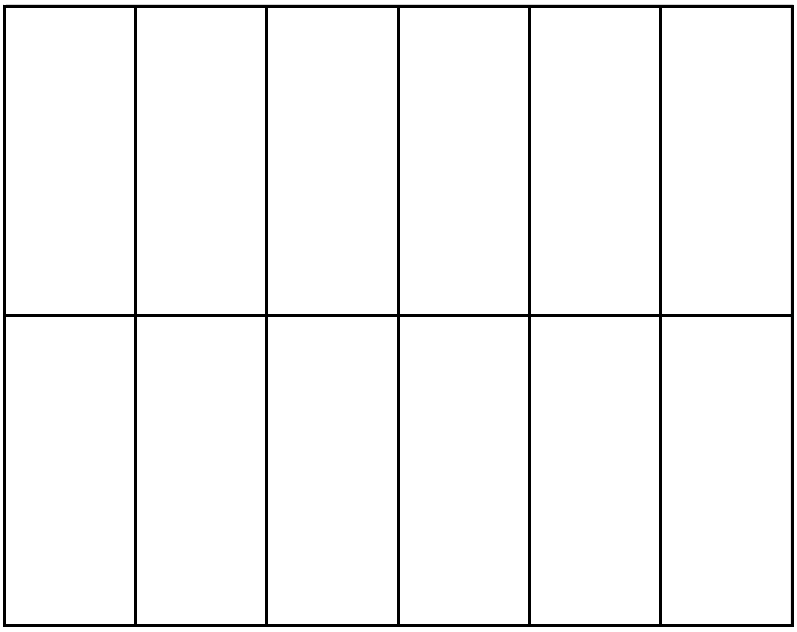


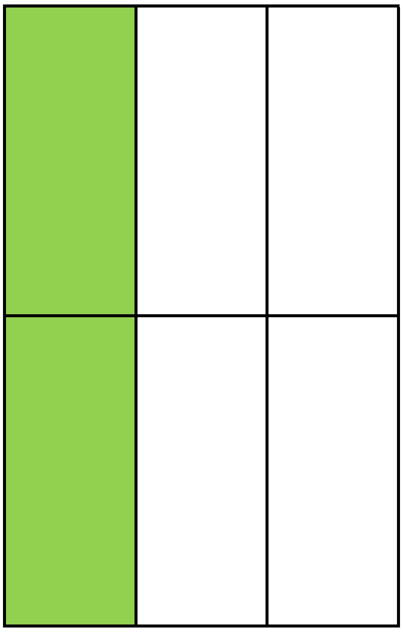


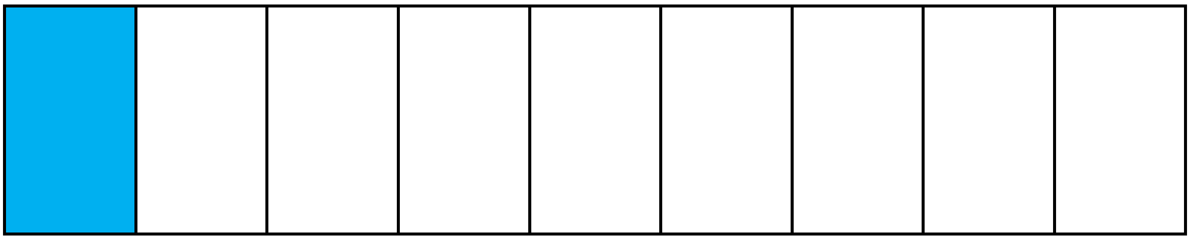


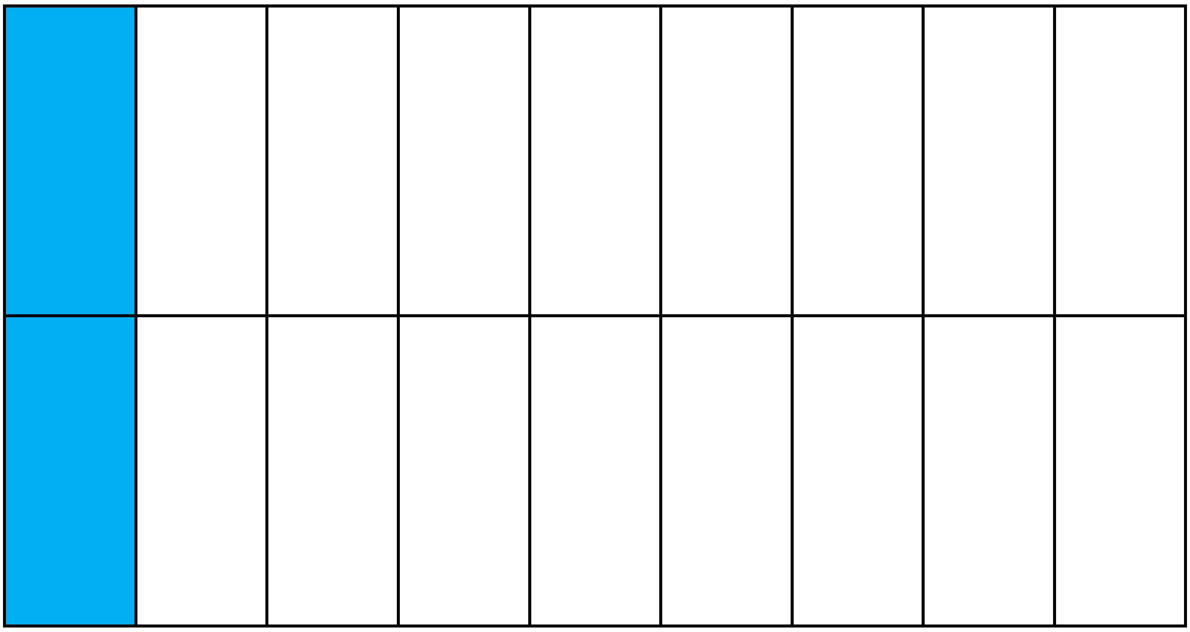


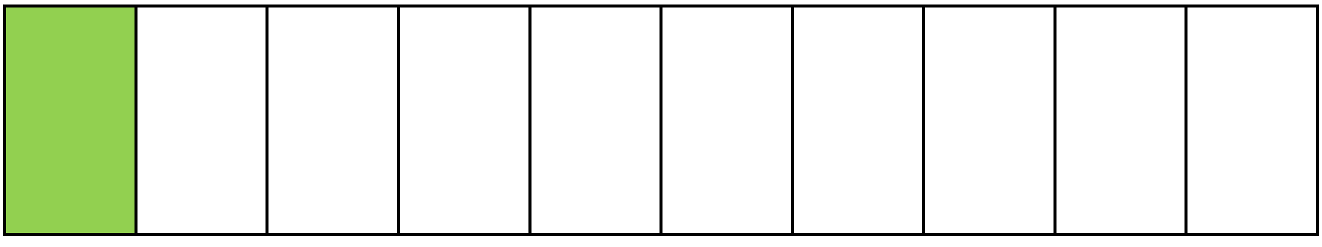


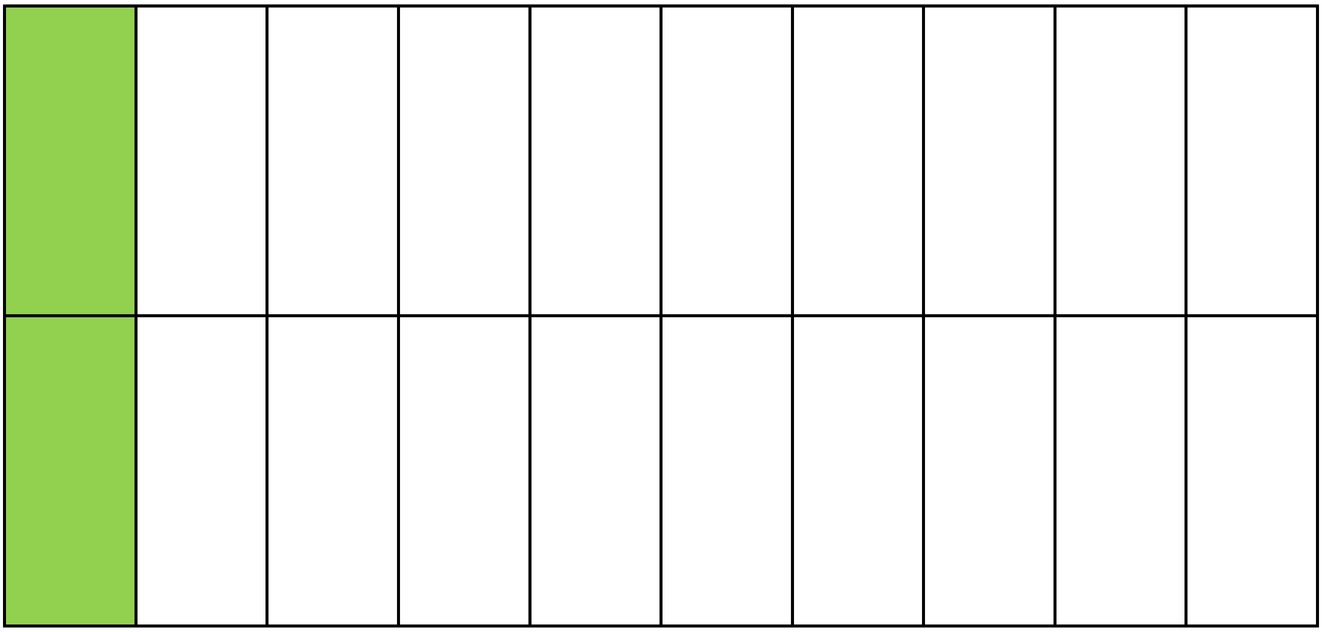


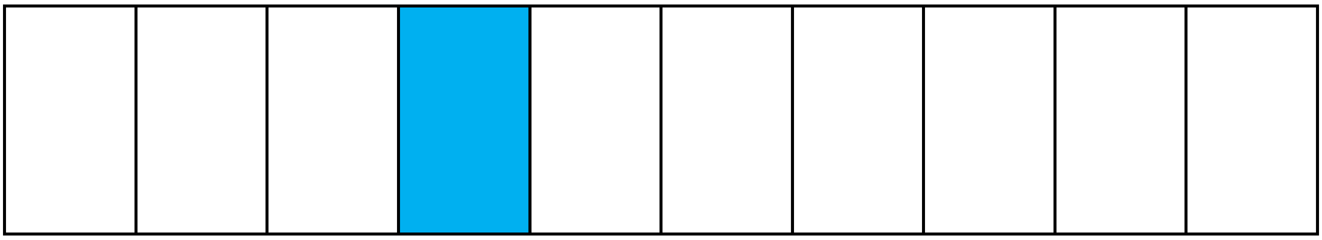


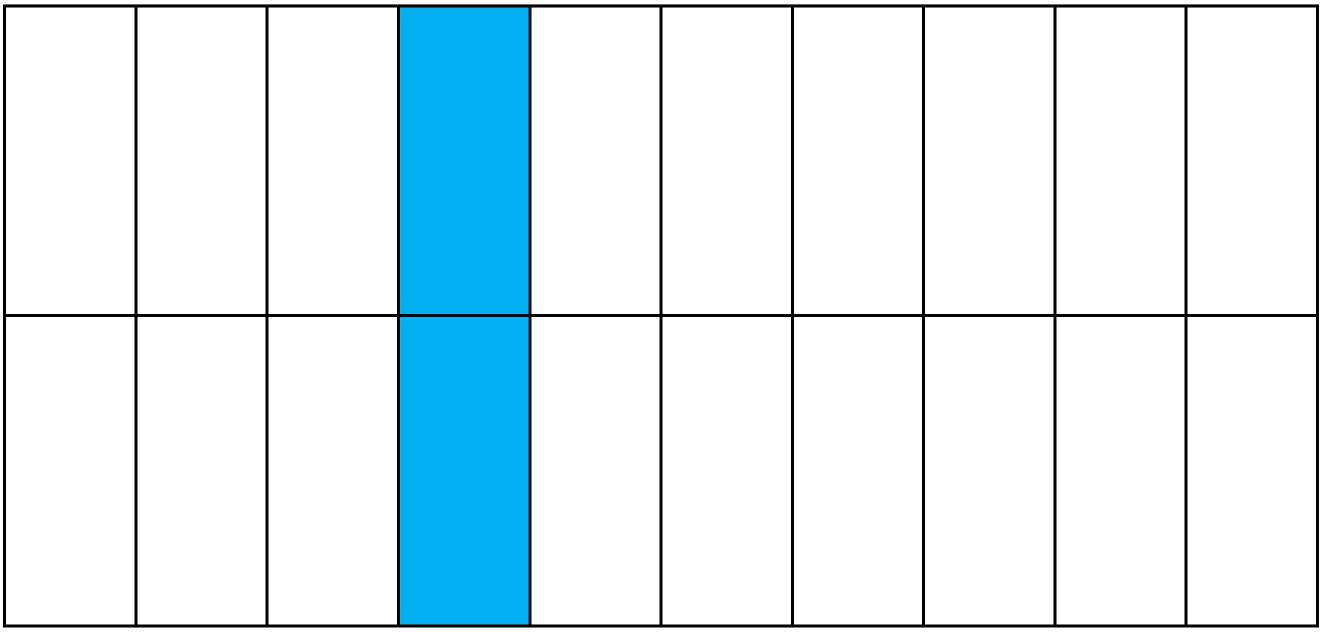


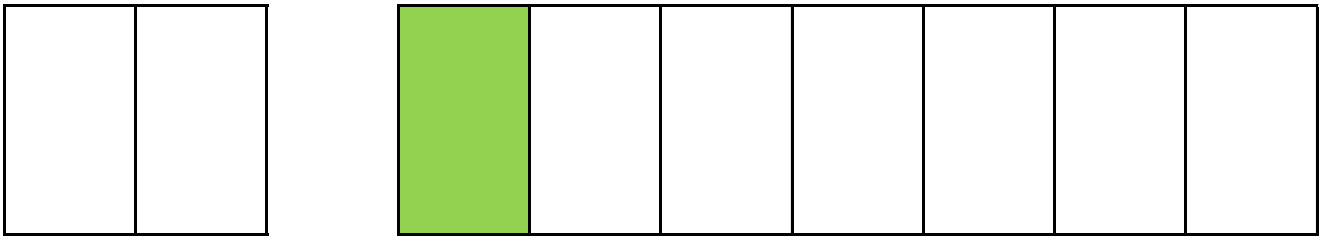


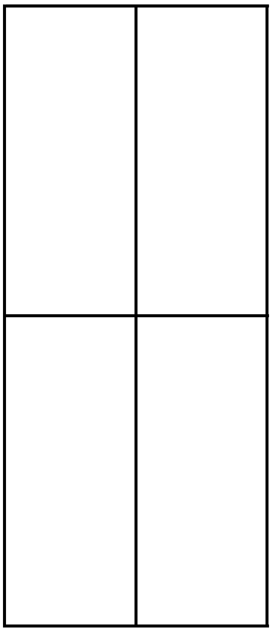


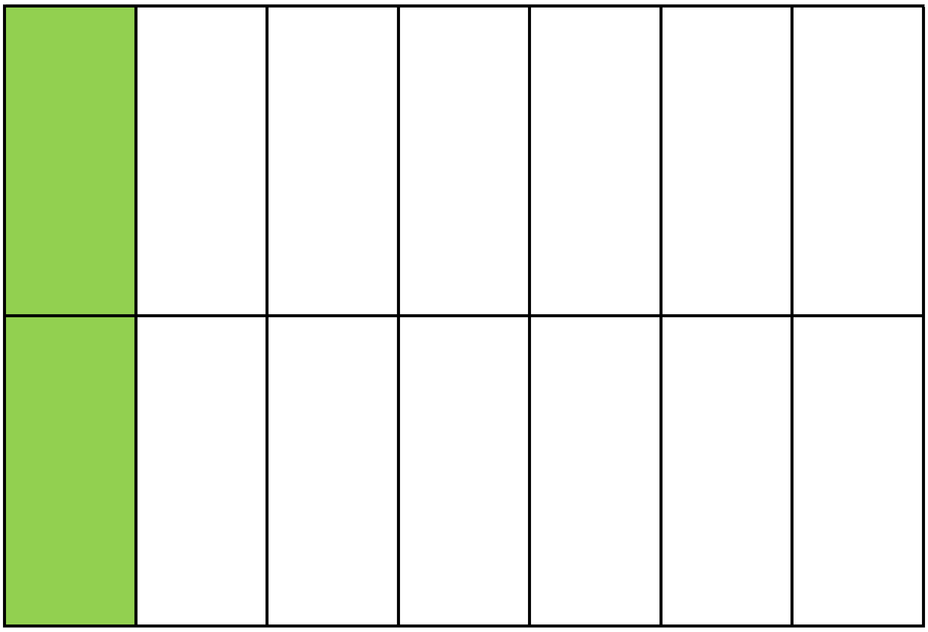


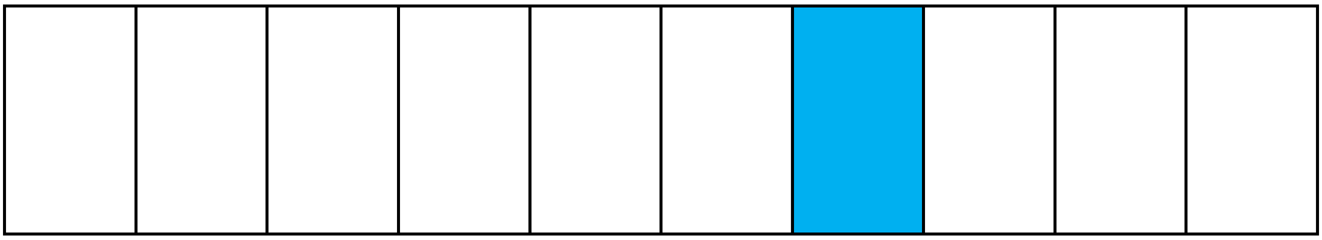


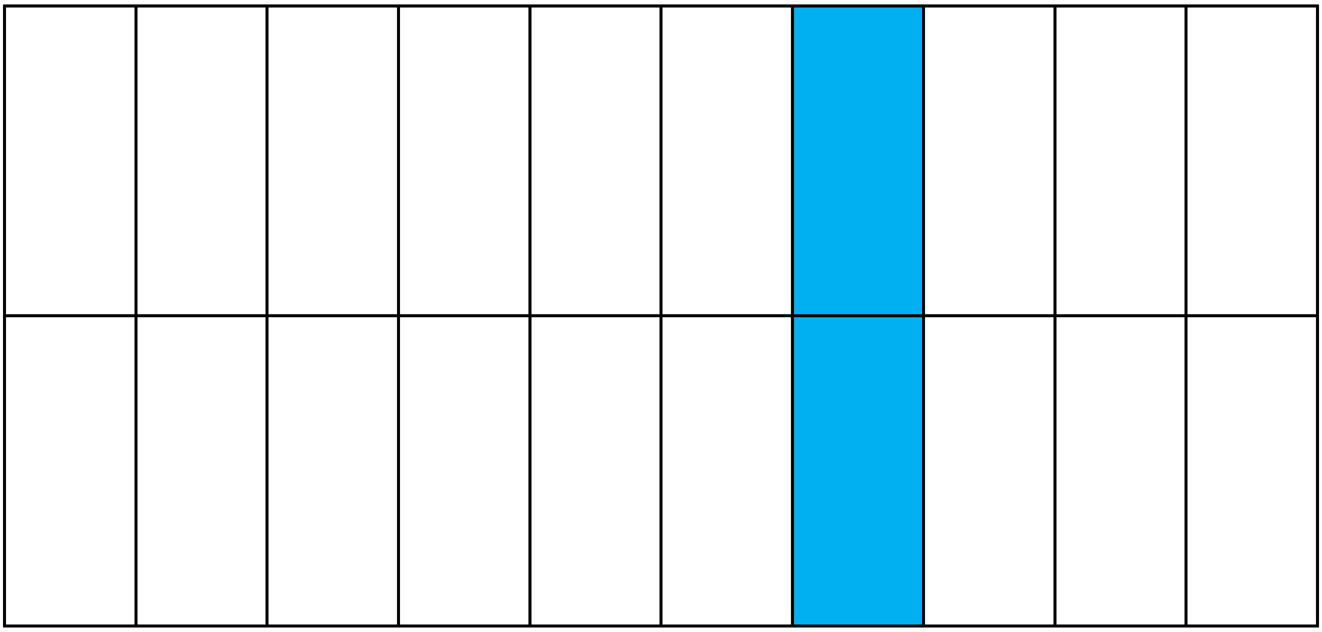


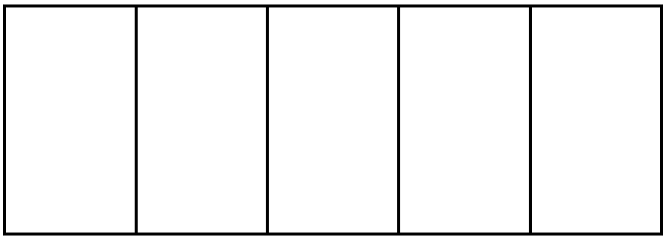


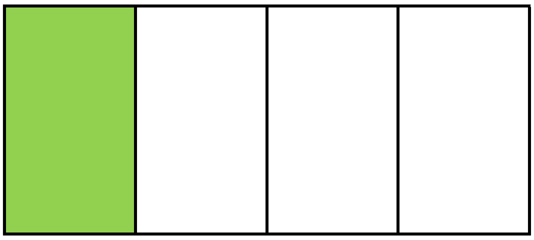


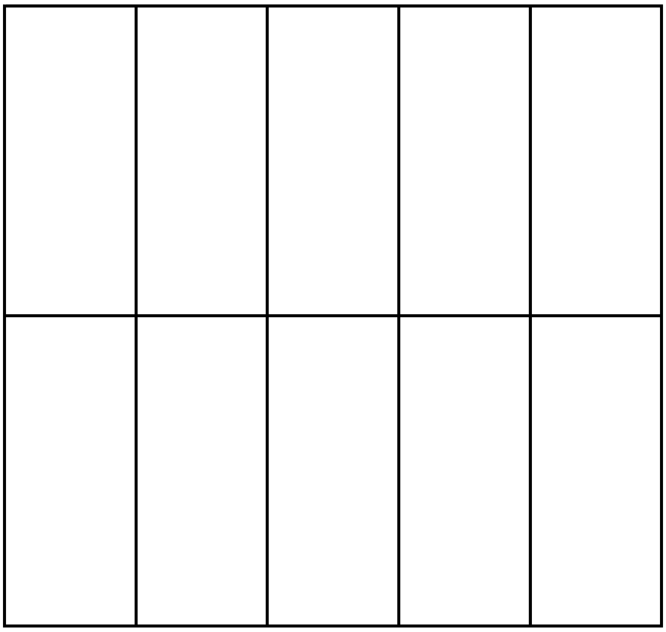


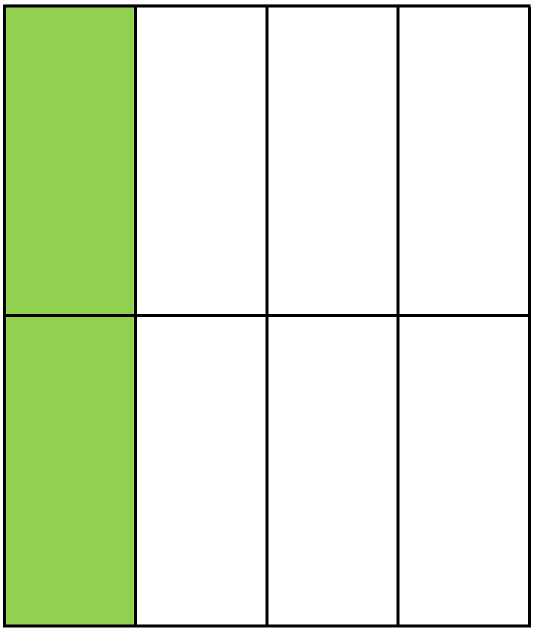


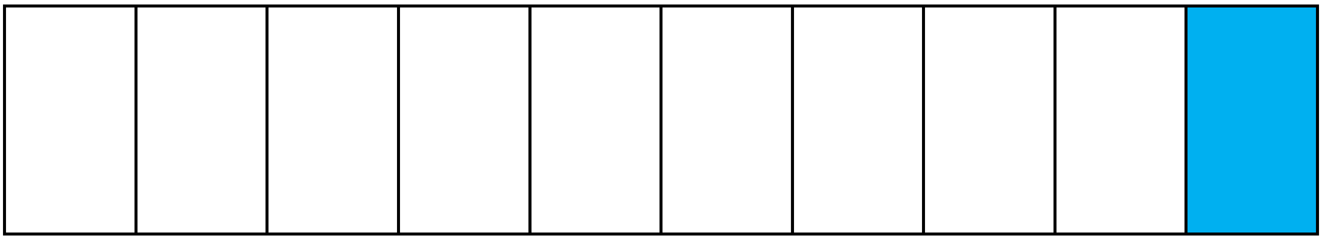


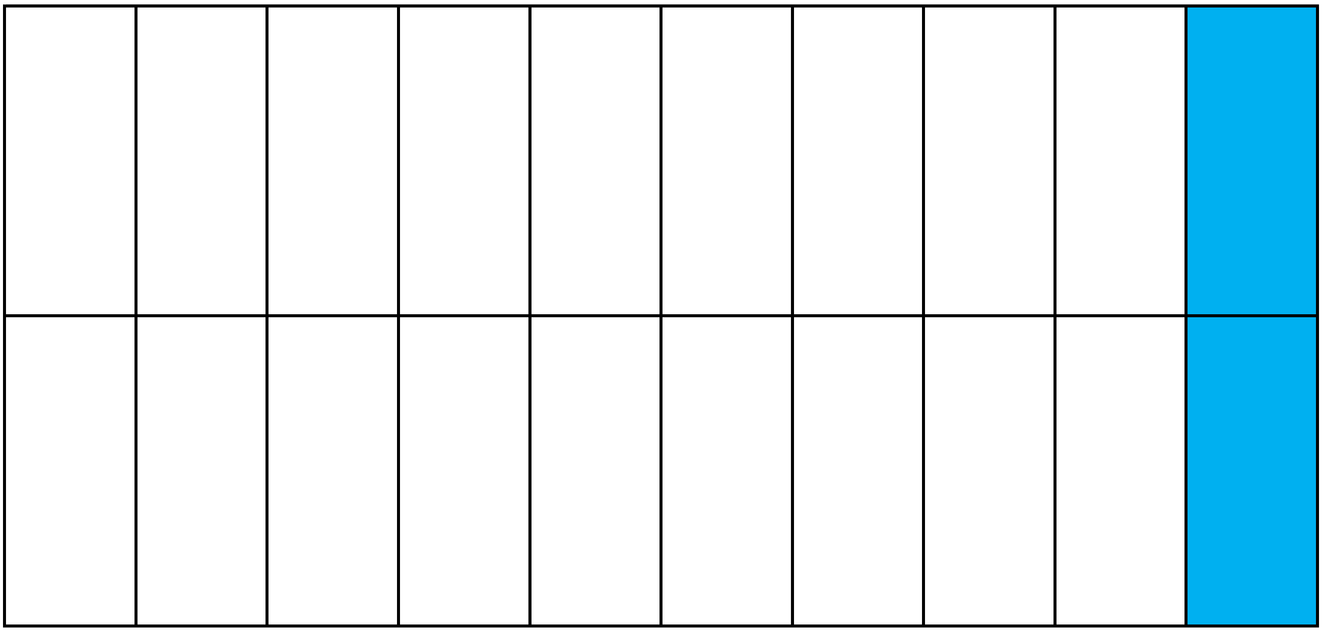


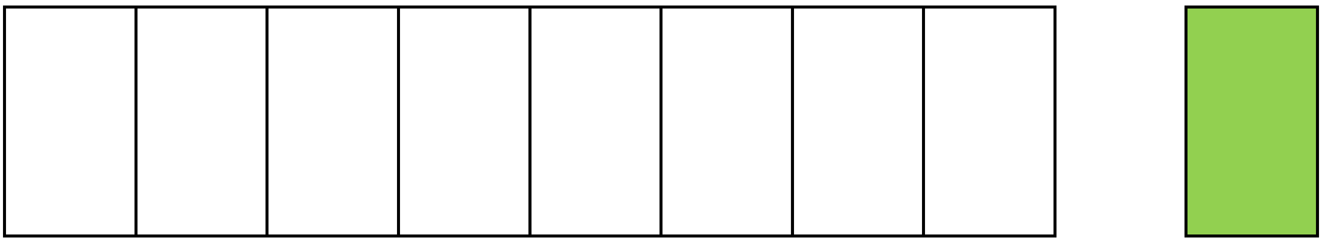


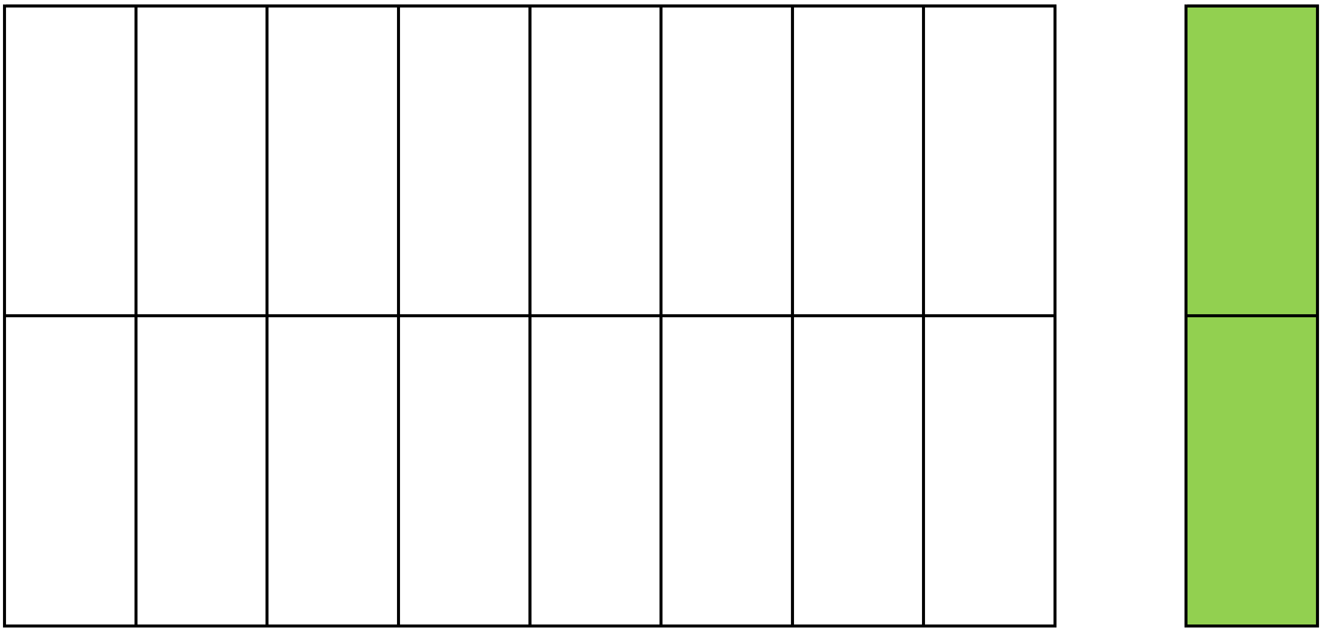


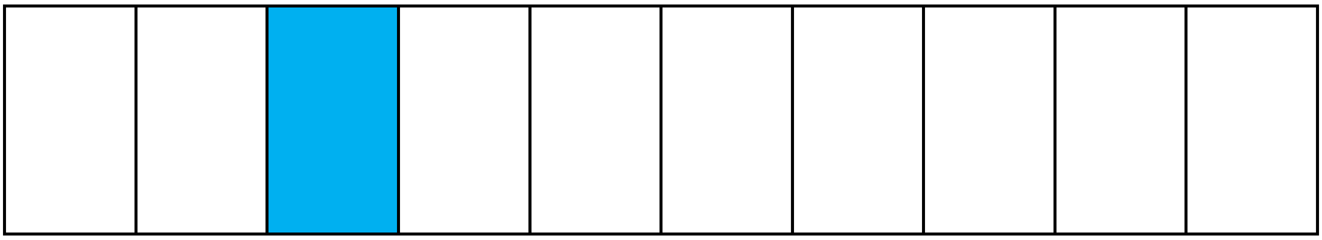


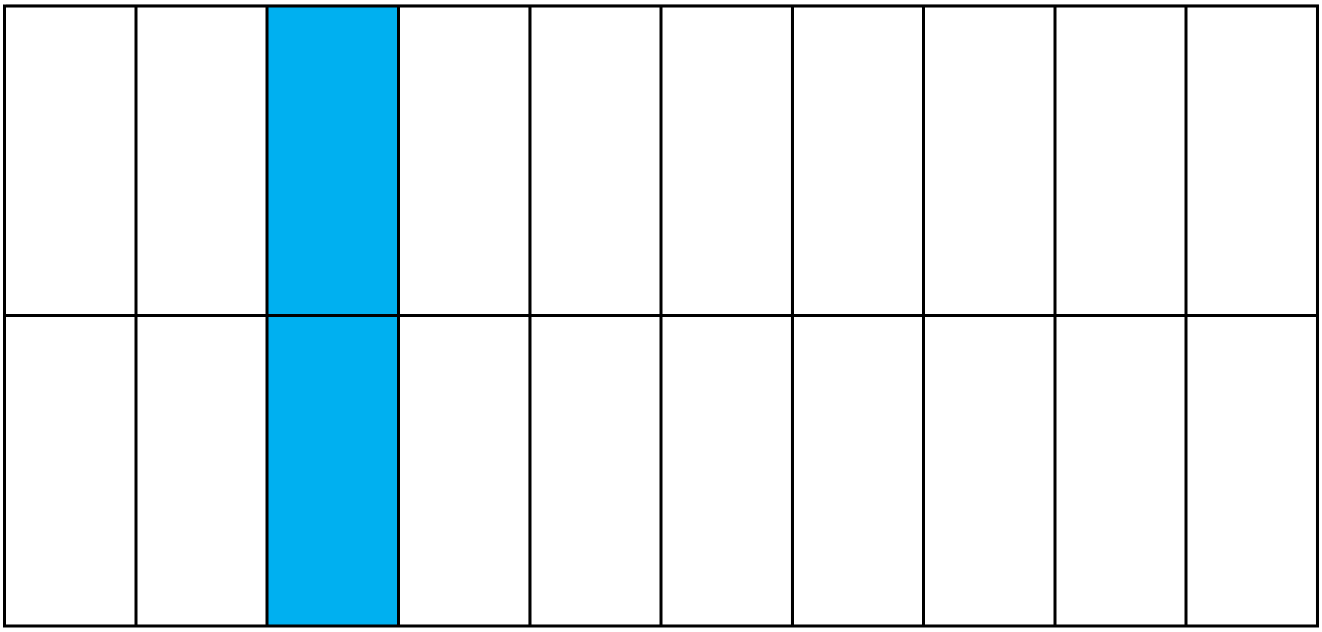


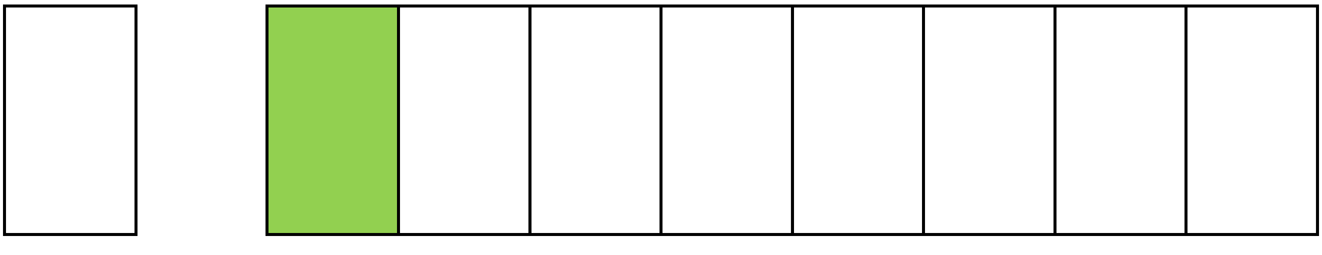


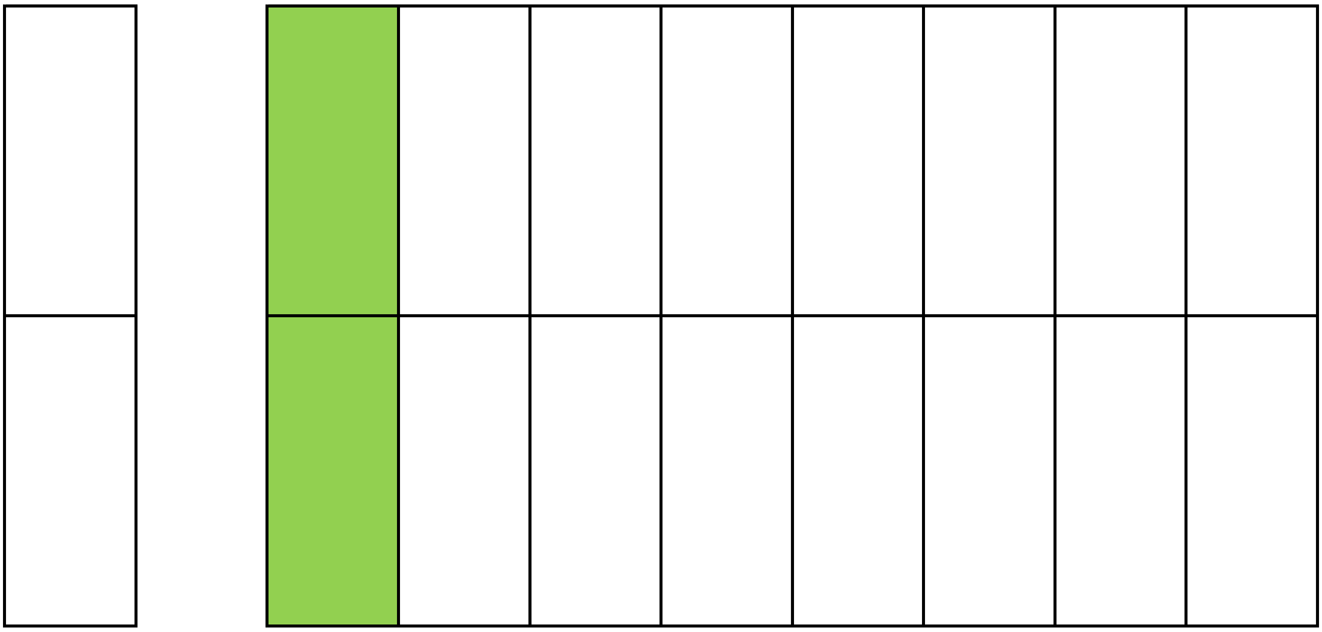


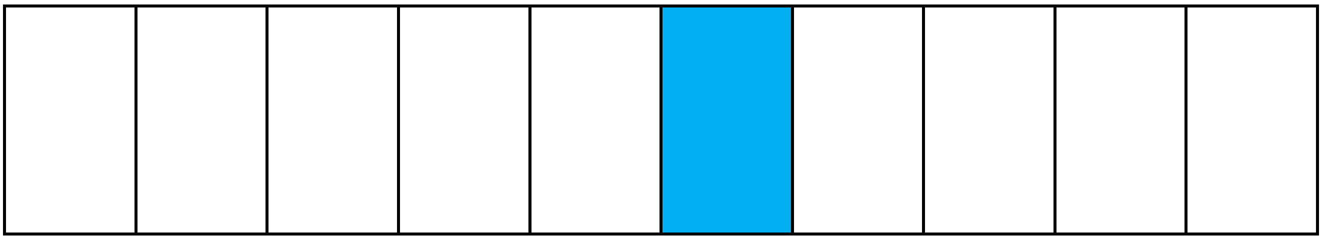


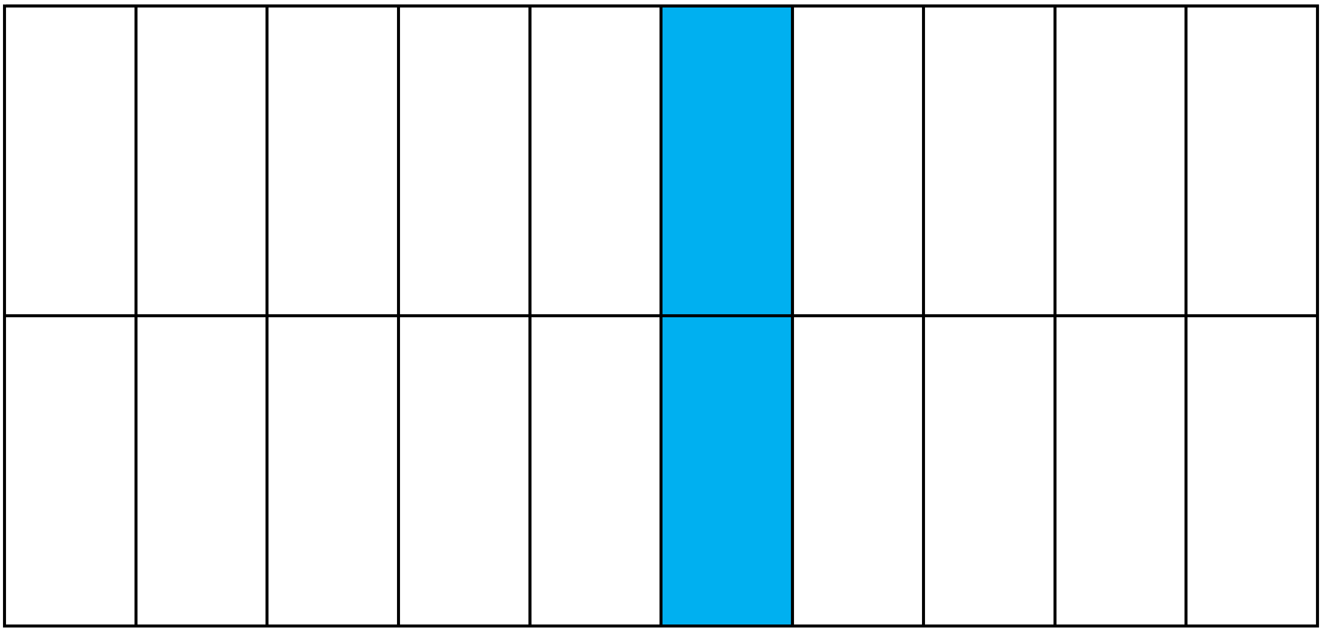


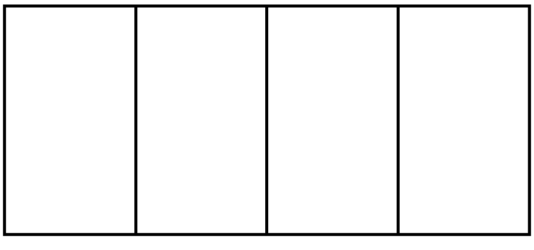


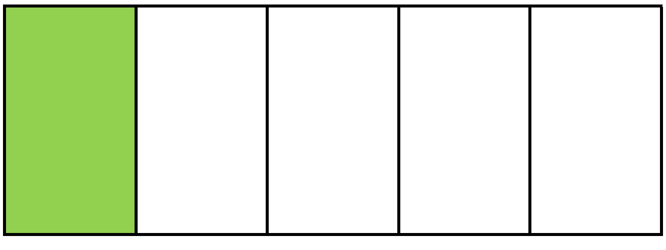


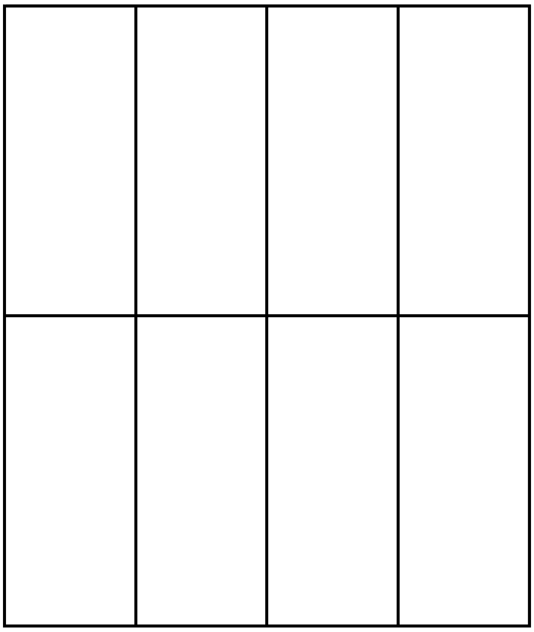


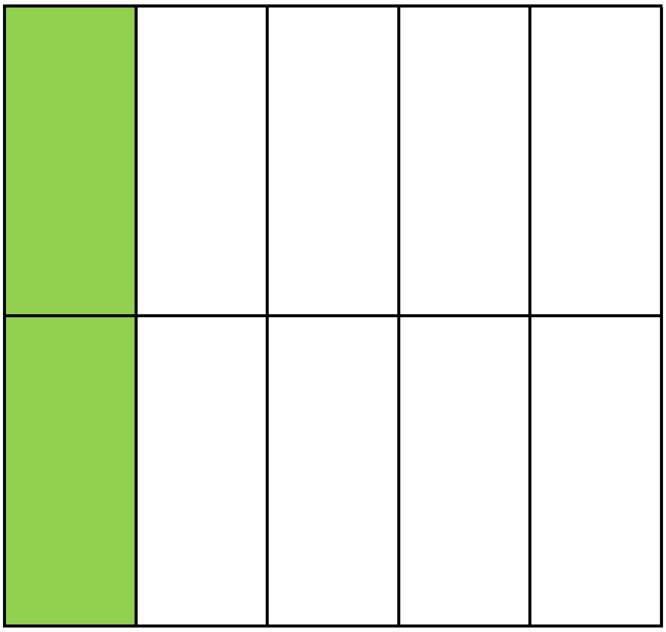


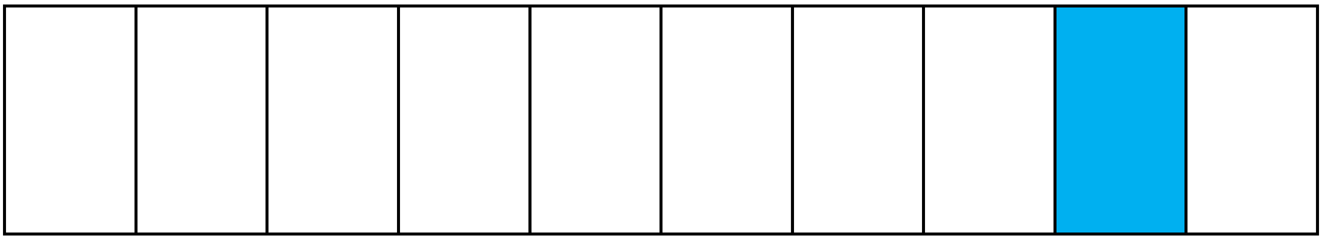


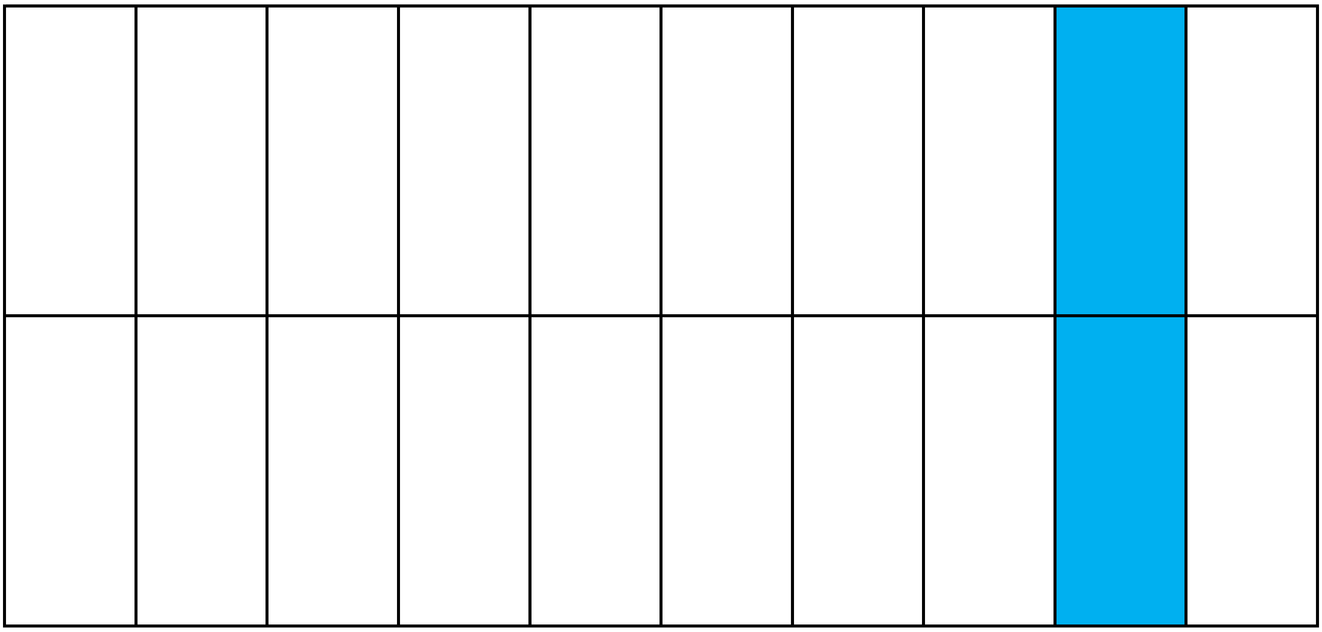


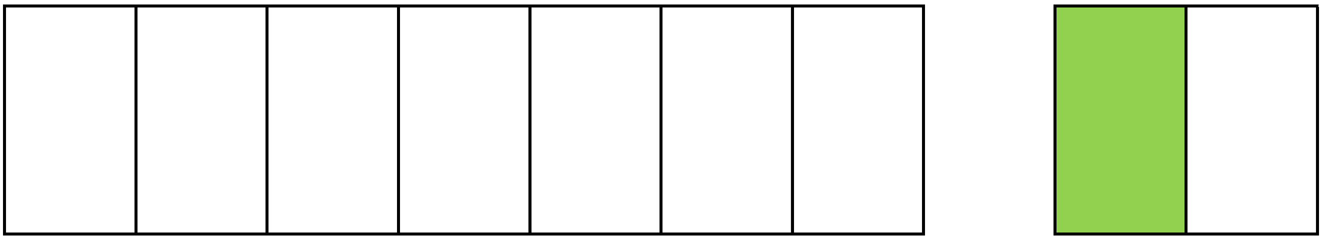


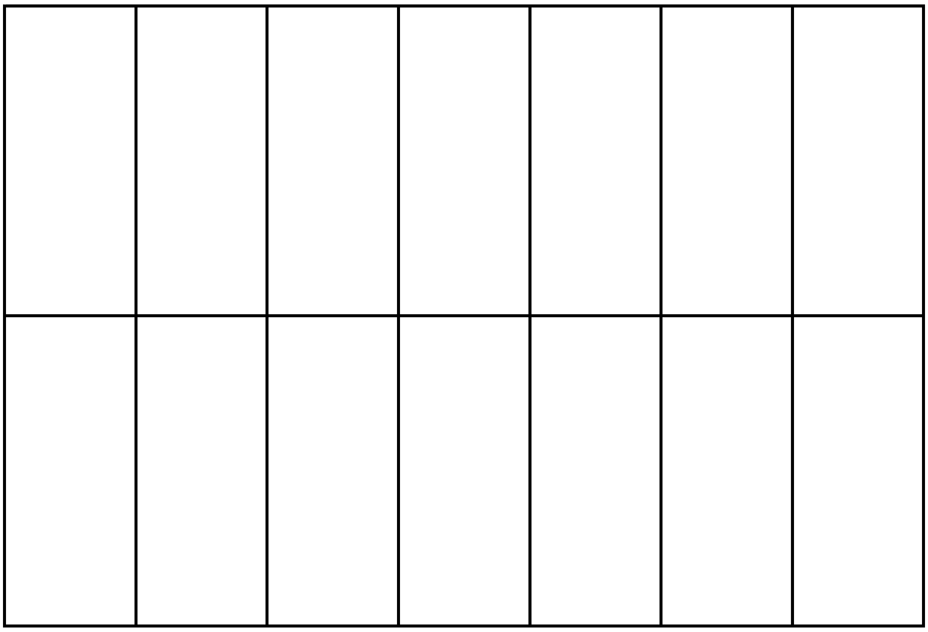


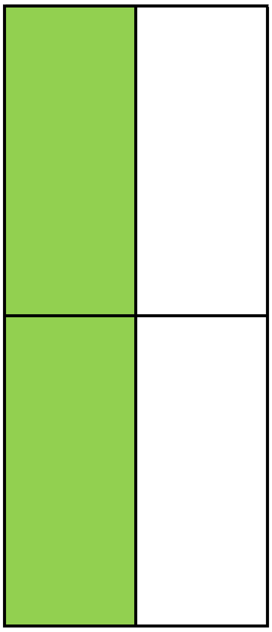


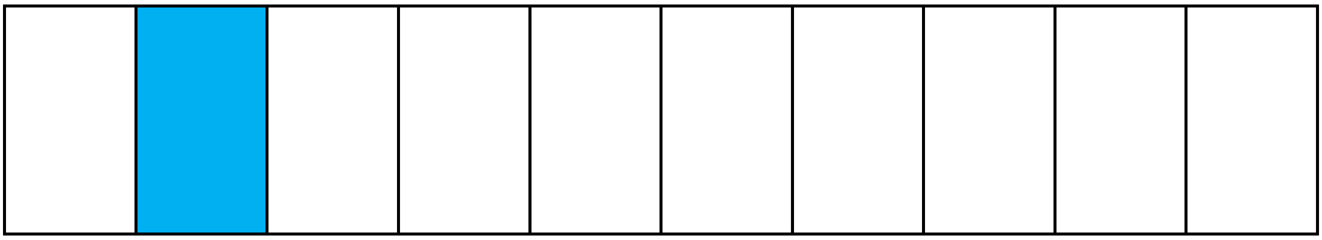


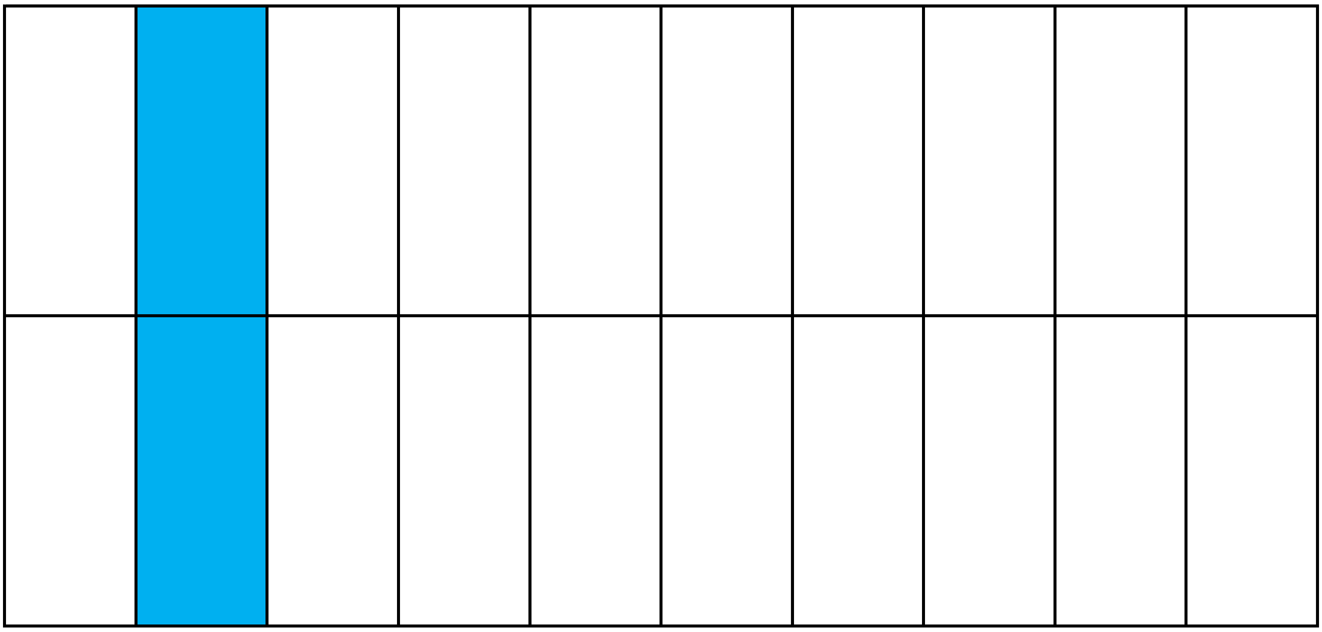


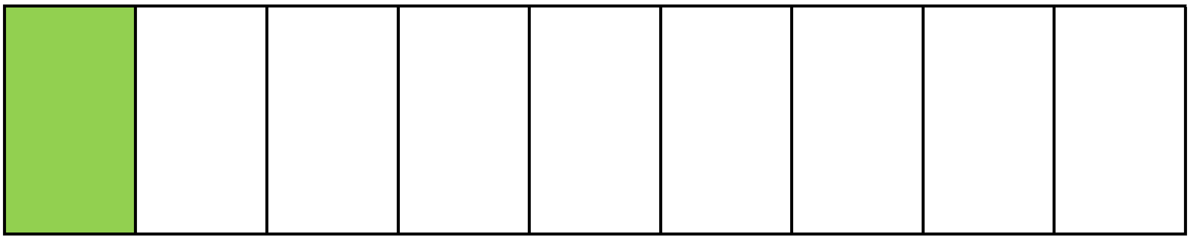


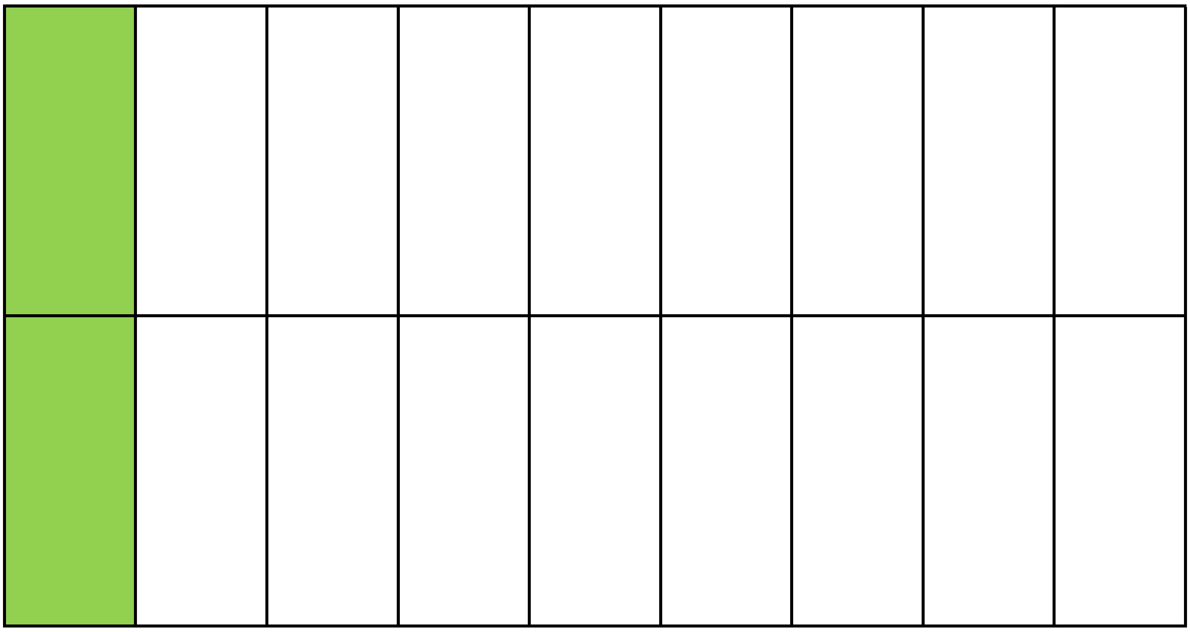


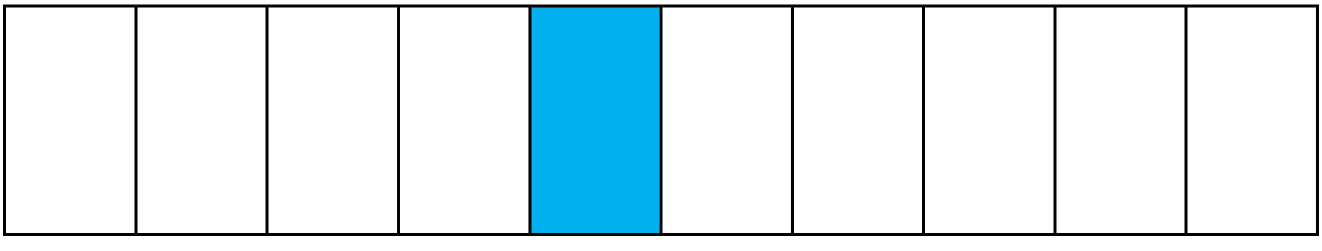


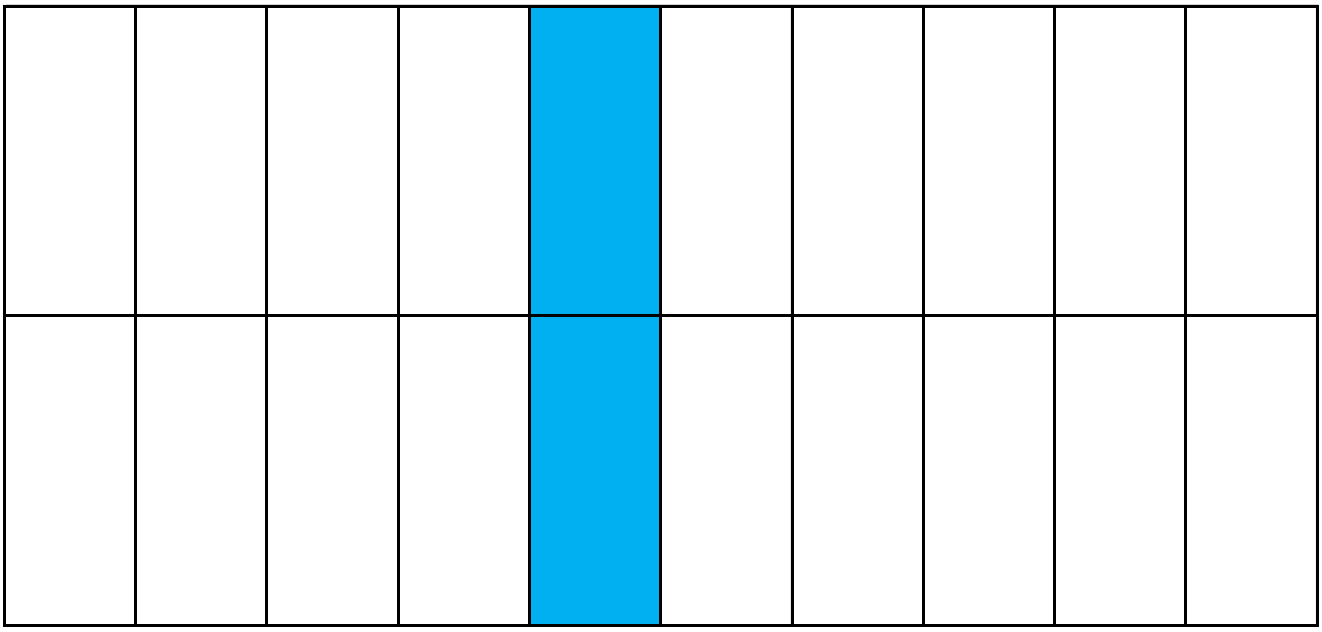


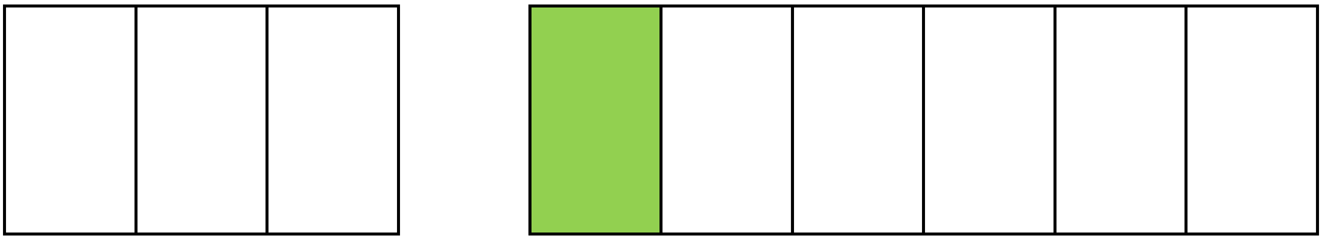


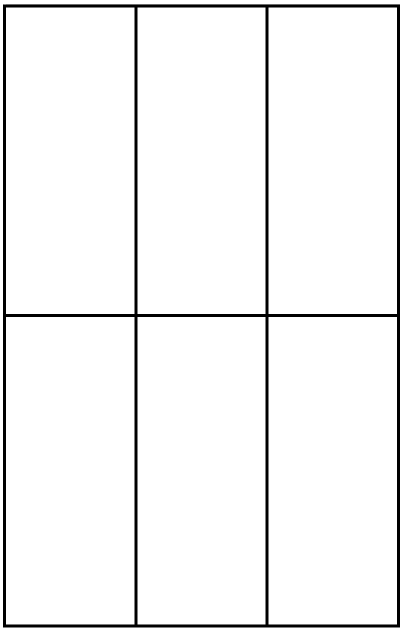


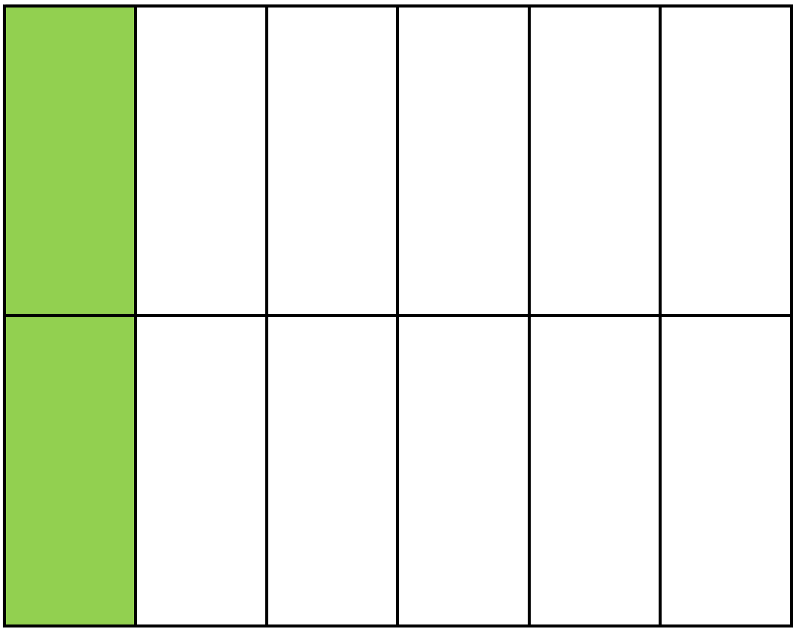


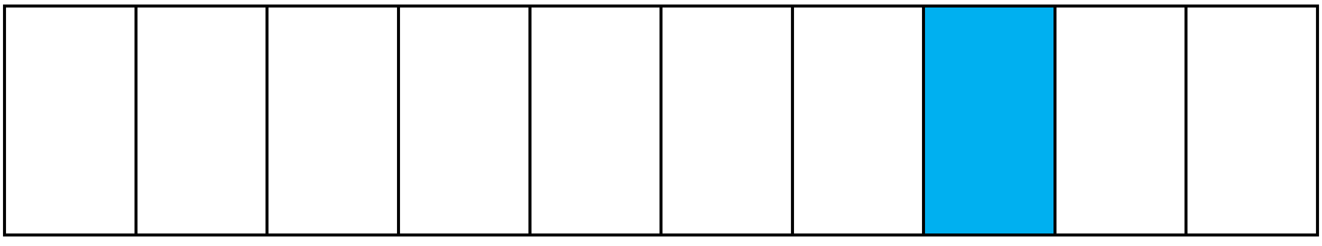


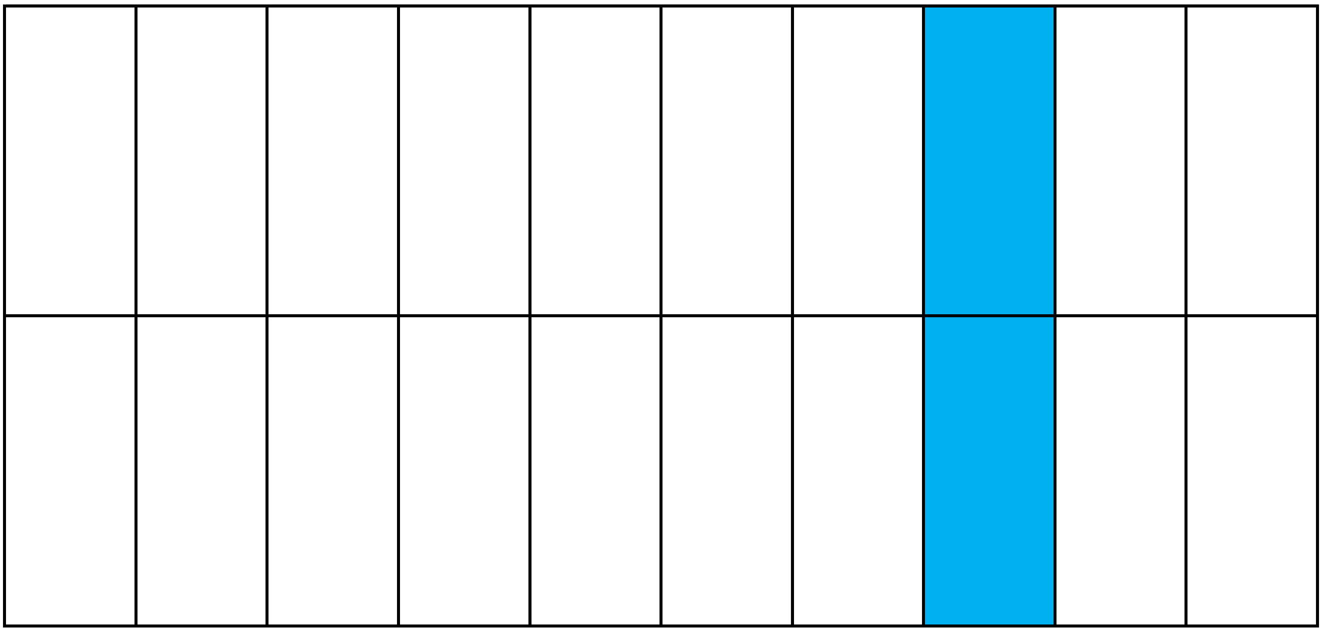


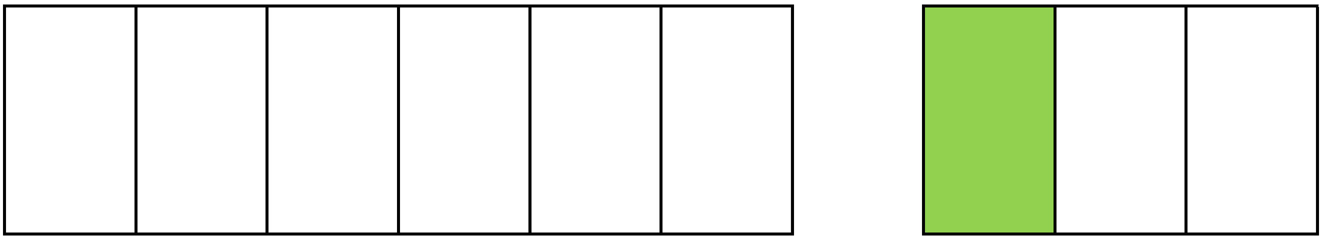


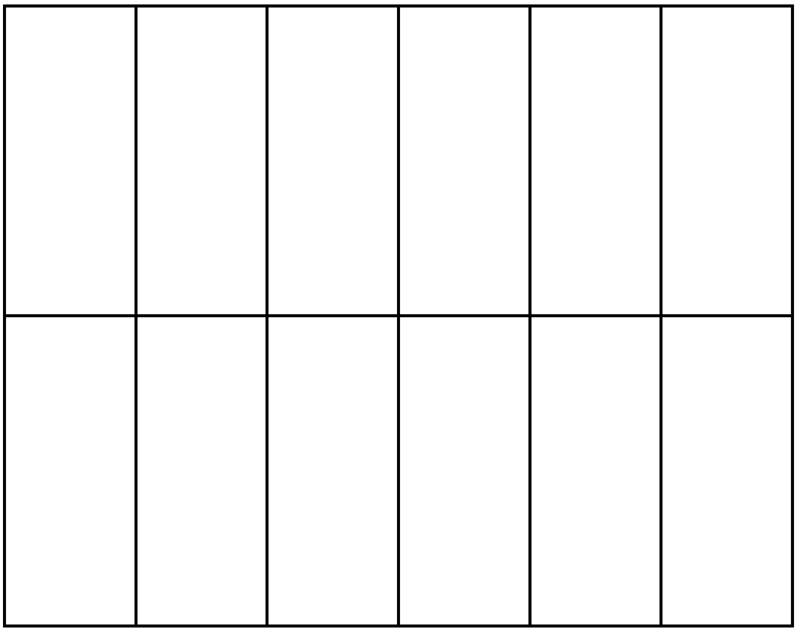


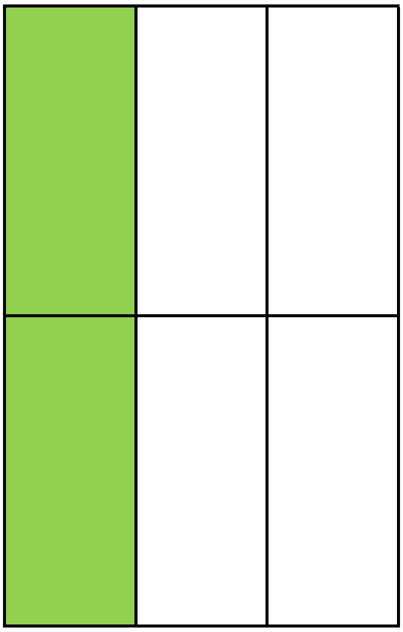


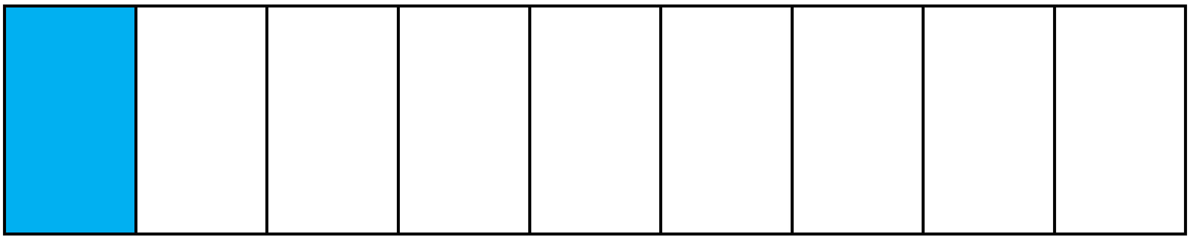


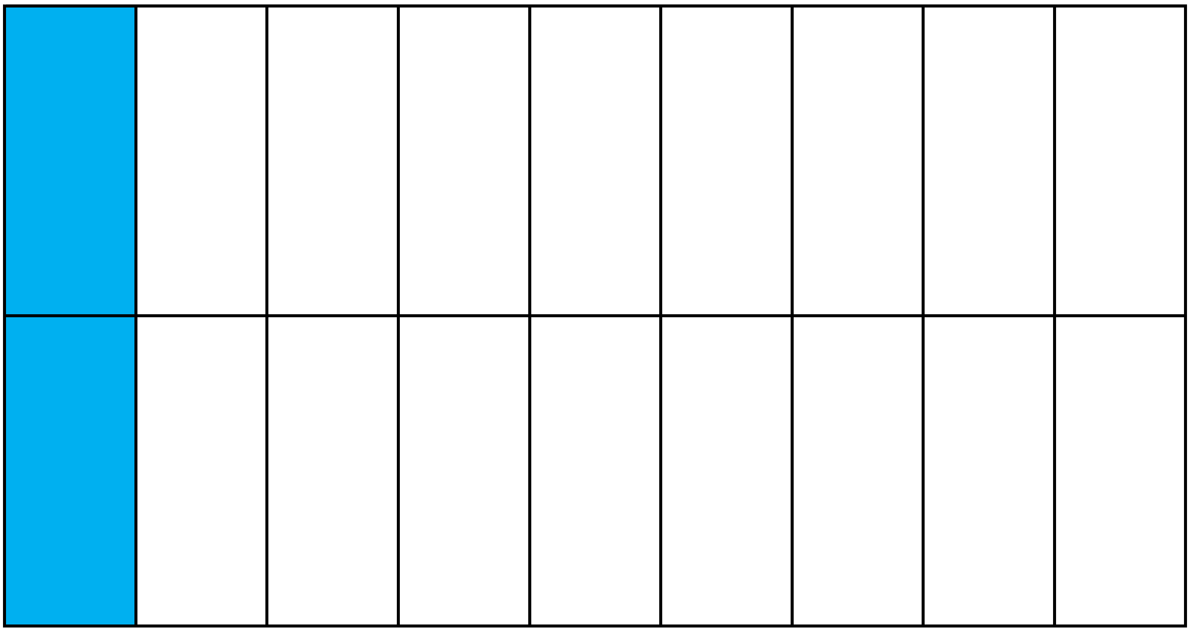


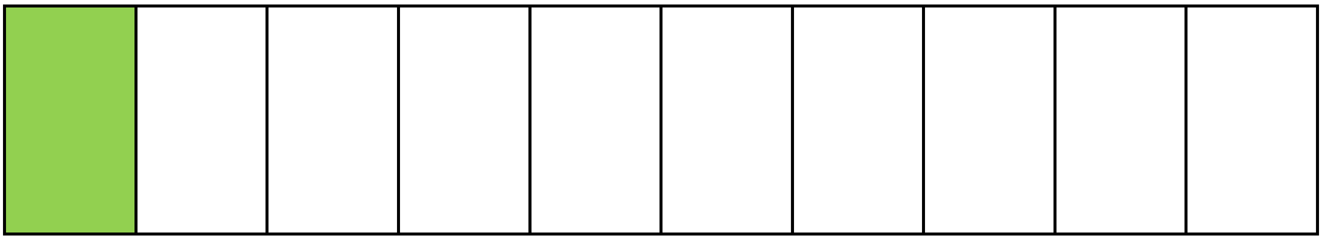


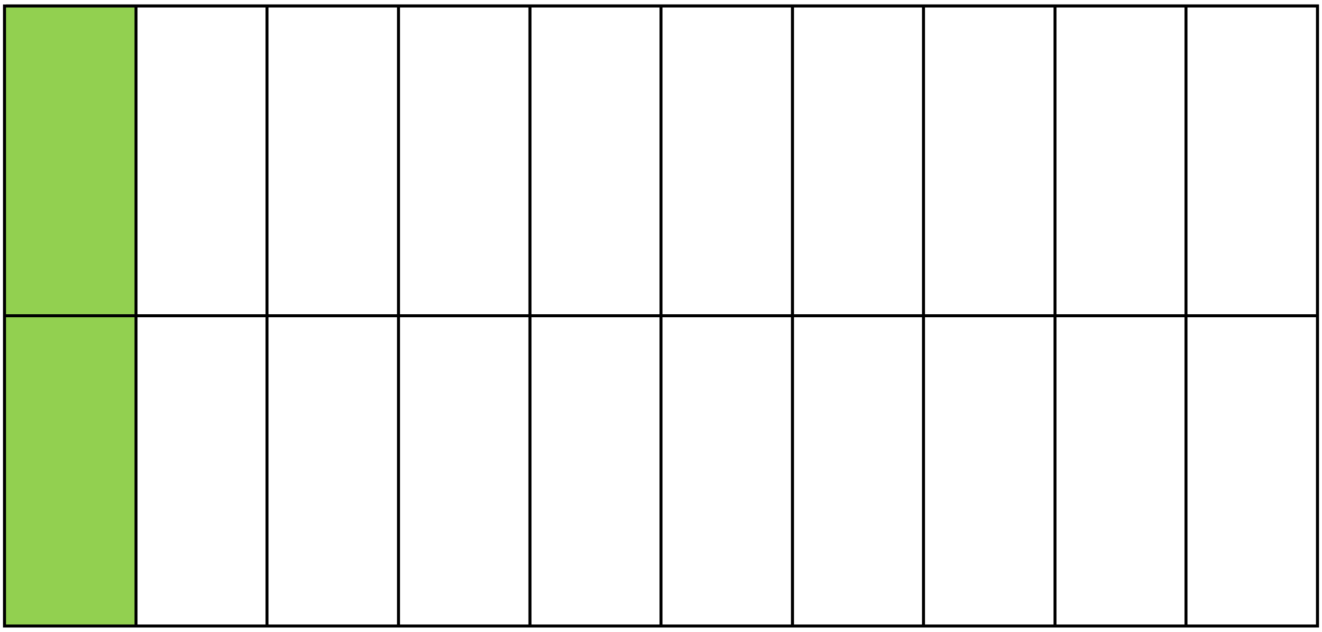


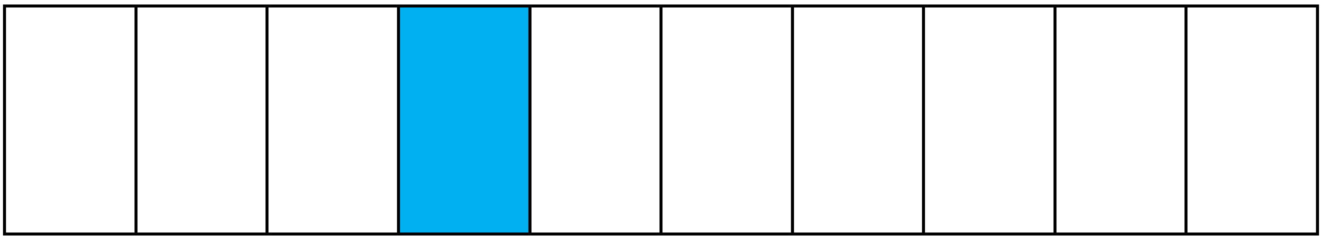


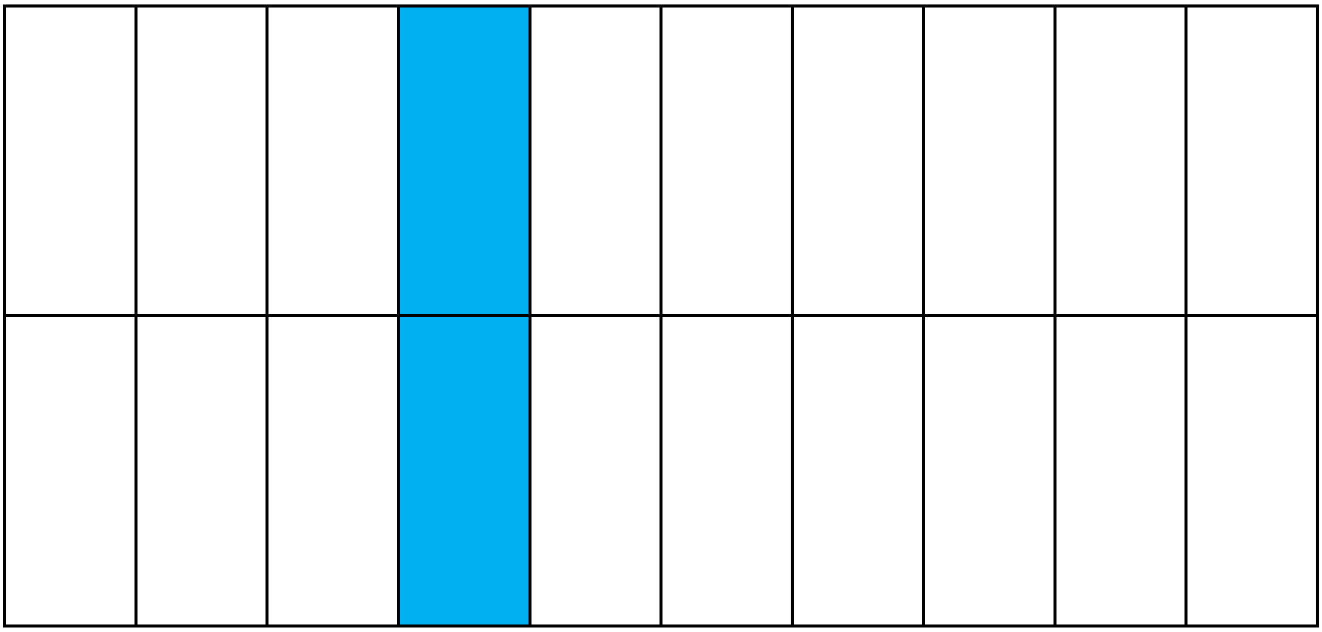


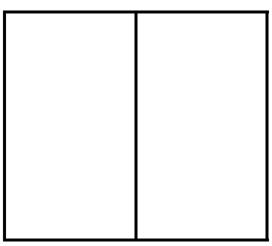


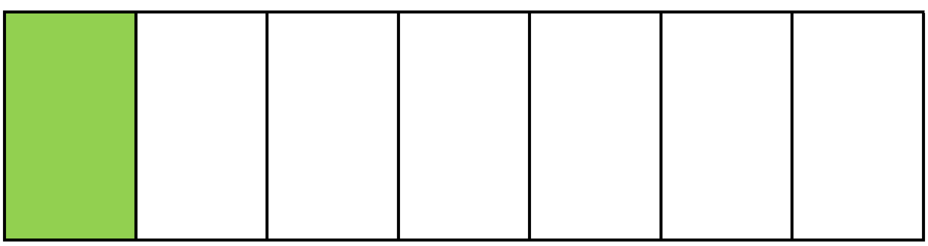


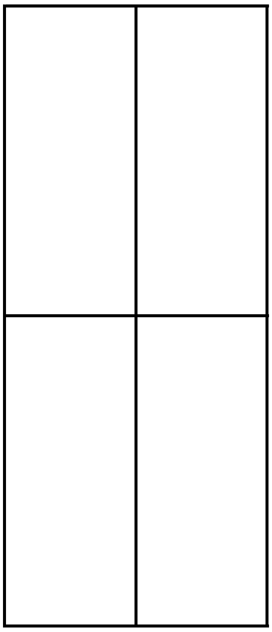


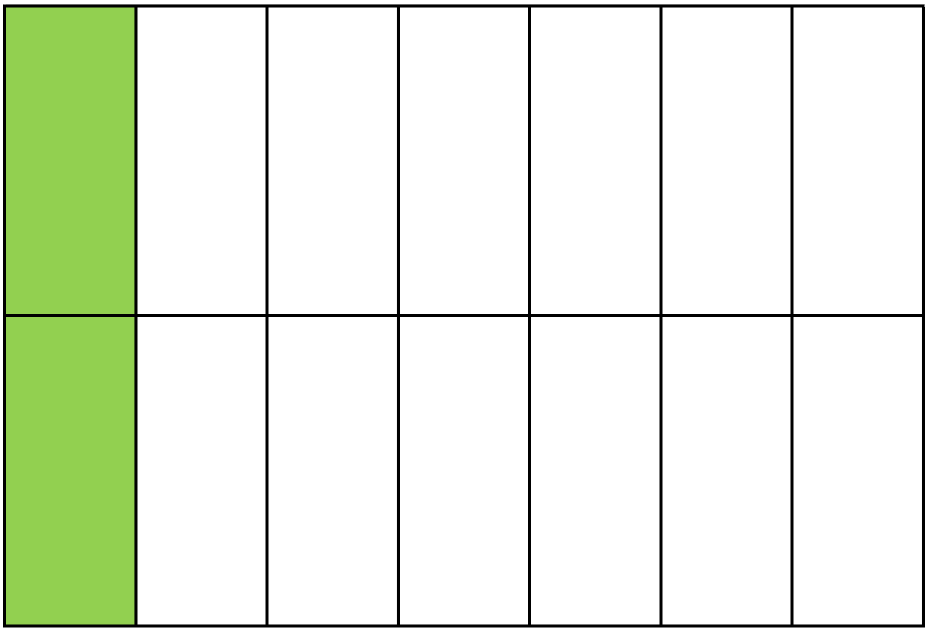


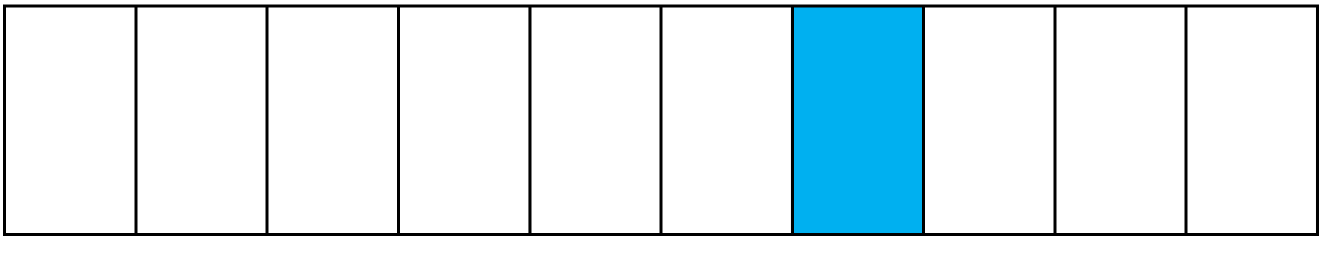


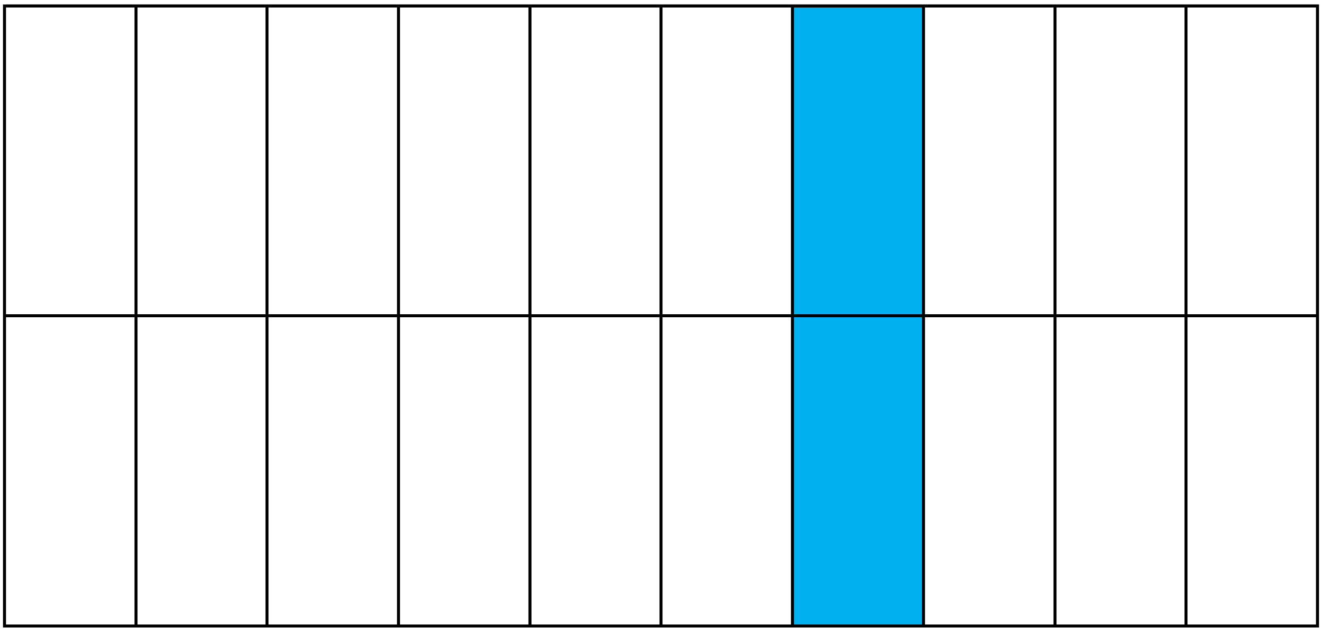


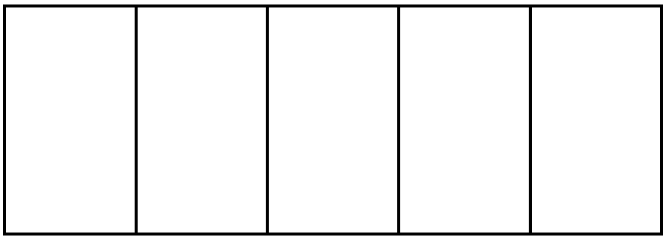


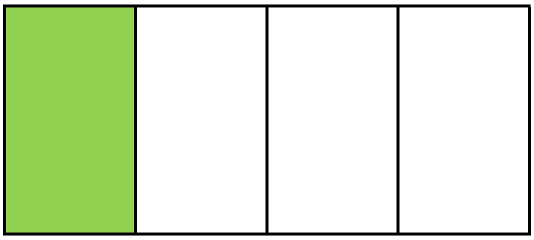


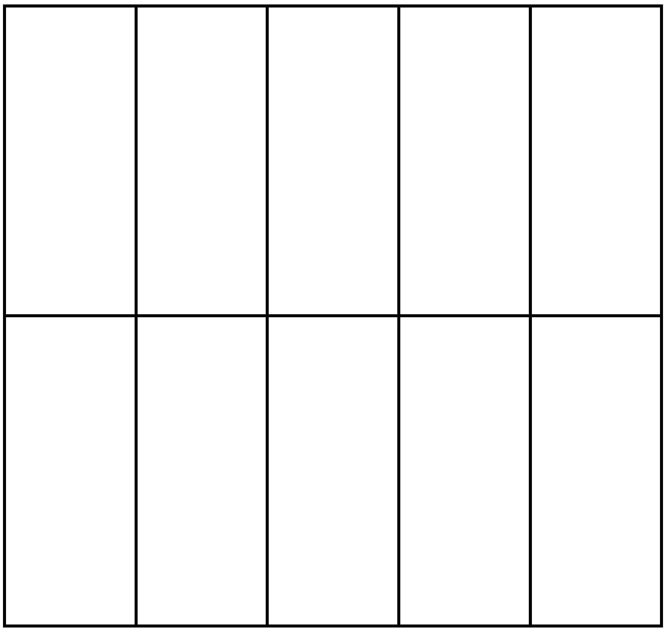


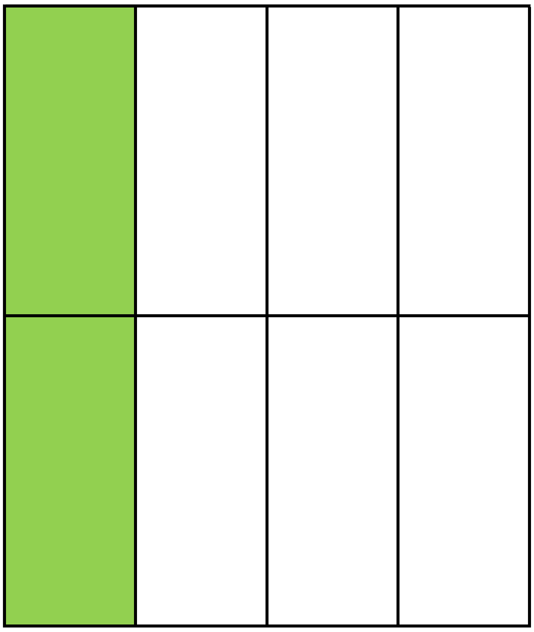


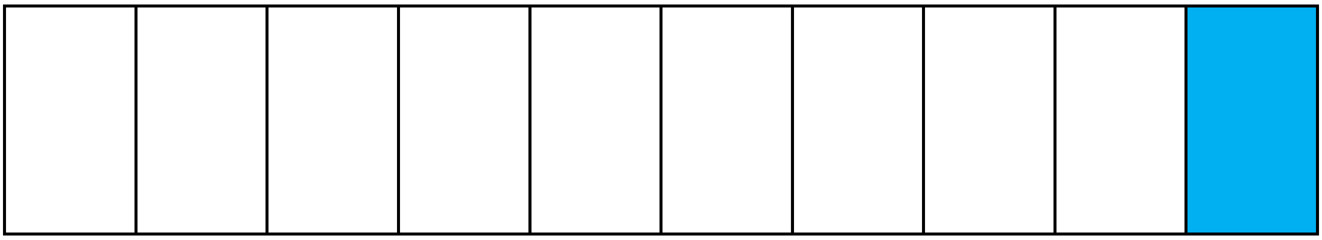


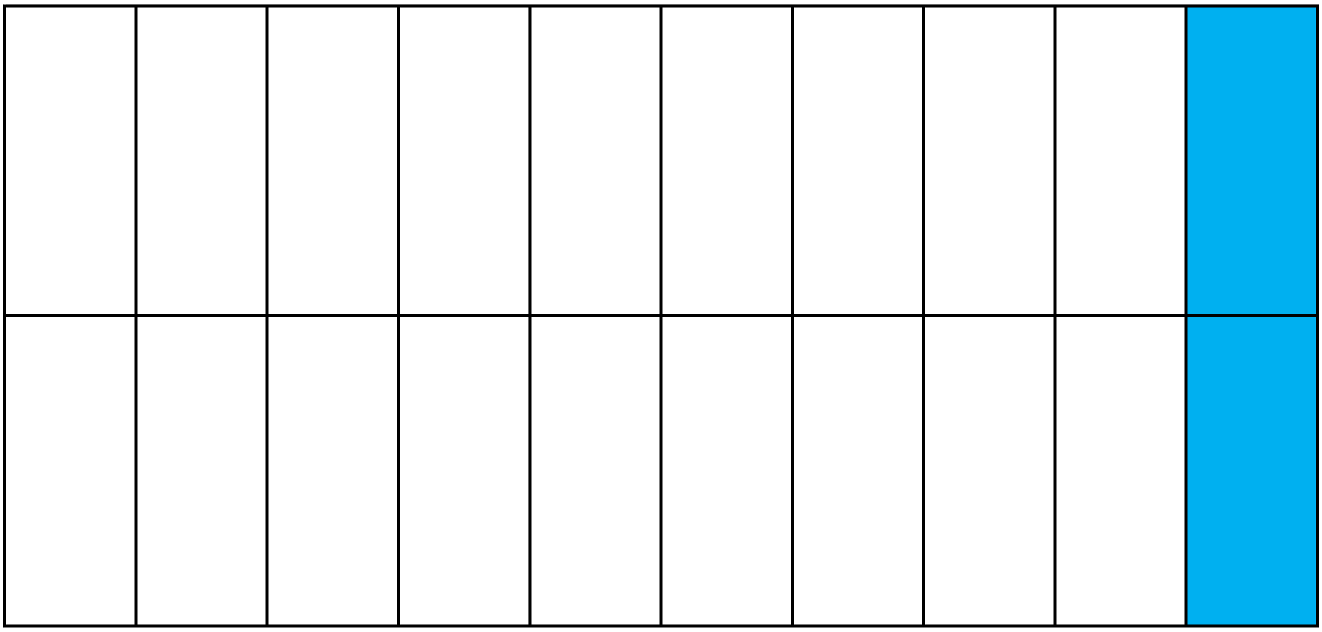


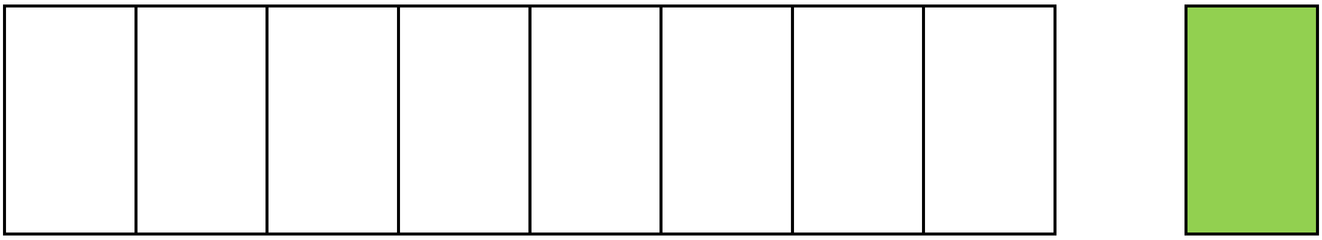


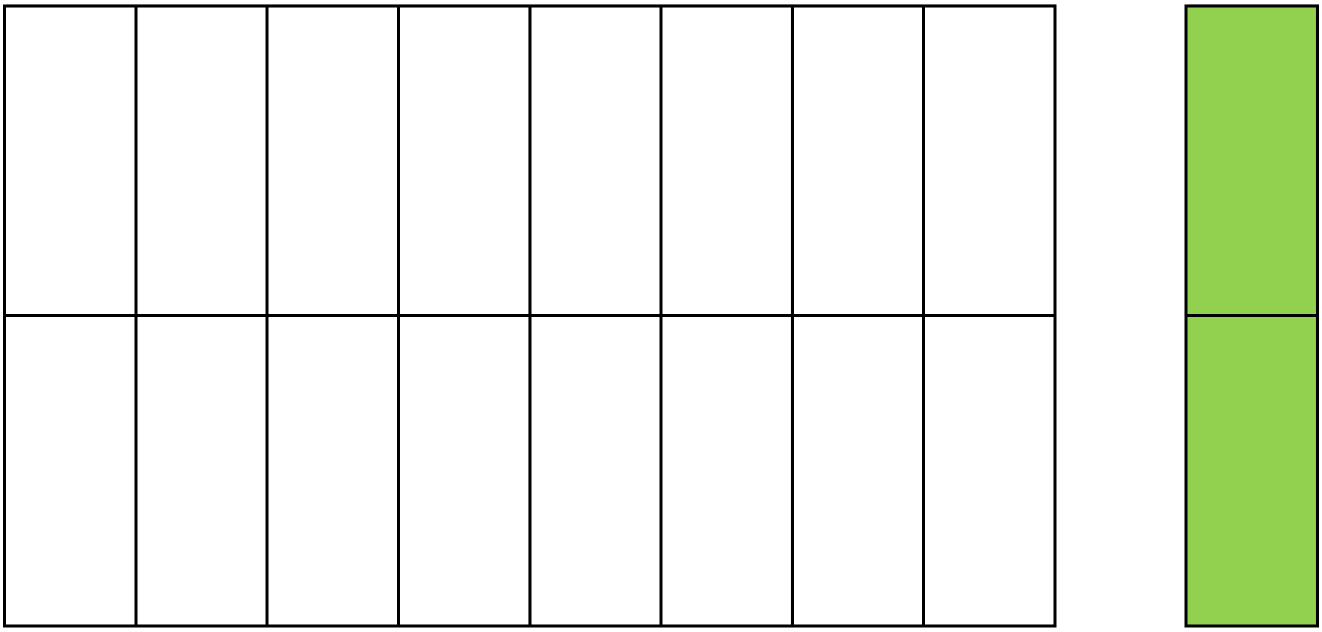


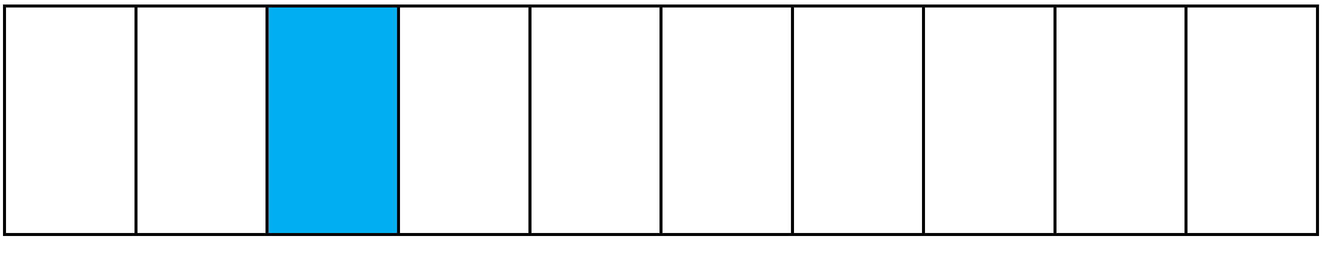


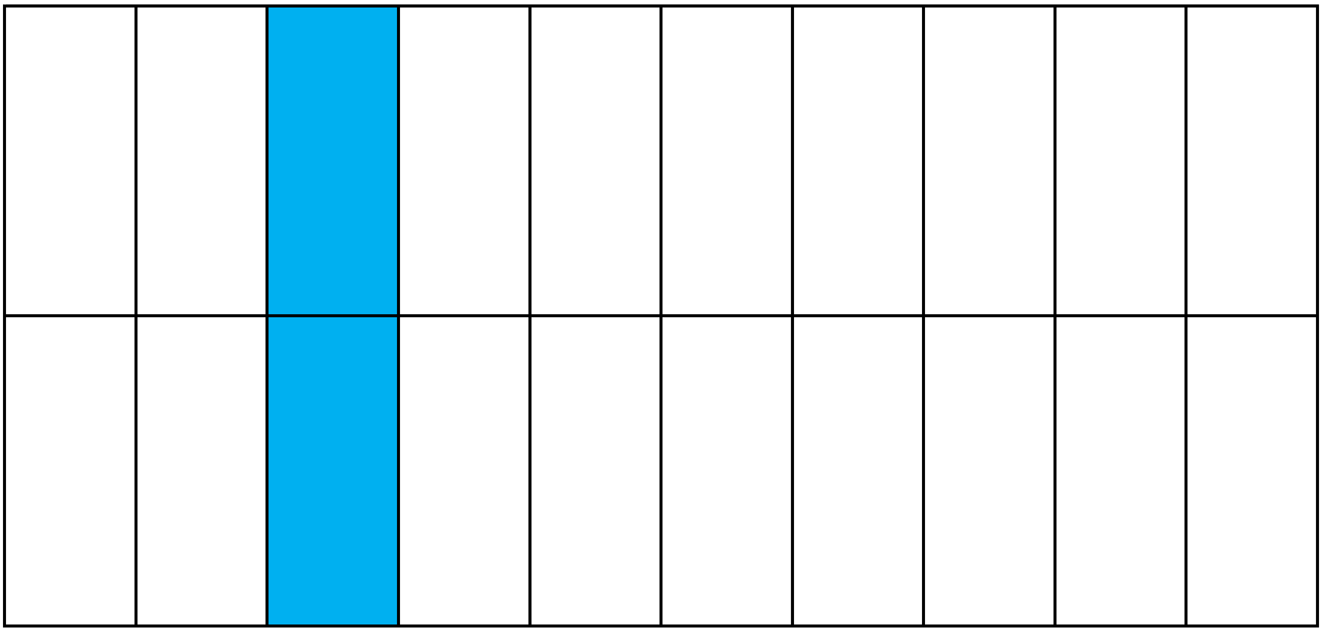


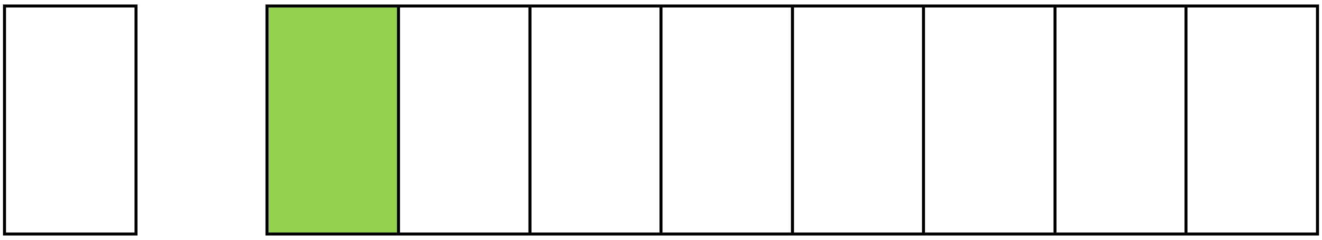


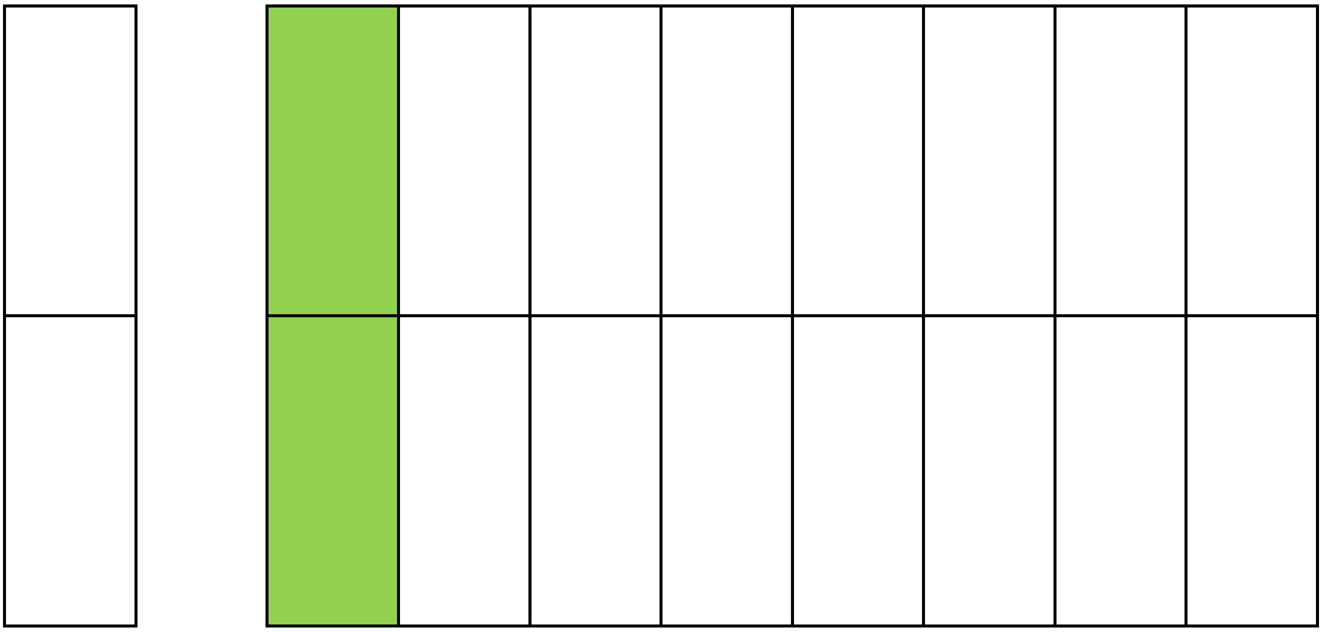


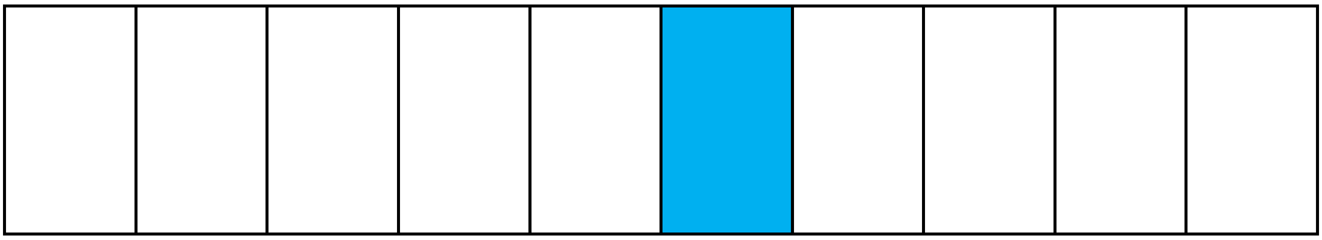


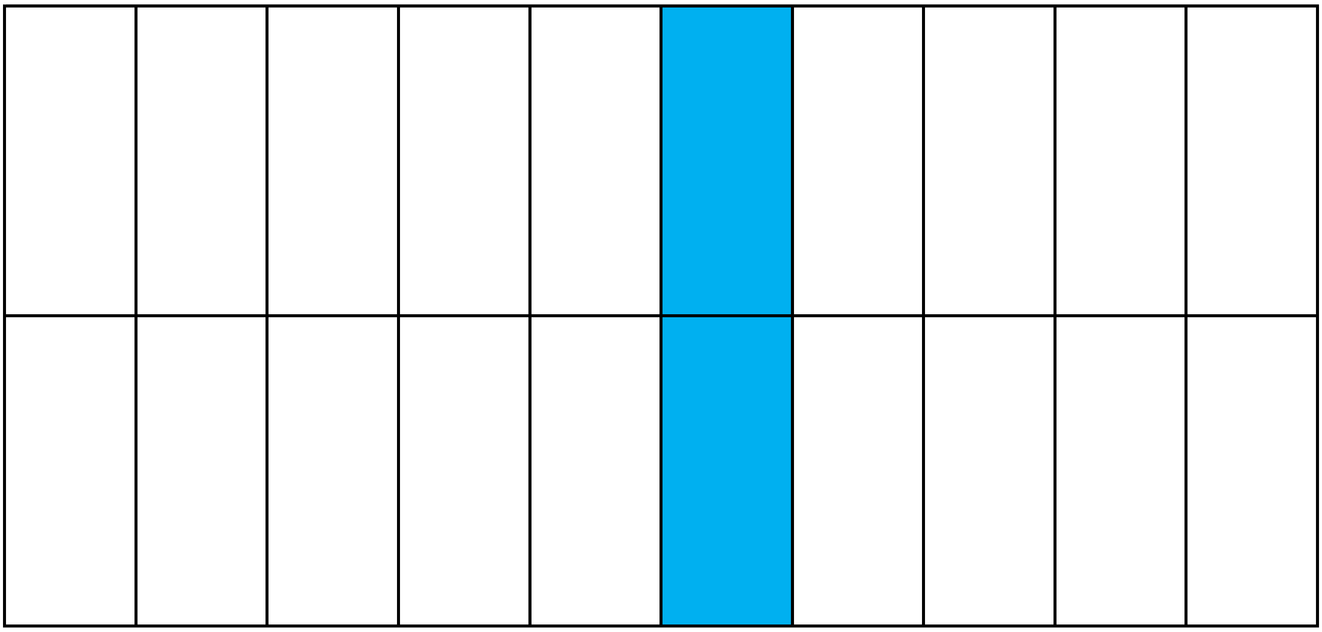


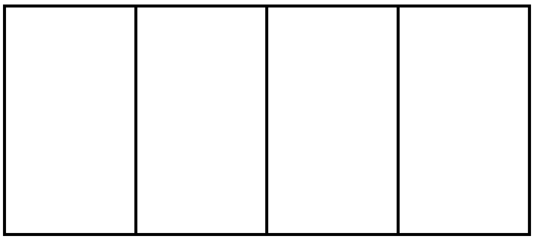


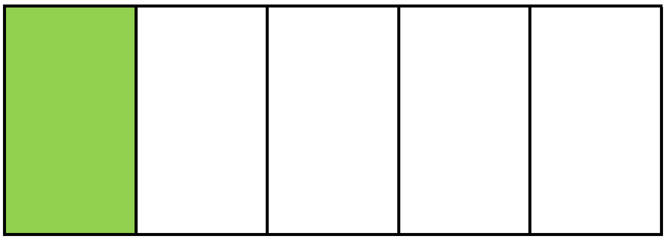


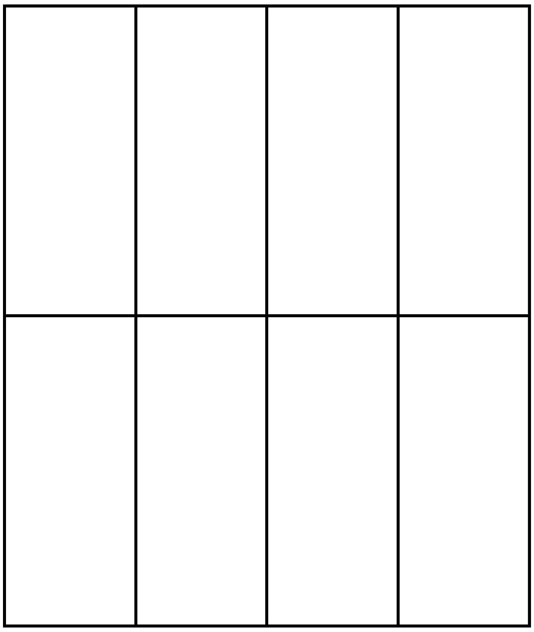


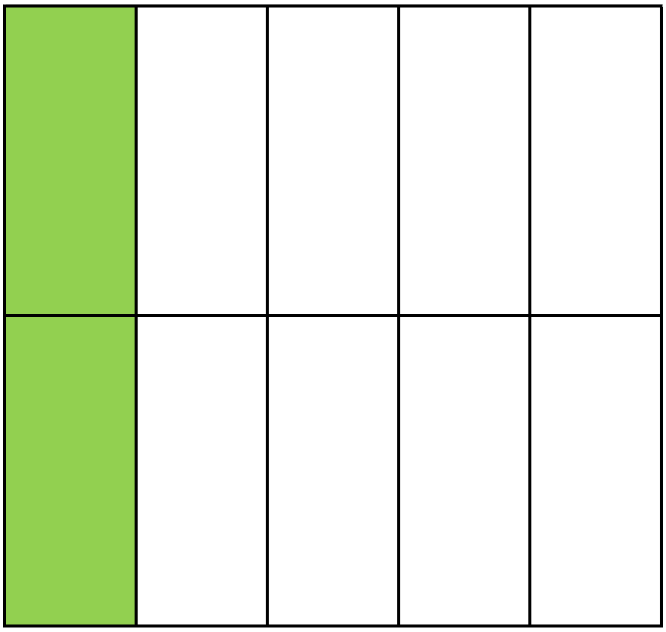


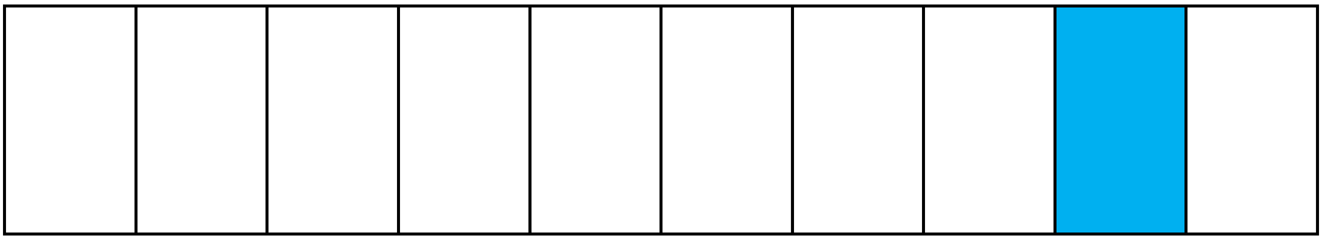


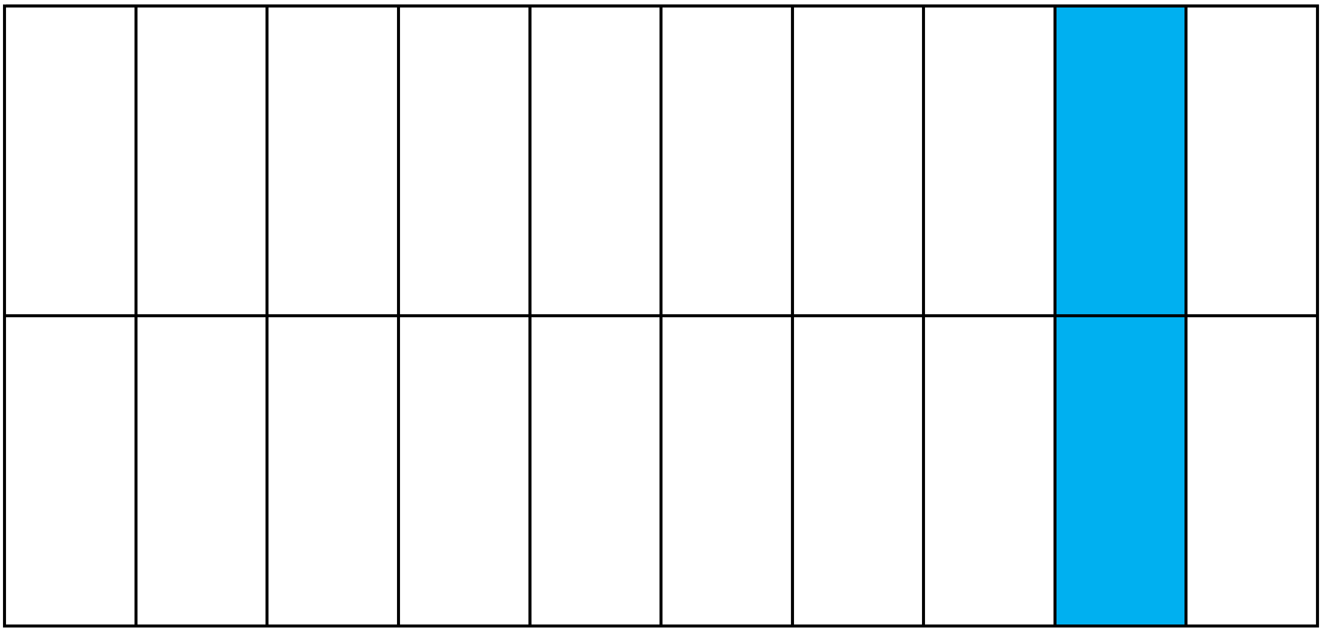


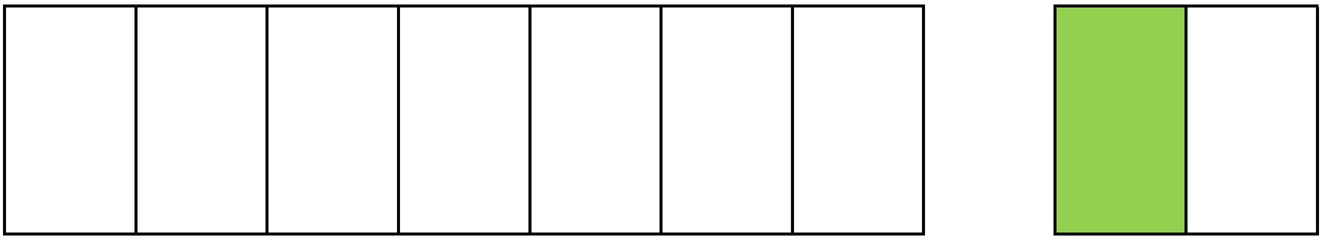


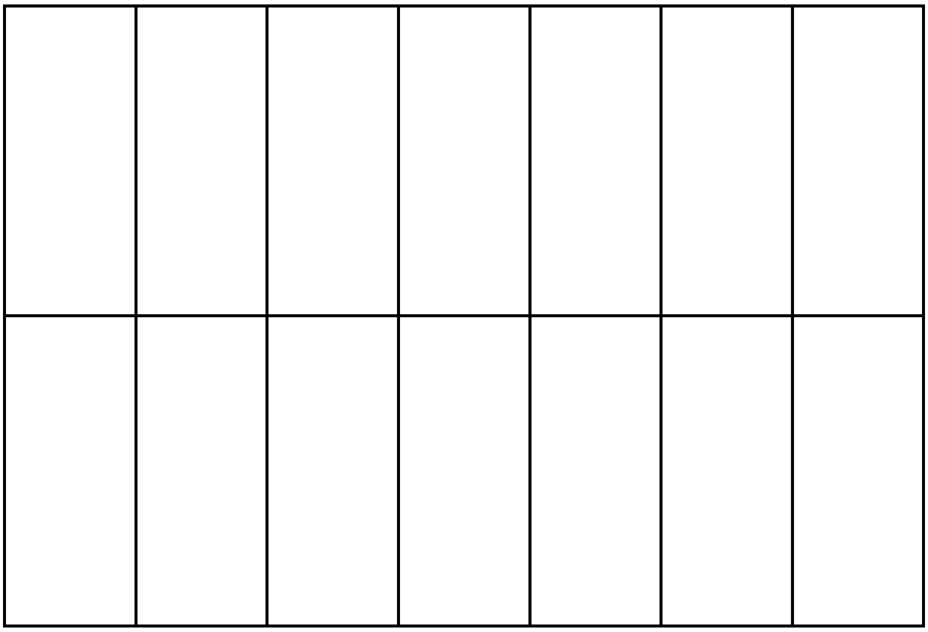


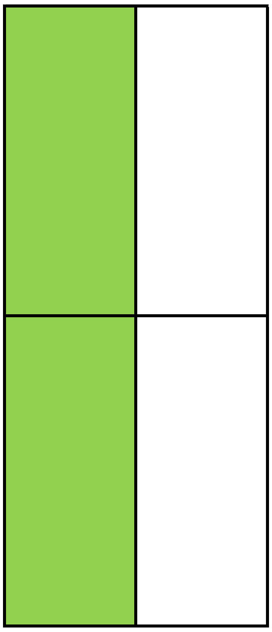


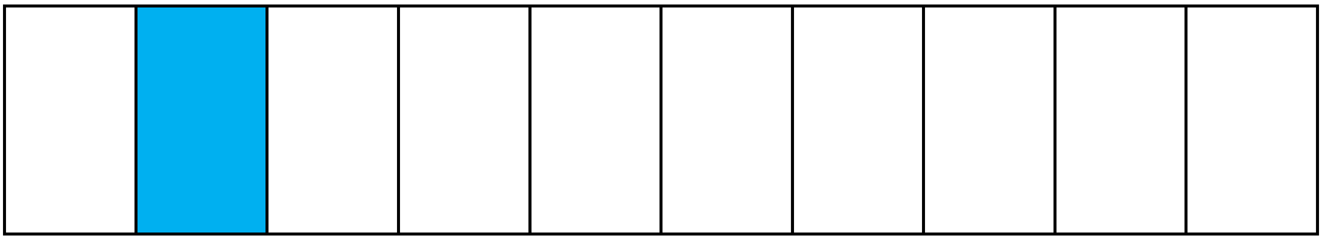


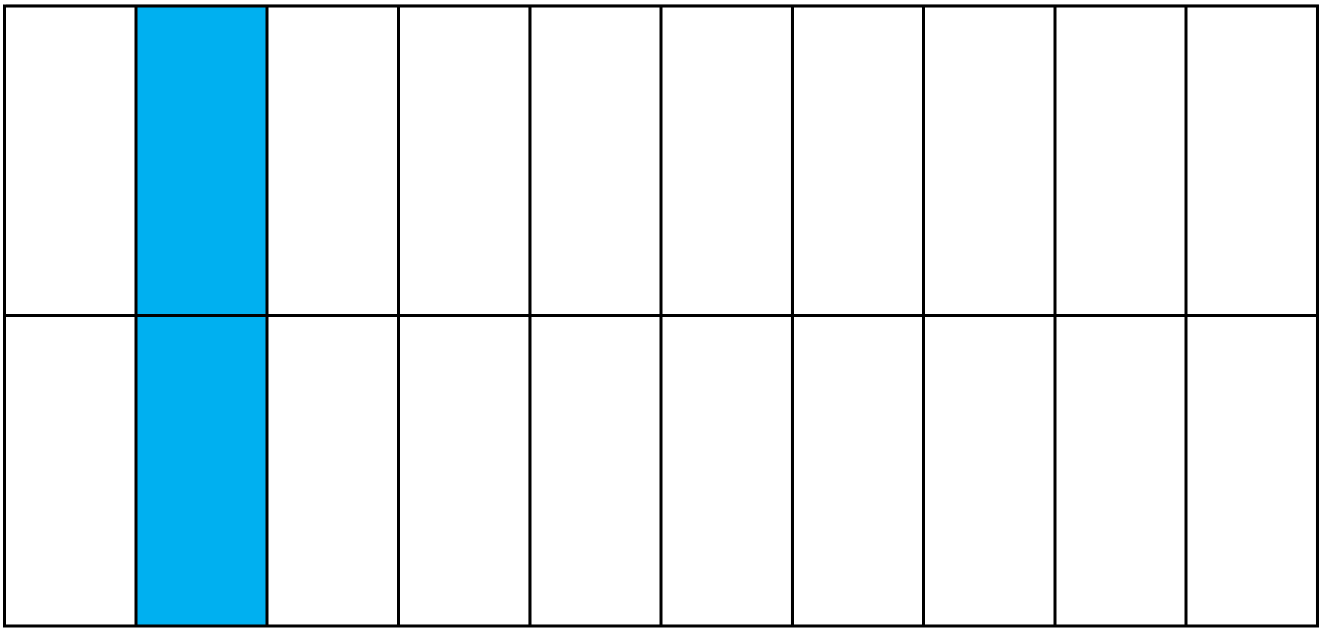


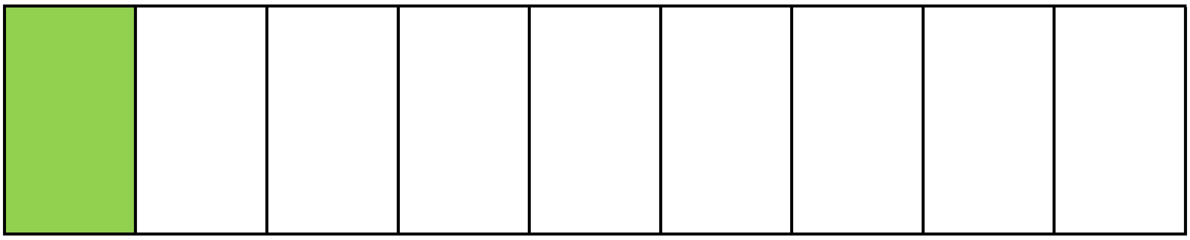


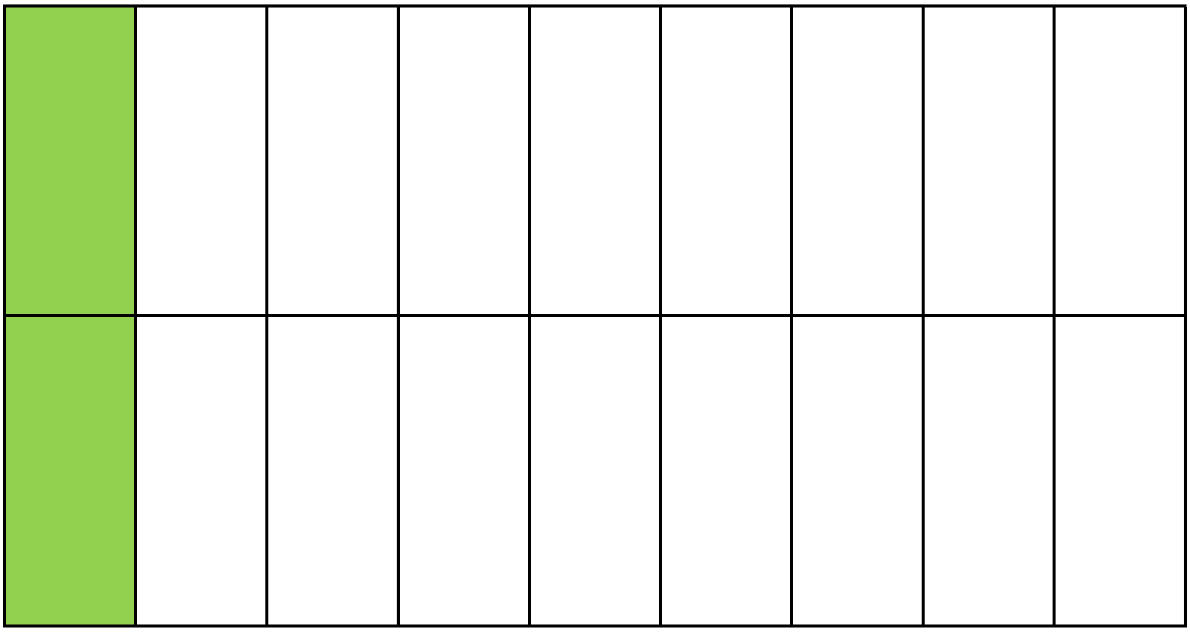


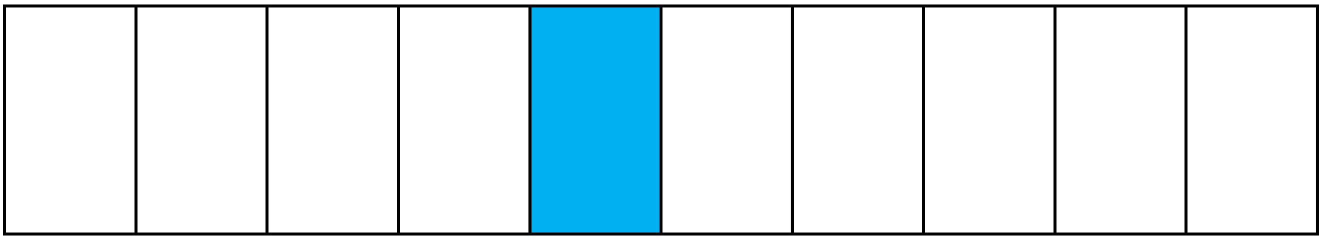


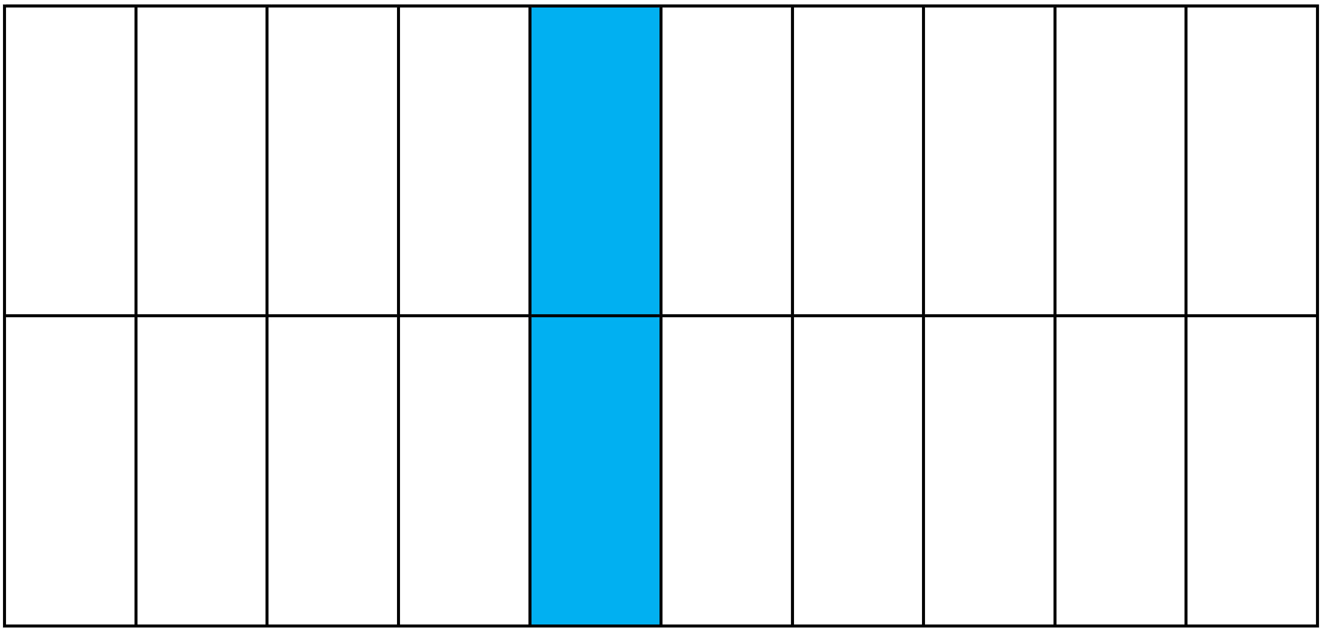


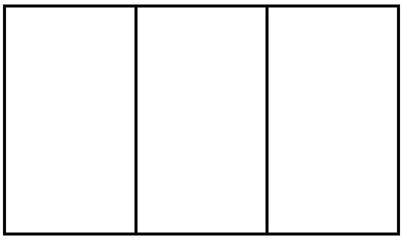


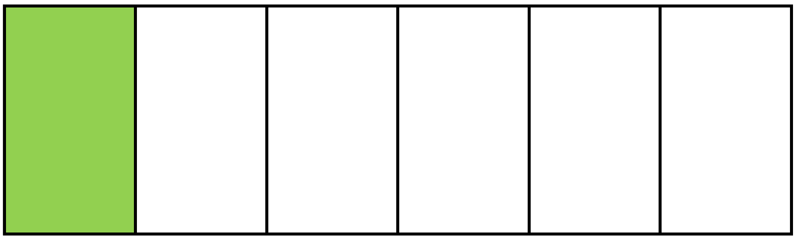


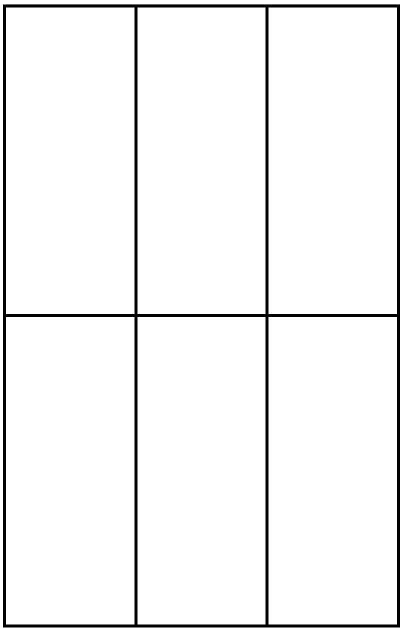


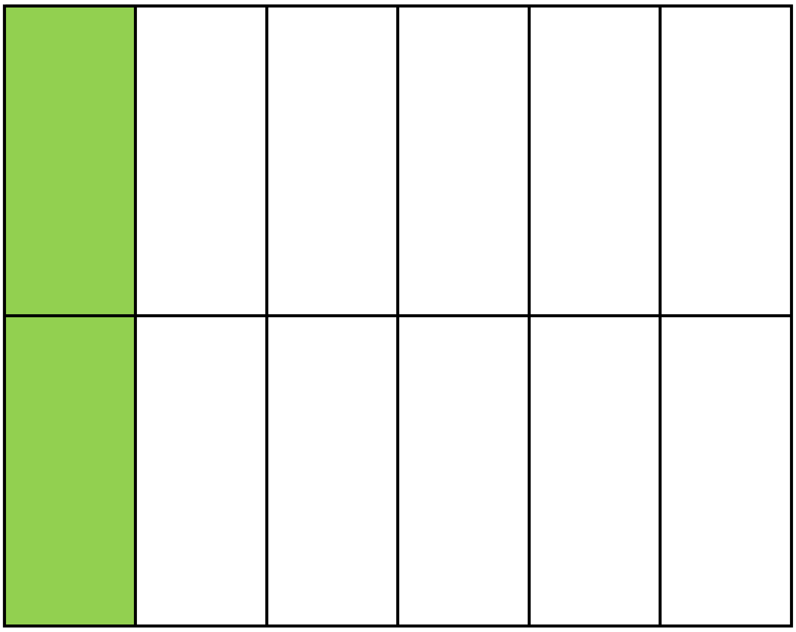


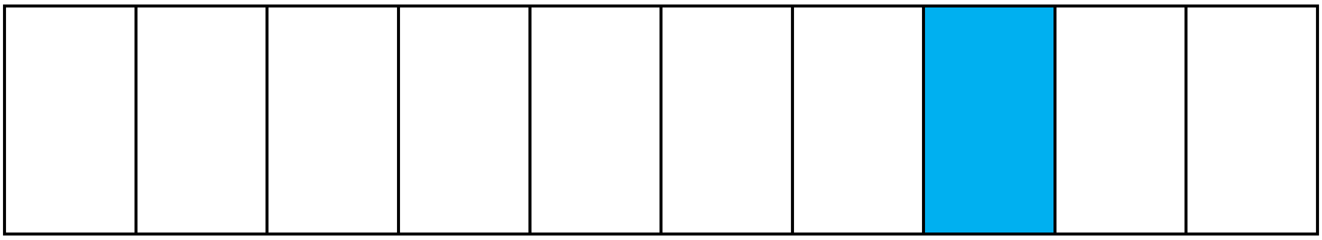


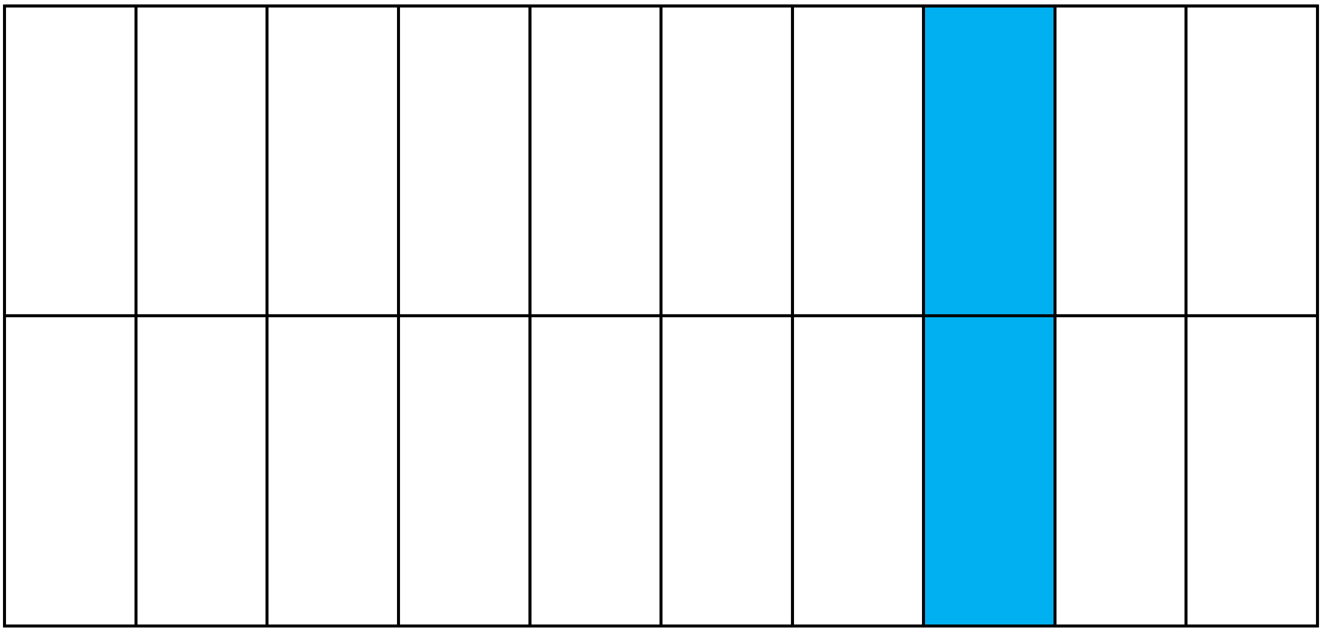


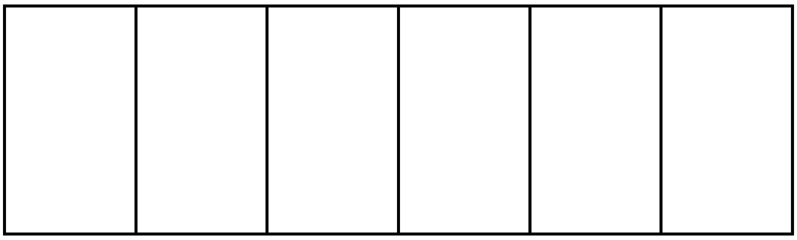


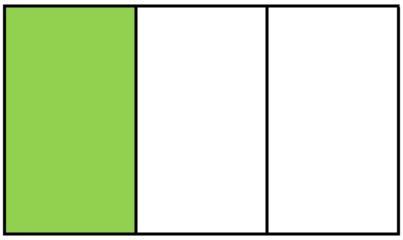


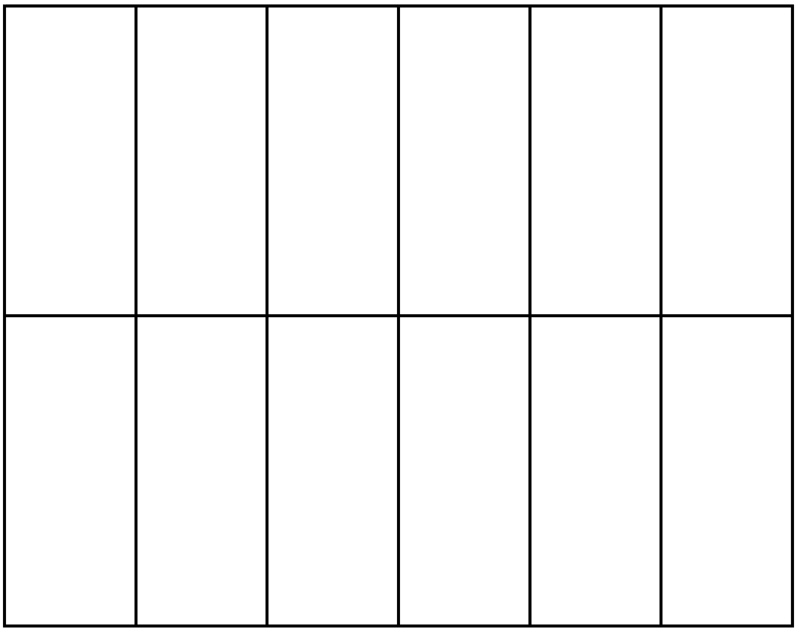


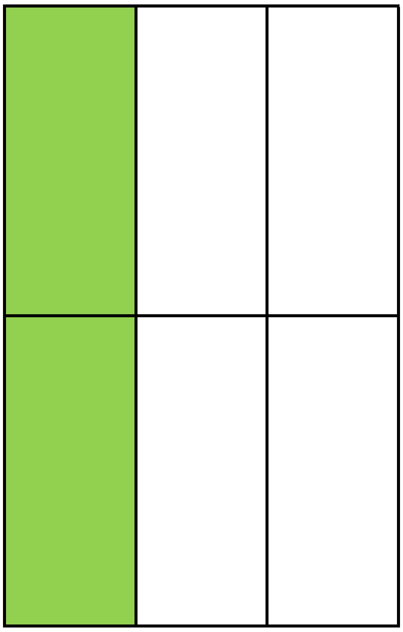


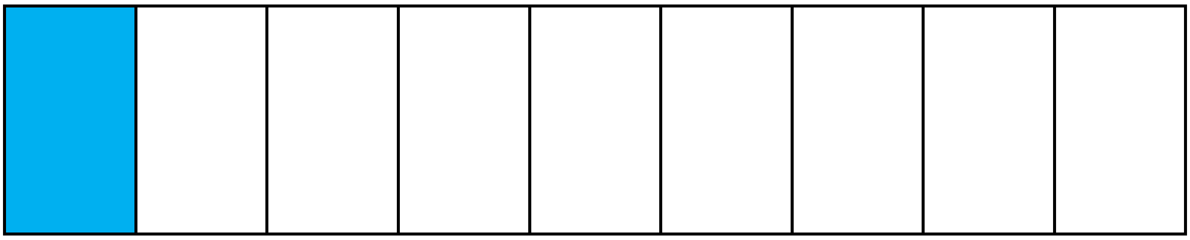


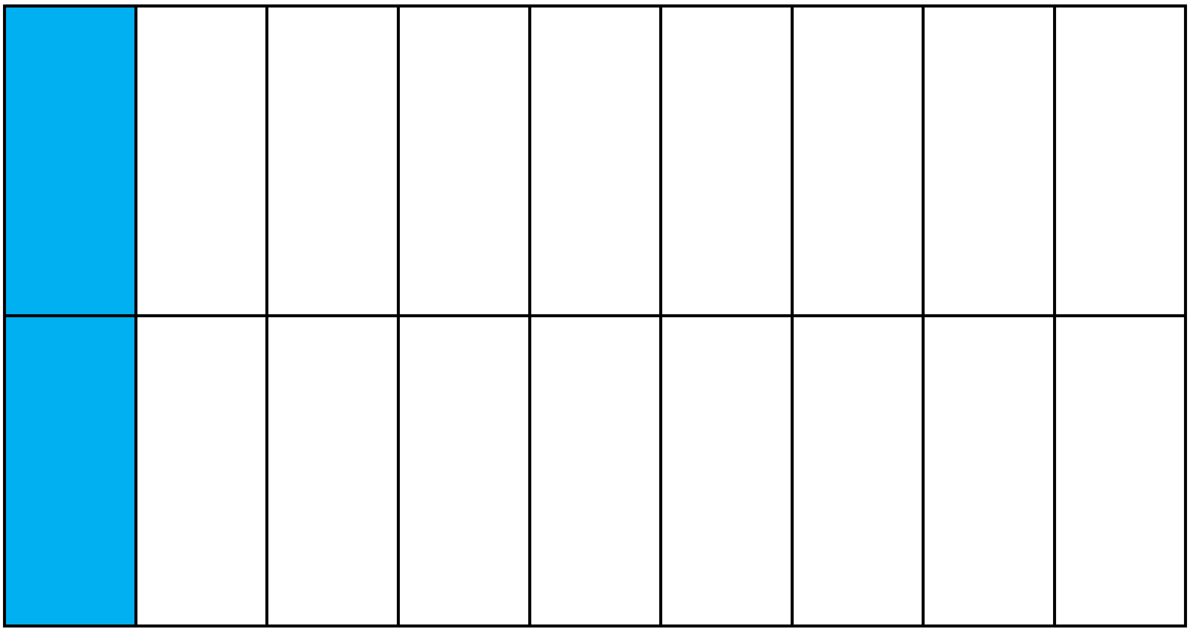


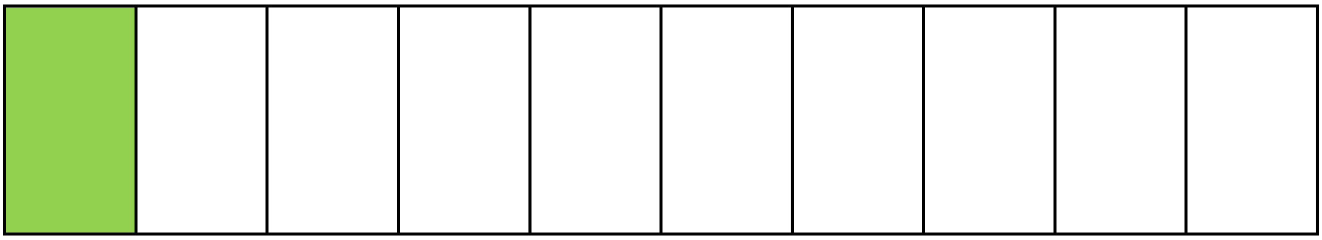


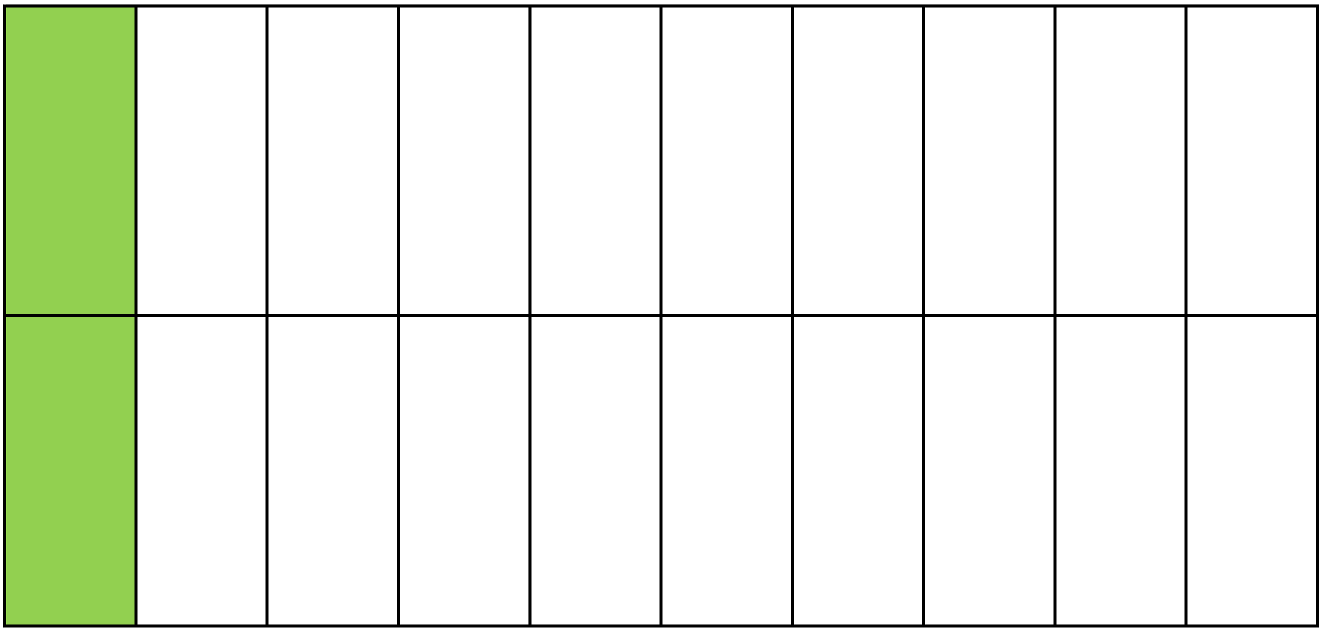


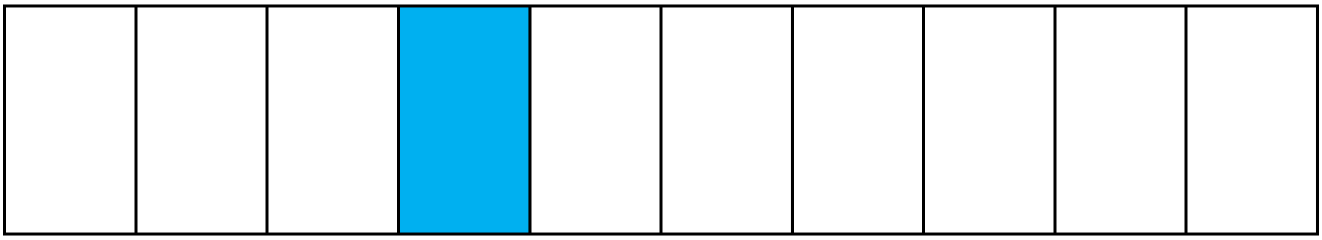


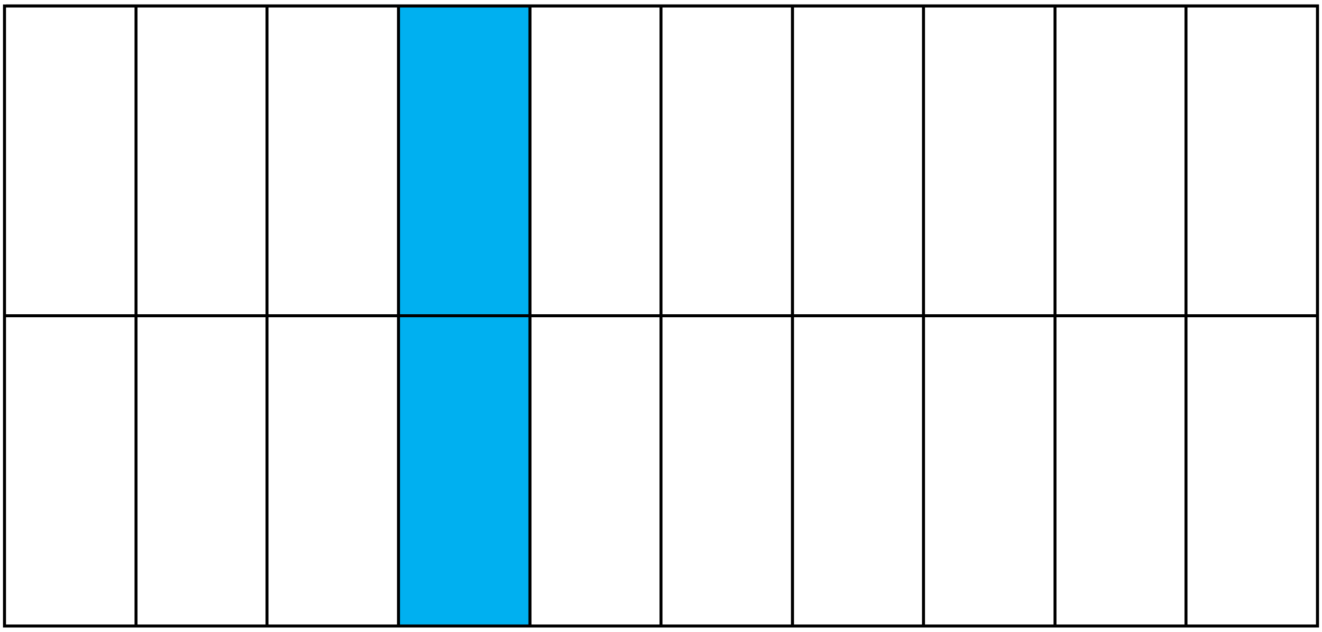


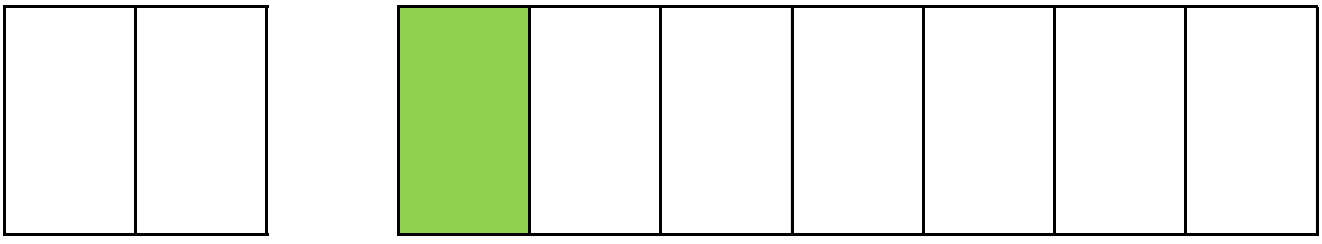


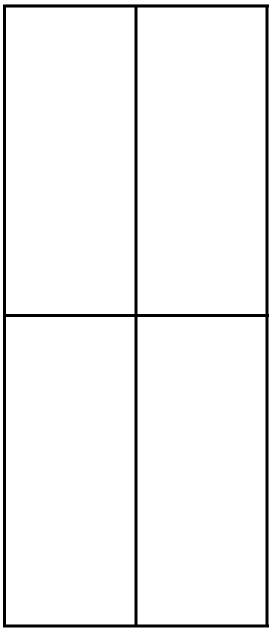


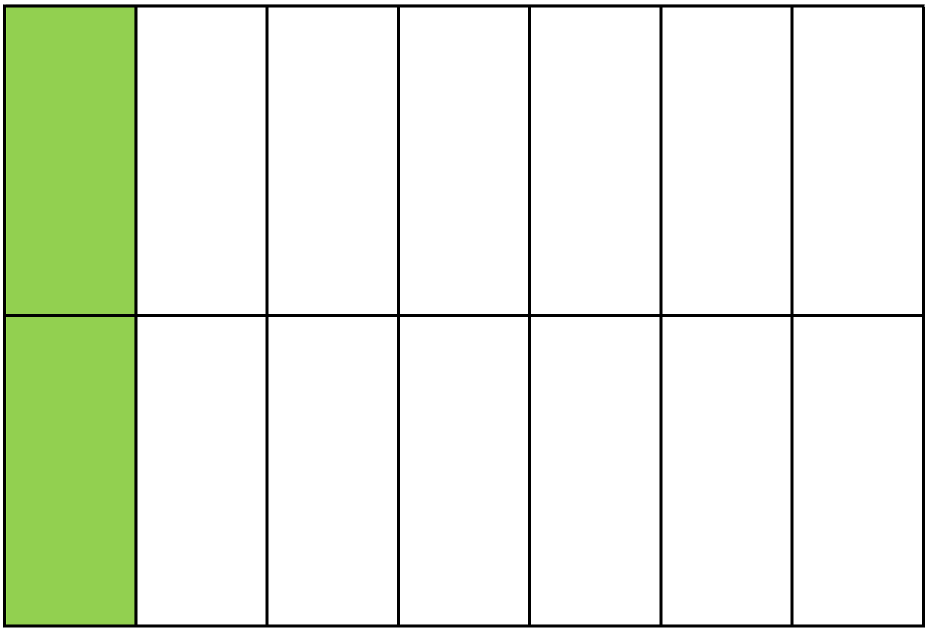


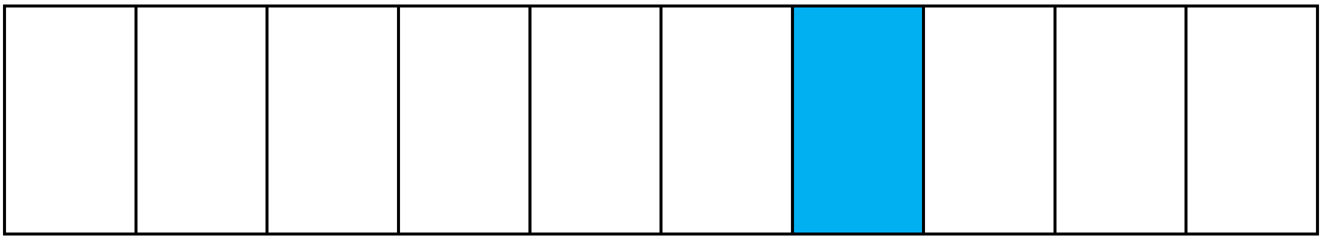


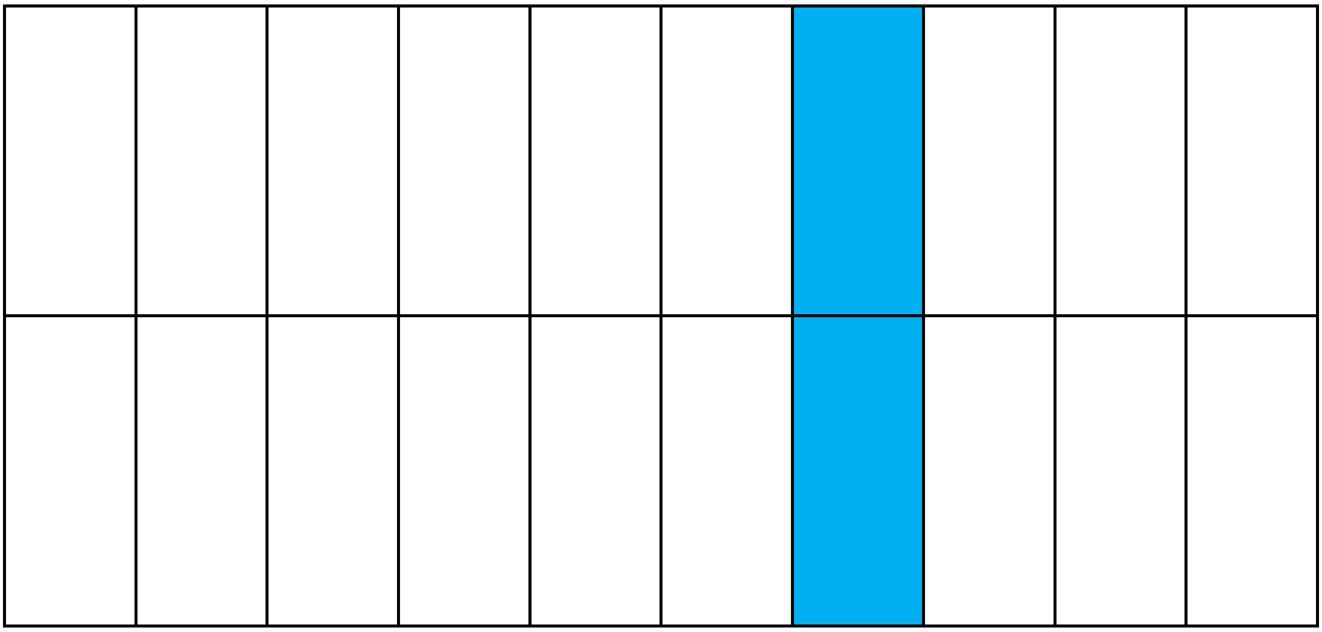


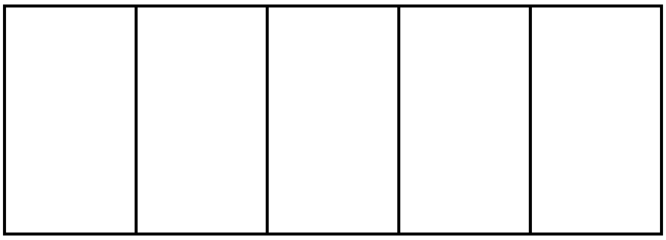


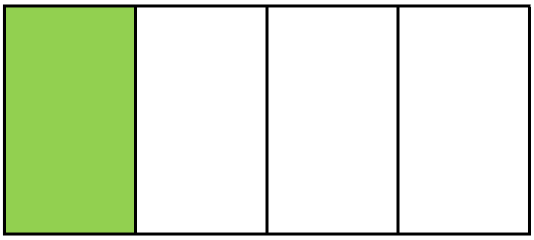


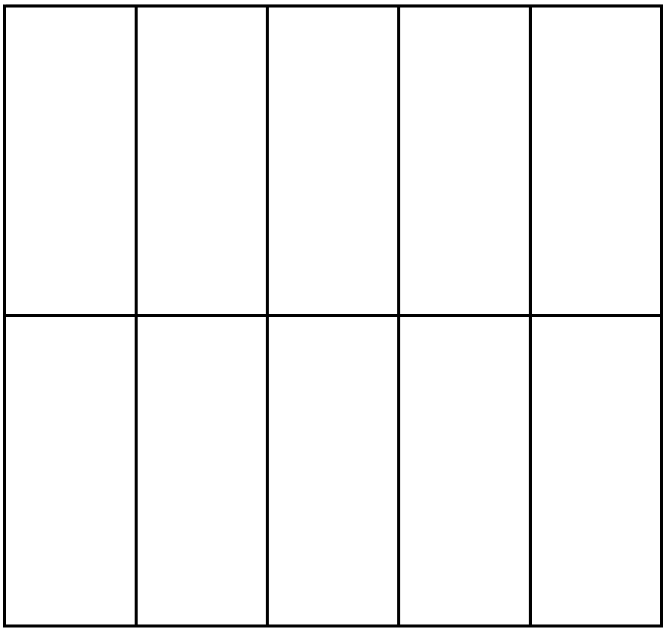


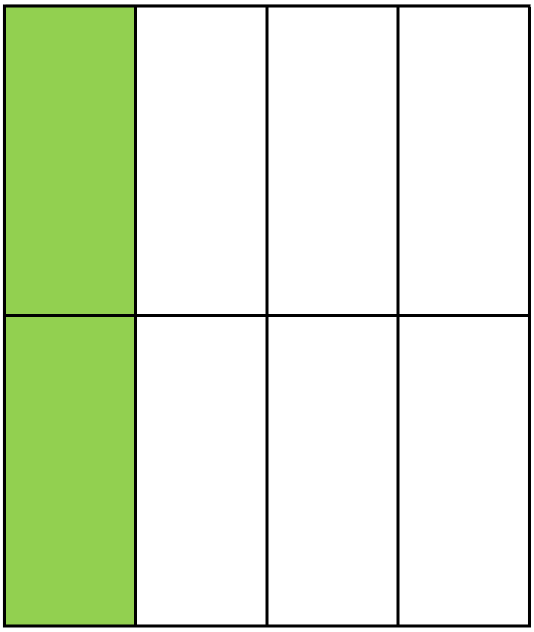


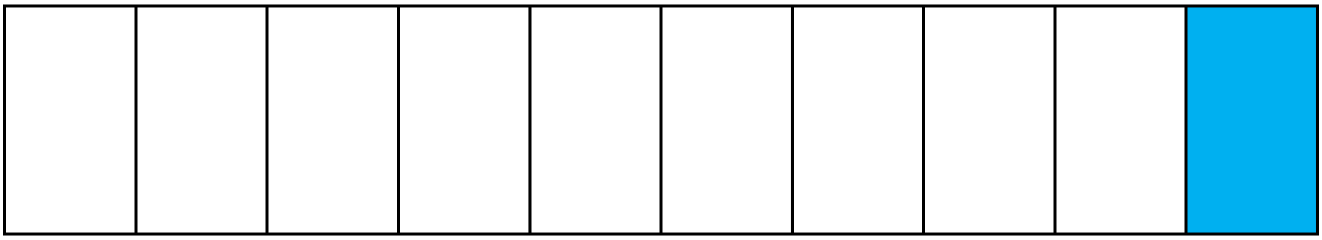


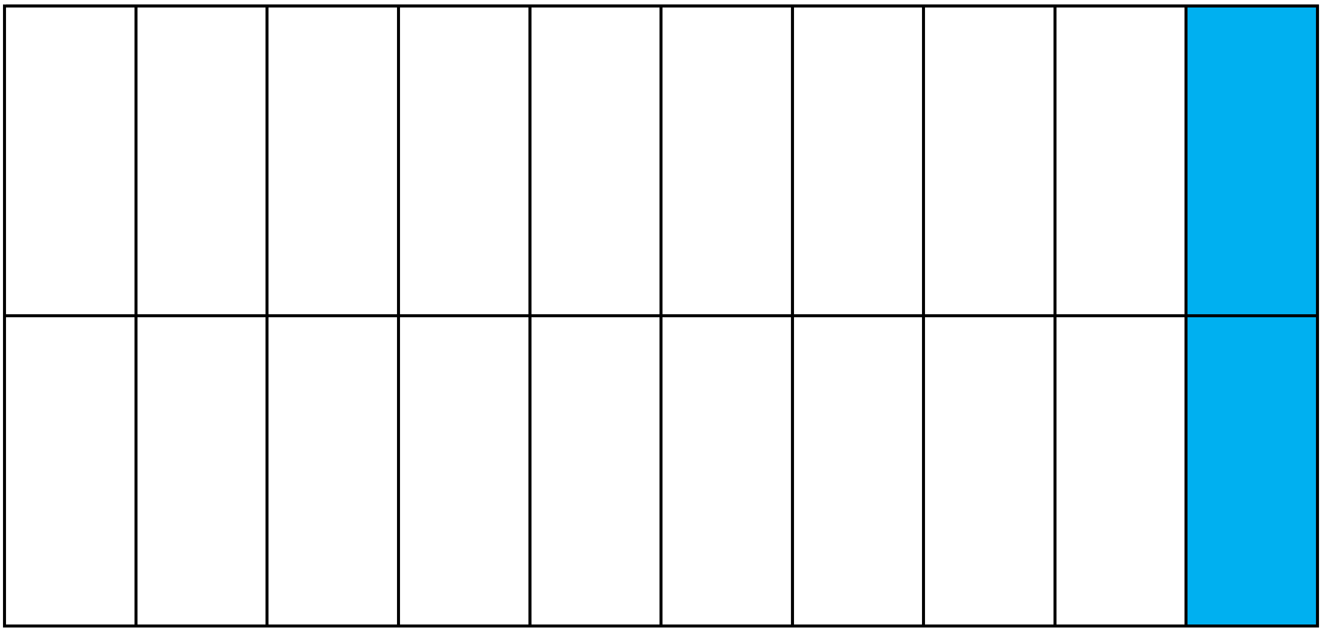


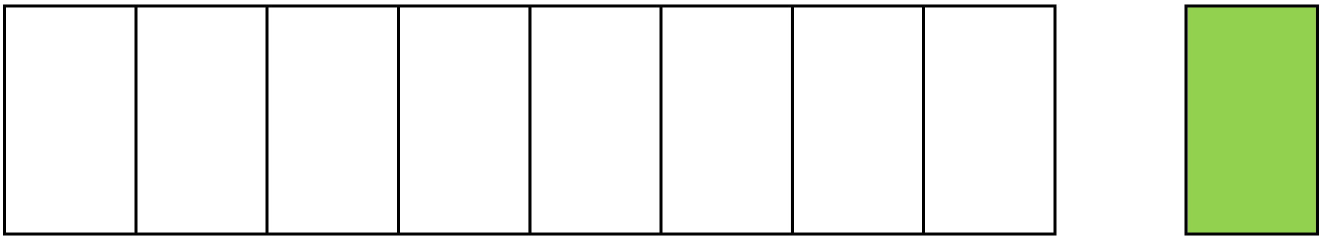


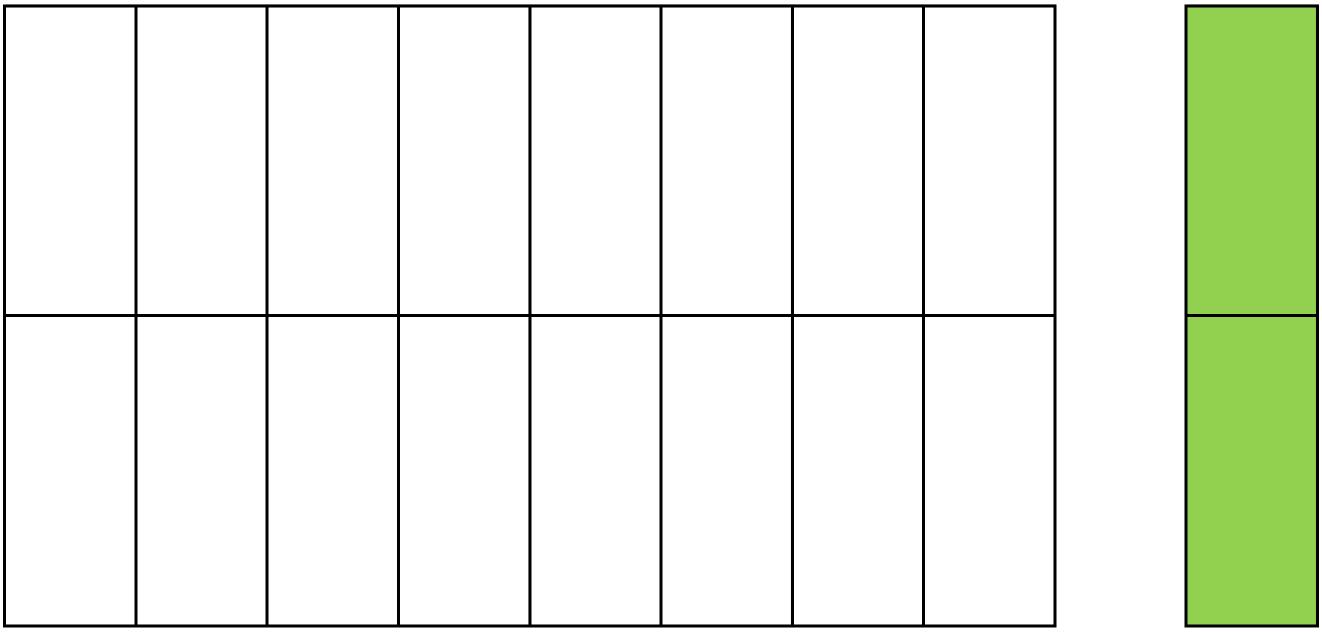


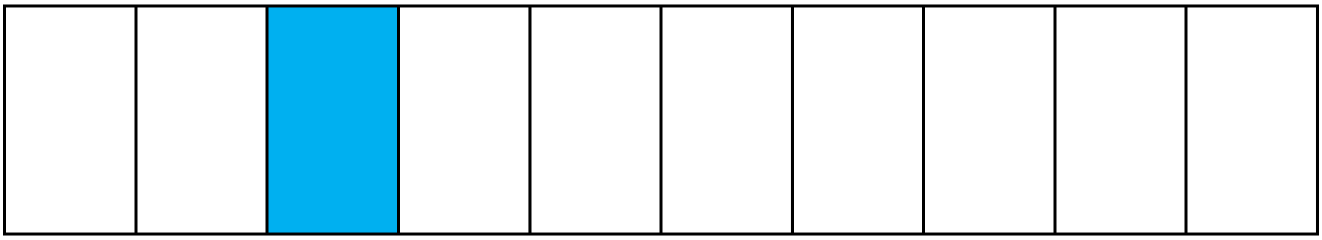


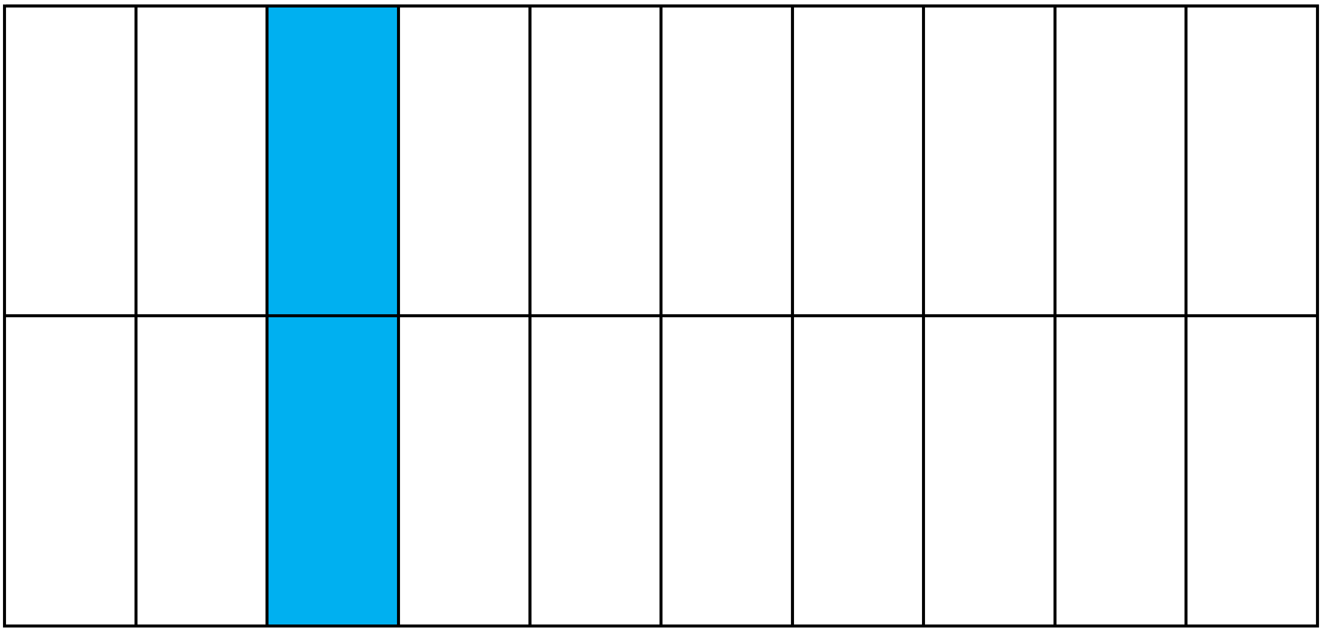


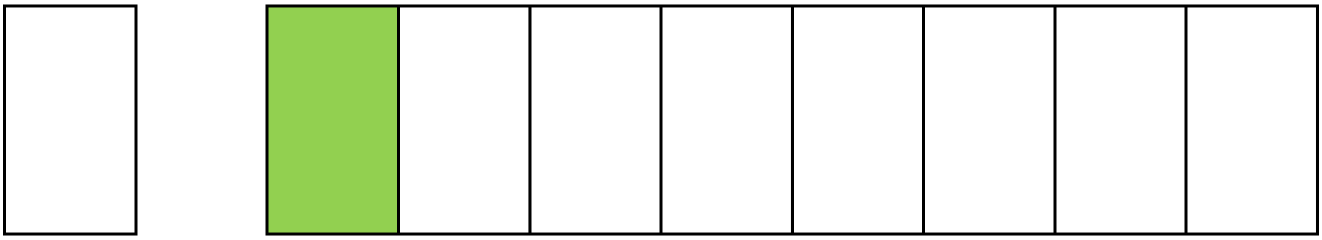


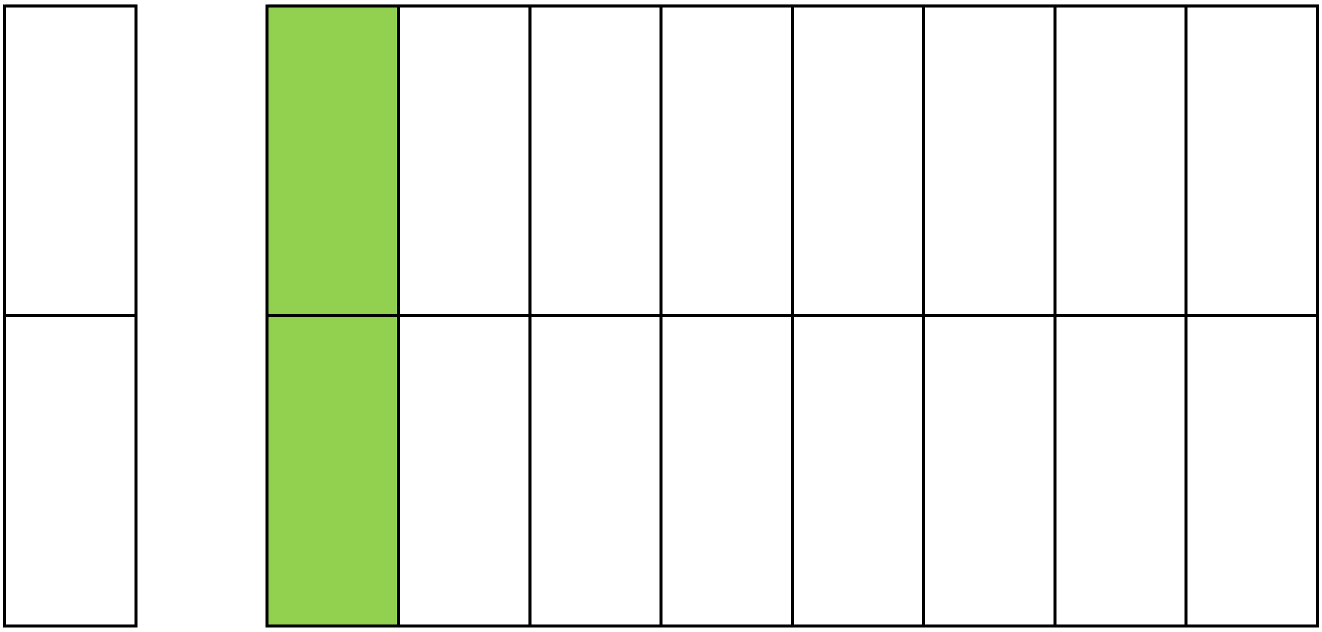


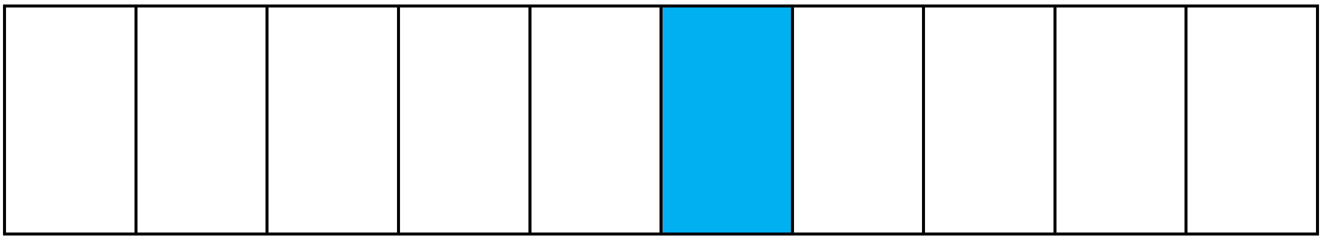


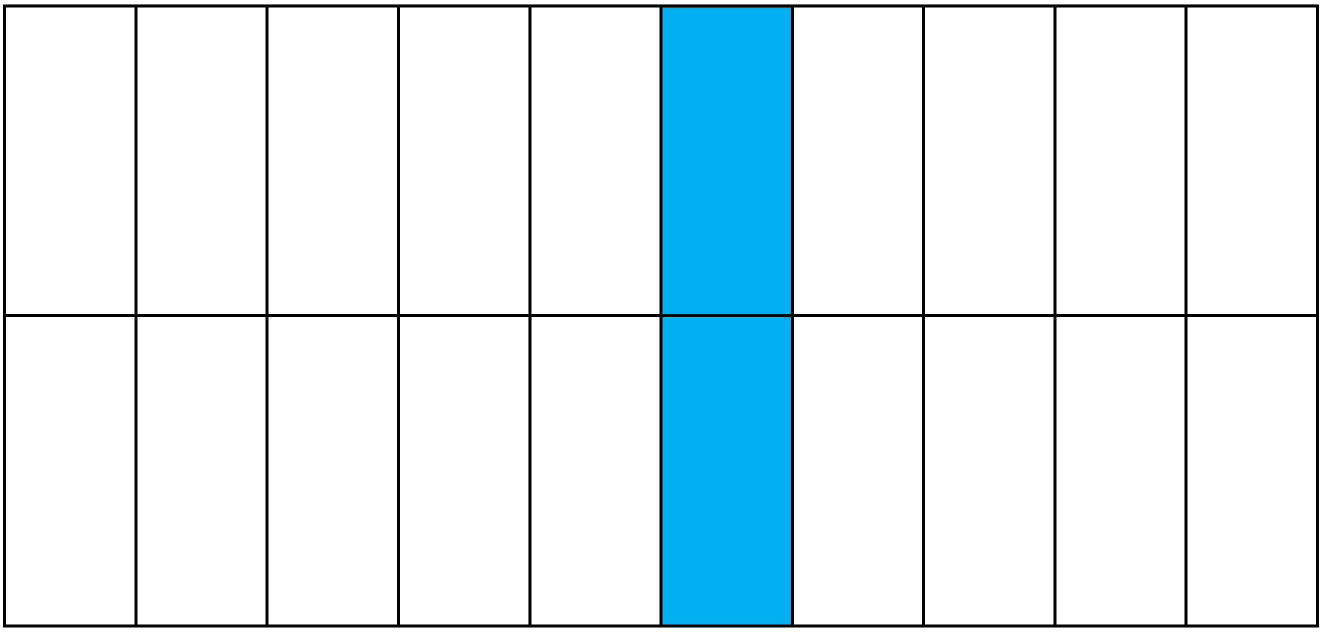


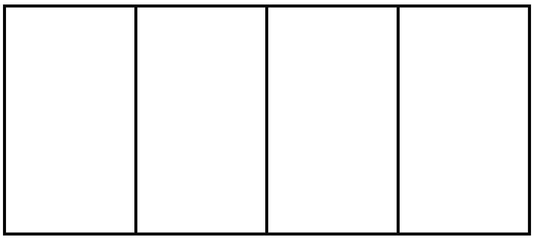


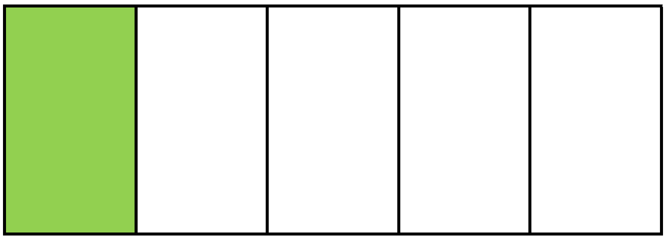


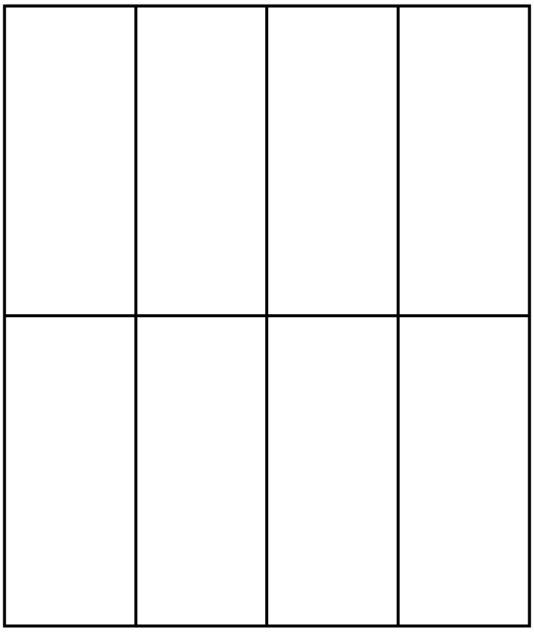


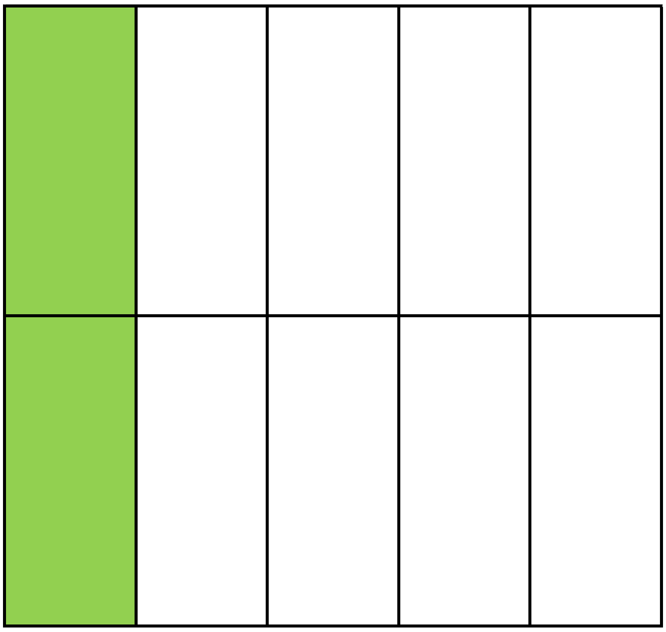


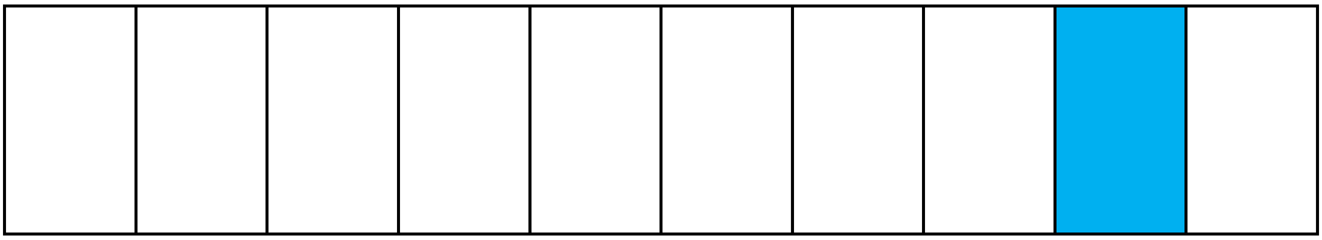


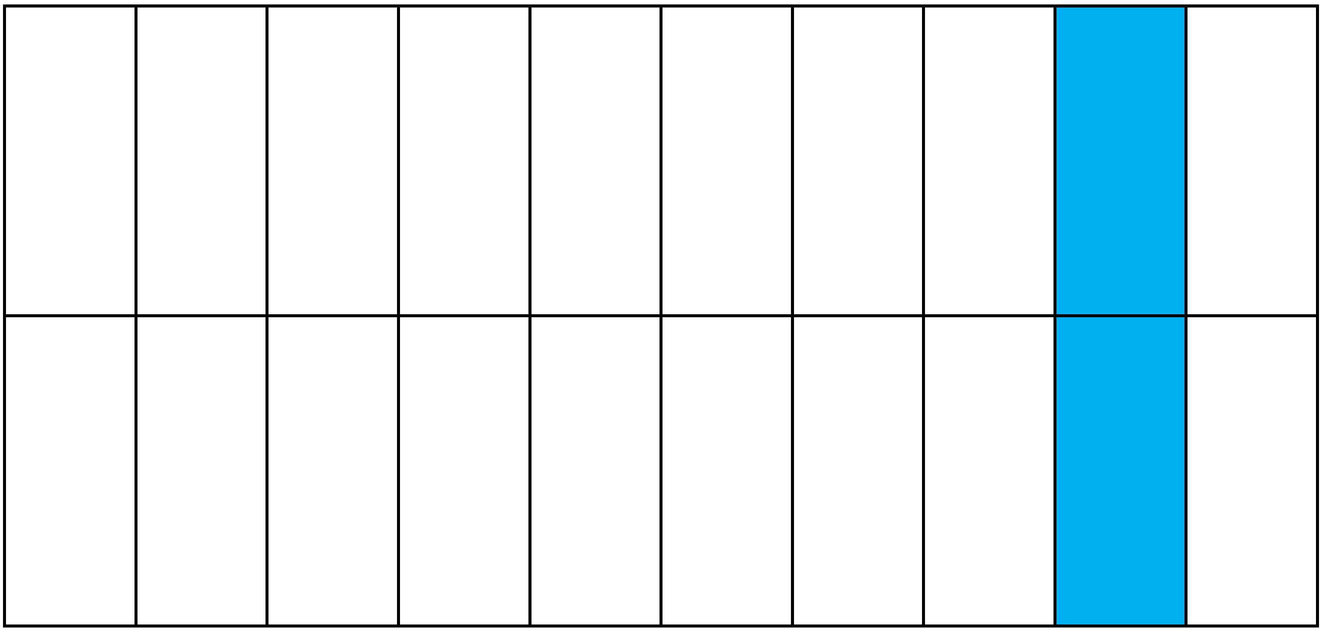


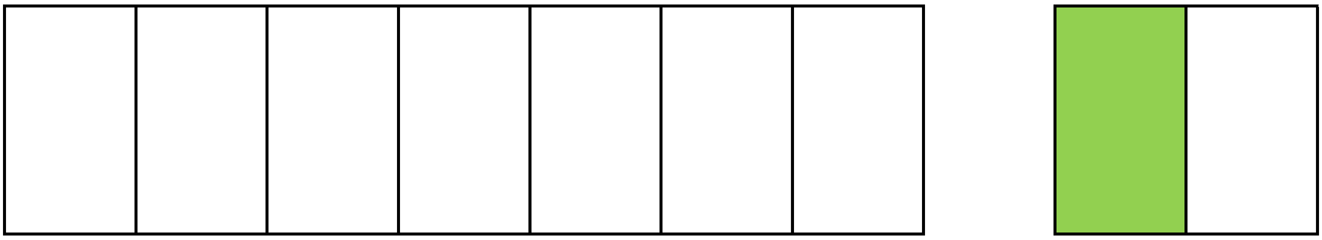


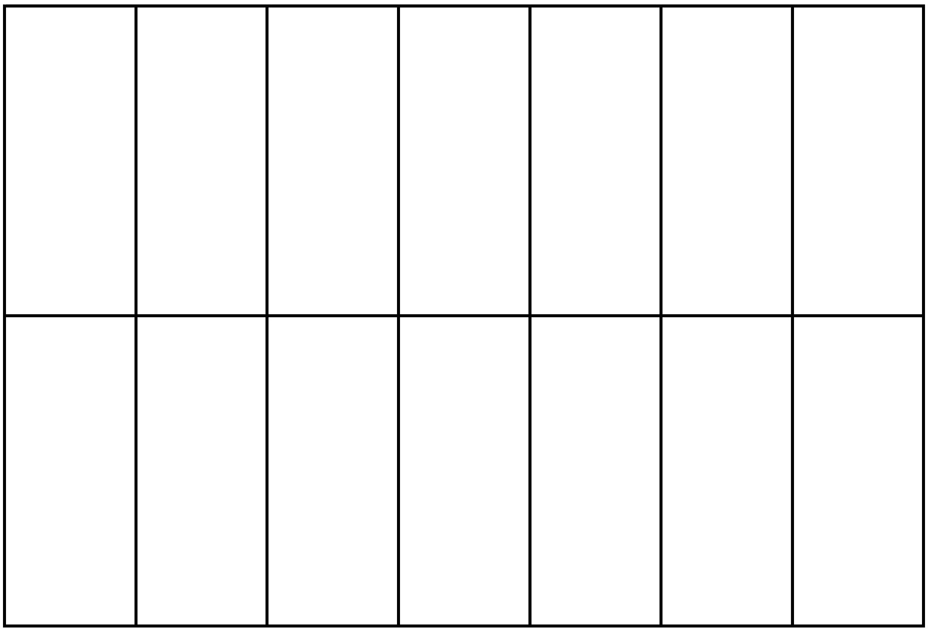


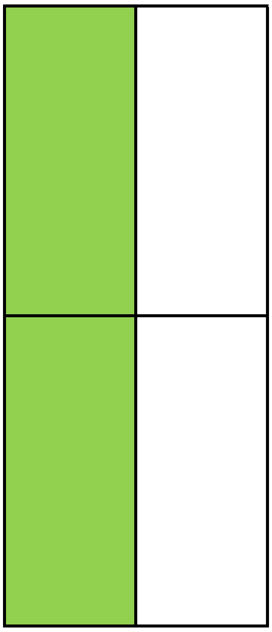


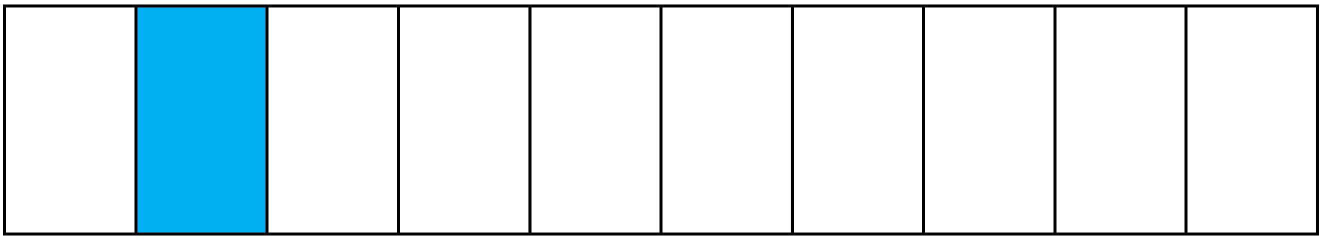


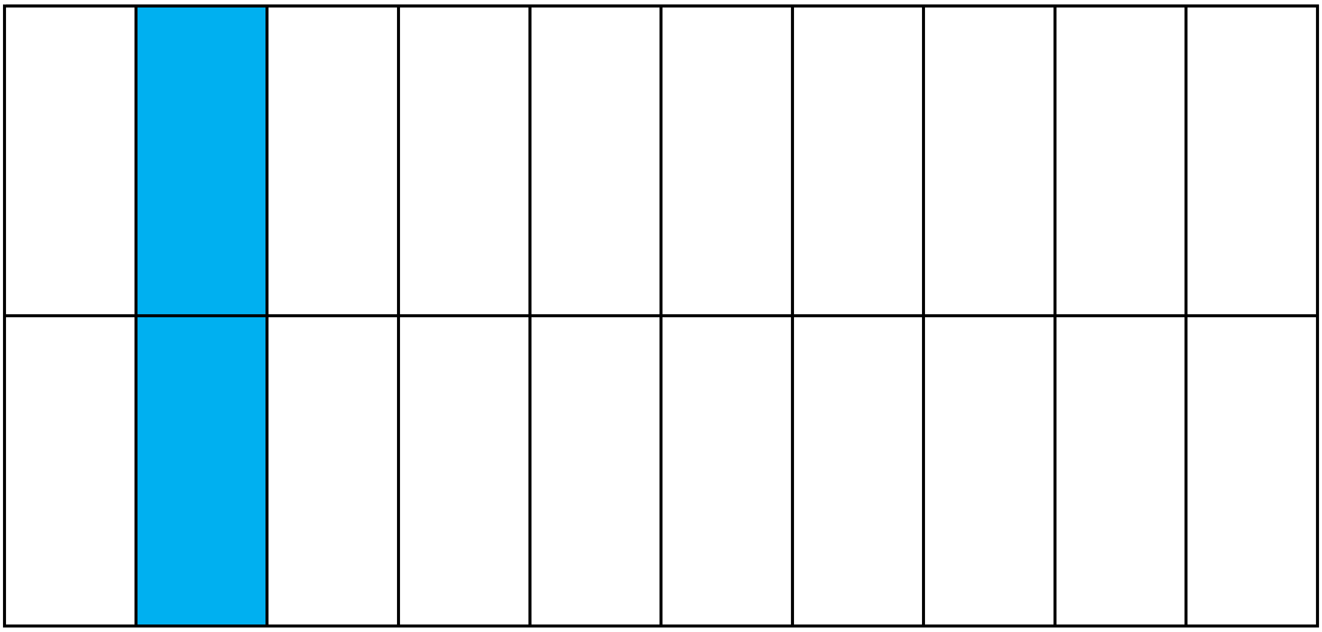


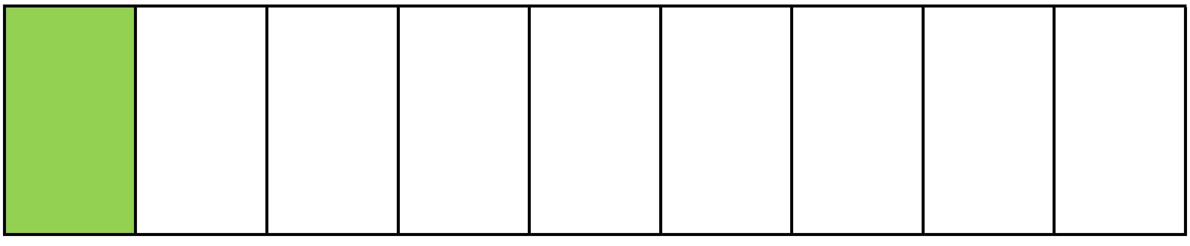


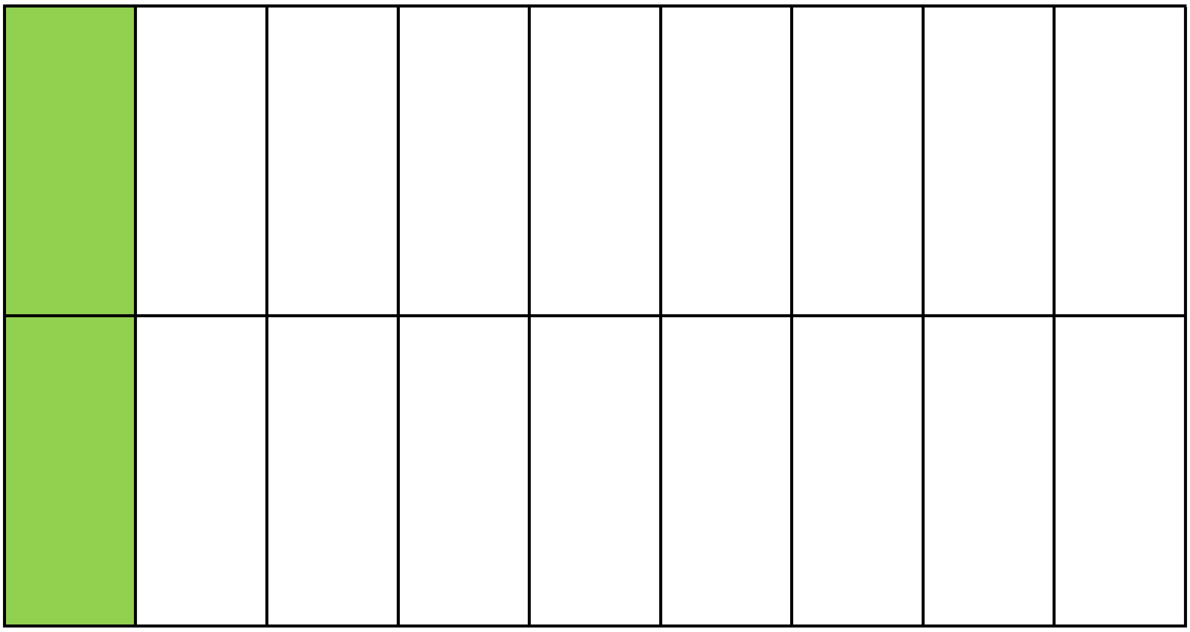


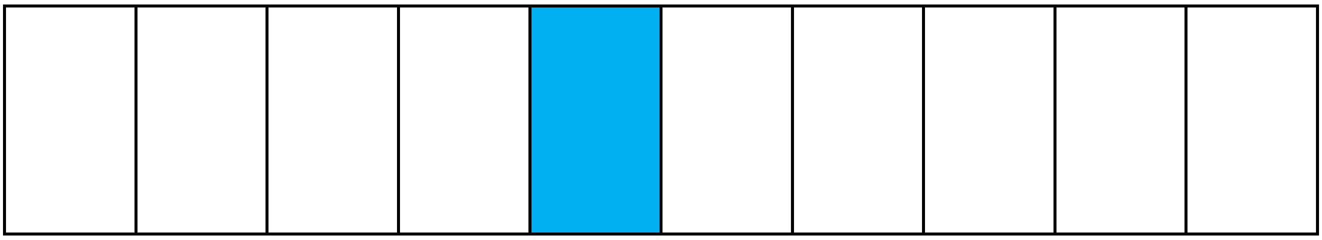


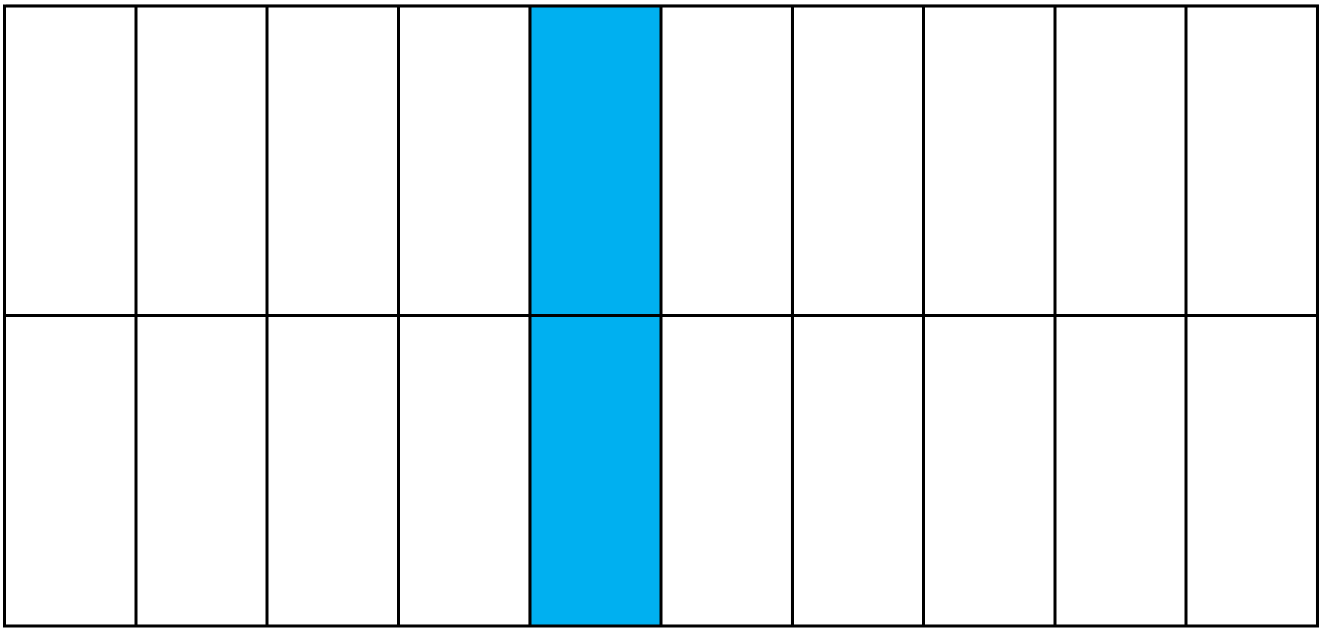


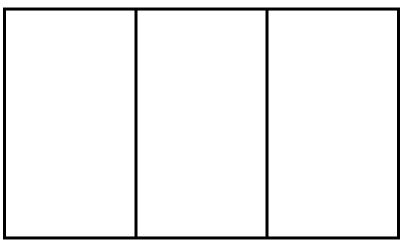


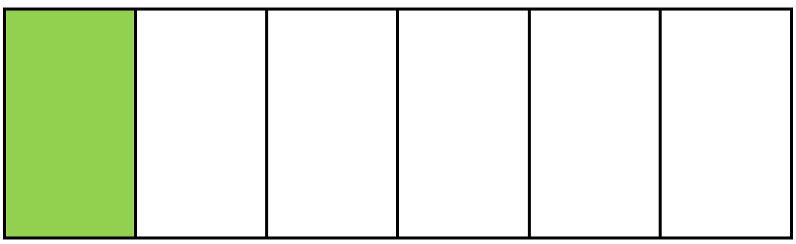


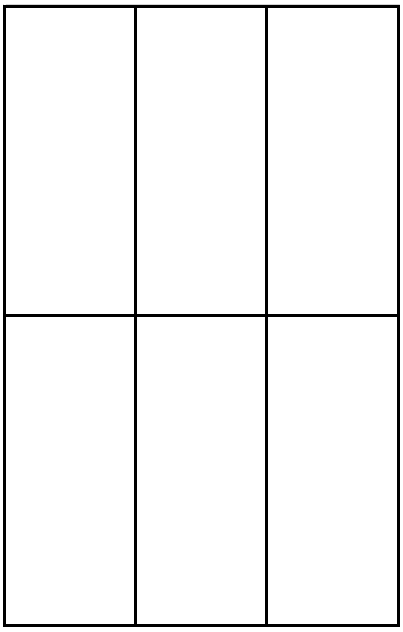


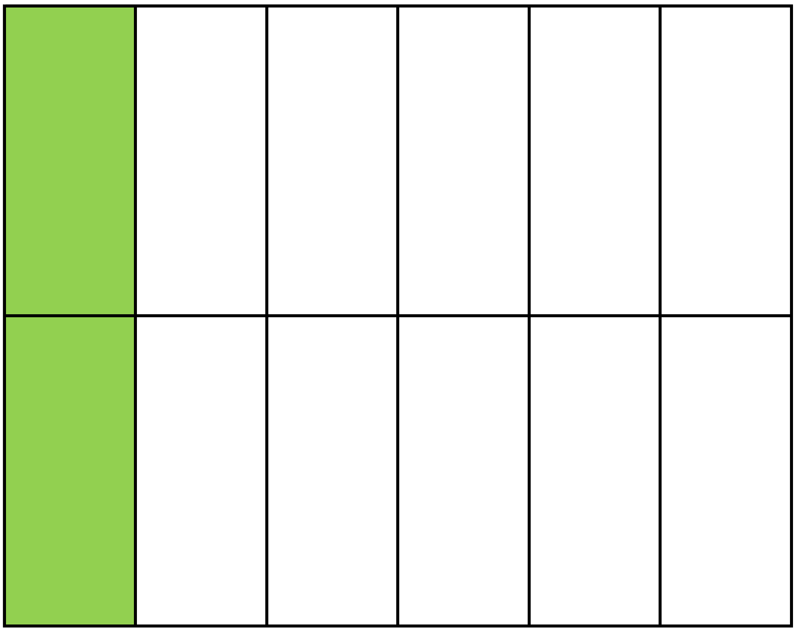


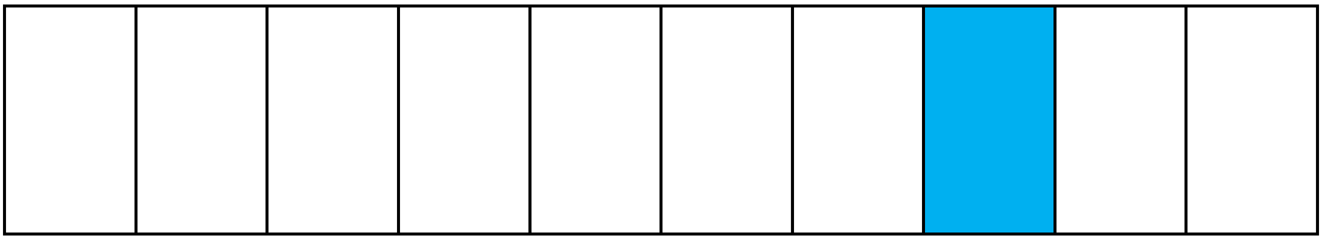


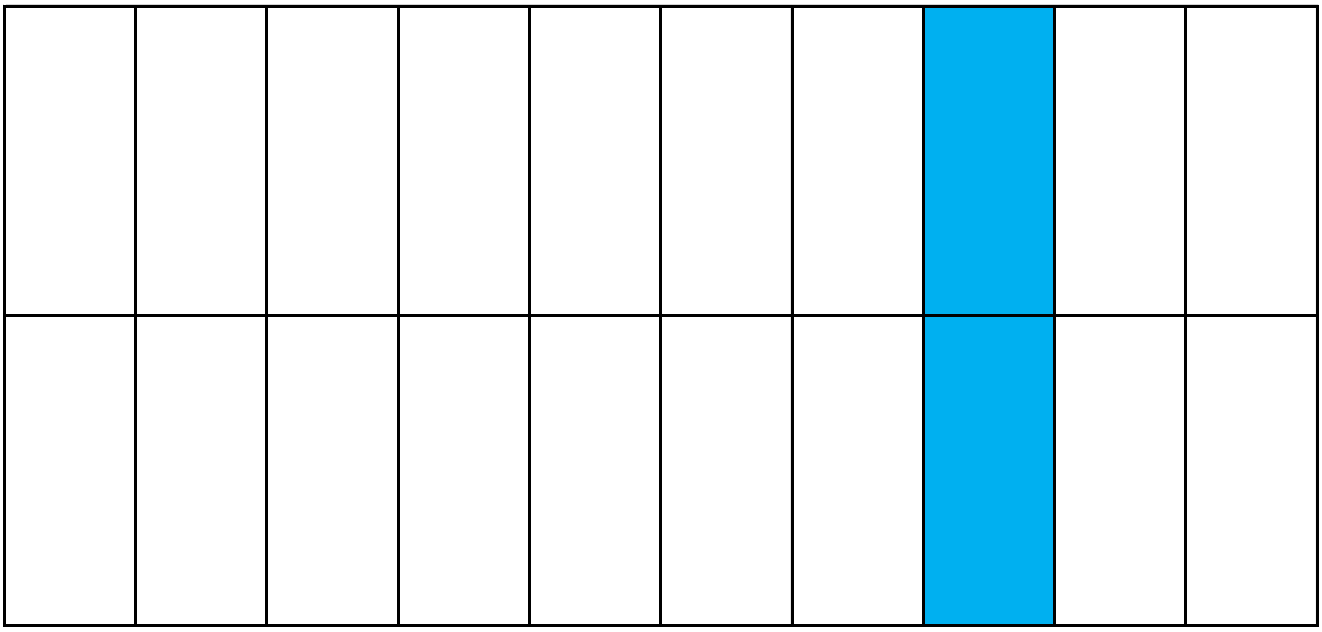


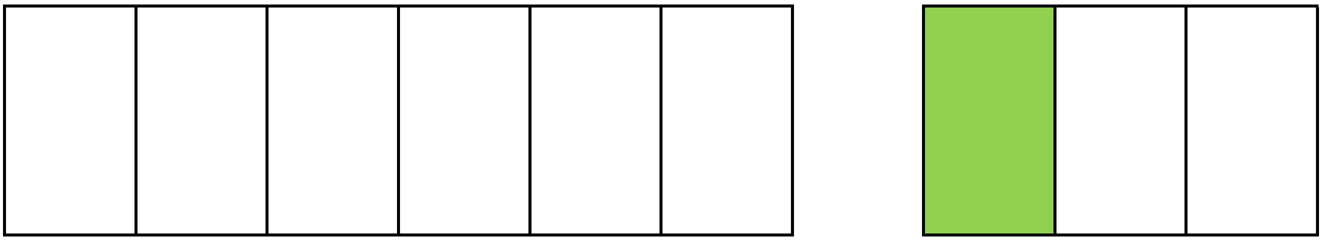


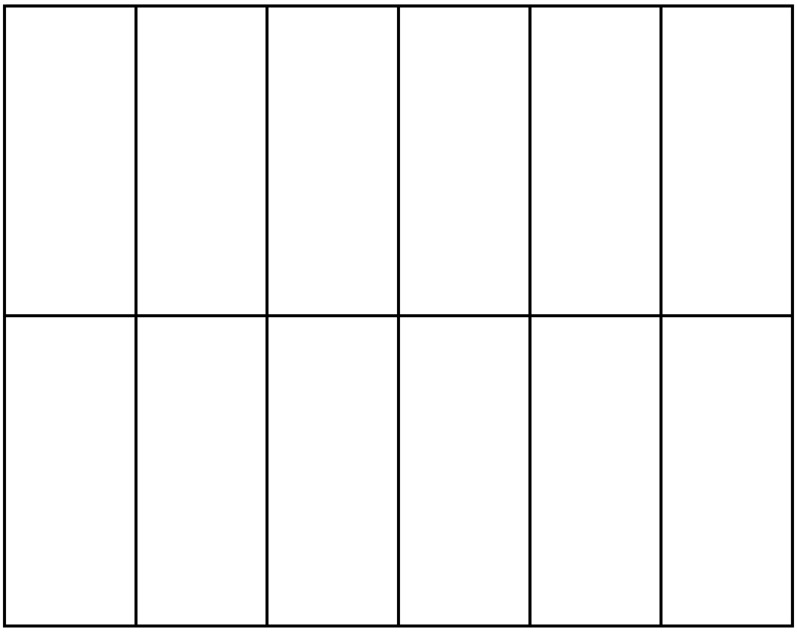


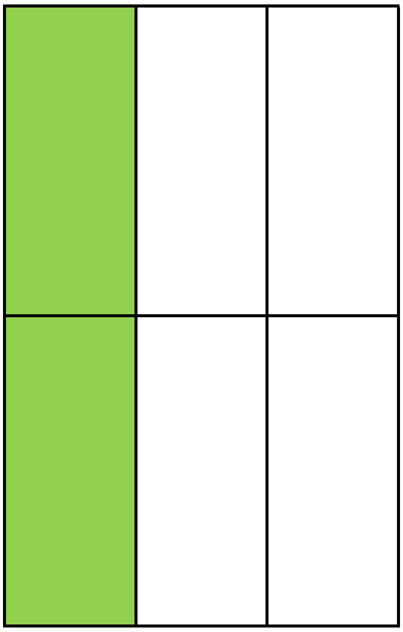


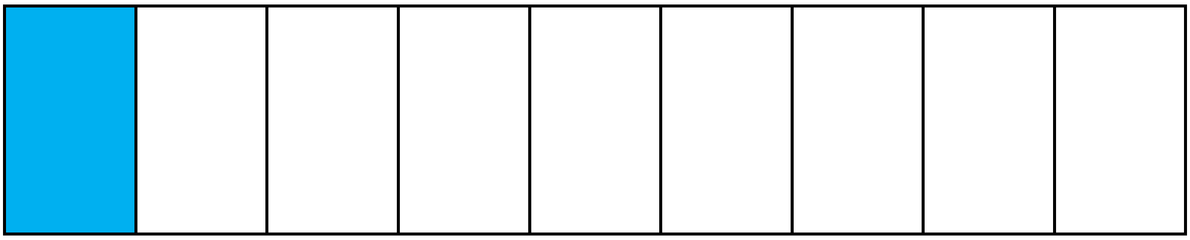


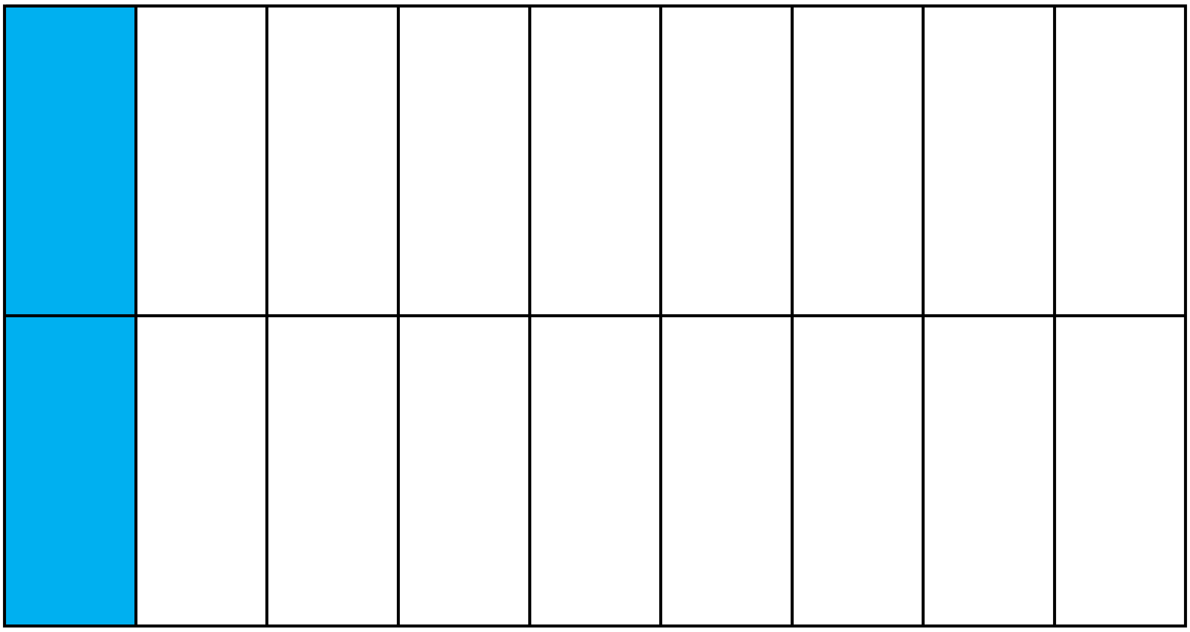


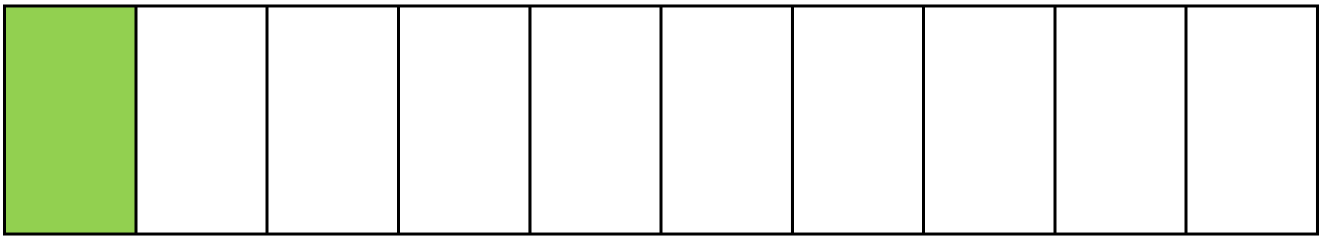


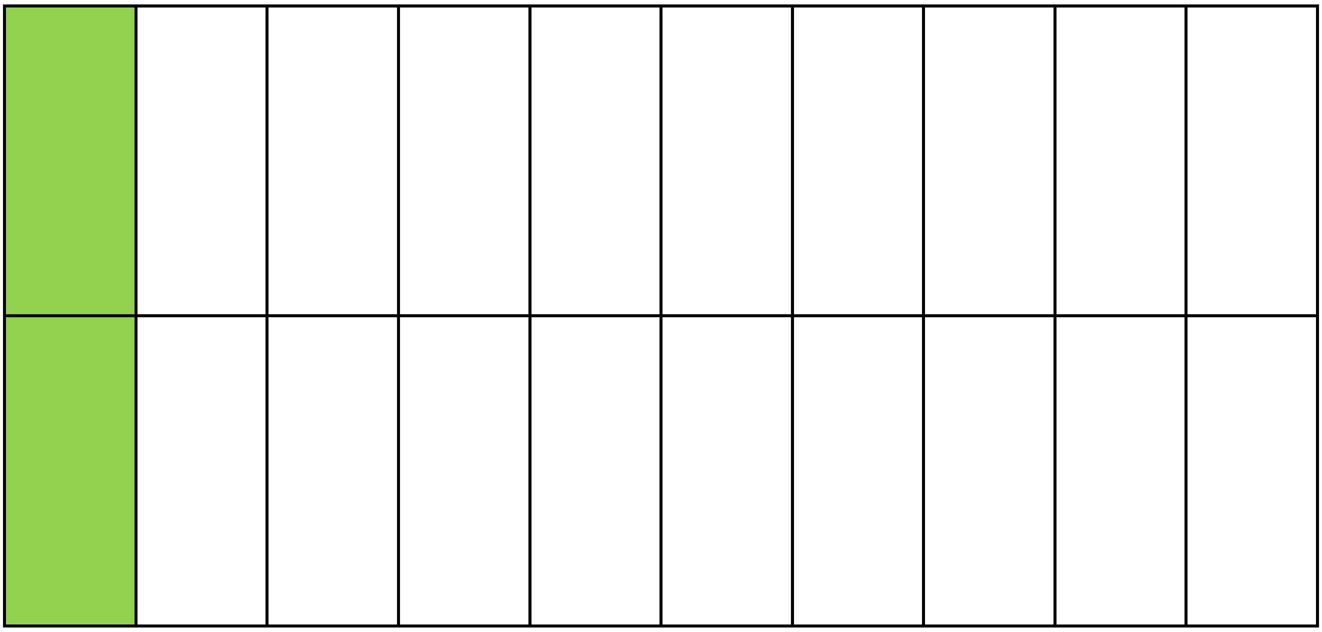


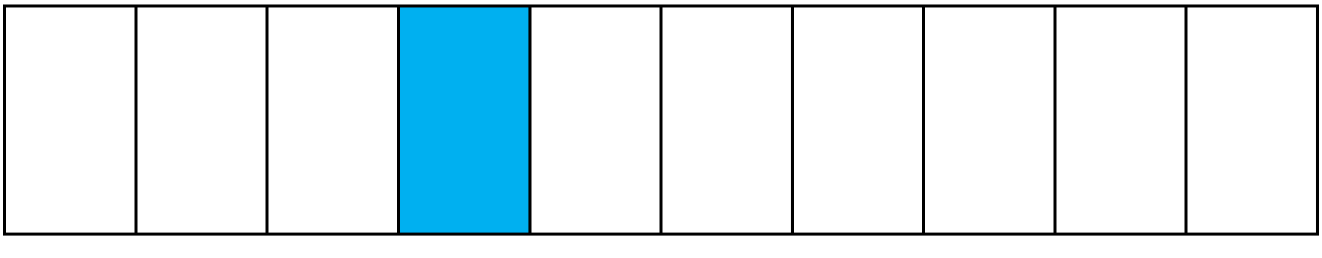


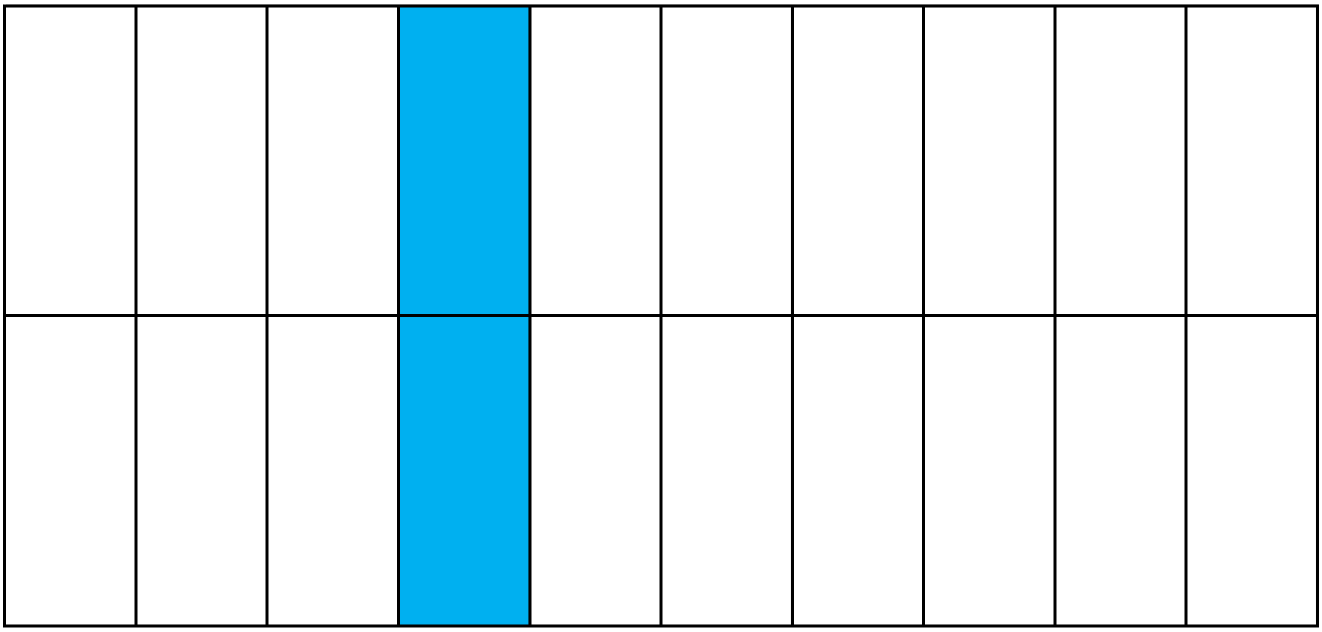


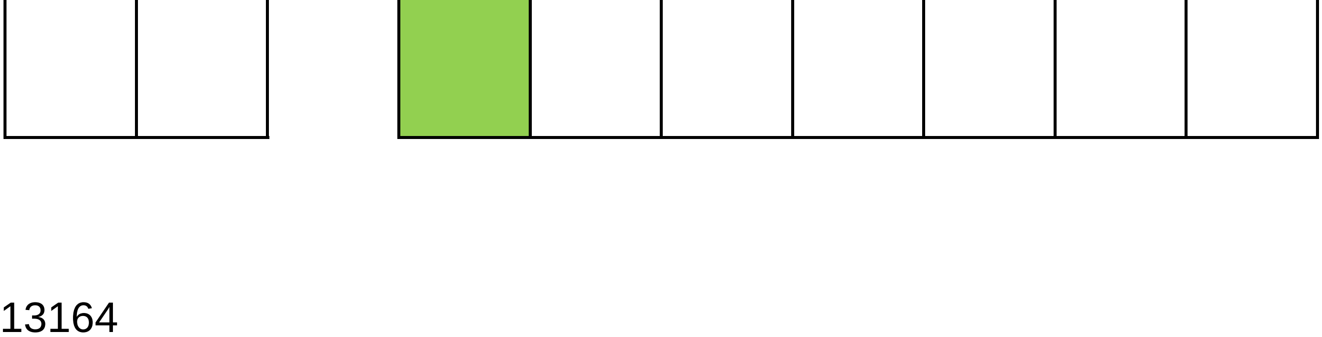


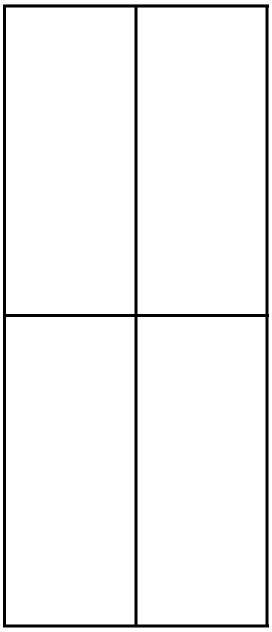


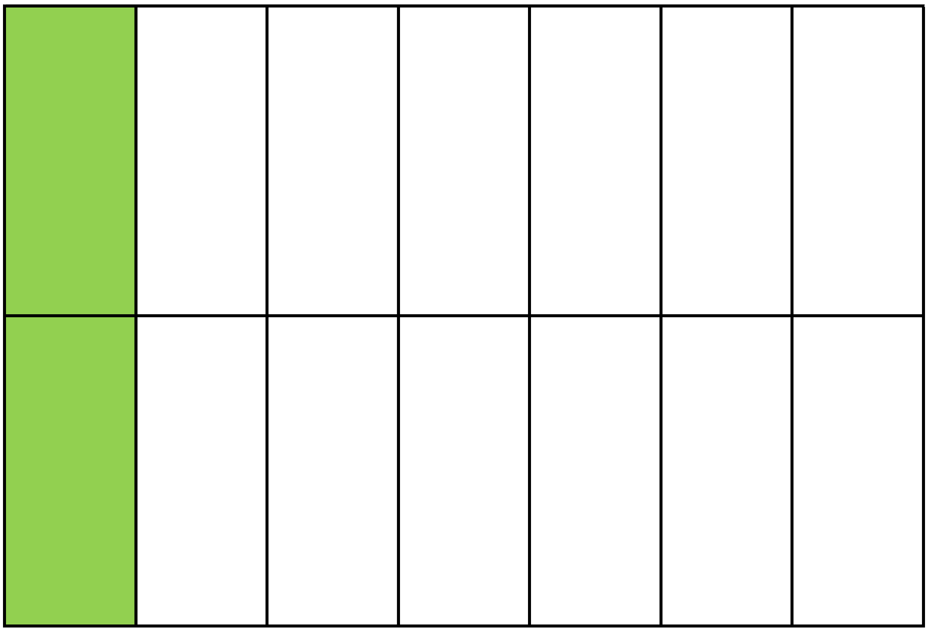


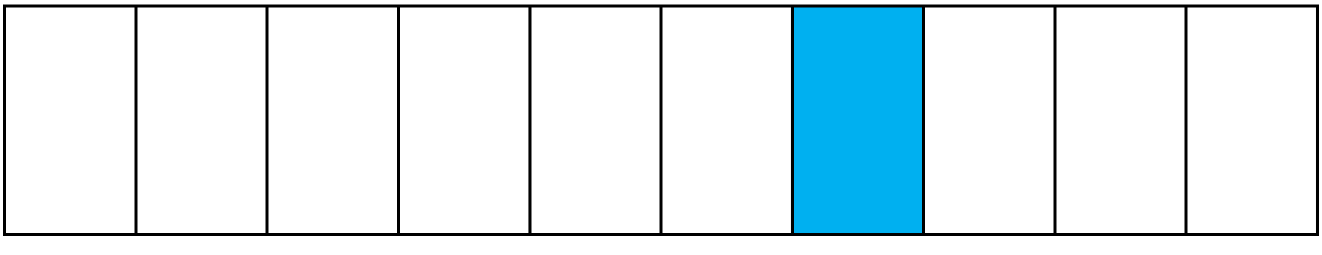


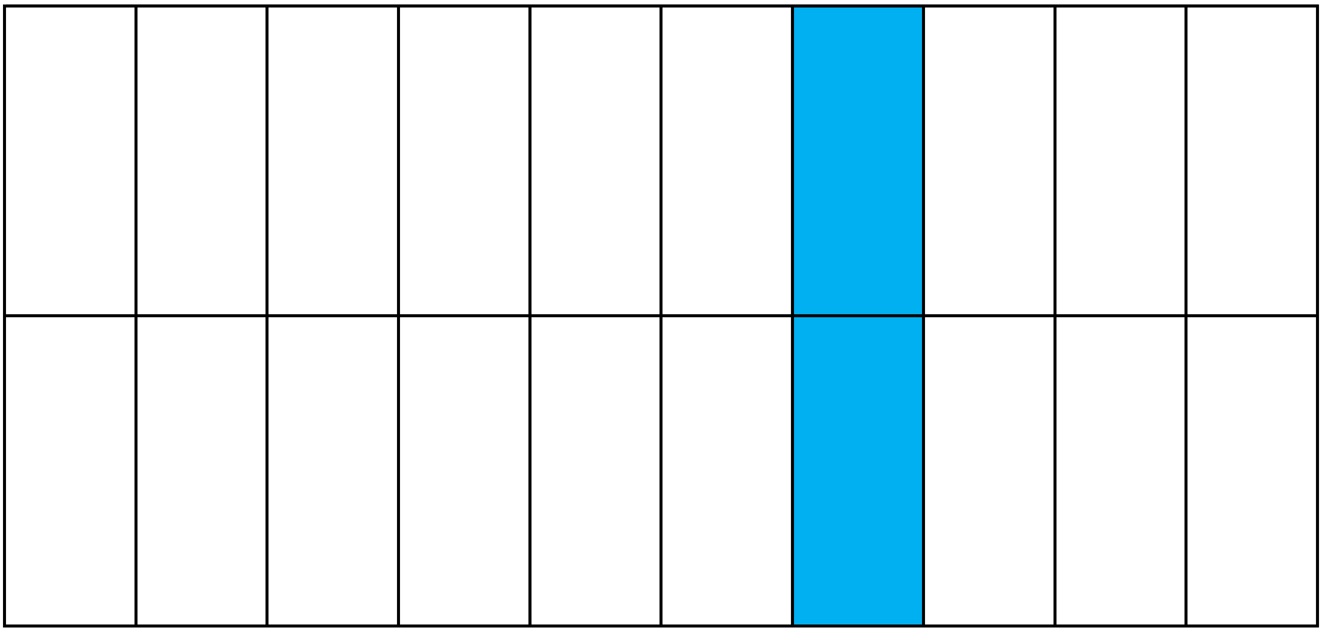


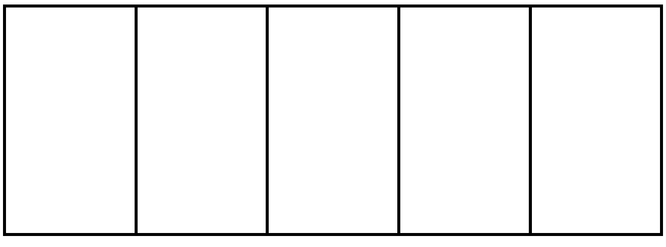


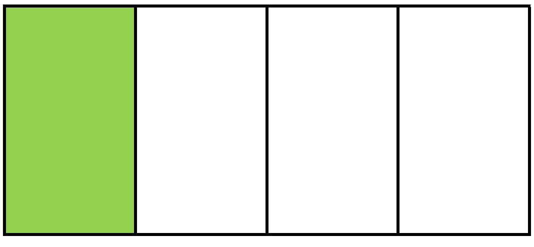


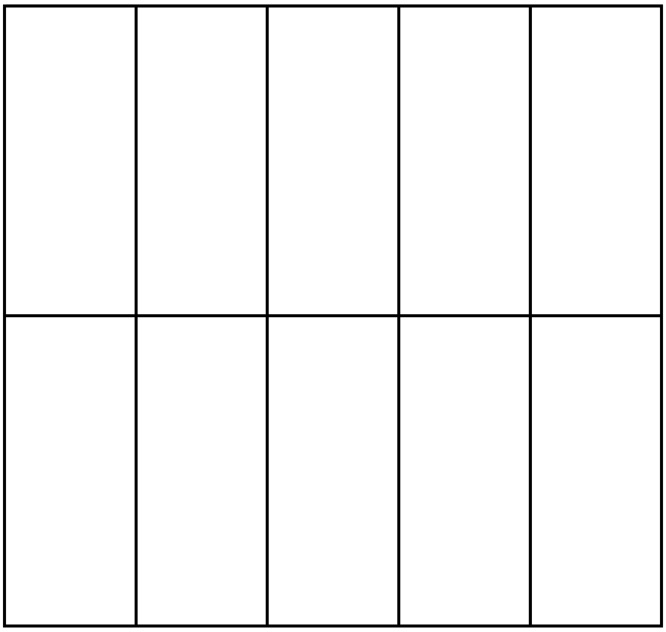


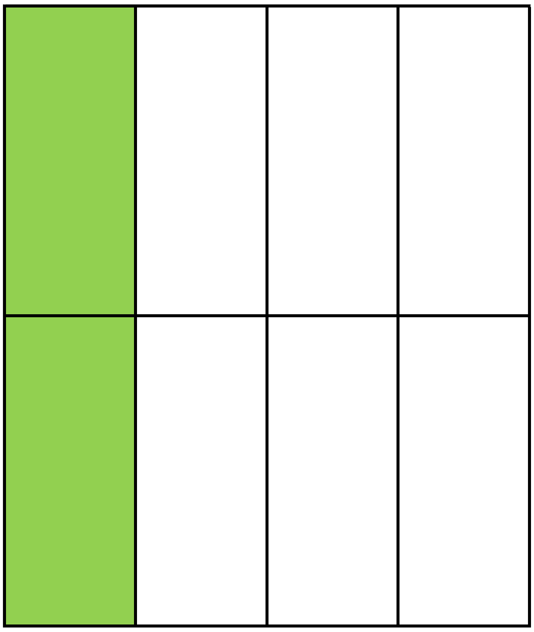


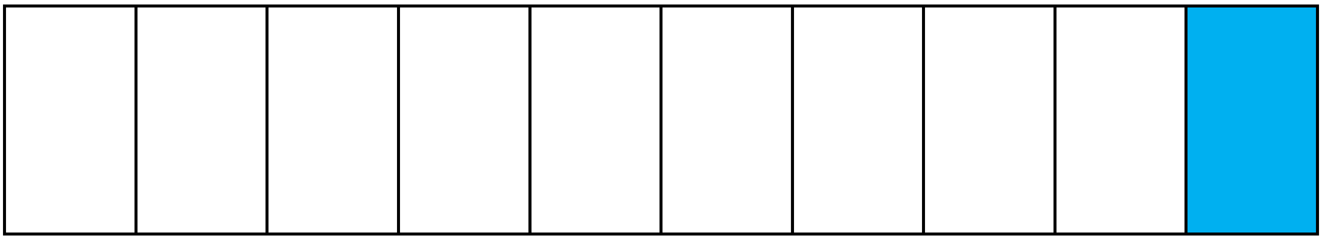


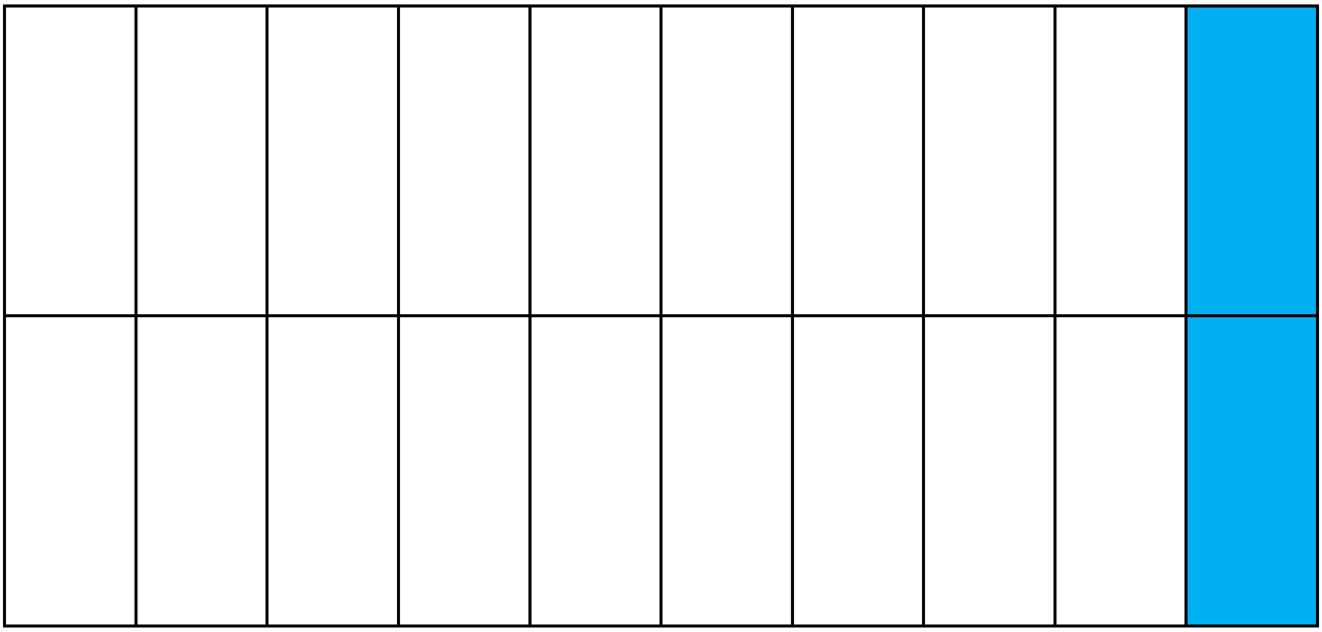


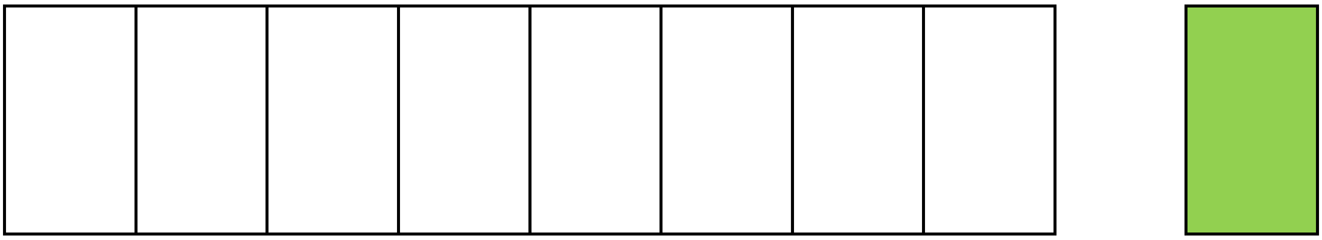


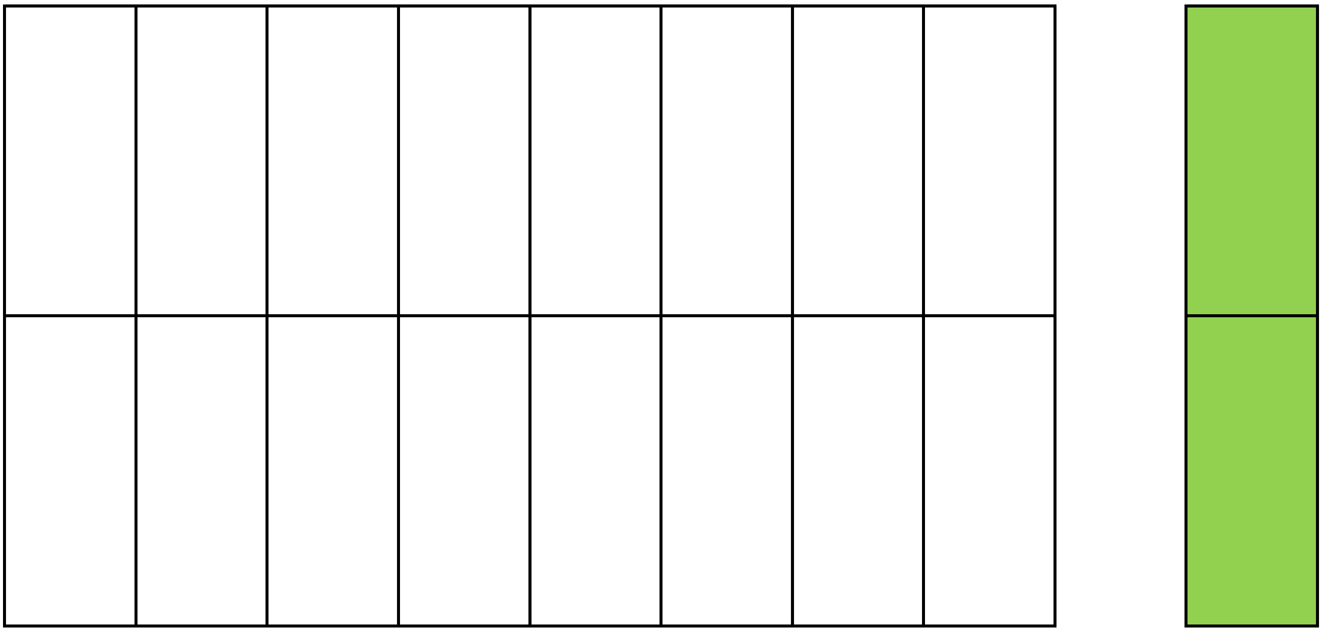


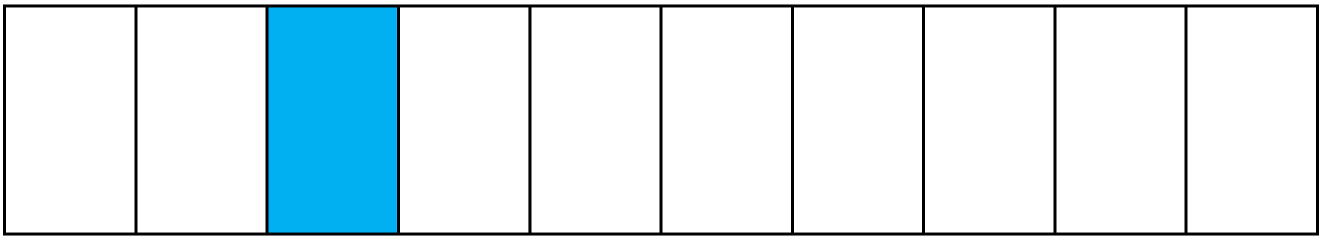


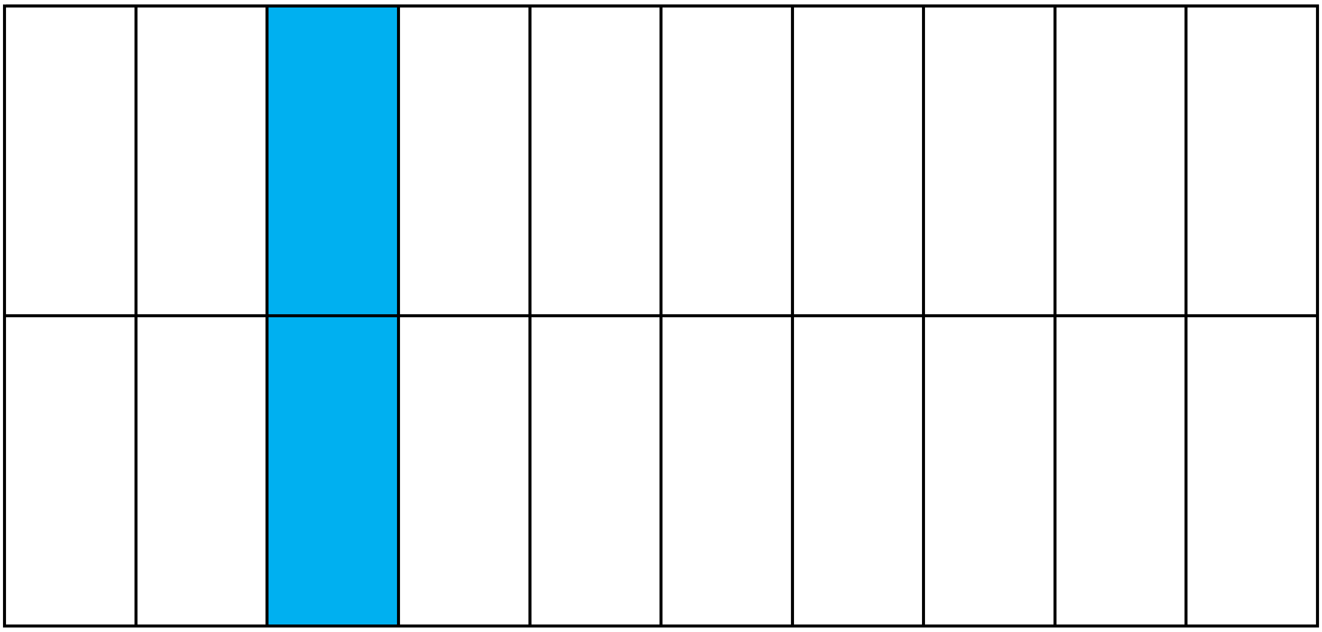


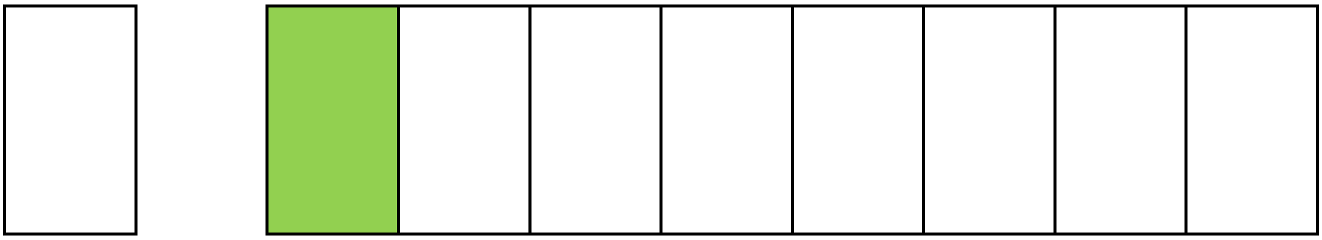


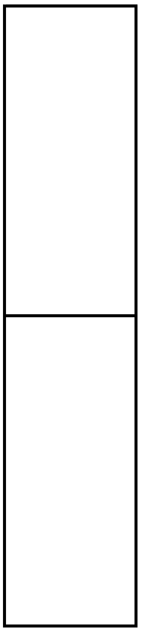


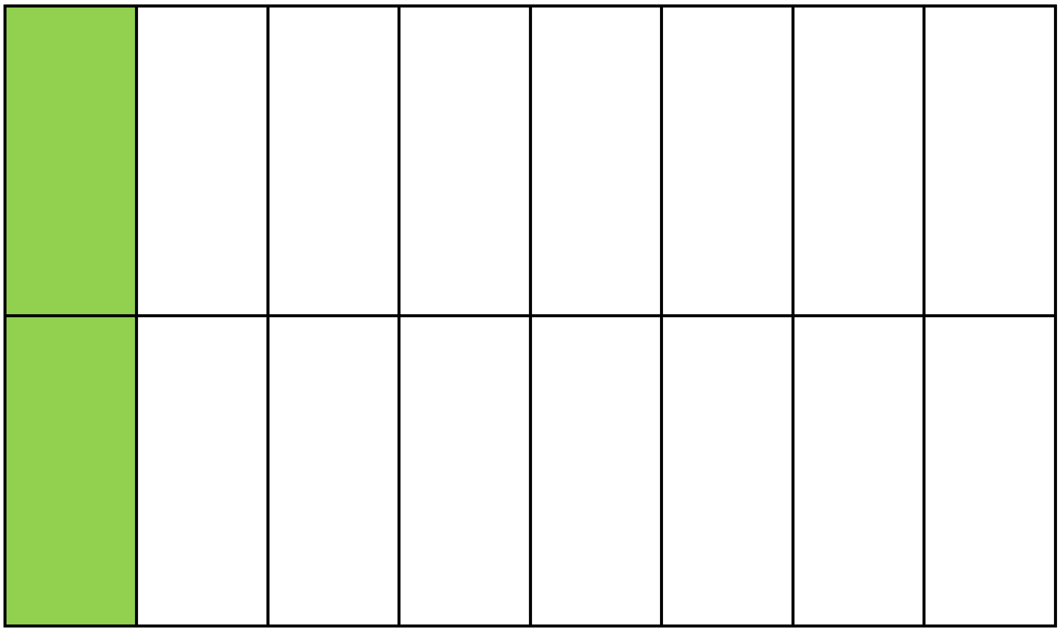


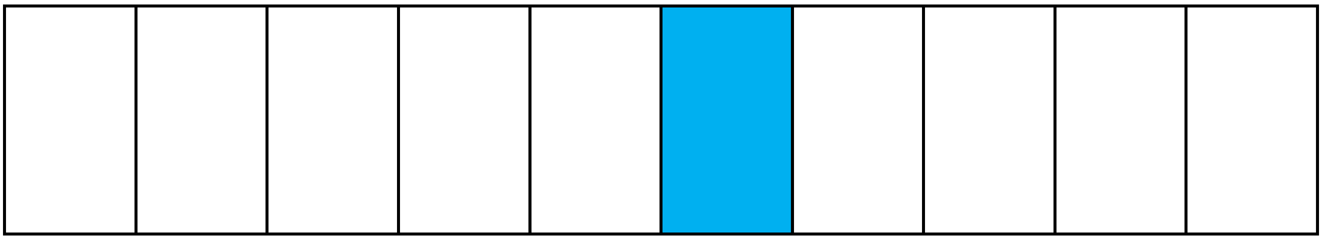


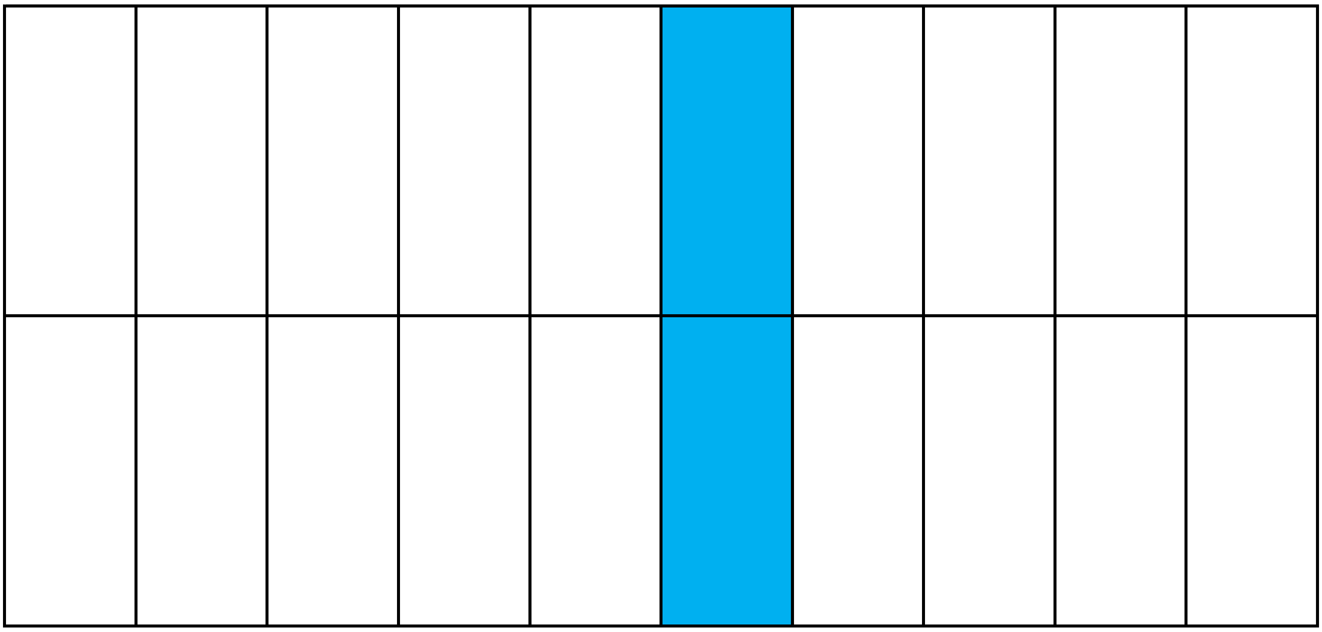


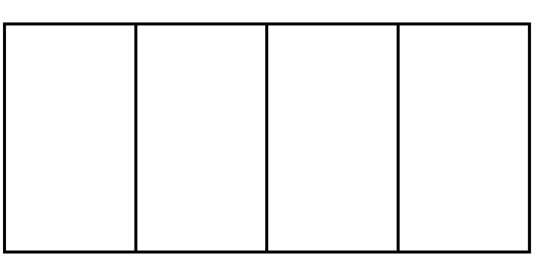


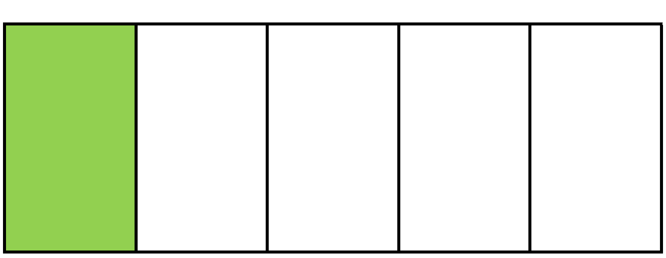


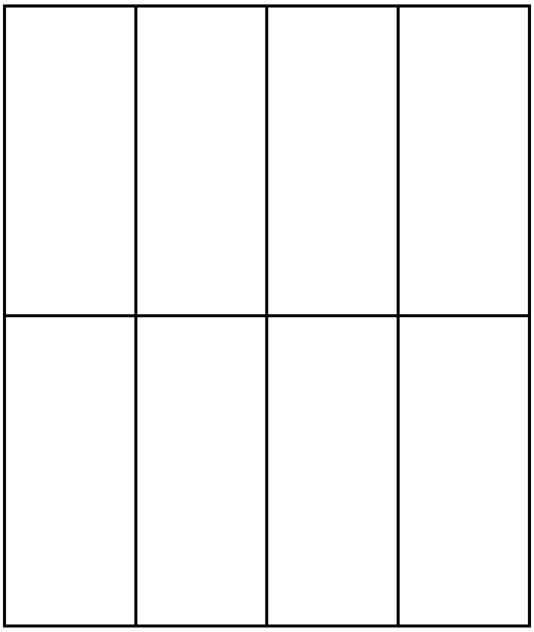


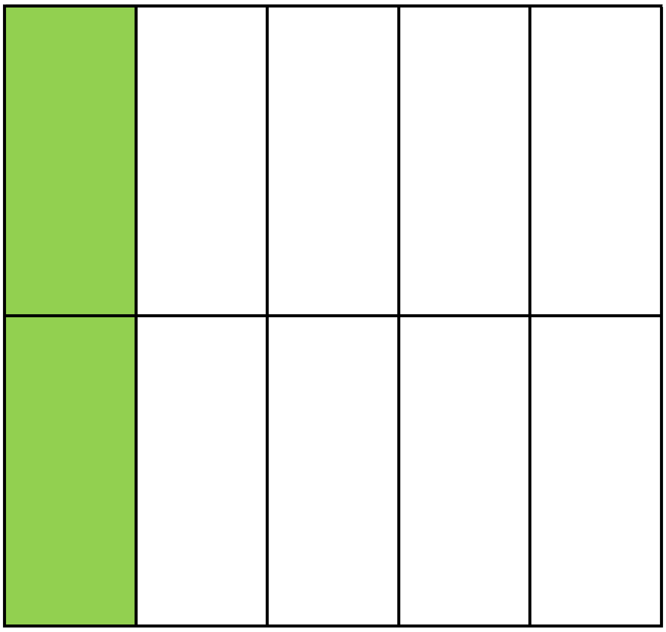


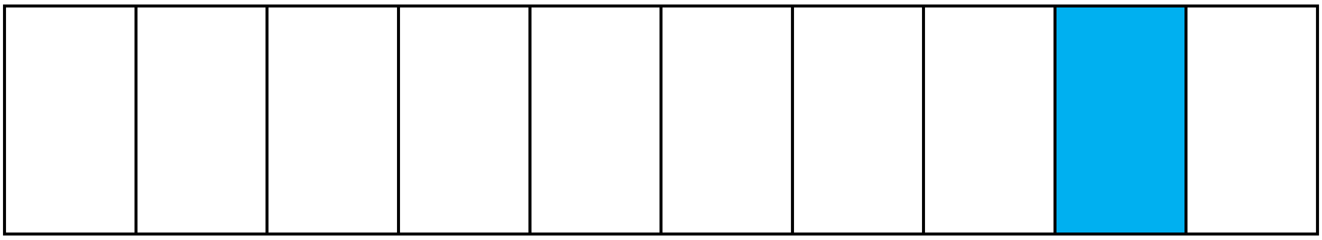


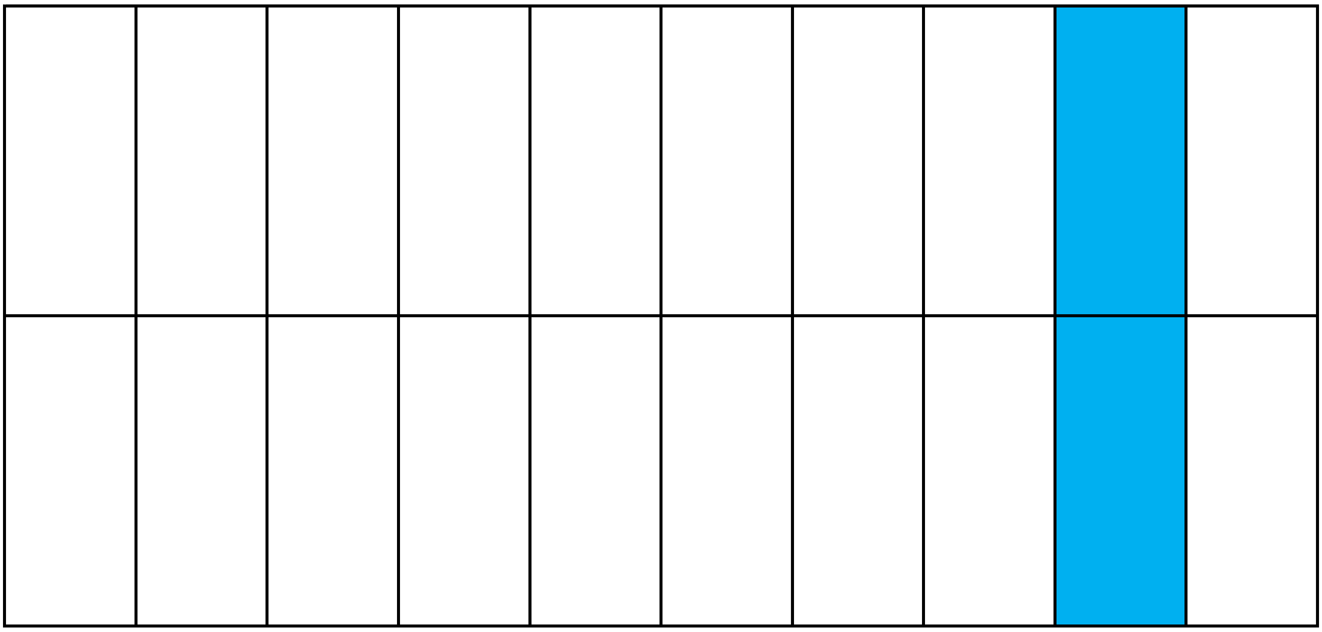


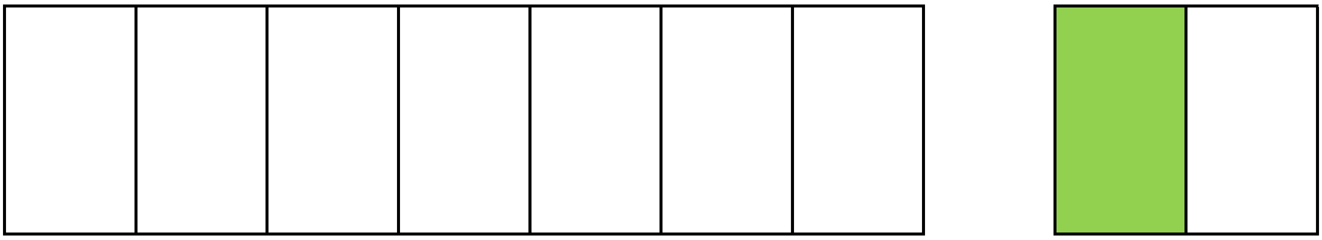


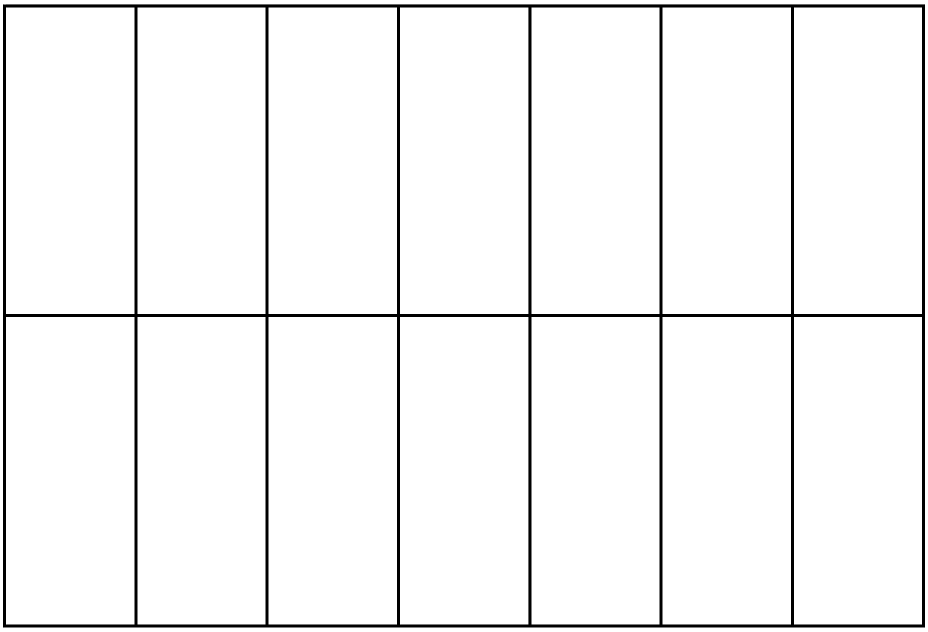


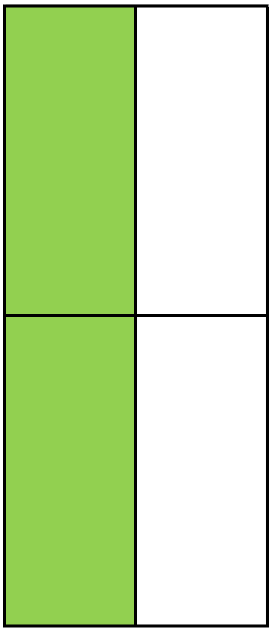


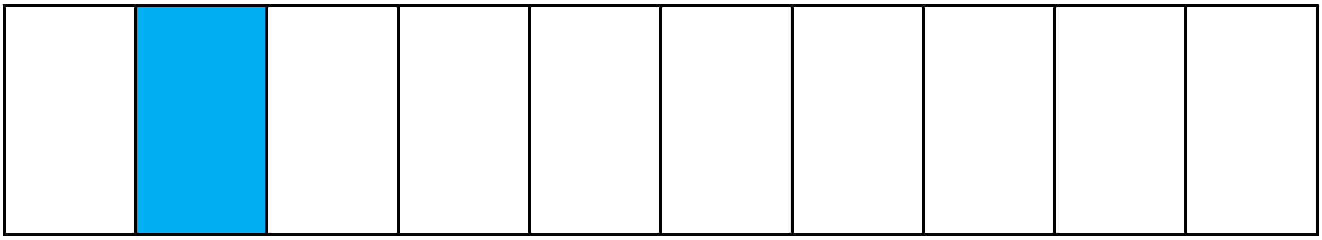


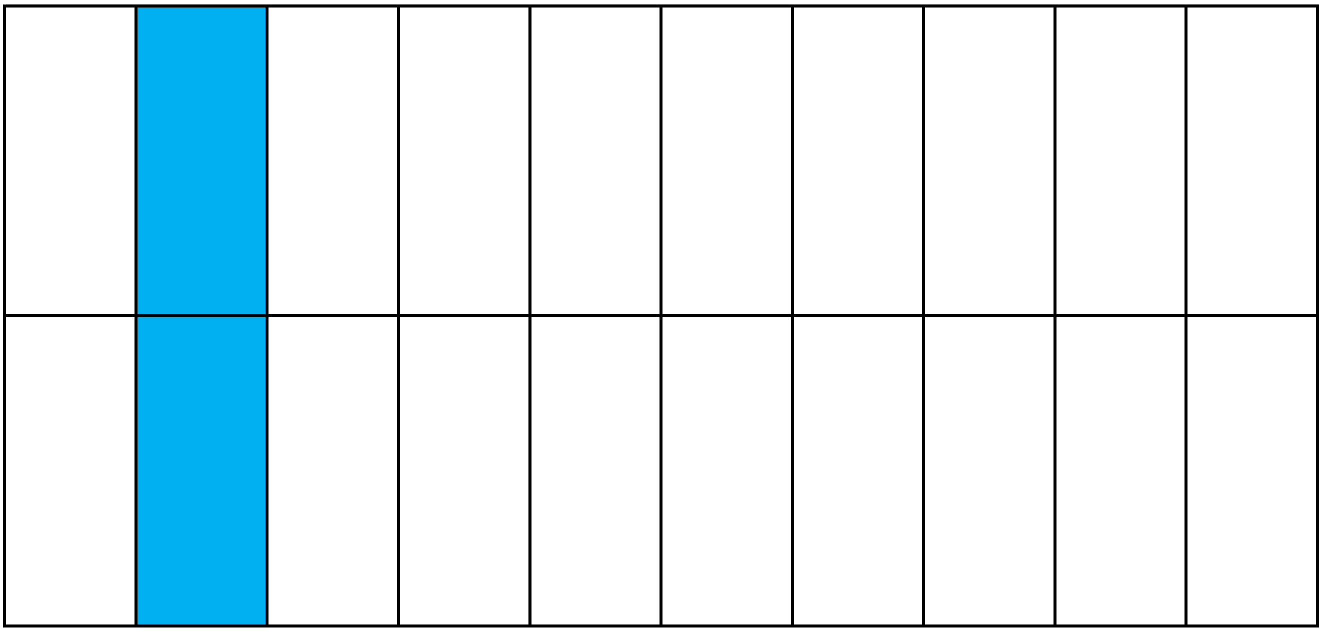


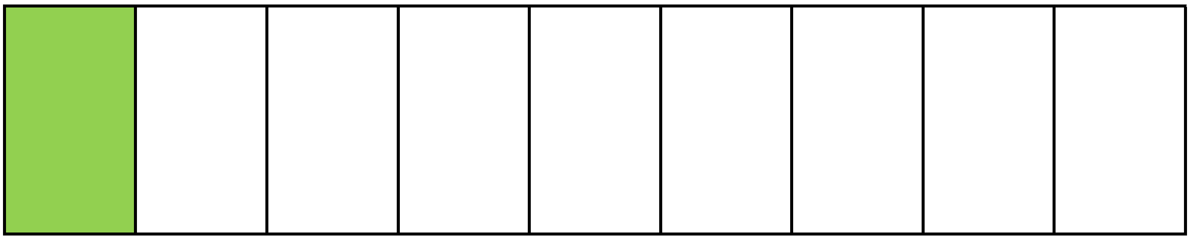


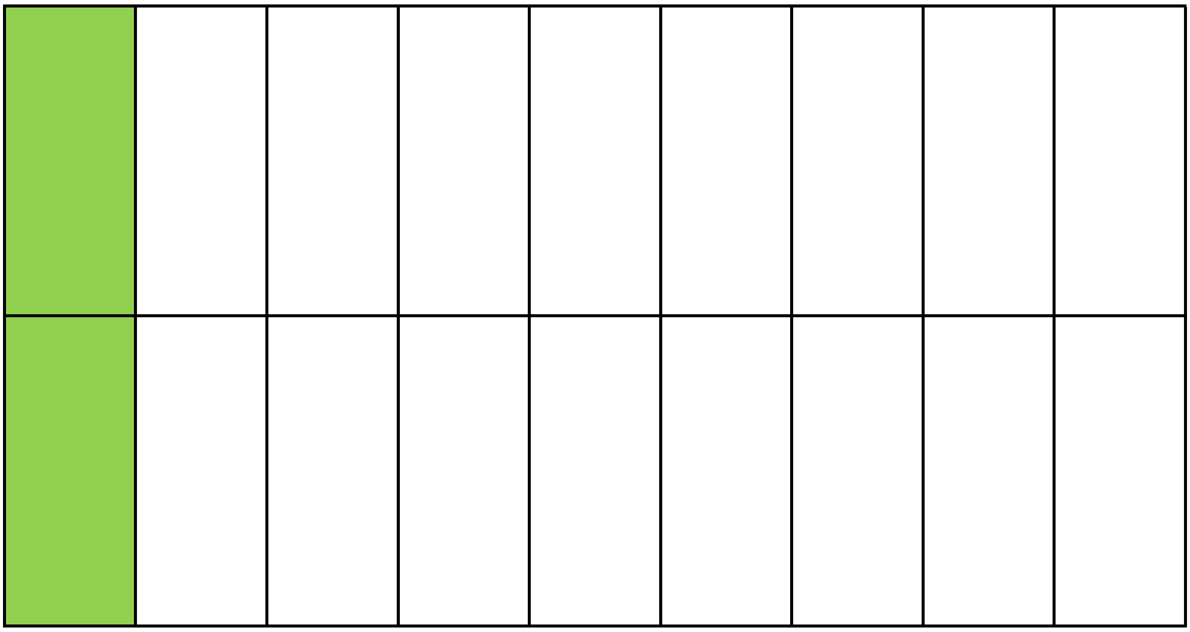


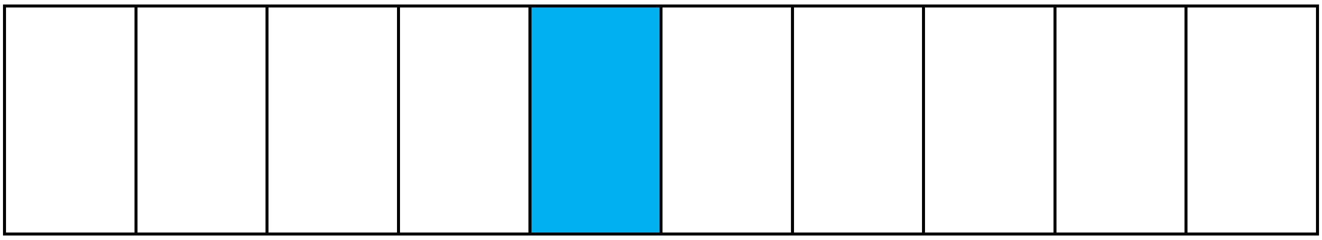


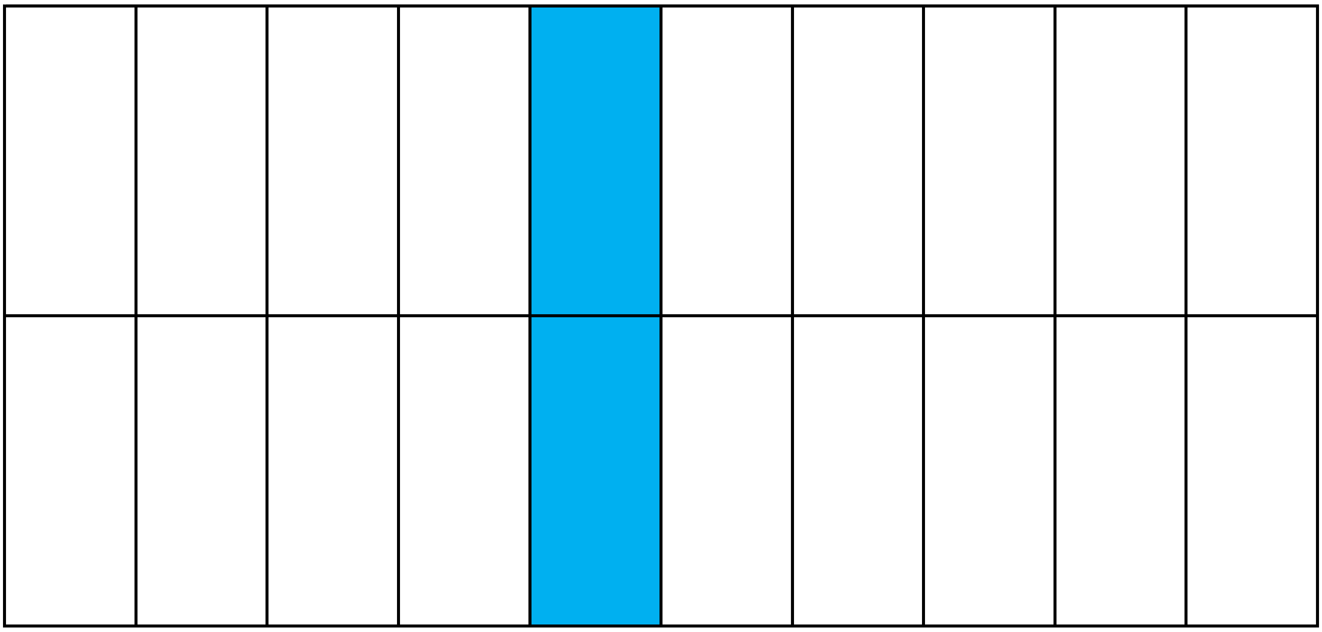


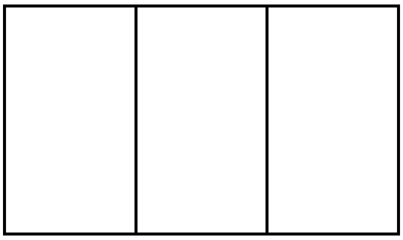


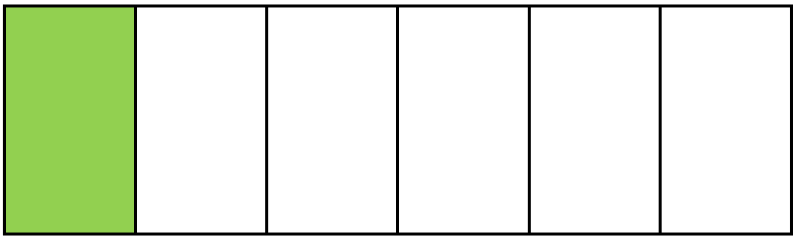


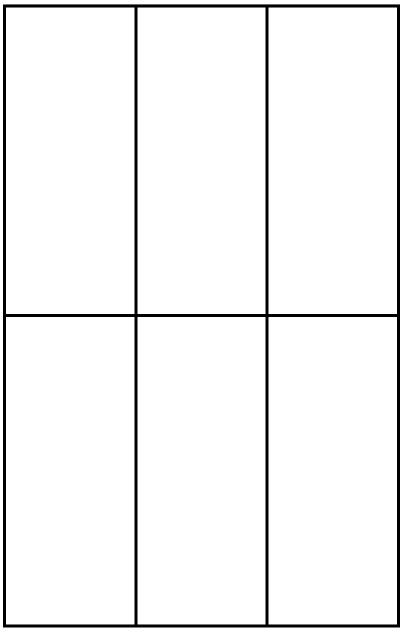


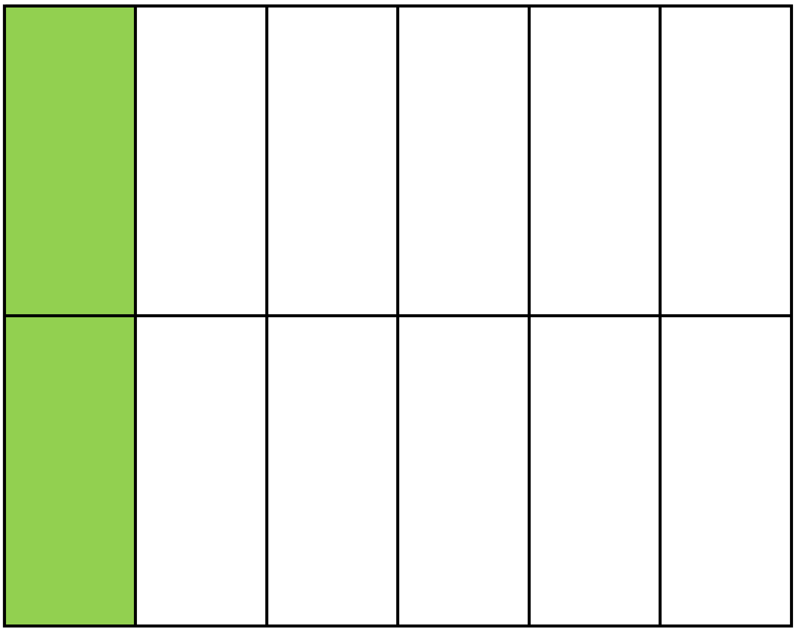


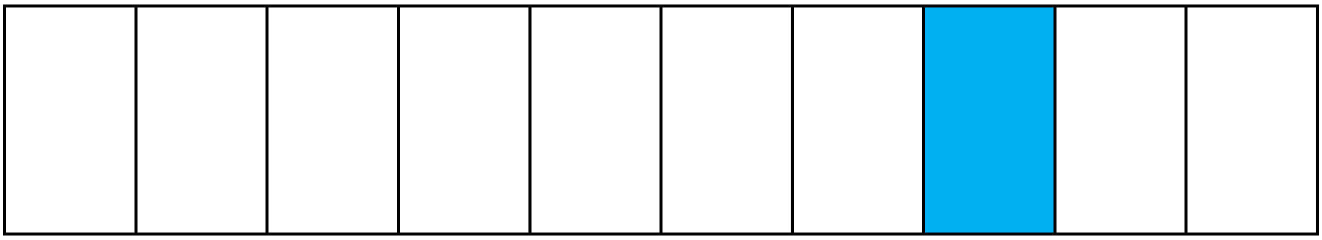


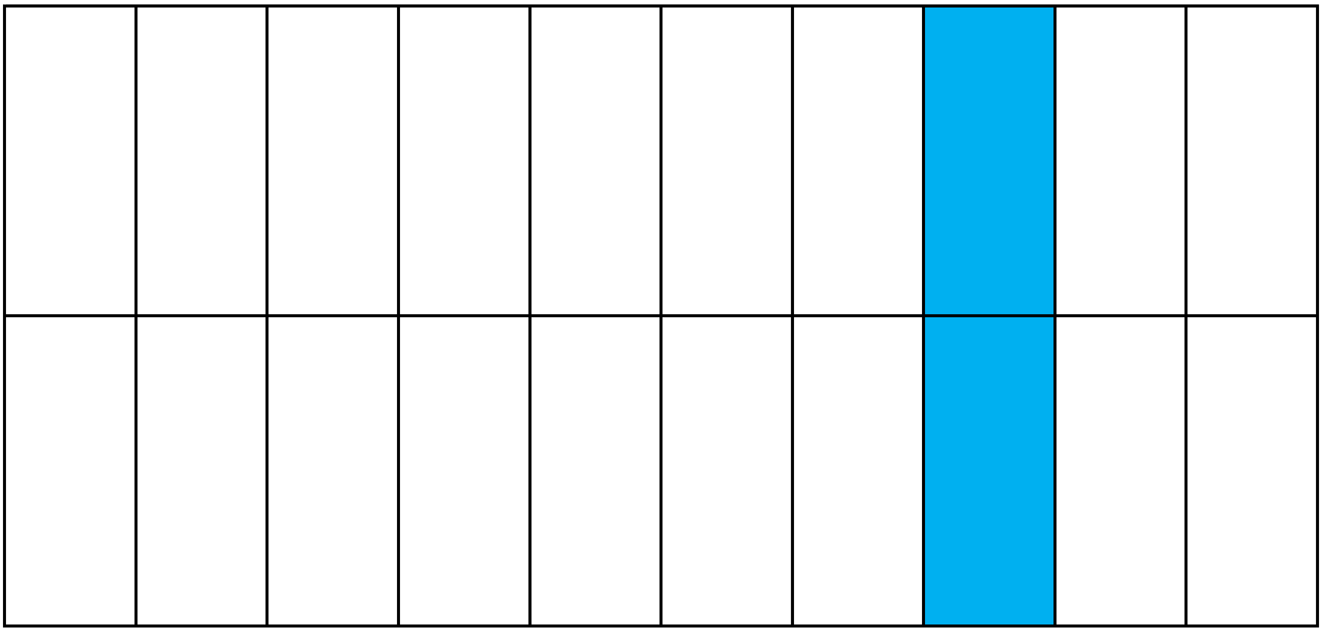


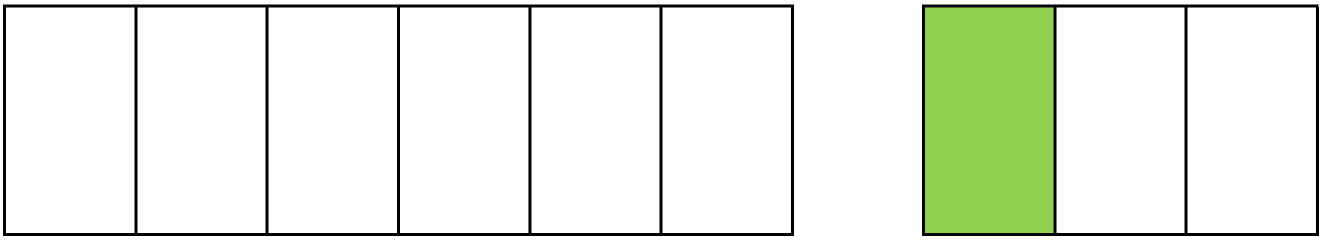


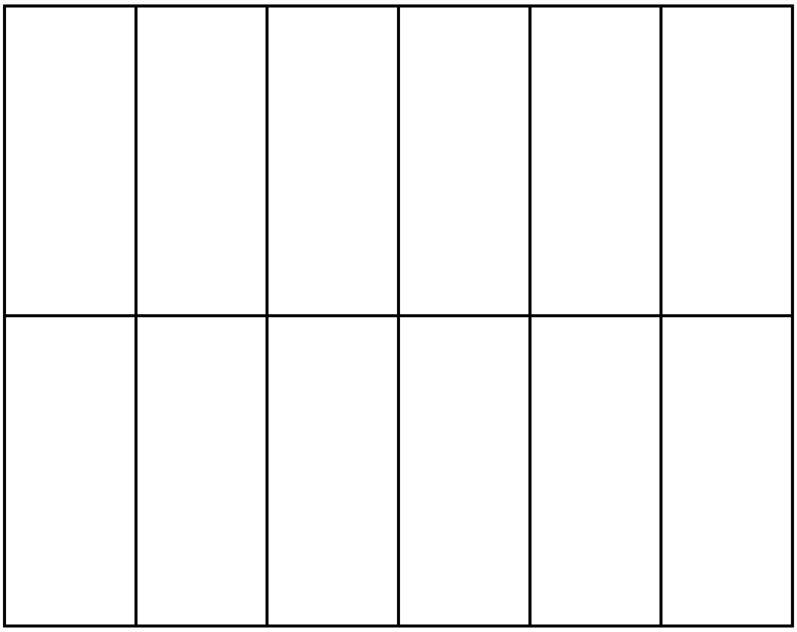


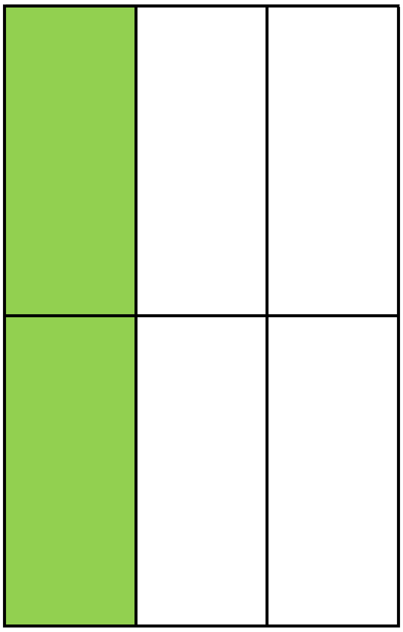


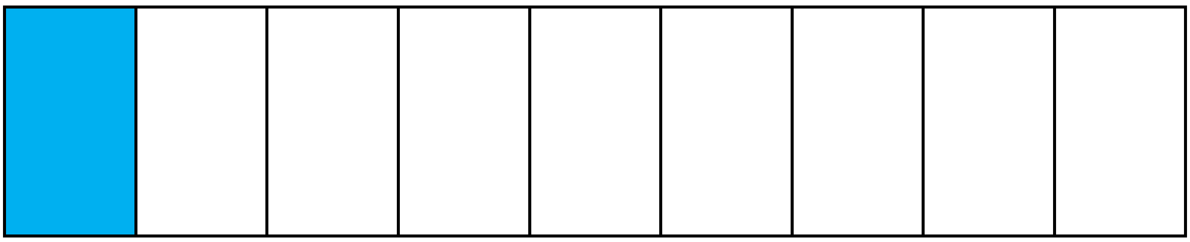


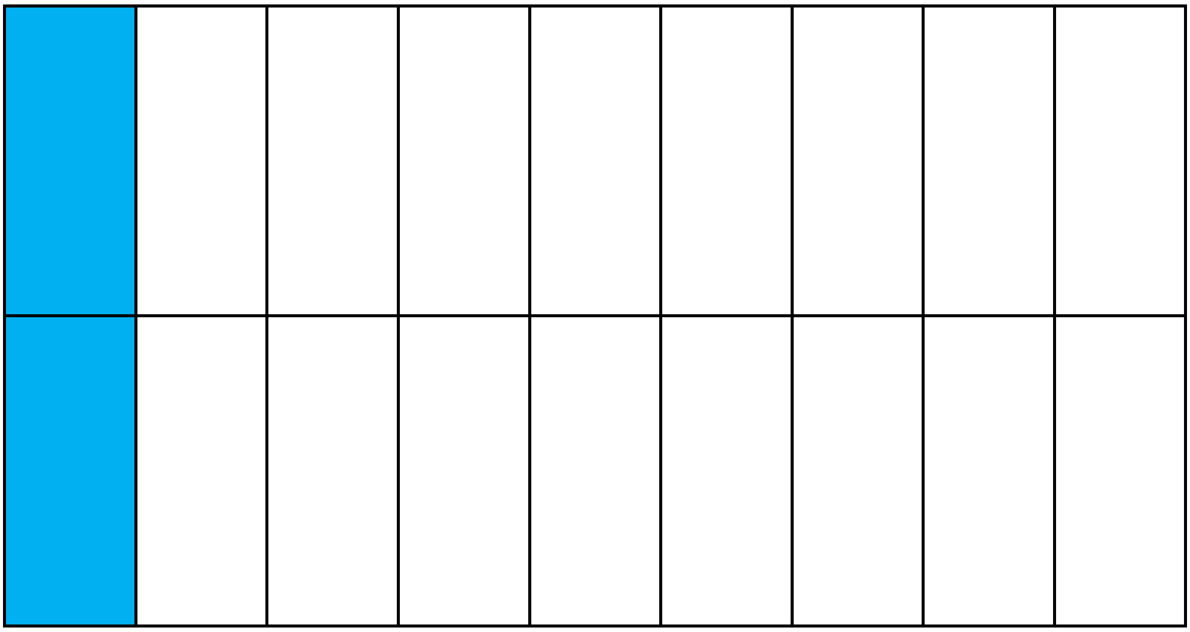


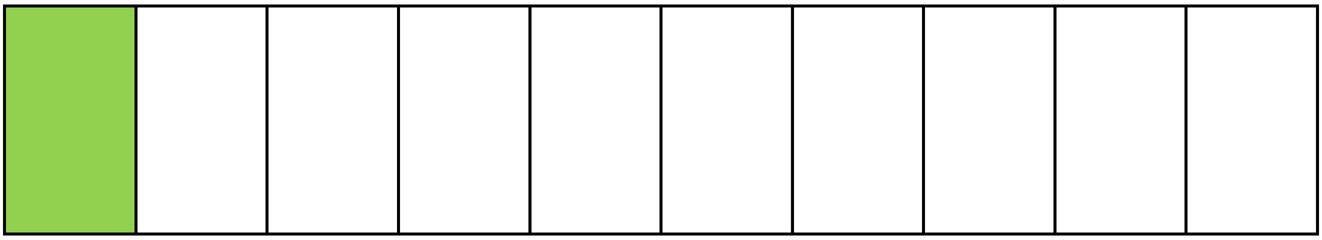


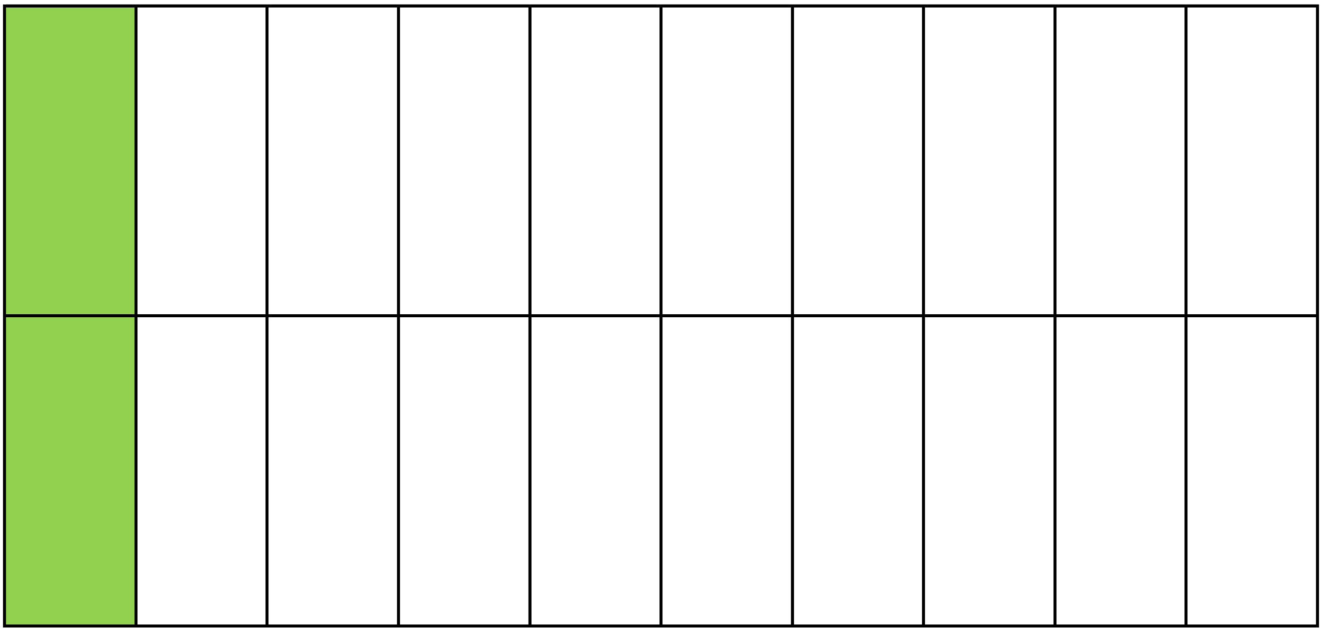


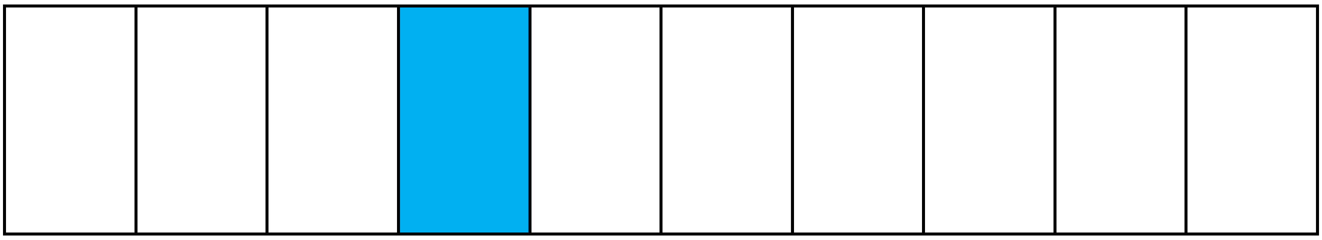


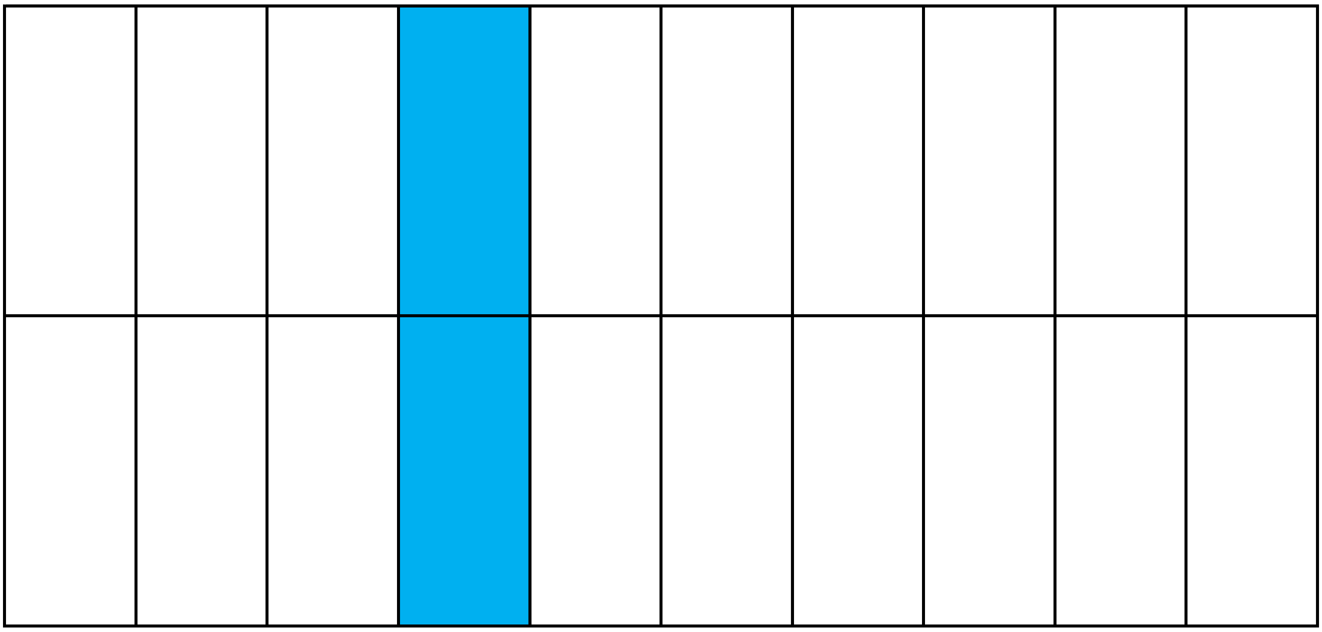


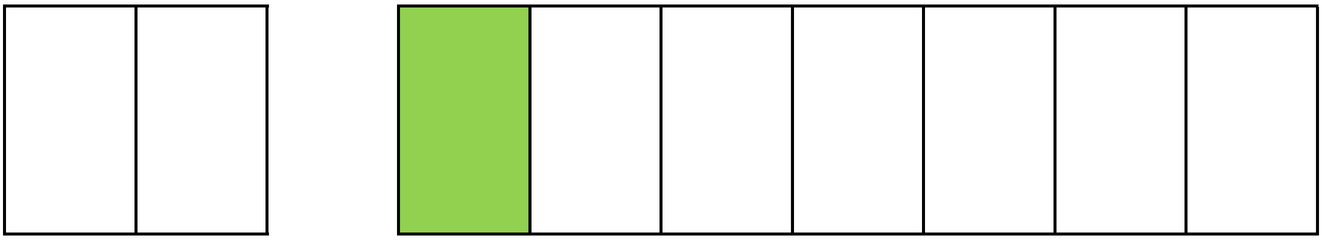


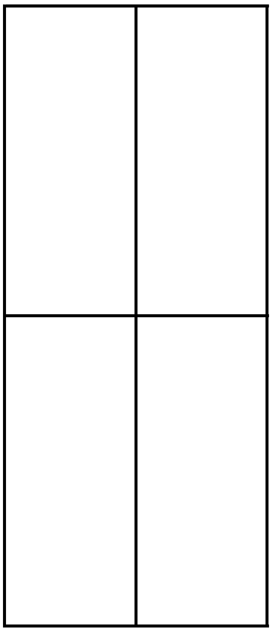


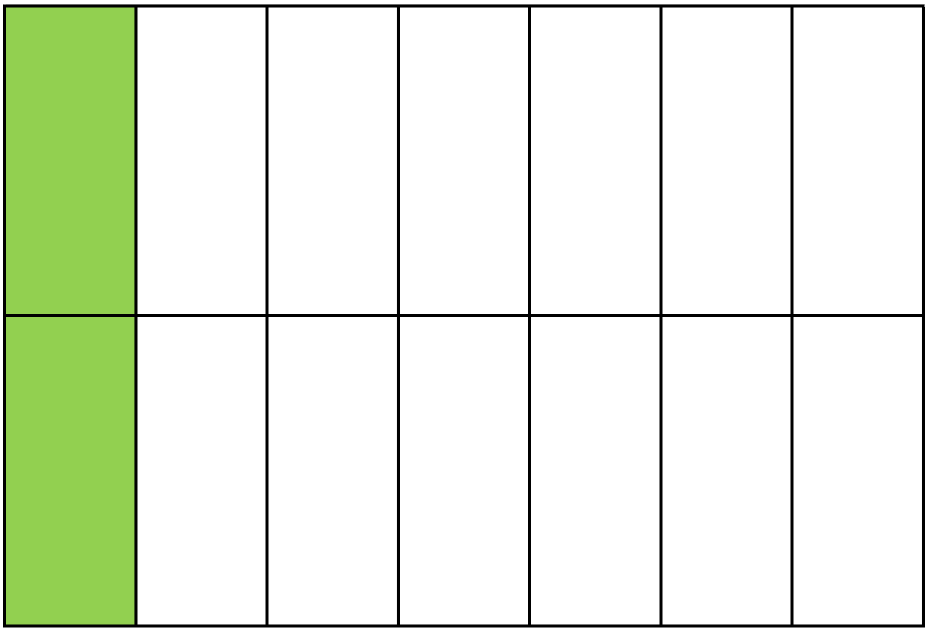


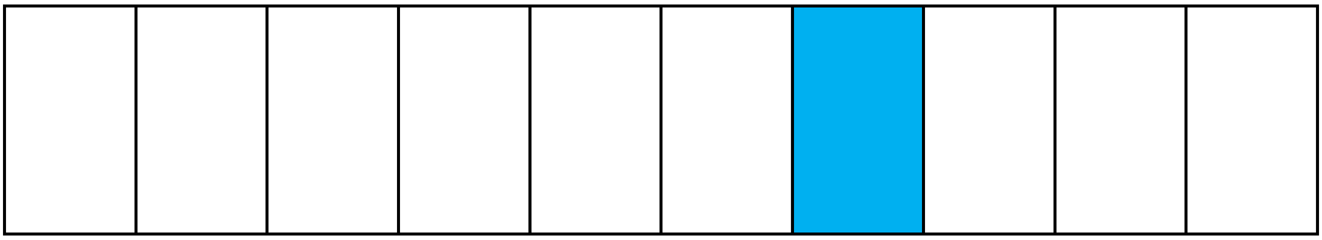


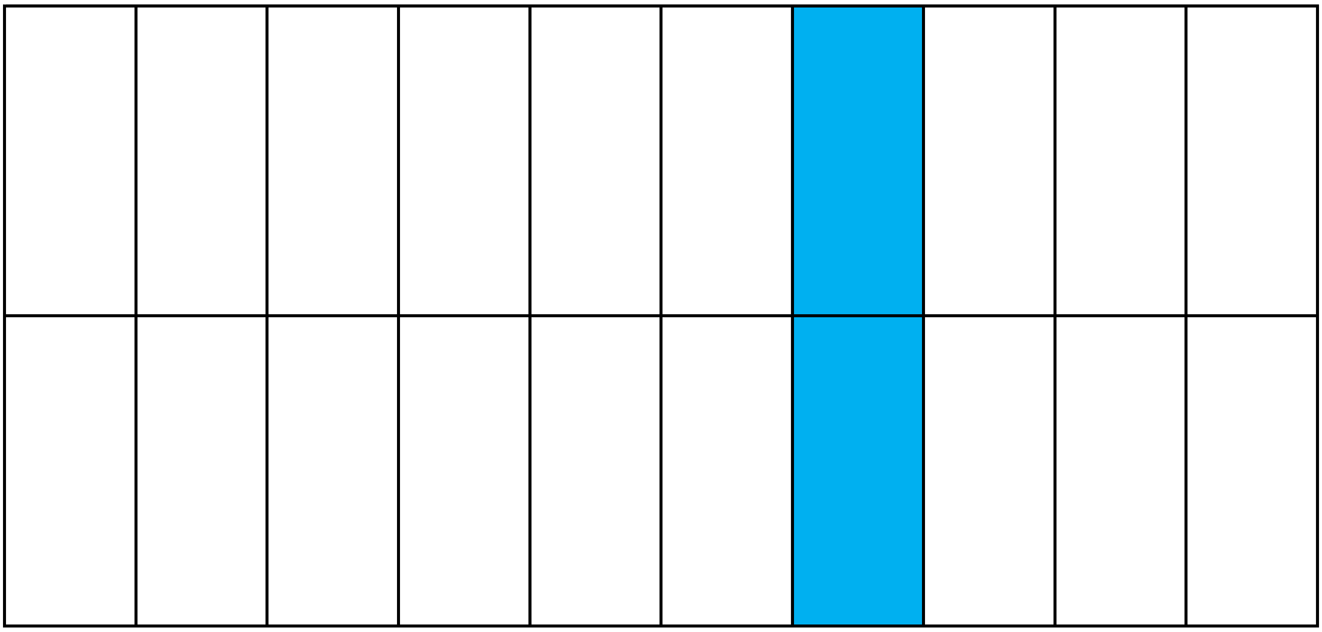


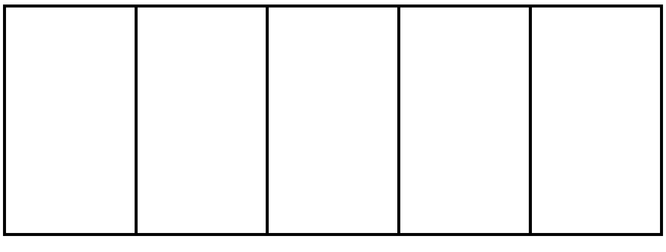


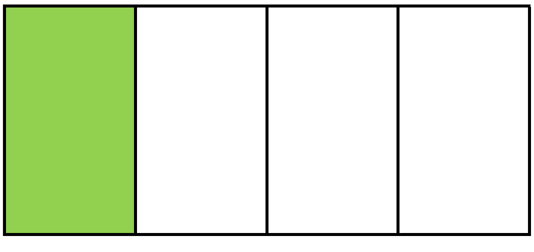


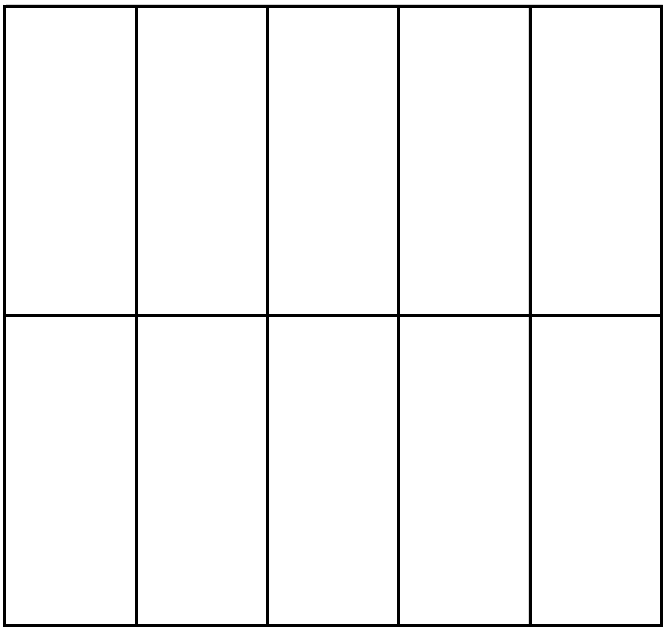


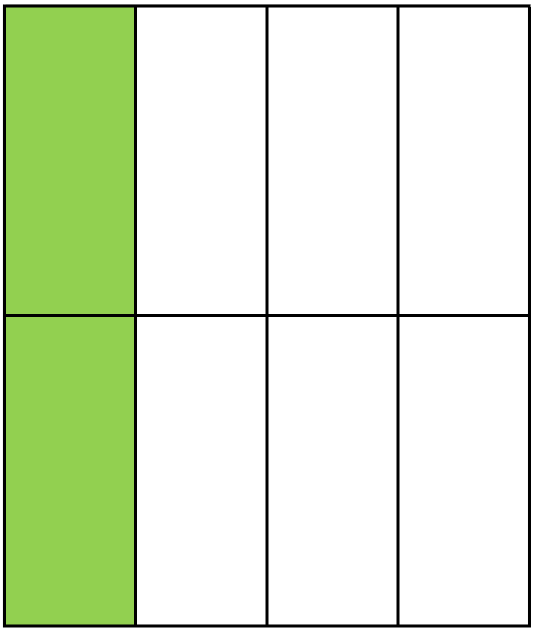


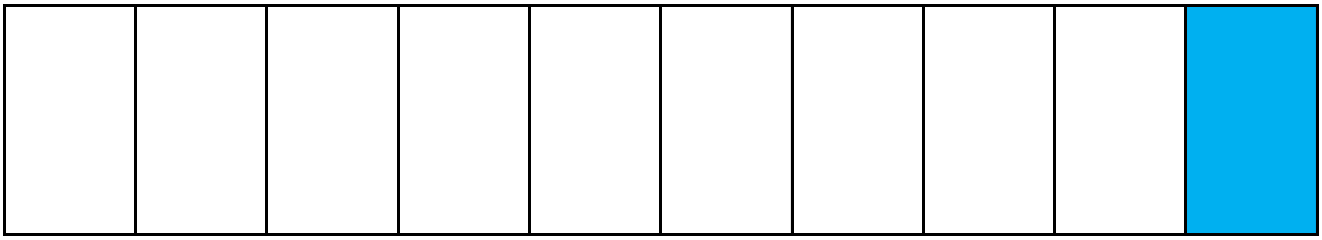


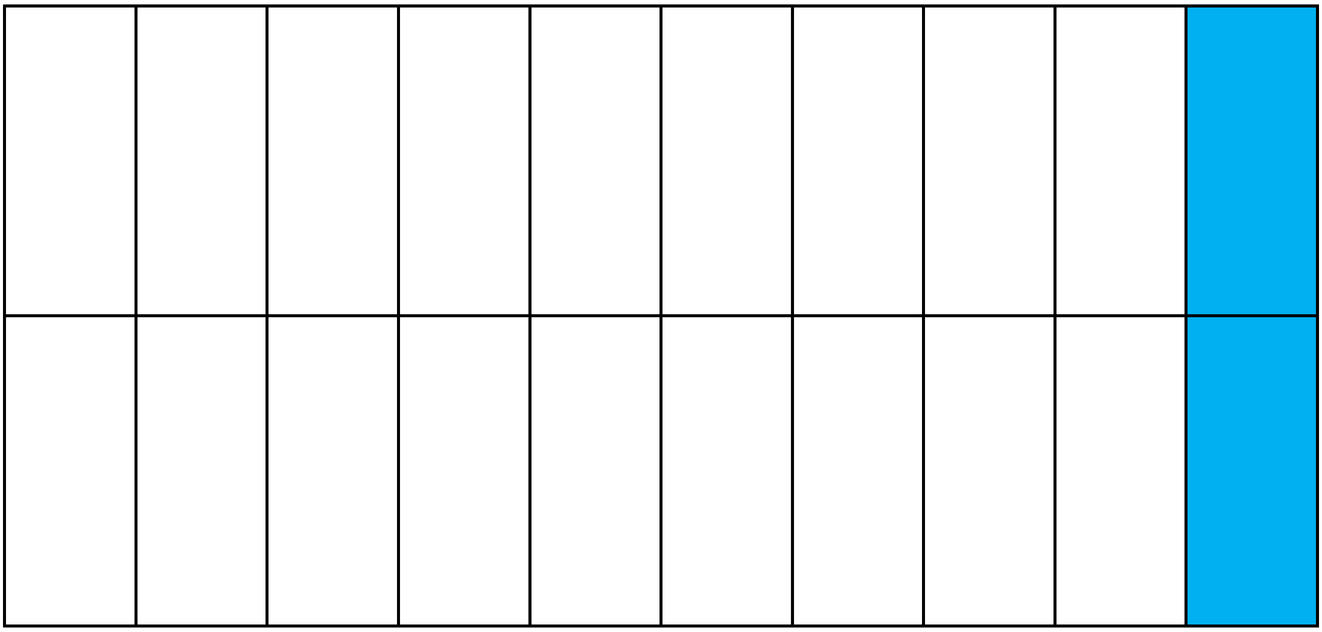


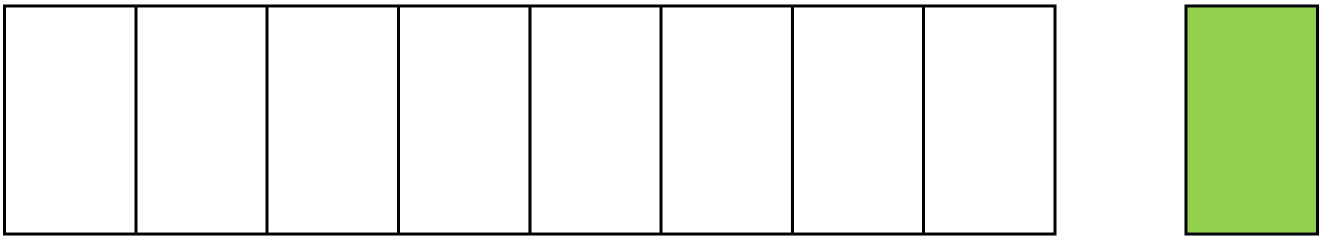


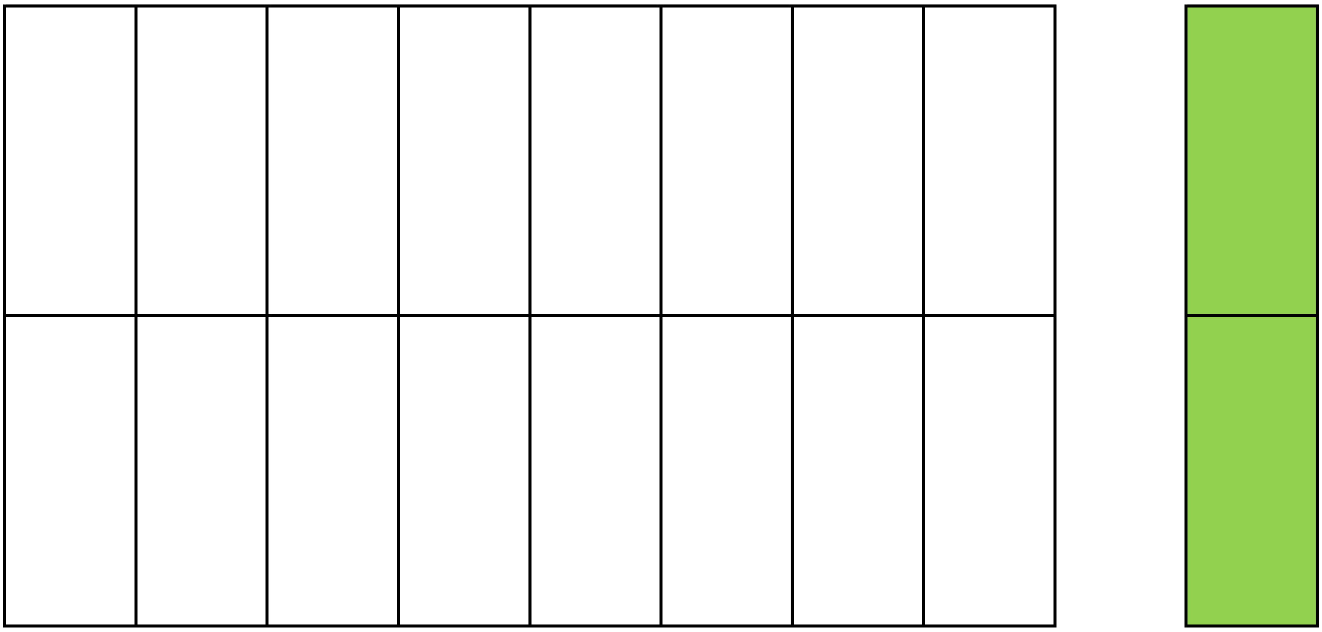


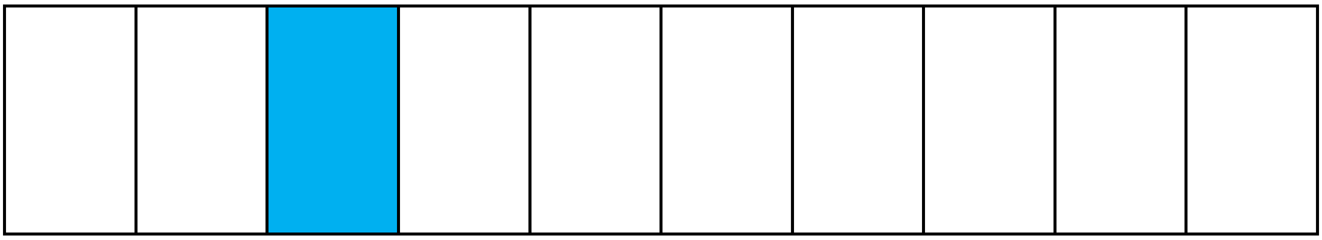


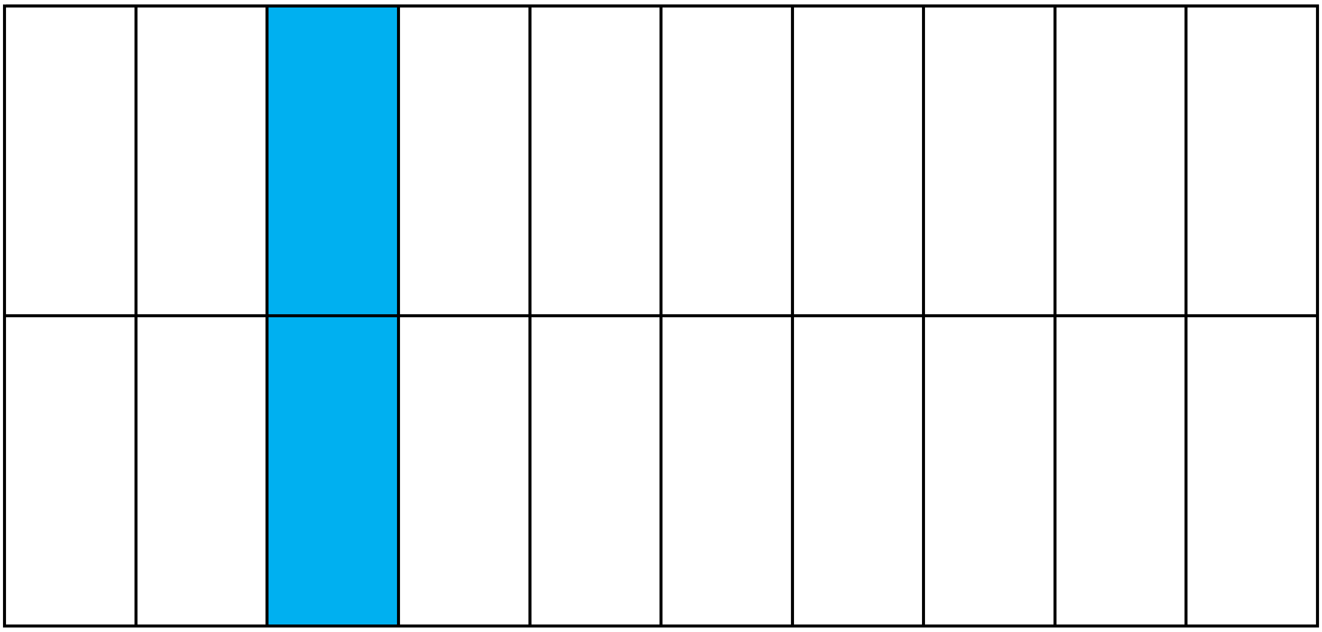


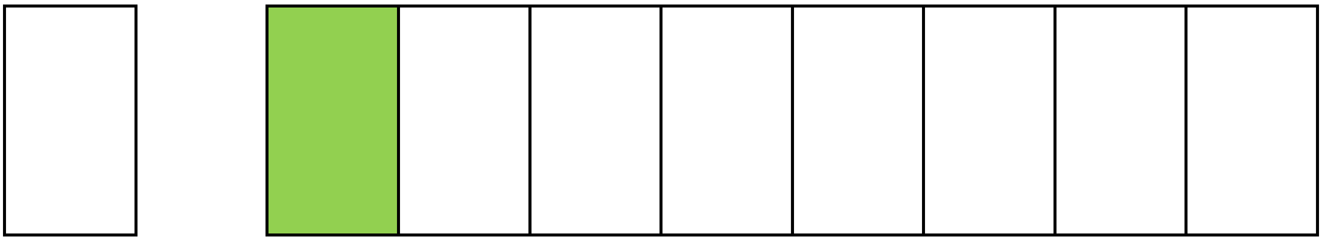


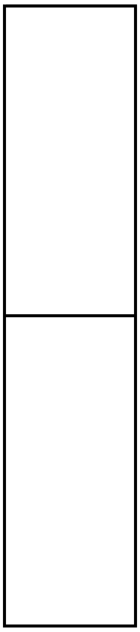


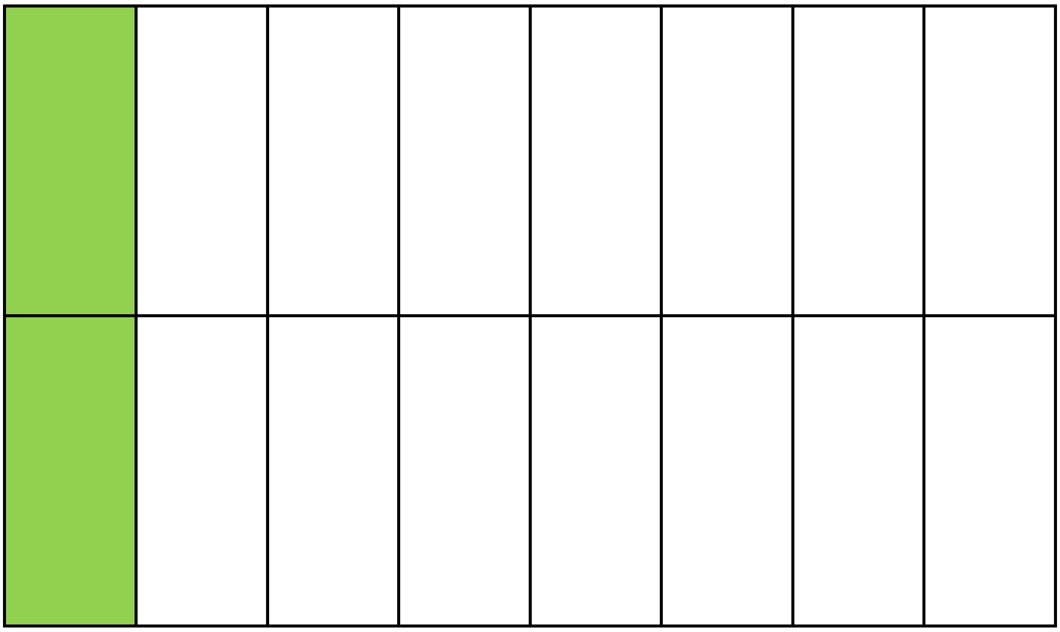


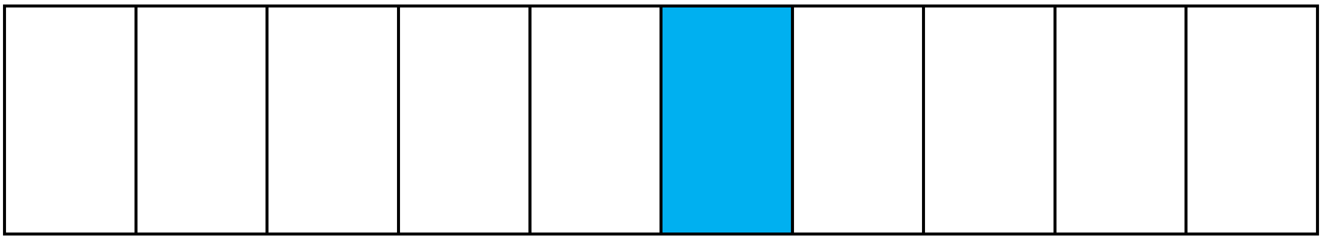


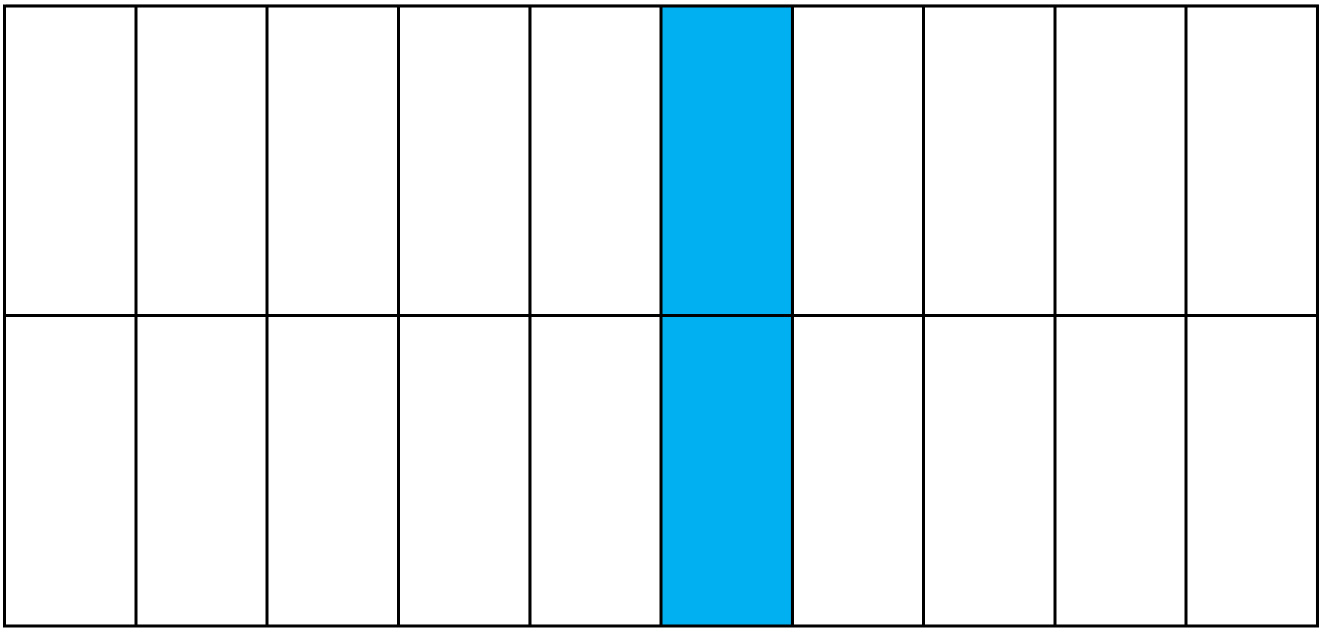


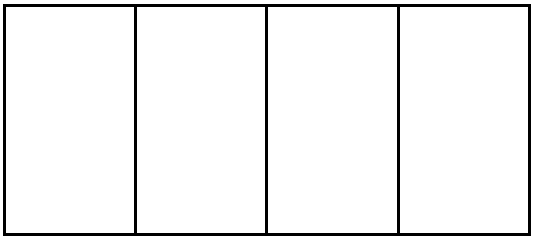


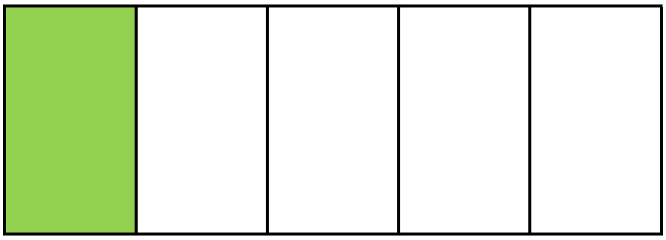


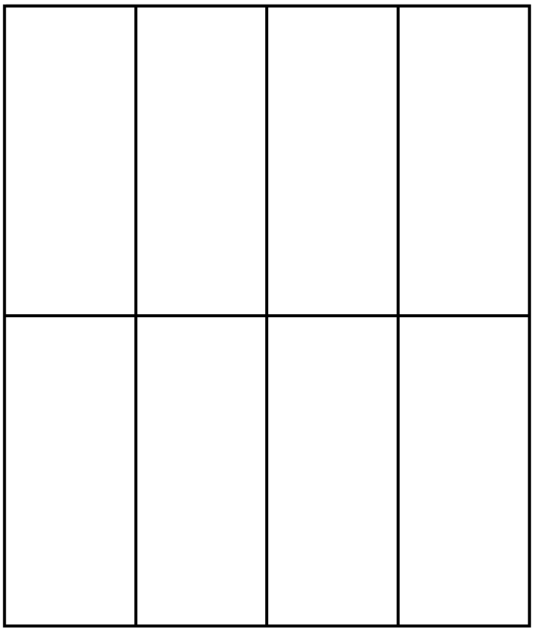


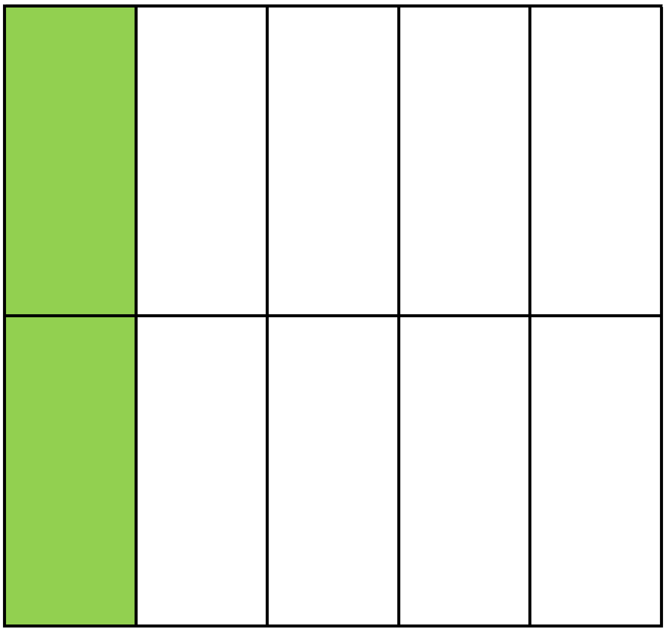


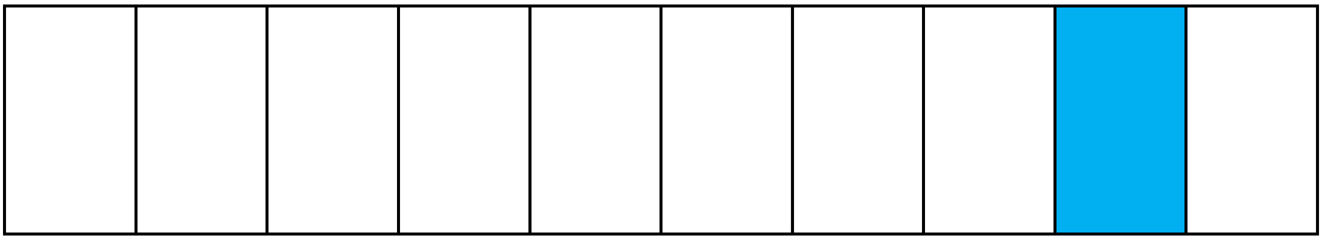


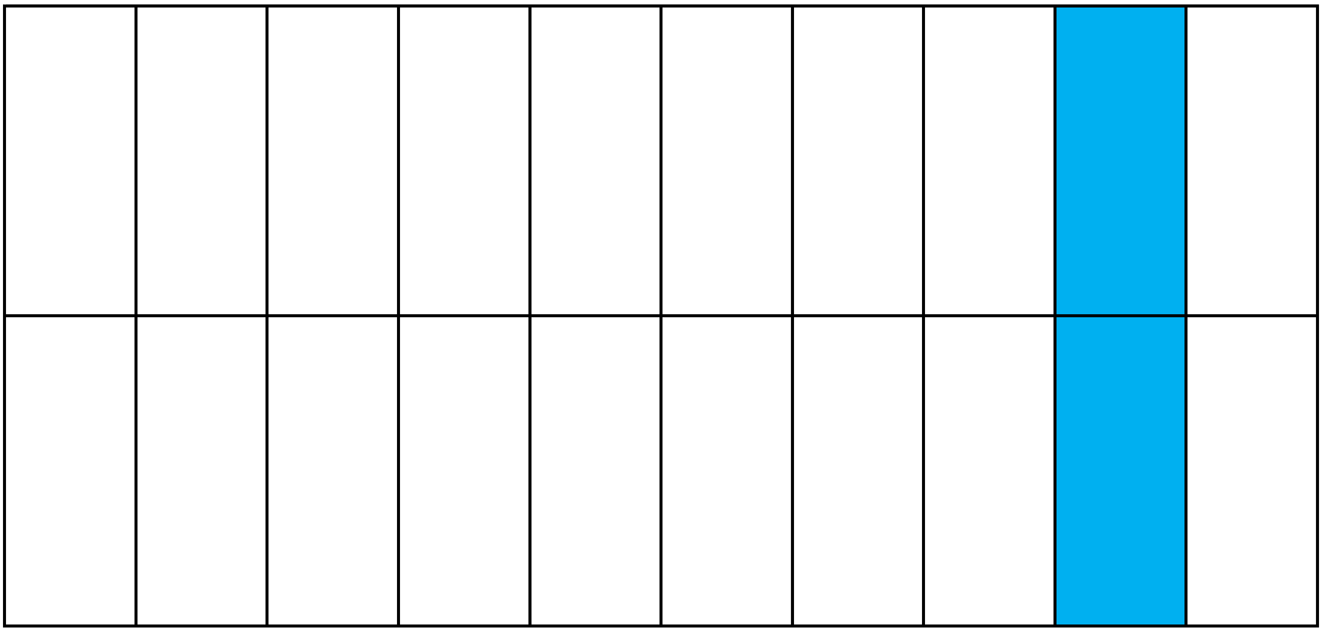


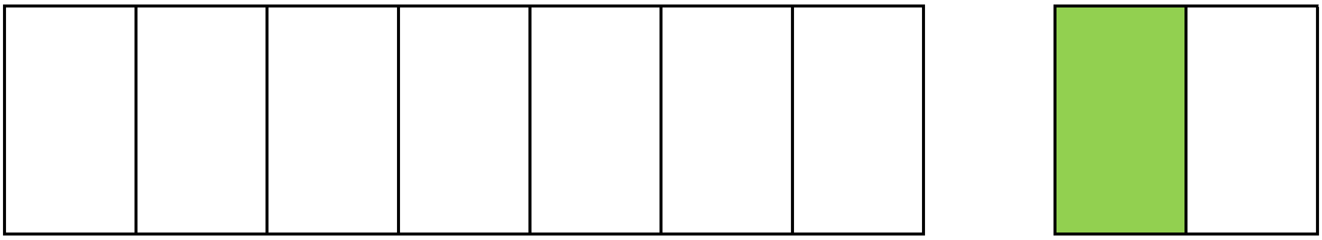


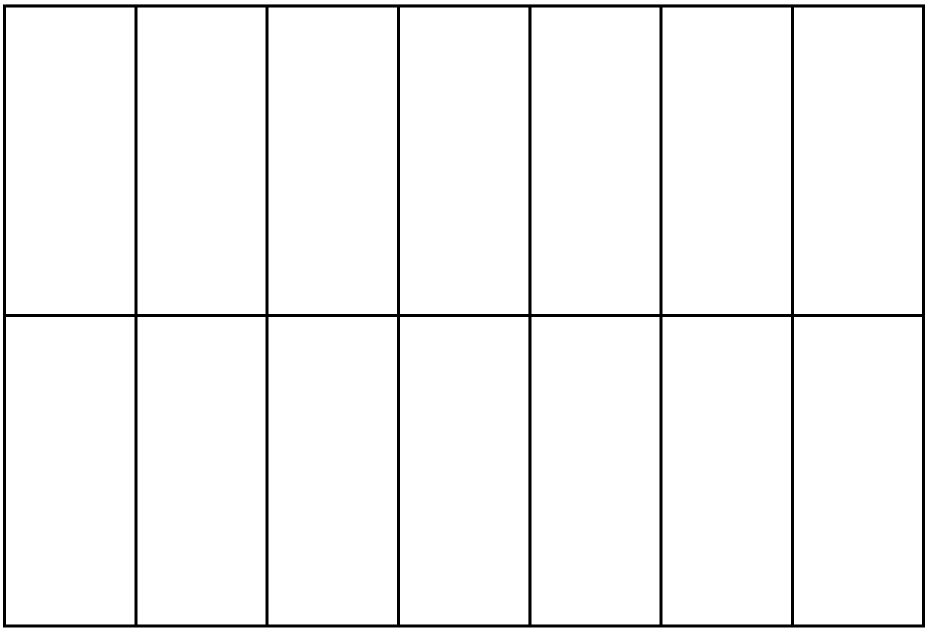


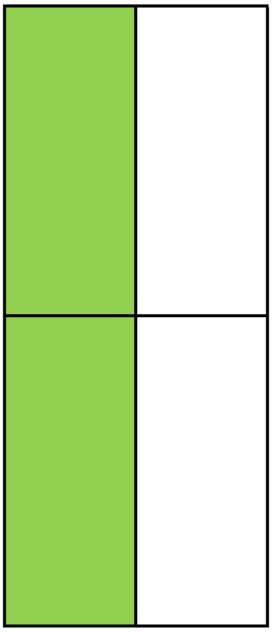


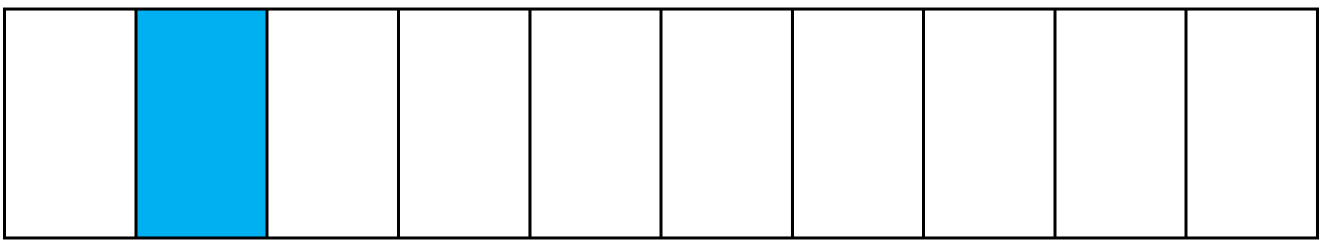


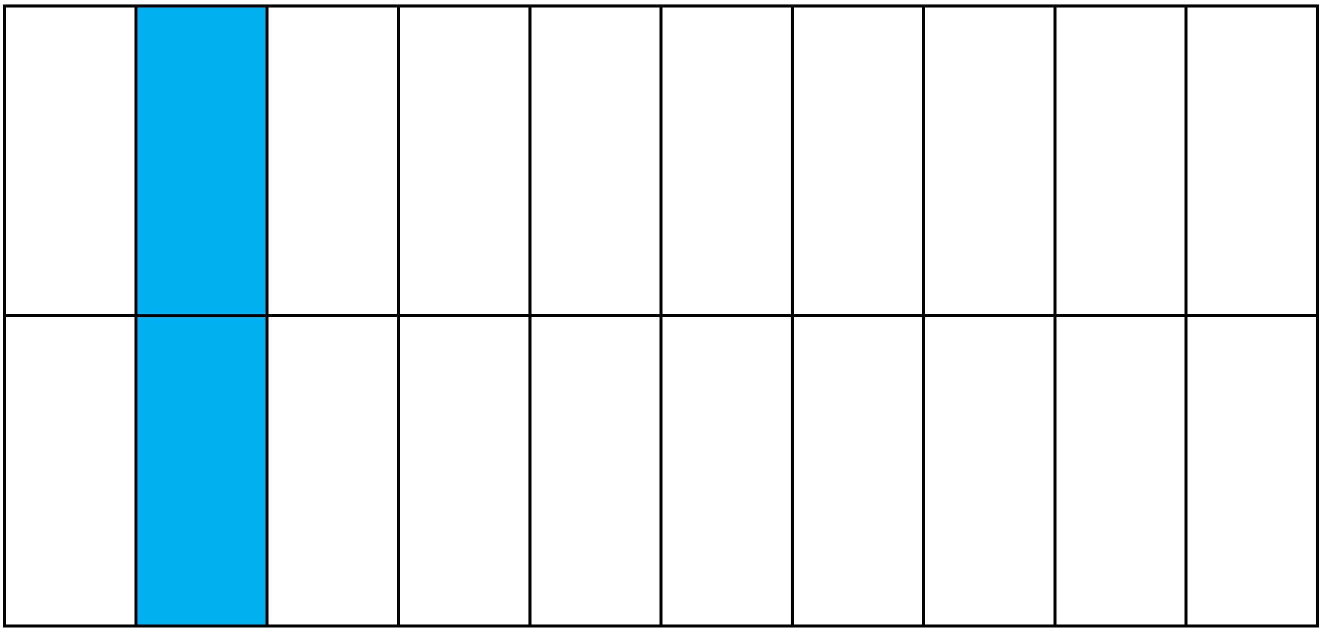


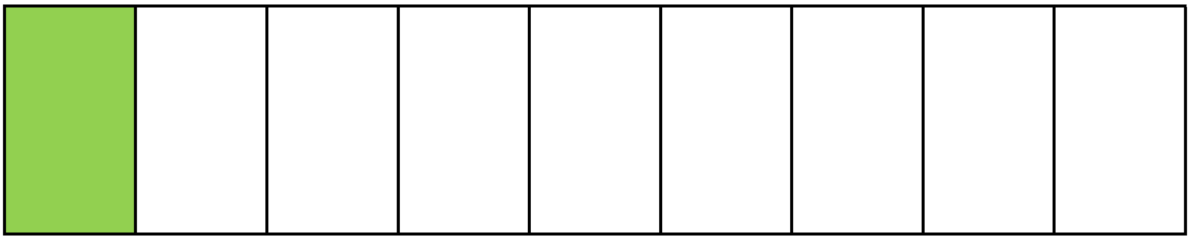


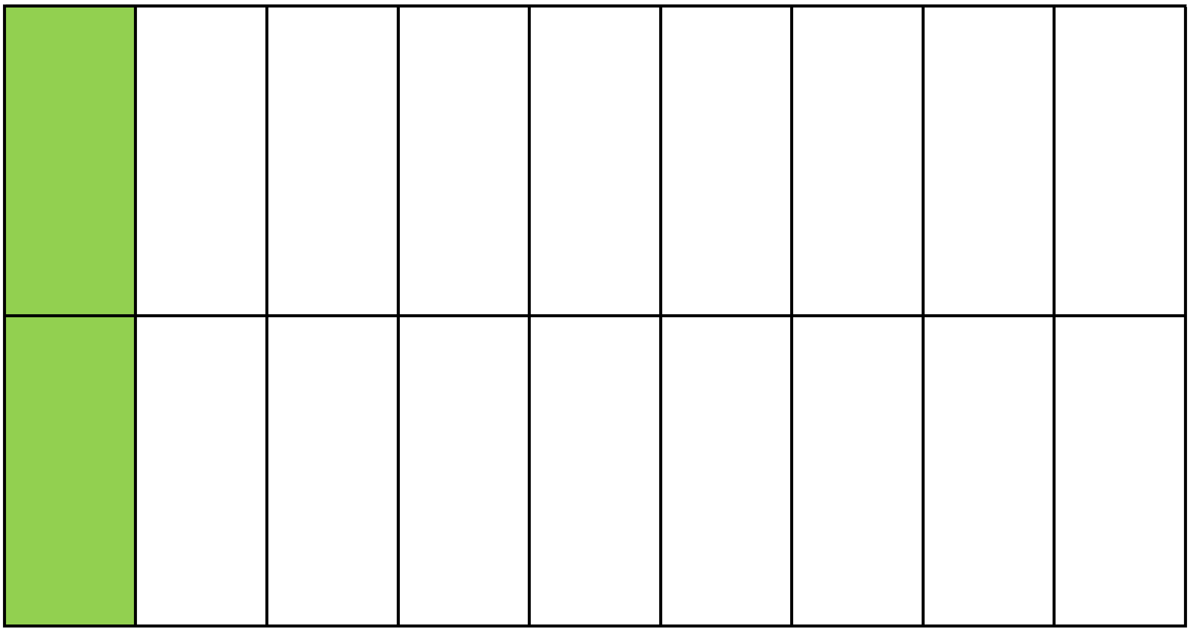


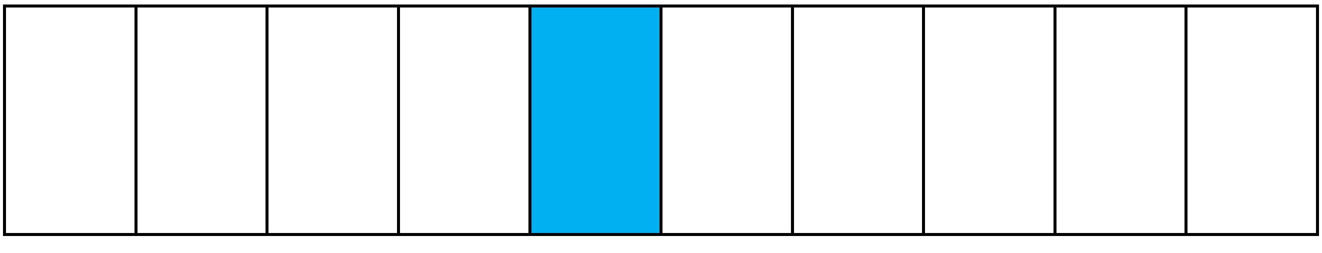


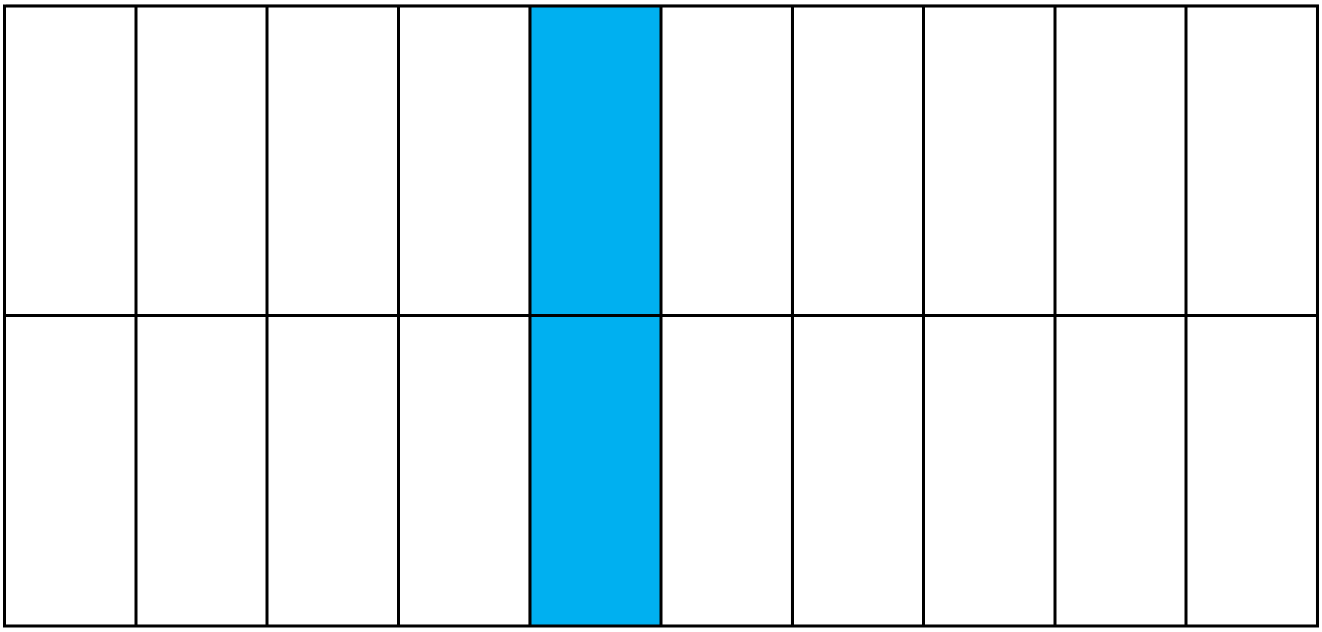


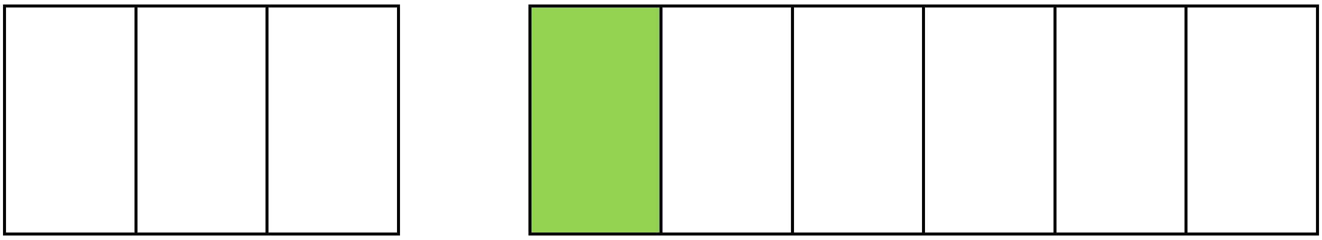


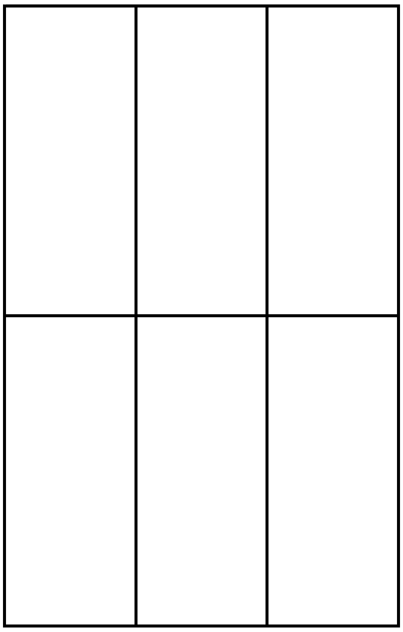


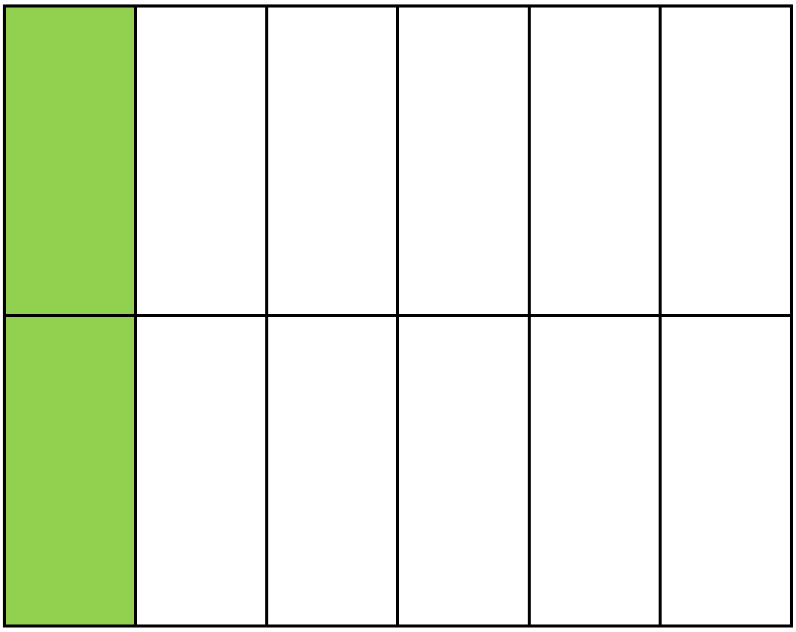


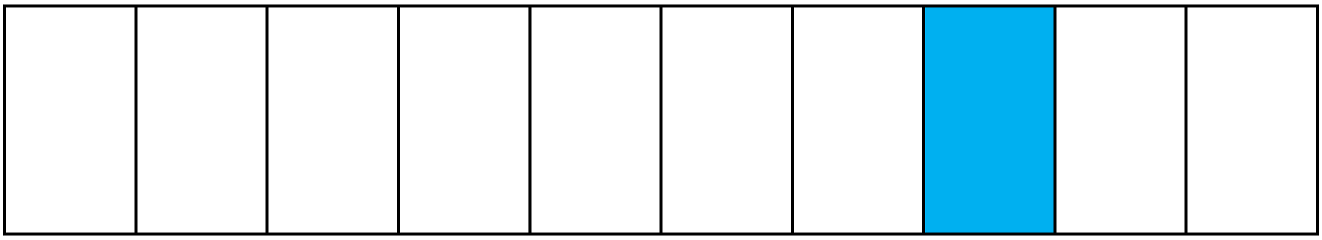


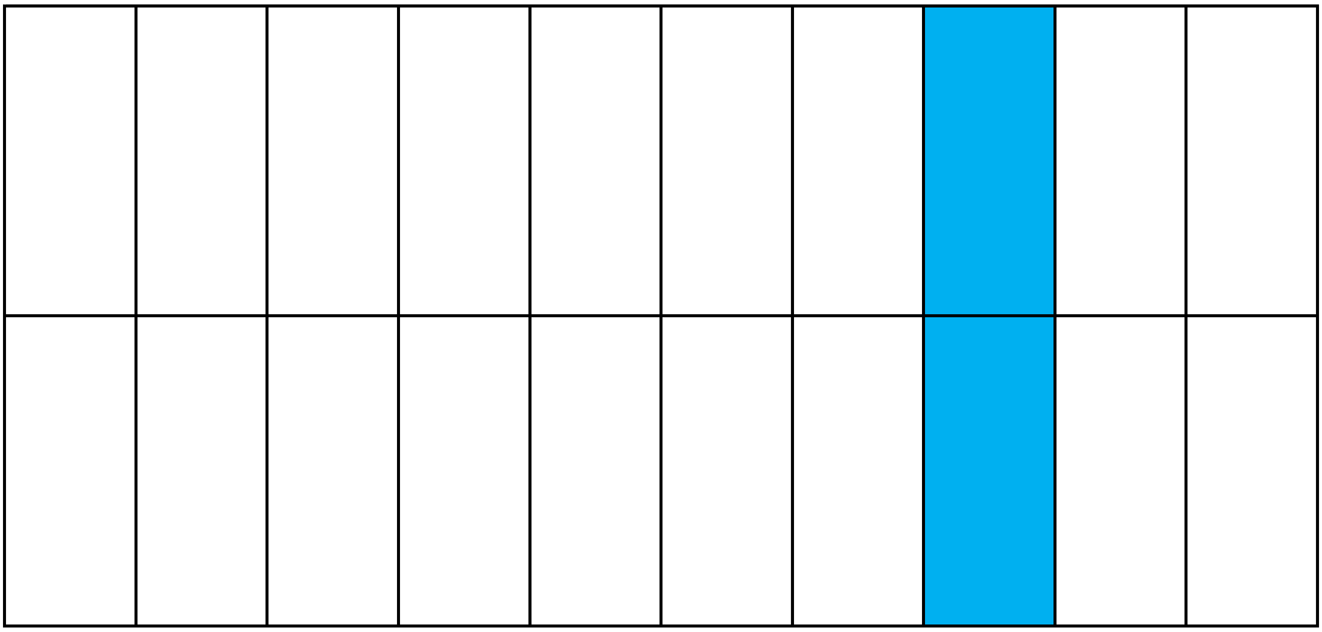


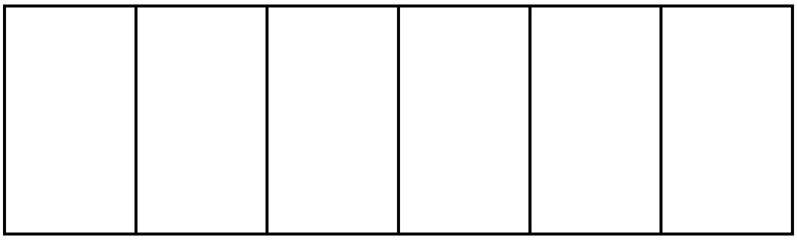


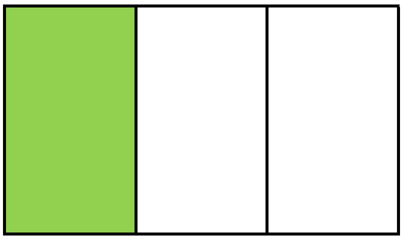


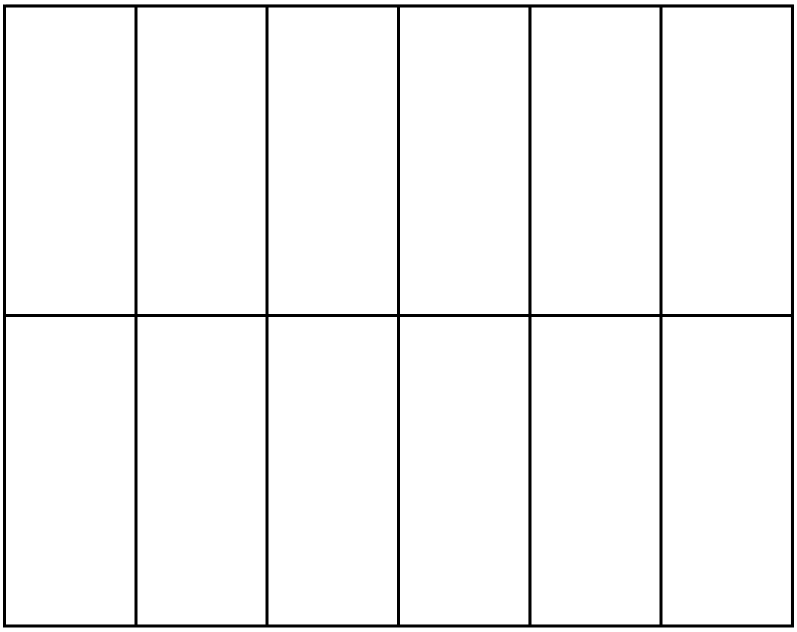


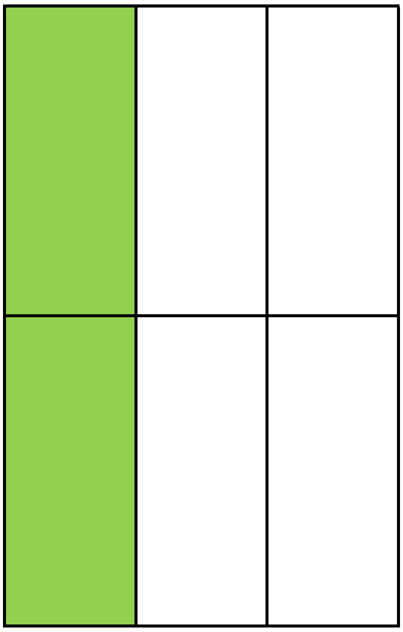


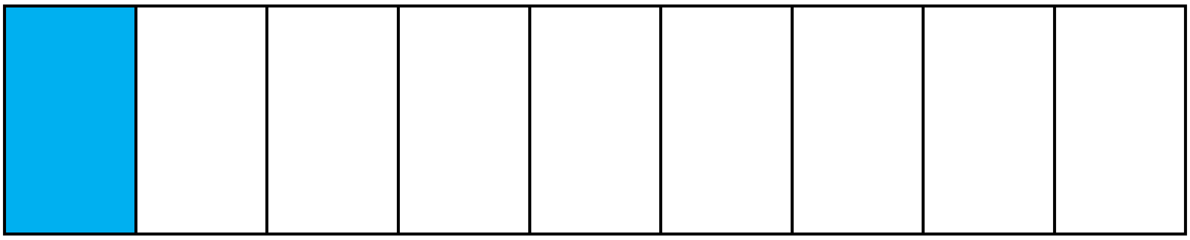


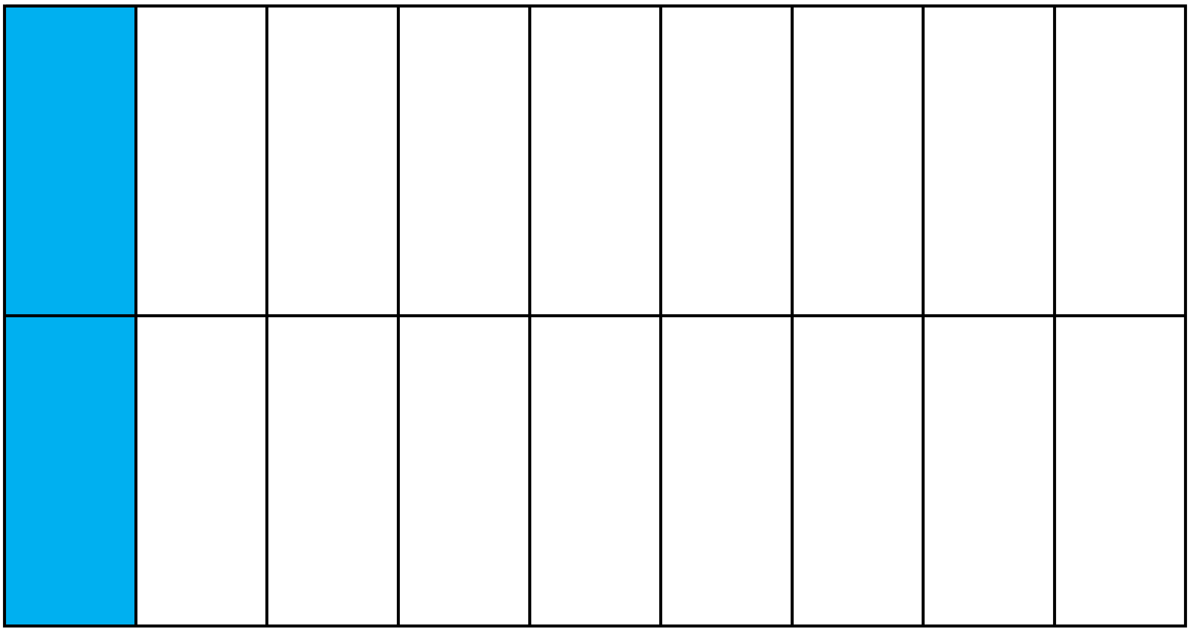


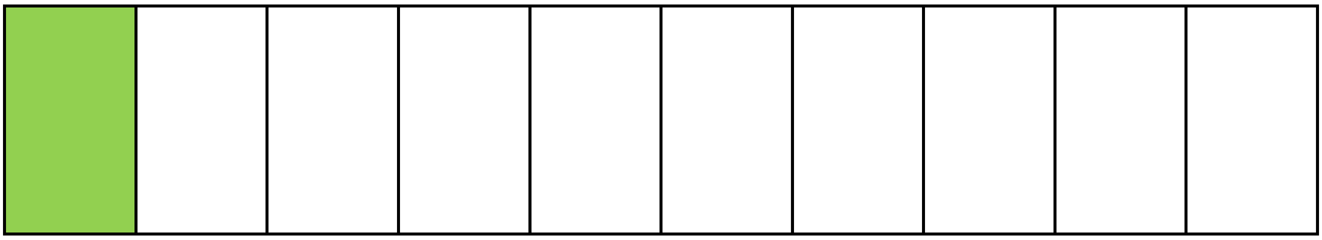


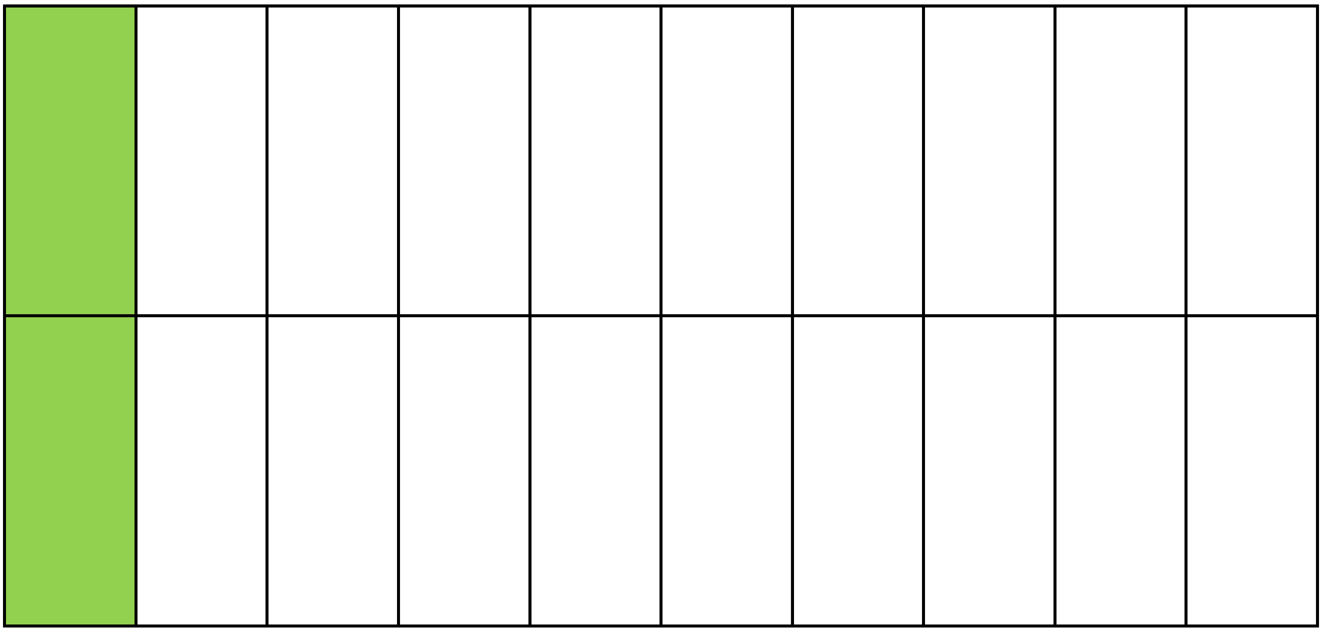


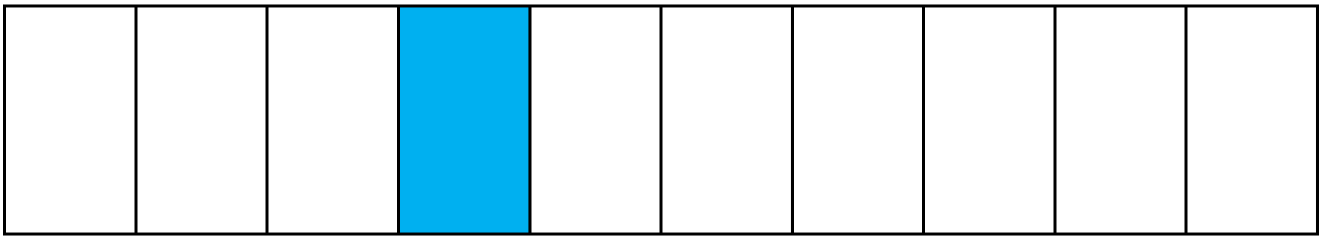


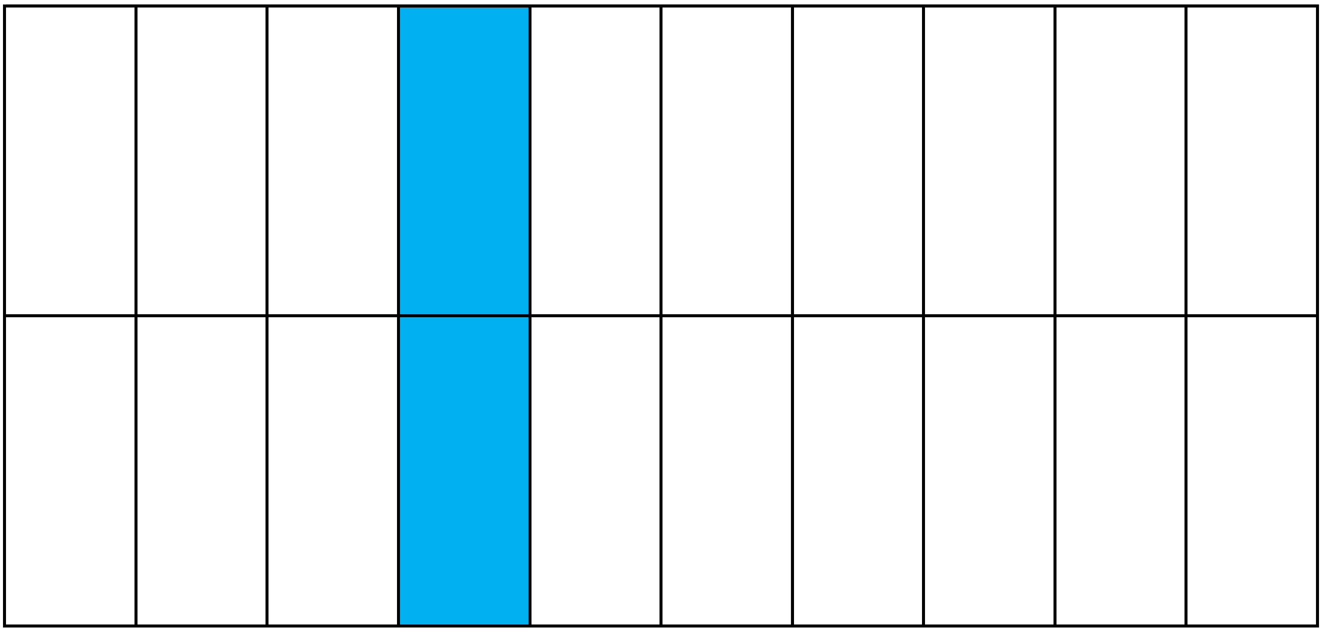


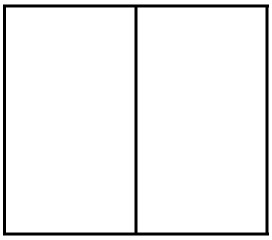


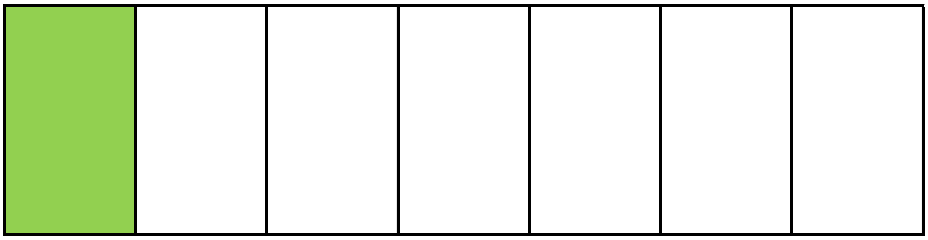


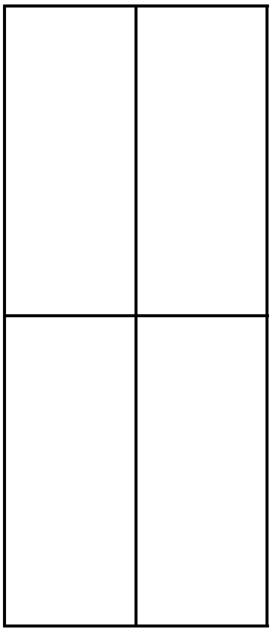


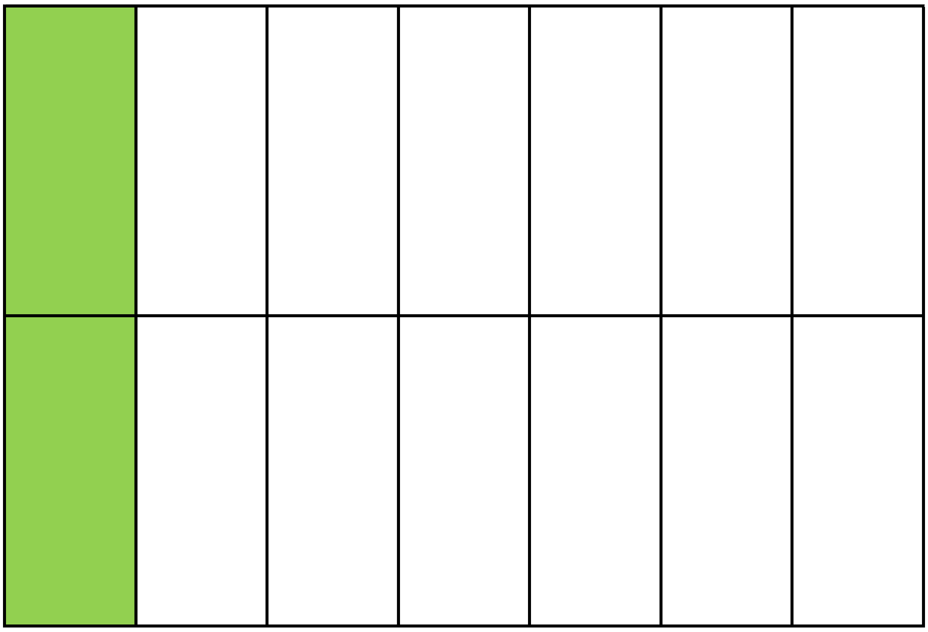


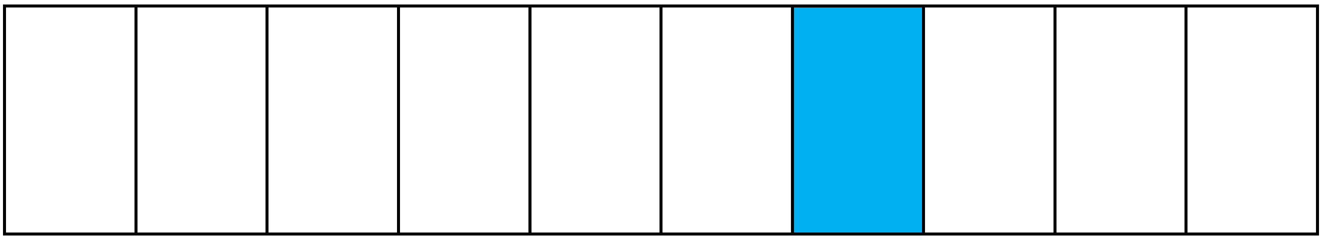


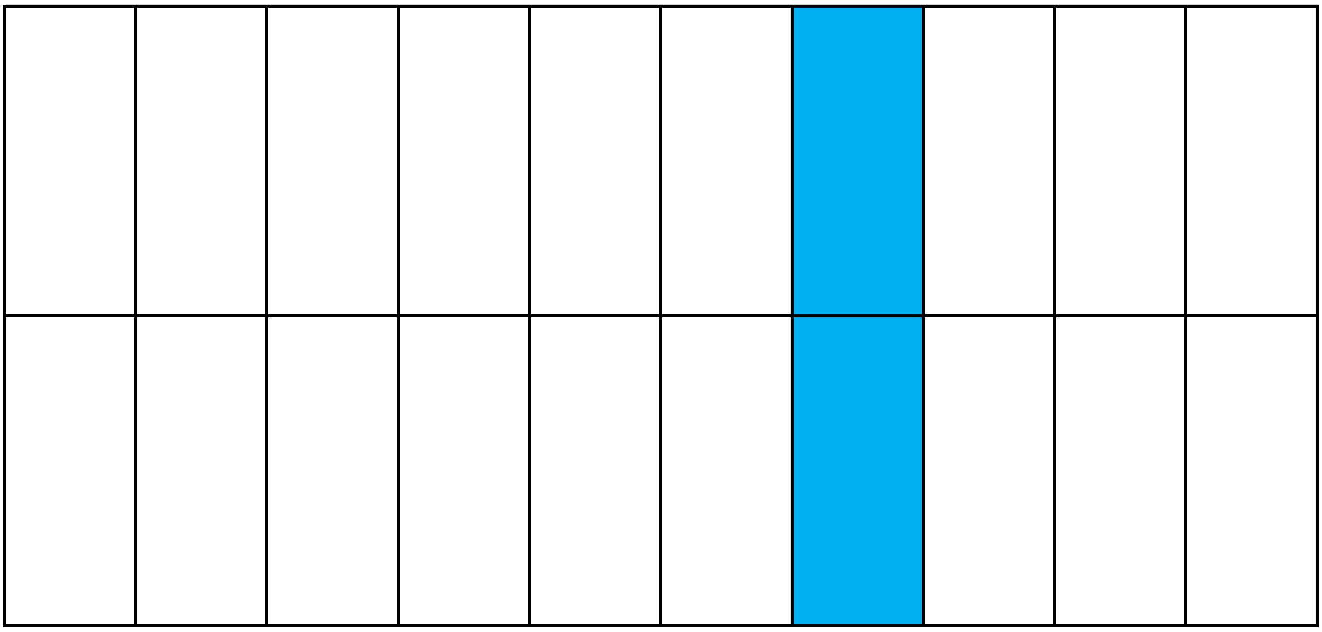


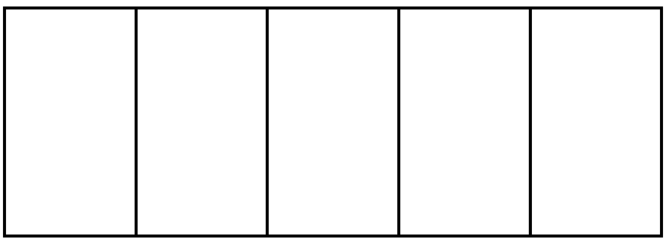


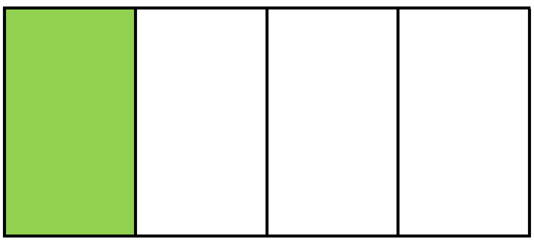


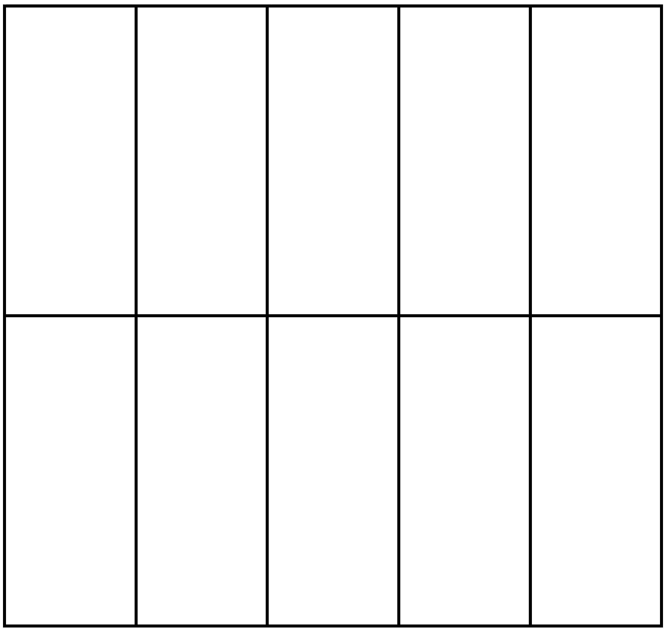


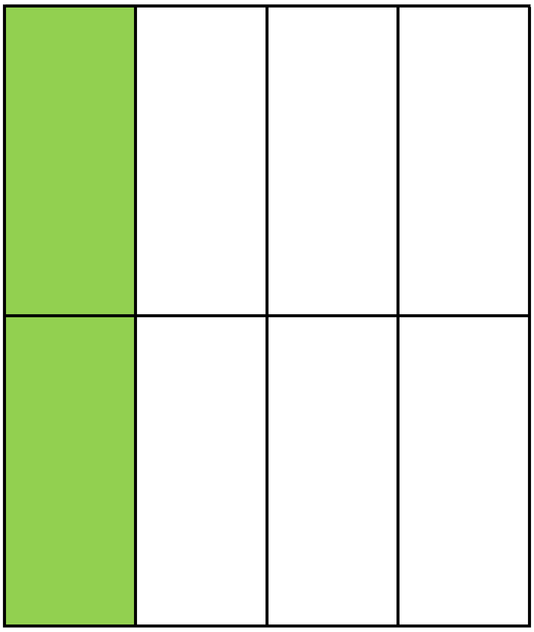


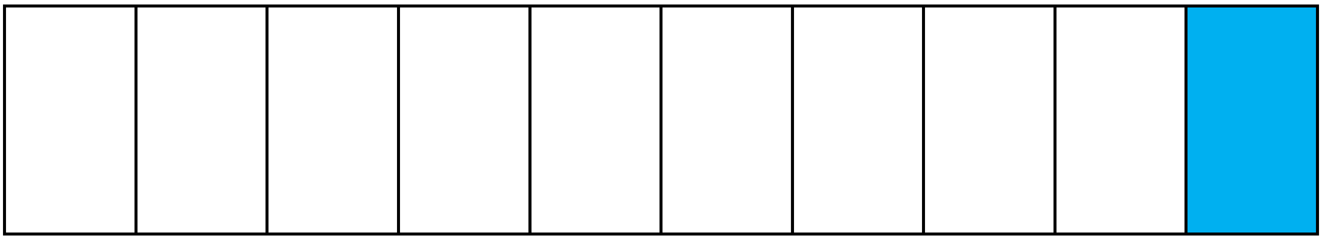


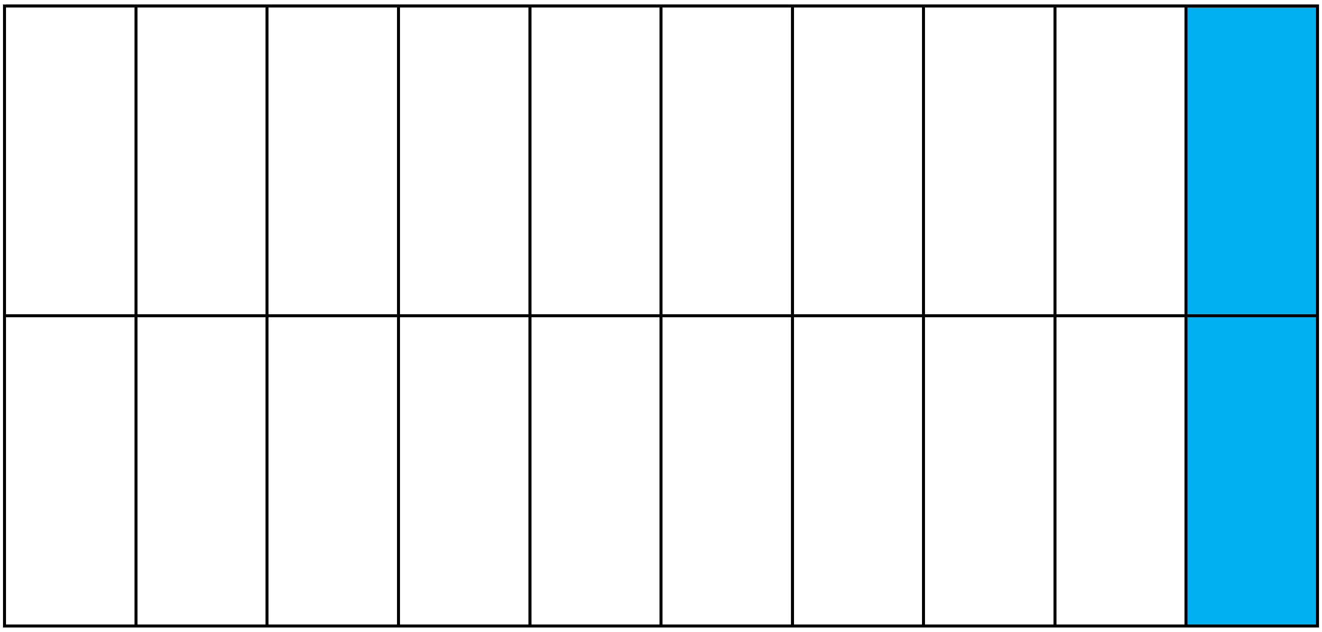


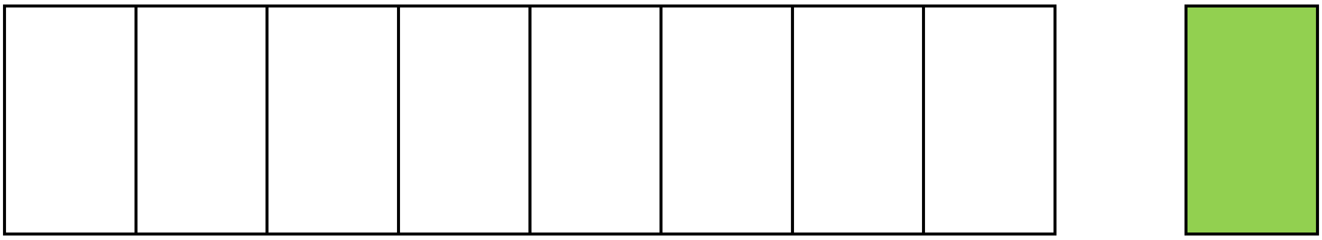


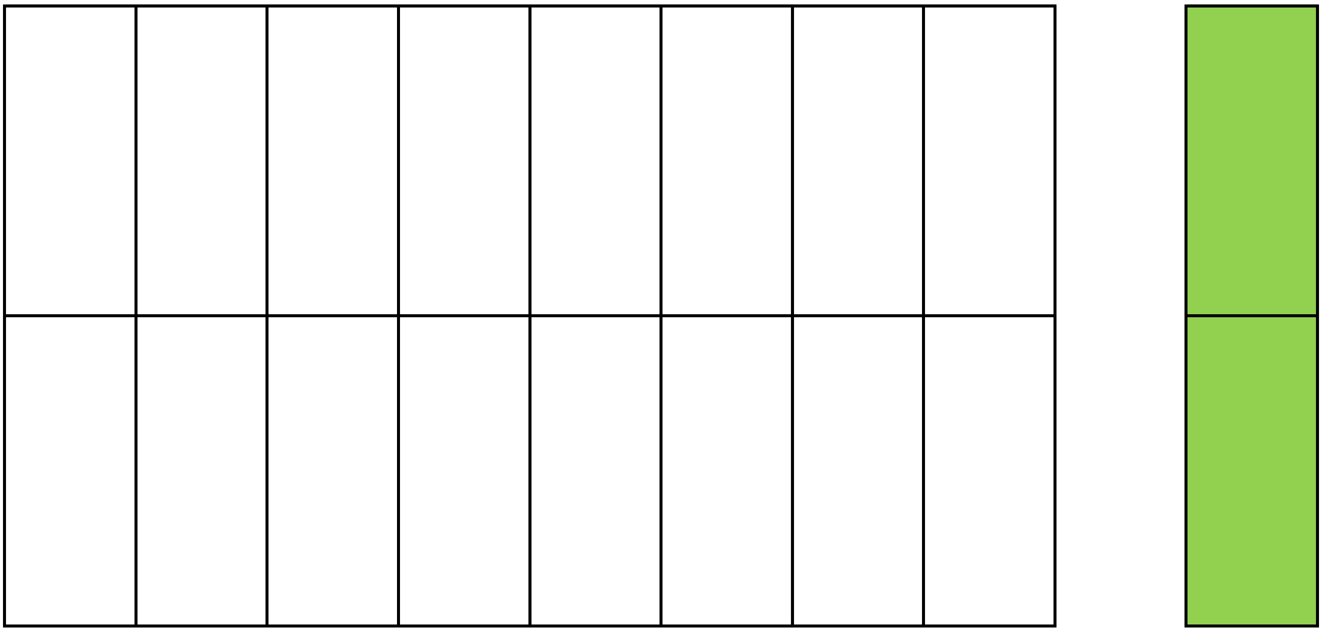


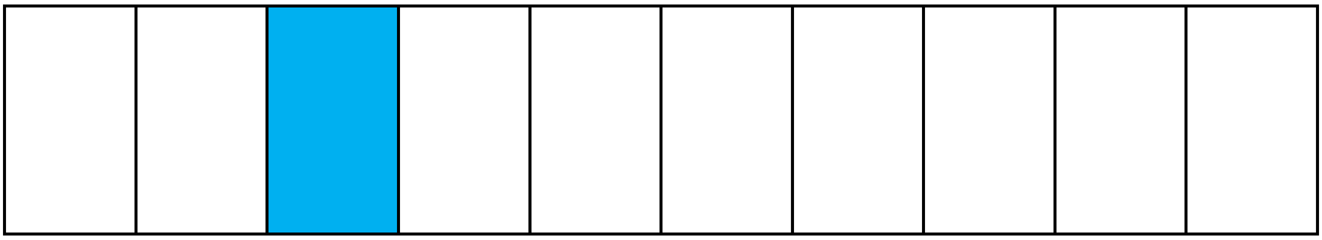


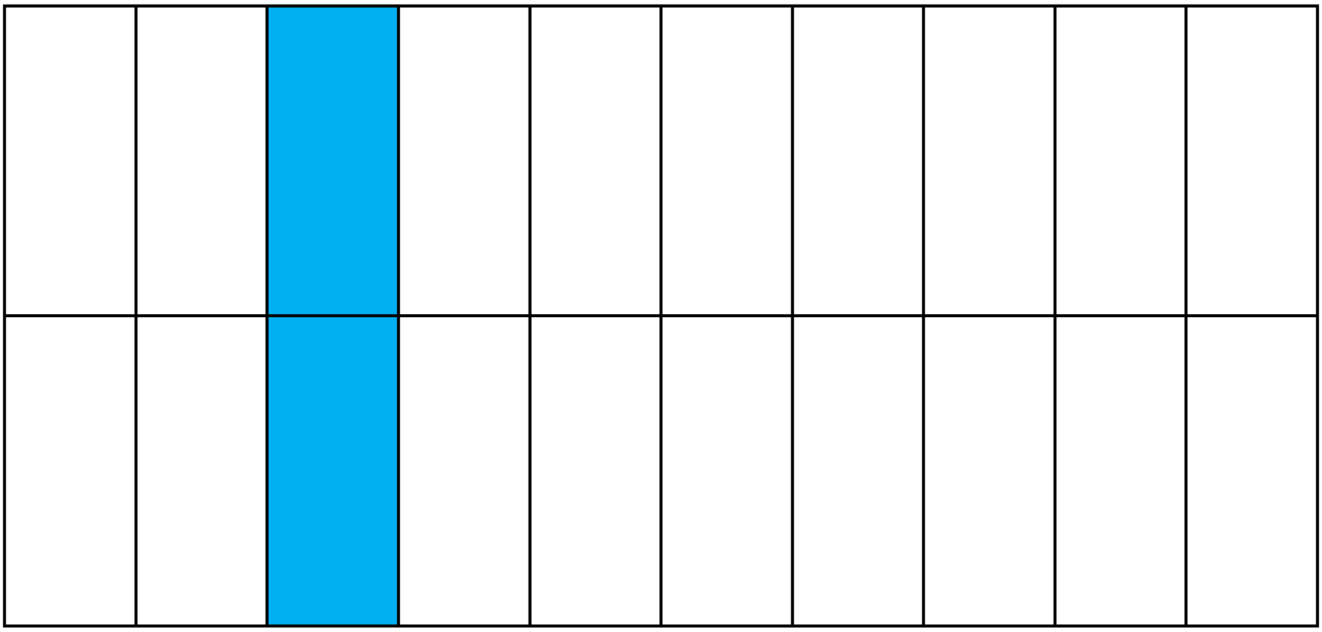


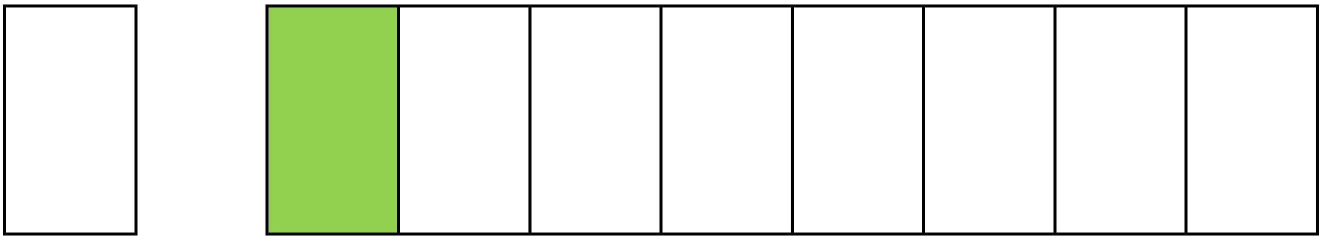


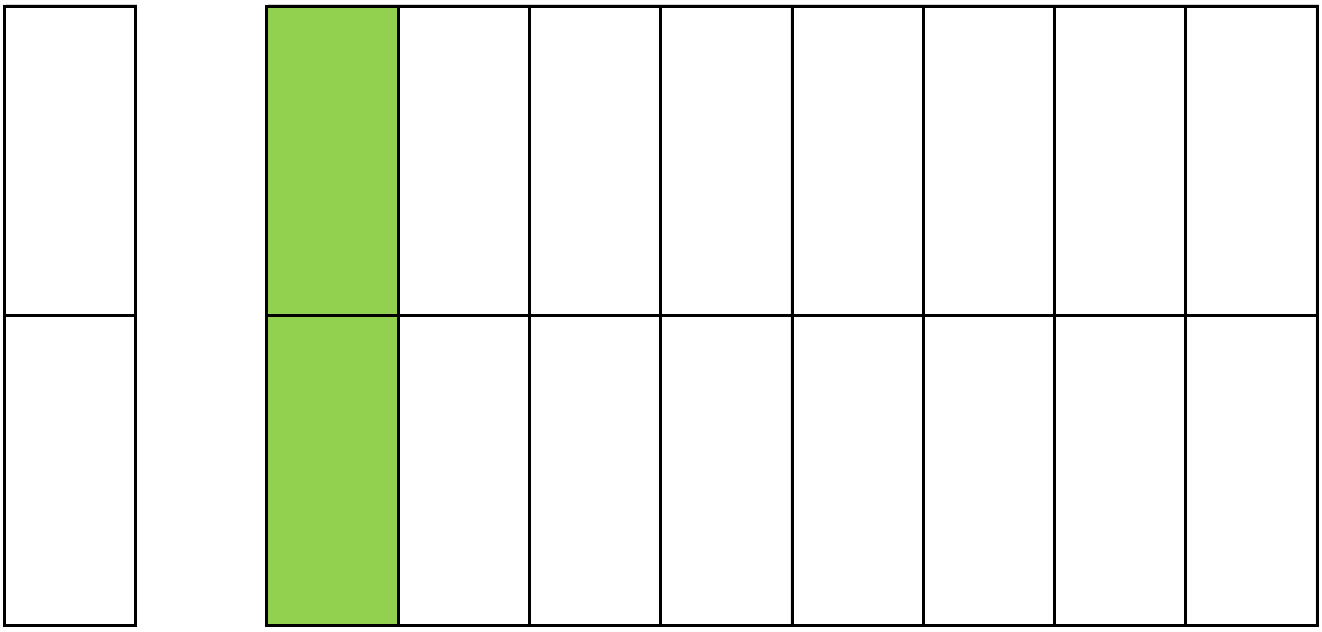


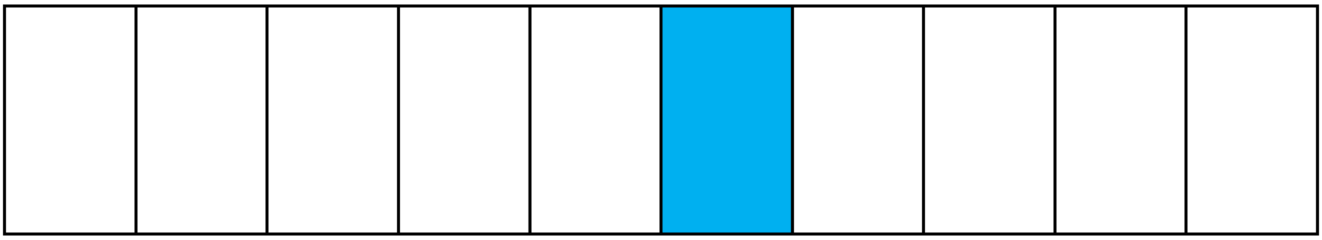


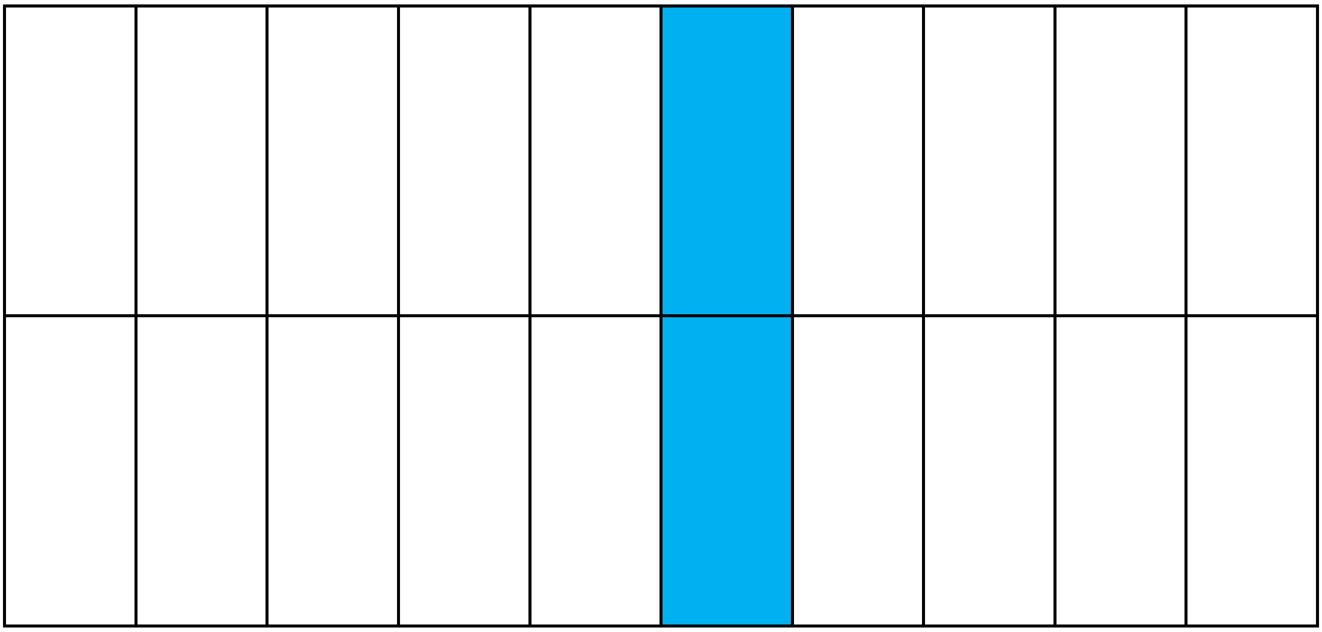


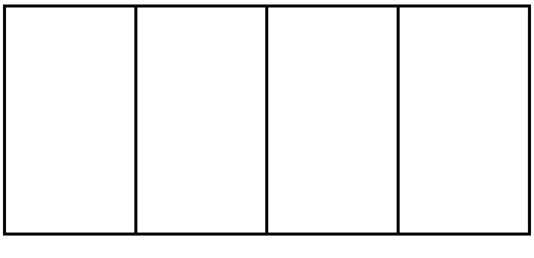


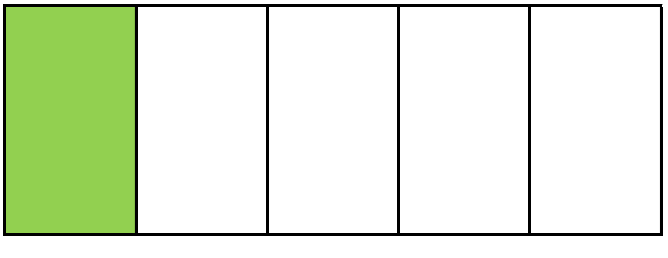


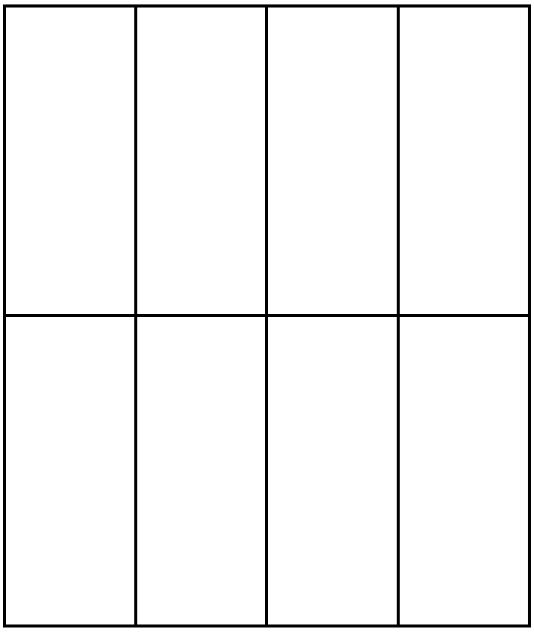


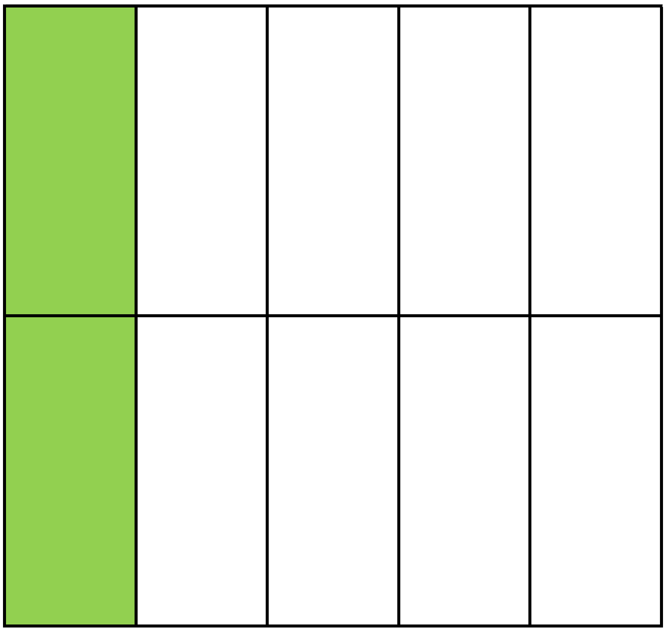


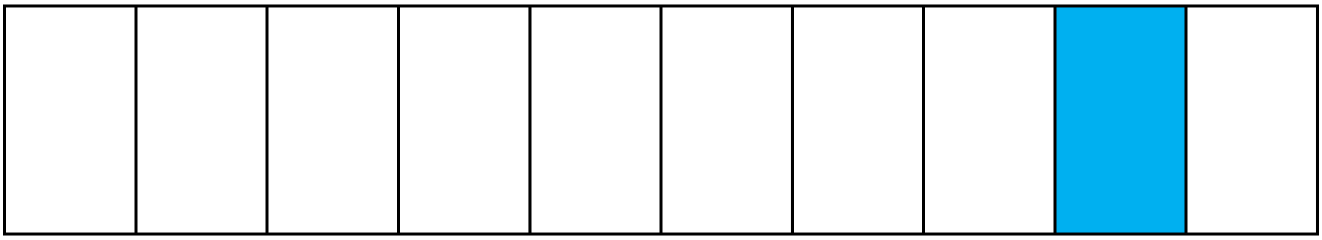


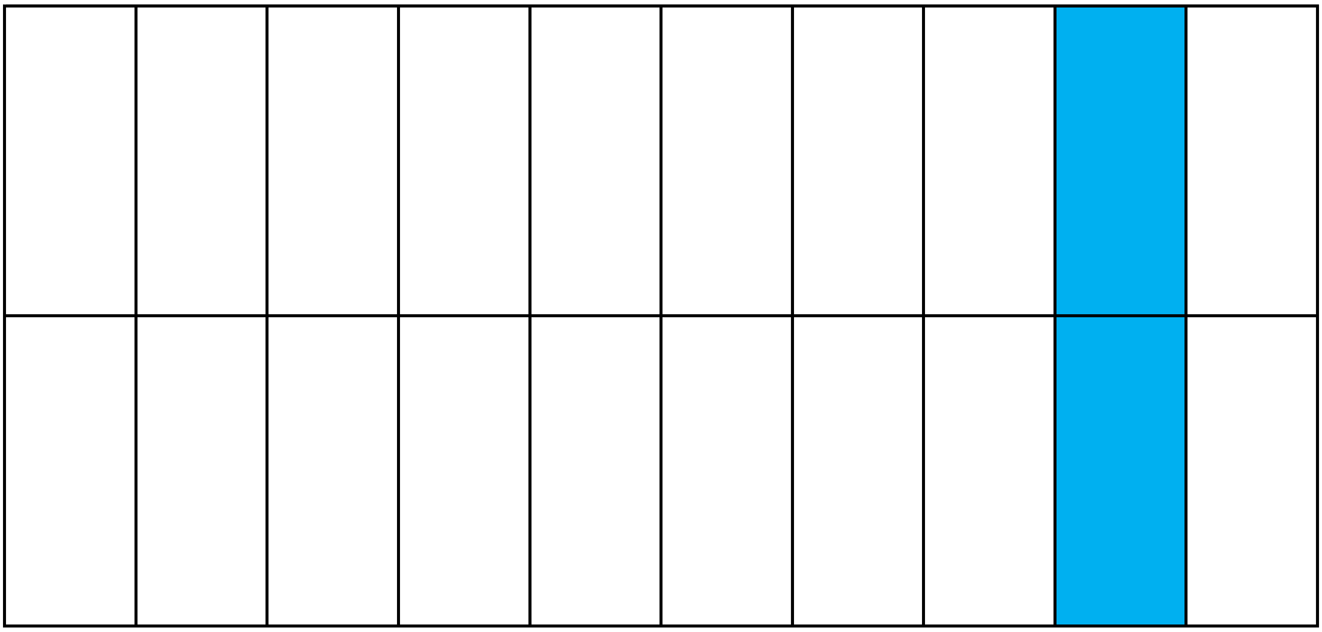


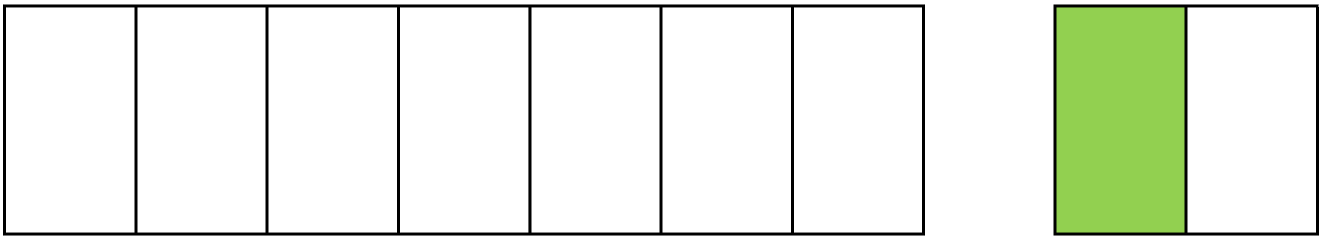


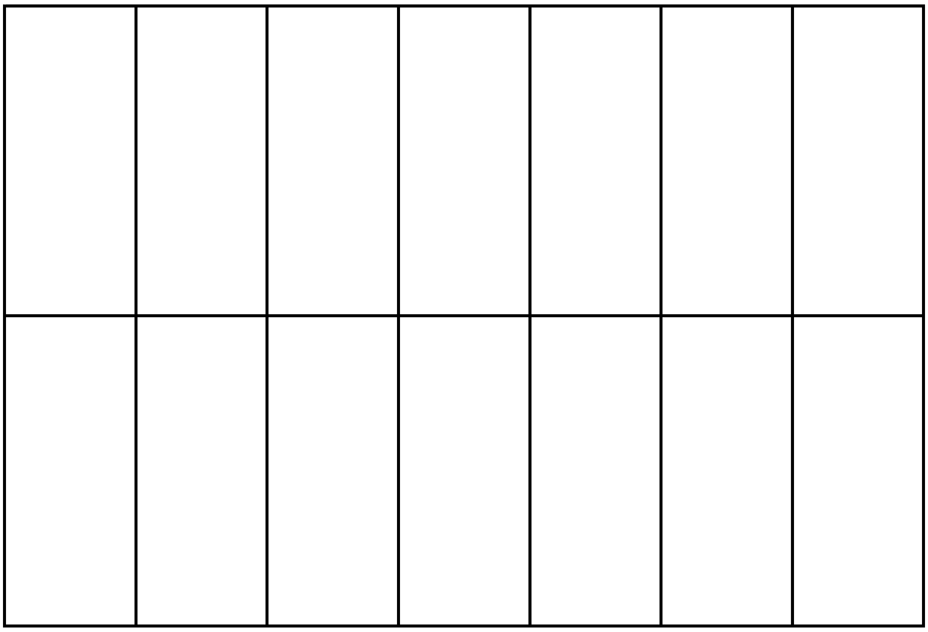


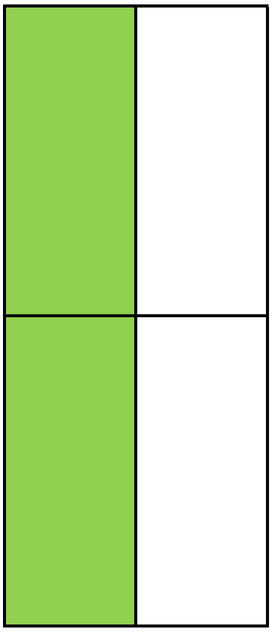


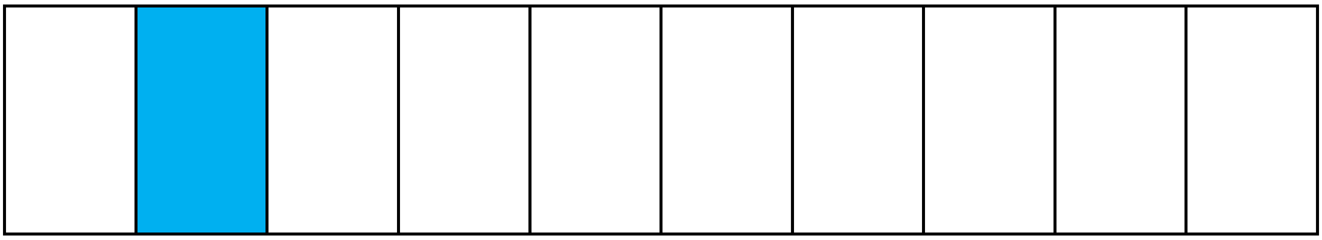


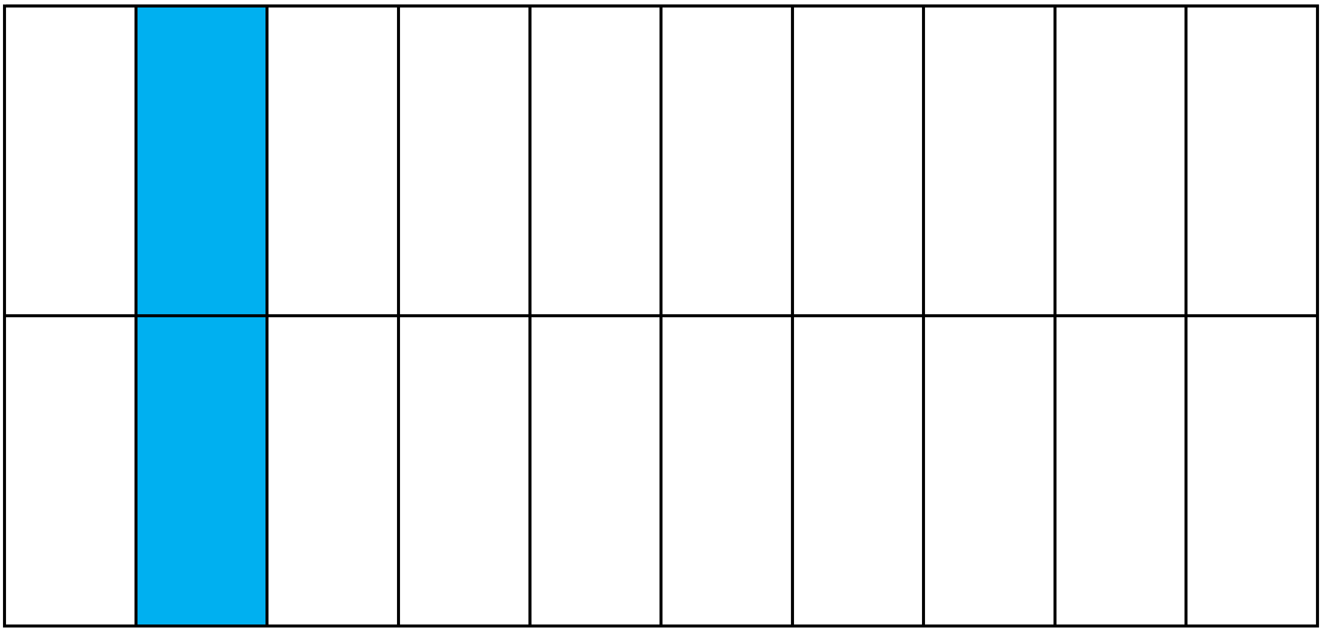


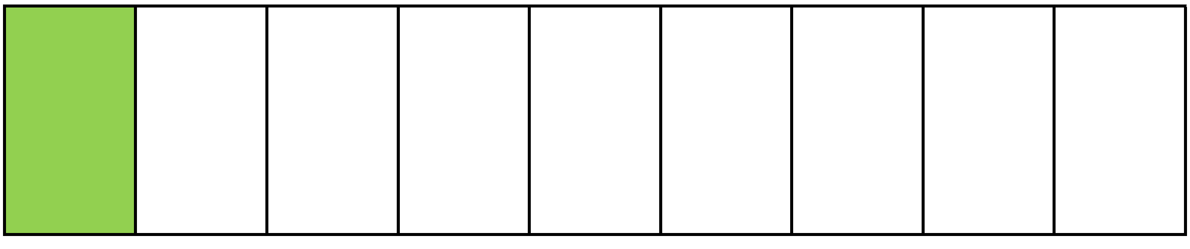


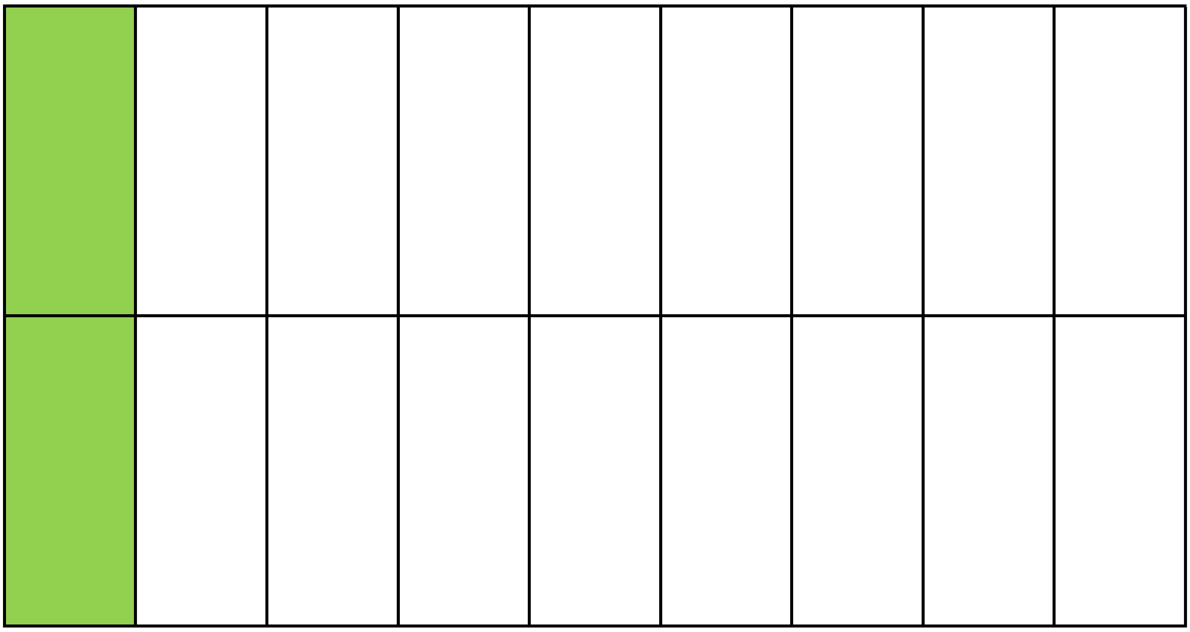


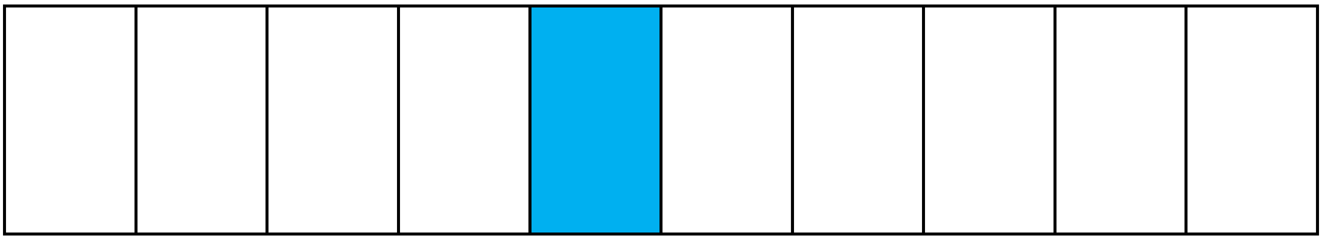


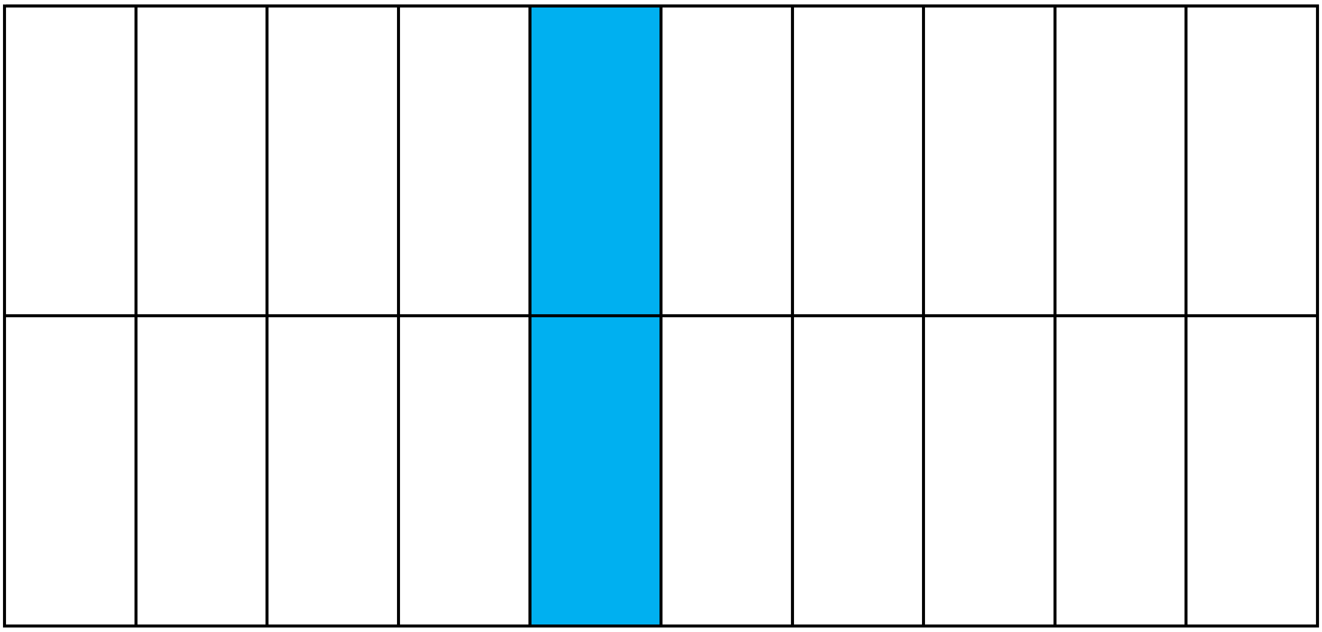


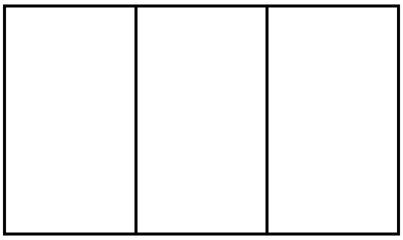


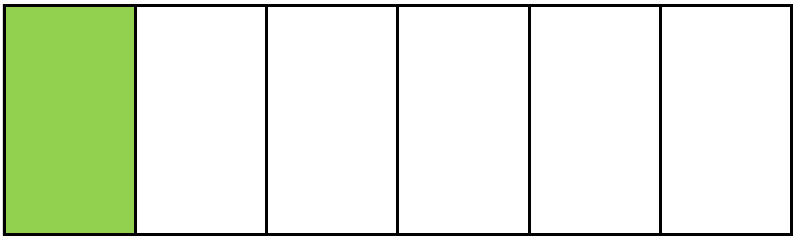


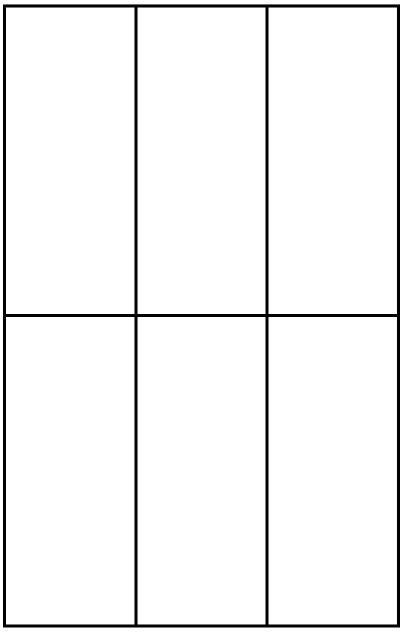


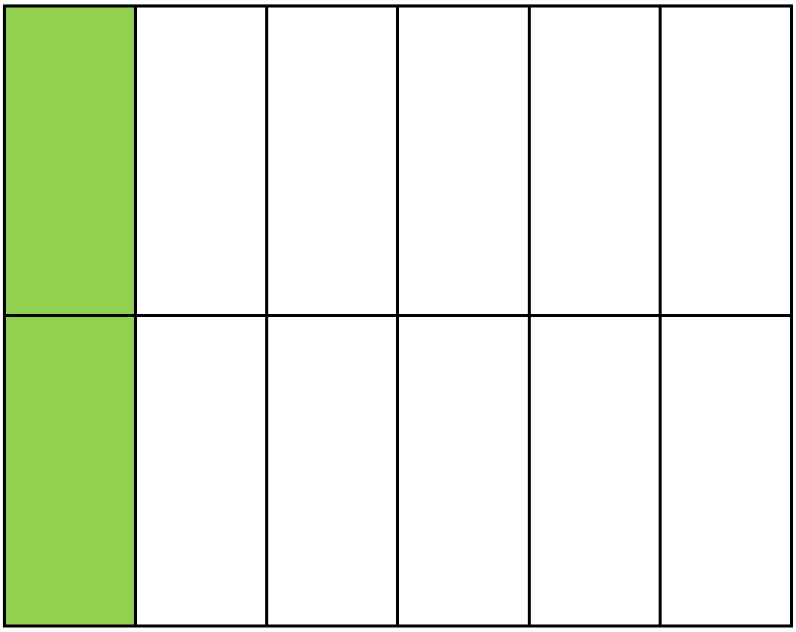


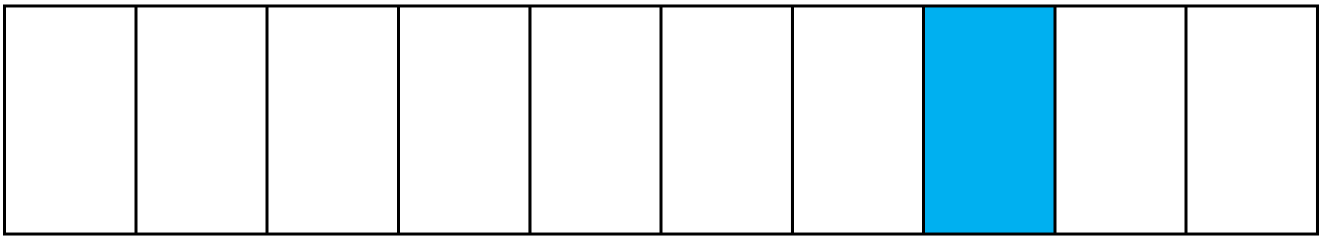


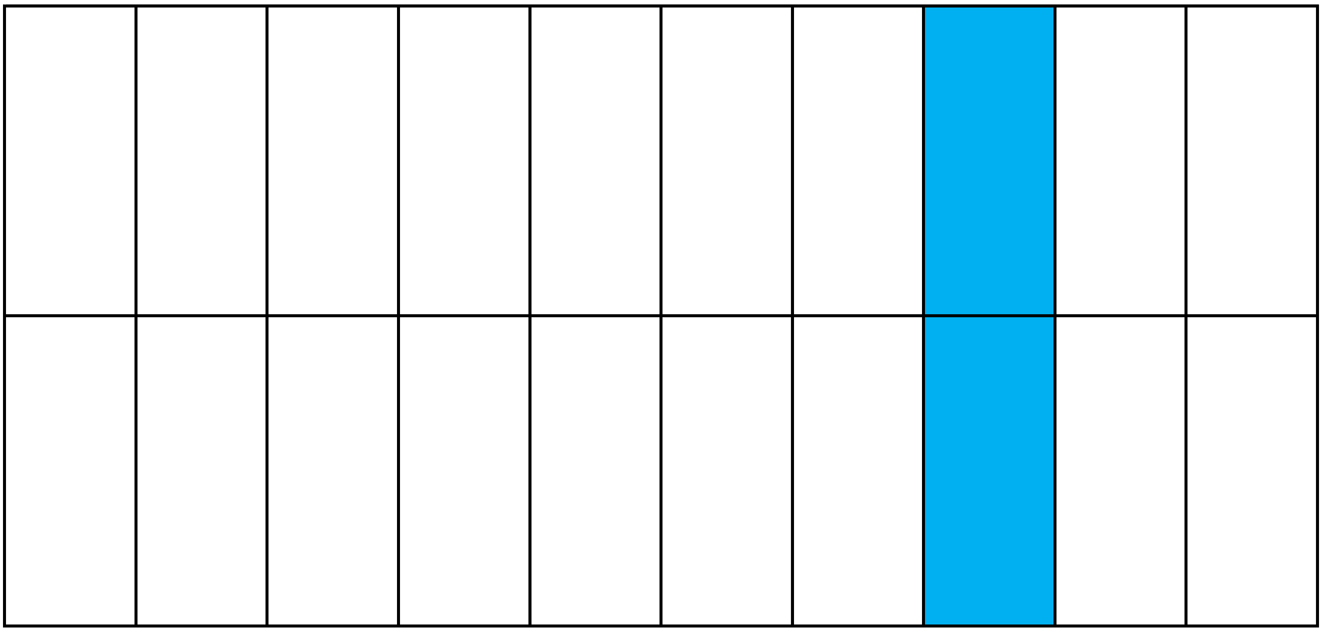


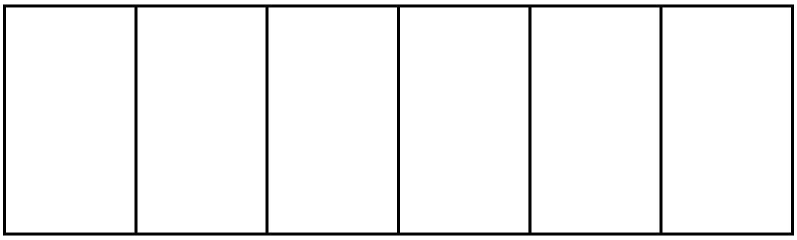


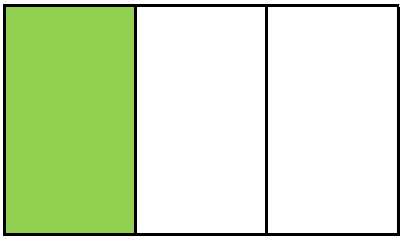


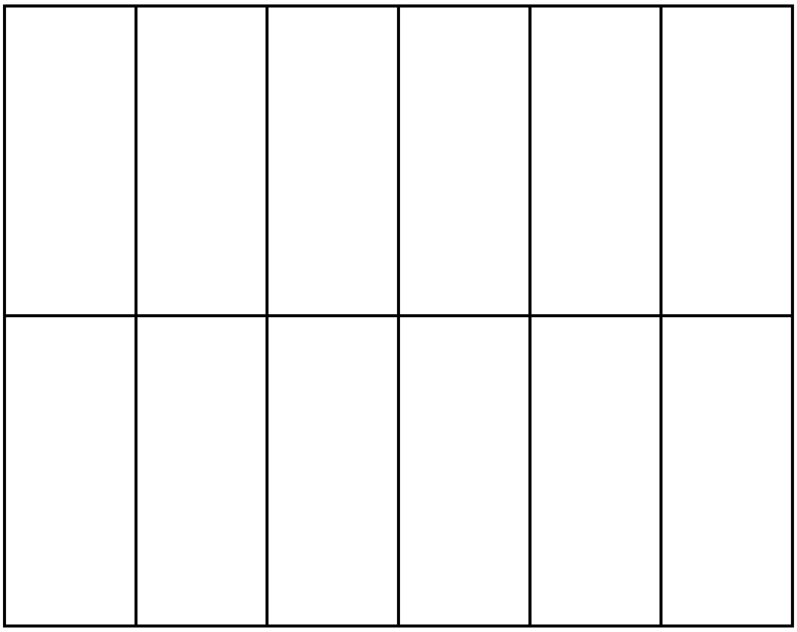


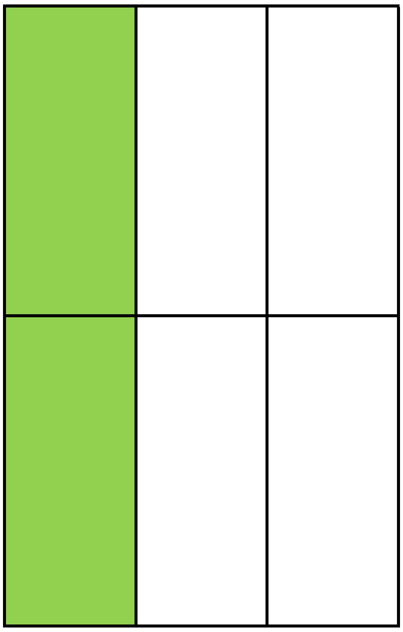


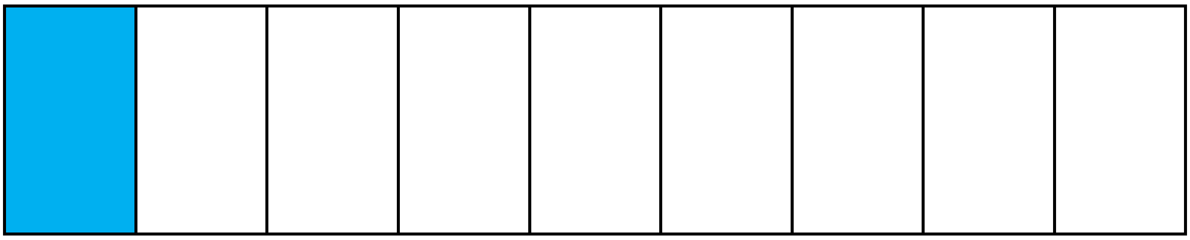


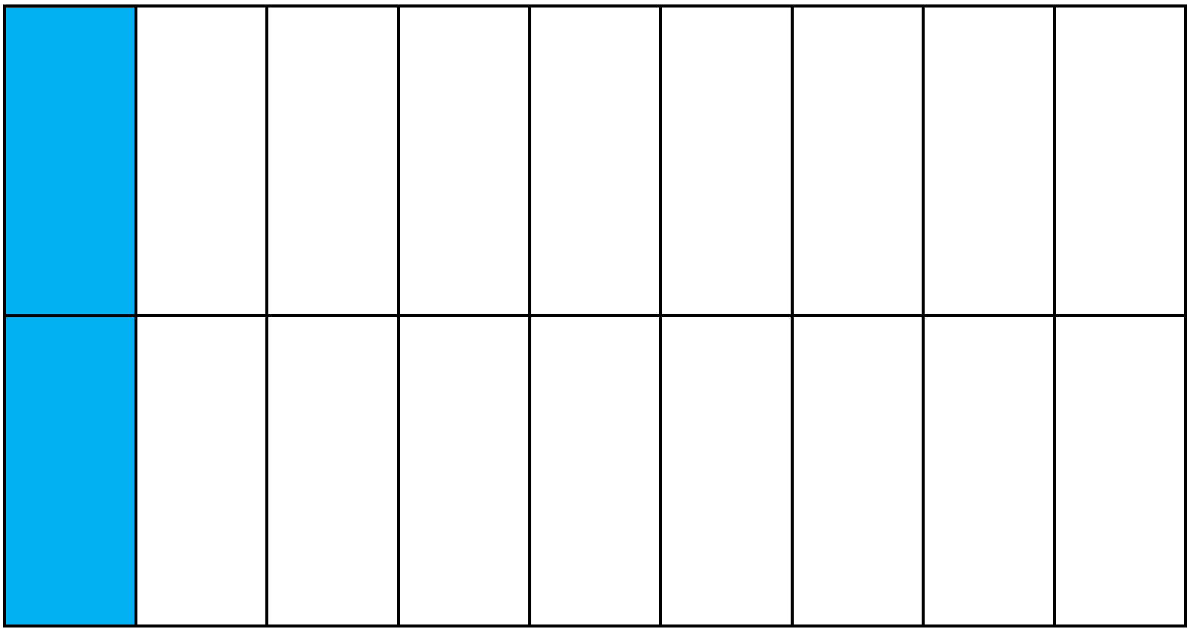


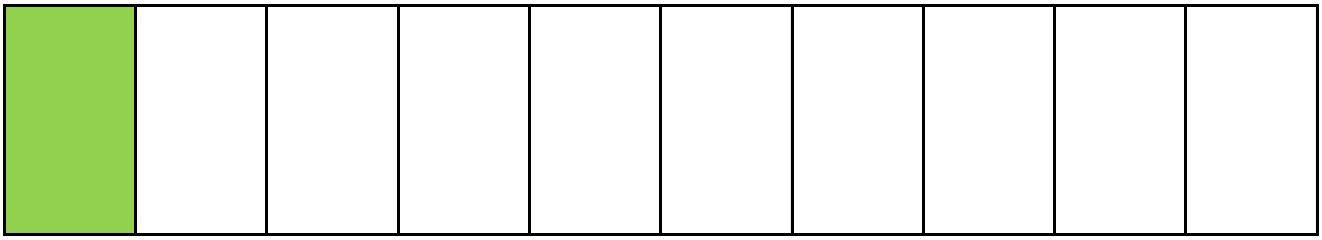


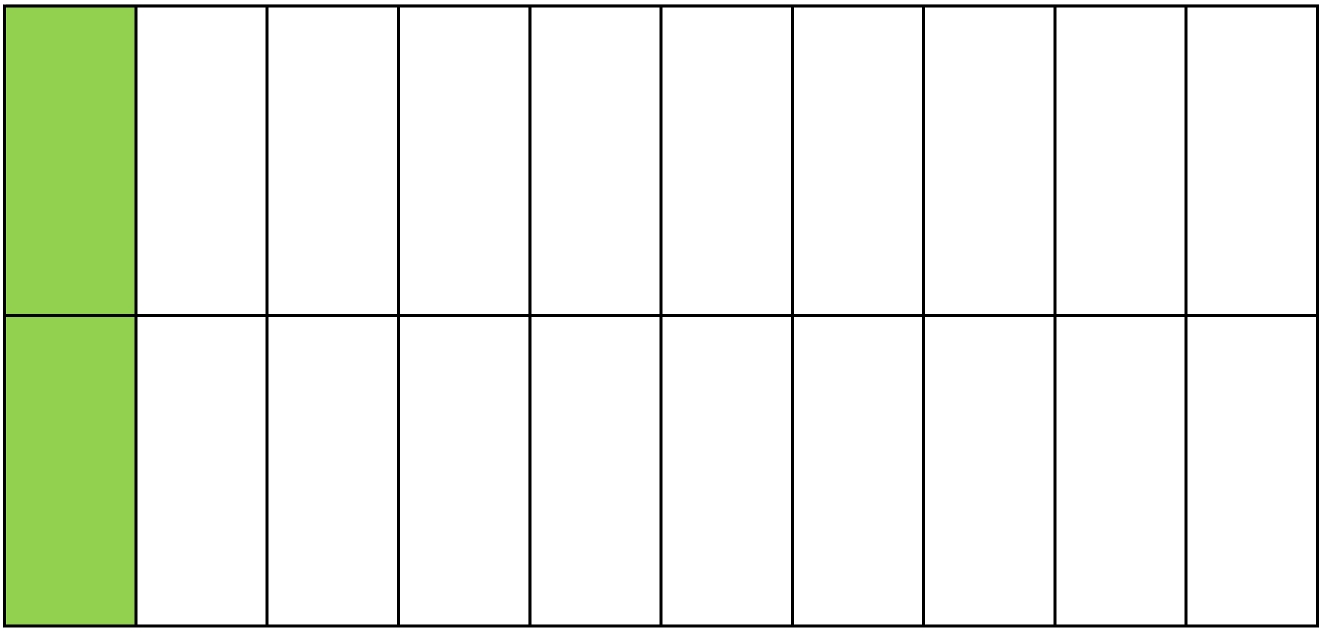


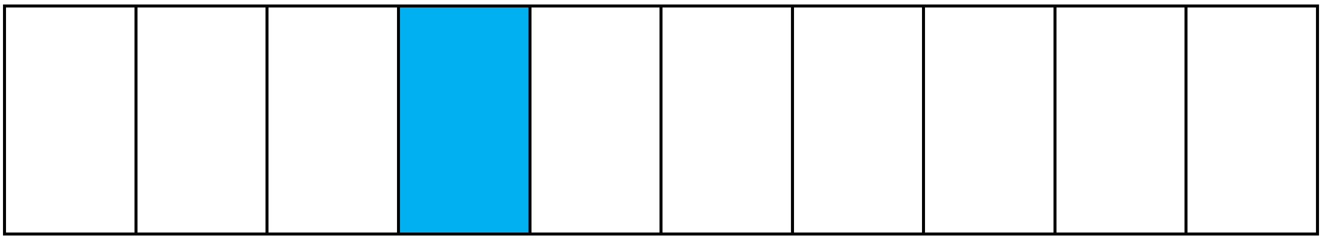


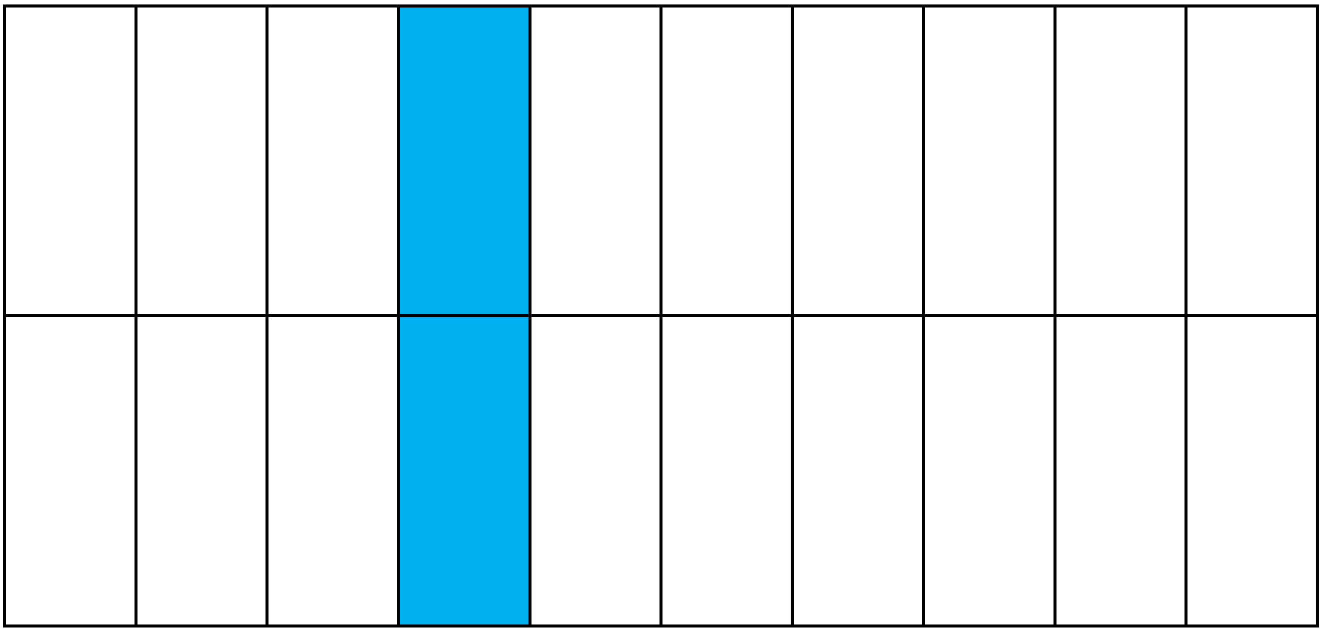


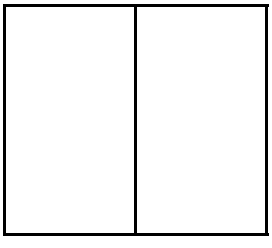


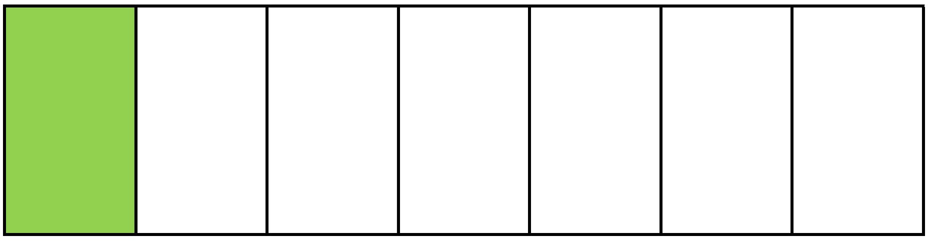


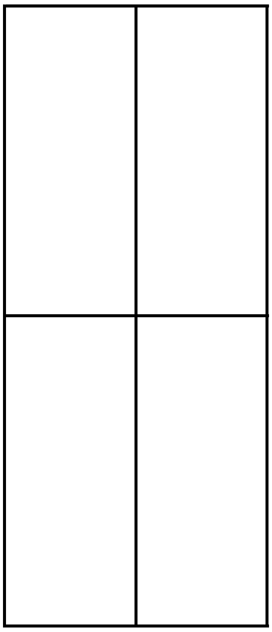


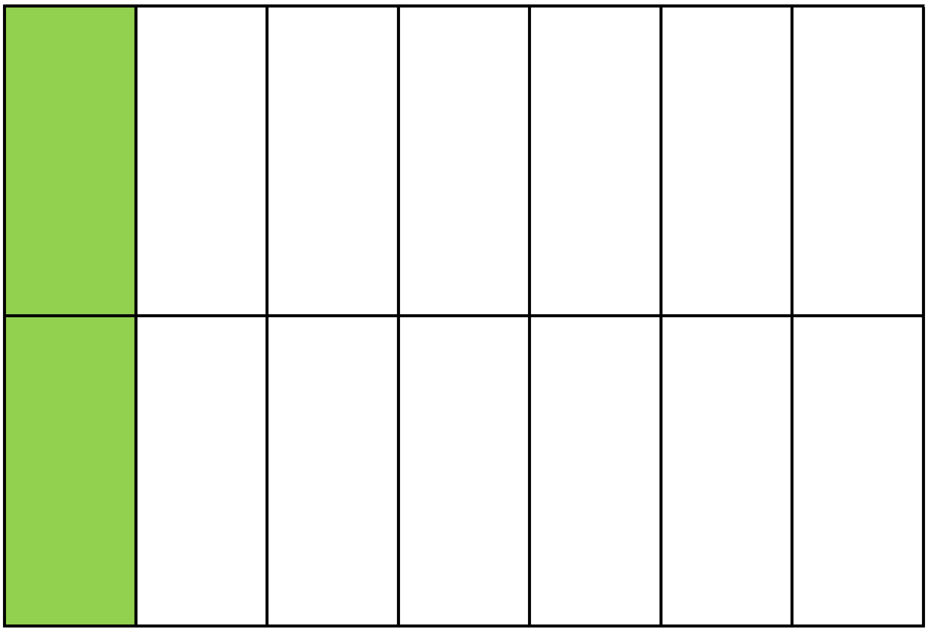


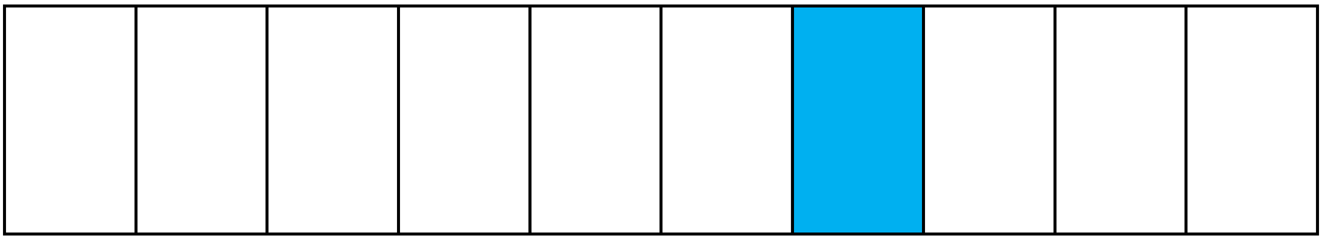


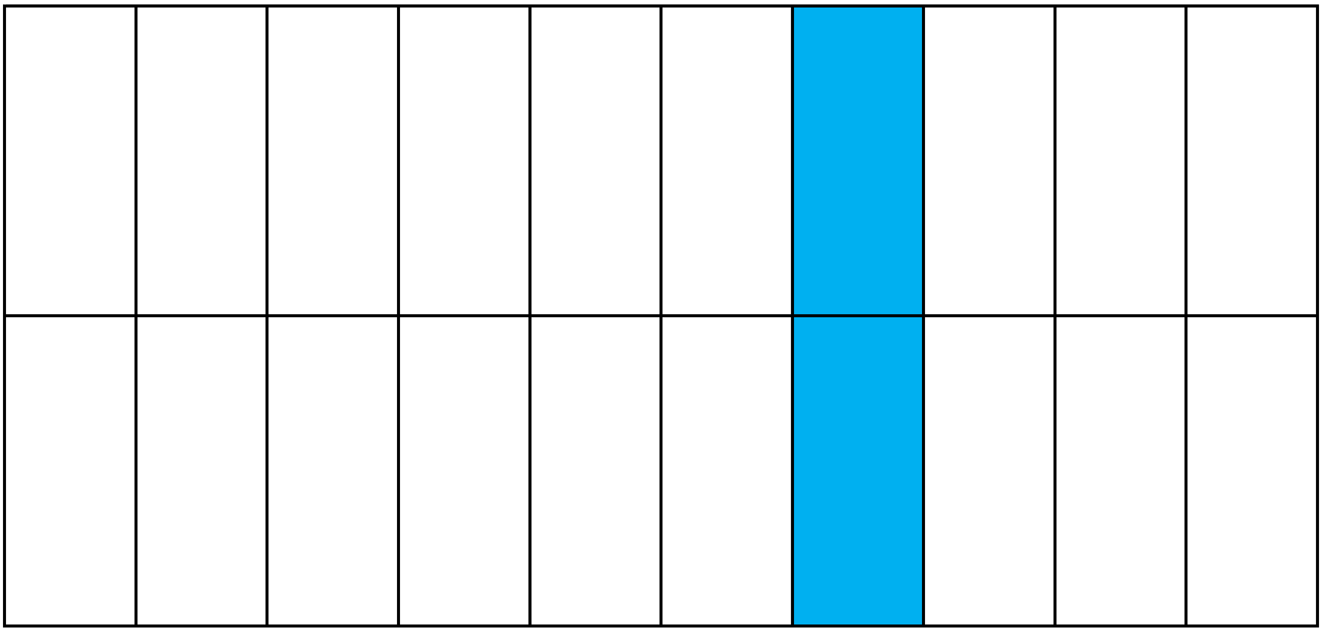


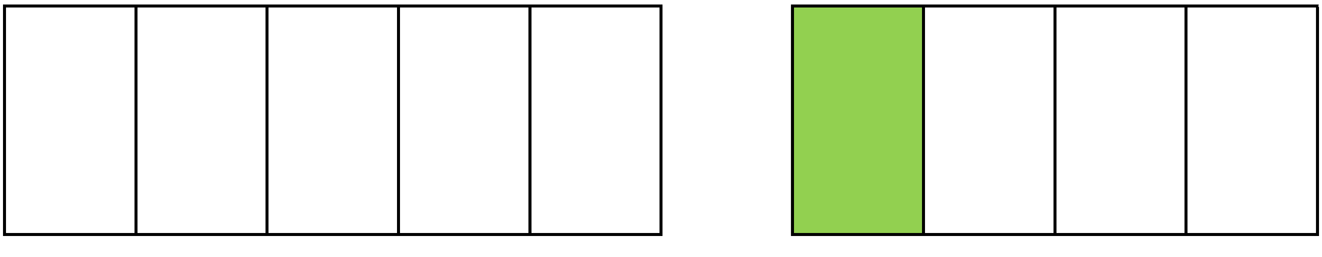


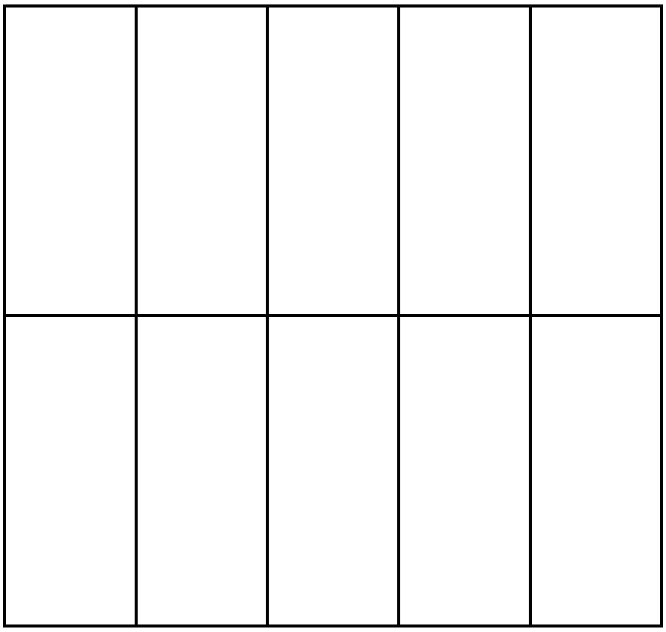


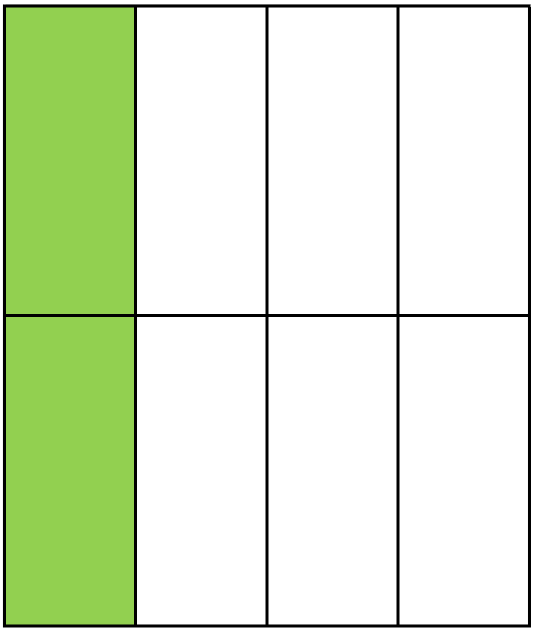


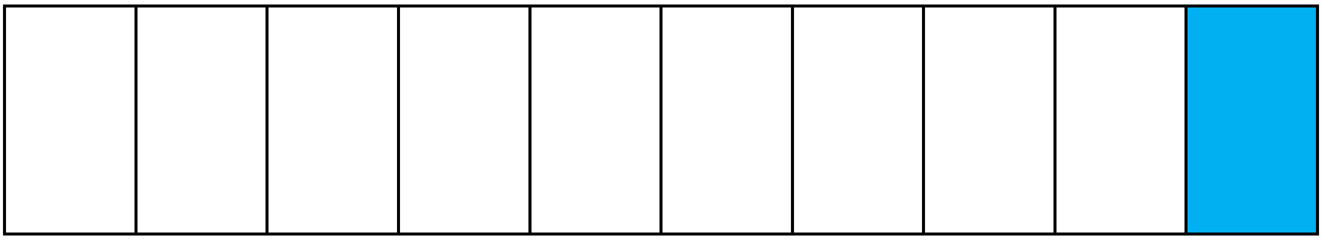


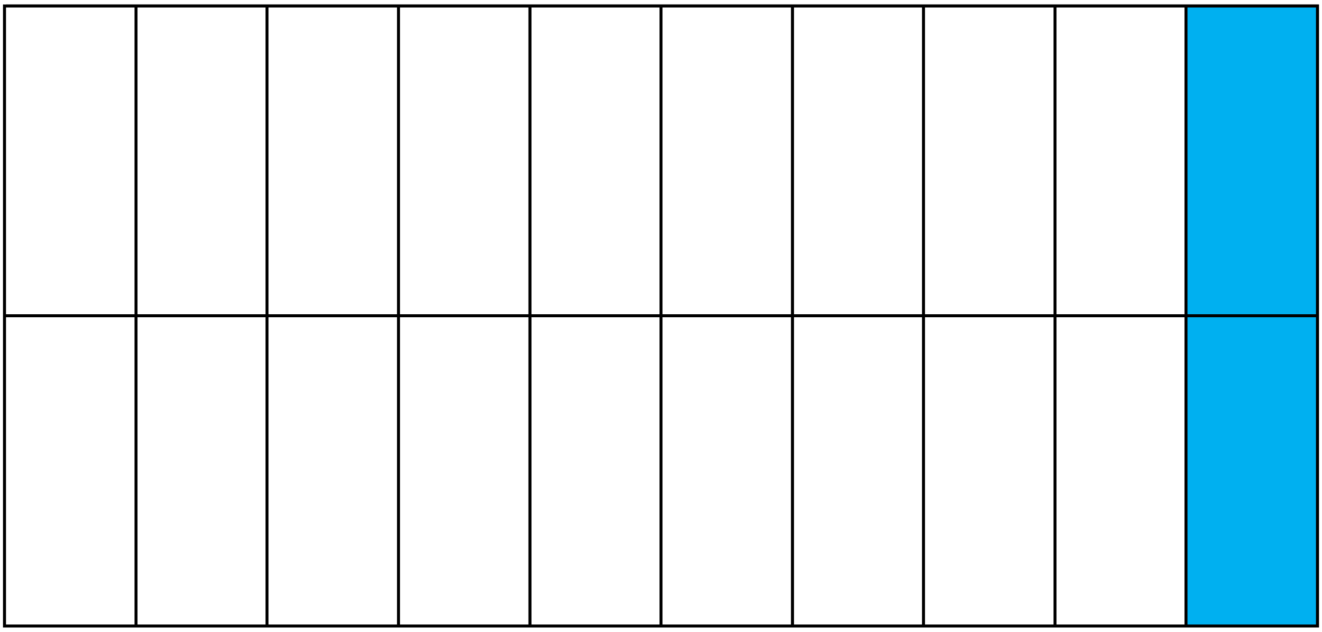


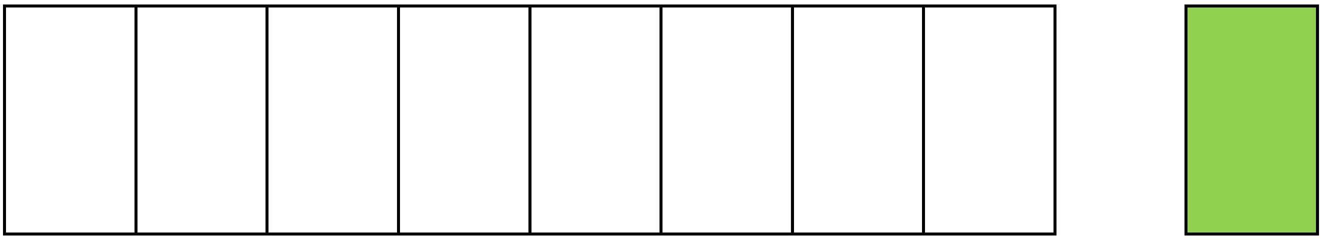


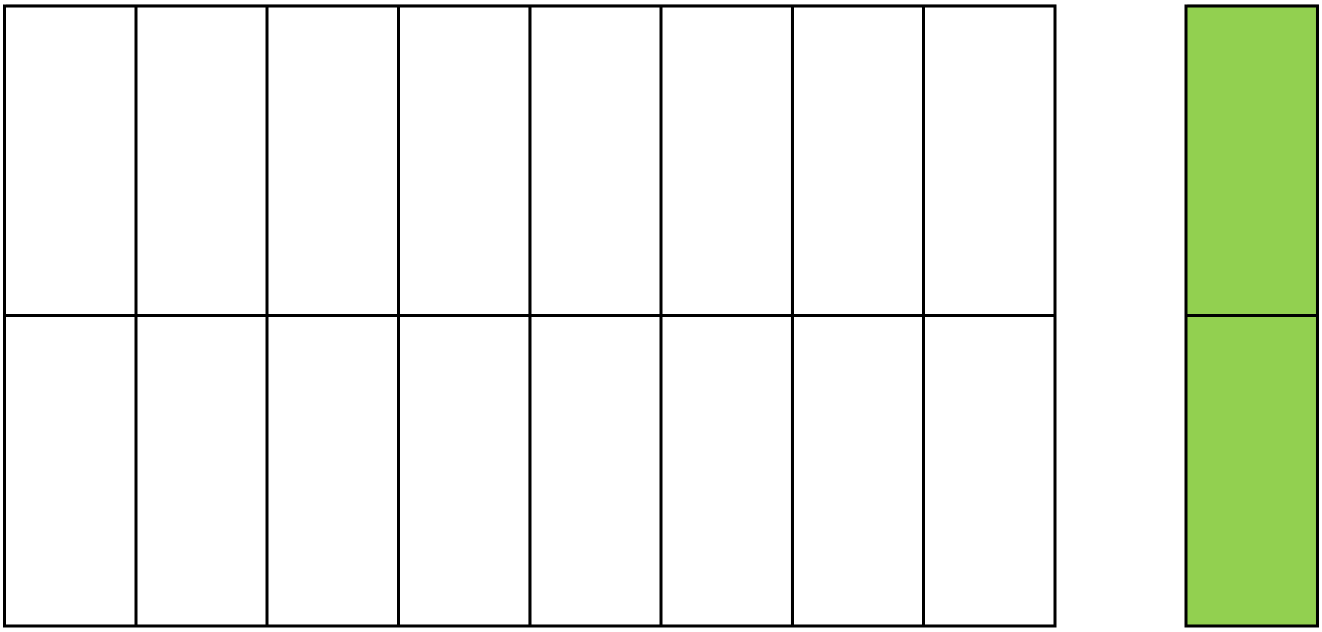


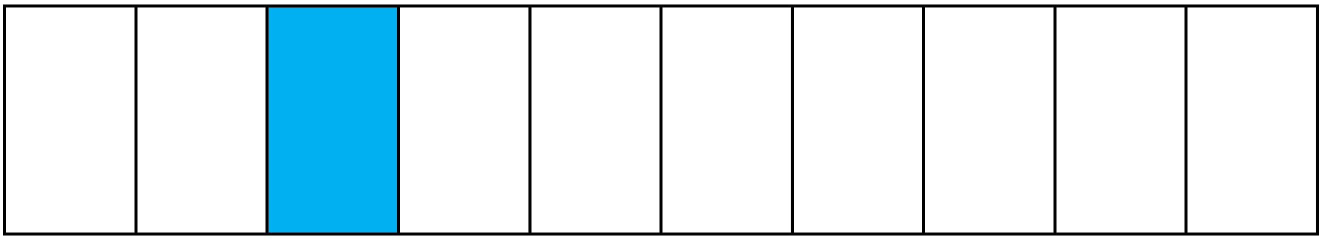


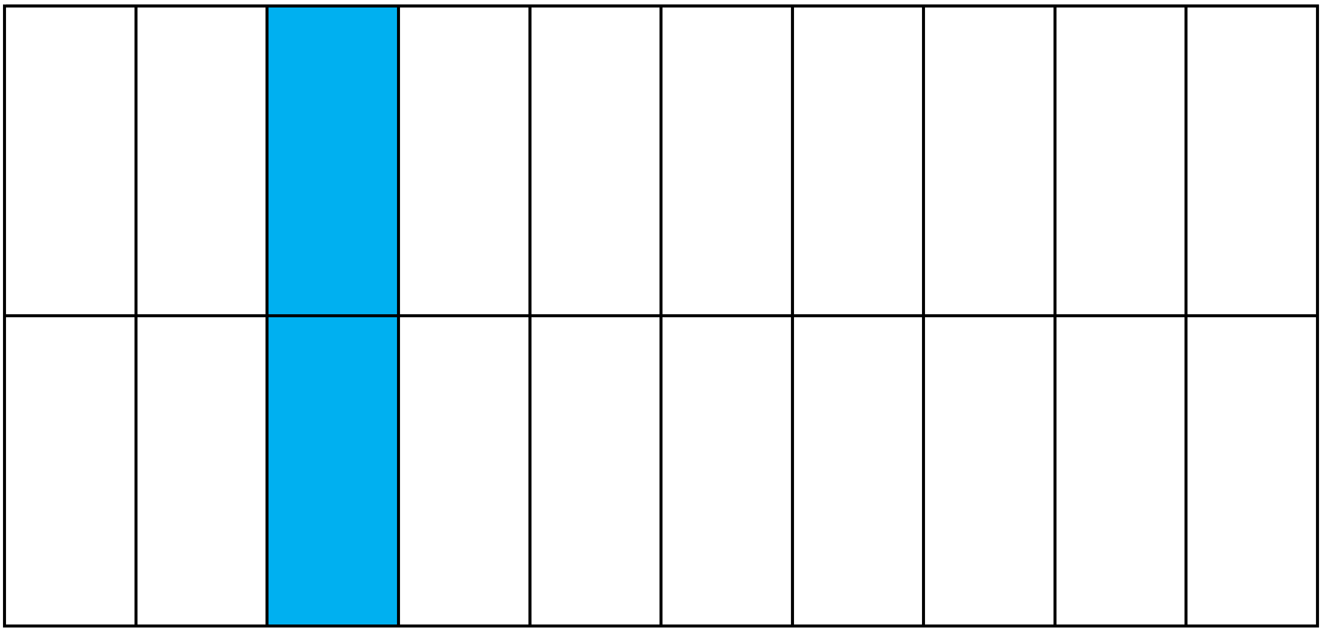


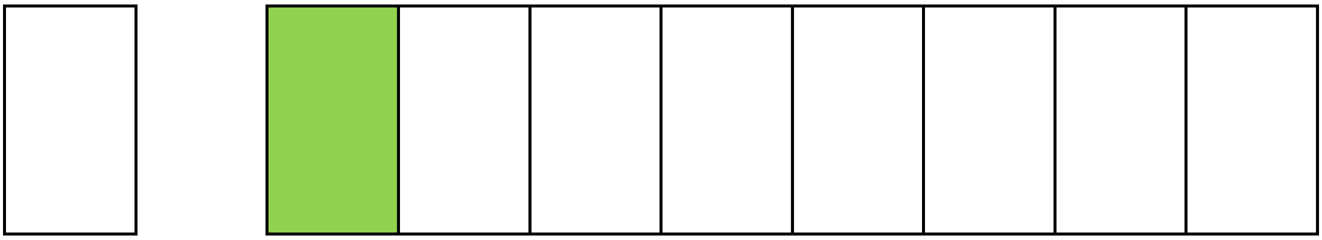


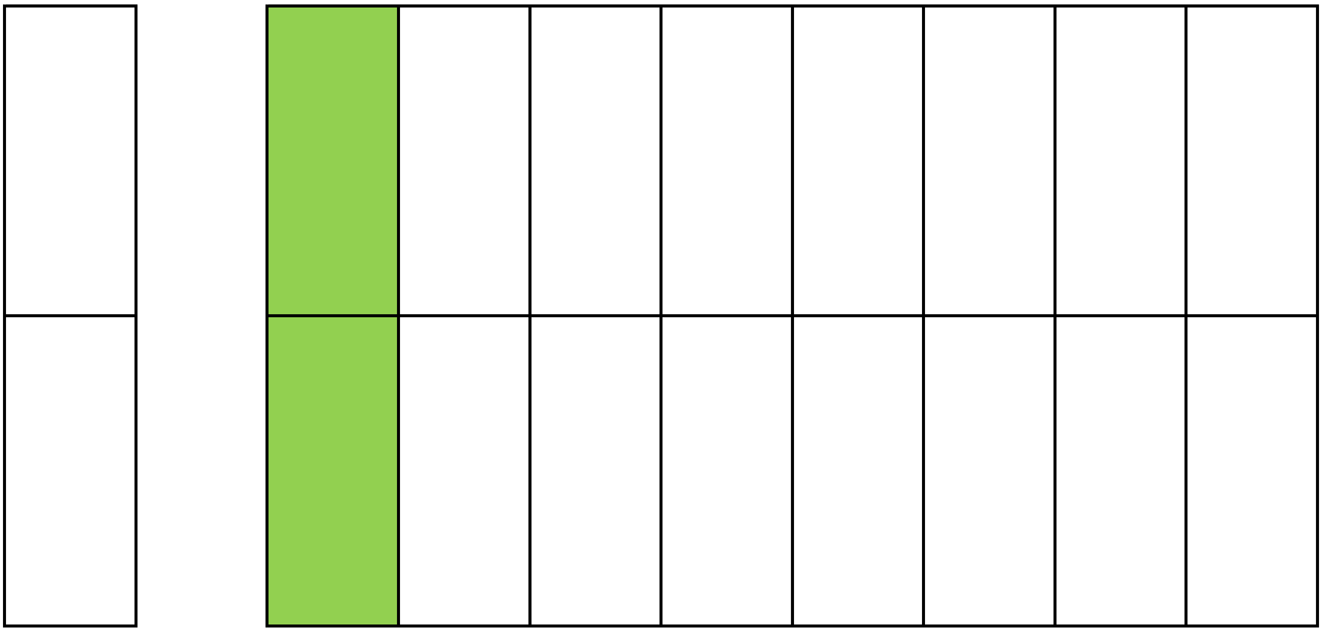


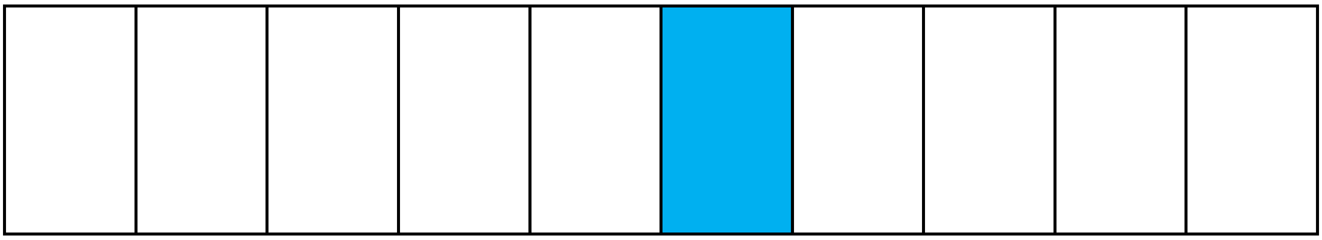


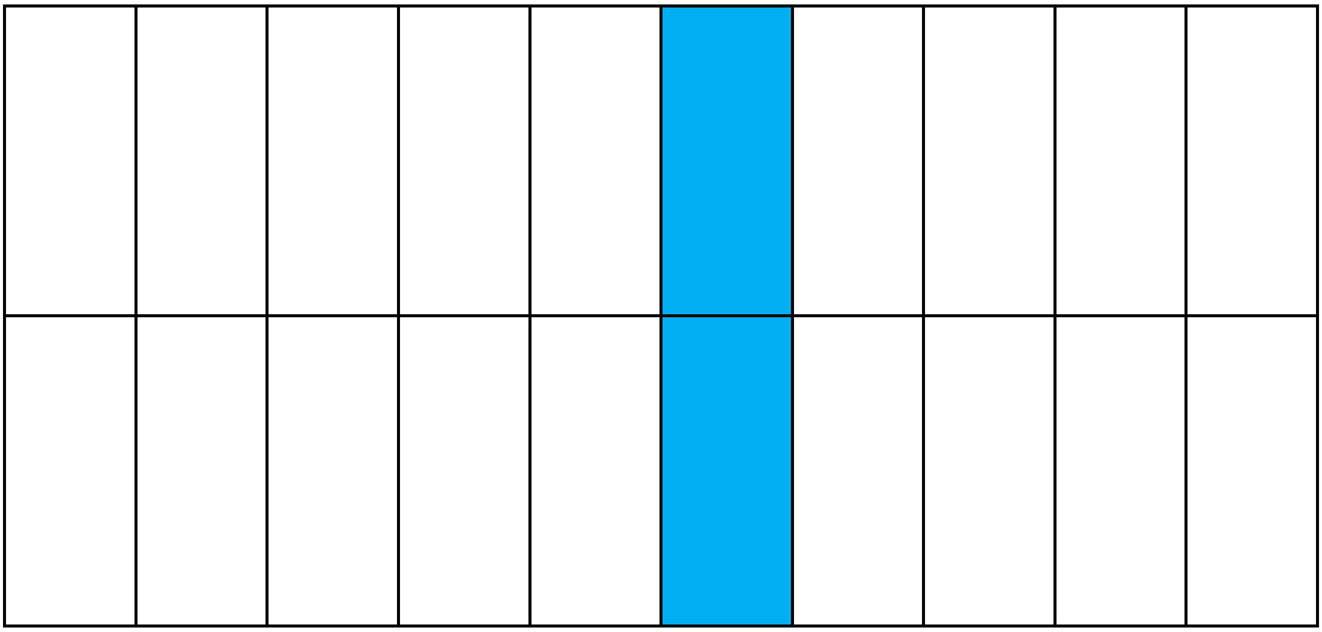


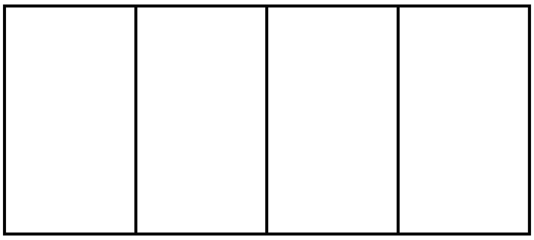


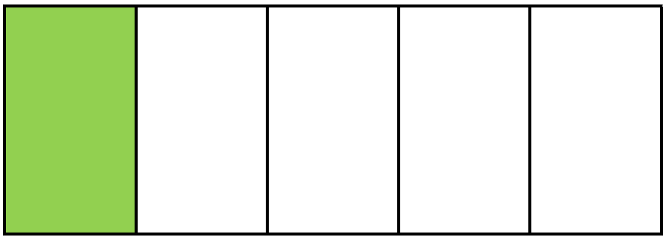


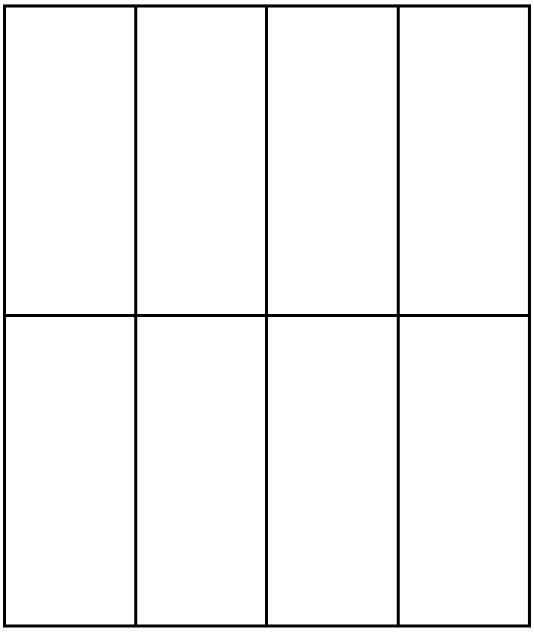


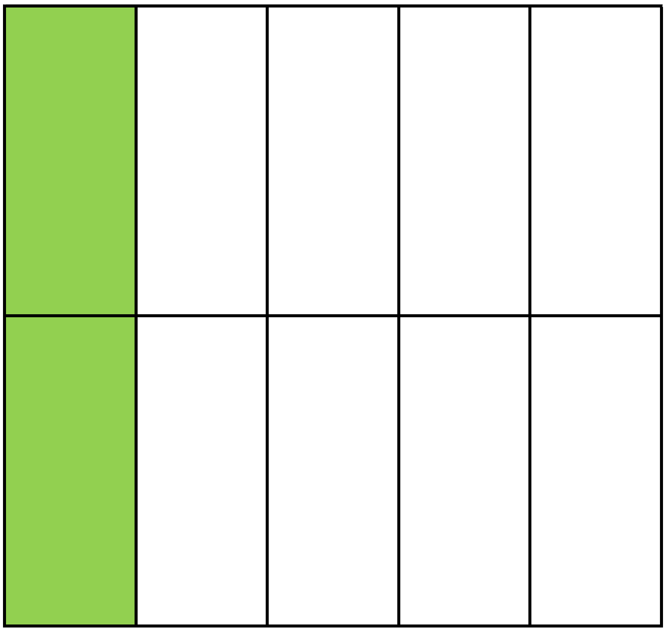


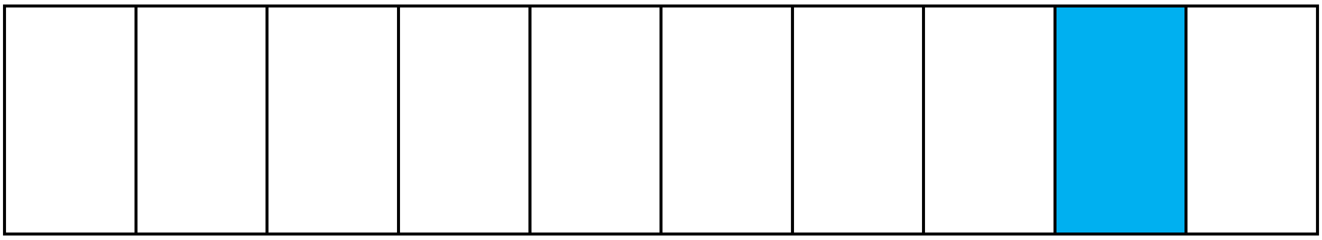


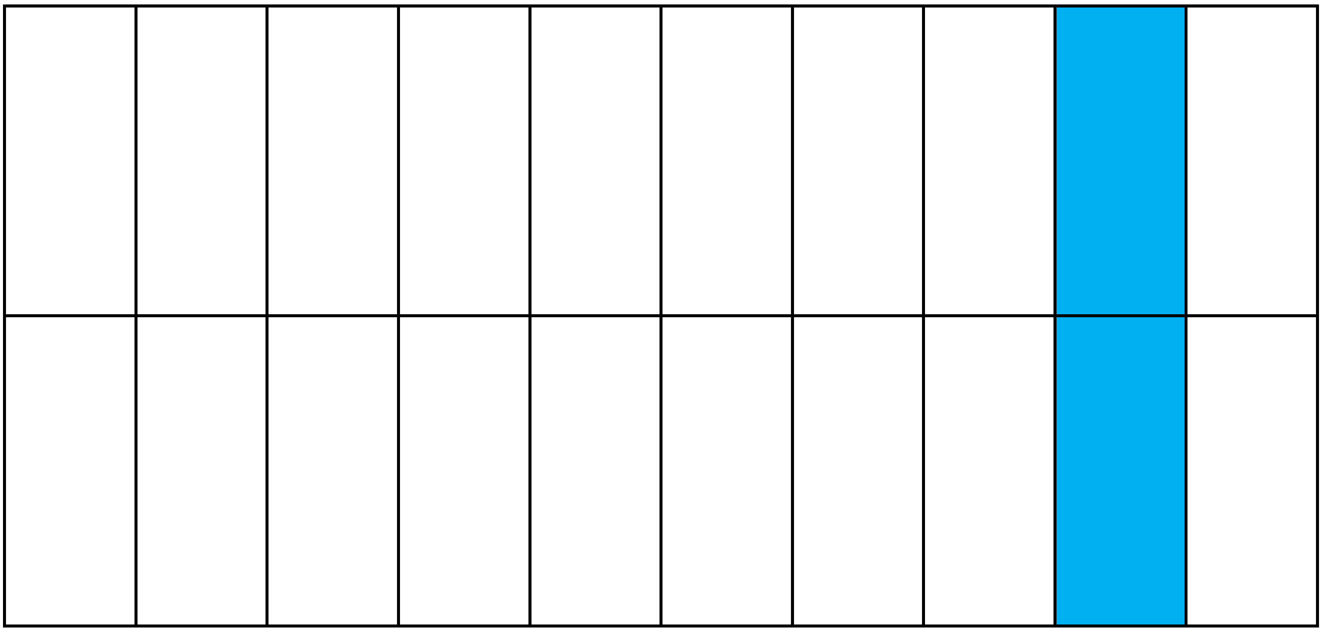


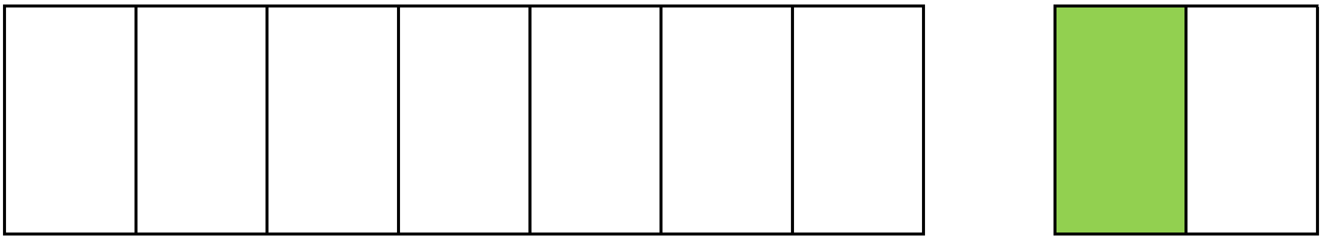


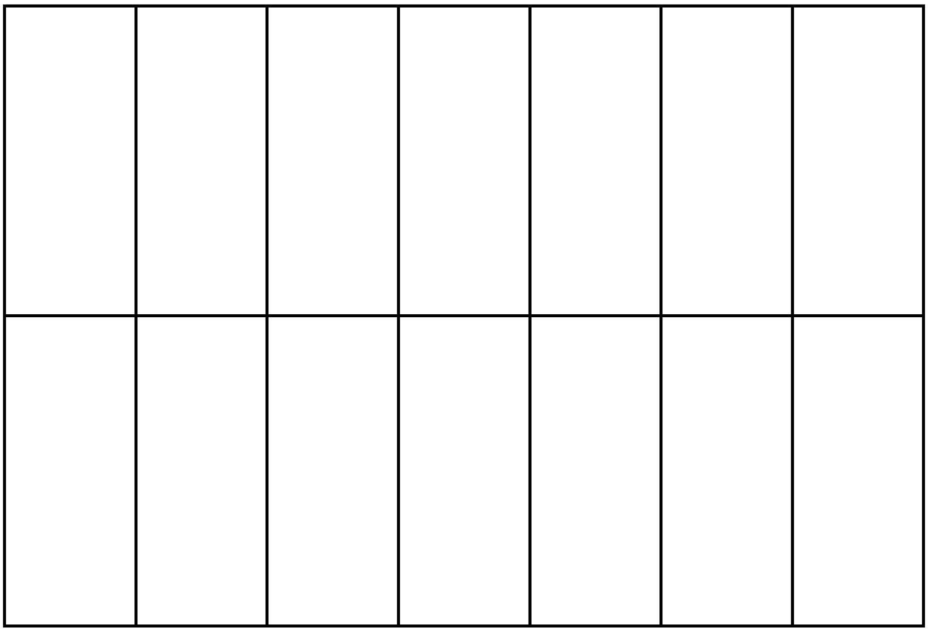


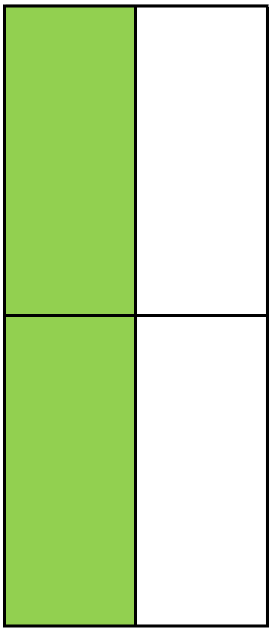


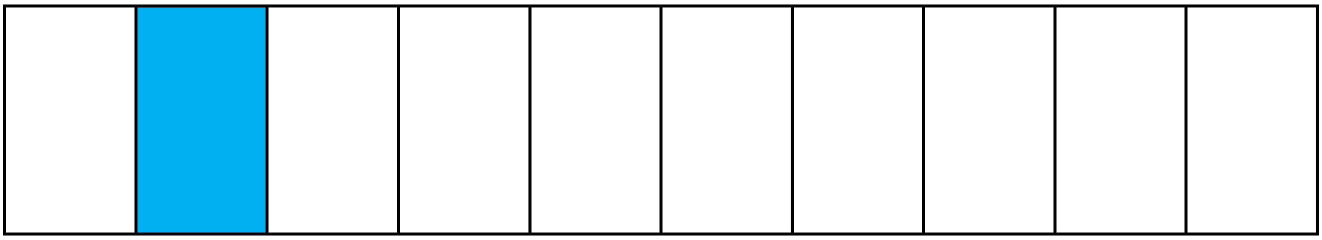


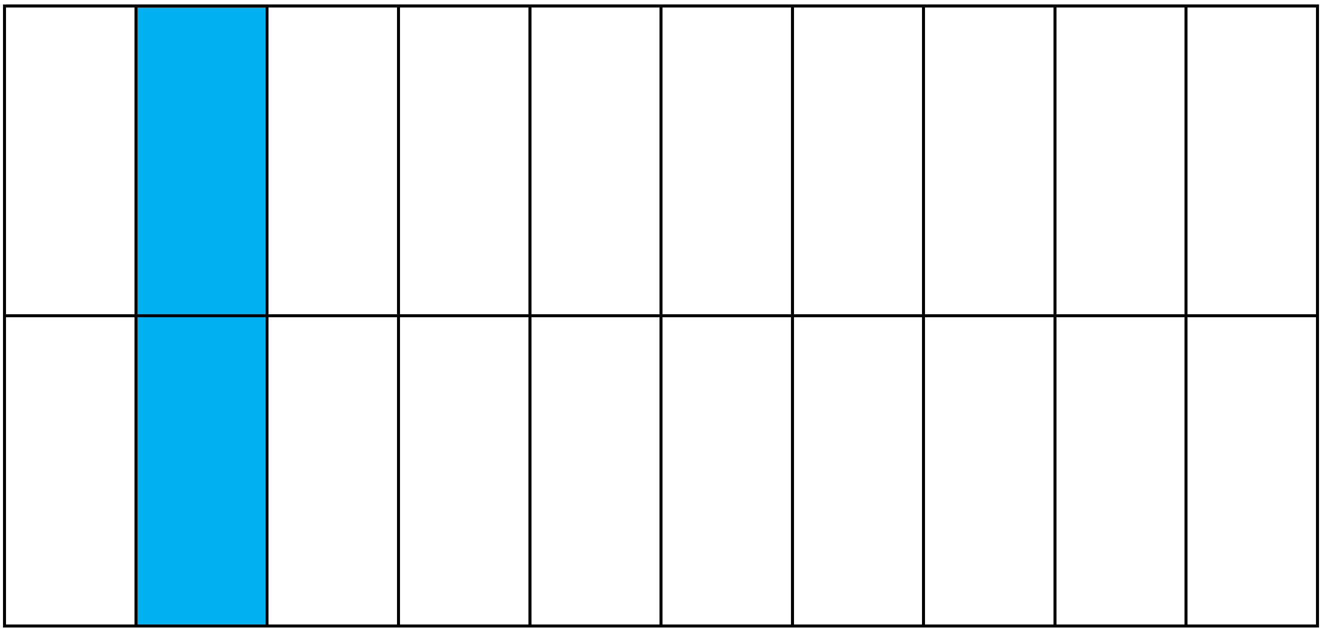


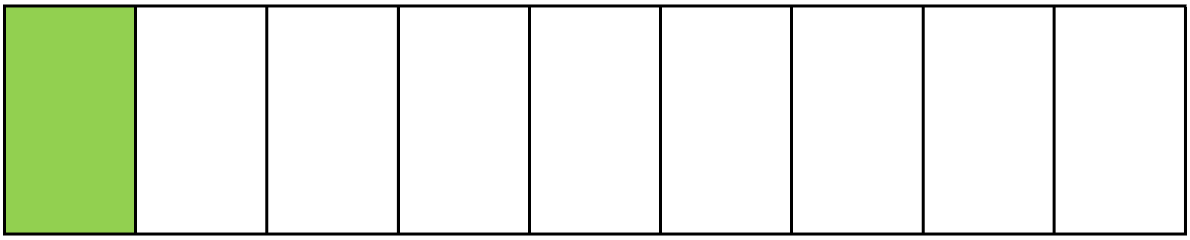


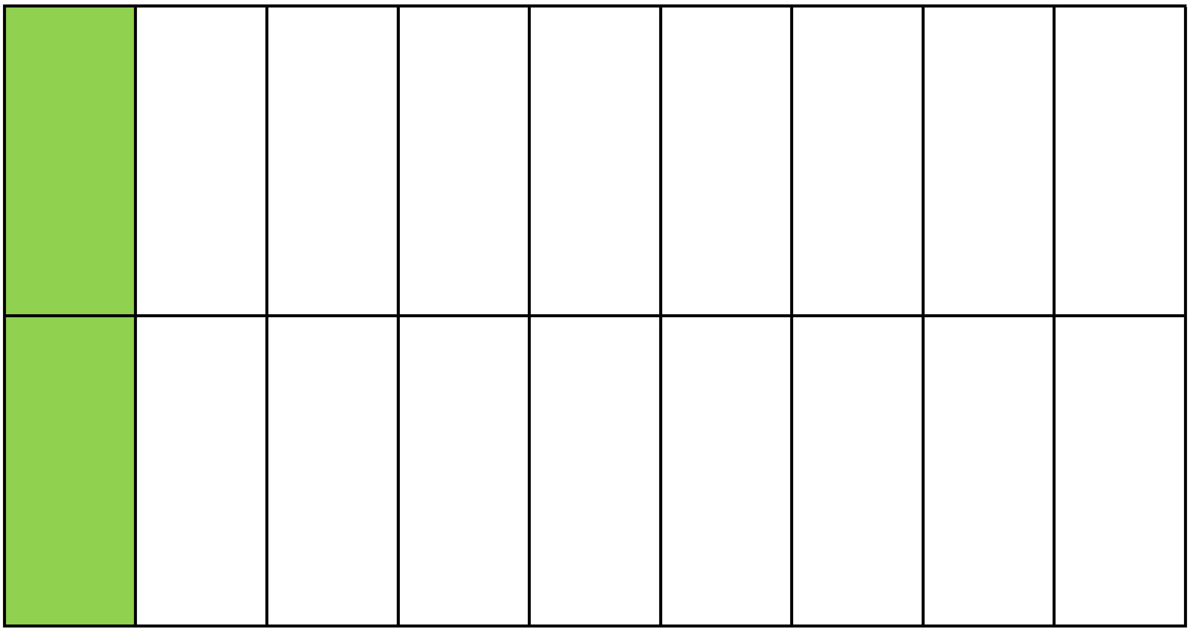


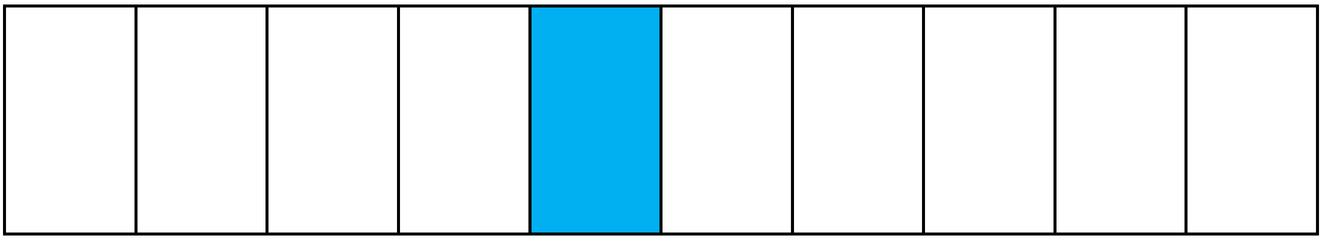


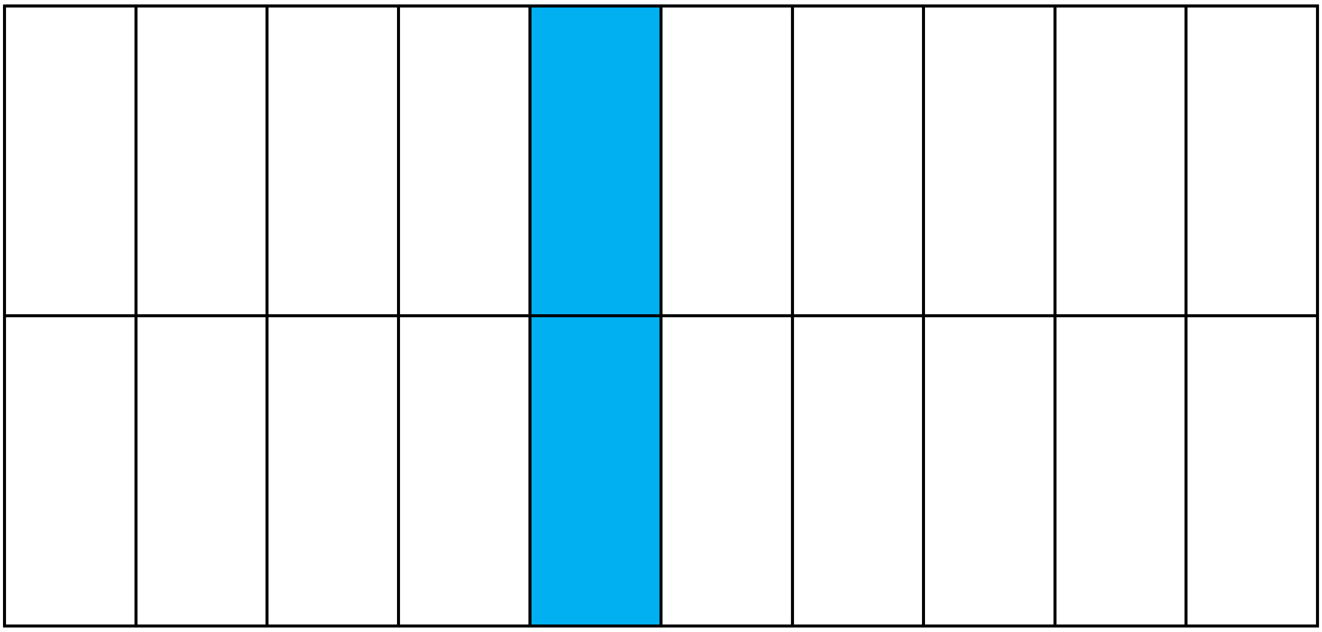


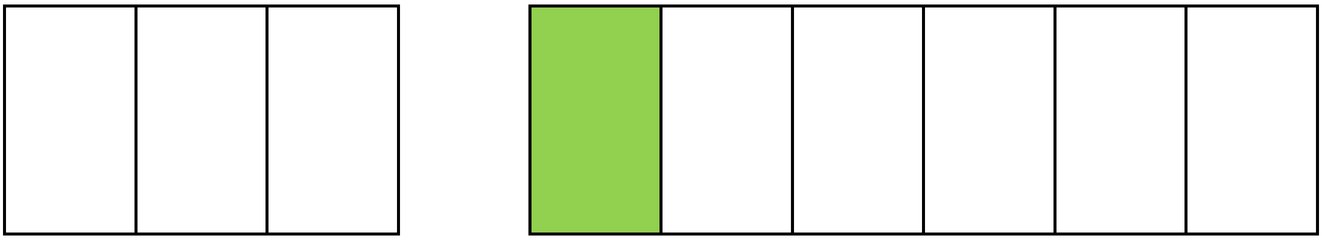


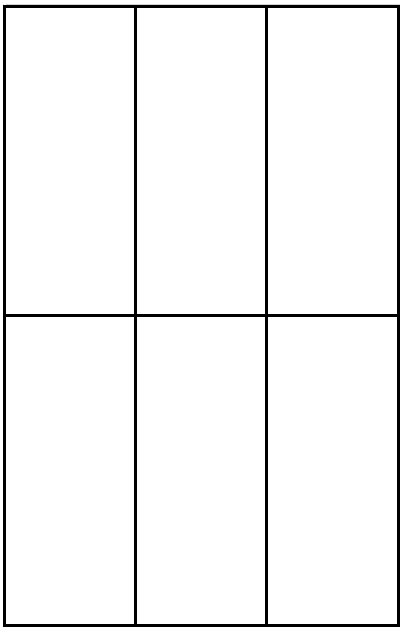


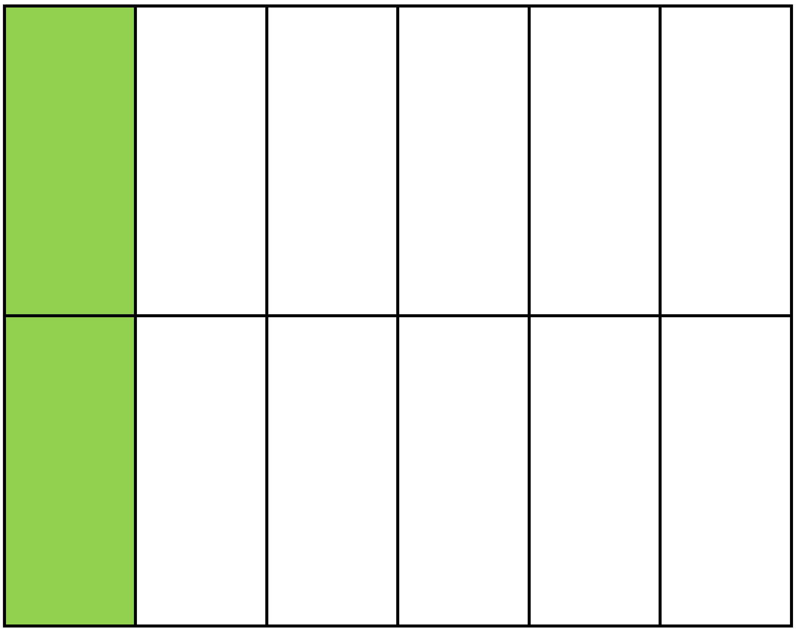


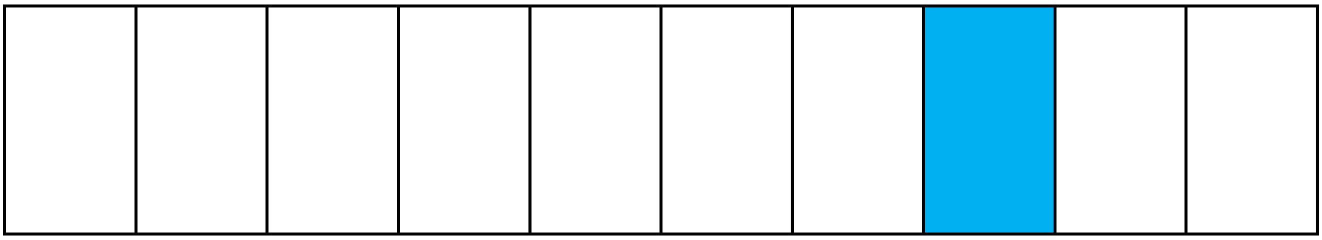


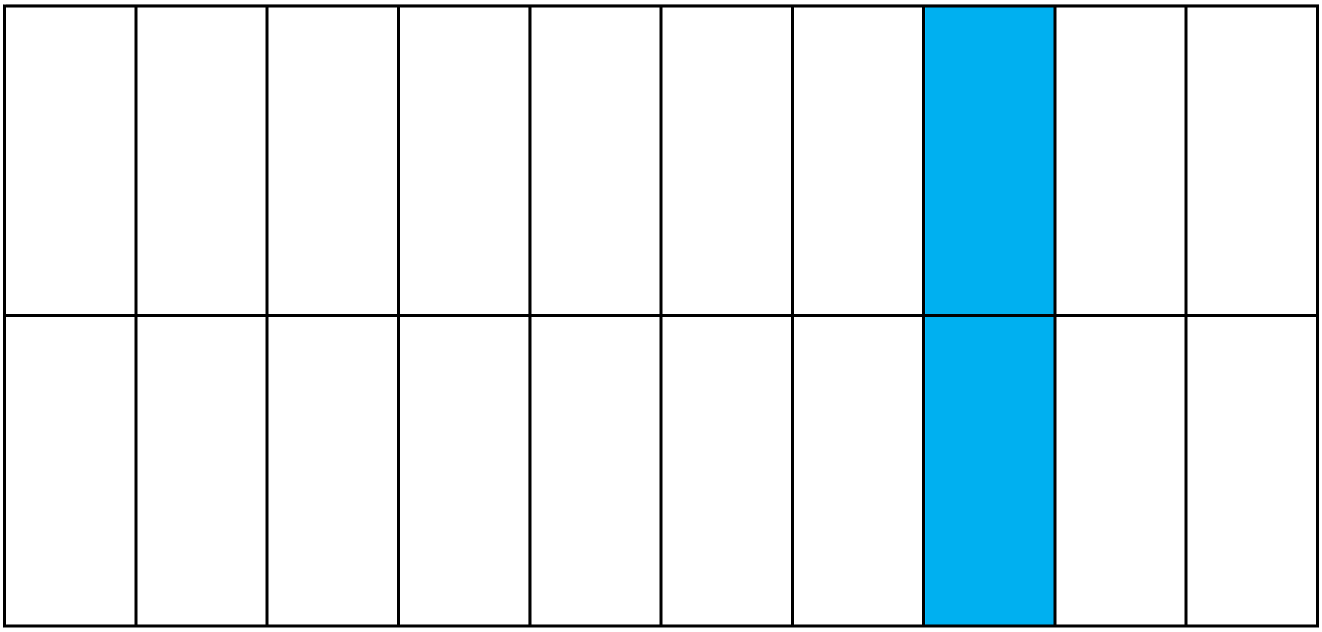


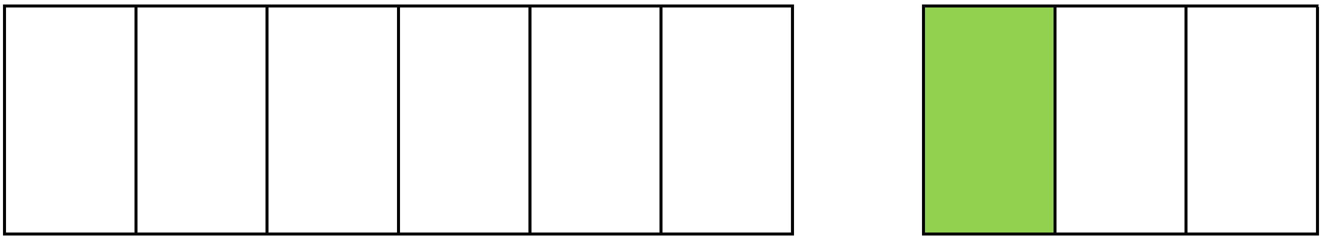


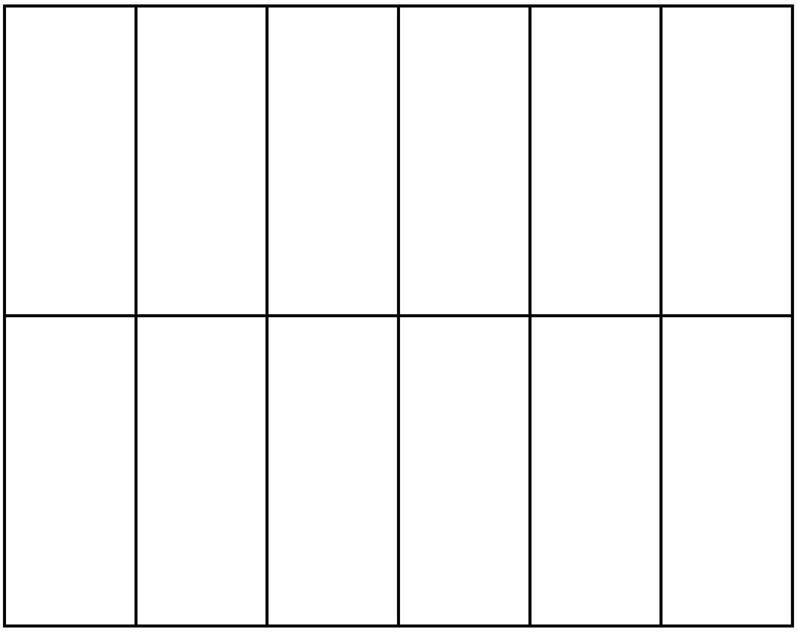


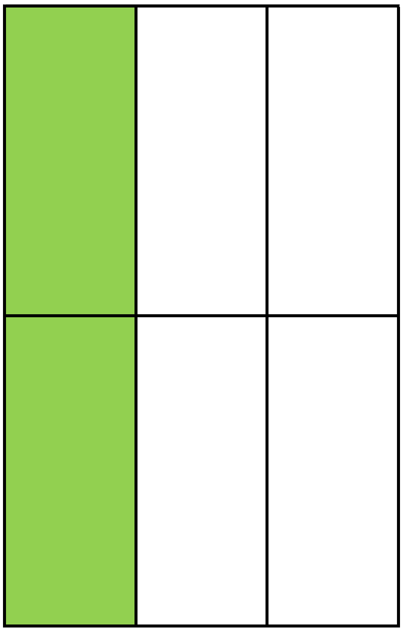


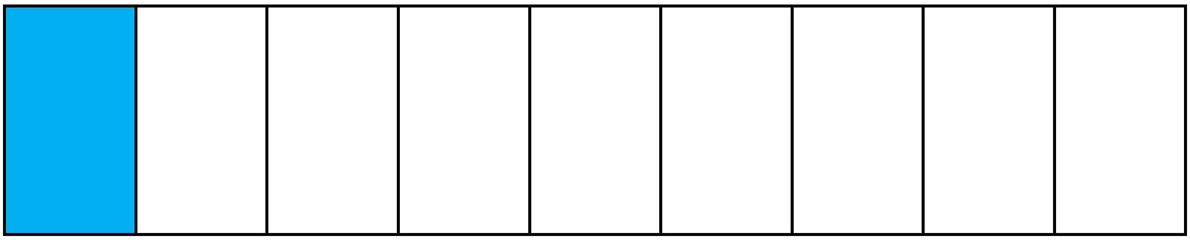


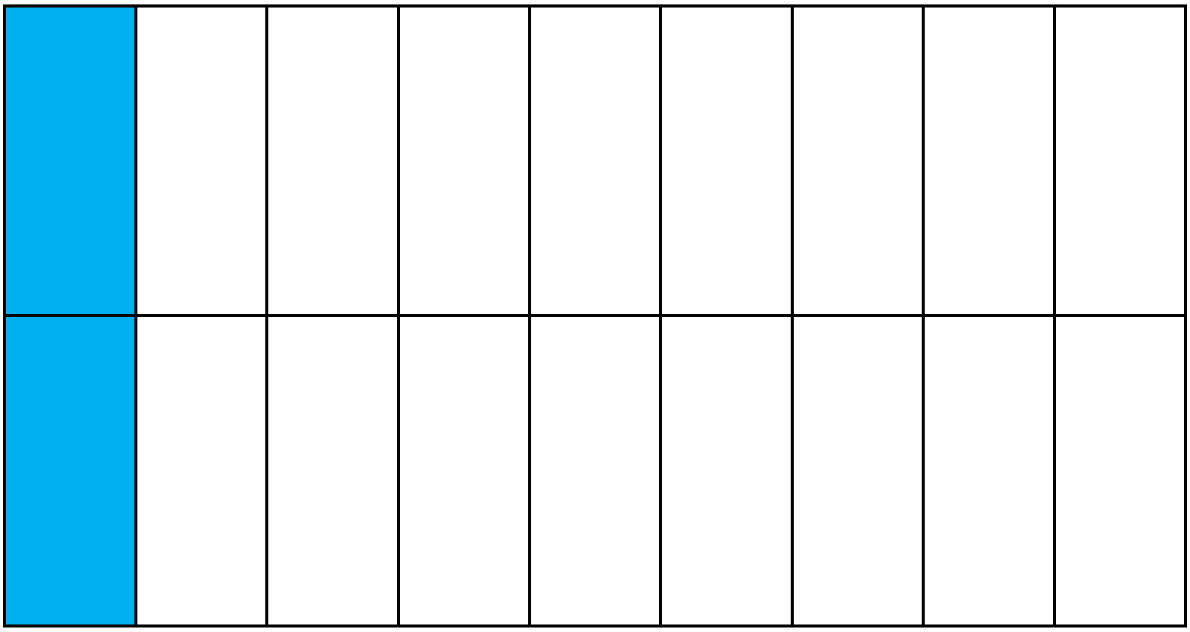


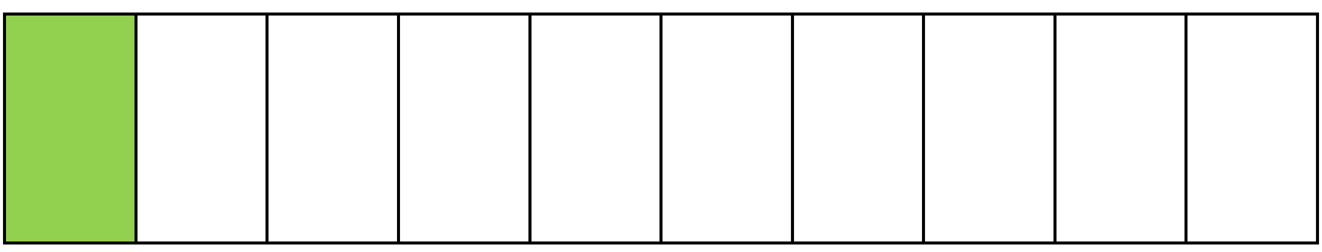


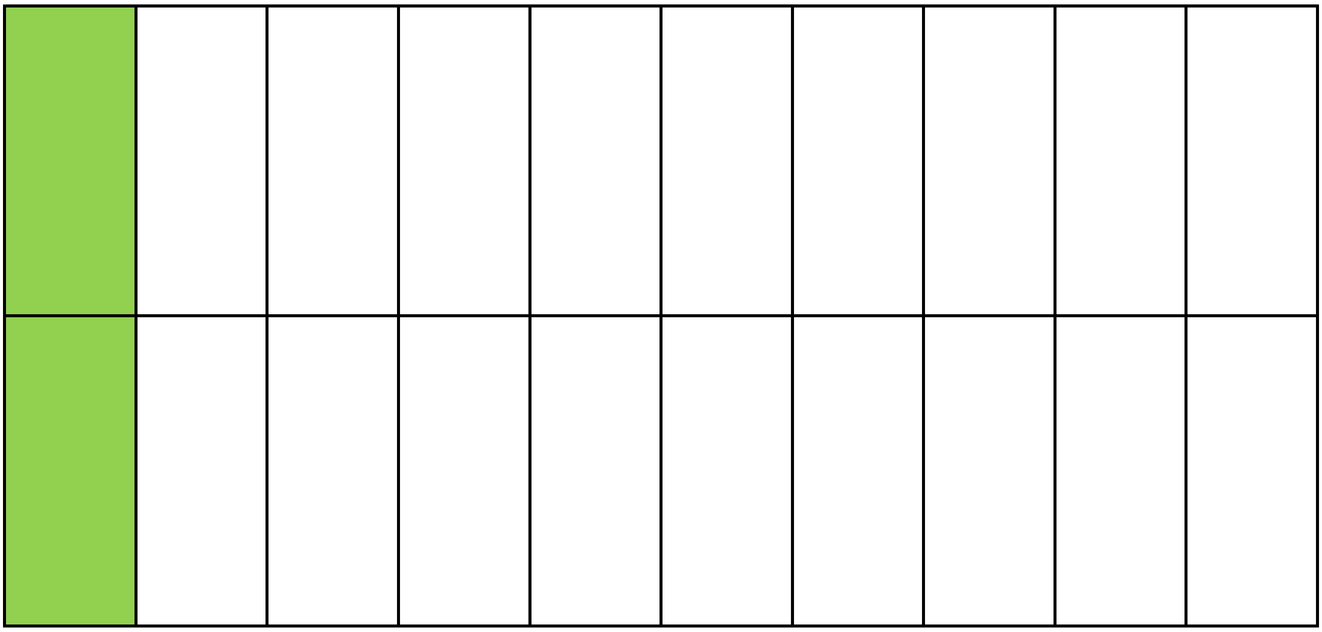


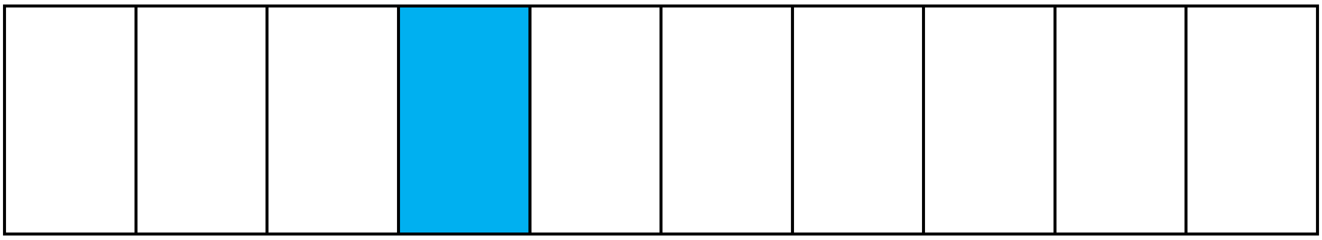


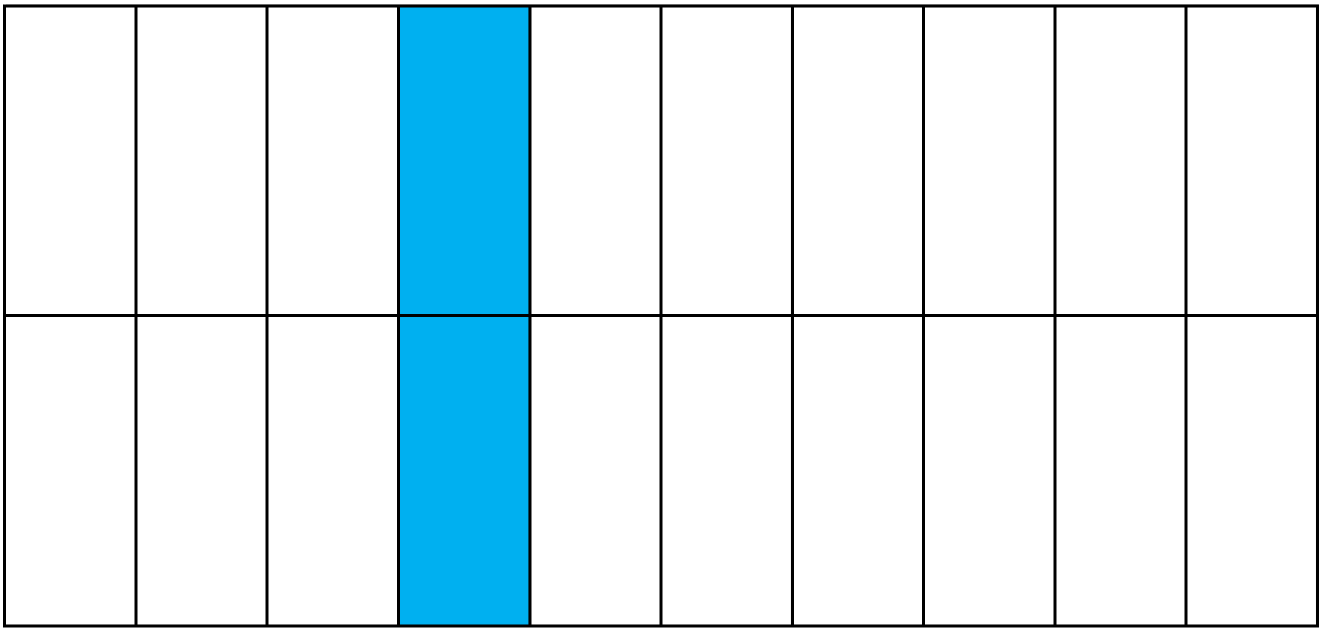


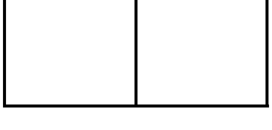


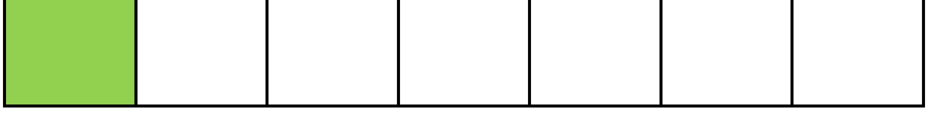


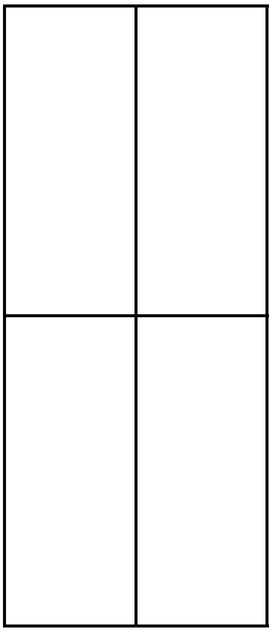


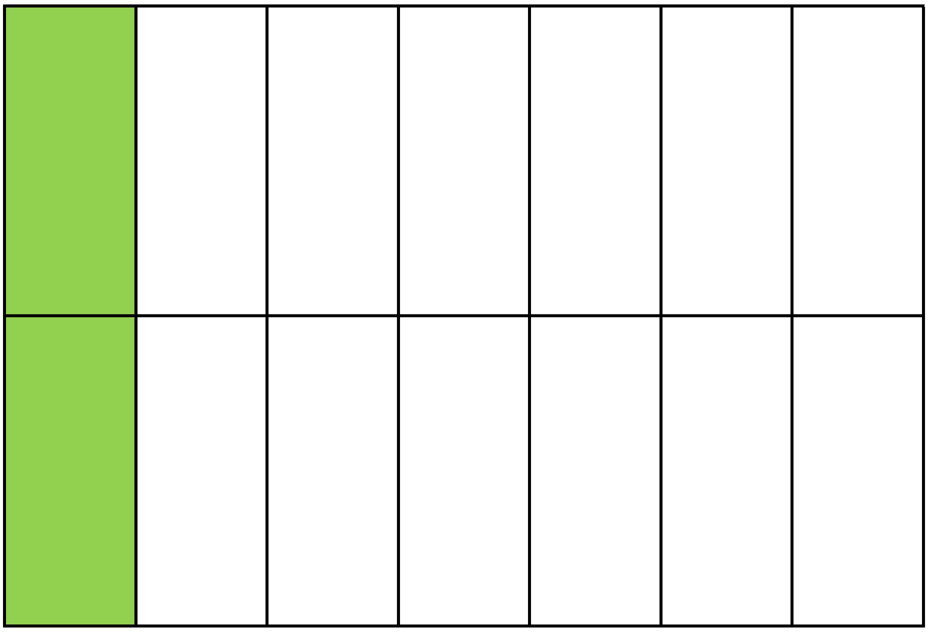


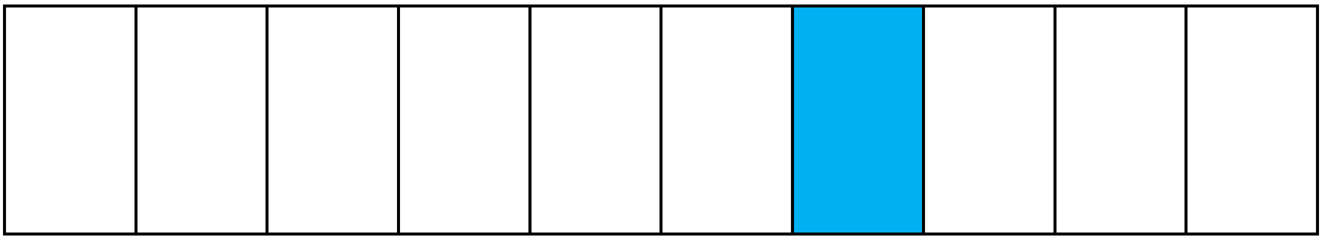


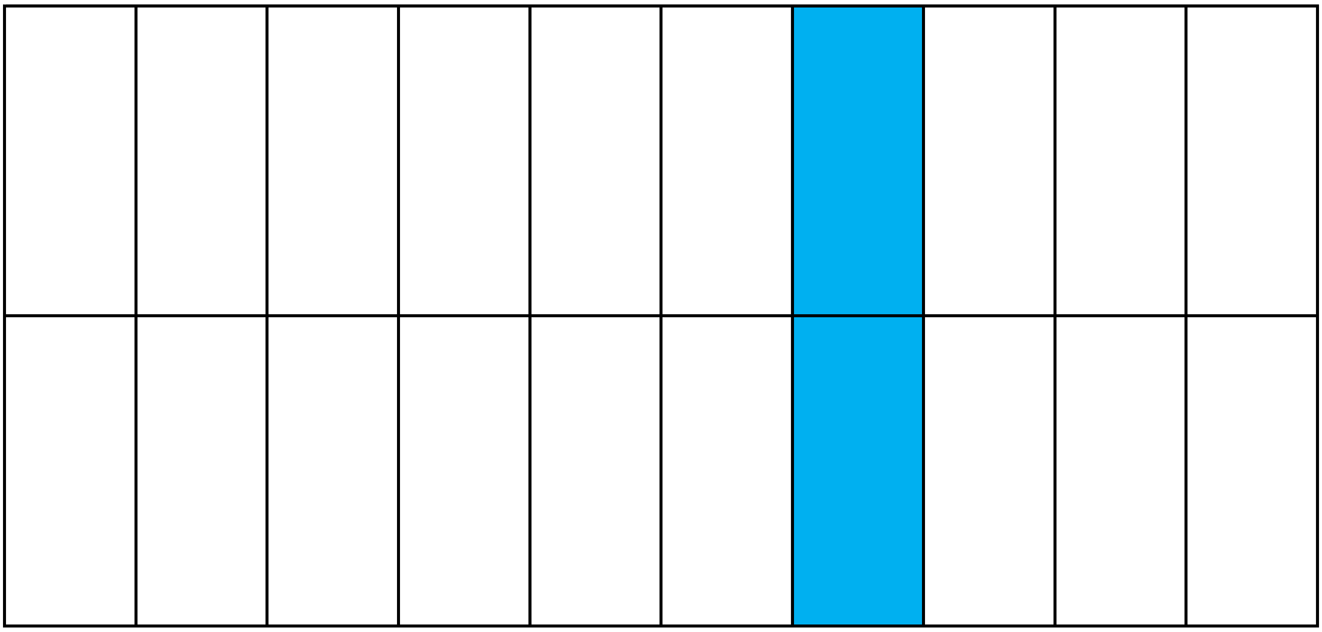


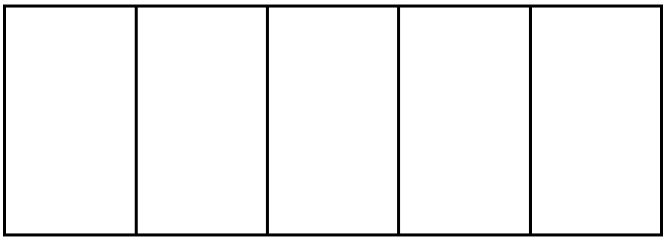


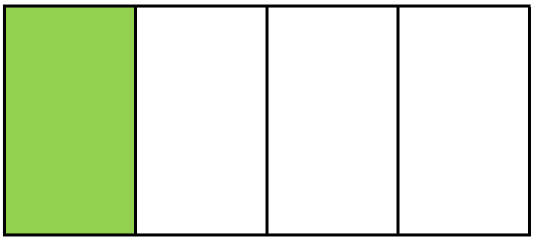


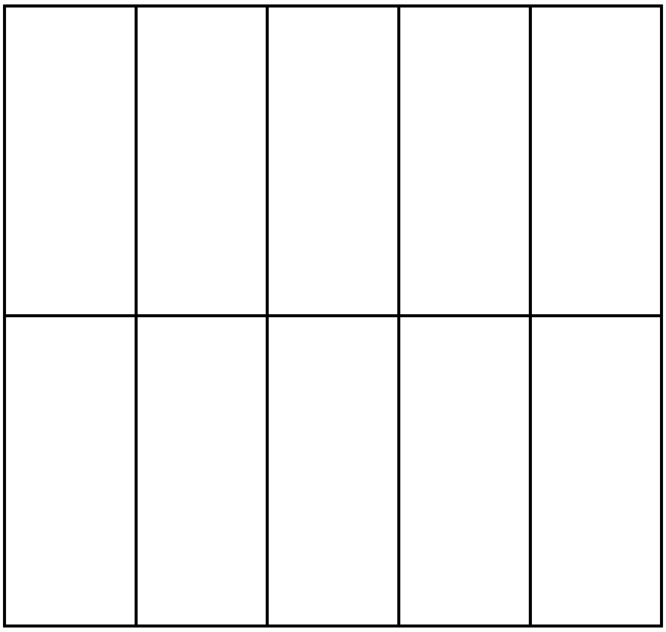


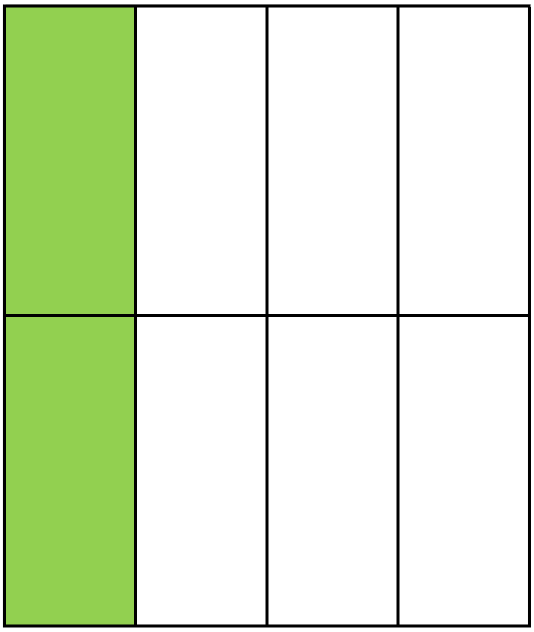


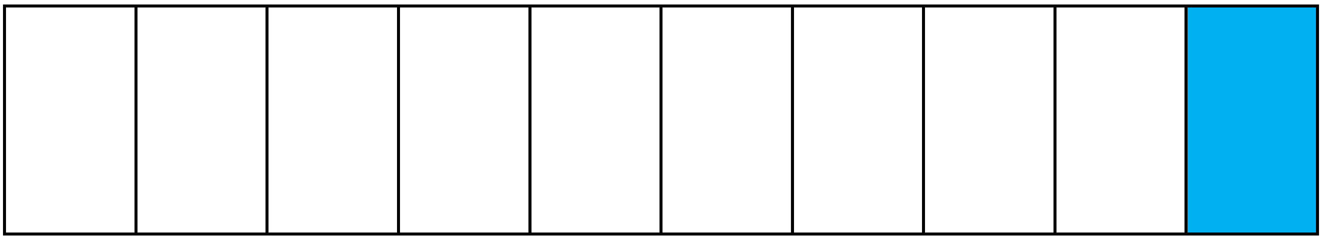


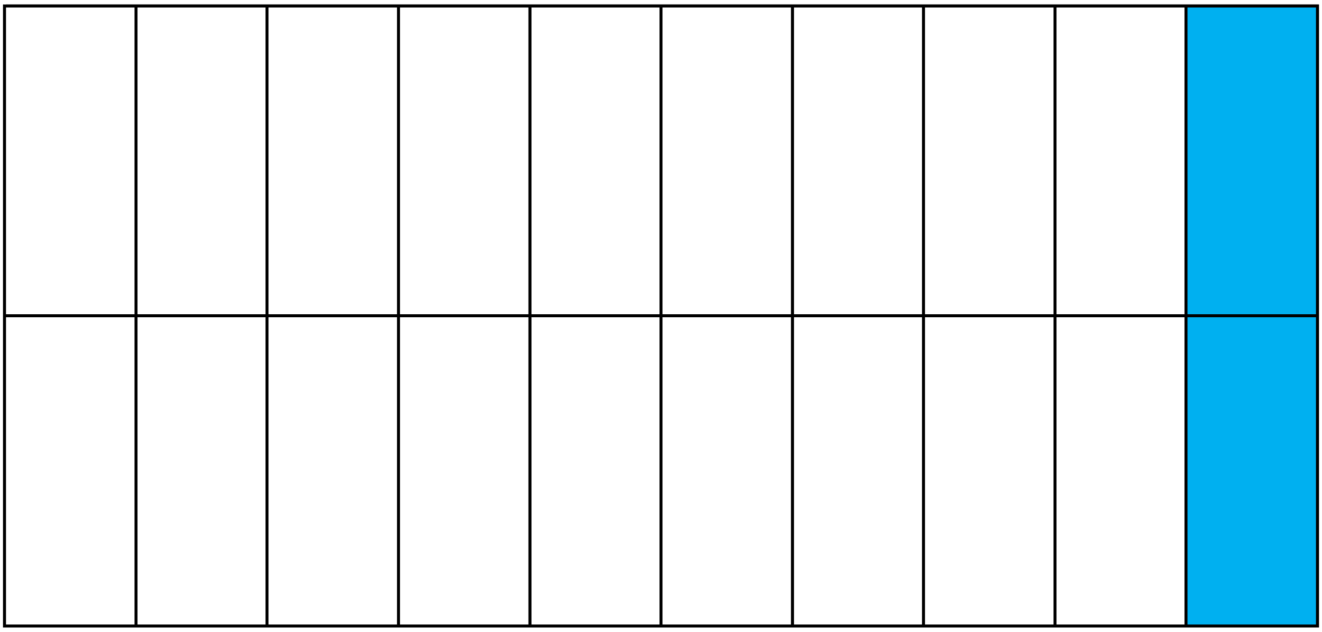


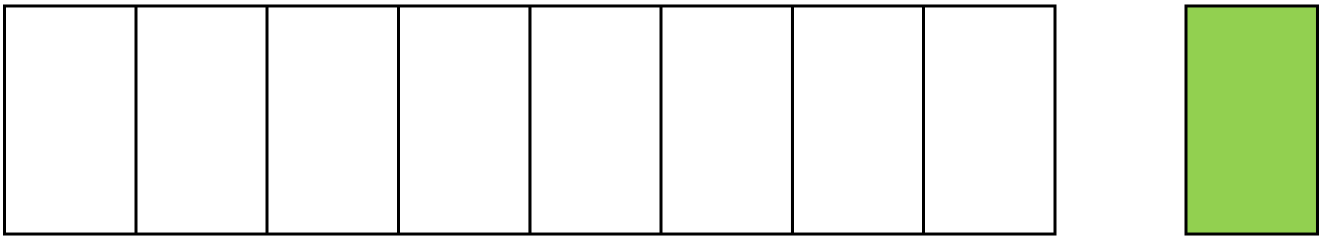


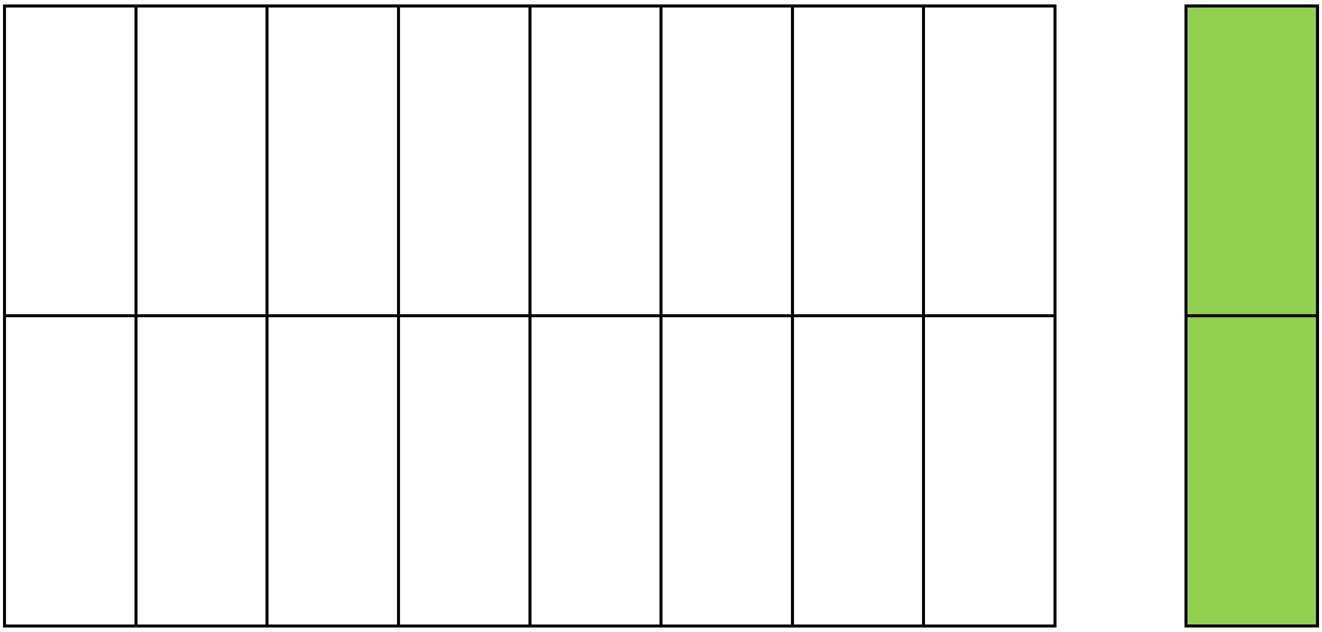


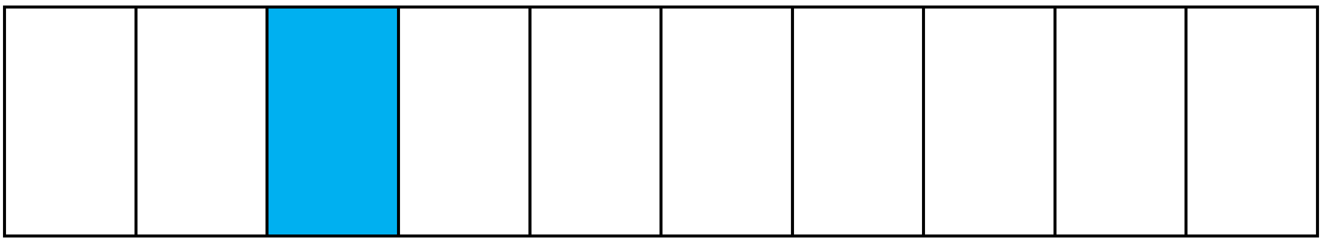


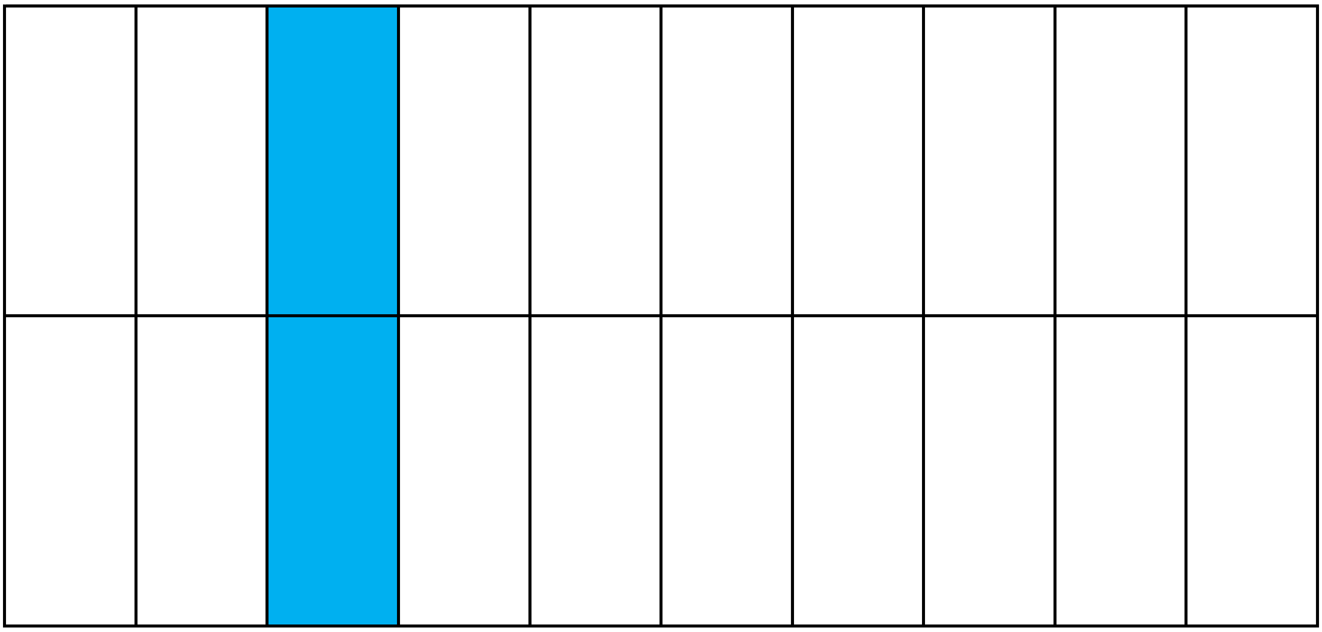


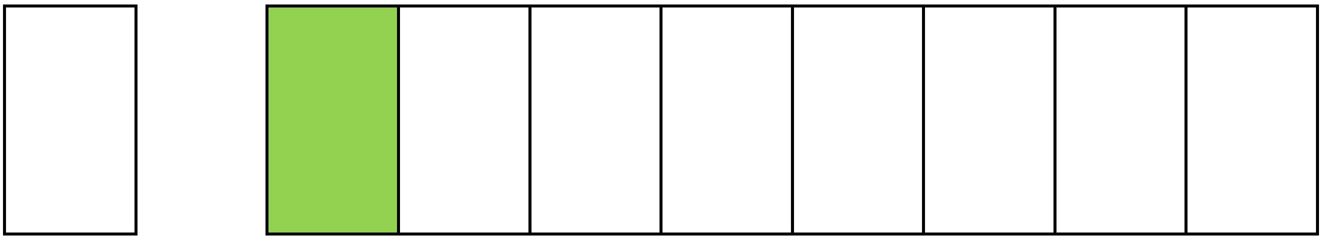


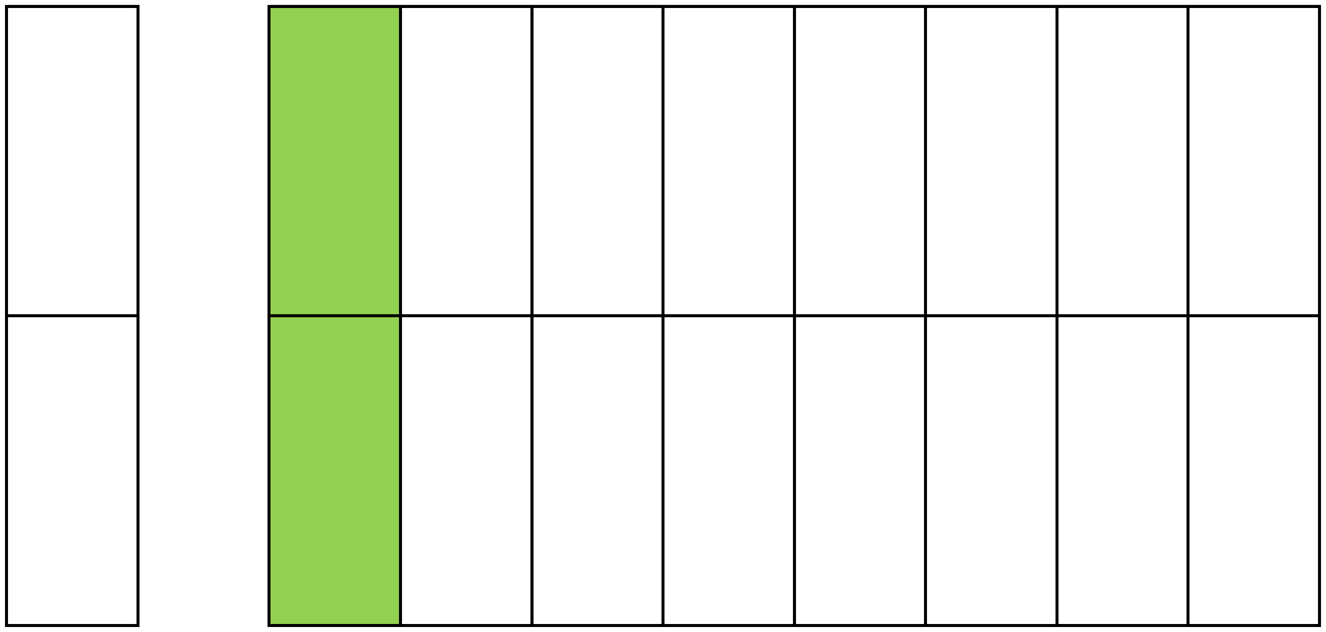


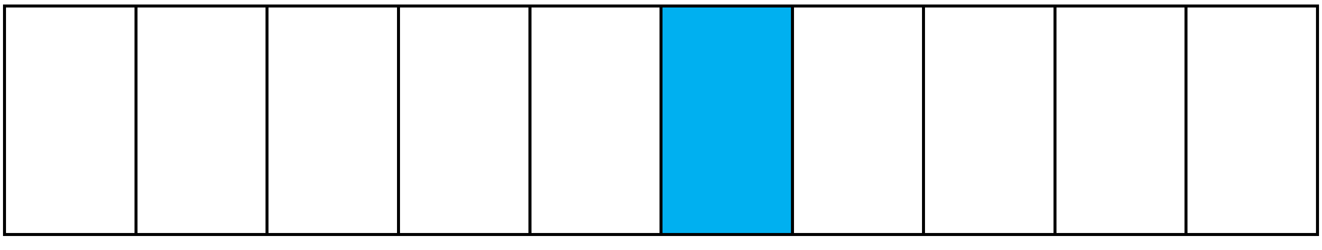


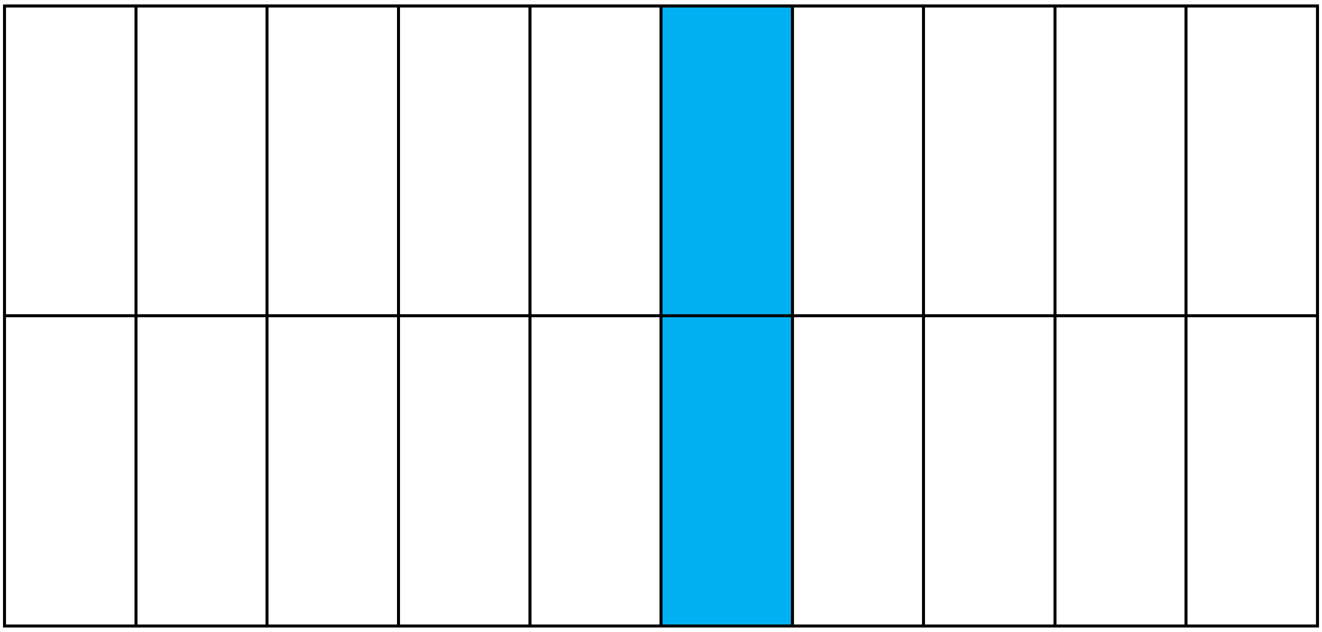


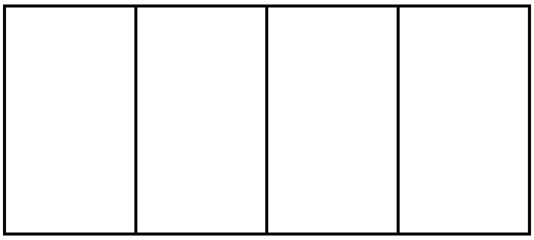


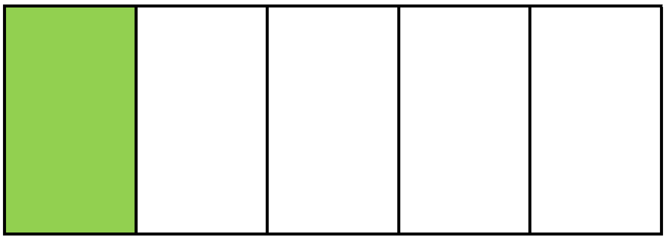


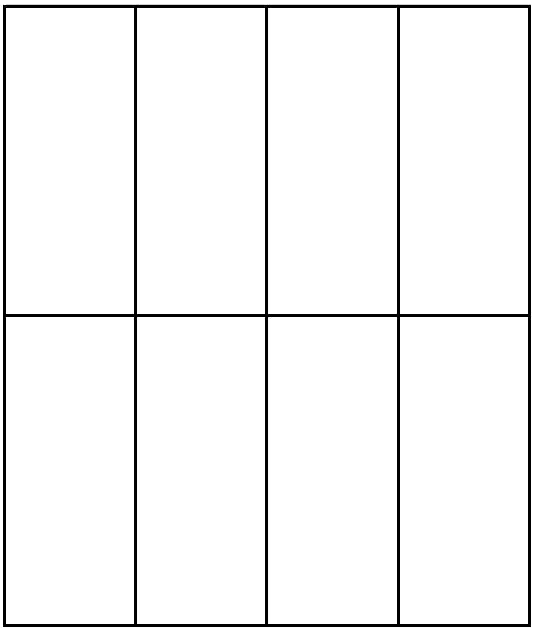


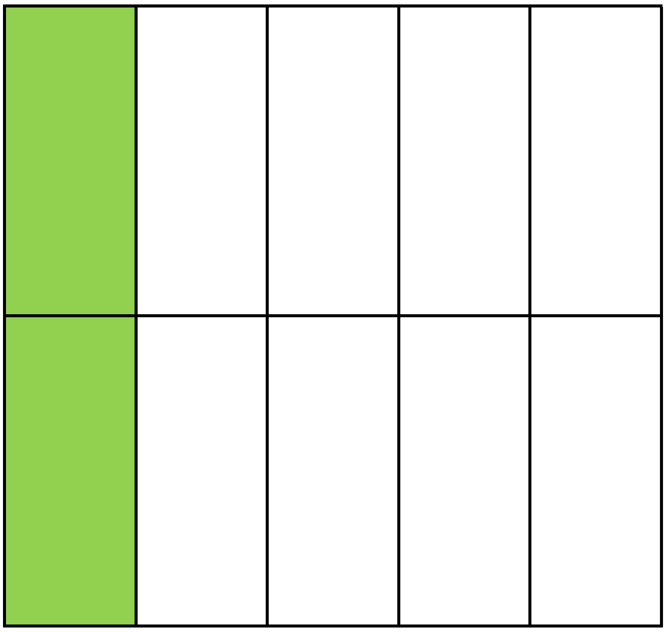


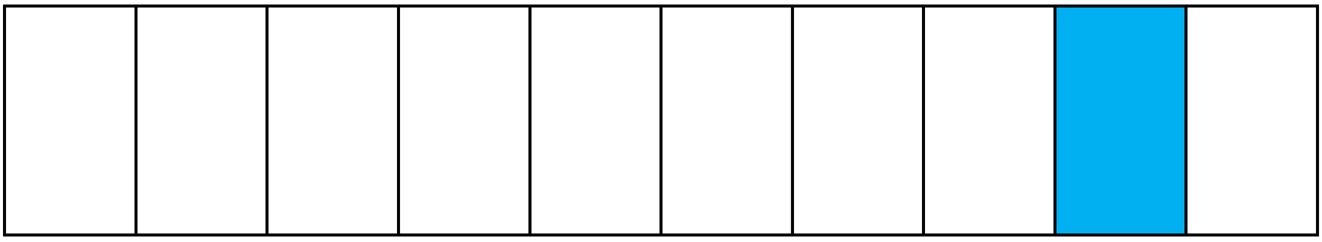


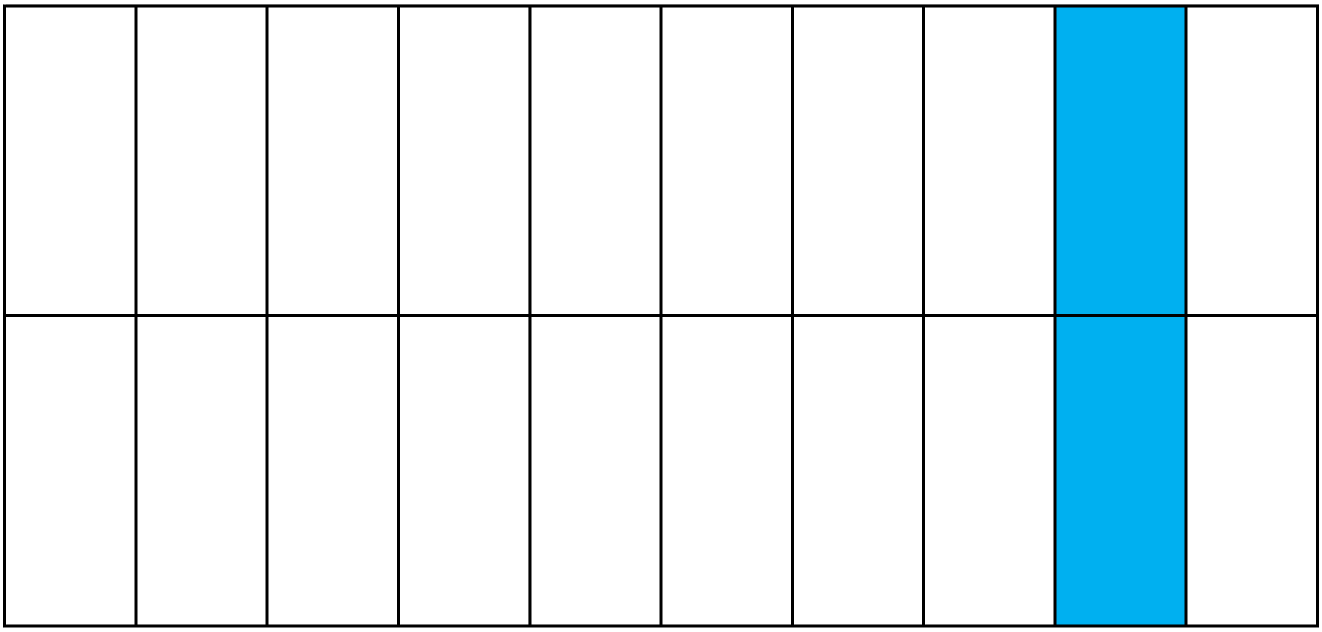


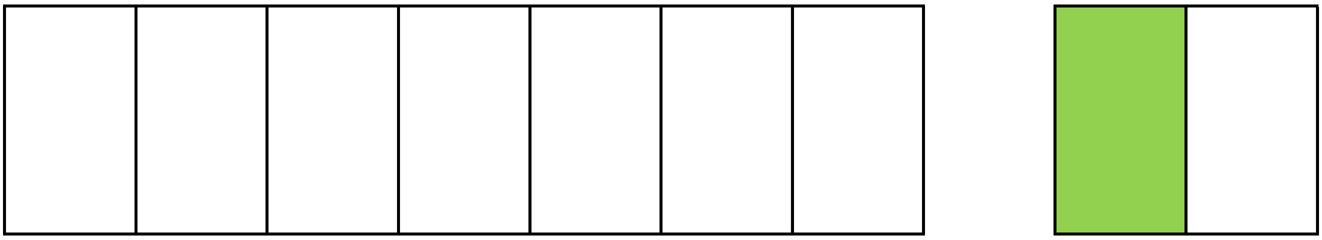


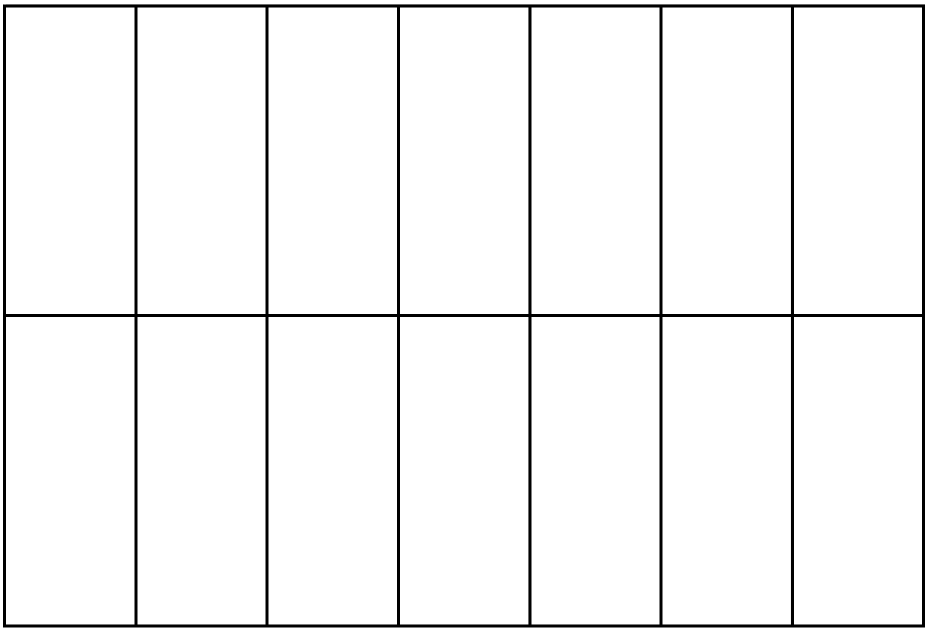


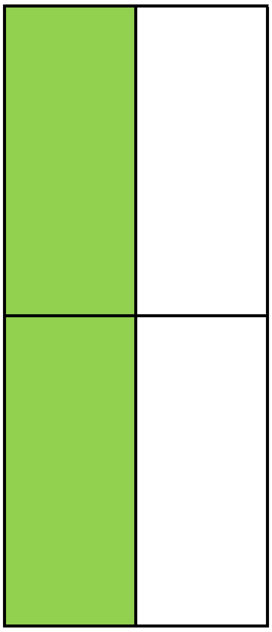


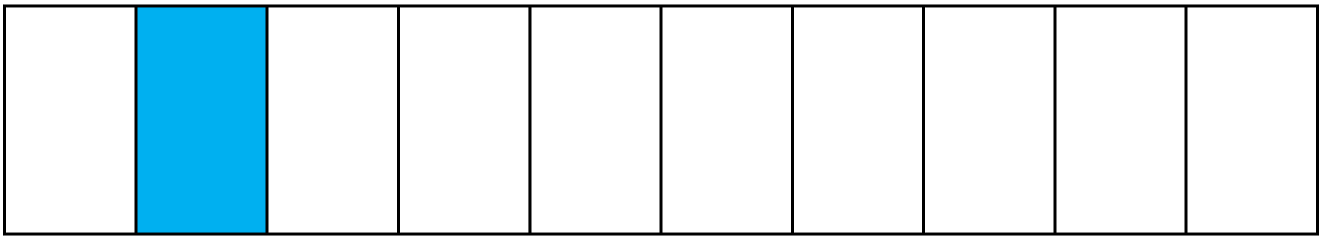


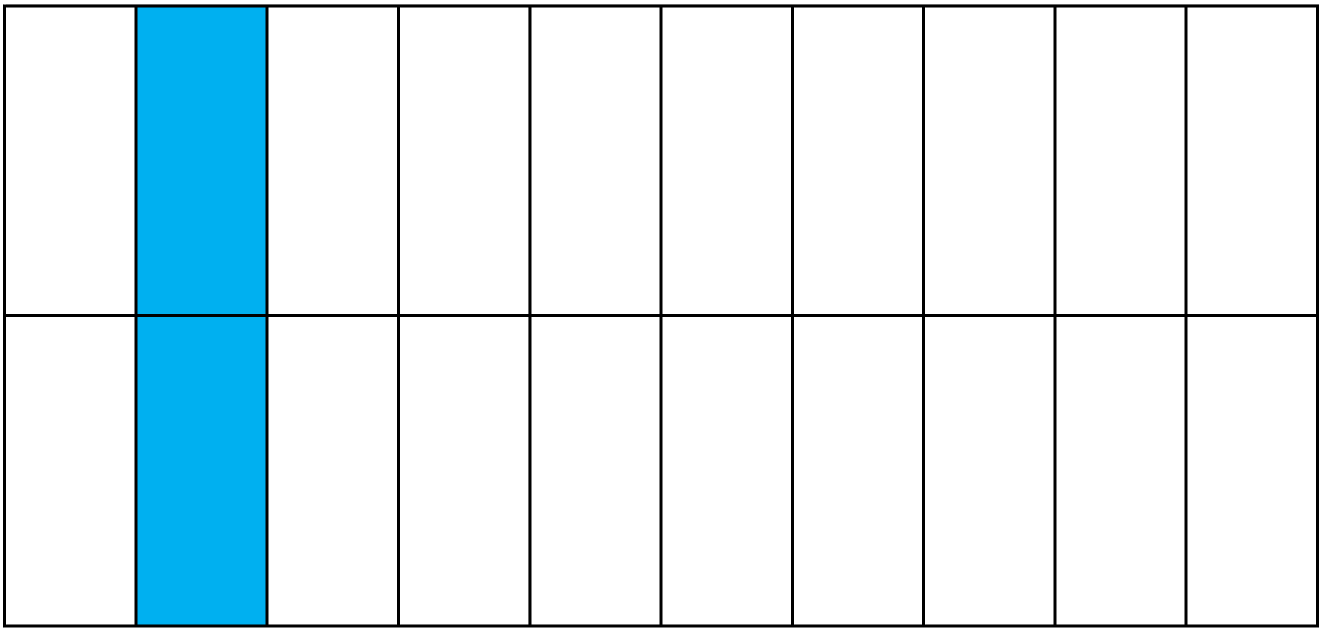


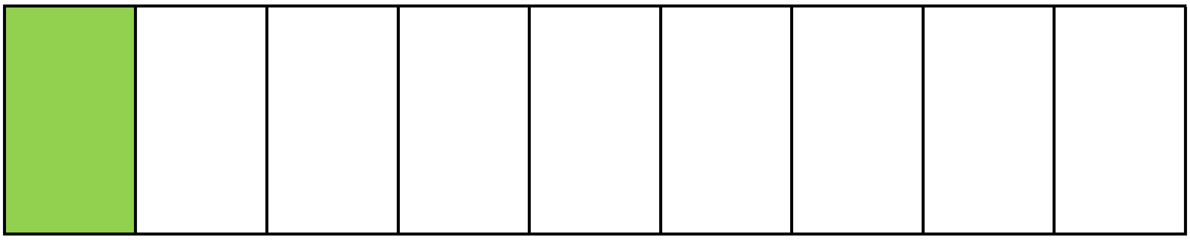


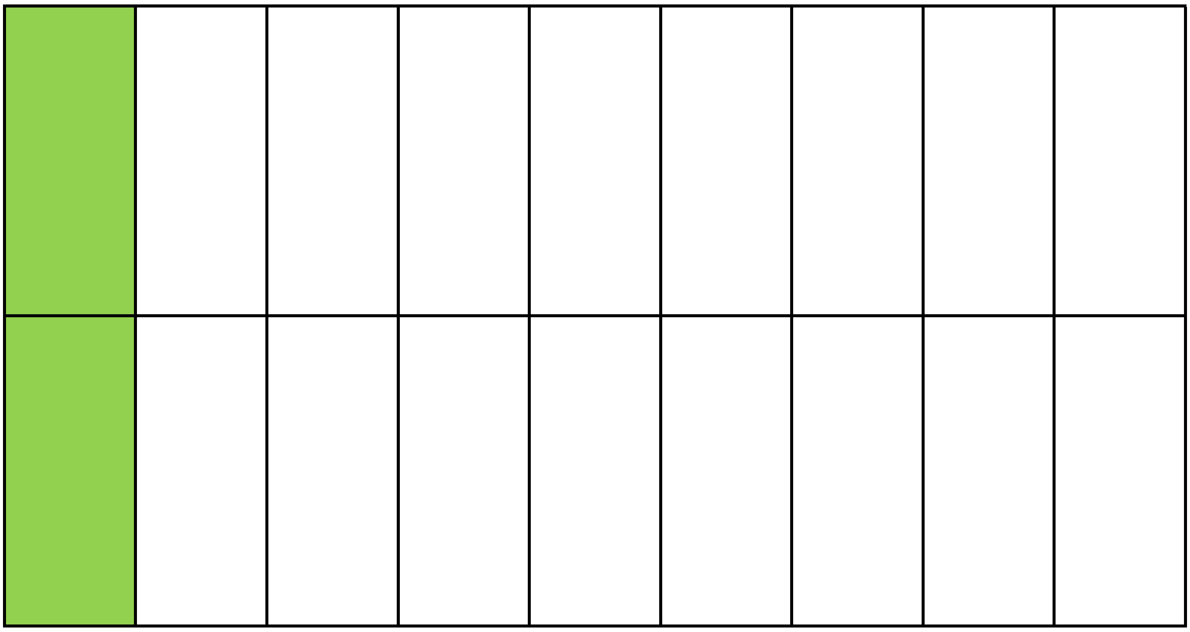


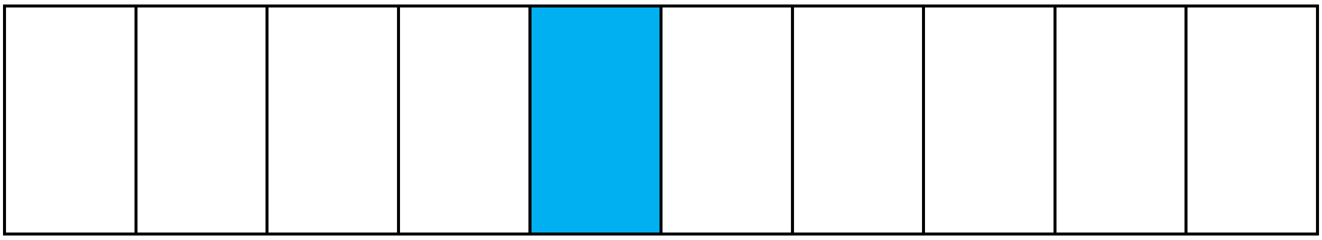


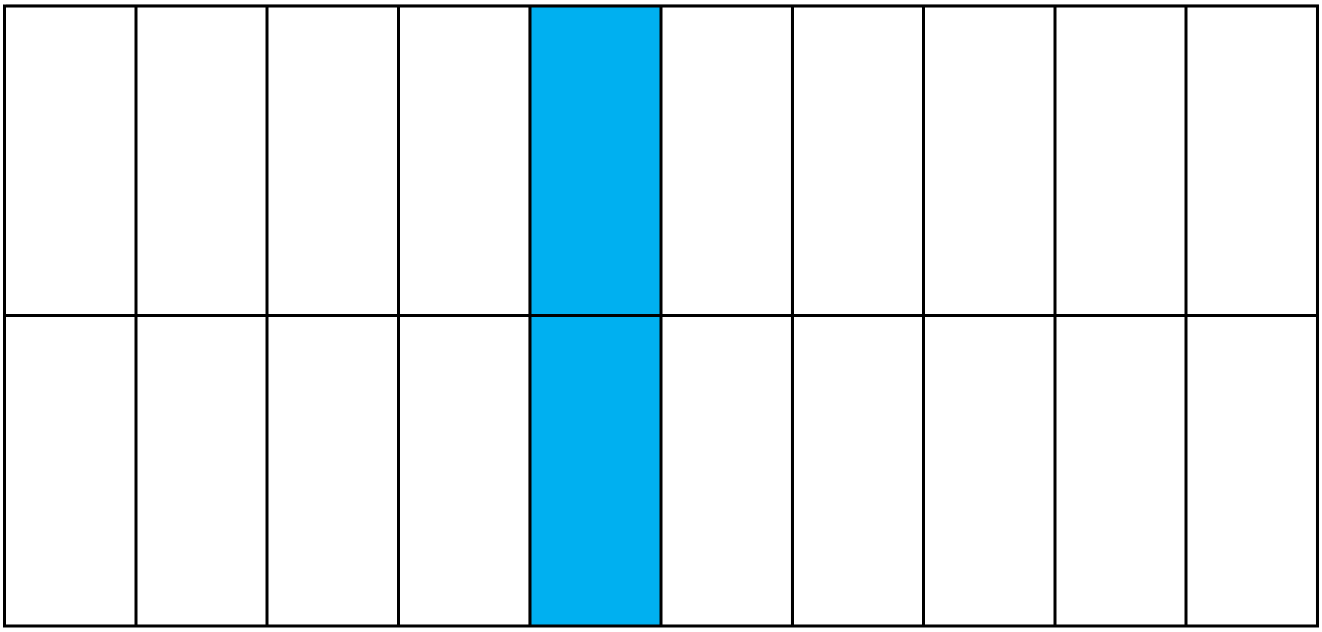


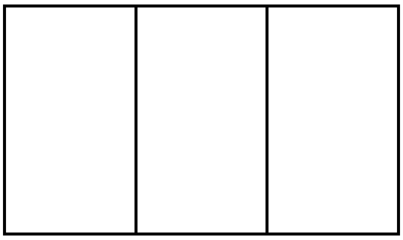


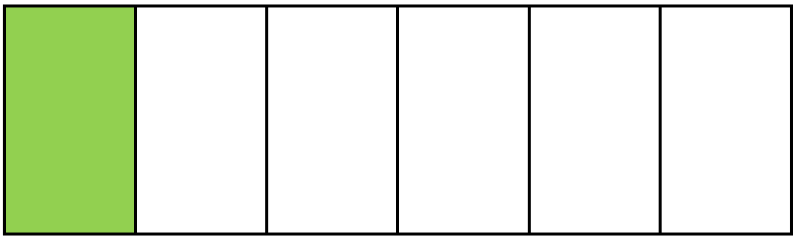


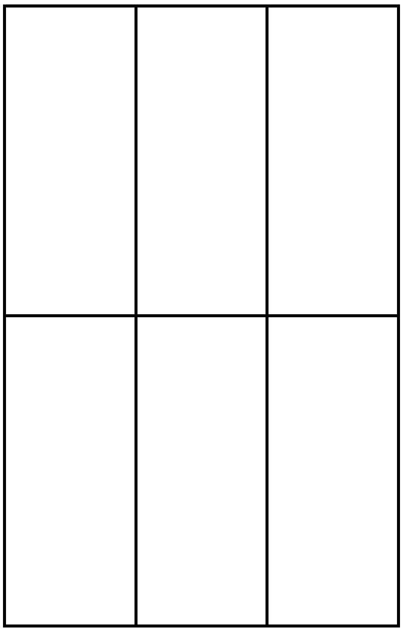


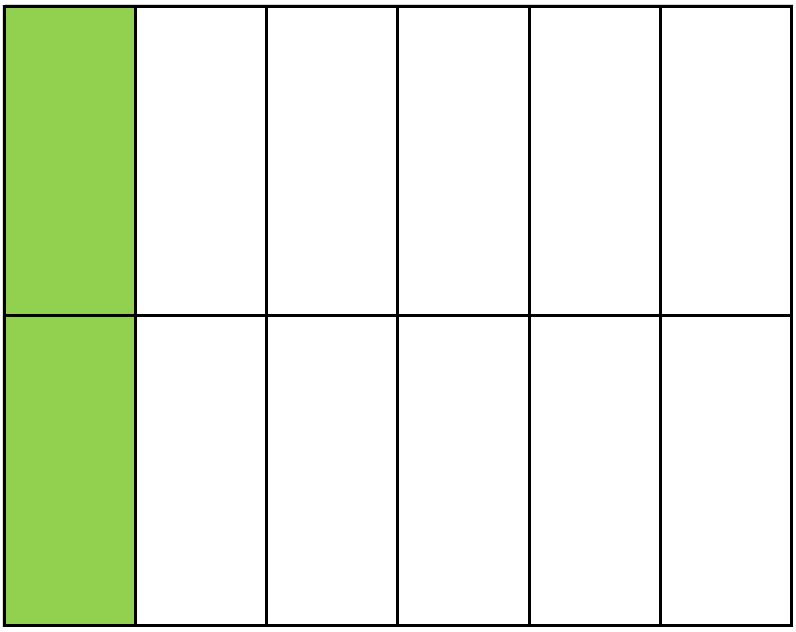


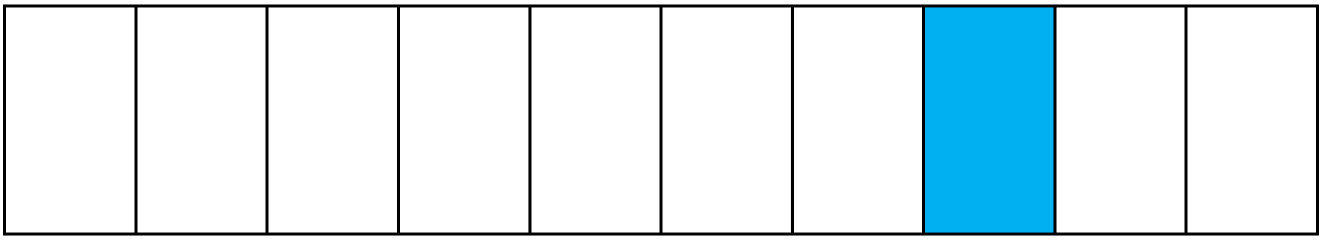


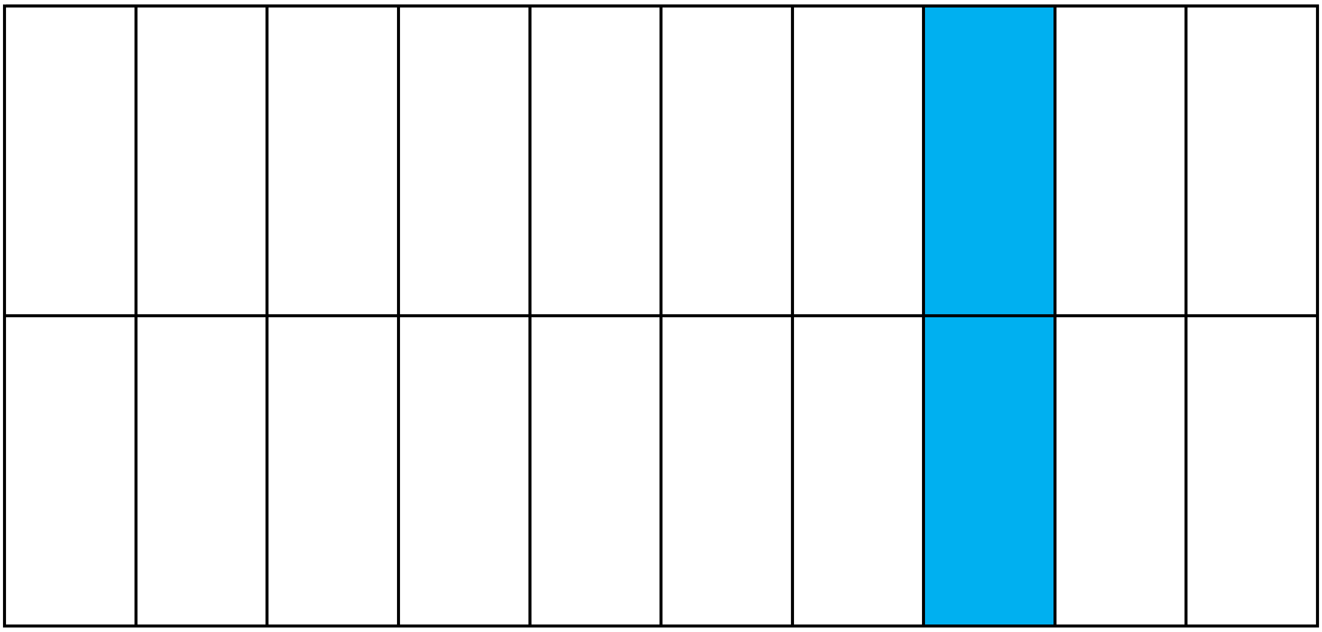


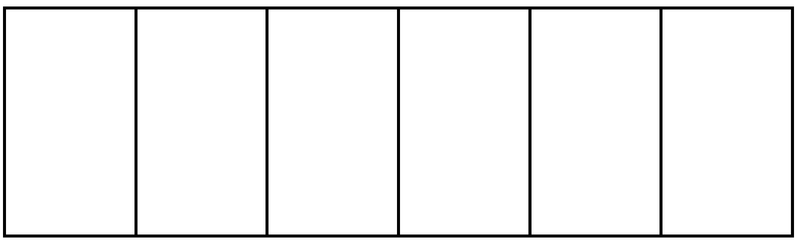


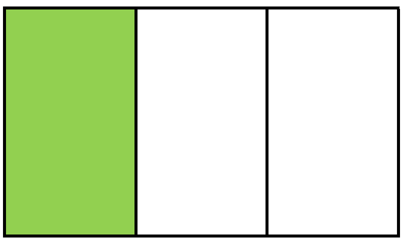


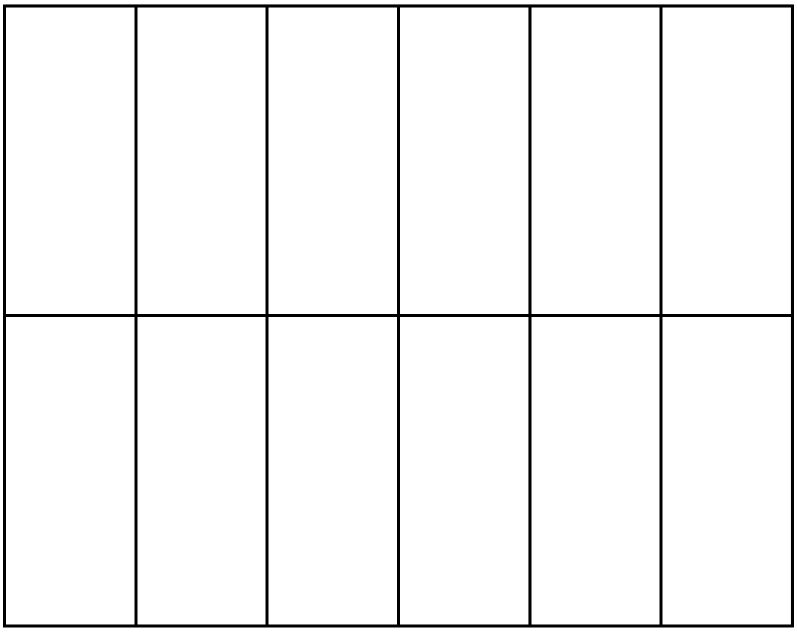


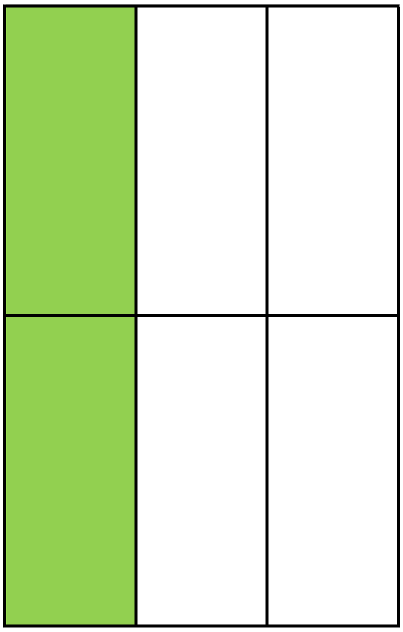


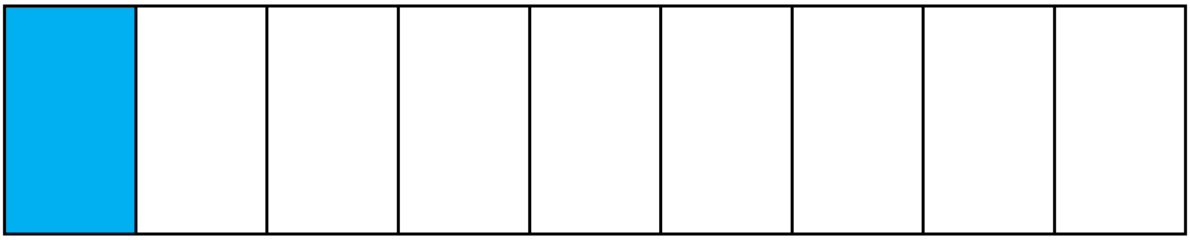


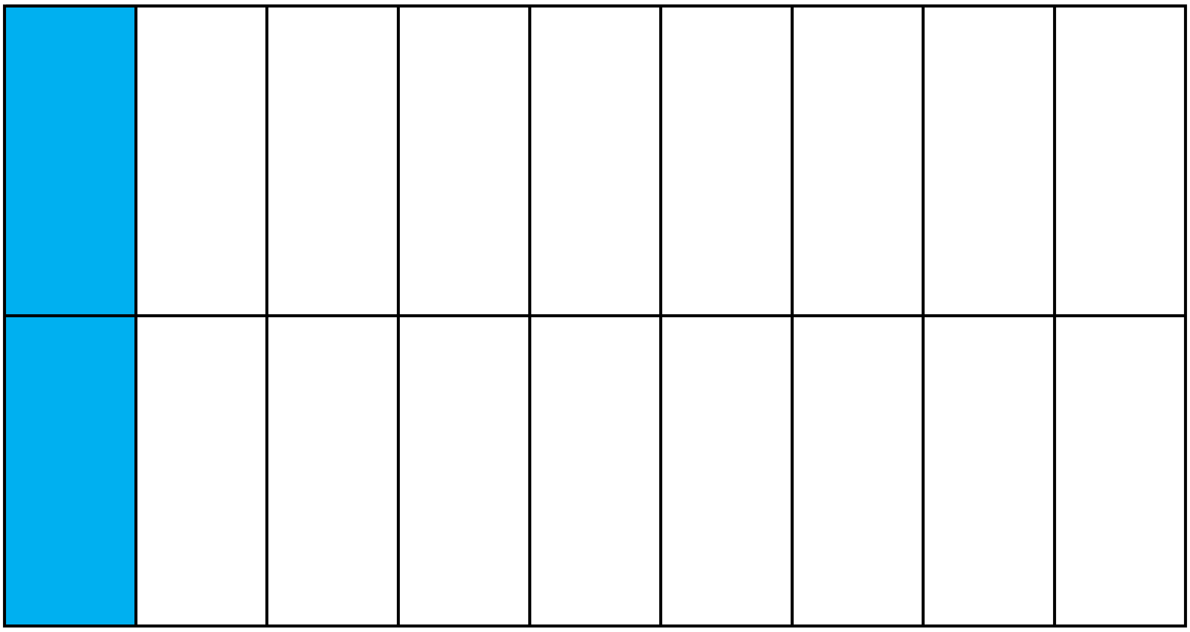


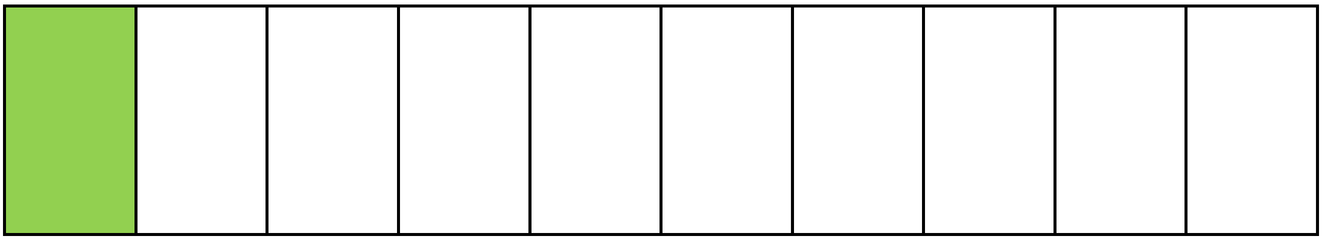


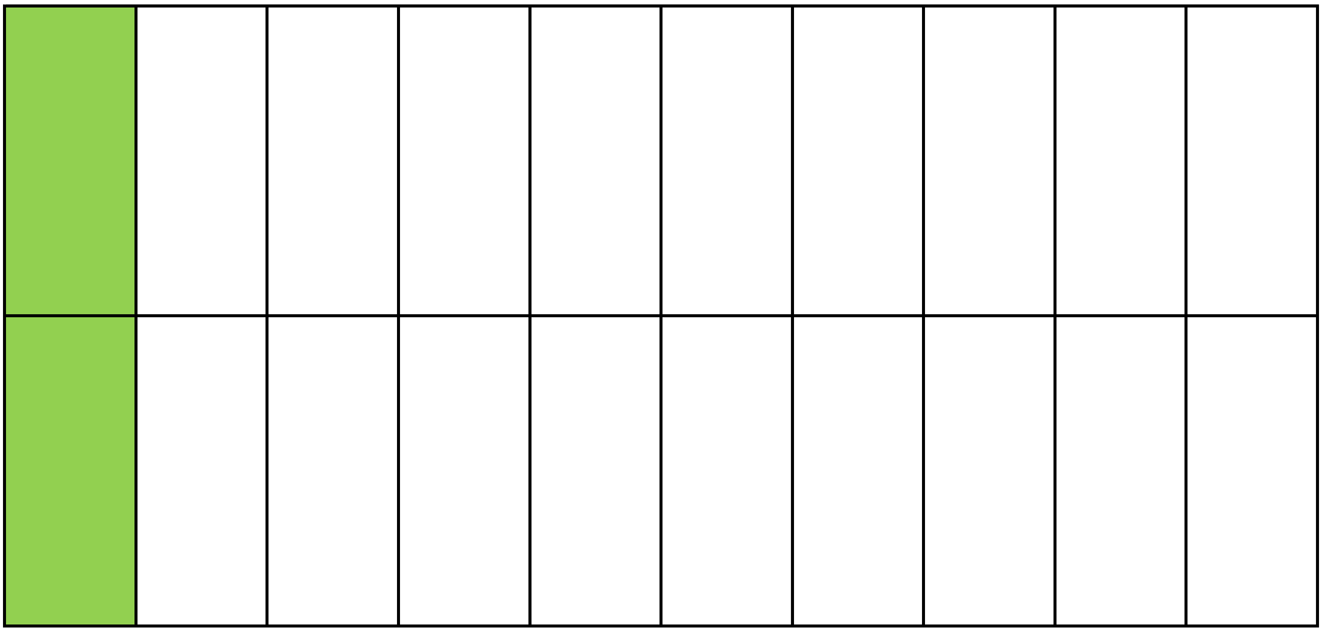


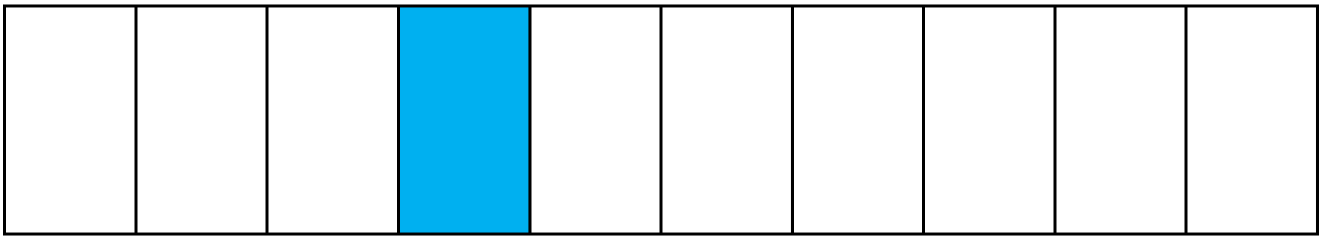


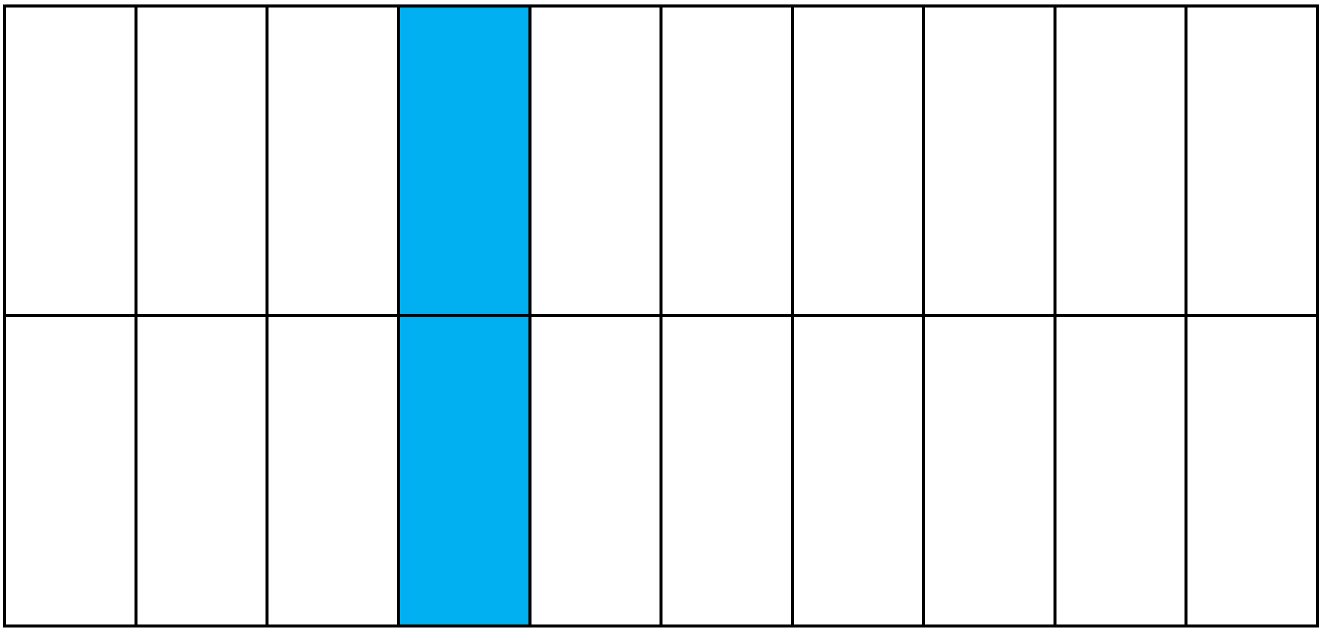


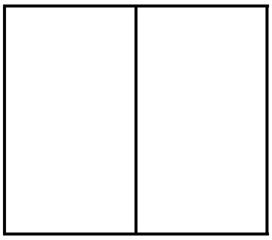


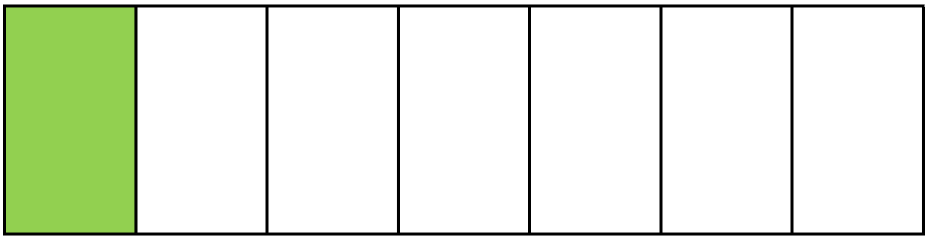


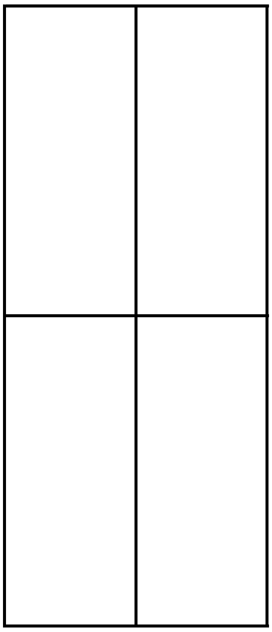


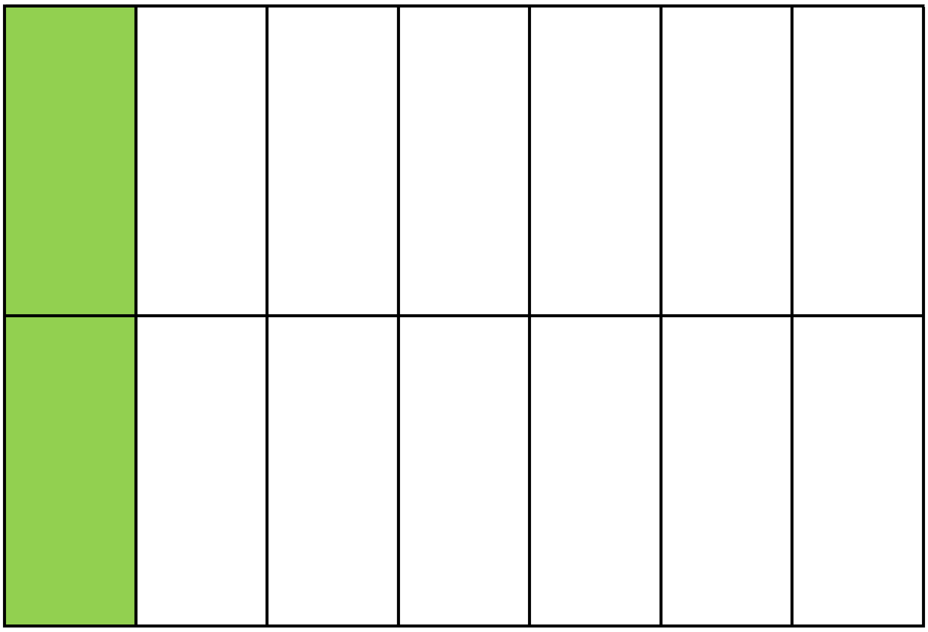


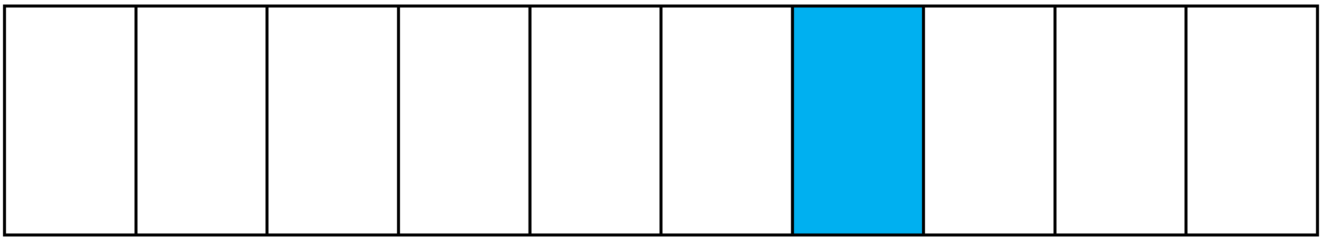


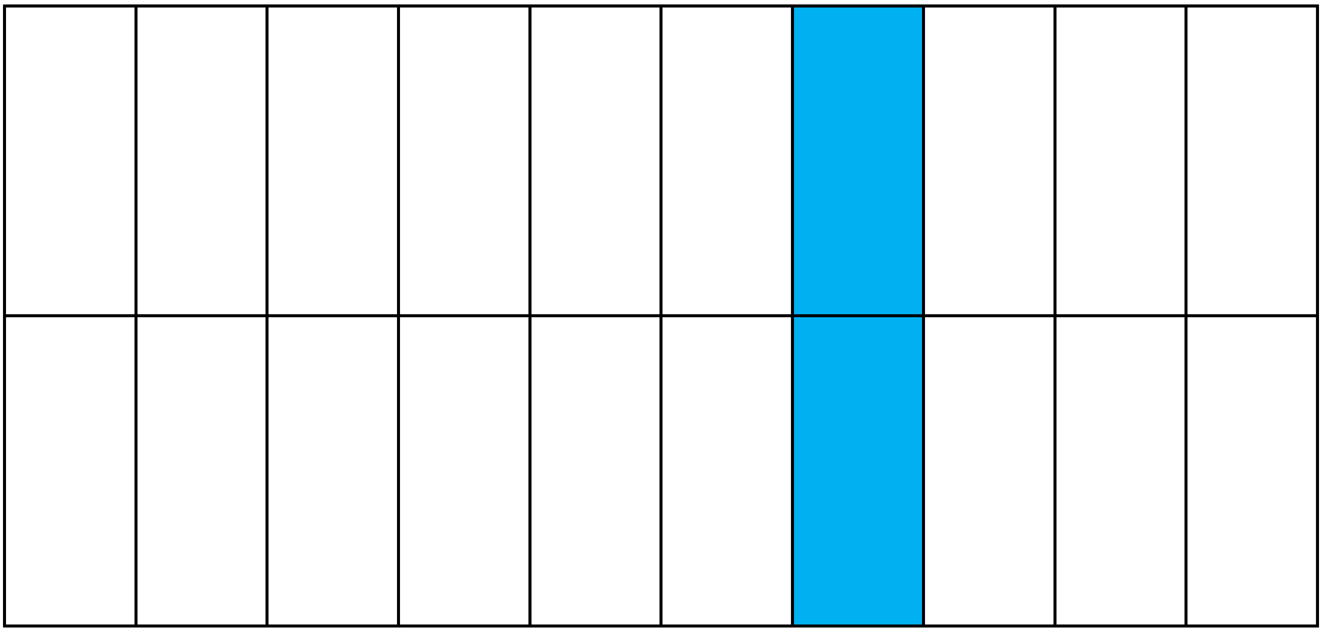


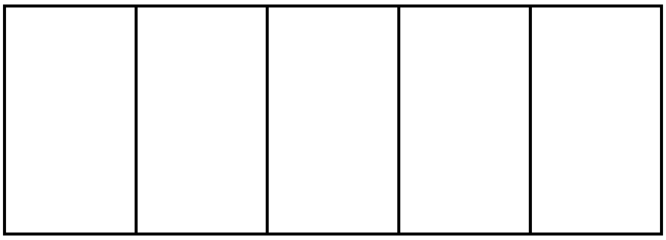


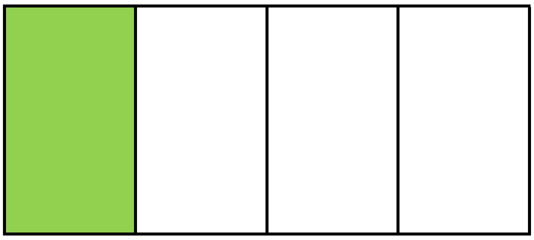


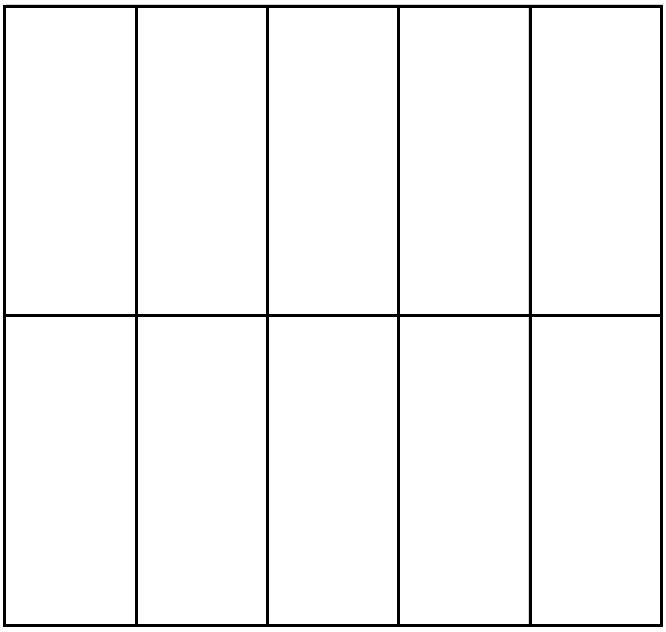


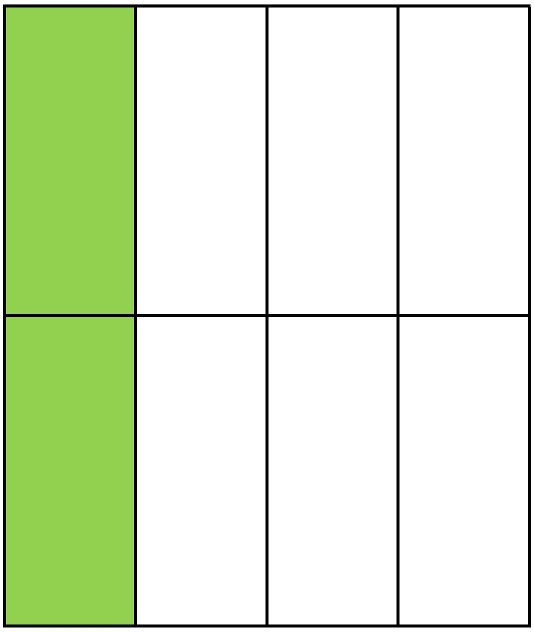


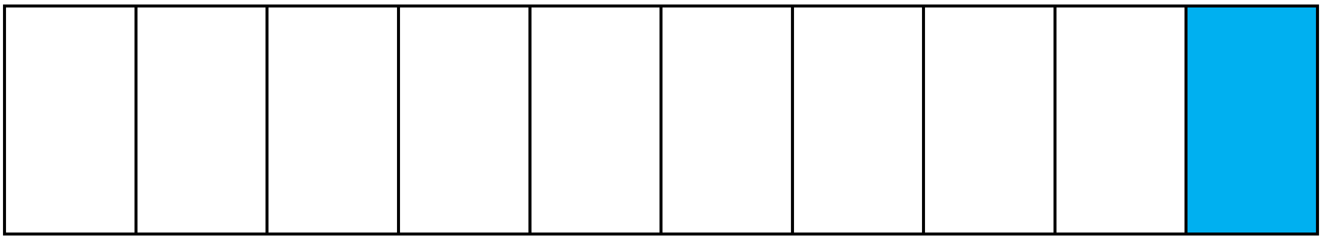


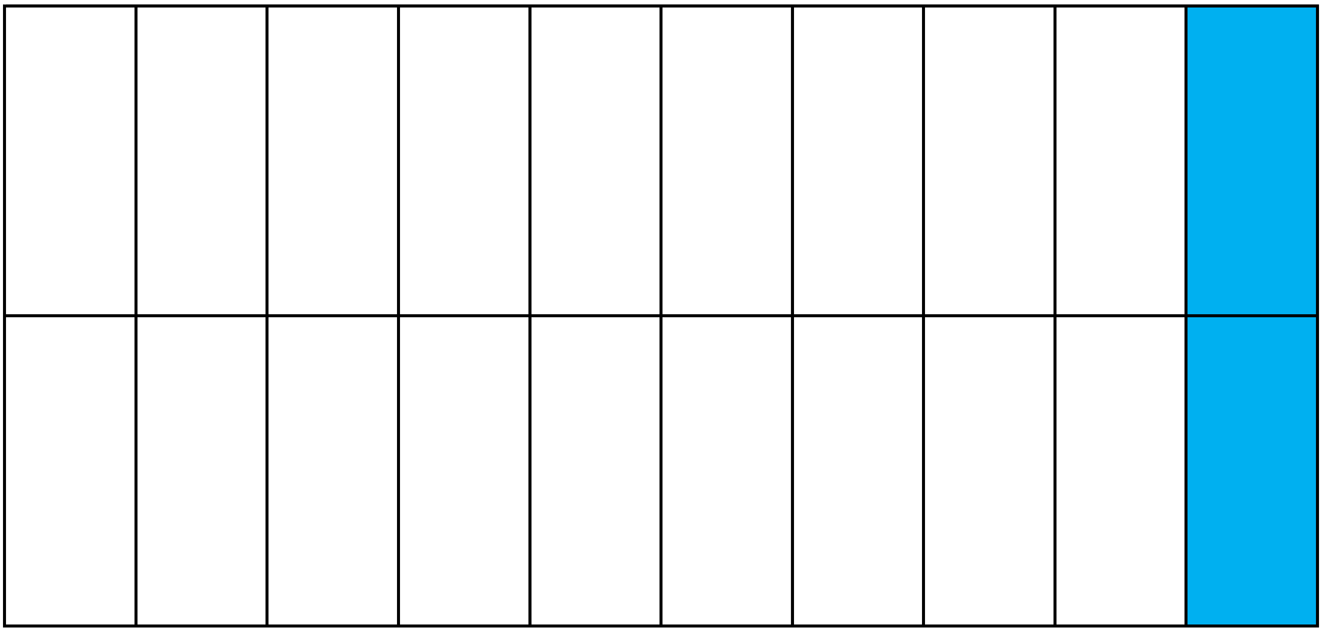


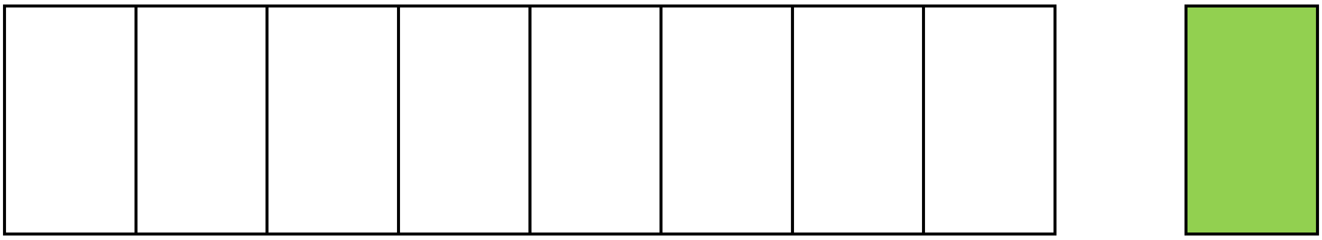


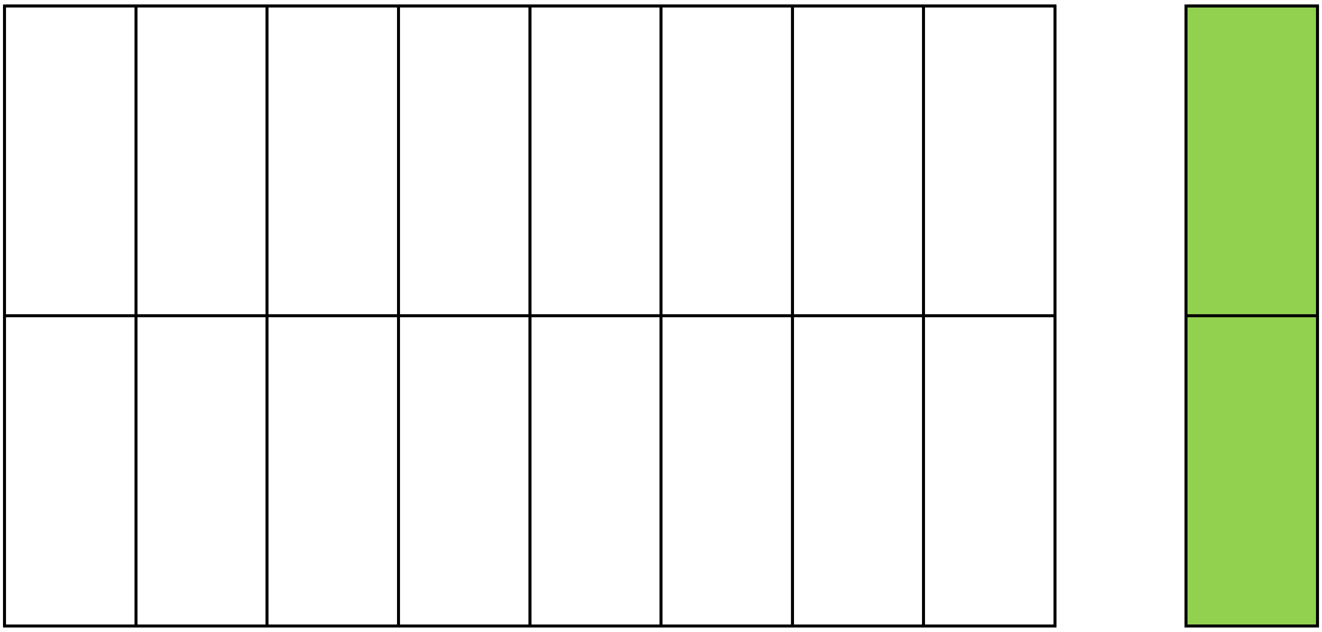


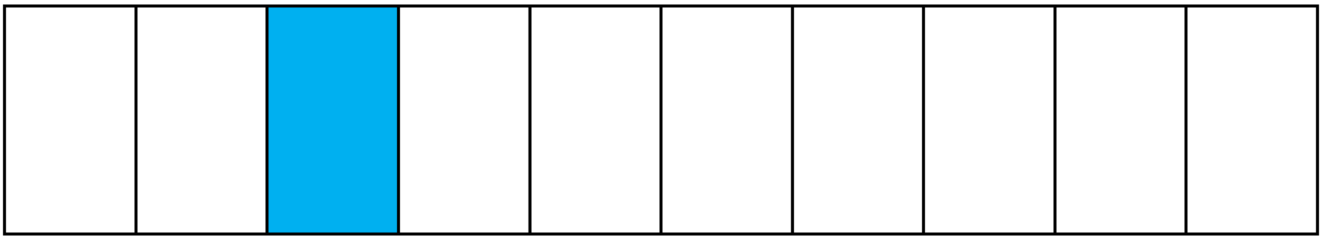


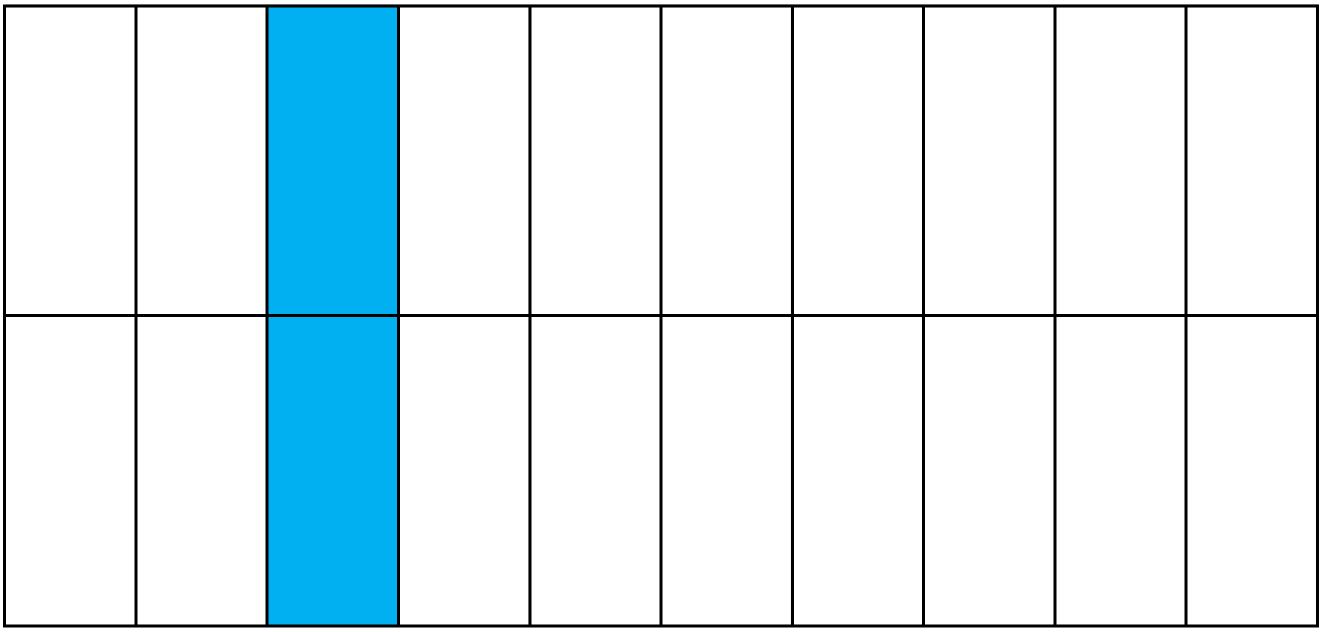


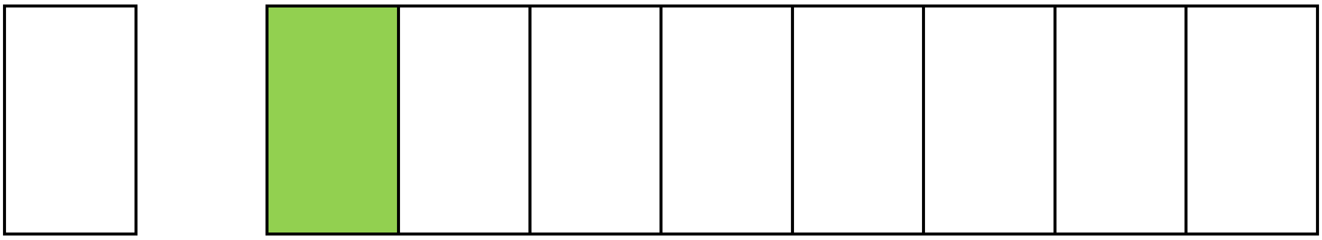


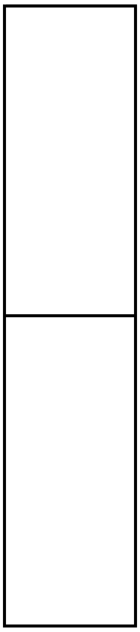


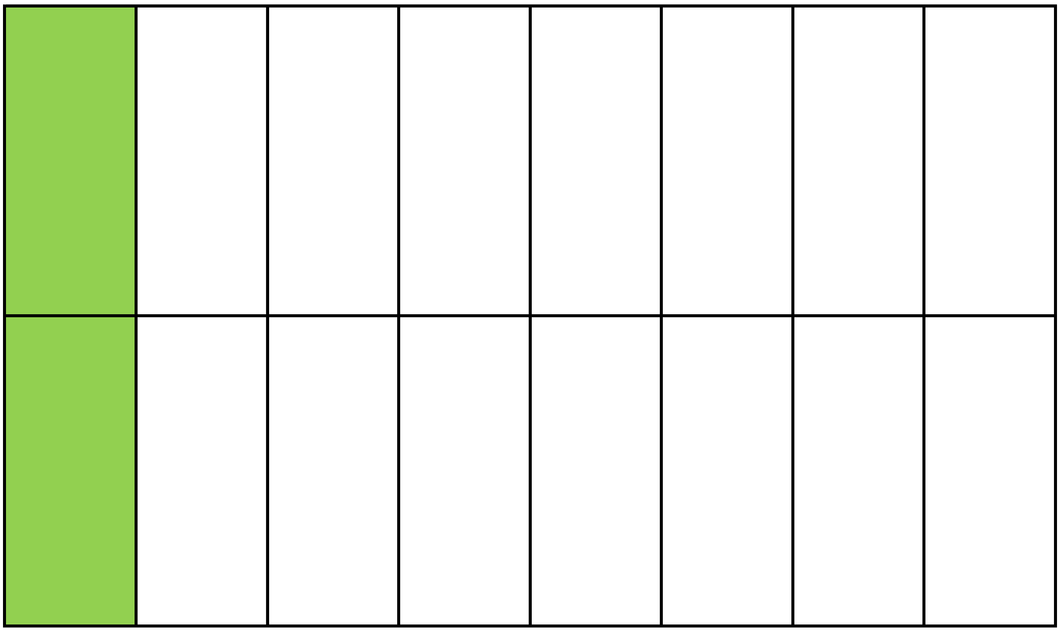


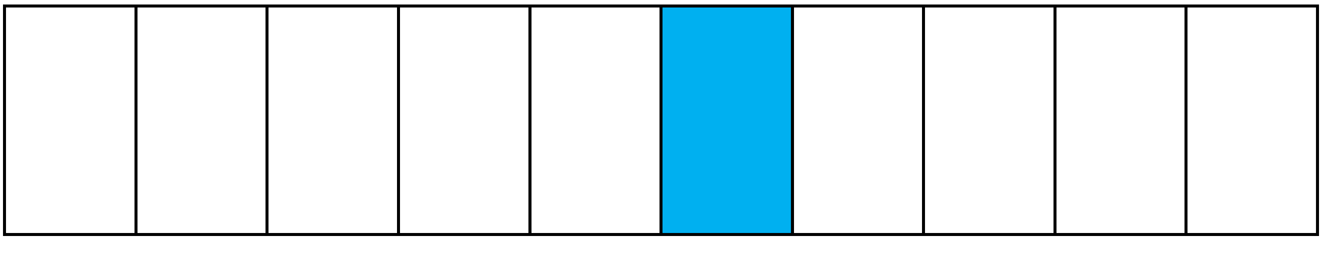


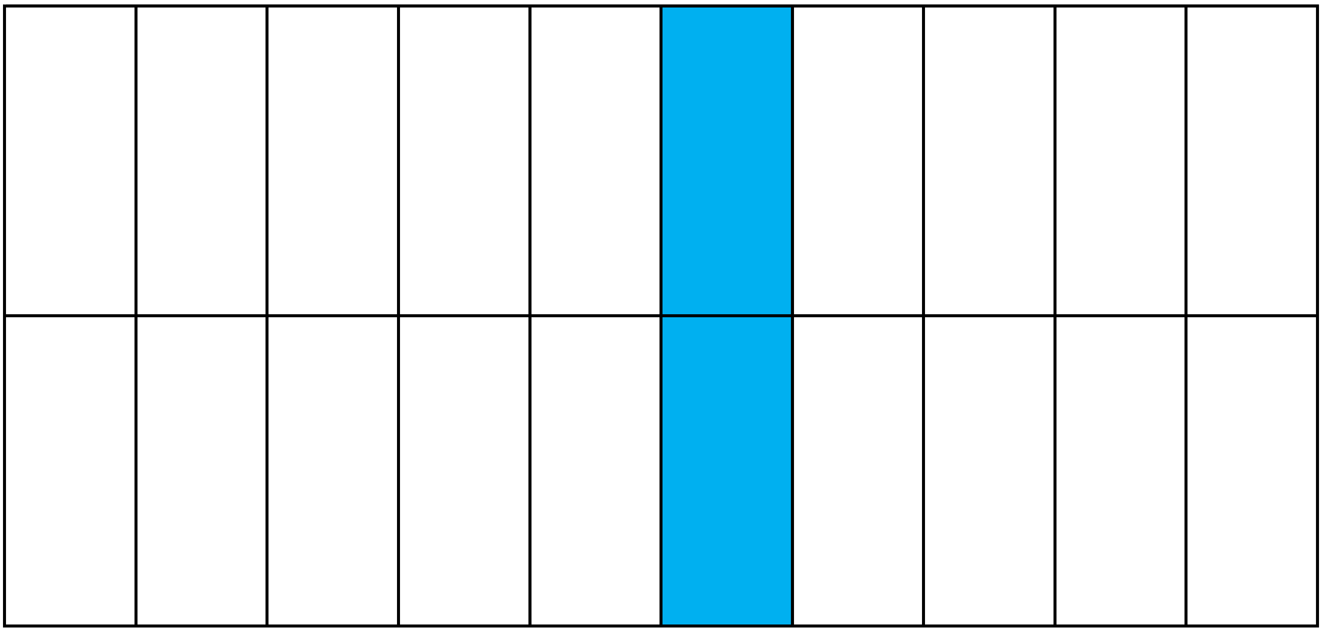


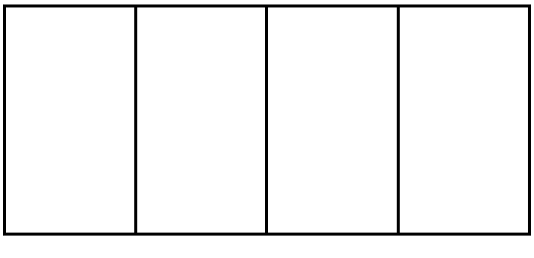


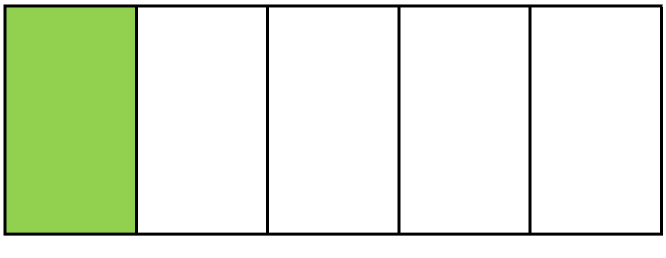


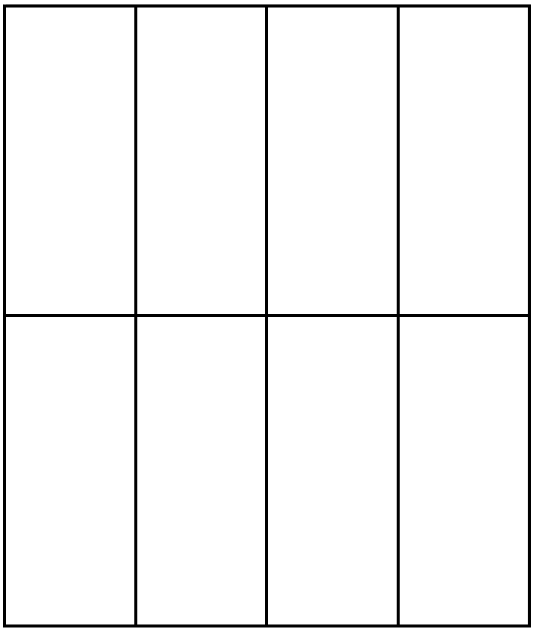


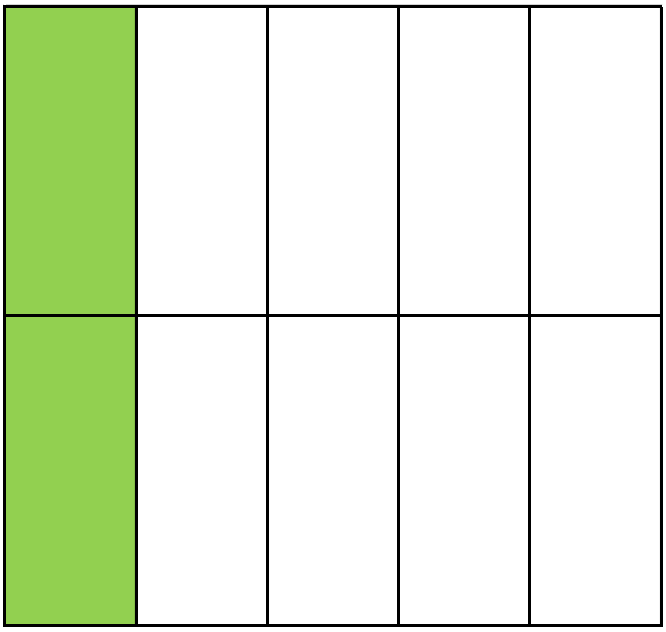


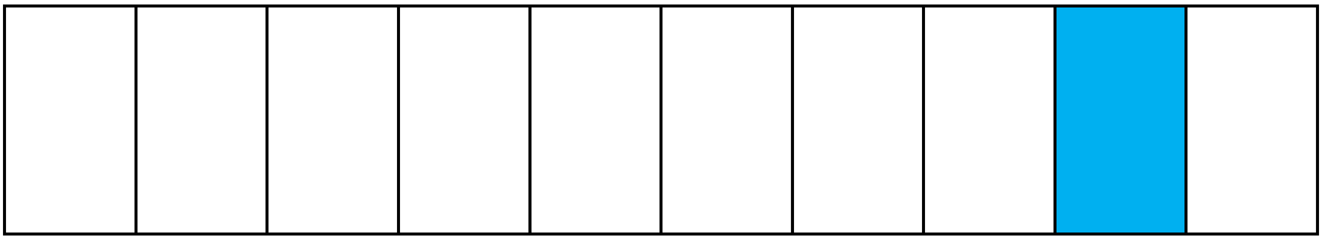


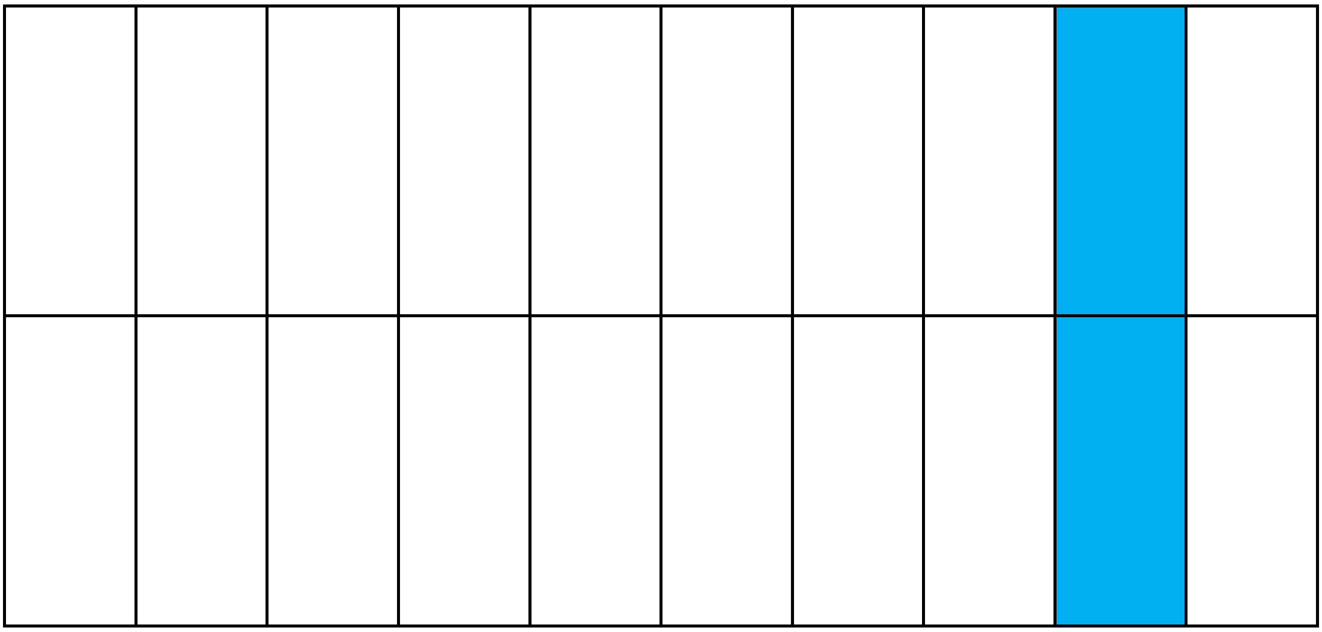


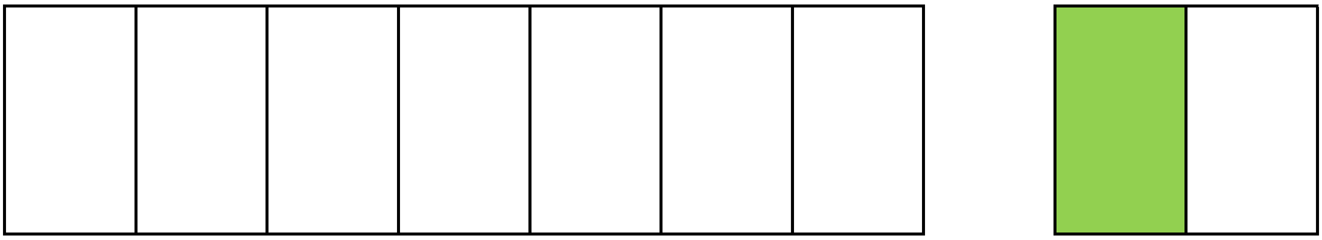


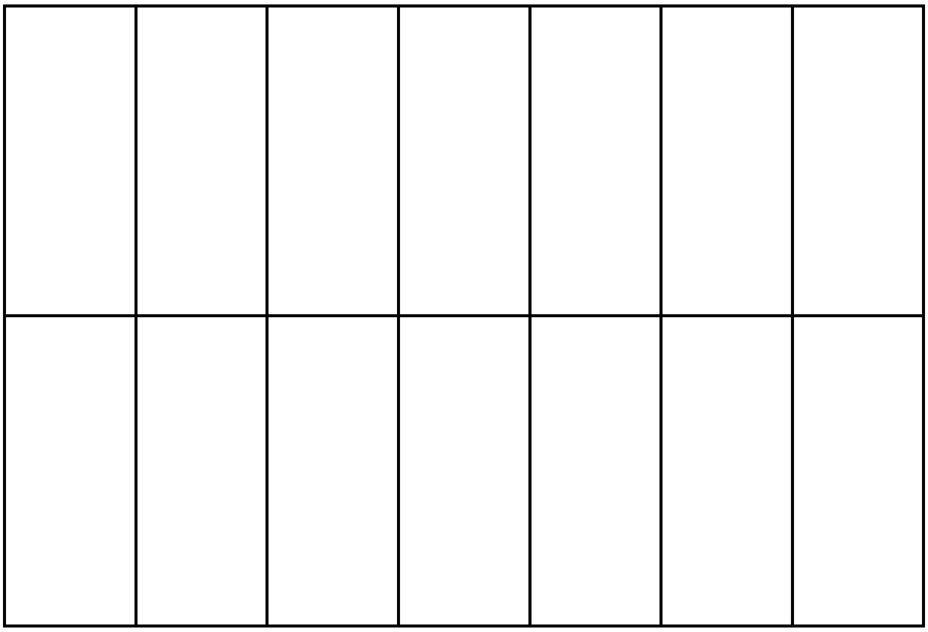


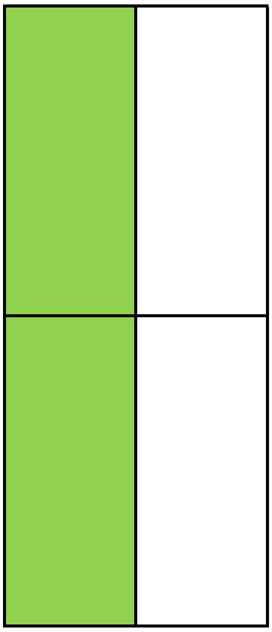


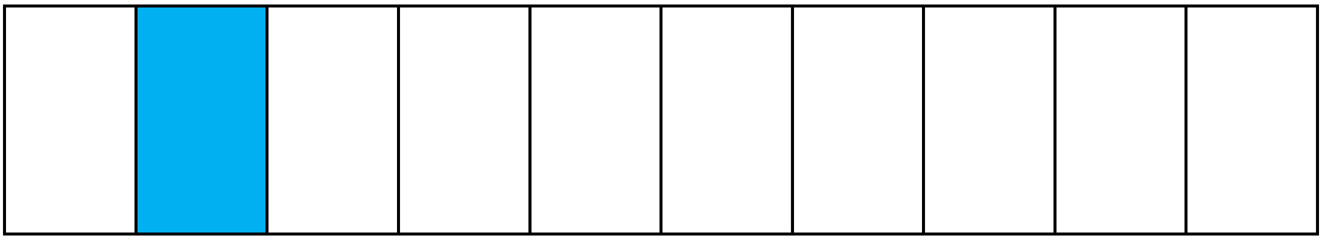


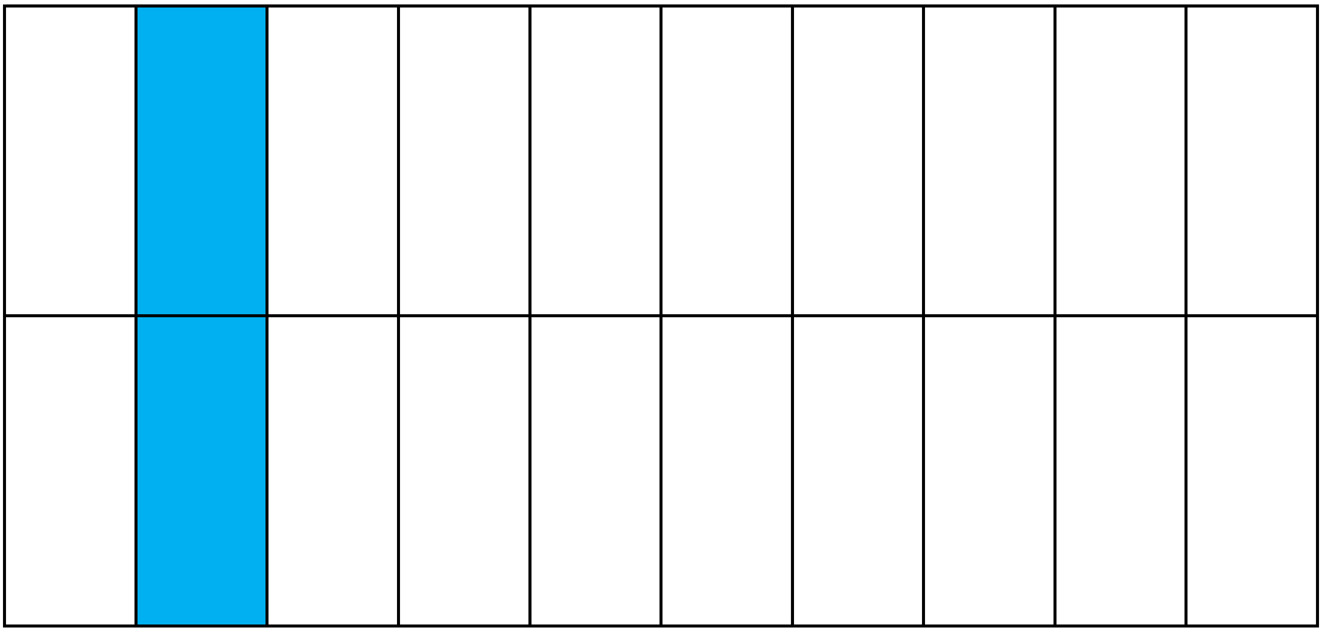


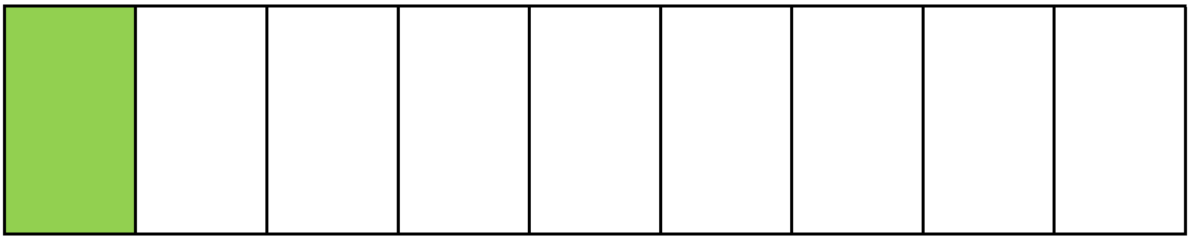


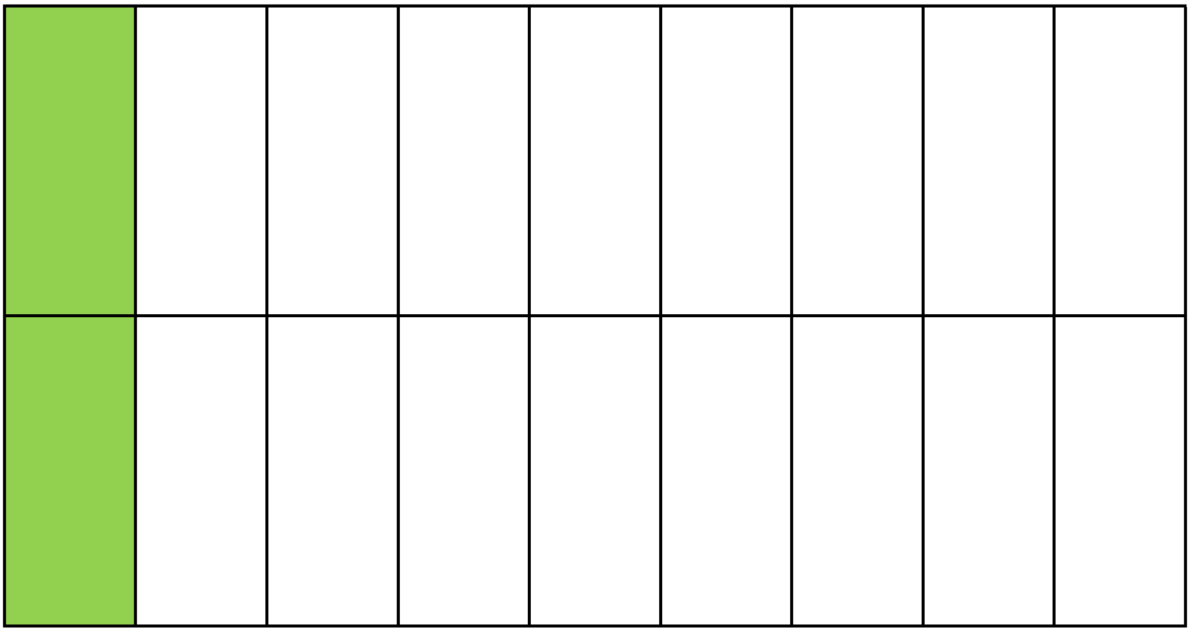


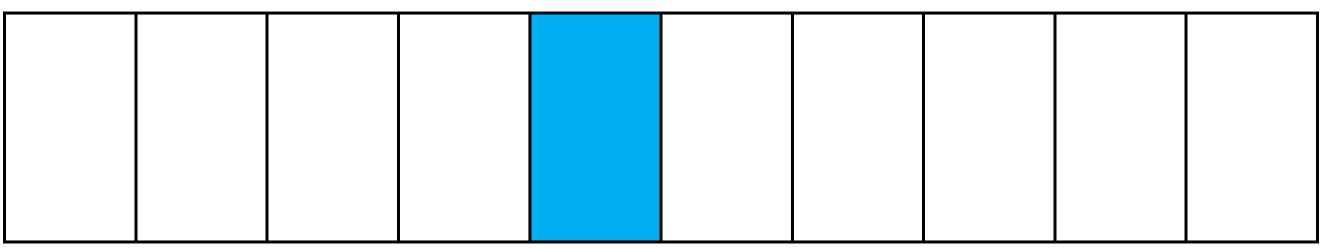


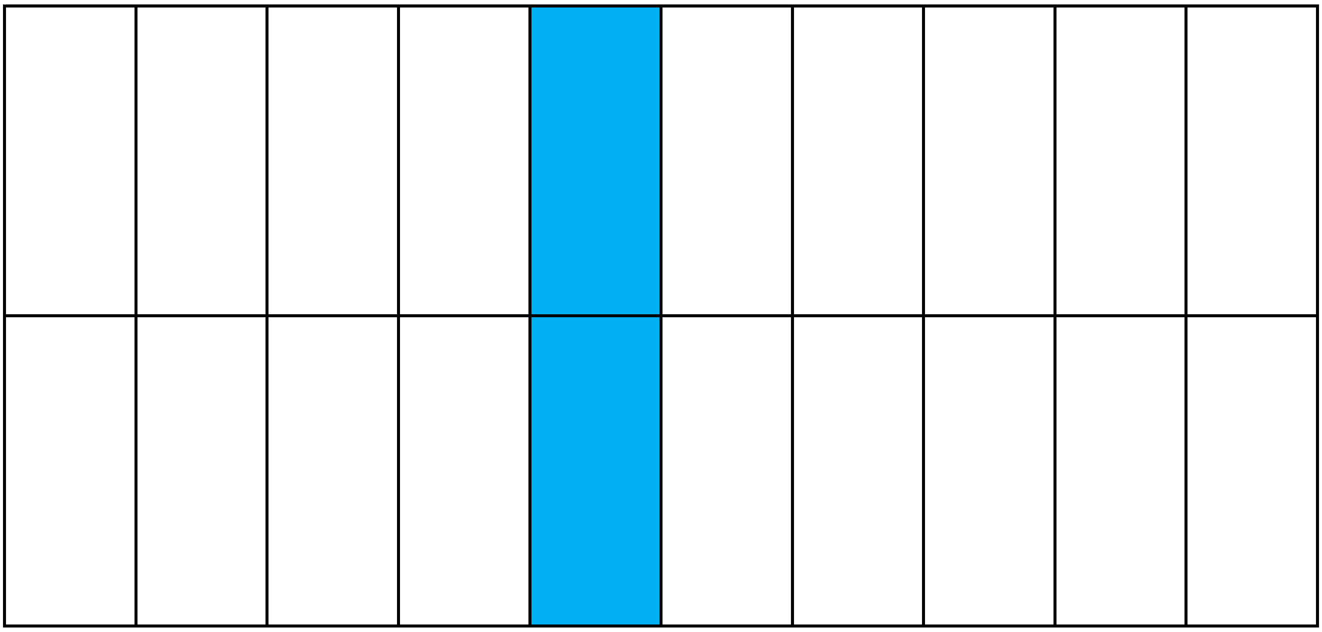


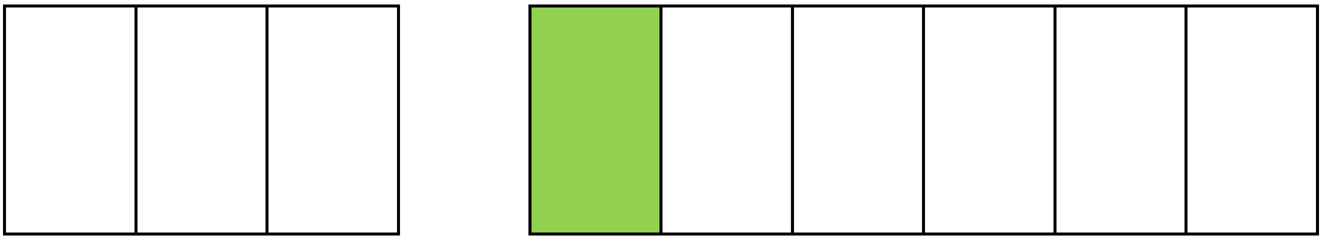


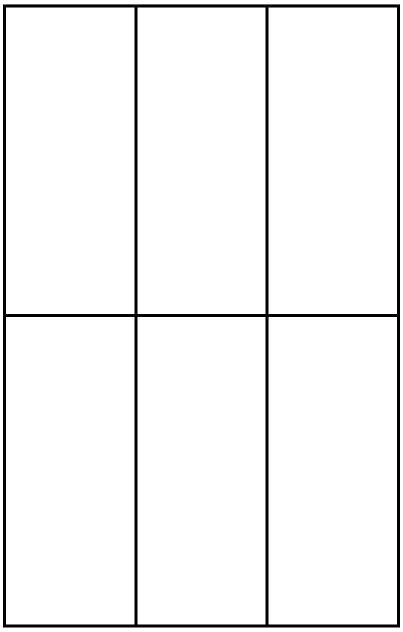


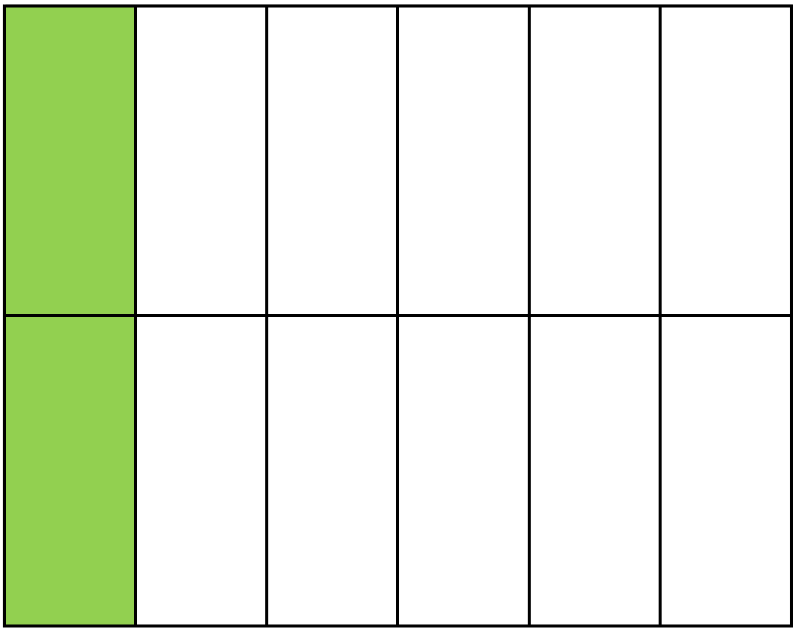


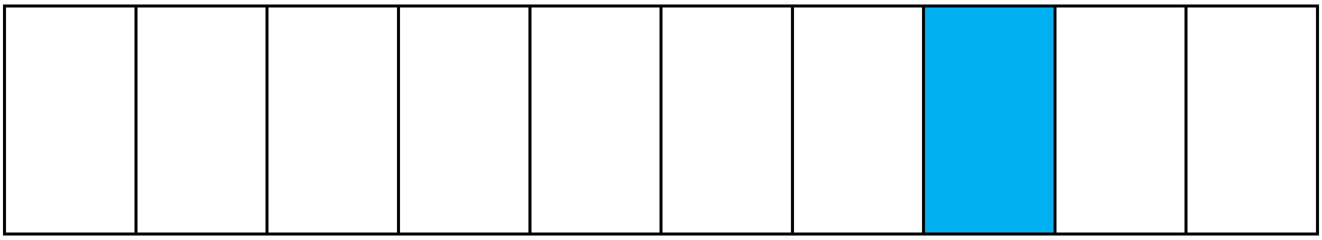


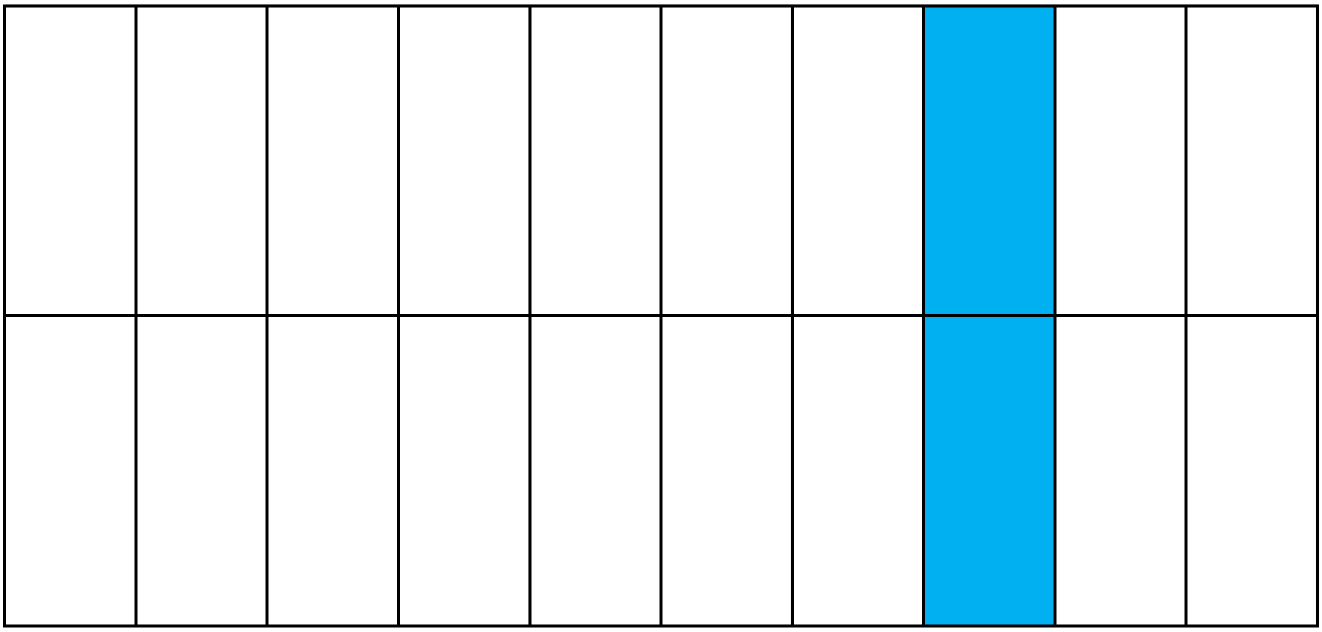


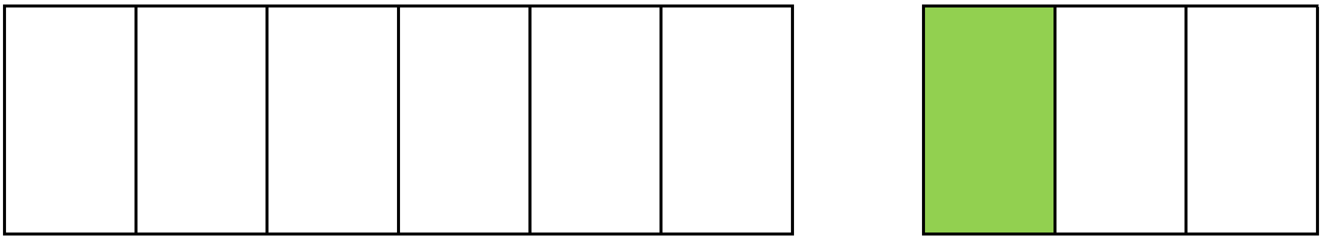


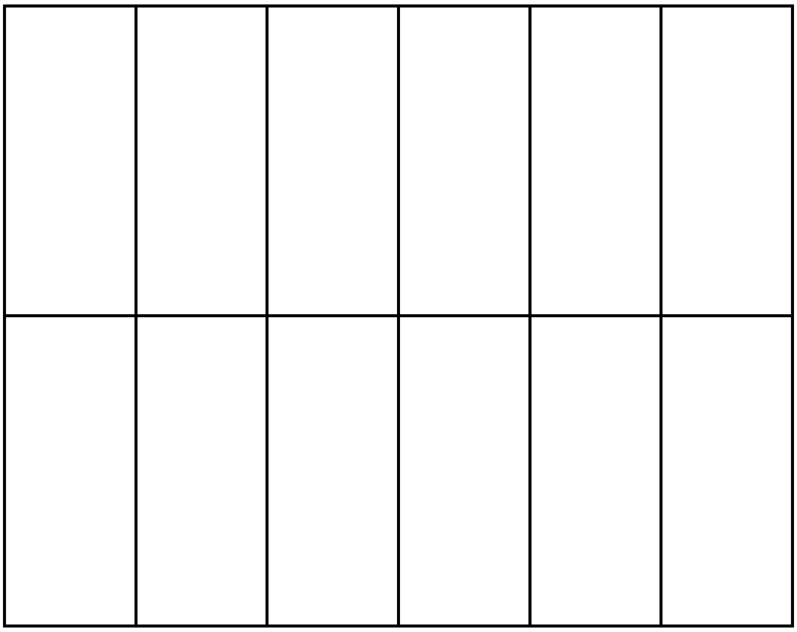


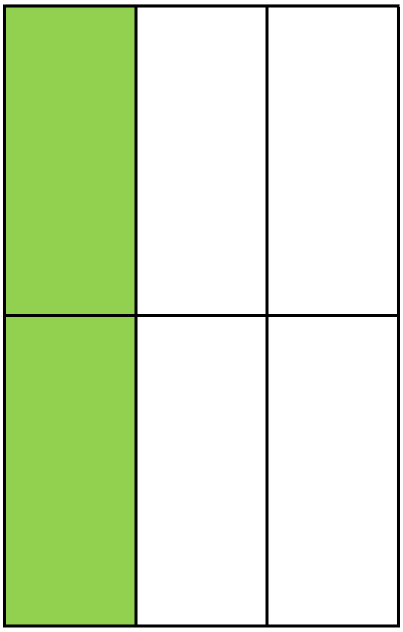


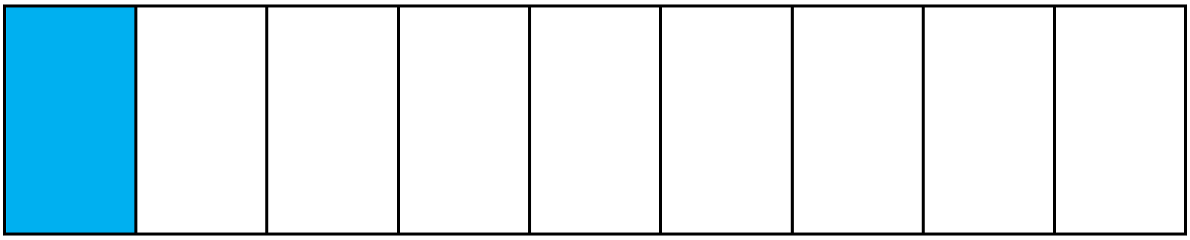


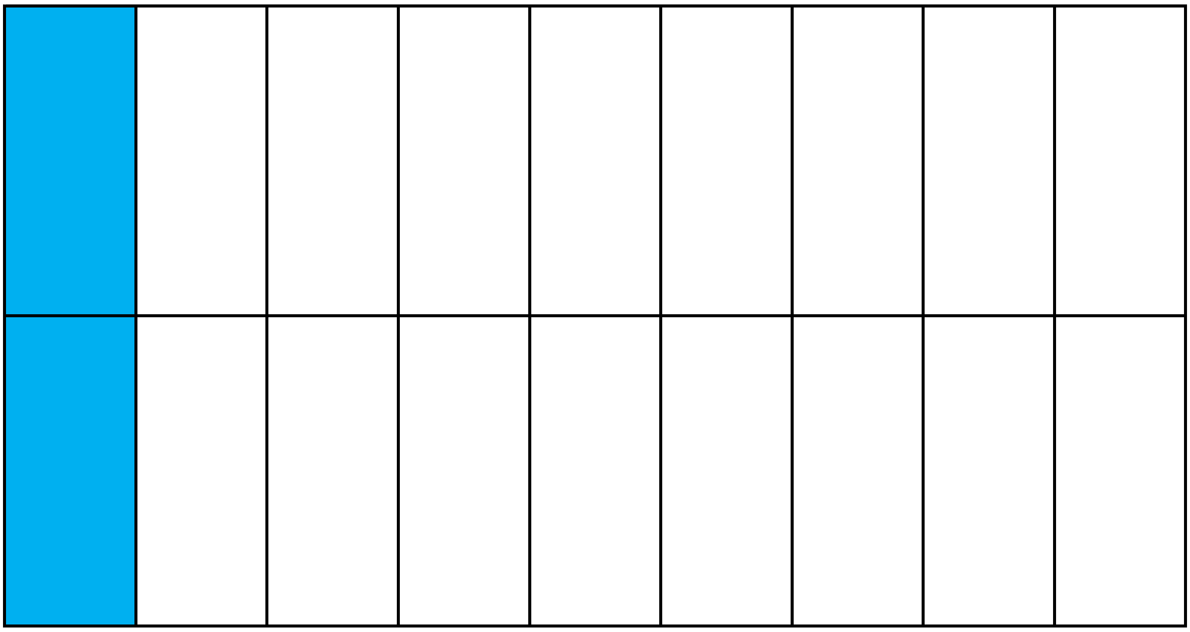


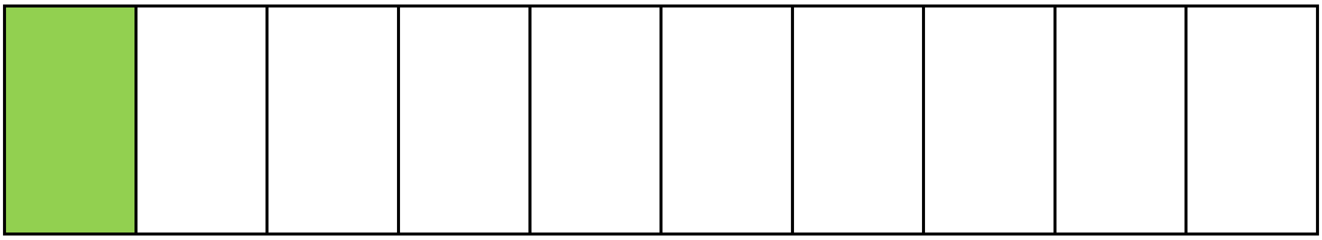


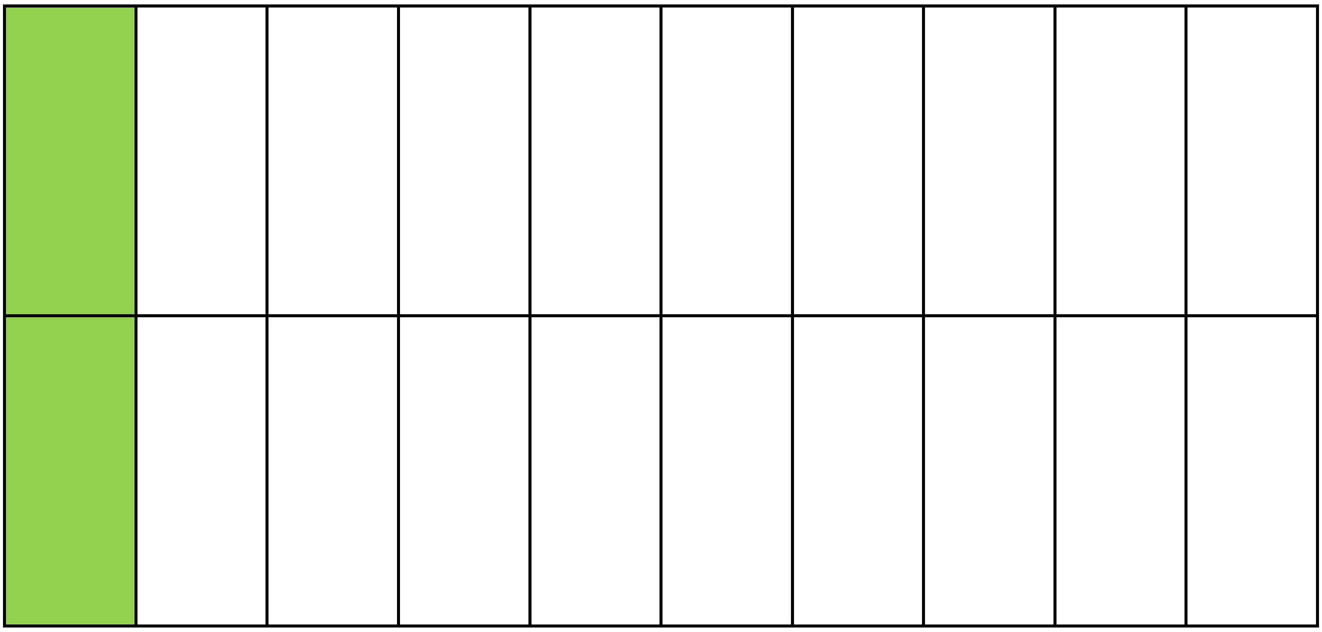


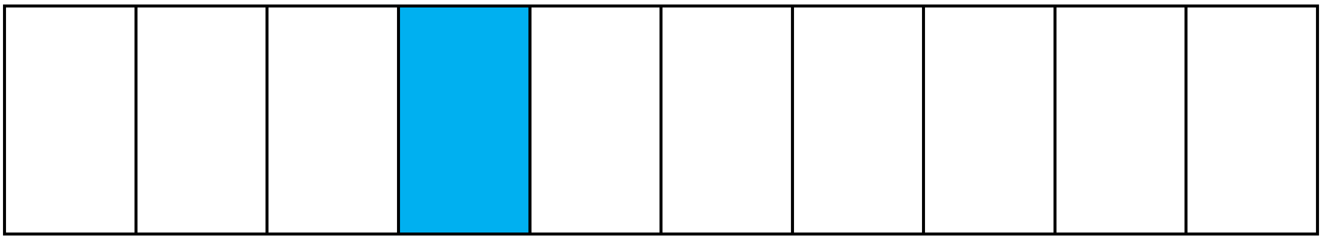


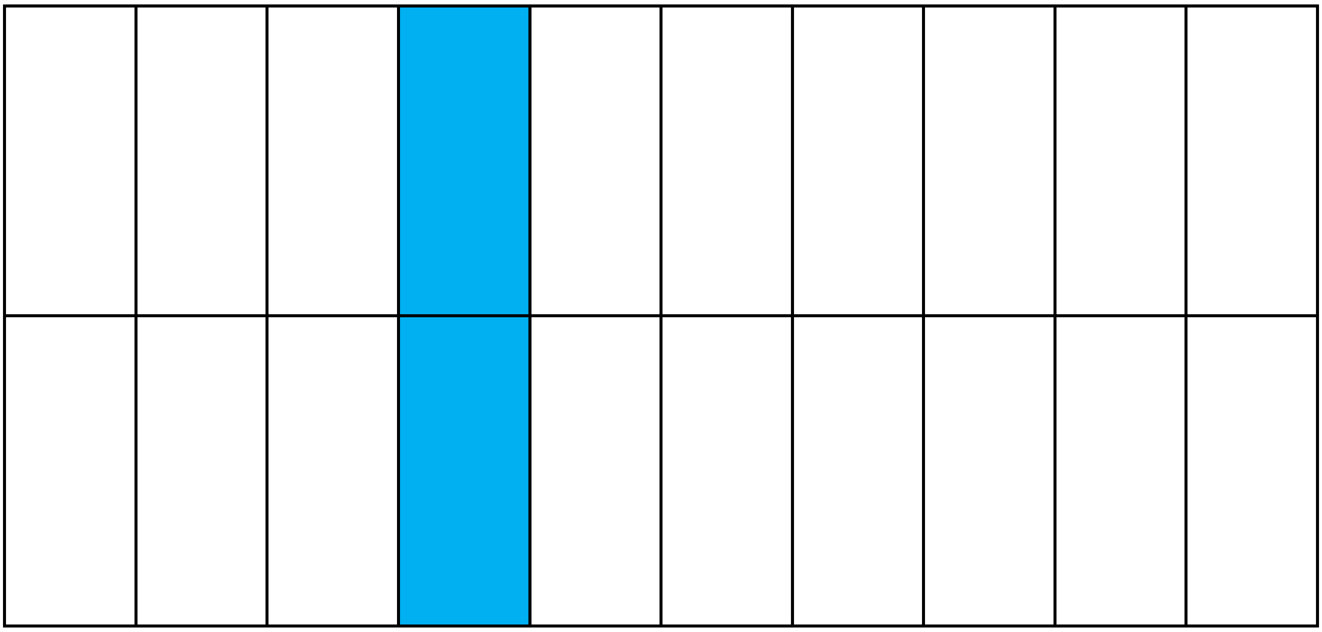


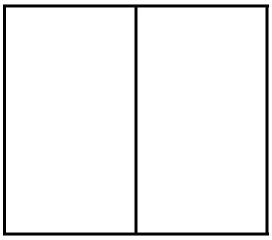


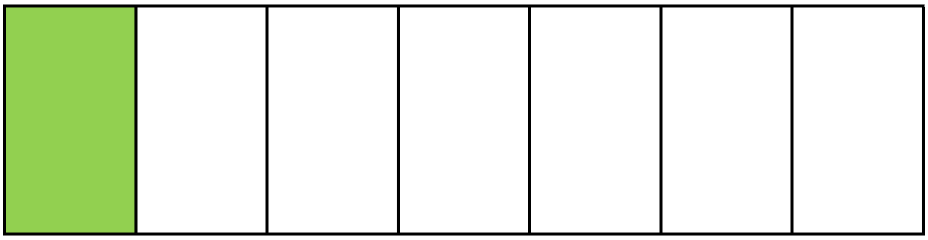


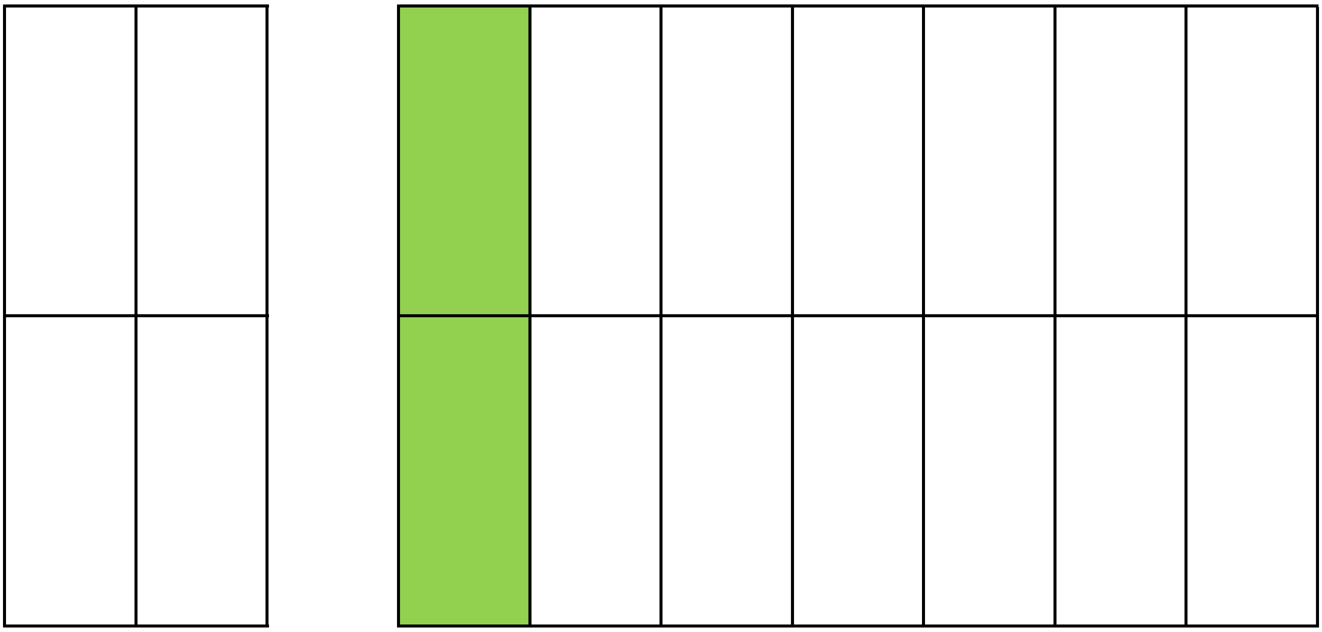


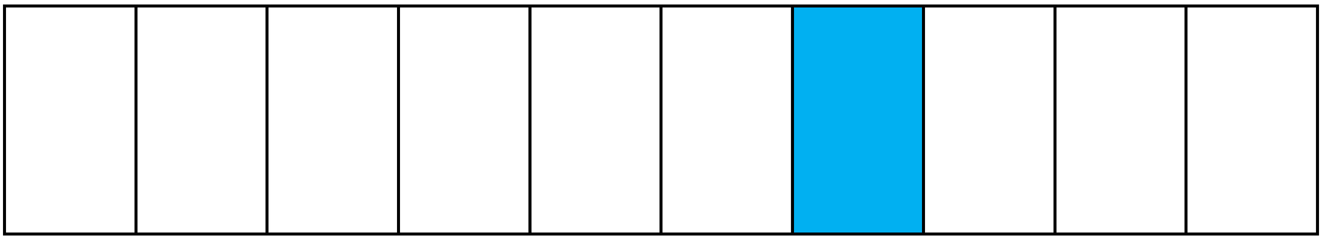


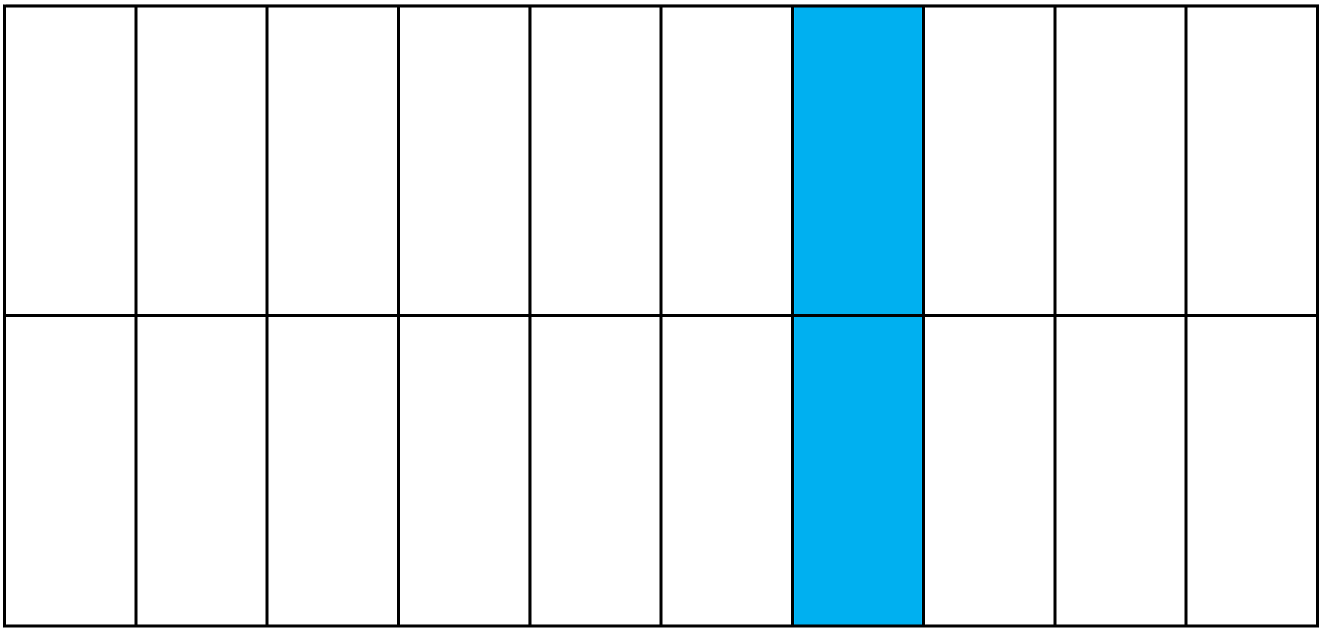


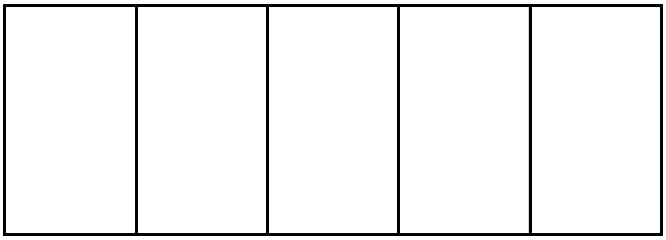


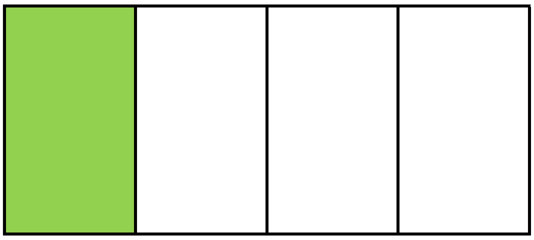


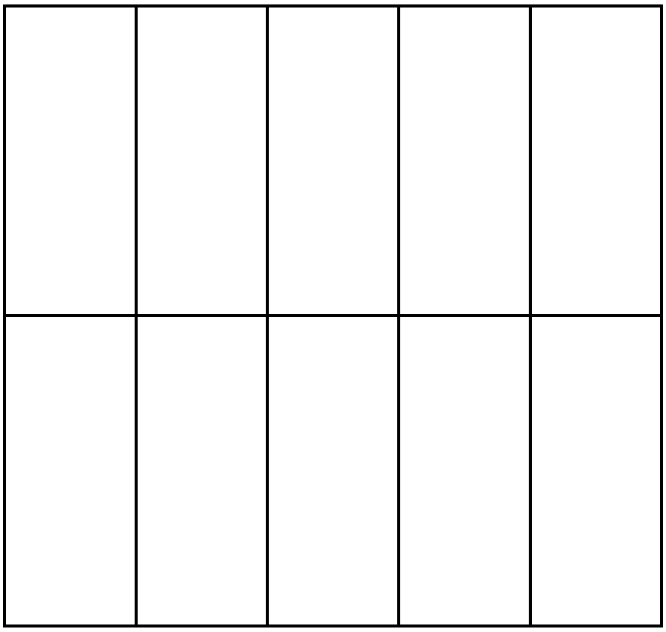


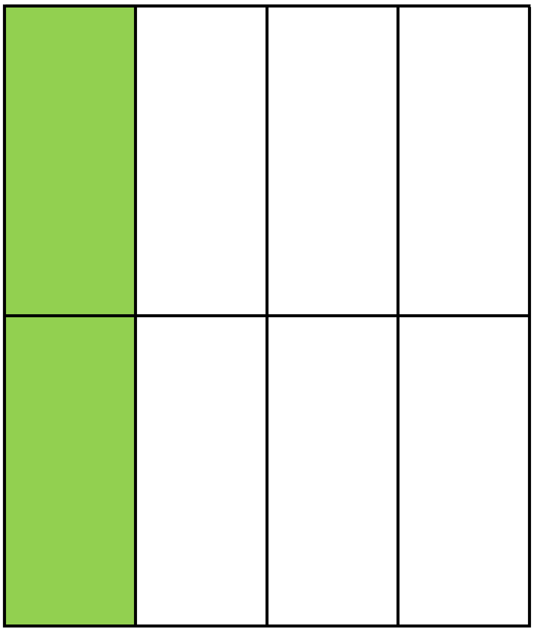


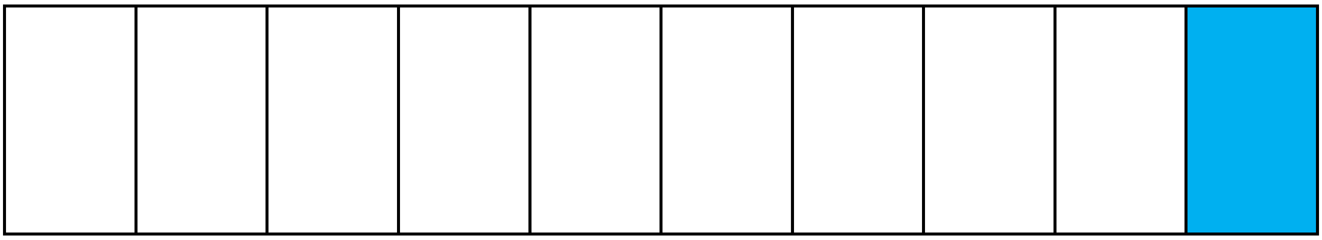


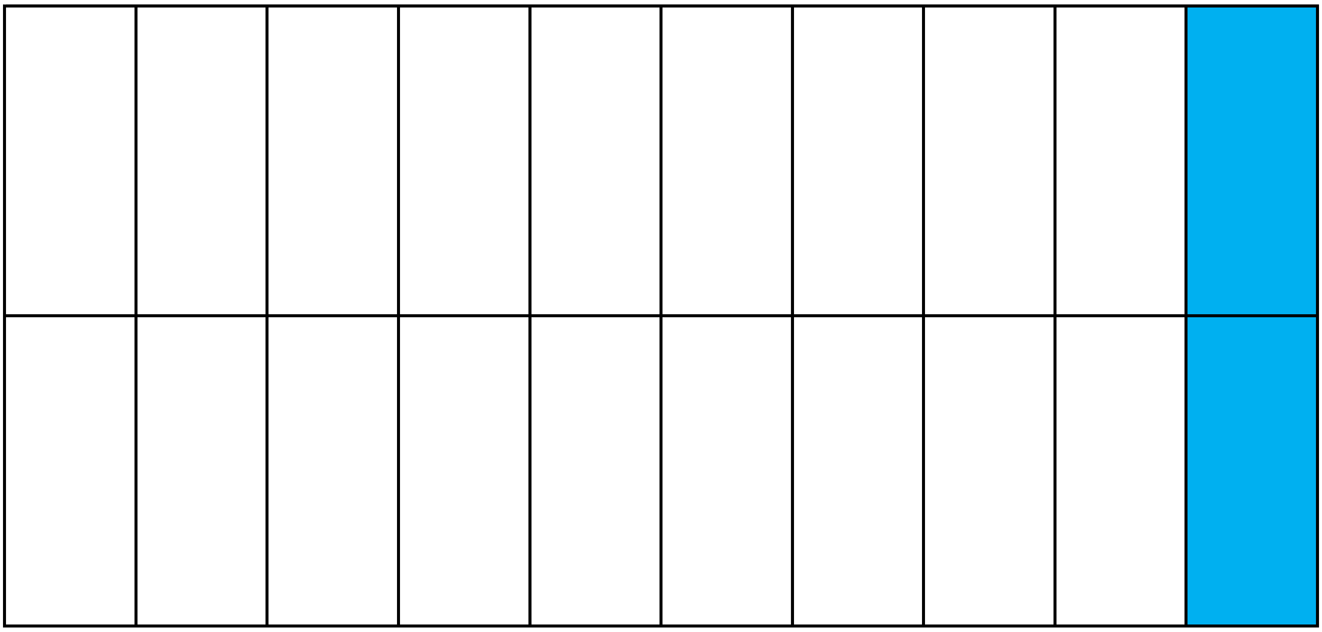


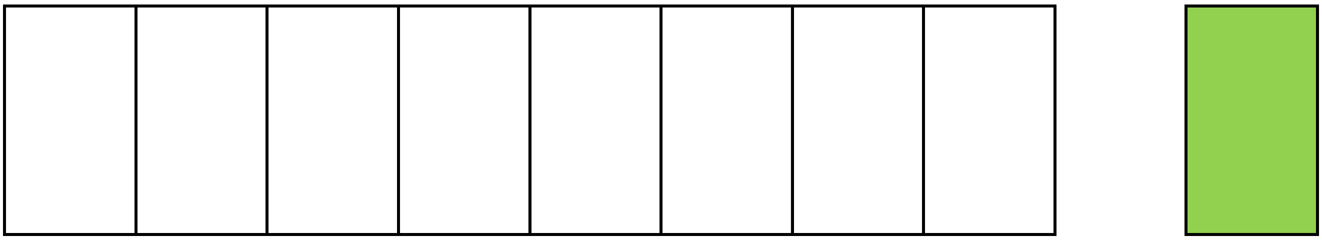


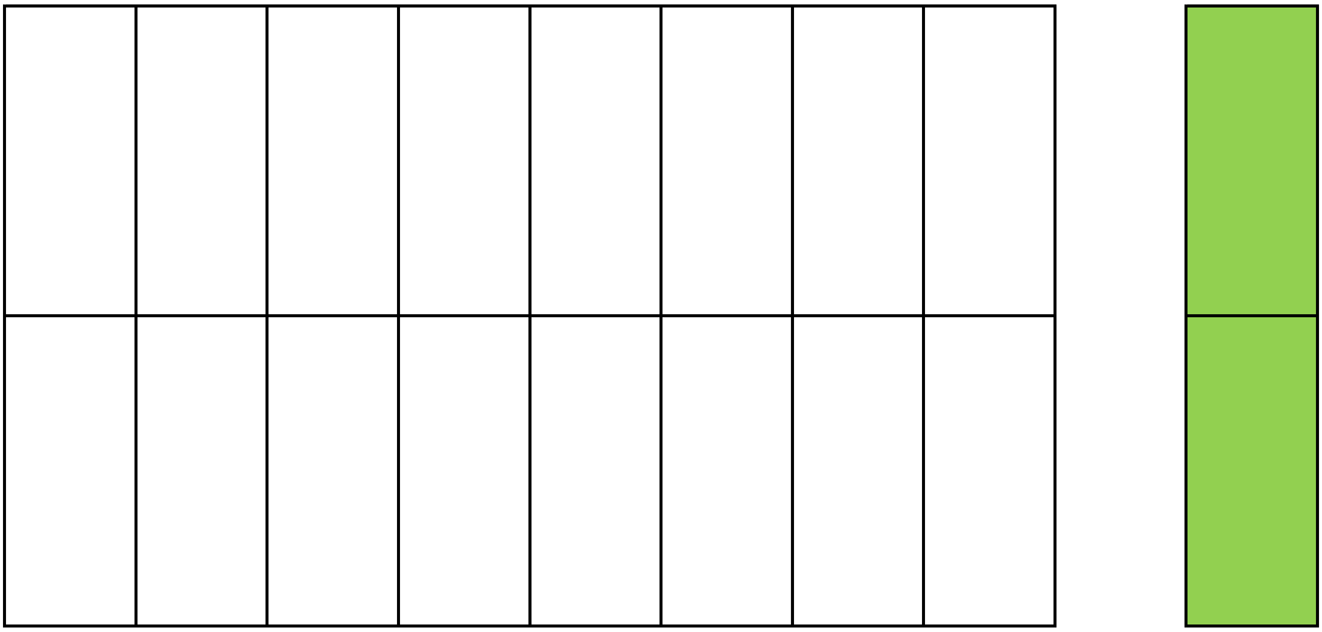


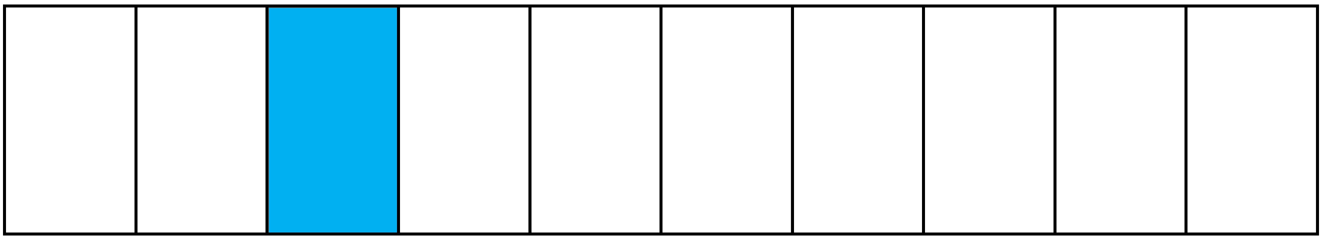


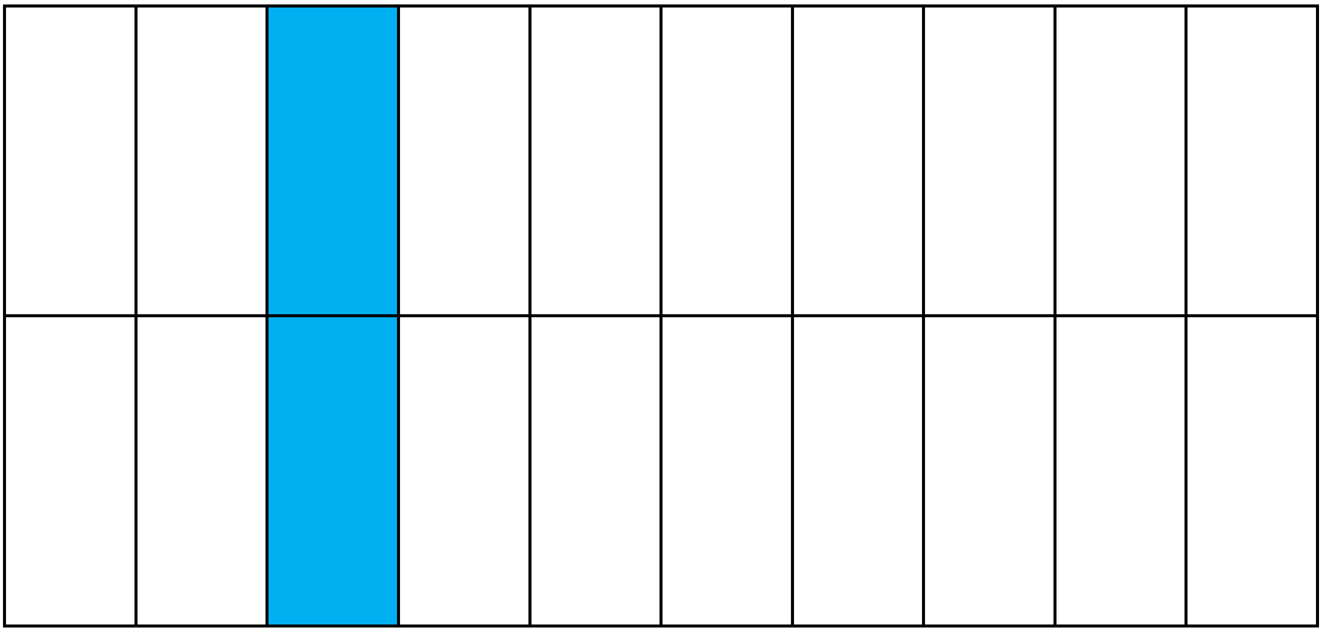


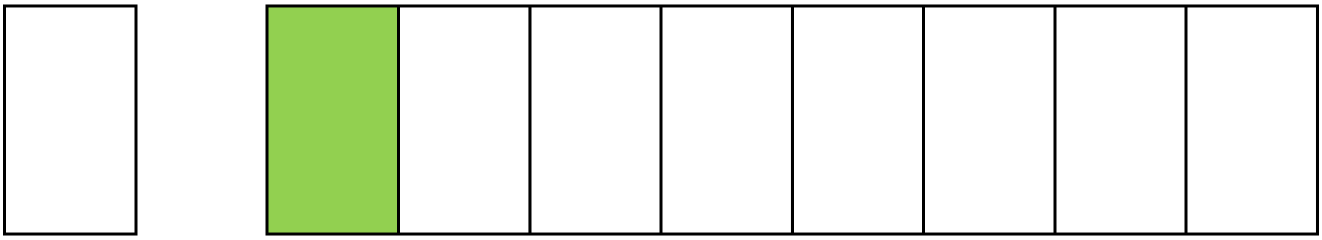


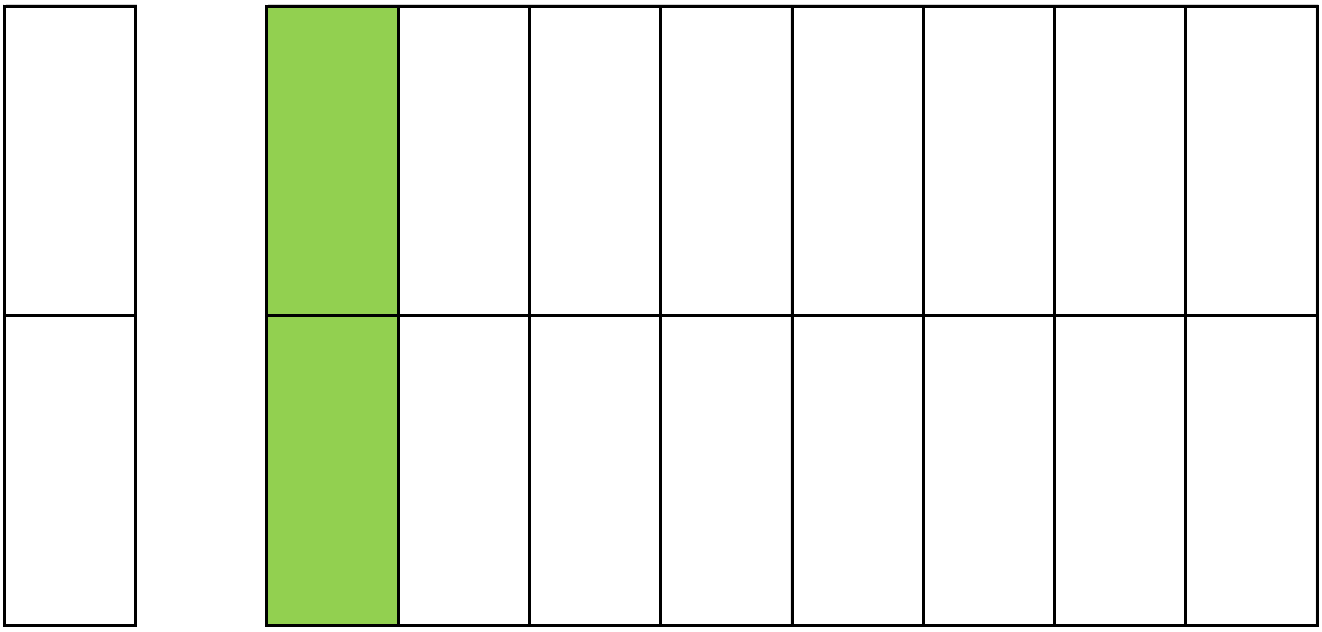


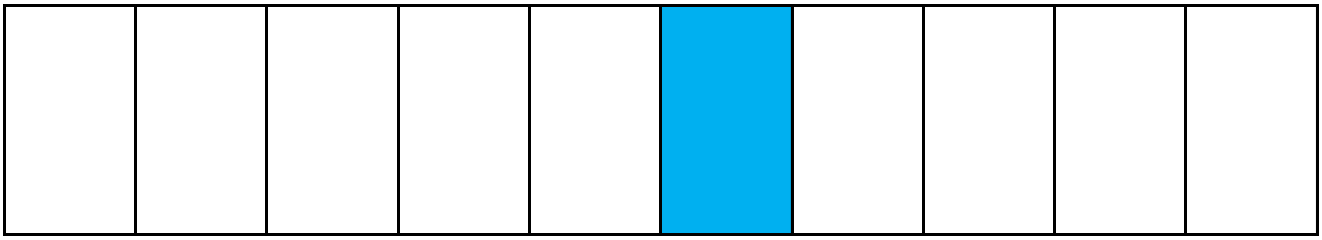


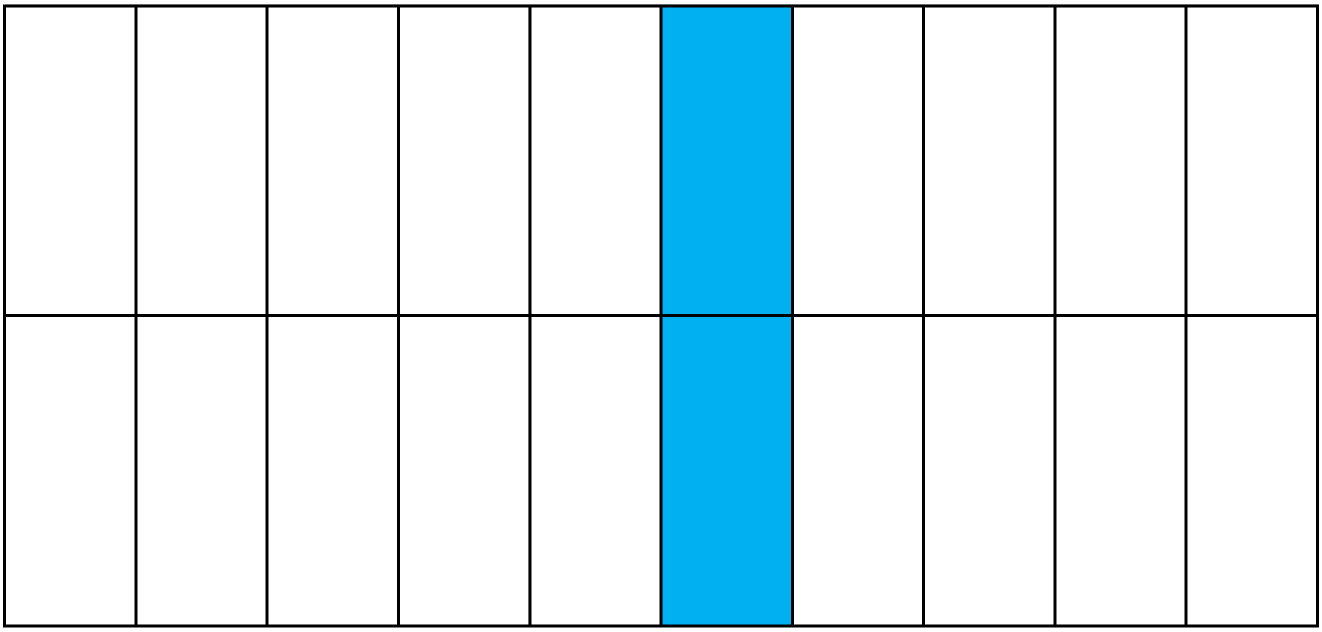


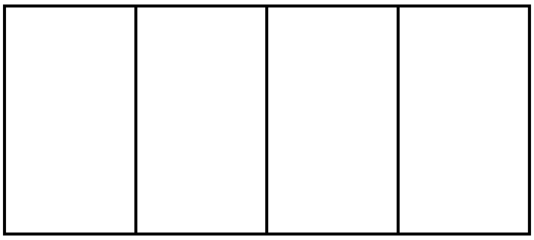


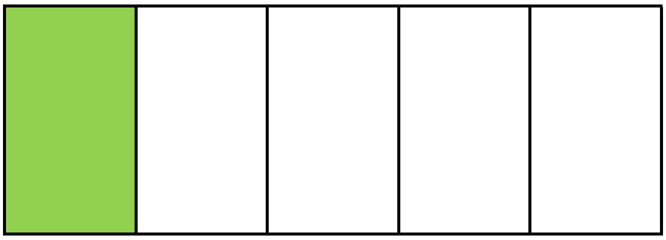


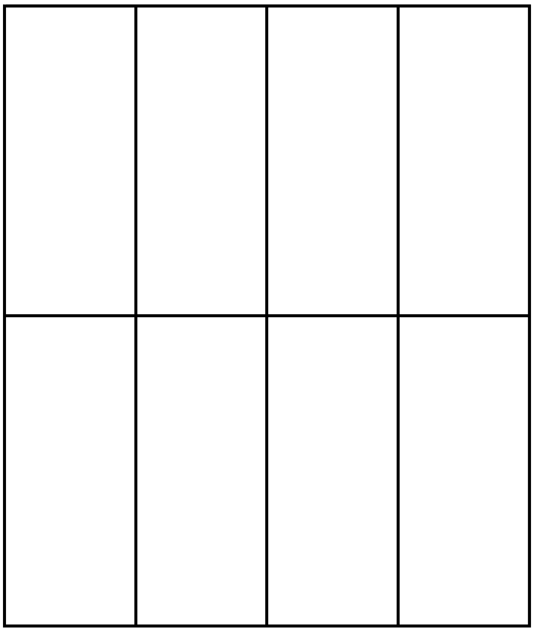


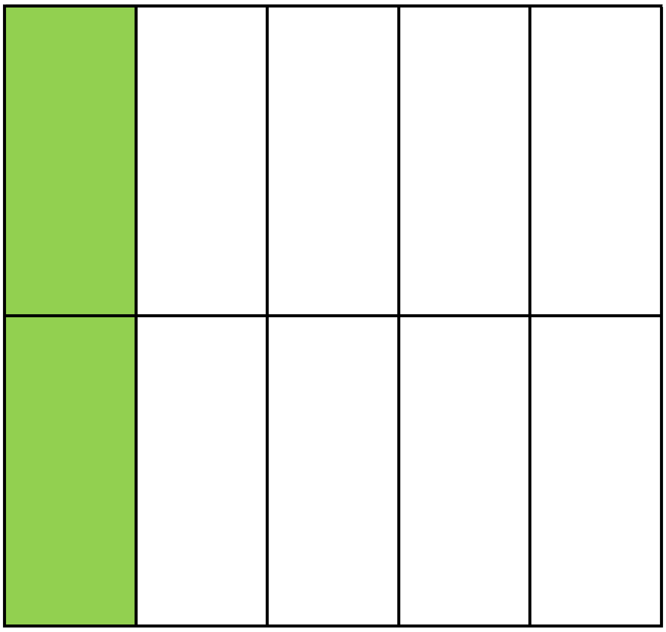


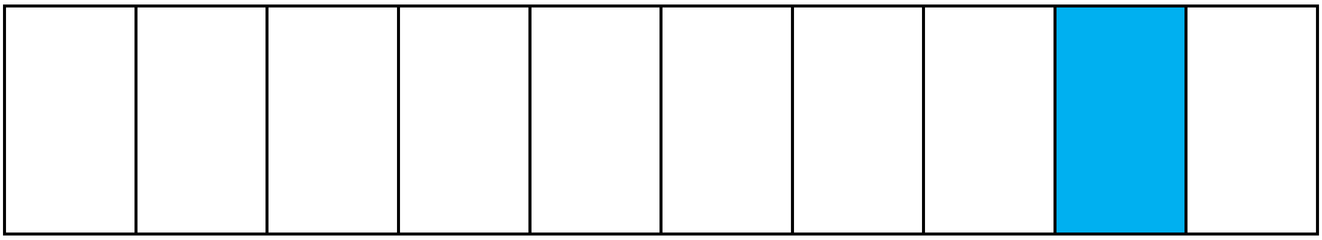


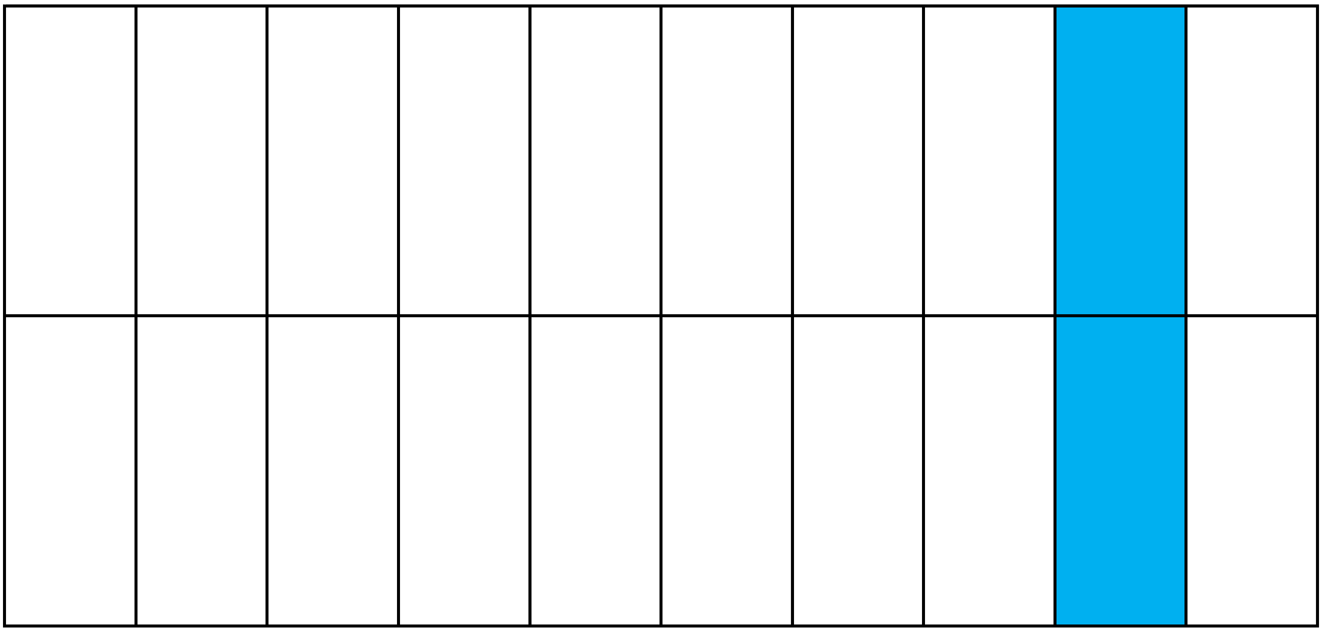


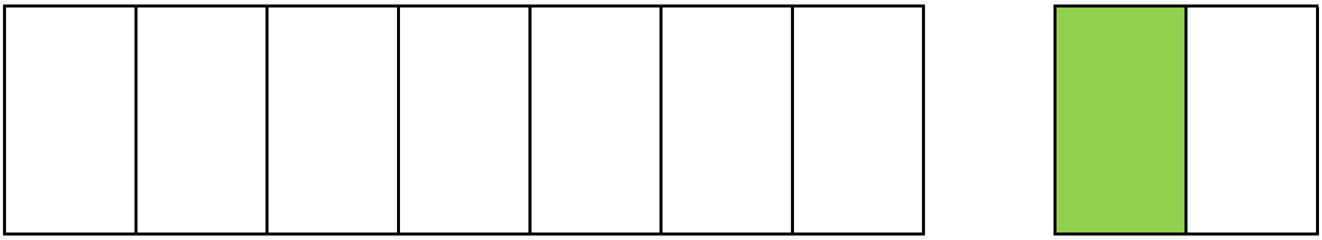


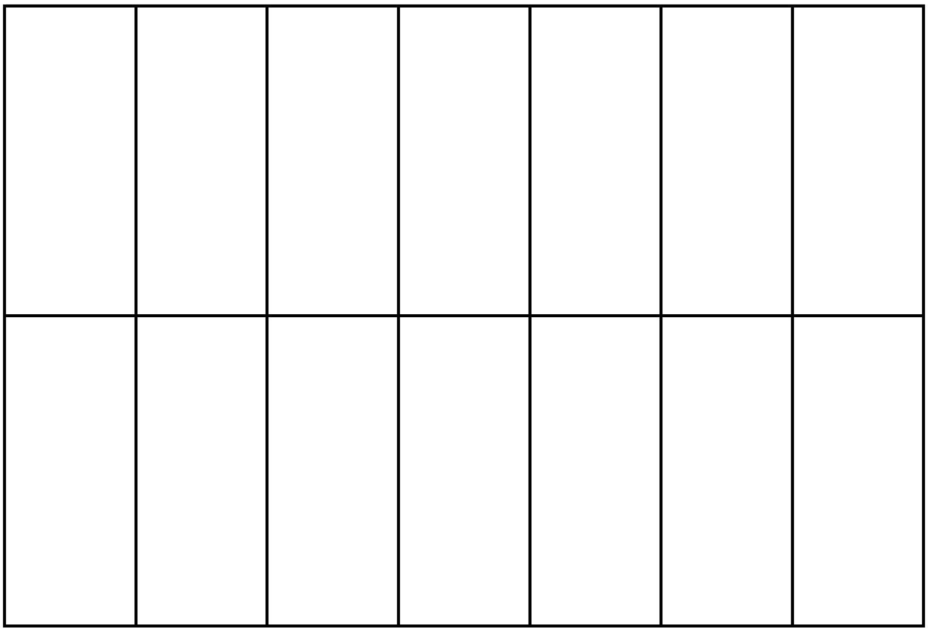


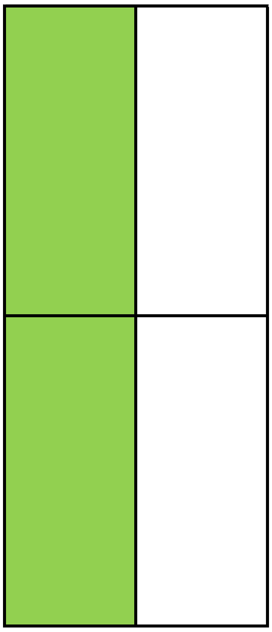


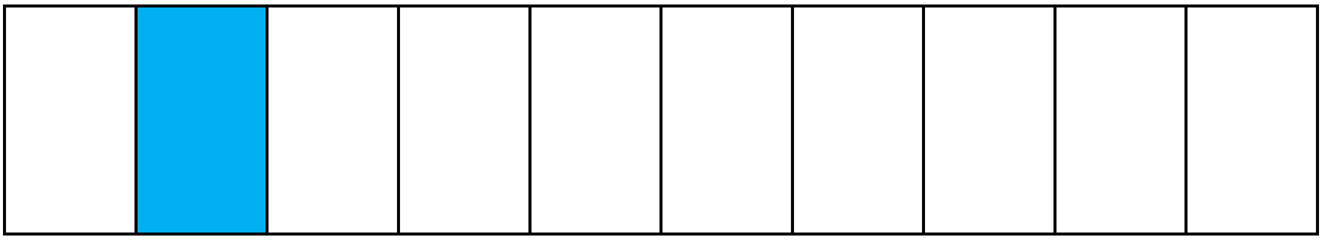


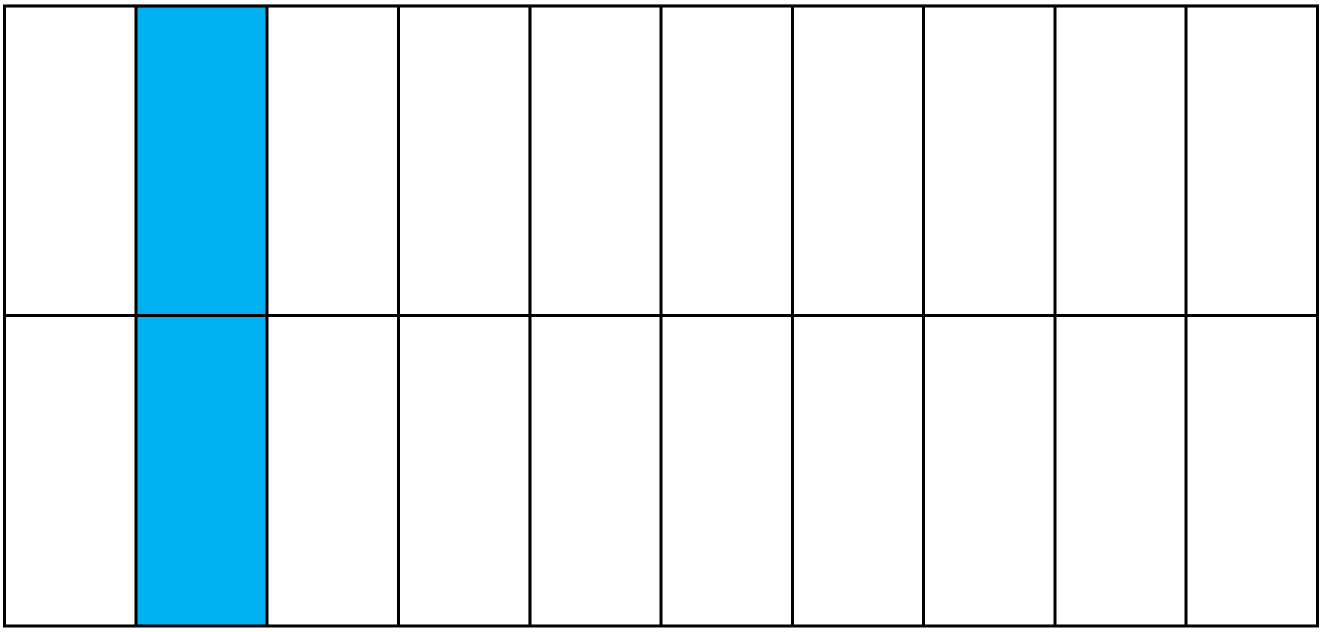


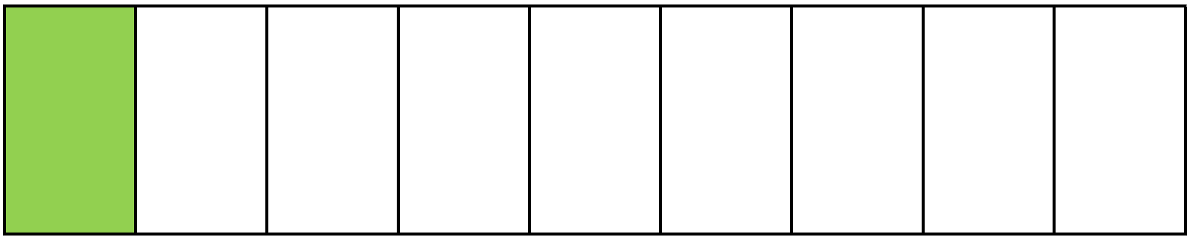


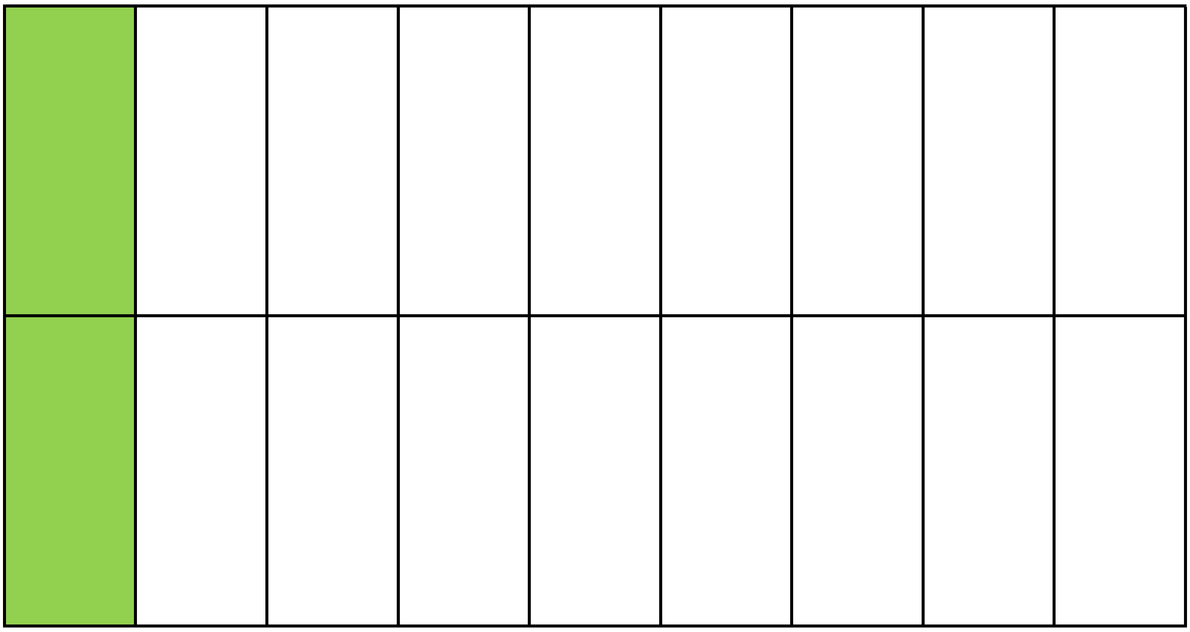


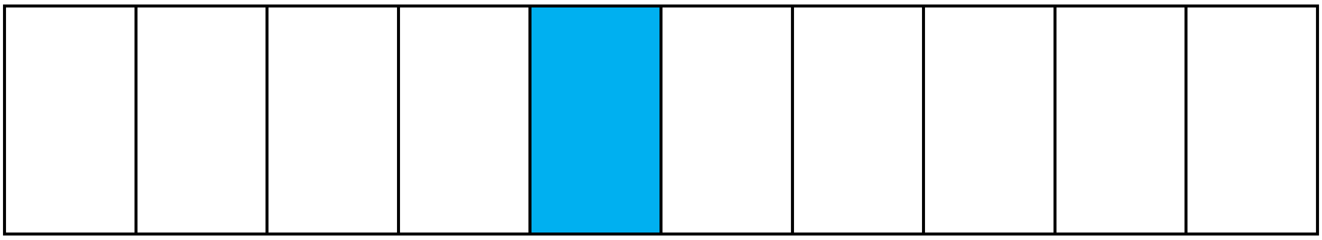


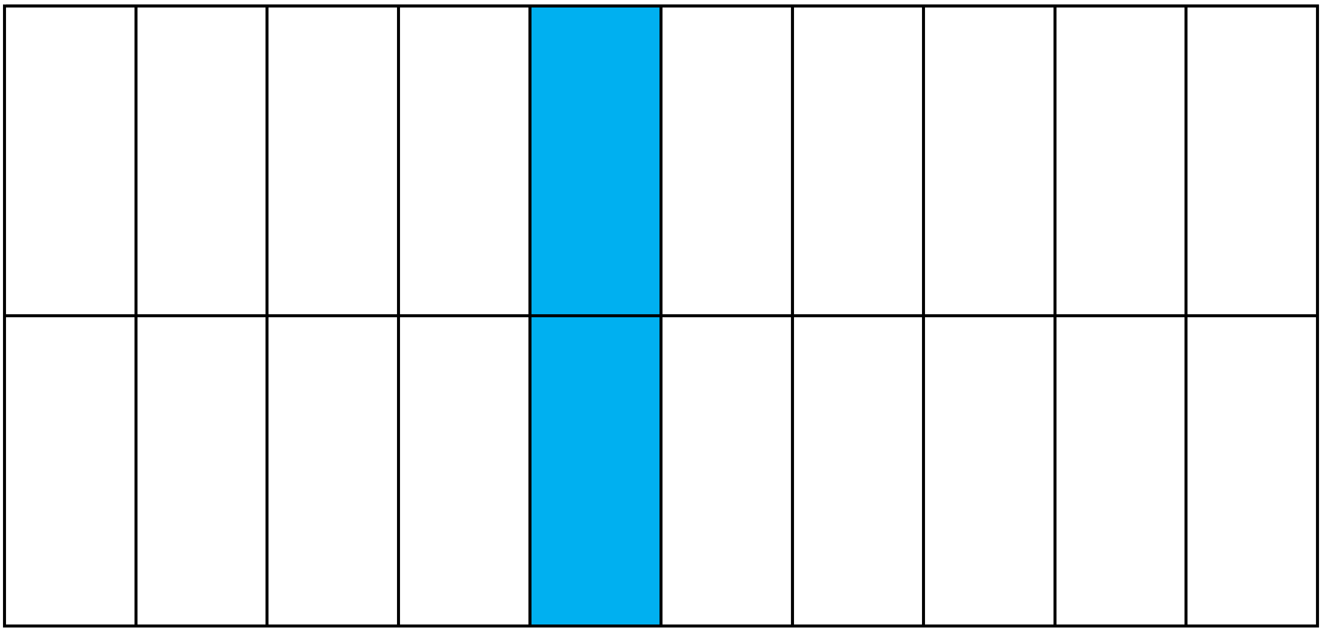


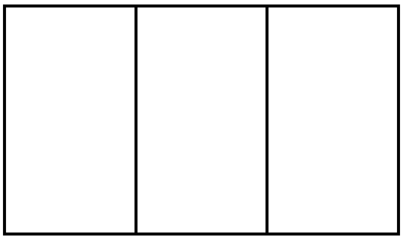


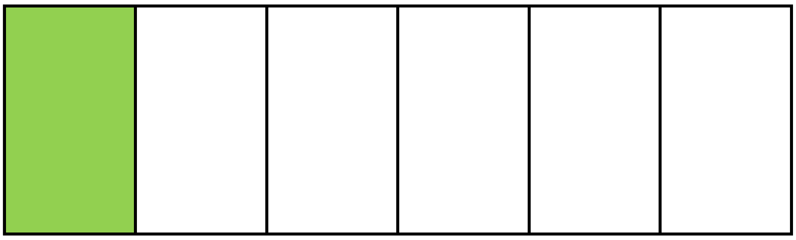


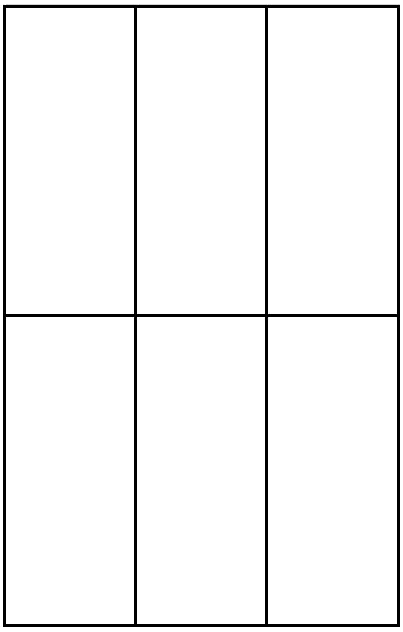


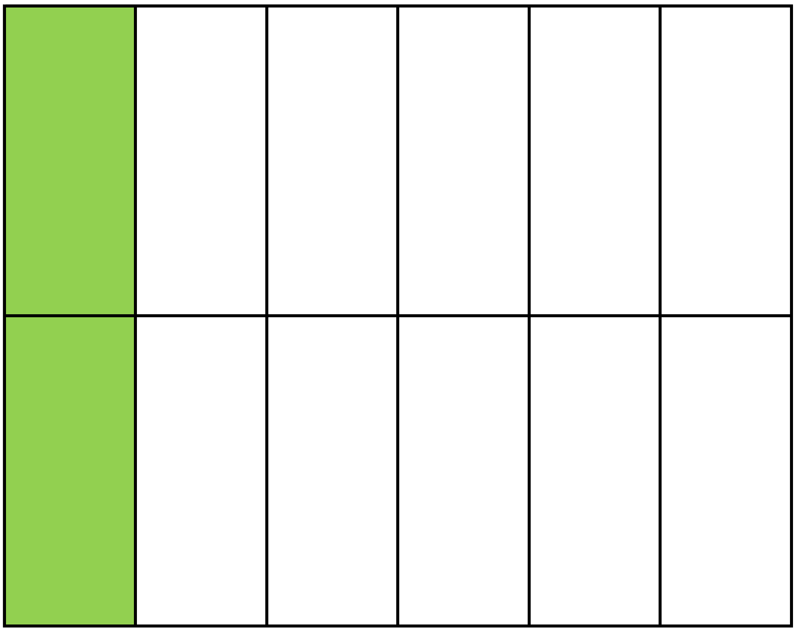


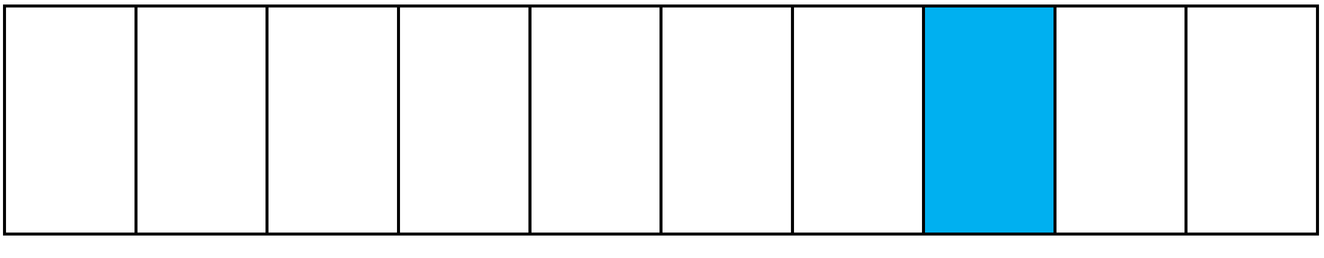


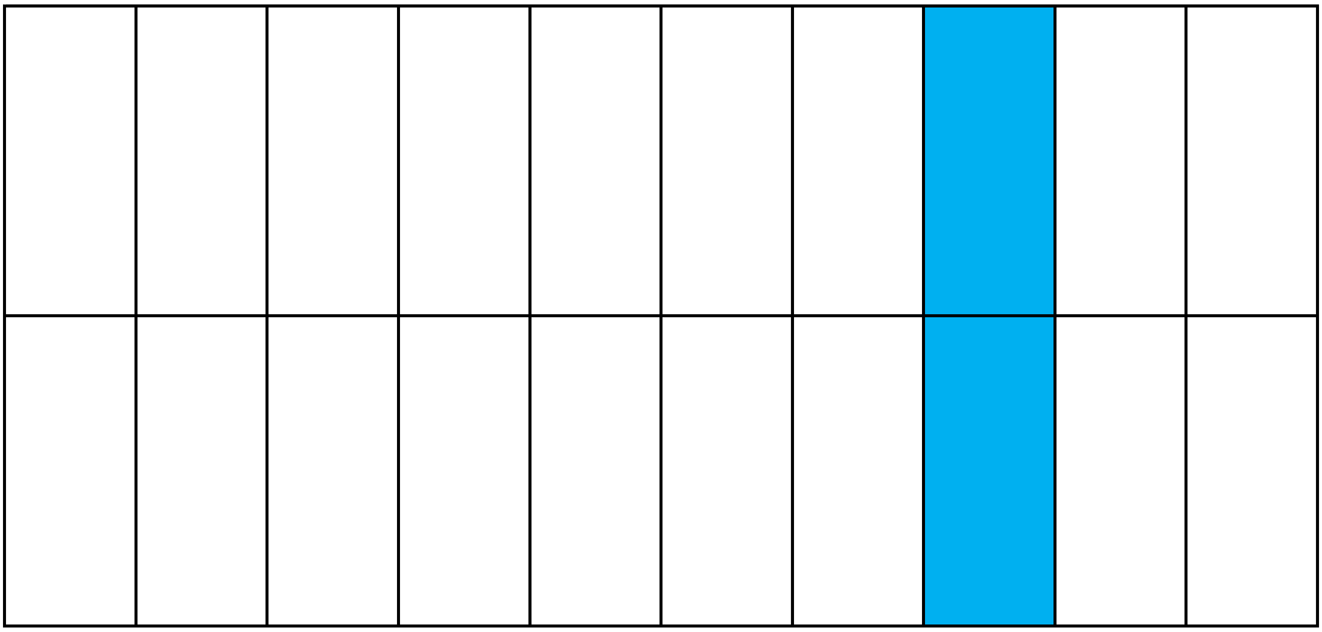


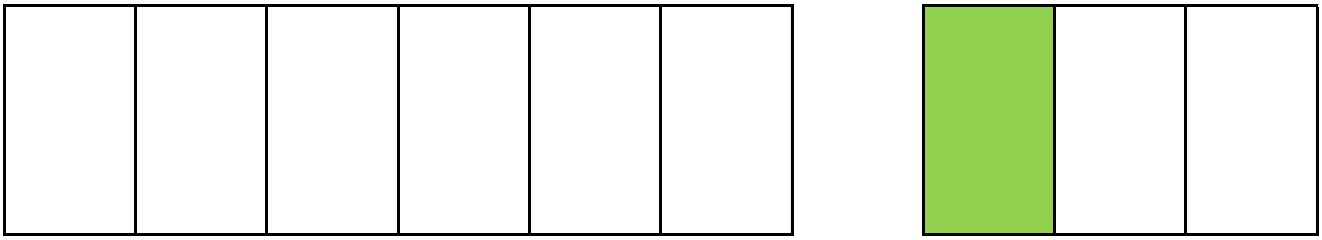


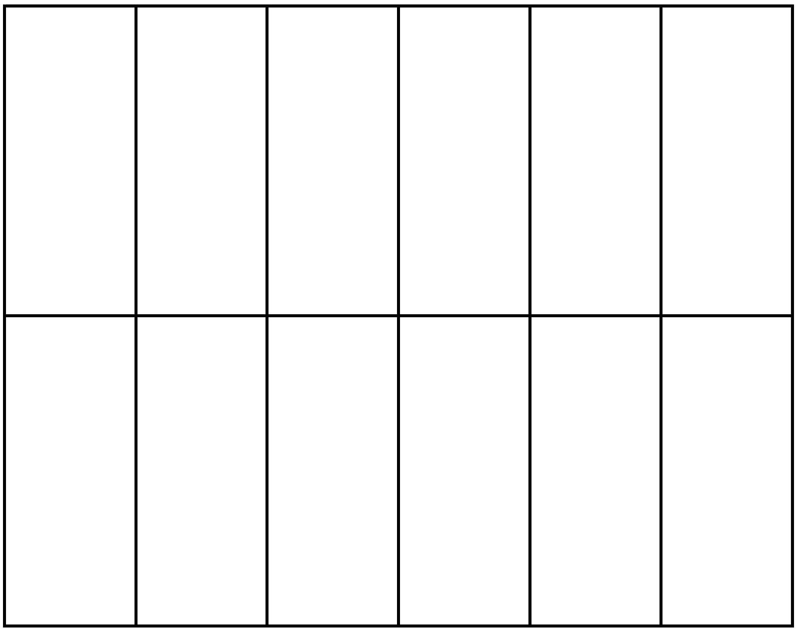


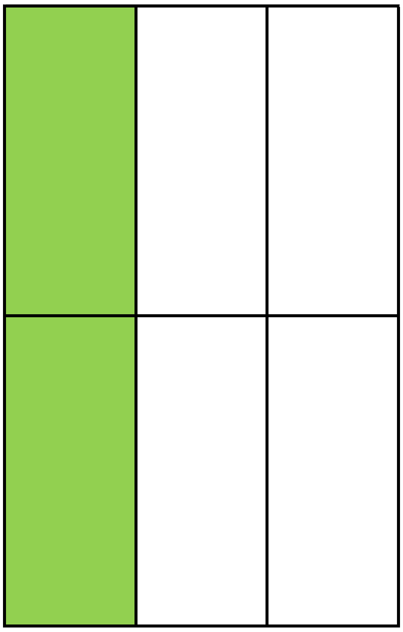


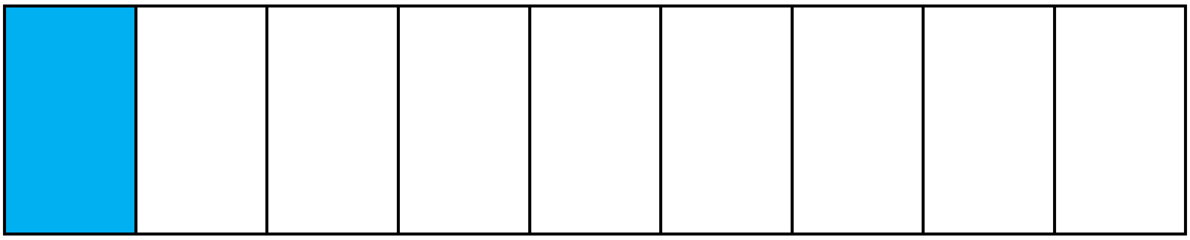


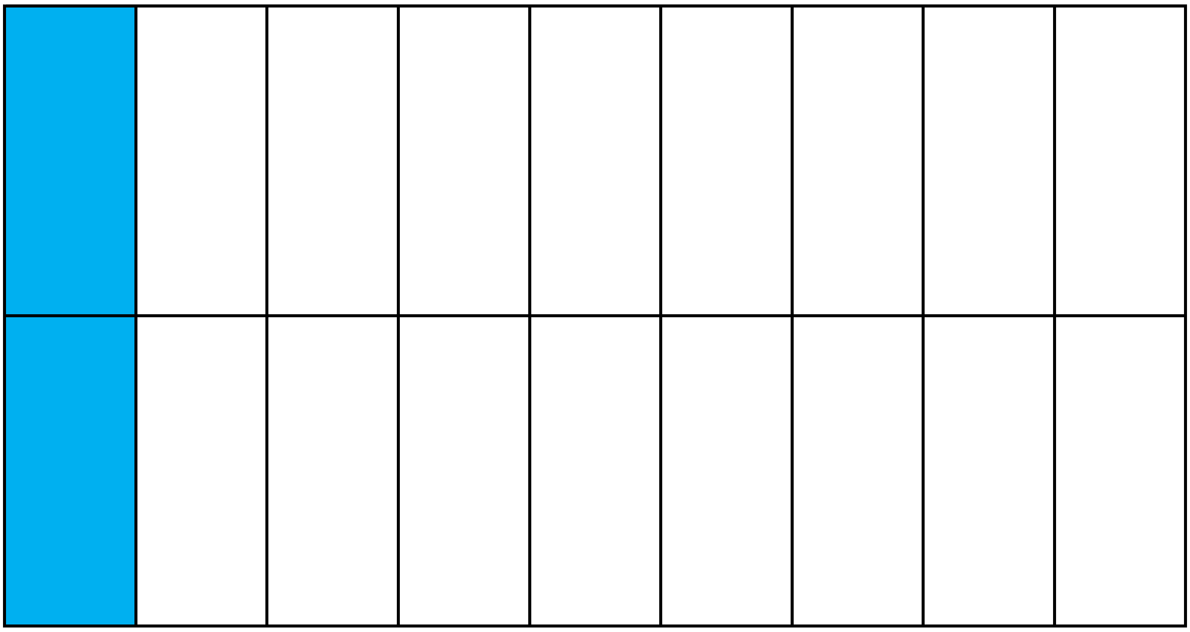


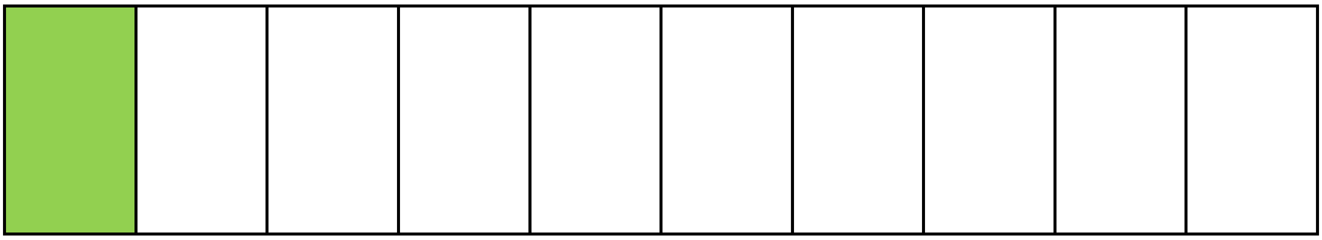


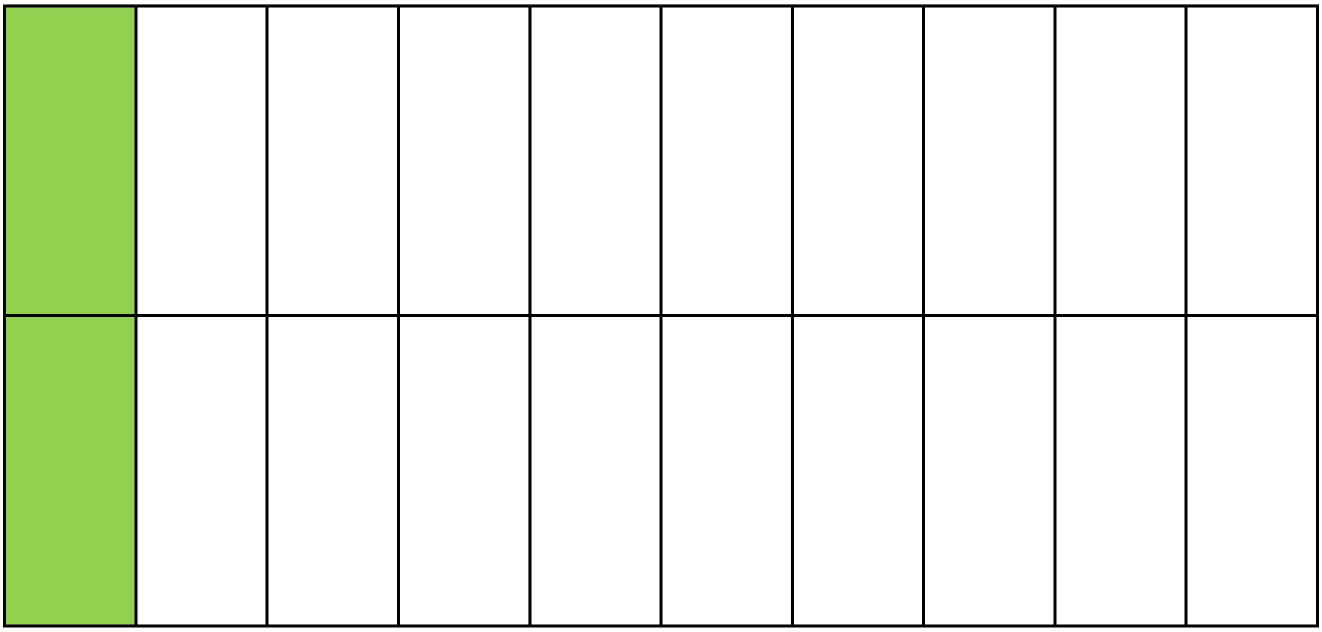


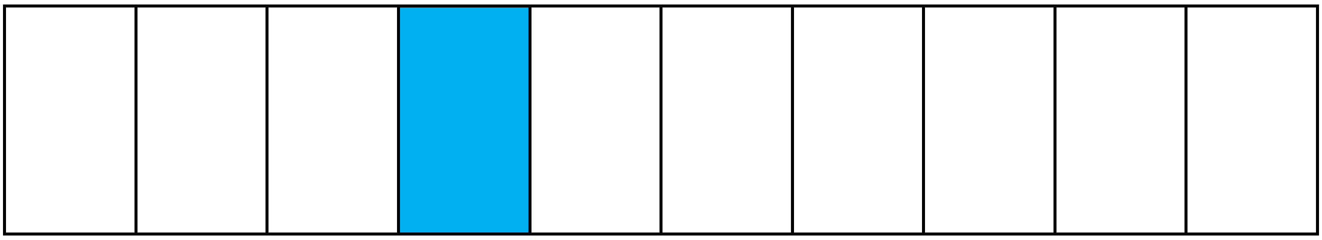


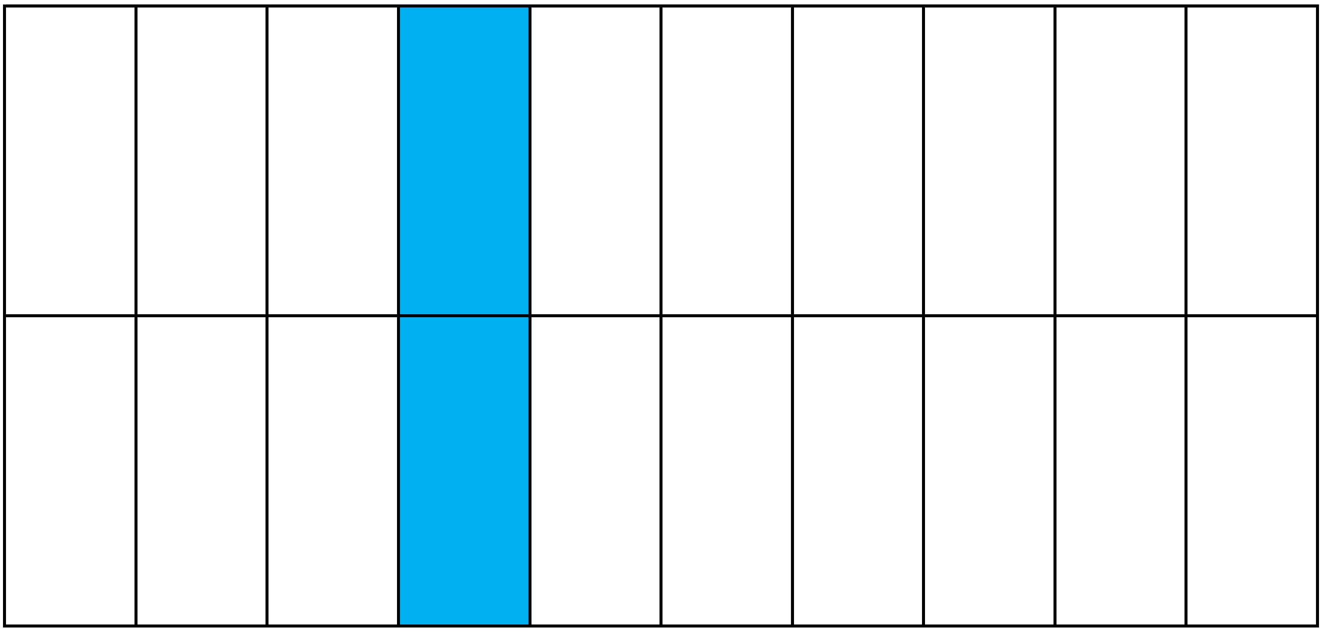


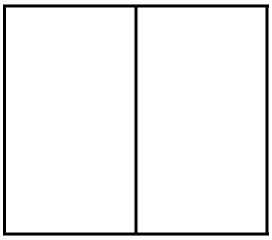


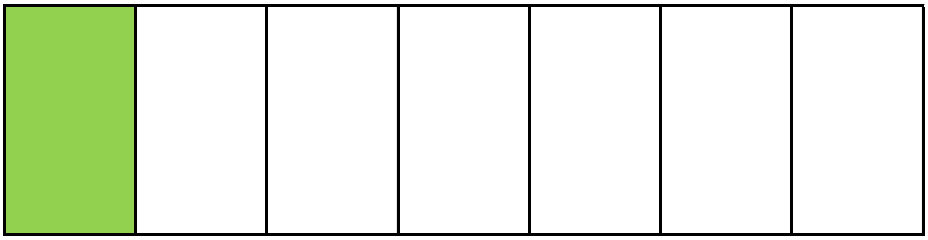


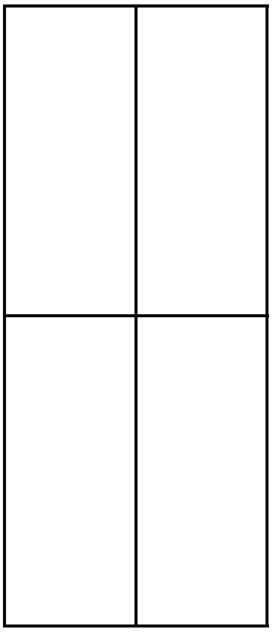


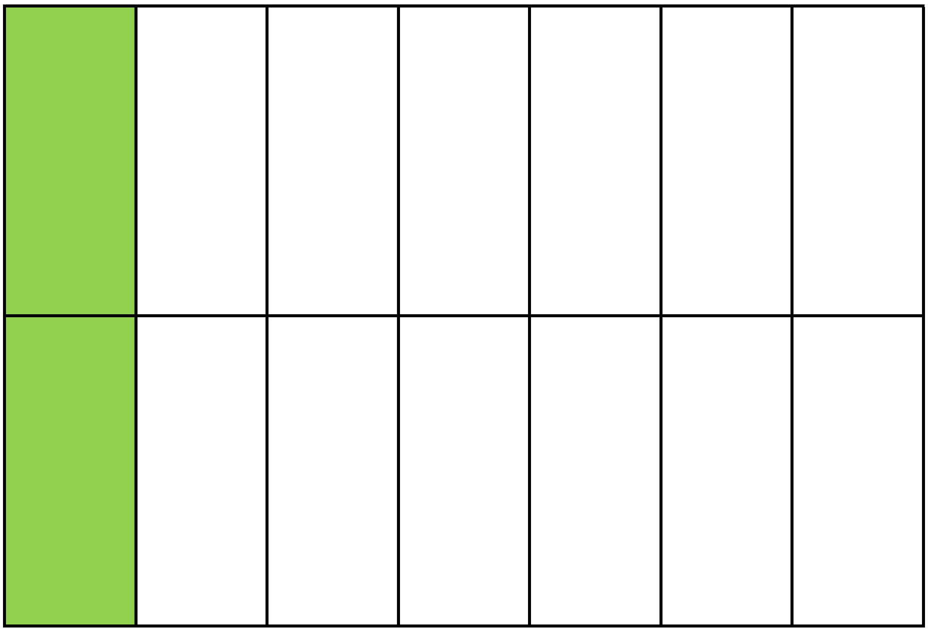


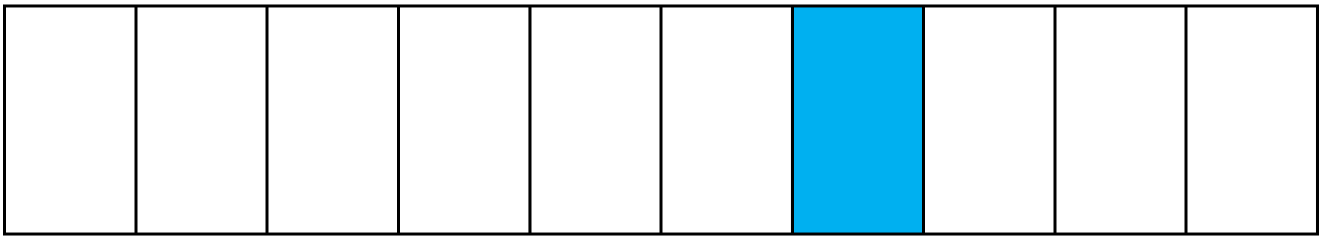


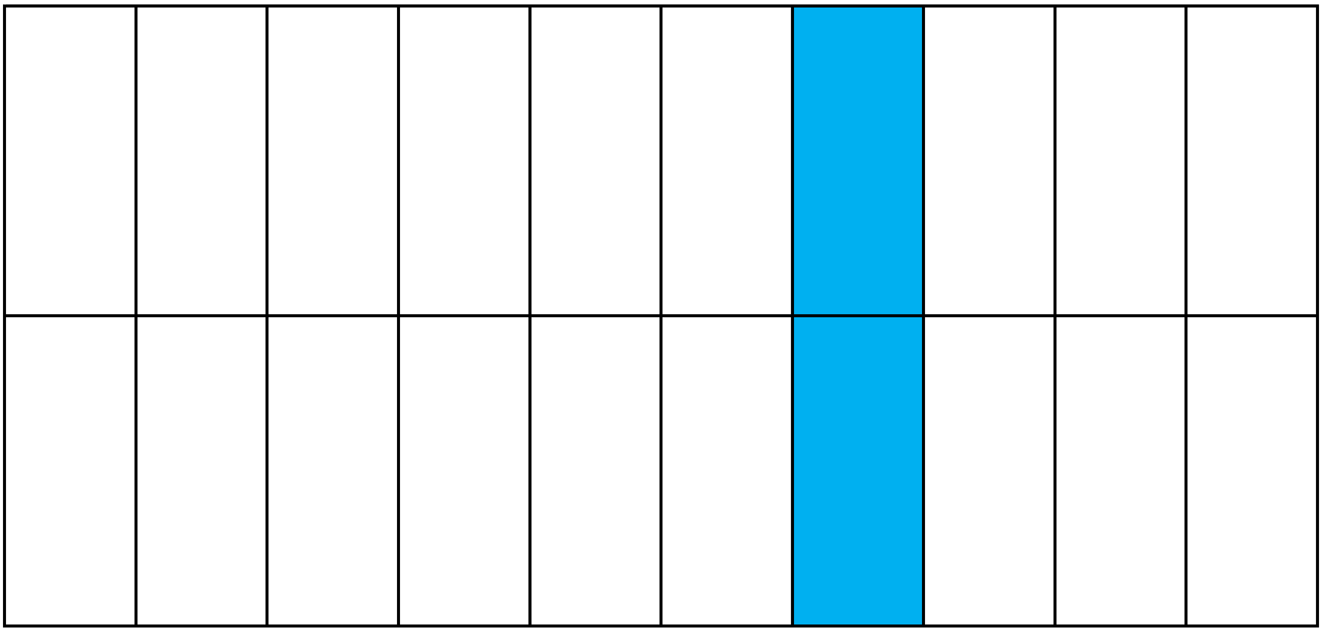


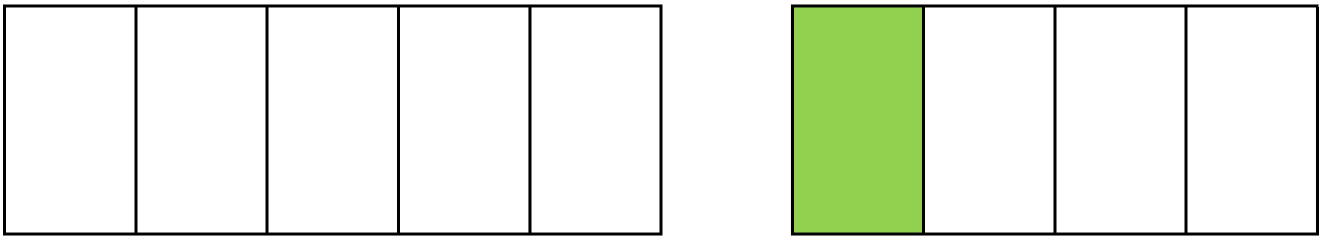


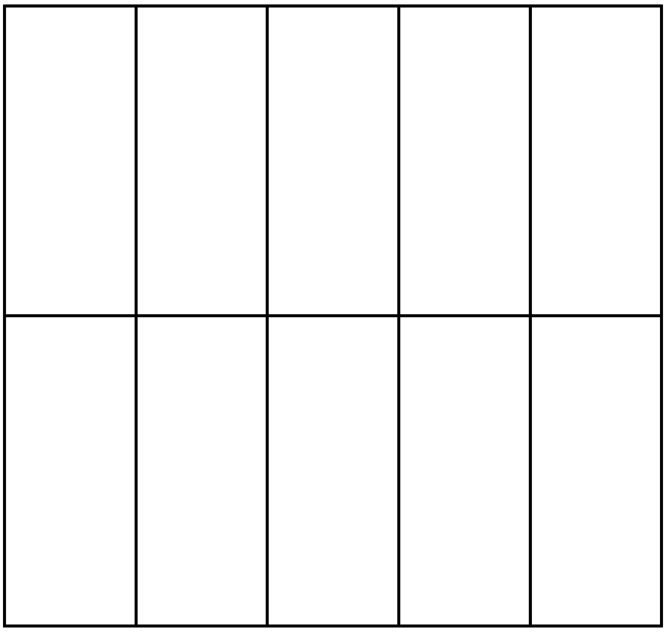


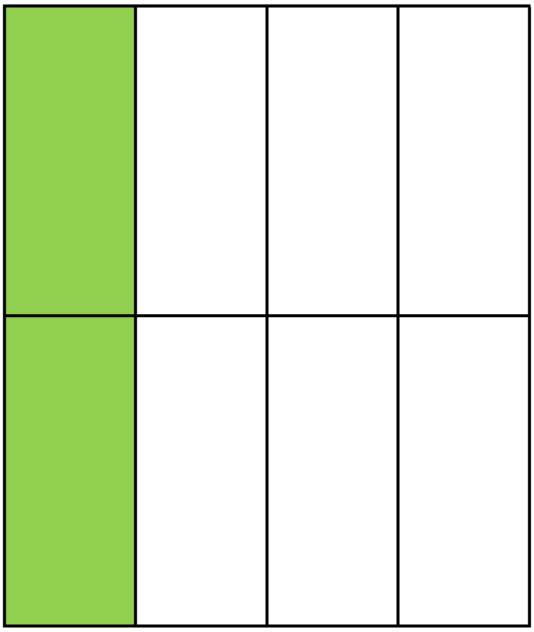


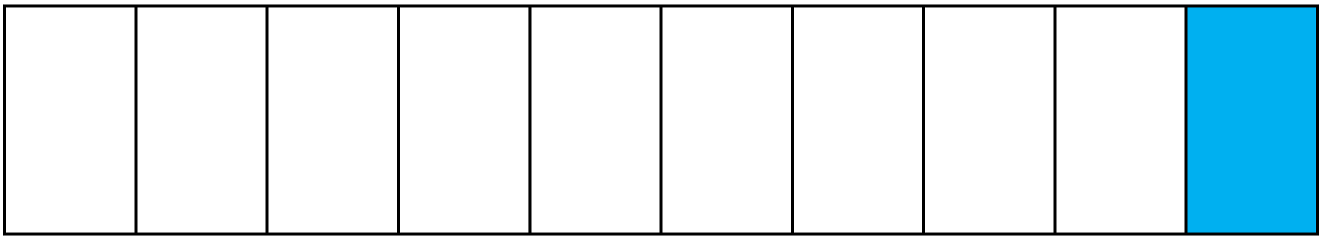


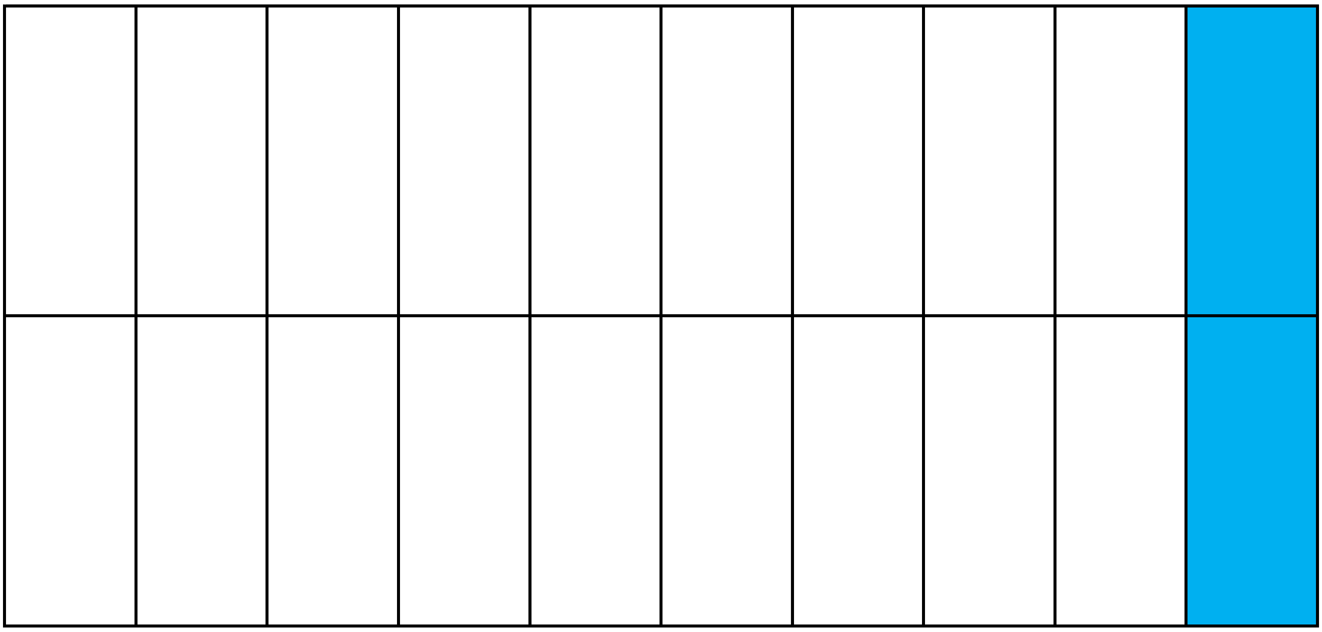


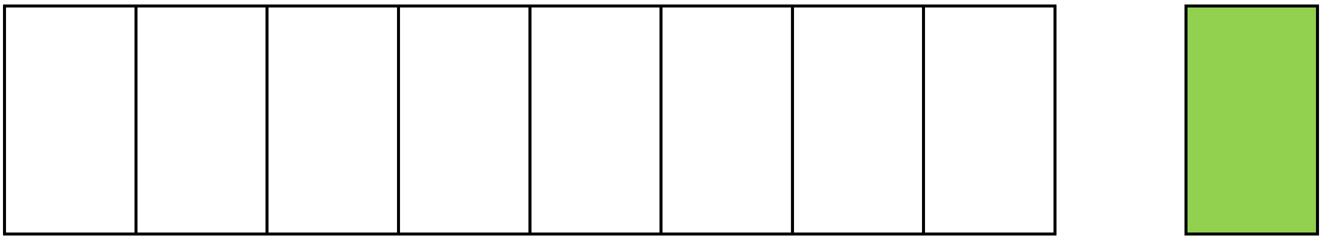


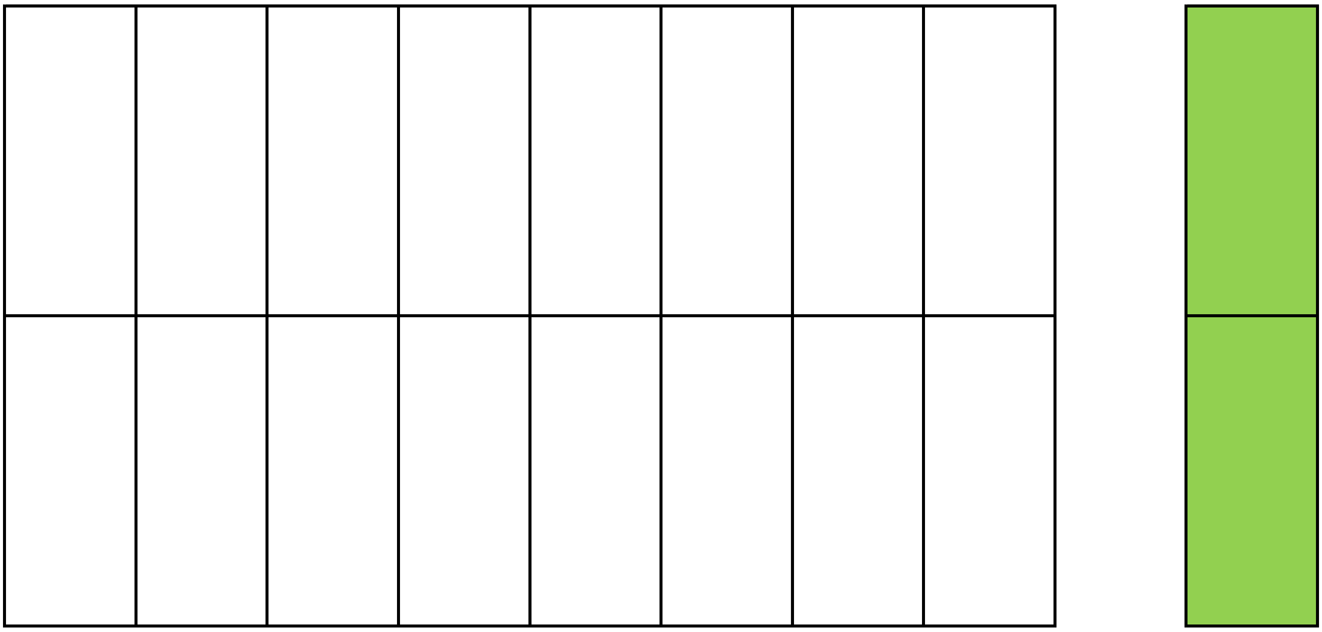


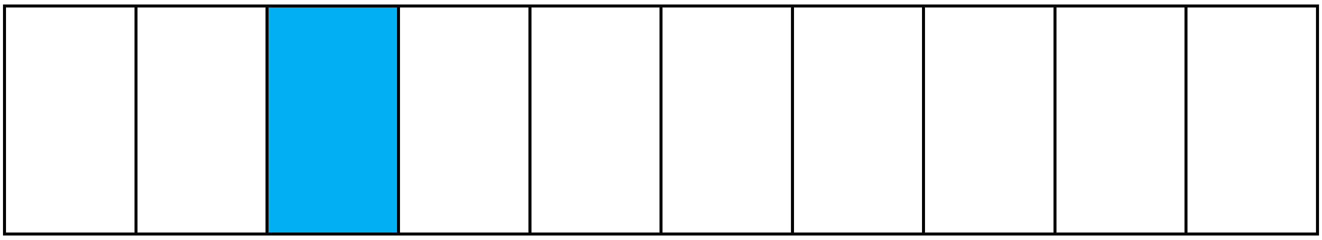


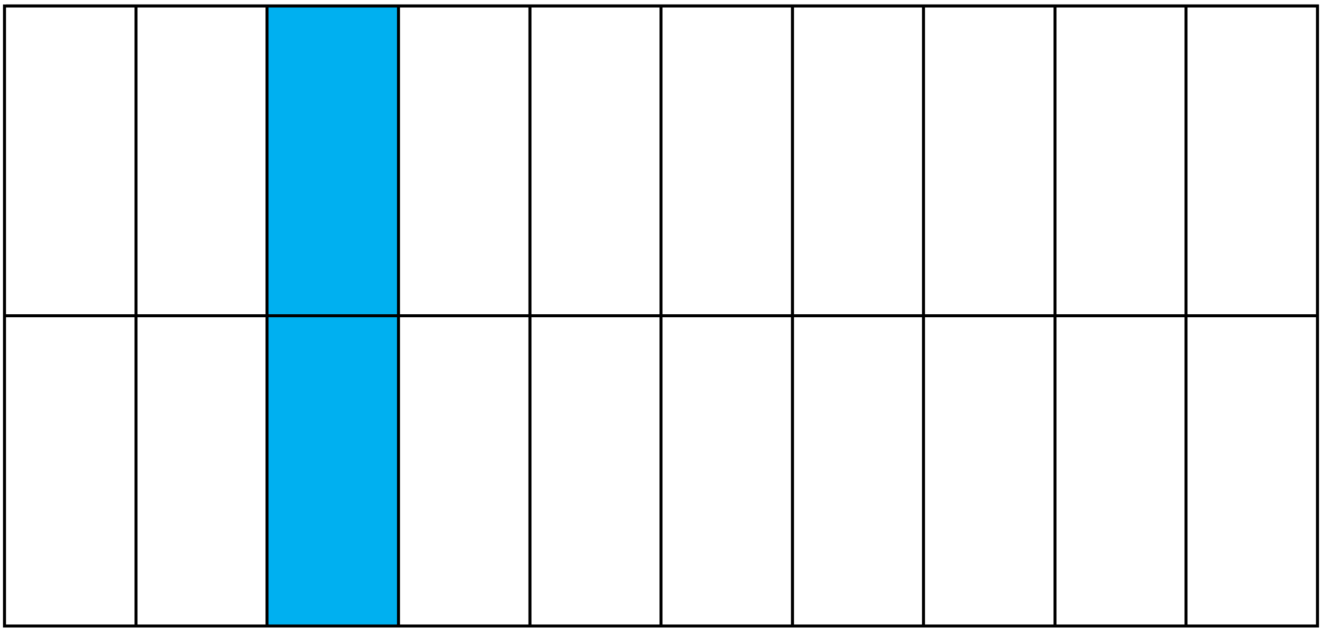


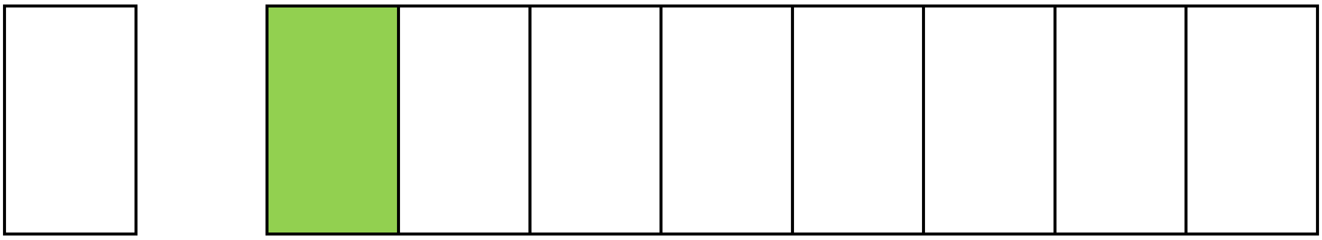


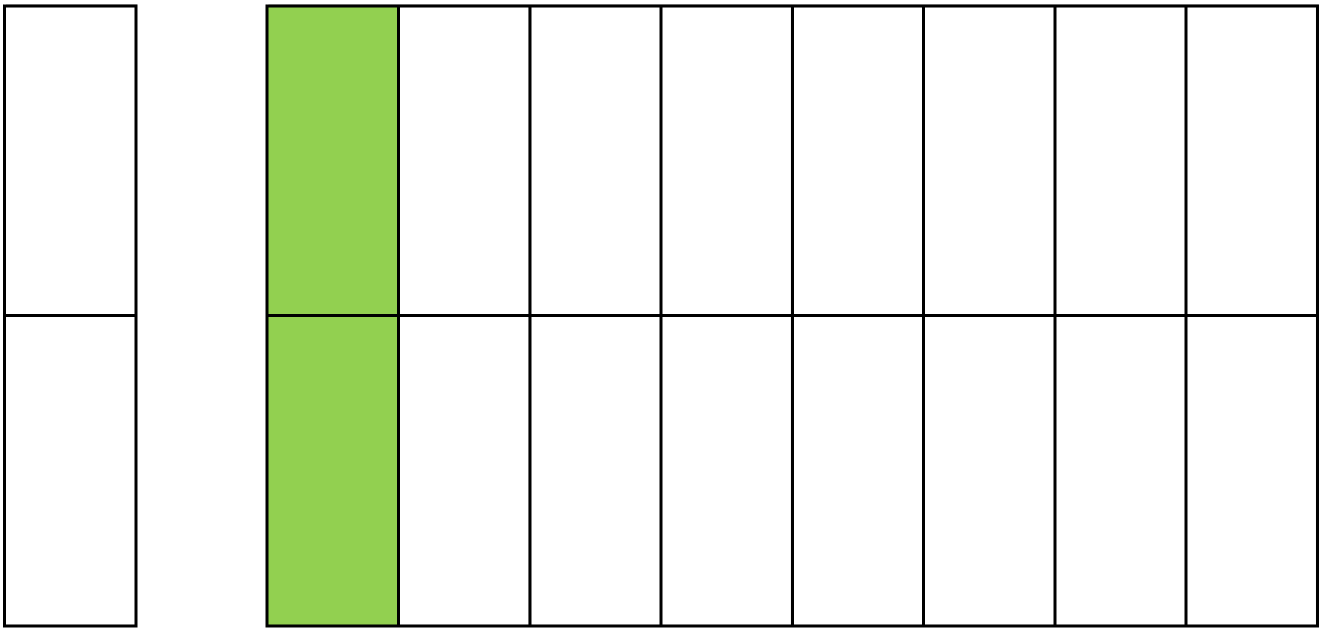


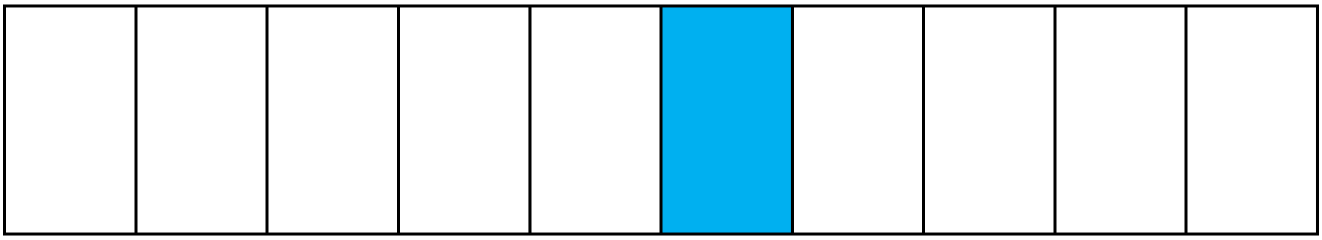


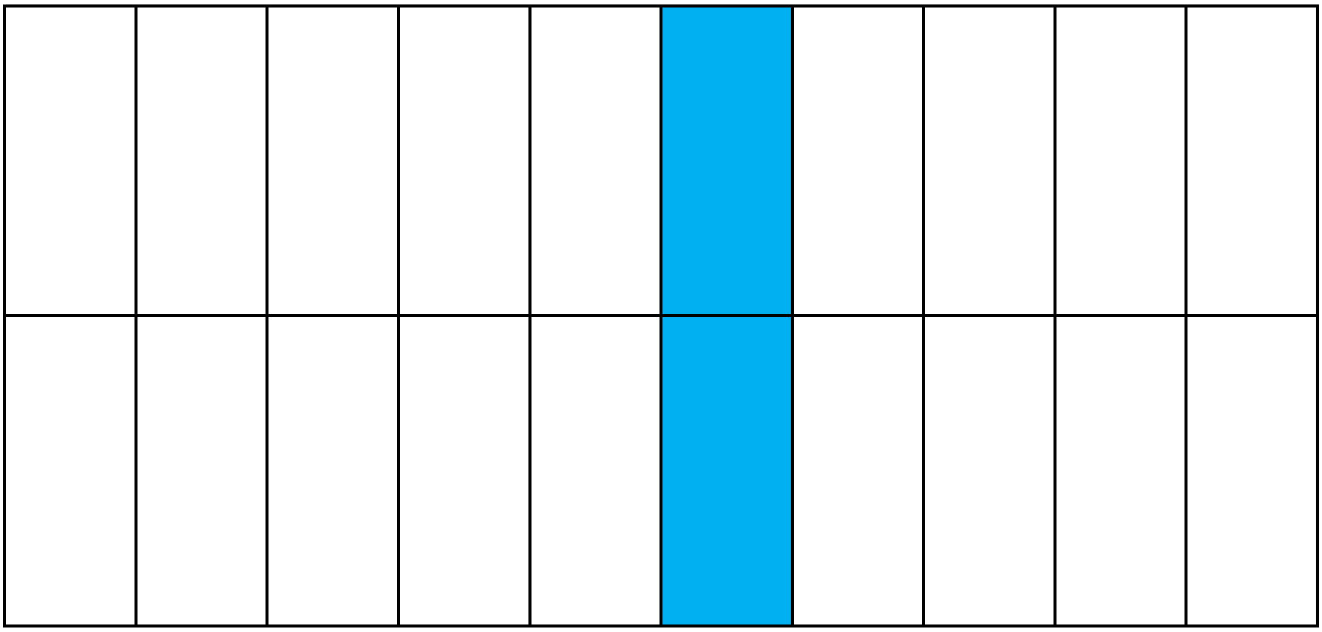


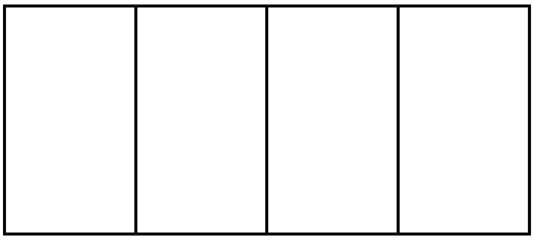


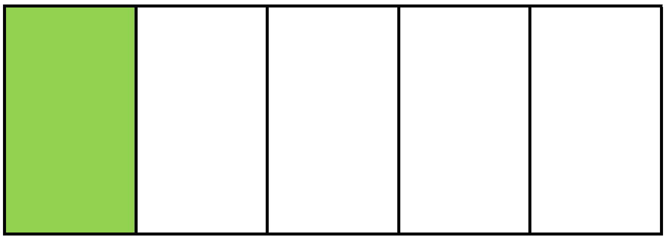


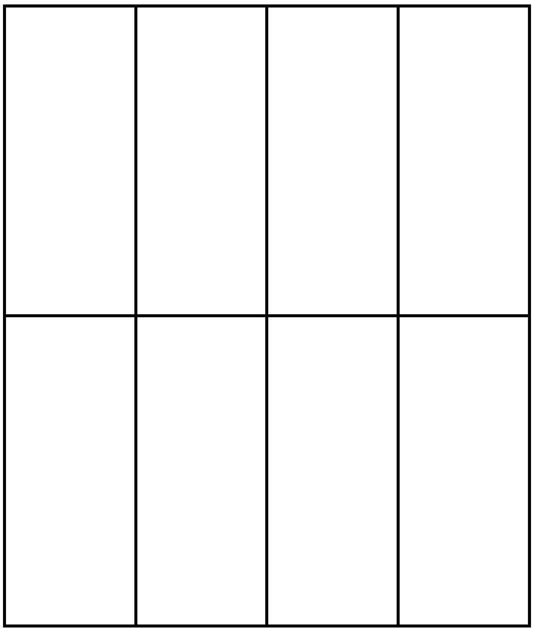


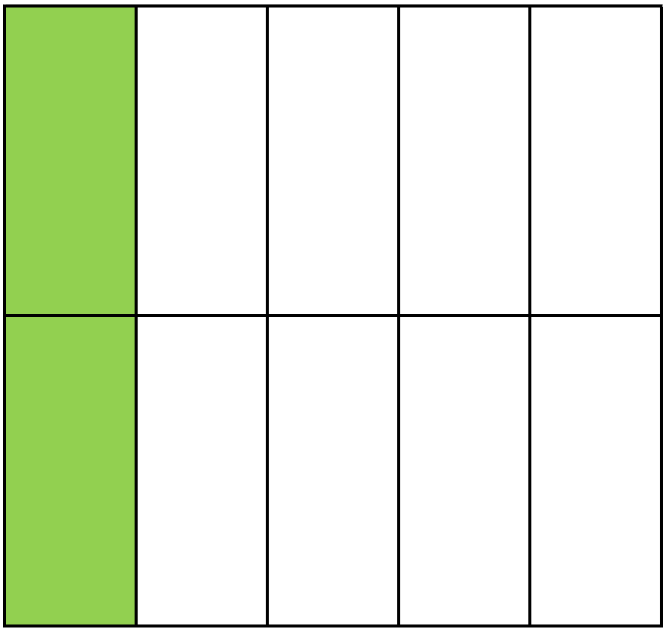


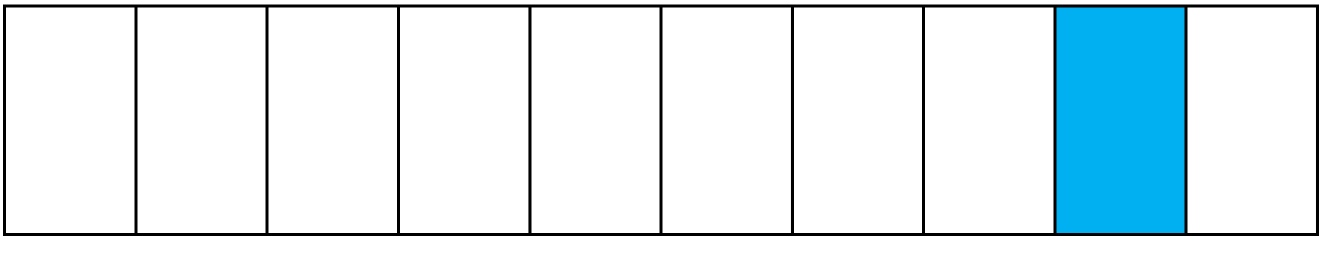


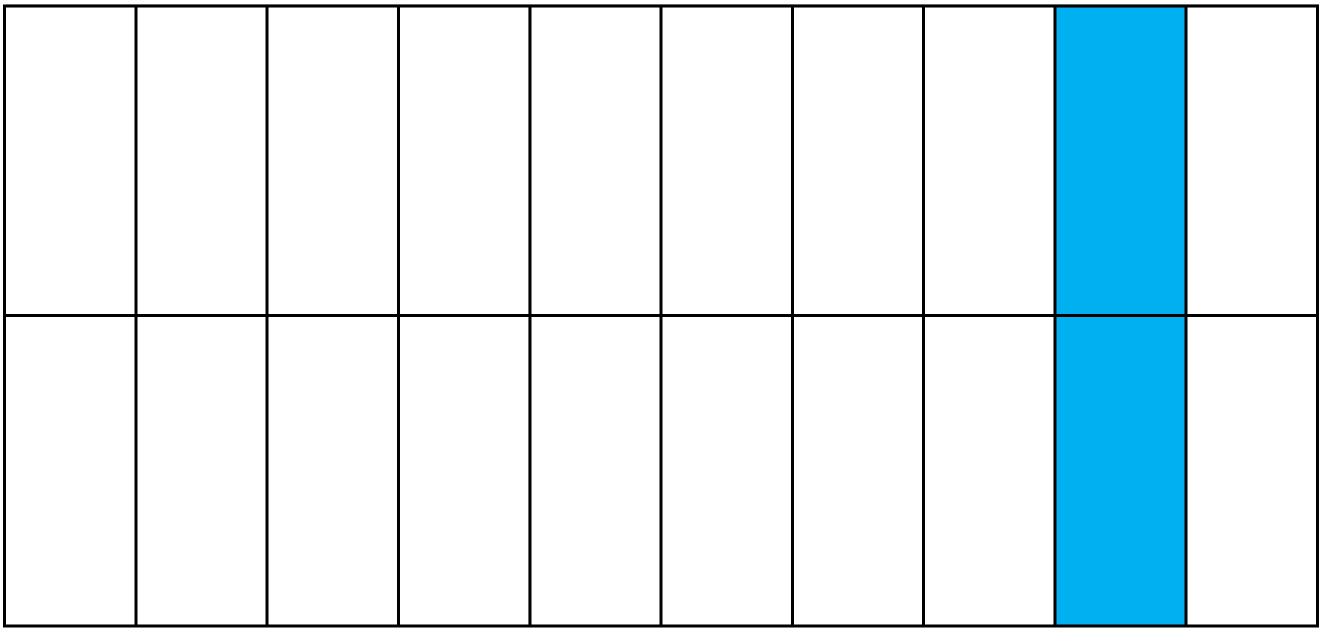


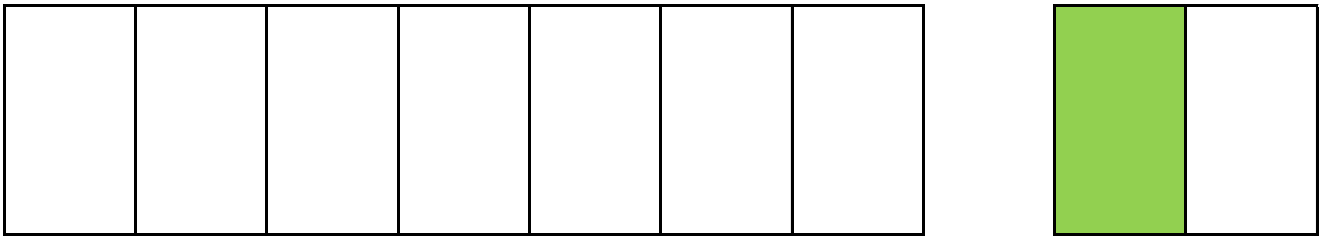


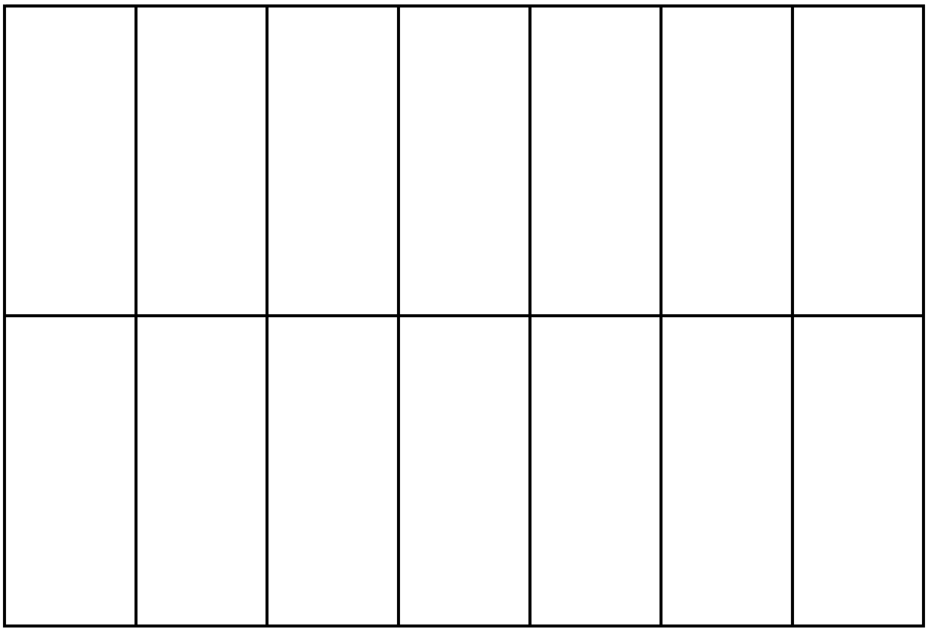


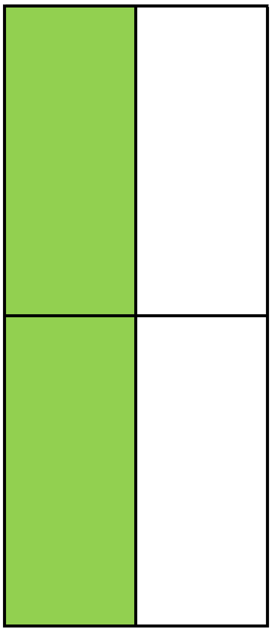


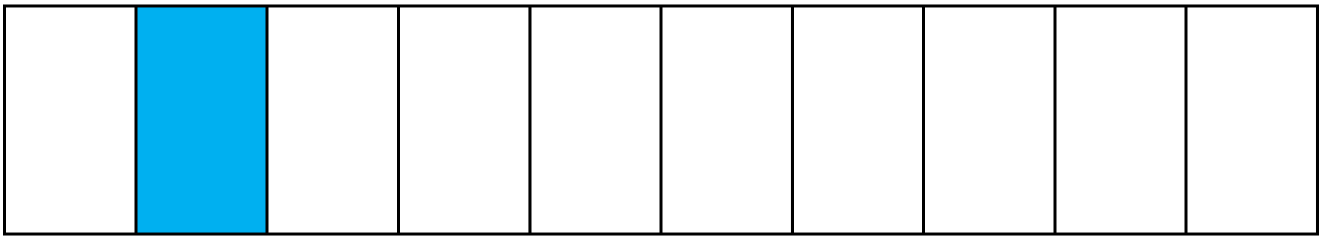


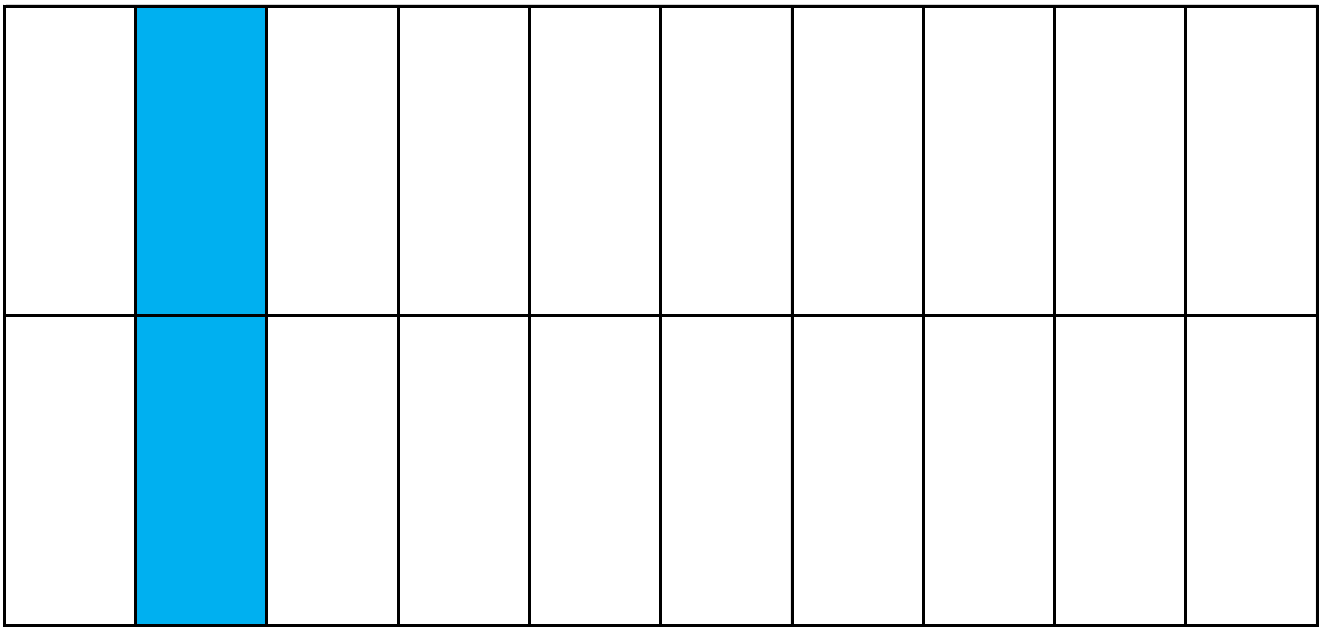


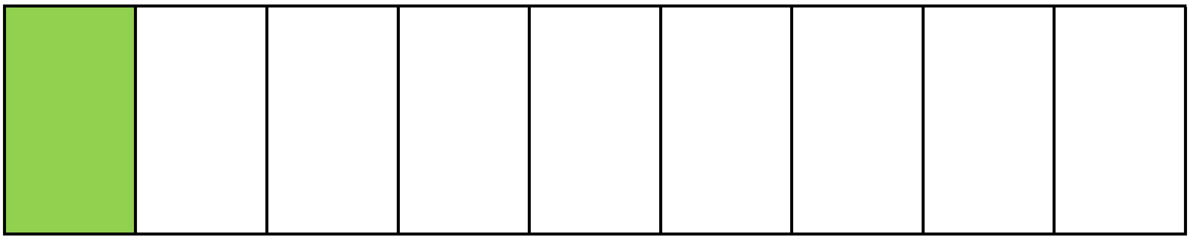


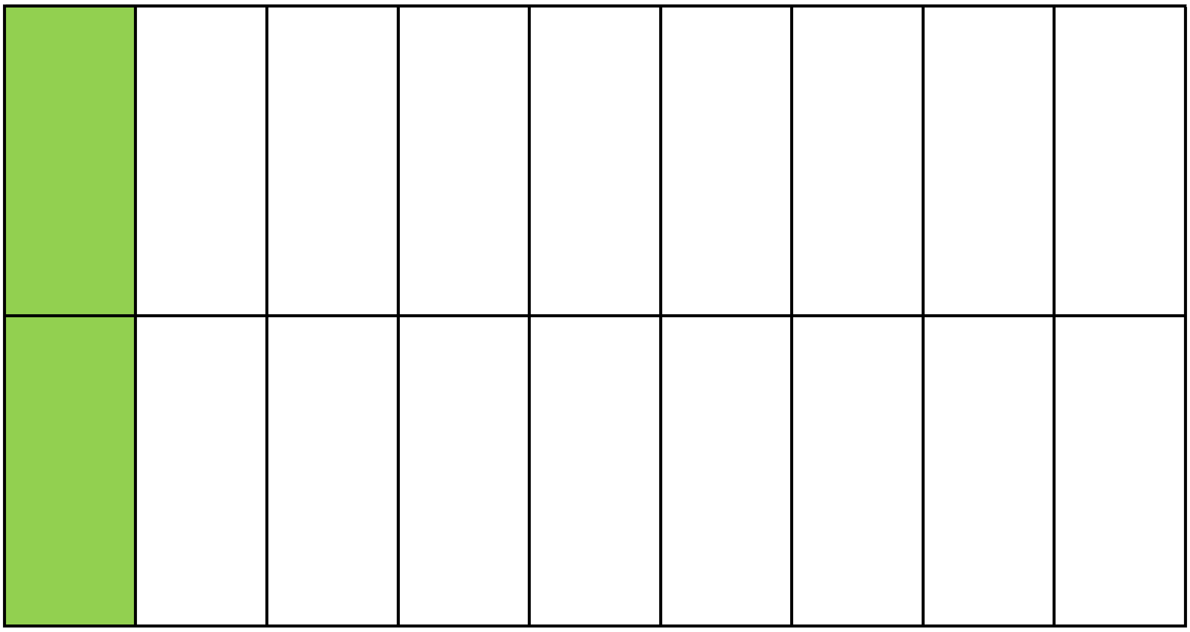


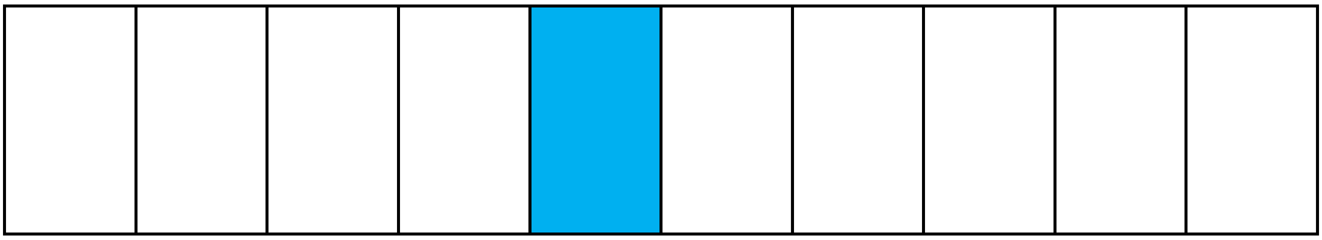


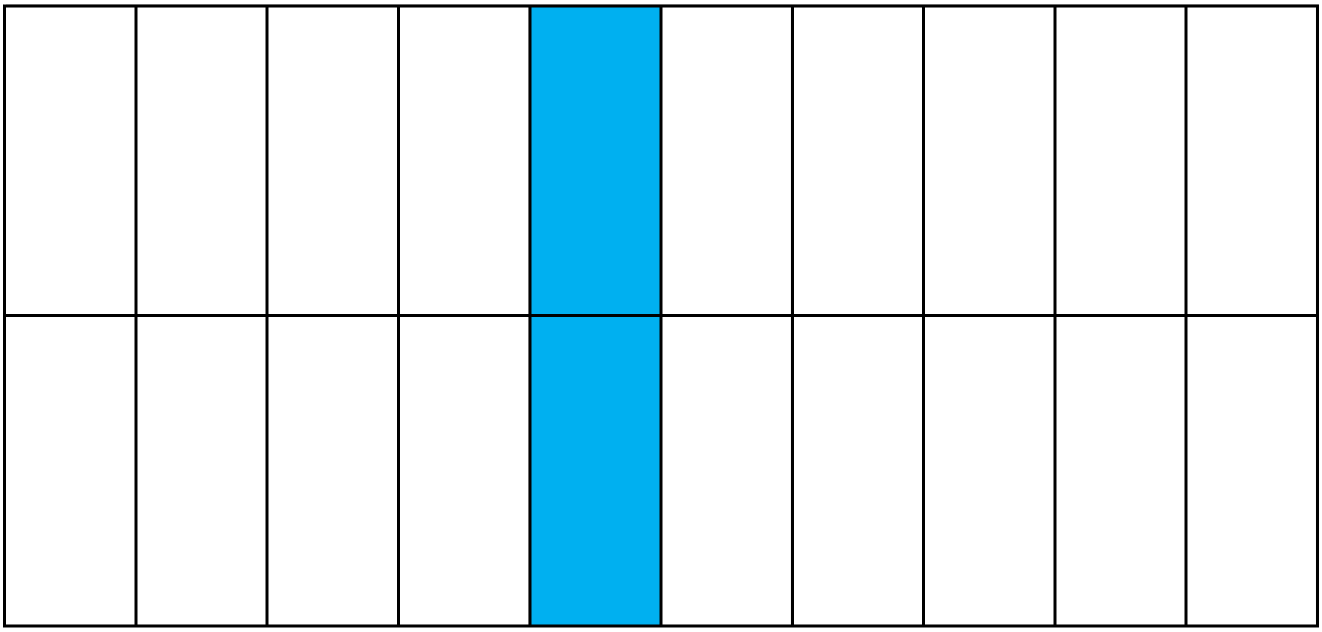


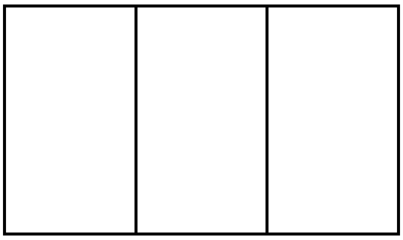


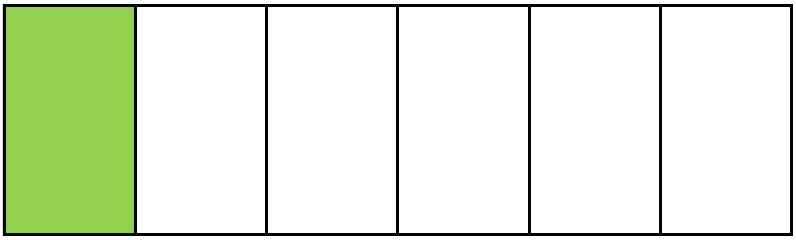


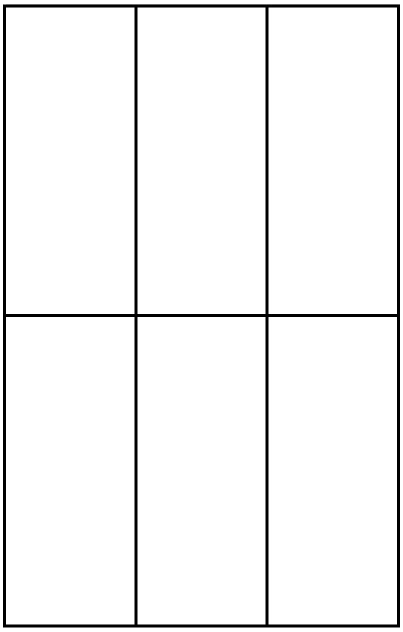


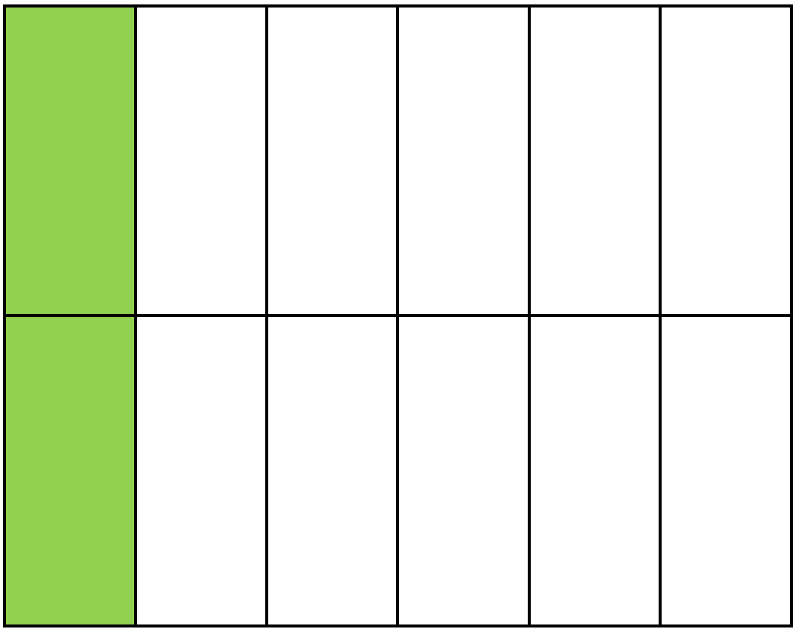


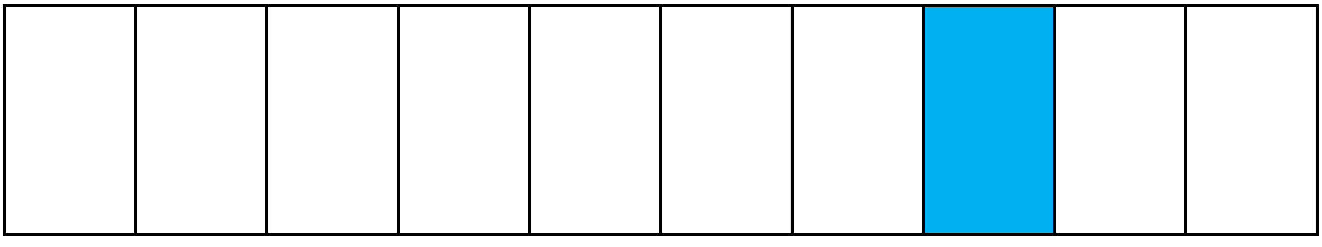


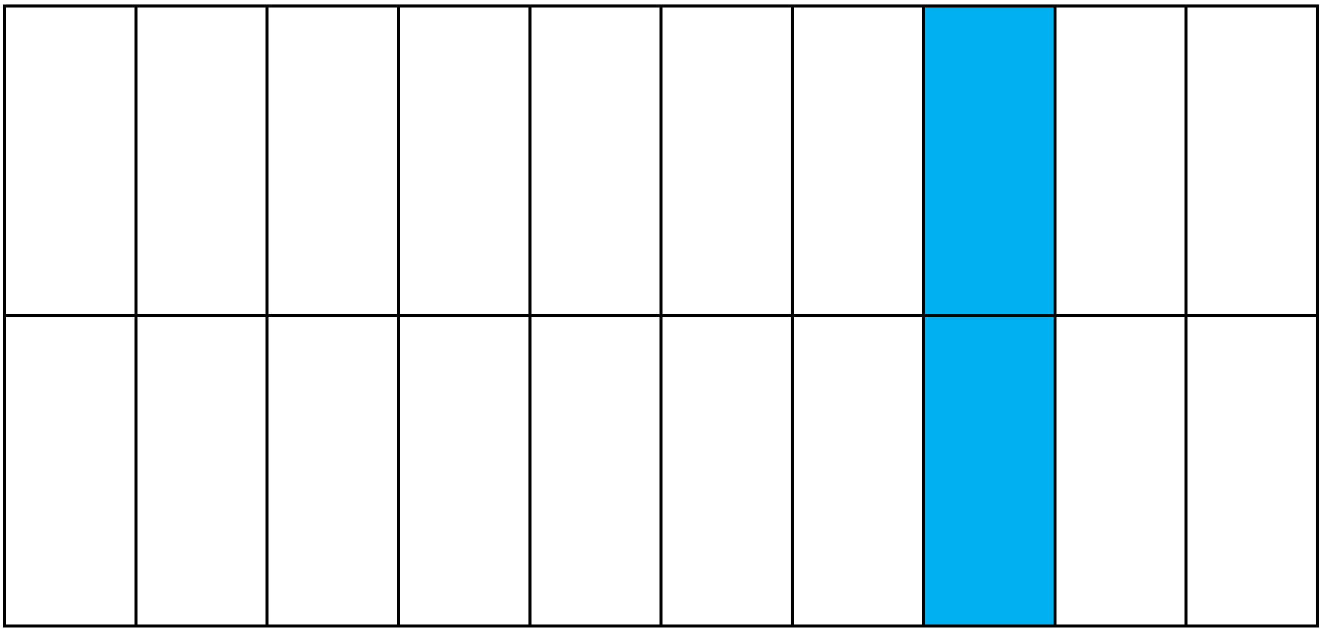


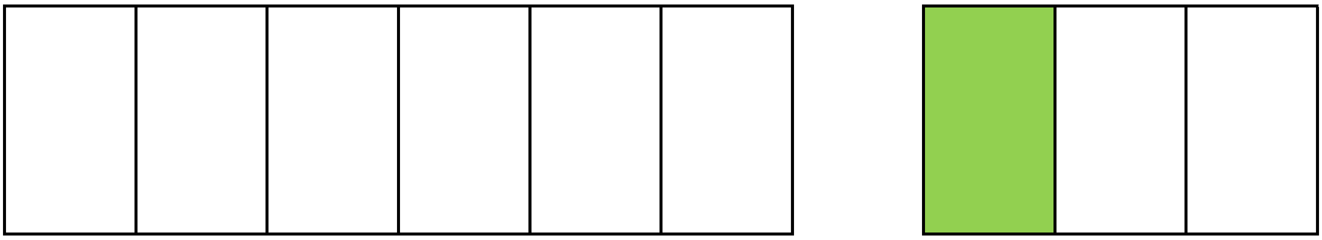


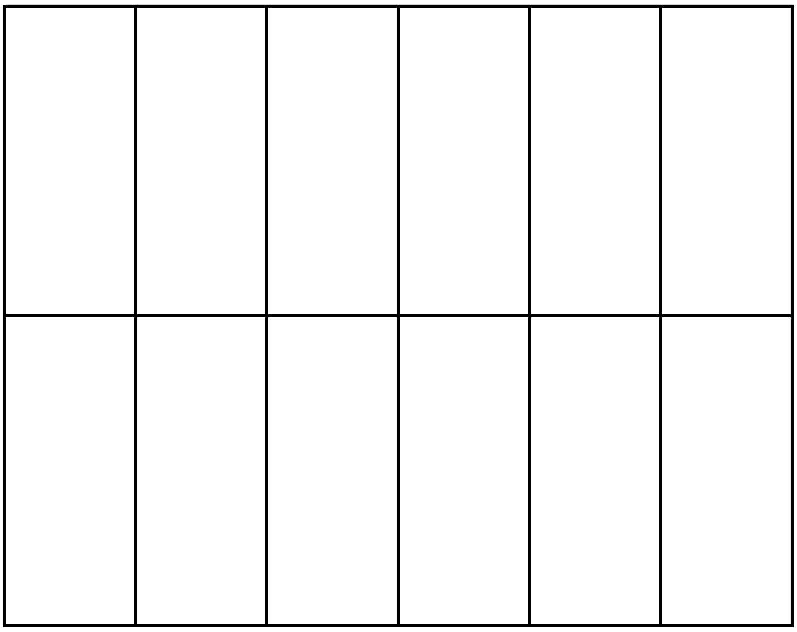


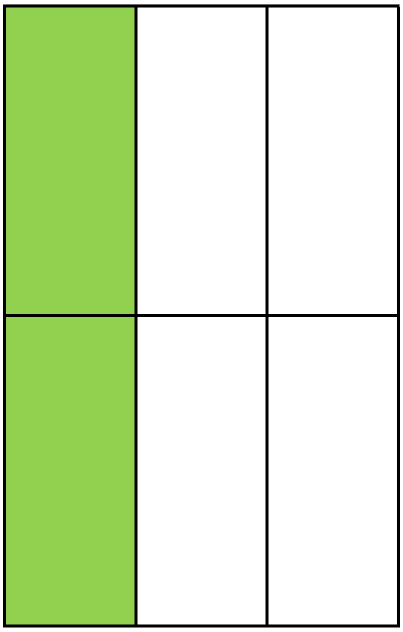


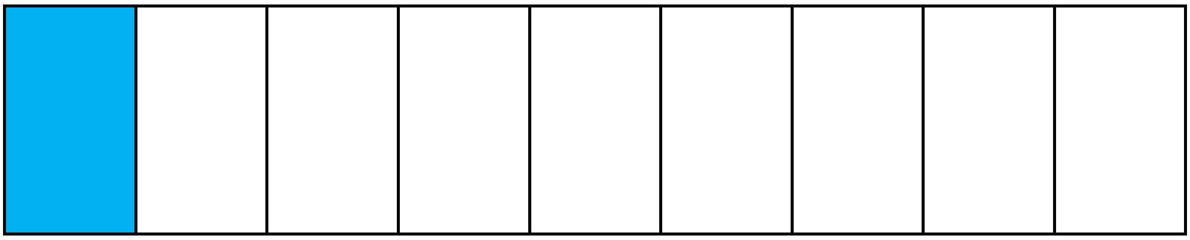


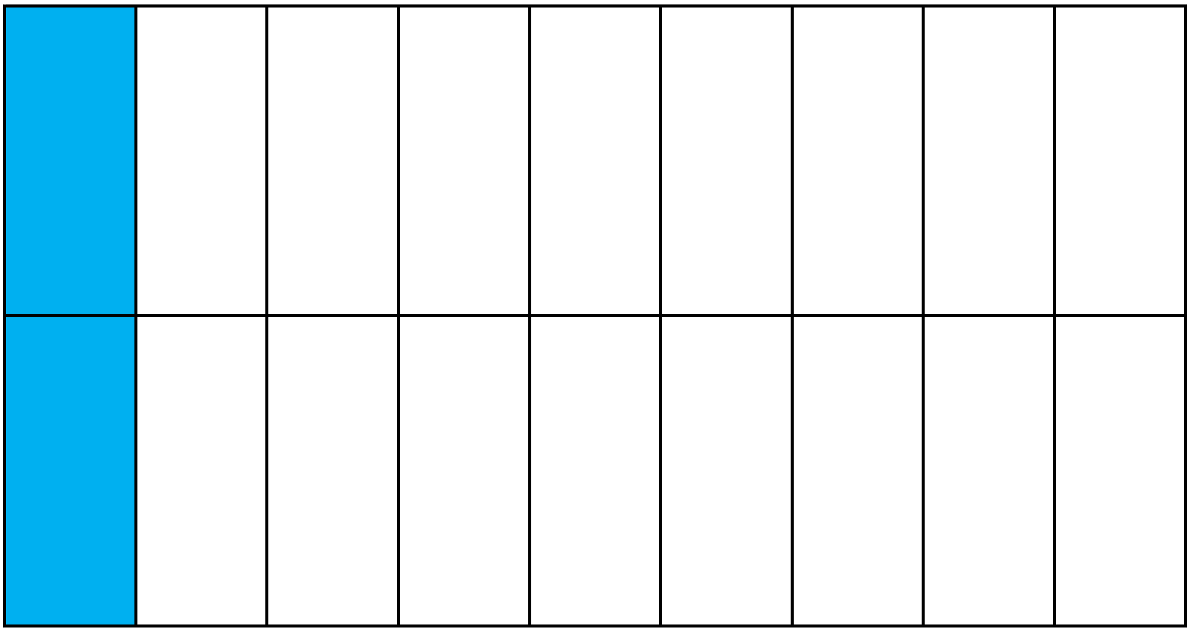


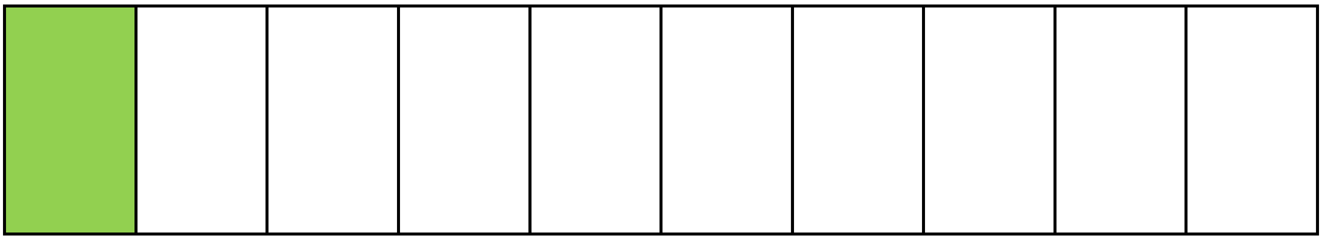


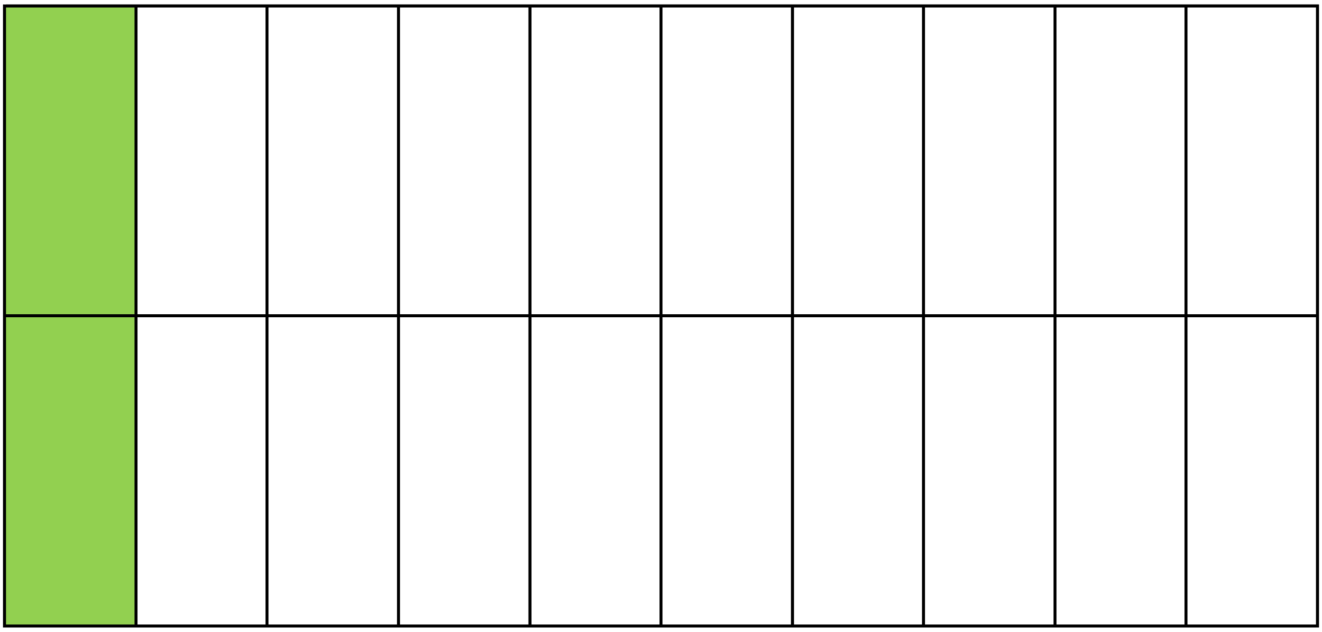


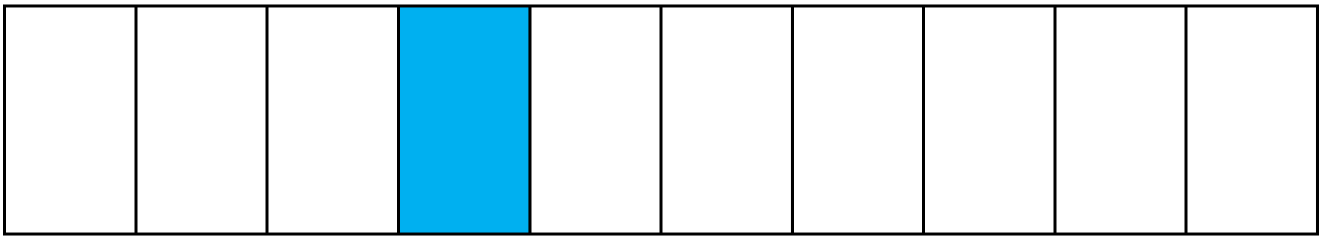


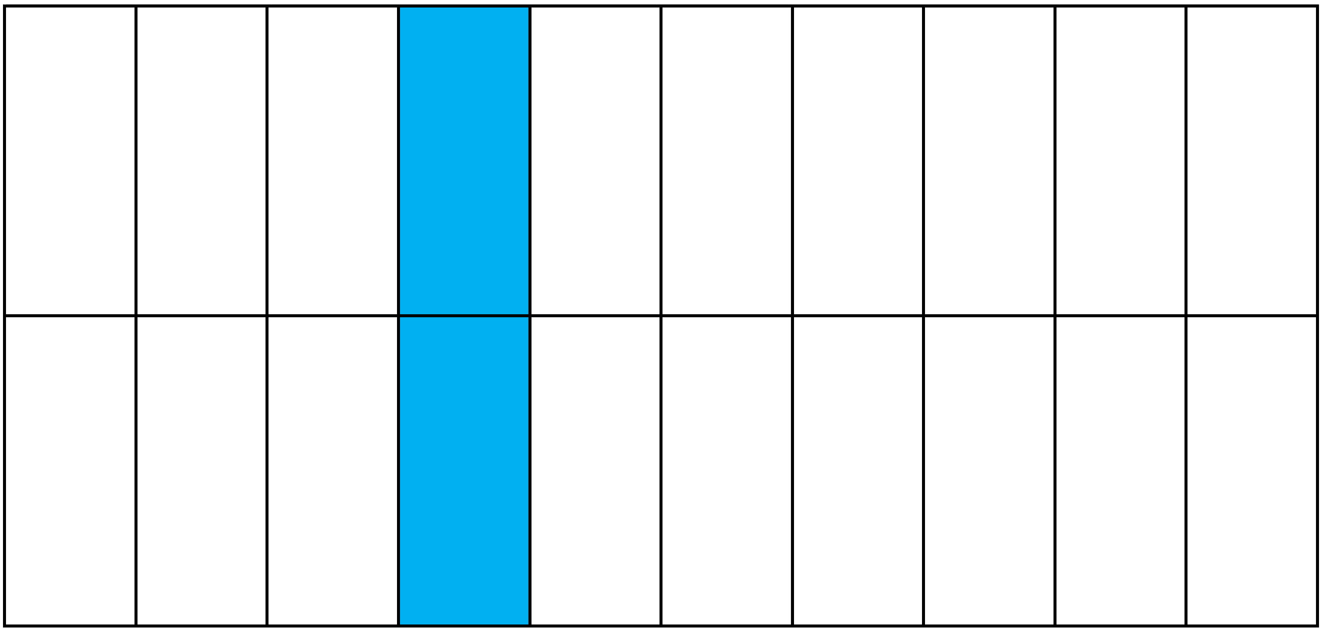


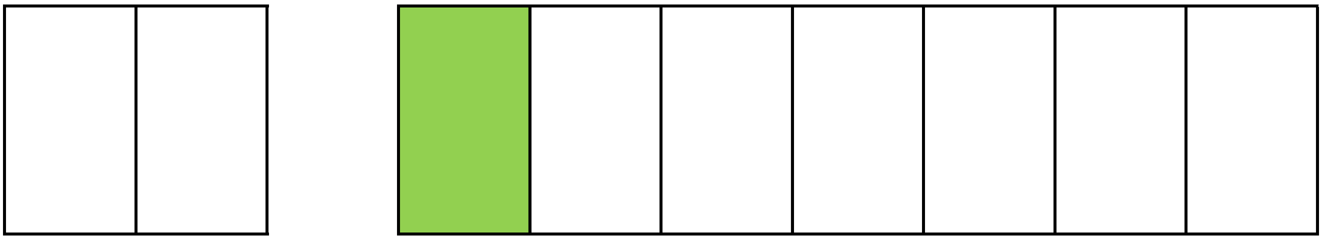


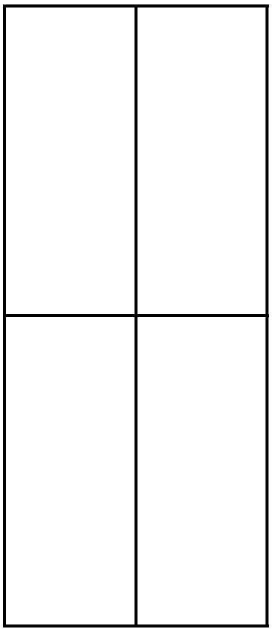


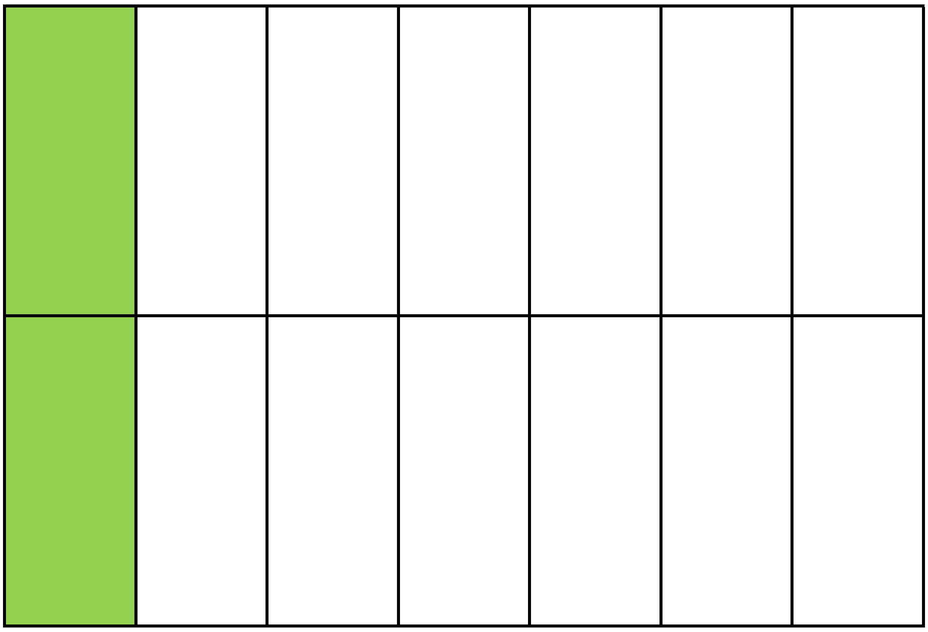


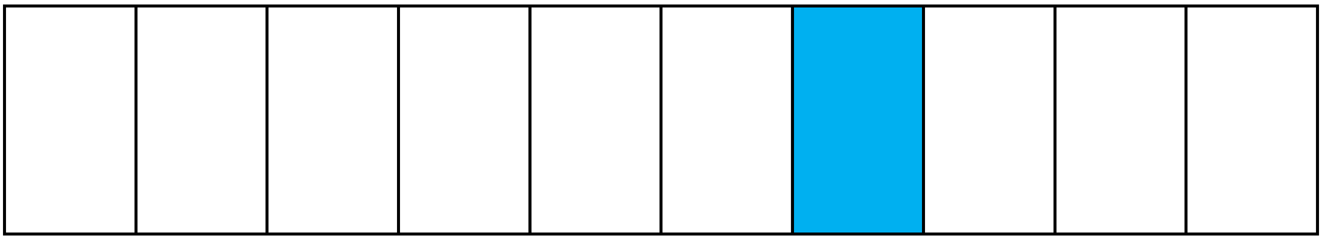


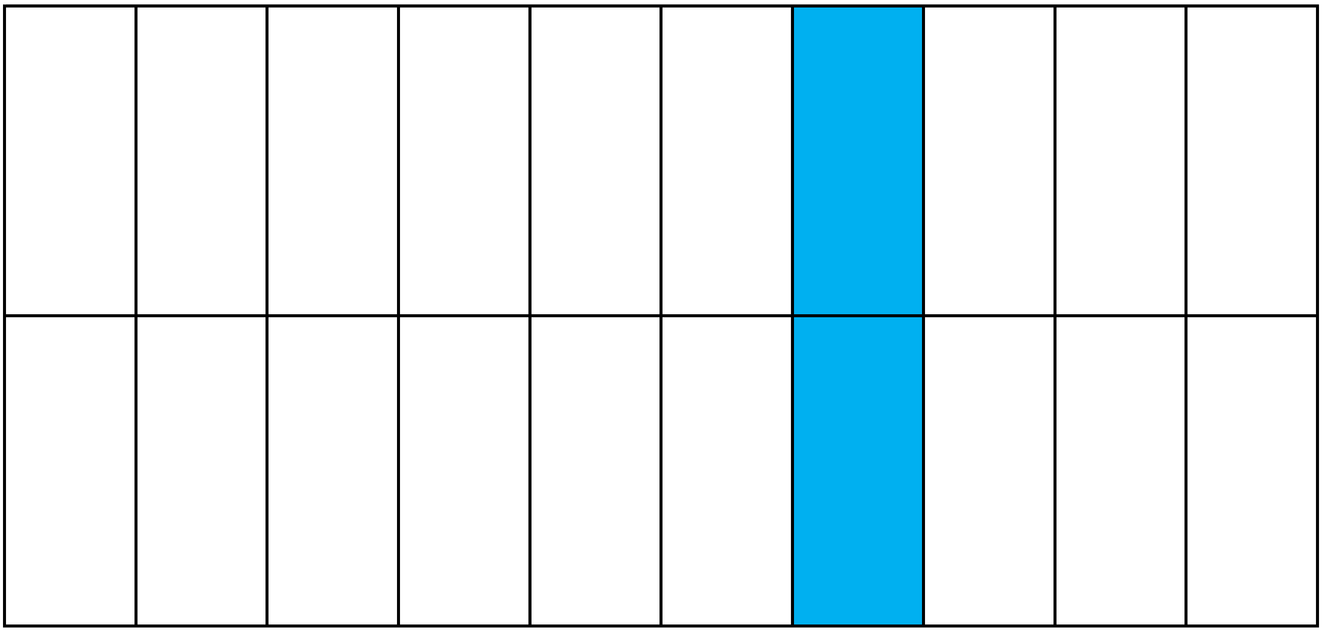


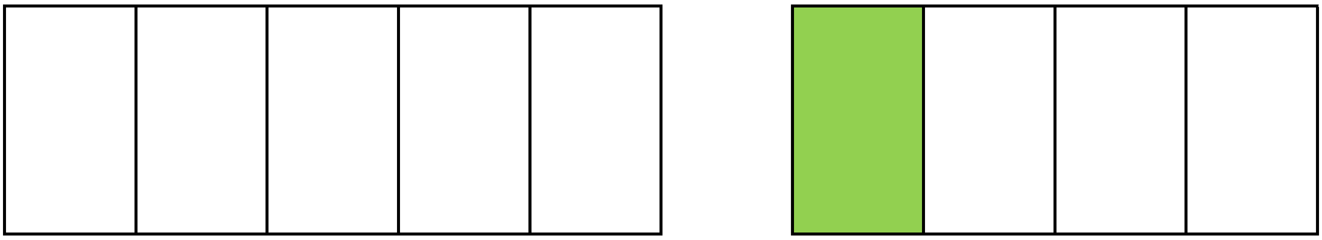


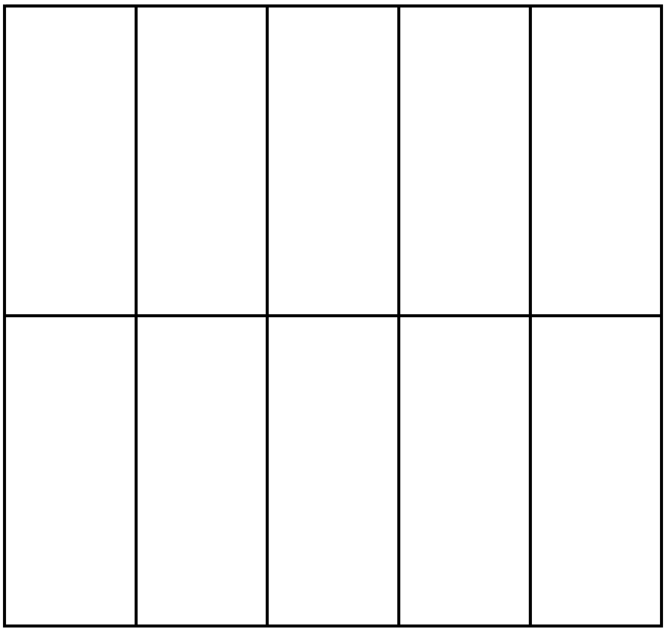


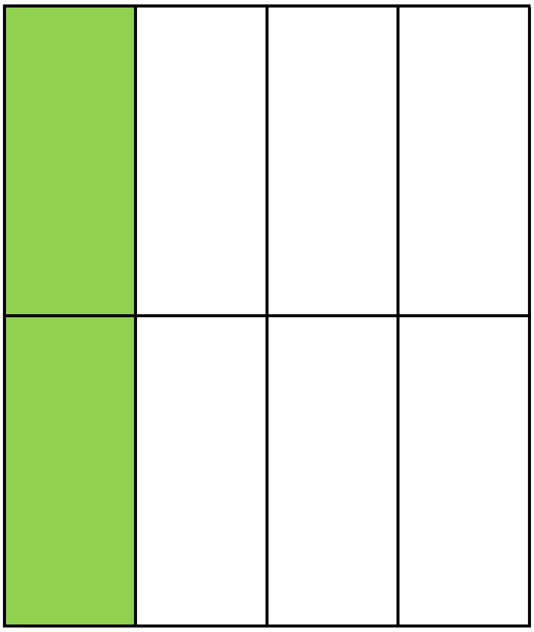


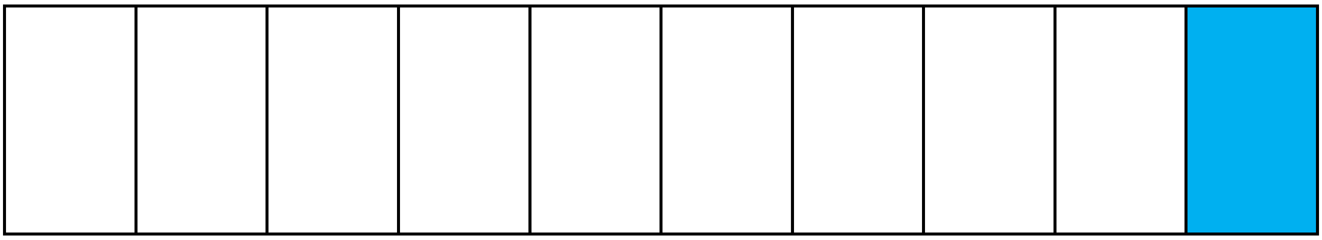


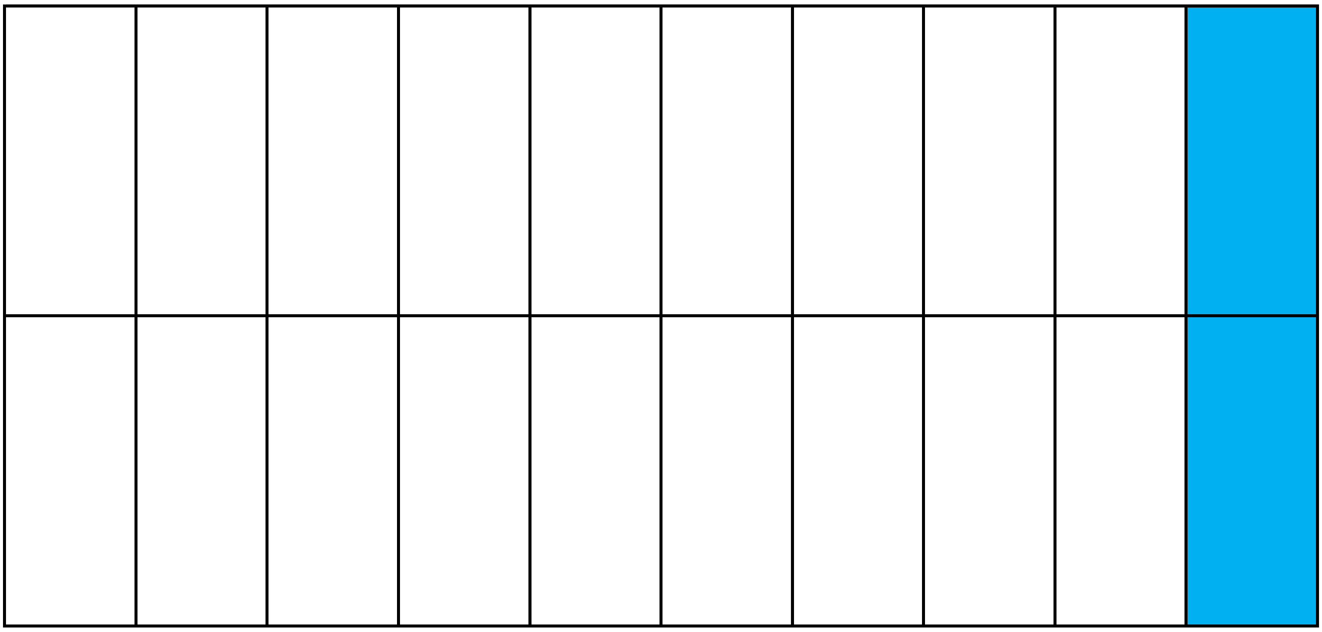


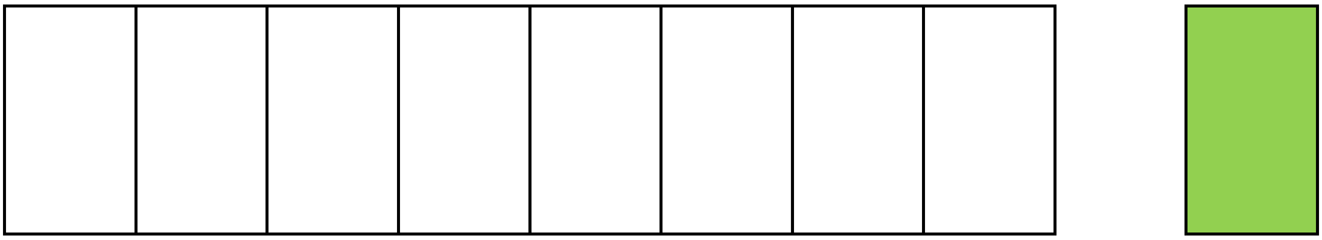


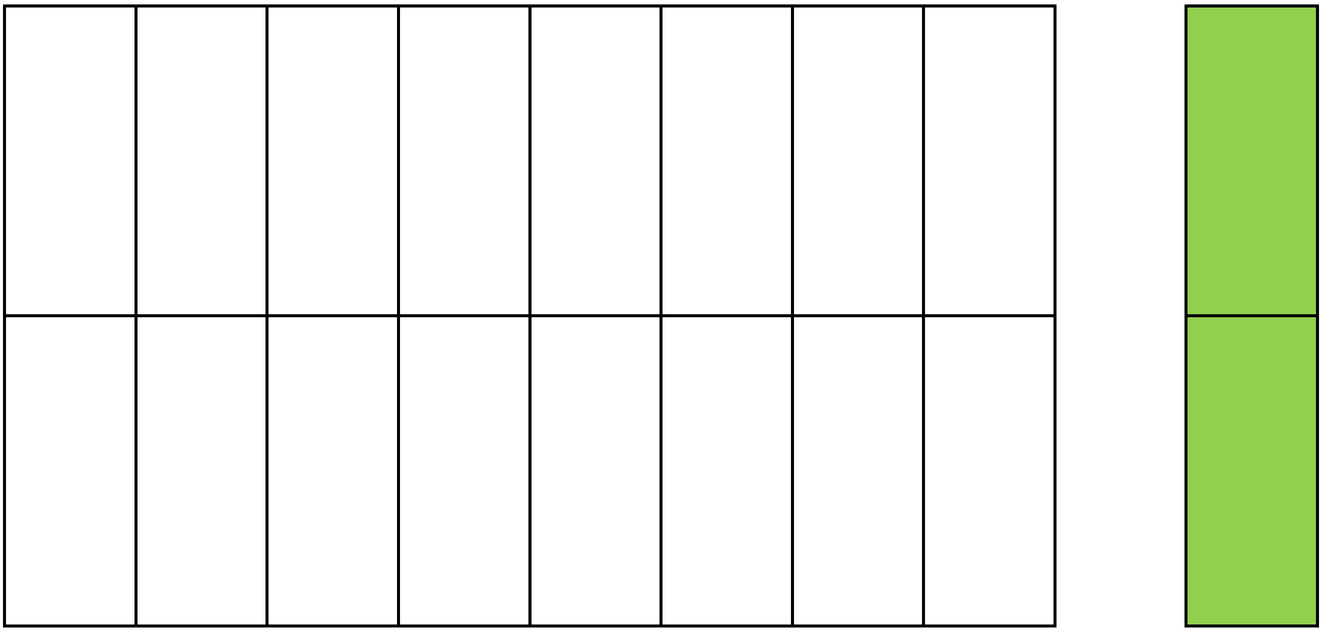


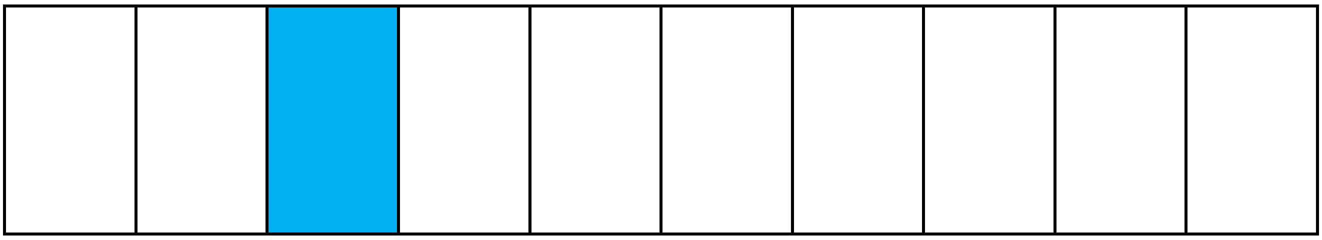


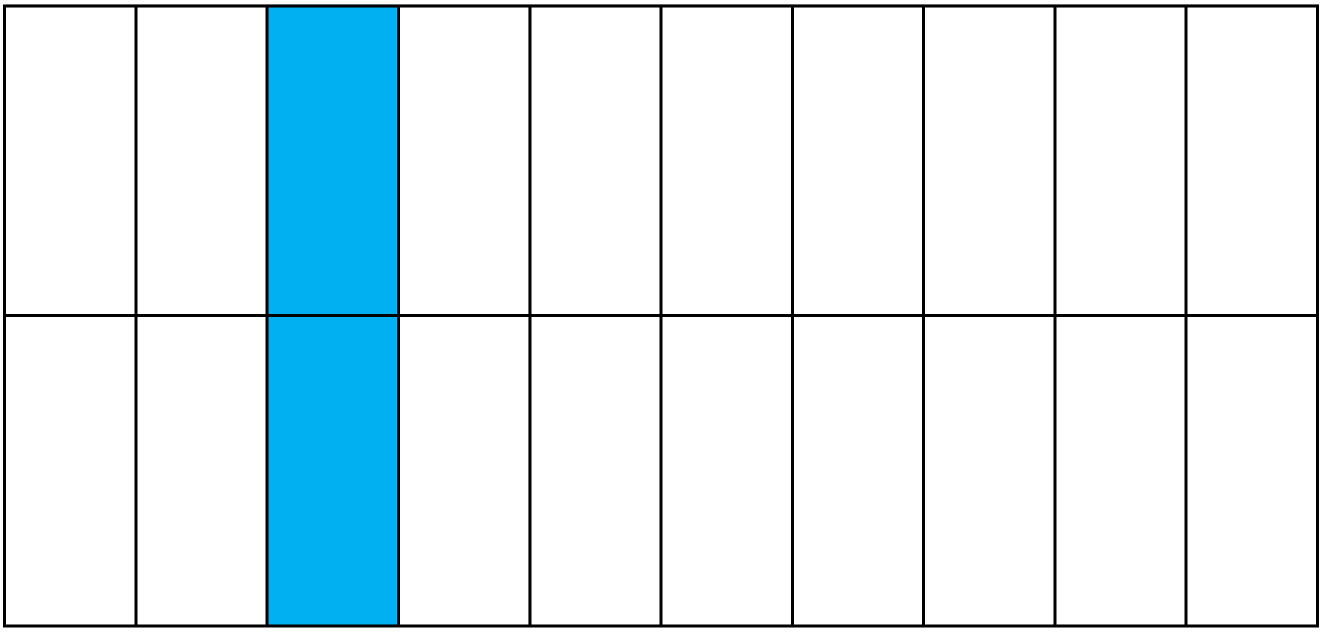


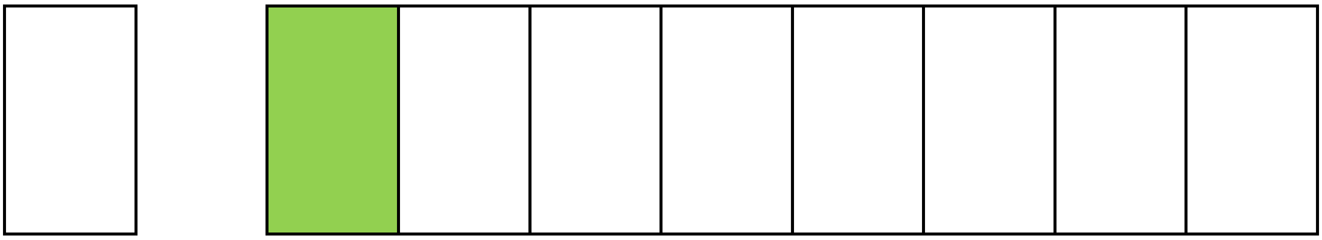


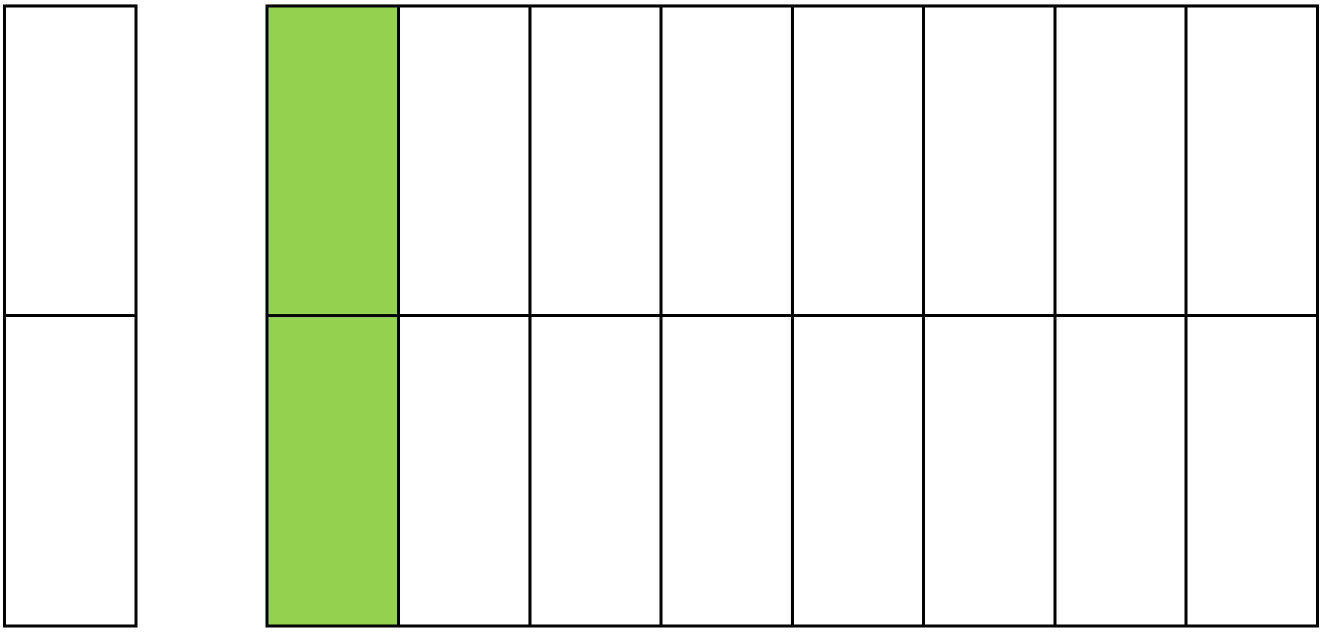


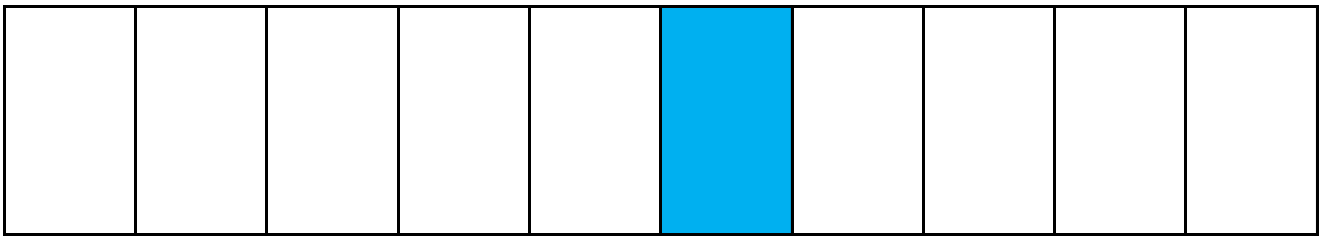


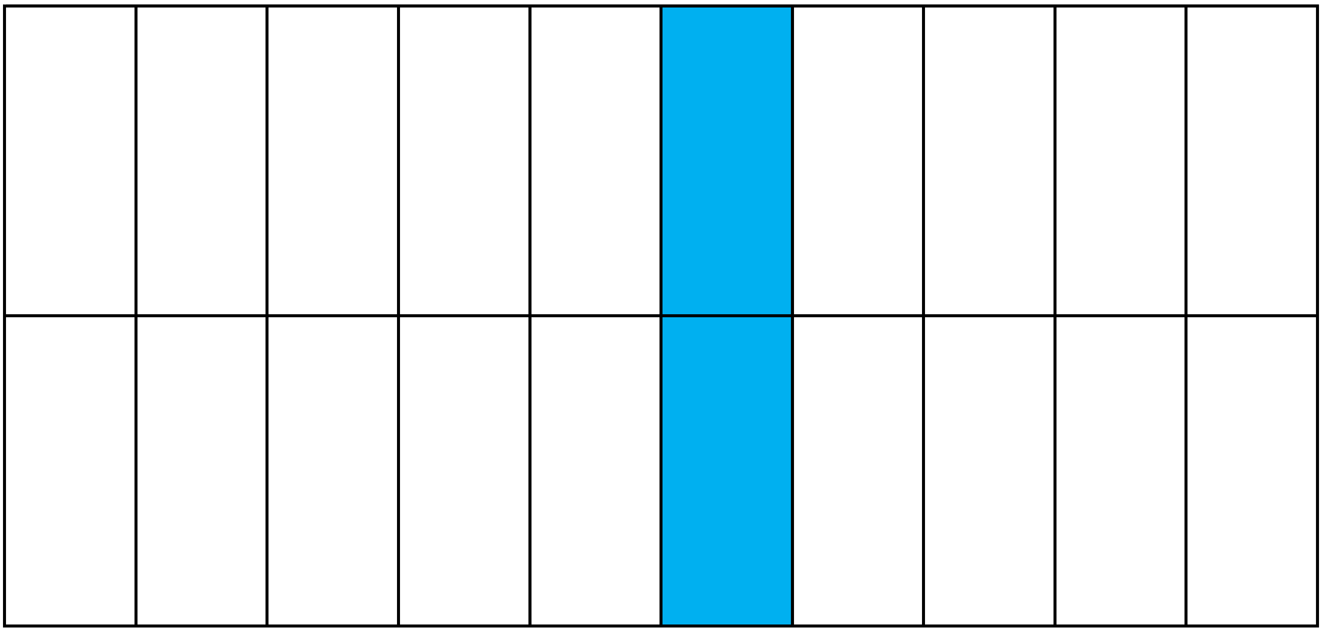


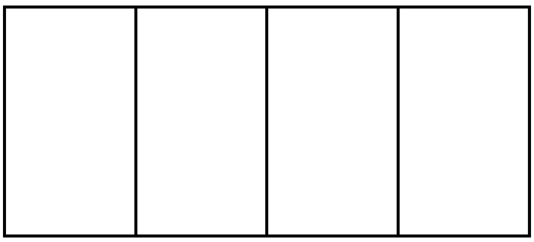


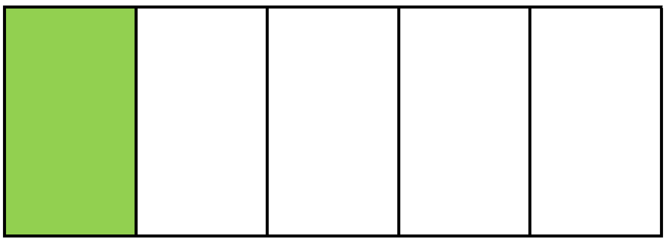


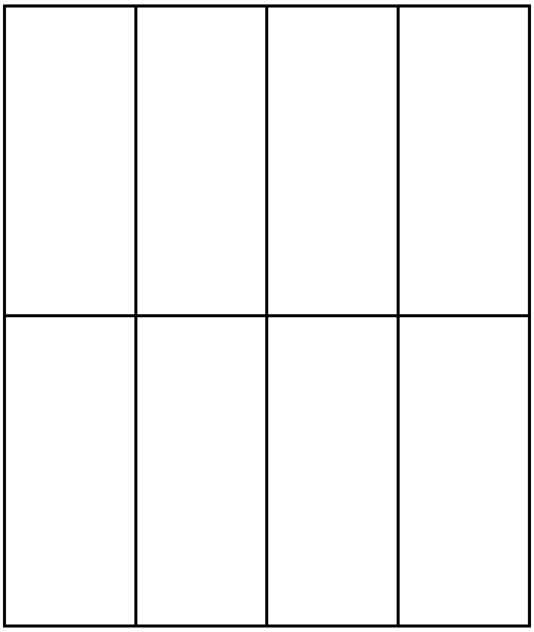


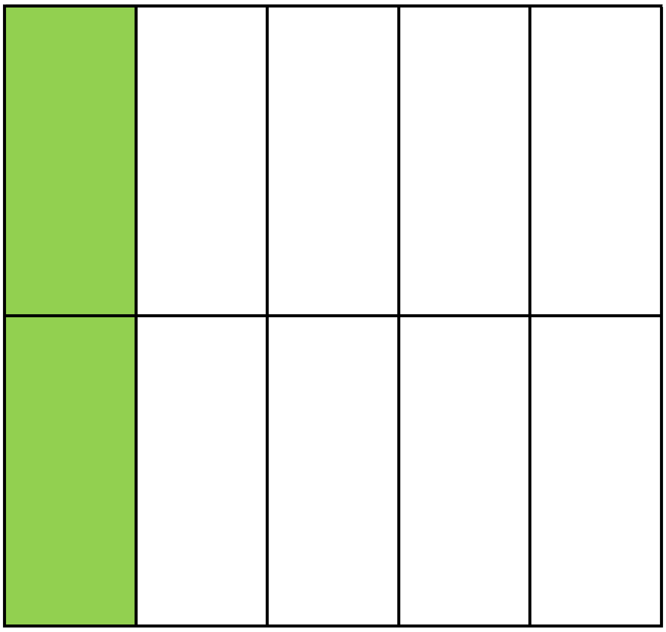


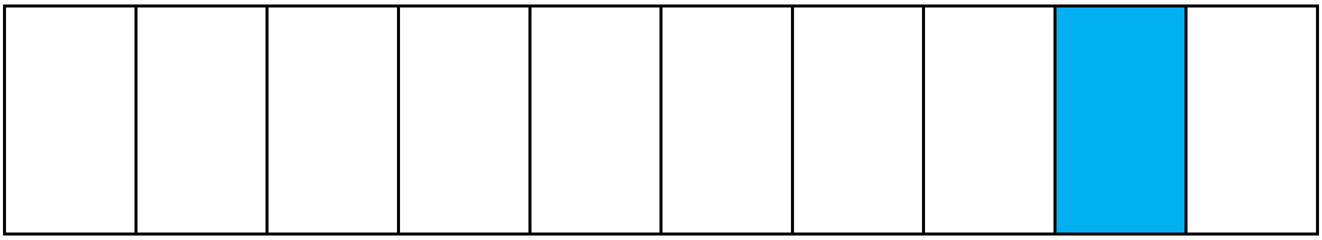


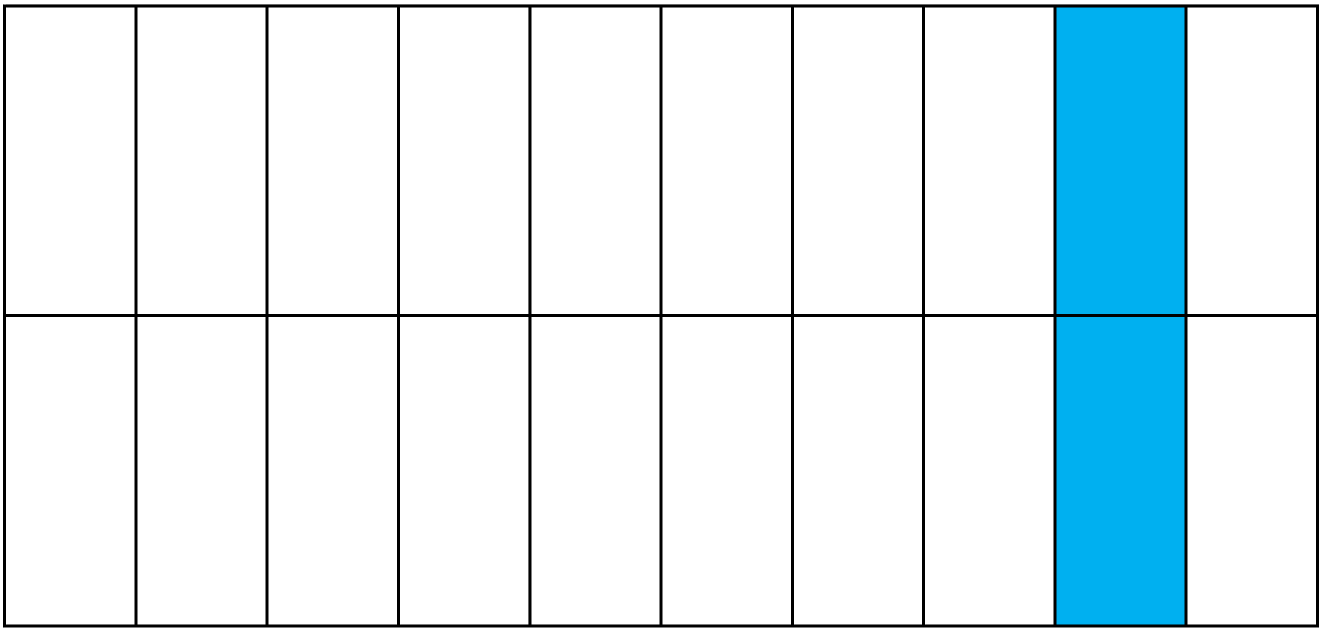


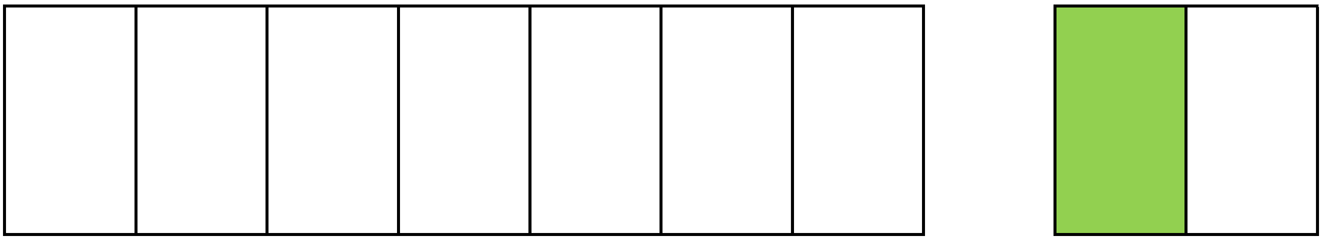


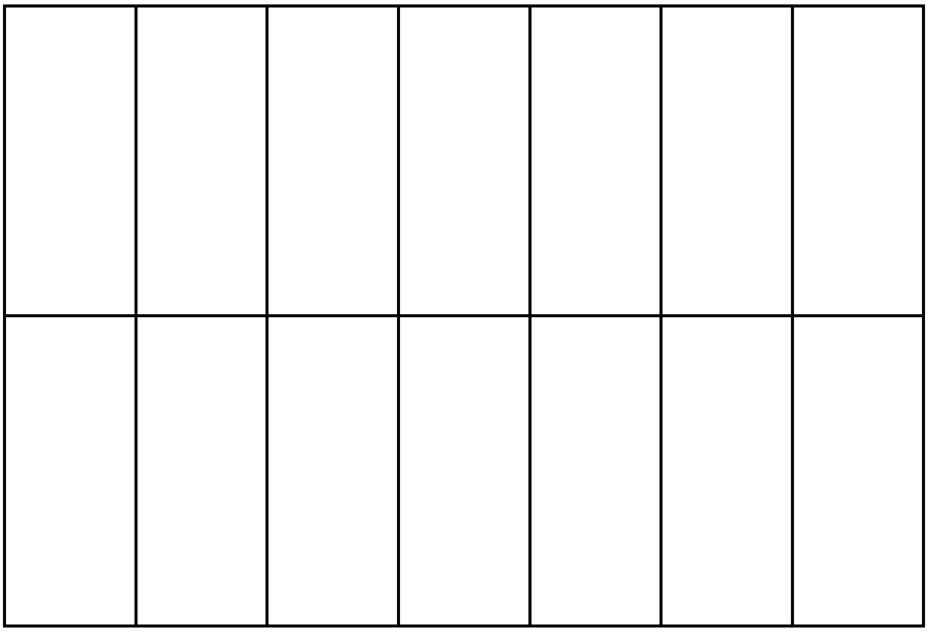


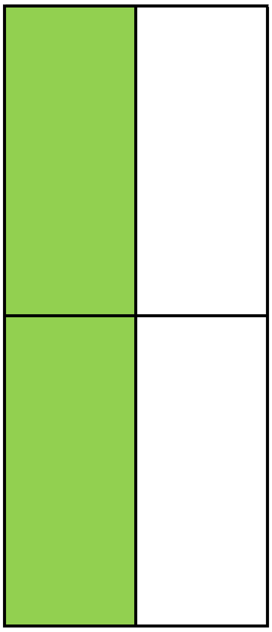


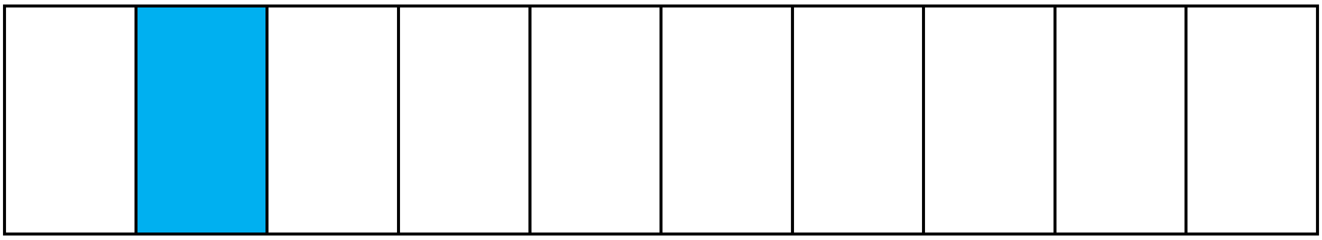


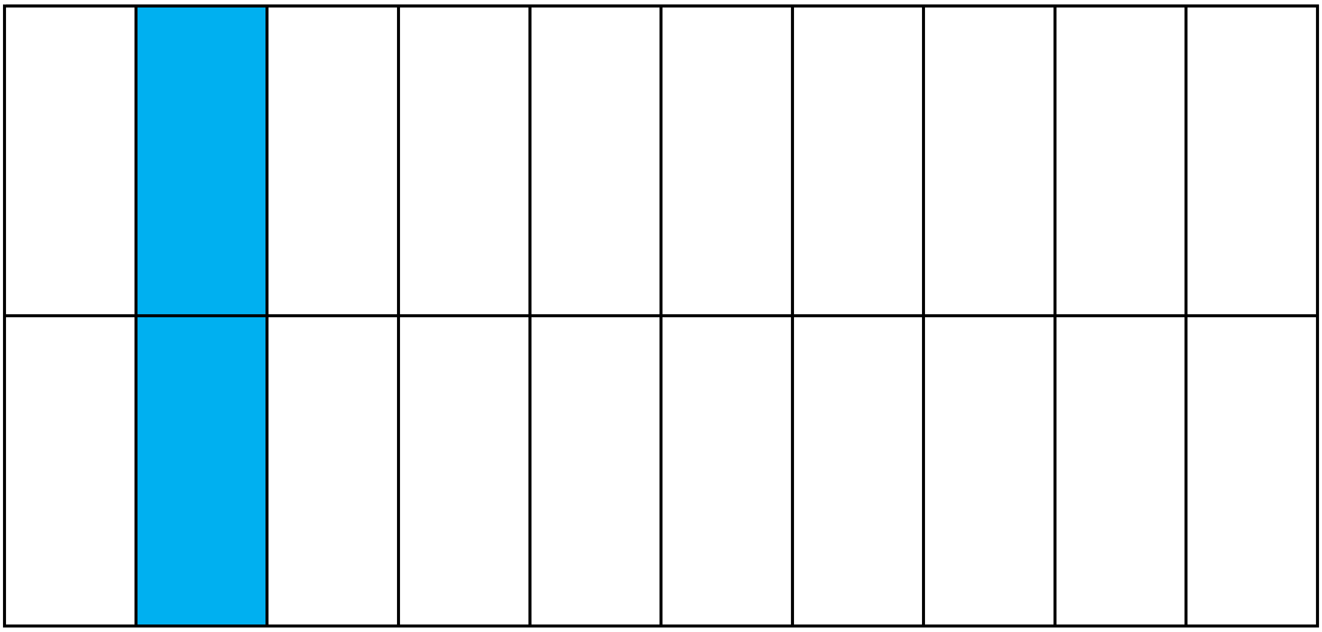


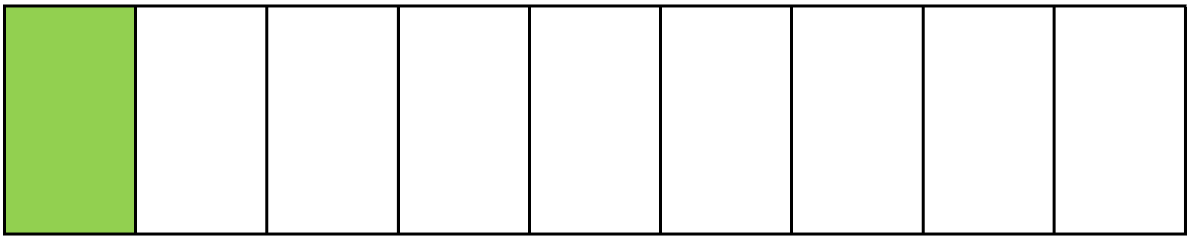


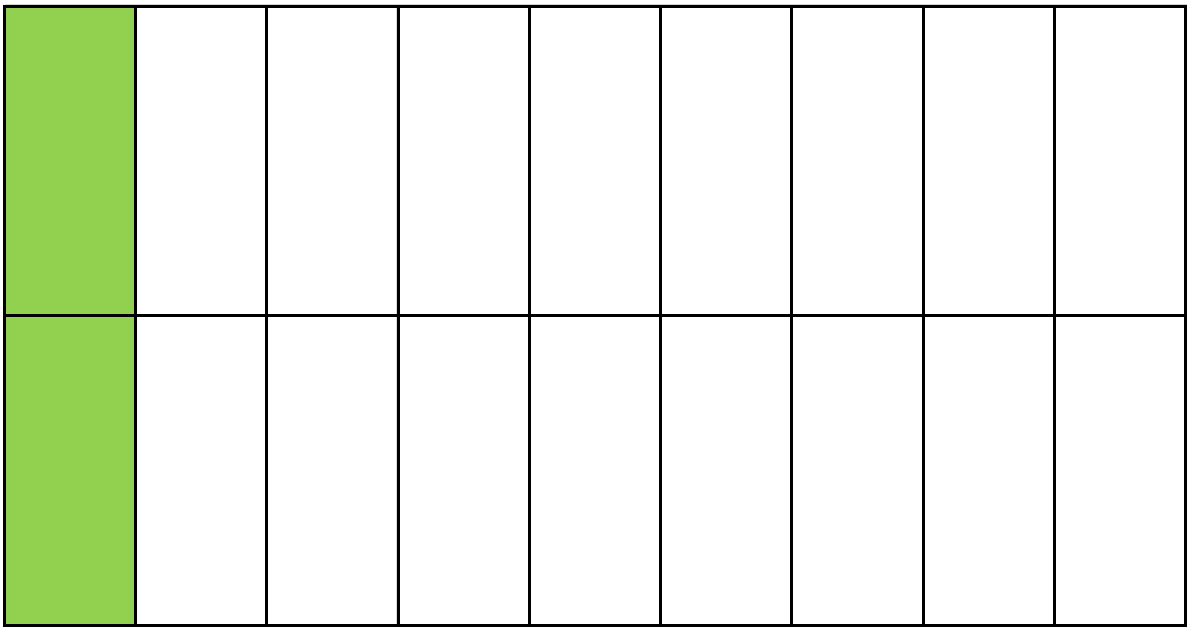


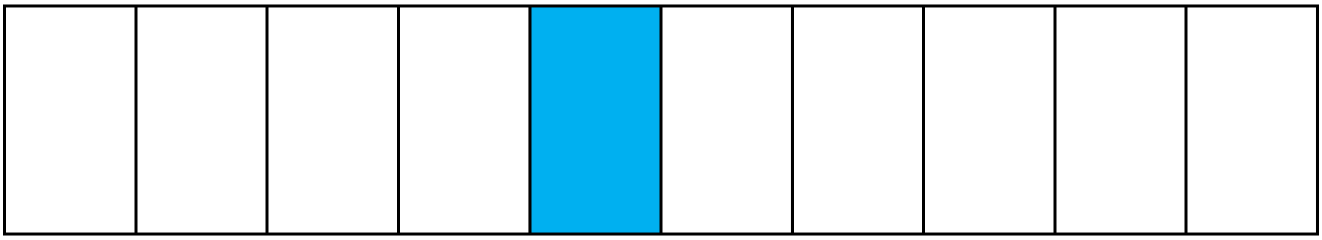


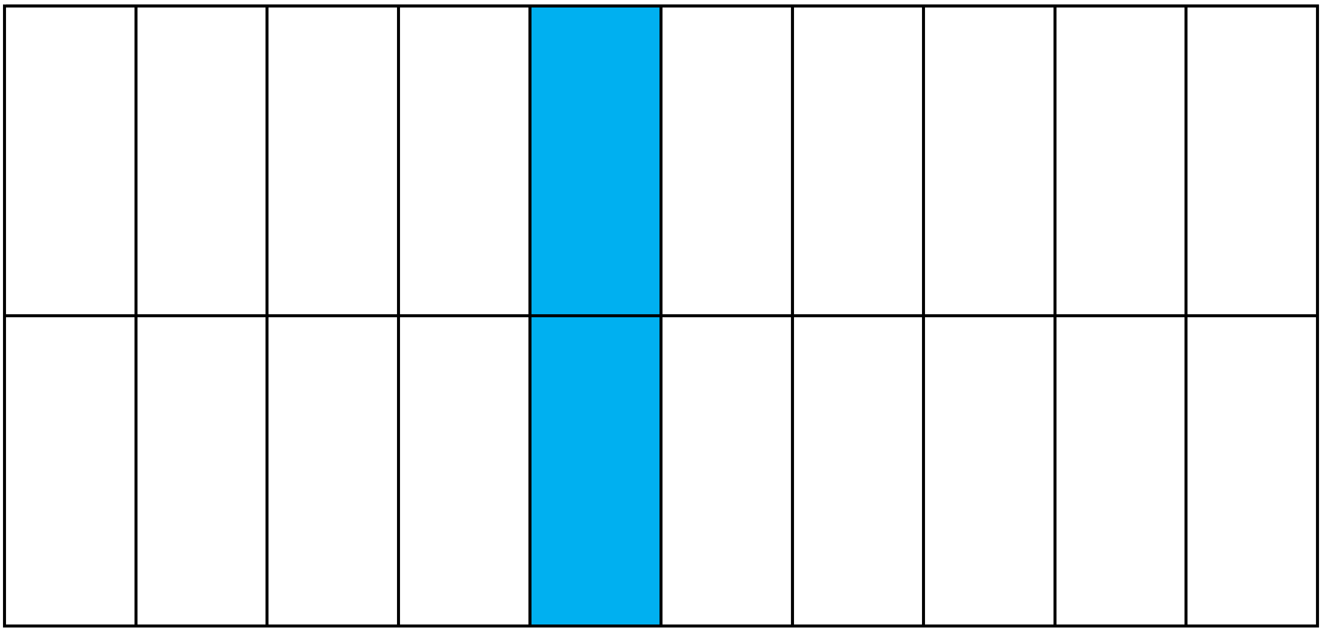


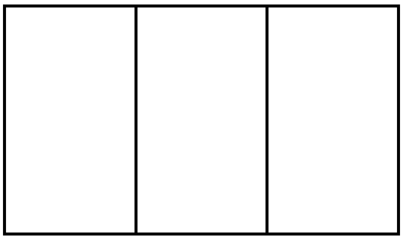


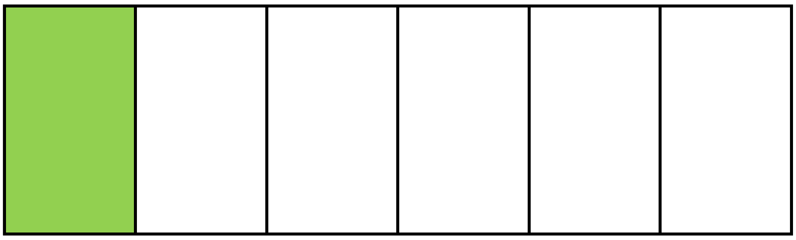


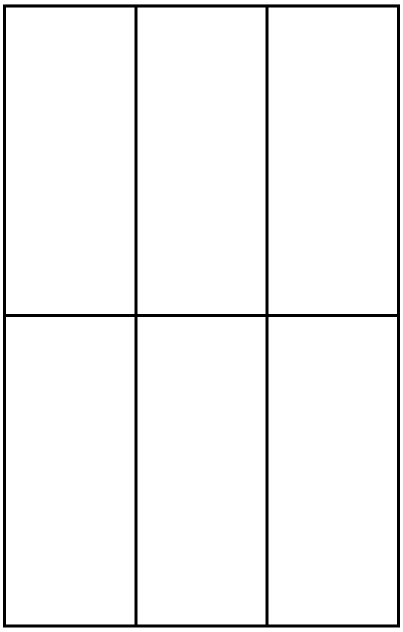


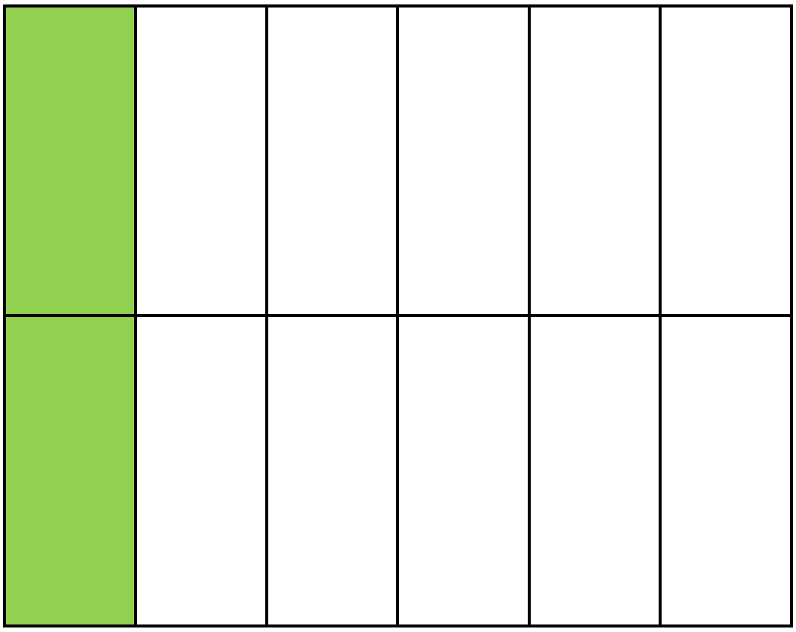


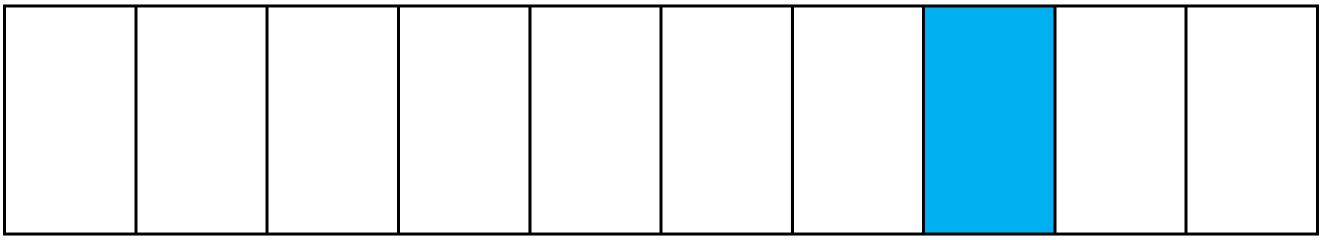


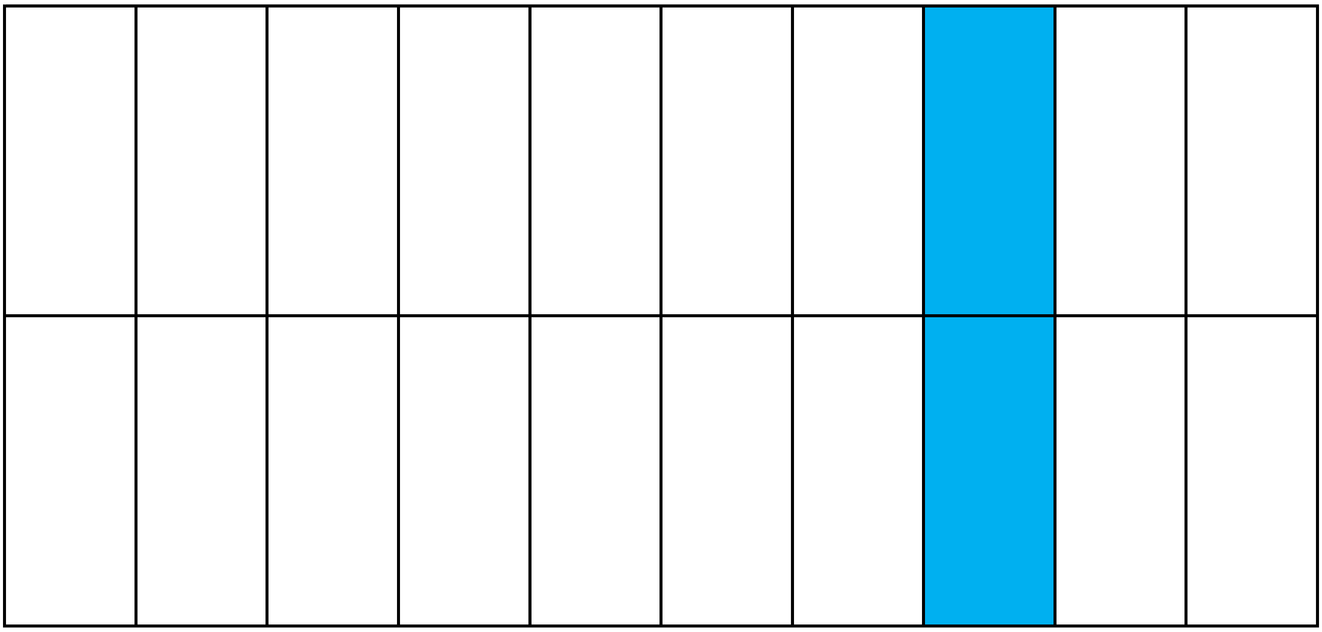


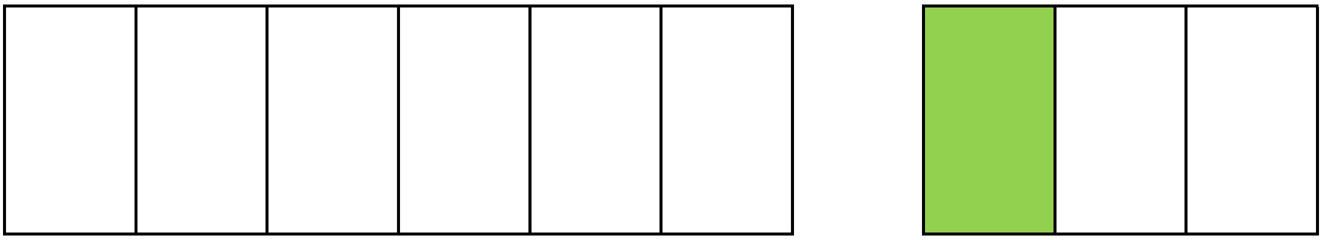


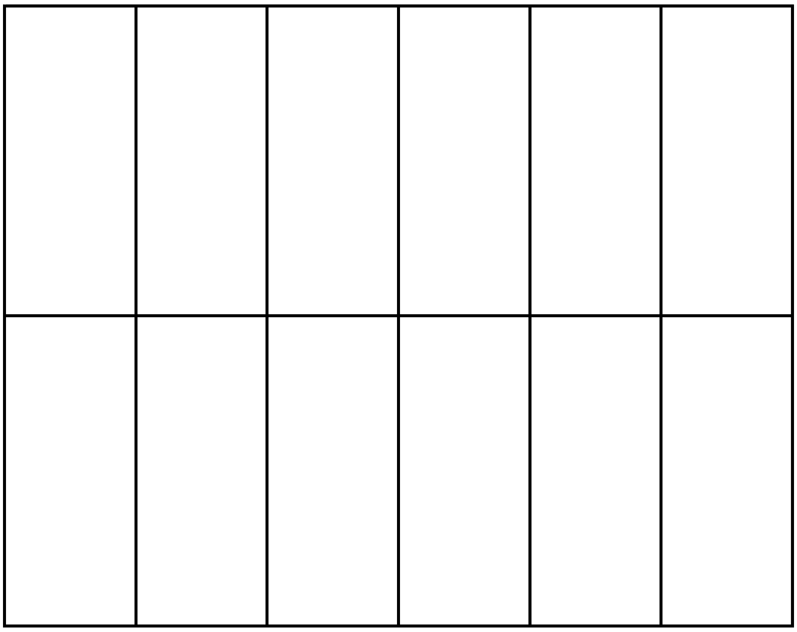


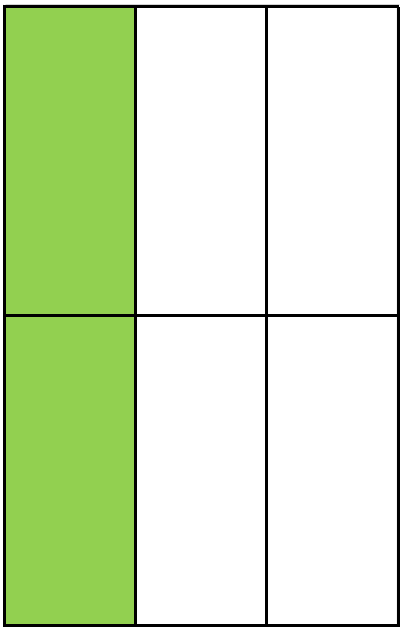


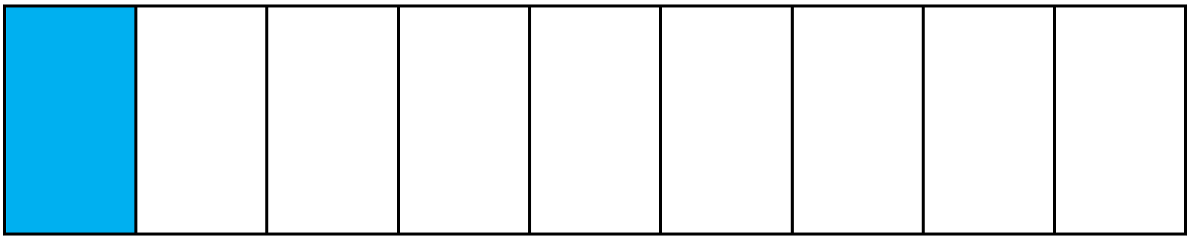


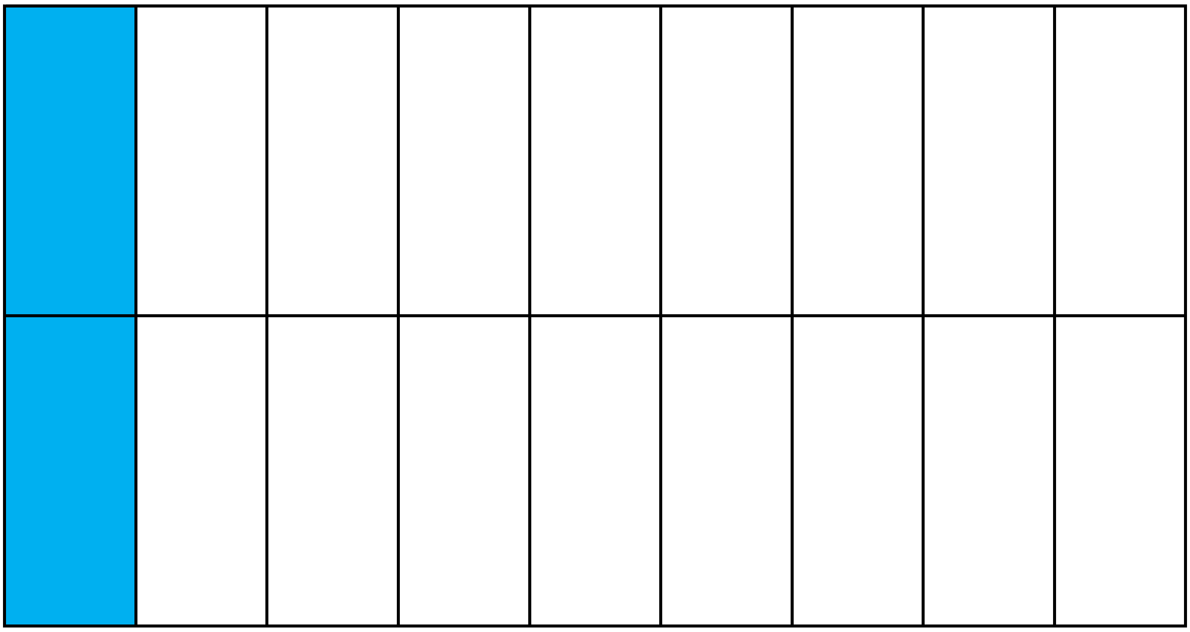


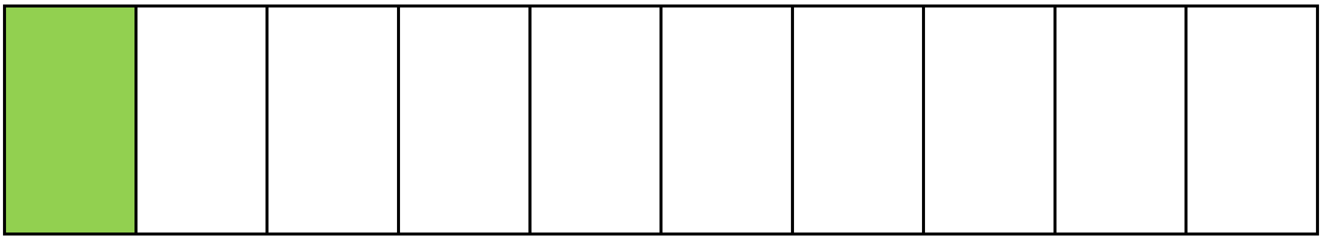


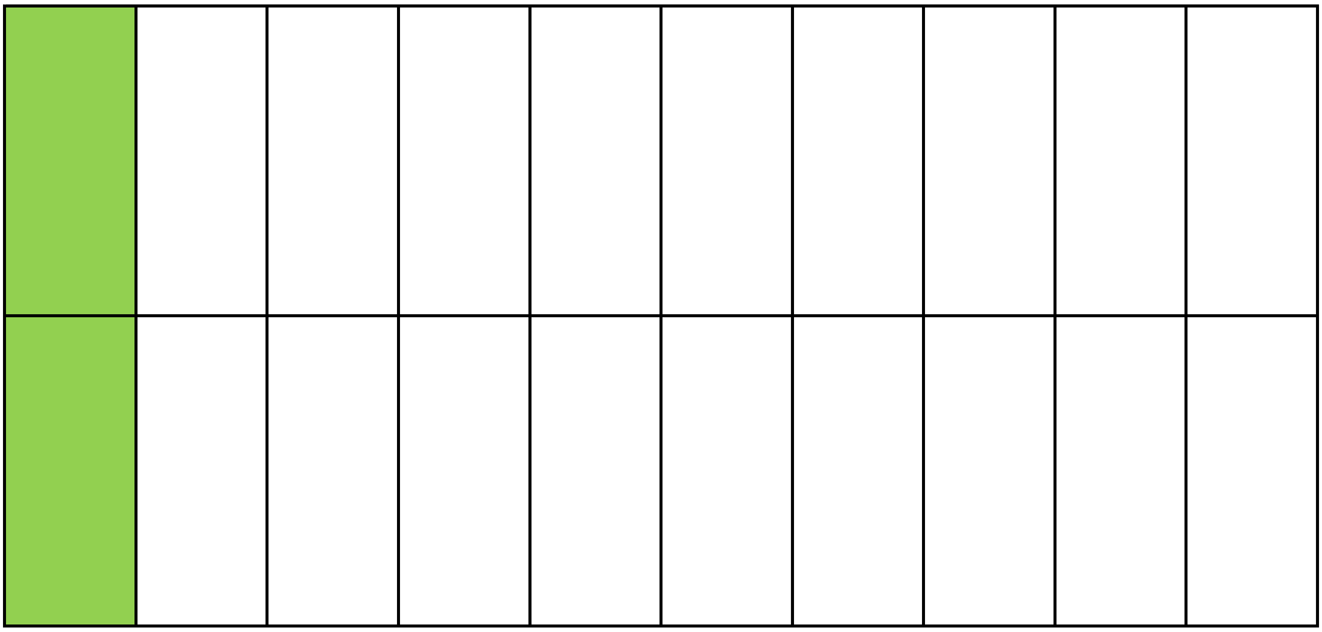


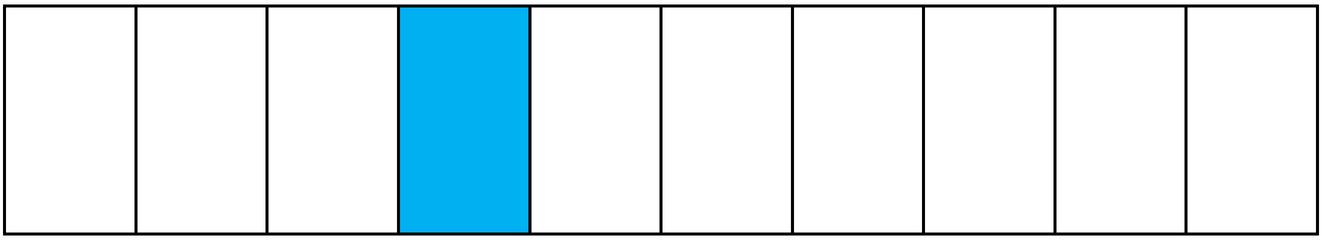


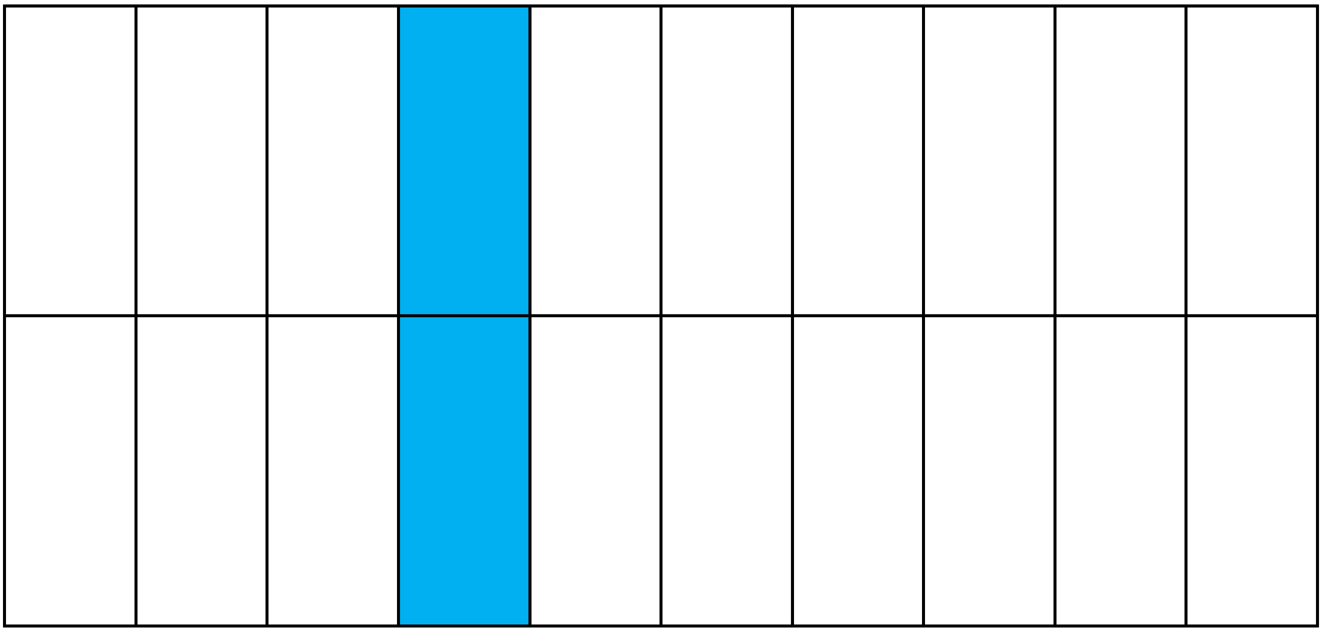


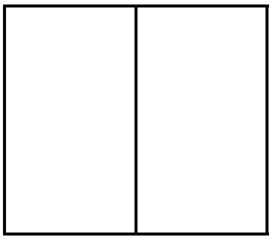


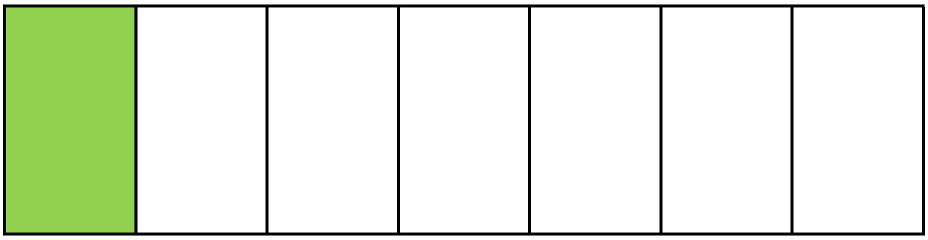


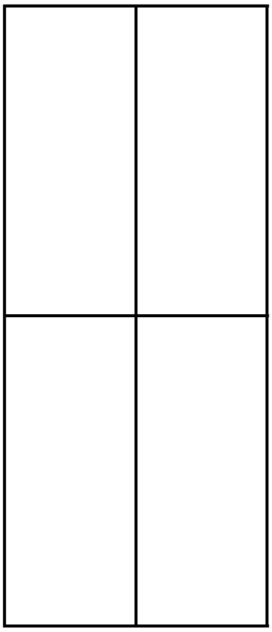


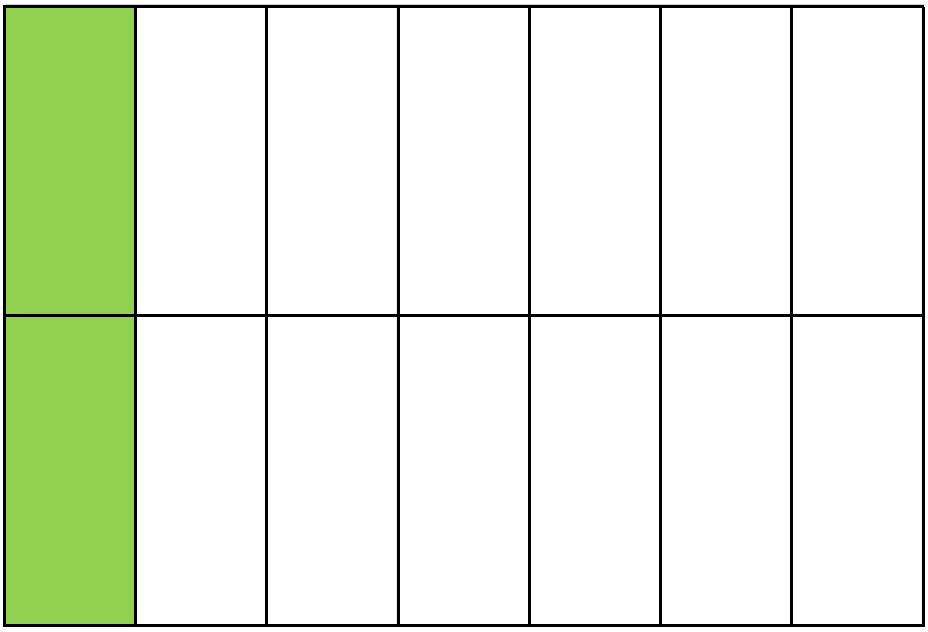


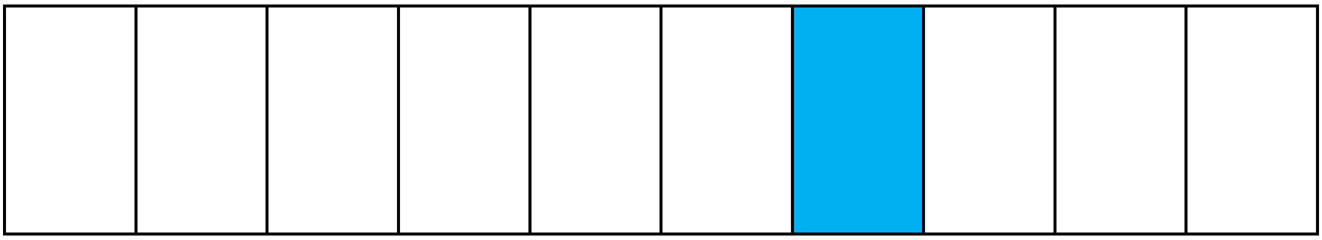


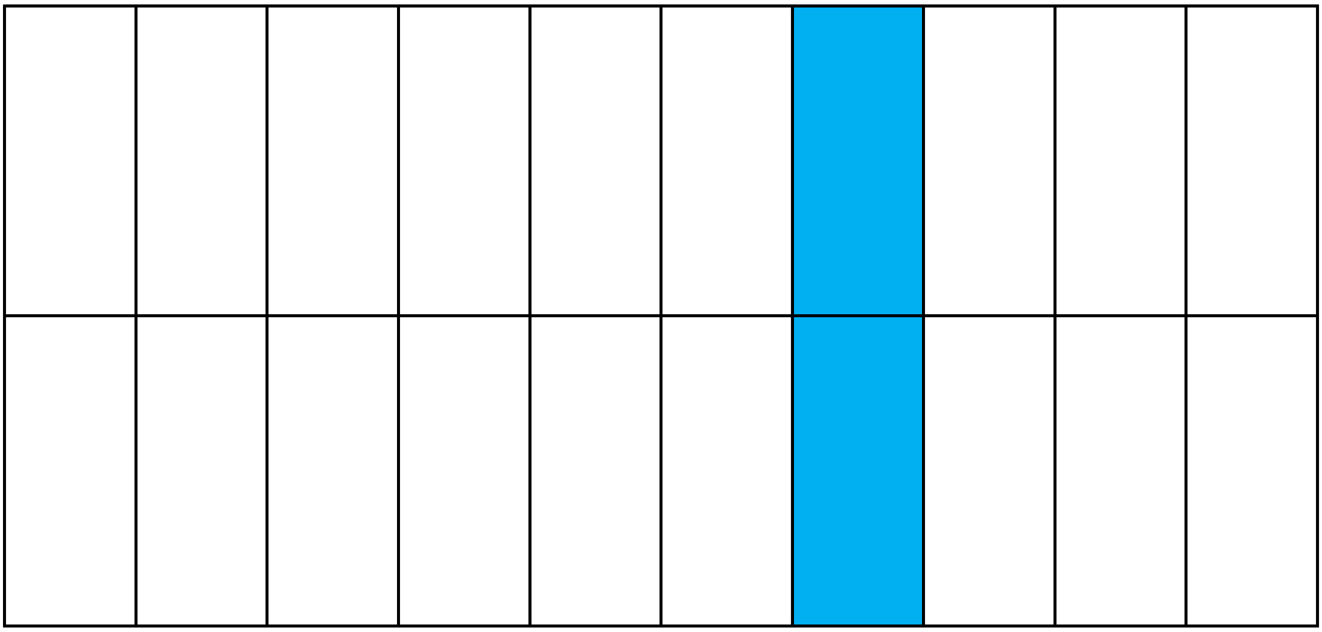


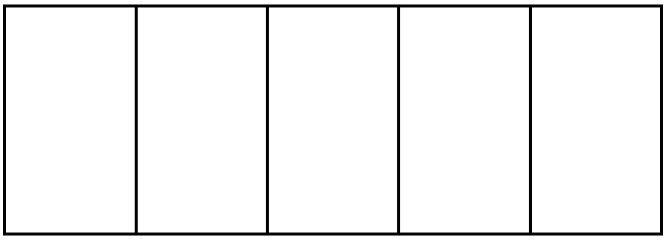


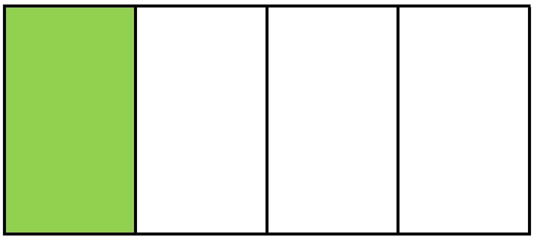


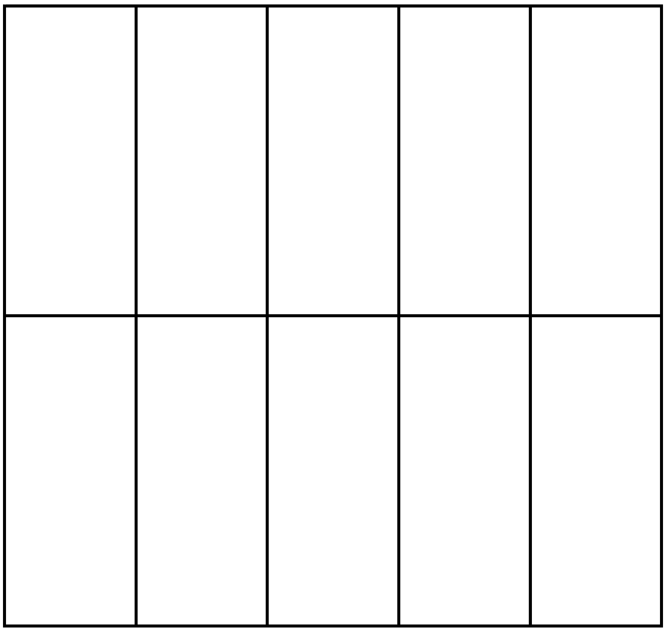


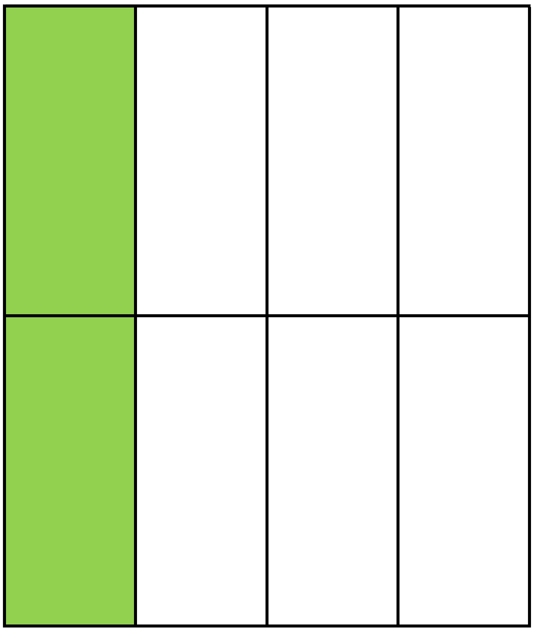


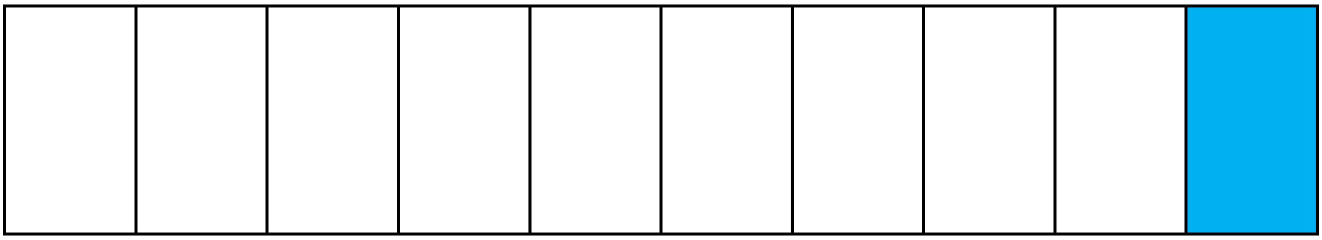


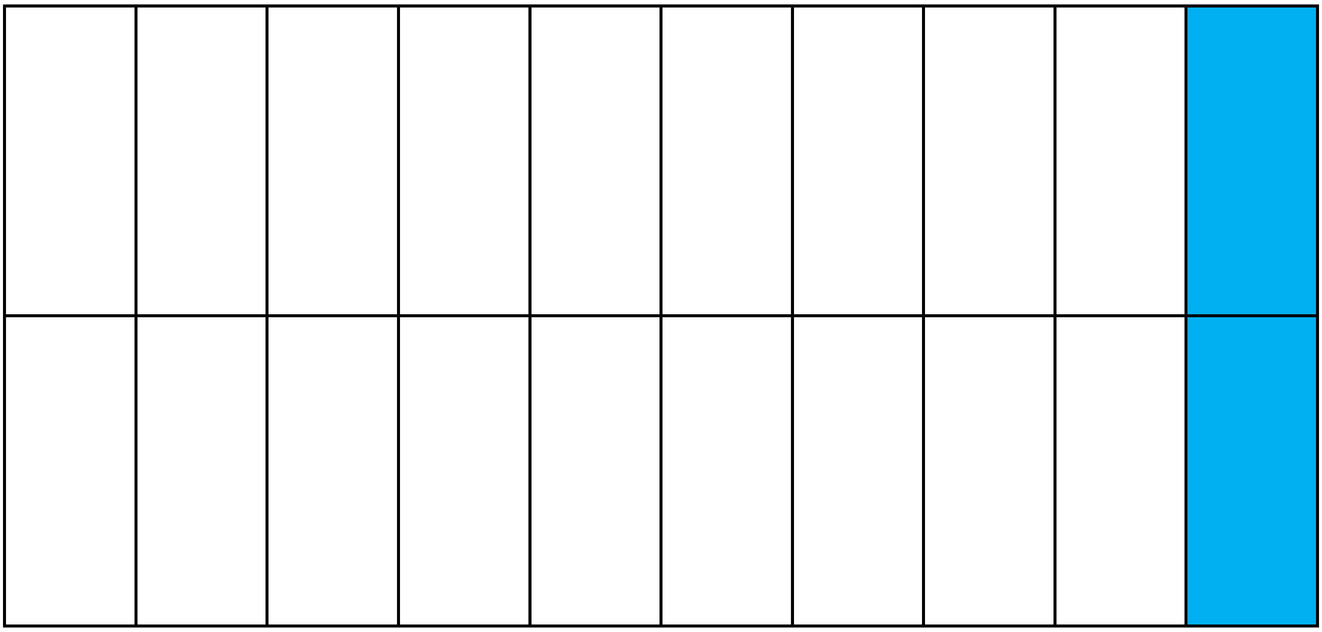


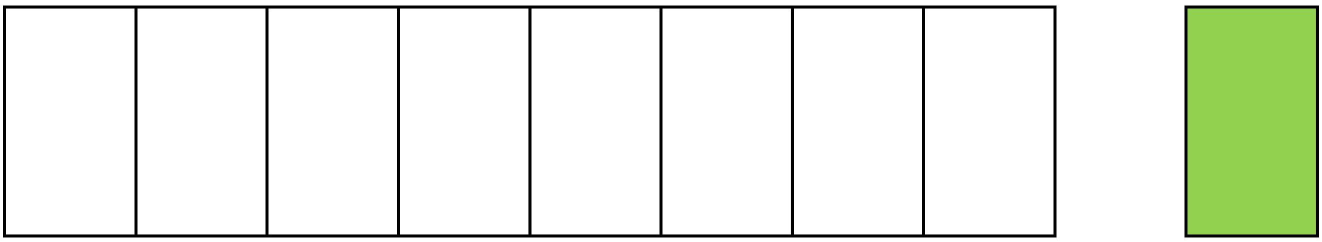


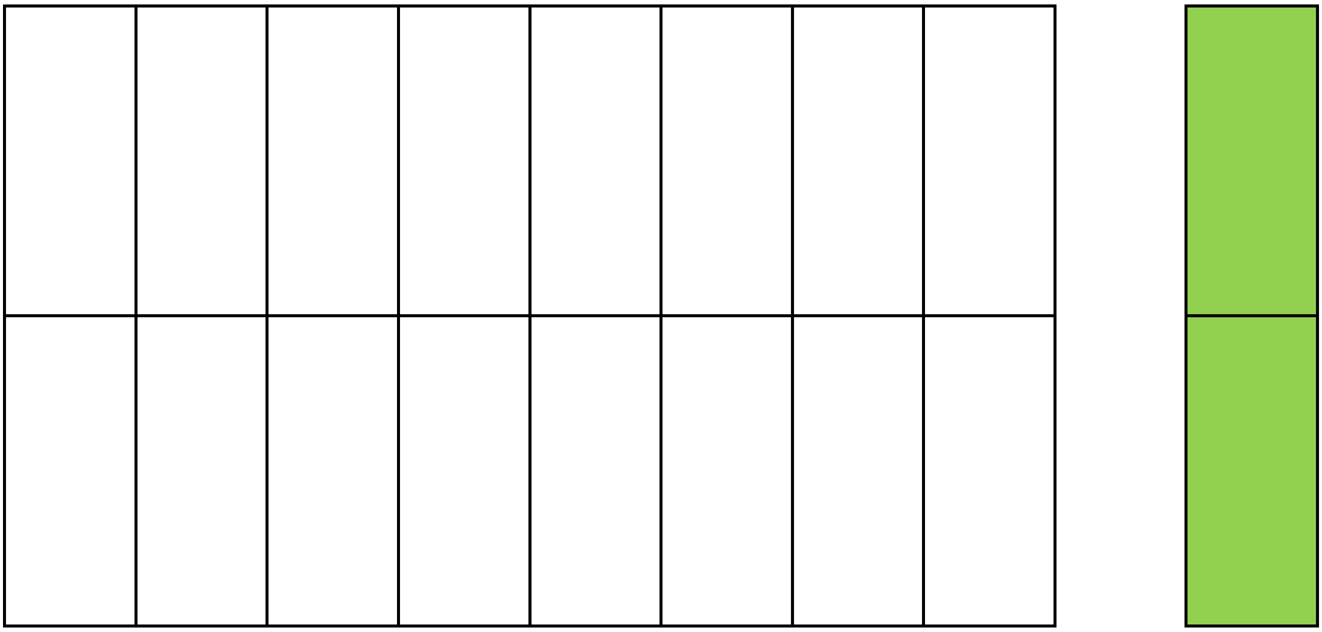


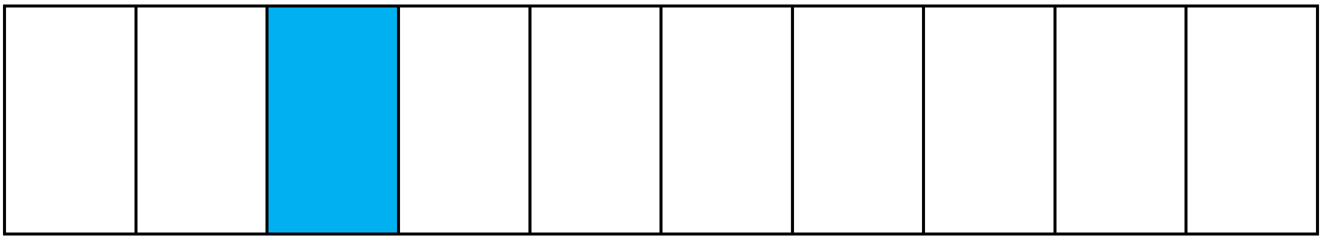


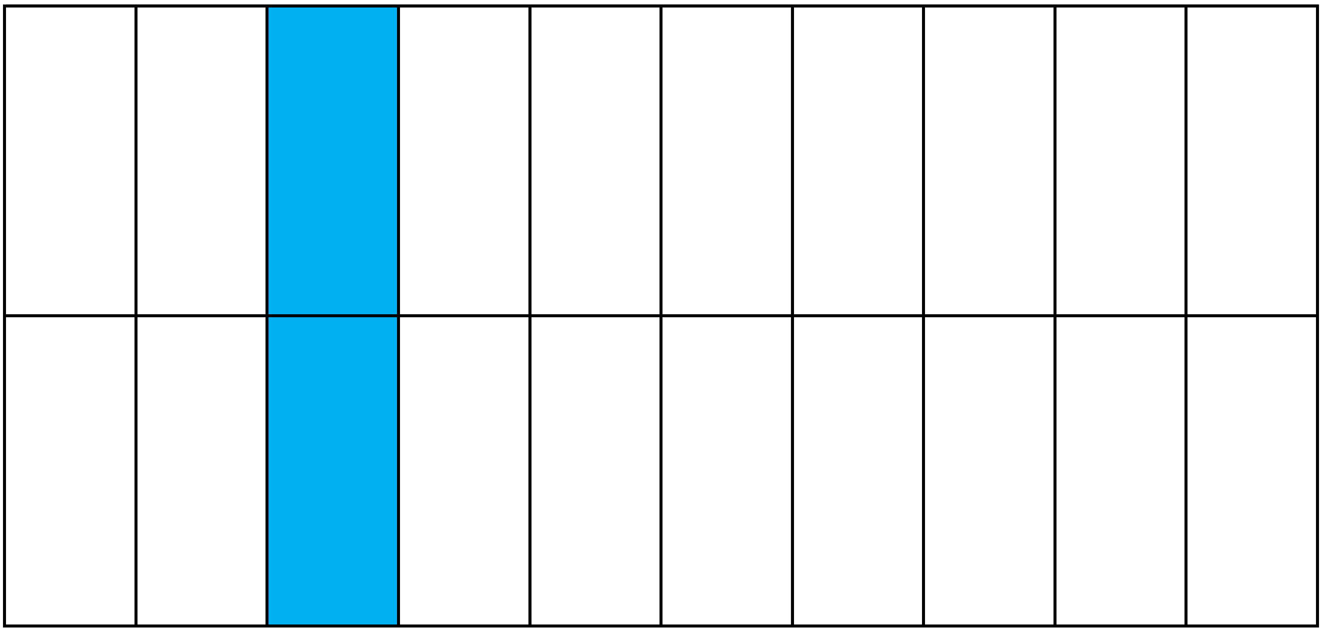


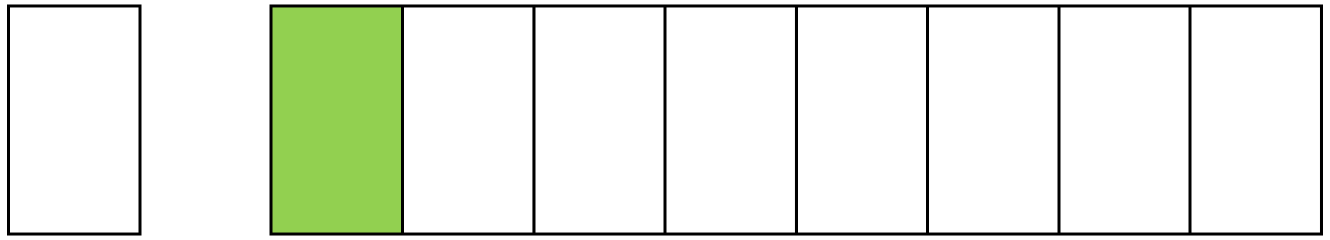


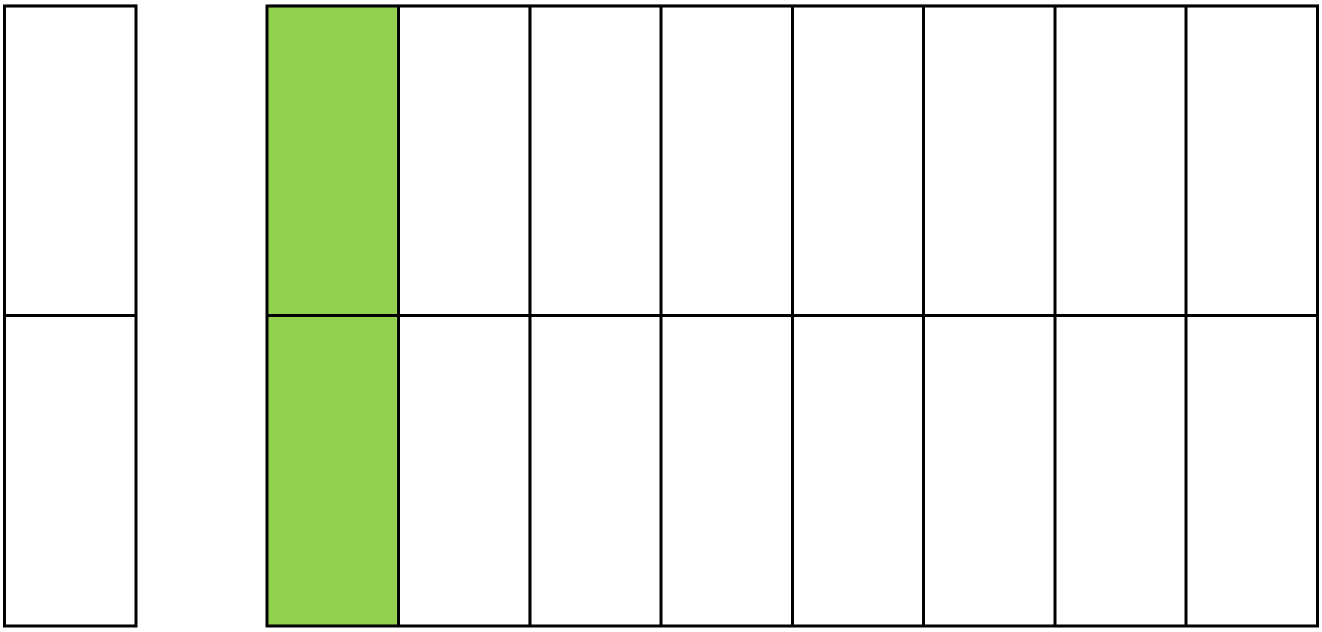


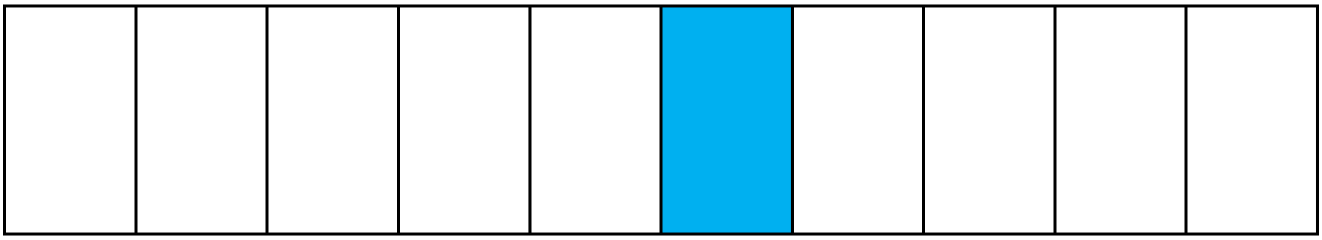


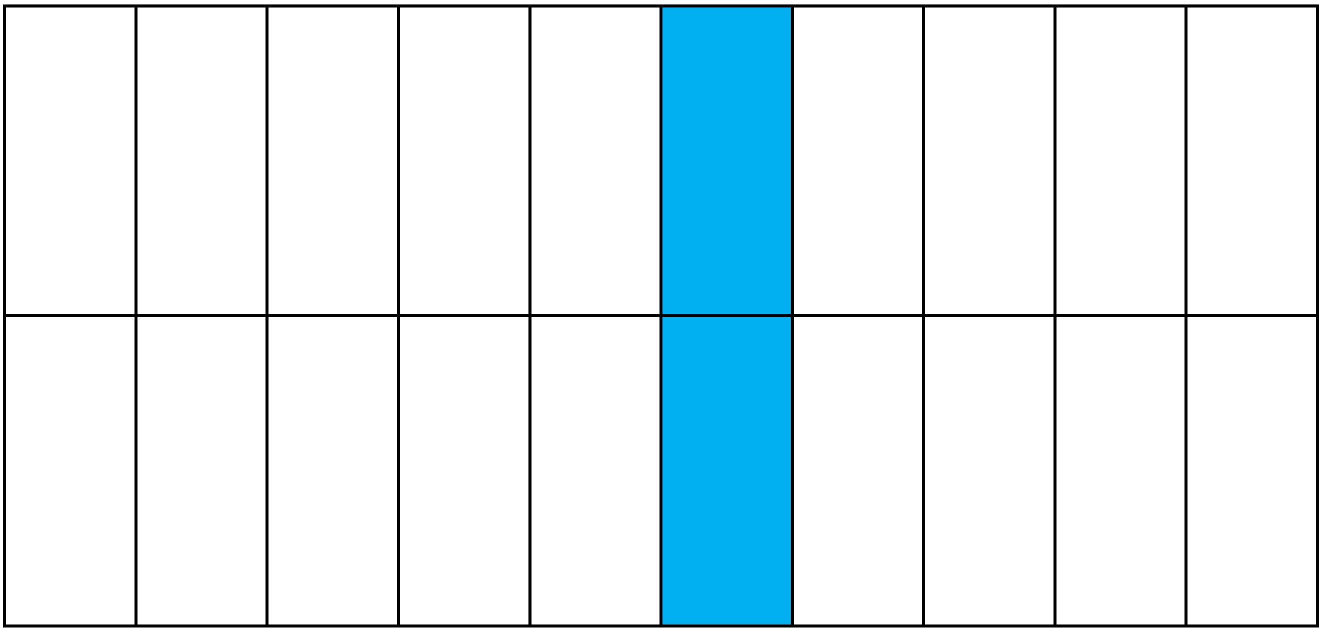


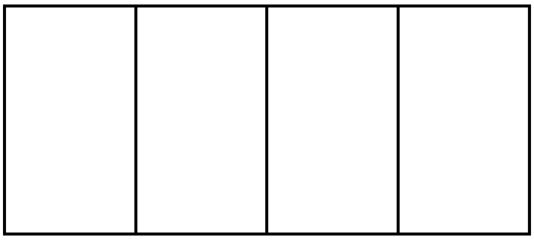


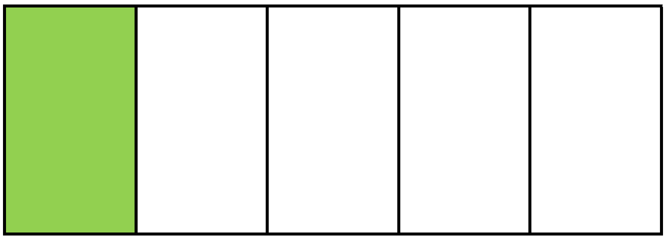


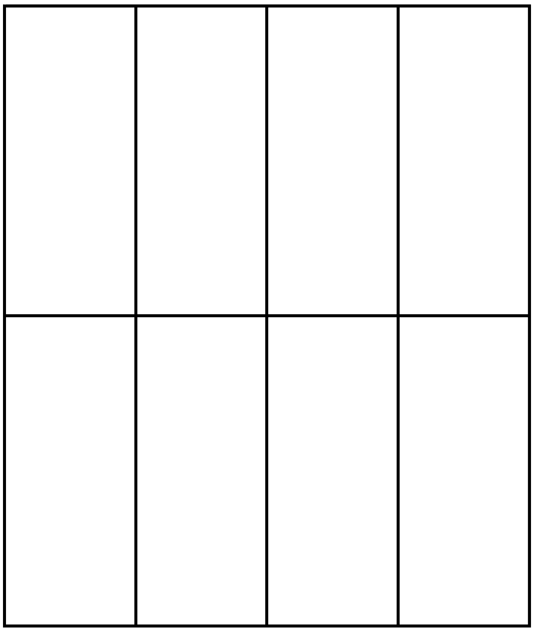


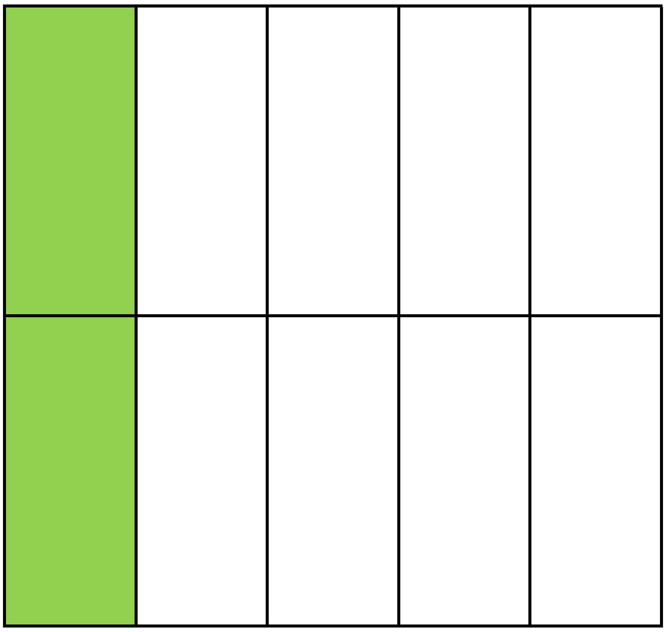


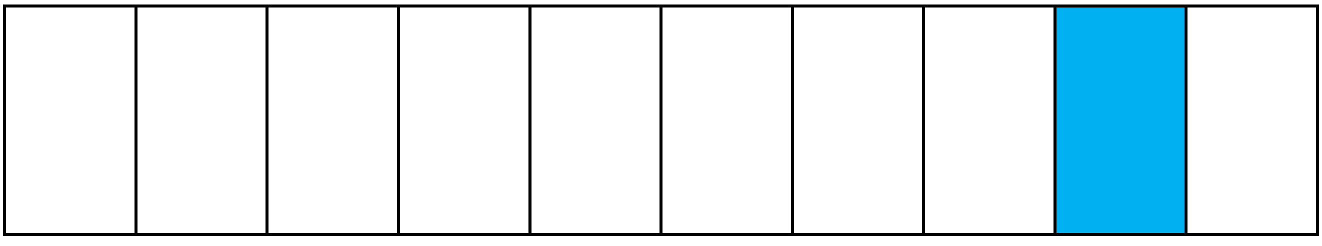


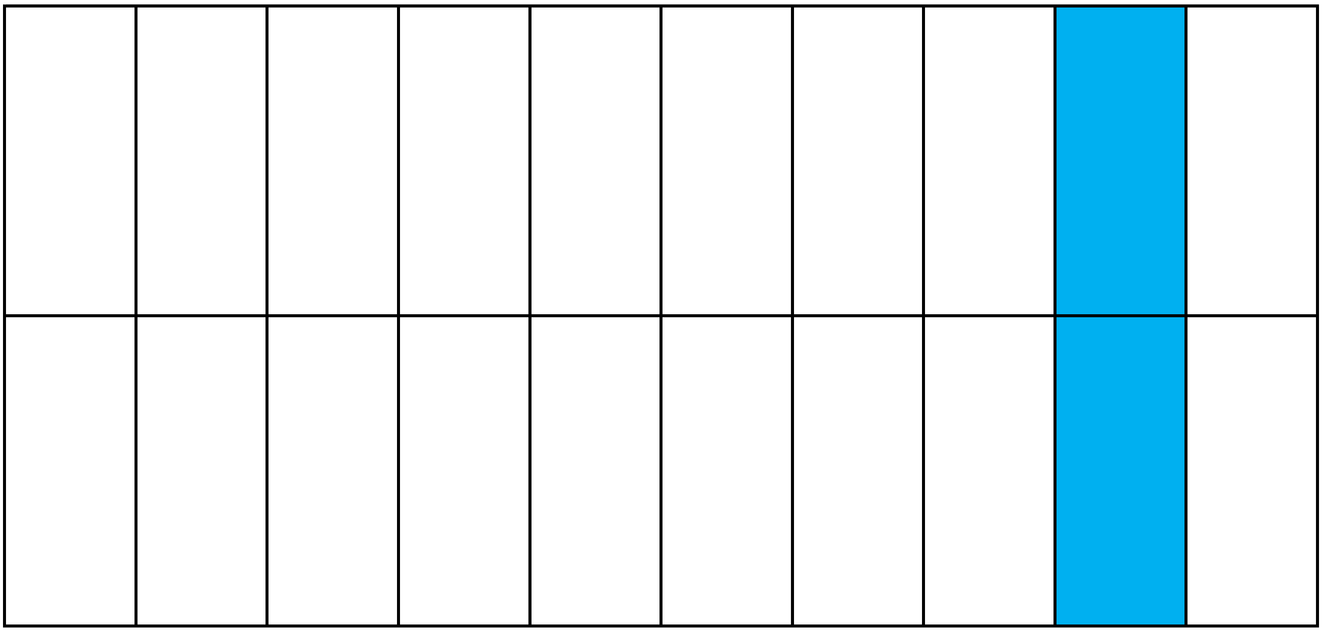


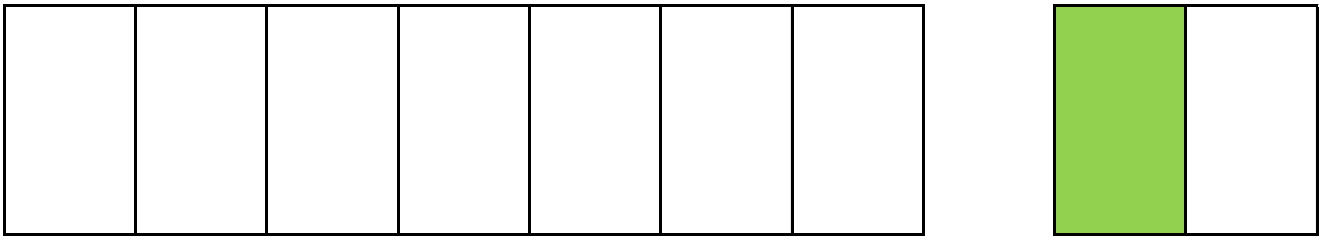


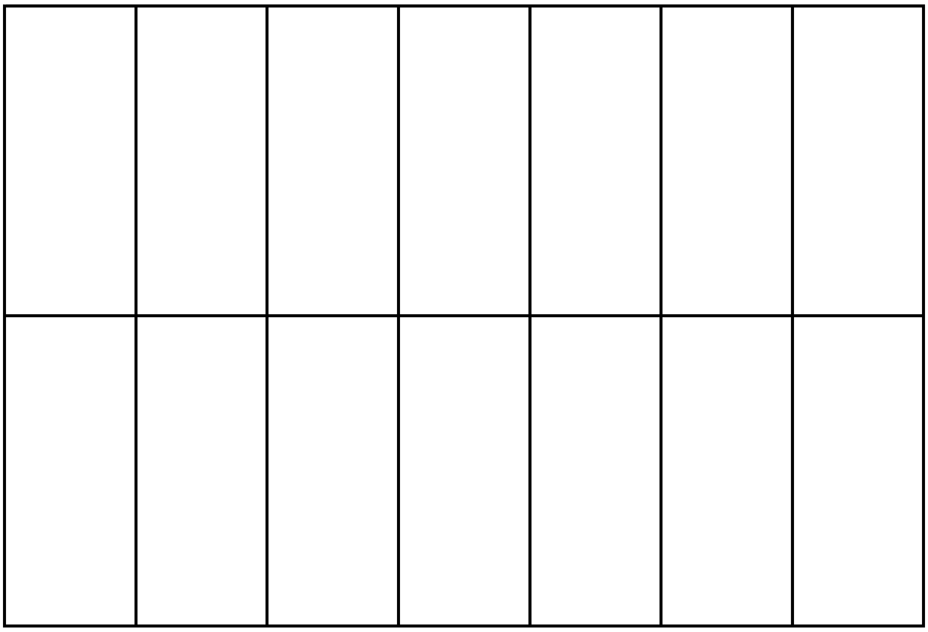


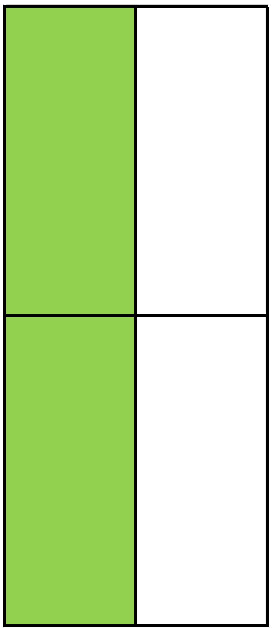


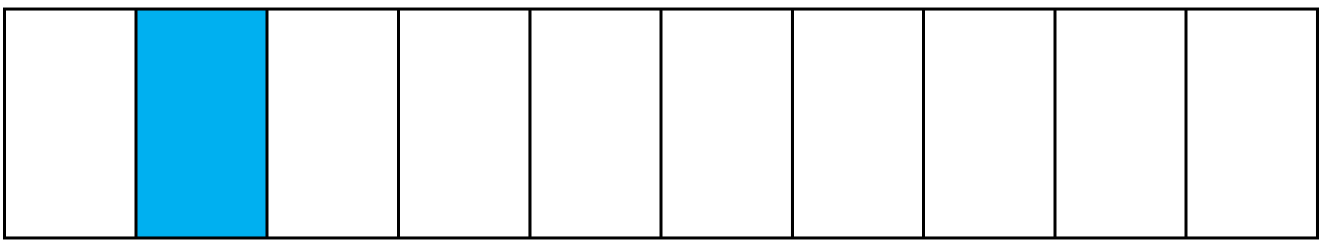


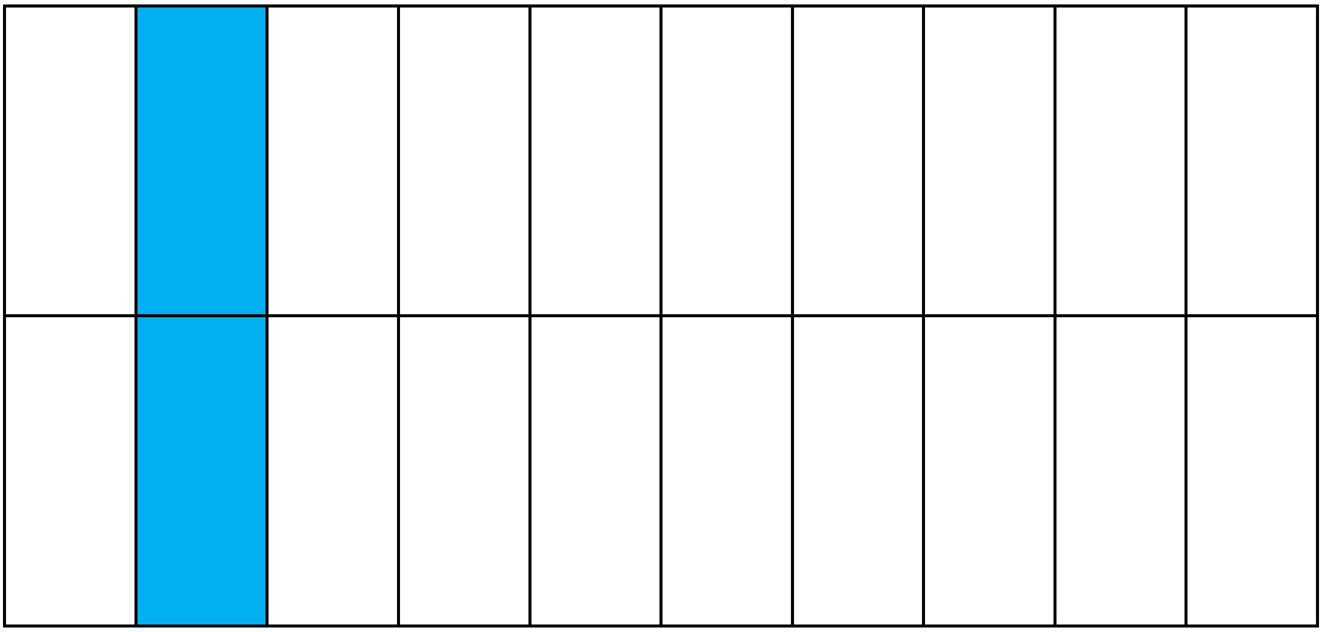


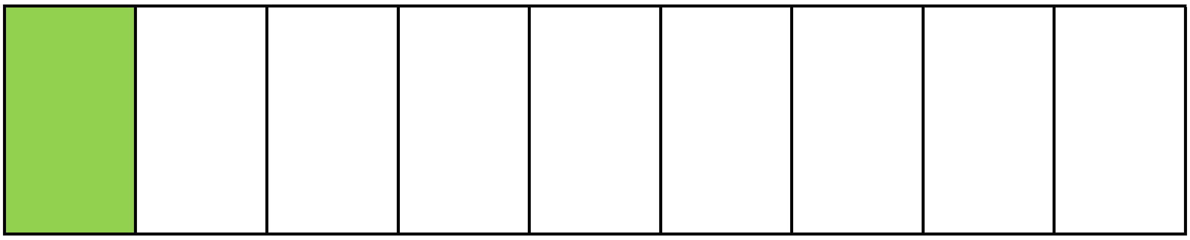


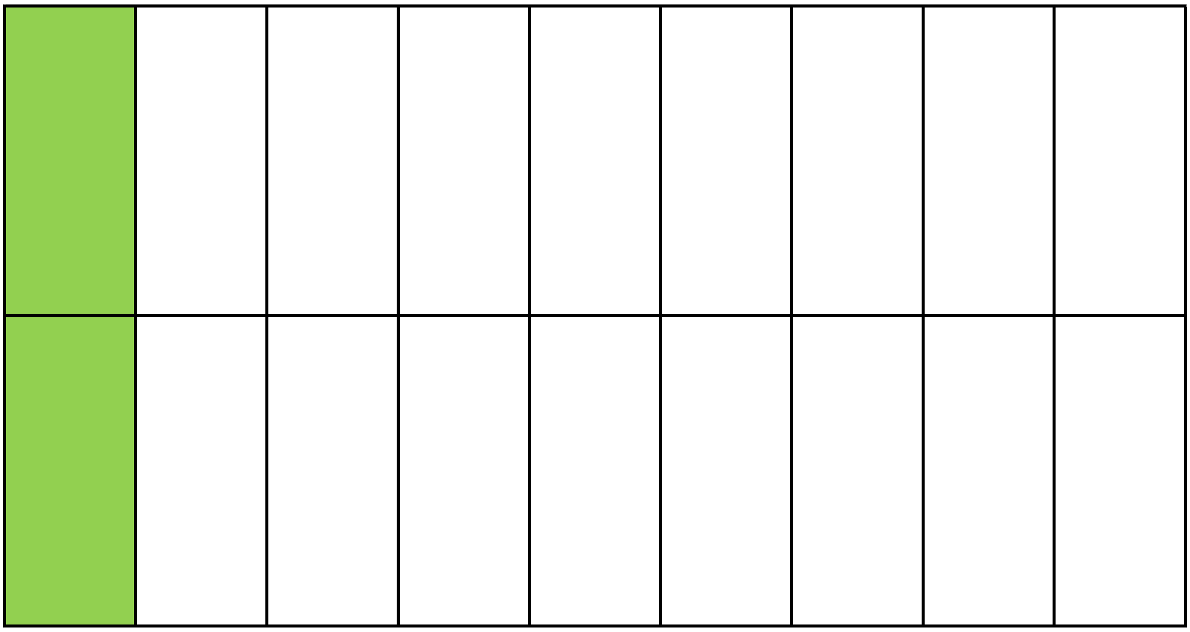


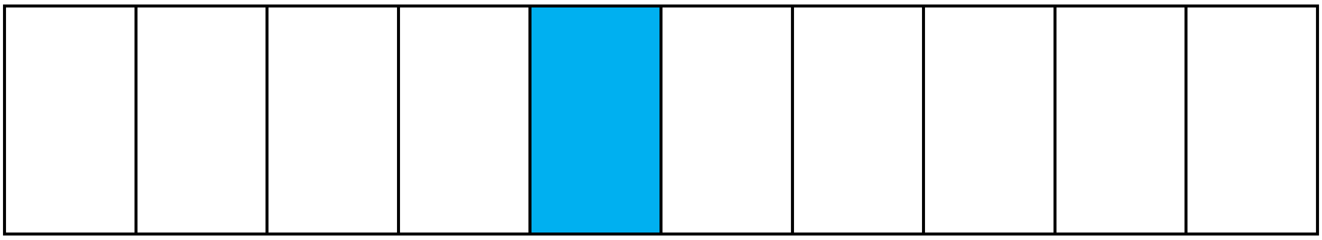


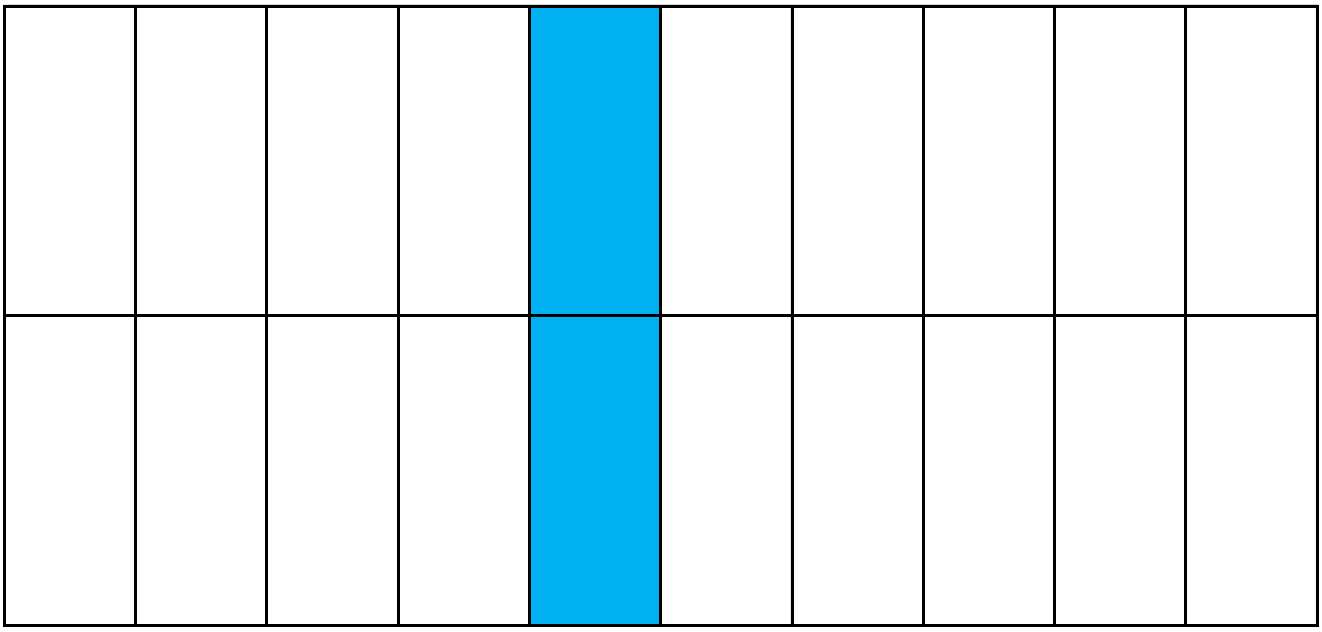


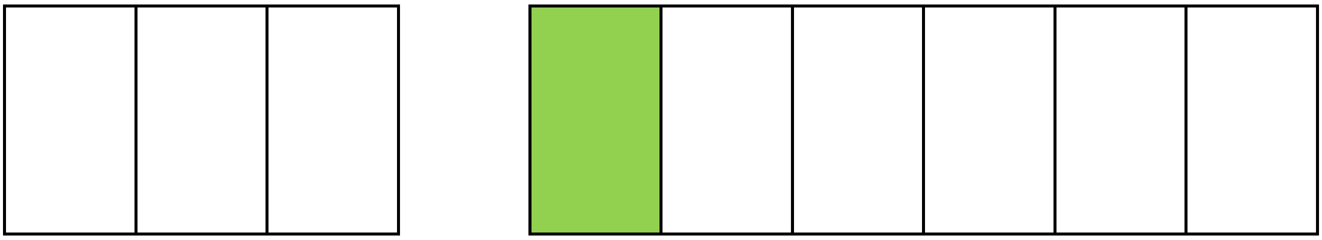


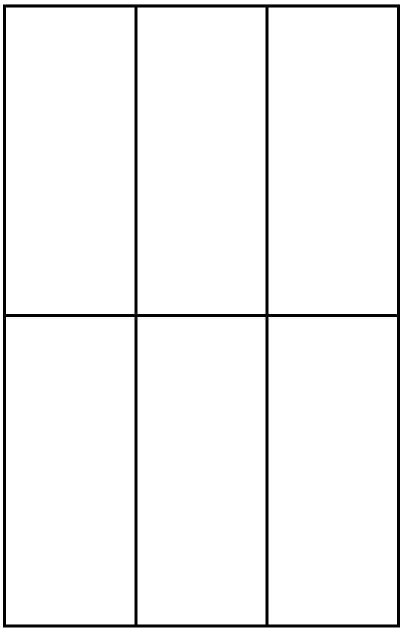


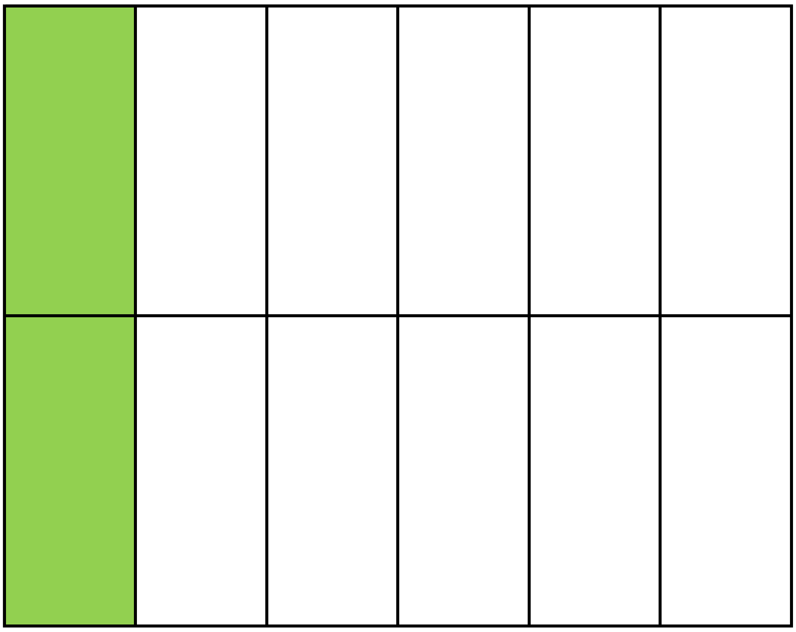


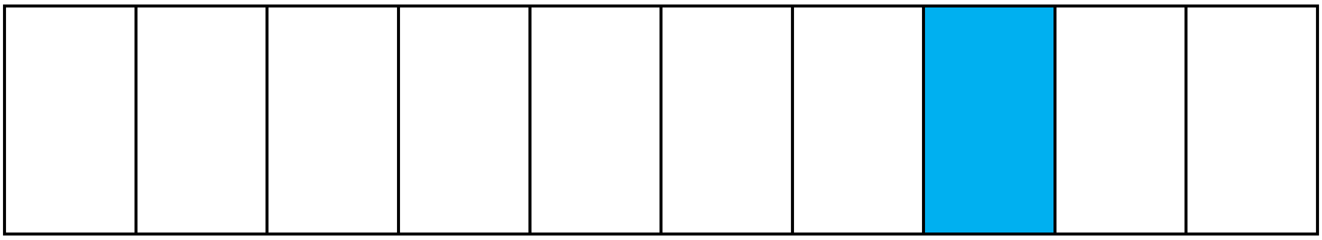


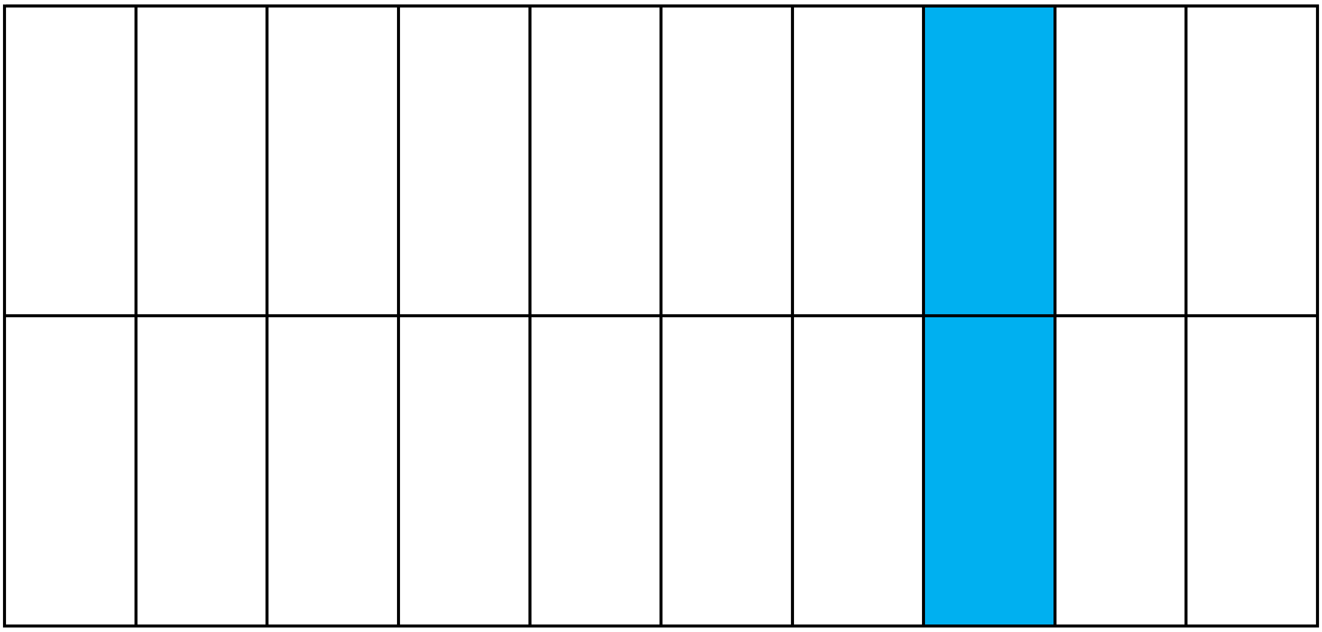


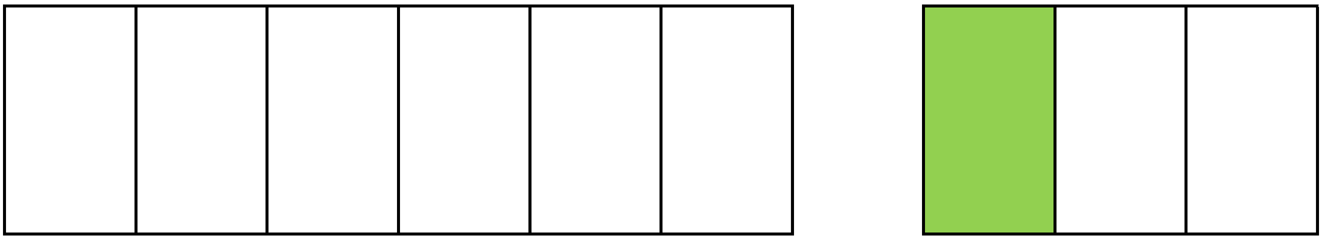


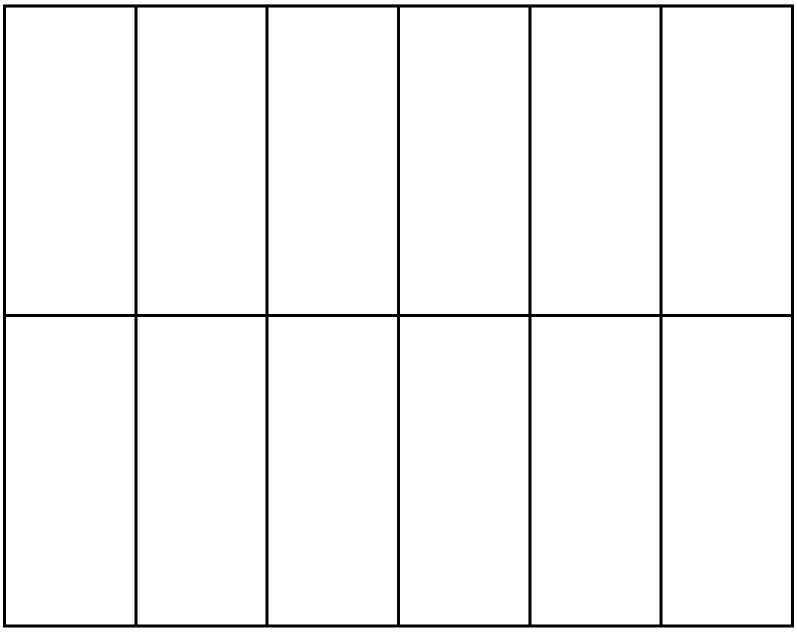


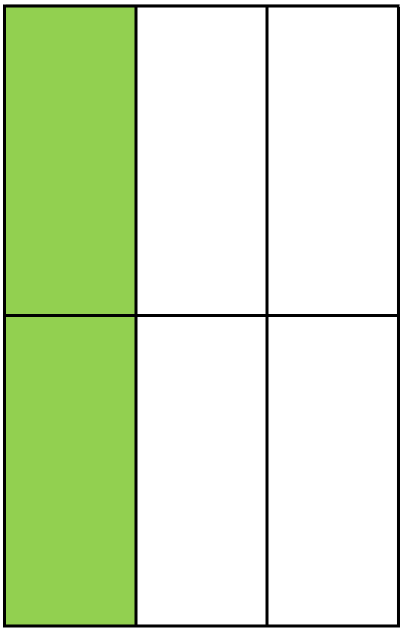


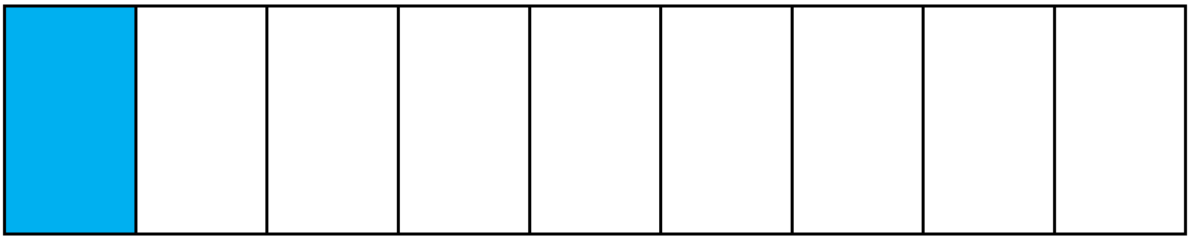


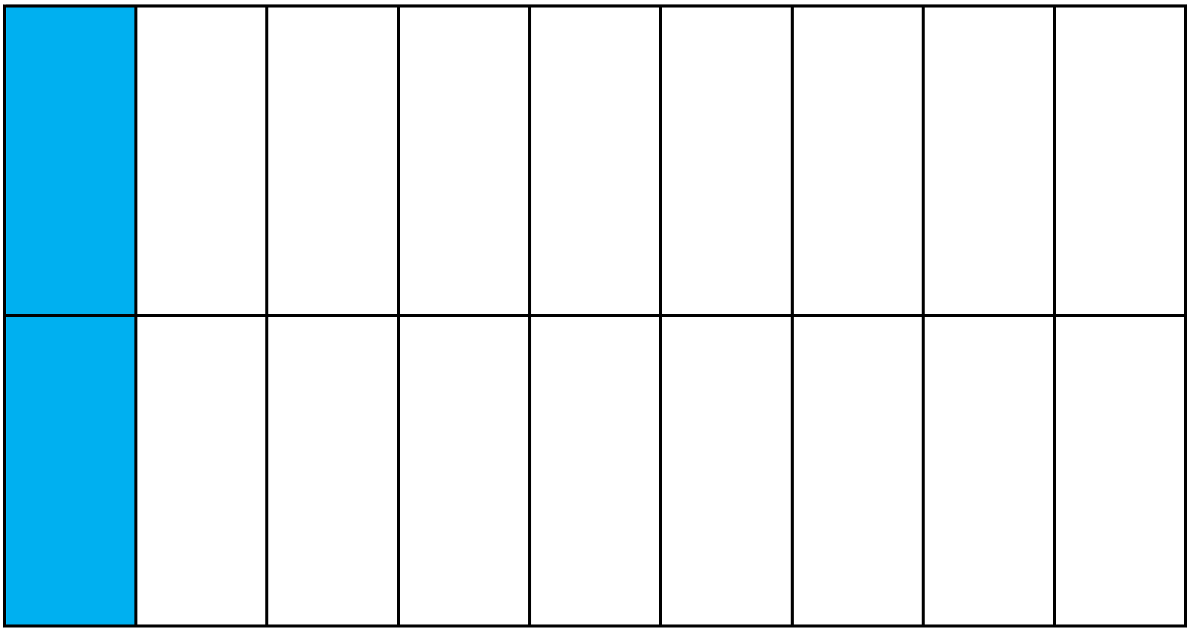


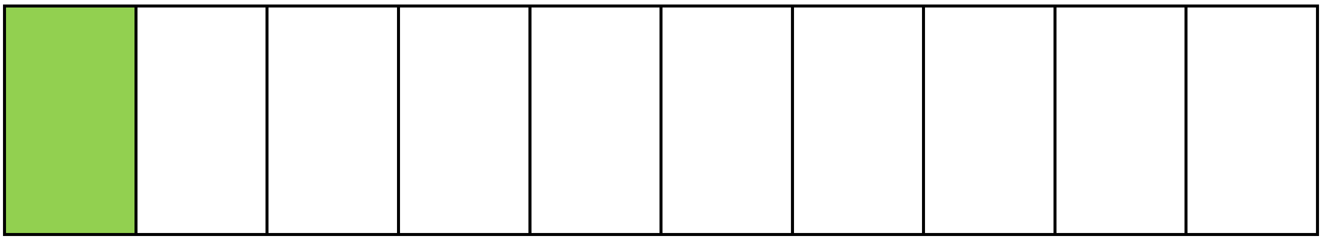


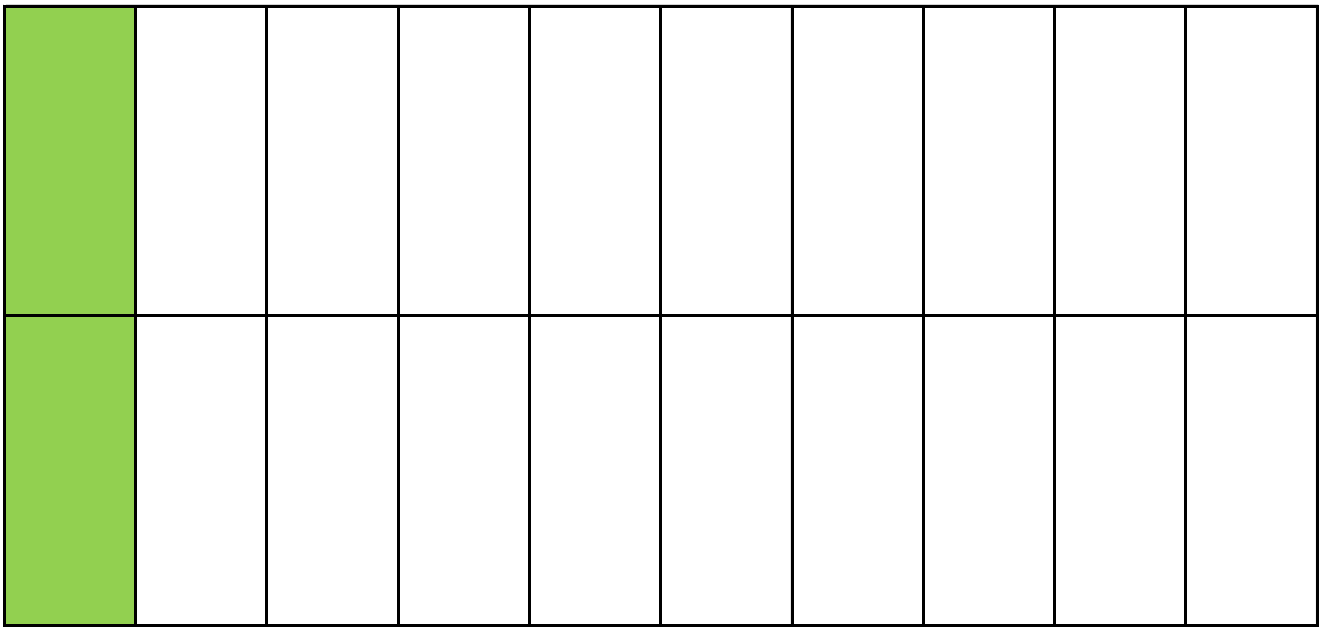


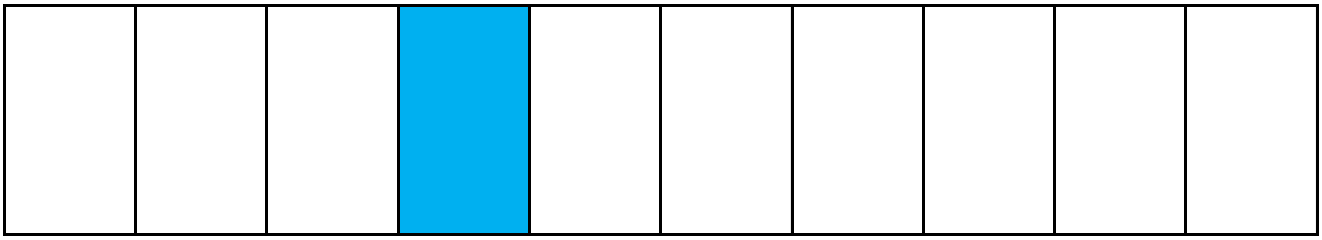


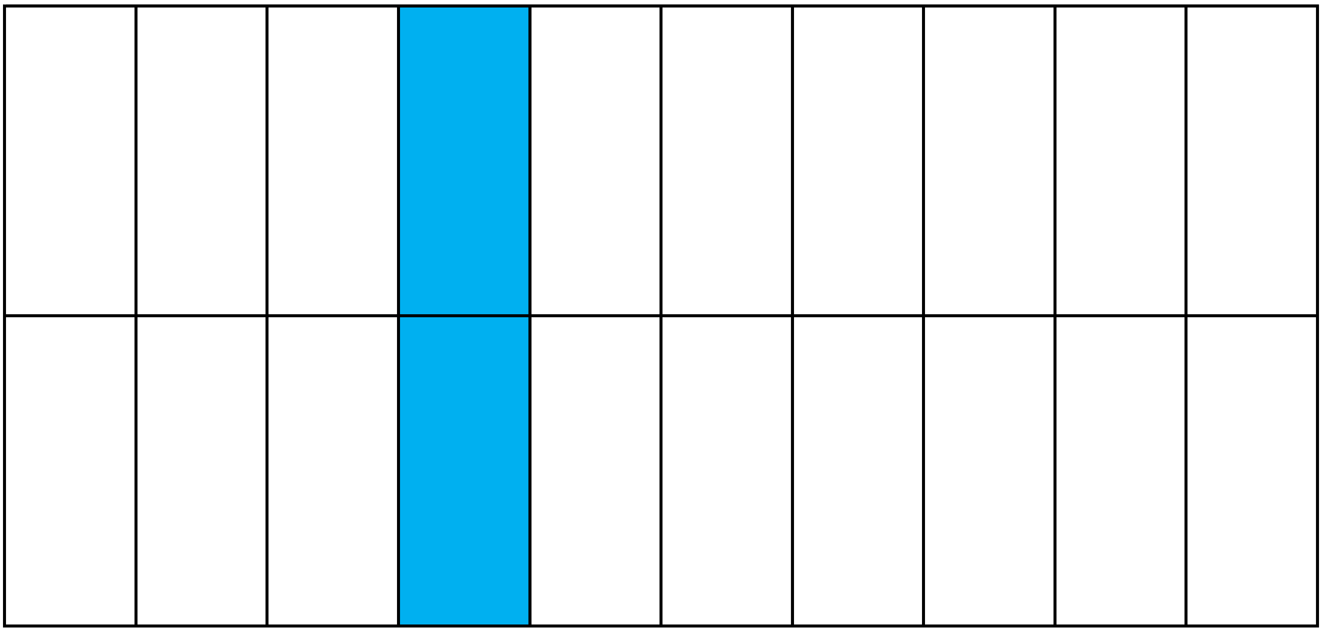


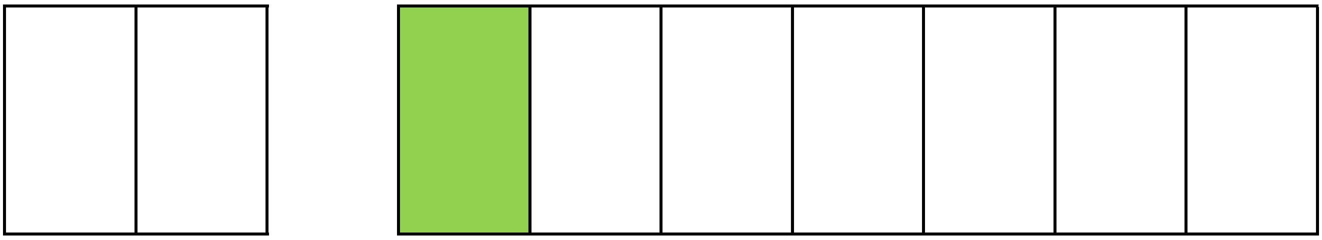


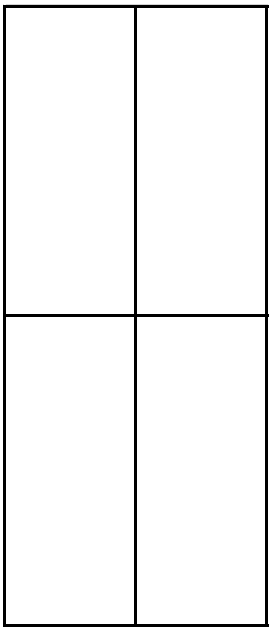


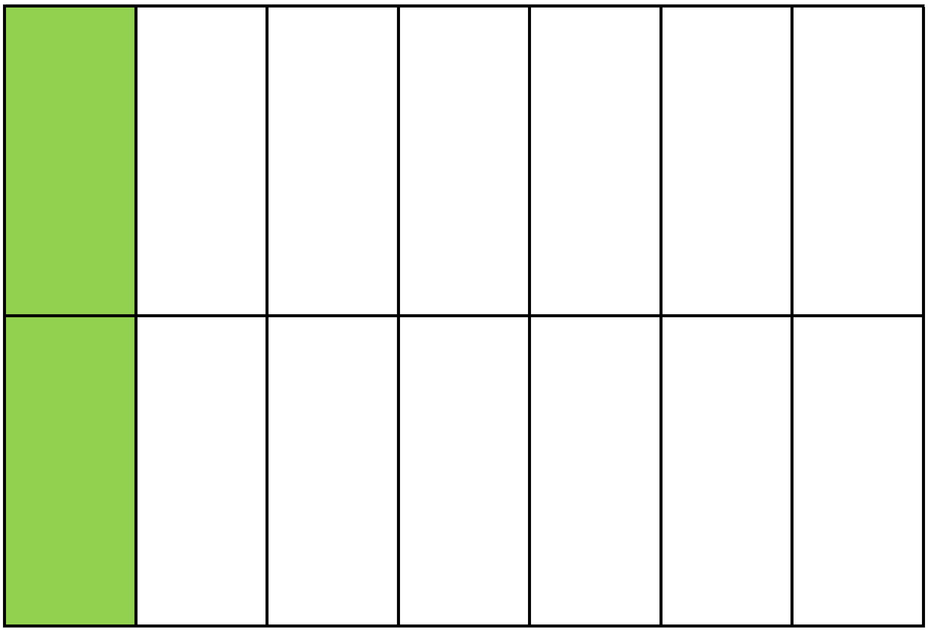


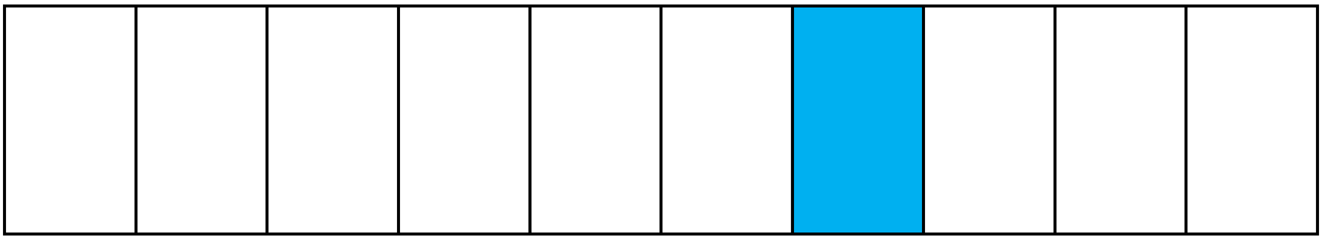


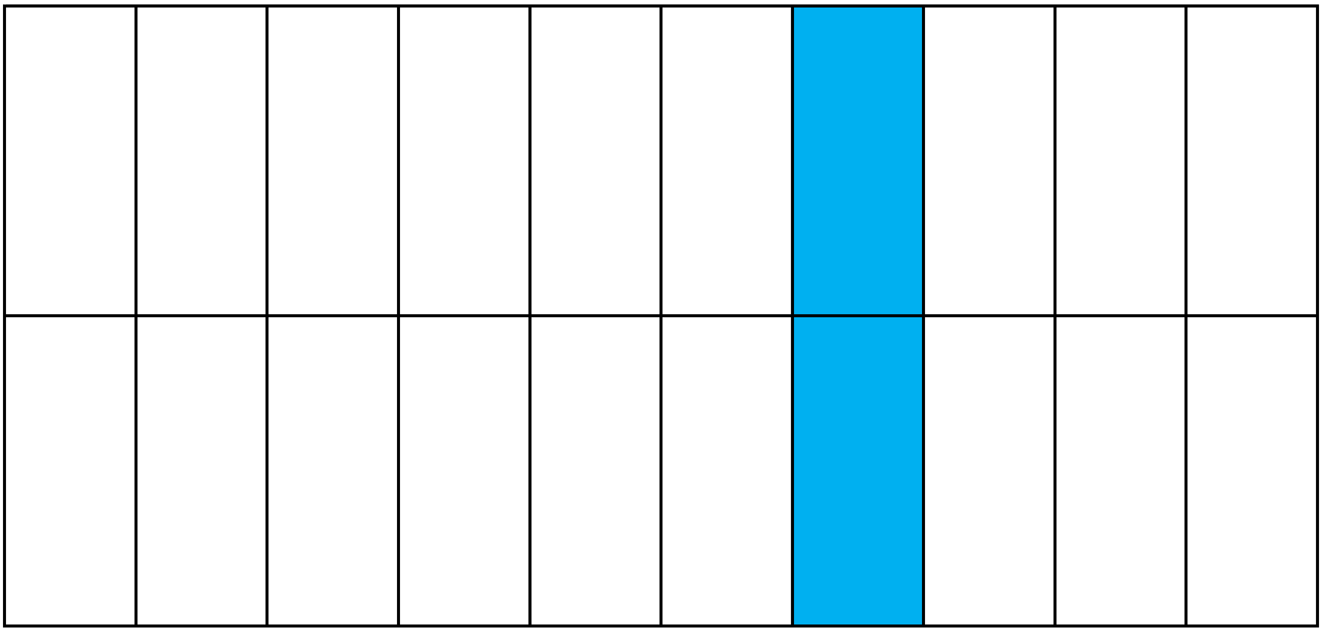


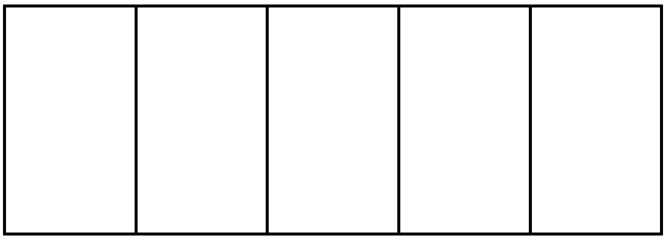


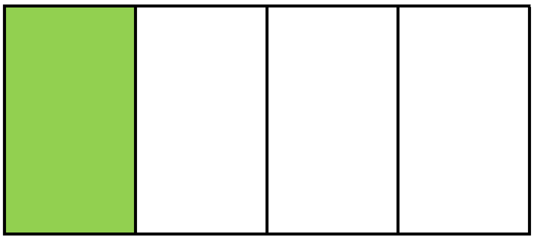


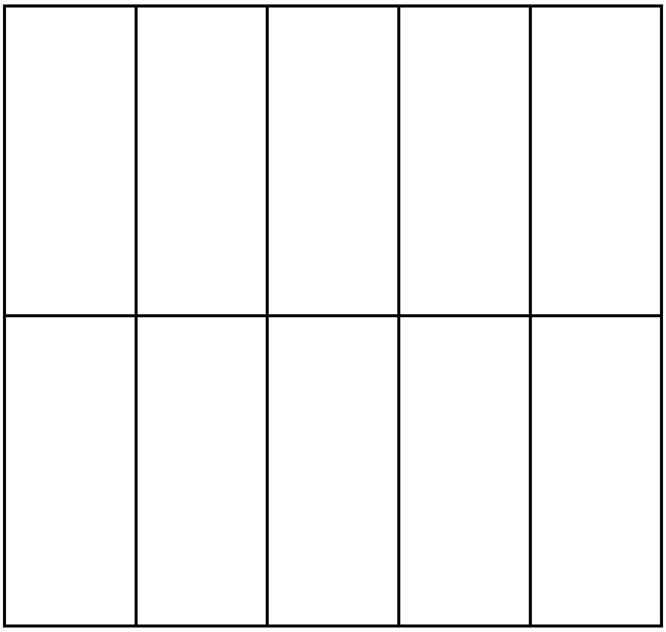


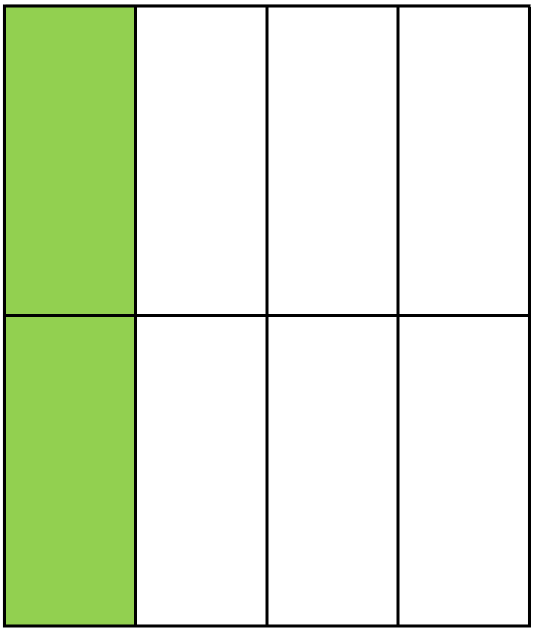


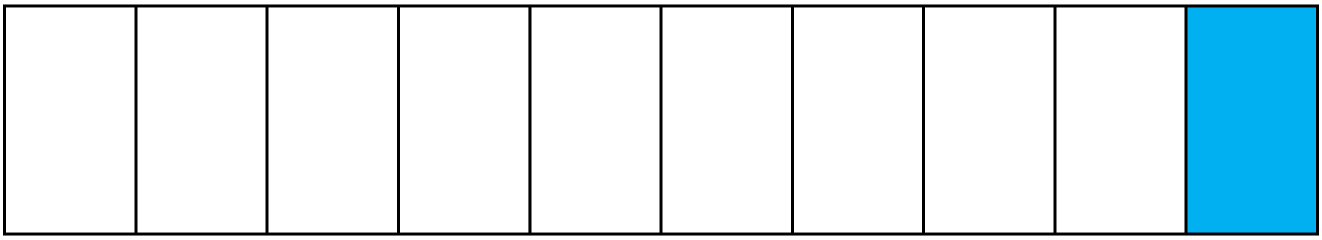


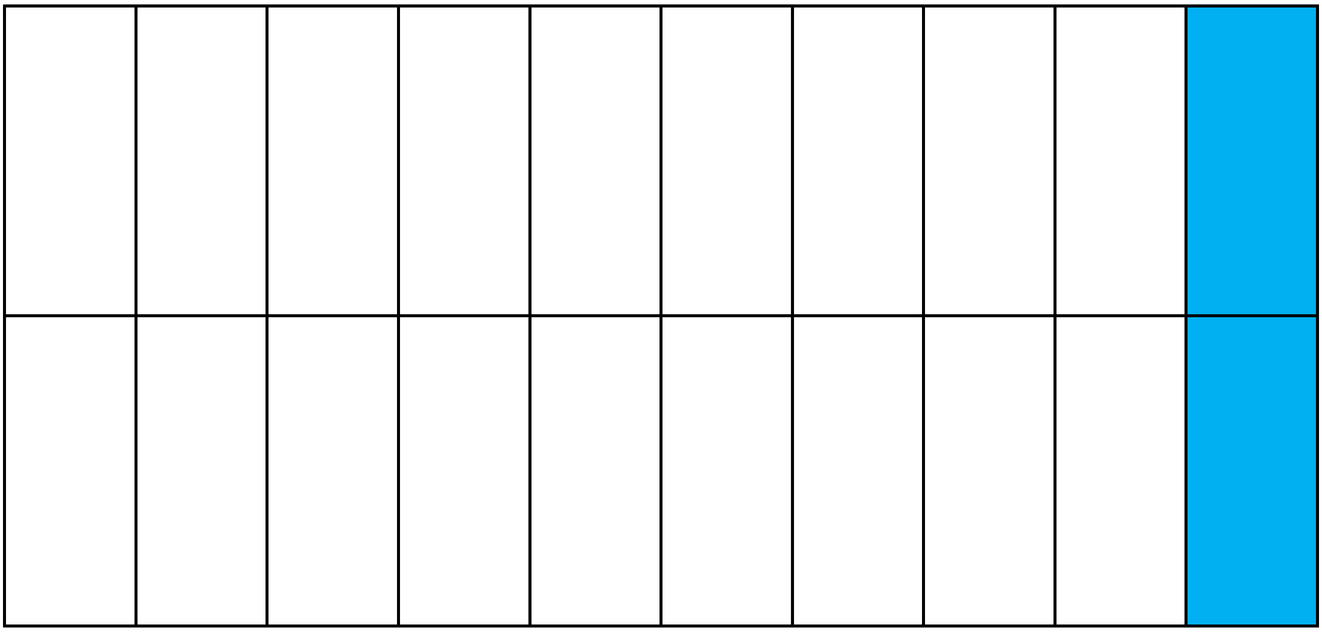


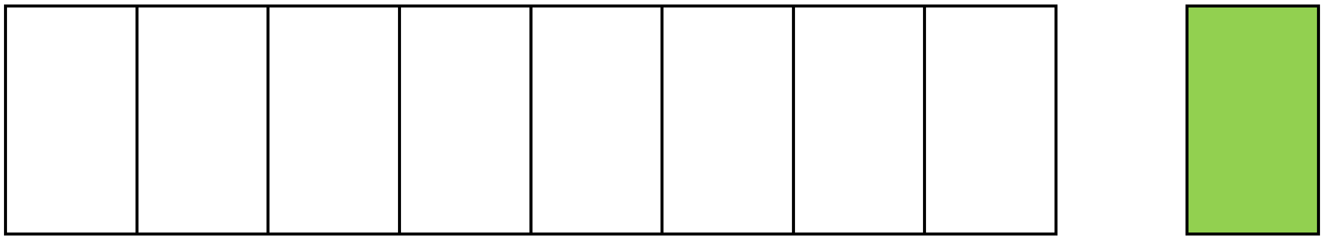


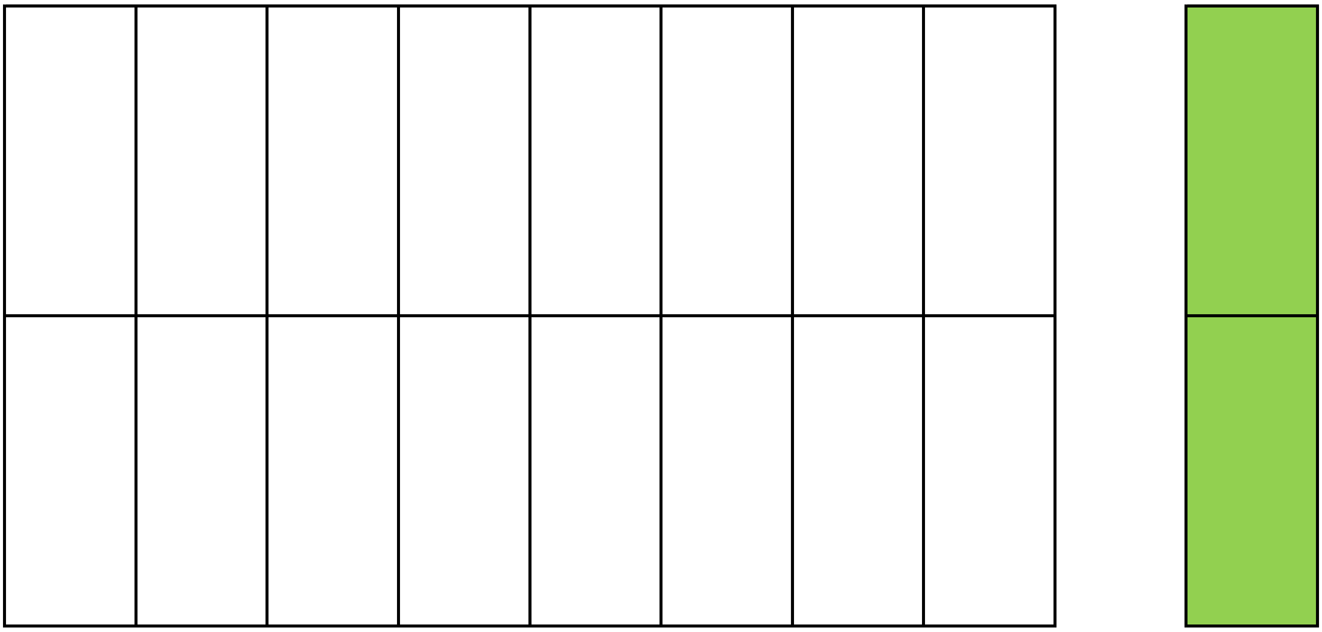


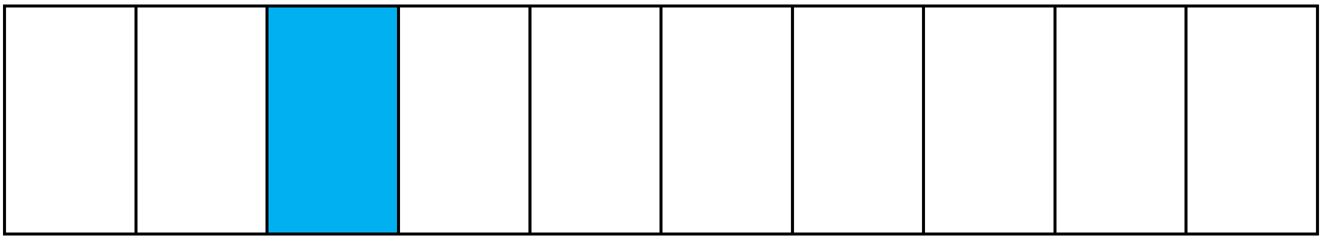


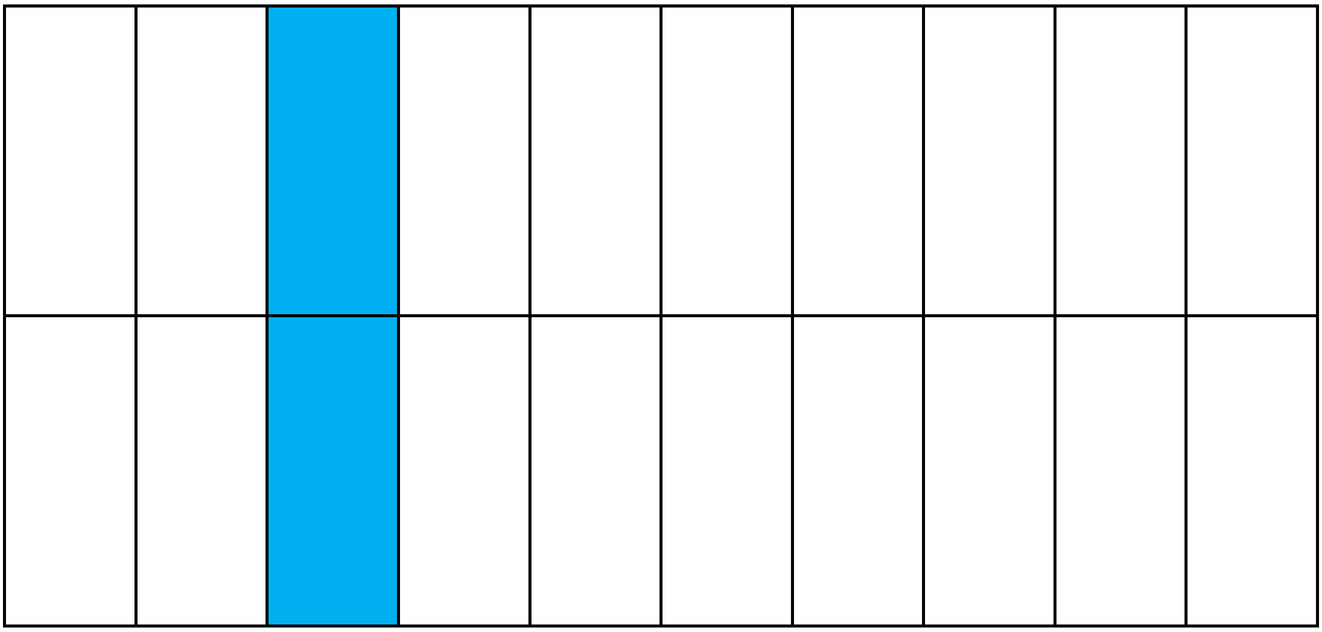


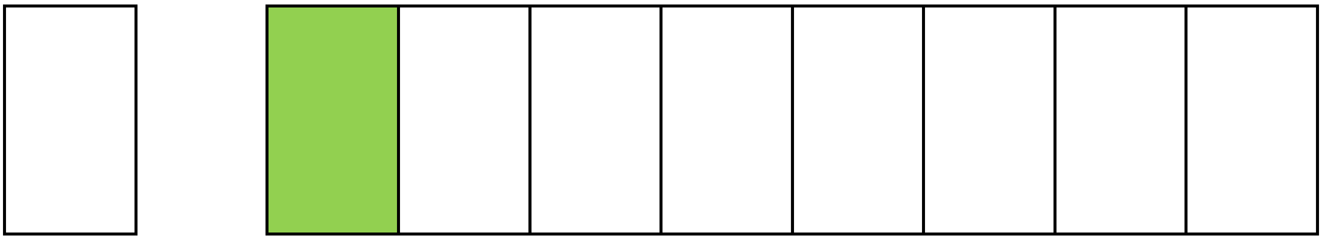


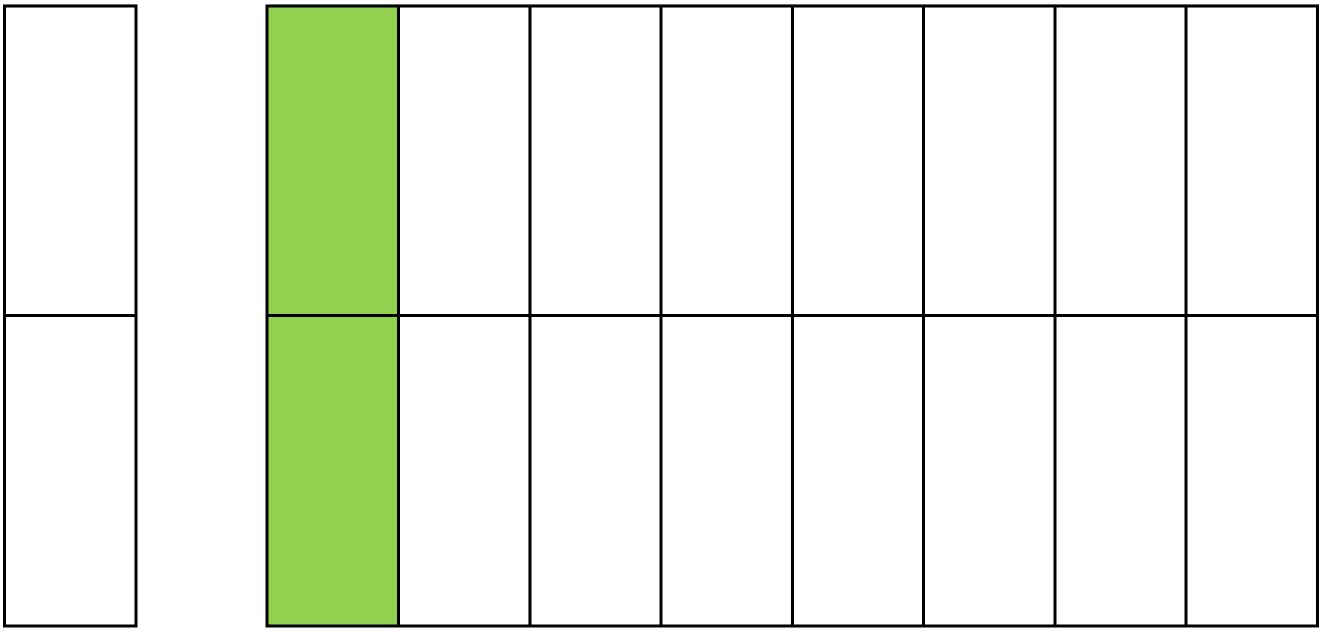


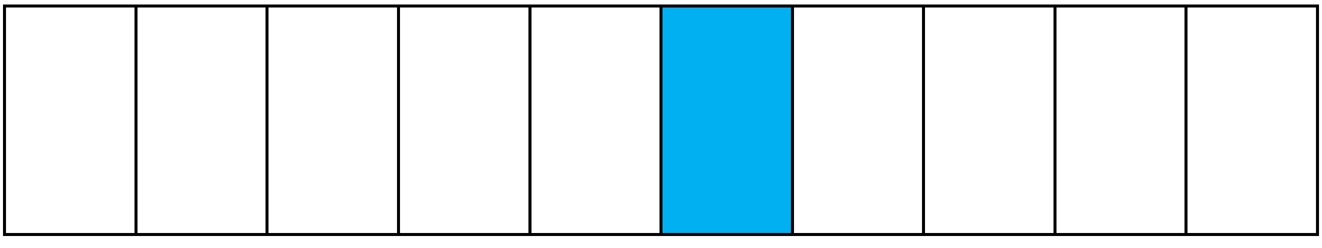


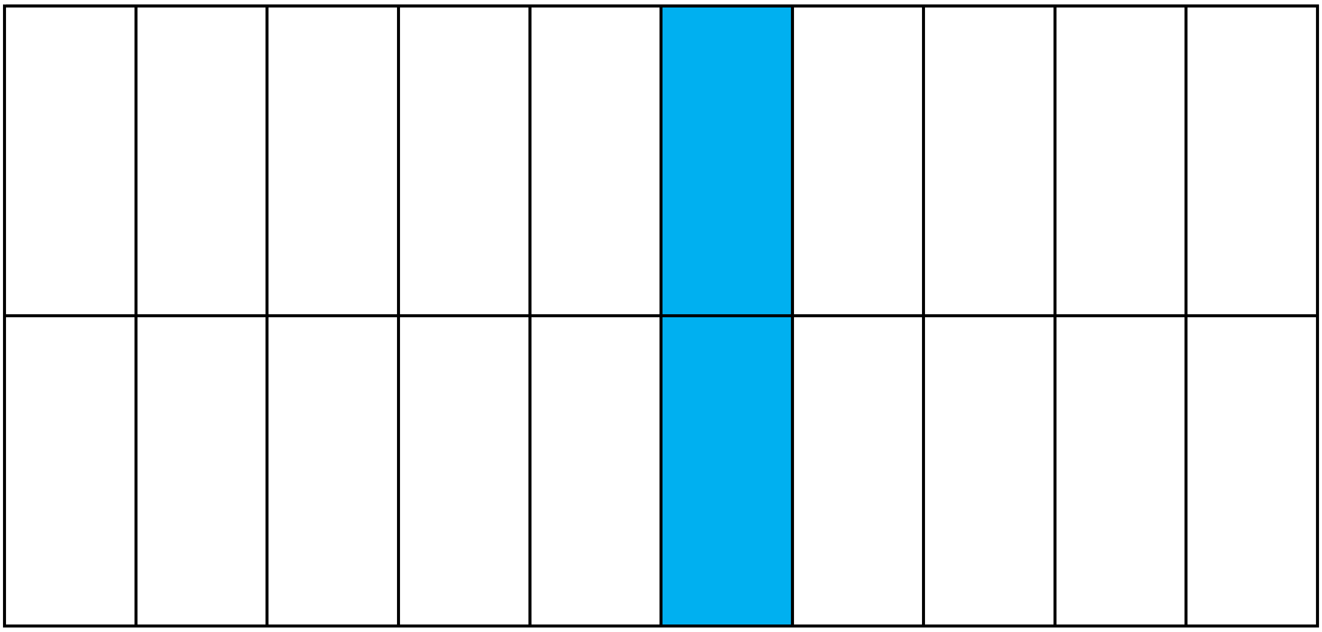


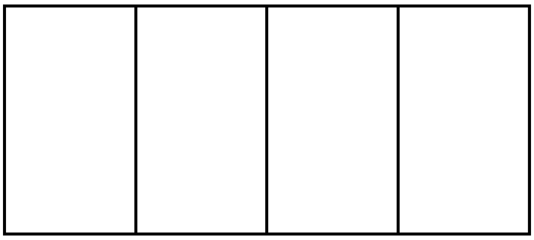


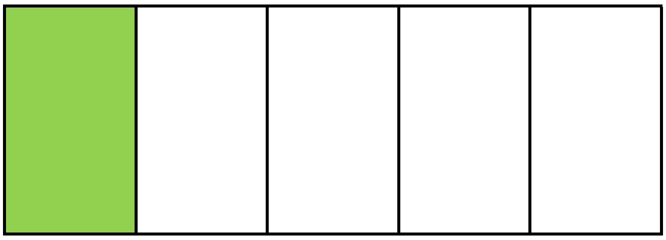


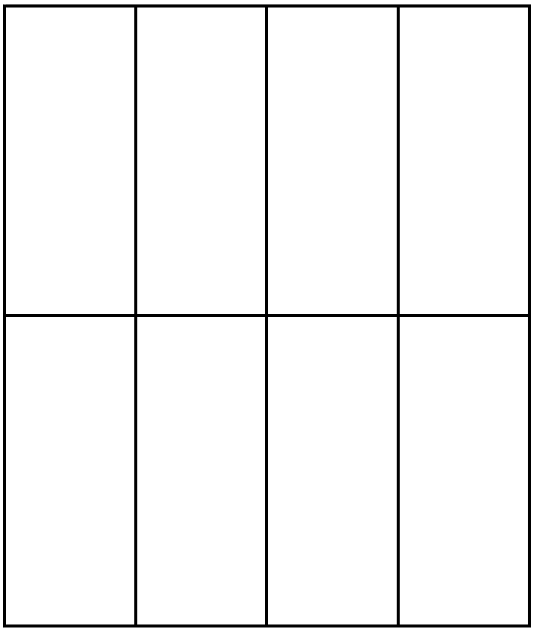


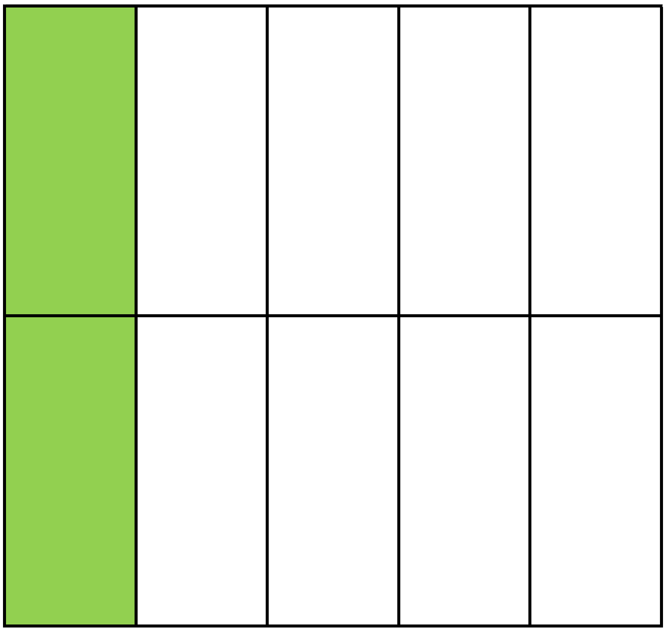


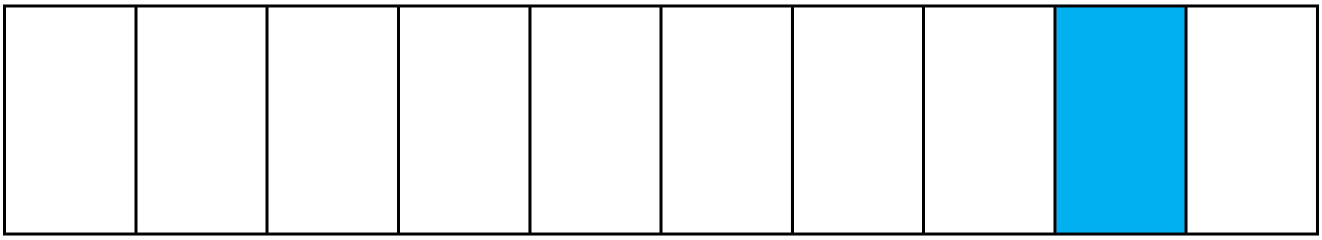


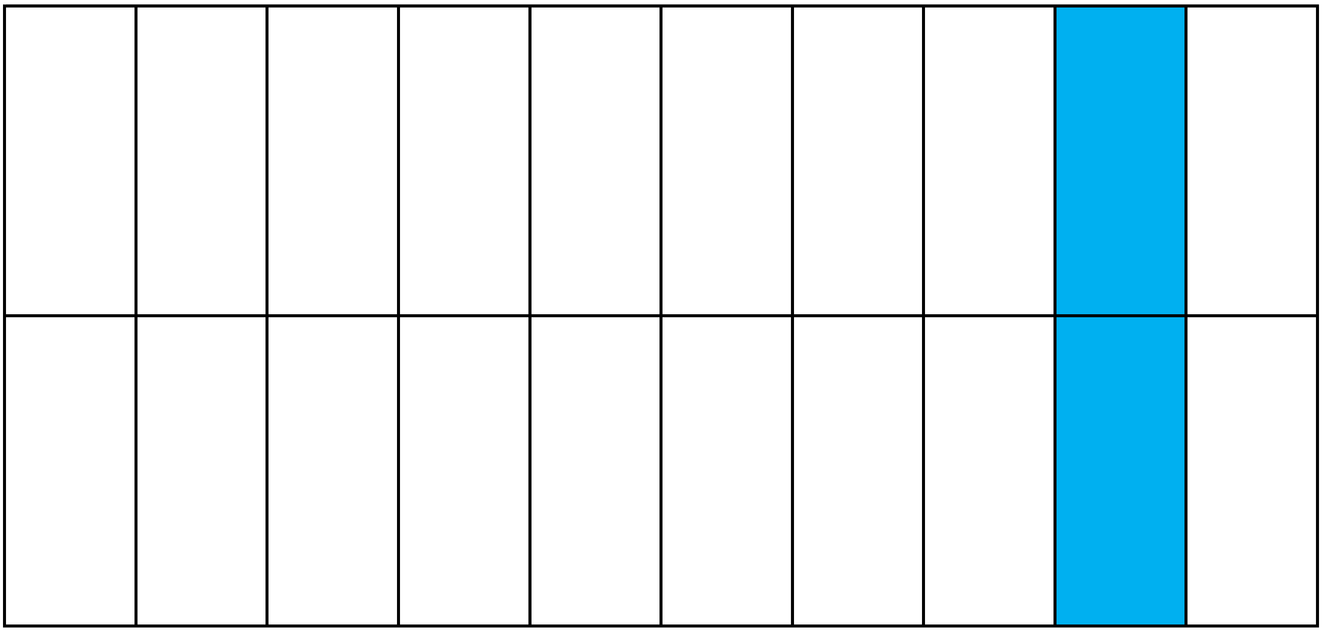


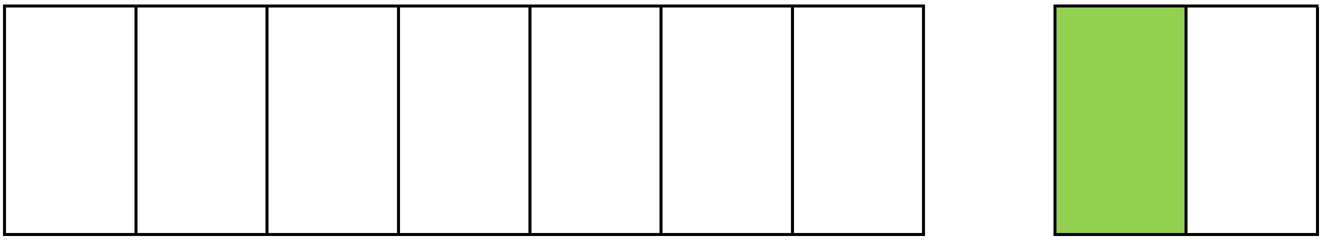


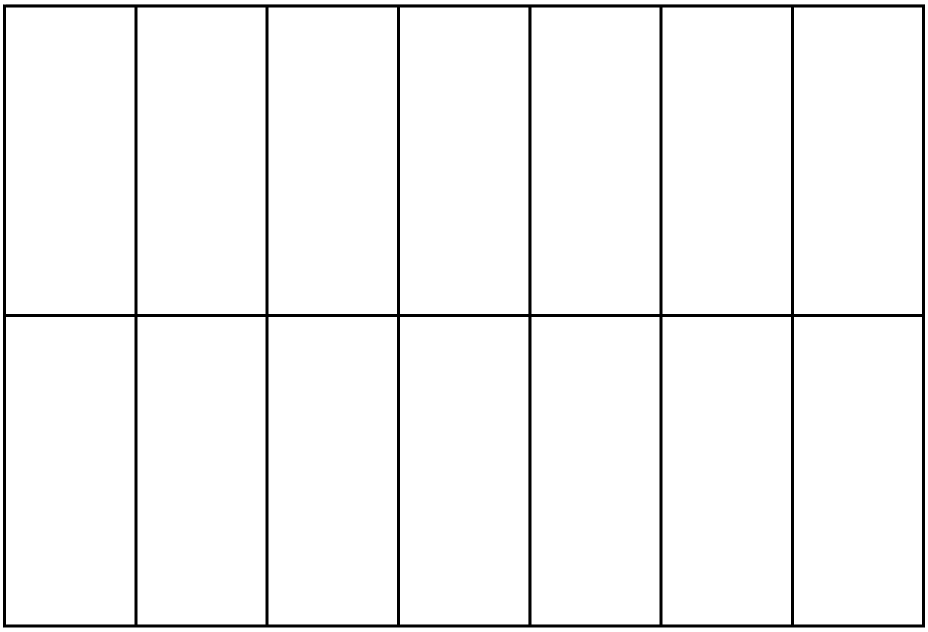


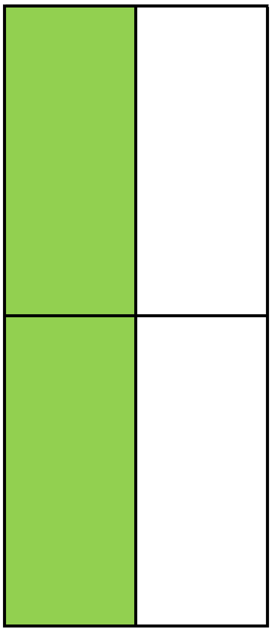


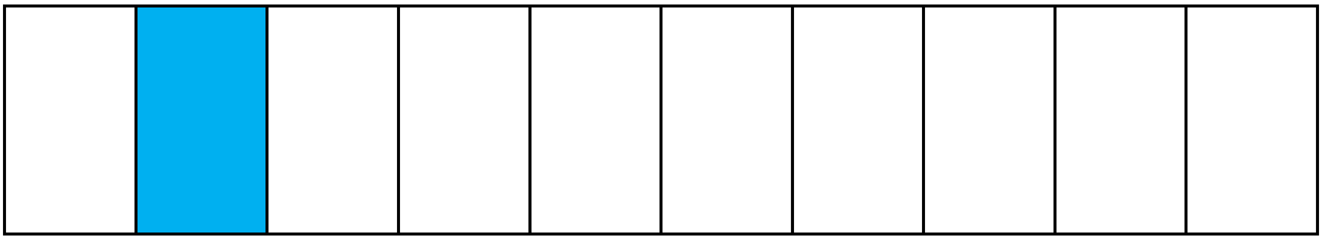


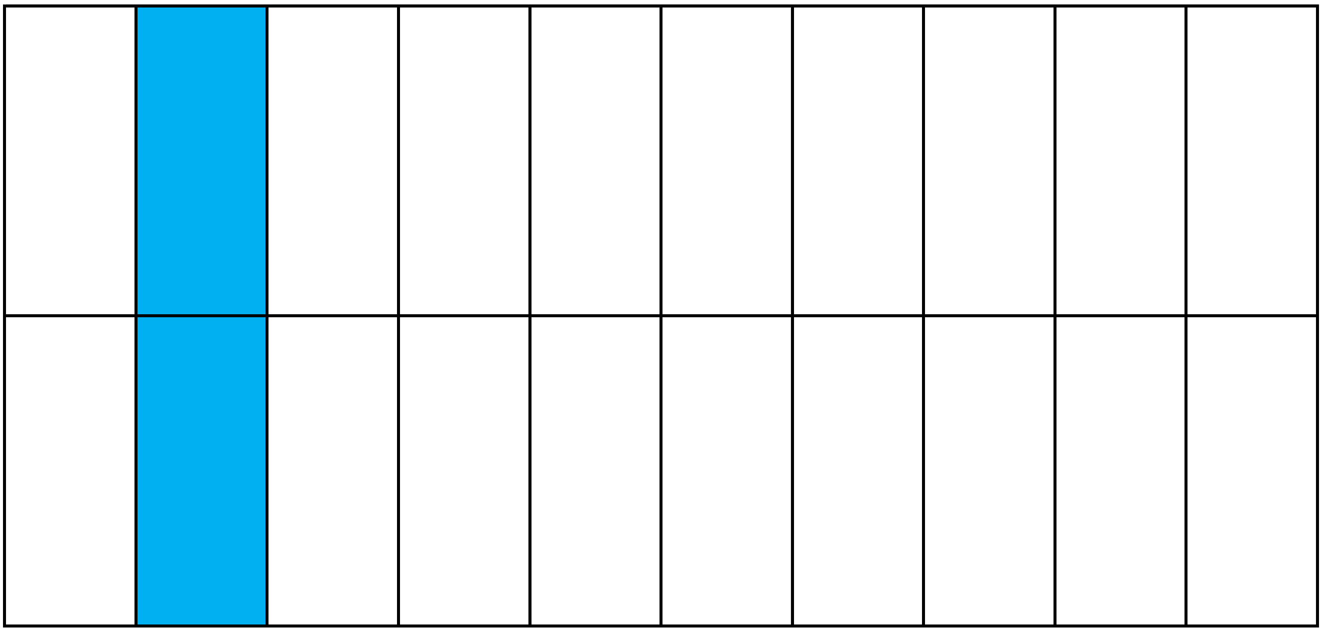


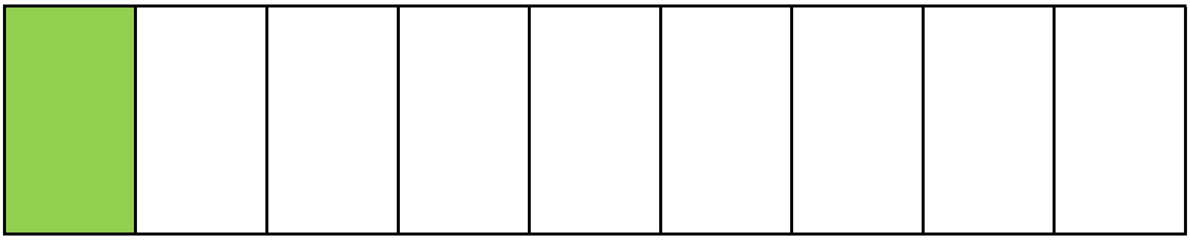


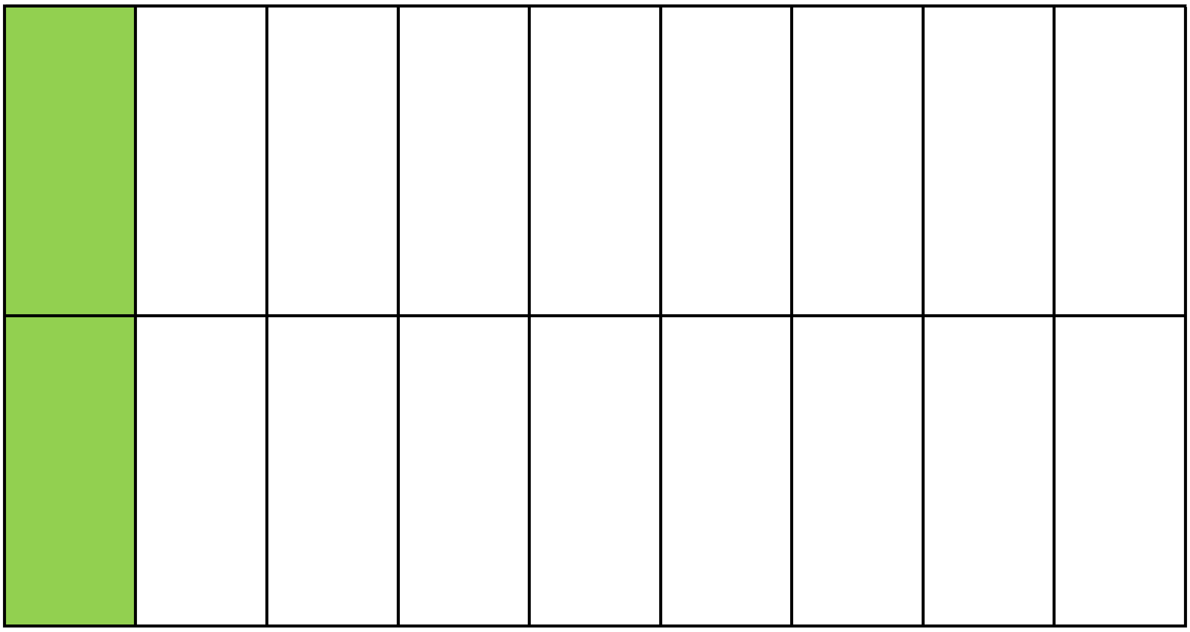


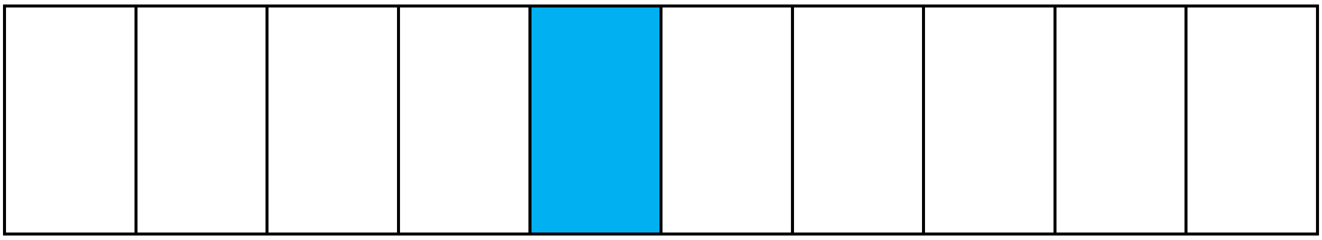


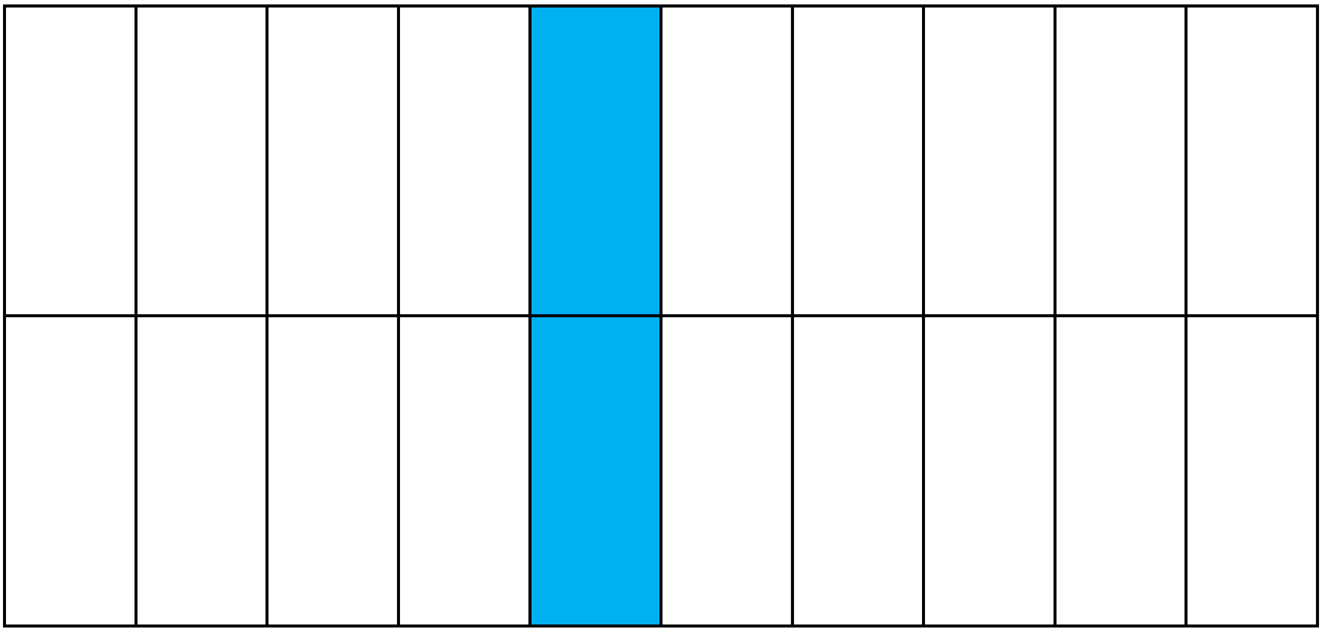


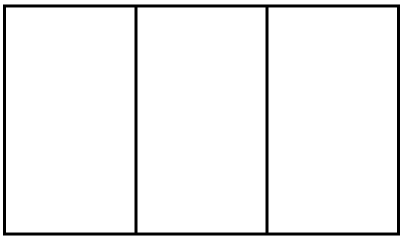


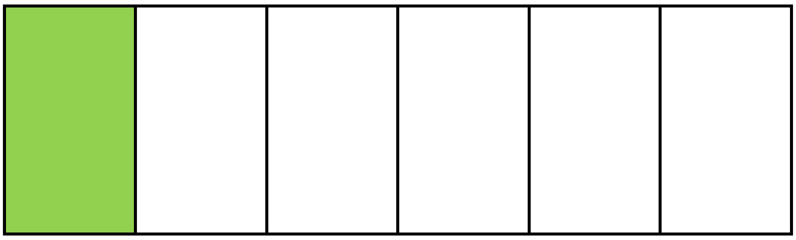


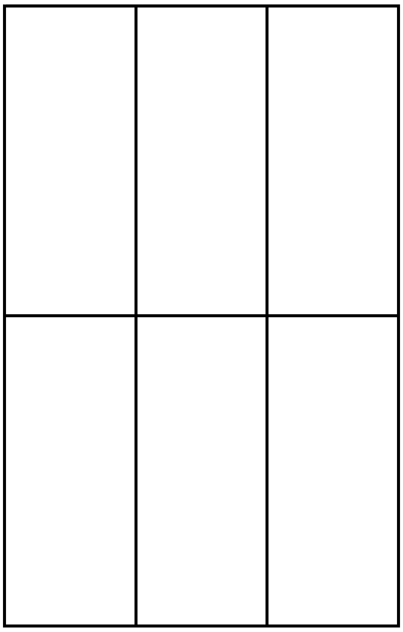


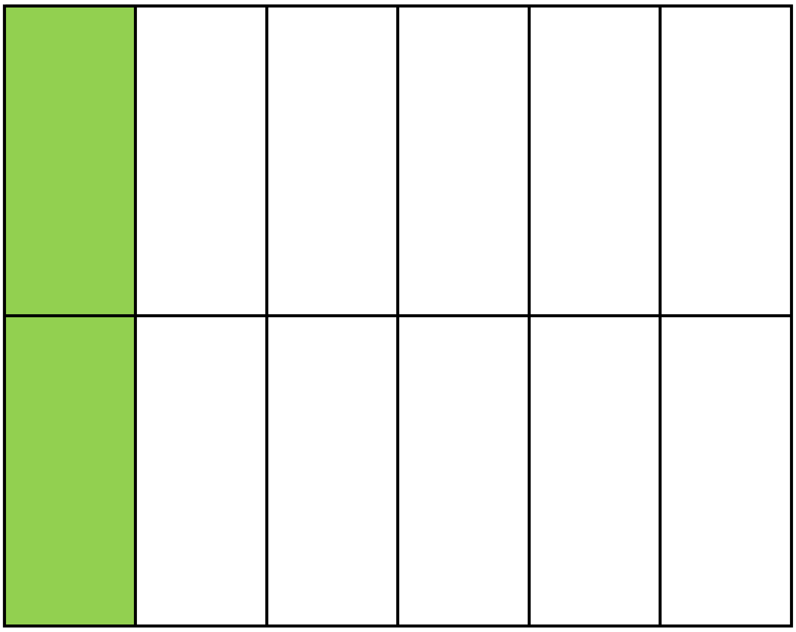


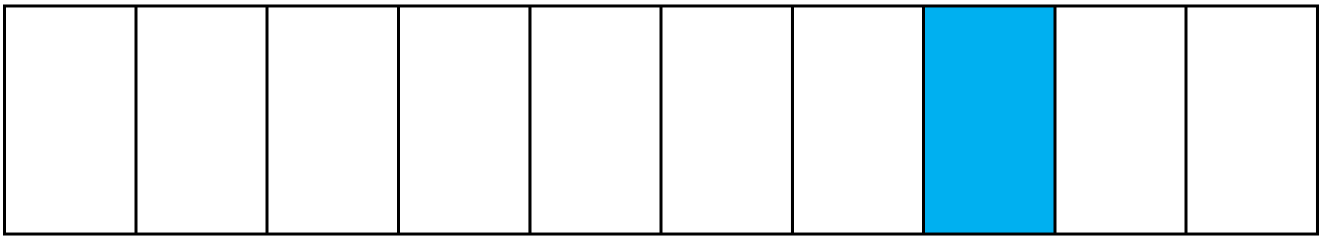


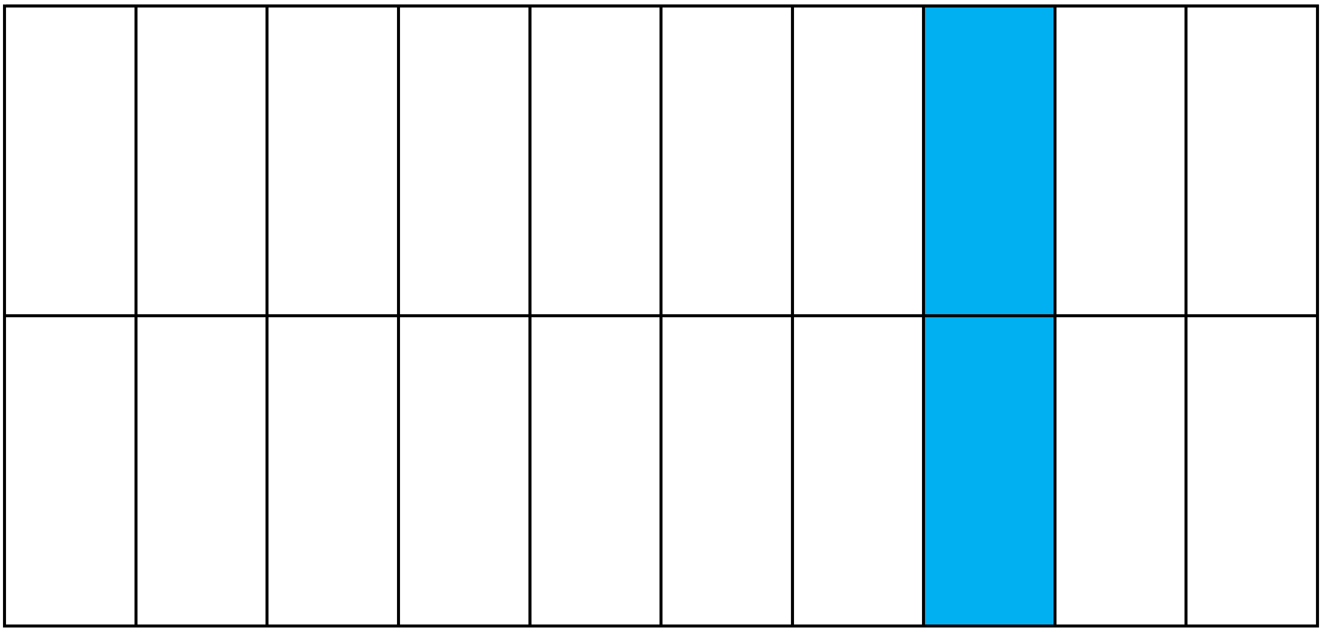


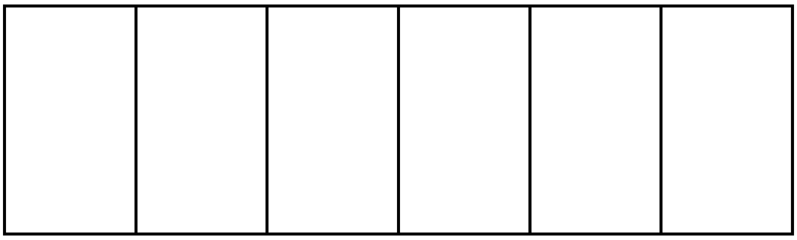


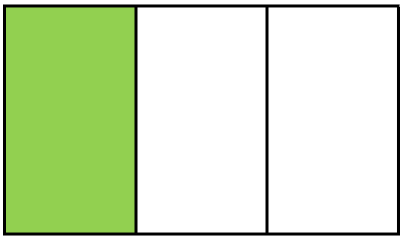


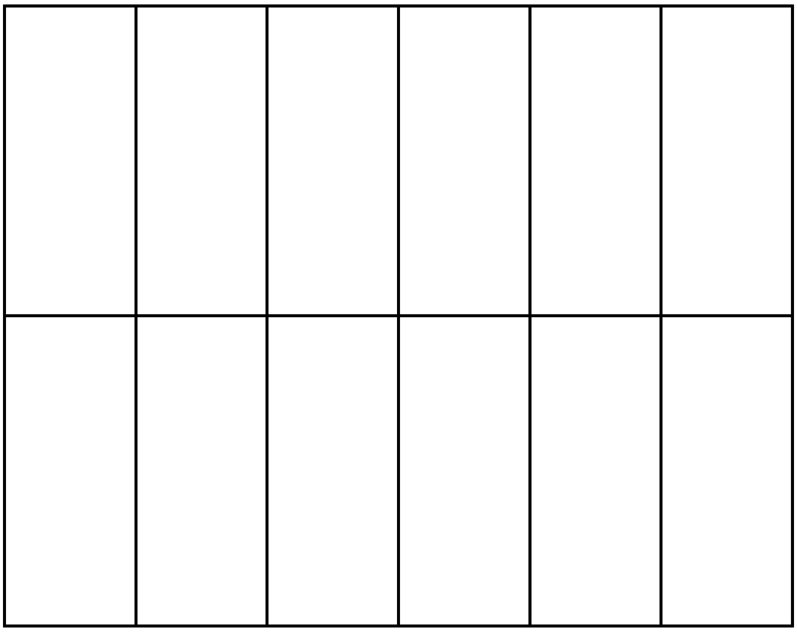


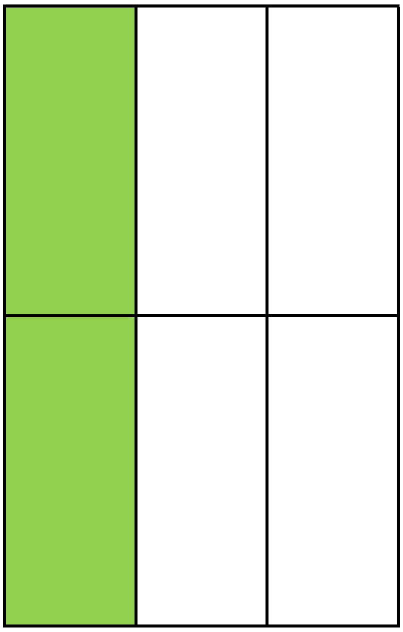


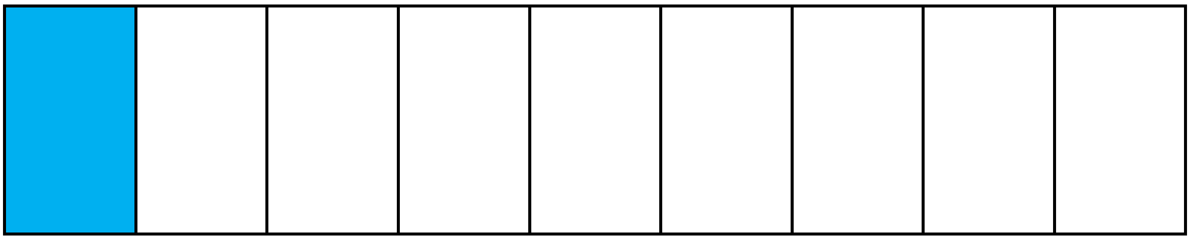


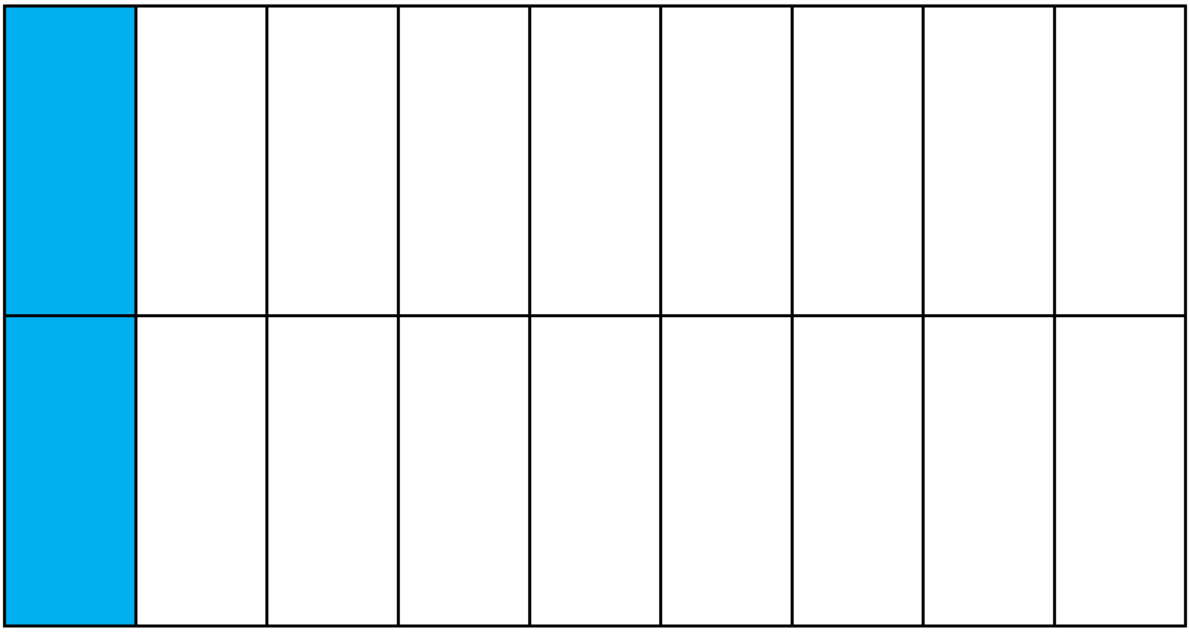


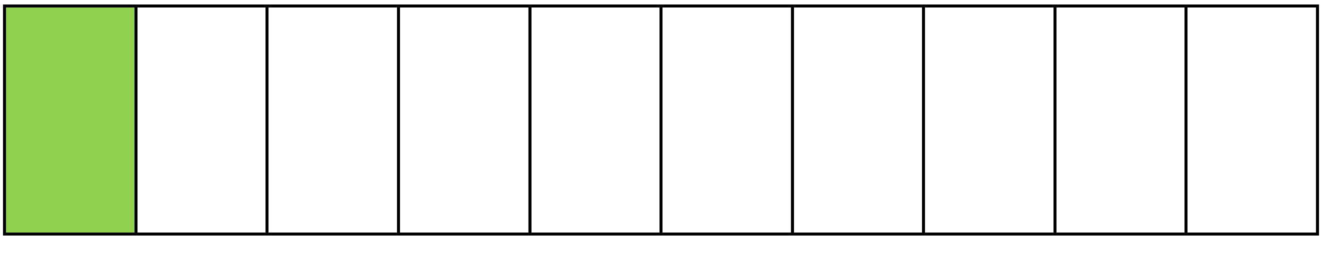


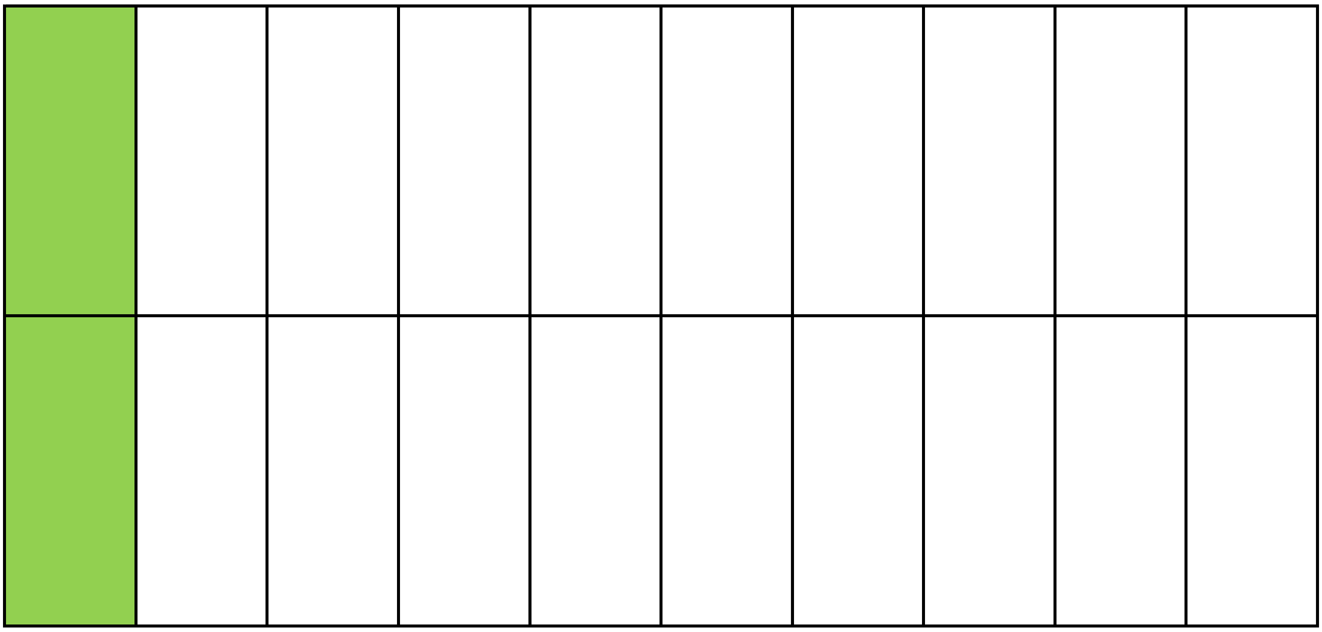


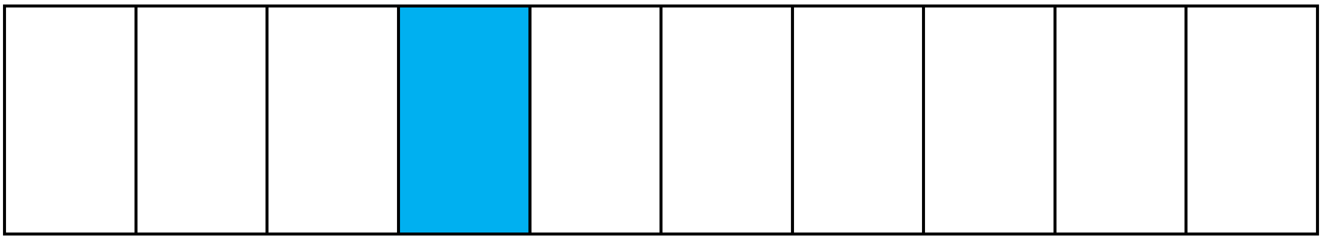


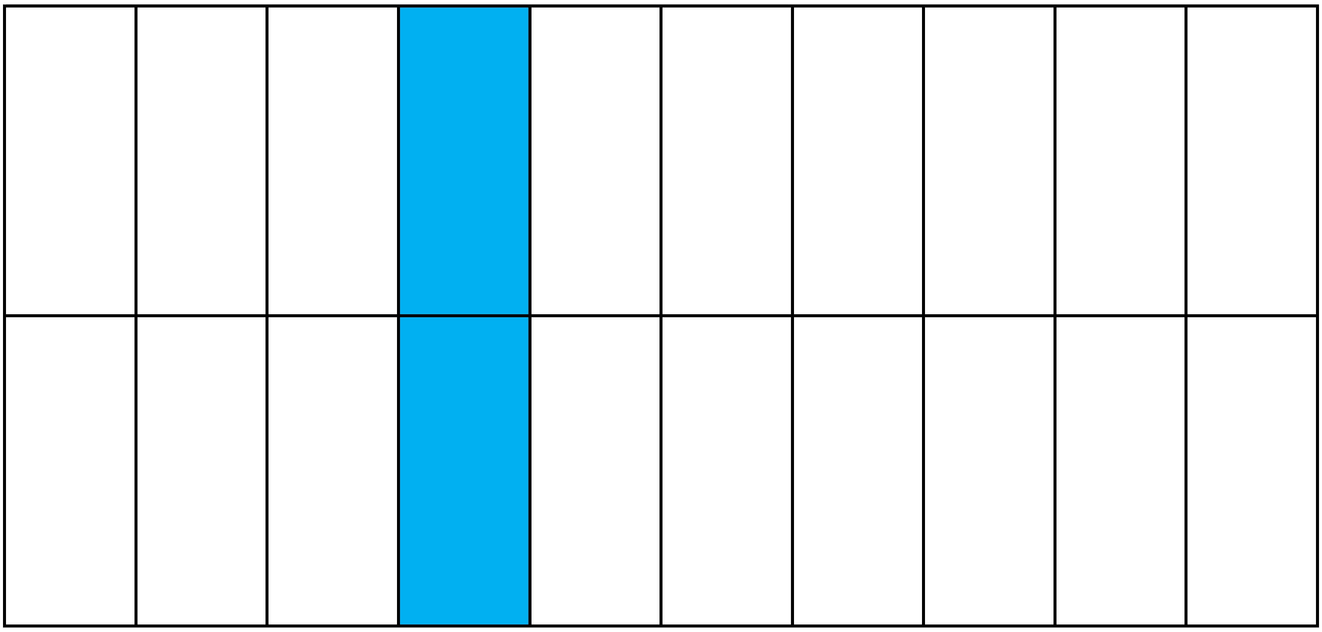


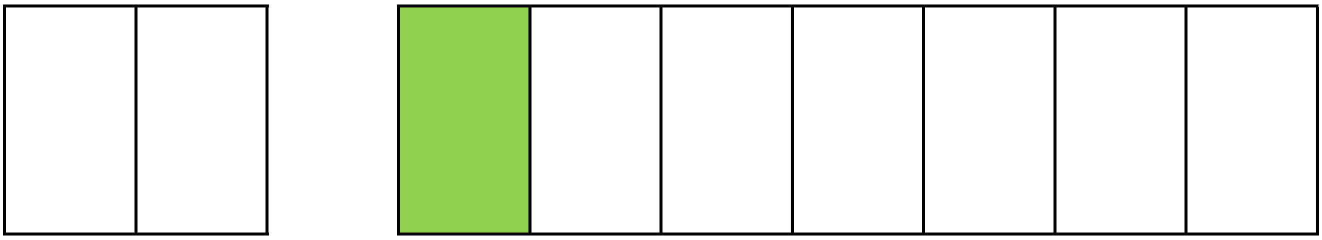


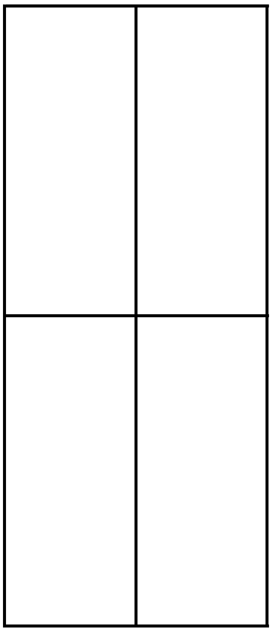


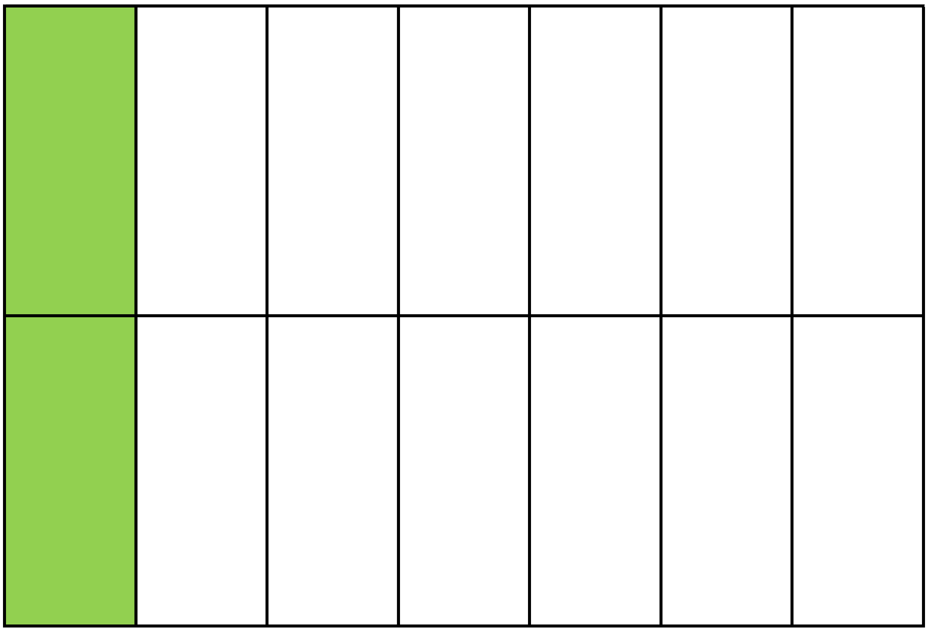


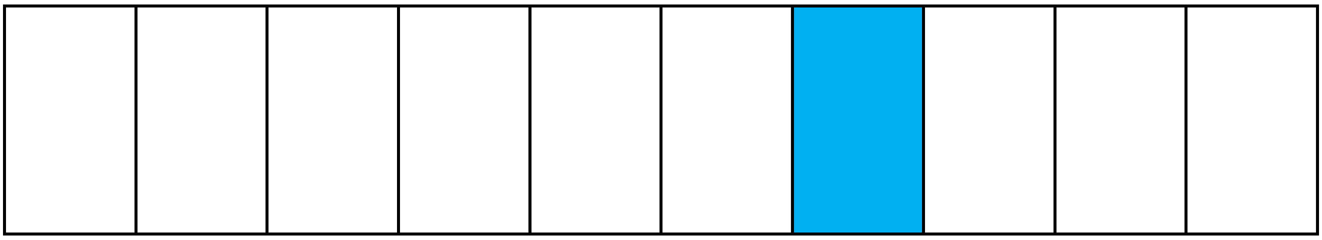


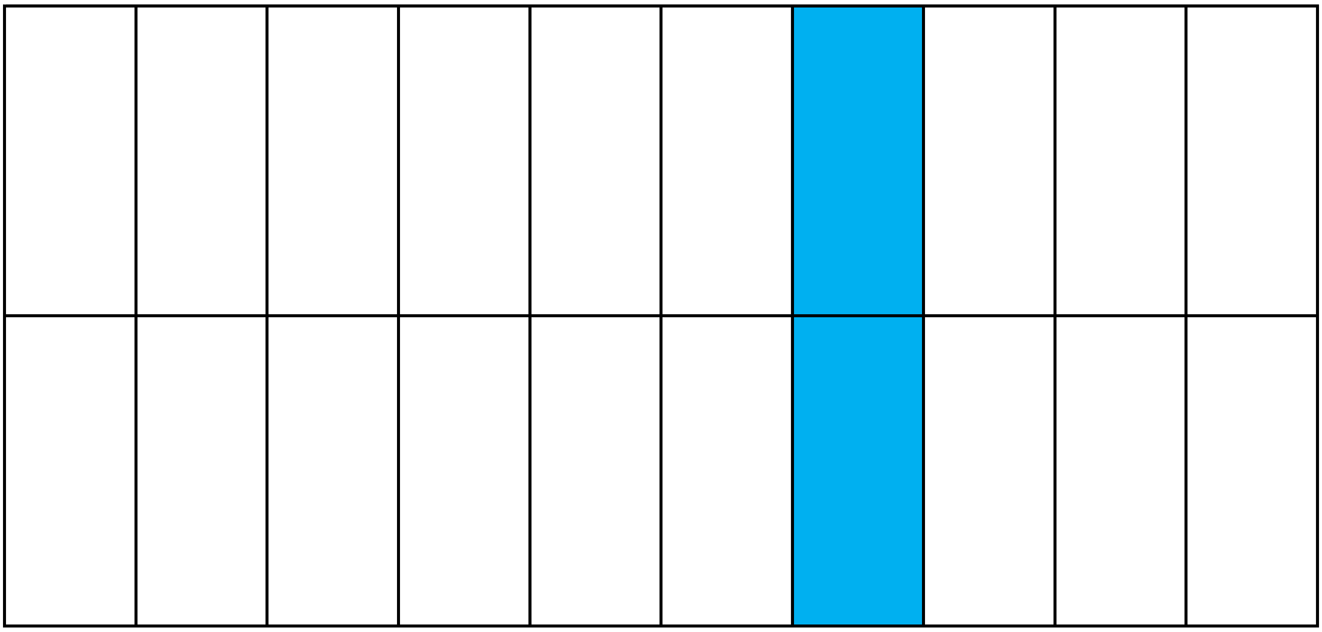


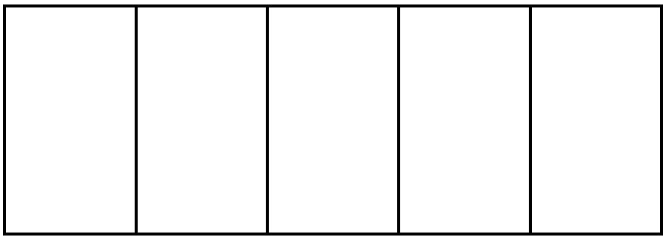


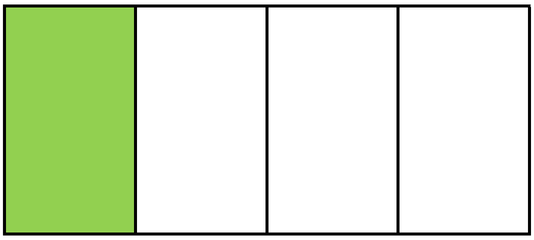


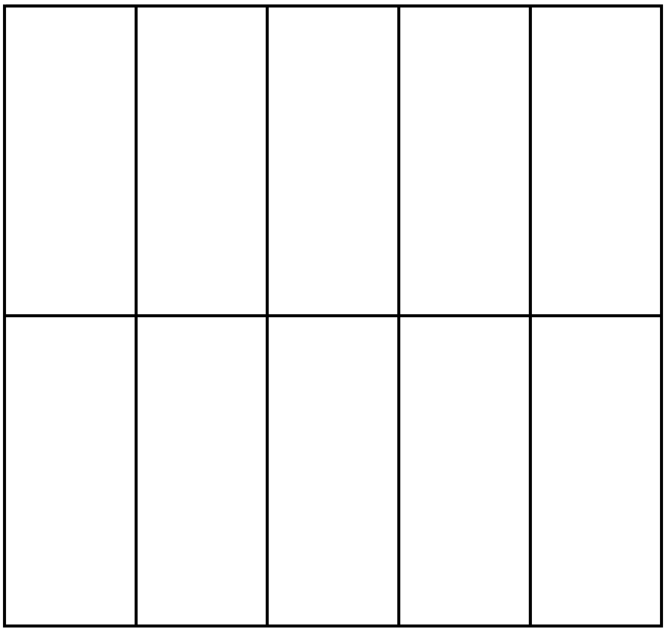


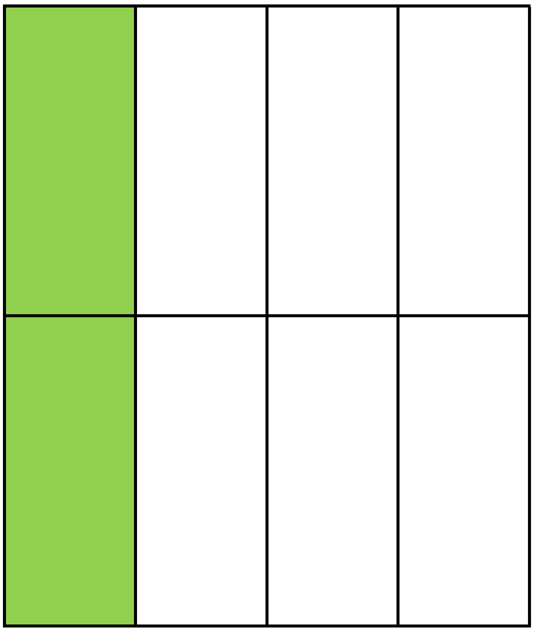


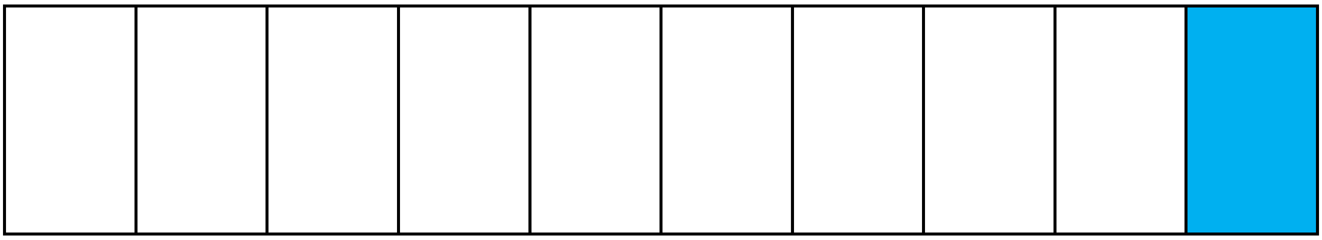


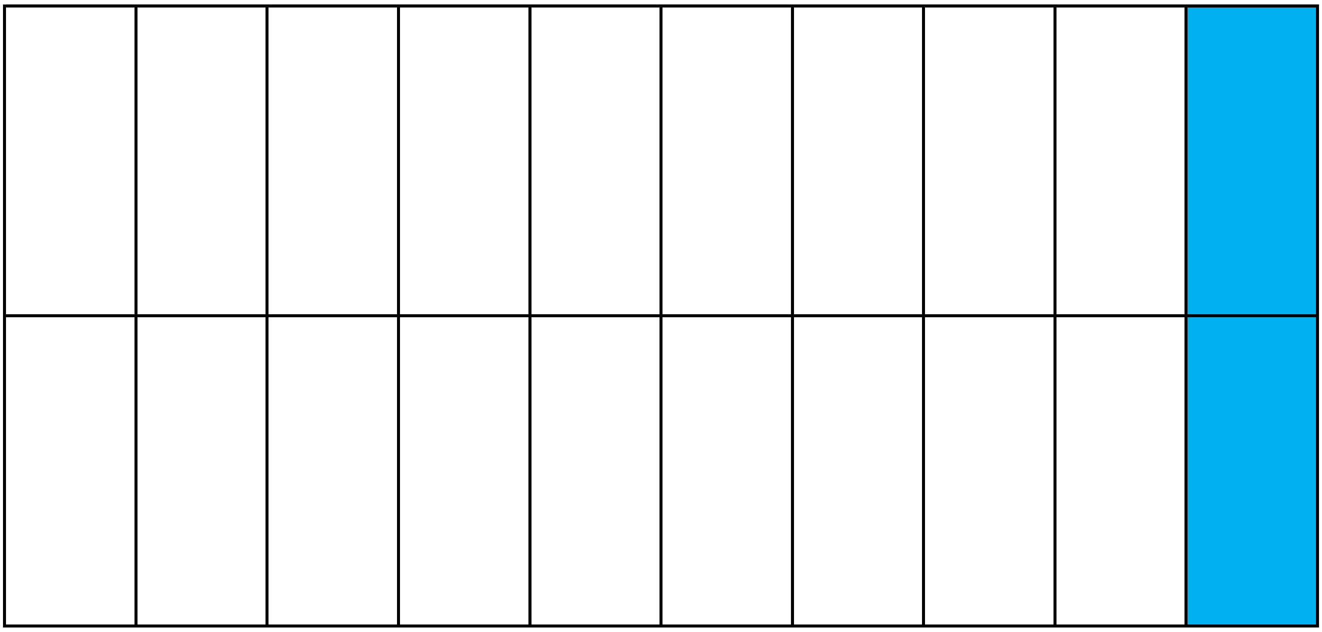


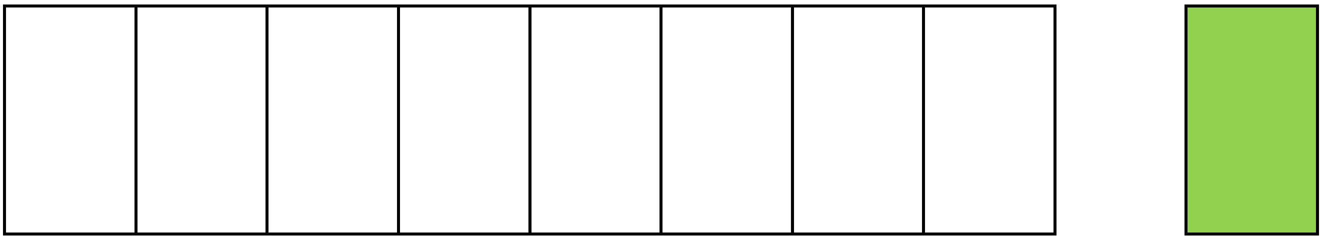


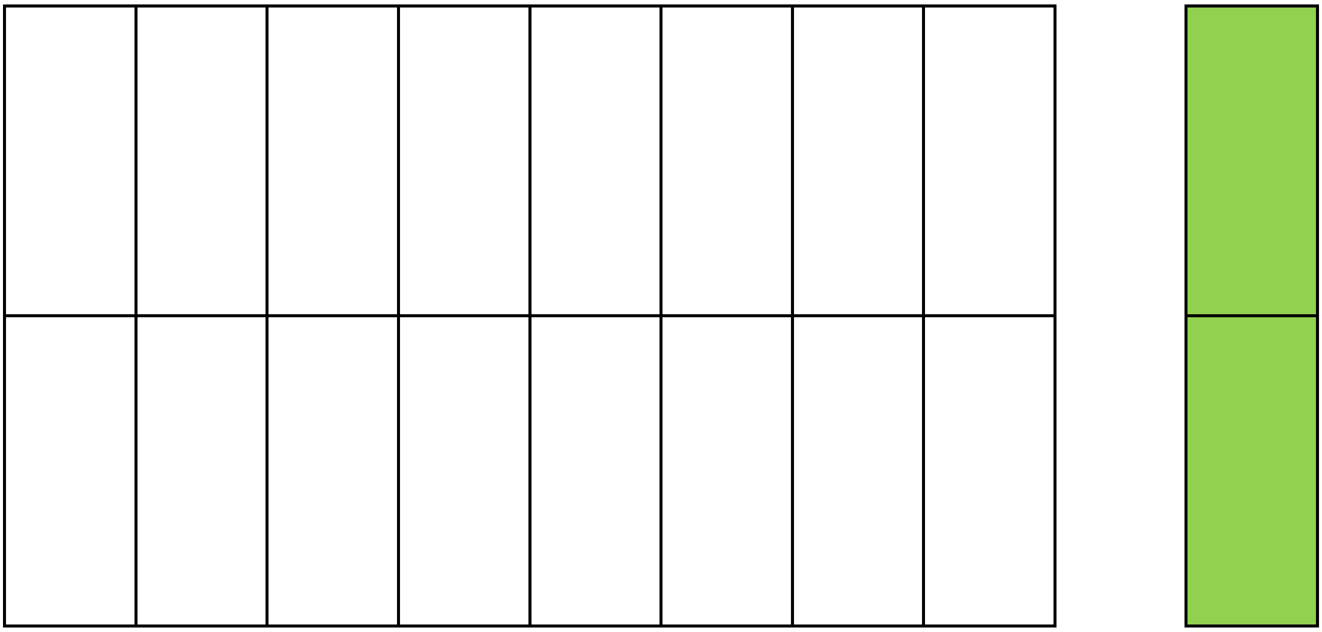


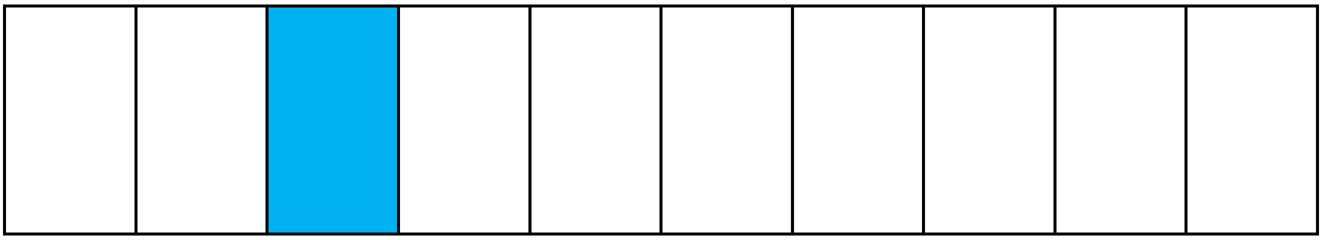


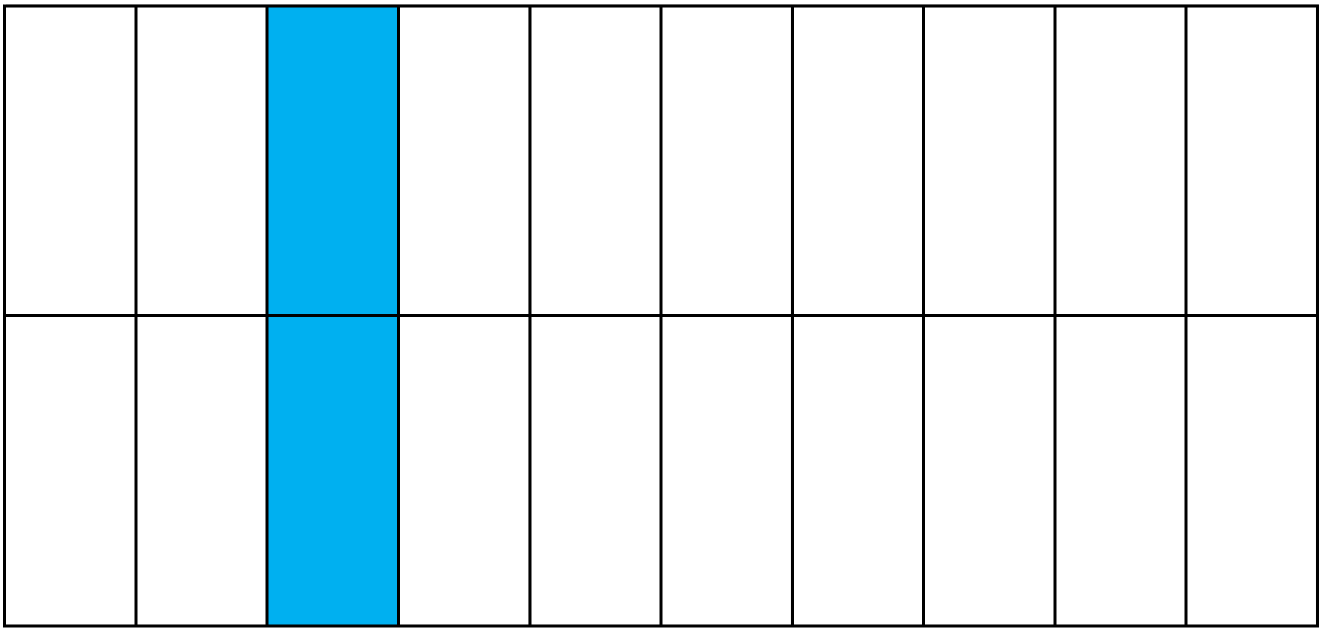


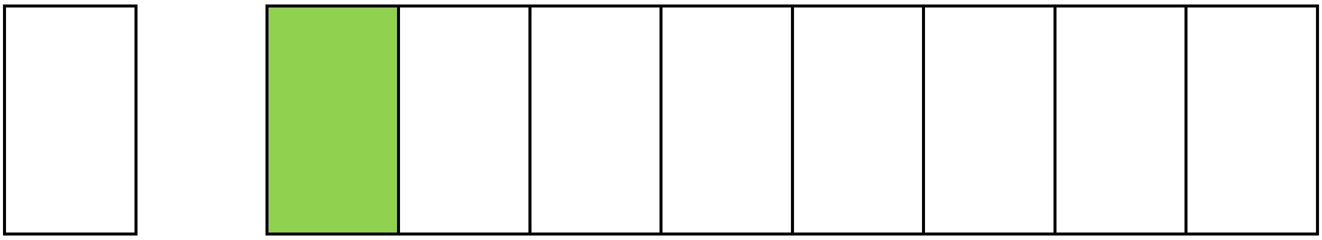


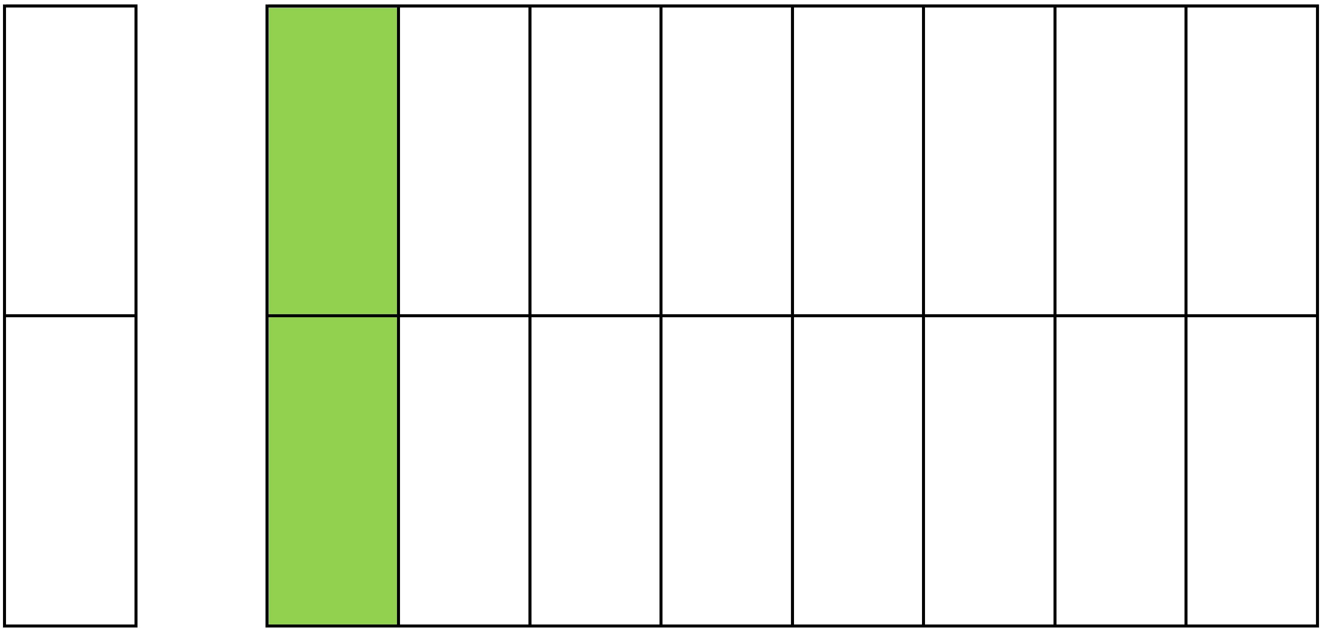


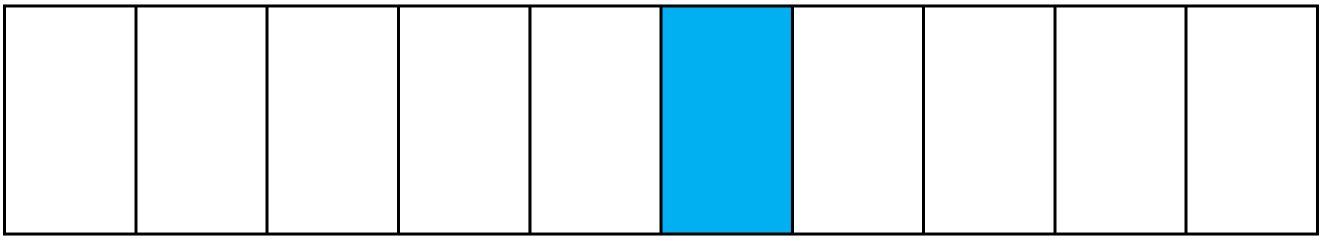


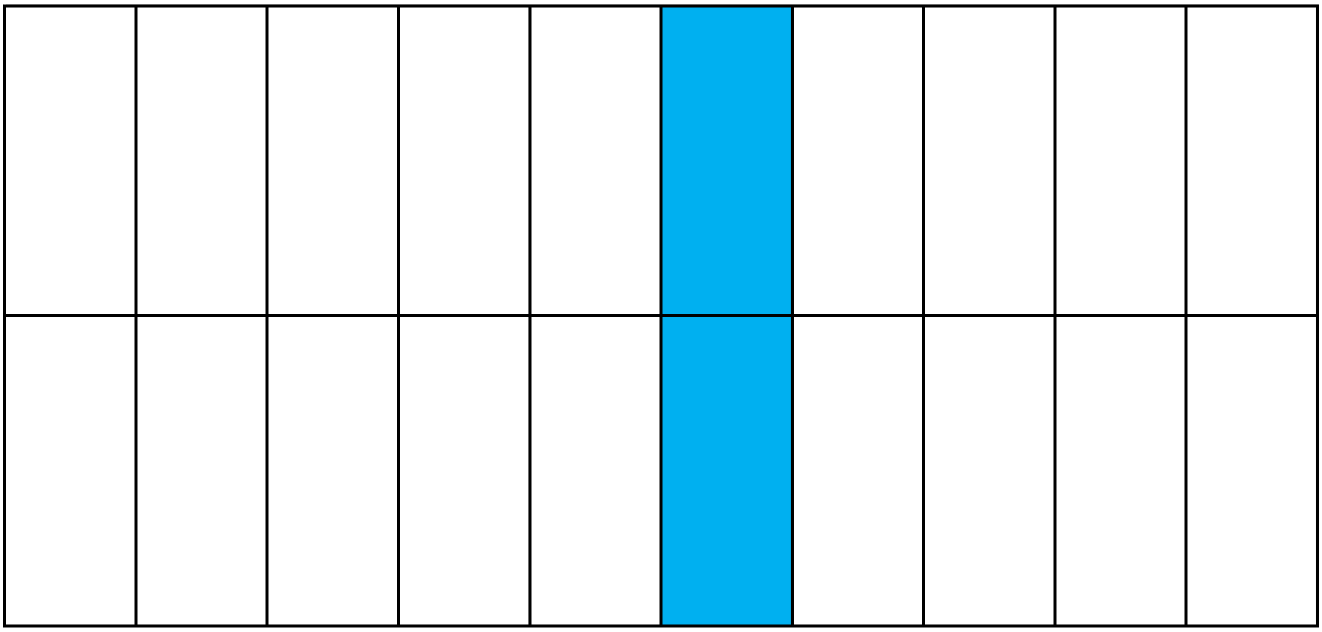


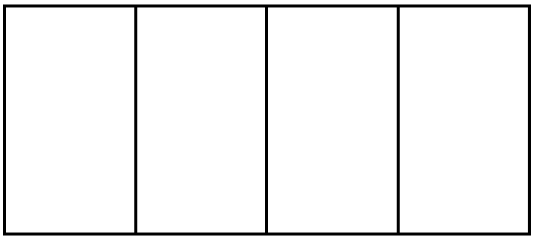


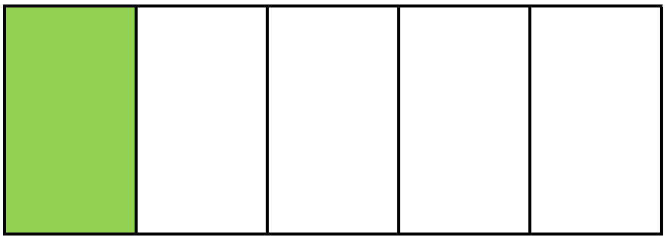


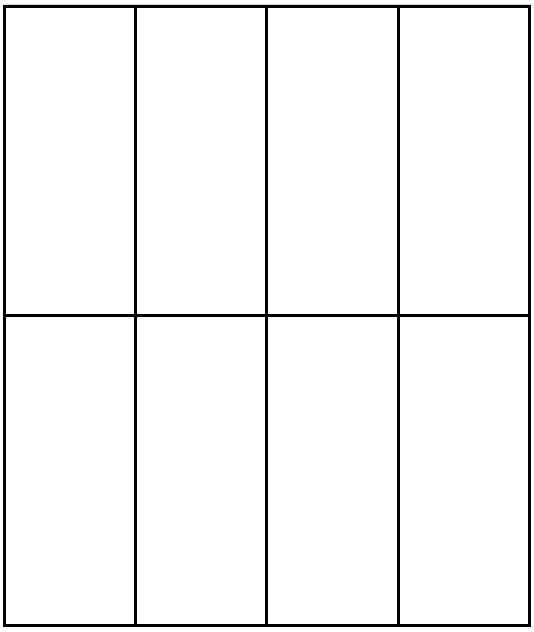


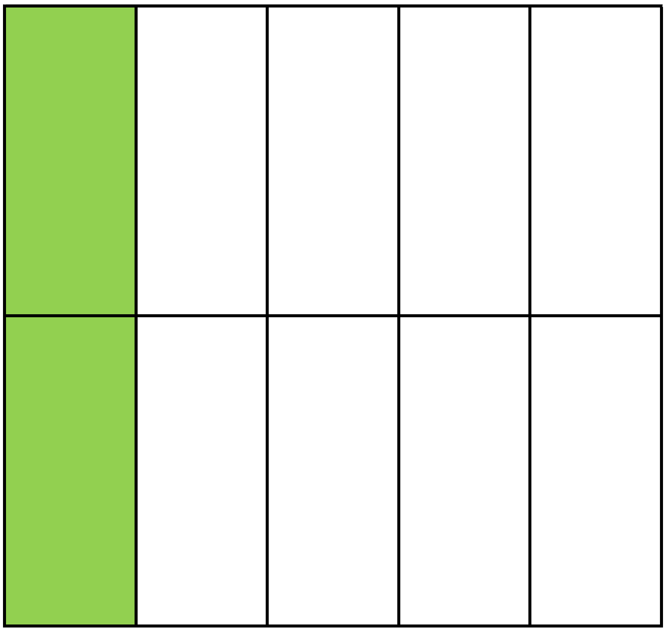


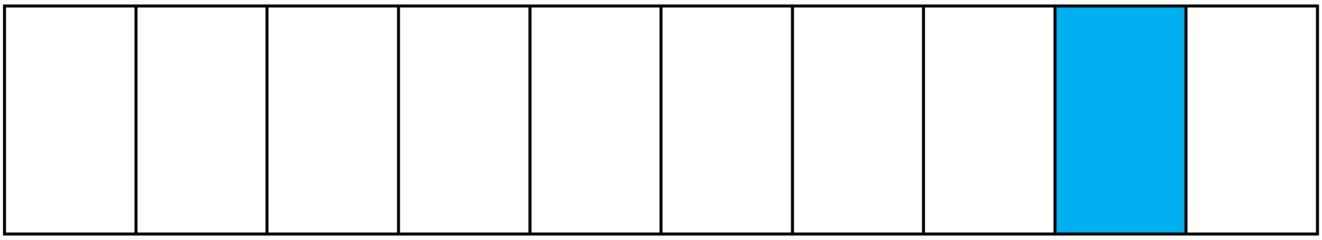


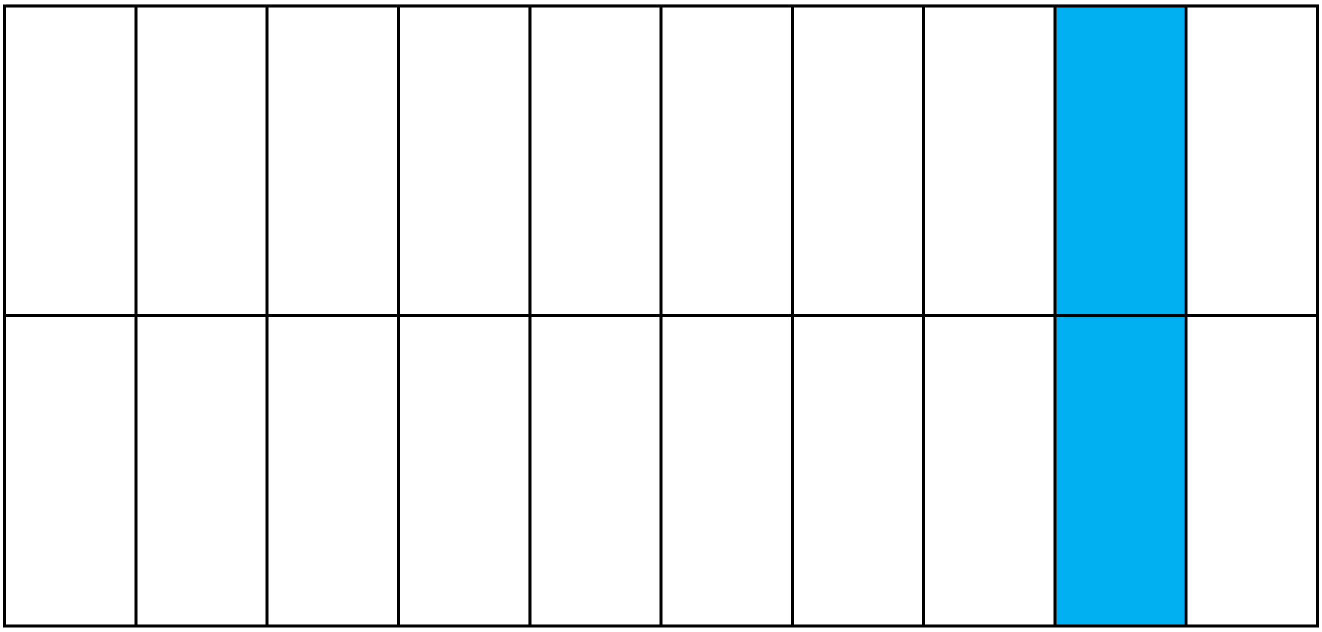


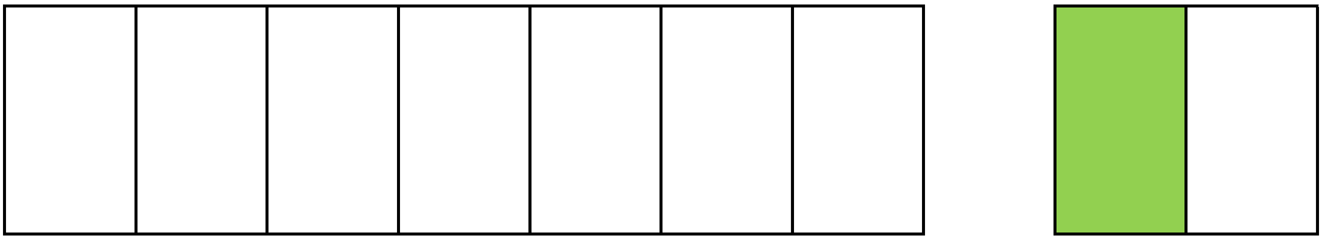


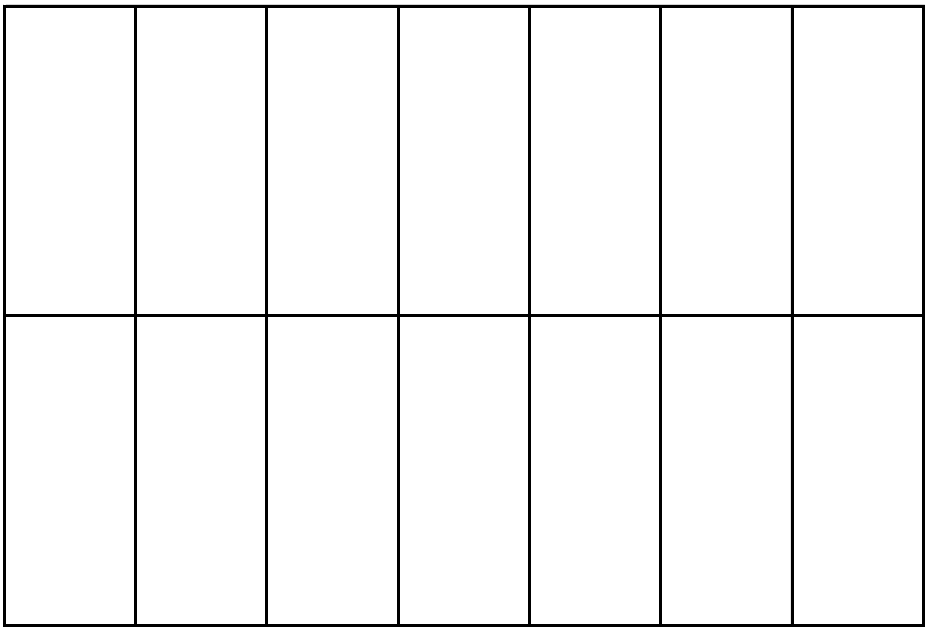


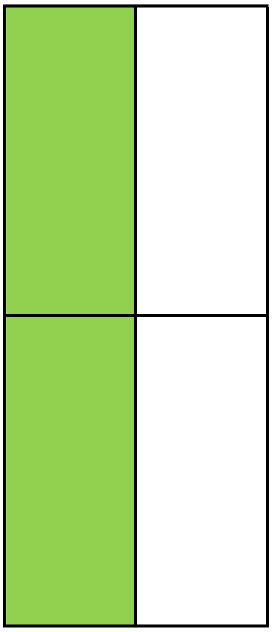


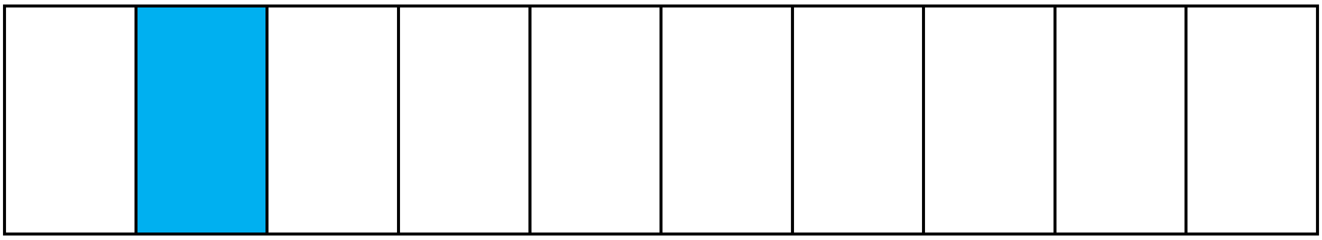


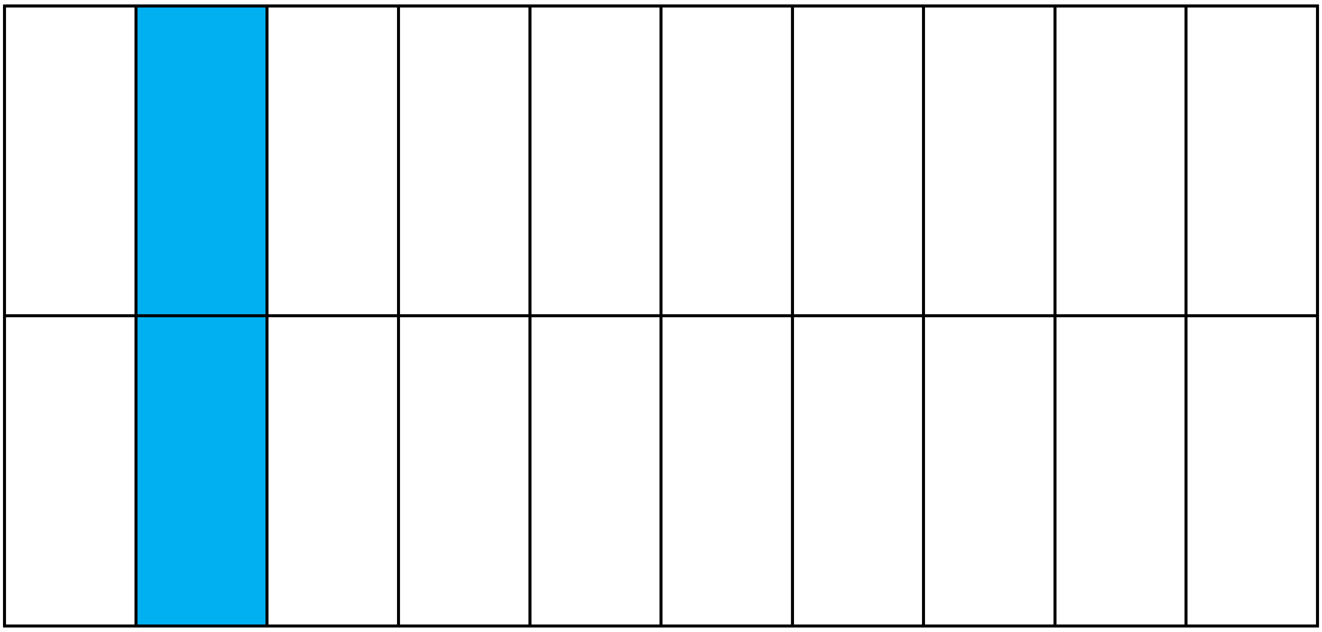


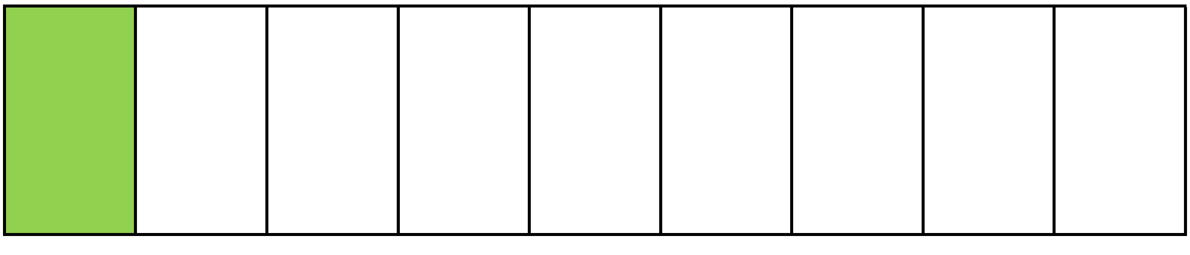


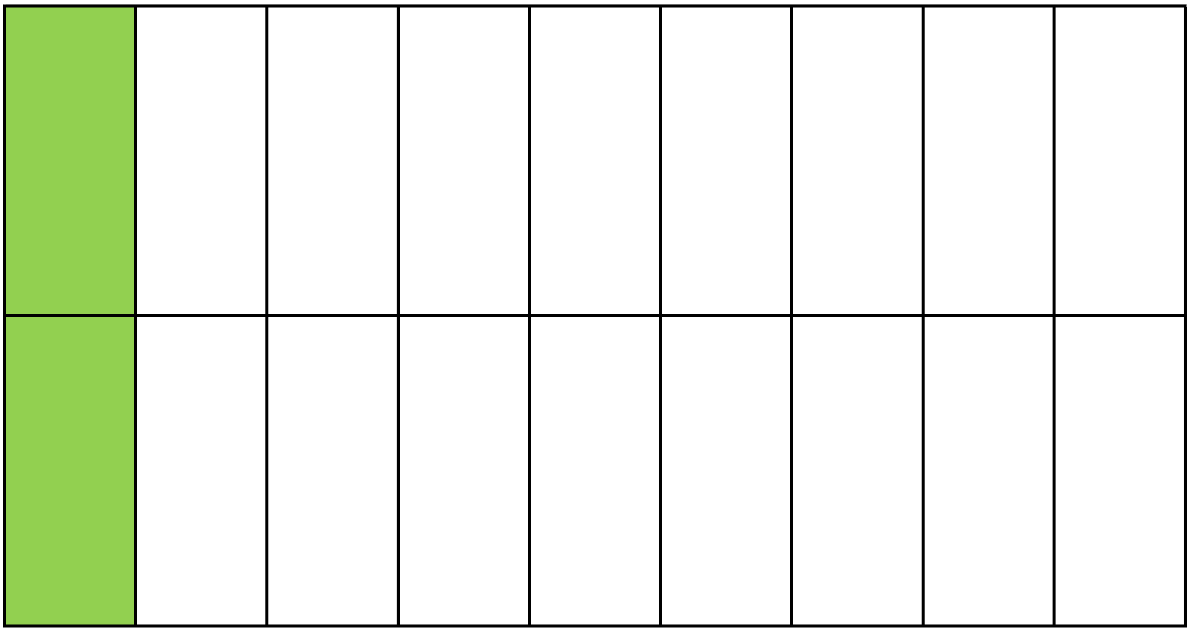


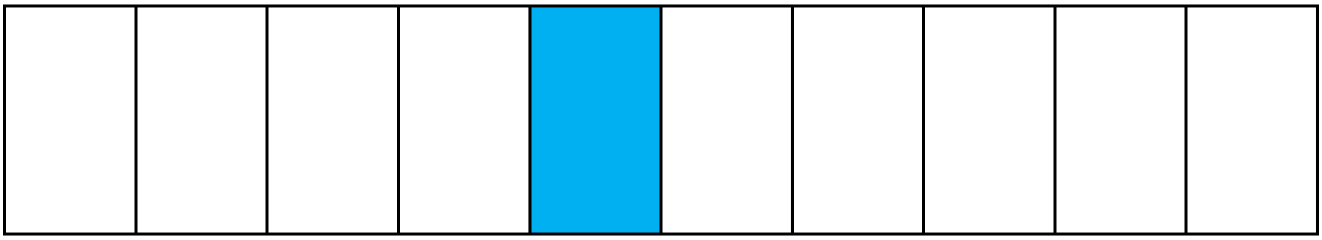


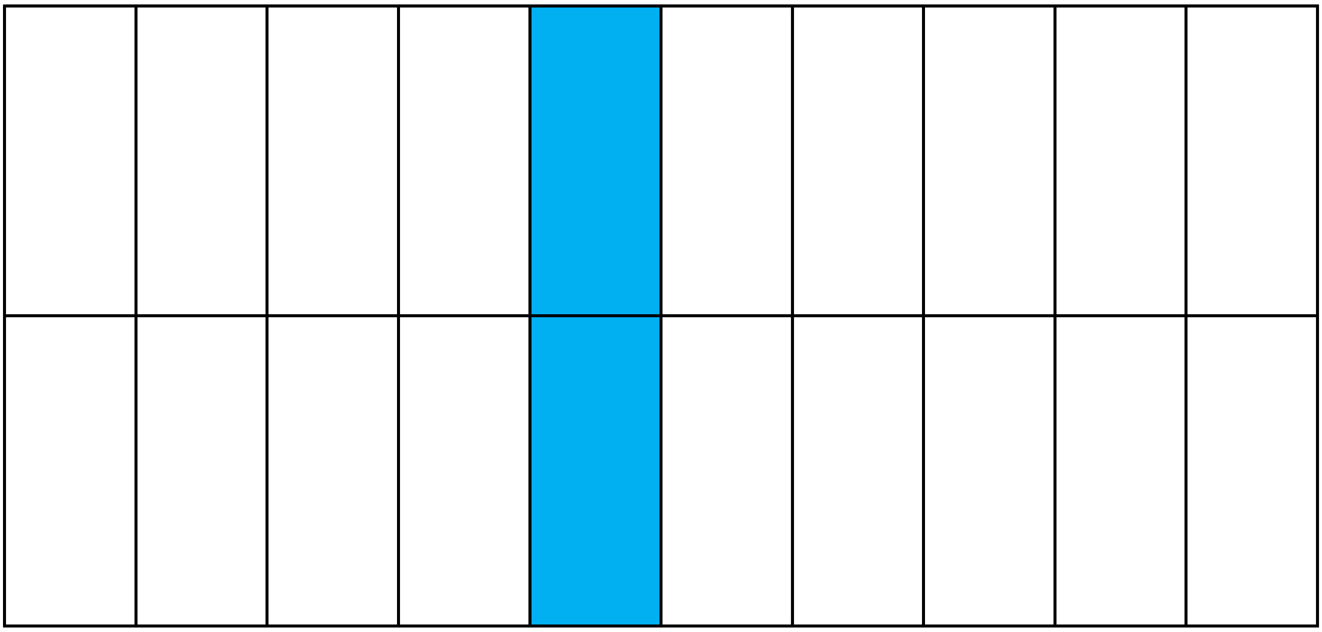


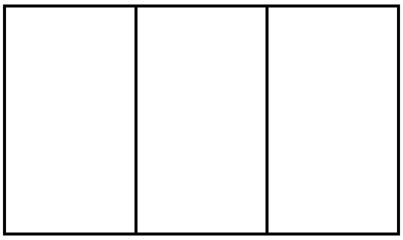


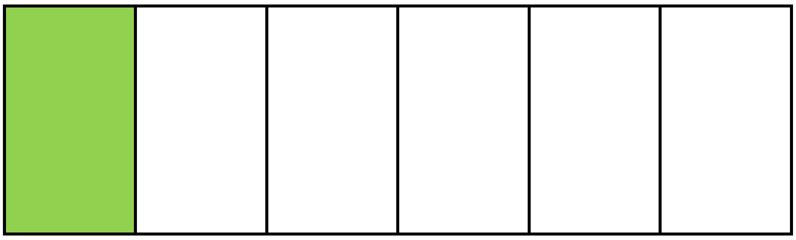


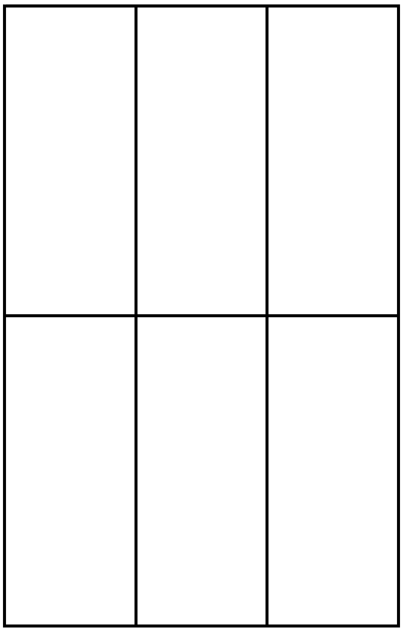


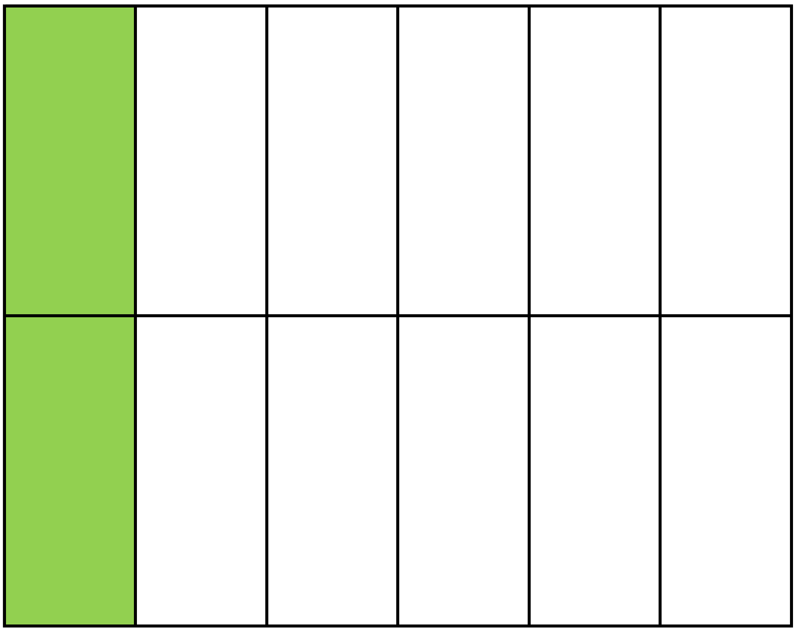


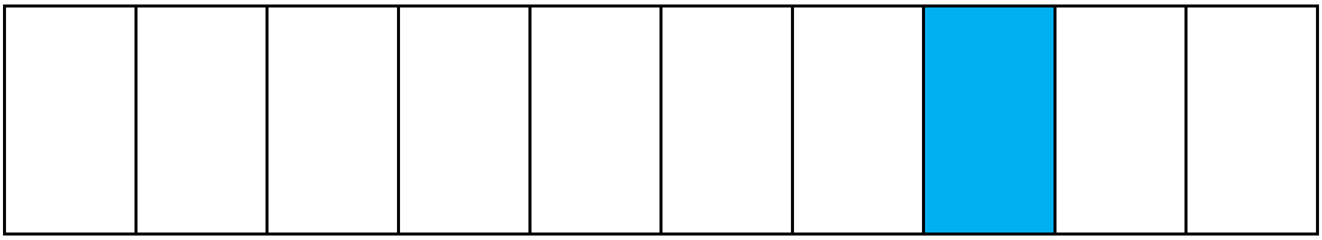


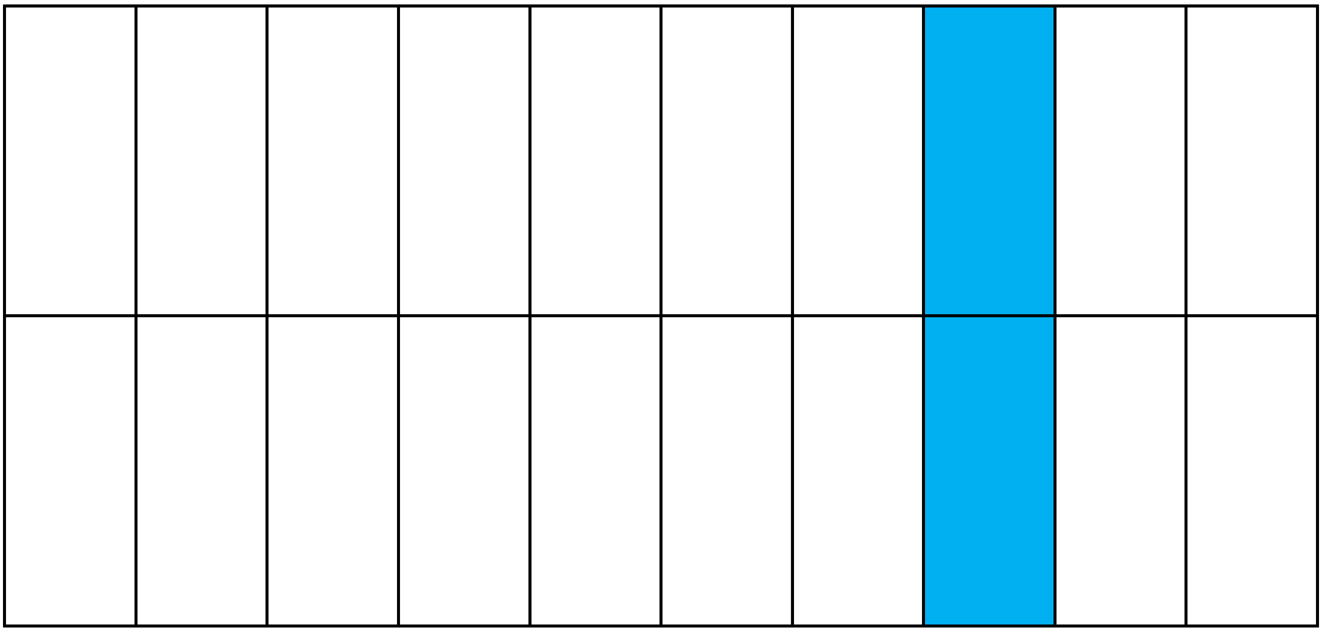


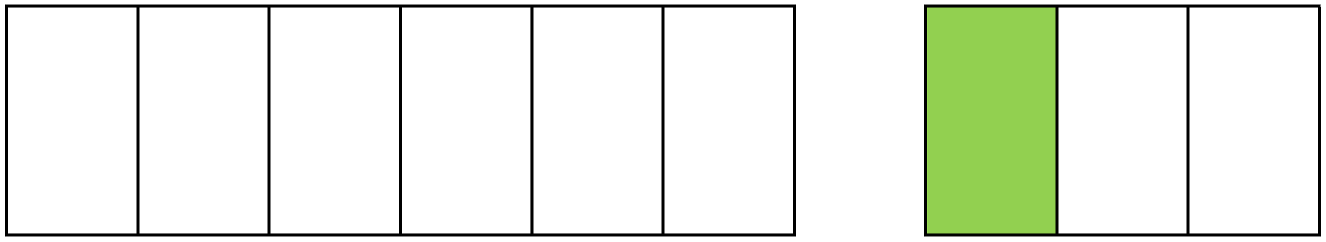


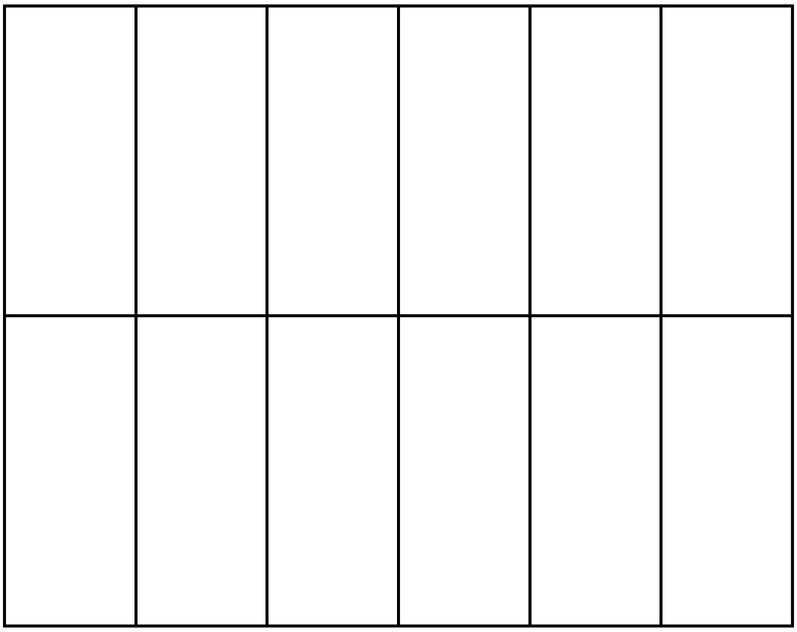


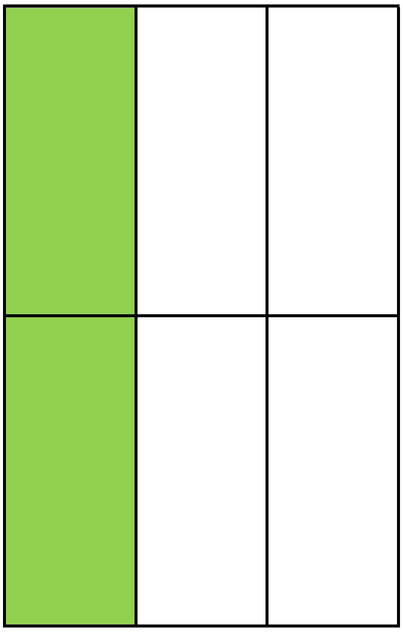


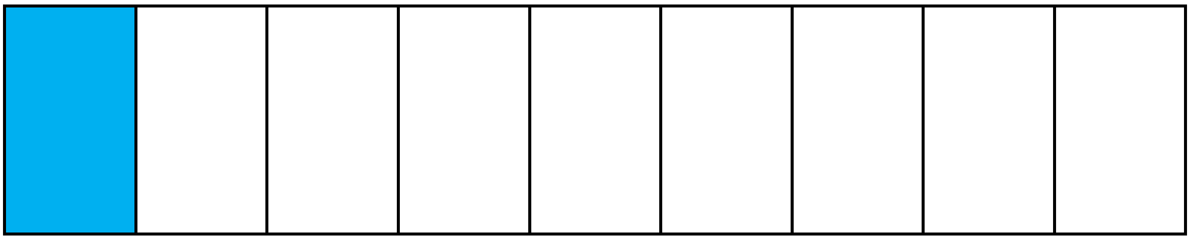


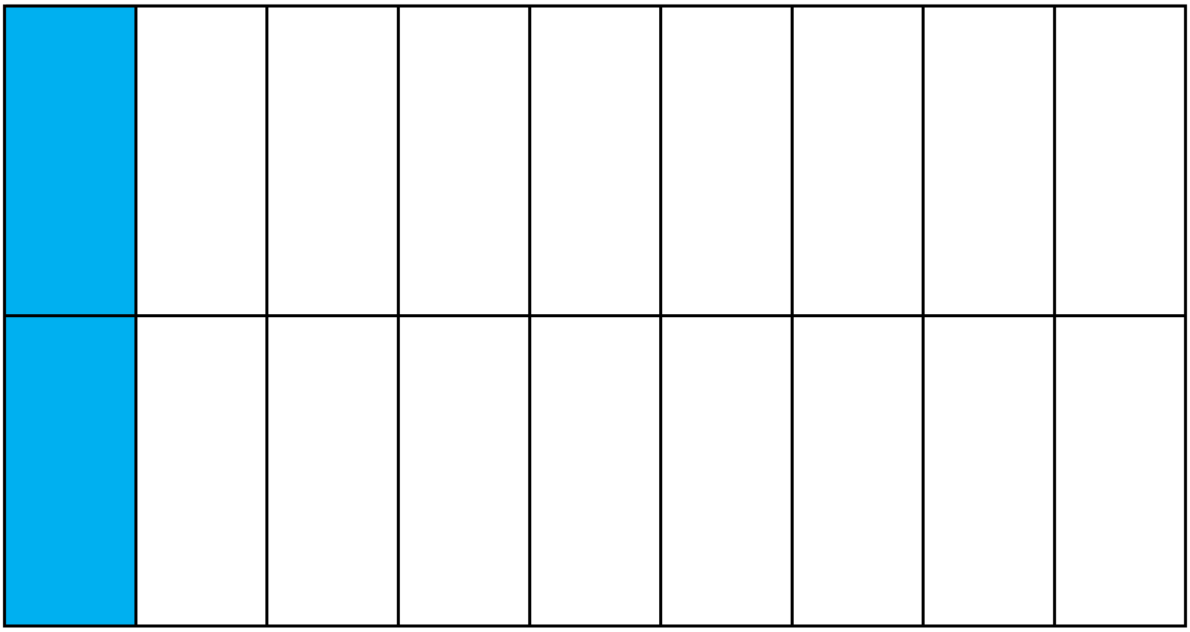


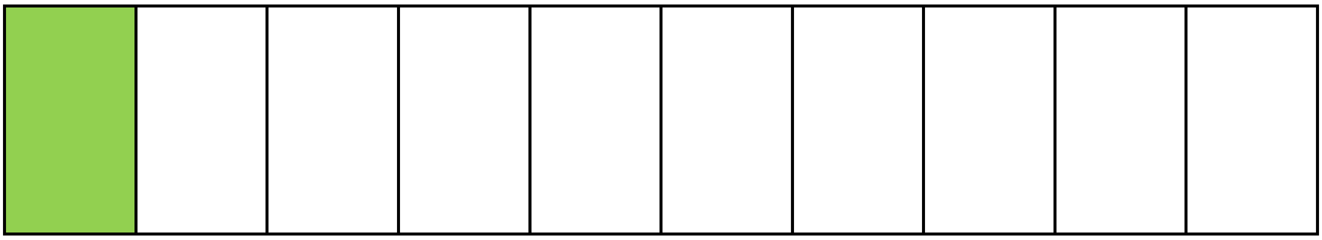


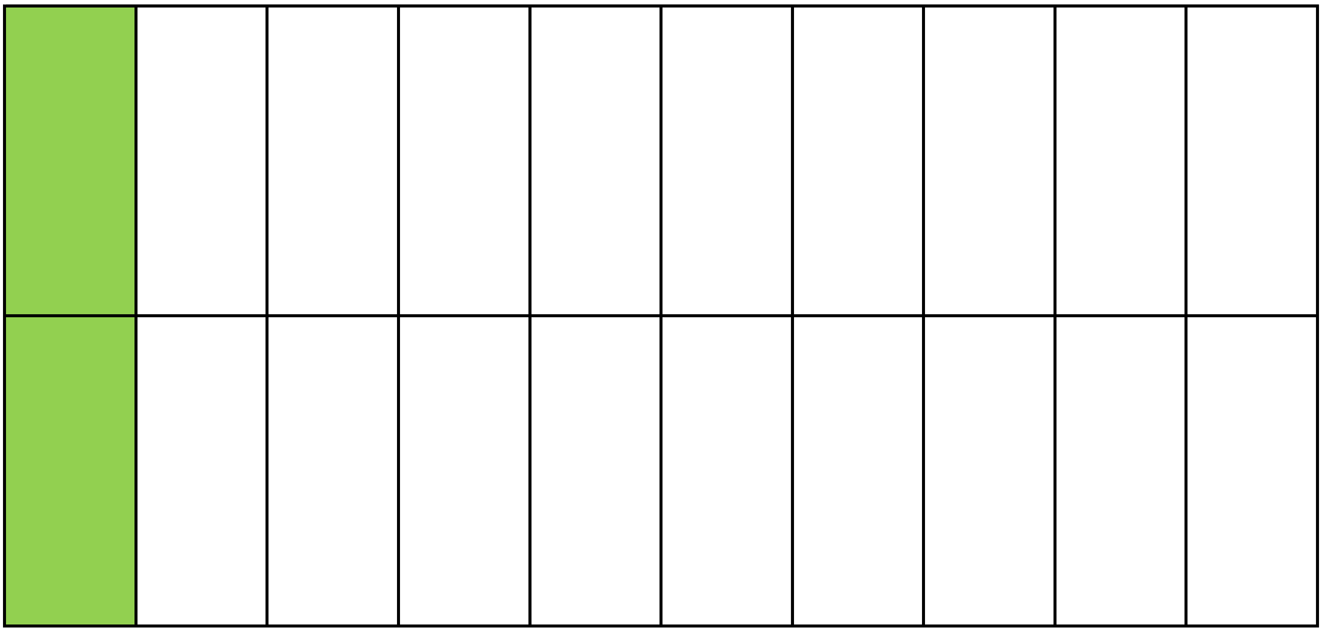


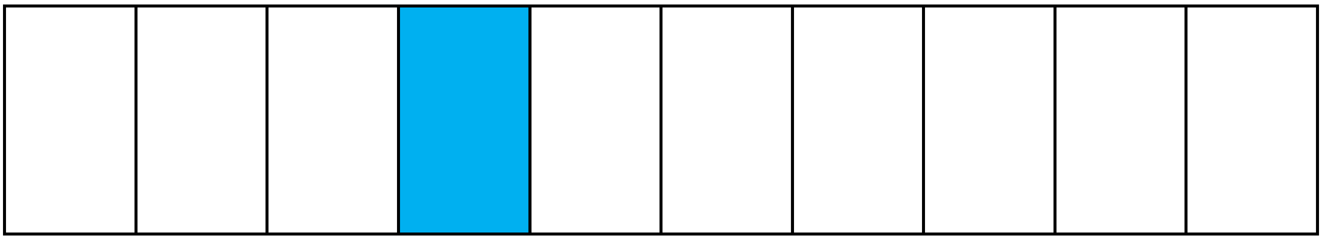


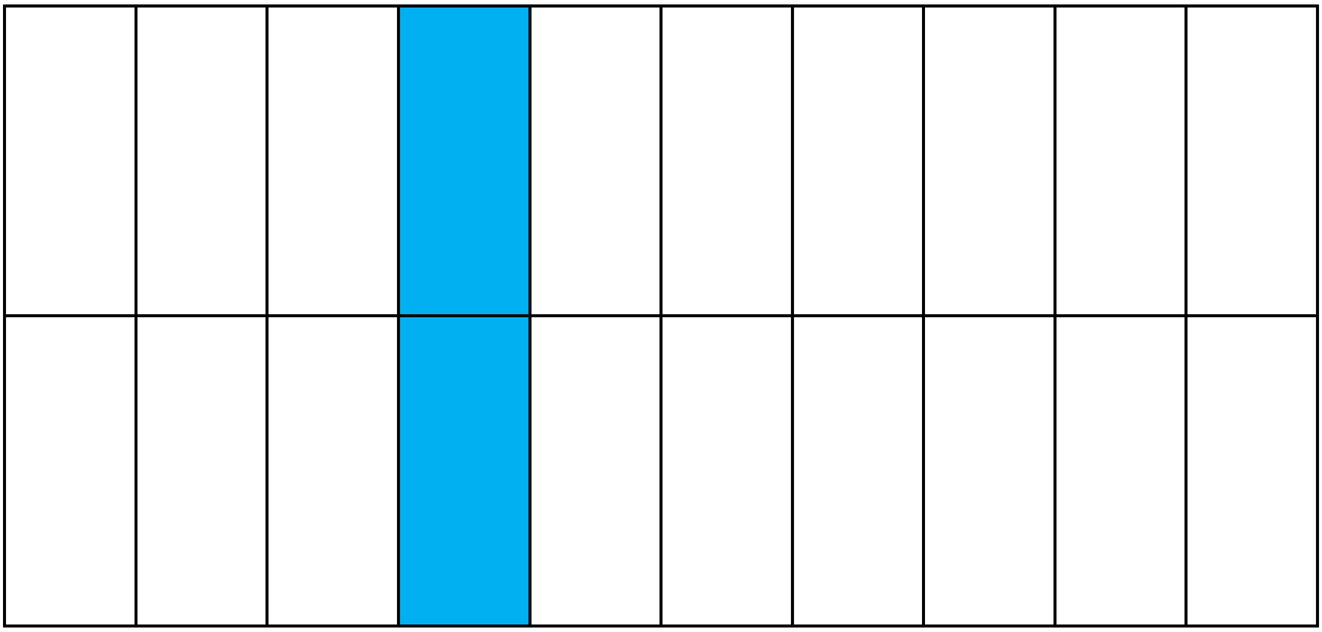


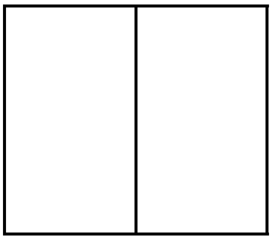


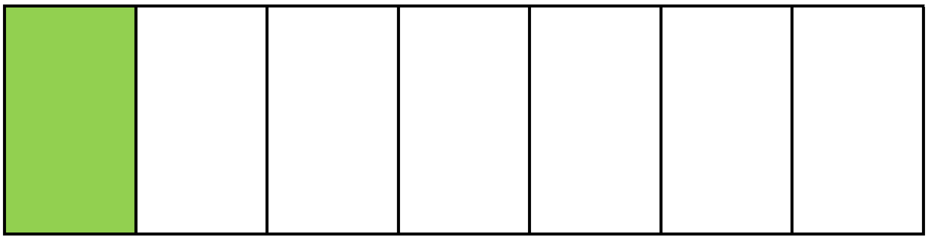


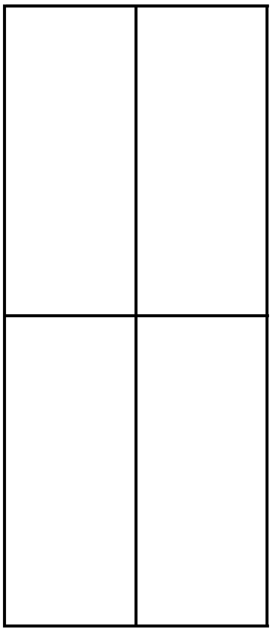


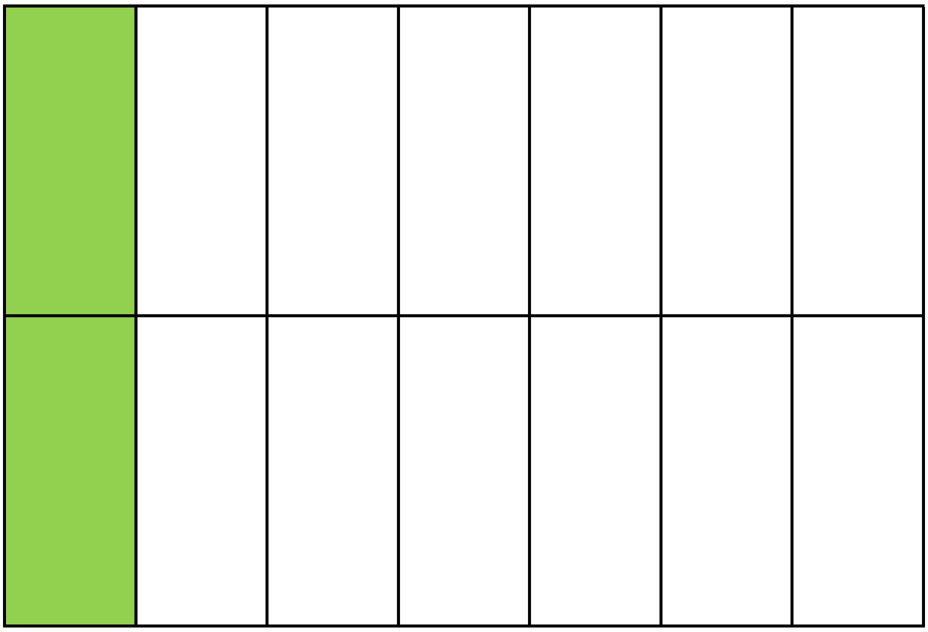


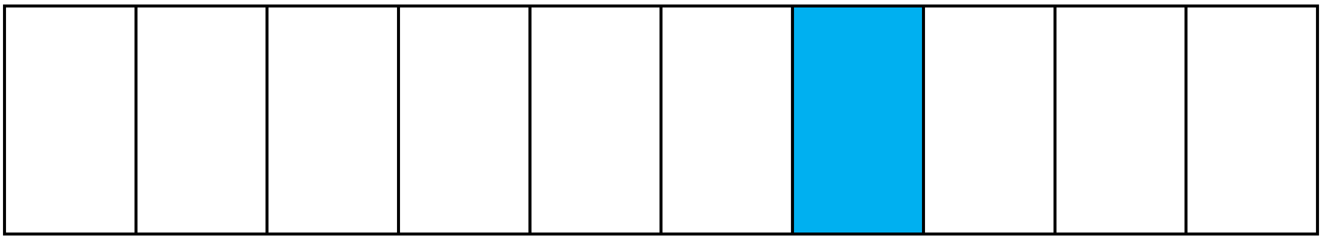


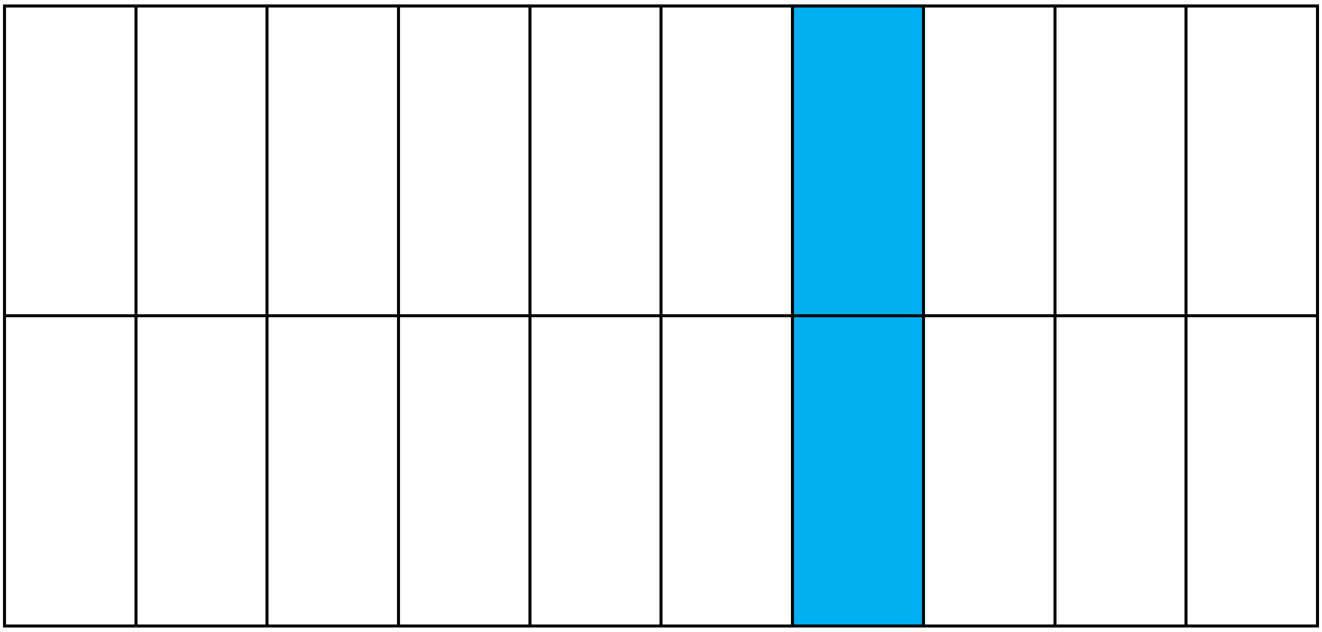


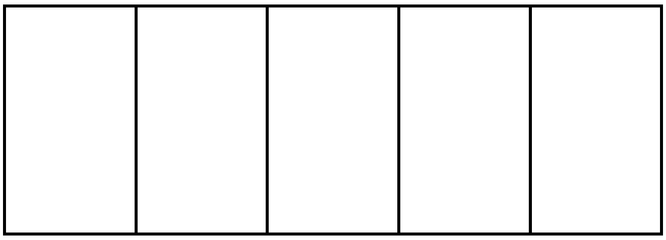


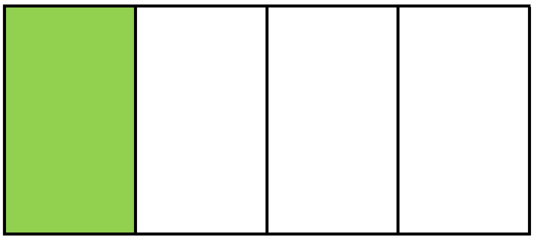


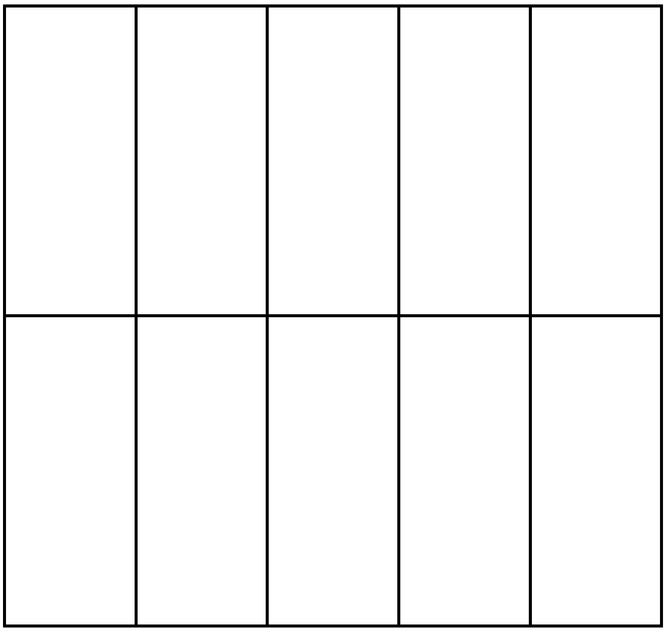


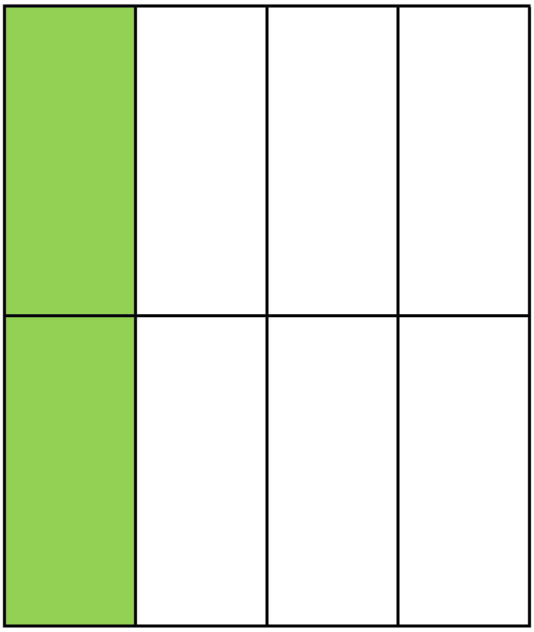


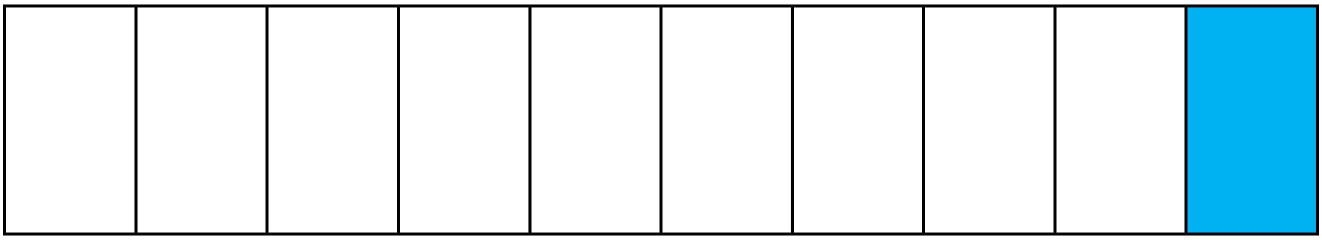


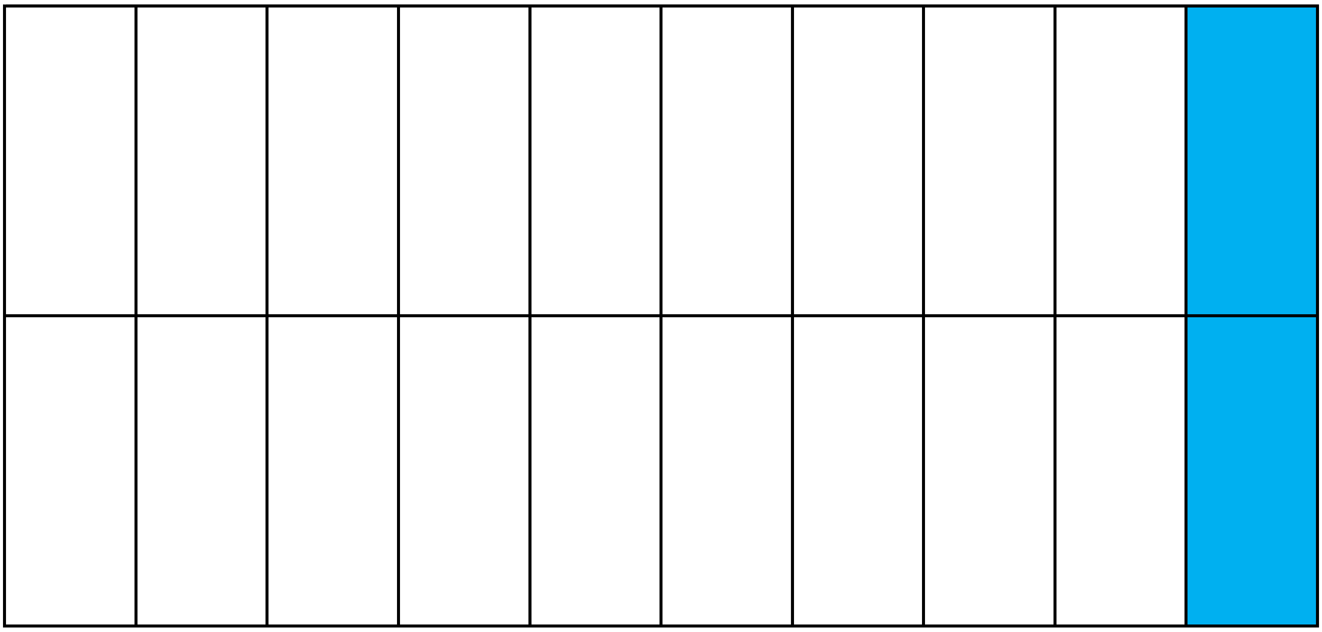


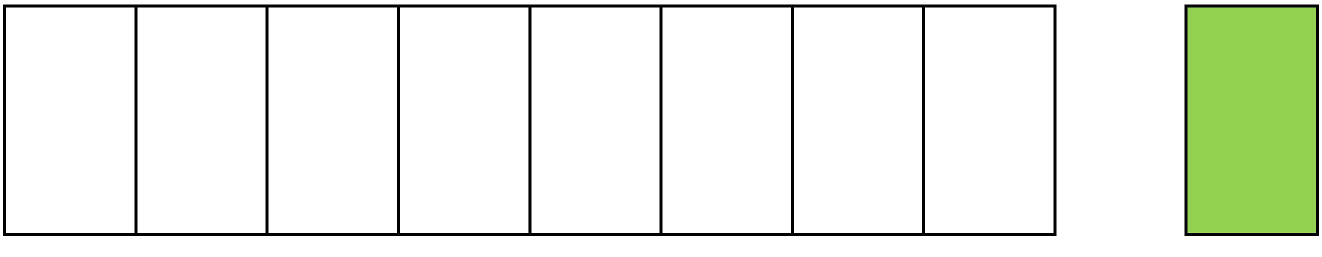


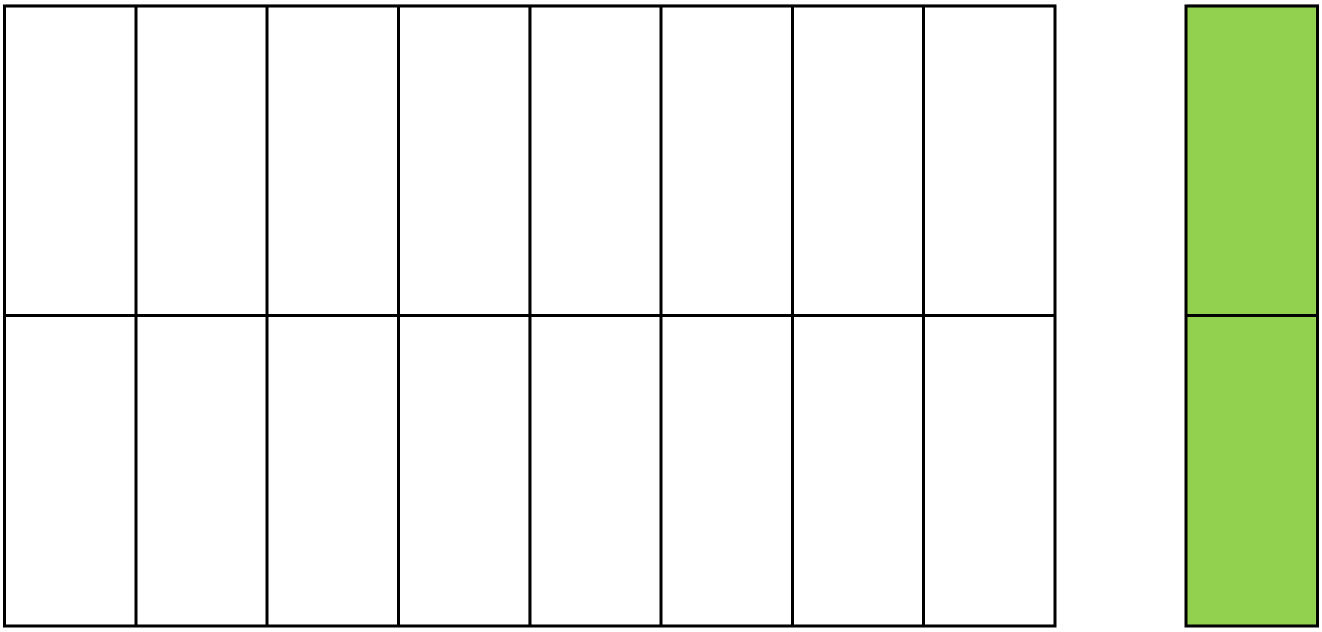


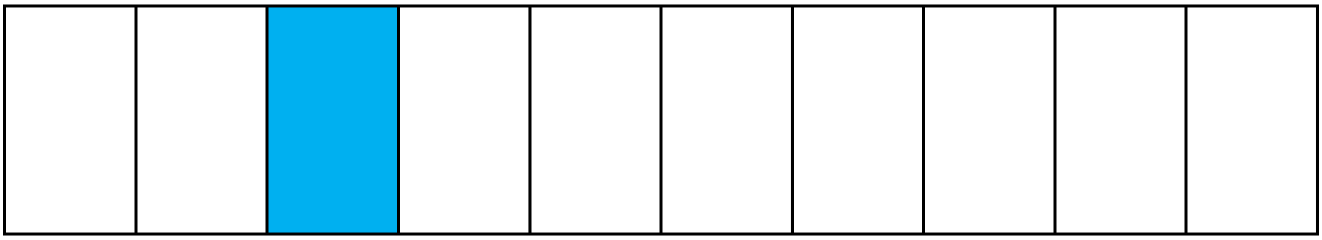


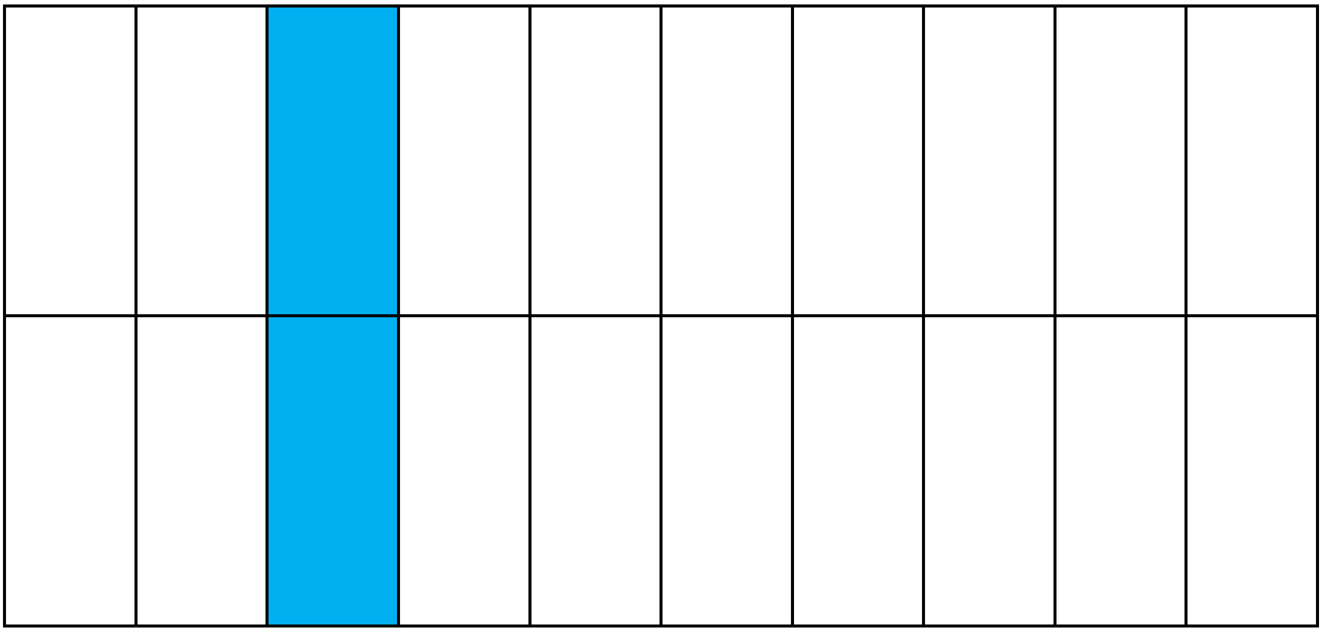


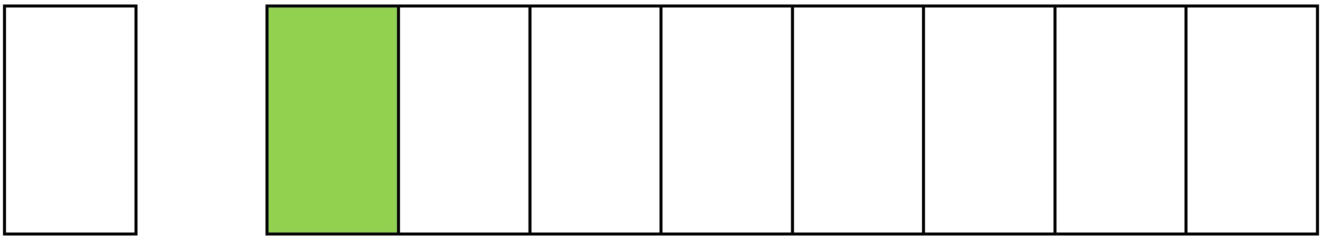


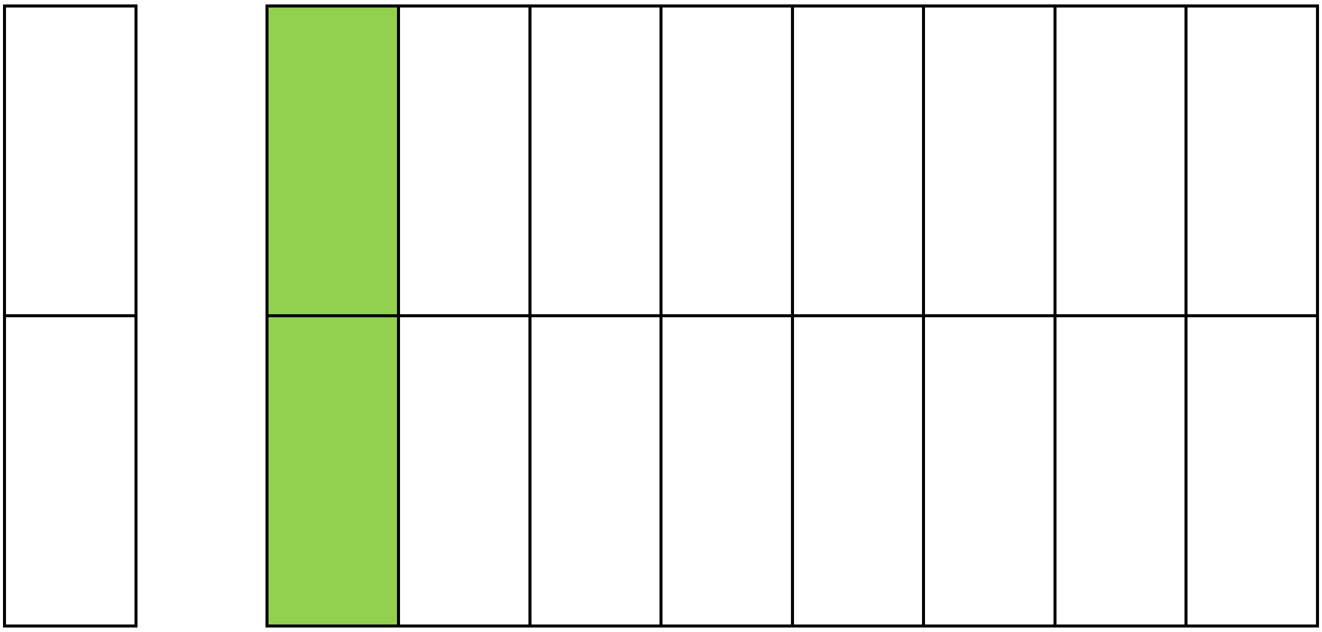


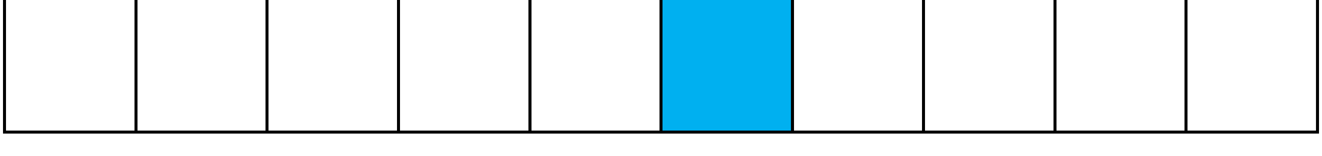


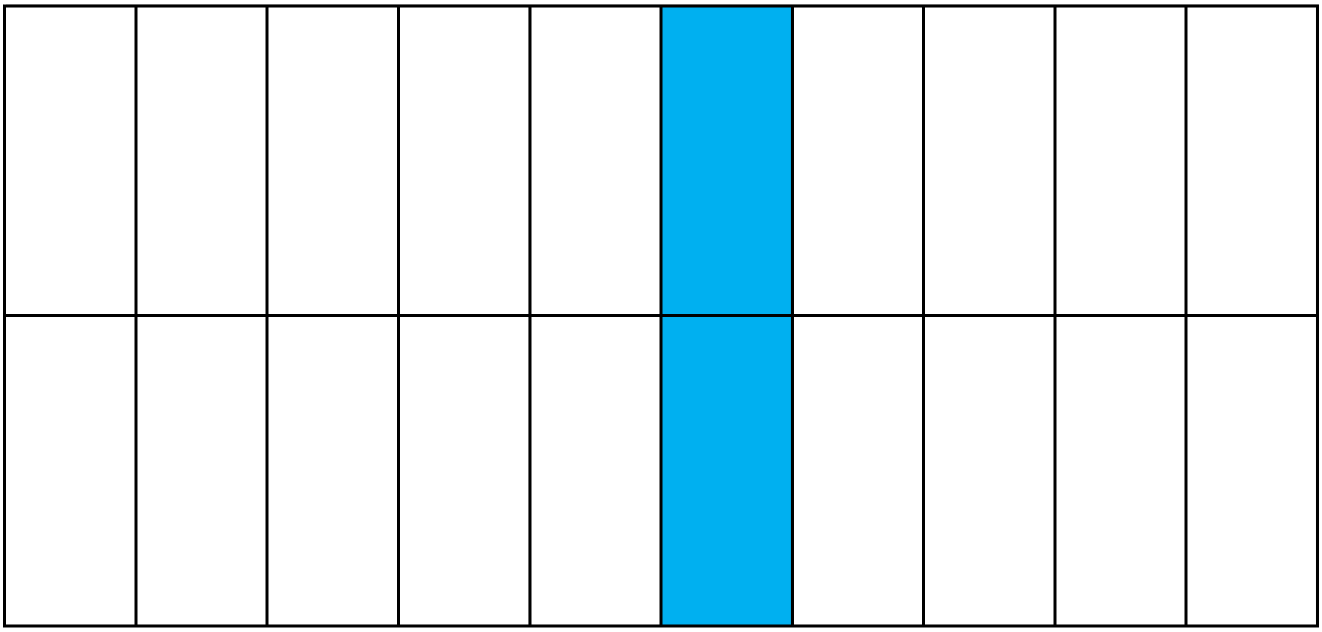


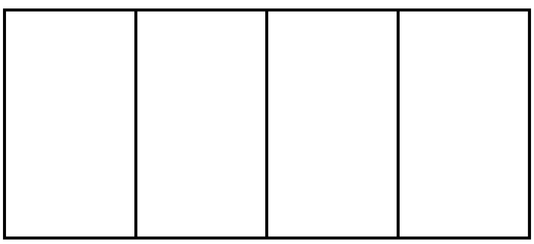


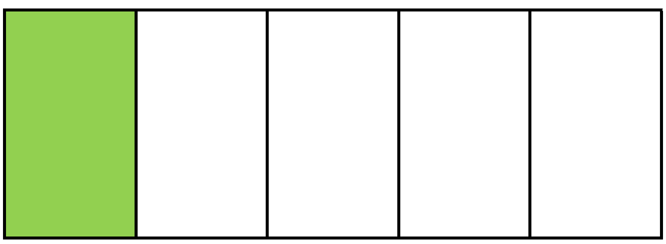


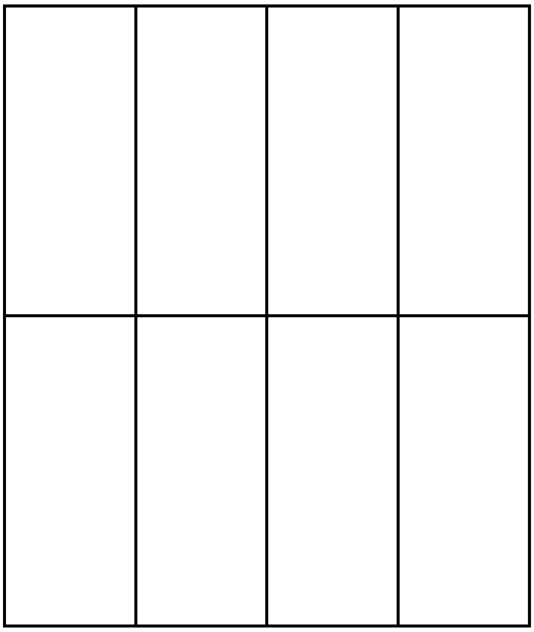


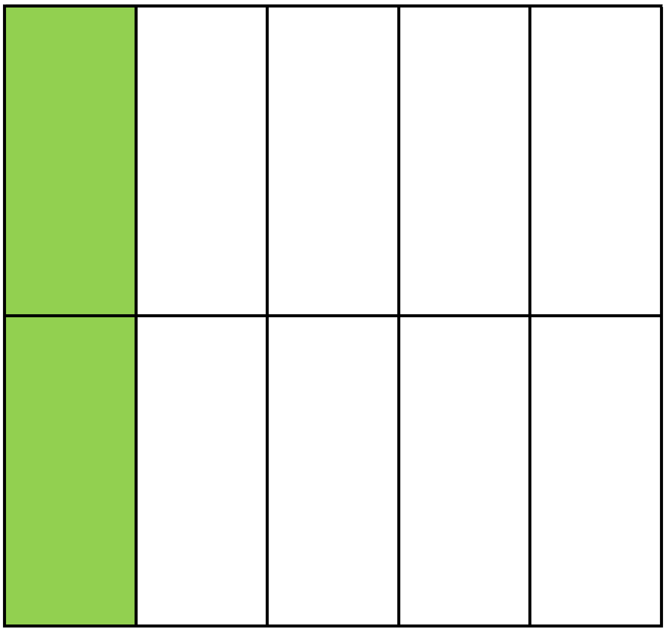


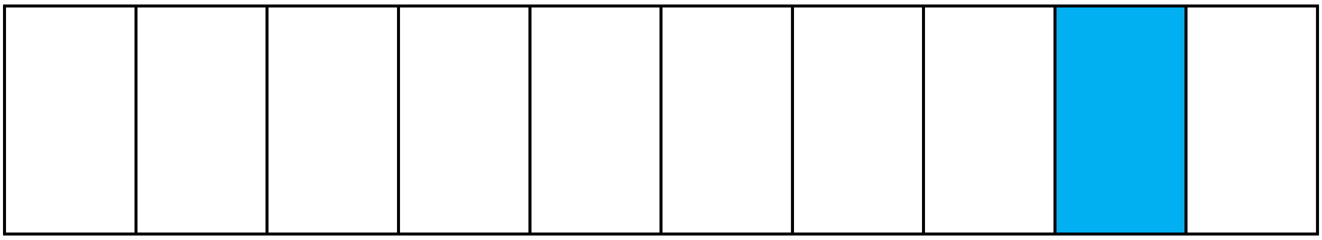


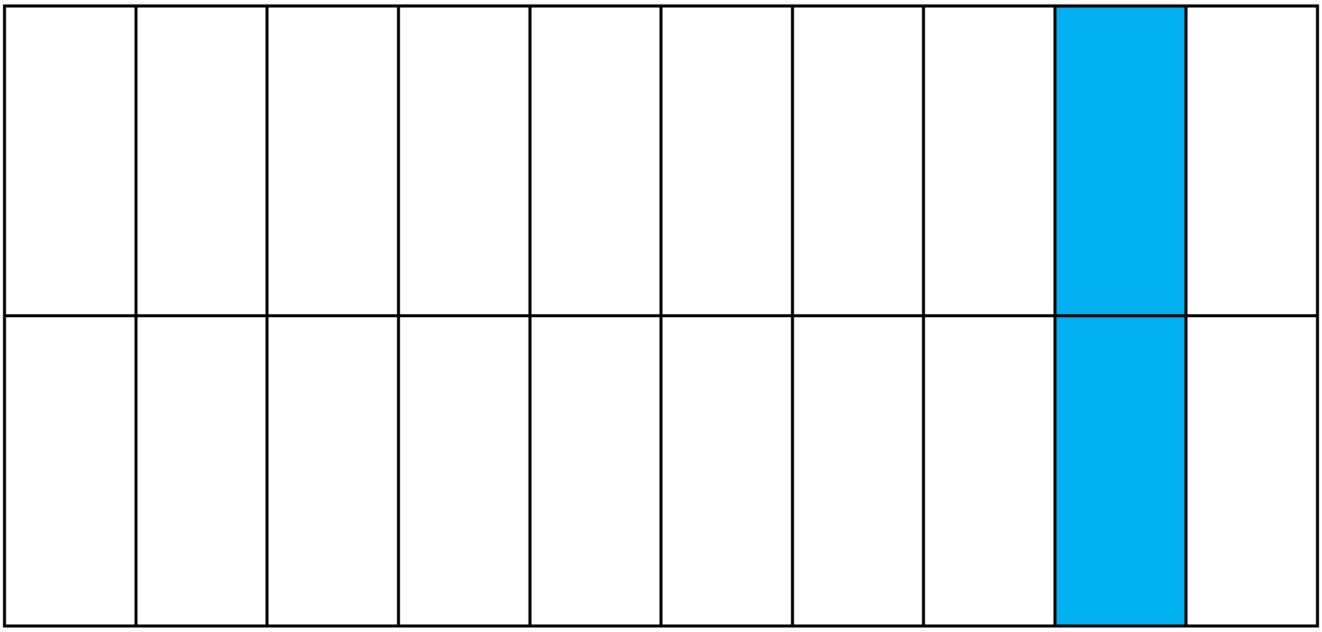


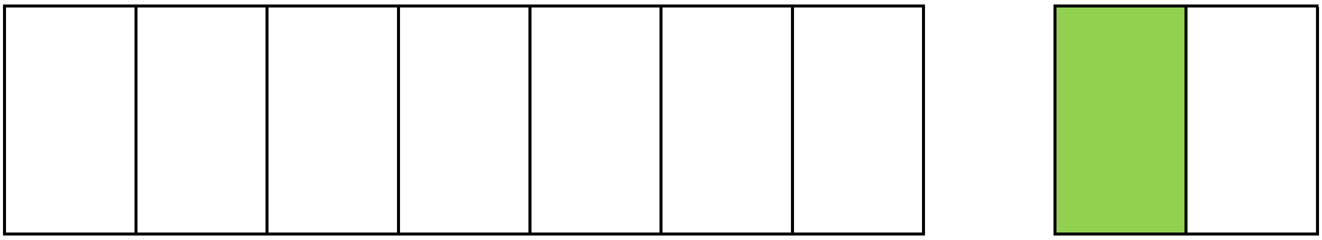


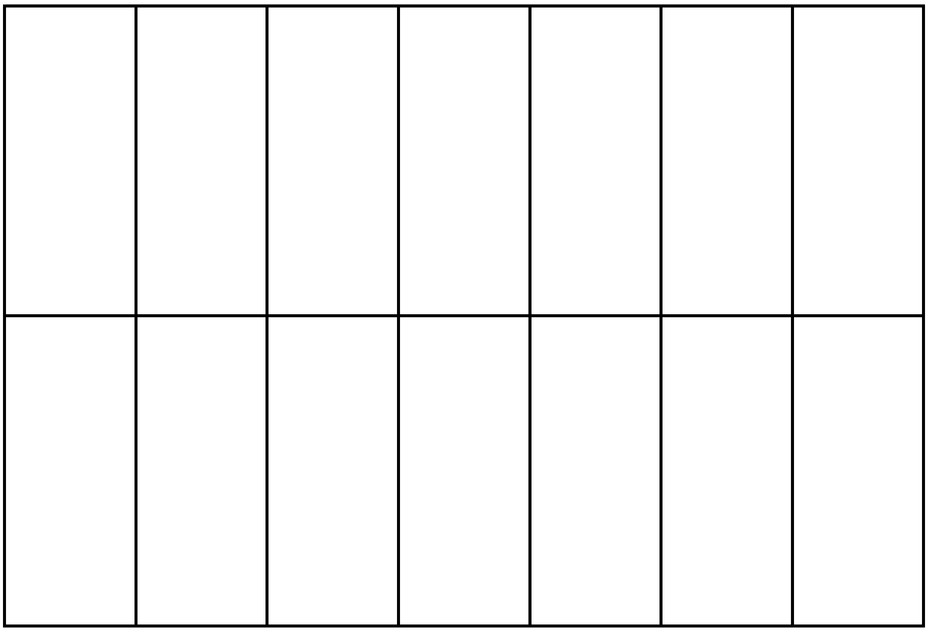


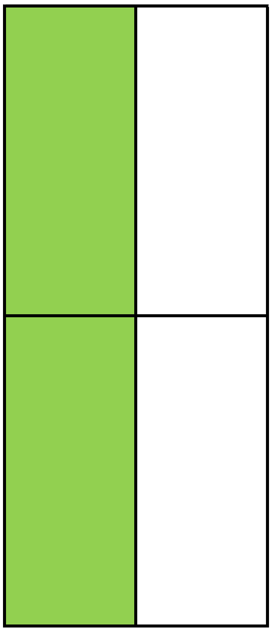


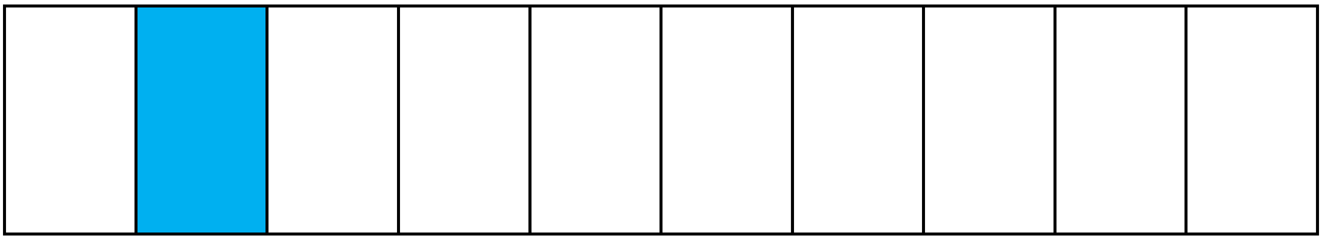


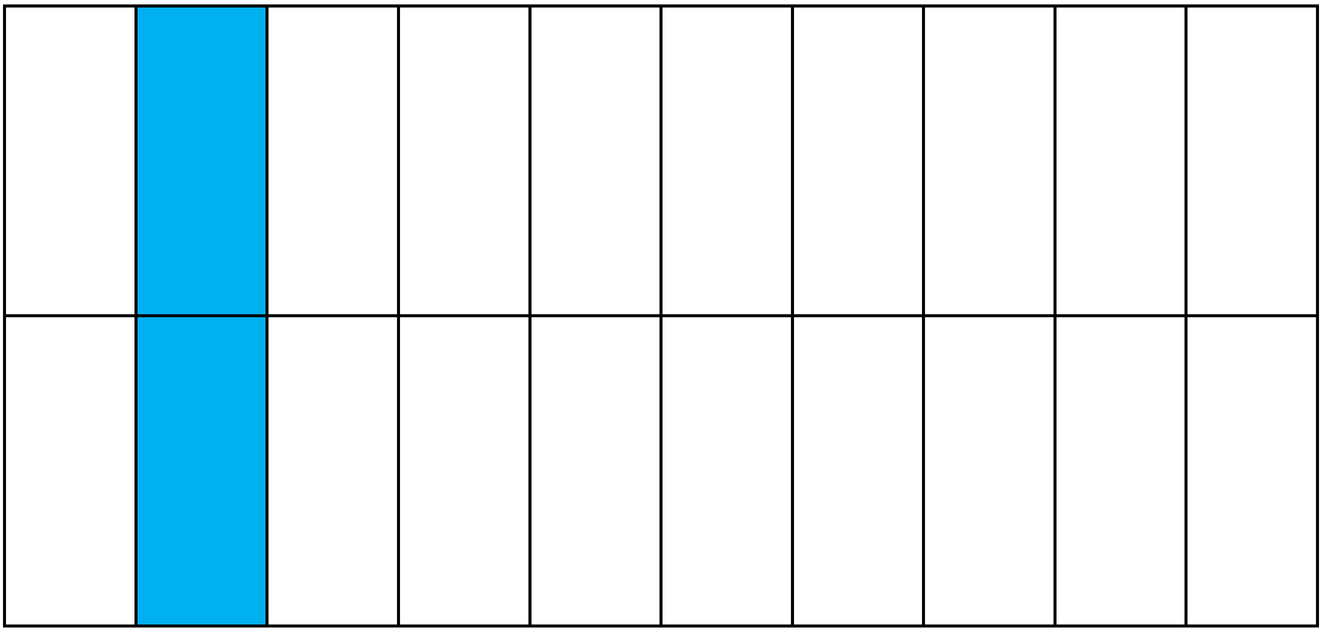


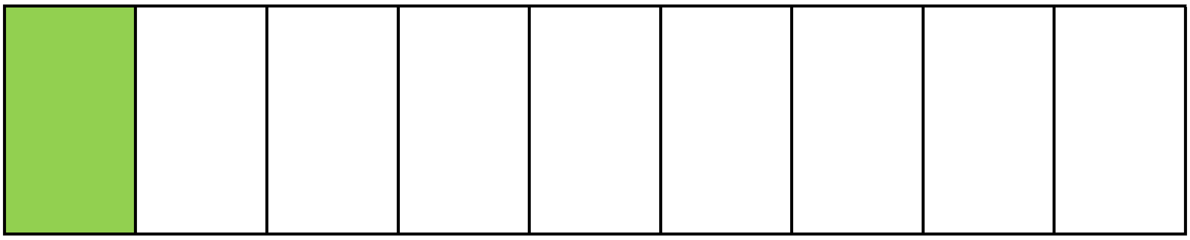


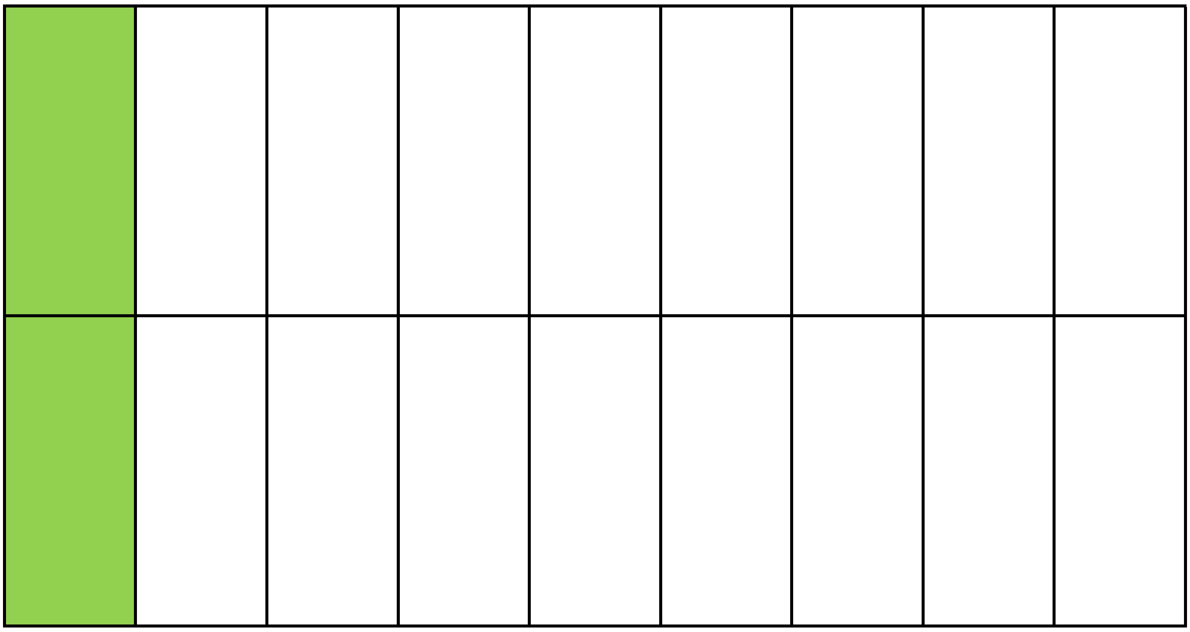


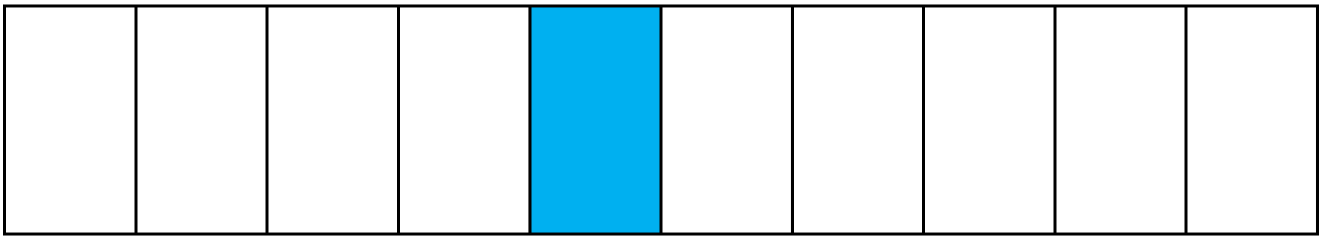


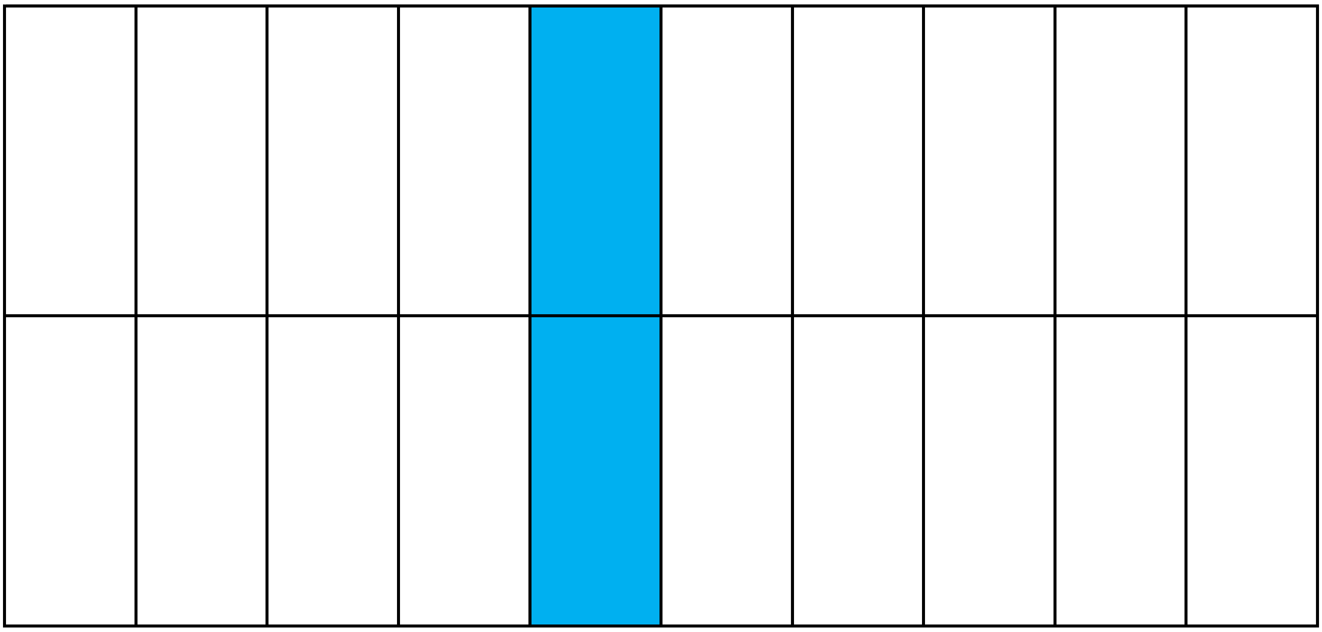


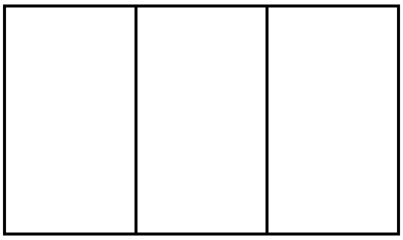


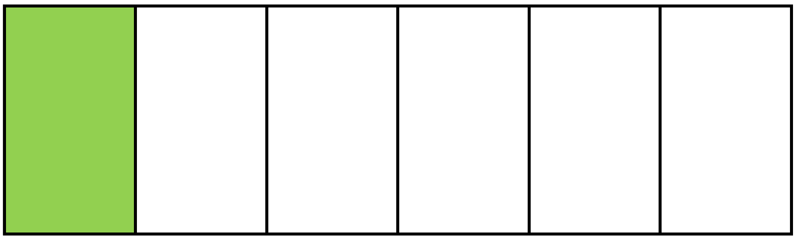


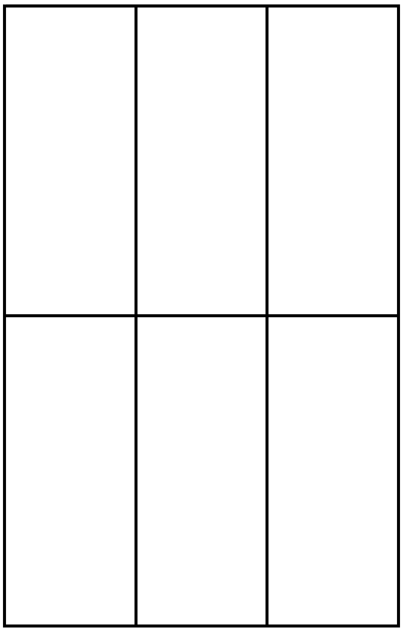


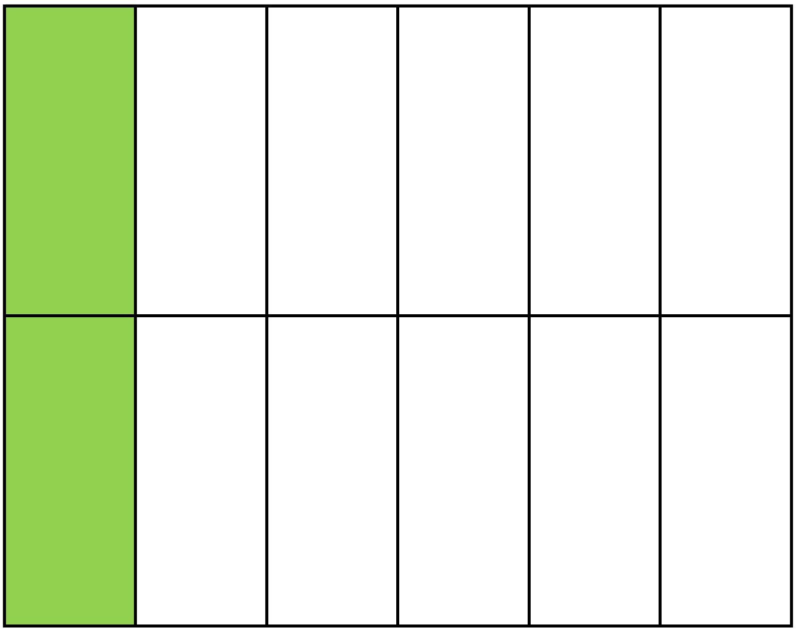


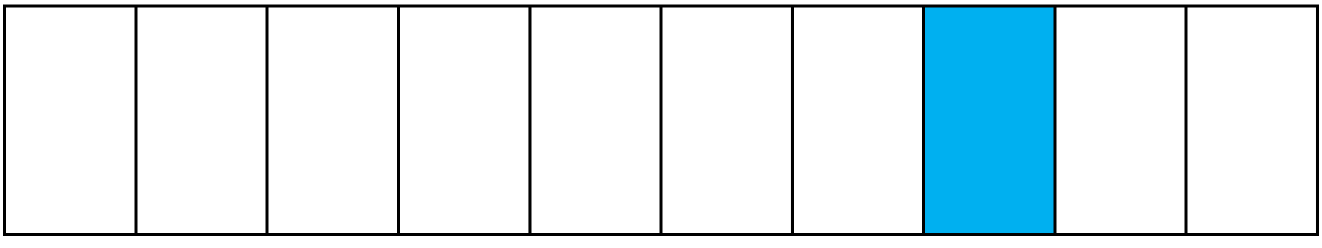


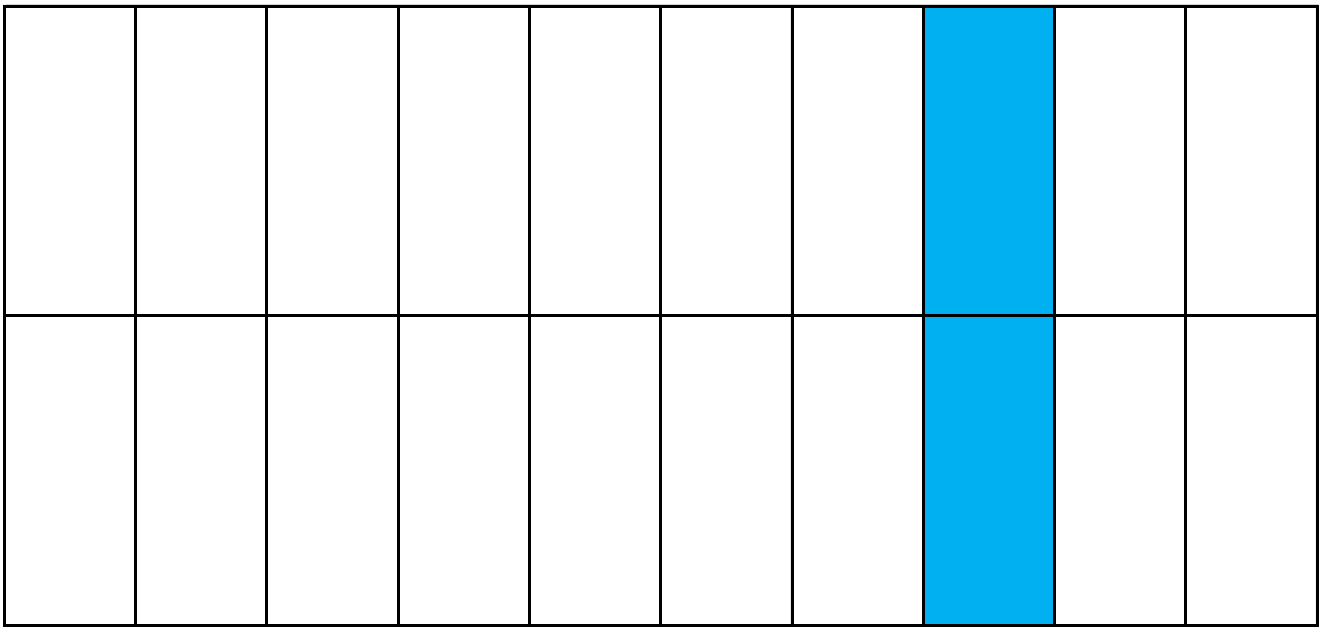


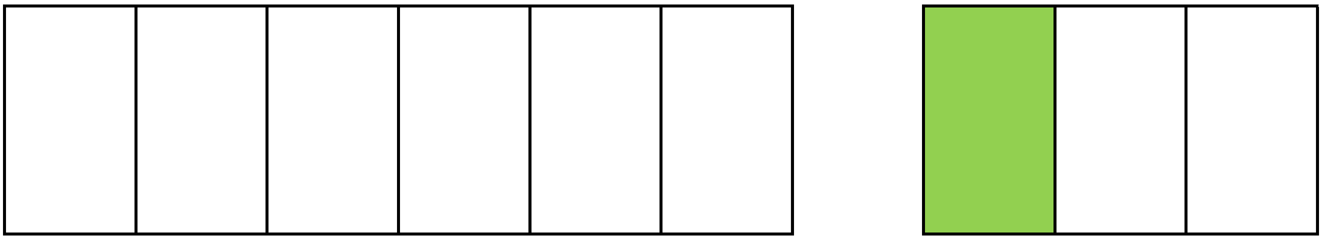


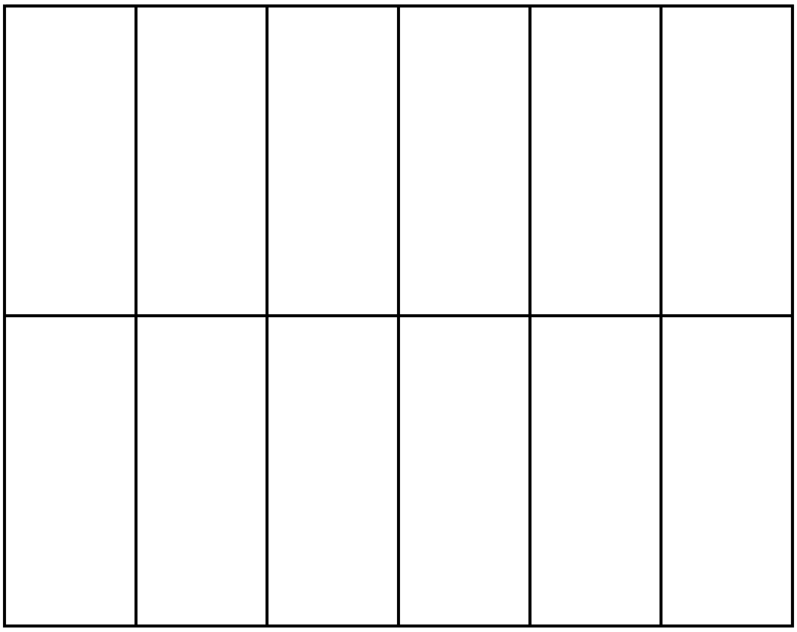


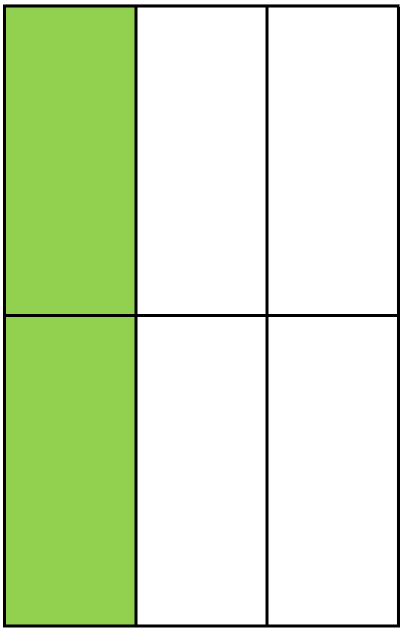


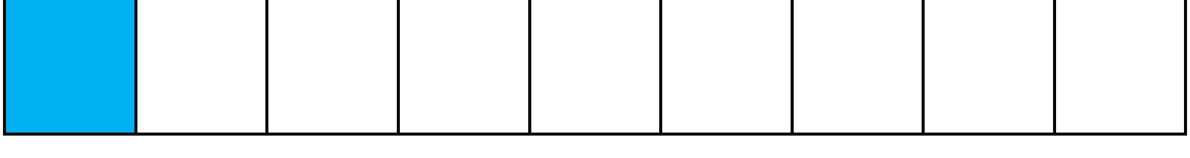


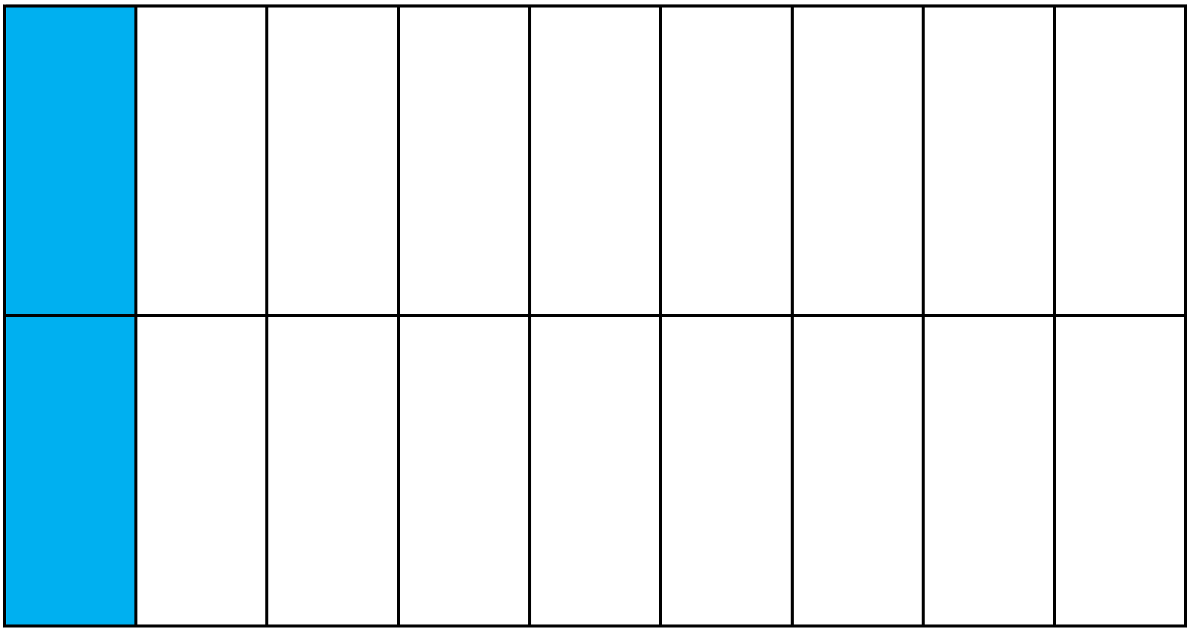


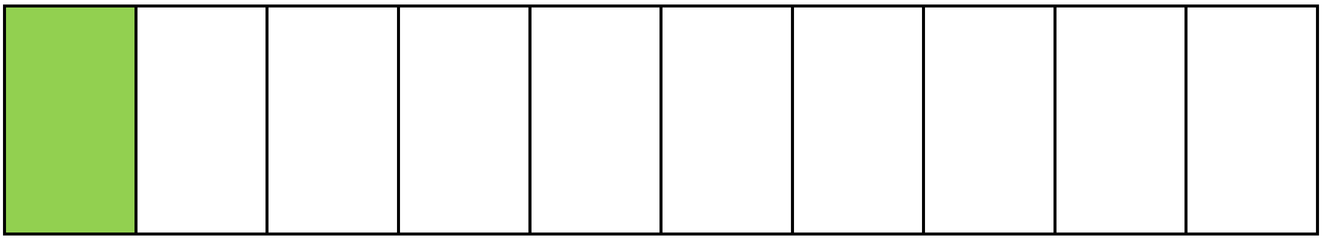


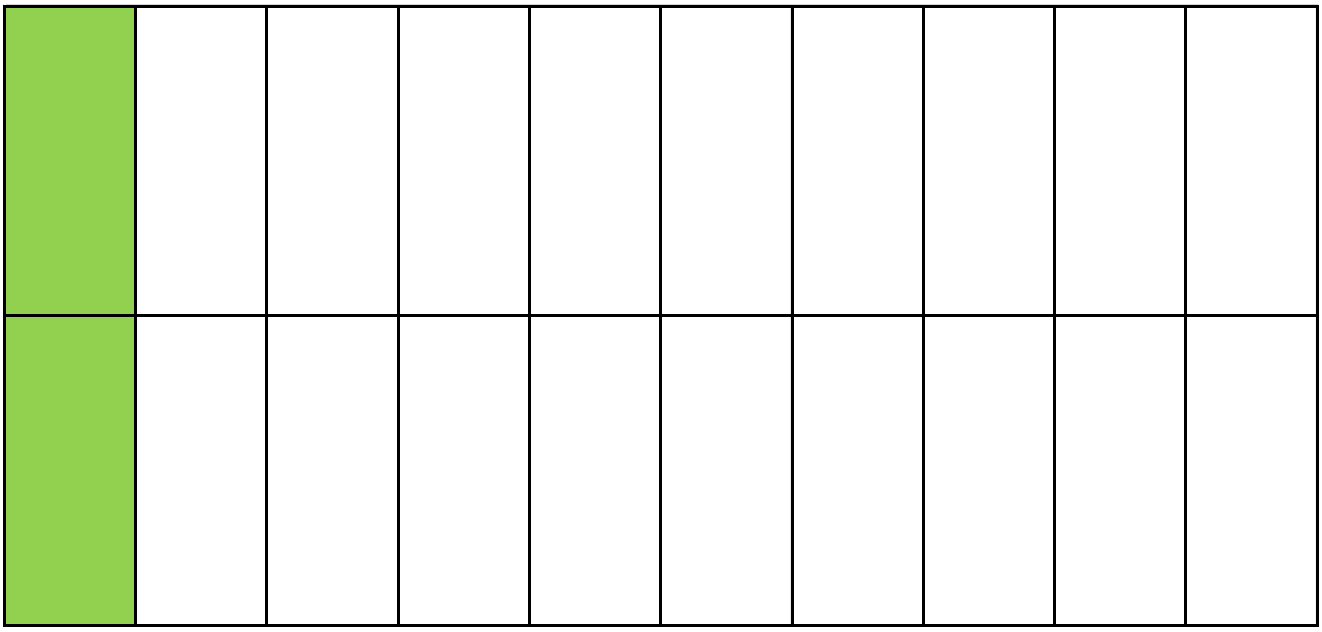


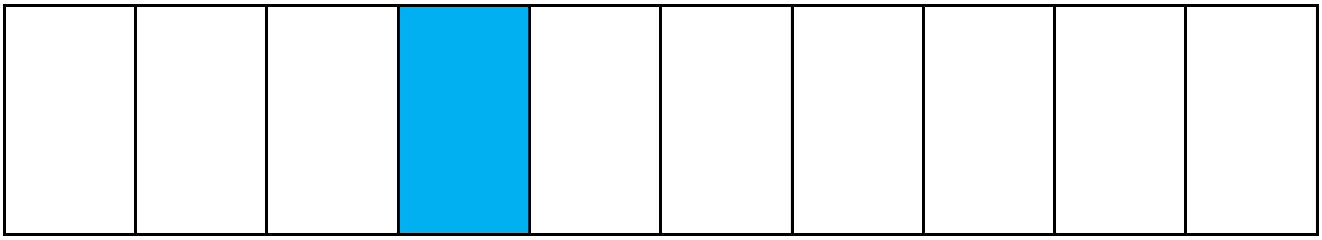


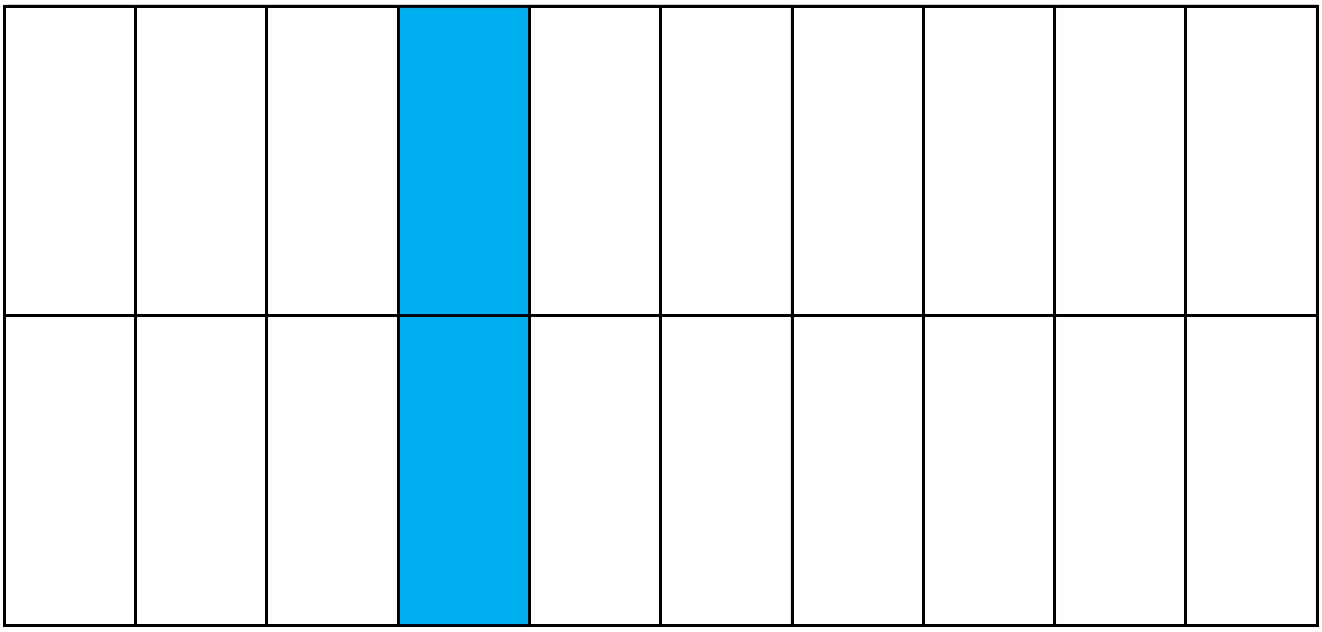


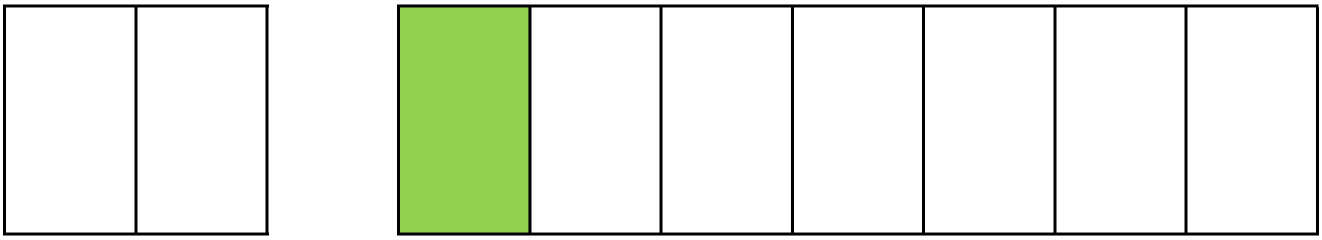


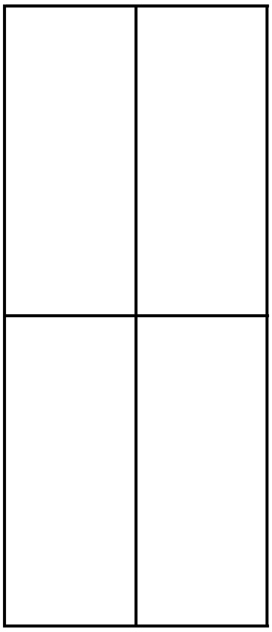


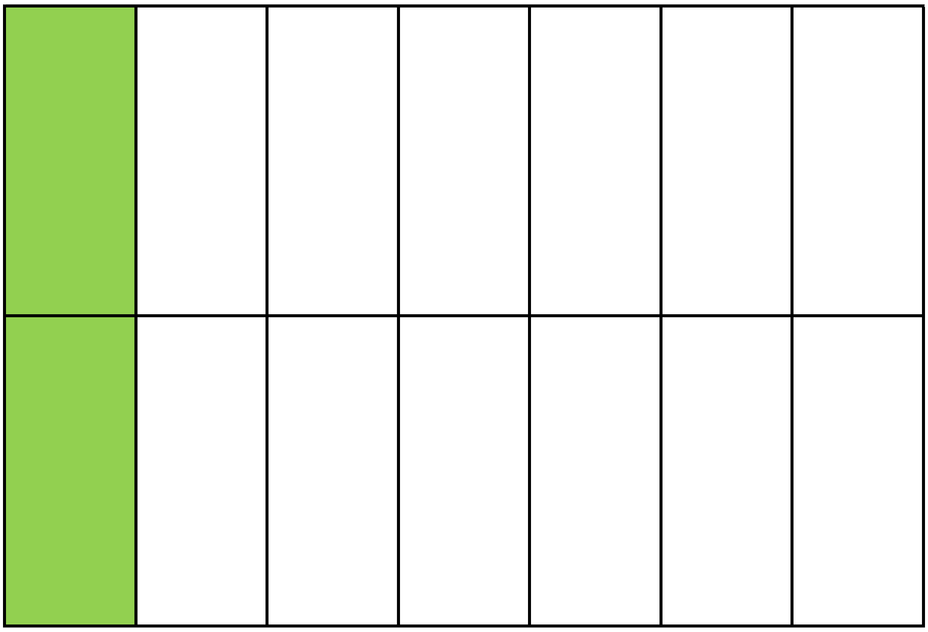


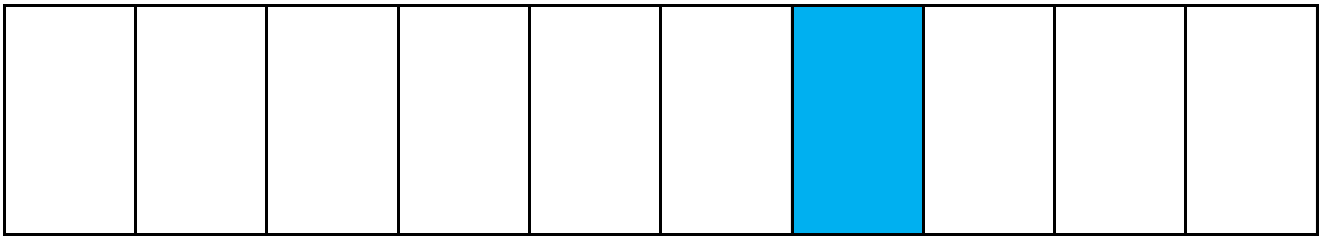


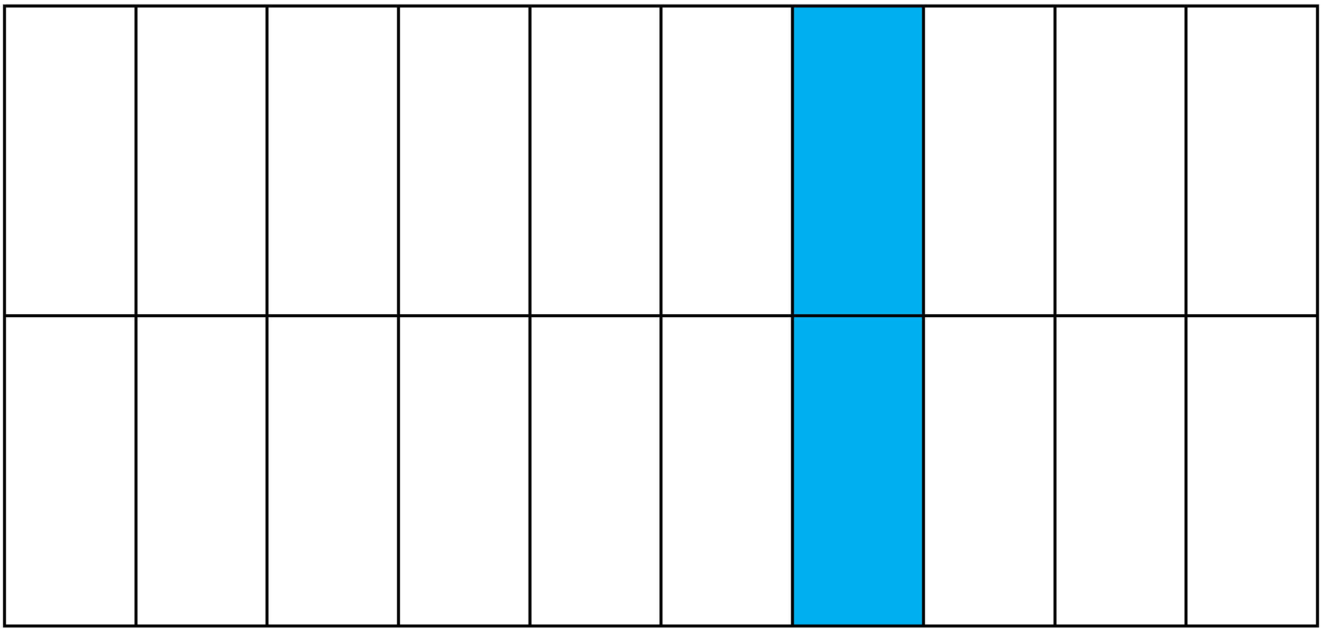


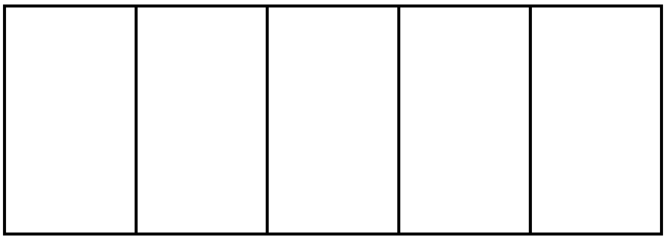


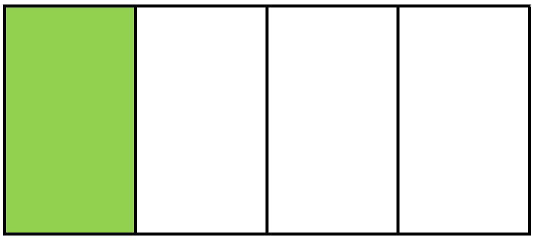


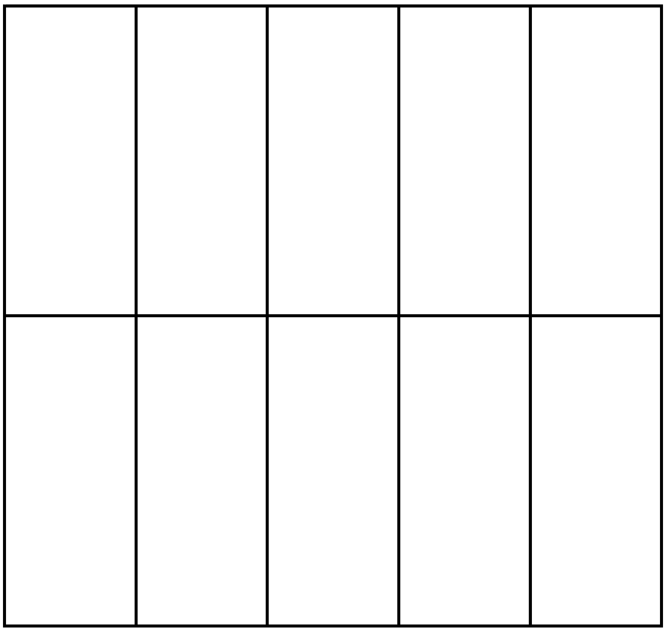


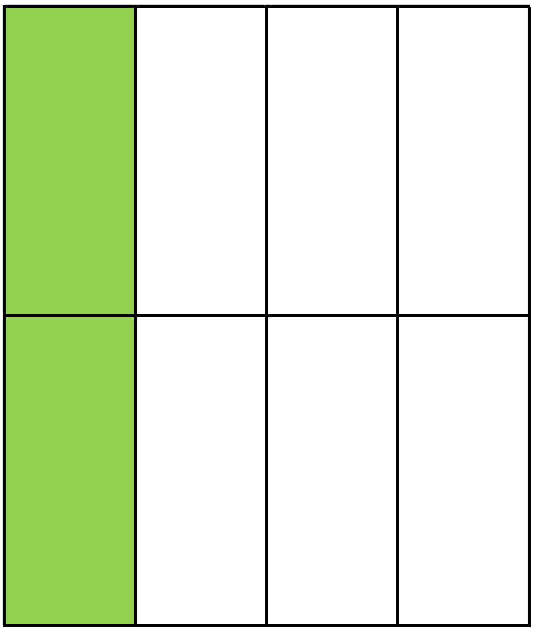


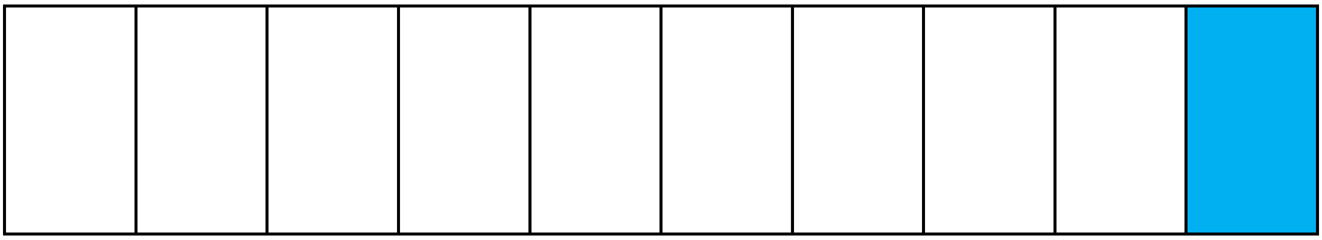


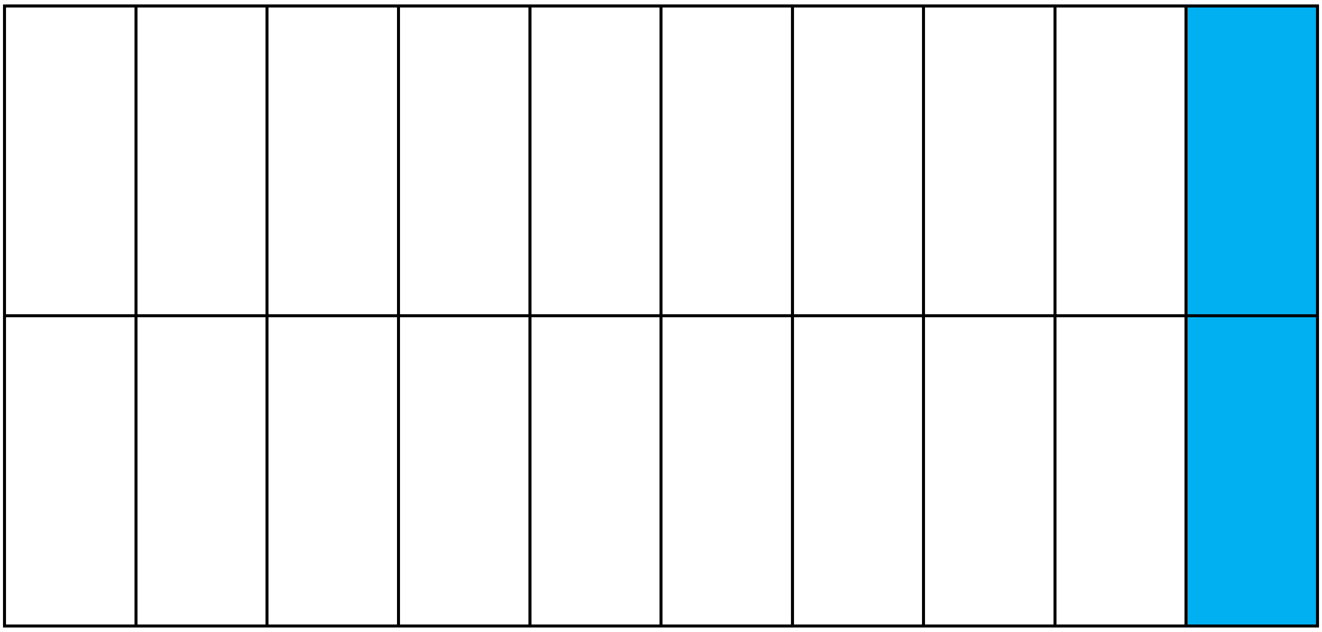


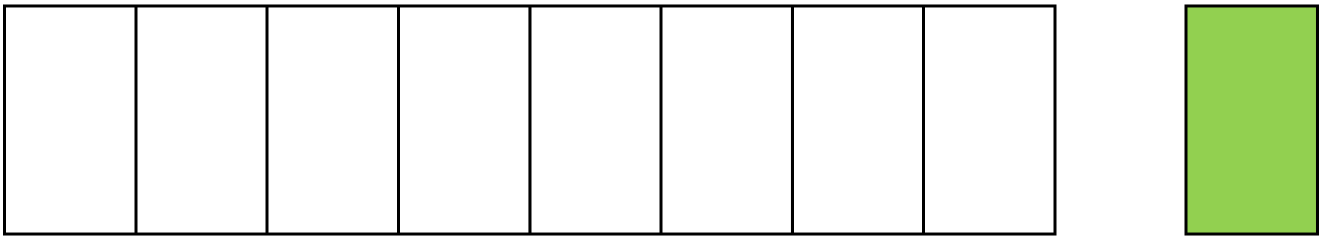


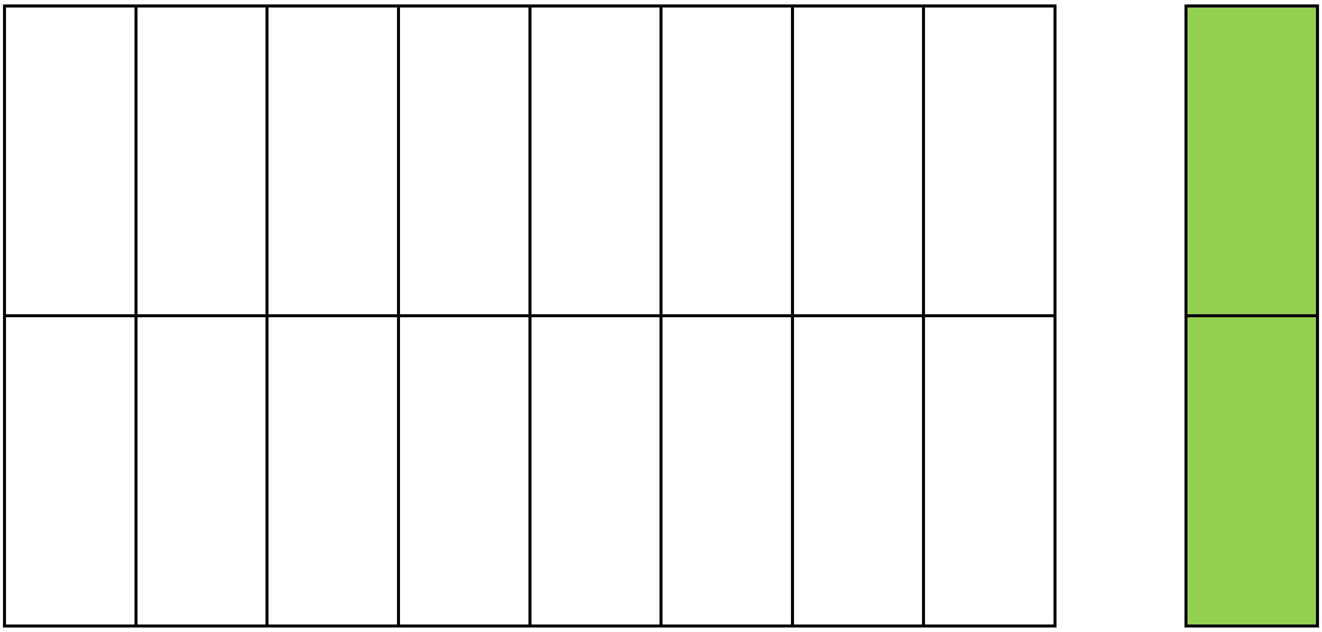


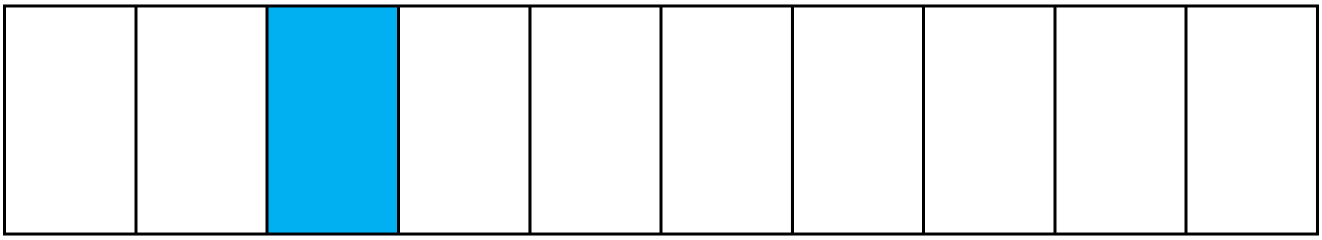


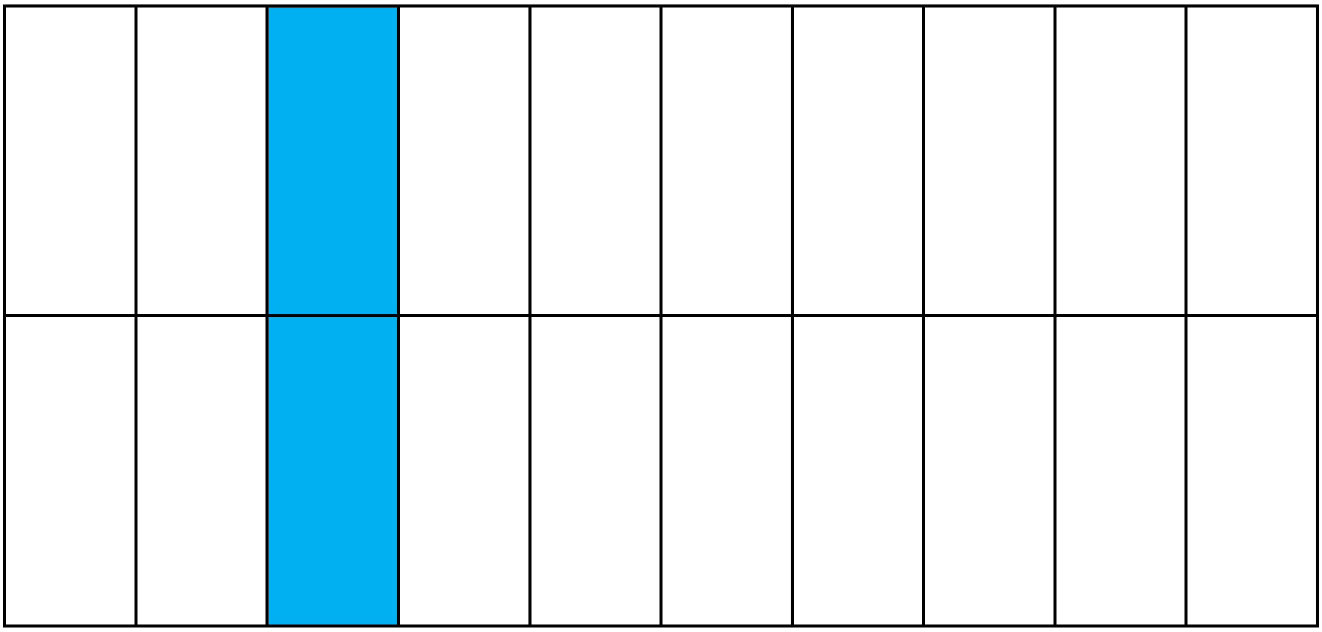


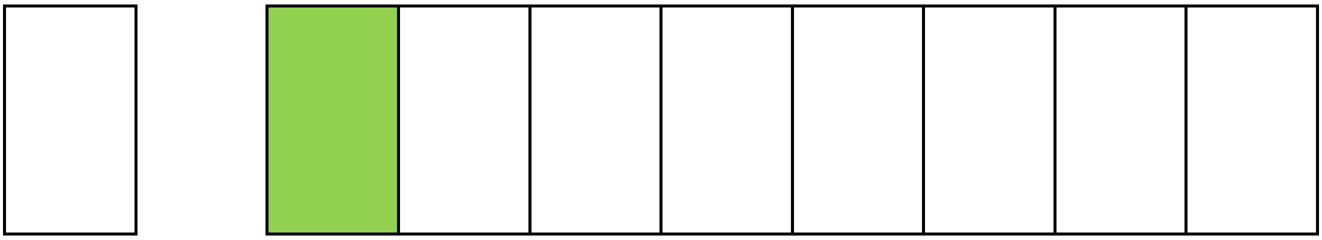


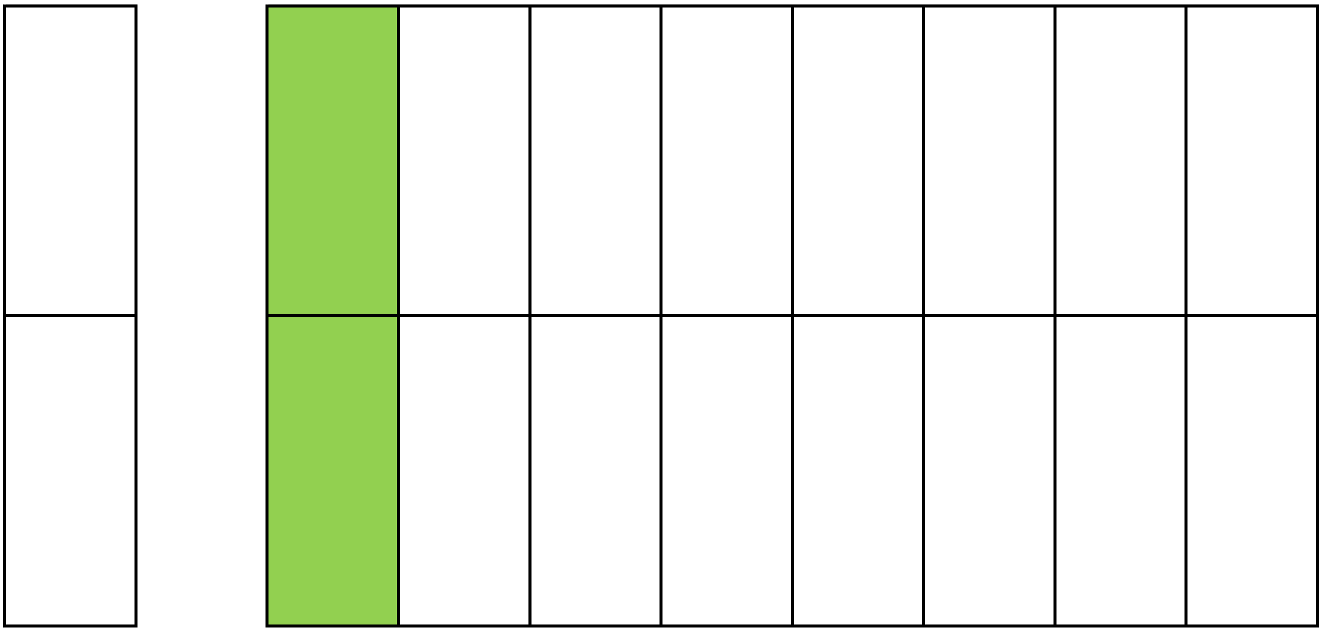


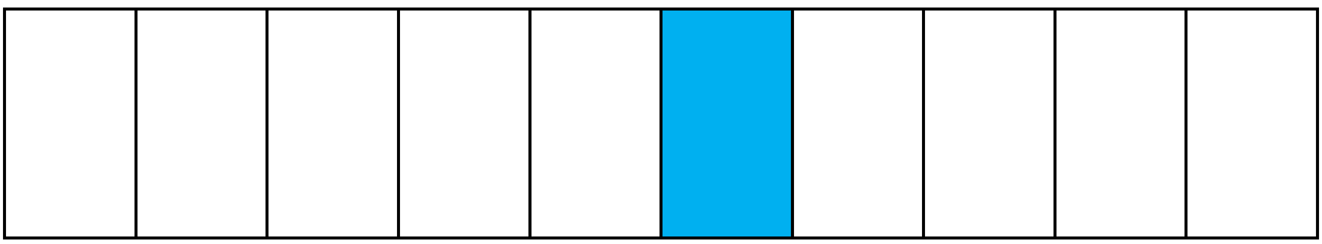


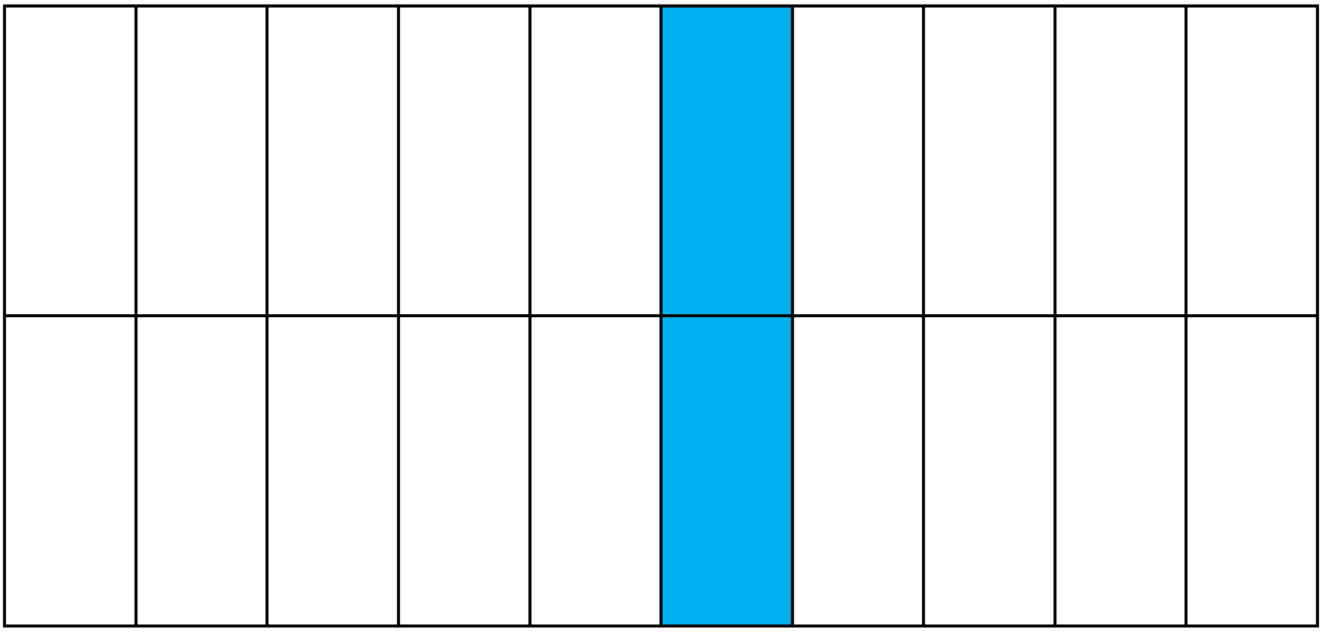


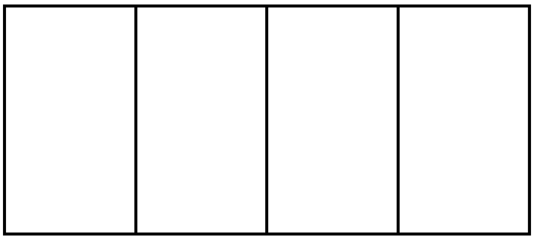


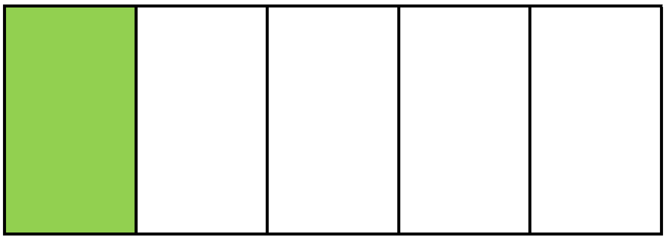


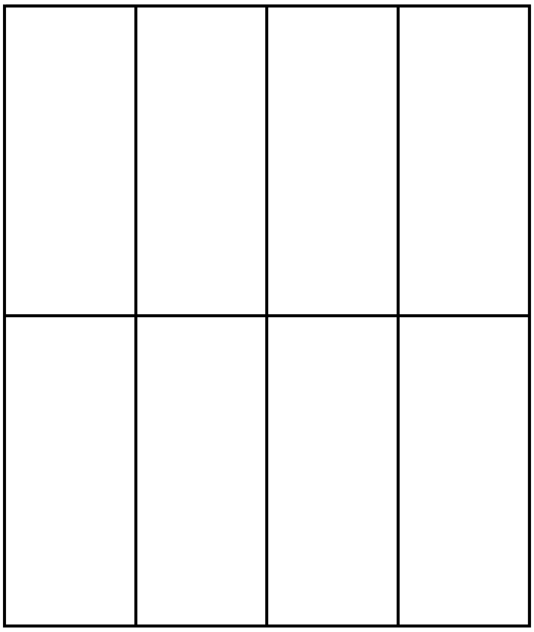


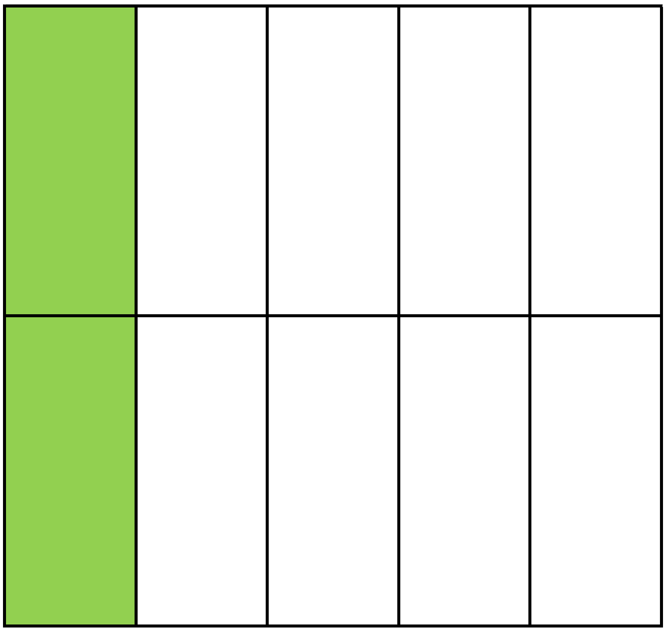


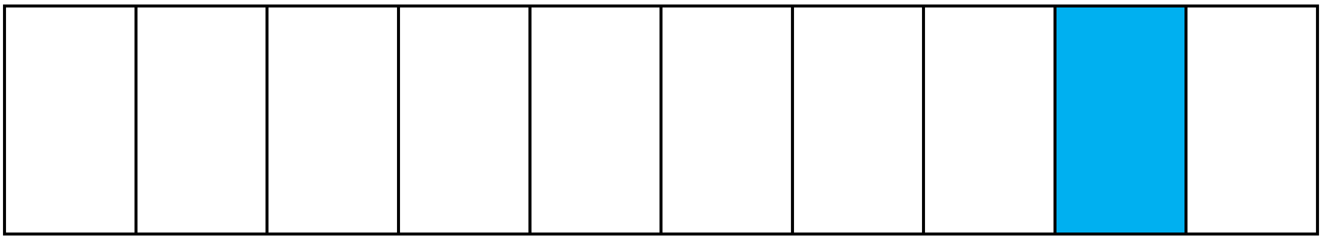


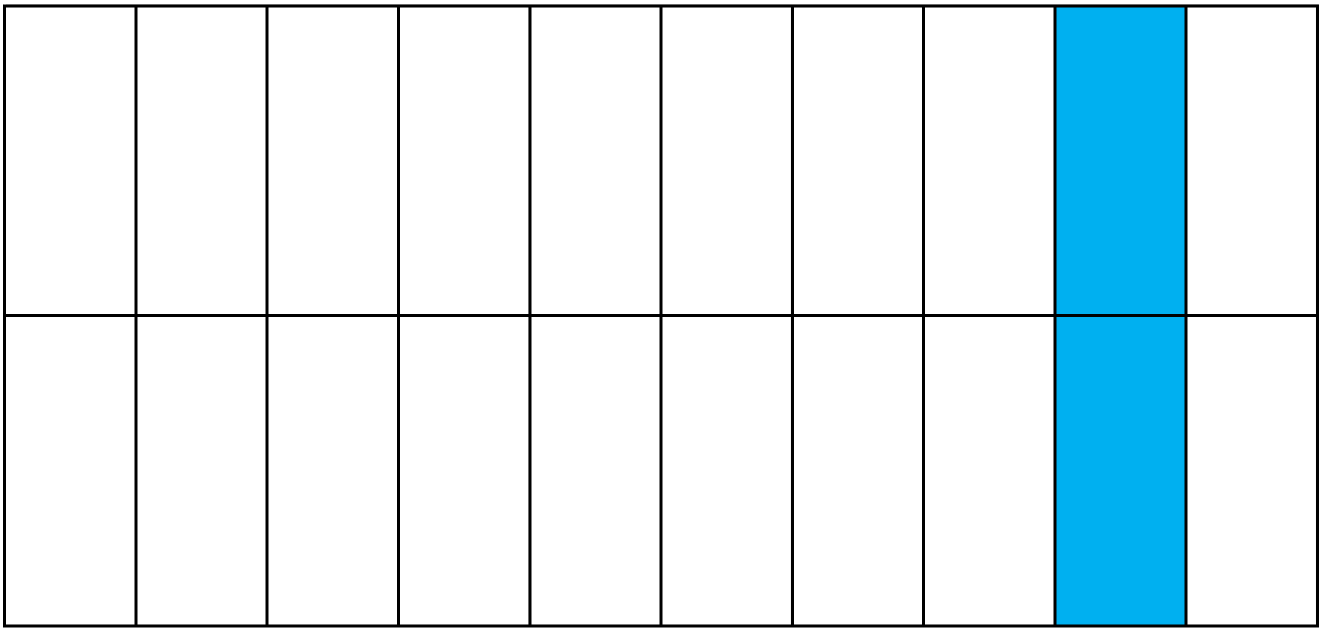


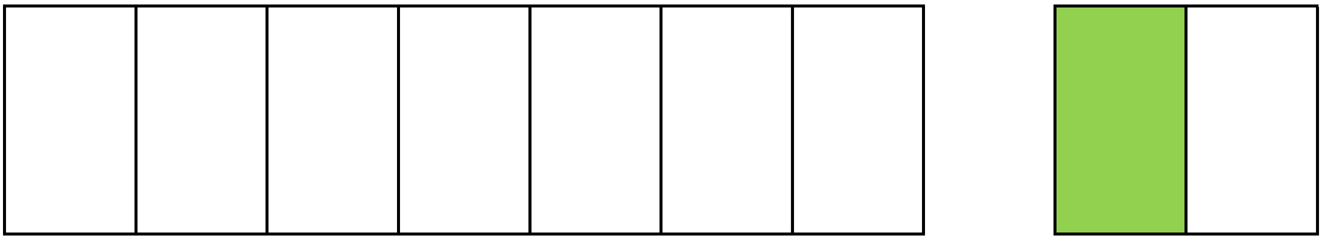


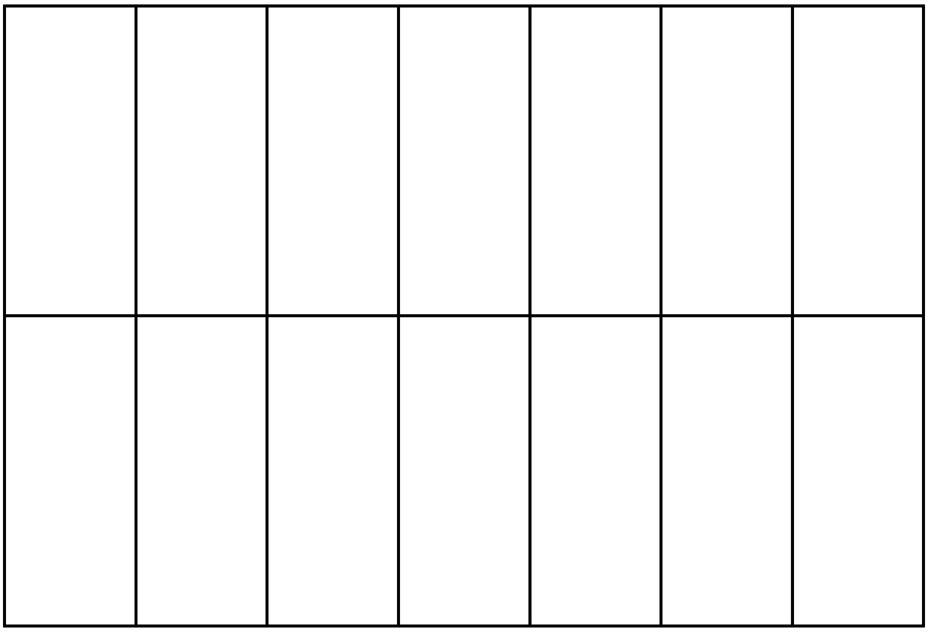


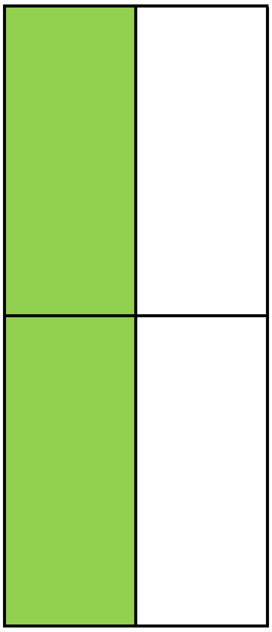


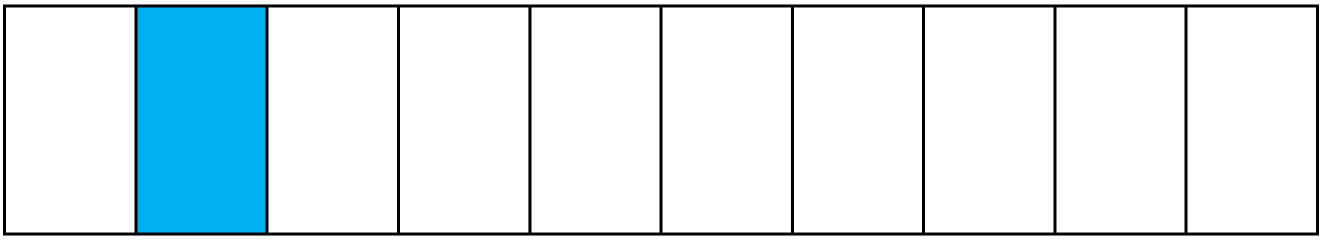


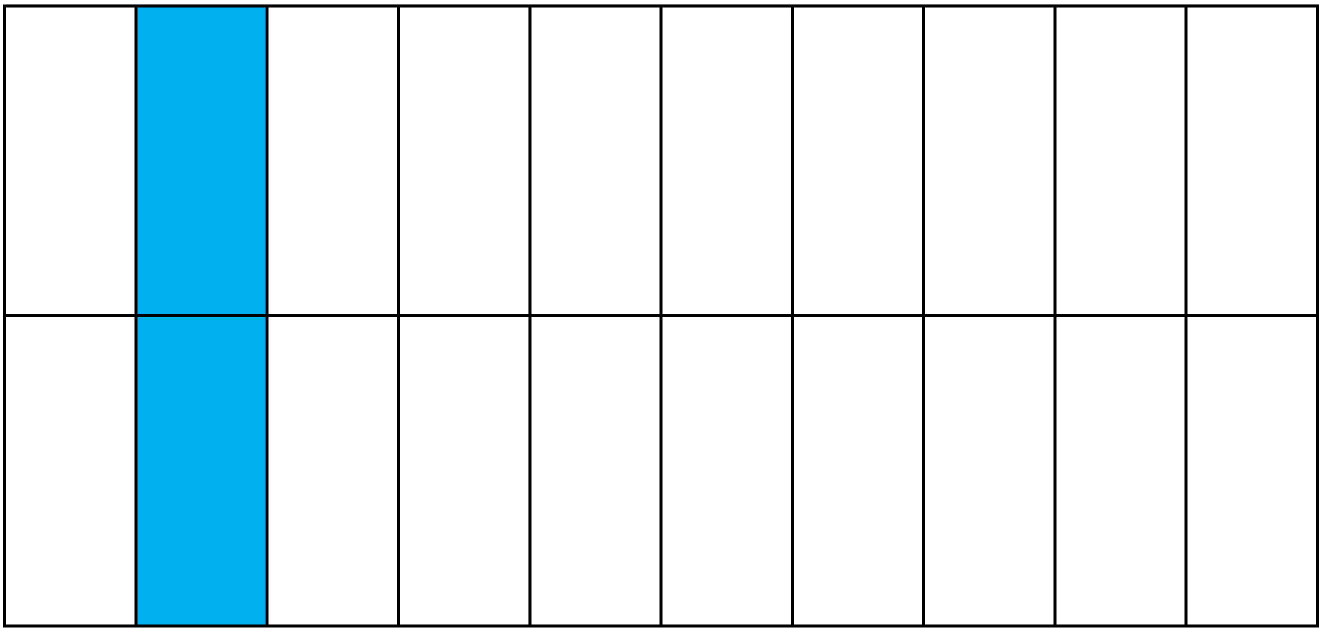


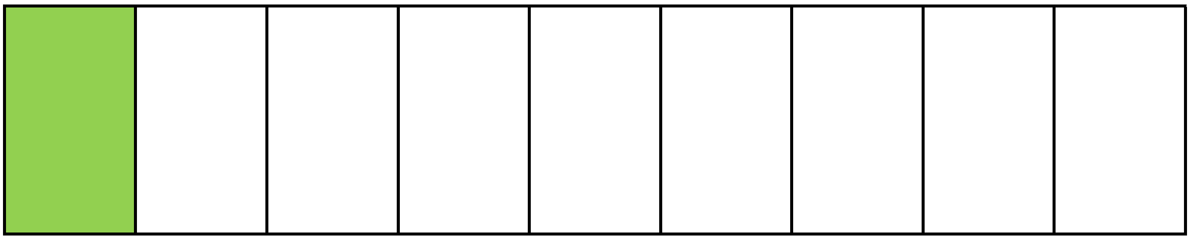


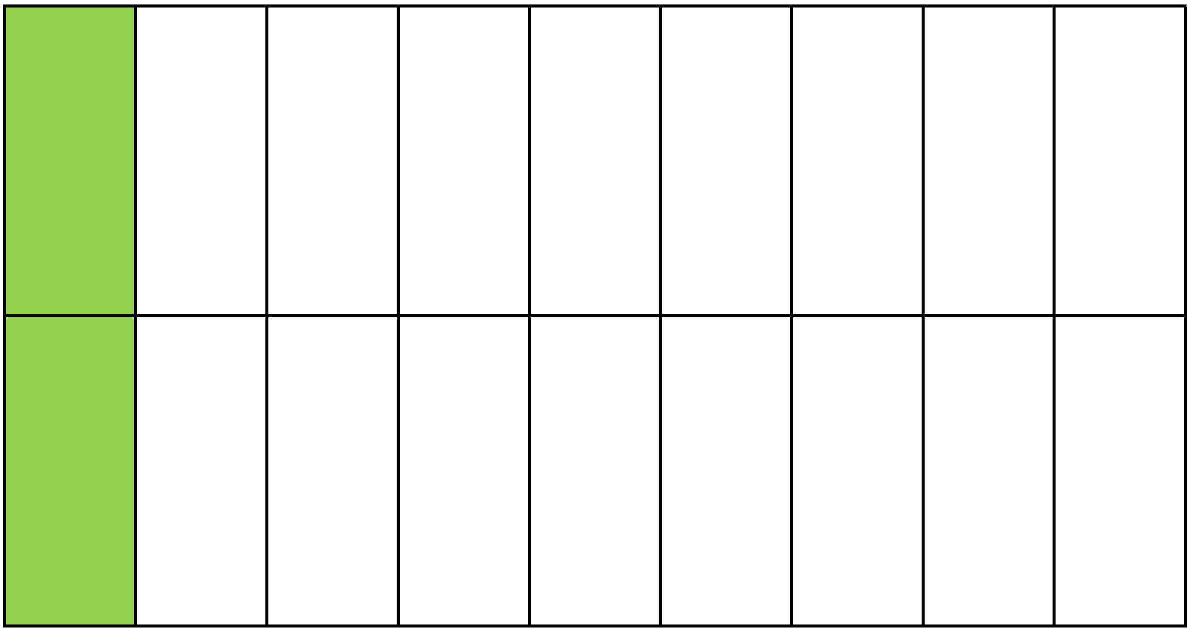


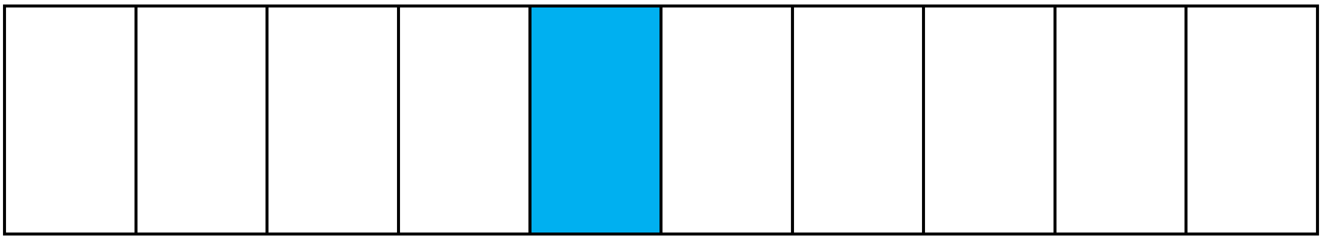


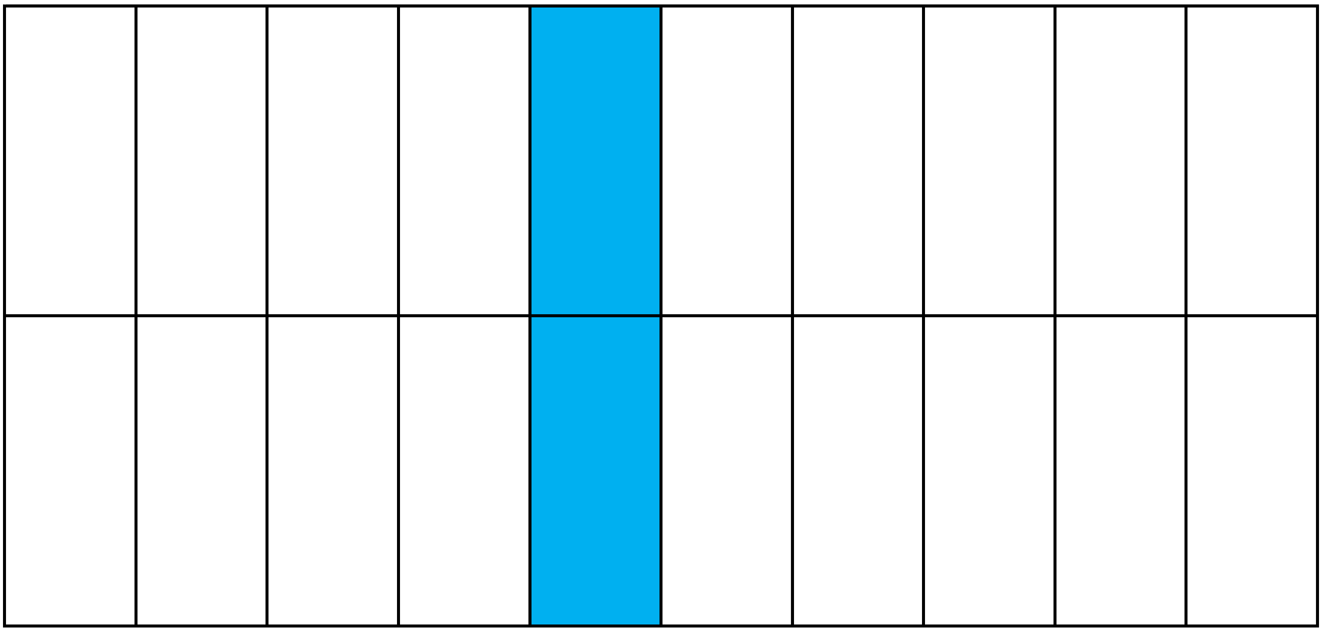


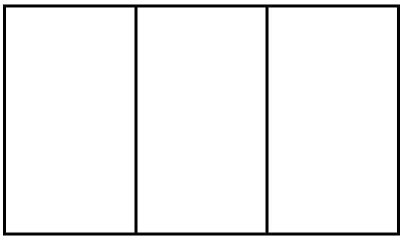


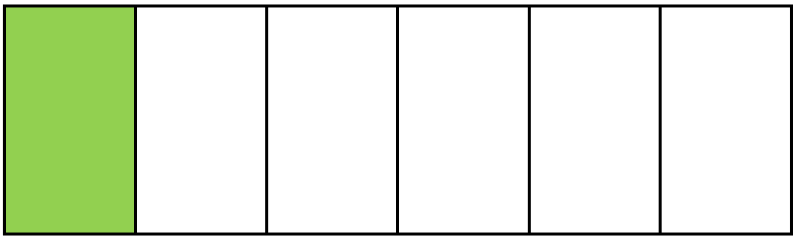


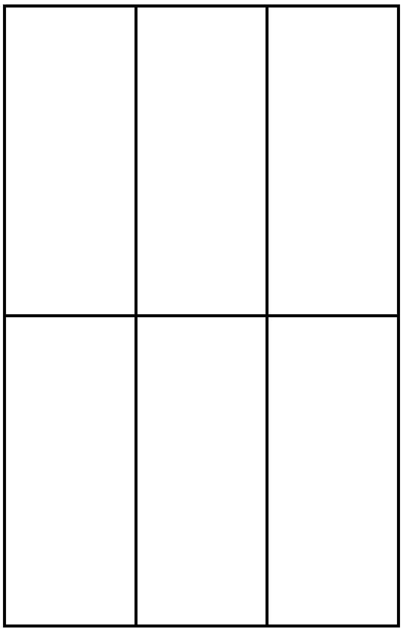


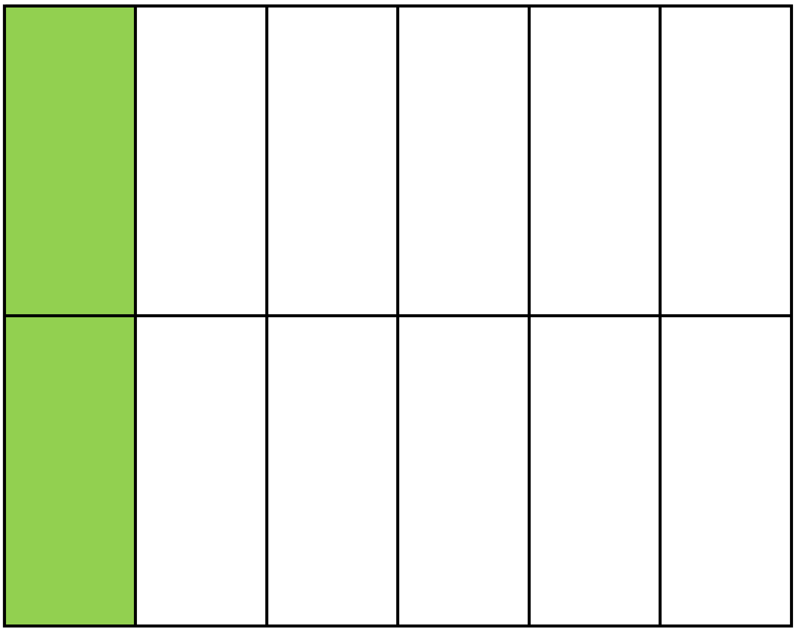


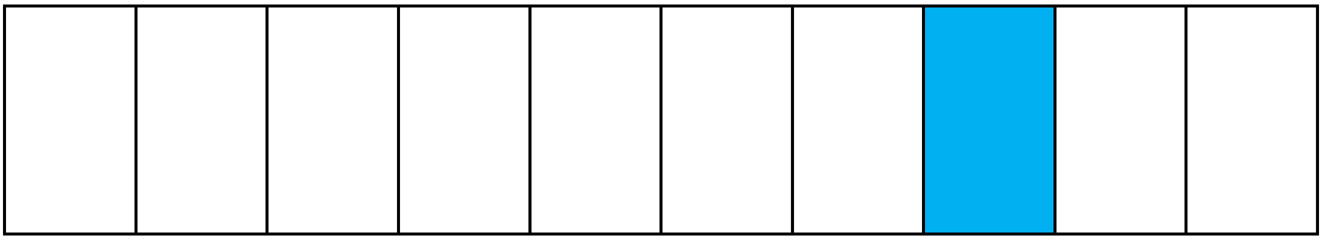


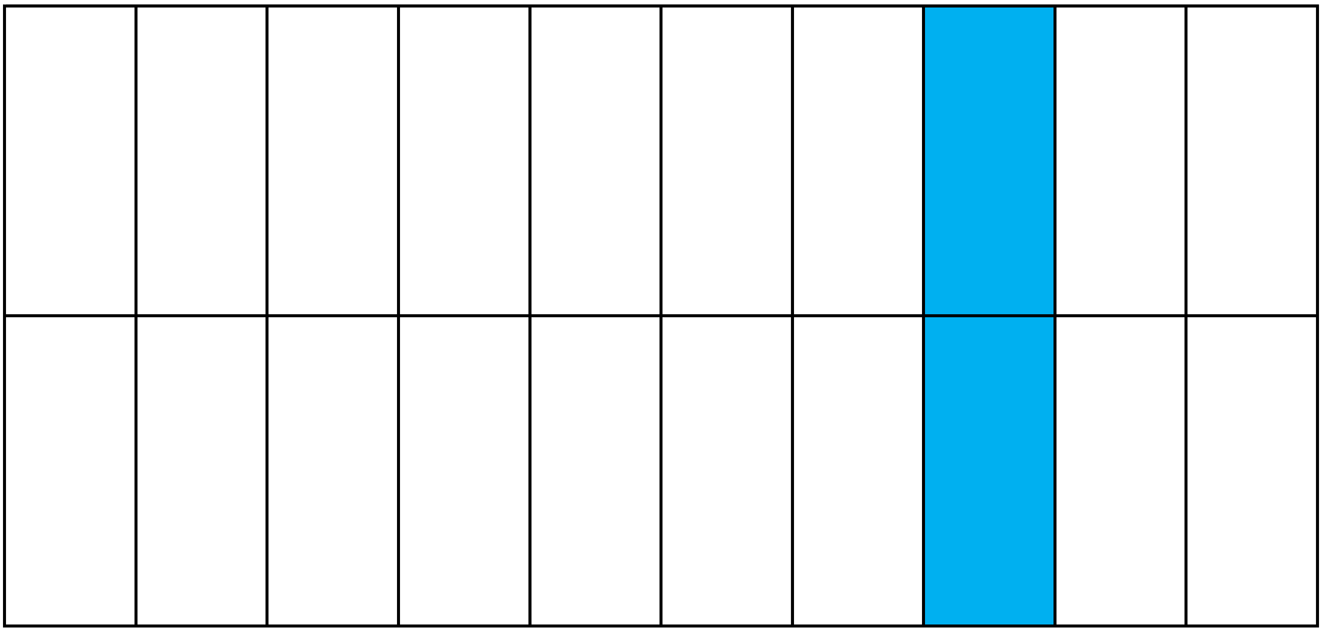


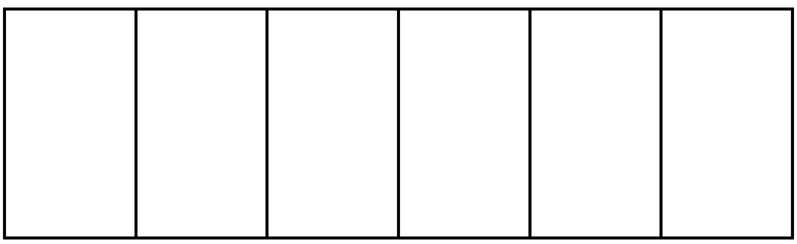


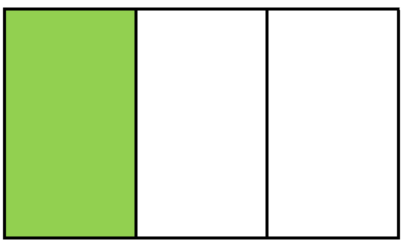


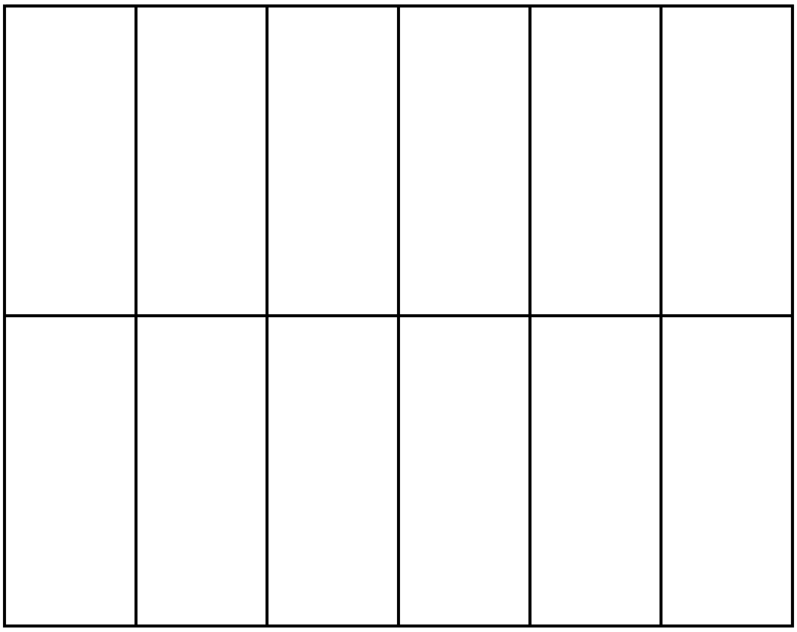


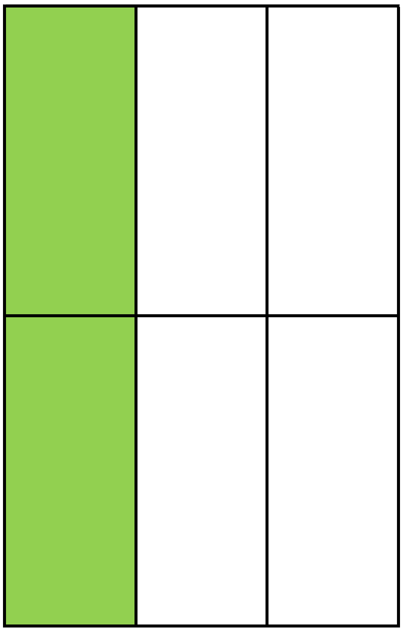


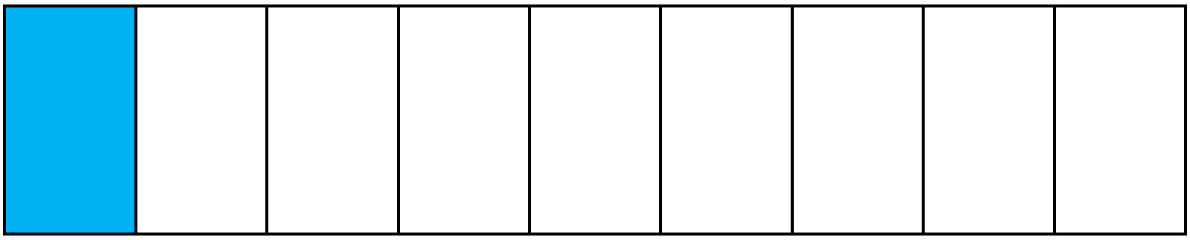


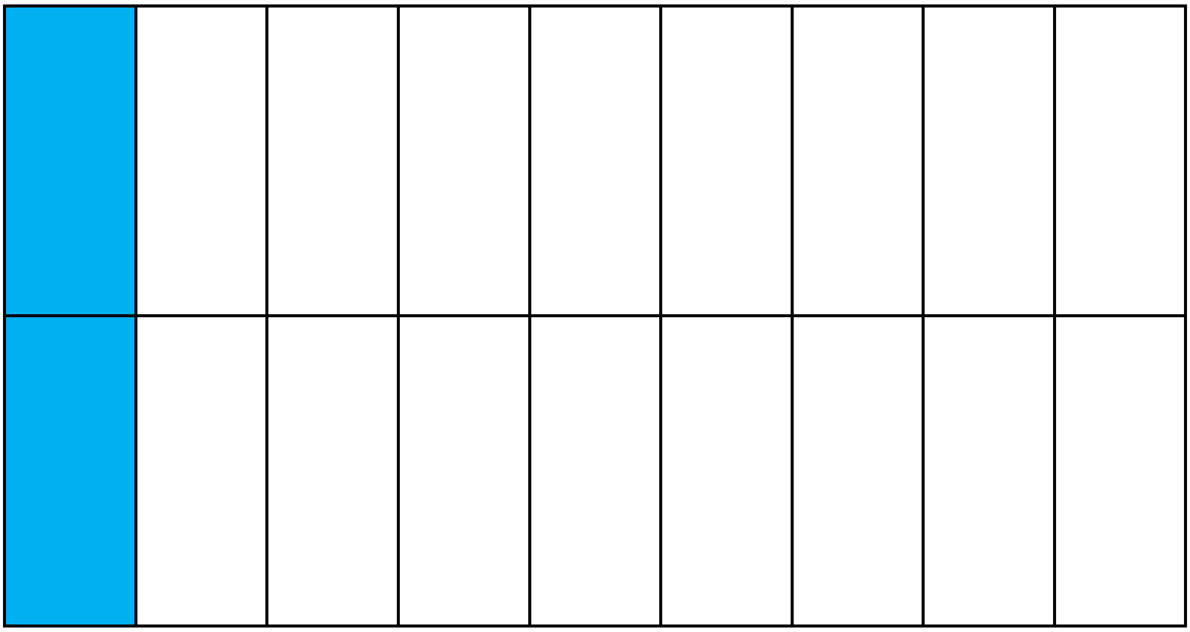


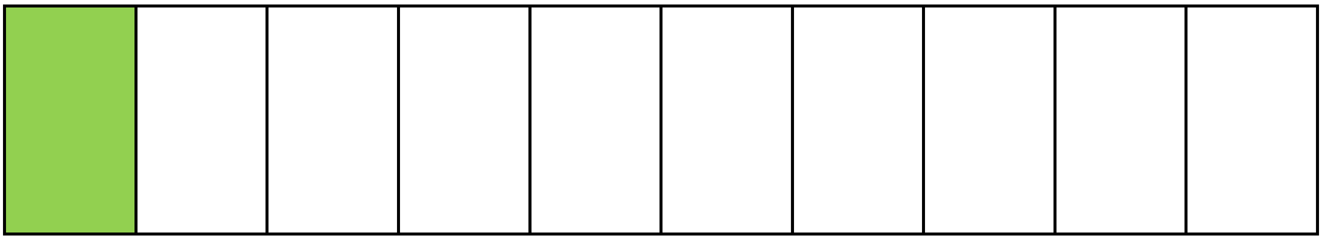


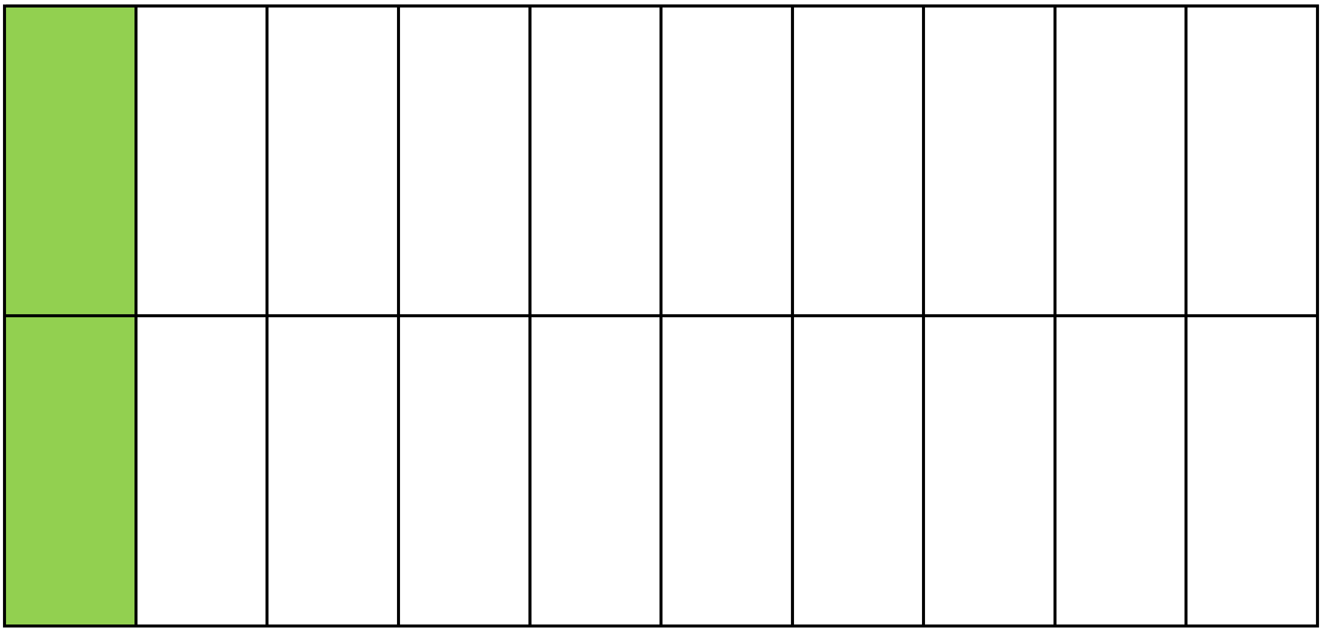


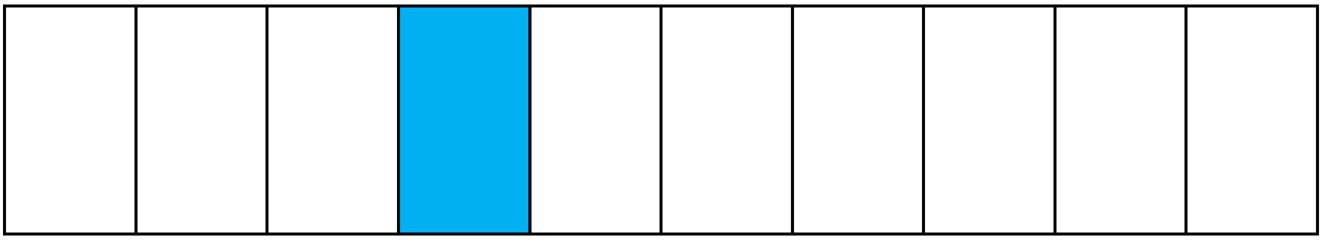


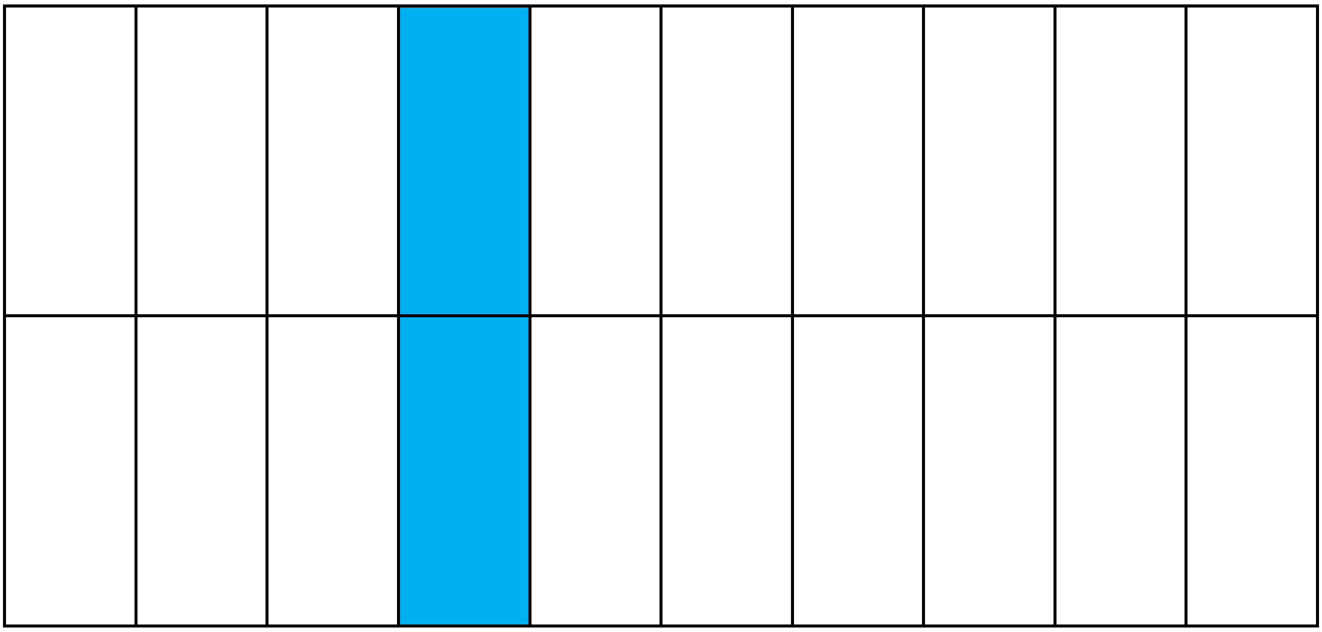


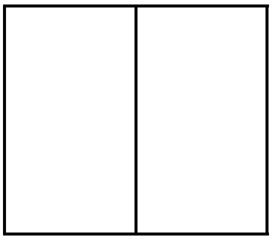


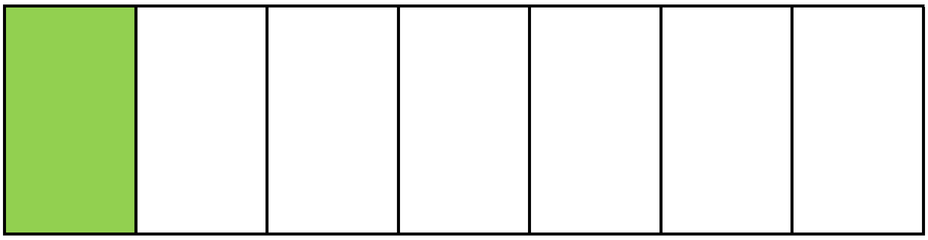


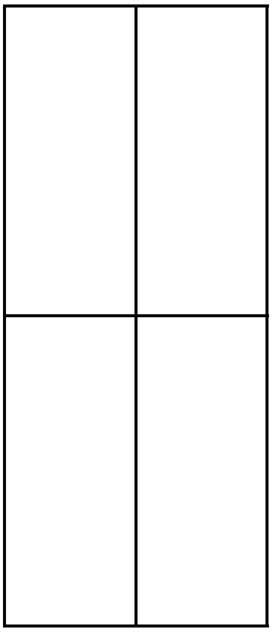


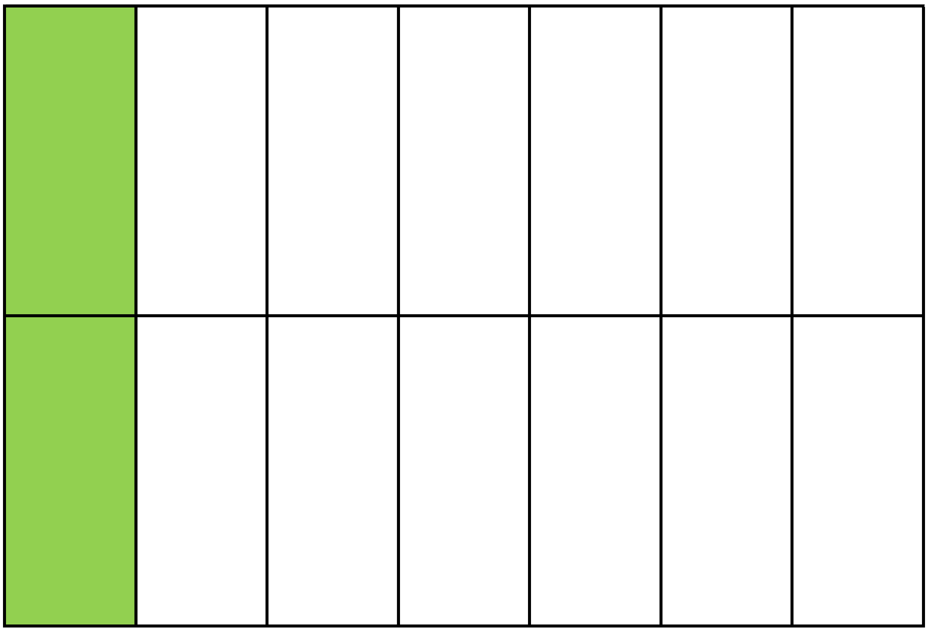


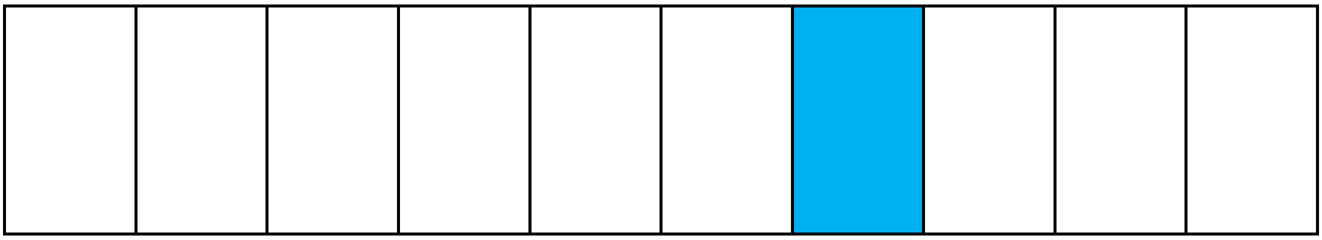


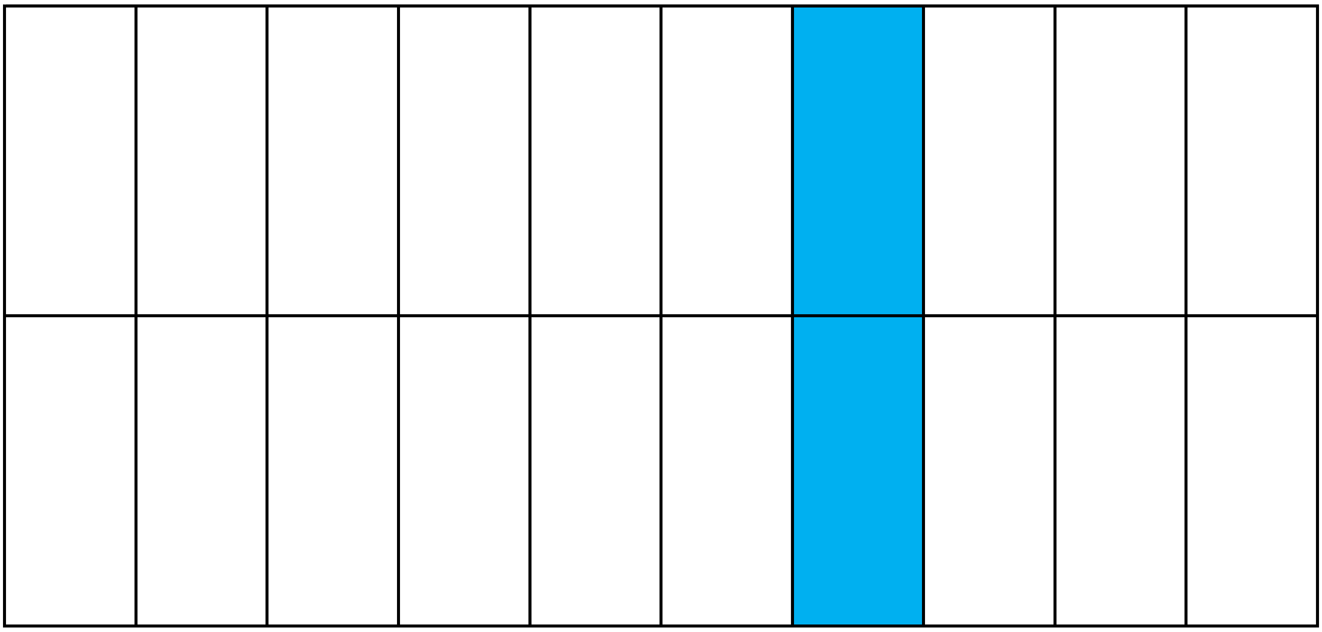


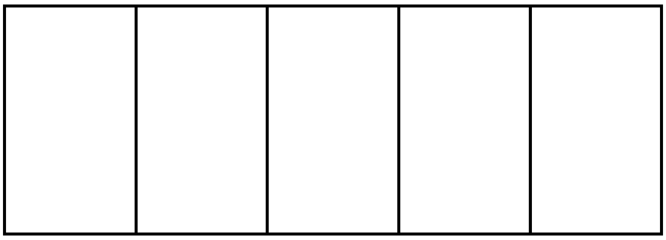


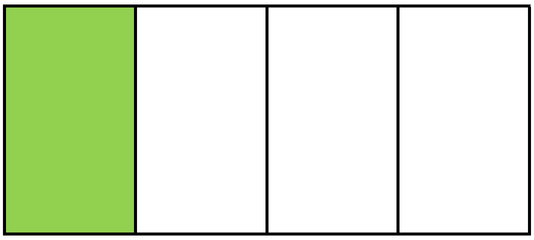


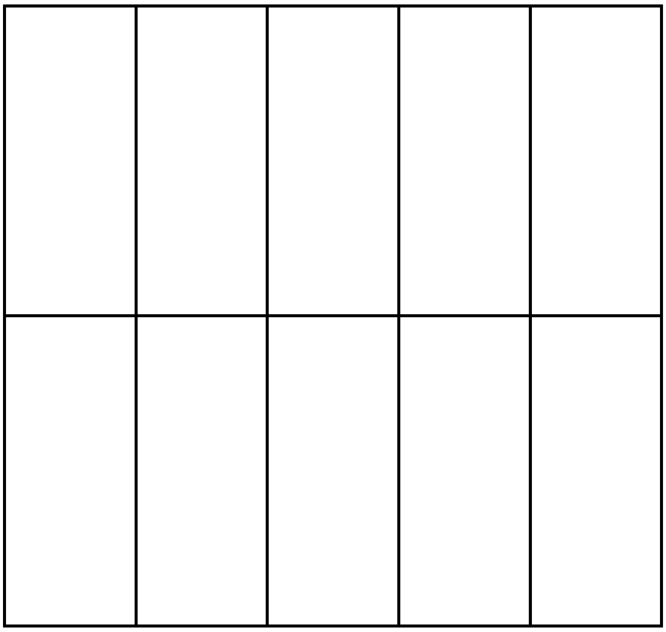


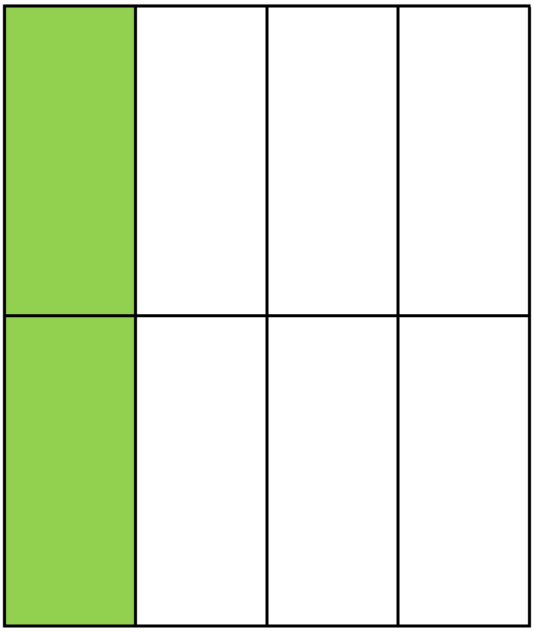


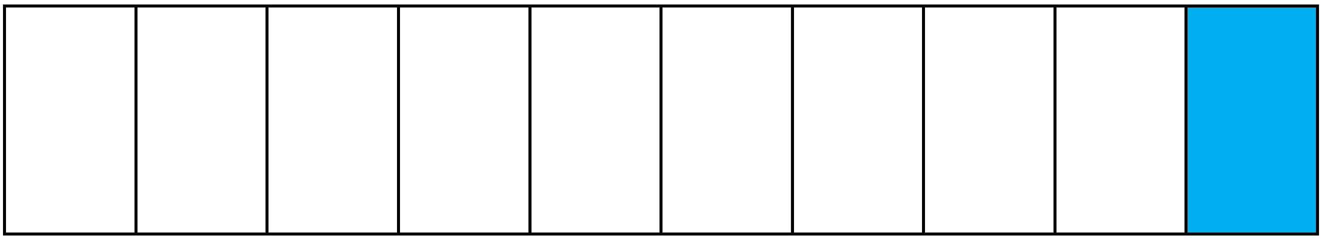


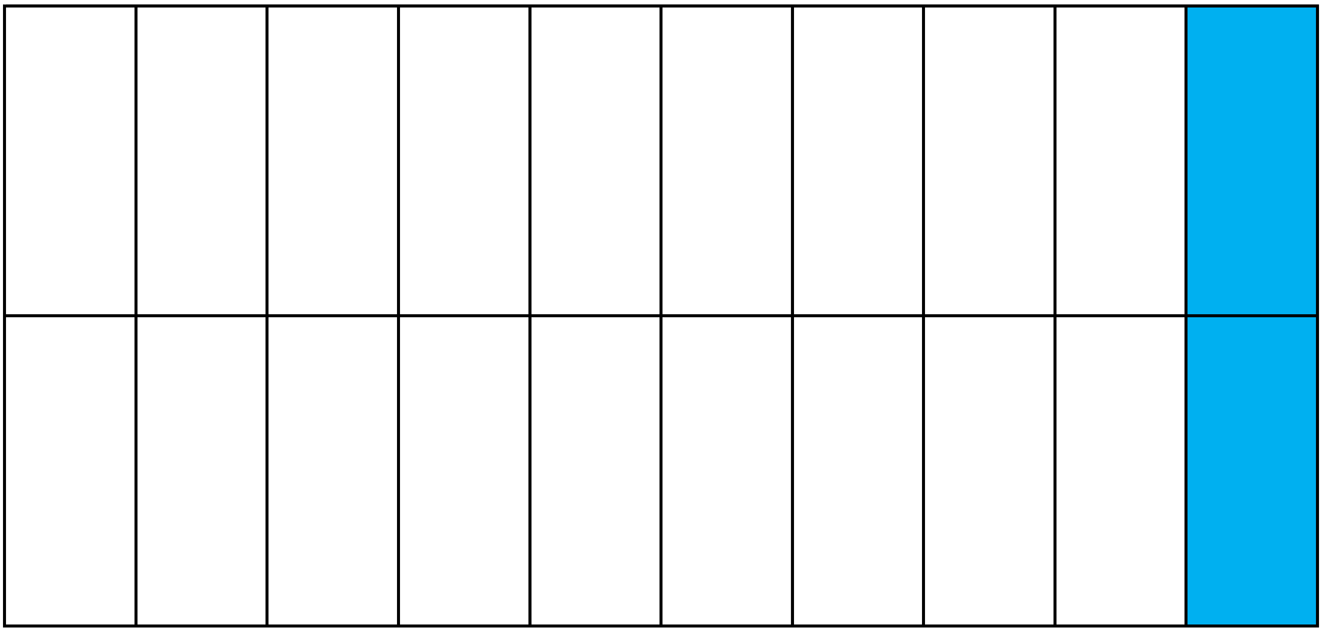


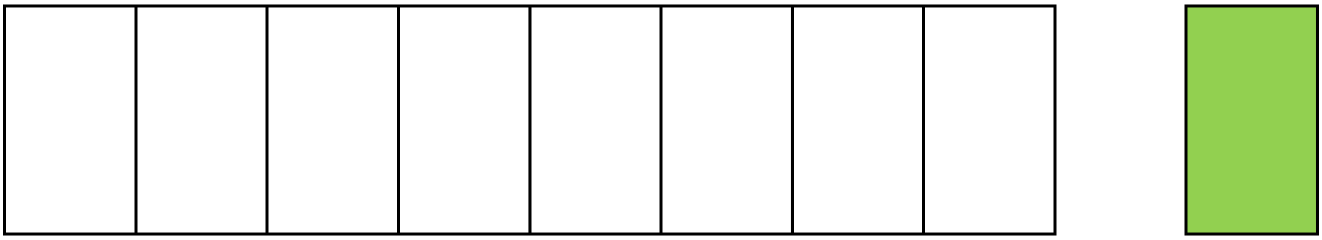


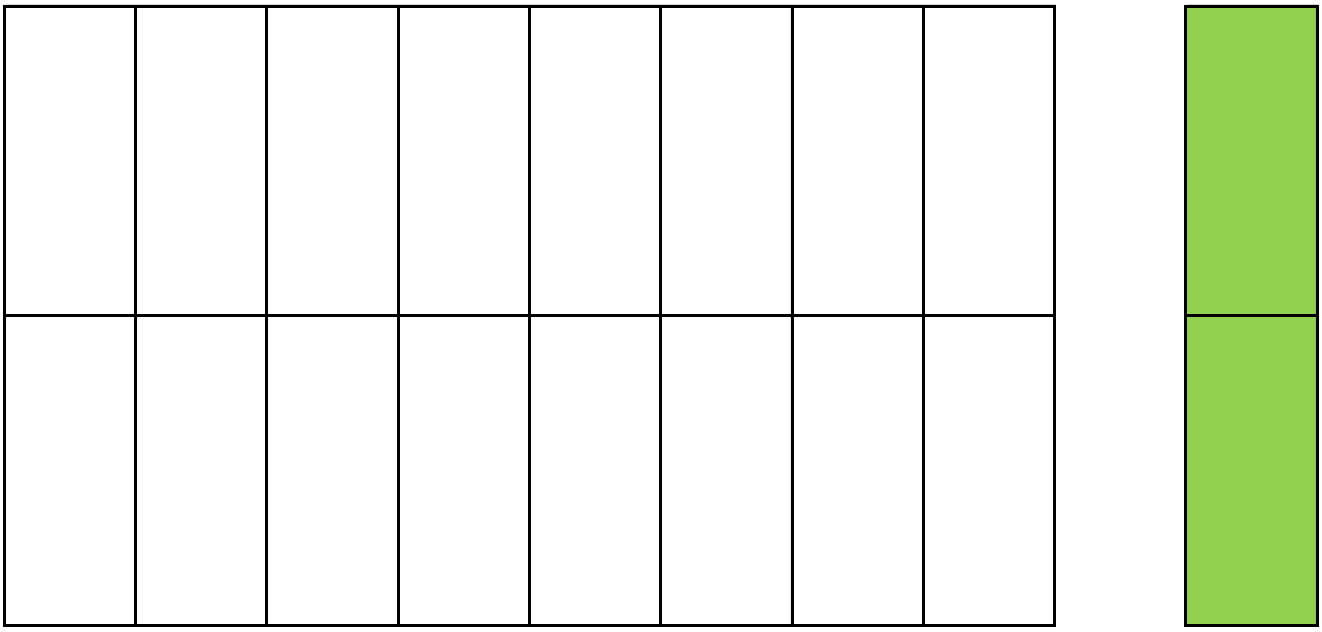


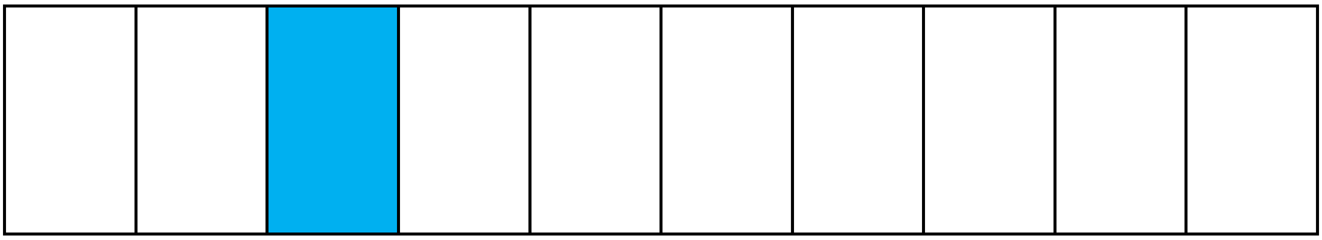


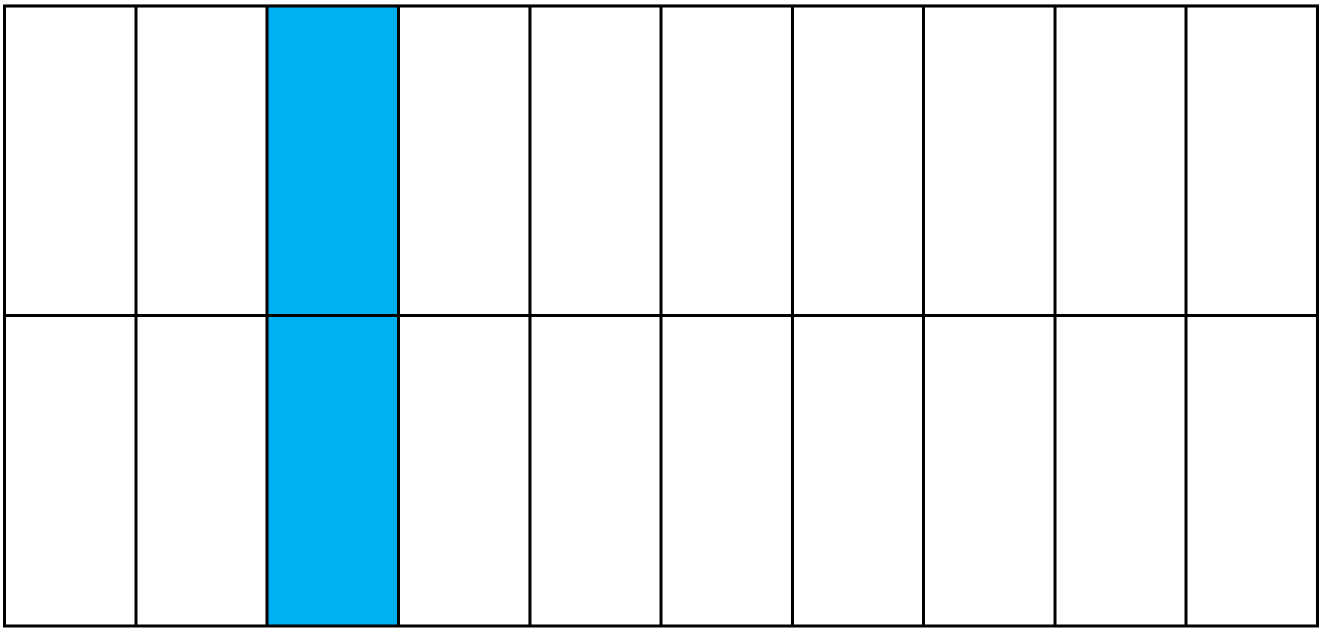


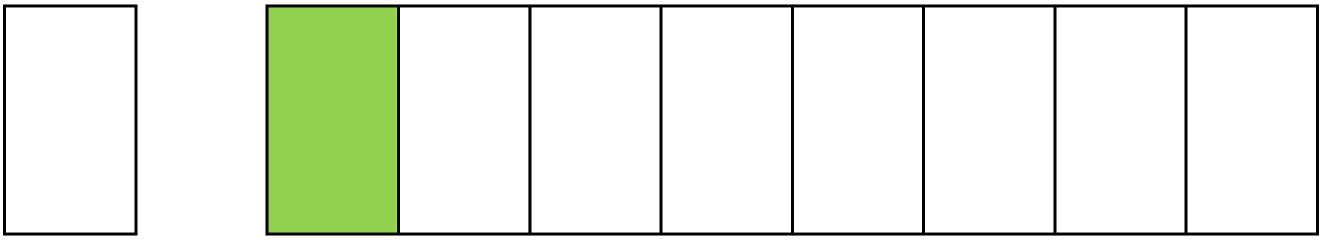


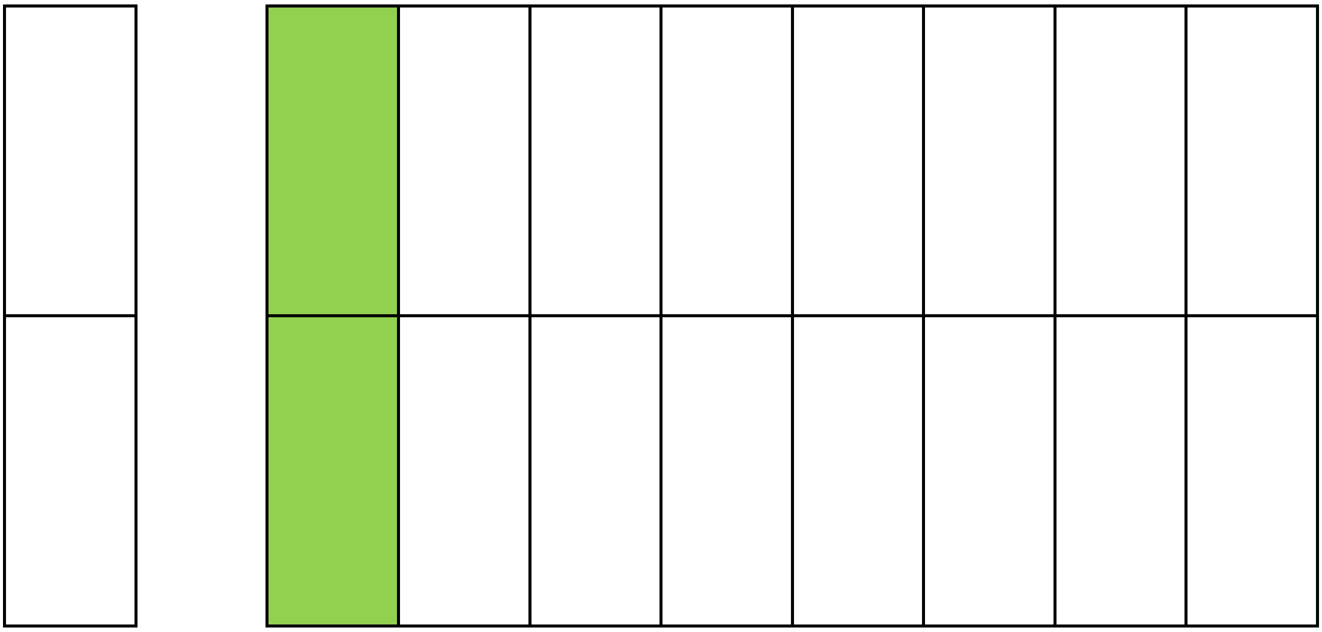


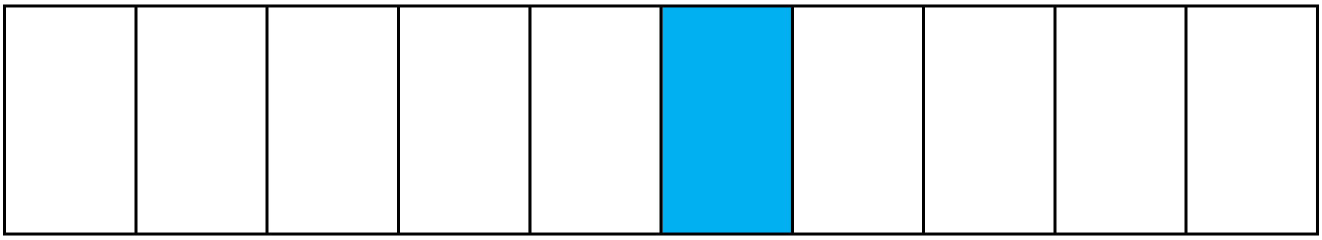


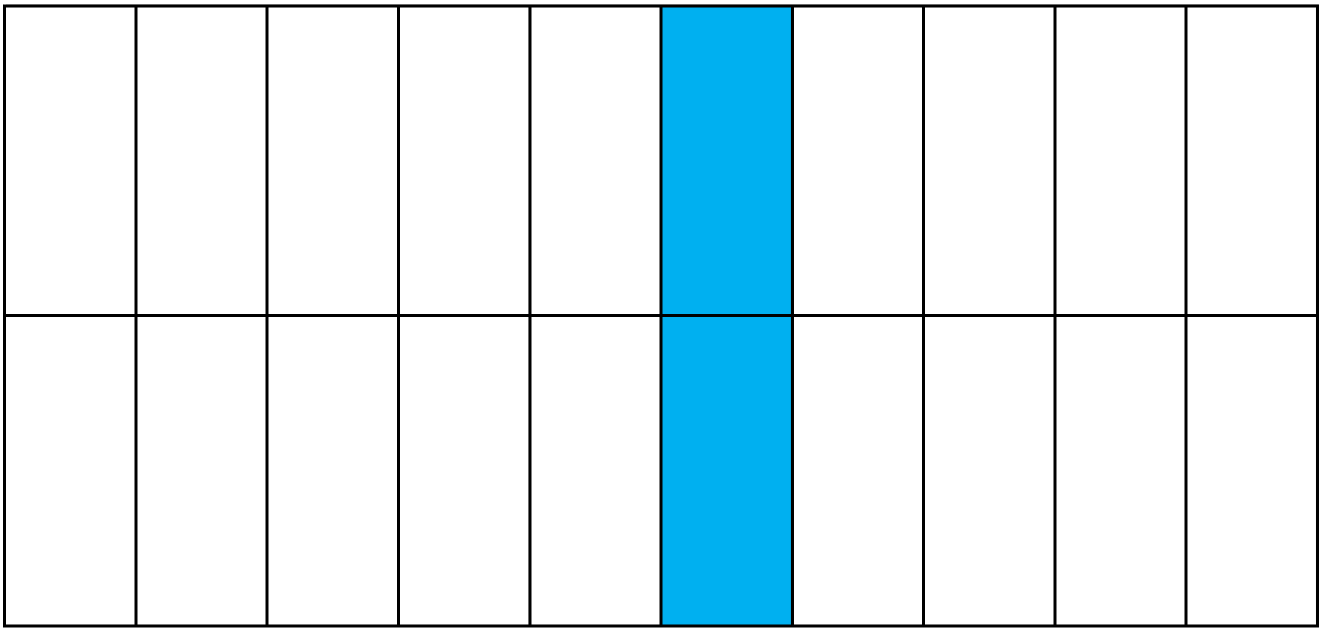


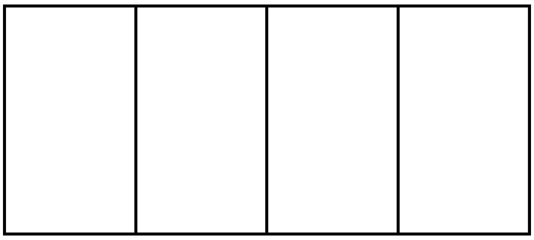


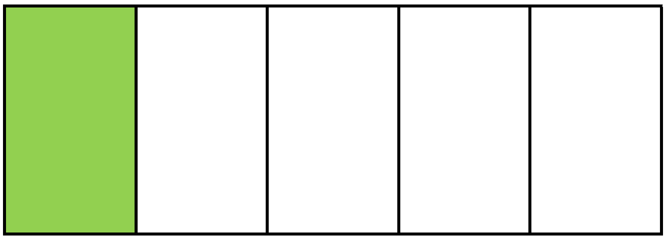


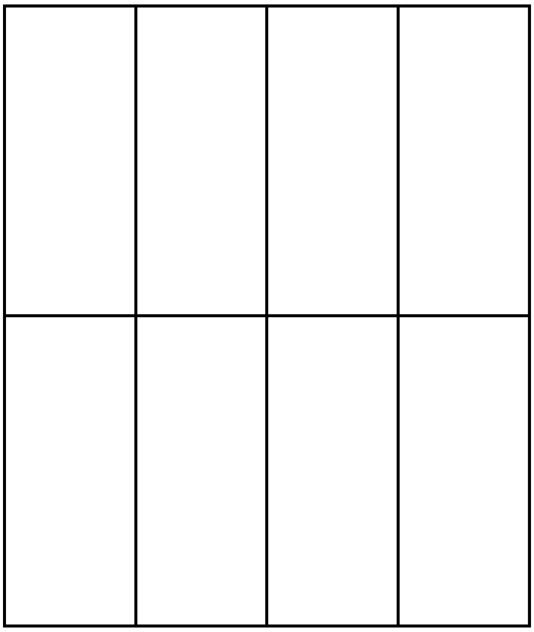


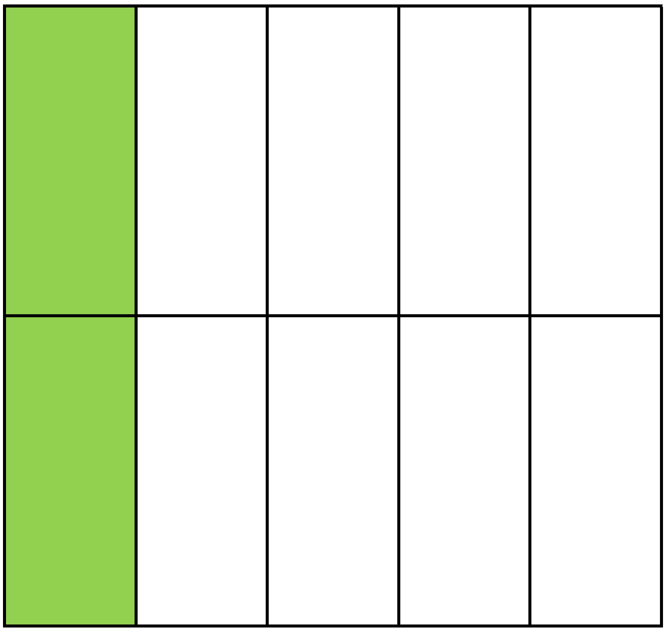


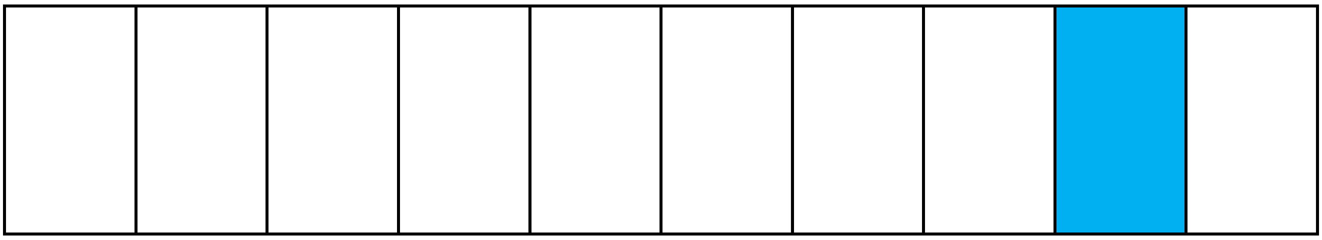


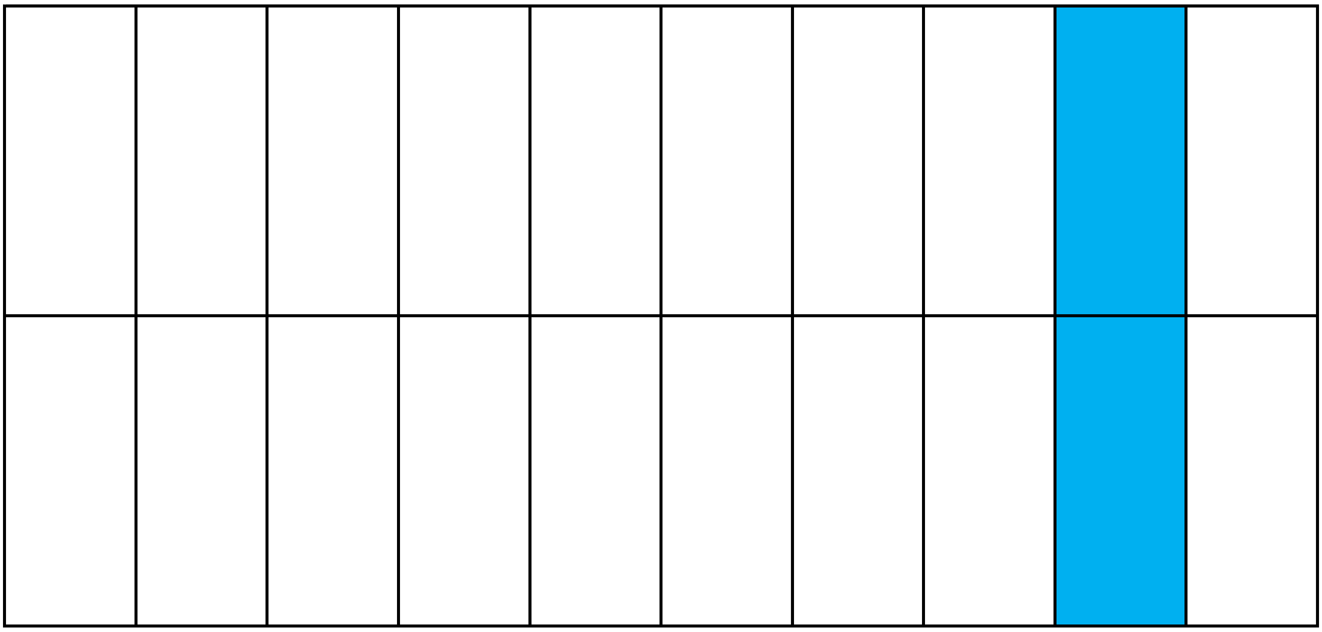


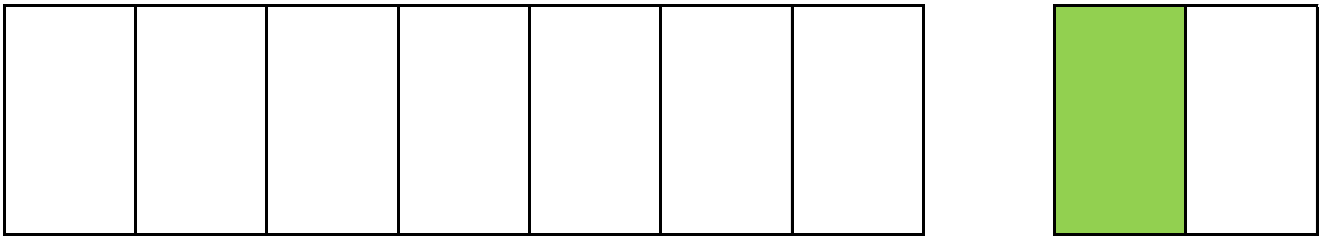


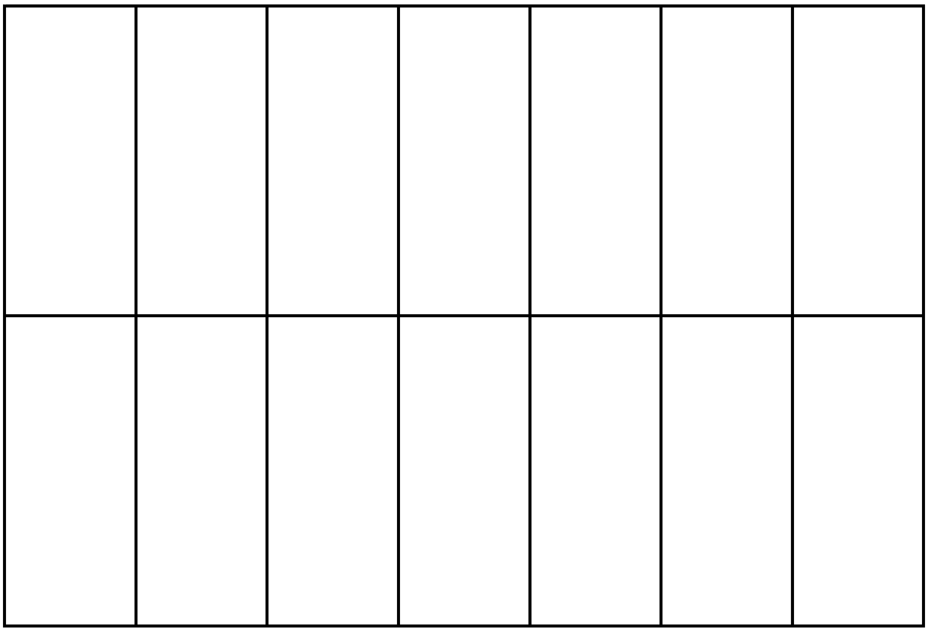


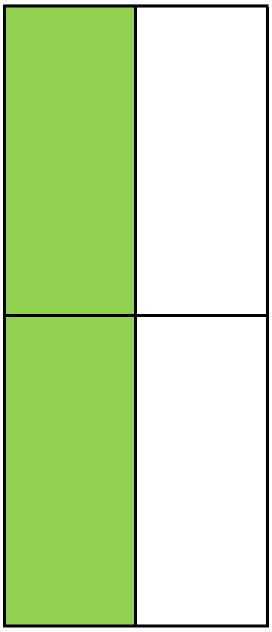


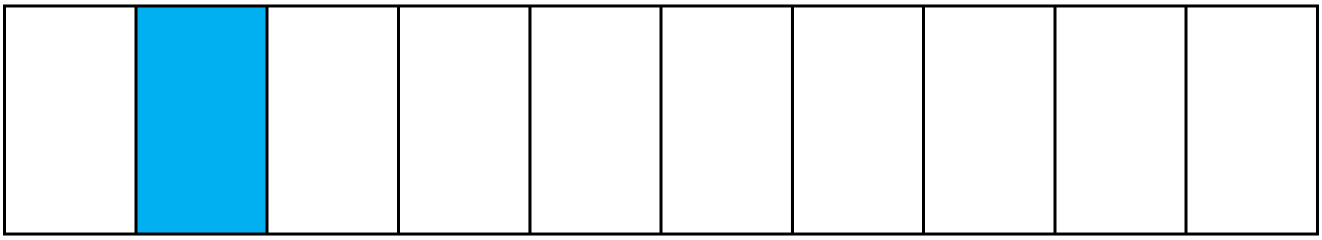


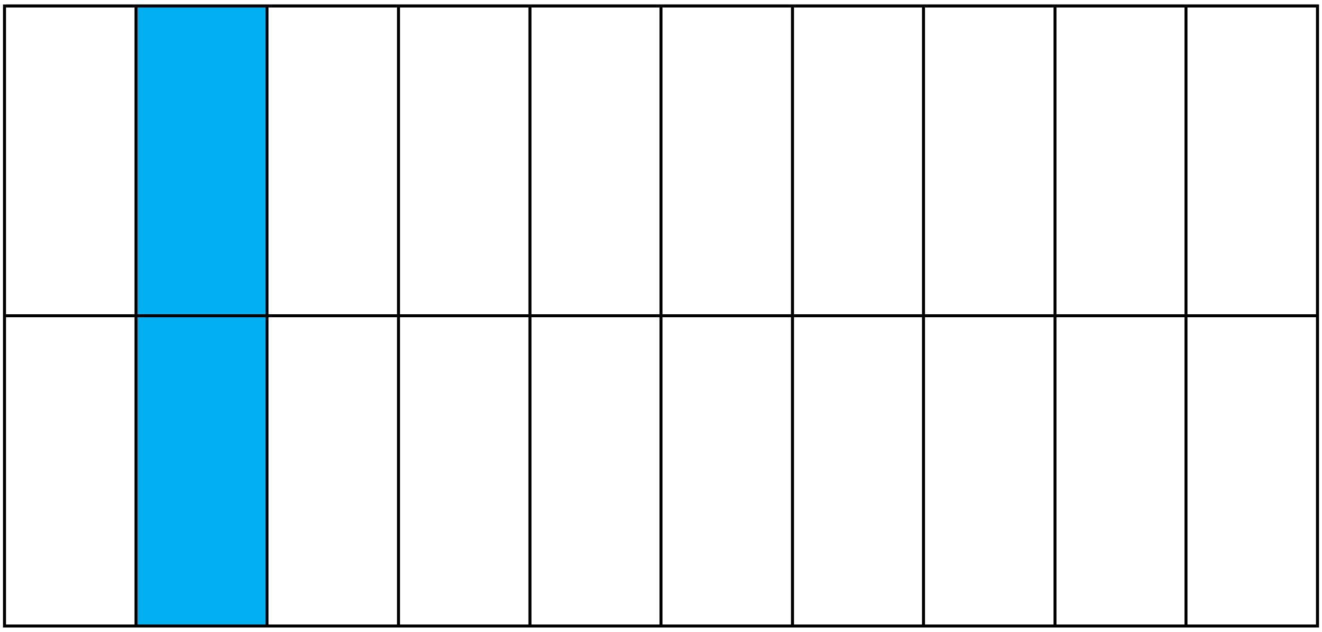


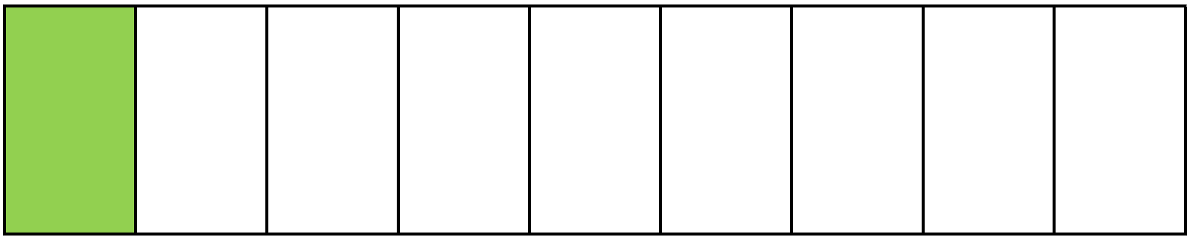


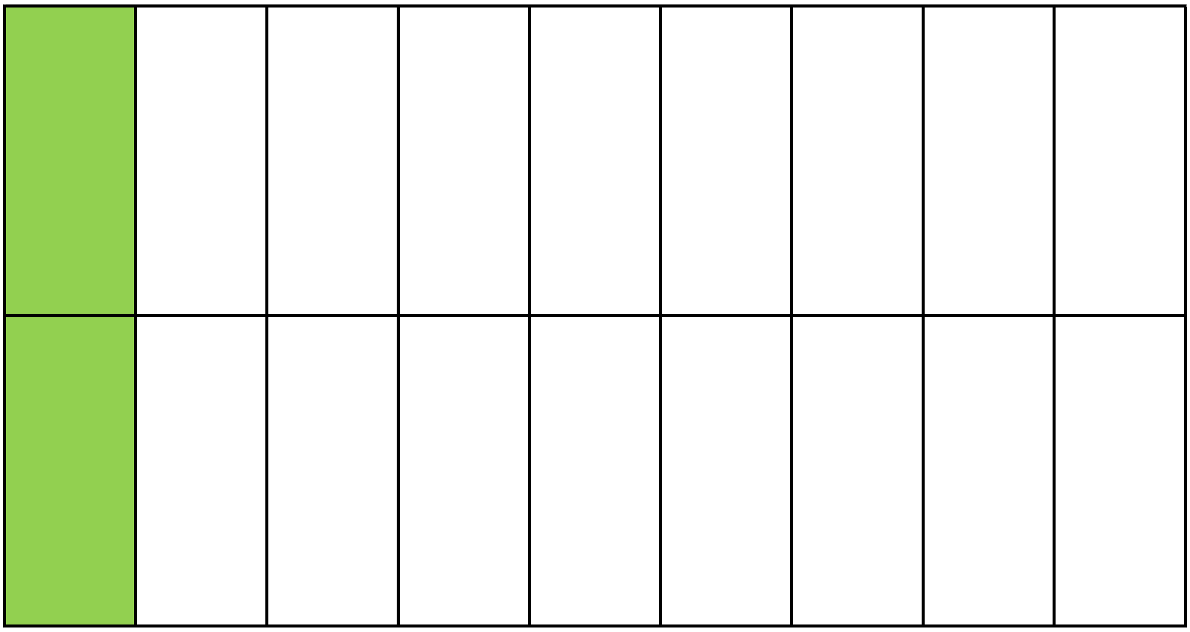


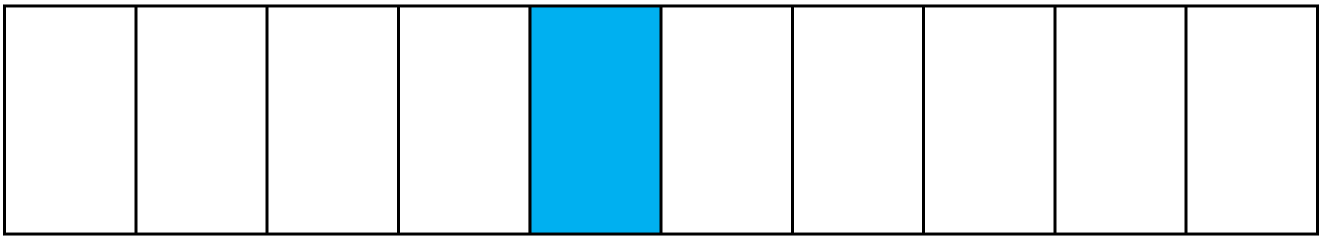


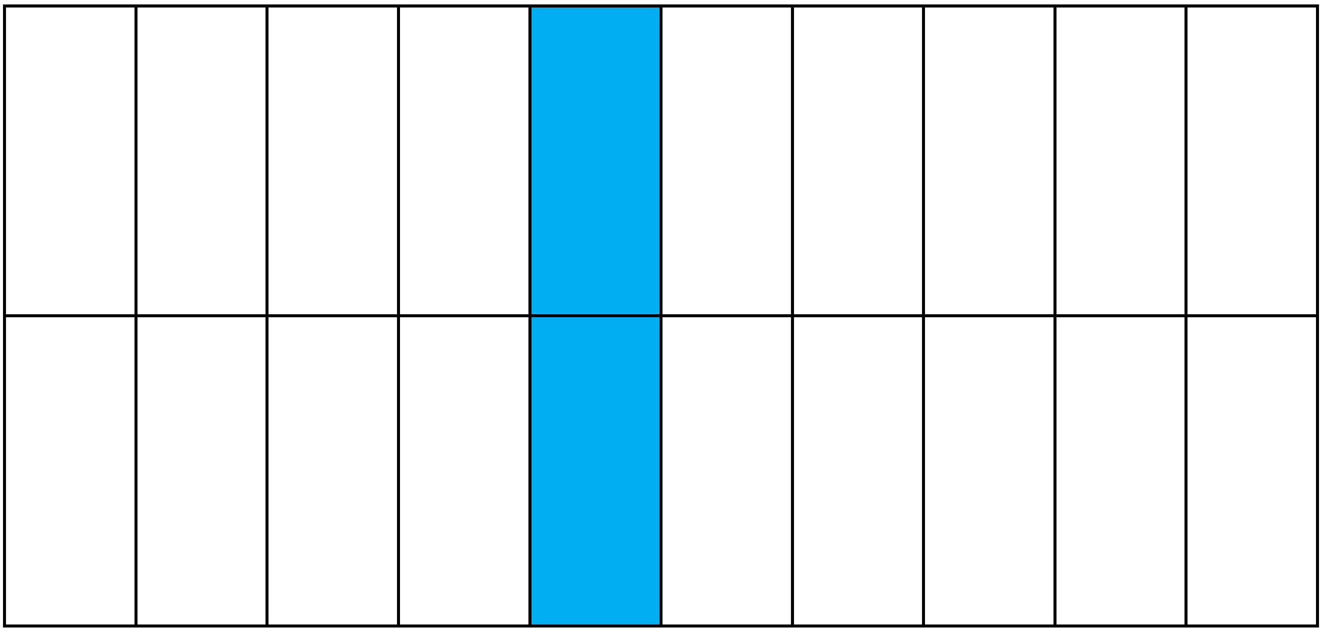


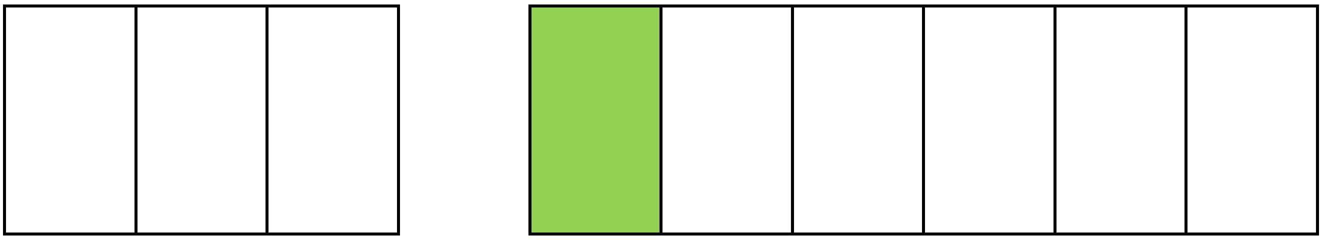


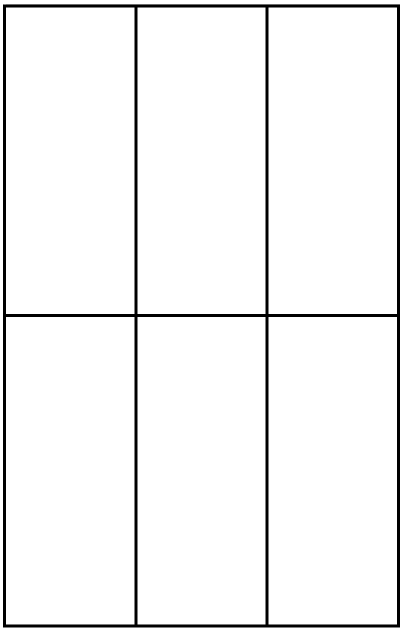


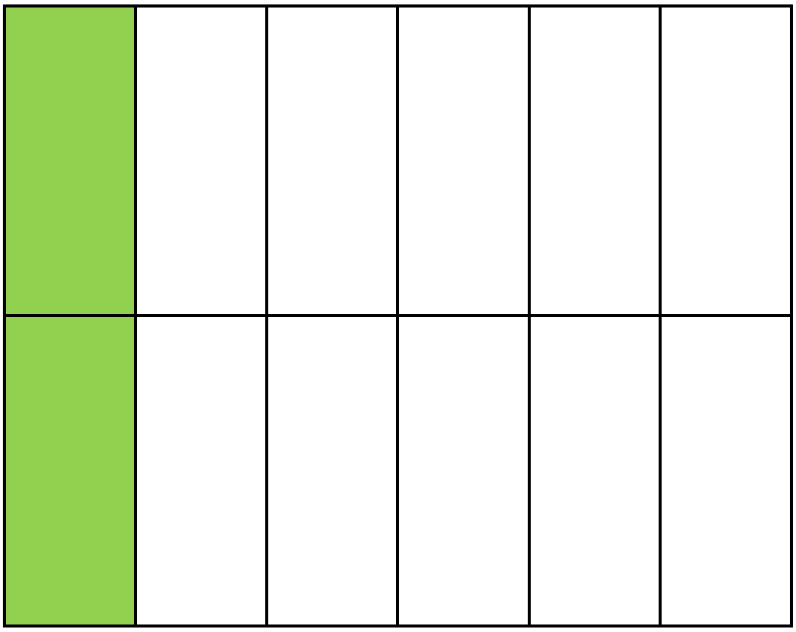


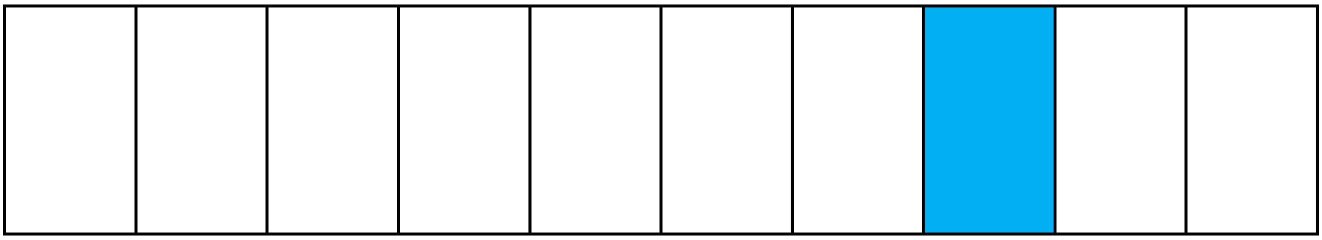


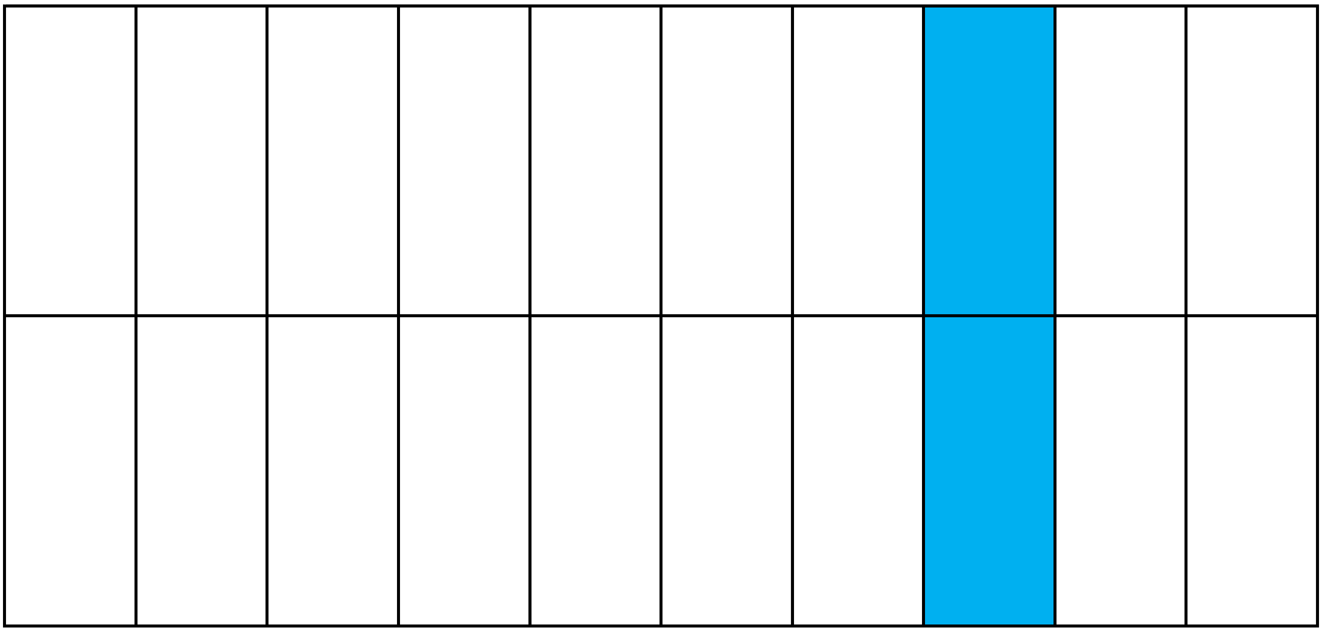


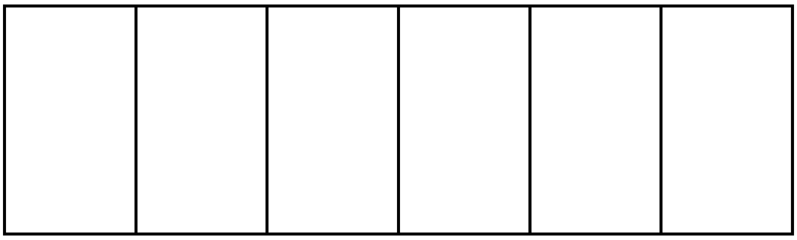


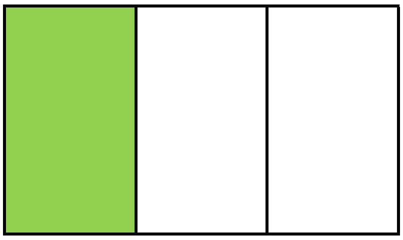


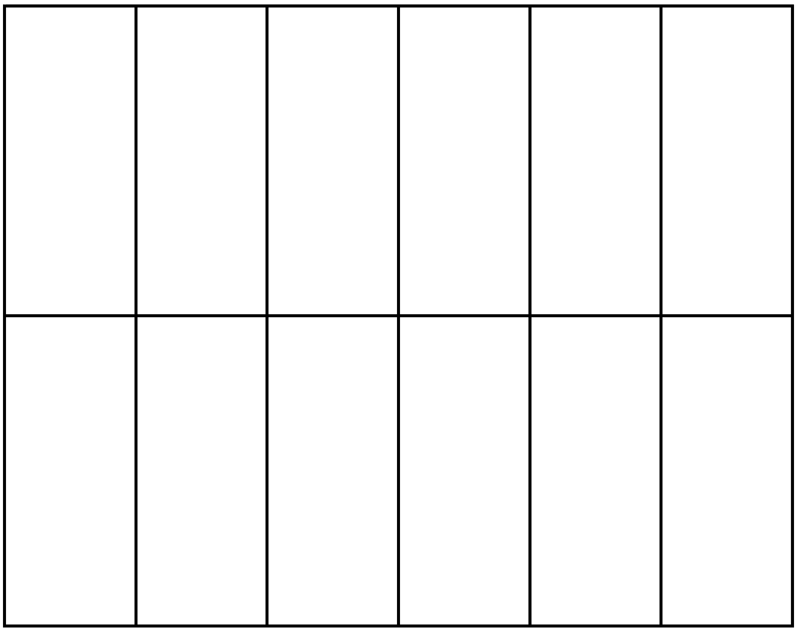


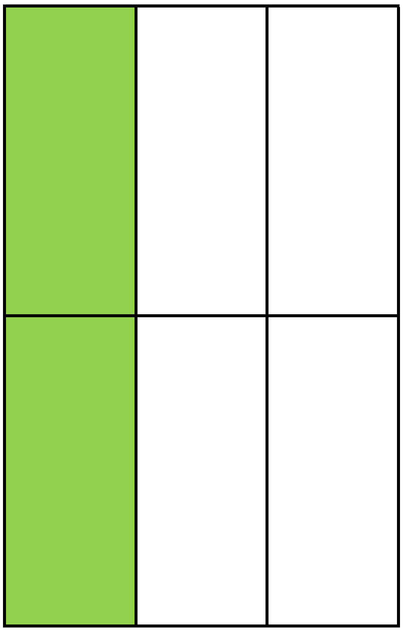


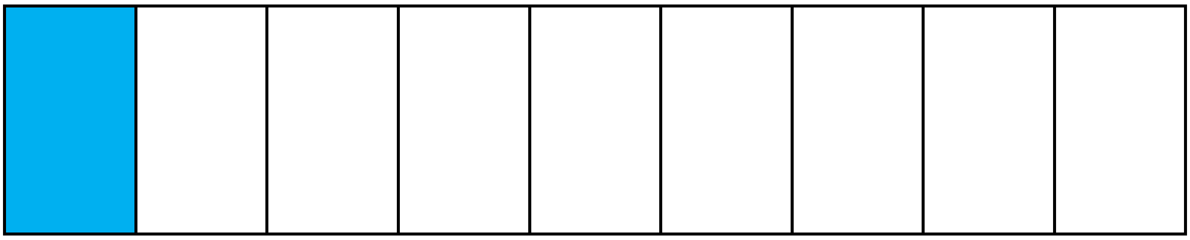


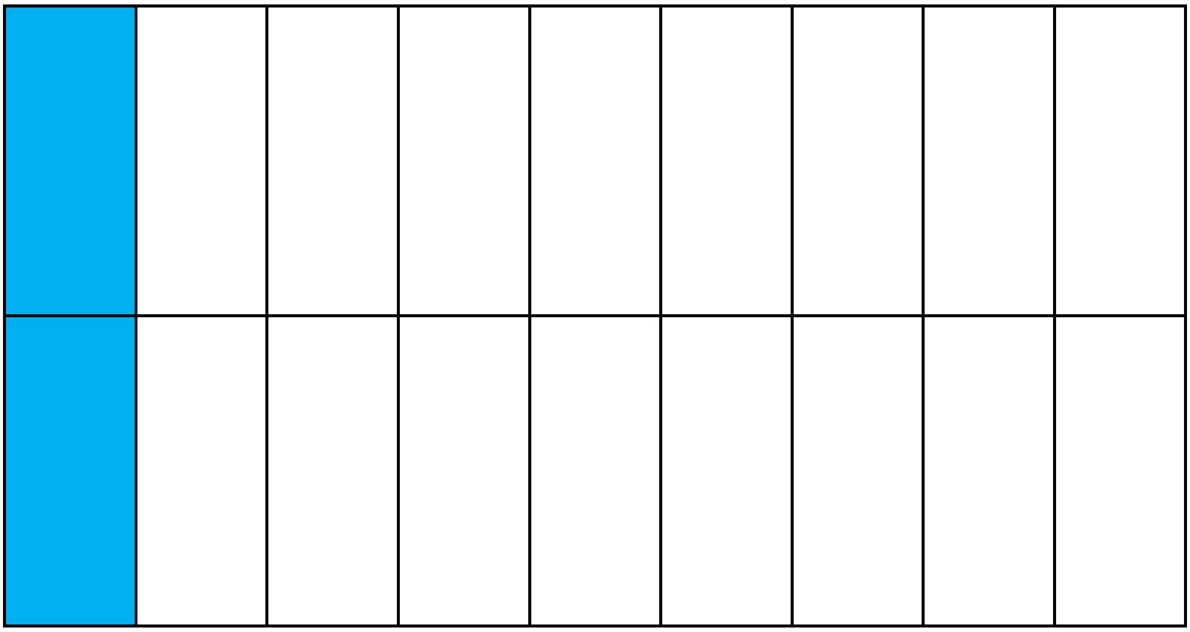


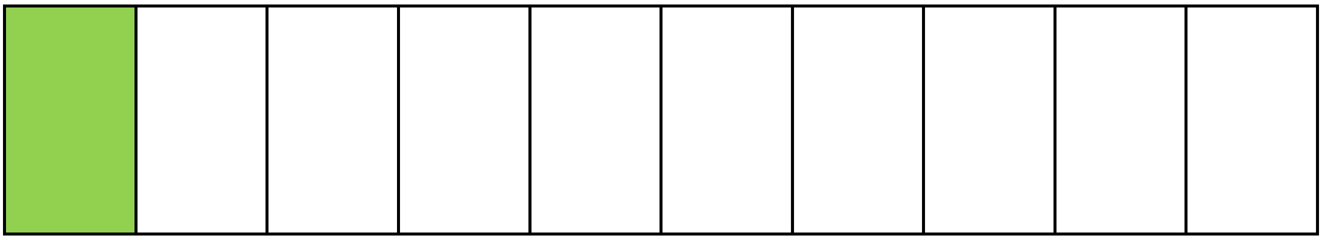


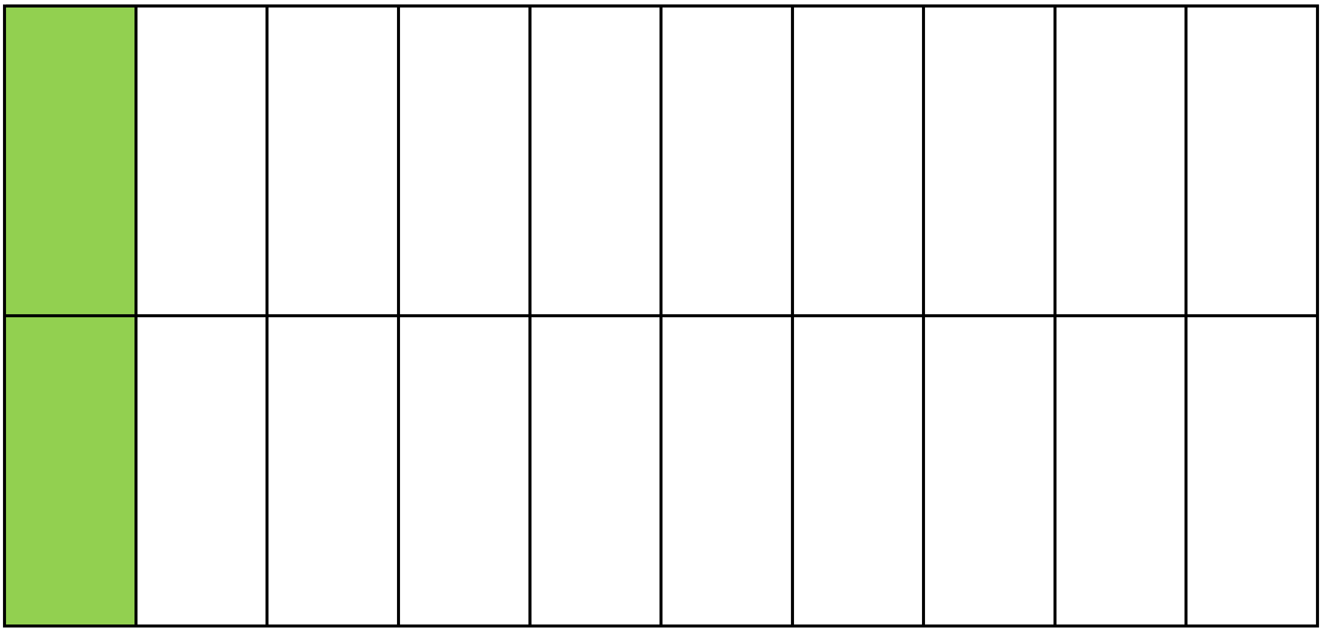


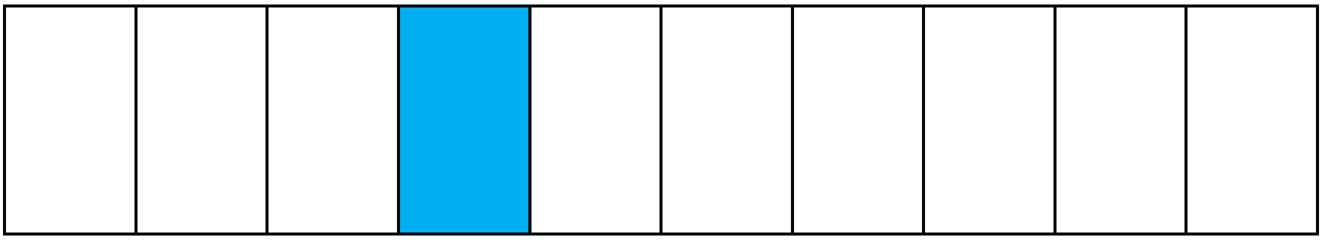


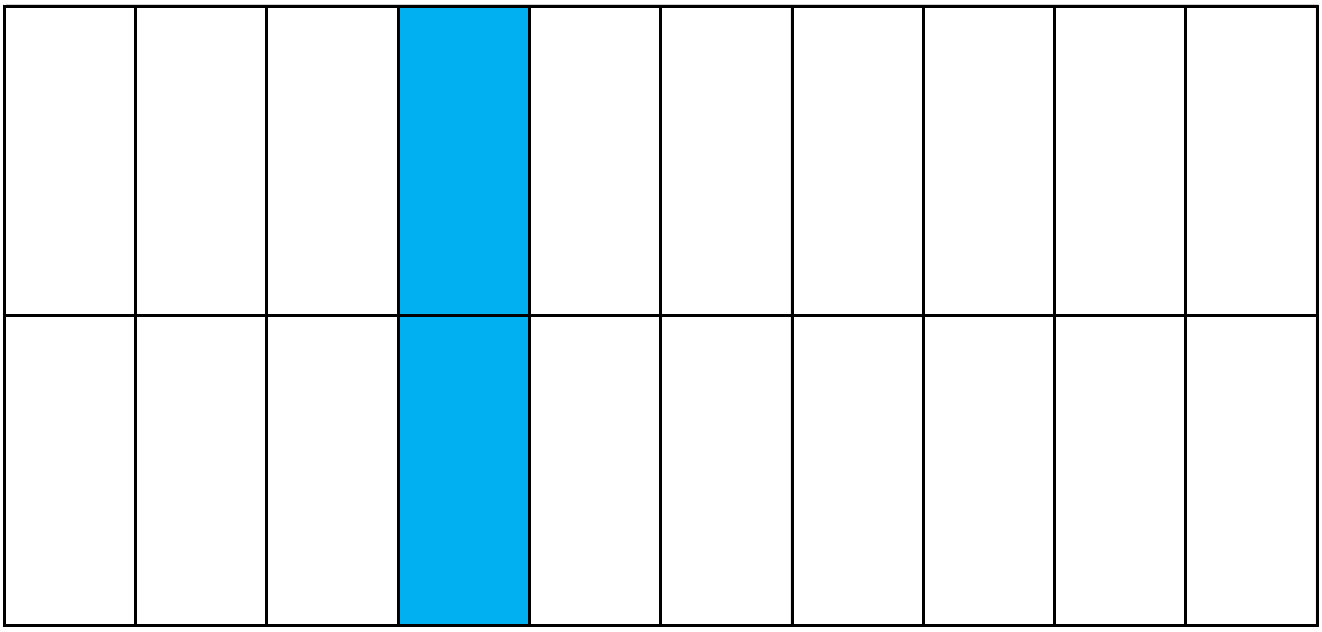


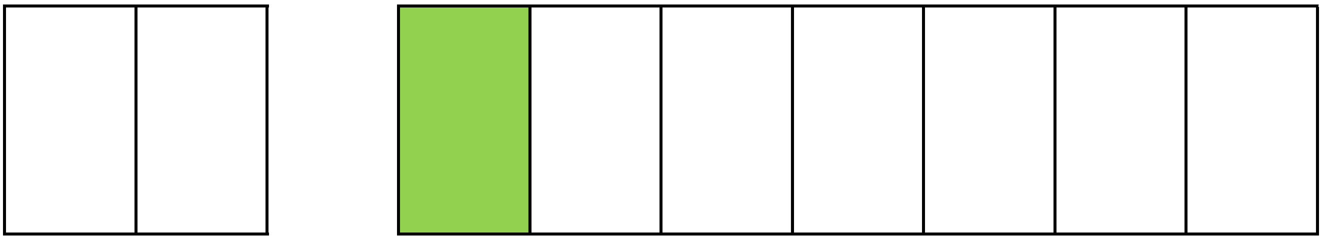


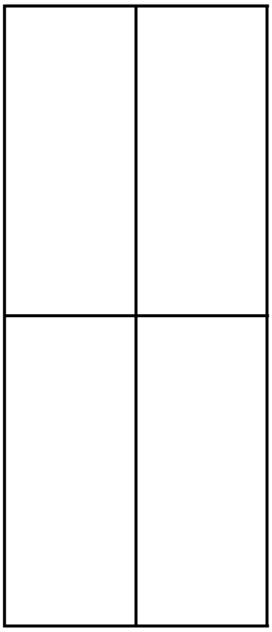


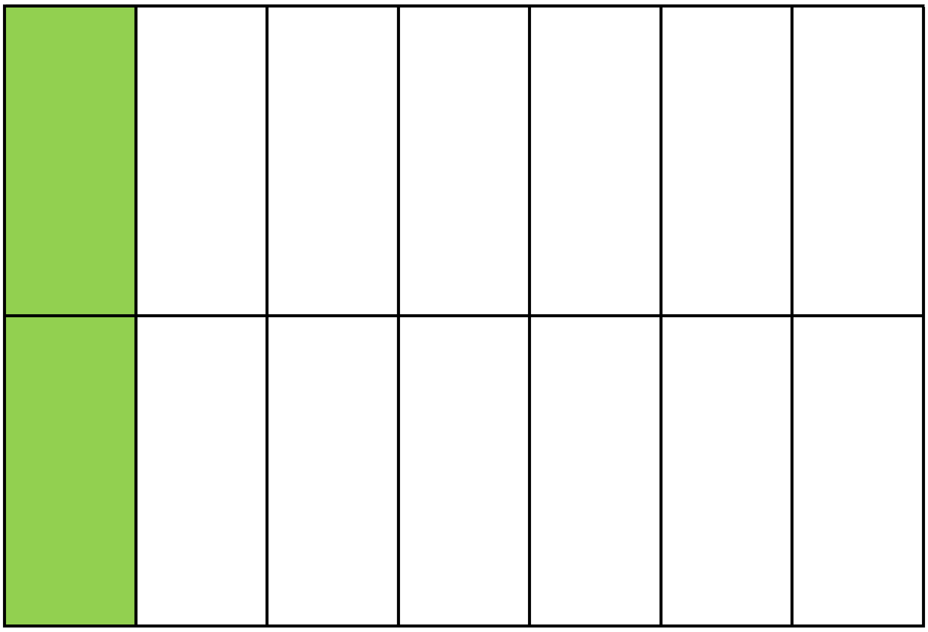


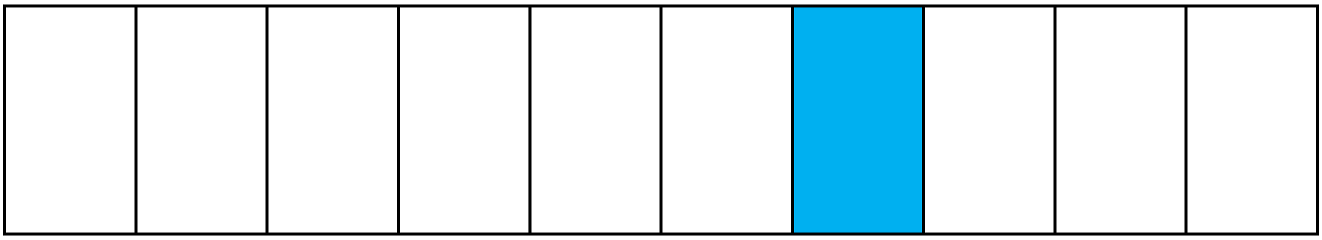


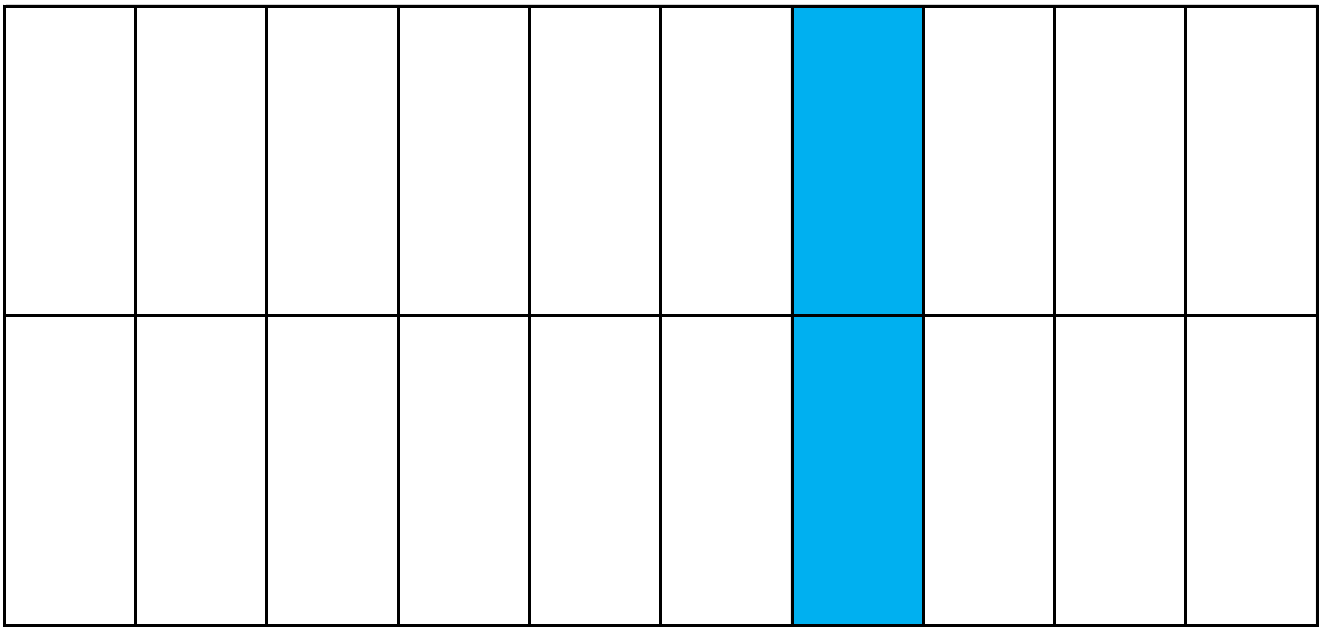


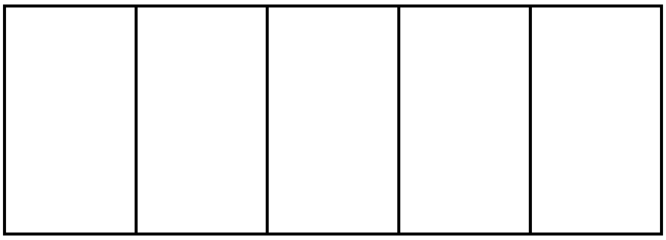


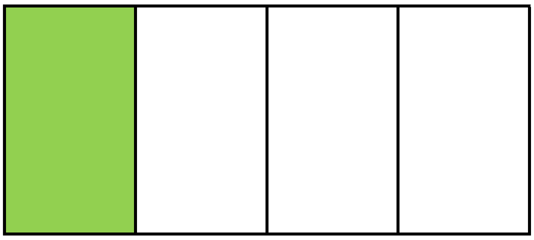


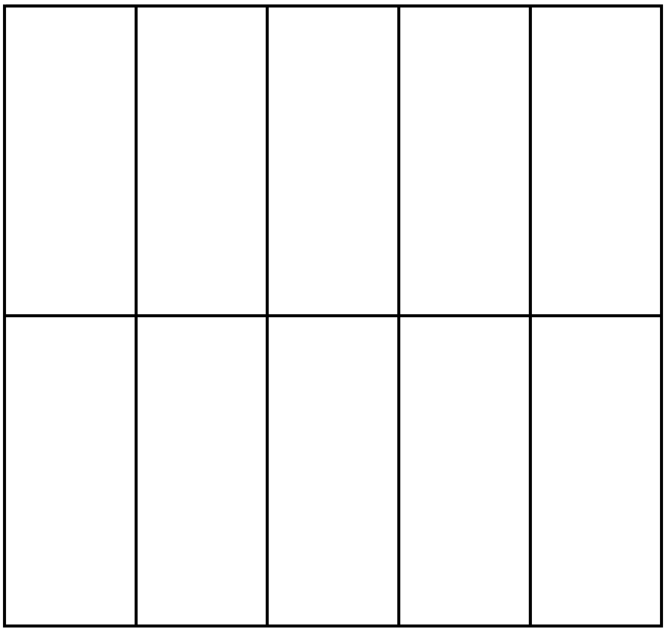


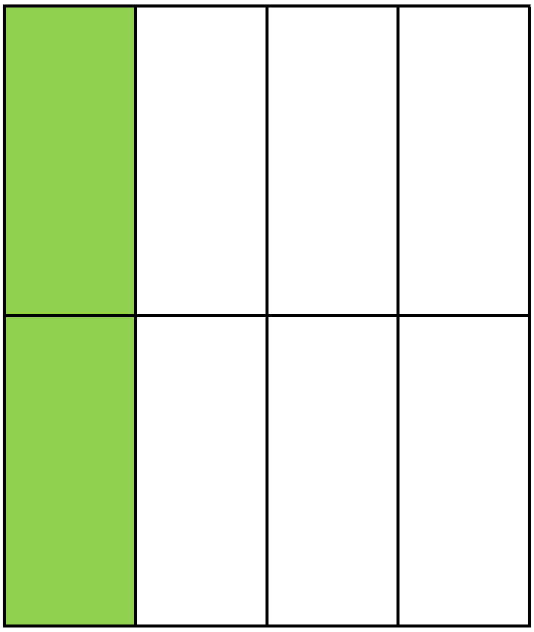


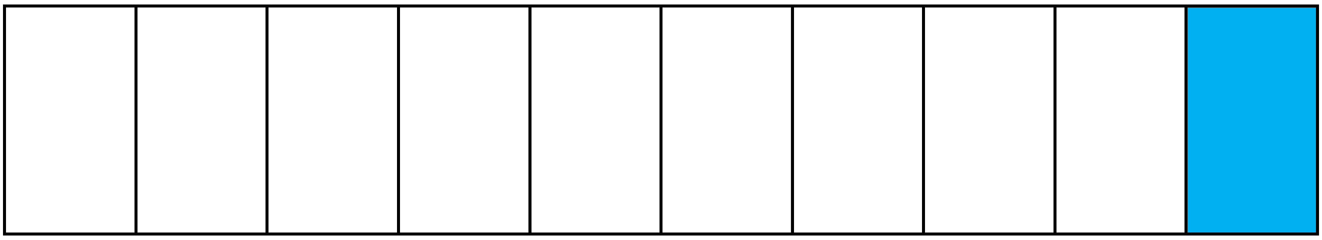


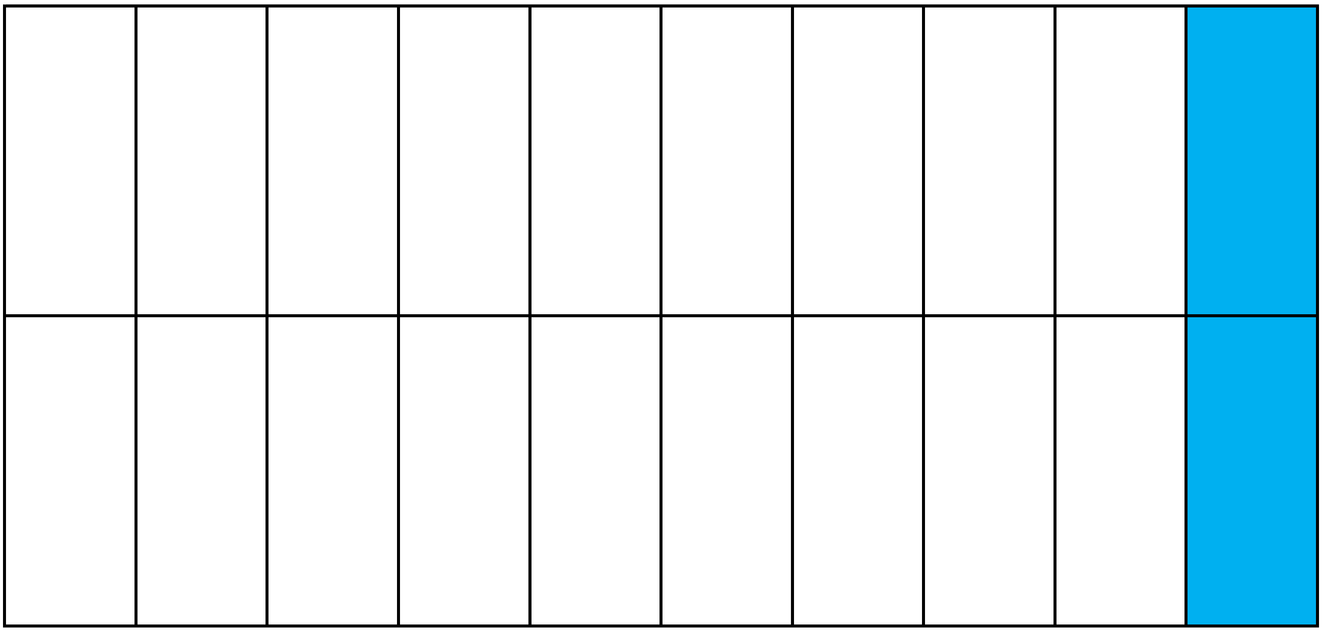


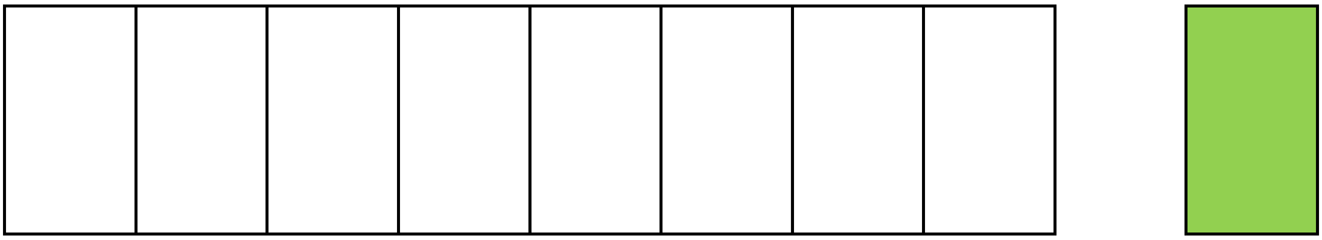


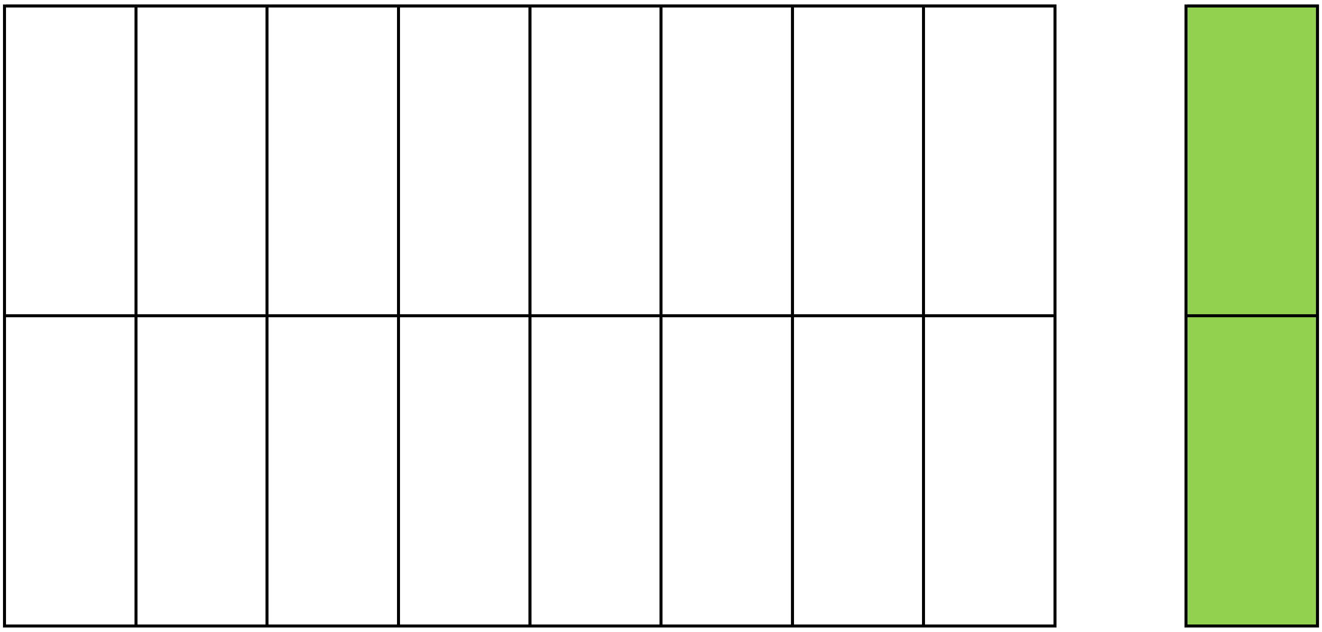


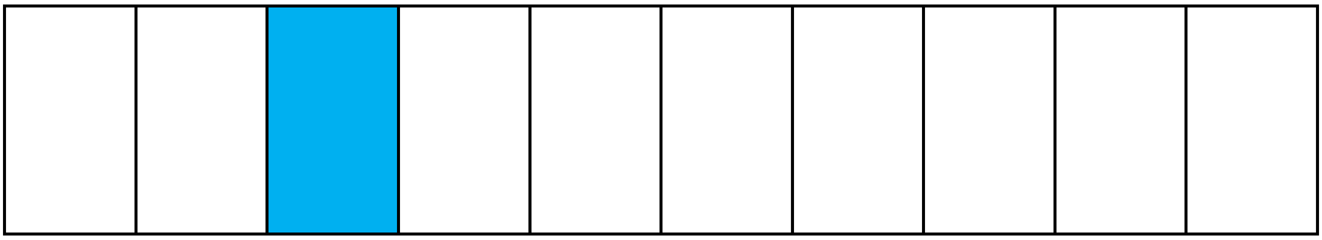


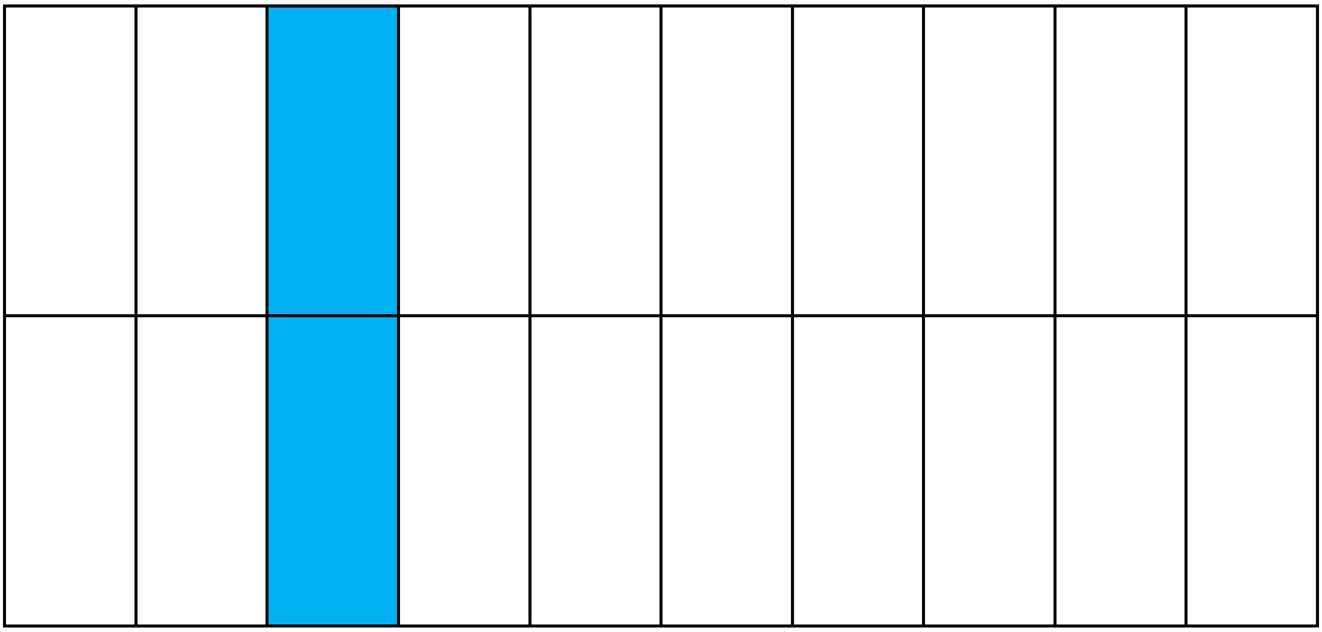


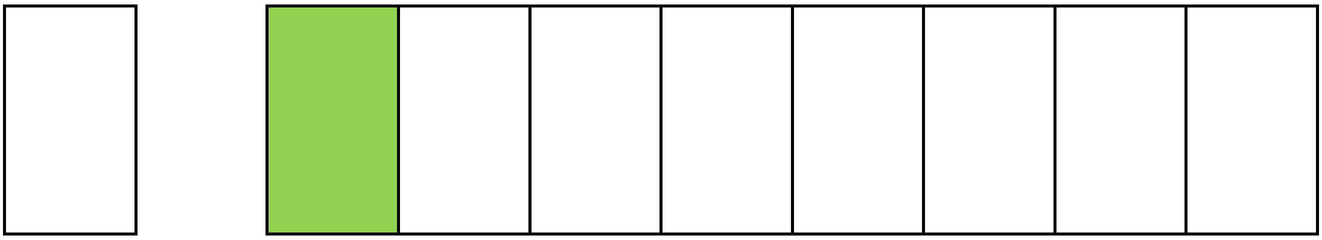


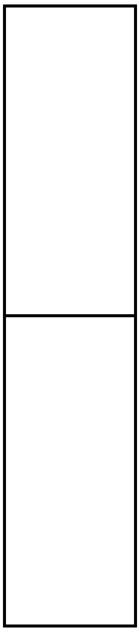


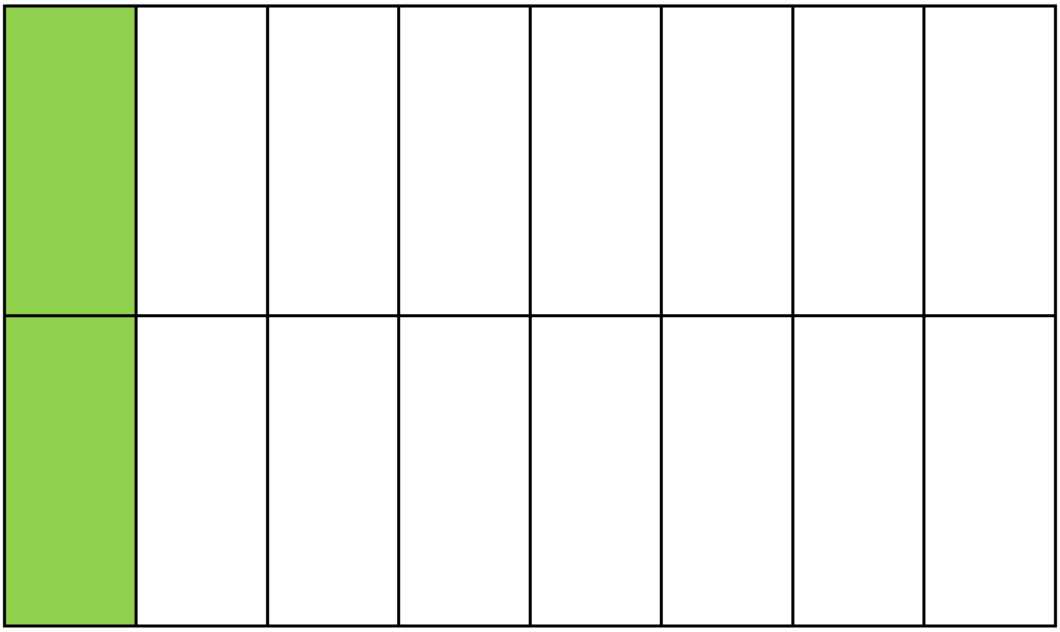


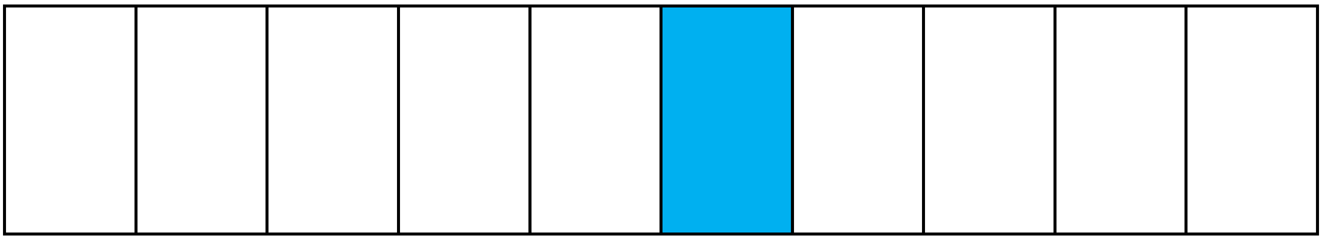


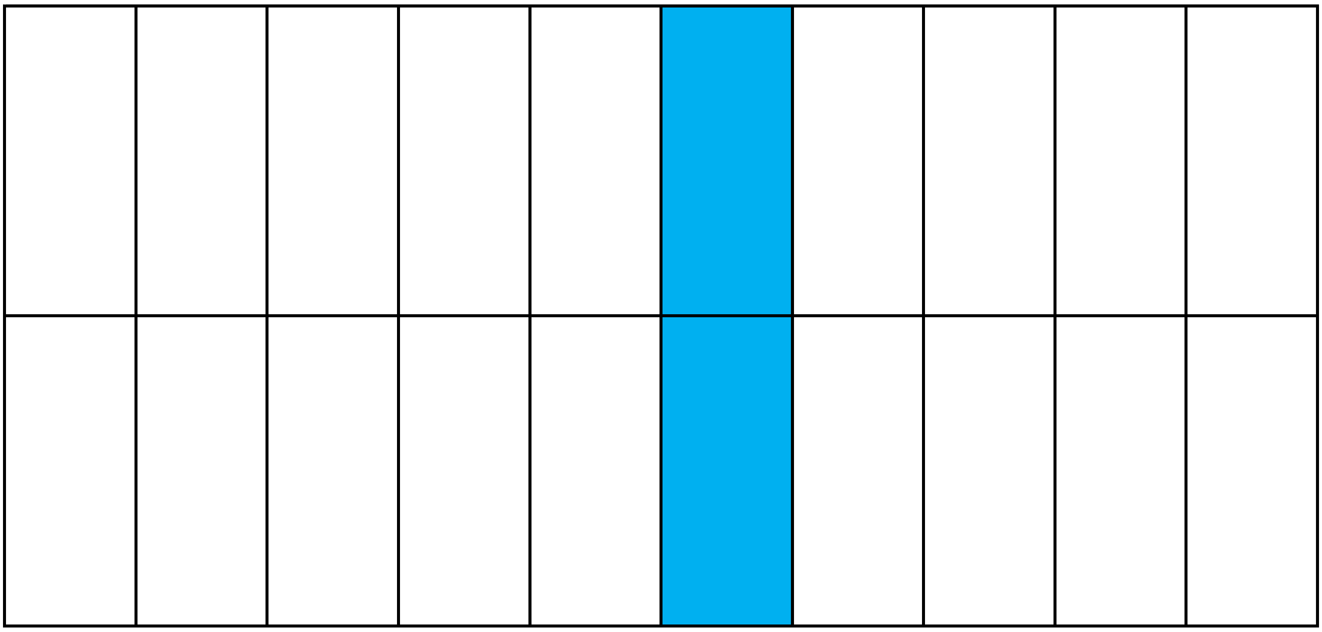


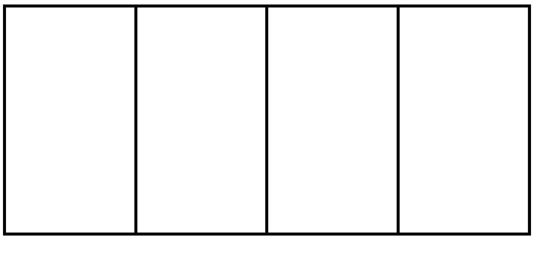


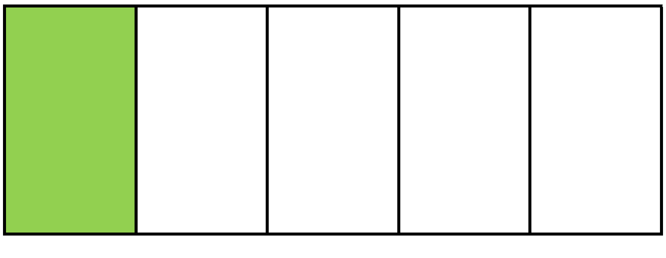


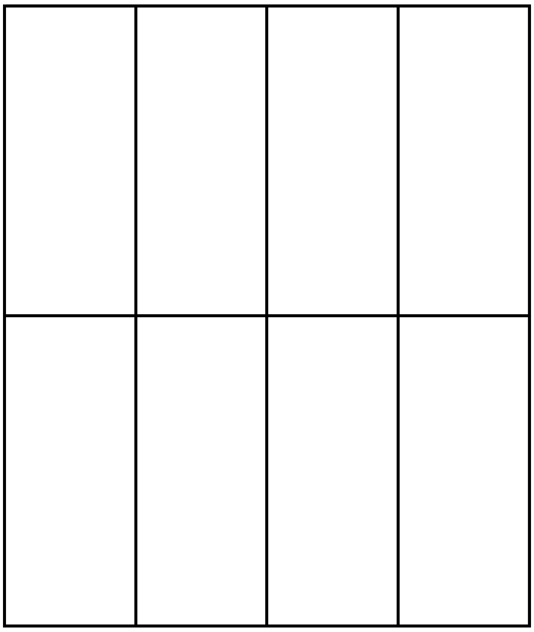


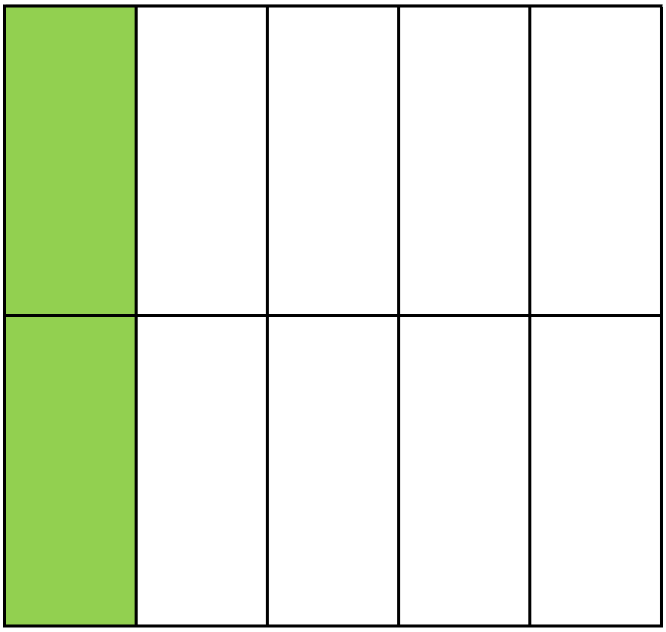


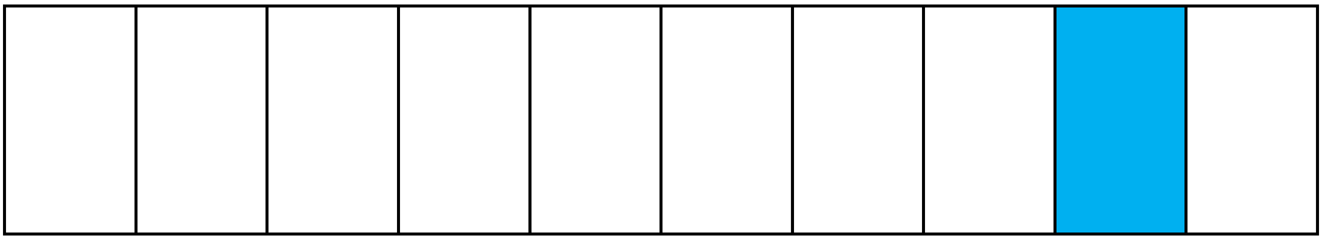


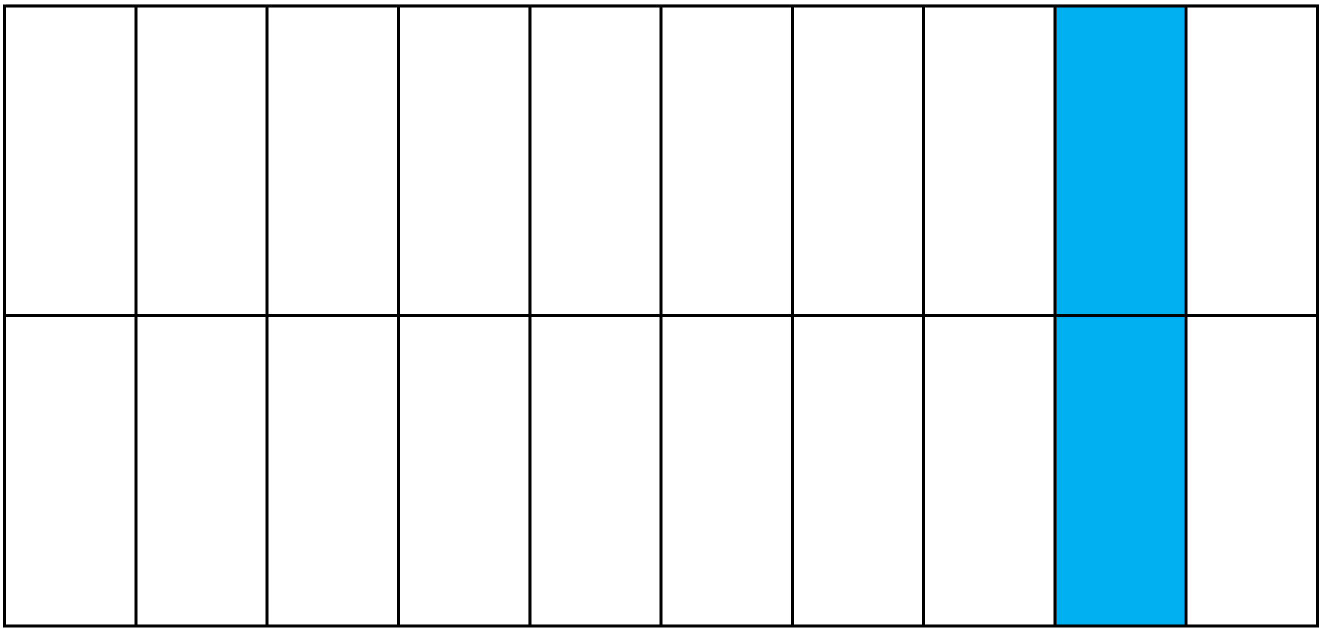


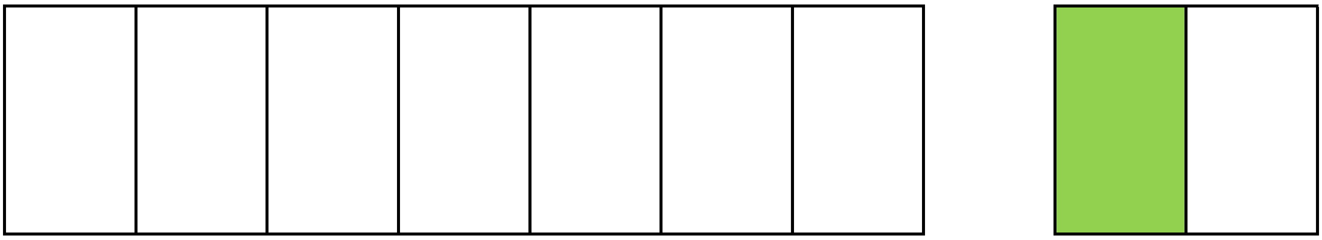


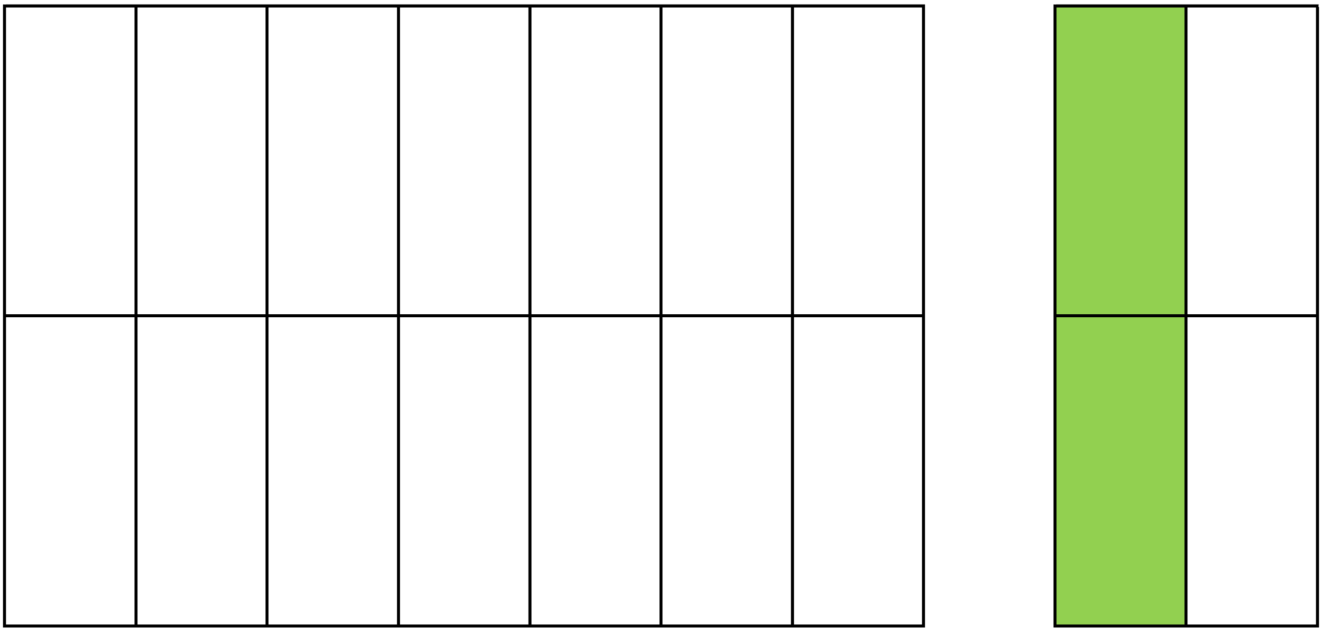


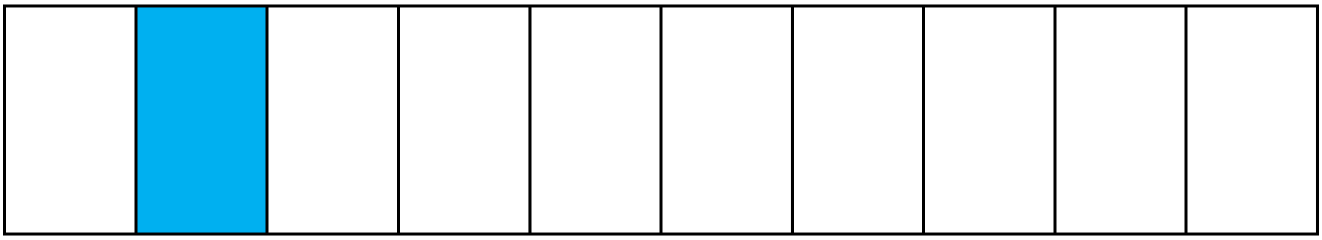


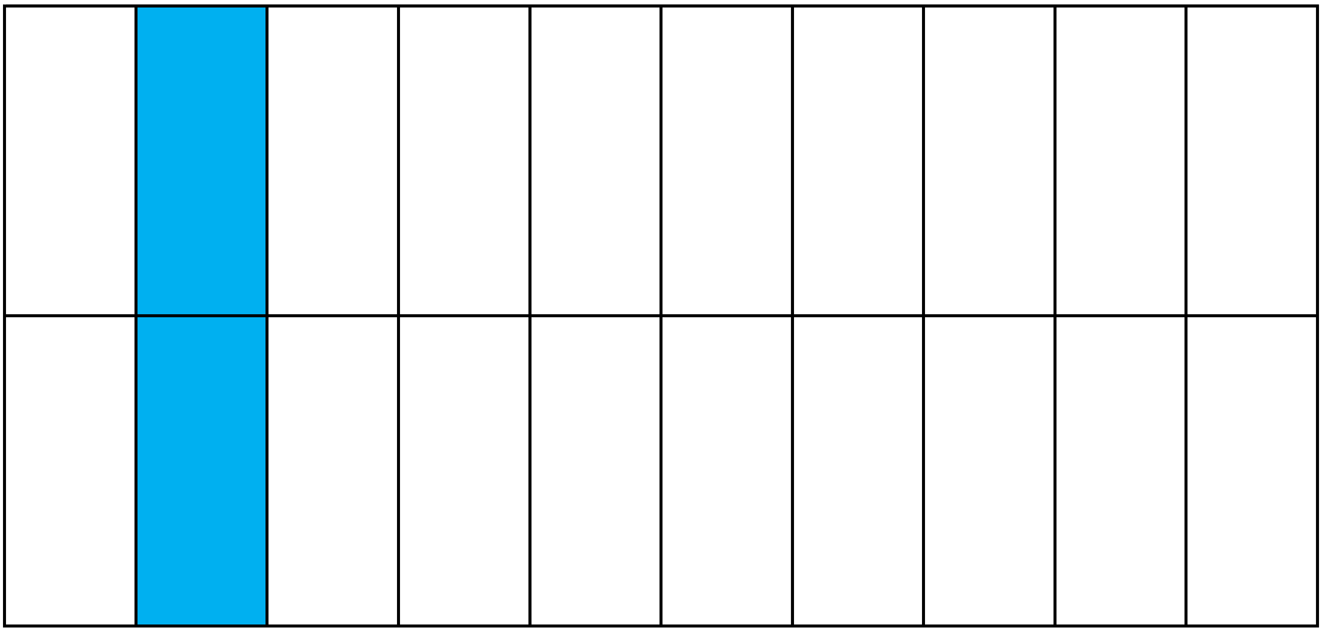


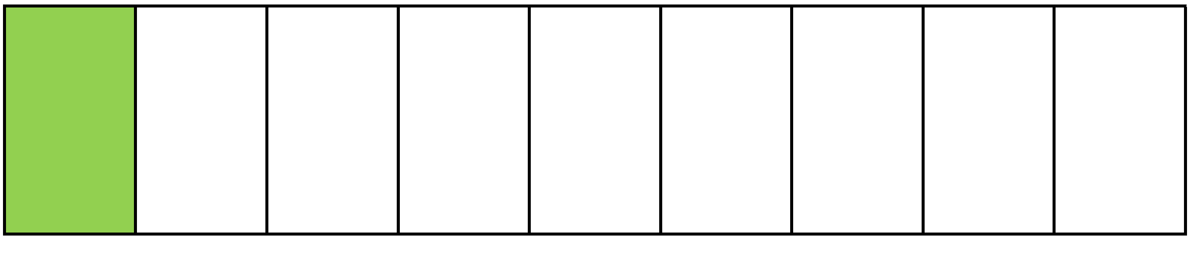


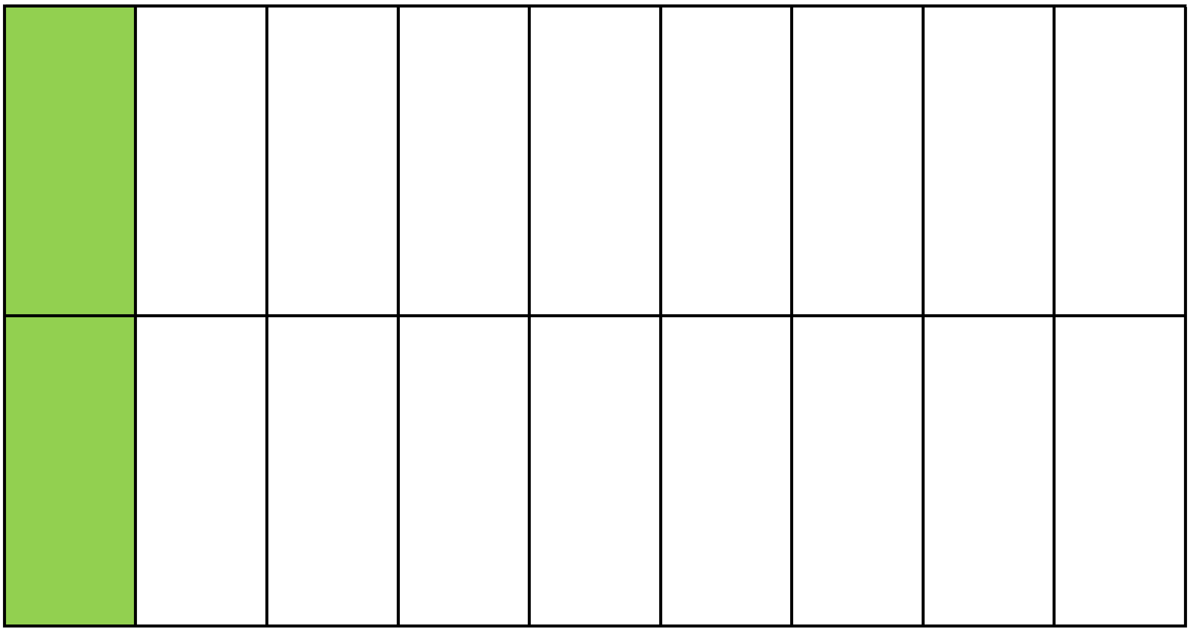


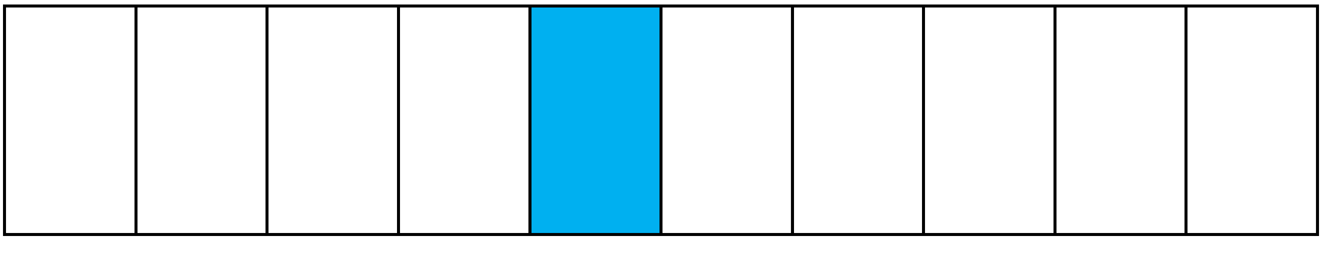


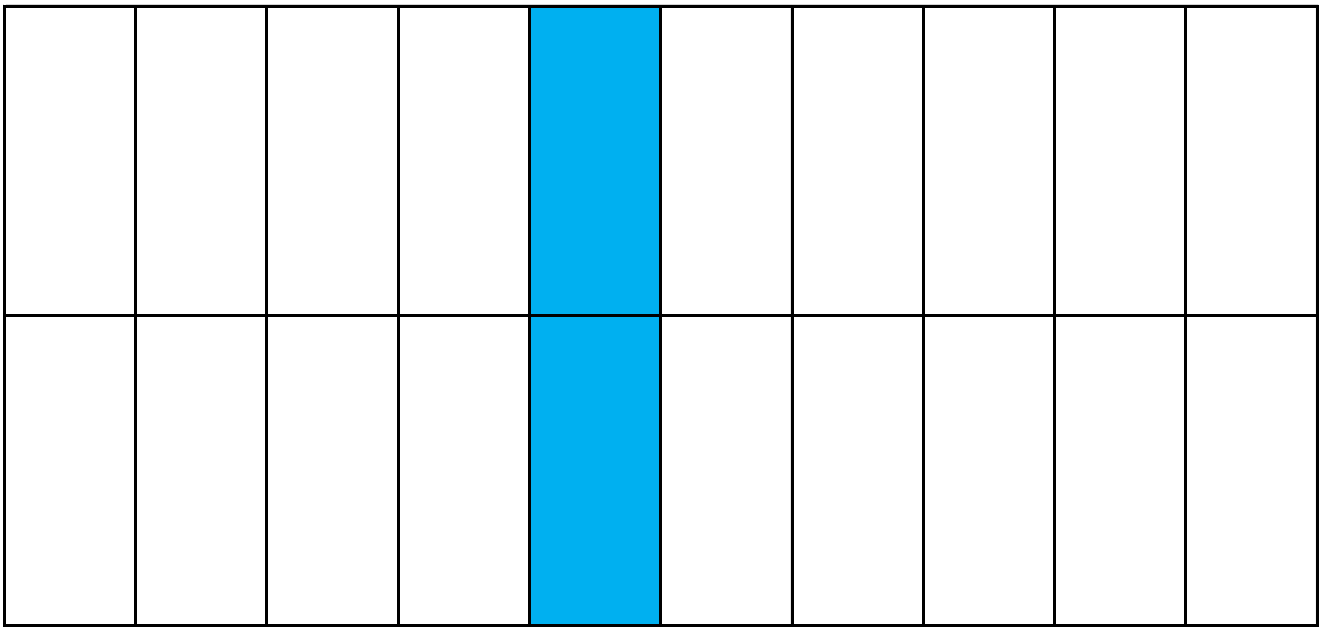


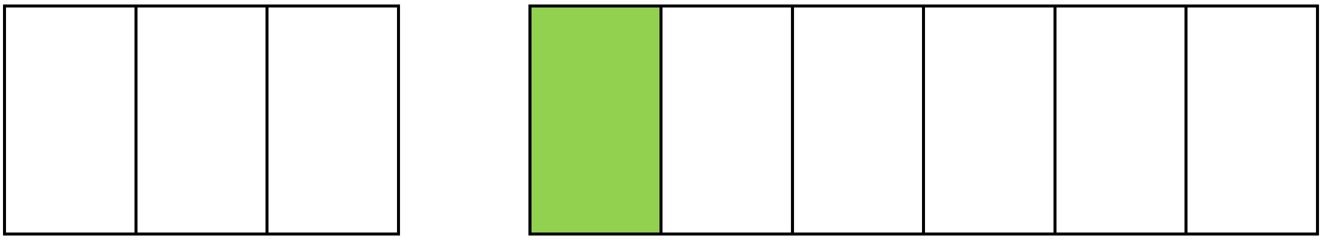


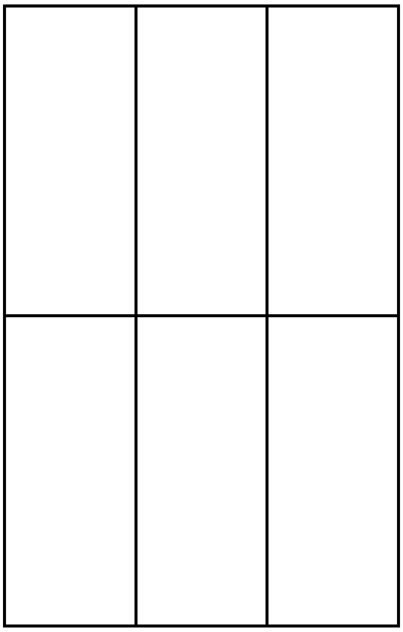


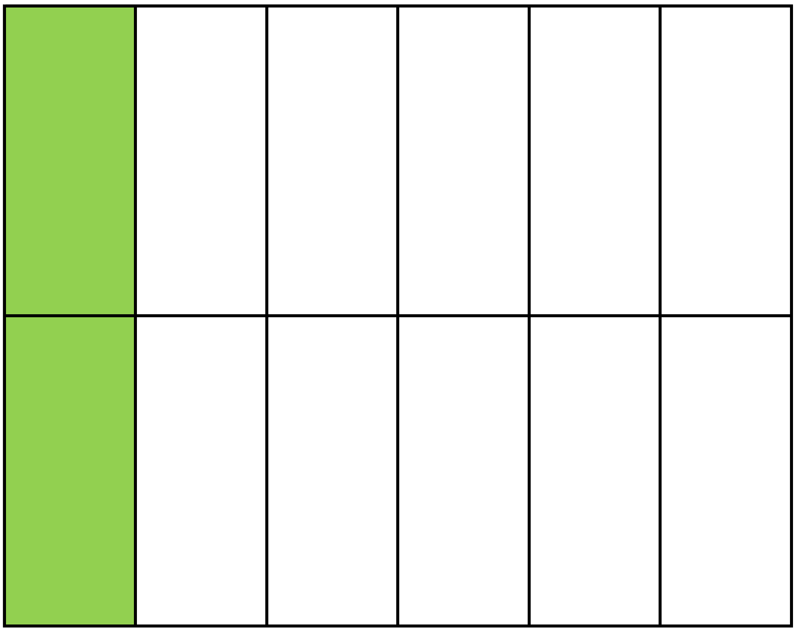


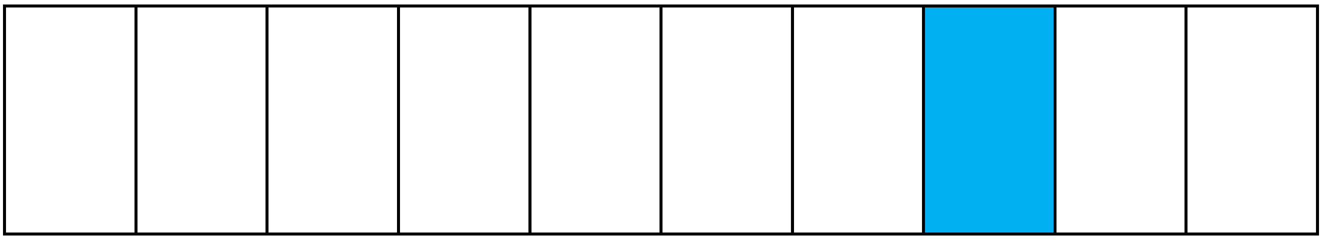


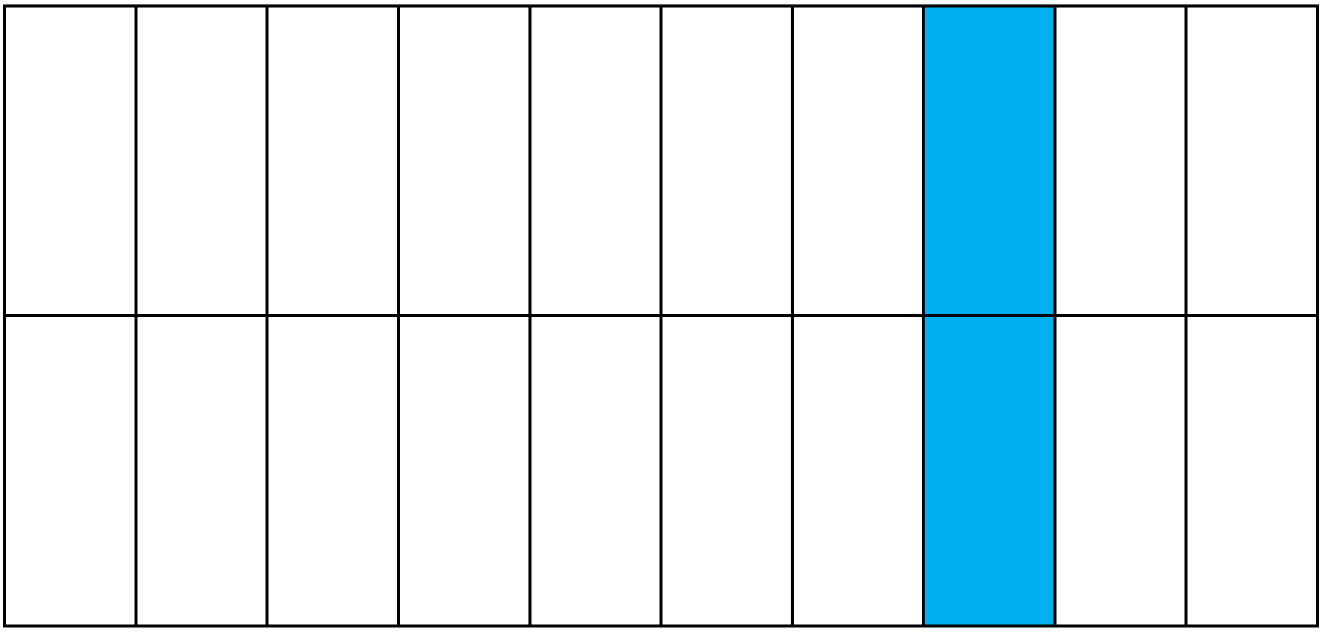


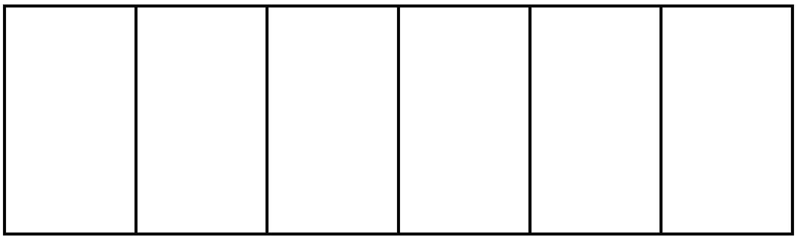


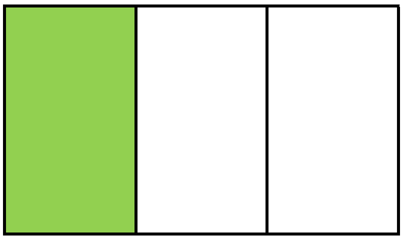


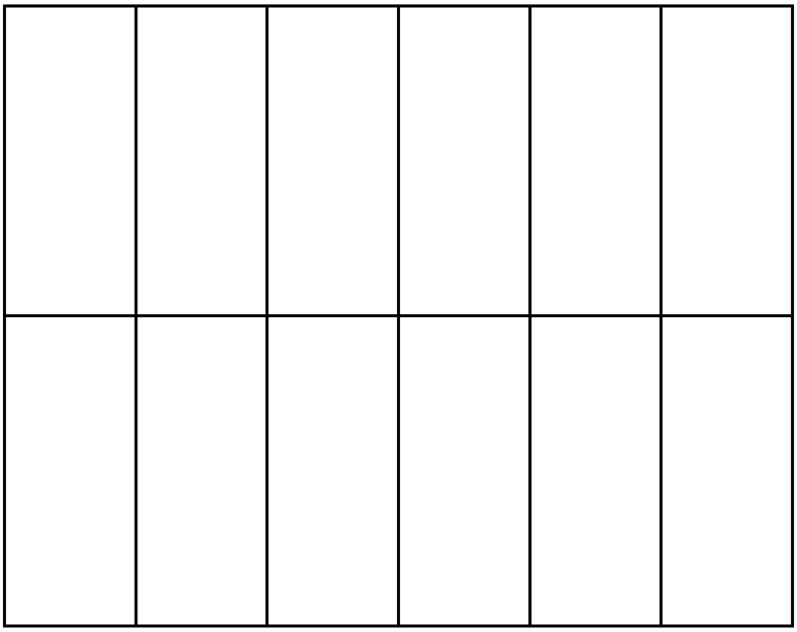


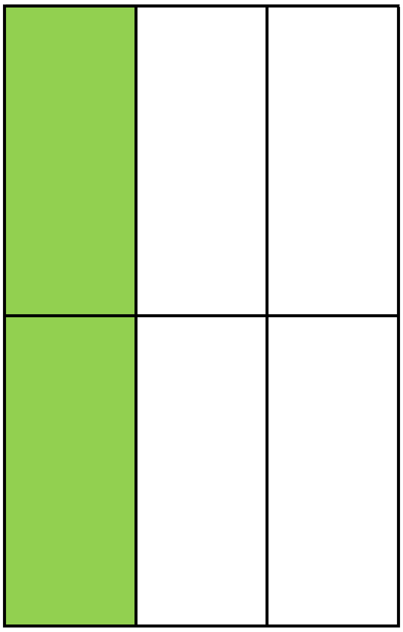


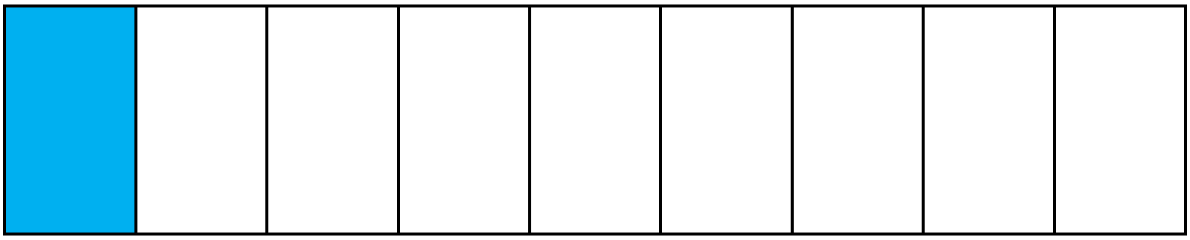


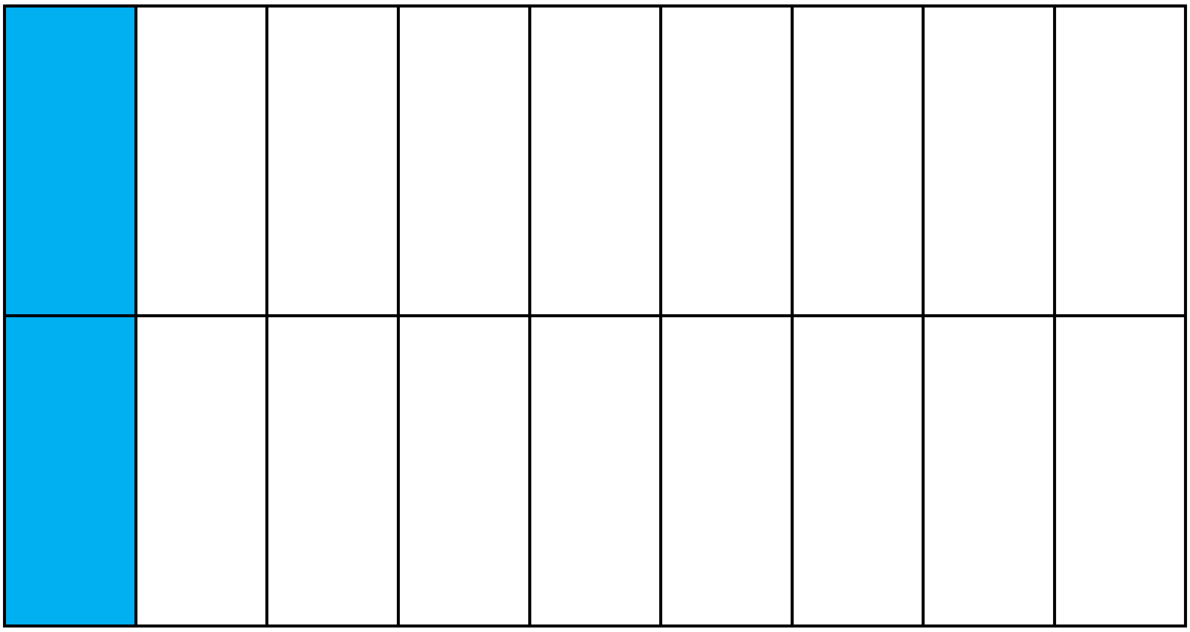


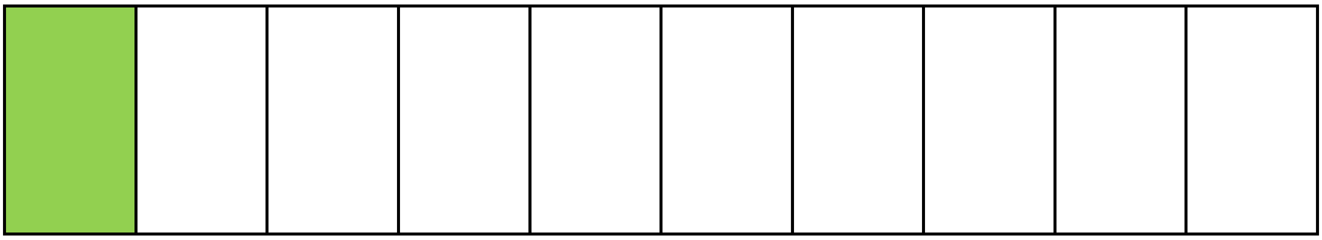


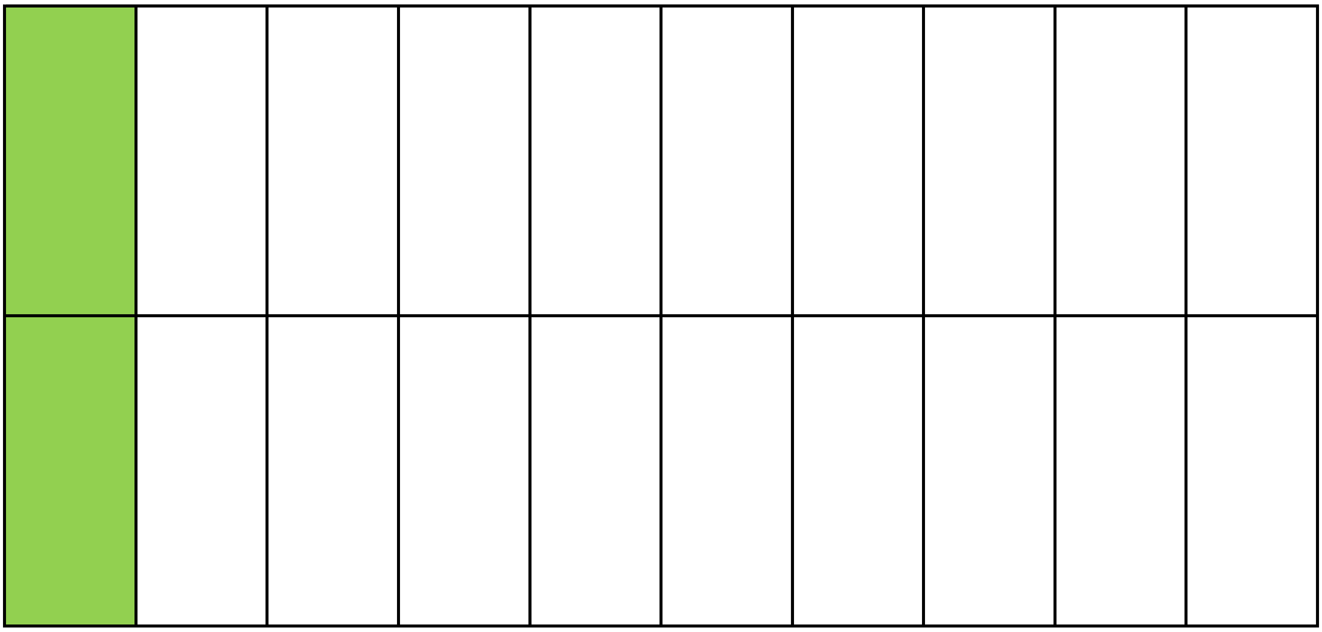


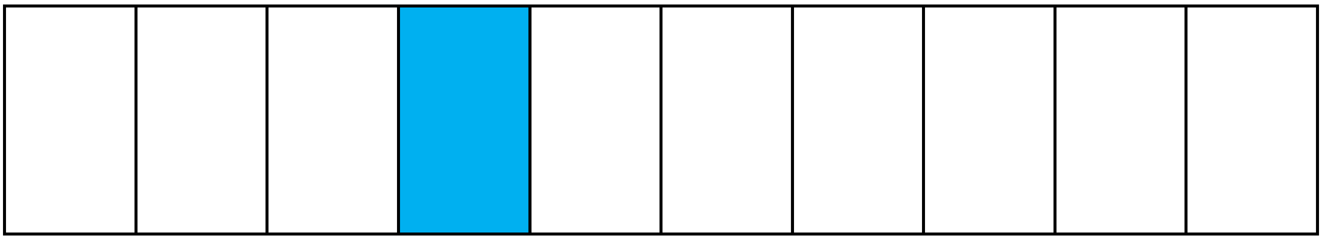


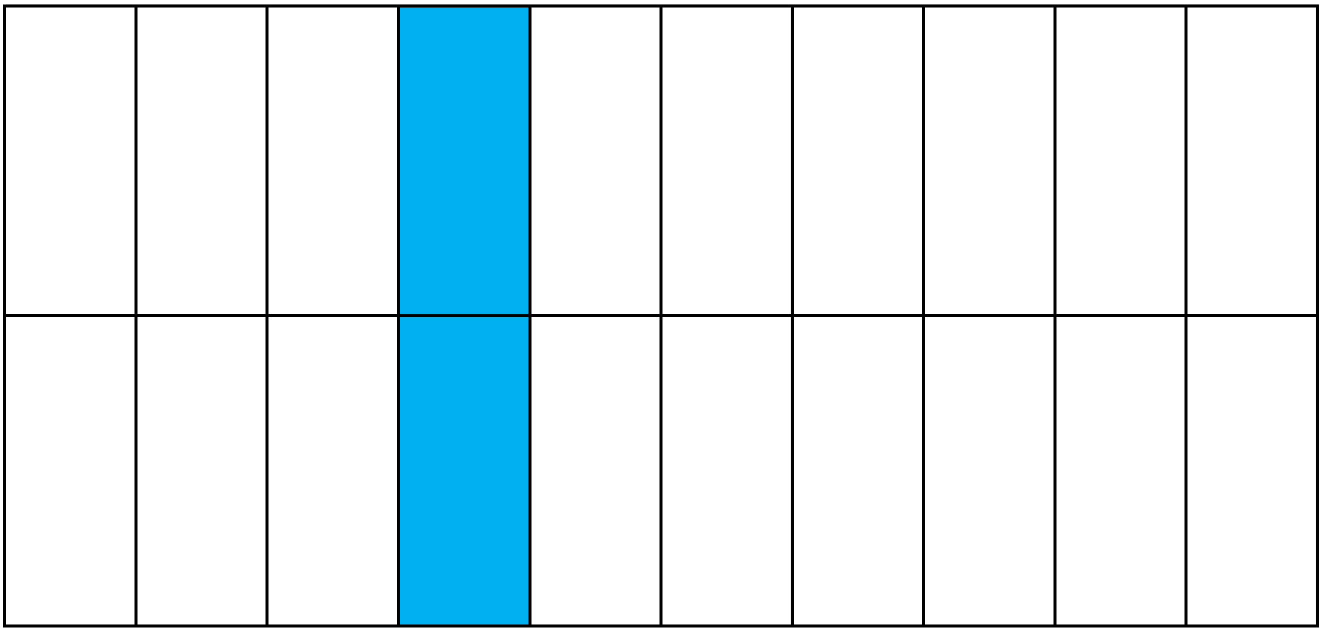


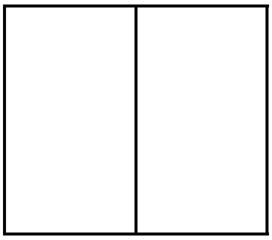


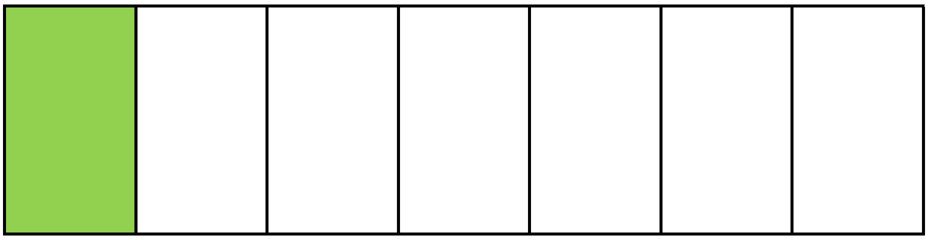


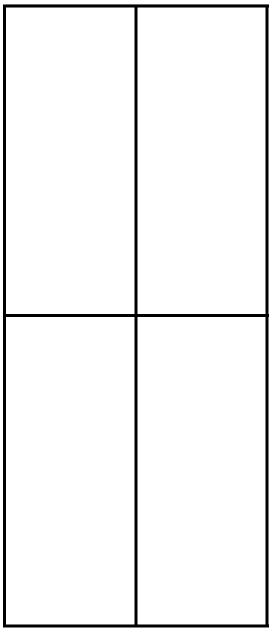


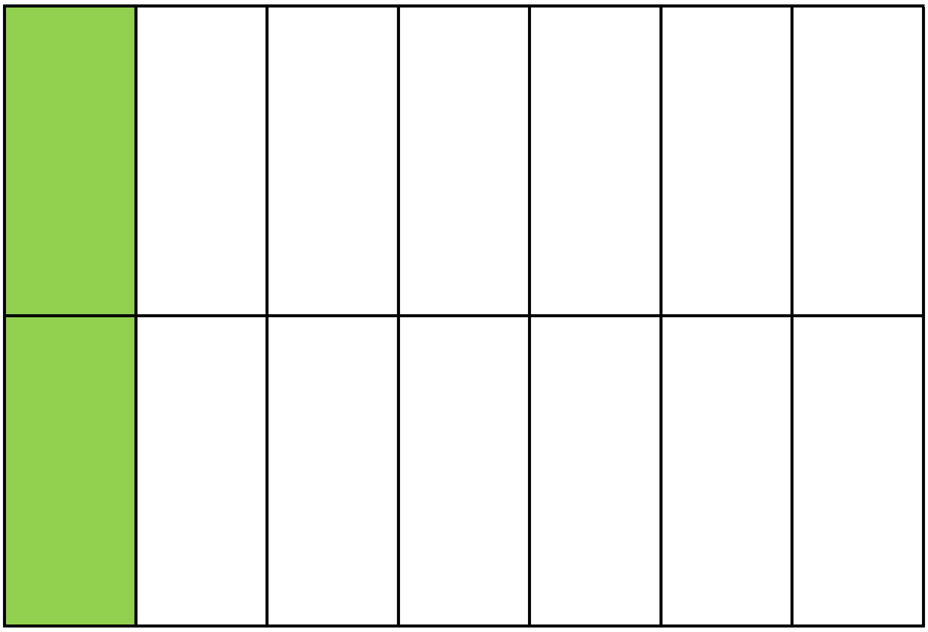


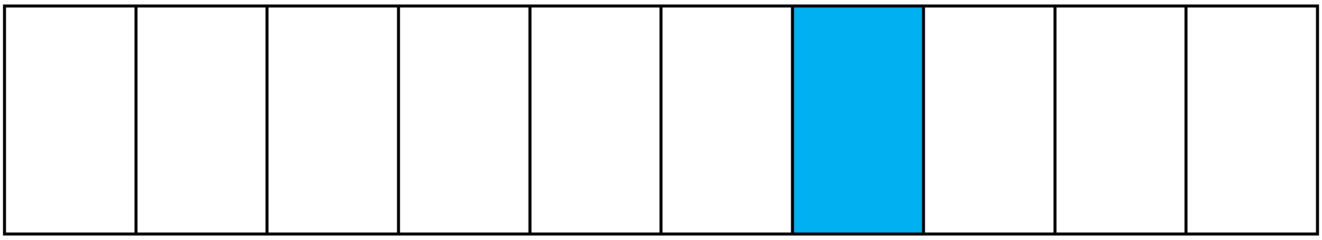


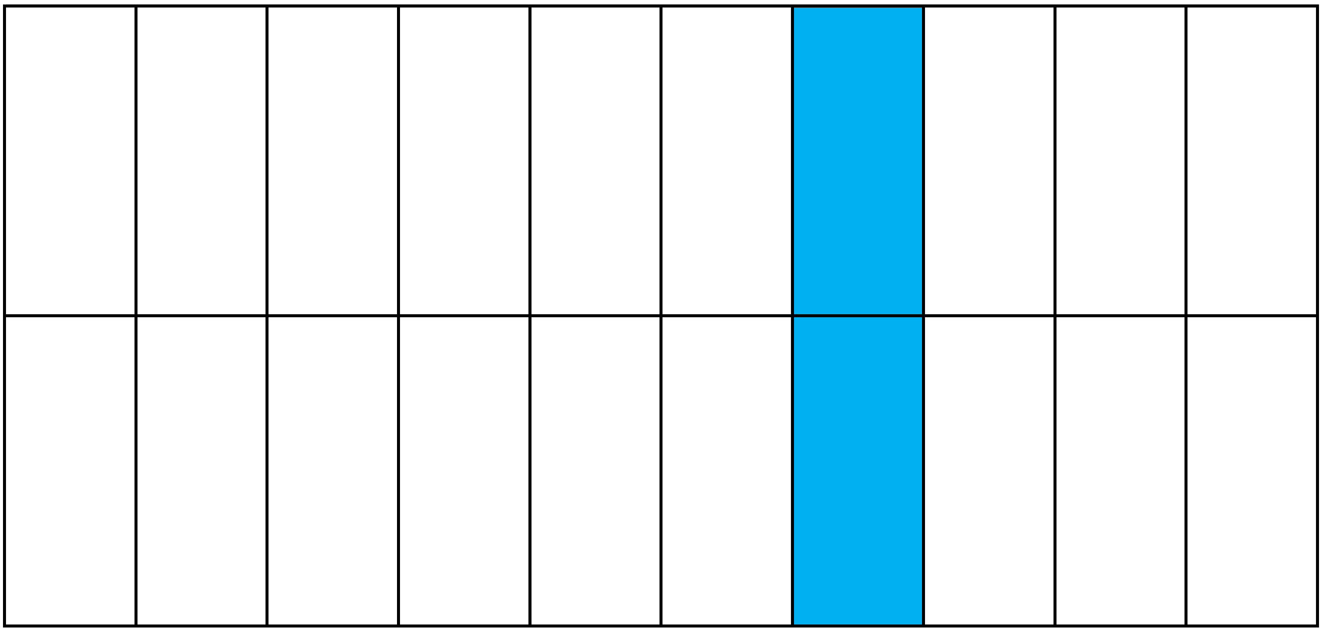


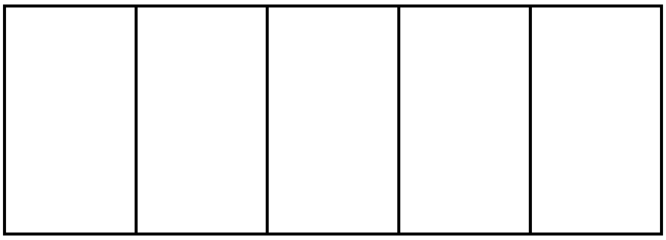


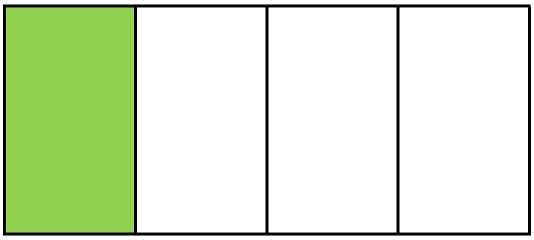


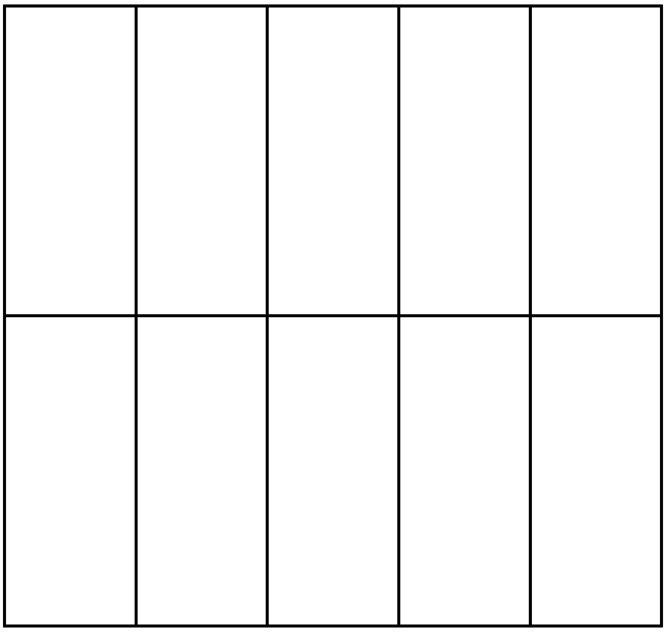


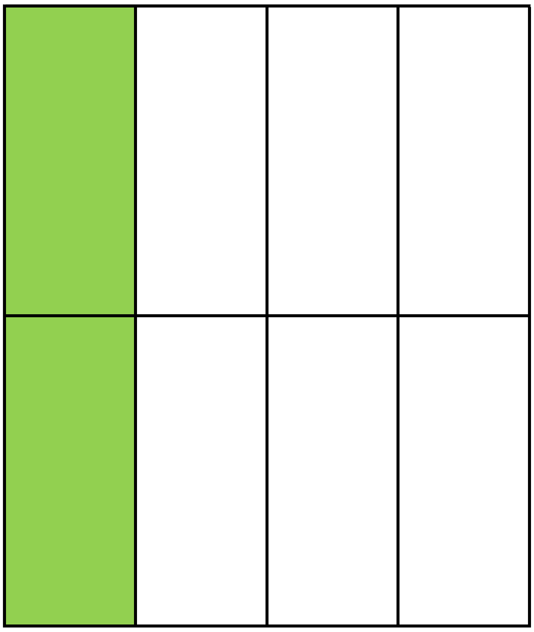


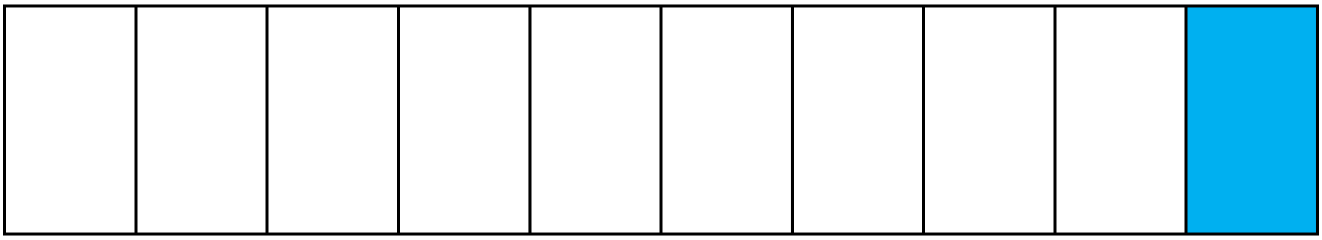


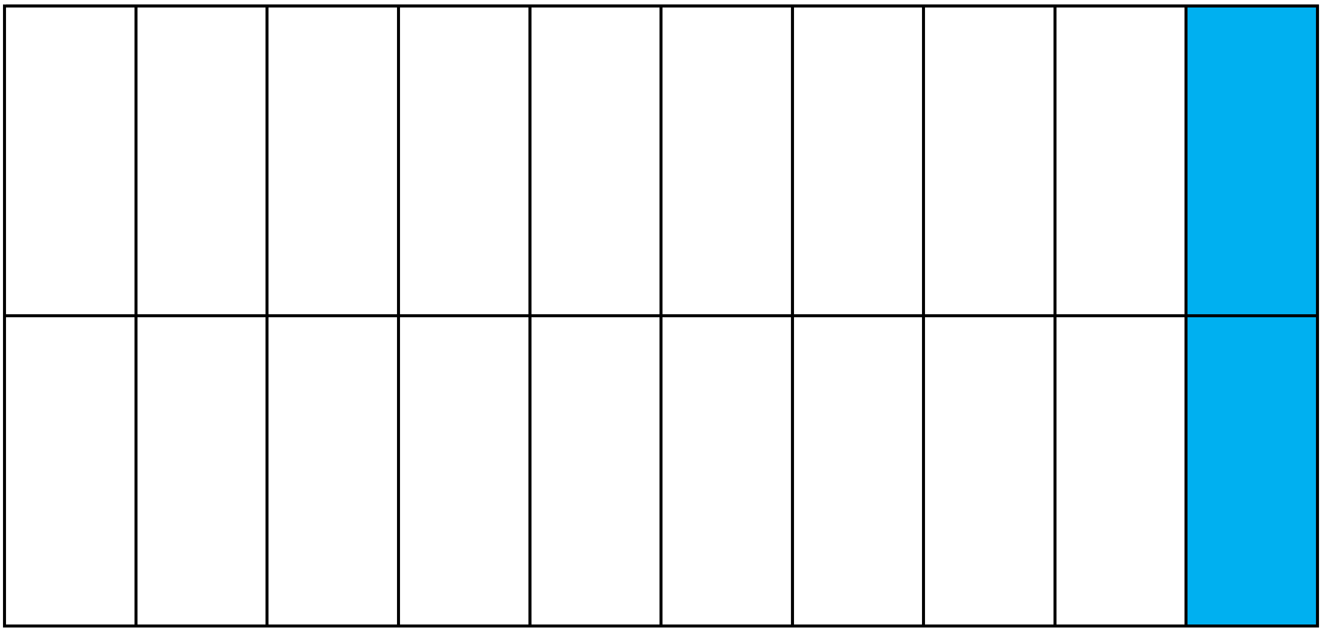


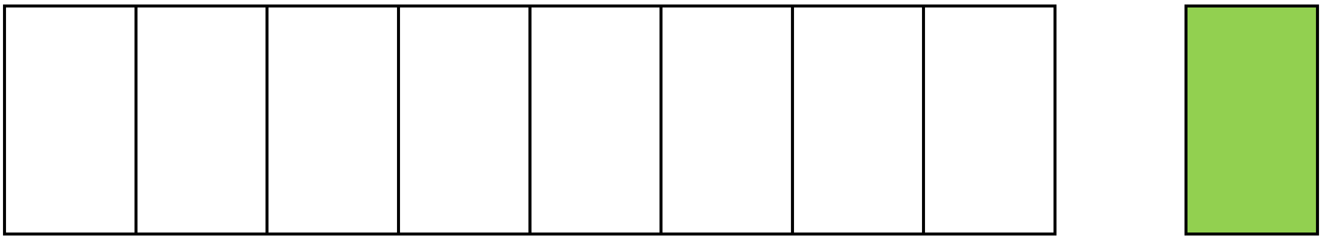


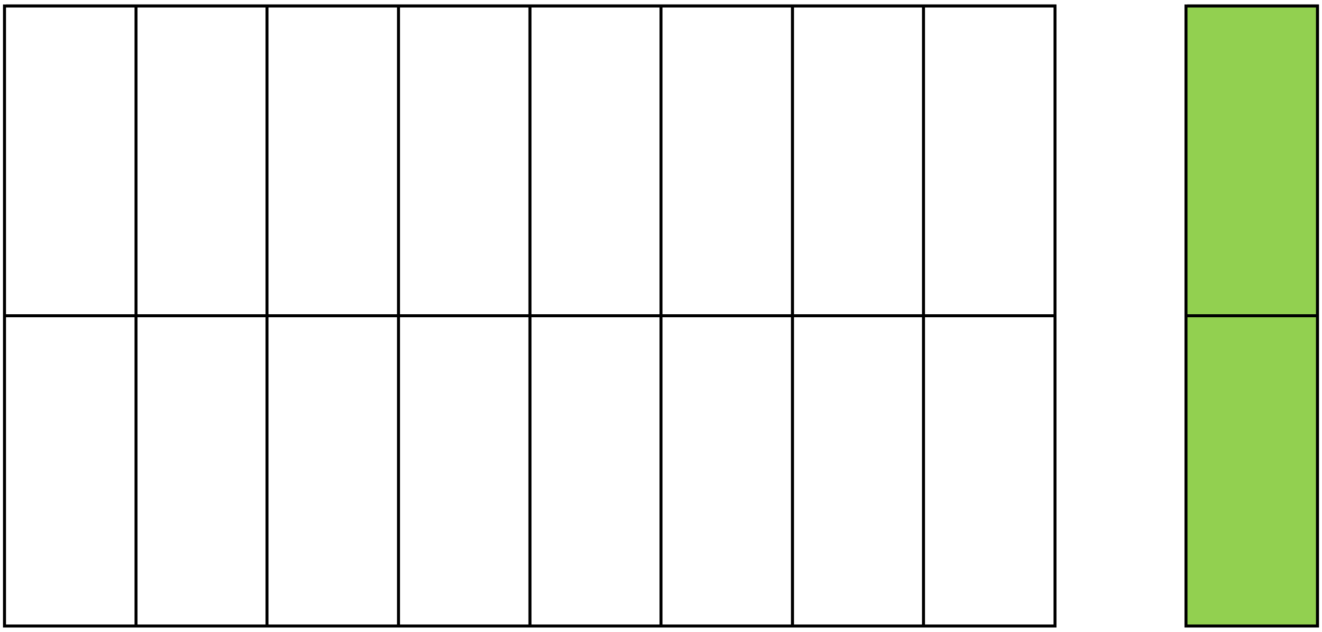


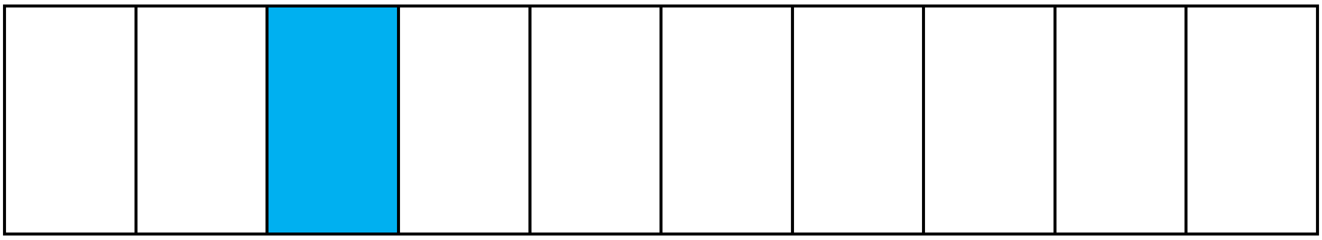


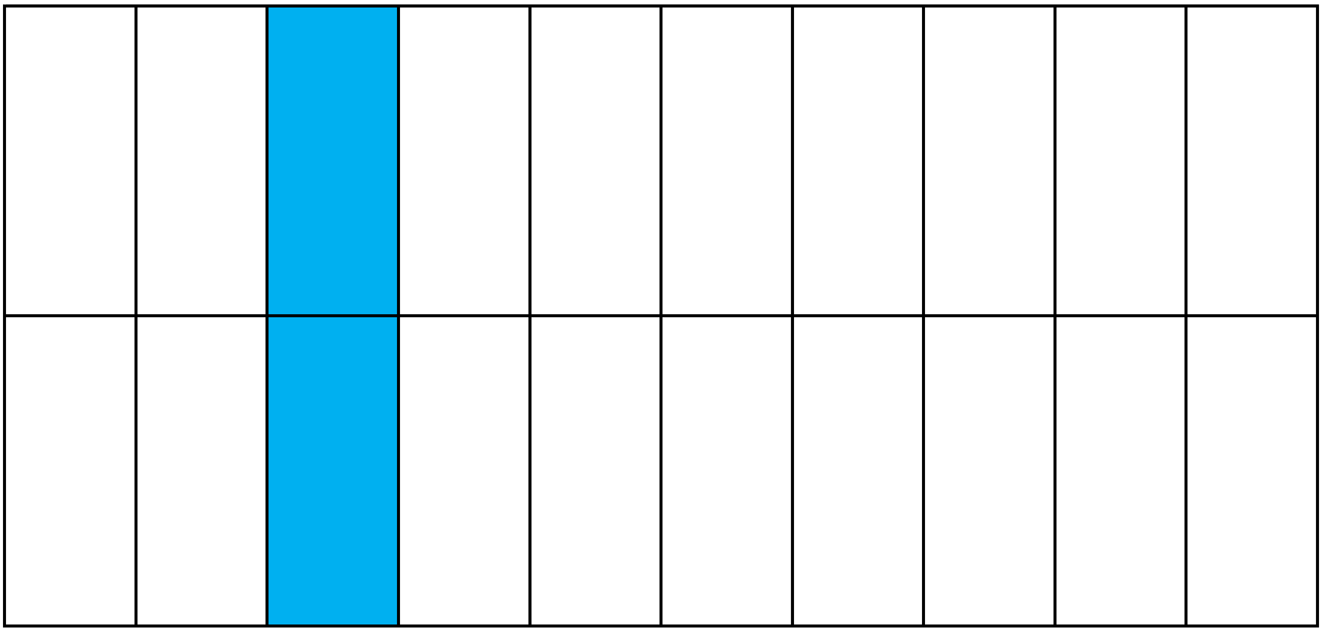


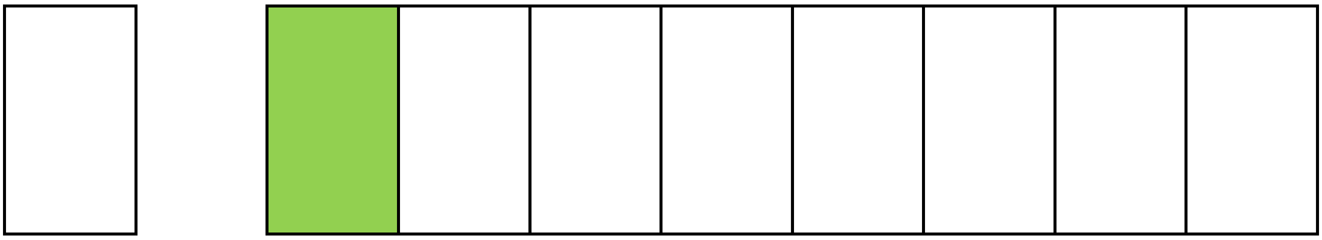


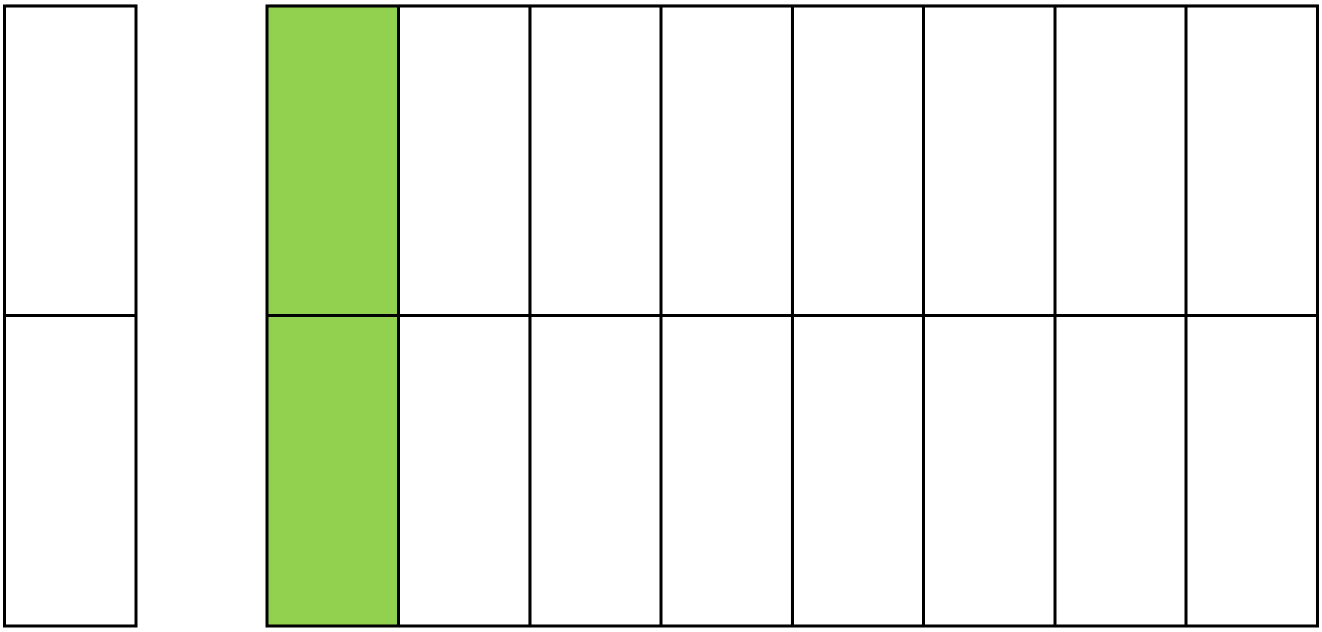


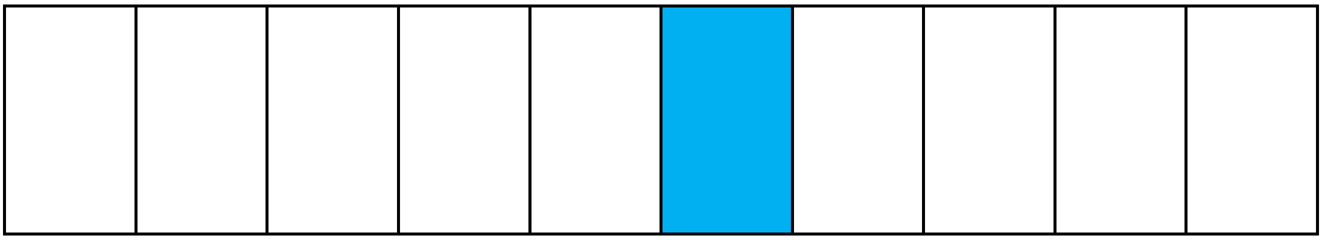


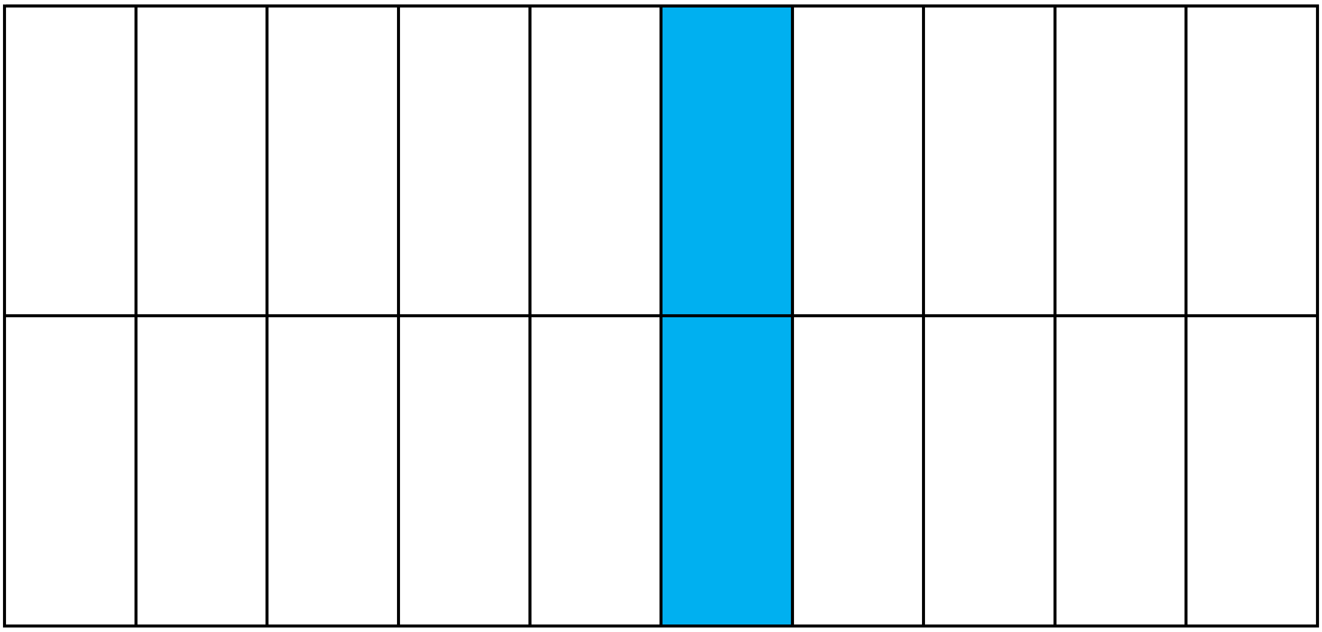


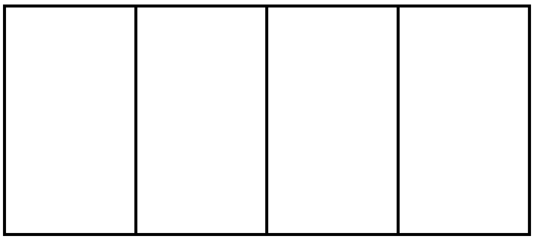


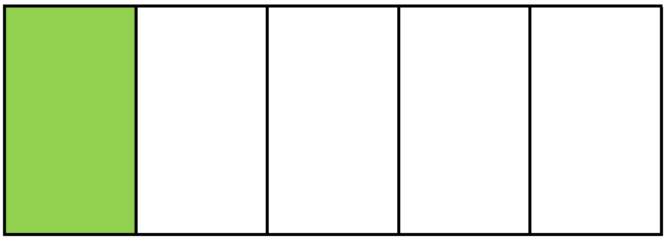


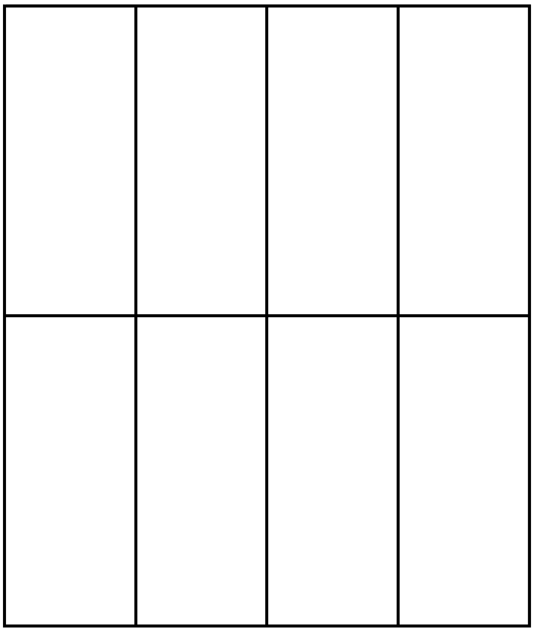


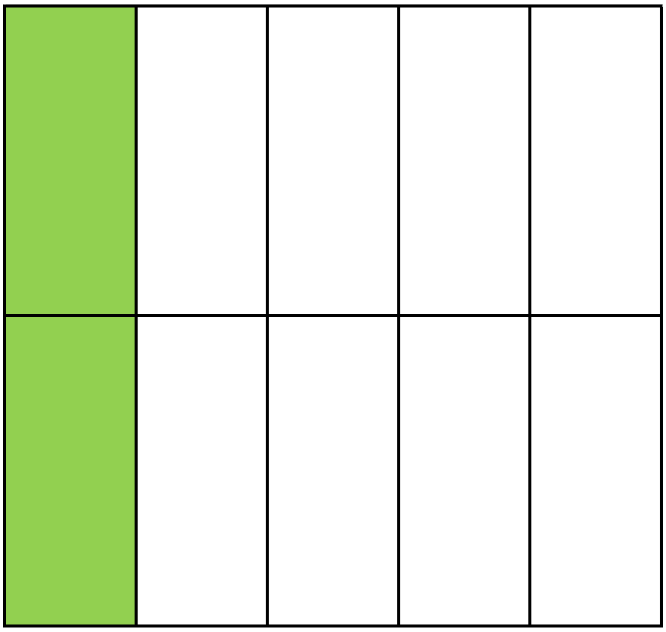


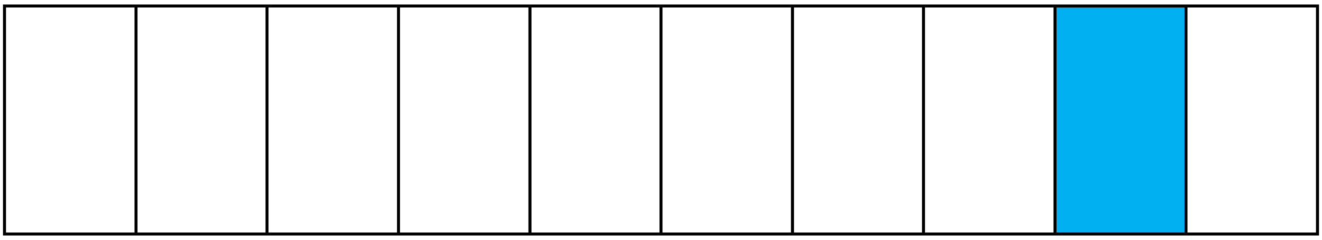


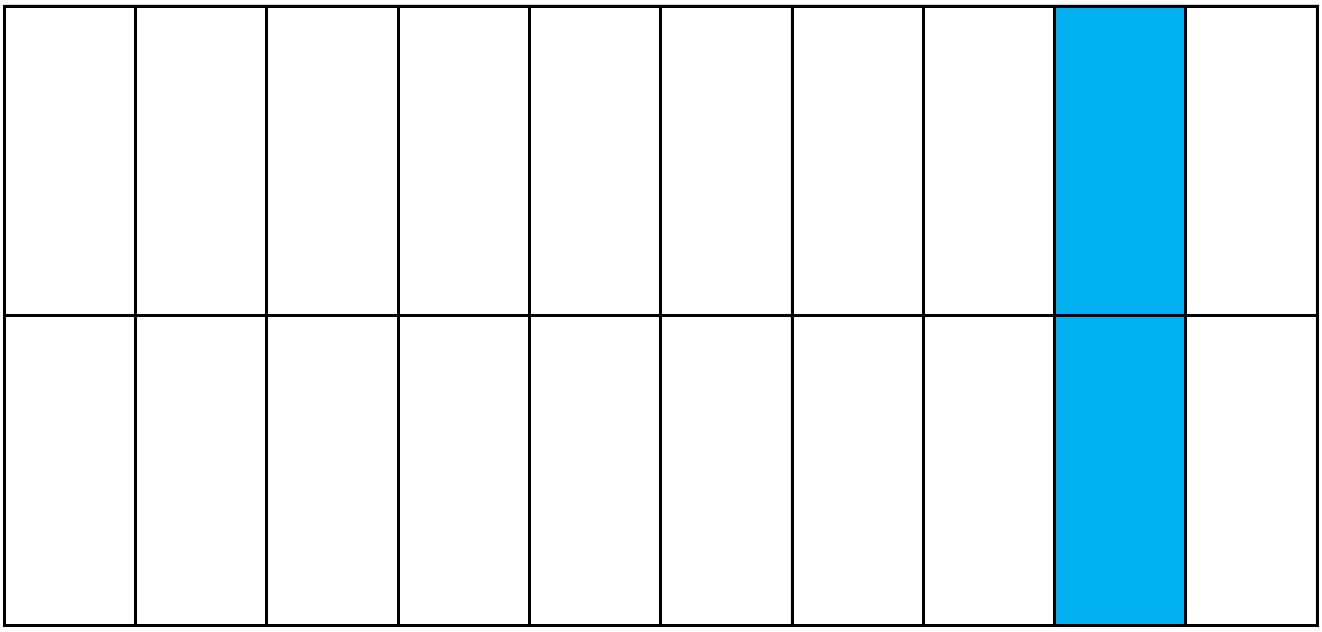


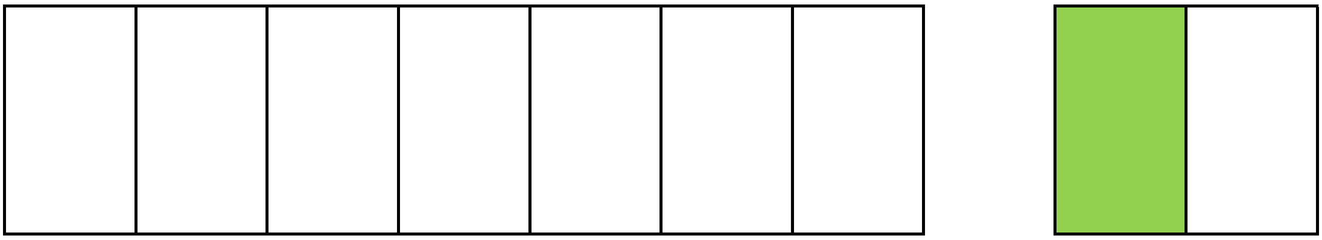


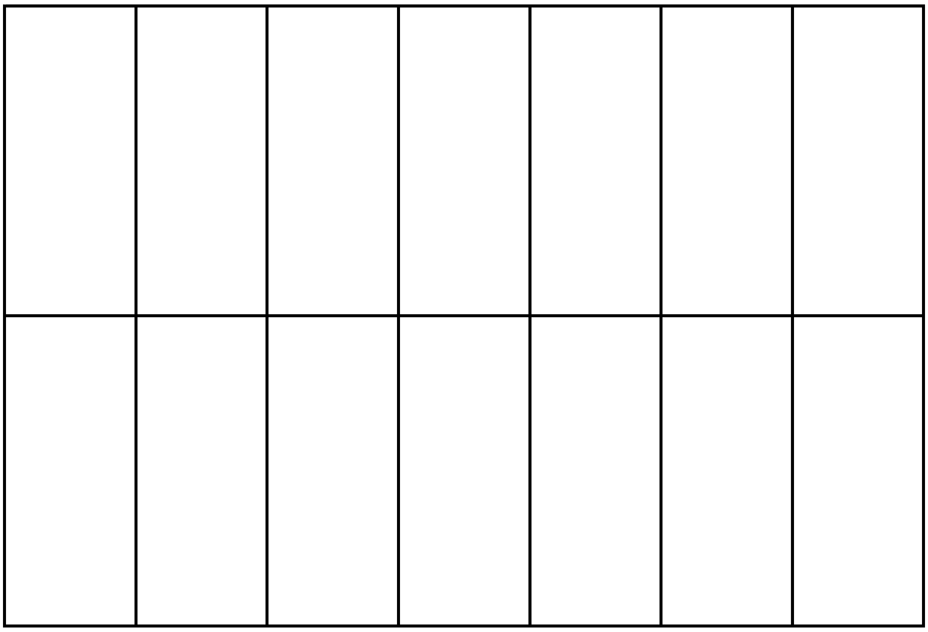


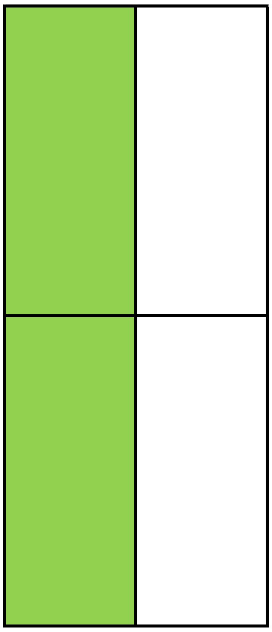


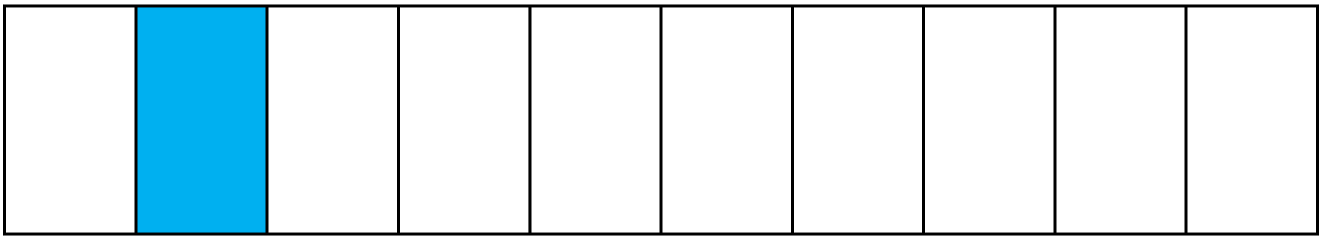


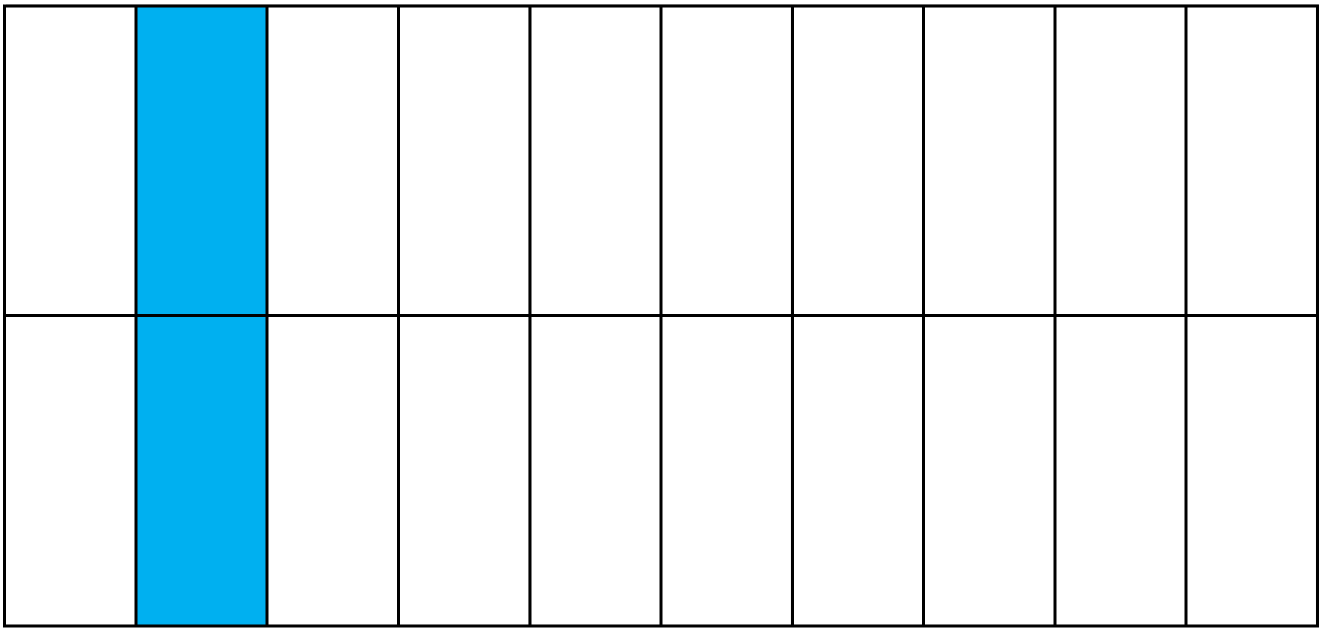


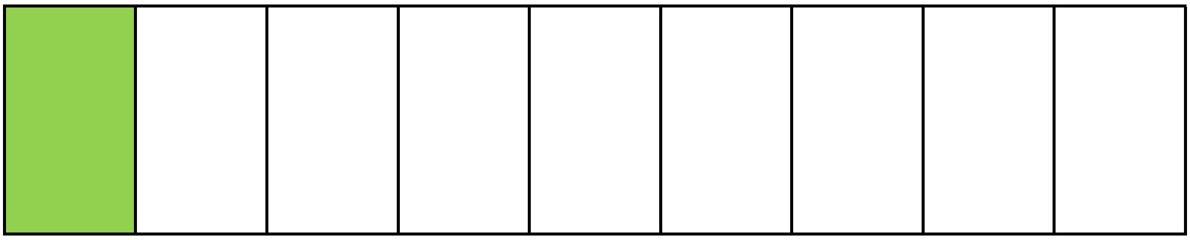


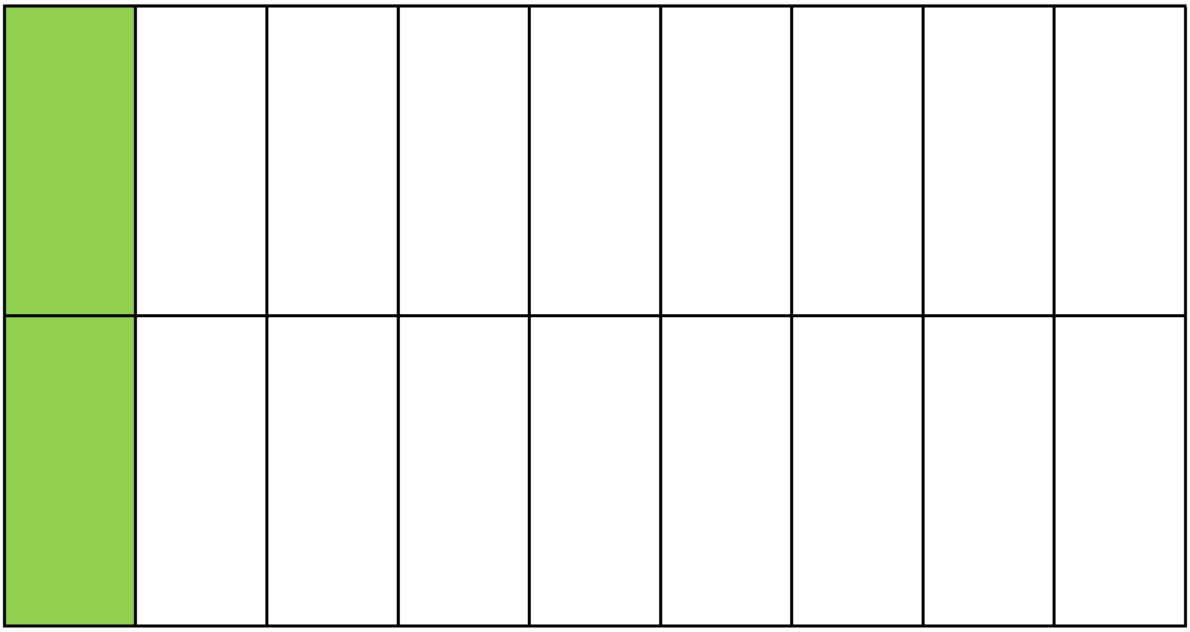


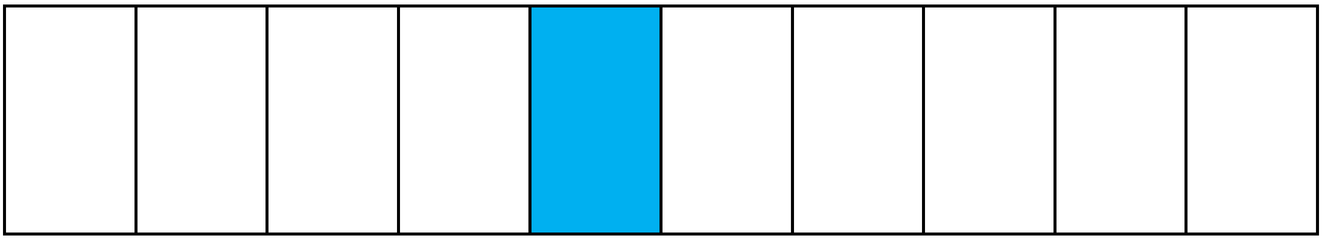


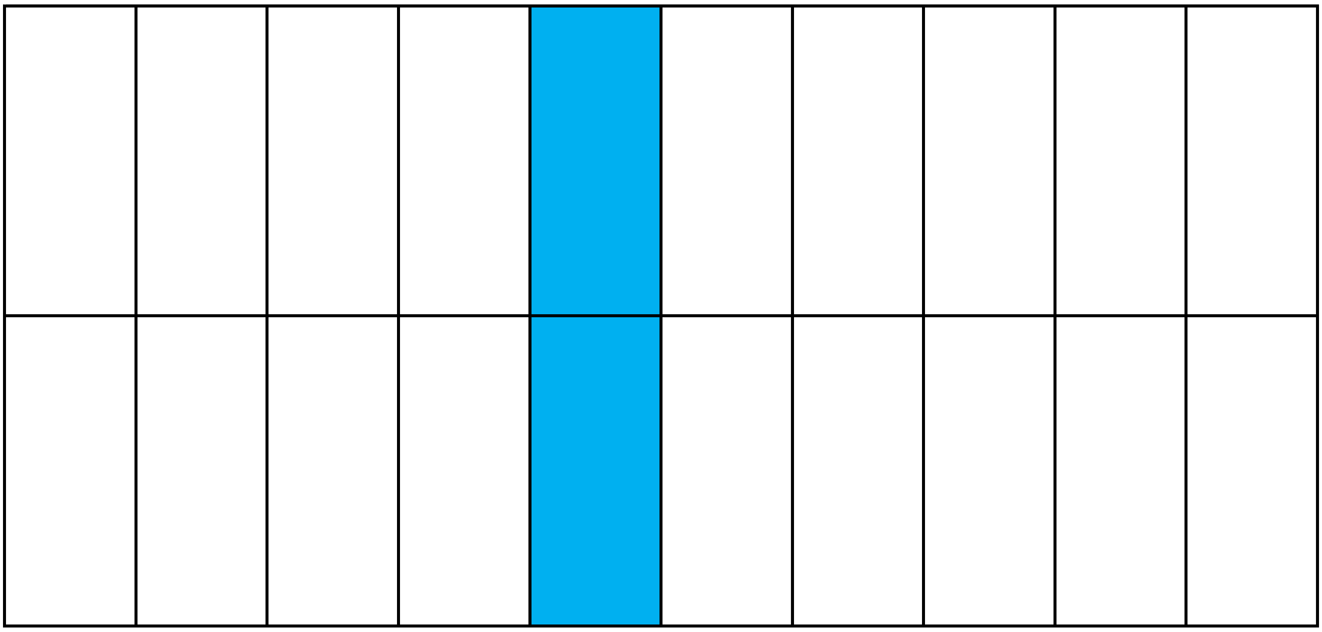


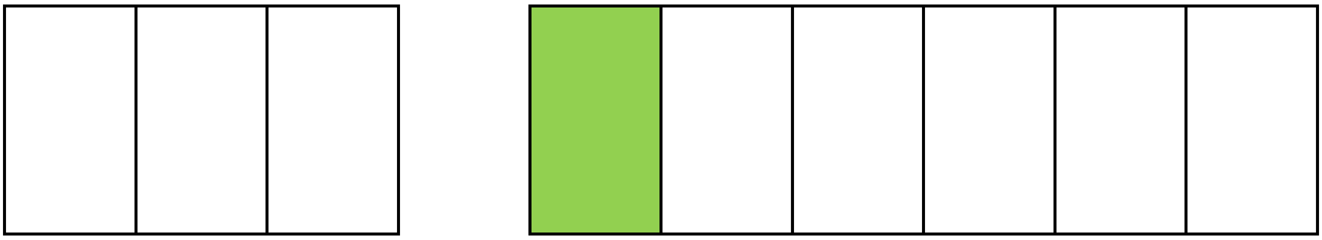


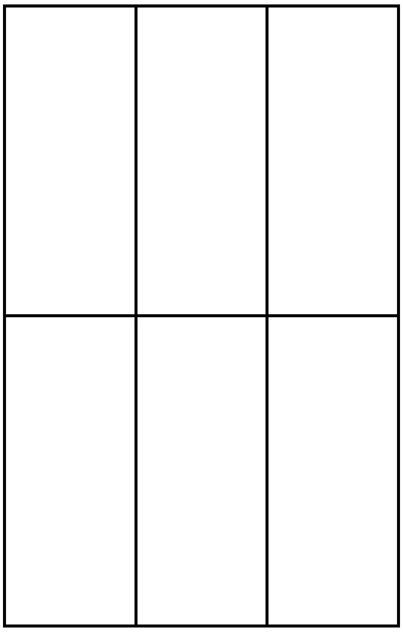


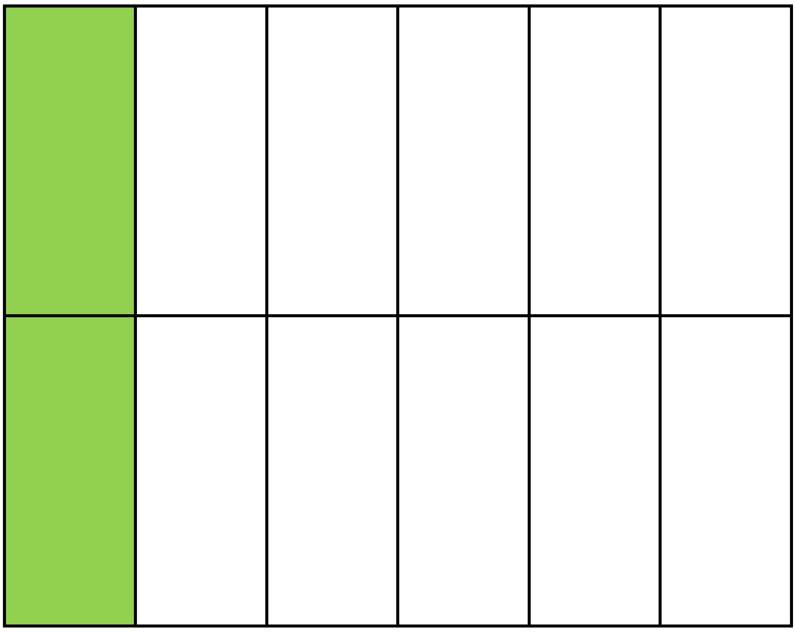


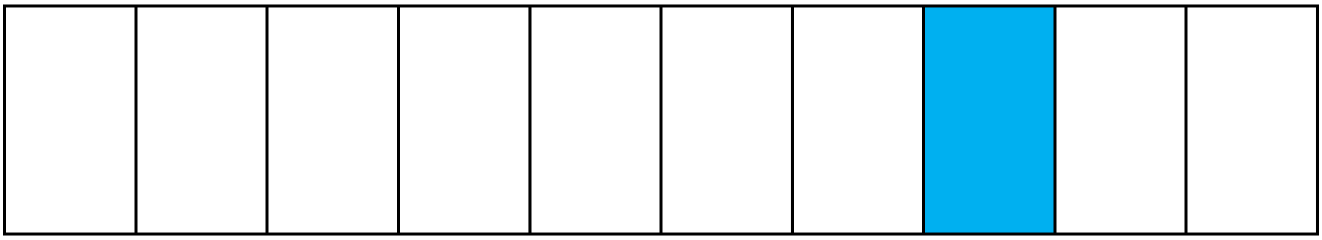


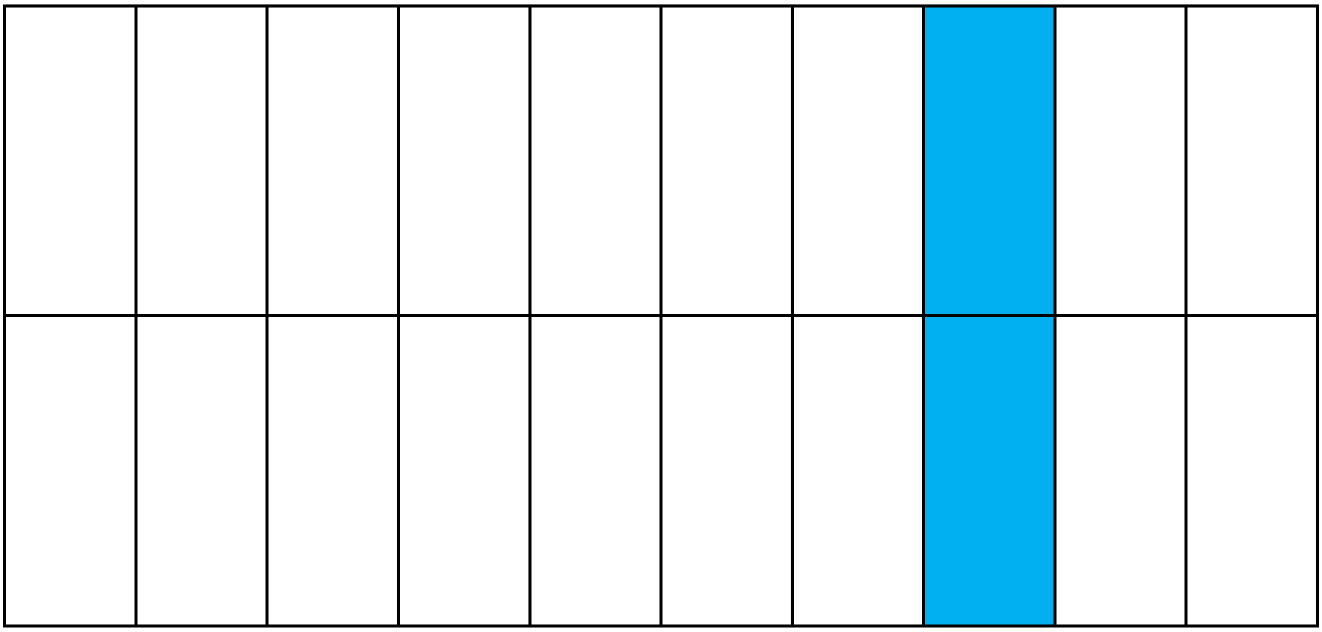


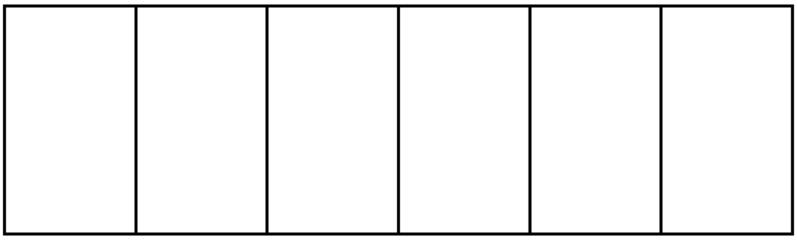


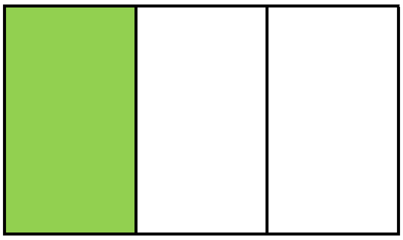


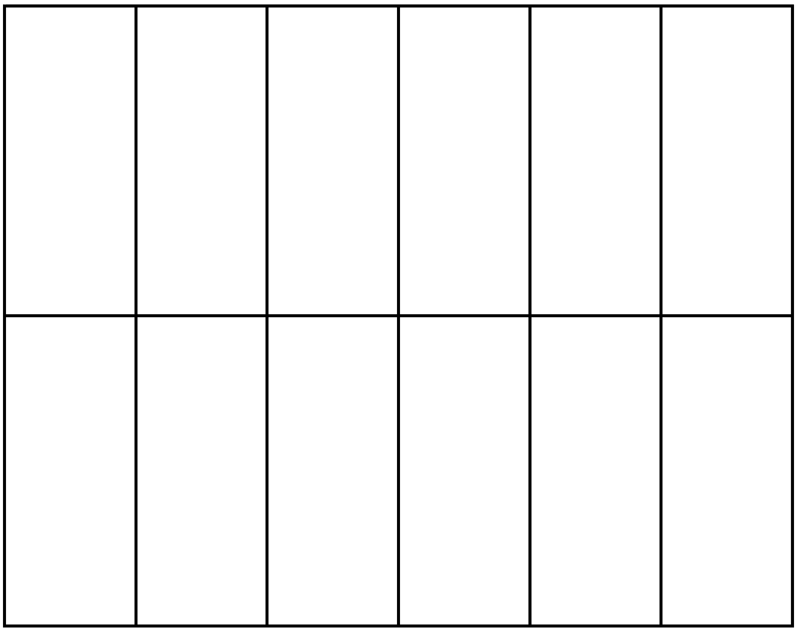


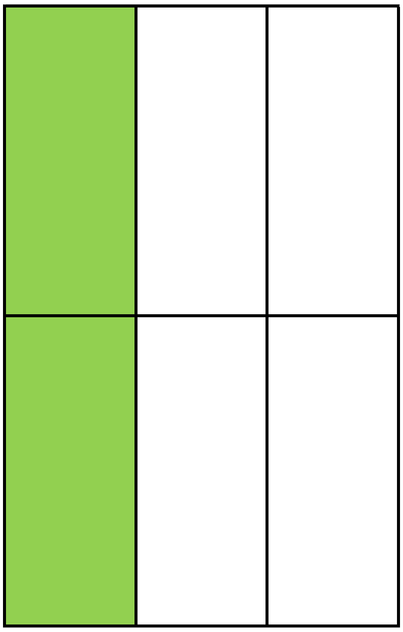


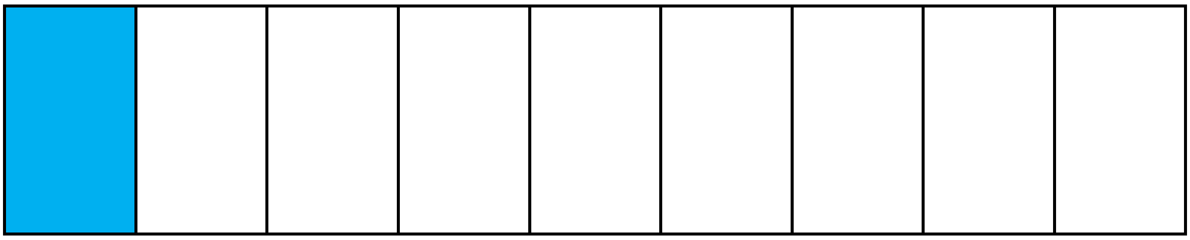


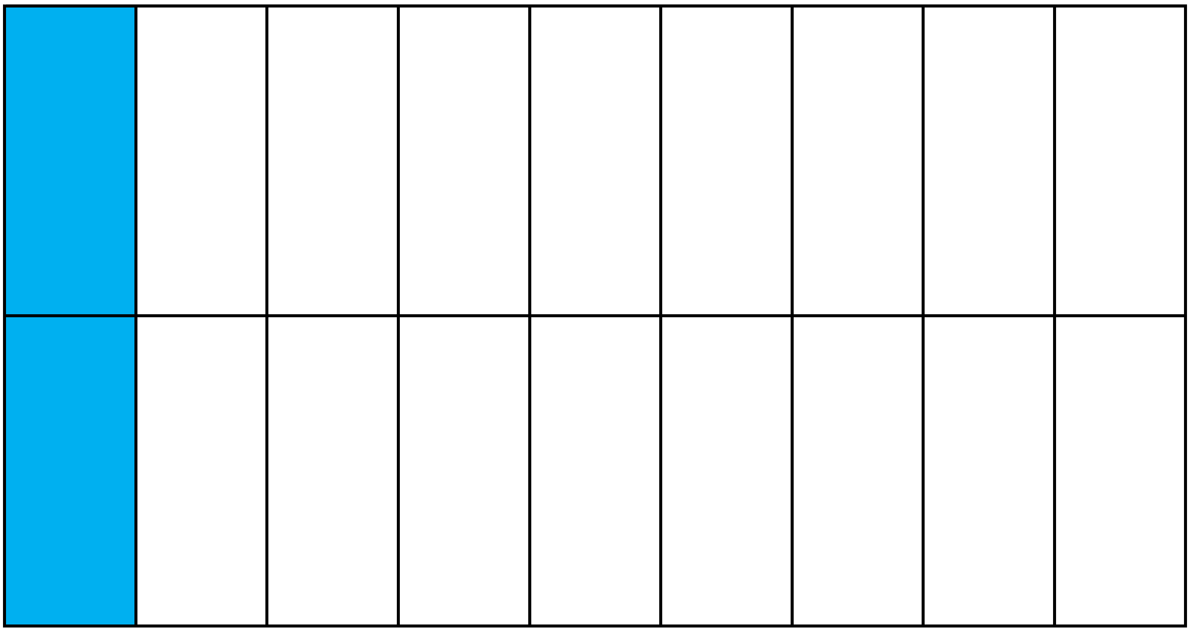


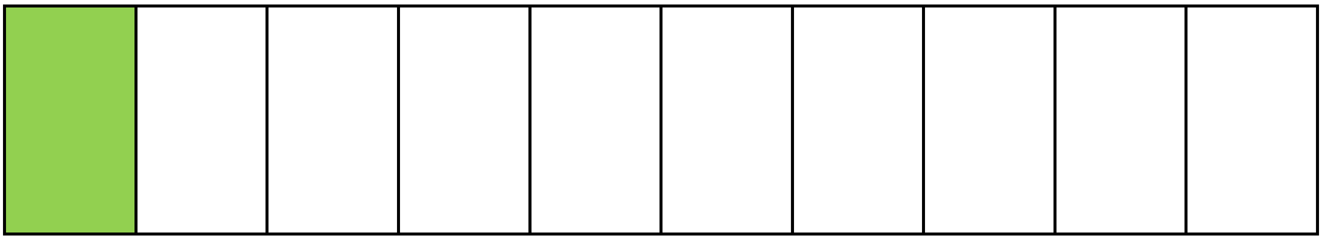


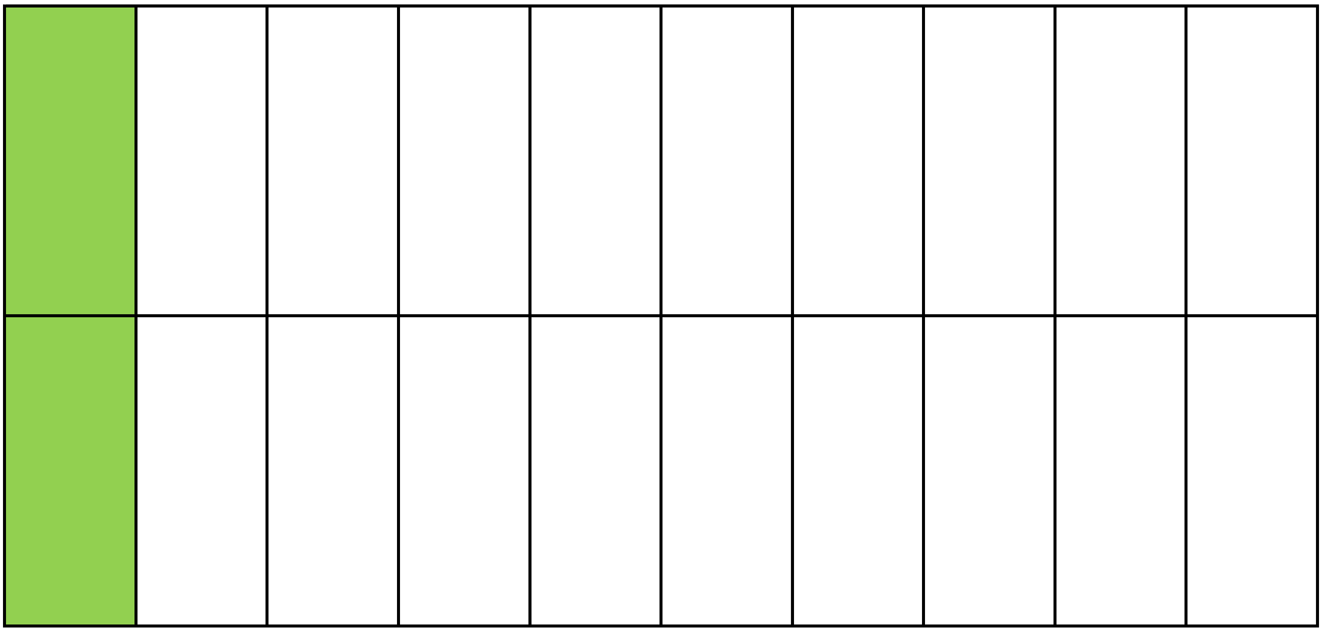


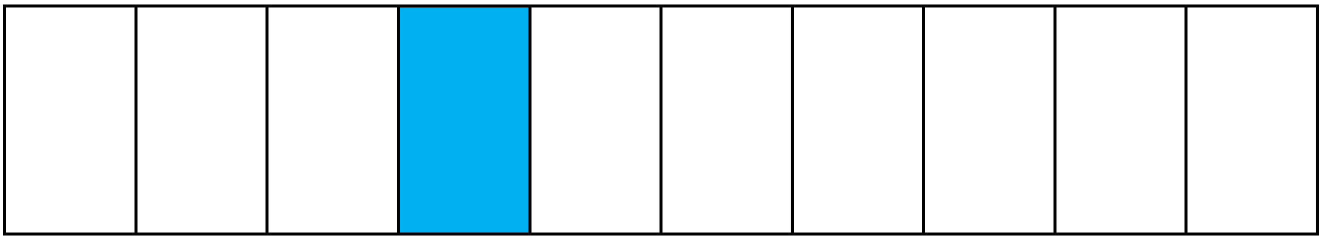


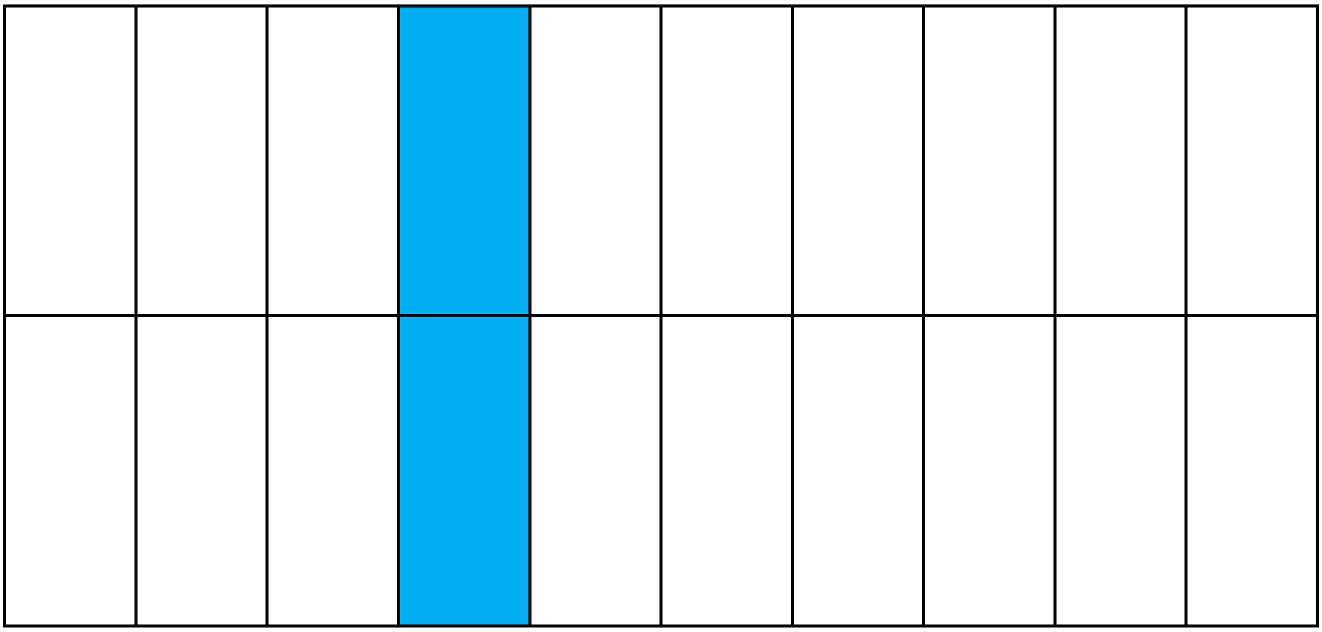


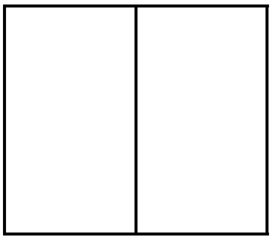


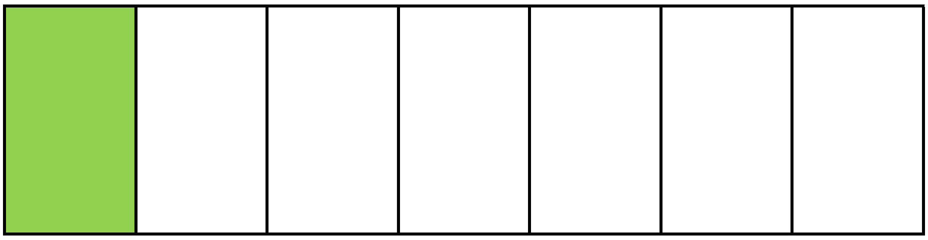


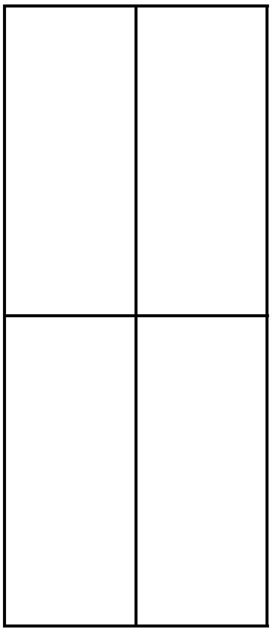


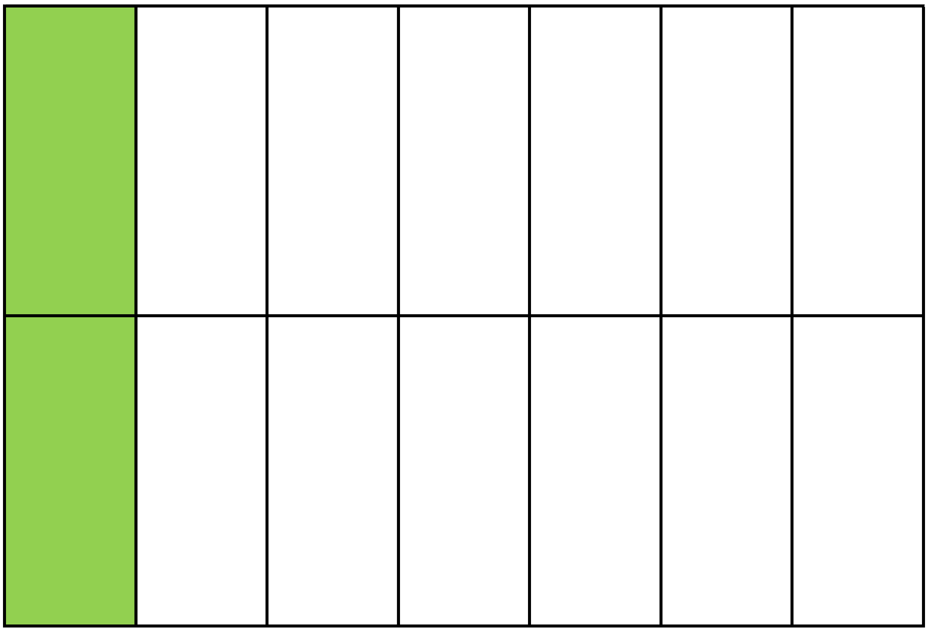


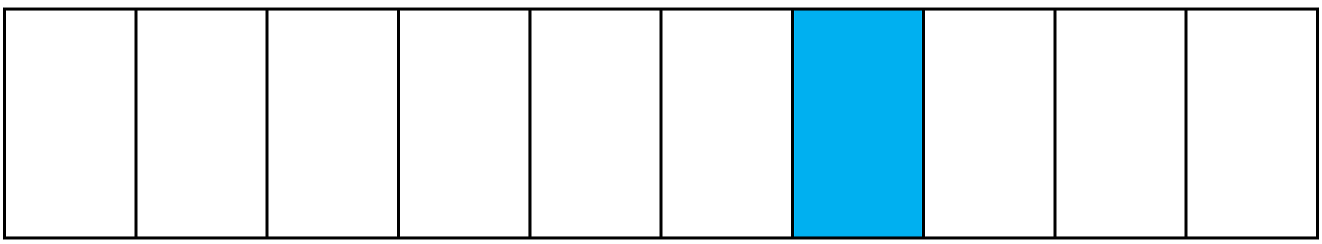


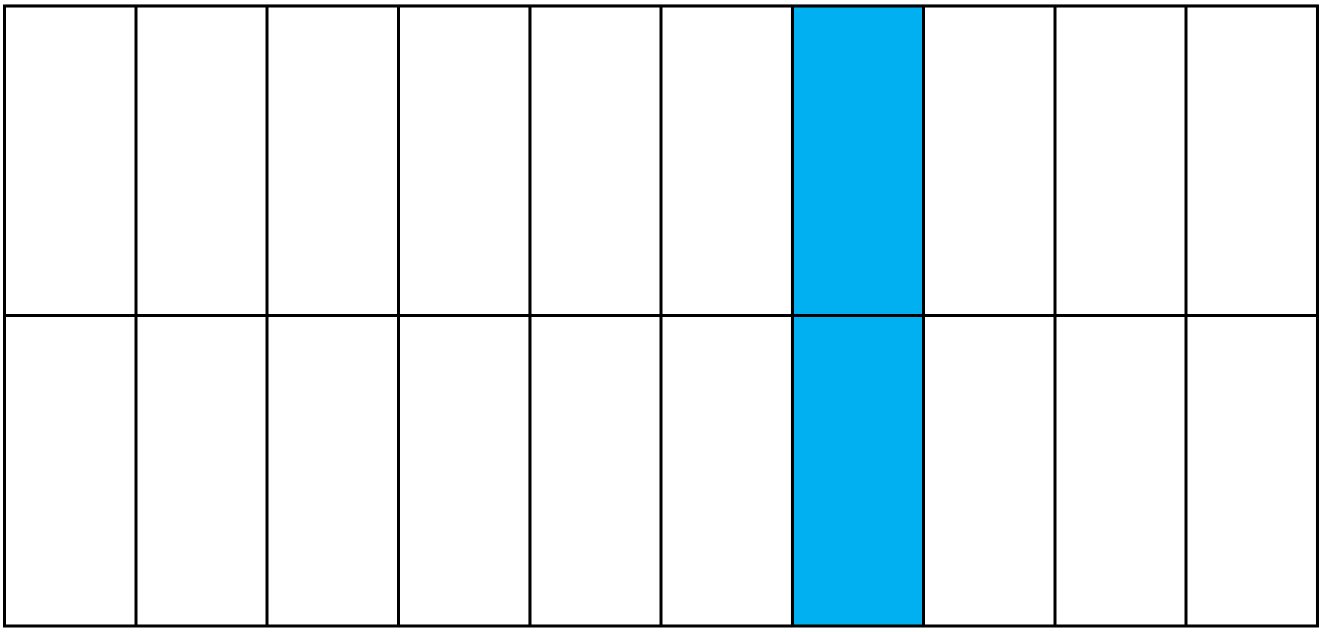


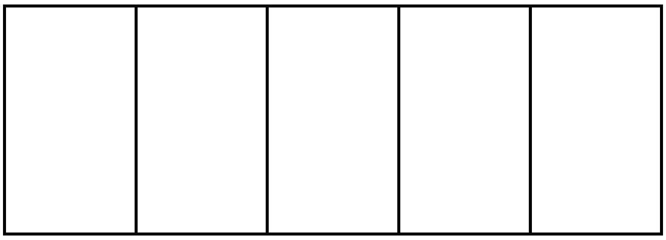


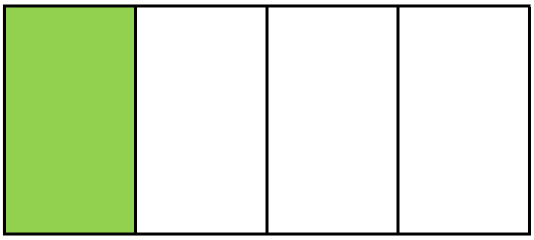


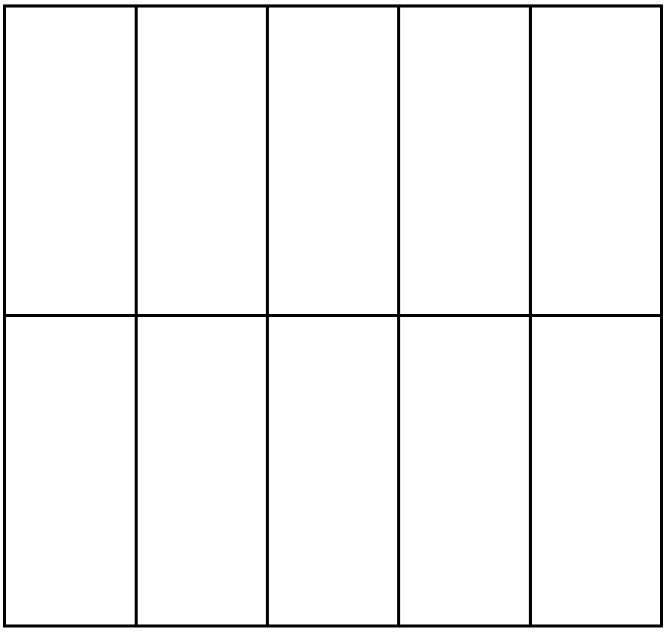


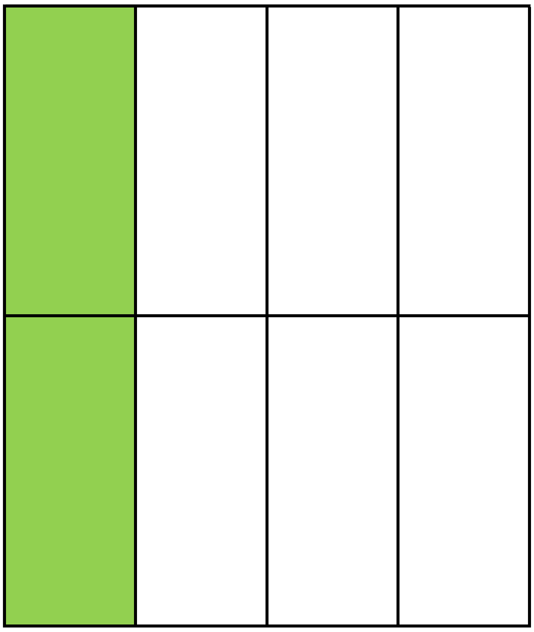


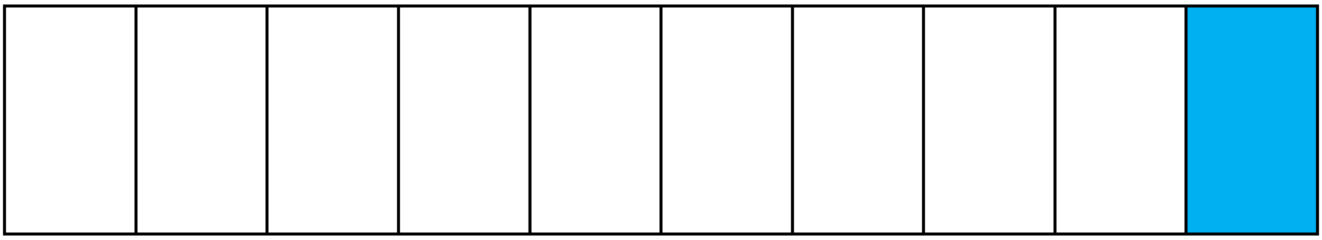


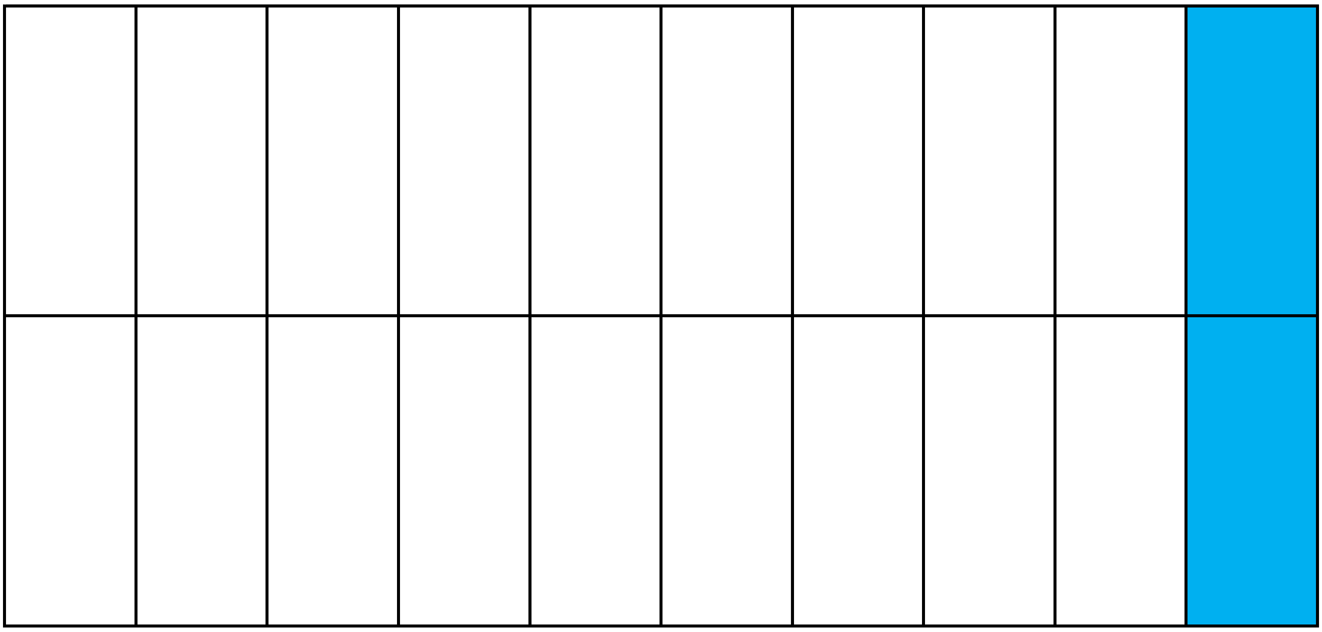


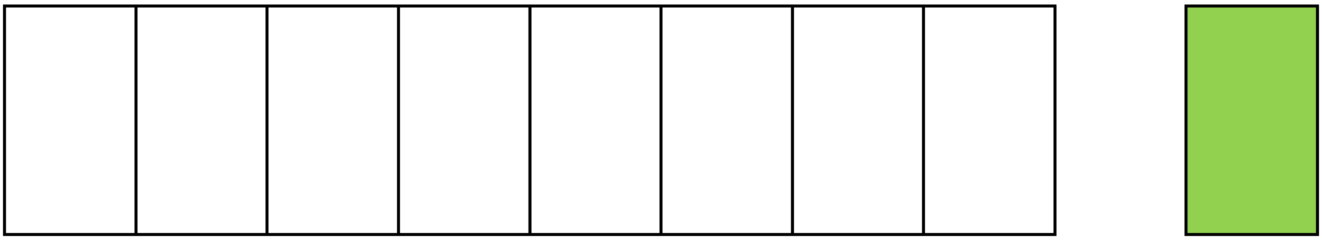


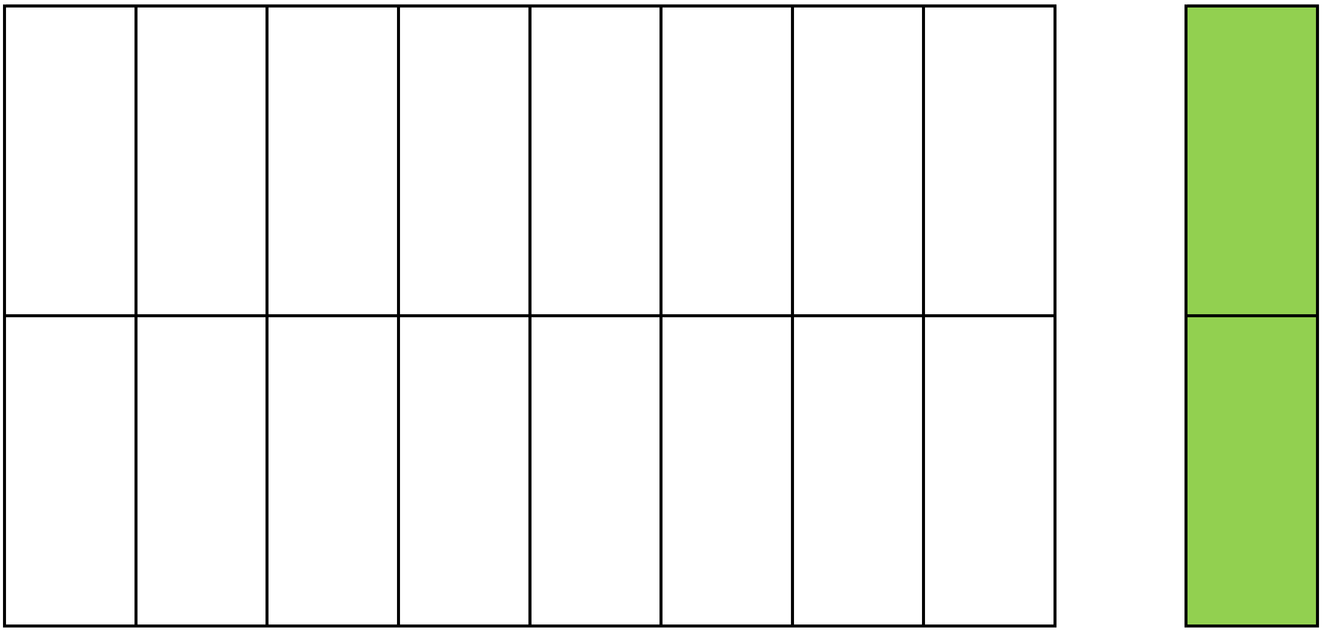


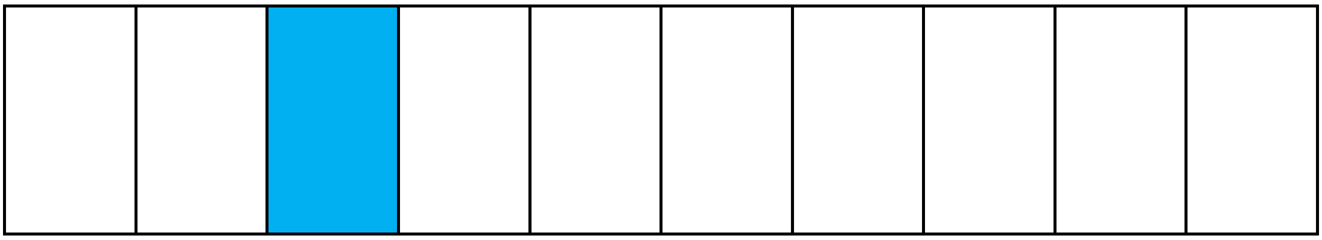


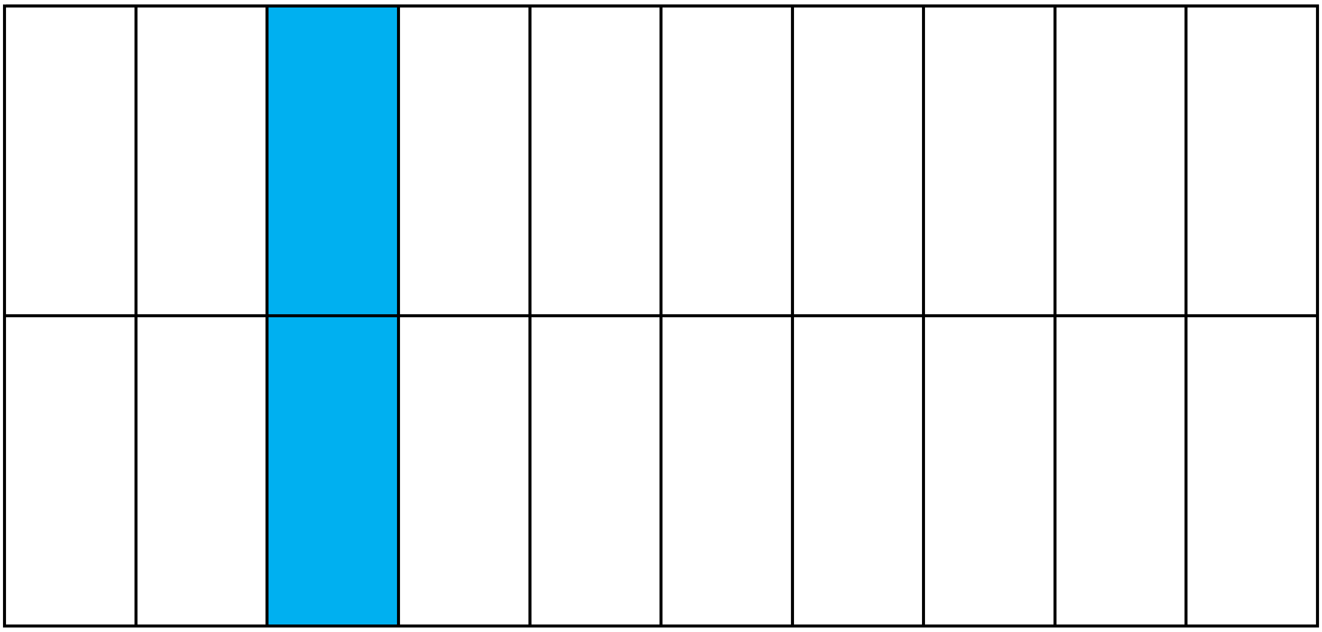


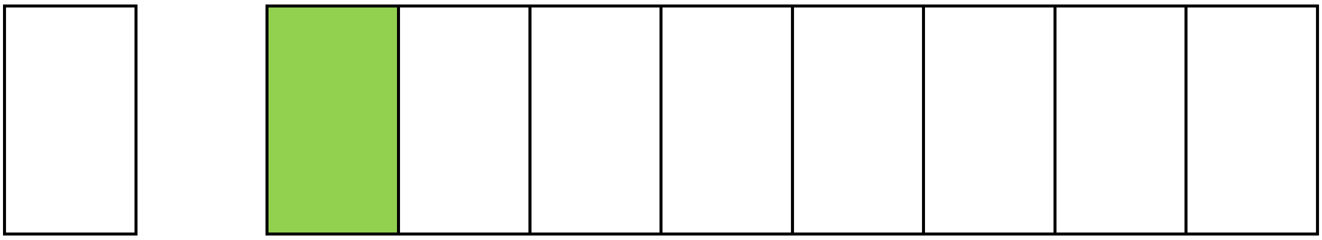


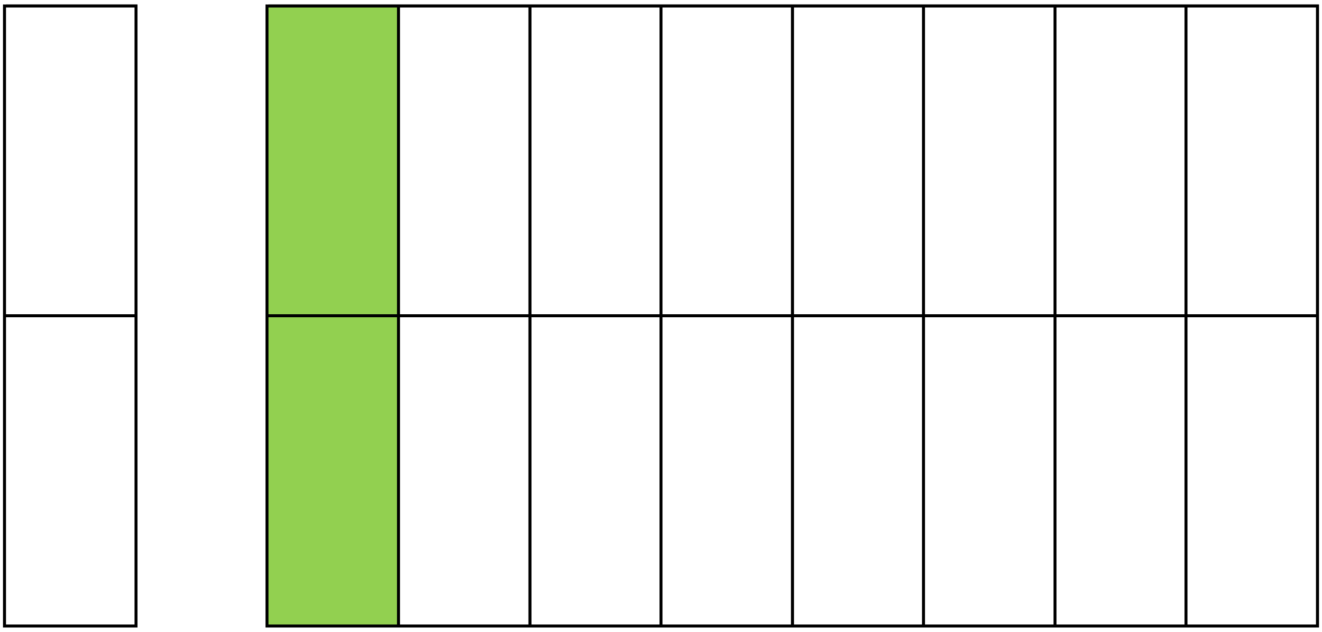


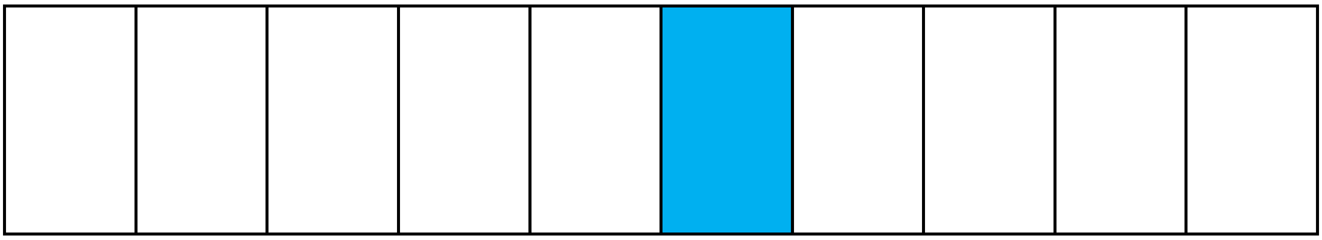


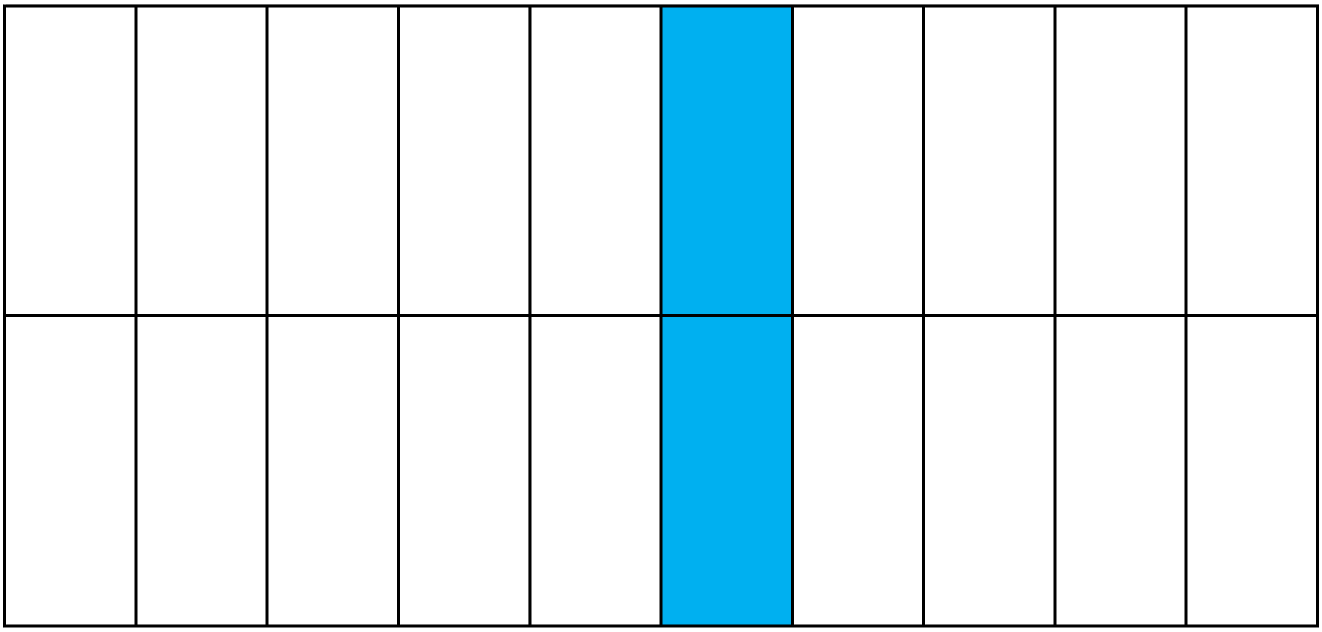


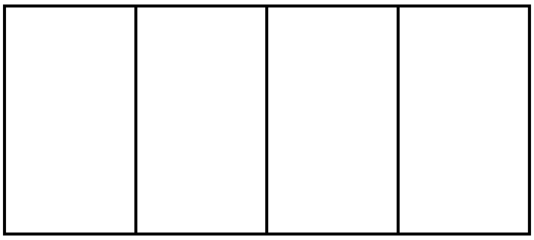


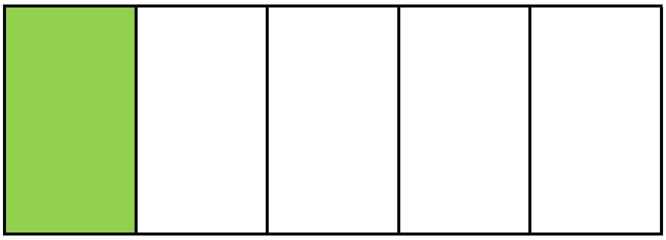


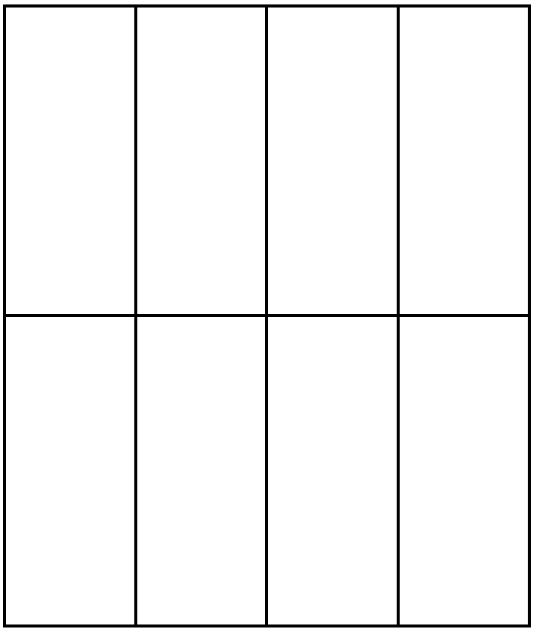


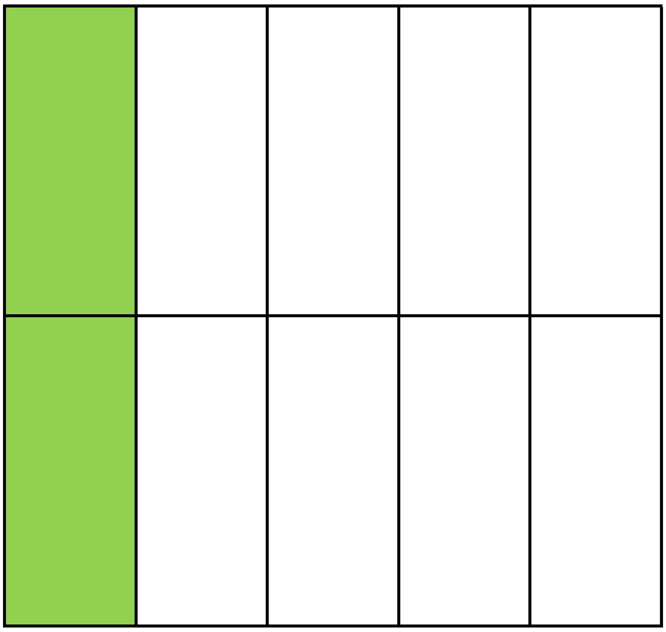


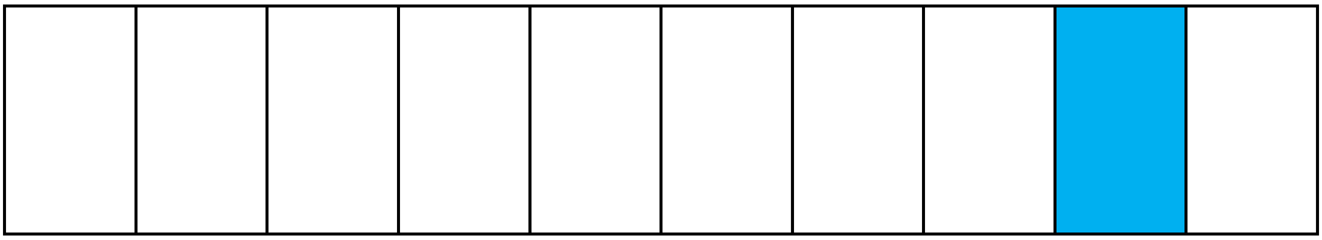


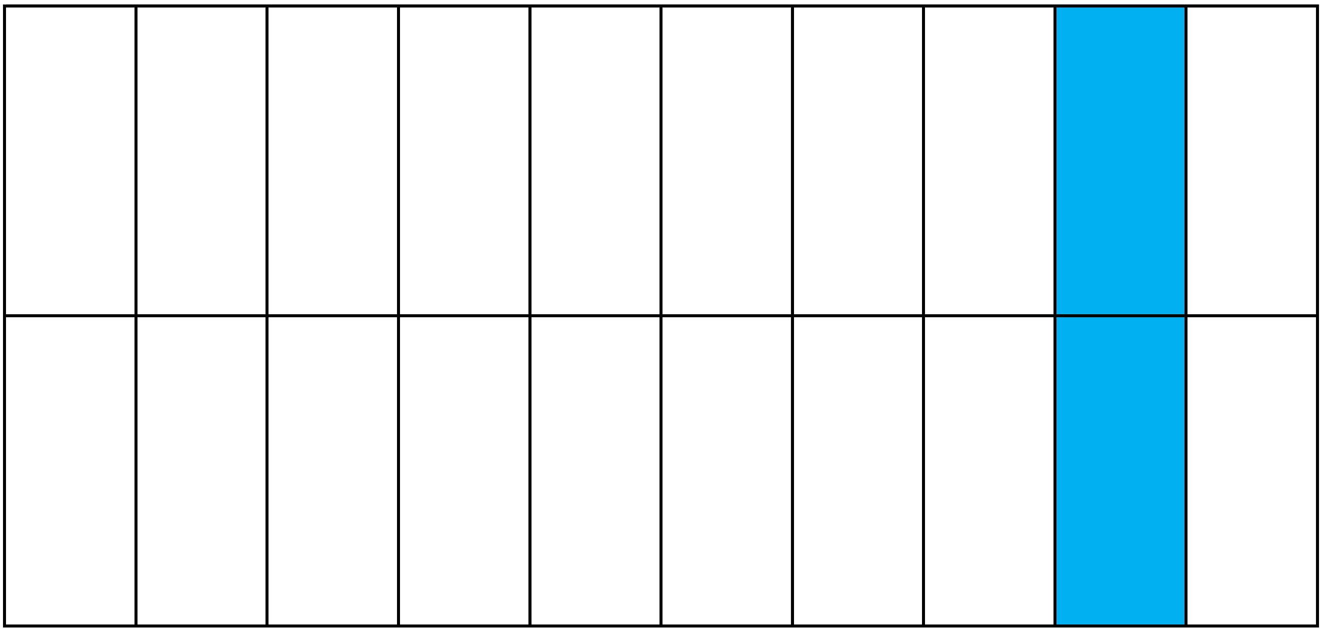


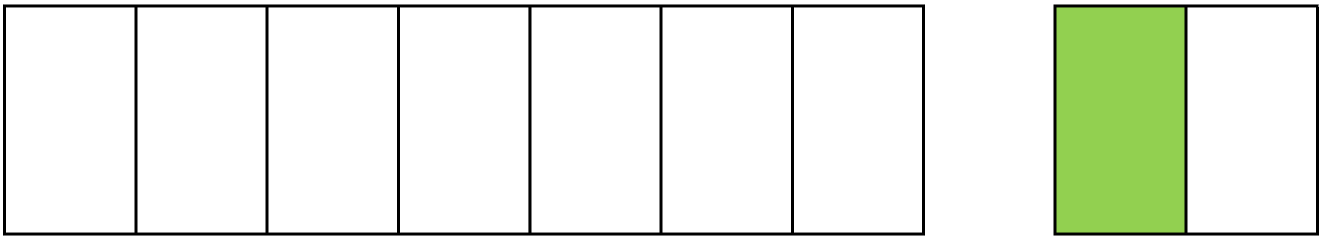


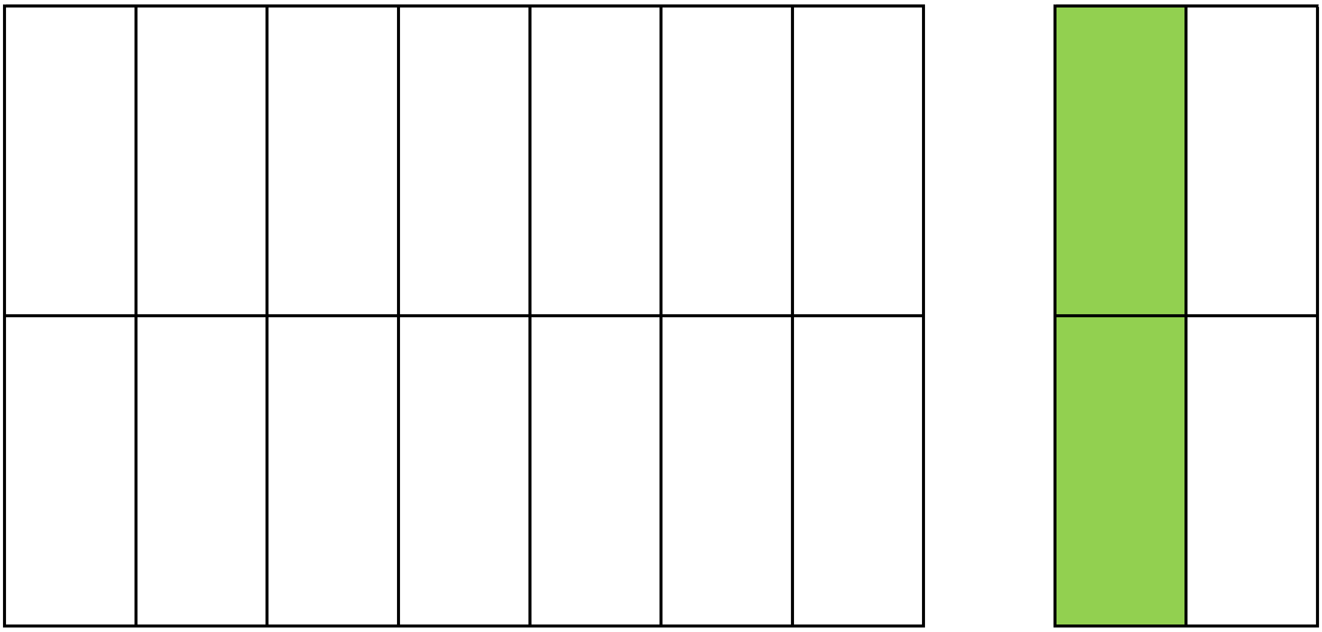


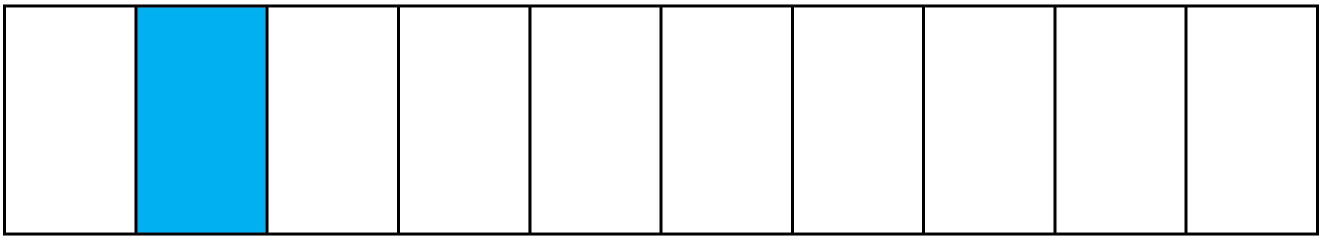


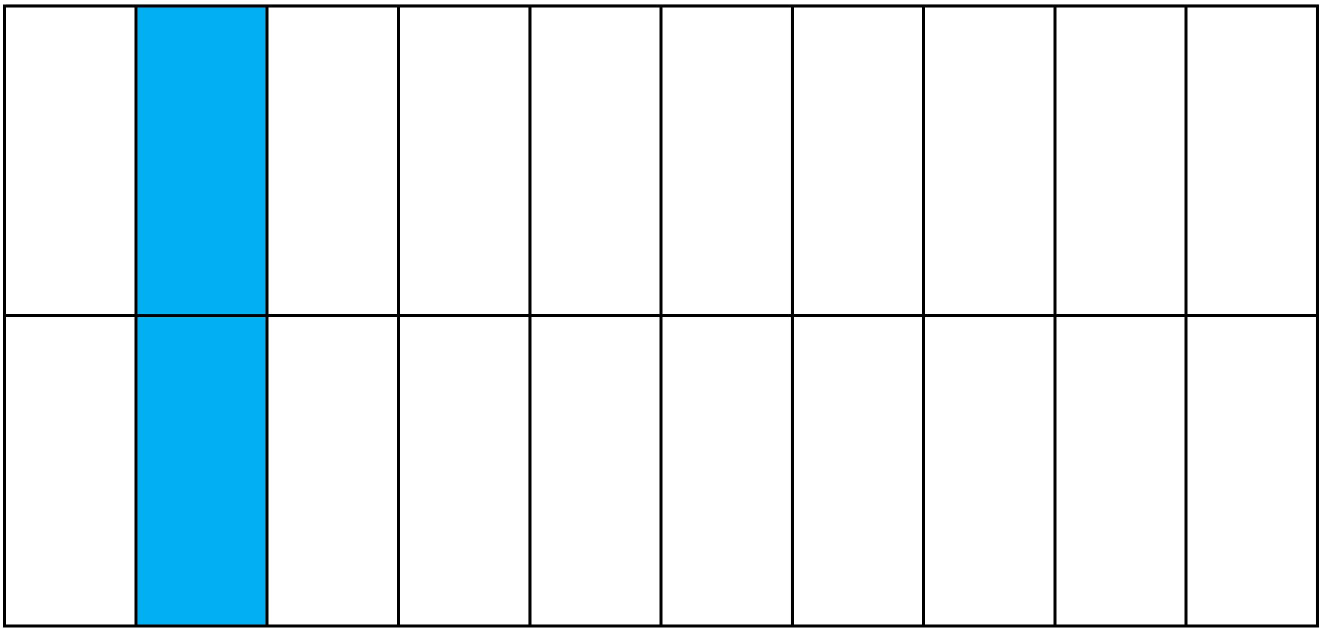


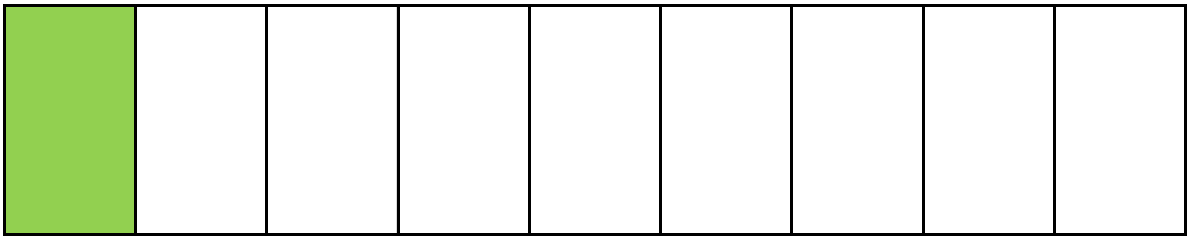


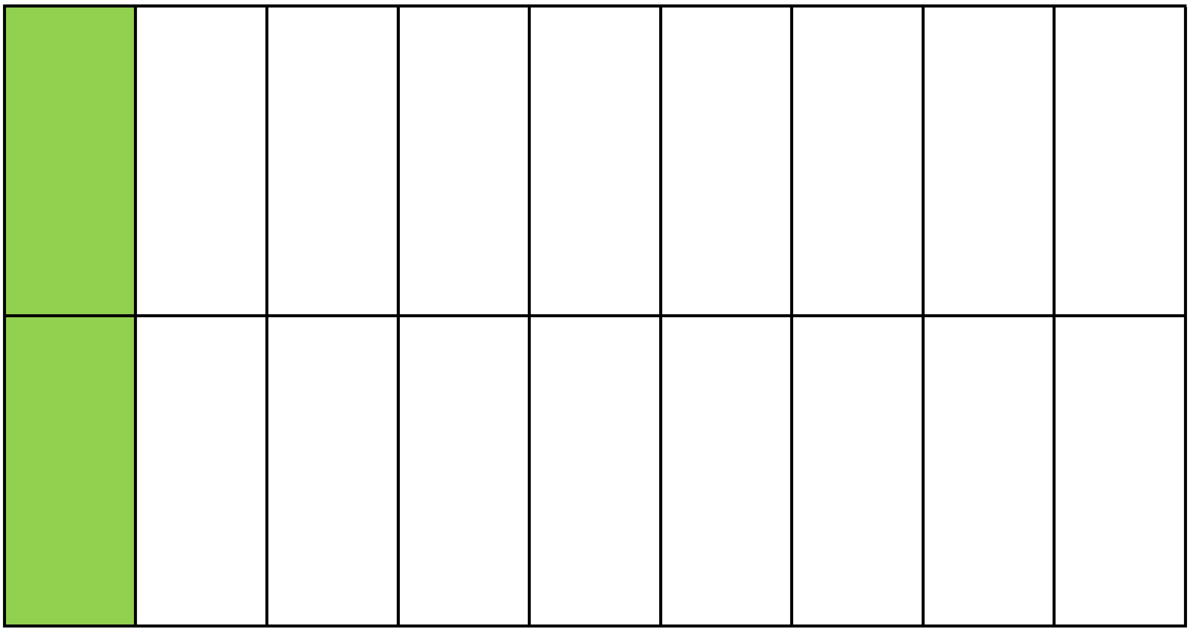


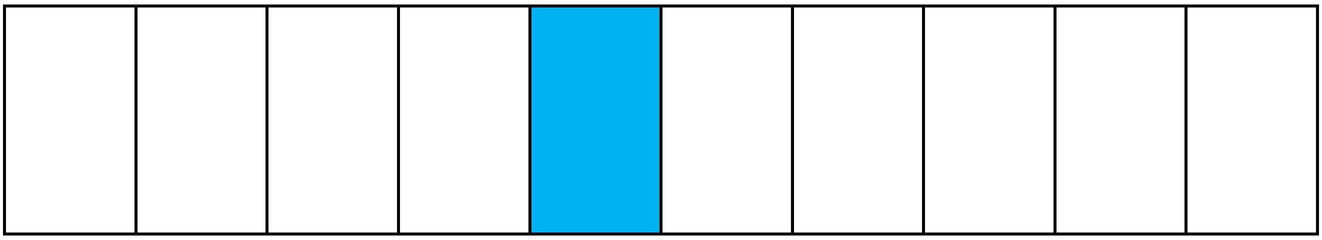


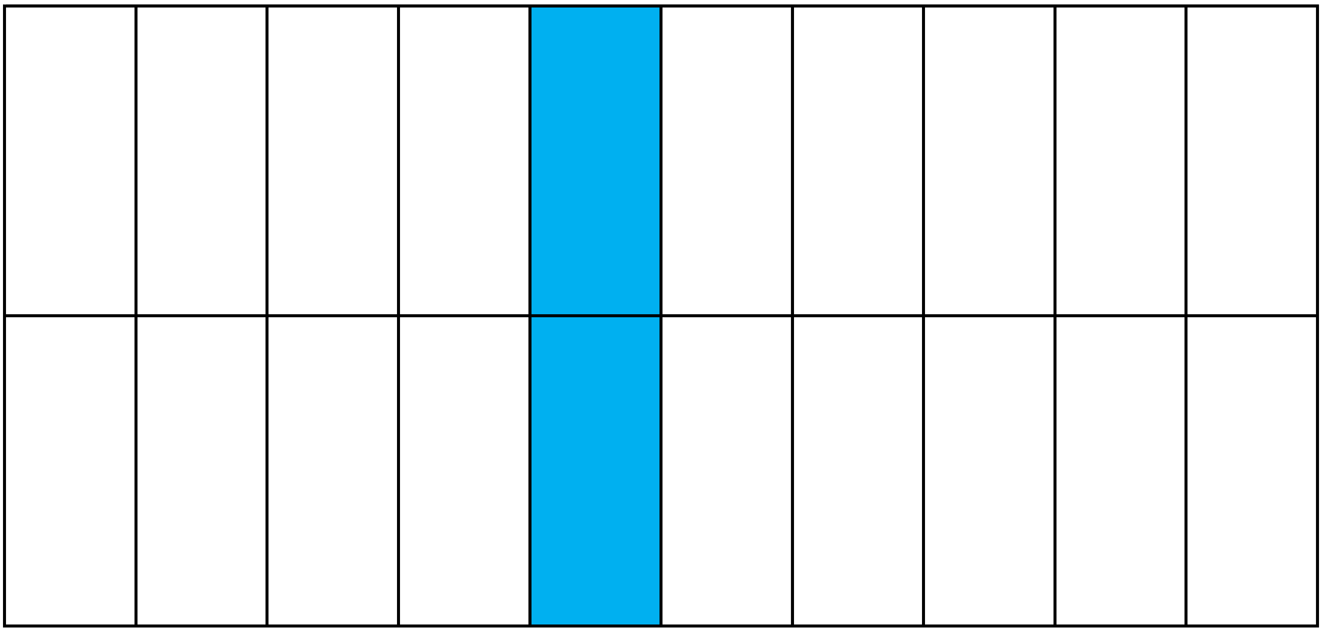


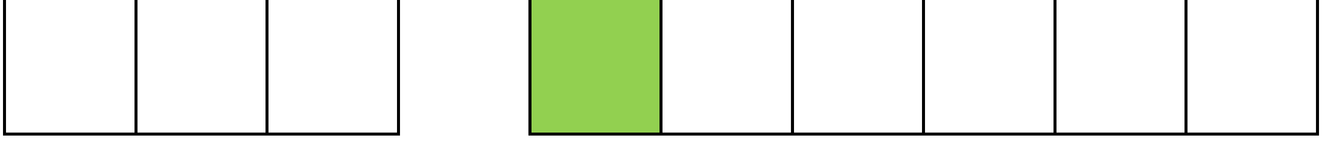


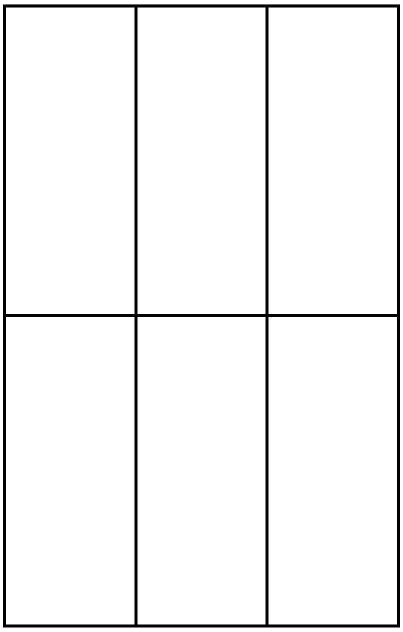


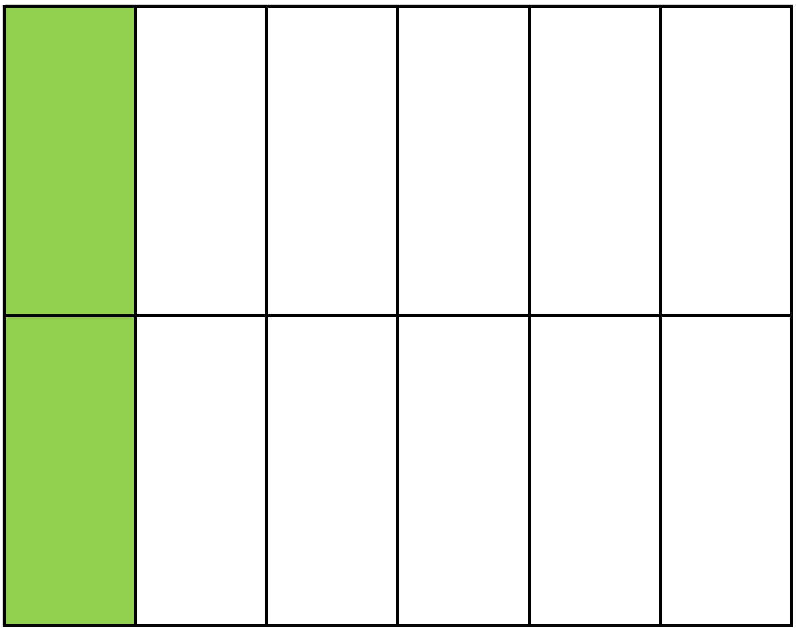


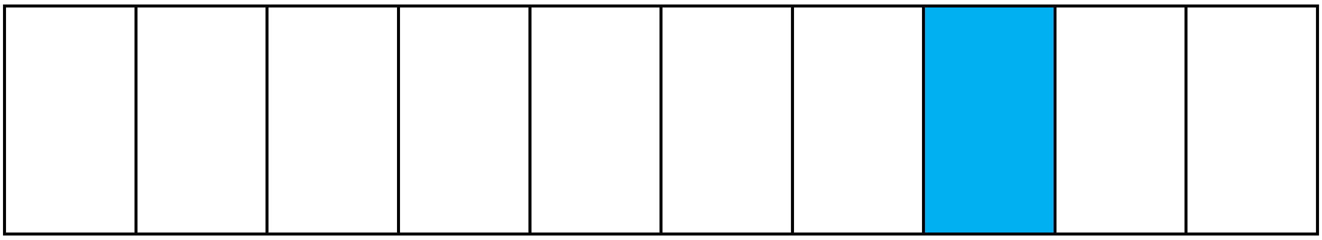


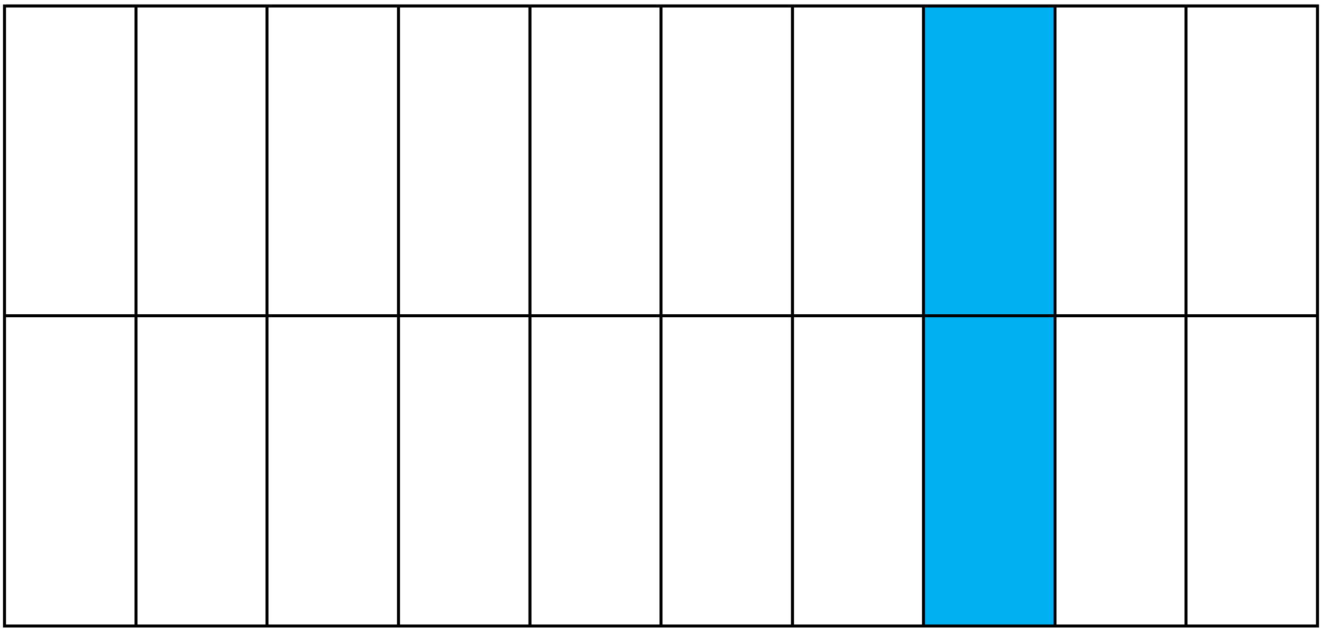


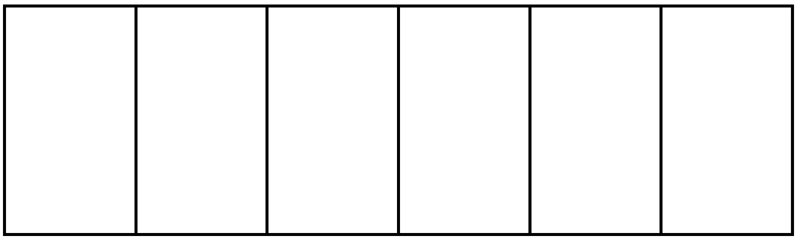


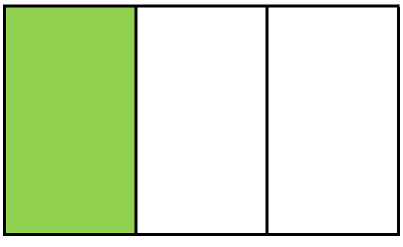


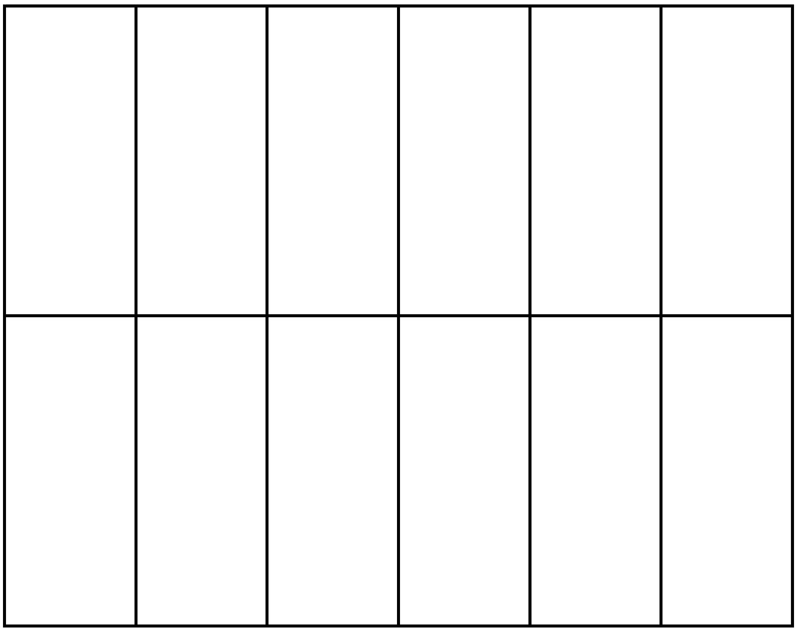


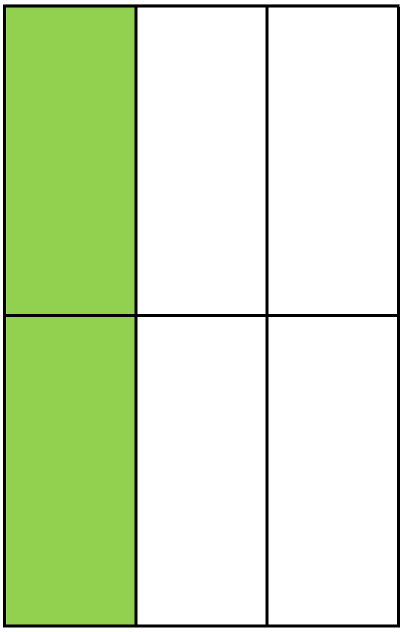


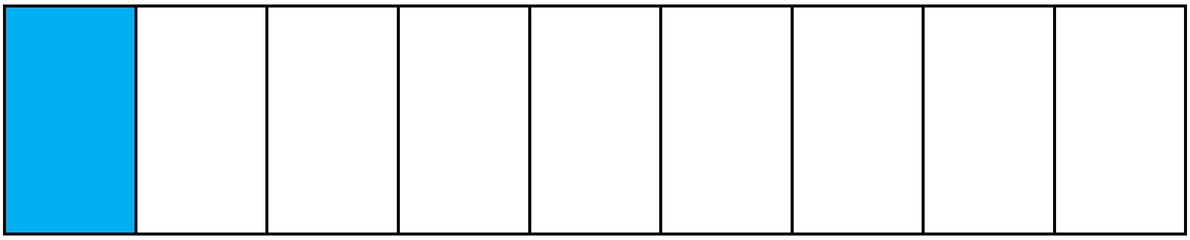


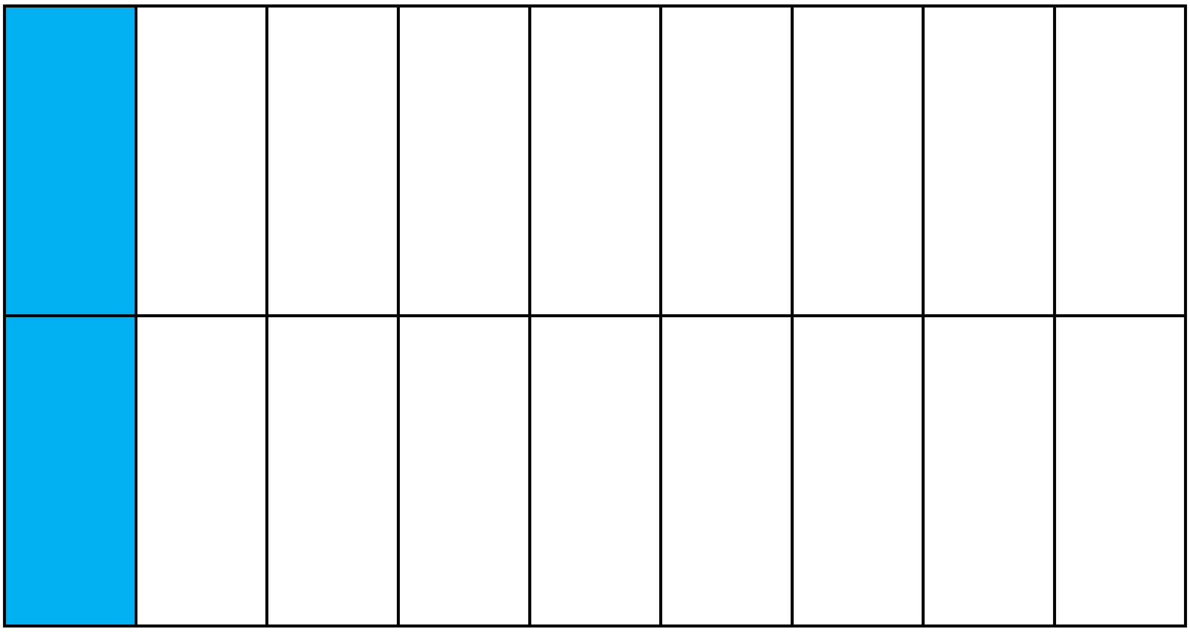


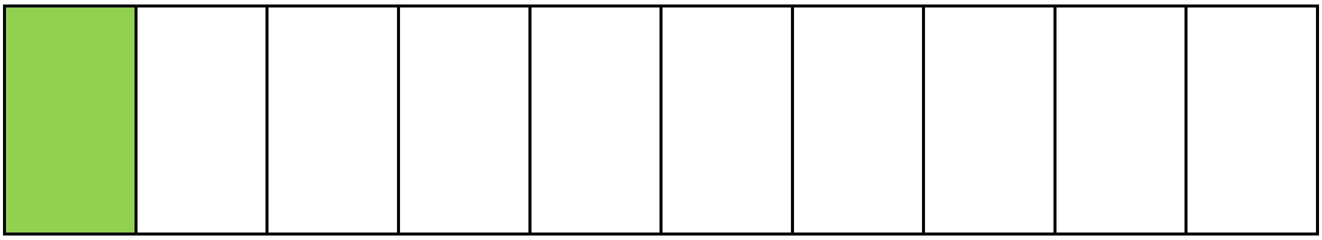


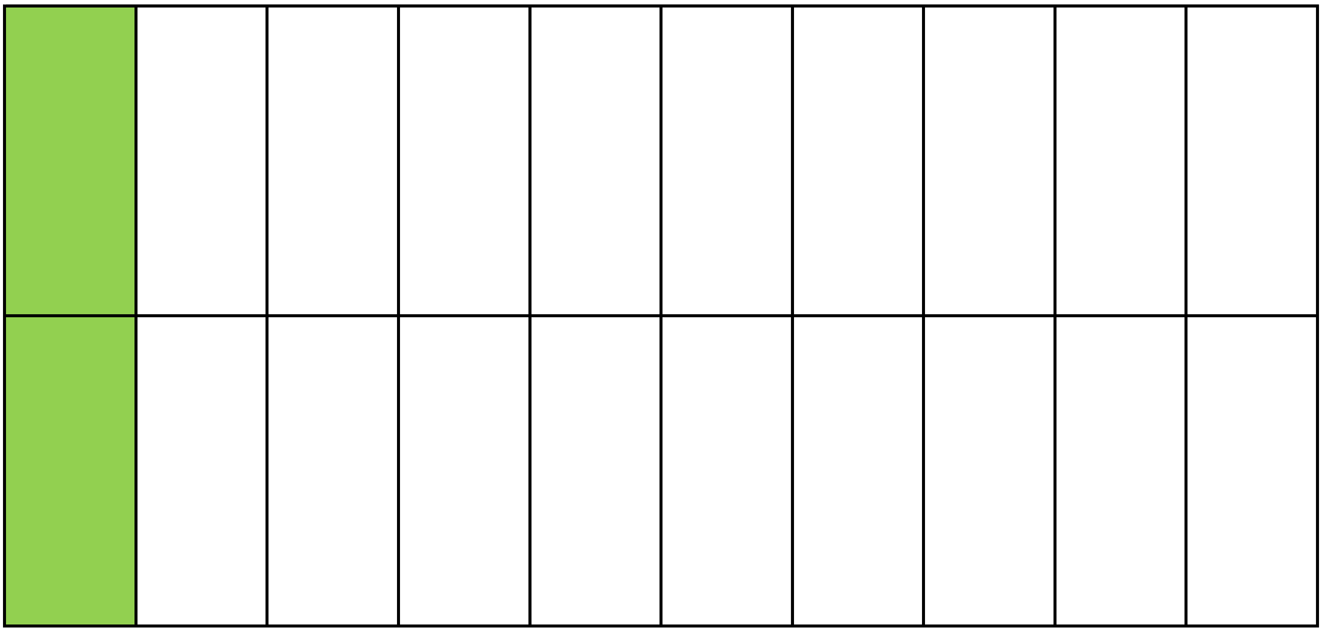


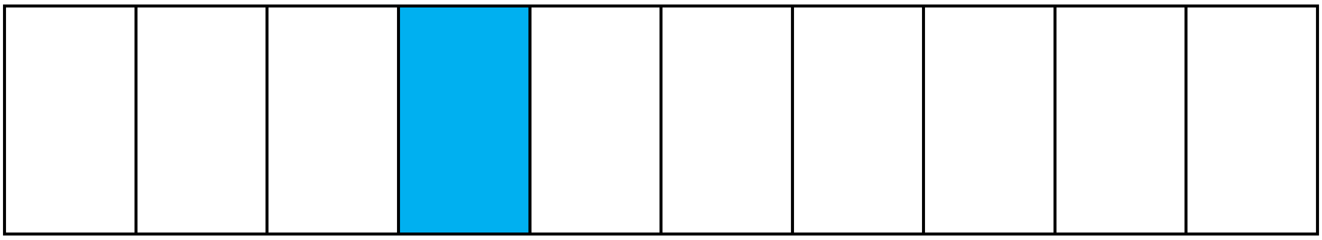


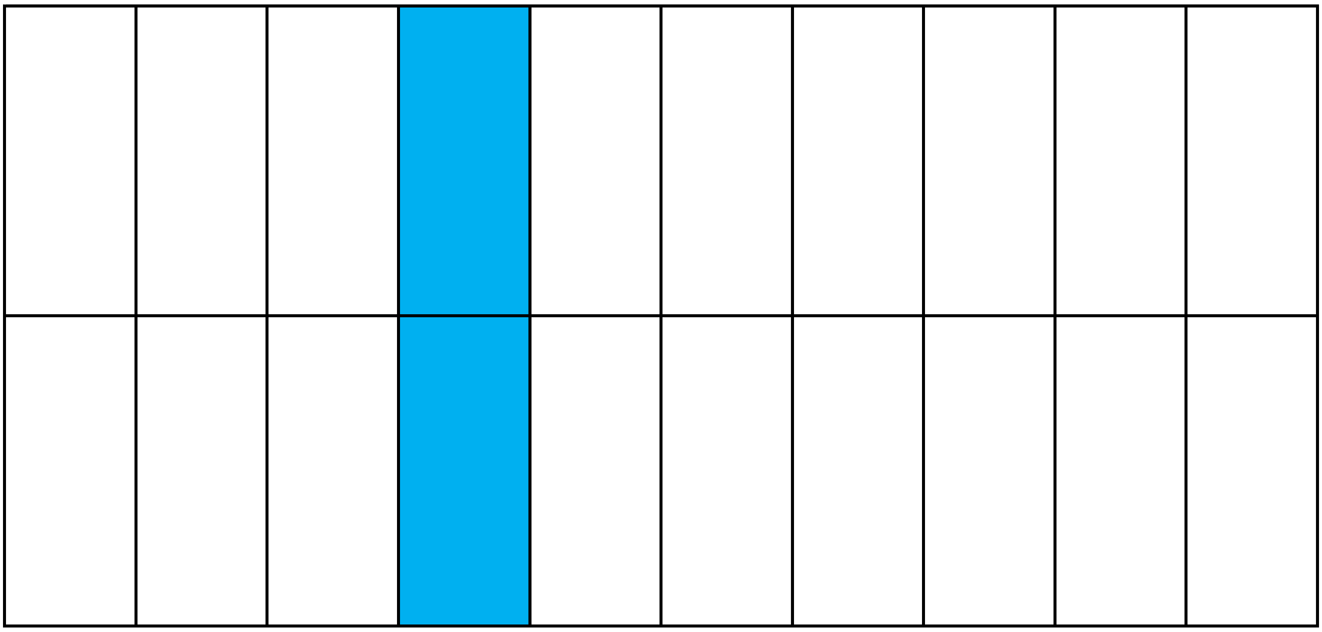


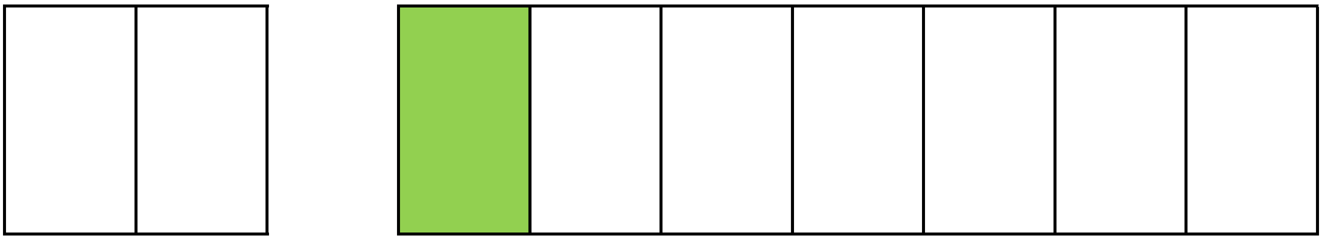


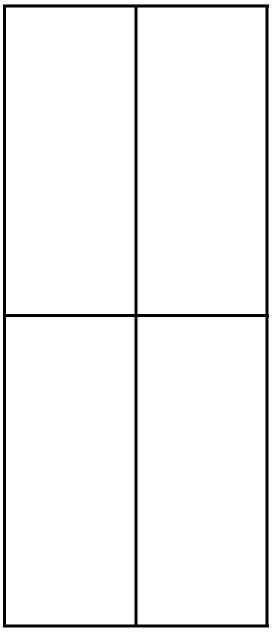


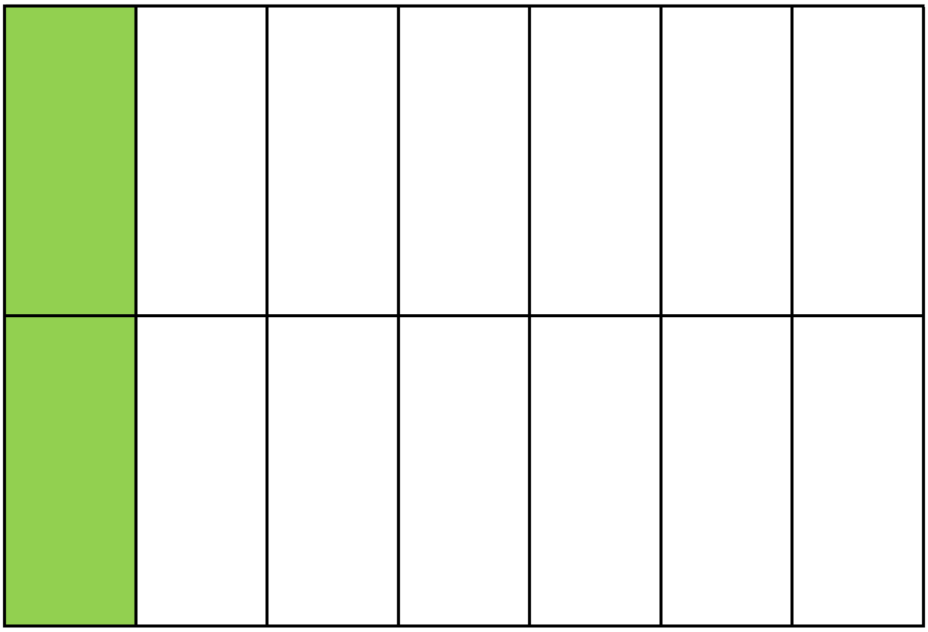


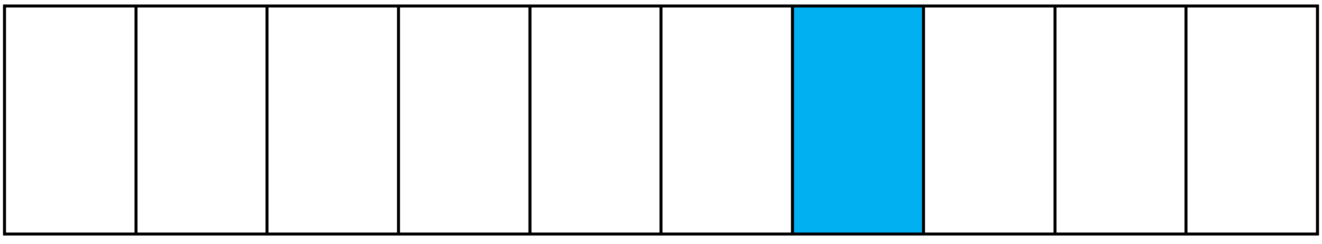


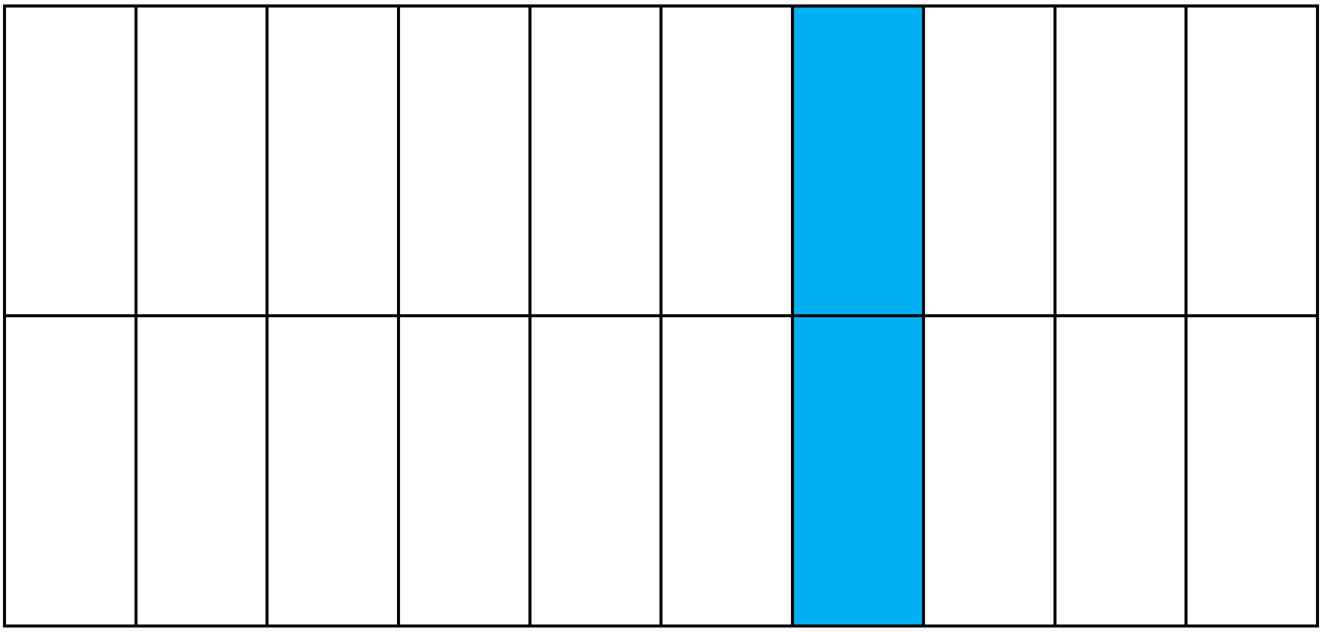


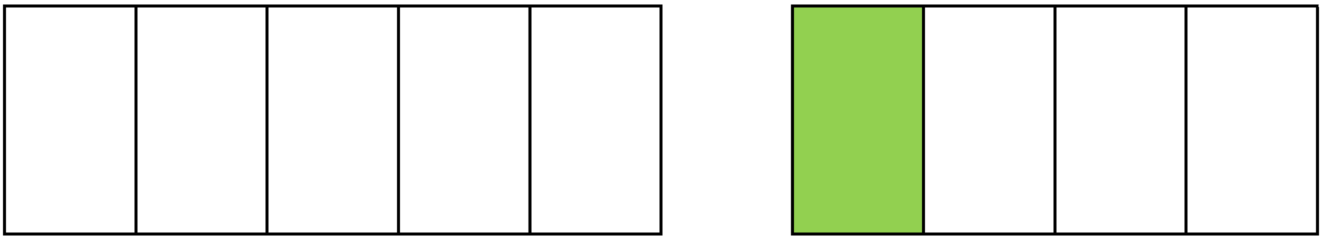


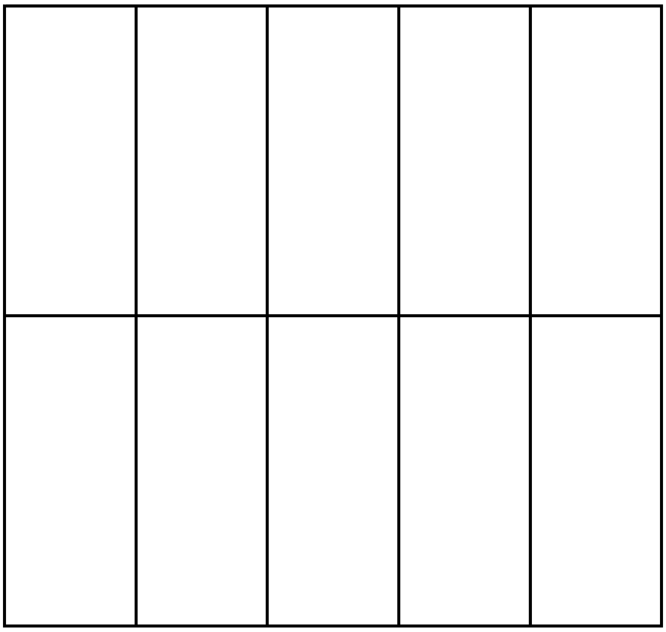


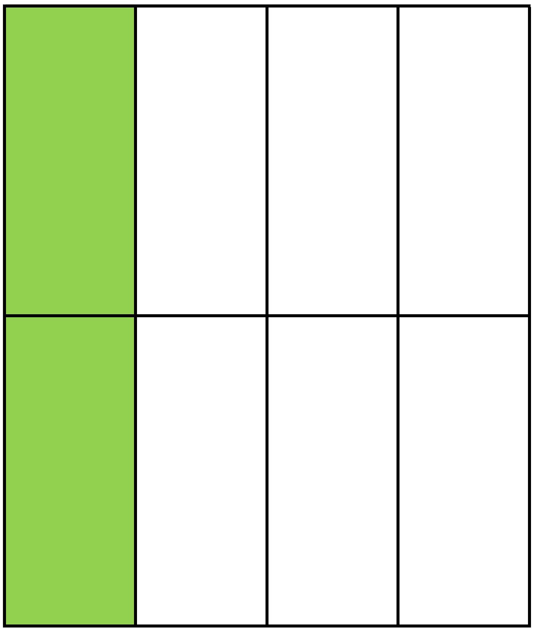


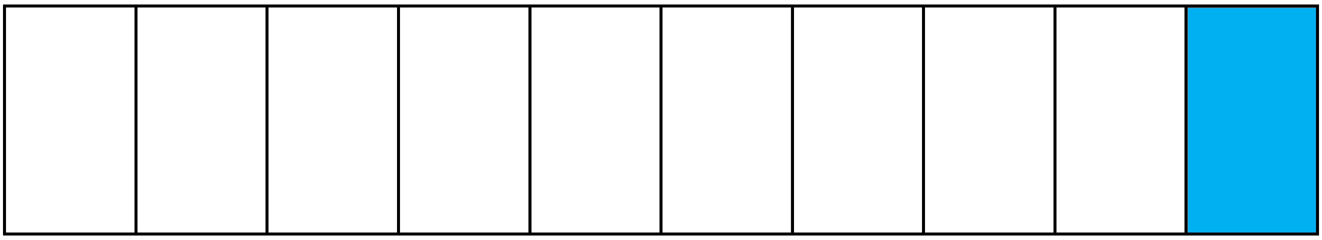


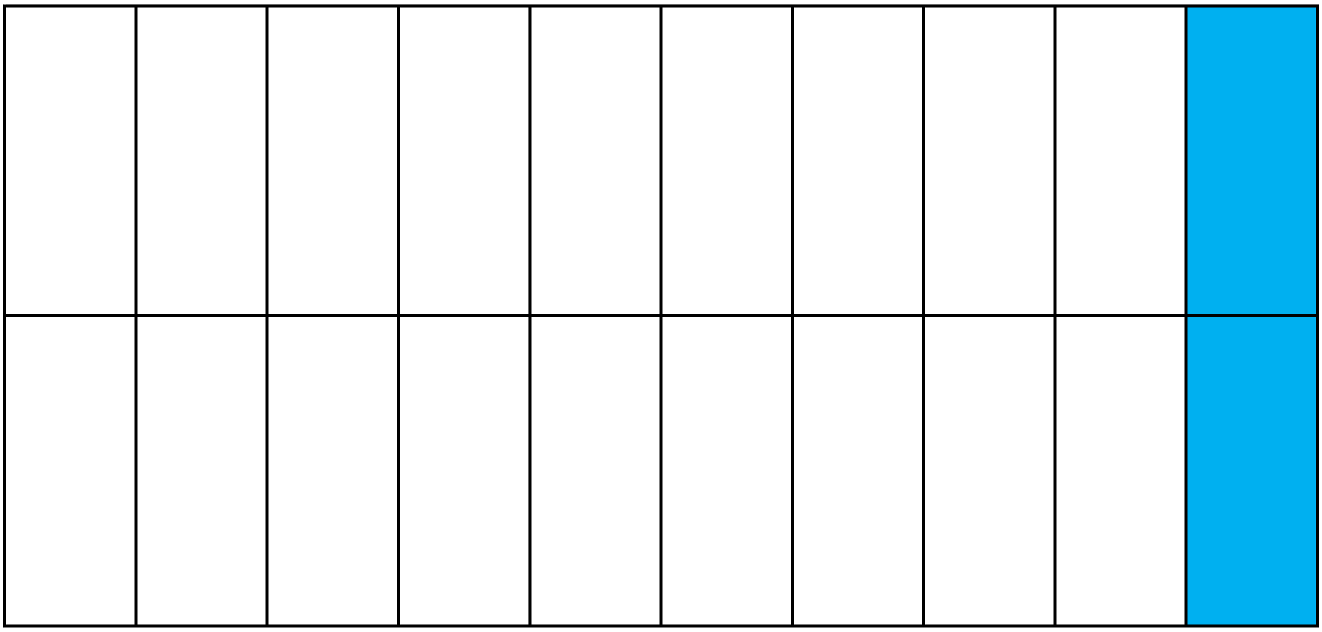


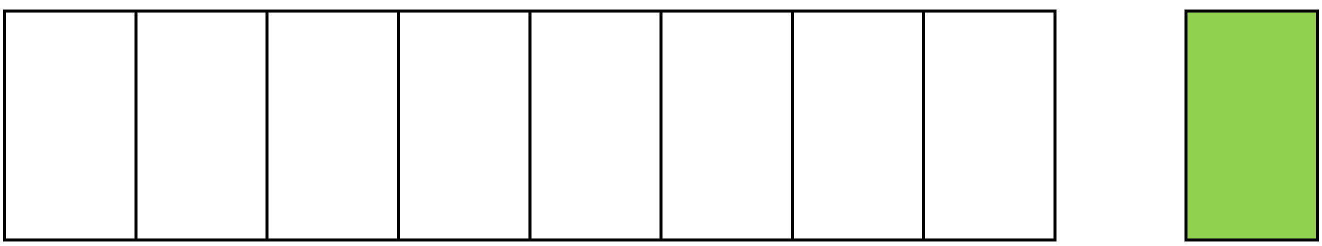


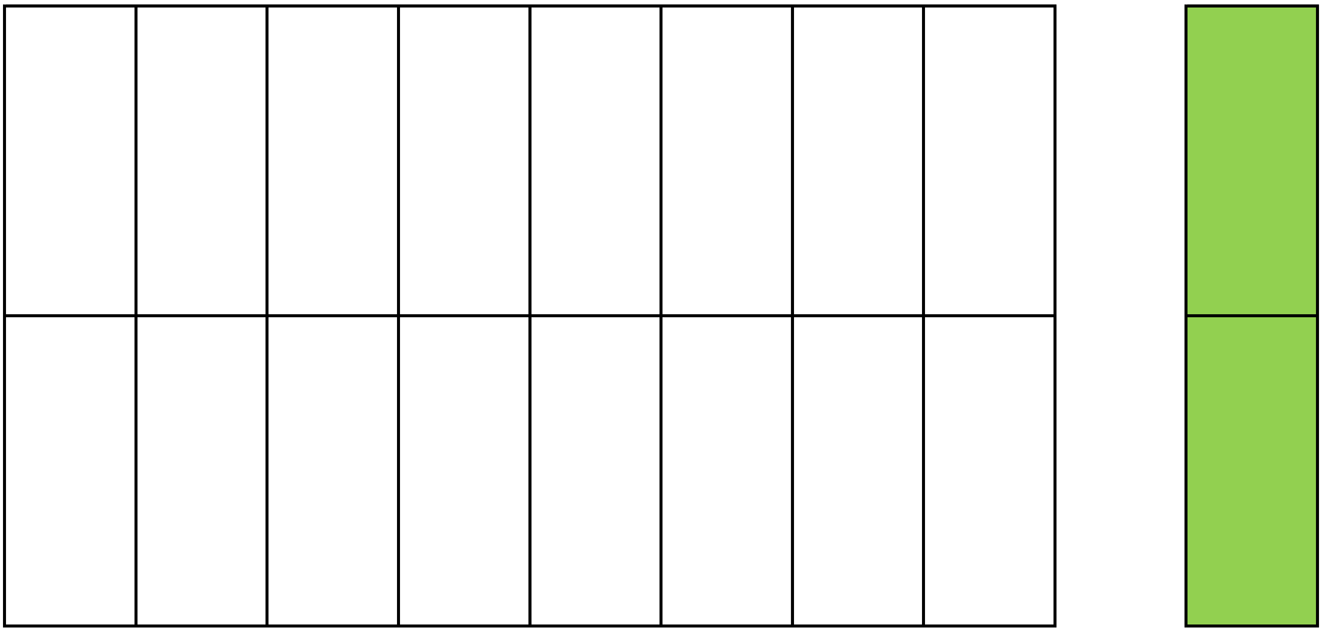


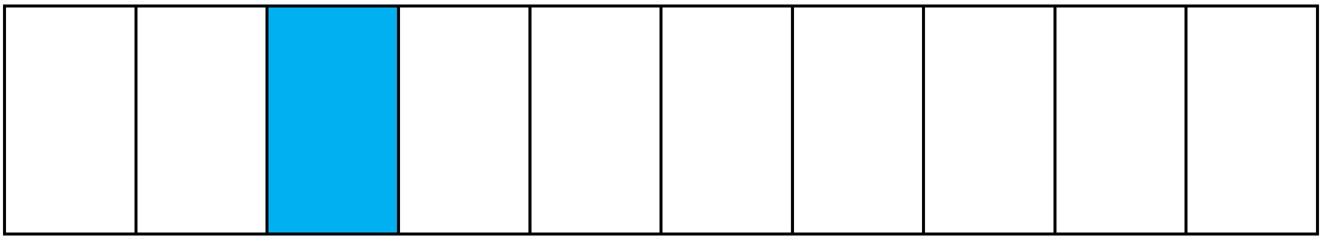


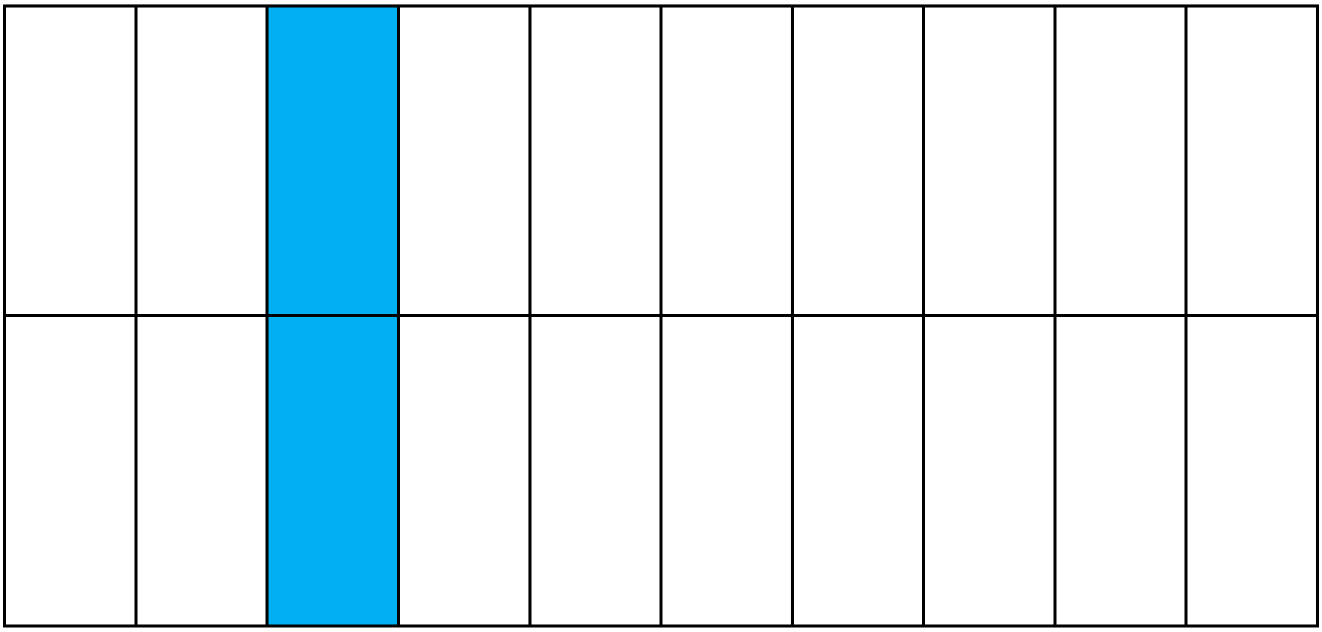


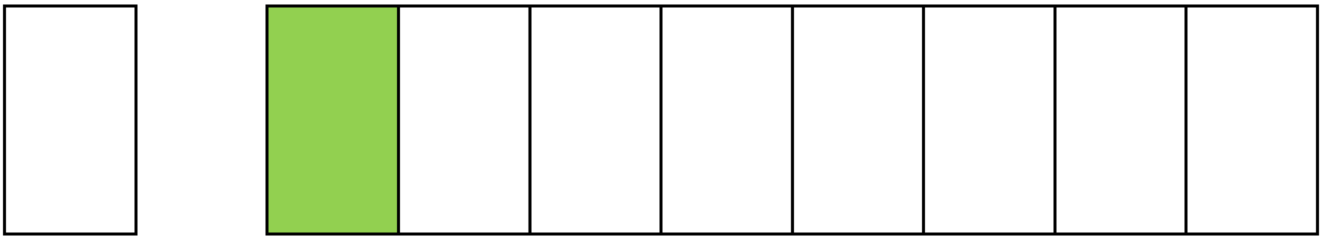


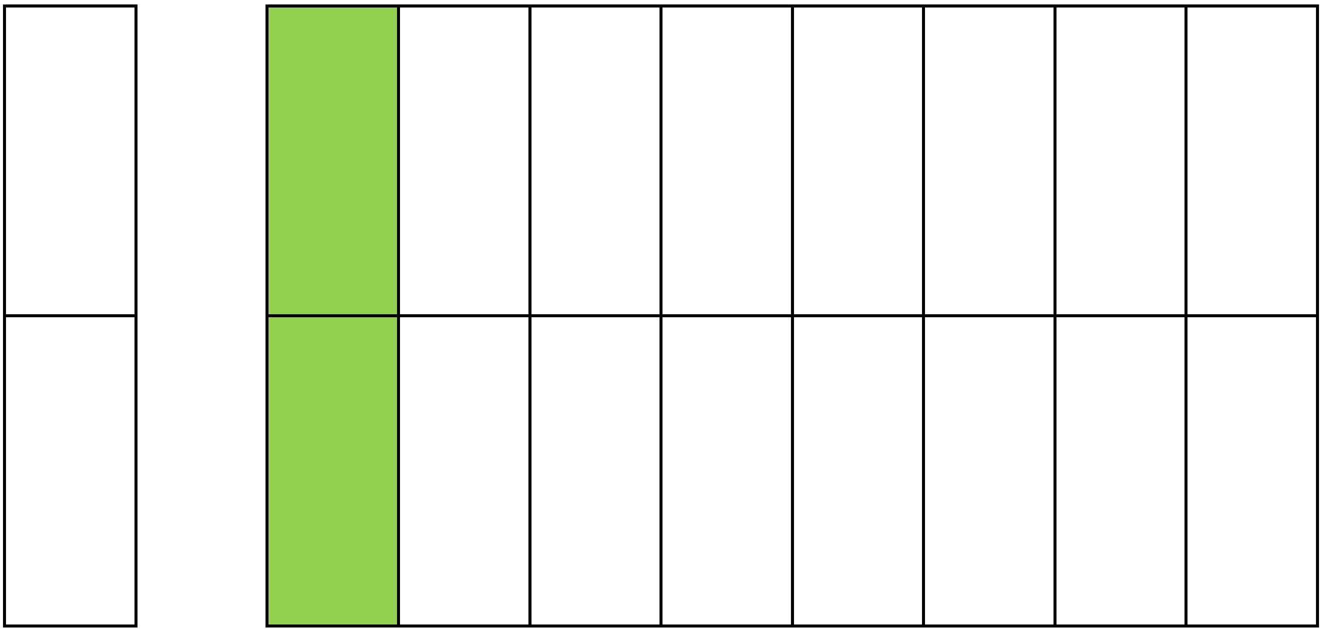


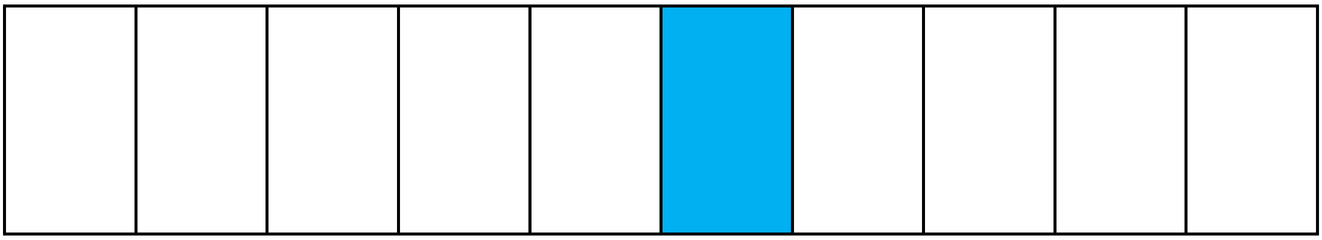


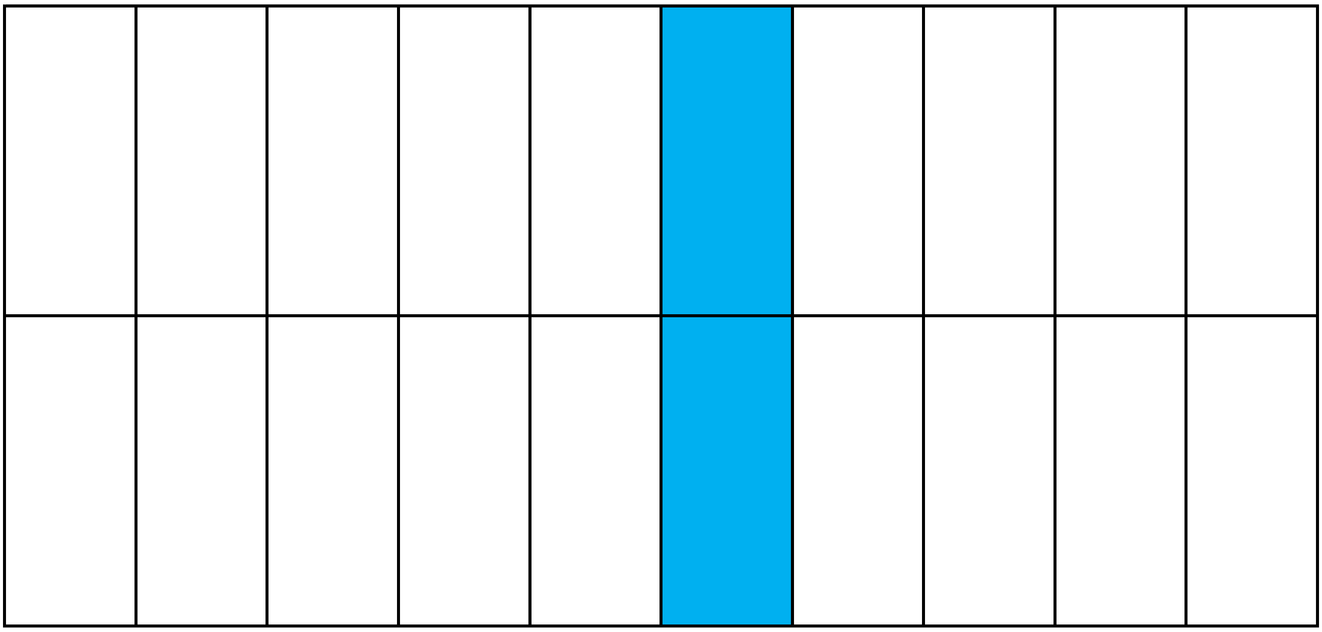


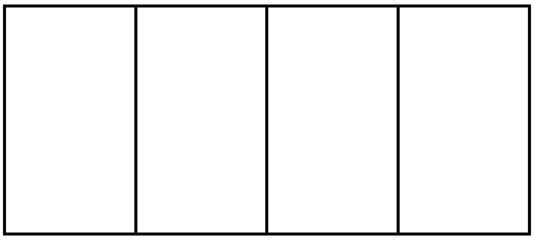


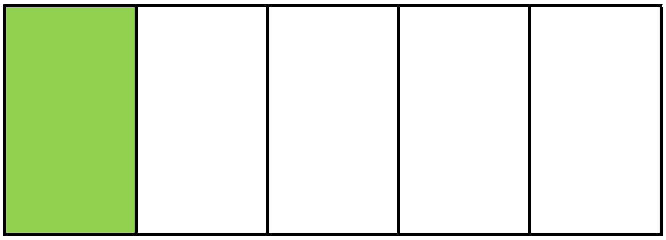


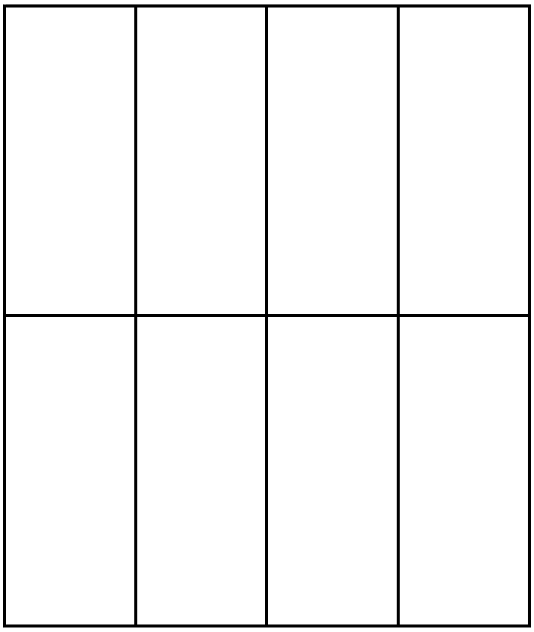


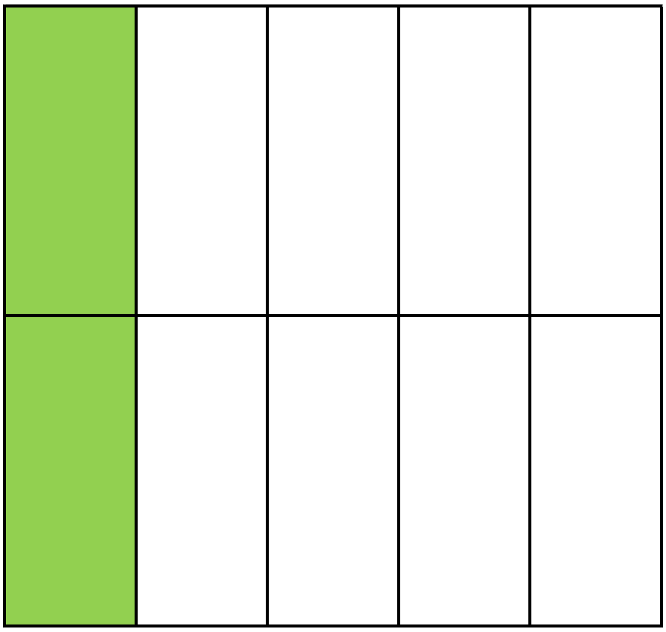


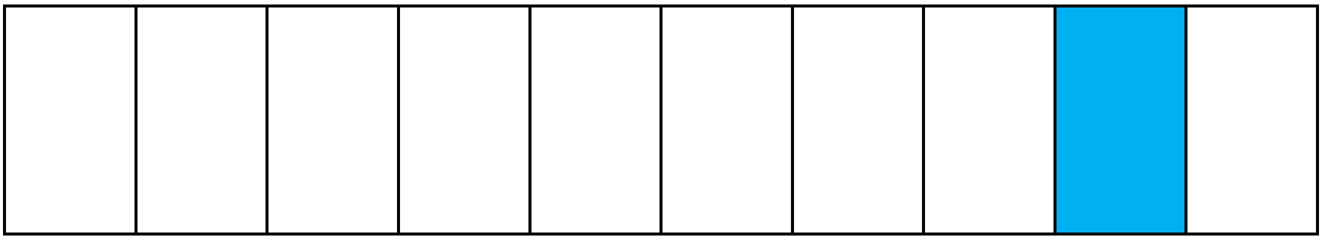


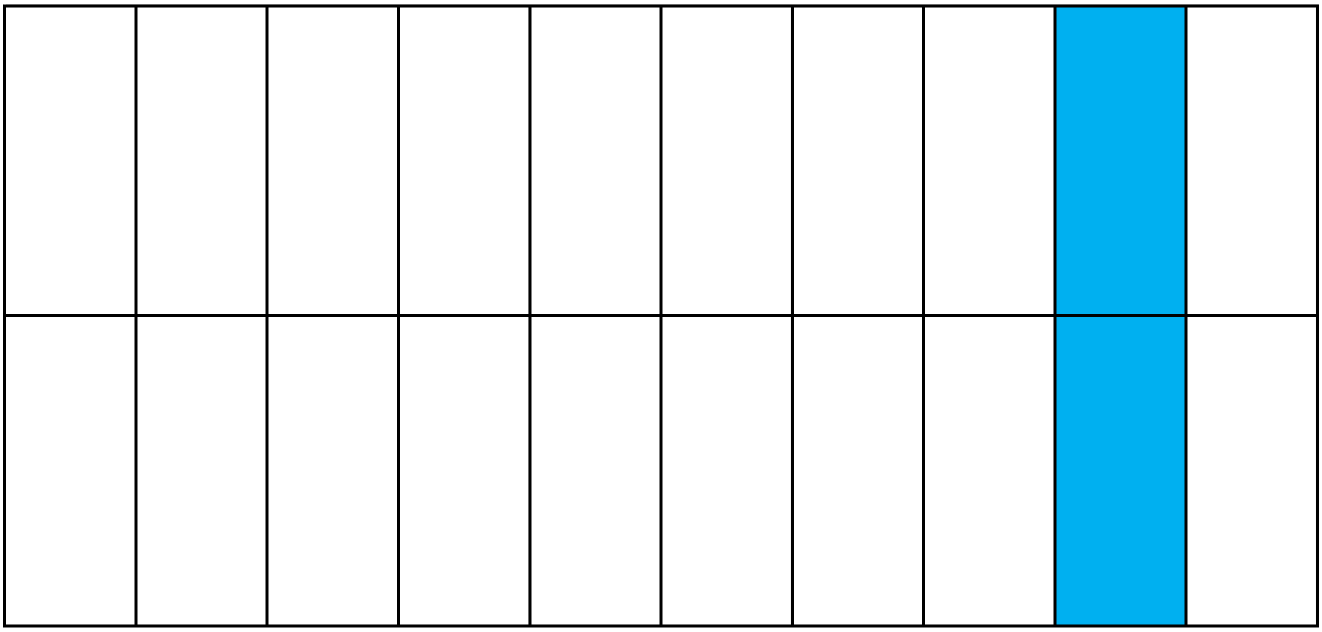


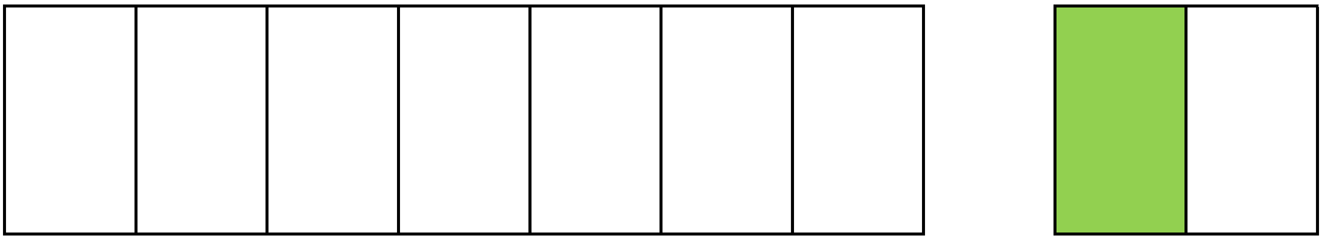


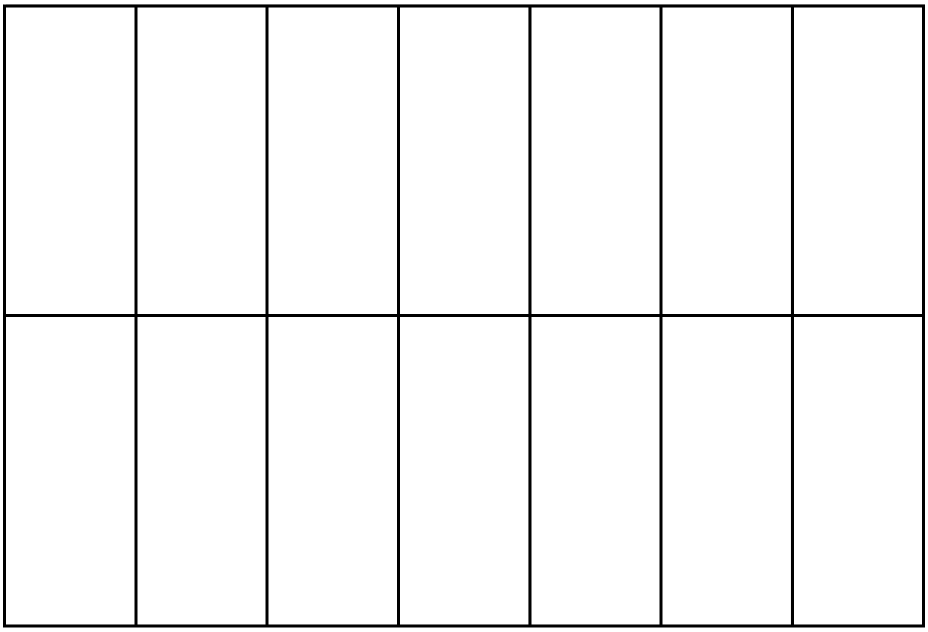


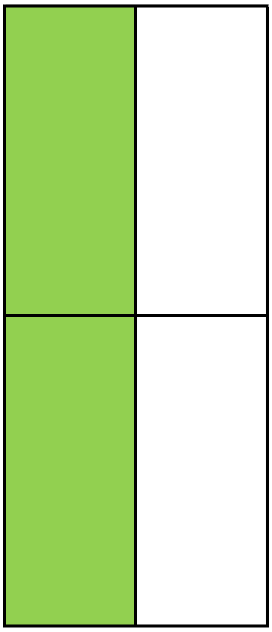


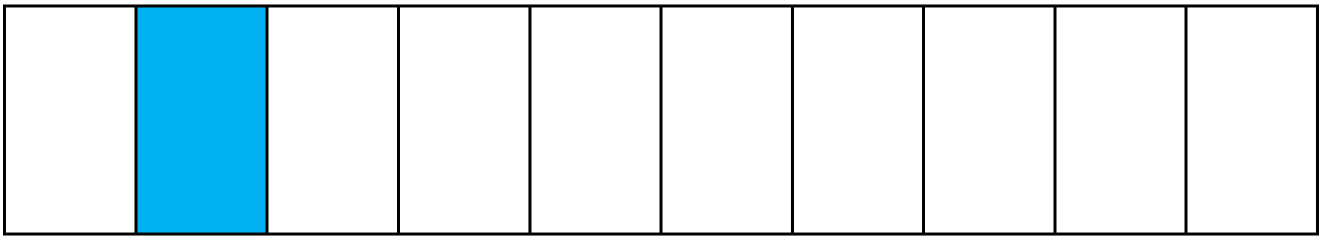


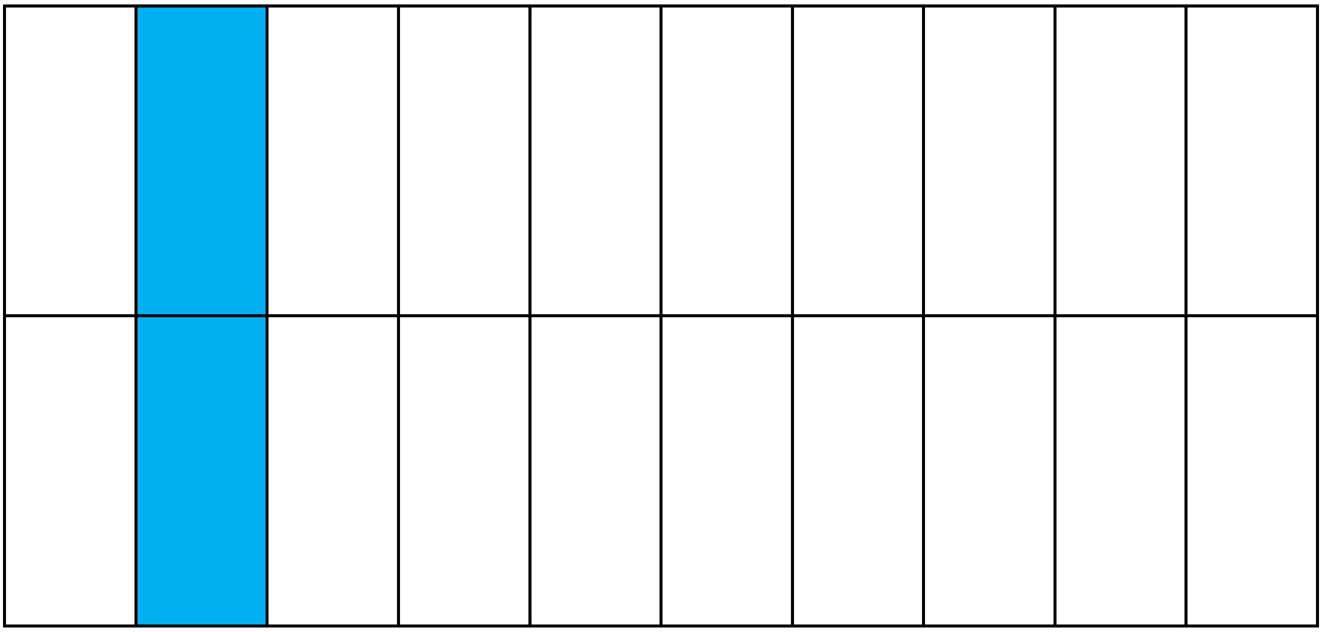


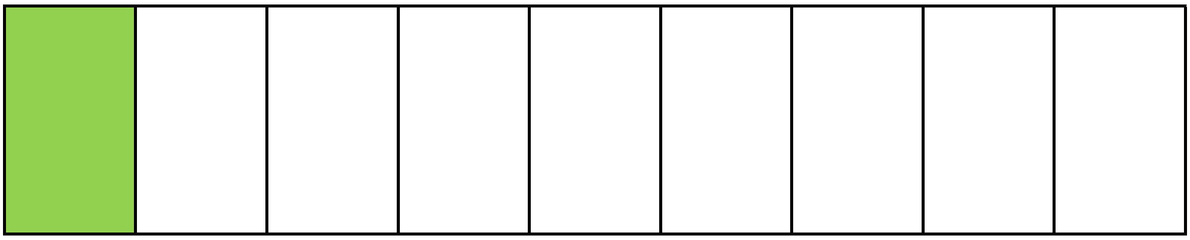


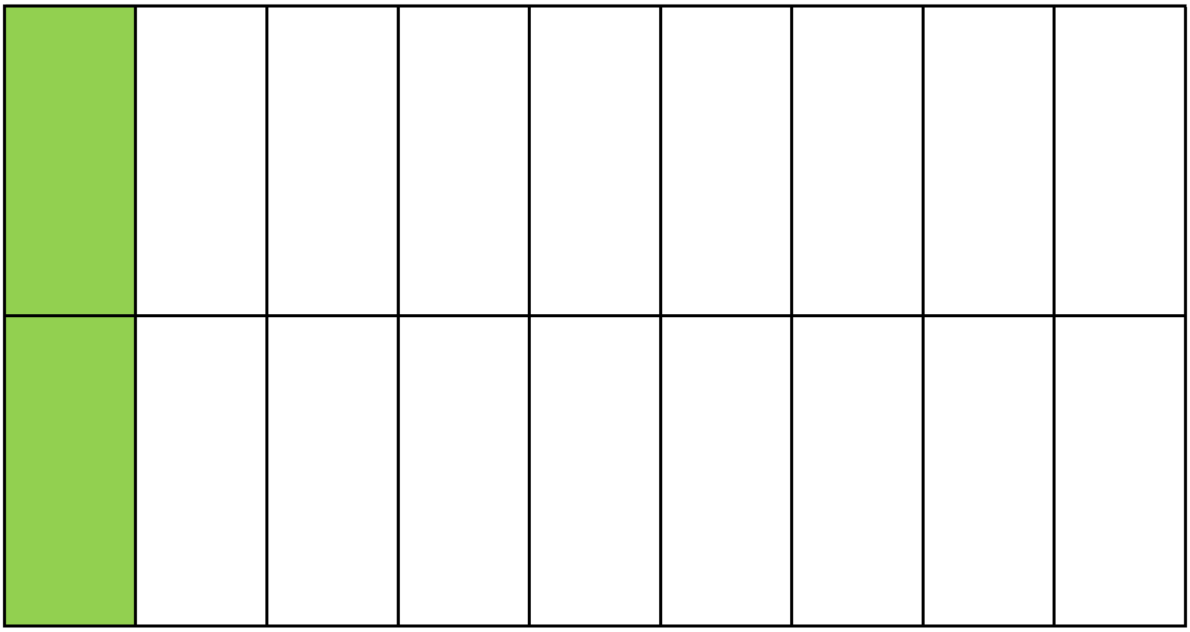


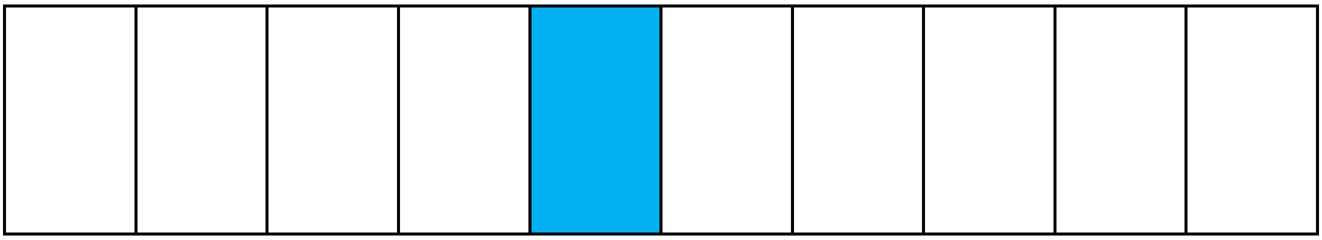


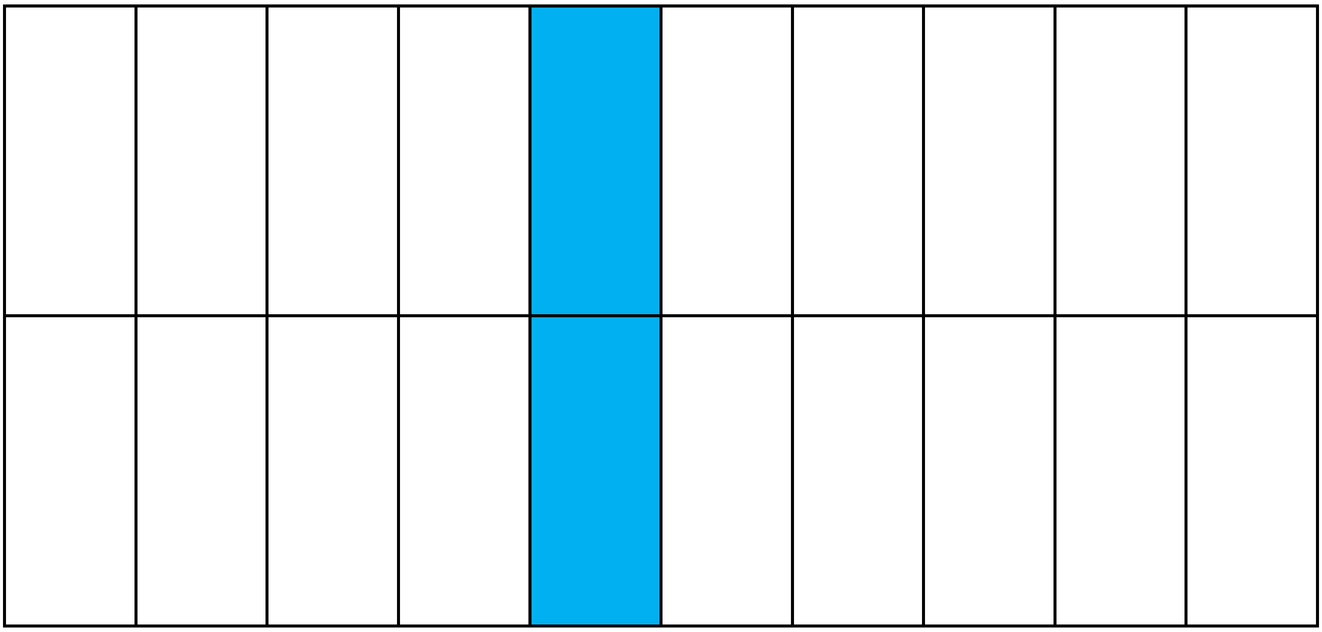


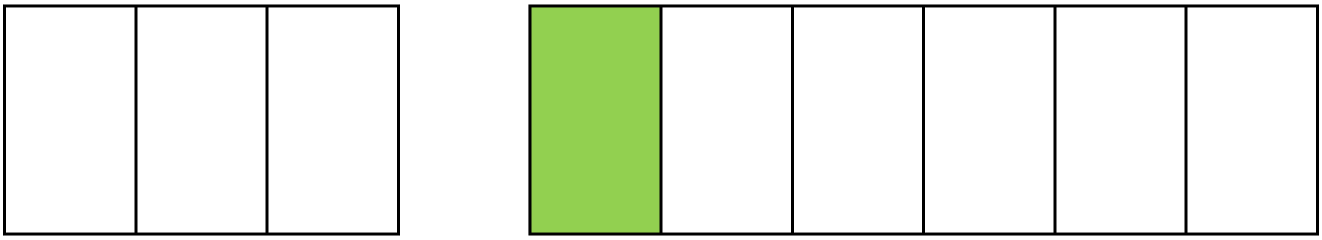


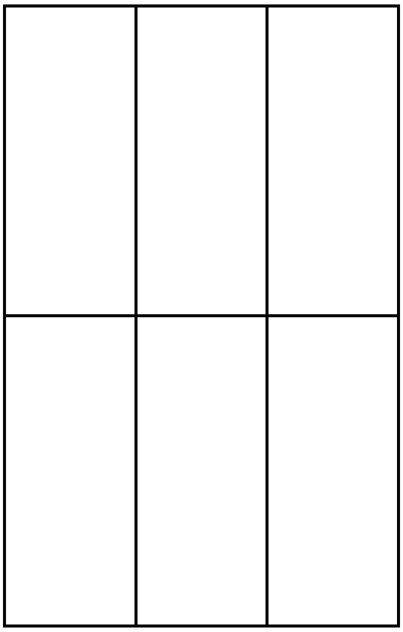


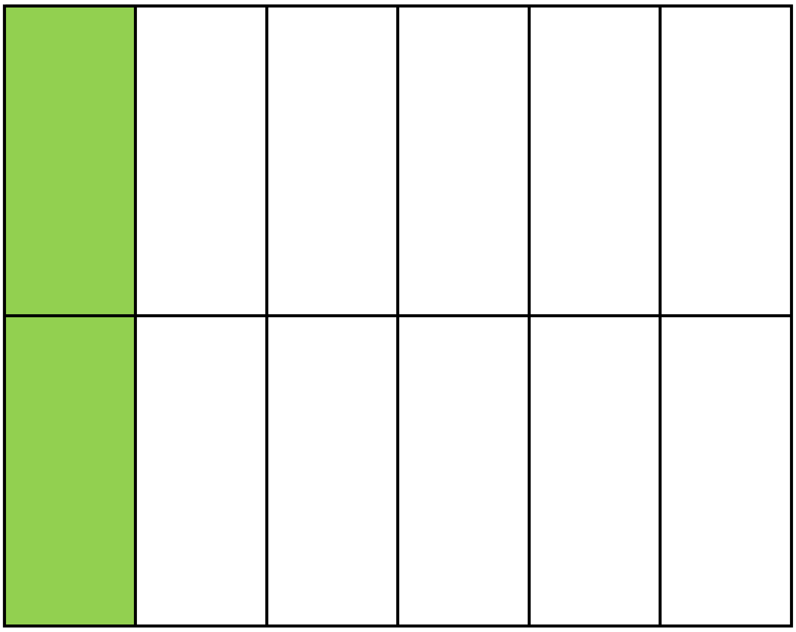


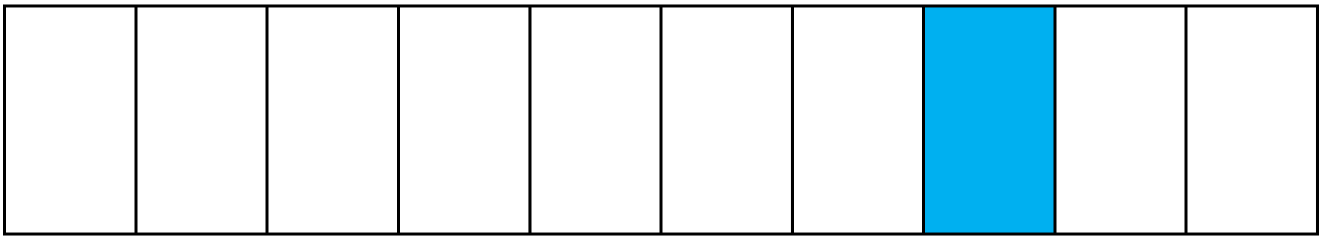


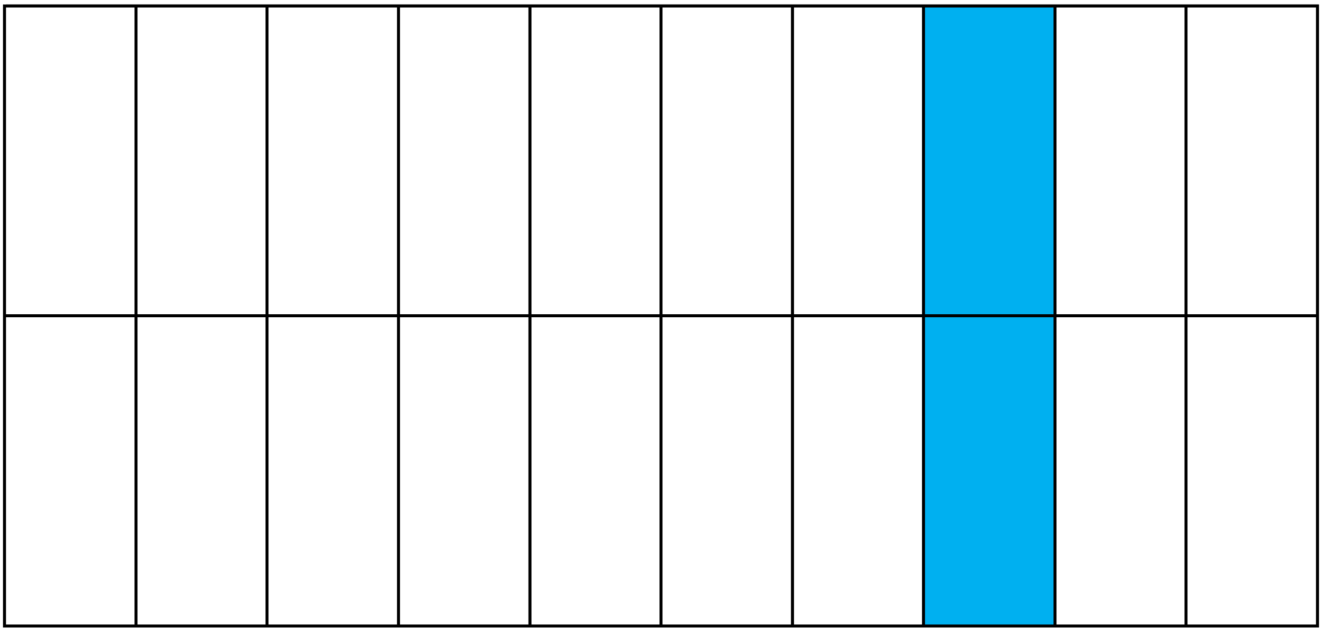


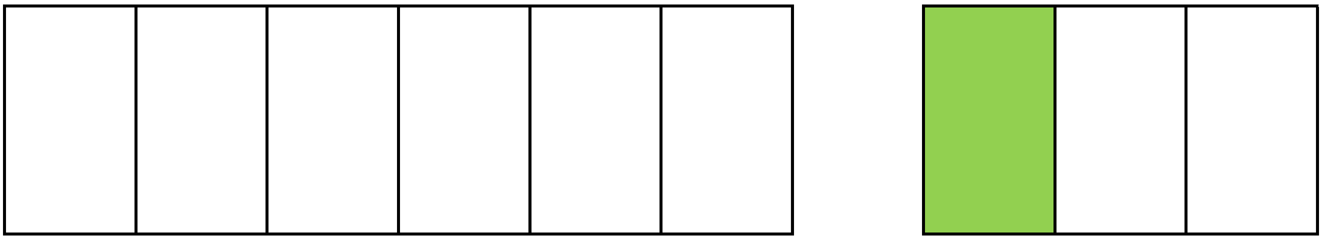


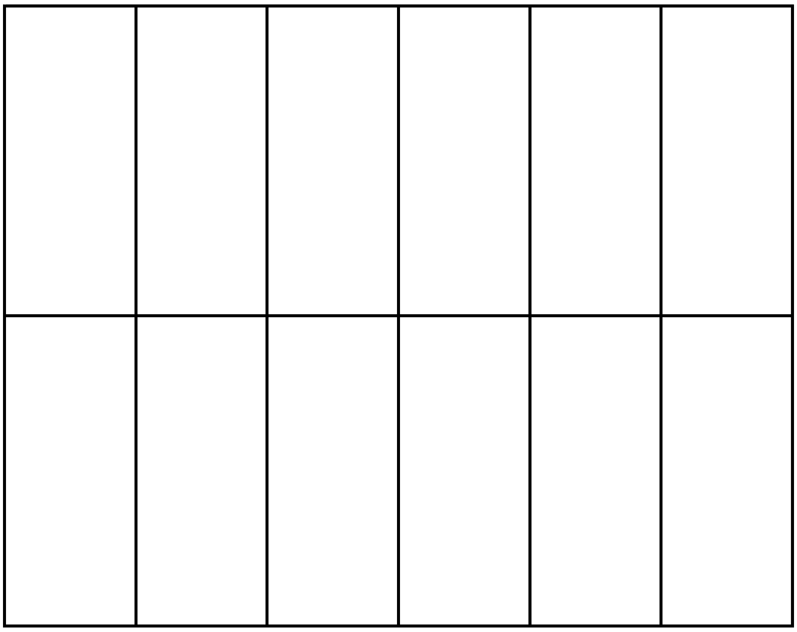


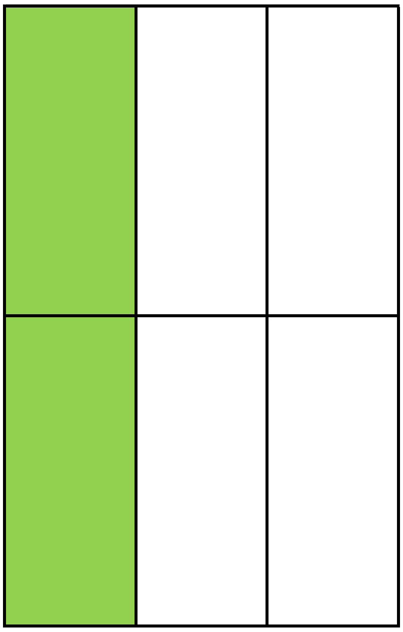


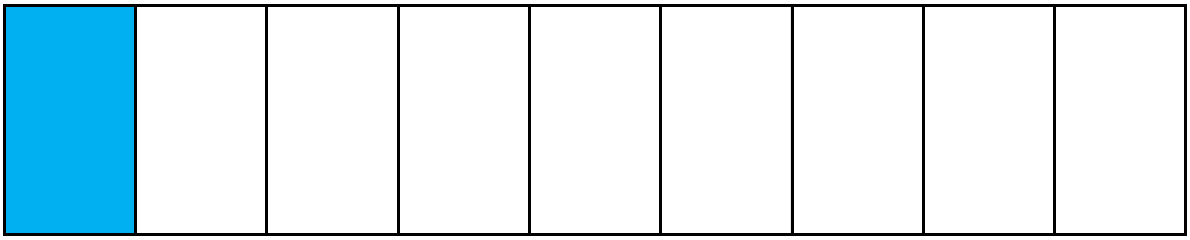


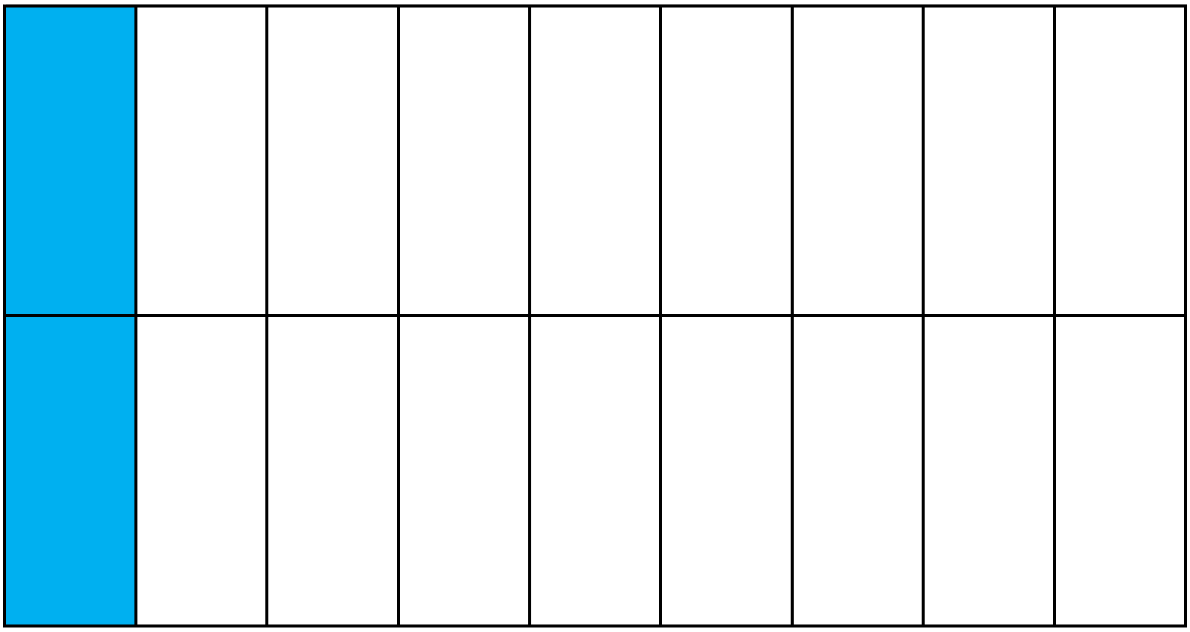


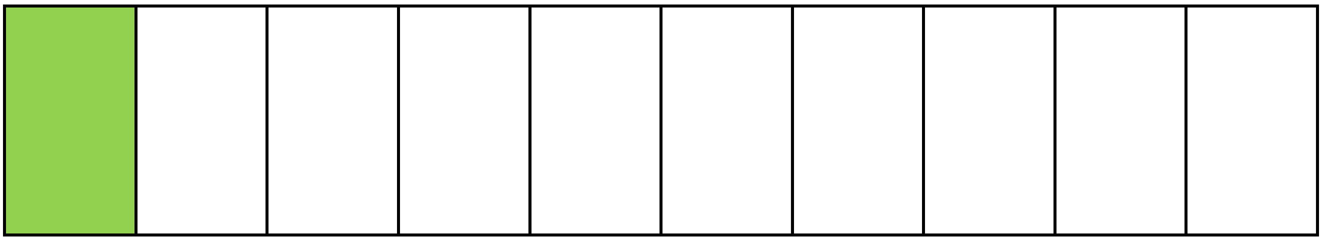


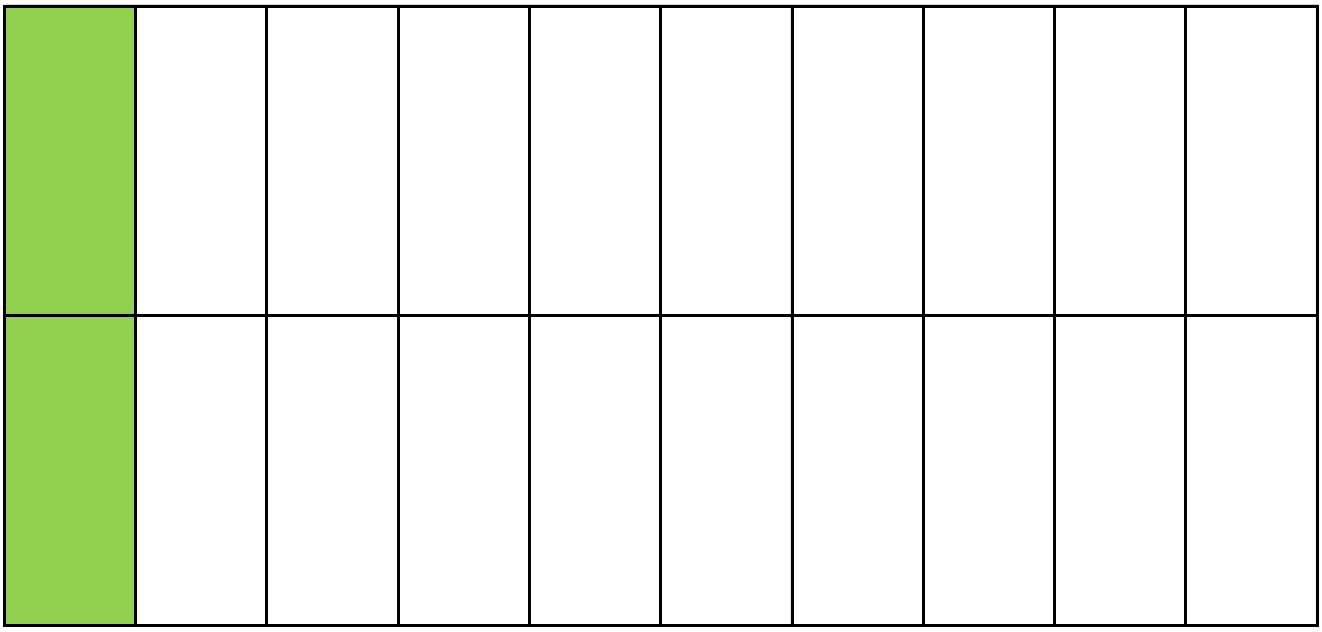


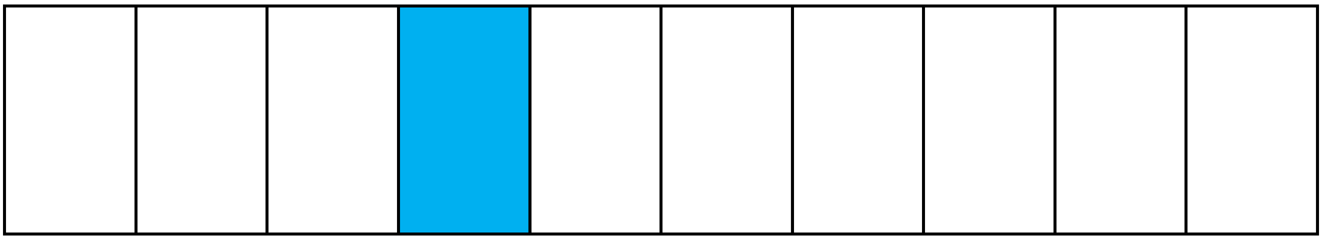


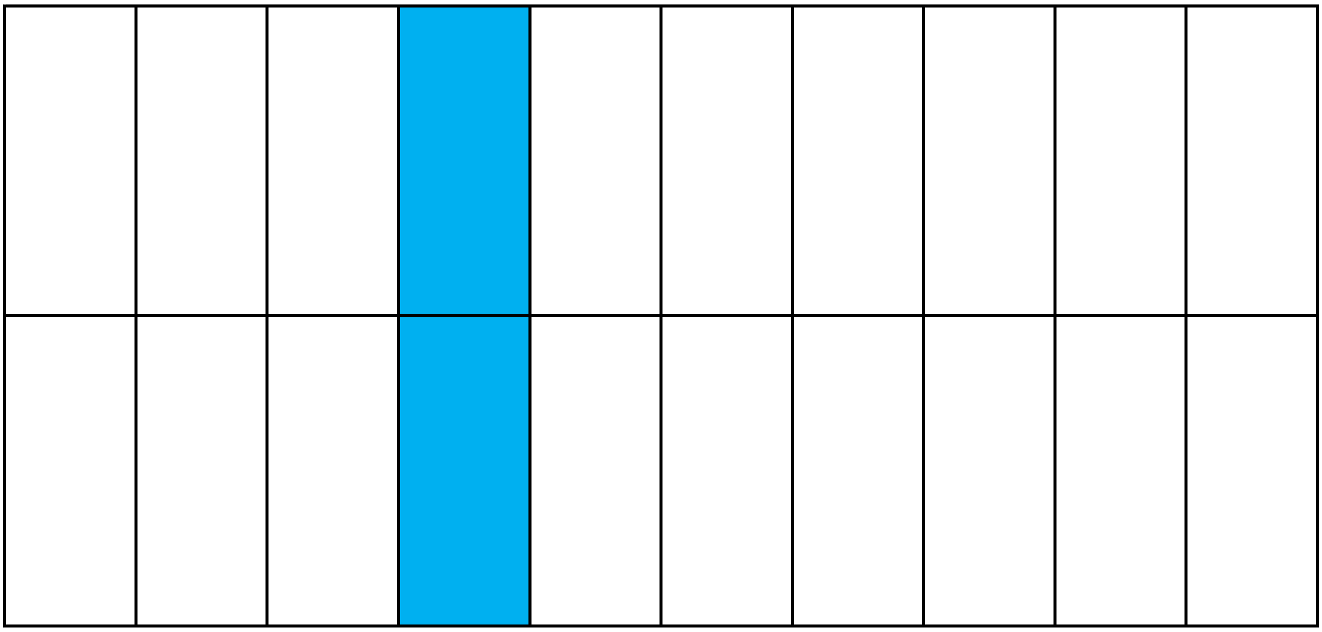


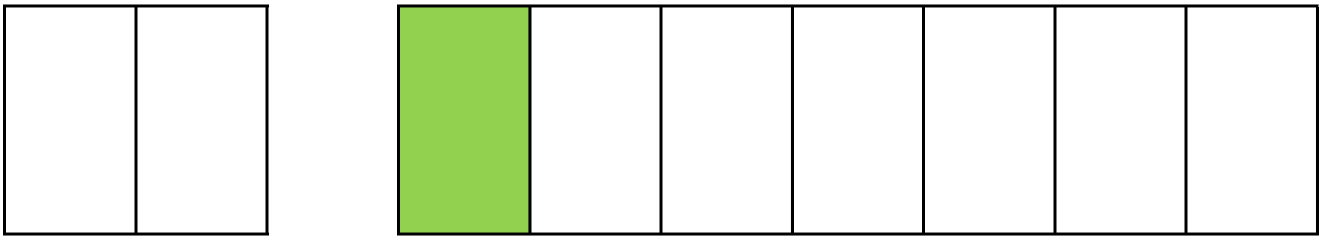


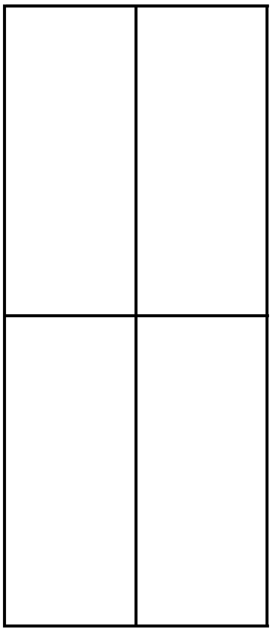


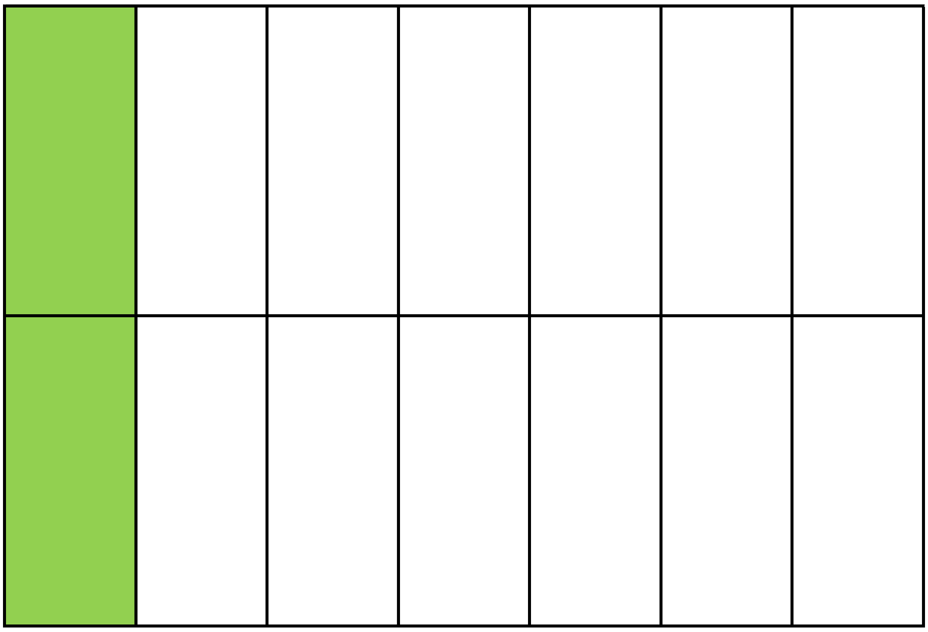


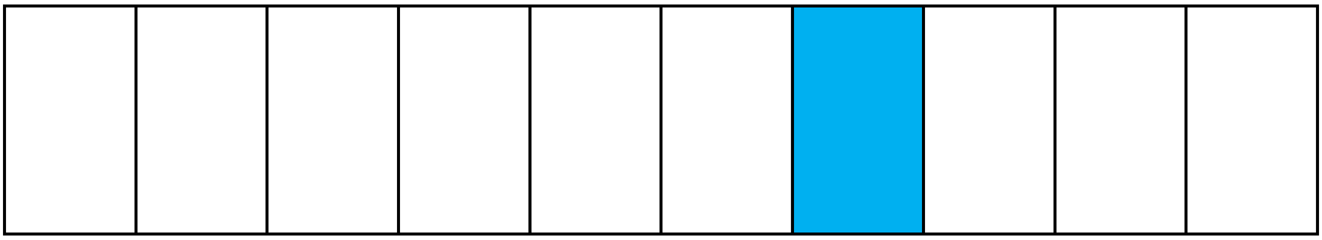


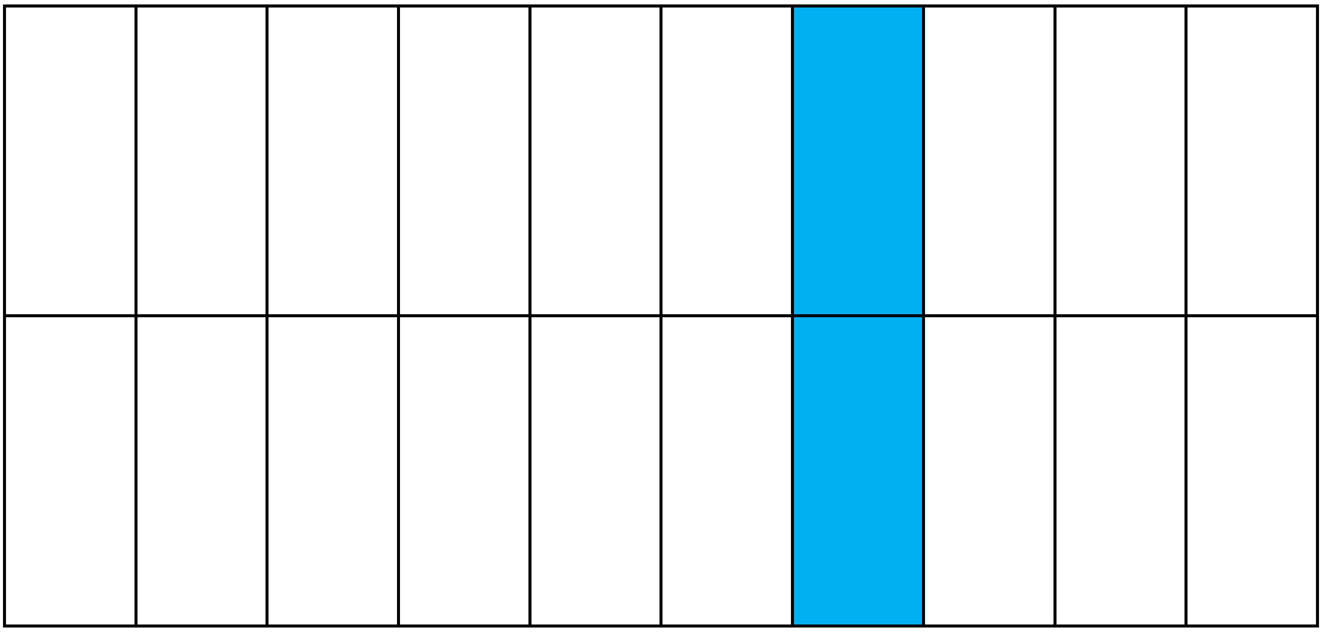


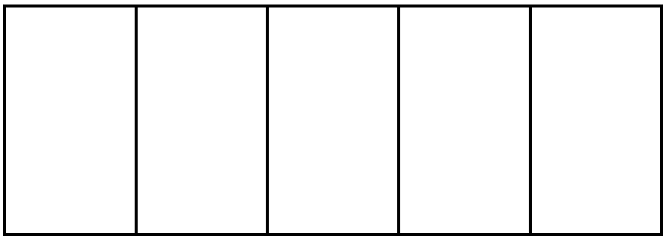


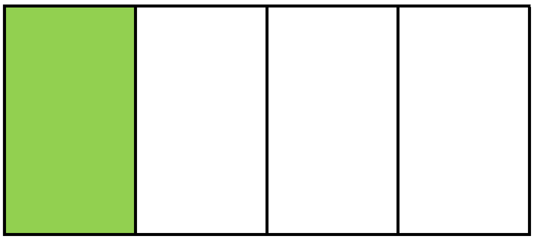


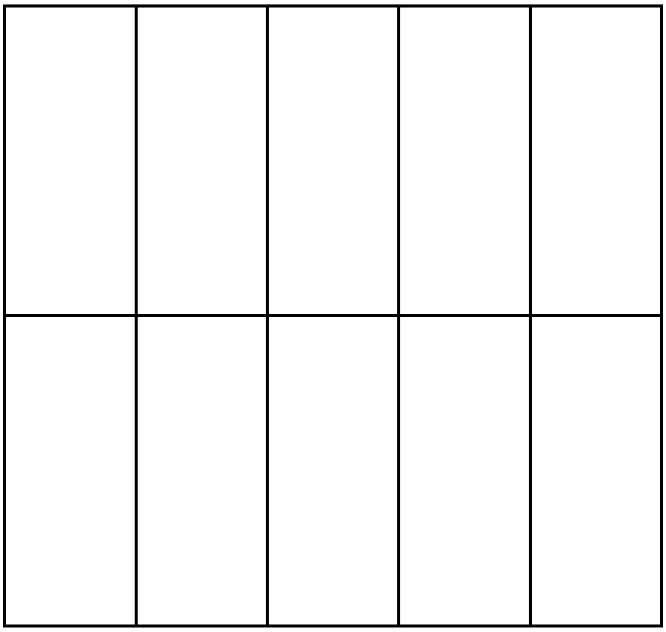


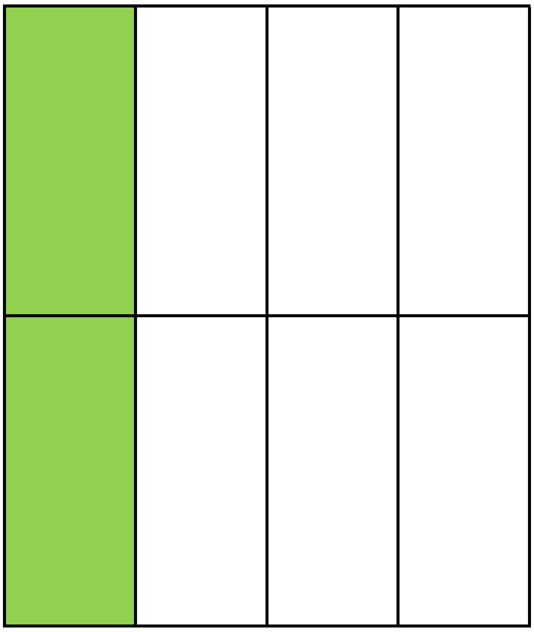


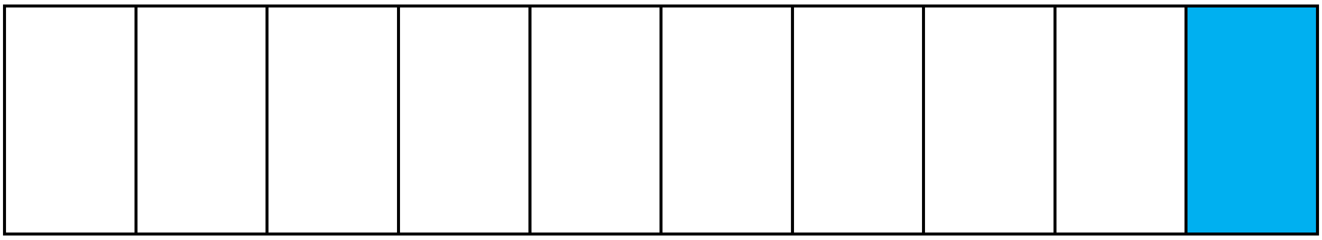


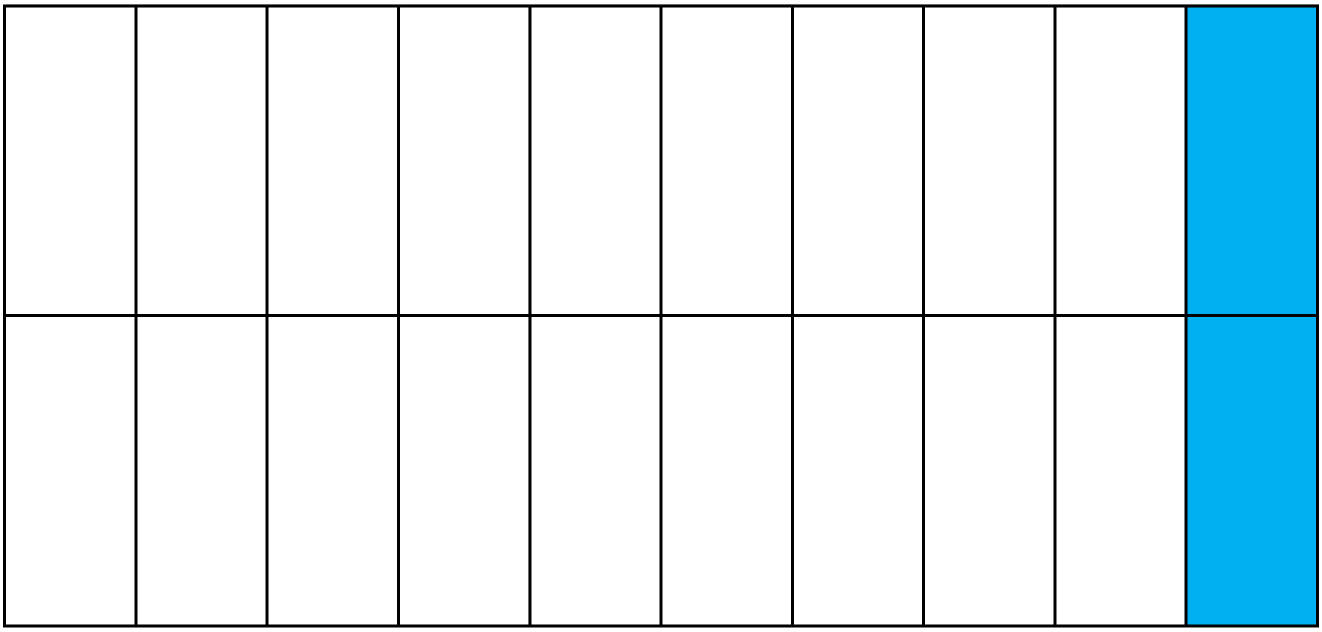


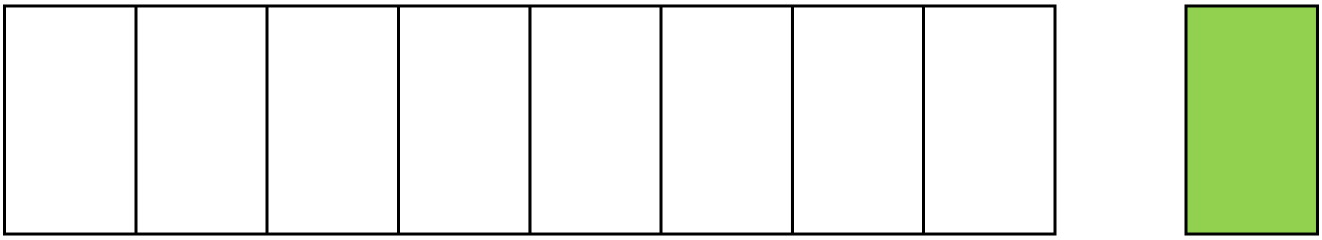


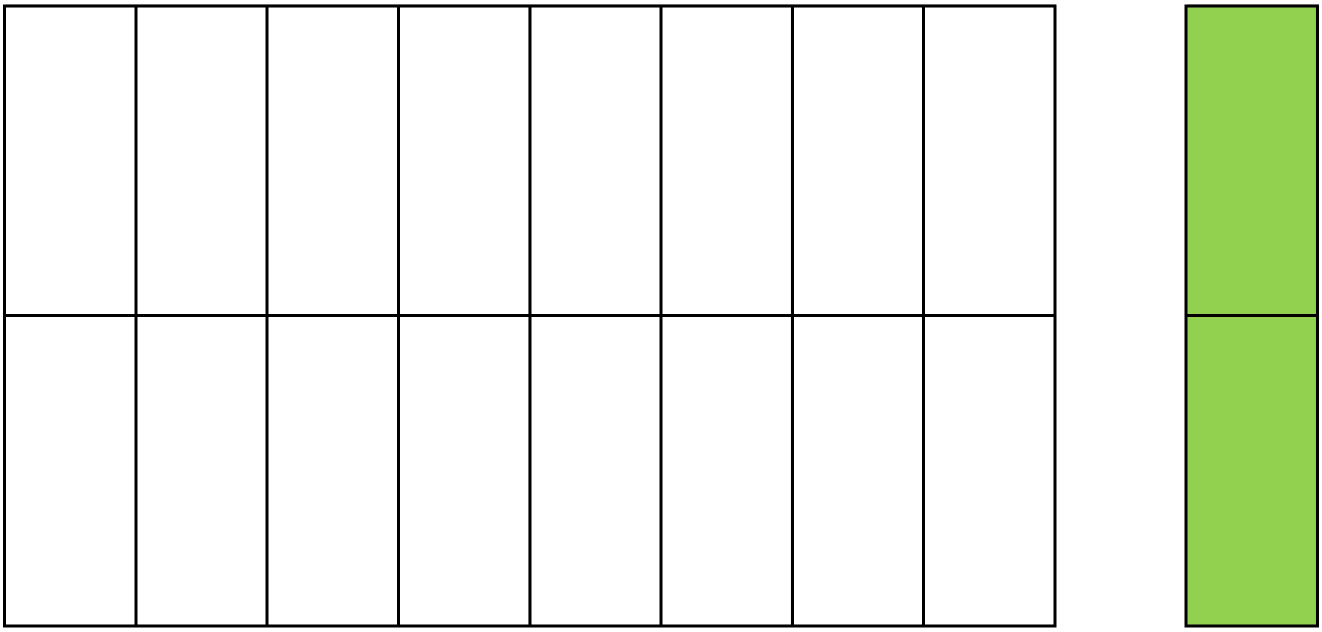


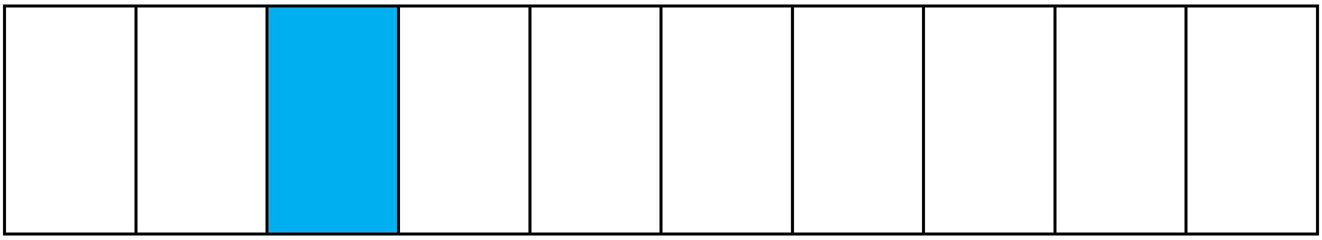


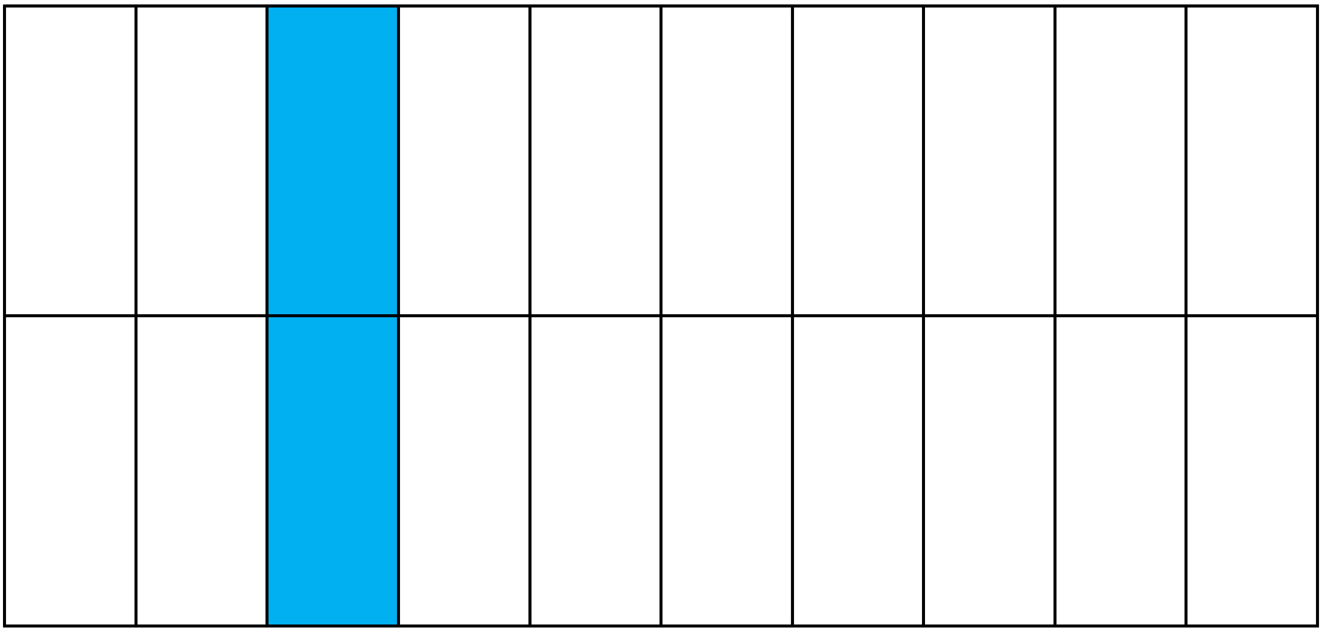


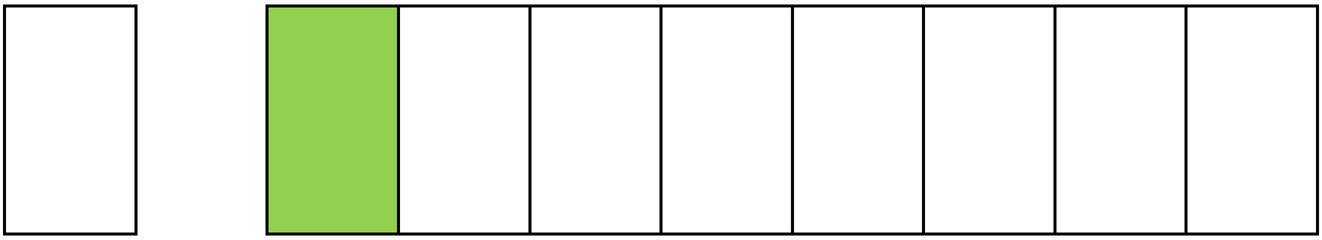


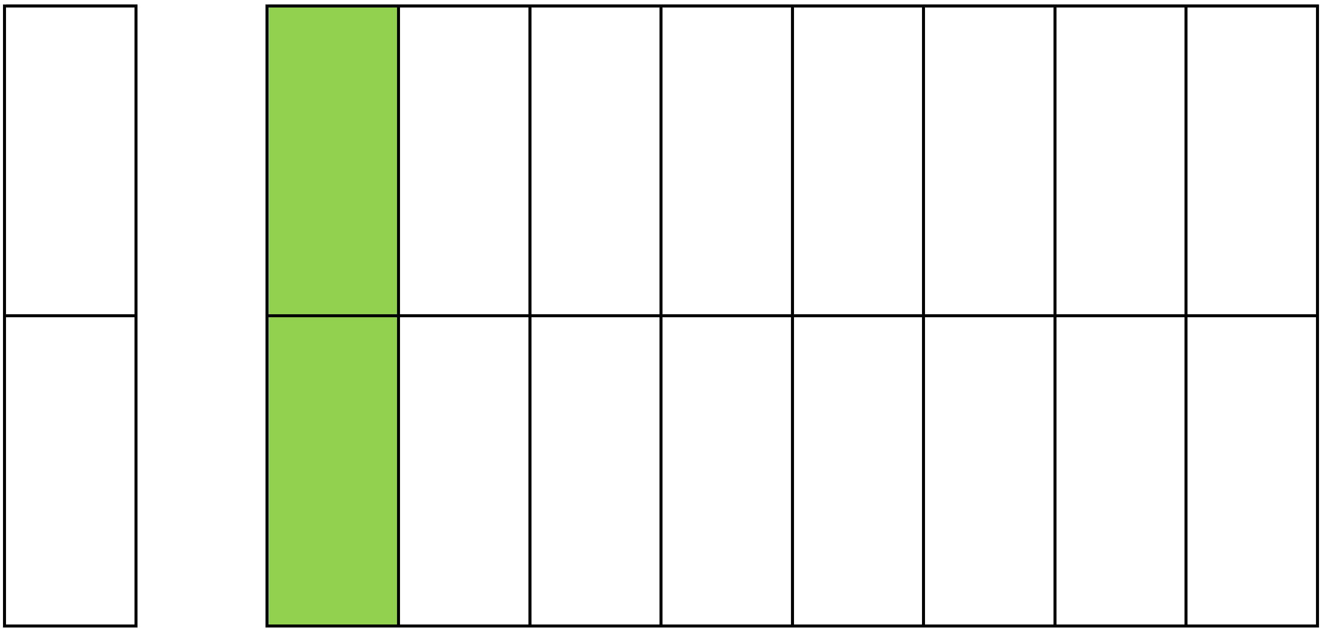


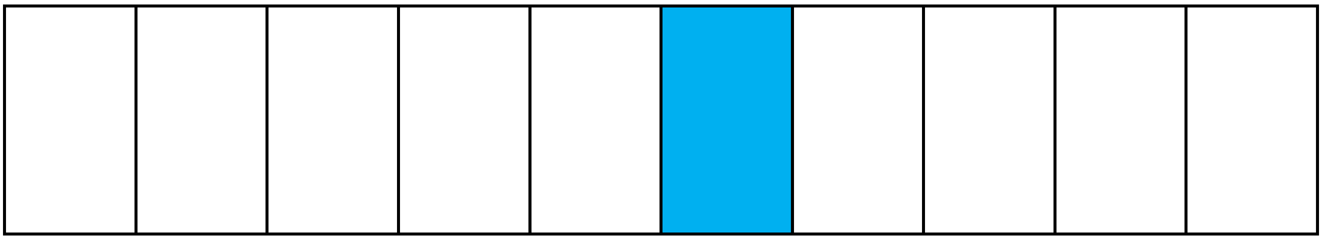


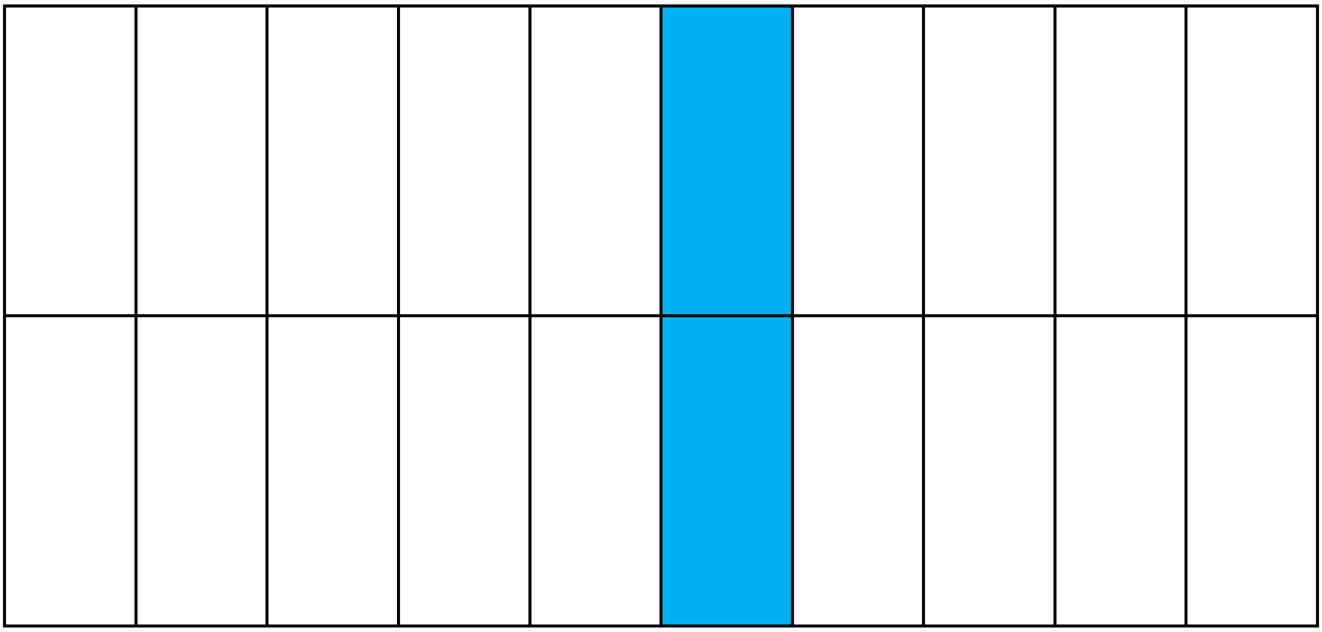


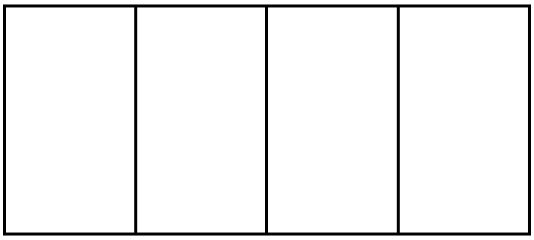


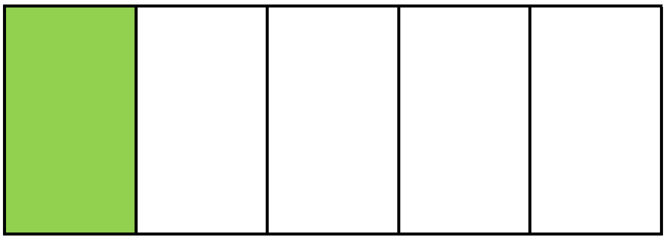


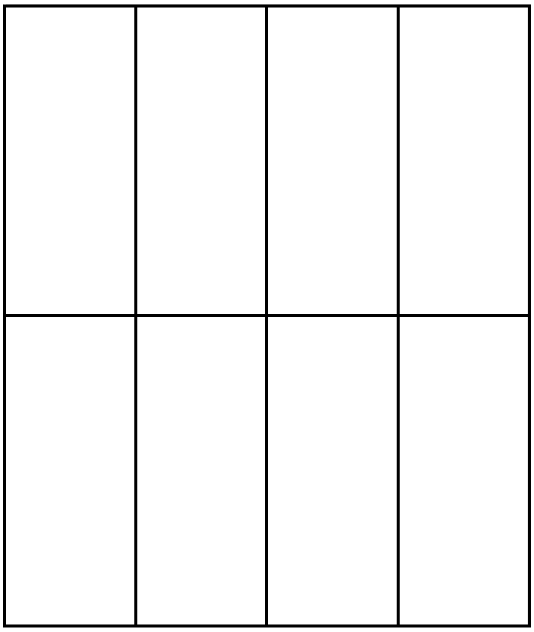


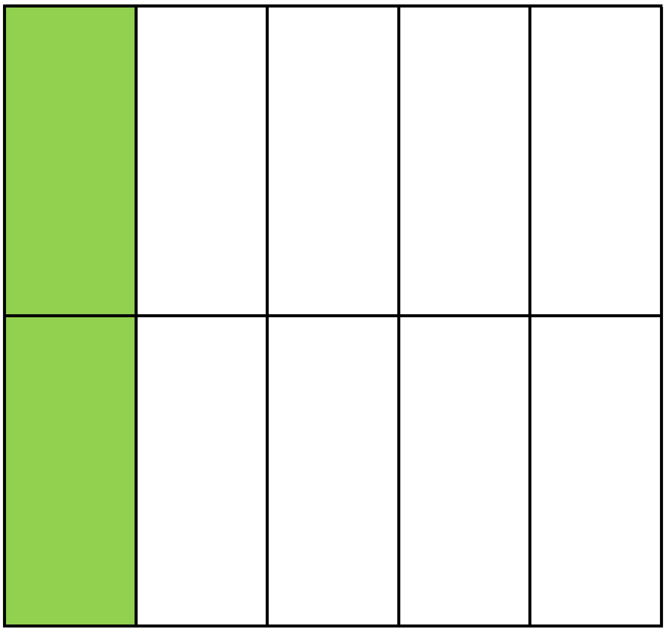


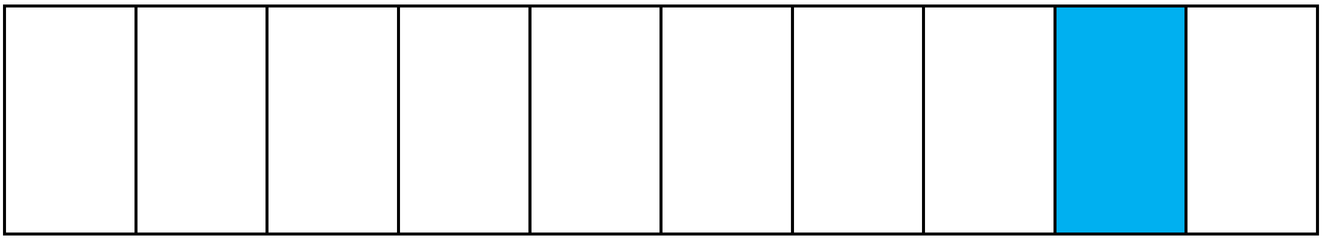


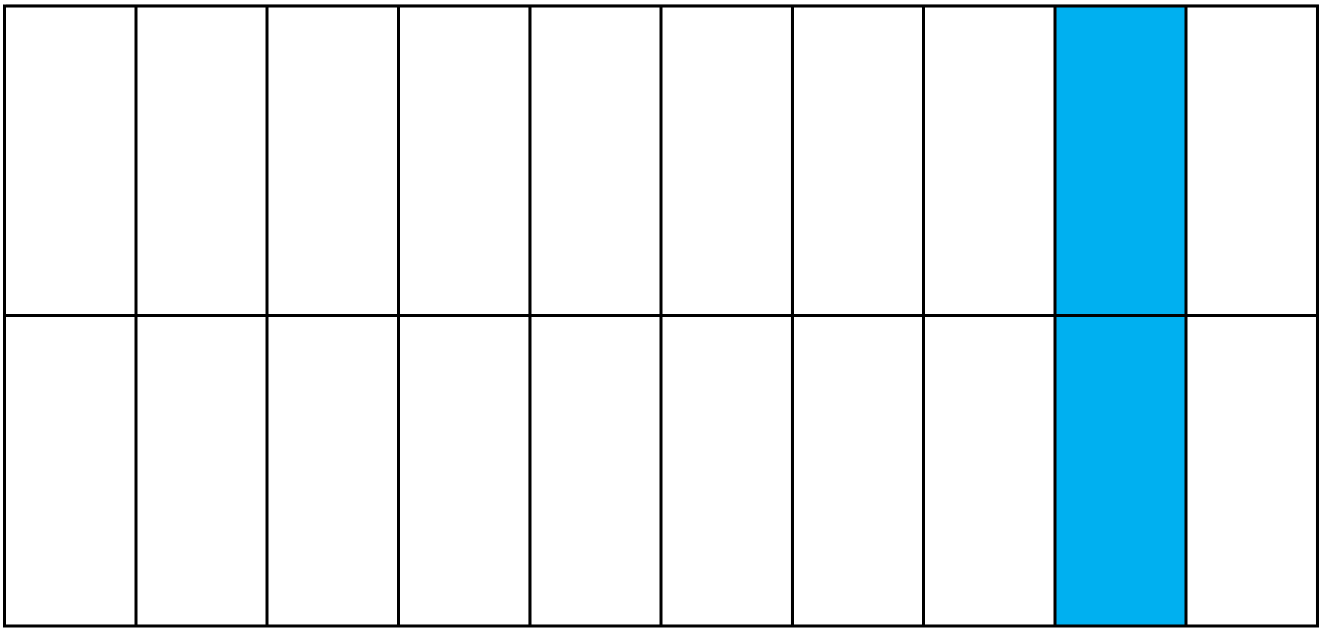


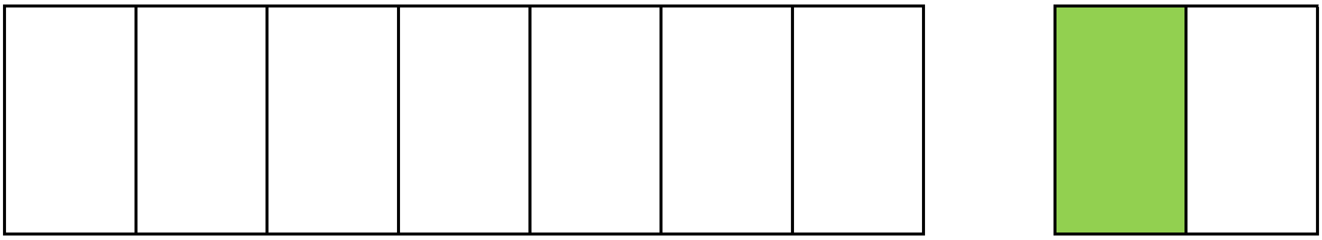


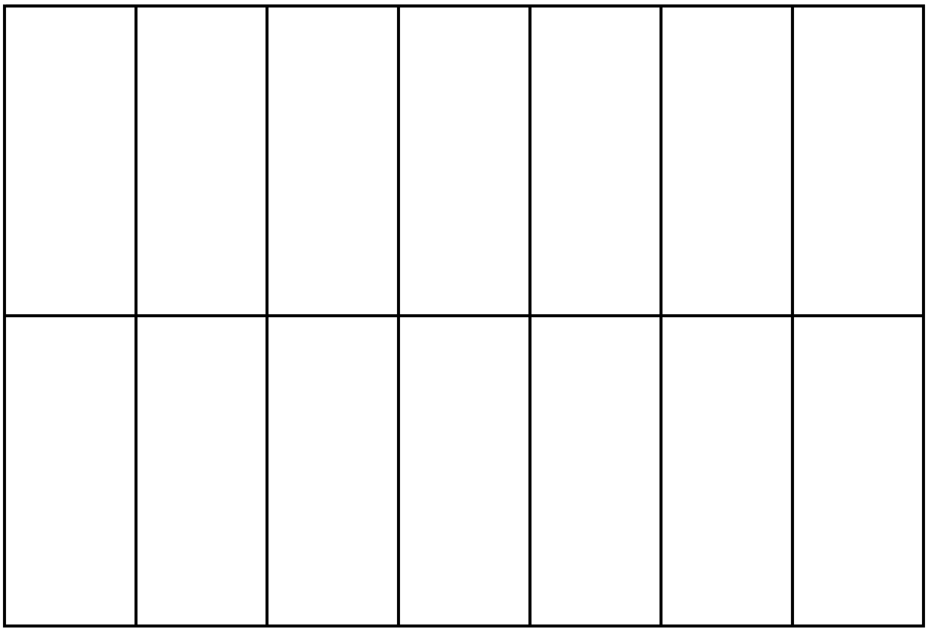


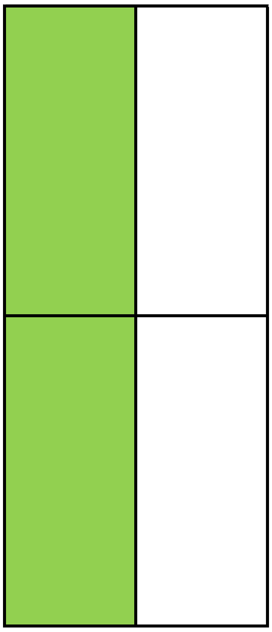


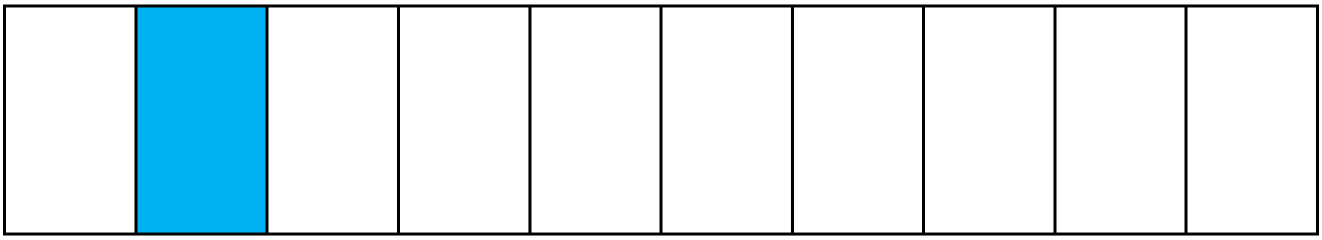


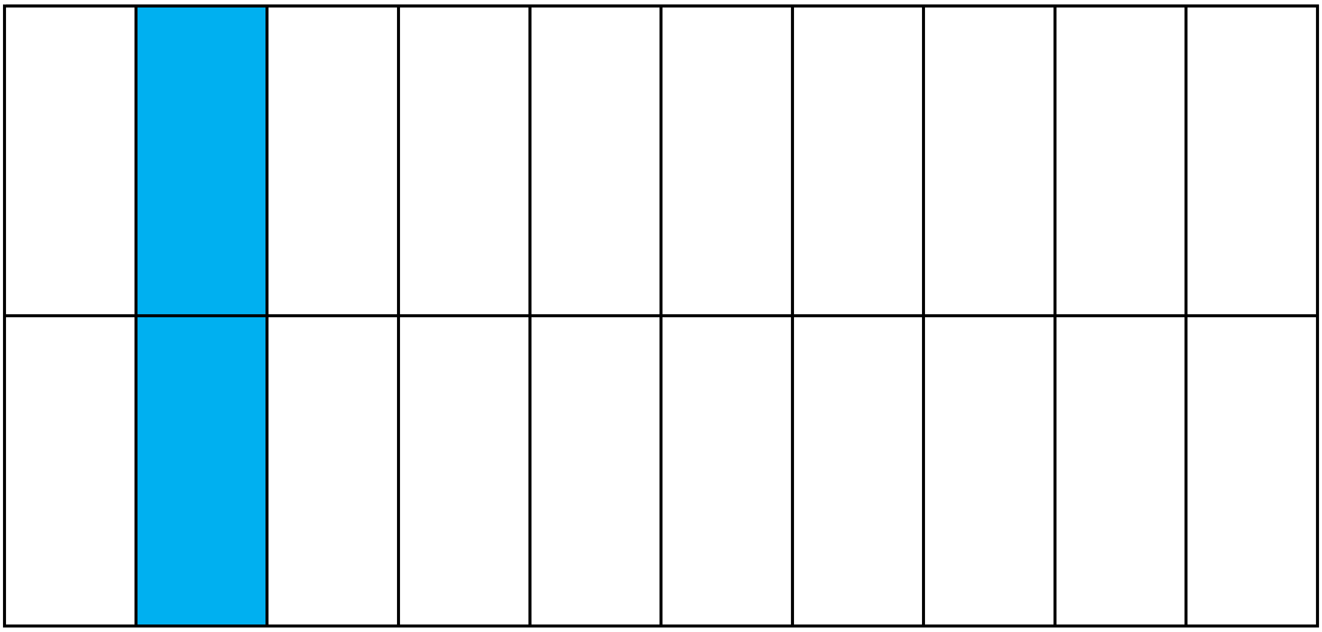


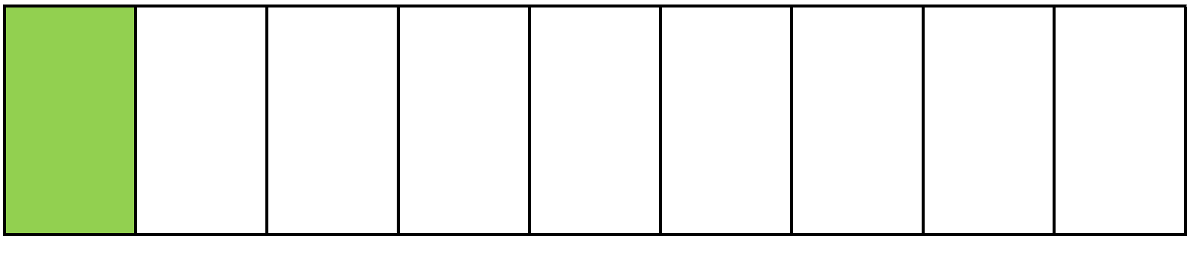


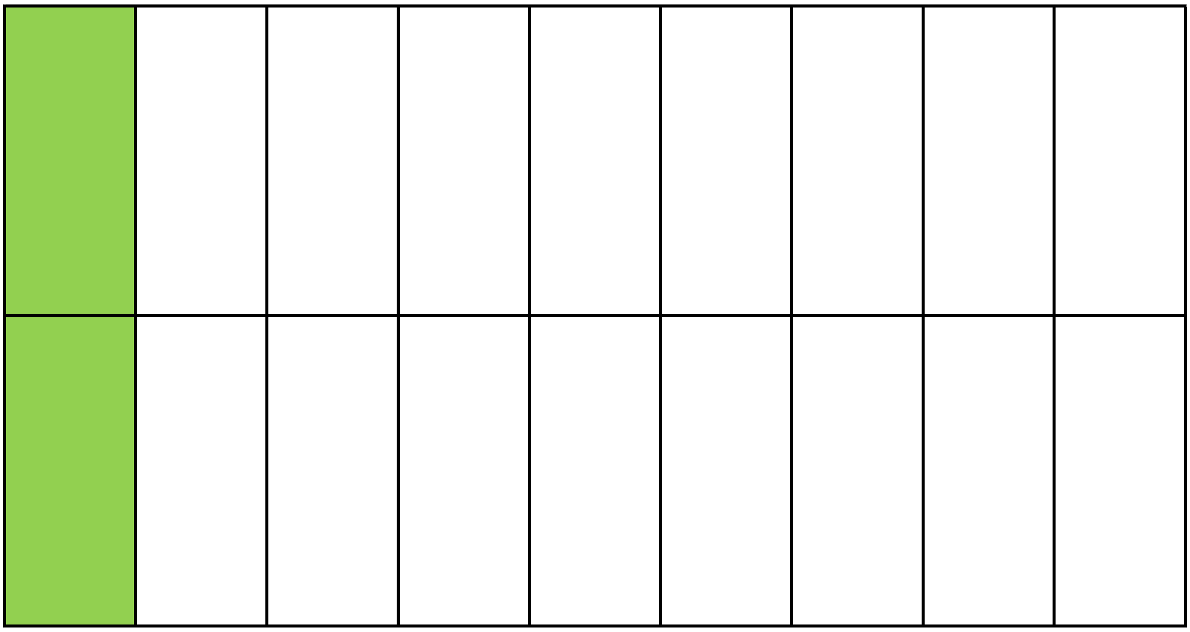


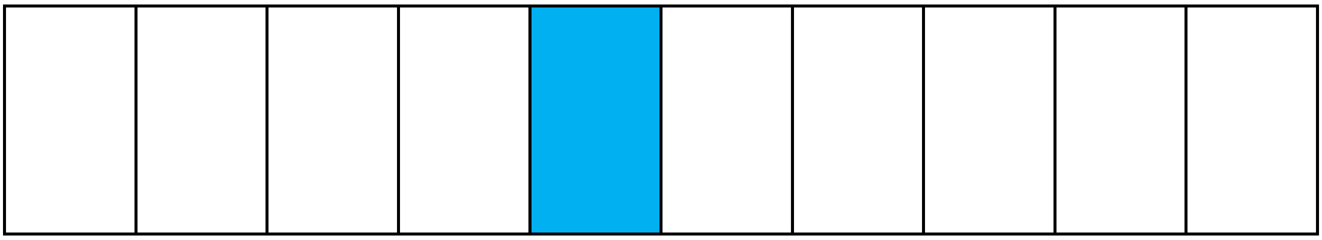


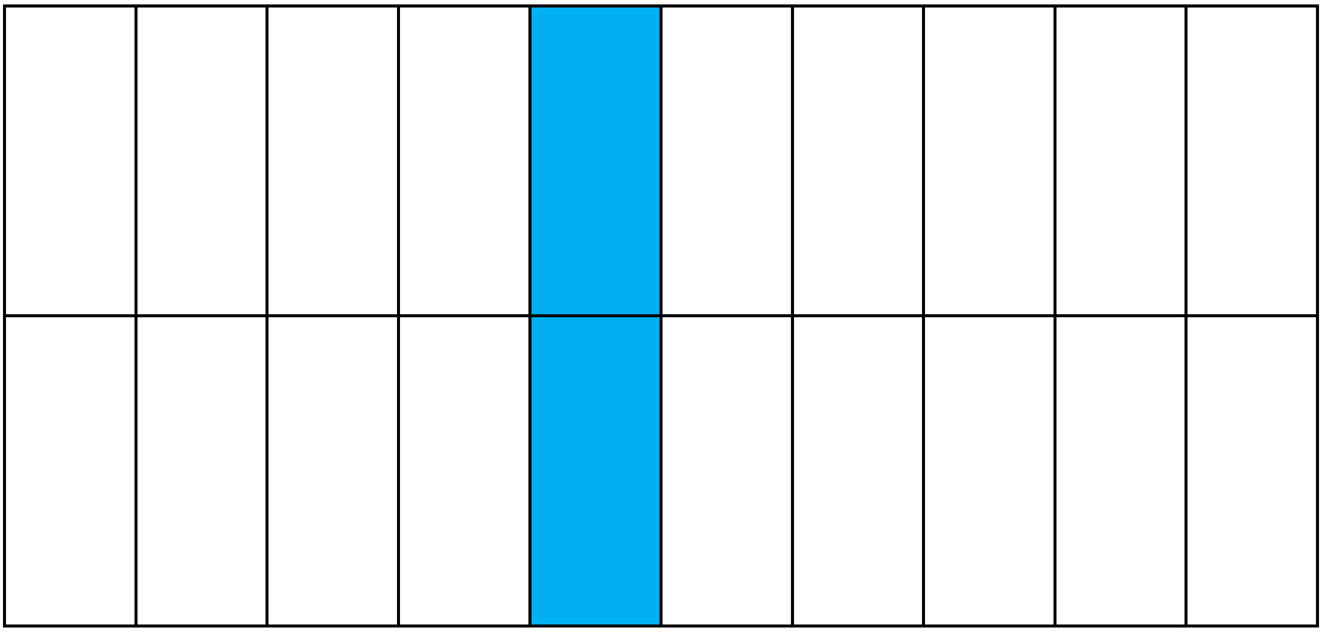


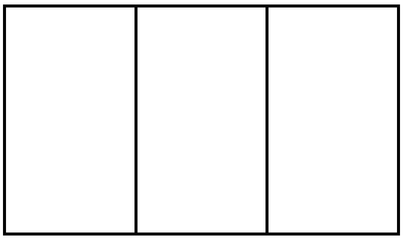


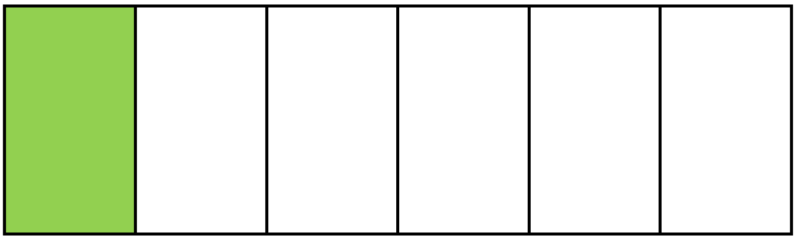


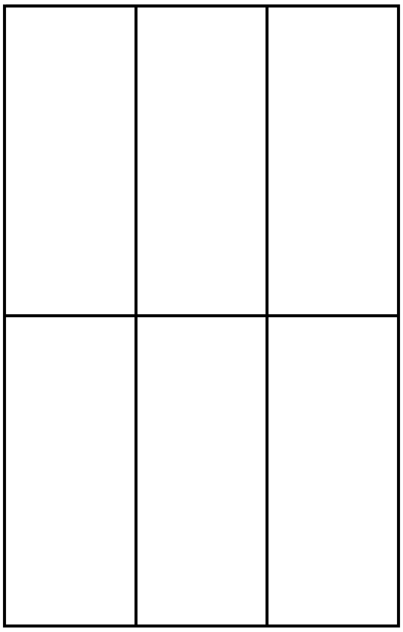


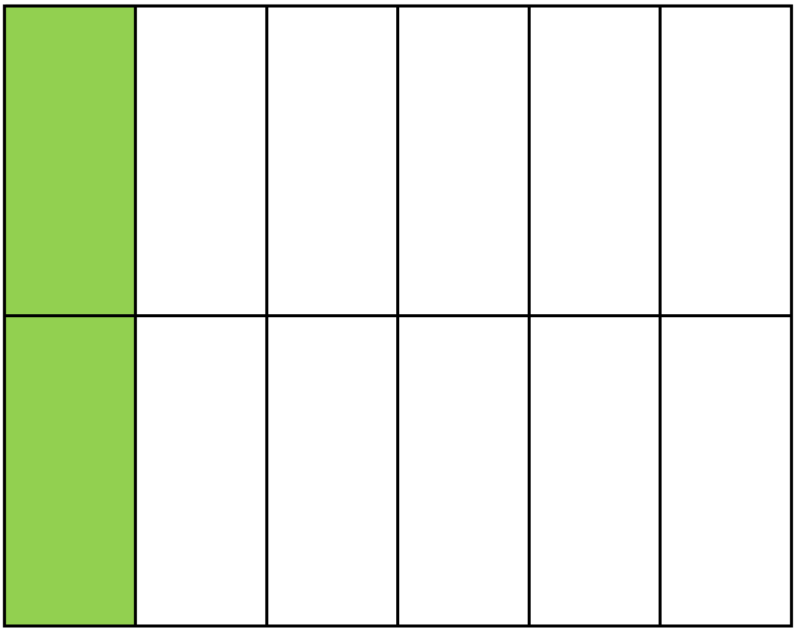


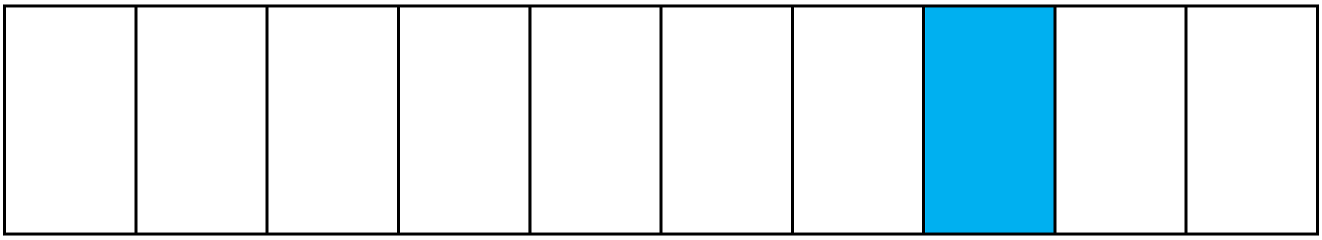


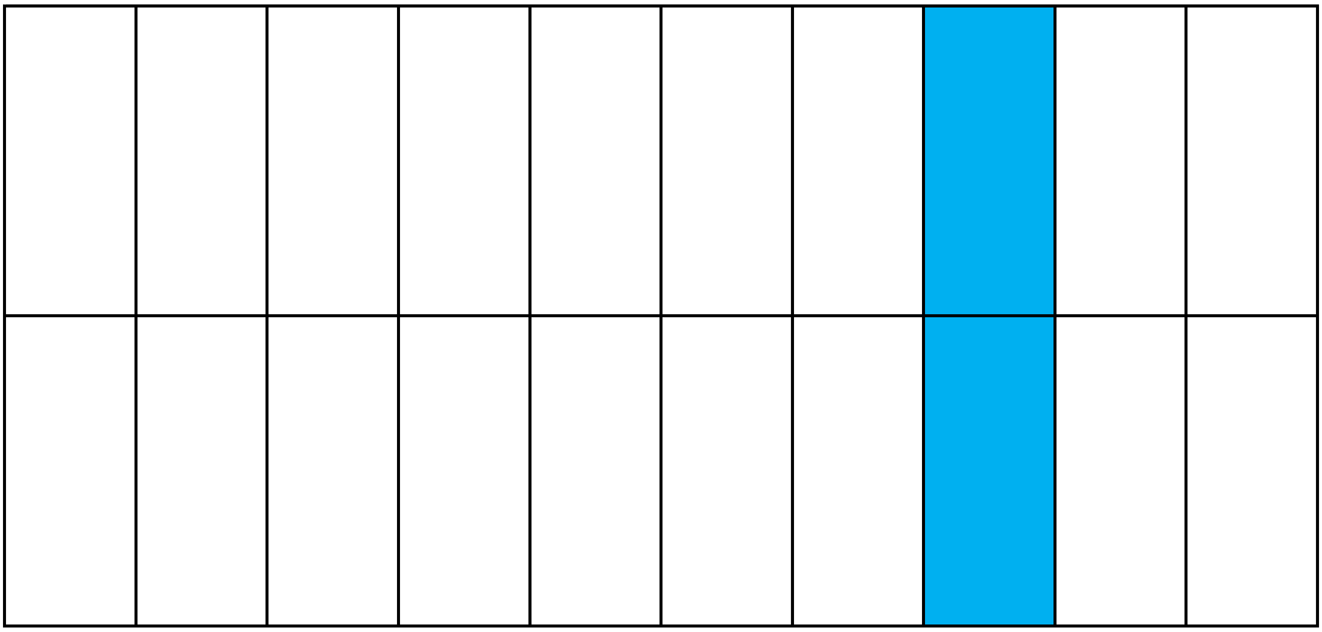


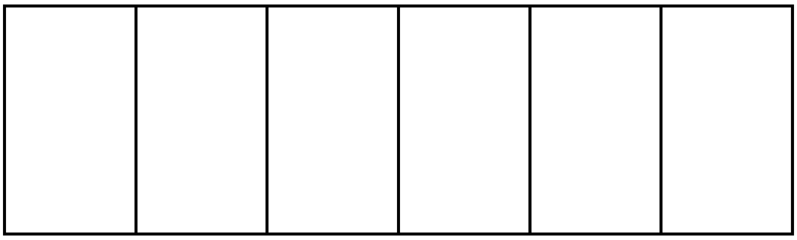


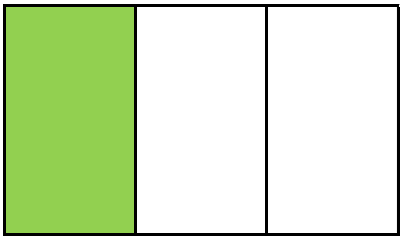


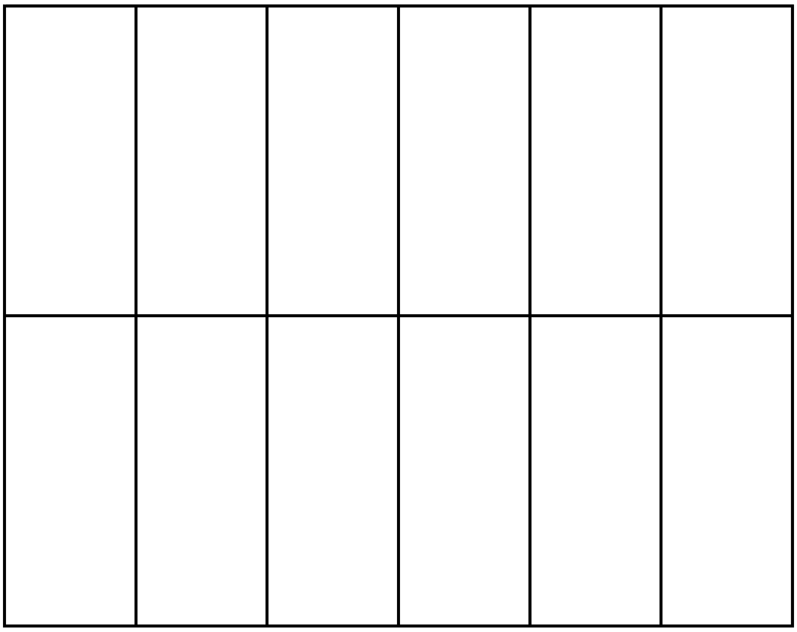


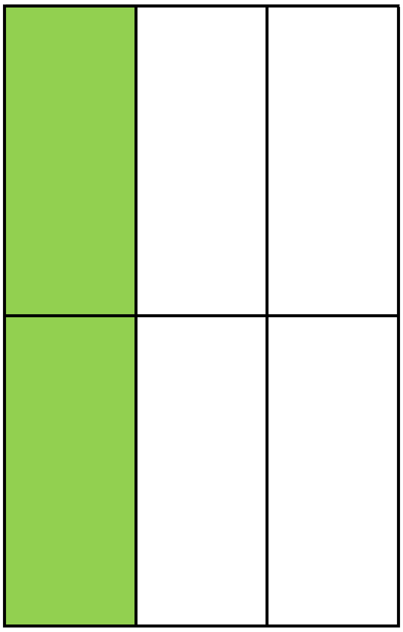


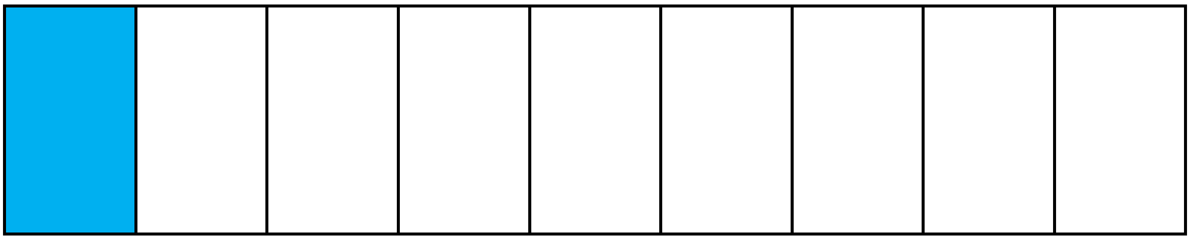


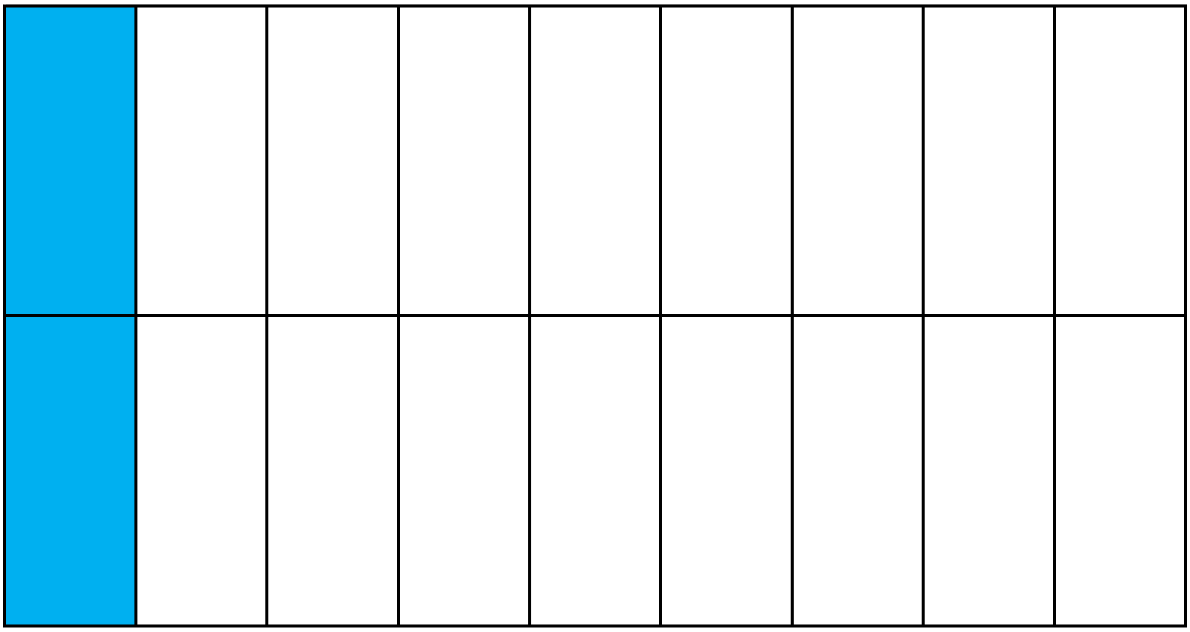


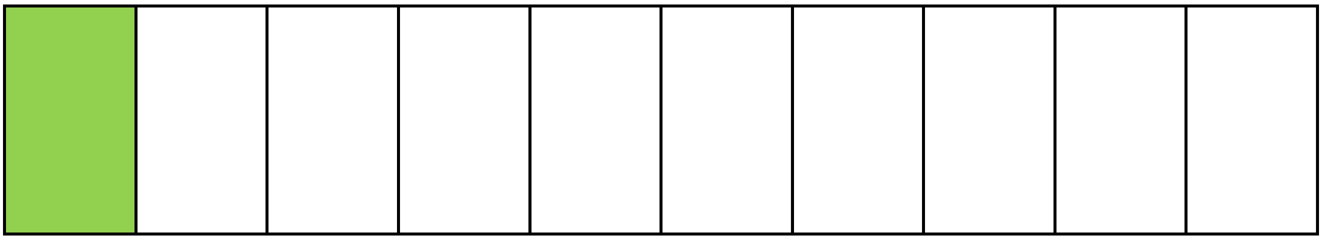


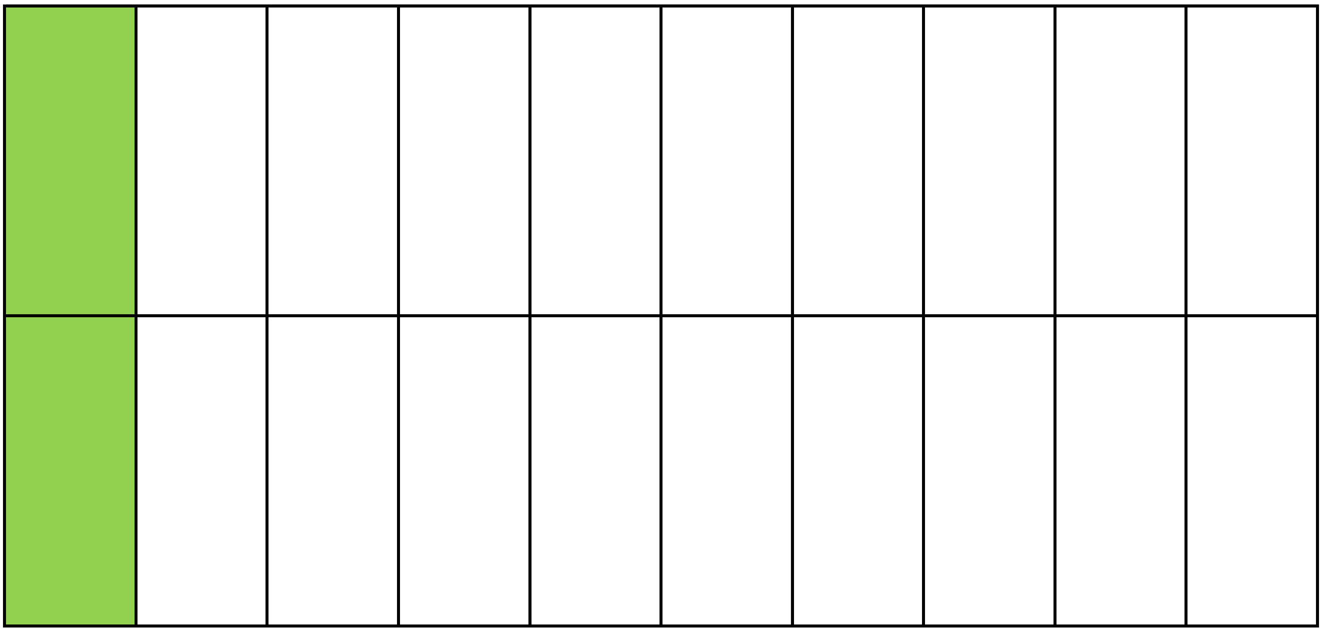


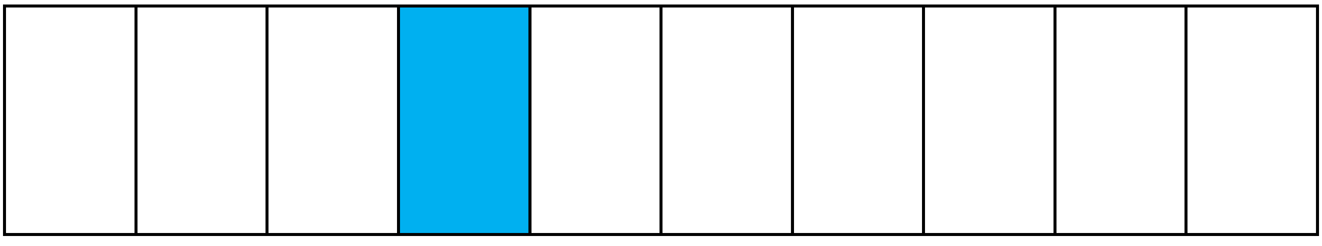


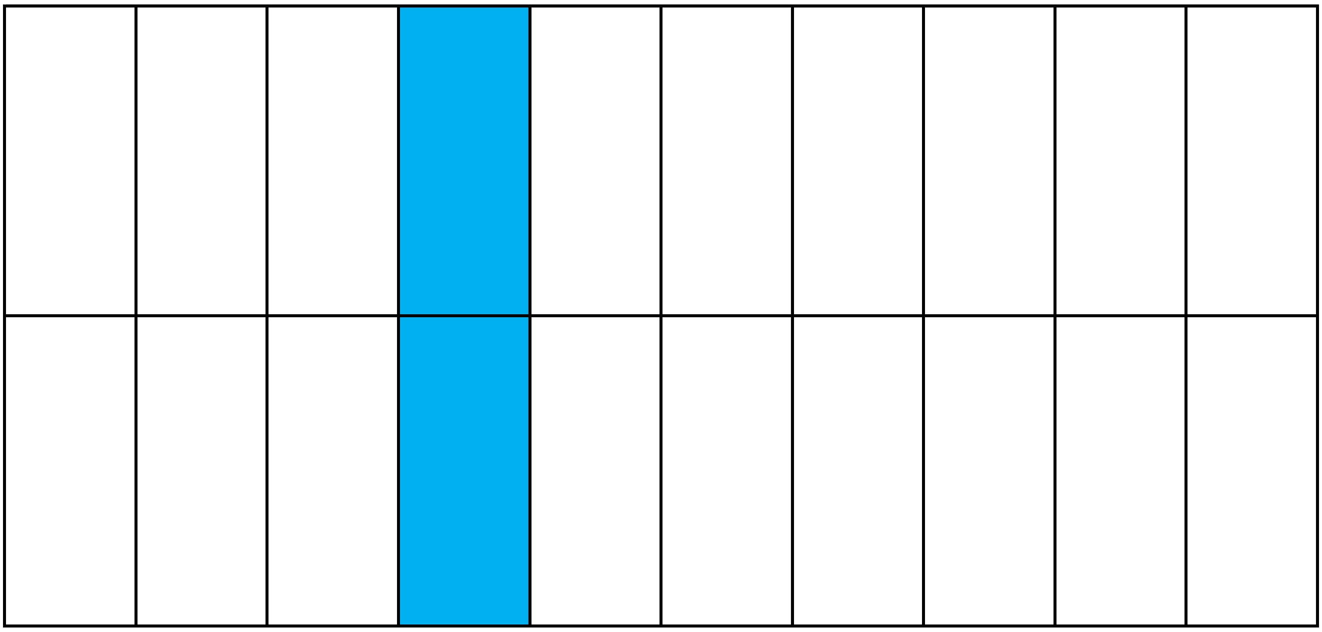


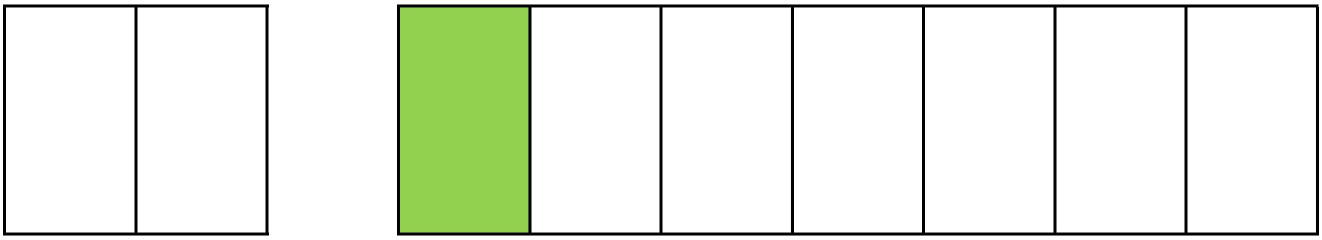


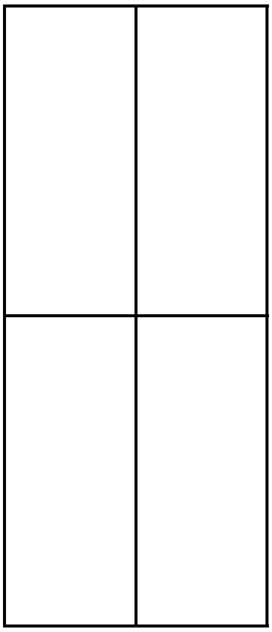


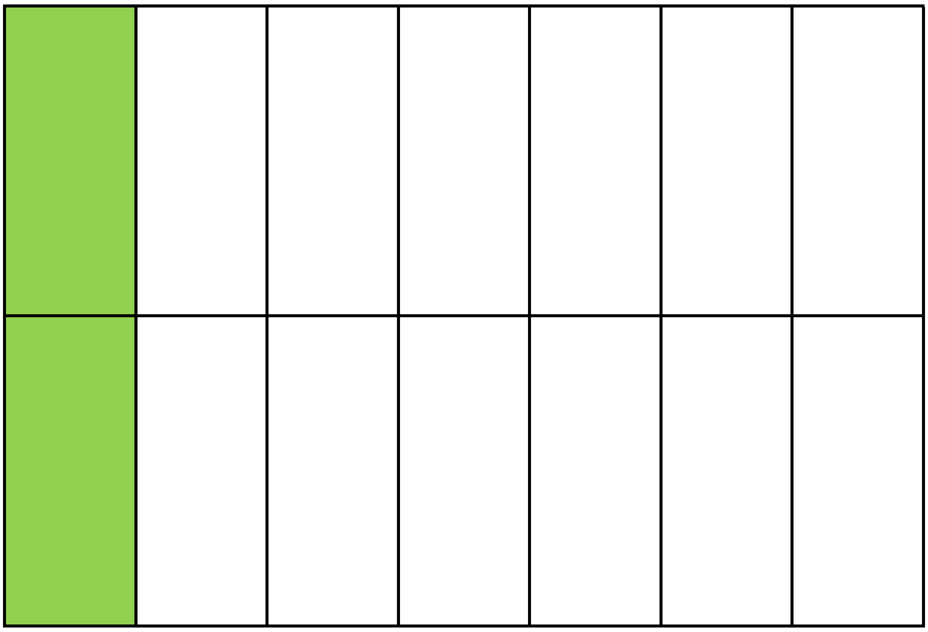


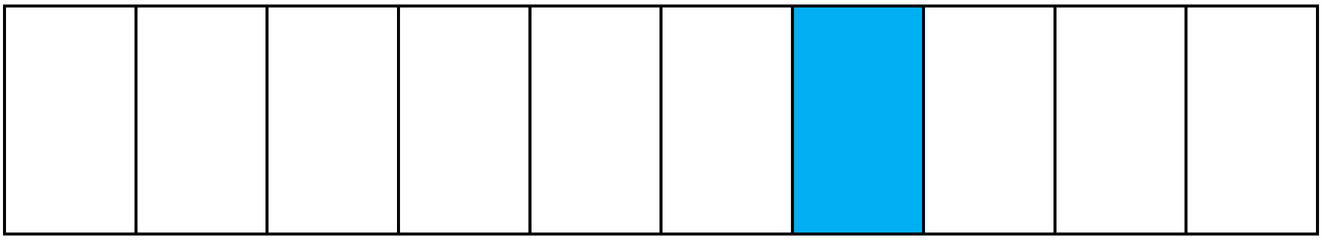


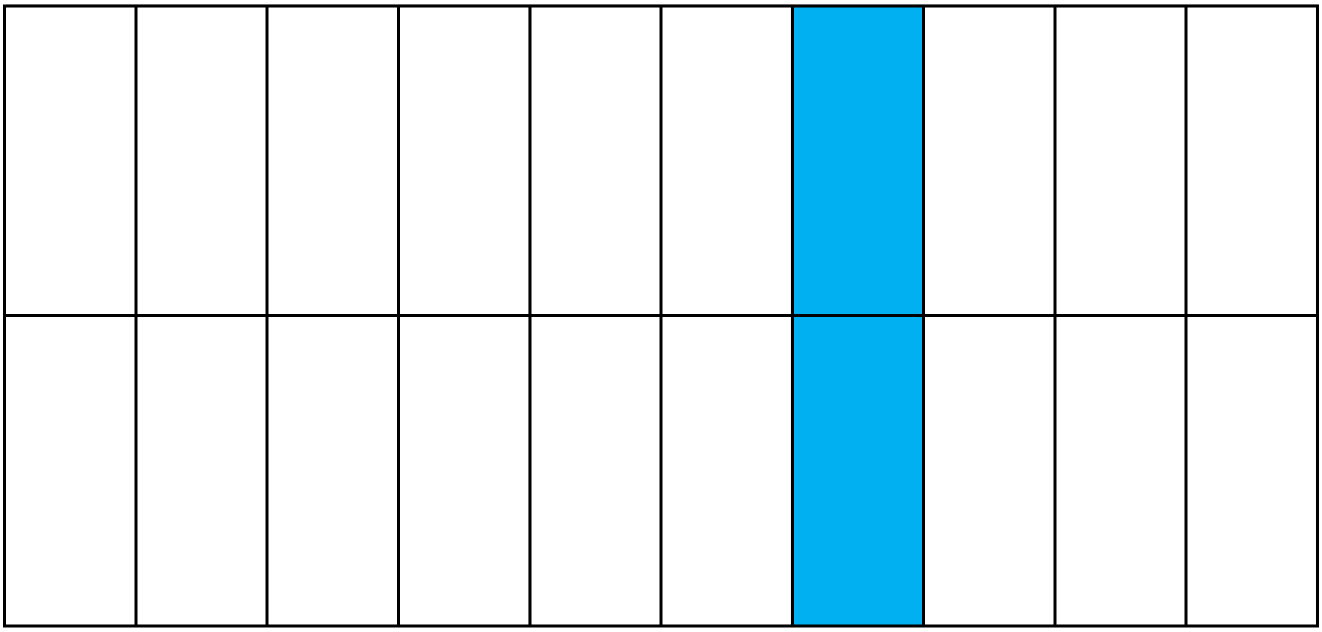


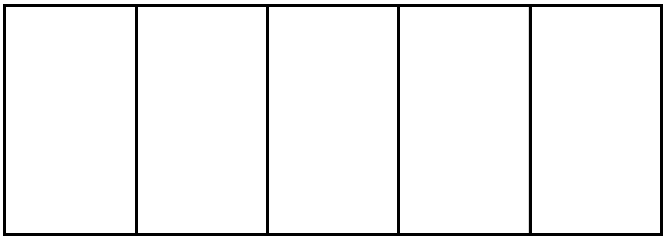


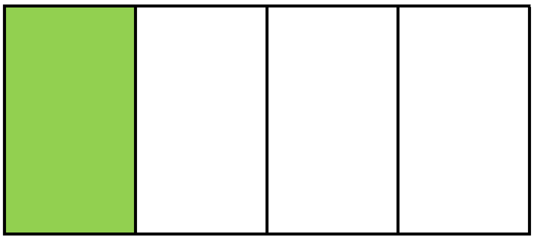


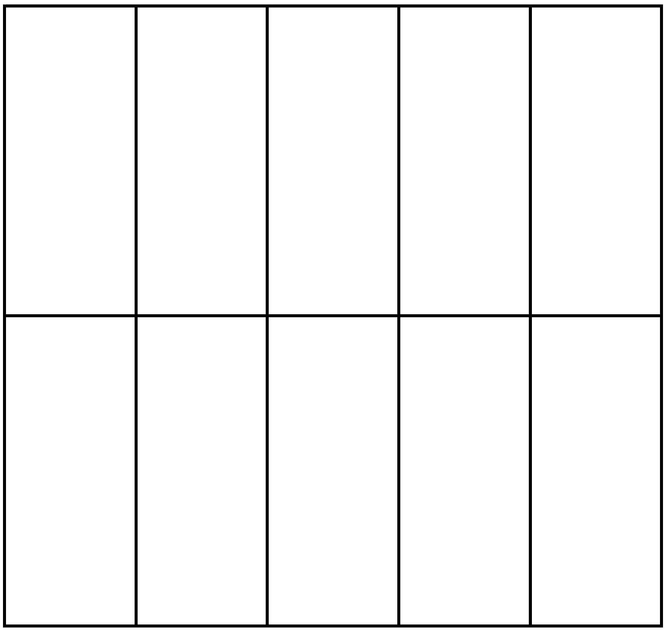


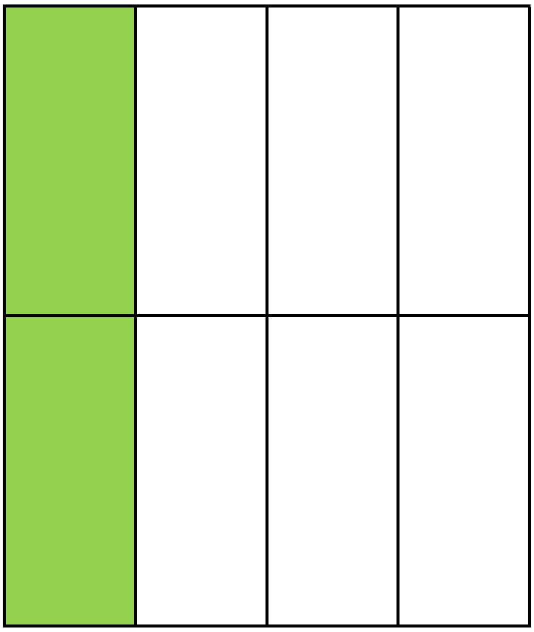


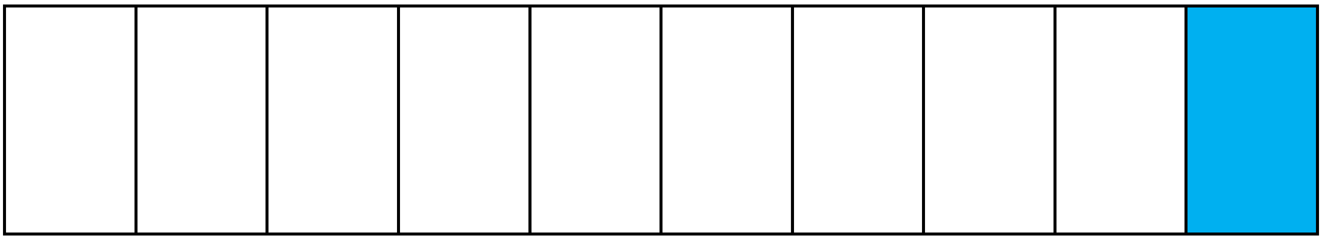


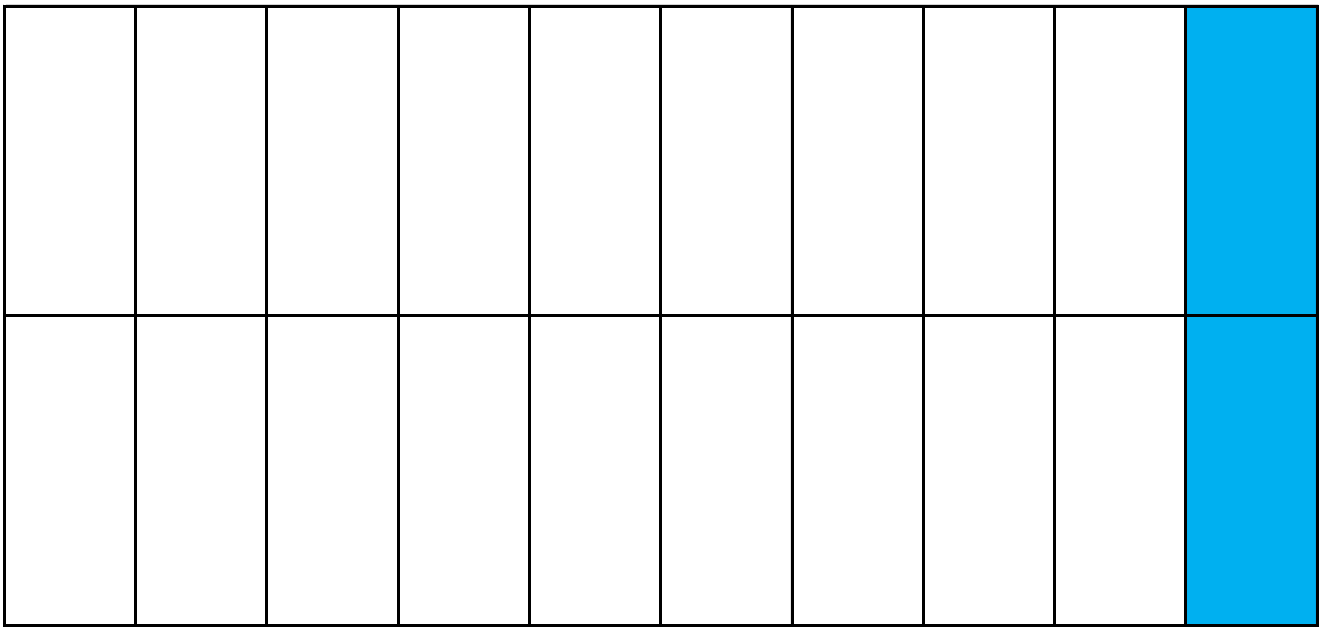


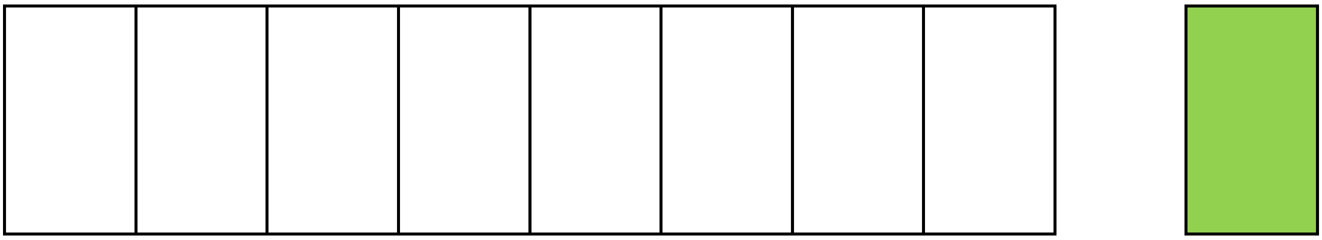


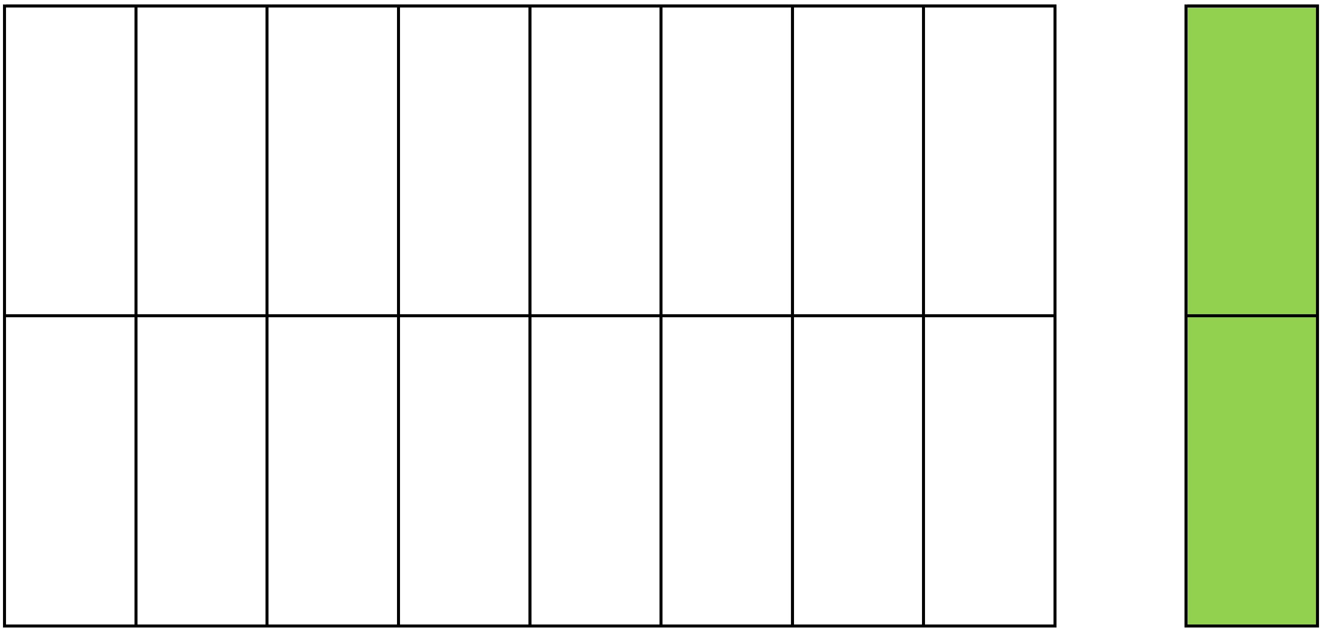


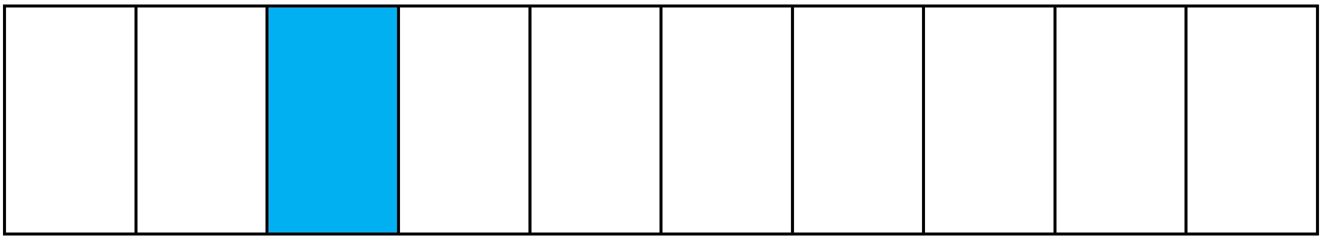


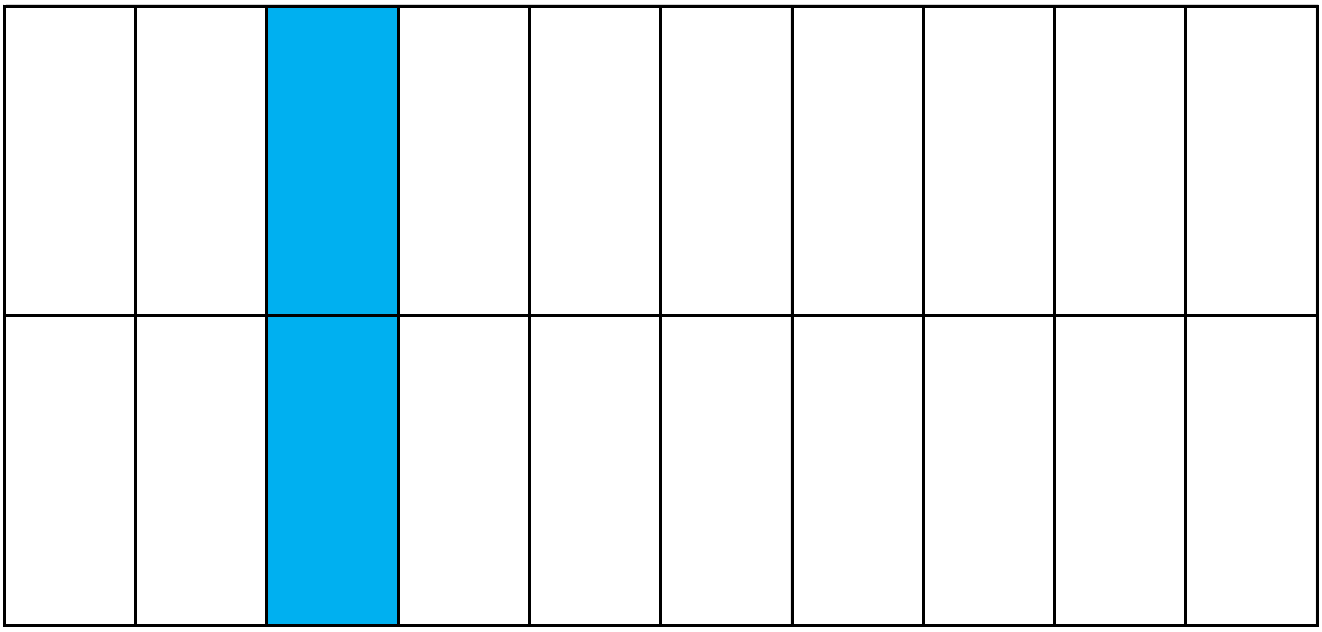


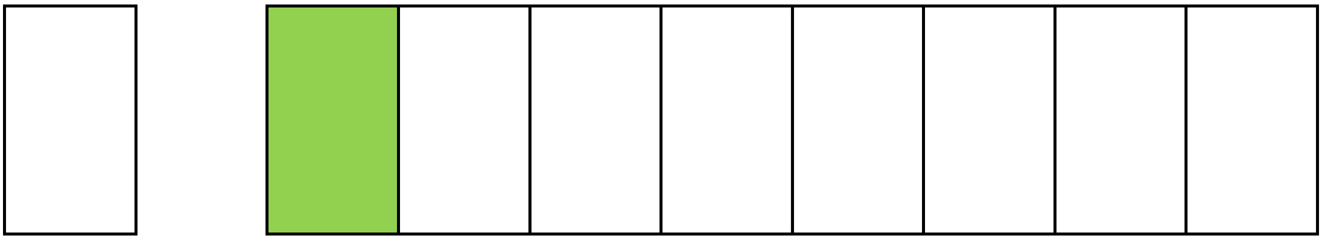


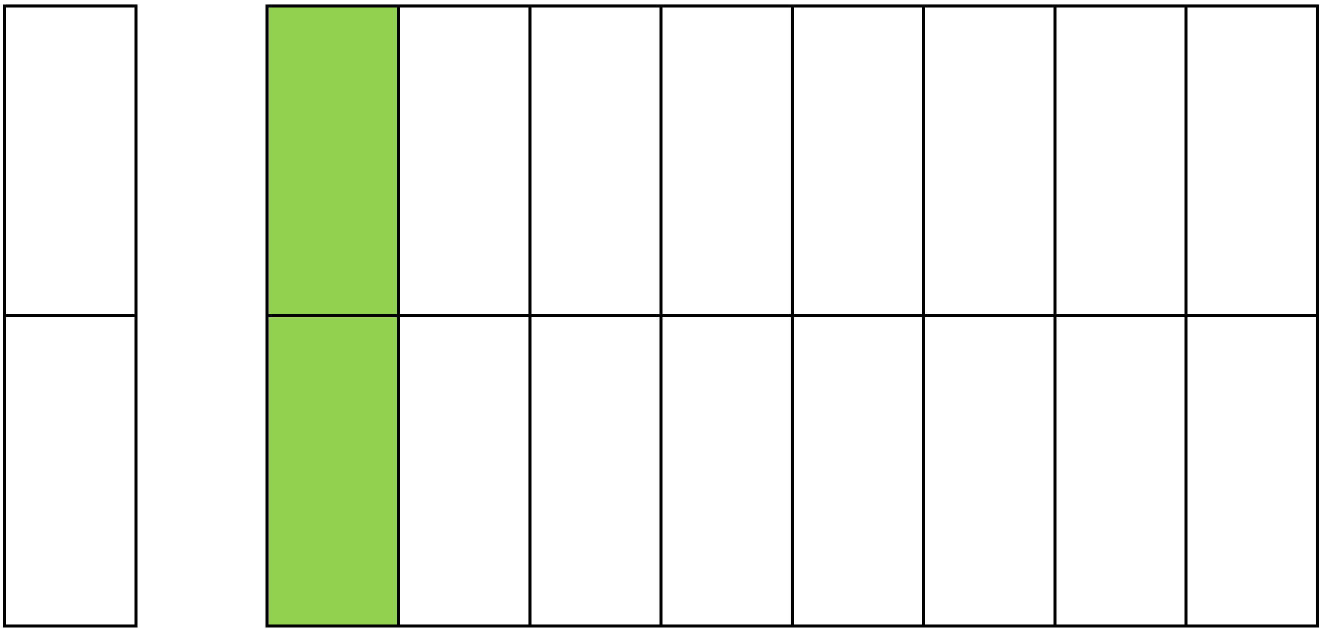


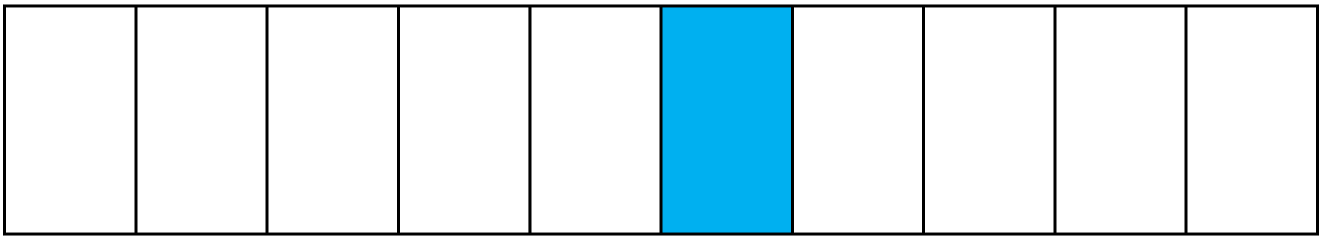


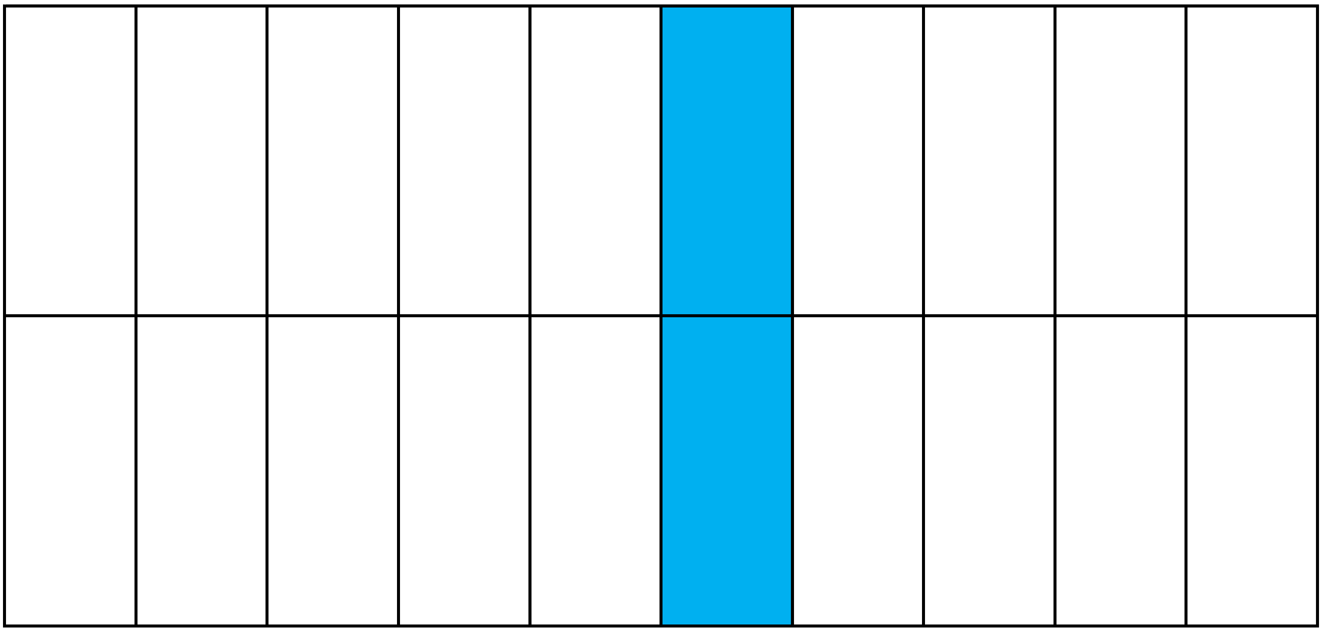


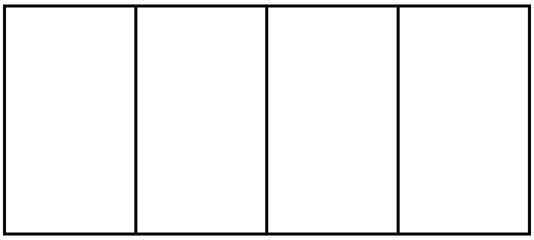


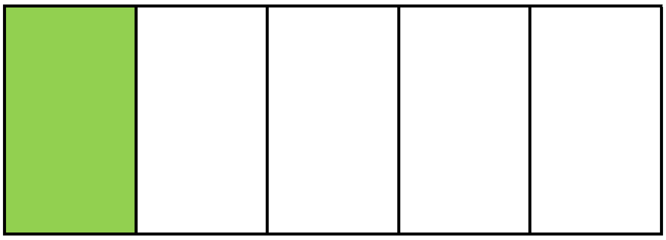


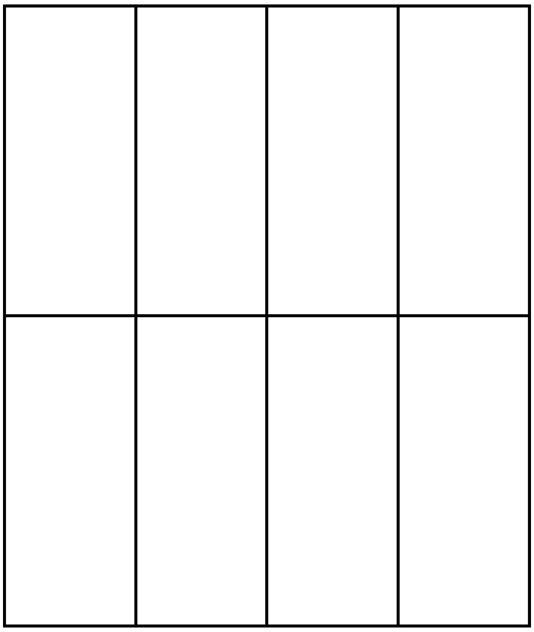


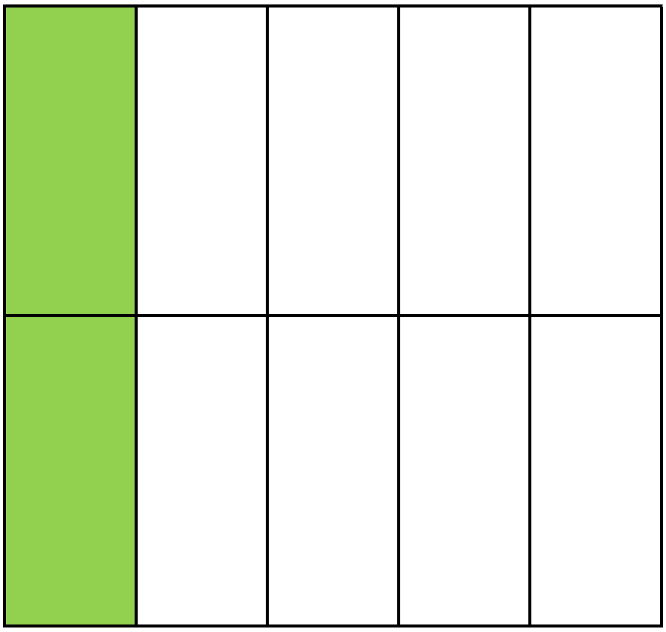


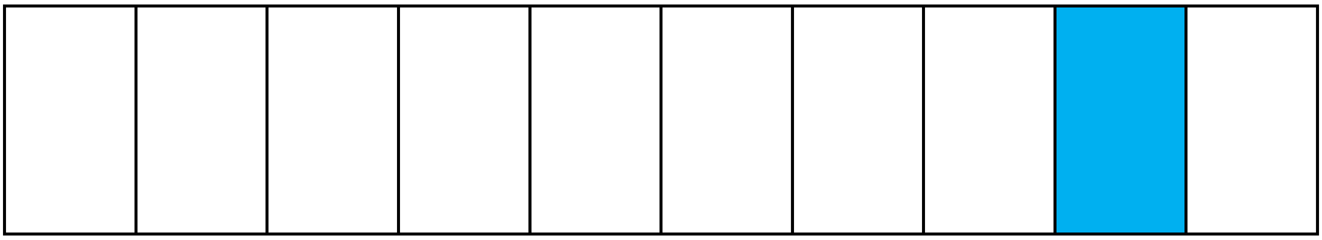


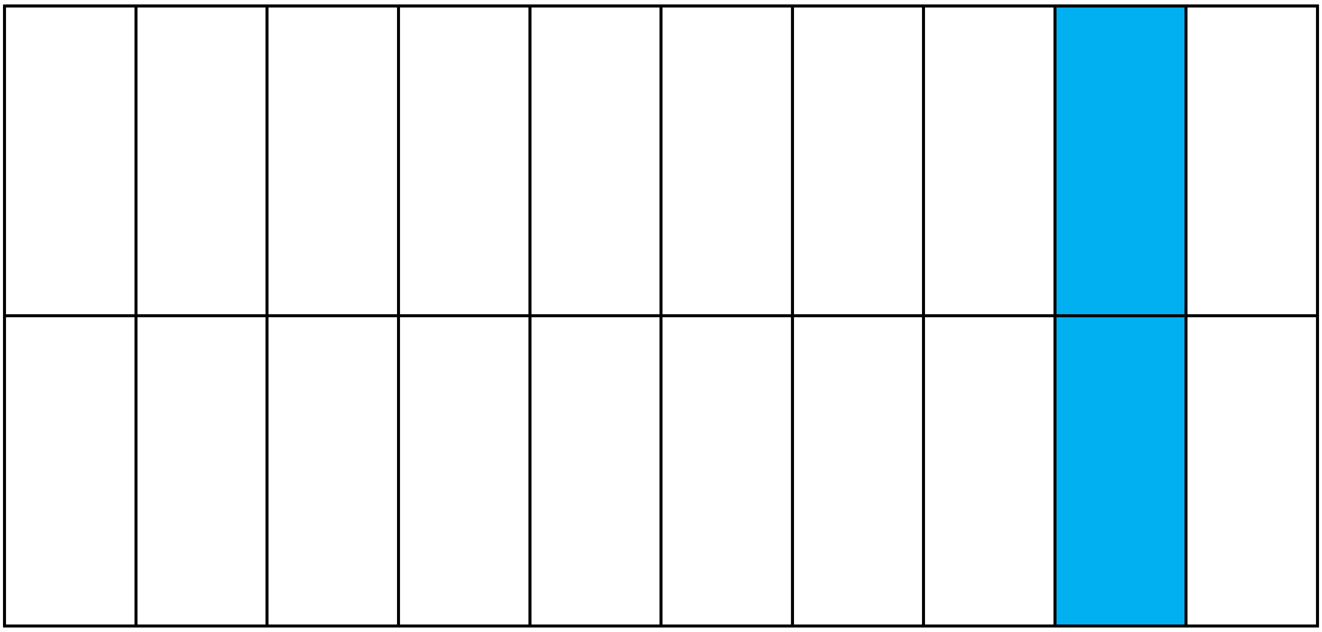


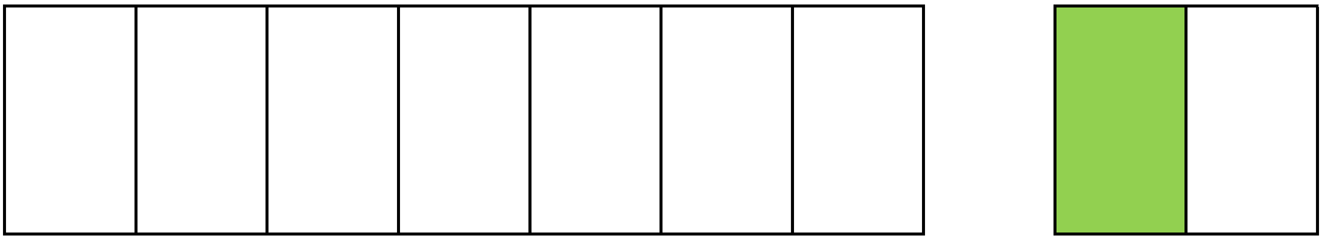


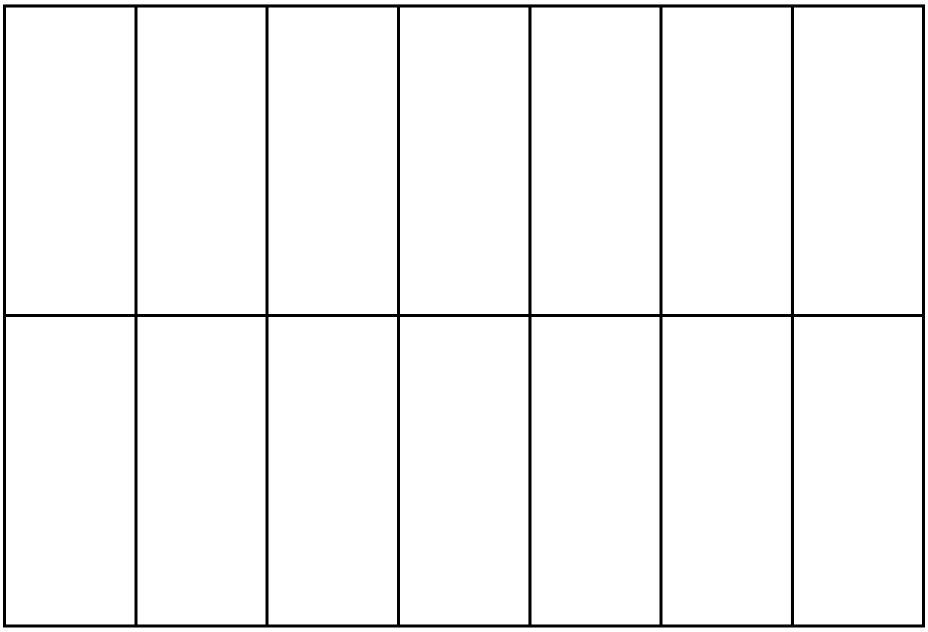


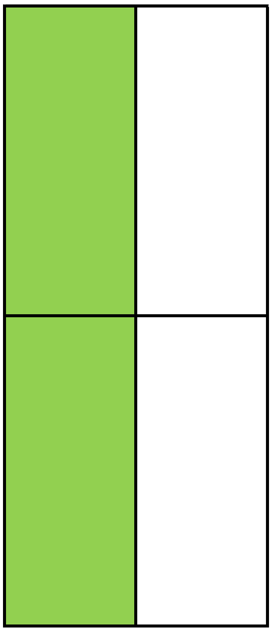


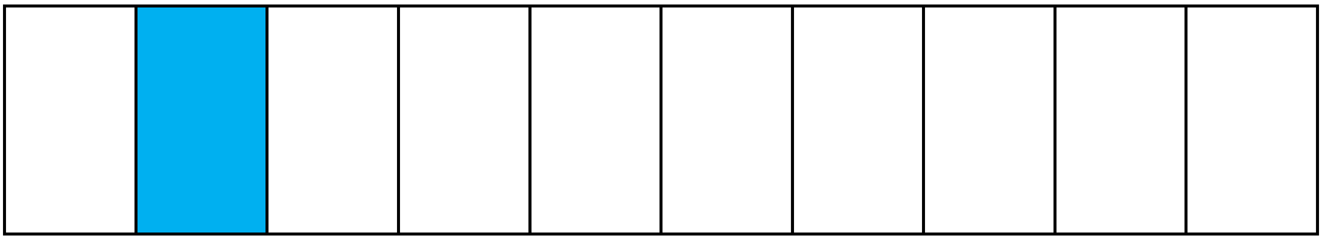


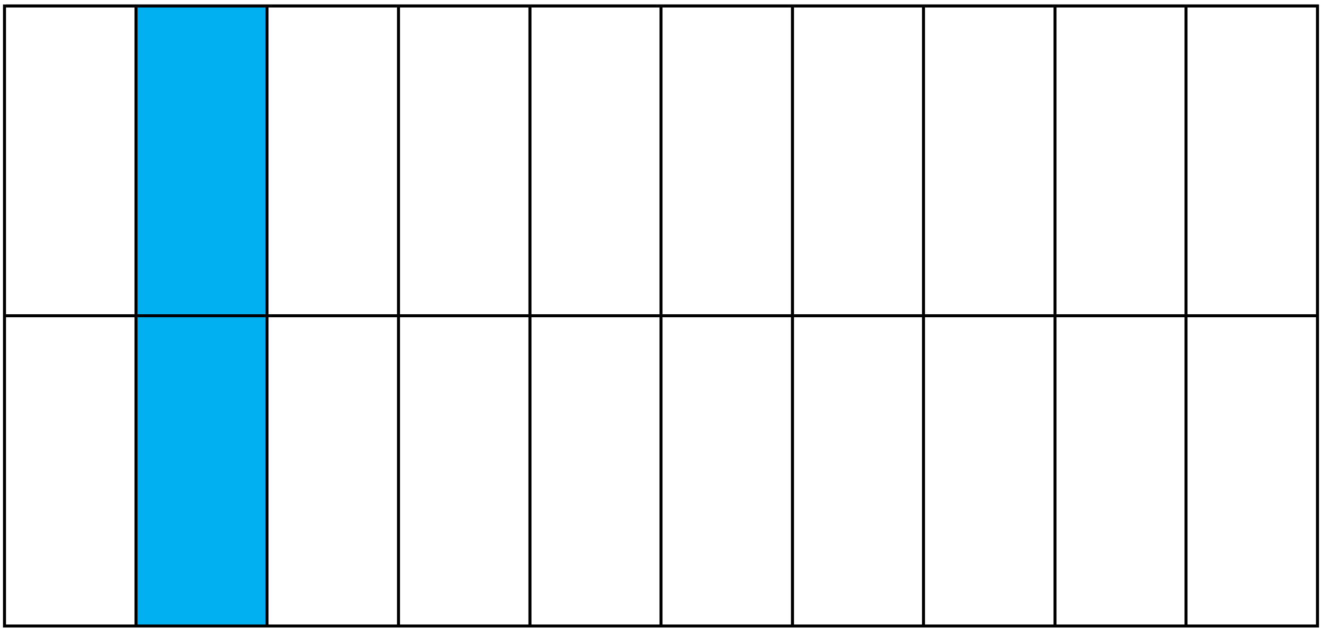


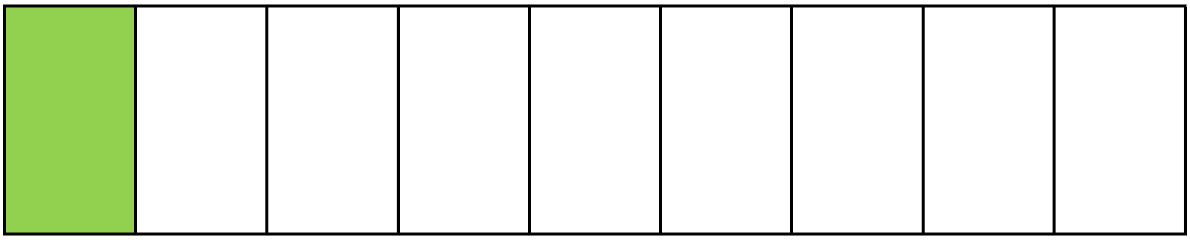


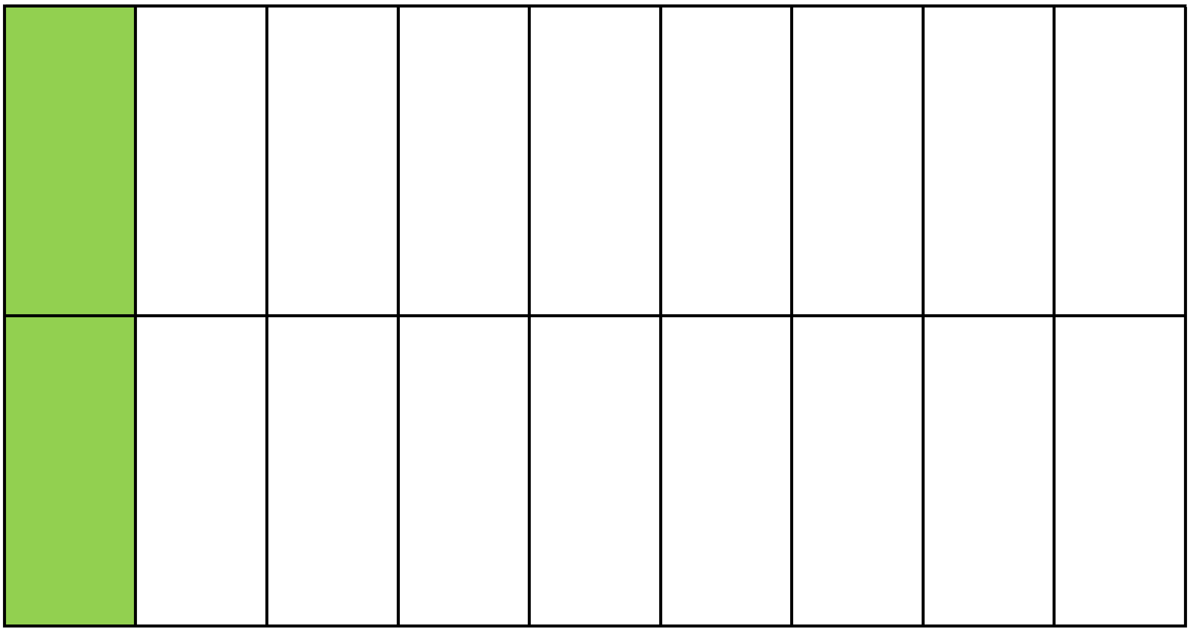


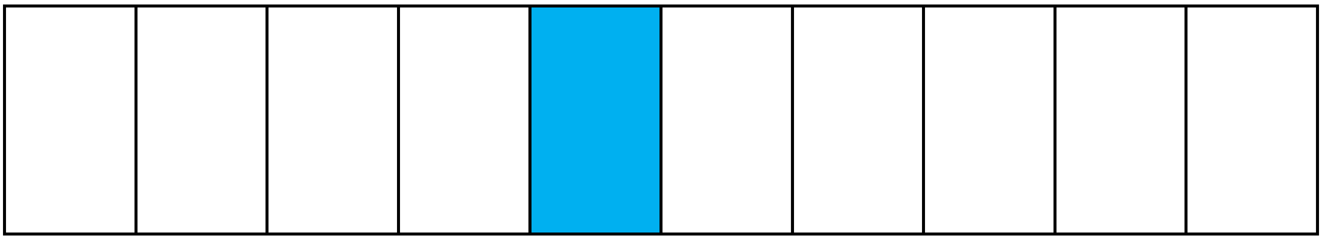


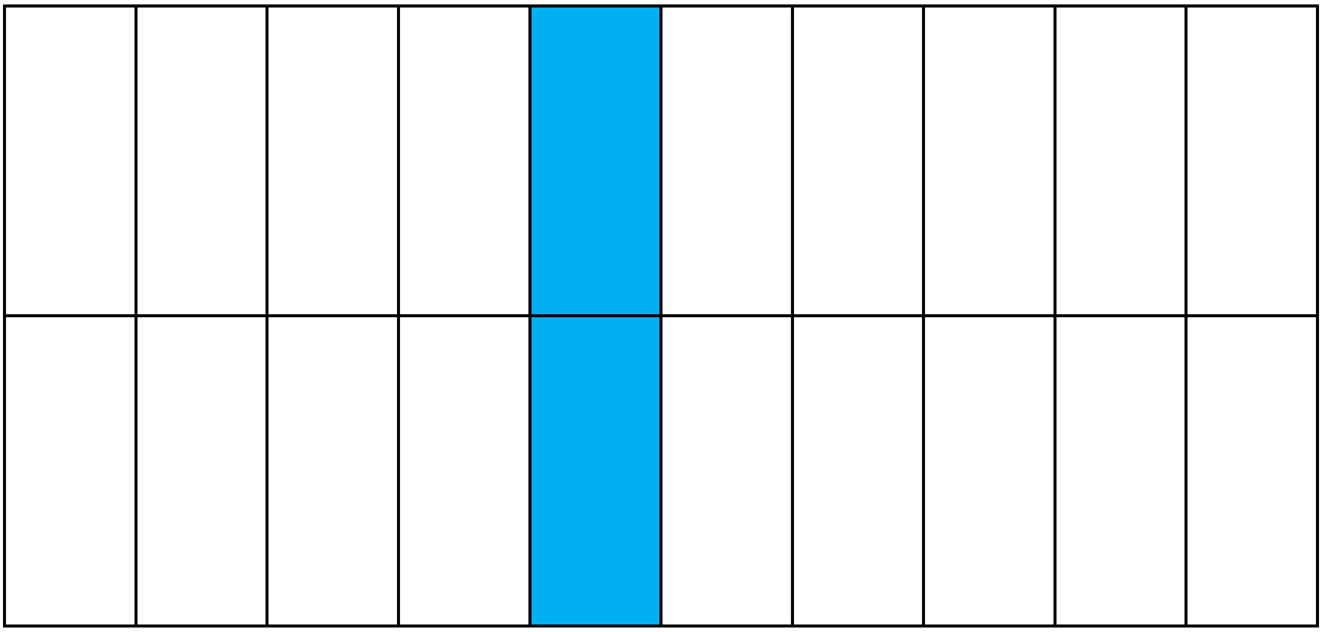


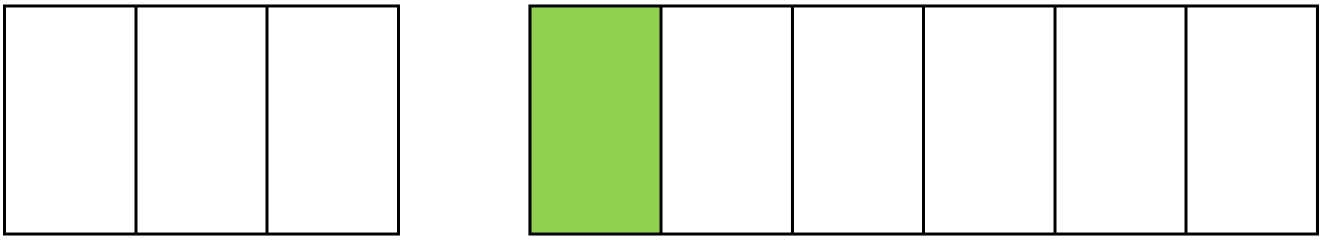


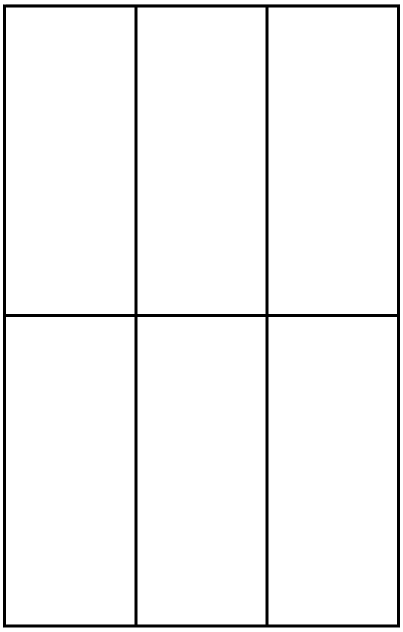


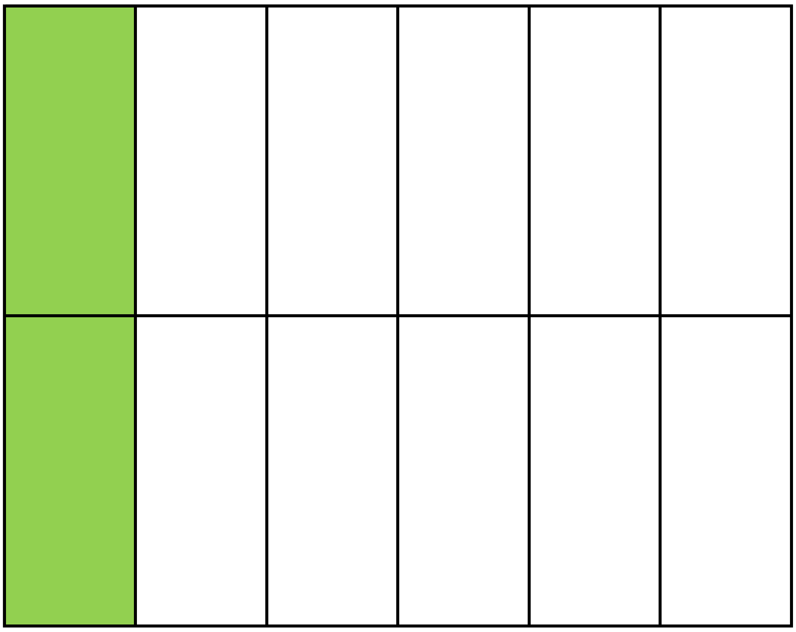


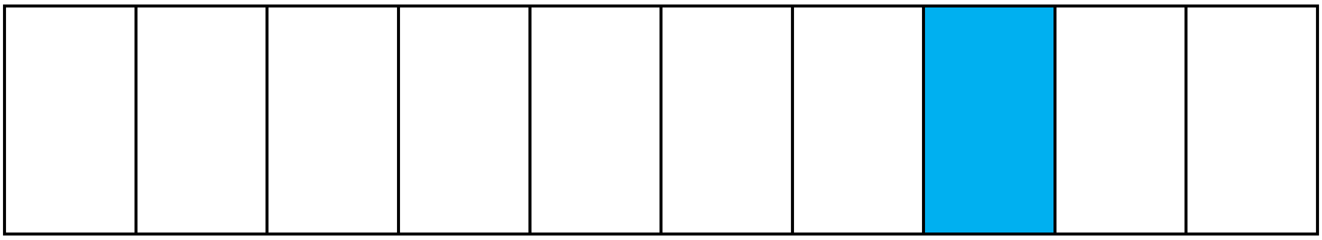


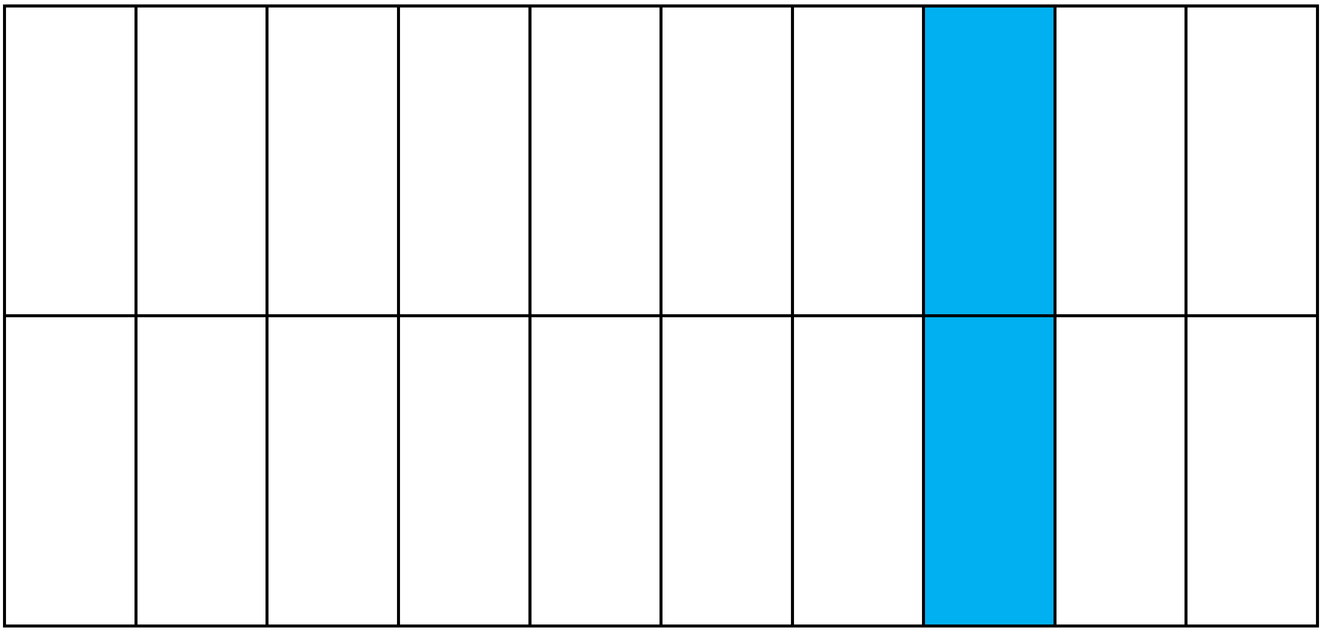


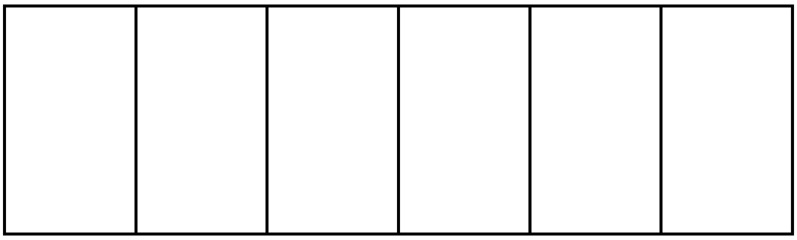


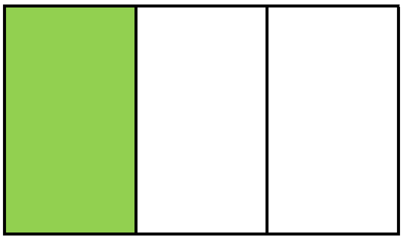


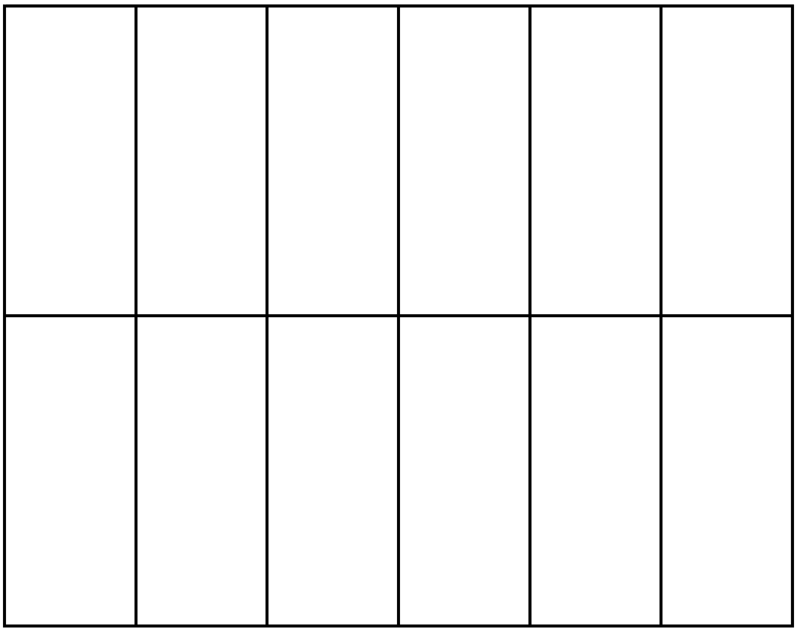


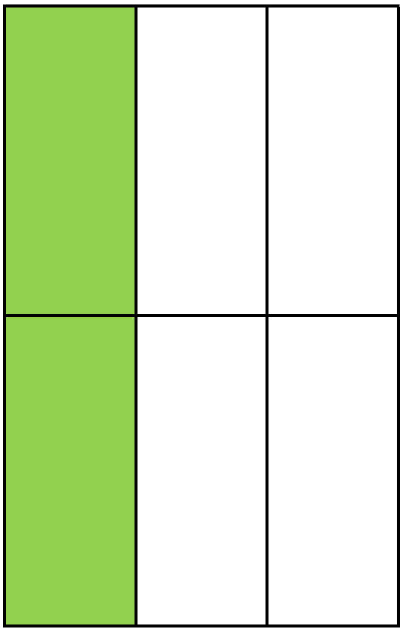


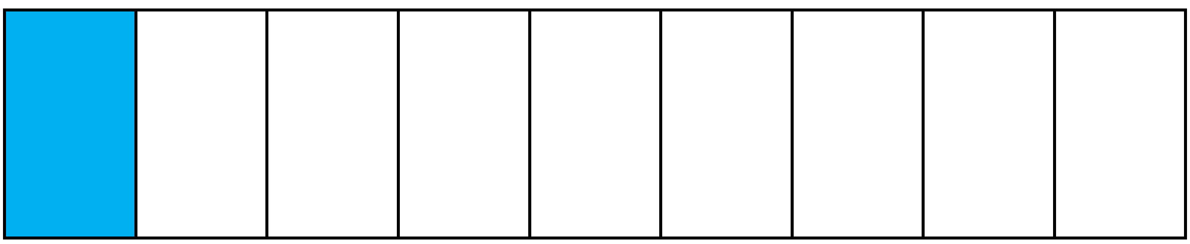


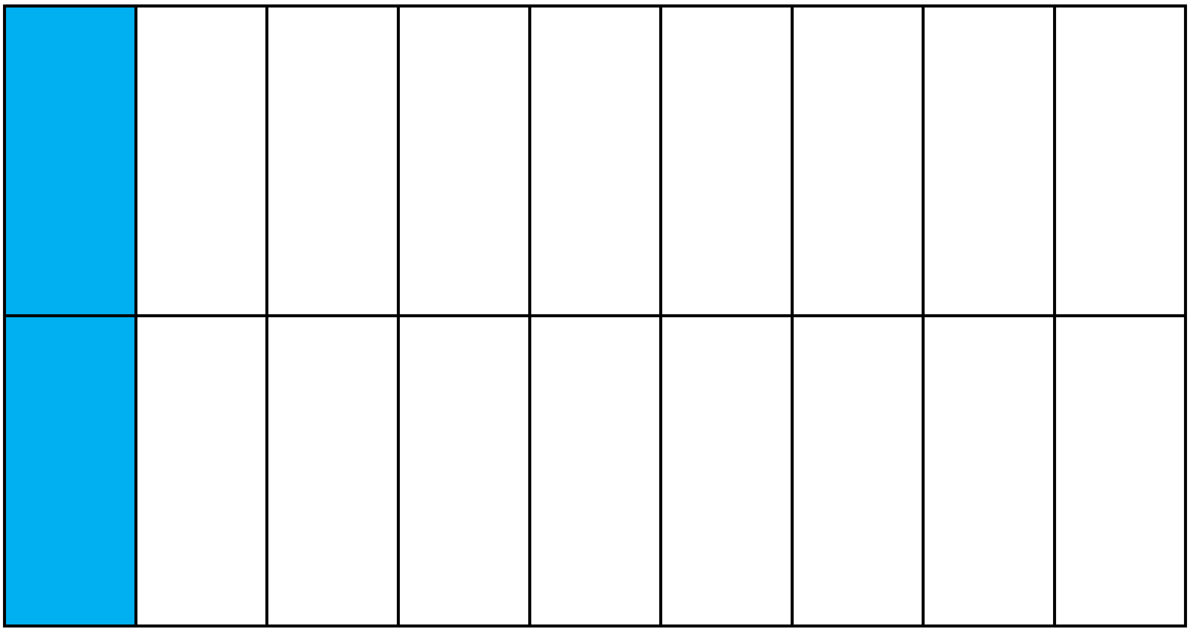


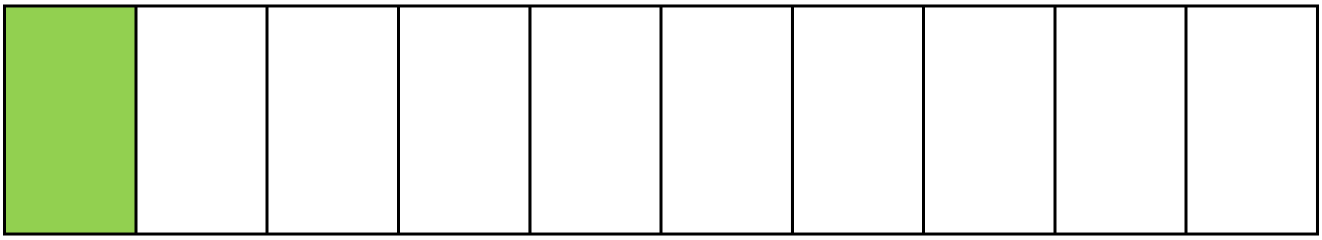


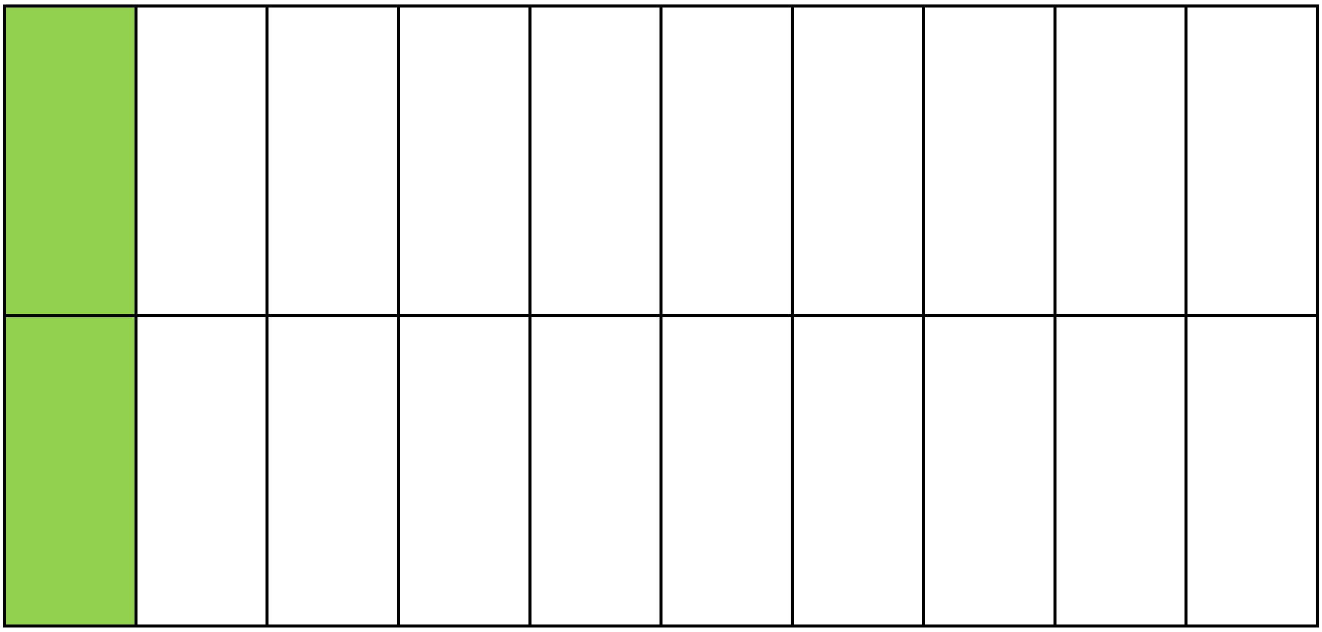












This page is intentionally left blank