Public Document Pack

Integrated Commissioning Sub Committee

Date: **THURSDAY, 11 JUNE 2020**

Time: **10.00 am**

Venue: **VIRTUALLY (LINK ON THE AGENDA PACK)**

Members: Randall Anderson
Marianne Fredericks
Ruby Sayed

Enquiries: **alex.harris2@nhs.net**

Lunch will be served in Guildhall Club at 1PM
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **INTEGRATED COMMISSIONING BOARD - THURSDAY 11 JUNE 2020**

For Information
(Pages 1 - 98)

2. **NEIGHBOURHOODS AND TACKLING INEQUALITIES**

For Information
(Pages 99 - 100)

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 in public of the two Integrated Commissioning Boards on Thursday 11 June 2020, 10.00 – 12.00
Zoom

Please follow this link to join the meeting (you will need access to Zoom):
Join Meeting

If you do not have access to Zoom, you can also dial-into the meeting using either of the following phone numbers:

+44 208 080 6591 / +44 208 080 6592

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	3-8	
3.	**Questions from the Public**	Chair	None	-	
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper	9-18	
Covid-19 response					
5.	**ICB Development**	Carolyn Kus *Update*	Verbal	-	10.05
6.	**Homelessness Update**	Siobhan Harper *For discussion*	Paper (from previous meeting)	19-21	10.10
7.	**Phase Two Update**	David Maher *For discussion*	Paper	22-40	10.30

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

8.	**Prevention Workstream Transformation:** • **Making Every Contact Count** • **Community Navigation** • **Find Support Services**	Sandra Husbands / Tamsin Briggs *For endorsement*	Paper	41-50	10.45
9.	**Reward & Recognition Policy**	Jon Williams *For approval*	Paper	51-77	11.15
10.	**Test, Track & Trace Update**	Sandra Husbands *Update*	Paper	78-91	11.30
11.	**Provider Alliance Update**	Jonathan McShane *Update*	Paper	92-93	11.45
For information items					
-	**Integrated Commissioning Glossary**	*For information*	IC Glossary	94-98	-

Date of next meeting:

9 July, Zoom

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 Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director - 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	Pecuniary Interest

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 14 May 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure	London Borough of Hackney
Cllr Caroline Selman	Cabinet Member for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney
Cllr Rebecca Rennison	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	CCG 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 Fentimen	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

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney
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 Golledge	Neighbourhoods Programme Lead	City & Hackney CCG
Nina Griffith	Unplanned Care Workstream Director	City & Hackney CCG
Ruby Sayed	Deputy Chair, Children and Community Services Committee	City of London Corporation
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Dr. Stephanie Coughlin	Clinical Lead	Homerton Hospital
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Tim Shields	Chief Executive	London Borough of Hackney
Apologies – ICB members		
Jane Milligan	Accountable Officer	NELCA
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Children's Social Care	London Borough of Hackney
Other Apologies		
Mark Jarvis	CFO	City of London Corporation

1. WELCOME, INTRODUCTIONS AND APOLOGIES

1.1. The Chair, Randall Anderson, opened the meeting.

1.2. Apologies were noted as listed above.

1.3. Randall Anderson noted that this was the first formal ICB since the granting of Royal Assent to the Coronavirus Act 2020 and publication of secondary legislation enabling the Board to take decisions virtually.

2. DECLARATIONS OF INTERESTS

2.1. Jake Ferguson declared an interest in relation to the Neighbourhoods item as the HCVS were named in the paper.

2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions from members of the public.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

4.1. The **City Integrated Commissioning Board:**

- **APPROVED** the minutes of the Joint ICB meeting held in public on 13 March 2020.
- **NOTED** the updates on the action log.

4.2. The **Hackney Integrated Commissioning Board**:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 13 March 2020.
- **NOTED** the updates on the action log.

5. ICB Terms of Reference

5.1 The ICB Terms of Reference had been submitted to the Board for endorsement. The changes were the addition of a paragraph noting that the Board would meet virtually. There had also been minor amendments made to portfolio titles of members.

5.1 **The City Integrated Commissioning Board**

- **ENDORSED** the revisions to the Terms of Reference.

5.2 **The Hackney Integrated Commissioning Board**

- **ENDORSED** the revisions to the Terms of Reference.

6. Covid-19 Response – Phase 2 Guidance

6.1 David Maher introduced the paper. Points raised in introduction included:

- Elective activity had been stepped down and patients in hospital had, as far as appropriate, been discharged back into community services.
- There is an expectation that there will be at least one more Covid-19 peak as we move out of lockdown.
- There will, in future, be a differentiation between covid and non-covid patients in hospital and community settings.
- Services were likely to remain virtual by default unless there was a clear clinical justification and benefit.

- The ICB had a crucial role to play, particularly in addressing health inequalities going forward.
- Some of the detail of this is still being worked-through with stakeholder input, in particular political membership and acute chief executives.
- Primary care treatment hubs were in place throughout Hackney. There had been initial issues with high levels of staff being required to shield (due to being vulnerable to complication from covid-19) or go into self-isolation (due to having covid-19 symptoms). This had since subsided.
- There had been a concerning spike in suicides during the lockdown. All suicides were of people who had been known to mental health services.
- There will be quite a lot of work taking place over the summer on moving towards a single CCG structure.

Discussion

6.2 Jake Ferguson raised the issue of health inequalities. We need a collective system response to this as BAME individuals had been disproportionately represented in covid-19 deaths. The ICB should have a co-produced strategy to address health inequalities. David Maher responded that there was a lot of work to be done on understanding the covid-19 impact on BAME communities and individuals. The Neighbourhoods teams would be well set-up to deal with this, however it was an iterative process.

- **It was agreed that a dedicated paper on health inequalities be brought back to the ICB for either June or July.**

6.3 Several attendees raised the issue of digital exclusion. It is important to realise that the "digital first" approach was a legitimate response to a serious pandemic, however we need to think about how we move forward and re-instate a degree of face-to-face work.

6.4 Gary Marlowe also expressed concern at the move towards a very centralised way of delivering services. This may be justifiable in terms of covid-19 but there was a risk of destabilising district general hospitals.

- **David Maher would bring back an update to the next meeting on what the ICB role would be in Phase 2 of the covid-19 response.**

6.5 In terms of likely future demand on mental health services, David Maher stated that there was currently a comprehensive staff offer. There was a growing acknowledgment that demand for mental health services had not been as high as anticipated and the reasons for this were not yet clearly understood. There was work ongoing to try and understand this.

6.6 **The City Integrated Commissioning Board**

- **NOTED** the update.

6.7 **The Hackney Integrated Commissioning Board**

- **NOTED** the update.

7. Covid-19 Hospital Discharge Service – Variation to S75 Agreements

7.1 The item was introduced by David Maher. He noted that this system was constantly changing and due to the need to move at pace, our engagement with partners had not been as good as it could have been.

7.2 Gary Marlowe responded to a question on whether discharged patients needed to be tested for coronavirus. He stated that whilst technically a test was required, there were instances where people were being discharged and placed before results came through.

7.3 Mark Rickets highlighted that the antibody tests would also be a very important piece of the response to covid-19. However there were still technical issues regarding the test and scaling it up to the general public that needed to be worked through.

7.11 **The City Integrated Commissioning Board**

- **NOTED** that the City of London S75 variation was signed and sealed on 7th May 2020;
- **NOTED** the report,

7.12 **The Hackney Integrated Commissioning Board**

- **NOTED** that the London Borough of Hackney S75 variation was signed and sealed on 30th April 2020;
- **NOTED** the report.

8. City & Hackney Service Changes

8.1 The item was introduced by Carolyn Kus.

8.2 Cllr Kennedy raised the issue of CAMHS Tier 2 mentioned in the report.

- **David Maher and Carolyn Kus to get a written response from the Mental Health team on the CAMHS Tier 2 services.**

8.3 **The City Integrated Commissioning Board**

- **NOTED** the report.

8.4 **The Hackney Integrated Commissioning Board**

- **NOTED** the report.

9. CCG Contracting Position

9.1 Sunil Thakker introduced the item.

9.2 Helen Fentimen noted that in ordinary circumstances the contract monitoring for one year would inform the next. She therefore asked what data capture was continuing during the covid period given we expect some degree of normality to resume? Sunil Thakker responded that the process would be iterative and would be brought back to ICB as things

move on. David Maher also responded that we need to think through the model for resourcing health and care services and how we join-up with providers in a different way.

- **Randall Anderson, Carolyn Kus and Alex Harris to work through re-establishing virtual ICB development sessions.**

9.3 The **City Integrated Commissioning Board**

- **NOTED** the report.

9.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

10. Provider Alliance Update

10.1 Jonathan McShane introduced the item. Formal work on the provider alliance had been paused several weeks ago due to the Sars-Cov-2 pandemic. The interim arrangement was focused on transformation investment monies. There was also an indication of an intention from providers to pursue deeper integration. The current situation had seen greater collaboration with providers through the System Operational Command (SOC) and the Neighbourhoods work. There was a meeting of the provider alliance and the CCG in the next two weeks, and then a paper would be brought back to a future ICB.

10.2 David Maher also stated that the SOC had been an embodiment of our Neighbourhood Health and Care partnership way of working. We need to take the best elements and leadership of that for a future model that would continue to make a program of work that improves residents' lives.

10.3 Honor Rhodes stated that we need to ensure third sector representation on this provider alliance work. The voluntary and community sector have played a key role in the covid response and need to be involved much more in all future discussions.

- **David Maher and Jonathan McShane to share a paper with the ICB at a future meeting on the provider alliance approach to service delivery, outcomes and patient experience.**

10.4 The **City Integrated Commissioning Board**

- **NOTED** the update.

10.5 The **Hackney Integrated Commissioning Board**

- **NOTED** the update.

11. Testing, Tracking and Tracing

11.1 Due to the ongoing Covid-19 situation, the Chair requested that this item be discussed by the ICB as a matter of urgency. The update was provided by Sandra Husbands and included the following points:

- There had been several plans around for tracing but nothing concrete had been provided yet.

- The first pillar of the program was the app being trialled on the Isle of Wight. This was due to be rolled out on Monday but so far there had only been a 30-40% uptake on this. The purpose of the app would be to alert people that they have been in contact with someone who has had a positive coronavirus test.
- Tier 1 of the staffing was specialist services with relevant experience from a variety of sectors.
- Tier 2 staff were approximately 3,000 people who had been recruited through NHS Jobs to perform a variety of specialist services.
- Tier 3 of staff were largely administrative staff employed by outsourcing agencies.

Discussion

11.2 Cllr Kennedy stated that himself and the Mayor had written to the Department for Health and Social Care asking that Hackney be considered as a possible trial area for contact tracing.

11.3 Jake Ferguson stated that he hoped that there would be some resourcing associated with this. There was an opportunity to build relationships for our local communities. There were, in some segments of the community, a high level of mistrust towards official institutions and they therefore may not wish to install an official government app.

- **Sandra Husbands to provide further details on discussions that have taken place on communications and contact-tracing.**

11.4 Randall Anderson stated that he was concerned that the view from central government was that the app was the bulk of what was required. Sandra Husbands also added that there was an over-reliance on the app. In Singapore there had been an uptake of only 20% despite them having had a fairly severe SARS outbreak and a bad covid-19 outbreak. South Korea, which had employed a successful contact tracing program, had not used an app at all.

11.5 Helen Fentimen expressed concern about a national approach to contact tracing, and she could not understand why the central government agencies felt they were better placed than local agencies to do this work. There were too many interfaces where this could go wrong. Traditional contact-tracing measures were effective and had a proven track record of working.

- **Councillor Kennedy to raise the possibility of a London-wide vanguard program with relevant partners.**

12. Neighbourhoods Year 3 Business Case

12.1 The item was introduced by Nina Griffith, Mark Golledge and Stephanie Coughlin. It was highlighted that the Neighbourhoods model had been a necessary way of working during the pandemic and would enable the next phase of covid-19 working. We also needed to think about wider services outside of purely statutory ones.

12.2 There had been a lot of work undertaken to support the establishment of primary care networks. The pilot in Clissold Park, meanwhile, had very positive results and has been supporting our roll-out across all eight neighbourhoods.

12.3 Honor Rhodes asked how this work would link-up with formal governance structures. Nina Griffith responded that this had not been progressed as much as would have been ideal due to the need to pause regular program governance during the pandemic. There had now, however, been a coming-together of system partners and a shared sense of wanting to move things along quickly. Randall Anderson noted that this question may be a suitable topic for a future ICB development session.

- **Anne Canning stated that she would bring back a paper to a future ICB on the interface between Neighbourhoods and the CYPMF workstream.**

12.4 It was noted that next month there may be an identification of population health priorities for neighbourhoods. Members stated that it would be helpful to understand the interaction between the wider determinants of health, the Health and Wellbeing Boards and how these would flow to the ICB. Nina Griffith responded that we have been developing health outcomes however the Health and Wellbeing Boards had a wider remit.

12.5 In terms of the voluntary sector, covid-19 had not been part of our thinking when the business case was first written. The discussions with the voluntary sector had been focused on developing infrastructure that would enable the service delivery side of things.

12.6 We have developed good data about population health needs, including our health needs, service provision and outcomes. We are planning to run a number of Neighbourhood-level partnership groups in May to look at the data and allow them to think about what our priorities were.

12.7 Cllr Kennedy commended this work. He requested that the teams start talking to the wider stakeholders such as housing associations. He also requested that we consider the impact of this beyond the first 1,000 days. Mark Golledge responded that there had already been calls with housing teams today to progress those conversations.

12.8 Jake Ferguson expressed concern at the lack of consideration of equalities on the cover sheet. Nina Griffith responded that this was an administrative error in transferring information over a variety of cover sheets.

- **Nina Griffith to provide ICB with a one-page briefing on equalities issues in the Neighbourhoods work.**

13. Homelessness Update

13.1 Due to time constraints, the briefing would be uploaded to the website.

- **Siobhan Harper to take questions on the homelessness update via e-mail. Alex Harris to upload the briefing to the City of London and Hackney websites.**

Date and time of next meeting

The next meeting will be held on 11 June – virtual.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-1	A dedicated **health inequalities paper** would be brought back to ICB in either June or July	David Maher	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-2	An update to be brought to the **June** meeting of the ICB on the ICB role in **Phase 2 of covid planning.**	David Maher	14/05/2020	Jun-20	Closed.	Phase 2 discussion is on the agenda.
ICBMay-3	David Maher and Carolyn Kus to get a written response from the Mental Health team on the **CAMHS Tier 2 services.**	David Maher / Carolyn Kus	14/05/2020	May-20	Closed.	This was circulated.
ICBMay-4	Sunil Thakker to bring back updated progress report on **CCG contracting position.**	Sunil Thakker	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-5	David Maher and Jonathan McShane to share a paper with the ICB at a future meeting on the **provider alliance approach to service delivery, outcomes and patient experience.**	Jonathan McShane	14/05/2020	Jul-20	Open.	Provider alliance discussion is on the agenda for June and a more detailed paper will be brought back in July.
ICBMay-6	Sandra Husbands to provide further details on discussions that have taken place on **communications and contact-tracing.**	Sandra Husbands	14/05/2020	Jun-20	Open.	Contact tracing is on the agenda for June.
ICBMay-7	Councillor Kennedy to raise the possibility of a **London-wide vanguard scheme** with relevant partners.	Cllr Kennedy	14/05/2020	Jun-20	Closed.	This was raised - resulted in City and Hackney being in the London learning Cluster for Track and Trace
ICBMay-8	Anne Canning stated that she would bring back a paper to a future ICB on the **interface between Neighbourhoods and the CYPMF workstream.**	Anne Canning	14/05/2020	Jul-20	Open.	This is on the forward planner for July.
ICBMay-9	Nina Griffith to provide ICB with a one-page briefing on **equailities issues in the Neighbourhoods work.**	Nina Griffith	14/05/2020	Jun-20	Closed.	Circulated with June agenda pack.

Homelessness Update- May 2020

Headlines

- Significant increase in number of residents in need of homeless services across both City of London and London Borough of Hackney
- 90+ residents supported with accommodation by the City- their normal capacity is 42 with a handful of individuals moving in/out each month
- 220+ residents supported by newly procured accommodation in Hackney (208 beds)- around 100 of these residents would not normally receive housing, but instead be offered other forms of support.
- CoL have procured a 20 bed hostel and LBH have procured 2 hotels and other accommodation to meet the increased demand
- CoL/LBH have expressed concerns about the sustainability of expanded provision
- LBH are keen to ensure that any C19 emergency accommodation does not become supported accommodation for high needs clients through the back door due to safeguarding responsibilities
- East London Found Trust has launched a new Homeless Outreach Service to deliver care in hostels/hotels- staffed by 1 WTE GP and 4 nurses

Number of Street-Homeless

LBH have reported a reduction to 8 street-homeless residents not accessing support services. LBH are providing rapid accommodation and support services to support patients to access accommodation in C19 model outside of and separately to the normal temporary accommodation provision. Outreach and task meetings are in full operation incorporating the Police, Mental Health and other partners and also visiting street/soup kitchen venues as is normal practice.

CoL report 14 street-homeless residents. Services are working with them to support access to accommodation. Task meetings involving Outreach, CoL Police, Mental Health Services and Substance Misuse run weekly. There are also 6 scheduled outreach shifts per week. Shifts are supported by Mental Health, Substance Misuse, and Doctors of the world.

Accommodation Provision

Both London Borough of Hackney and City of London have expanded their provision of accommodation to meet the demands of COVID-19.

LBH's Benefits and Housing Needs Service with Adult Social Care Commissioning have procured two main hotels and a number of self-contained studio properties to provide 247 beds in total, with 195 for those who do not currently have a care package. However, floating support is on site provided by Riverside through Engage Hackney, Age UK and St Mungos Housing First workers.

A full meal package of 3 meals per day has been provided.

The increase in residents needing support and the continued flow from the street (up to 5 per day) means that full assessments of residents and their move on options has not been completed yet. However, headline groups are below: 219 residents have been housed in hotel provision and they are all single people: 22 NRPF, 7 hospital discharges, 116 rough sleepers (some of these are very entrenched with high needs) and 74 low needs single homeless.

The City have procured a 20 bed Youth Hostel for 12 weeks. There are currently 8 residents in the hostel. Since early March, the City has assisted a total of 93 individuals- 57 of whom have been placed in Greater London Authority procured accommodation. The remaining individuals have been placed in a variety of settings and locations- all with a degree of support from the City. 20 individuals are currently accommodated in directly procured contingency accommodation within the Square Mile. Under normal circumstances, the City of London supported accommodation pathway consists of around 42 beds with a handful of moves in/out every month.

A COVID Care Hotel has been set up in Newham for residents who are COVID symptomatic. Hotels/Hostels have received communications on how to refer. 10 patients are currently using the accommodation. Inner North East London (City and Hackney, Waltham Forest, Newham, and Tower Hamlets) have expanded provision to a total of 842 beds for homeless residents.

Primary Care and Outreach
Unregistered patients continue to be directed to the Greenhouse Practice for homeless patients.

East London Foundation Trust have launched a Homeless Outreach Service. This is based in the Greenhouse and is staffed by 1 WTE GP and 4+ nurses. They will cover all local authority and Greater London Authority commissioned hotels/hostels in INEL- offering support to register, full health checks and general medical care. Dr Dorothy Briffa is the clinical lead.

The UCL Find and Treat Service is also providing care and testing via outreach.

Substance Misuse
Services continue to run- moving to virtual where this is possible. For those on Opioid Substitute Treatment, patients have been reviewed case-by-case to ensure pick-up arrangements are appropriate. Patients can nominate an appropriate person to collect their medicine or receive it by delivery- where this is appropriate.

Sustainability
Both City of London and LBH expressed concerns about the increase in demand on services.

City of London reported that it is likely that local authorities will be required to house homeless residents with No Recourse to Public Fund and those who do not have historical connections to the area. The Select Committee on Homelessness met in May and maintained that decisions on housing individuals with NRPF would continue to be made on a case-by-case basis and would be for councils to make. Both City of London and LBH are housing residents who fall under this criteria. LBH reported higher volume of people at risk of rough sleeping- additional units, support staff and funding will continue to be needed to support this.

The Pan London Housing Directors, London Councils and GLA have agreed a strategy with MHCLG which includes health as an integral part and meet regularly. Next steps are underway with weekly data collection to inform an action plan for move on for both the GLA provision and the individual boroughs provision. The strategy can be found here:
https://drive.google.com/file/d/1aavV77lFnHAk4F_9t0C-uFmuJffxjChQ/view?usp=sharing

Hackney fedback on the below areas:

Private Rented Sector Accommodation - the PRS is unsettled because of the corona pandemic. Whilst there are properties available procuring and accommodating residents will be challenging. We do not know which landlords will remain in the market nor their appetite for tenants reliant on benefit.

Existing Supported Accommodation pathways - these are well established but have limited supply and have no voids. The Council has the following provision in place, however all schemes are full with waiting lists, therefore Adult Social Care Commissioning will need to establish additional units and support for residents to the pathways.

Entrenched rough sleepers who have previously been very difficult to engage, are now thriving and much healthier since brought into hotel accommodation. Relationships are being formed with key workers and the next step to settled accommodation and sustaining a good health outcome, provided the right type of accommodation and support can be sourced and provided is closer than ever.

May 2020

East London Health & Care Partnership

North East London Integrated Care System

Recovery Plan Summary

27/05/2020

Contents

East London Health & Care Partnership

Purpose

East London Health & Care Partnership

The impact of Covid has tested the NHS to the limit; and we are still in an emergency situation. So we need to plan how we:

1. meet the existing challenge to provide Covid care
2. provide capacity and capability to manage future Covid or other pandemic peaks in a way that is more effective, less disruptive, safer for everyone and more efficient
3. continue to, and restart, safe delivery of non-Covid care, and clear the backlog of care.

This document has been compiled by working with partners. We are sharing it with the public and stakeholders to inform and engage all those who have a stake in ensuring the highest quality care for our local people.

Principles

East London Health & Care Partnership

- The existing East London Healthcare Plans https://www.eastlondonhcp.nhs.uk/ourplans/ underpin our approach to recovery with strategic planning at the Integrated Care System (North East London) level and delivery through more local partnerships, boroughs and neighbourhoods.
- We should retain the best working practices from our experience of managing the Covid pandemic but we will test what we have put in place to ensure the changes meet the needs of the whole population, making adaptions where necessary.
- Staff are key to recovery and will be supported and fully engaged in defining and embedding new ways of working.
- Clinical leadership, supported by managers, is paramount. Decisions will be based on data and evidence. We will meet the requirements of the various clinical guides and NHS operating framework https://www.england.nhs.uk/coronavirus/
- Equalities will be woven through all aspects of the recovery & restoration programme.
- Health and social care will be given equal focus, and solutions will meet the needs of the population rather than institutions.
- Clear, two-way, diverse communications and engagement with local populations will shape and endorse changes.

12 Expectations

East London Health & Care Partnership

NHSE/I have established 12 expectations from local health systems to meet the challenge of future healthcare needs. Many expectations focus on improvements local providers and commissioners of health have been trying to put in place for many years.

This plan sets out early thinking on how the north east London health system could meet the 12 expectations.

1. Build capacity

- ✓ A **permanent increase in critical care capacity** and surge capability, centred on tertiary sites
- ✓ **Minimise hospital stays** e.g. same-day emergency care; community-based rapid response
- ✓ Further **consolidation and strengthening of specialist services**

2. Prevent infection

- ✓ **Segregate the health and care system** between Covid and non-Covid; urgent and elective work especially by site
- ✓ **Virtual by default** unless good reasons not to be for e.g. primary care, outpatients, diagnostics, self-care
- ✓ **Single** 'talk before you walk' **points of access f**or all pathways
- ✓ New community-based approaches to managing **long term conditions (LTCs)**/shielded patients

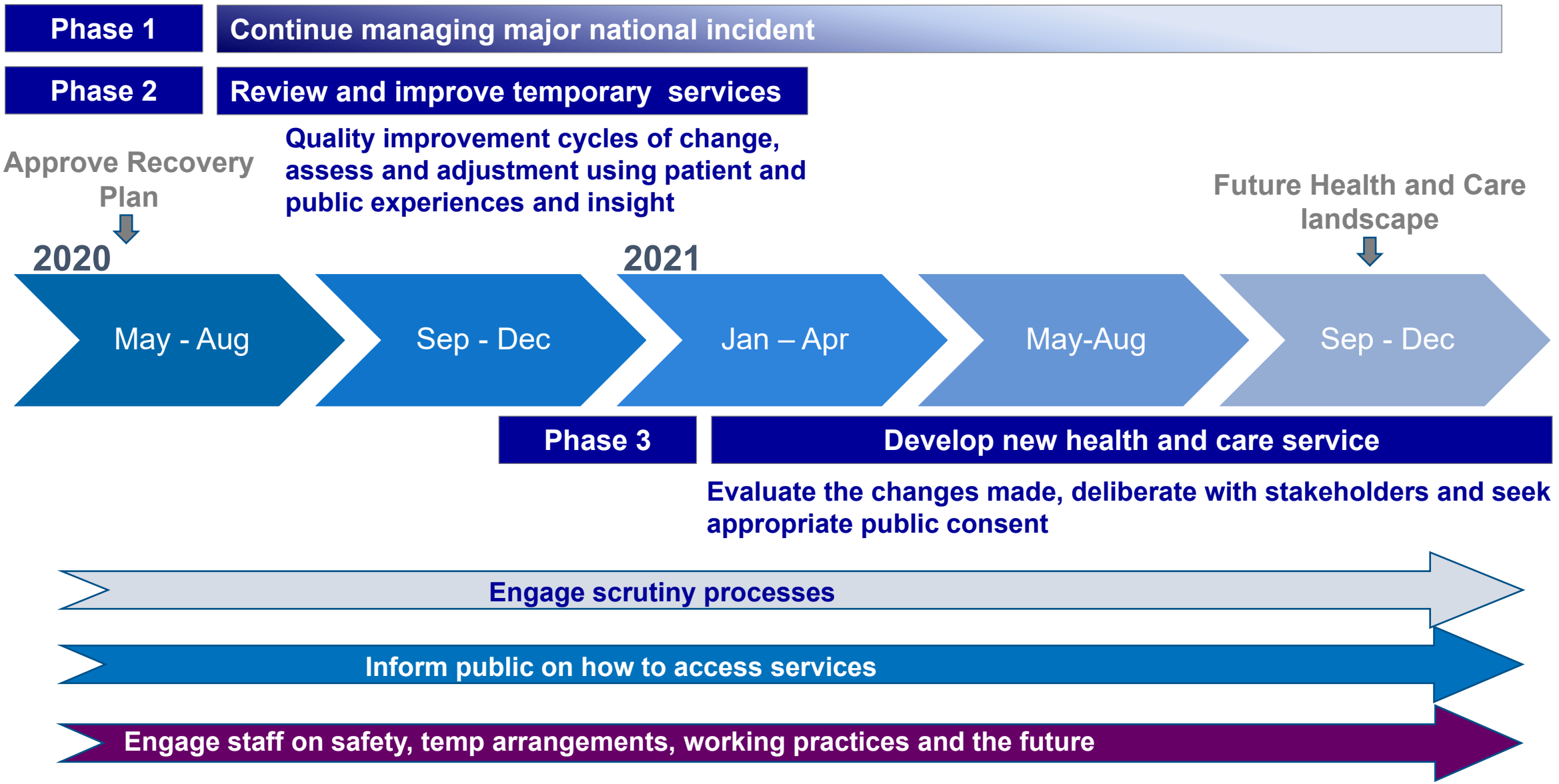
3. Develop a flexible workforce

- ✓ Consolidate **corporate services** and share **clinical support services**
- ✓ New integrated **workforce** and volunteer models and new incentives to deliver these new models of care
- ✓ Further **alignment and joining together of institutions** within the ICS

4. Put public and staff first

- ✓ Disproportionate **focus and resources for those with most unequal access** and outcomes
- ✓ A new approach to **consent** through systematic deliberative public engagement e.g. citizens juries

Indicative timeline



Summary plan (indicative dates)

East London Health & Care Partnership

May to July 2020

1. We will engage with patients, public and stakeholders to gather evidence of the impact of recent and changes made to meet the challenges of the current emergency to ensure the changes deliver the intended benefits. We will seek to refine them to ensure the best outcomes for everyone.

June to Nov 2020

2. We will introduce new measures. This will enable us to resume planned care in the safest way possible, reduce the backlog of treatments, and be in the best position for any 2nd peak in Covid (or any other pandemic). In particular, t**he principles of infection prevention and control mean patients need to receive care in a fundamentally different way**. We will work with local people and partners to ensure the implications of these changes are carefully considered .

Continuous Engagement

- **reduce urgent and emergency activity by at least 25%** to create capacity to manage planned care.
- **separate urgent and planned patients, Covid and non-Covid patients**. This can partly be achieved by redeveloping our estate, and partly by using new working practices such as virtual appointments, phone triaging etc.
- review and strengthen our actions to address **health inequalities** that are a) already in the system b) have become apparent in the way that Covid has affected parts of the population (for instance in mental health, children's services and care homes/domiciliary care, and c) may be caused by emergency measures
- build on the strengthened partnerships to promote and embed **integrated care** across all services, ensuring community settings are the default choice for service development. We will strengthen our partnerships with local authorities
- work with our **staff** to help them stay resilient and adapt to new ways of working using new technology

Feb to Sept 2021

3. We will engage with patients, public and stakeholders to discuss their experience of services, the benefits and impacts of the changes; how we make the most effective use of the NHS estate and ensure equitable, high quality care for all.

Nov 2021

4. We will take decisions on the future of a new health and care system for London

1. Build capacity: what we have done

East London Health & Care Partnership

✓ A permanent increase in critical care capacity and surge capability, centred on tertiary site

- Temporarily expanded our Intensive Care Unit (ICU) capacity; but this has drawn staff, space and equipment from elsewhere. Delivery has relied upon staff going above and beyond the normal call of duty.

✓ Minimise hospital stays e.g. same-day emergency care; community-based rapid response

- Strengthened our discharge teams to improve the speed of discharge; enhanced our Multi Disciplinary Team working
- Closer working with local authorities and targeted use of the Better Care Fund (BCF)
- Enhanced support to care homes
- Enhanced services for mental health patients and developed the crisis response via an all age 24/7 Crisis Line linked to 111 and the 24/7 Community Response Home Treatment service. This has been promoted via letters and texts directly to patients, via websites and through the voluntary sector response. 24/7 Crisis Hub established as alternative to A&E for mental heath assessments. Children and Adolescent Mental Health Service (CAMHS) 24/7 crisis response is via the CAMHS team 9am–9pm and 24/7 through other teams. Nursing teams are doing home visits to avoid mental health patients coming to a community clinic to collect drugs.

✓ Further consolidation and strengthening of specialist services

- Specialist care in NEL is already consolidated to a limited number of sites, and where there is multi-provider provision there is a programme of collaboration and alignment working towards operating as a single service across sites
- Single site services include cardiac surgery, complex cardiology (St Bartholomew's), bariatric surgery, (Homerton), Renal Transplant (RLH)
- Multi-provider services include vascular surgery and neurosurgery where there is extensive collaboration between BHRUT / Barts Health

1. Build capacity: our plans for 2020/21

East London Health & Care Partnership

✓ A permanent increase in critical care capacity and surge capability, centred on tertiary site

- Double the critical permanent critical care capacity from 183 beds to 366 beds. This will require a prolonged recruitment, development and retention programme. In the short term we need to ensure caring for Covid patients is shared by all those who have the skills
- Add surge capacity available within 48 hours to a total of 507 Intensive Treatment Unit (ITU) beds
- Consolidate additional critical care capacity at the larger sites to generate a more efficient workforce model and contain capital costs as well as making full use of the investment already made at the RLH

✓ Minimise hospital stays e.g. same-day emergency care; community-based rapid response

- Permanently strengthen our discharge teams and MDT working in the community as well as securing more community bed capacity and ensuring an improved model of support to care homes
- Pilot the “Think 111 First” proposals for the ‘talk before you walk’ access to urgent care pathways
- Introduce new tests for Covid so results can be known in 1 hour rather than a day; develop an improved offer for testing in care homes.

✓ Further consolidation and strengthening of specialist services

- For neurosurgery, neuro-oncological surgery is being consolidated to a single site at Queen’s Hospital, Romford
- In vascular surgery we are progressing the movement of complex aortic surgery to the Royal London Hospital
- Some specialist provision has a wider reach than NEL and plays a role in the delivery of specialist care for London. This includes cardiac services and Extra Corporeal Membrane Oxygenation (ECMO), and cancer services (St Bartholomew’s).
- Development of a business case to create a centre of mental health excellence at Homerton will create the capacity for the hospital to expand its theatre capabilities and specialists rotas.

2. Prevent infection: what we have done

East London Health & Care Partnership

✓ Segregate the health and care system between Covid and non-Covid; urgent and planned work

Consolidated and reconfigured some services and cancelled all but the most urgent planned, cancer and urgent care. We have increased our ability to treat mental health patients and people with learning disabilities in the community and increased crisis capacity.

✓ Virtual by default unless good reasons not to be e.g. for GP consultations or outpatient appointments

✓ New community-based approaches to managing long term conditions (LTCs) / shielded patients

Working with social care we have:

- rapidly deployed 'virtual by default'. For example, the number of virtual appointments in BHRUT has quadrupled. We also used telephones and video technology in primary care and the NEL 111 service particularly for at risk and shielded patients for triage and consultations; and introduced virtual routine care (e.g. in care homes)
- in mental health and learning disability services there has been a welfare check to prioritise those most at risk of admission; group and individual video call, phone and digital programmes; and text-based support and online counselling for children and young people (CYP). Moved to virtual Care, Education and Treatment Reviews for people with learning disabilities
- proactive identification of cohorts of vulnerable patients with LTCs at risk of exacerbation, with some improved use of telehealth
- enhanced use of Electronic Prescription Service and use of the NHS App for ordering repeat prescriptions
- developed separated places to treat Covid patients in each borough (hot hubs), with separate facilities in some GP practices; and home monitoring for symptomatic patients

✓ Single 'talk before you walk' points of access for all pathways

- 24/7 Covid telephone triage in primary care and out of hours urgent care.
- Enhanced sharing of systems and information to support direct NHS 111 bookings into practices (currently NHS 111 can book into 92% of GP practices).

2. Prevent infection: our plans for 2020/21

East London Health & Care Partnership

✓ Segregate the health and care system between Covid and non-Covid; urgent and planned work

- Separate hospitals, buildings or floors, staff and equipment (and separate critical care units) for planned and emergency patients
- Move the Urgent Care Centres and Urgent Treatment Centres at Queen's Hospital (QH), King George's Hospital (KGH), Whipps Cross (WXH), Newham (NUH) and Homerton (HUHFT) to be physically separate from Emergency Departments
- Review the small amount of consolidated children's care that has happened and develop an Elective Services Alliance including all NEL acute providers
  - Complex work will be consolidated at centres in St Bartholomew's Hospital (BH), RLH, QH sites and bariatrics at HUHFT
  - Centres for simple elective activity should be at KGH, NUH, WXH, HUH and other capacity at RLH and the independent sector
- Accelerate plans for a centre of mental health excellence for residents of City & Hackney and Tower Hamlets. Address the needs of Newham patients and in Barking, Havering and Redbridge (BHR) and Waltham Forest reconfigure and increase capacity at Goodmayes
- The presumption is that all maternity sites will treat patients irrespective of their Covid status and manage the risk accordingly.

✓ Virtual by default unless good reasons not to be

✓ New community-based approaches to managing long term conditions (LTCs)/shielded patients

- Continue existing changed services but partially revert to face to face consultations for some LTCs, especially for vulnerable groups (e.g. home visiting phlebotomy and anticoagulation services); restart face to face memory clinics; and enhance support for care homes, self-care support and home visiting
- Make online GP consultations available everywhere (97% of GP practices are live); launch a digital recovery platform for people with a serious mental illness; extend home monitoring and develop a London-wide patient facing app to deliver a wider range of LTC management to patients' homes
- Evaluate remote monitoring tools (such as wearable devices) and ensure patients are supported to access and use new technology
- Ensure all services can access the local shared care record and continue developing services for early LTC diagnosis/management
- Develop mental health bereavement support services.

✓ Single 'talk before you walk' points of access for all pathways

- Pilot 'talk before you walk' (including 'Think 111 First') access for e.g. cancer; trauma and orthopaedics; ophthalmology; urology; general surgery; Ear, Nose and Throat (ENT), and gynaecology); enhance sharing of systems and information, and social prescribing/volunteering services.

3. A flexible workforce: what we have done

East London Health & Care Partnership

✓ Consolidate corporate services and share clinical support services

- A steering group has been established with membership from all five provider trusts and the CCG which aims to adopt an approach of full integrated collaboration to deliver better quality services and best value
- A significant amount of work has been carried out over the last year to explore the options around shared pathology. These plans are well advanced between Barts Health and the Homerton, and also take in Lewisham and Greenwich.

✓ New integrated workforce and volunteer models and new incentives to deliver these new models of care

- Established large scale agile and remote working which has resulted in skilling people up to work in different areas and specialties
- Established new and virtual multidisciplinary teams working across organisational boundaries, particularly to aid support of critical care and established a memorandum of understanding to enable swifter movement of staff to support mutual aid across organisations
- Shared and established consistent approaches to workforce issues such as staff testing and risk assessment.

✓ Further alignment and joining together of institutions within the Integrated Care System

- We have an established operating model that ensures alignment across our key organisations in north east London but with a key focus on delivery at a local system level: Waltham Forest, Tower Hamlets and Newham; Barking and Dagenham, Havering and Redbridge (BHR); and City and Hackney (C&H). We have had a provider alliance arrangement in place for some time across our acute care and mental health providers in north east London with leaders working closely together to resolve issues; and local borough arrangements coordinated in local systems
- These arrangements have been strengthened further during our Covid response, bringing together commissioners, clinicians, providers, local authorities, primary care and public health representatives to ensure resolution, escalation and system-wide planning across health and care.

3. A flexible workforce: our plans for 2020/21

East London Health & Care Partnership

✓ Consolidate corporate services and share clinical support services

- Explore potential for consolidation in: procurement; financial services; information management and technology; analytics and business intelligence; estates; and payroll. Procurement has been identified as an early exemplar and we have begun to develop a joint Personal Protective Equipment (PPE) hub for NEL. Barts Health has established some services within the group model that already provides some services to other NEL partners
- Building on the shared pathology work, this will be expanded in due course to explore options with the other partners
- Continue to explore opportunities of closer collaboration in e.g. diagnostic imaging, radiology and other clinical support services
- We expect an increased importance of community pharmacies in supporting services such as End of Life Care, and further expand electronic prescriptions and home deliveries for those most at risk and in isolation.

✓ New integrated workforce and volunteer models and new incentives to deliver these new models of care

- New and amended models of care/care pathways will need further development
- Investigate the impact of Covid-19 on BAME staff to inform how we ensure appropriate working environments and work patterns for vulnerable staff
- Build on recently developed skills and develop a pool of reservists through training, rotations, returners initiatives and to aid flexibility and responsiveness – explore potential for a bank, which could also address the challenges and costs of relying on agency staff
- Build on previous plans to consider talent management and leadership development
- Develop new workforce planning capability and workforce models, e.g. in critical care where the traditional models are no longer feasible.
- Consider the need for redeployment of displaced resources as a consequence of ‘virtual by default’ service consolidations
- Develop staff wellbeing services and additional mental health capacity and expertise to support the long term serious impacts on staff working through the Covid crisis and the continued pace of change required.

✓ Further alignment and joining together of institutions within the ICS

- We will continue to provide the overarching NEL system leadership and accountability for our plans; but gradually transition groups set up in the emergency back to being the Integrated Care Partnership Boards they were pre-Covid.

4. Putting the public and staff first: what we have done

East London Health & Care Partnership

✓ Informing, engaging and involving patients, the public and our stakeholders

- We have a long tradition of public engagement and we have continued to work online with our partners and patient groups including running Patient and Public Involvement and Patient Engagement fora
- We have developed new newsletters and web pages to provide information and advice
- We held a virtual combined CCG governing body meeting to provide open scrutiny for the work of the Integrated Care System to what has been happening during lockdown, similarly the other statutory organisations are conducting board meetings virtually where possible
- The NEL clinical senate is being used to build clinical consensus on approach, and through an associated committee to check the ethics of our actions
- We have a system approach to communications and engagement, with a plan developed across partners to support our response to Covid.

✓ Reduce inequalities

- Our ethics committee has prioritised looking at the specific issues for our Black, Asian and Minority Ethnic (BAME) populations with recommendations for system action
- A health inequalities NEL-wide group involving all local authorities and key Trust and CCG public health leaders is looking to work with the voluntary and community sector to reduce inequalities for patients and staff
- Developed integrated neighbourhood and locality teams who convene multidisciplinary meetings with local authority experts in e.g. housing, debt advice and return to work programmes
- Established an Anchor-led programme of work to increase the social value of public sector resources in a given population. Local business procurement, local employment and local delivery are all part of this work. Additionally we are focused on social prescribing in every practice and we will be using social prescribing networks to help support patients who are digitally secluded
- Humanitarian aid responses co-ordinated through volunteer hubs led by local authority partners.

4. Putting the public and staff first: our plans for 2020/21

East London Health & Care Partnership

✓ Informing, engaging and involving patients, the public and our stakeholders

- Continue current engagement and develop new information to reflect the changes to services e.g. the new focus on virtual by default; and implement the NHS is open for business campaign to ensure that patients use the NHS when they need to
- Re-establish the system governance workstream to strengthen governance design, engagement, and patient and public participation in decision making
- Test the public's experience of using services differently during the pandemic through our/partner surveys/focus groups and with our online NEL citizens' panel. Hold sessions with our HealthWatch, patient representatives and new ICS Chair to discuss experiences, share plans and scope a programme of funded activity to test views and experience of patients
- Ensure there is sufficient debate and scrutiny of our plans for recovery and for the health and care system of the future
- Engage with scrutiny committees to discuss service changes made on safety grounds and discuss approach during recovery and beyond
- Ensure local people have a voice in any national or regional level engagement.
- Explore innovations in engagement and make better use of the mechanisms our partners use e.g. digital platforms and neighbourhood forums; whilst exploring the best ways to understand the views of all members of society (e.g. those who are digitally excluded or whose first language is not English).

✓ Reduce inequalities

- Weave the requirement to address inequalities and inequity into every aspect of our recovery plan and at all levels.
- We plan on using our Health and Wellbeing Boards to help lead and advise on addressing wider social determinants and use taxpayer funds wisely
- Use the NHS and local councils' anchor programmes (e.g. employment, apprenticeships and local purchasing power) to reduce deprivation and create and develop healthy and sustainable places and communities
- Ensure equalities impact assessments are undertaken; and assisted digital solutions are explored for the population that might be digitally excluded e.g. the use of local volunteers to offer safe alternatives to pathways where needed
- Understand the themes that helped/gave some resilience to Covid (e.g. financial security, secure housing, good social network, health conditions)
- Work with BAME communities and staff, where Covid appears to have had a disproportionate impact and review Covid effects on mental health; health promotion e.g. drugs, alcohol and tobacco; and on children and young people (food poverty, temporary housing, abuse and neglect).

Cross Cutting theme: Digital

East London Health & Care Partnership

What we have done:

Our system *Digital Strategy* has enabled us to support the necessary changes in working practices during Covid including:

- The delivery of the Nightingale and all the digital tools needed to deliver patient care there - from test ordering to viewing shared care records
- The successful roll out of remote working tools to primary care such as over 1200 laptops and the scaling up of usage of video consultation tools (*GP practices across NEL are holding an average of 21 video consultations per week (range 0 to 112*))
- Linked up shared care records in London. This has seen the GP records and acute records as well as others being shared across most of London. We have also increased the scale of sharing with, for example, 111
- Developed dashboards which helped predict bed usage and support vulnerable patient searches. Shortly, 111 data will be live to enrich this data; and we established a capacity tracking tool to ensure warning signs were identified and actions taken
- Speedy roll out of digital solutions such as direct booking, online consultations and the Electronic Prescription Service (EPS).

What we want to maintain and plan to do:

In addition to the above, we are developing plans to further enhance performance in the following areas:

- Supporting increased improvement in the infrastructure at BHRUT
- Bringing care homes into the Digital First Accelerator project to improve digital services for patients, staff and visiting clinicians
- Speeding up the development and delivery of a patient facing app to enable patients to interact more directly with their records, their clinicians and their services
- Ensure that capacity trackers are used to inform our future actions and activity
- Look to appoint a system-wide Chief Information Office who will be part of the Integrated Care System executive team.

Key risks to delivery and our response

East London Health & Care Partnership

1. These plans all require significant changes to the **workforce, the way we work and our ability to train and recruit people** to new roles. We also need to recognise that not everyone will want to change and many staff will have been affected by the emergency.
   - New ways of working, which will be paramount to delivering improvements, must consider the views of staff and endeavour to make their roles less burdensome, more productive and more fulfilling.

2. Some of these changes represent a **fundamental shift in the way many people will access health services**.
   - Current arrangements will remain in place whilst we engage with clinicians, staff and our diverse local population to further shape and define the new offer
   - We may need some support from NHSE/I on helping to manage some changes to services
   - The digital/virtual changes do not suit all service users and there are plans to return to face-to-face contact for example people with learning disabilities and autism as soon as is practical
   - Equality impact assessments will be required to ensure that no groups are disadvantaged by these changes and we reduce existing inequalities where possible. We will ensure that the full implications of these changes are assessed over time to make sure that the positive benefits are sustained, and any negative impacts are understood and mitigated against
   - The clinical complexity of patients is likely to increase and we must ensure our capacity reflects the impact of this on length of stay and the needs to rehabilitation in the community
   - The financial implications of these changes are significant, requiring capital investment and require resources to move around the system. We will develop a comprehensive financial plan and risk sharing approach to ensure that the resources are there to do the right things.

What next?

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Our NHS has stood firm in the face of incredible adversity. We recognise the amazing efforts of the many NHS, health and social care staff. The joint working between different health and social care organisations in this crisis has been inspirational. We need to build on these new and more positive partnerships and we owe it to our staff to build a stronger NHS in which a future pandemic does not require such sacrifices.

We need to meet the existing challenge to provide Covid care and reduce infections; provide more capacity; and restart, safe delivery of non-Covid care whilst still in an emergency.

- For many services we will be asking patients to continue using the new ways of virtually meeting with the NHS. It is safer, reducing the chance of patients contracting Covid-19 or other healthcare acquired infections (existing or future); more convenient for many patients; and it is more efficient, enabling us to spend our budget wisely.
- For services that need you to come into a hospital or NHS building we are following national advice and guidelines to minimise the risk of infection. Over the next few months we will be making every effort to segregate Covid and non-Covid patients, and planned and unplanned patients. This may mean that you are asked to attend a hospital that is not closest to you.
- Over the summer we will be engaging with patients, the public and key stakeholders to understand their experiences of new services and to ensure new measures we are taking are fit for purpose.
- Some of these changes are aligned with previously agreed plans. For instance, the health system has planned to separate some of our services for many years. Over the course of the next year we will be working with all those with an interest in developing a stronger NHS, particularly those who may be marginalised or who have particular needs, to work out how we can make this work for everyone. We will ensure we meet all the legislative engagement and consultation needs; and at the end of that time we will make decisions on a future NHS and care service that meets the needs of the whole population.

Glossary

East London Health & Care Partnership

Word	Explanation
Anchor - led	Led by an organisation that, alongside its main function, can play a significant part in the local economy e.g. by buying locally.
Bariatric	Relating to obesity
Better Care Fund	A national fund created to support NHS/ local councils to together to integrate care
Cardiac / cardiology	Relating to the heart
Critical care / Intensive Care Unit (ICU) / Intensive Treatment Unit (ITU)	Specialised care of patients whose condition is life threatening
Diagnostic	Processes used to identify illnesses or the condition of a patient e.g. tests
Elective	Planned
Gynaecology	Study of women's and girls diseases, particularly reproduction
Integrated Care Partnership (ICP)	NHS organisations and local councils working collectively to improve the health of an area. In NEL there are three ICPs 1. Barking and Dagenham, Havering, and Redbridge 2. Tower Hamlets, Newham and Waltham Forest. 3. Hackney and City of London

Word	Explanation
Integrated Care System	NHS organisations and local councils that take a collective responsibility for the health of a region. NEL comprises the boroughs of Redbridge, Havering, Barking and Dagenham, Tower Hamlets, Newham, Waltham Forest, Hackney and the City of London
Neuro-oncology	Relating to cancers of the nervous system
Neurosurgery	Surgery on the nervous system
Nightingale	Temporary hospital built to care for Covid patients
Ophthalmology	Relating to eyes
Renal	Relating to kidneys
Social Prescribing	Health professionals referring patients to support in the community to improve their health and wellbeing
Surge capability	The ability to respond to sudden increases in demand
Tertiary	Relating to care that is specialised and only available at some hospitals
Urology	Relating to the urinary system
Vascular	Relating to vessels in the body

Title of report:	Update on Prevention workstream transformation programmes to support the Covid-19 response - Make Every Contact Count, Community Navigation, Find Support Services
Date of meeting:	11/06/2020
Lead Officer:	Jayne Taylor - Prevention Workstream Director
Author:	Jayne Taylor, Prevention Workstream Director Kate Wignall, Prevention Workstream Programme Manager Tamsin Briggs, MECC Programme Manager Meg Dibb-Fuller, Digital Lead, Prevention Workstream
Committee(s):	Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

Since March 2020, the Covid-19 pandemic has had a huge impact on the local health and care system and there are considerable health and wellbeing needs emerging in the community. Three key Prevention transformation programmes have strengthened and supported the local Covid-19 humanitarian response.

1. **Make Every Contact Count (MECC)**. During Covid-19, work under the MECC programme has included developing a training module to support call handlers to have sensitive and supportive conversations with people calling Hackney Council's coronavirus helpline; a similar training offer has also been delivered to housing officers working on the Let's Talk befriending project for Council tenants who are shielding and/or over 70. As the system plans to move into the second phase of the response, planning is underway to adapt the MECC programme and commence a phased restart of the full programme. This paper provides a high level overview of these plans.
2. **Community navigation**. Extensive prior engagement to inform the development of a Neighbourhood community navigation model and the design of an integrated Social Prescribing and Community Navigation Service (procurement temporarily paused) enabled us to quickly mobilise resources to support Hackney's coronavirus helpline referral pathway. Social prescribers are also now embedded in the Neighbourhood MDTs being established on an accelerated timetable.
3. **Find Support Services map**. The excellent preparatory work undertaken over recent months to develop a local directory of (health and care) services established a strong platform on which to quickly build the Find Support Services

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online resource, which has become one of the cornerstones of the council's Covid-19 response to support vulnerable residents.

Recommendations:

The **City Integrated Commissioning Board** is hereby asked: ● To **NOTE** how Prevention transformation programmes have adapted to support the Covid-19 response and proposals on how to move forward during the next phase of the pandemic; ● To continue to **ENDORSE** Make Every Contact by acting as visible champions for embedding the principles of MECC across the local health and care system as a key component of next phase planning . The **Hackney Integrated Commissioning Board** is hereby asked: ● To **NOTE** how Prevention transformation programmes have adapted to support the Covid-19 response and proposals on how to move forward during the next phase of the pandemic; ● To continue to **ENDORSE** Make Every Contact Count by acting as visible champions for embedding the principles of MECC across the local health and care system as a key component of next phase planning.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	Y	Supporting frontline staff to work in new ways to use their interactions with the public, to promote positive mental and physical health and wellbeing. Developing the workforce's competence and confidence to address the 'wider determinants' of health - such as financial security, employment, housing or social connections.
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	Y	Ensuring that patients, residents and staff know what impacts their health and

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		wellbeing, what they can do to improve it and what local support is available.

Specific implications for City

The Department for Children and Community Services (DCCS) were involved in the co-design and testing phase of the MECC programme (pre-Covid), with approximately 50 staff from DCCS contributing to a co-design workshop (which took place during a departmental meeting in December). Unfortunately the pilot training sessions were postponed due to the pandemic.

Virtual MECC training has only been piloted in Hackney so far, and we will be working with the City's MECC lead to build on this learning and seek opportunities to test a similar approach in the City.

Similarly, the Community Navigation Covid Network has been primarily focused on supporting Hackney Council's Covid-19 helpline, but we are keen to explore how this learning can be used to enhance the City of London's ongoing support to vulnerable residents.

Specific implications for Hackney

None at this stage.

Patient and Public Involvement and Impact:

Our Prevention resident representative (Ida Scoullos) is a member of the MECC steering group. Resident engagement formed an important component of the scoping activity and the programme continues to build on these foundations, taking a fully collaborative approach to designing, testing, implementing and evaluating.

Co-production has been, and continues to be, a key principle in developing a Neighbourhood Community Navigation model, as well as the Find Support Services online resource.

Clinical/practitioner input and engagement:

There is clinical and practitioner membership of the MECC steering group.Training has been co-designed with service managers and frontline staff.

The Neighbourhood Community Navigation and Find Support Services programmes of work have involved extensive clinical and practitioner engagement, and continue to do so.

Communications and engagement:

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A MECC communications and engagement strategy has been developed by listening to and developing an understanding of the needs of residents, frontline staff, and other key stakeholders. We presented a draft strategy to the Integrated Commissioning Communications and Engagement Enabler Group in November 2019, for input and endorsement. The strategy will now be reviewed to take into the context of the Covid-19 pandemic.

Comms and engagement has been, and continues to be, a key principle in developing a Neighbourhood Community Navigation model, as well as the Find Support Services online resource. Key stakeholders and system partners are kept informed and updated both through regular communications and engagement sessions. The development of Hackney's Covid-19 helpline/online form and Find Support Services map continues with Hackney IT, Public Health, VCS, community navigators and staff from the contact call centre.

Equalities implications and impact on priority groups:

MECC and Community Navigation offers substantial opportunities to address health inequalities and improve health outcomes in relation to the wider ('social') determinants of health.

Safeguarding implications:

To be considered as part of programme development, in line with the workstream's agreed approach to safeguarding.

Impact on / Overlap with Existing Services:

The aim of the scoping phase of the MECC programme was to identify other local programmes and projects that the MECC programme can build on, to embed the approach across the system without comprising existing good practice. Examples of related services and initiatives include the '3 conversations' approach in adult social care (Hackney), motivational interviewing training in general practice and the roll out of 'systemic social work' (a person-centred care model) in the City. This scoping exercise has informed where to target resources in a way that will bring about the greatest added value.

The Covid-19 helpline is working with Hackney Council's contact call centre and housing service about future roll out of MECC training and how it can align to service priorities.

As part of the development of a Neighbourhood community navigation model we are working with the GP Social Prescribing lead and PCN clinical director to ensure that the new service complements the new link worker provision. Operationally we are working very closely with Family Action (Social Prescribing provider). This is a prevention focused intervention; community navigation services help to reduce pressures on primary care and hospital services.

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Main Report

Introduction

1. The Covid-19 pandemic presents new challenges to the local health and care system: less face-to-face contact with residents, moving to telephone and online advice and support, redeployed staff and increasingly vulnerable residents/communities. It is now even more important to ensure our residents are able to access support for their wider needs, and in a timely manner.

2. Following the announcement of 'lockdown' measures by the Prime Minister on 23 March 2020, Prevention workstream transformation programmes (work to develop a Neighbourhood Community Navigation model and Make Every Contact Count (MECC), supported by a directory of services) have quickly adapted to respond to residents' emerging wider health and wellbeing needs which have resulted from, or been exacerbated by, from the pandemic.

3. This paper gives a high level overview of how the MECC and Community Navigation programmes in particular have been repurposed to respond to the pandemic, as well as a forward plan to commence a phased restart of the MECC programme specifically (an update on Community Navigation will follow at a later date).

Repurposed work to support residents with their broader health and wellbeing needs

Hackney Covid-19 coronavirus helpline

4. At the beginning of the pandemic, the focus for the helpline was on ensuring vulnerable residents received emergency food and medicine deliveries. This has now evolved to helping residents who raise broader health and care needs to connect to the support they need. This includes (but is not limited to) referral to advice agencies, community navigation and signposting to 'check in and chat' services available in the voluntary and community sector (VCS).

Utilising local community navigation services

5. Community navigation services have specialist skills of providing holistic one-to-one strengths-based support and detailed knowledge of the wider statutory and voluntary sector. Their service models are based on effective assessment of needs/ strengths, building trusting relationships, and developing residents' self awareness and skills. Where appropriate, they also help residents access other sources of support in the community. Prior to the Covid-19 pandemic, there was a well established network (approx 20) of community navigation service providers operating in the City and Hackney. Throughout the pandemic they have been supporting their existing service

users to navigate change and make sense of government advice and restrictions, as well as taking new referrals as more residents become vulnerable or in need of support.

Community Navigation Covid Network

6. In response to the current crisis, a Community Navigation Covid Network (CNCN) has been formed which comprises a number of pre-existing community navigation providers and advice agencies (Family Action, Shoreditch Trust, Mind, Riverside, Dementia service - ELFT and Alzheimer's Society, Citizens Advice Bureau and Age UK)

7. The CNCN have been receiving referrals via Hackney Council's online form triage process since 9 April. They received 185 referrals (24% of all triaged cases) up to 31 May. Since 6 May, the CNCN have been taking referrals directly from calls made to the helpline, with Shoreditch Trust operating as the single point of access through their existing contract with Public Health. Over 60 calls have been recorded offering information, signposting and direct referrals to a range of organisations.

Embedding VCS organisations into the current process

8. Strong partnership working has been established between CNCN organisations and statutory teams. For example, via the CNCN, a process has been developed with Children and Families Services to ensure early help and screening for children, young people and families. This enhances the offer and contributes to inter-professional learning between areas of expertise.

City of London

9. The City of London has also set up a helpline telephone line and online form for vulnerable residents who need support. However, to date, we have not formally linked in the CNCN to this resource.

Emerging staff training needs resulting from Covid-19 pandemic

10. It quickly emerged that several staff groups (those working on the Covid-10 coronavirus helpline and also Hackney Council housing officers who have been making proactive calls to vulnerable tenants through their 'Let's Talk' offer) required training to build their confidence and competence to speak to residents about their wider health and care needs (in addition to the food and medicine offer) - or 'make every contact count'. Qualitative analysis of the Coronavirus helpline calls has shown that issues facing residents are wide ranging (including financial hardship, relationship breakdown and mental health issues), which is echoed in feedback from the 'Let's Talk' team.

11. In line with the MECC programme's principles, workshops were quickly organised with helpline staff to co-design a bespoke (virtual) training offer using MECC programme training resources. The helpline staff and 'Let's Talk' team have essentially become MECC early adopter sites. The co-designed training centers around the 10 skills areas for good conversations and resources available to help staff signpost to statutory and voluntary sector organisations.

12. Three virtual training sessions were delivered and are in the process of being evaluated. Initial feedback from the sessions shows that staff enjoyed the virtual format of the training. Coupled with other benefits (reduced overhead costs, no travel for participants), a virtual training offer may warrant further consideration as part of wider roll-out of MECC training.

Forward planning for a phased restart of the MECC programme

13. This programme has multiple workstreams and the MECC project team has thus far ensured that all streams are moving forward in parallel. However, it is recognised that during the current pandemic a phased restart will be required and we will work closely with the MECC leads from our partner organisations to re-engage with the programme when they are ready.

14. Below is a summary of how each workstream will be amended to enable restart.

MECC training delivery

15. An evaluation of the virtual pilot training will be undertaken and the recommendations used to inform future training delivery. We will begin to re-engage the early adopter services previously identified to promote virtual training as part of a wider training offer.

16. Roll out of virtual training will be aligned will other system programmes of work that have been accelerated as a result of the crisis e.g. the Neighbourhood programme/ Neighbourhood multi-disciplinary teams.

Action planning with partner organisations

17. This is an important part of the programme to embed MECC practice and principles across the health and care system. Before Covid-19, we were working closely with MECC leads from key partner organisations to develop action plans to implement the recommendations from the scoping report. We appreciate that some partner organisations may not have the capacity to pick this work up again until the pressure from the current emergency has reduced significantly. We therefore propose to be led by each partner organisation's time-frame individually and restart this work when partners are ready. However, we do need to bear in mind the time limited nature of the programme funding and will be seeking to progress activity within this workstream as soon as is practicably possible.

MECC digital solutions

18. The MECC signposting tool has been fast-tracked to come in line with the creation of the Find Support Services map, development of which was accelerated to respond to the

Covid-19 crisis. A funding proposal is being prepared for consideration by the IT Enabler Board to develop the MECC signposting tool into a long-term solution, as well as a proposal to create a platform to build a MECC community of practice (i.e. a centralised repository that holds MECC resources and hosts an online forum to facilitate sharing best practice and peer support).

Communications and branding

19. The MECC project team will review the communications and engagement strategy that was approved by the IC Comms and Engagement enabler group in November, and make any necessary amendments in light of recent events. MECC branding and logo development will also be restarted with Hackney Council's design team.

Steering group meetings

20. April's MECC steering group was cancelled and the next meeting is due to take place on 16th June. Following a positive response from members, we plan to restart the meetings to re-engage partner organisations with the programme, but at the same time appreciate that some NHS members may struggle to attend at short notice.

Next steps for the MECC programme

21. Conduct an evaluation of the virtual MECC training sessions delivered so far, and make any necessary adjustments before promoting as part of a wider MECC training offer to early adopter sites (starting with the rest of Hackney Council's contact centre and housing officers).

22. Develop an interim evaluation report and make recommendations on how MECC can support next phase planning, including what could/should be achieved during the second year of the programme in the changed context of Covid-19.

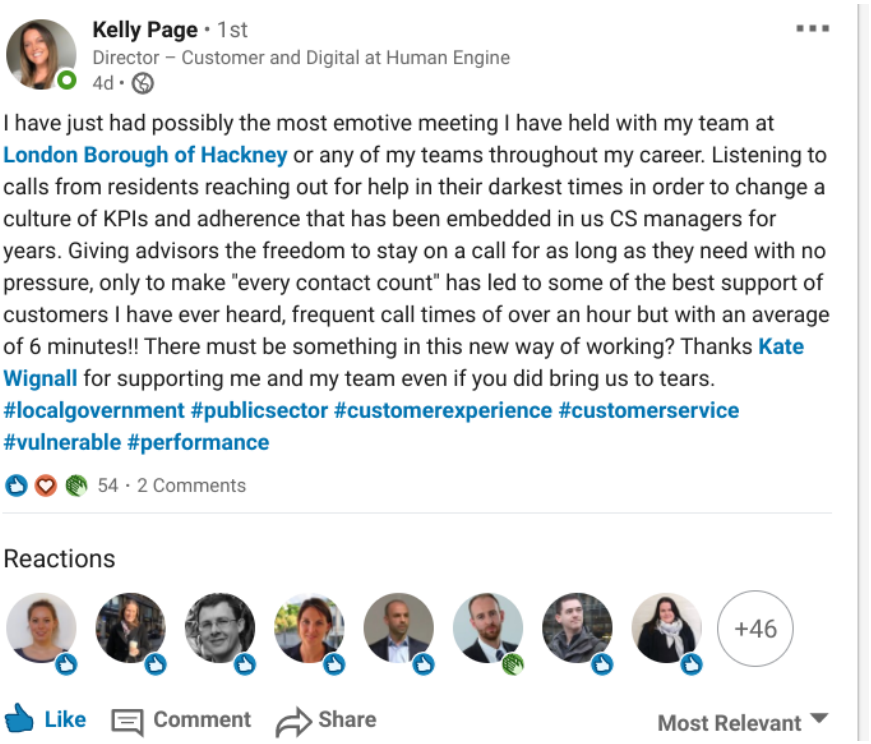
23. Re-engage the MECC leads from our partner organisations to agree priority next steps, starting with a steering group meeting on 16th June.

Conclusion

24. Since early March, the Covid-19 emergency has had, and will continue to have, a huge impact on the local health and care system and the public they serve. The pandemic has exacerbated health inequalities and vulnerabilities within local communities. The local health and care system has responded quickly, working in new ways to support residents during this very challenging time. Flexibility and partnership working has been pivotal to respond as effectively as possible. The quote in Appendix 1 from the Director of Customer Services at Hackney Council demonstrates the journey they have been on

and how, more than ever before, services need to focus on wider health and wellbeing - of staff and the public.

Appendix 1



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Title of report:	*ICS City & Hackney Integrated Care System Reward & Recognition Policy*
Date of meeting:	11th June 2020
Lead Officer:	Jon Williams – Executive Director, Healthwatch Hackney
Author:	Jamal Wallace – ICS Communication & Engagement Enabler Group Lead.
Committee(s):	[Integrated Care Communications & Engagement Enabler Group – ICCEEG – for consultation – 24th July 2019] [Integrated Care Communications & Engagement Enabler Group – ICCEEG - for endorsement - 13th November 2019] [Accountable Officer Group - for endorsement - 12th May 2020]
Public / Non-public	Public

Executive Summary:

The City & Hackney Integrated Care System Reward & Recognition policy details processes and procedures that enable Public Representatives to receive reimbursement of expenses and payment for their involvement in engagement activities at a decision-making level.

In order to prevent undue attrition and maintain motivation in the role, the policy offers consistent methods of reward and recognition; with monetary incentives paid at the equivalent rate of the London living wage at £12.05 per hour (including an added 12.07% holiday allowance). As a gesture of goodwill and faith, an honorarium payment of £200 will be offered to all 9 Public Representatives recognized in post as of the 31 December 2019.

This policy focuses only on payment rewards to Public Representatives appointed to ICB Care workstreams, the Mental Health Coordinating Committee, the enabler groups and Neighbourhood Steering Group. Members should note in addition to this support, wider public involvement in integrated commissioning is encouraged by the funding of the Time Credits and Coproduction (and other involvement) events run by the care workstreams. Funding for all this activity is held by Healthwatch Hackney on behalf of Integrated Commissioning Board under a Section 75 Agreement. Healthwatch Hackney will administer these funds and spend is monitored by the City and Hackney CCG.

With this policy in place there is further opportunity to promote public involvement in local work to develop the integrated care system. This policy removes financial barriers that disable participation and attracts new, diverse and seldom heard voices to the role of Public Representative. This is an important measure in order to ensure the ICS is able to achieve system strategic objectives to meet the health & well-being needs of the local population.

Recommendations:

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

- To **APPROVE** this policy for implementation

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

- To **APPROVE** this policy for implementation

Strategic Objectives this paper supports [Please check box including brief statement]:

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	☒	The policy supports this objective.
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	☒	The policy supports this objective.
Empower patients and residents	☒	The policy supports this objective.

Specific implications for City

This policy implements a process of reward and recognition that will be available to City residents recruited to the role of Public Representative.

Specific implications for Hackney

This policy implements a process of reward and recognition that will be available to Hackney residents recruited to the role of Public Representative.

Patient and Public Involvement and Impact:

The City & Hackney Integrated Care System Reward & Recognition policy was developed through consultation with the care workstream public representatives who attend the ICCEEG.

At present, there are 9 Public Representatives covering 14 positions at present across the Systems Care Workstreams and Enabler Groups. These representatives play an important and central role of public voice within the System's structure by acting as a critical friend, offering an alternative perspective and insight from the community. They are

vital in shaping a sustainable care system and public services, fit for the population they serve.

With this policy in place, the system is better able to empower residents and promote co-production and public involvement in the local work to develop services. This policy removes financial barriers that disable participation and attract new, diverse and seldom heard voices to the role of Public Representative. This approach displays commitment to principles of reciprocity, transparency and public value which in turn promotes trust and enables the system to develop services truly fit for the population of City & Hackney.

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

The City & Hackney Integrated Care System Reward & Recognition policy was developed through consultation at the Integrated Commissioning Communications and Engagement Enabler Group, which consists of communications and engagement professionals from partner organisations as well as public representatives. The policy was recommended for implementation by the Chair's of the Integrated Commissioning Communications and Engagement Enabler Group, Jon Williams (Director of Healthwatch Hackney) and Ann Sanders (CCG Governing Body Lay Member).

Comms Sign-off: at Communications and Engagement Enabler Groups - 13th November 2019.

Equalities implications and impact on priority groups:

This policy seeks to increase engagement and awareness of system intentions. This policy will also reduce financial barriers of seldom heard and marginalised populations.

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

There are a number of remuneration policies in operation across the patch, including ELFT's participation scheme and LBH expert by experience. The rewards honoured by this policy are exclusive to the role of public representative. It therefore does not impede the ability of representatives to participate in wider paid involvement.

Supporting Papers and Evidence:

Appendix 1 - Reward & Recognition Claim Form Appendix 2 - Reward & Recognition Involvement Agreement Appendix 3 - Reward & Recognition Policy Information Sheet Appendix 4 - Level of payments for involvement that people who use services can accept (info from SCIE) Appendix 5 - Reward & Recognition funding summary.

Sign-off:

ICCEEG – Endorsed for further senior approval. 13th November 2019 AOG – Endorsed for final approval and implementation at ICB. – 12th May 2020. Workstream SRO: David Maher

Reward and Recognition Policy

Integrated Care System: City & Hackney

1. Policy Statement

The Integrated Care System (ICS) is committed to involving the public (residents, patients, services users and carers) in the transformation of Health and Care services within City and Hackney.

The ICS values the time and effort contributions of Public Representatives and also acknowledges the need to remove financial barriers that can prevent active participation.

Without an agreed policy offering consistent and adequate reward and recognition, there is the risk that existing Public Representatives may lose motivation and drop out. An inability to offer reward and recognition is also limiting the ability to recruit new and diverse voices such as those in fulltime work, younger people or those with caring responsibilities (including caring for children).

The ICS therefore aims to promote inclusion and views the provision of reward and recognize as a symbol of reciprocity, a principle agreed to in the Coproduction Charter by the partner organisations of the ICS.

This policy sets out how the ICS will reward and recognise Public Representatives for their contributions to the decision-making process and reimburse out-of-pocket expenses incurred.

2. Definitions

i) Public Representatives:

Public Representatives are residents, patients, service users and carers that have been appointed to champion the public perspective on decision making boards within Care Workstreams and System Enabler groups.

In some contexts, these individuals are referred to as ‘service user’, ‘expert by experience’, or ‘resident representatives’. However, within this policy the term ‘Public Representative’ is used to define members of the public for which ICS partners commission health and care services: all people who are registered with a GP practice in City and Hackney or deemed of usual residence in the boroughs.

ii) Involvement

Is defined as the involvement of patients and members of the public in the design, management, review and delivery of services.

iii) Expenses

"Expenses" refer to the following out-of-pocket expenses incurred by patients or members of the public to take part in a meeting, training event, interview panel, defined task or work programme that they have been invited to.

"Travel expenses" refer to the cost that a Public Representative must pay in order to travel to and from a meeting, event or activity to which they have been invited.

"Meal subsistence" refers to the sum permitted to cover the cost of a meal or refreshments for a Public Representative who is attending a meeting, event or activity during meal times

"Childcare expenses" refer to the cost that a Public Representative must pay in order to commission a third party to care for and supervise a child or children, for whom they have a principal caring responsibility. Direct family members (i.e. parents and siblings) are included in the category of third party care provider

"Carer costs" refer to the costs that a patient or member of the public must pay in order to commission a third party to care for and/or supervise a person with special needs, for whom they have a primary caring responsibility. Direct family members (i.e. parents and siblings) are included in the category of third party care provider.

iv) Reward and Recognition Involvement payment

Reward and recognition payment are defined as a specific benefit to acknowledge involvement by Public Representatives. Rewards include but are not limited to monetary payments, shop/other vouchers, Time credits and training.

v) Organiser

The "organiser" refers to the member of staff who is responsible for inviting patients or members of the public to the meeting, training event, interview panel or defined task or work programme.

vi) Budget Holder / R&R authoriser

The “budget holder” refers to the member of staff who is responsible for authorising payments made in accordance with this policy.

3. Scope

i) This policy applies to Patient and Public Representatives that have been appointed to Care Workstreams and System Enabler groups within the Integrated Care System in City and Hackney.
ii) This policy does not apply to open or public events to which users can attend but are not individually invited.
iii) This policy does not apply to members of the public invited to take part in other meetings or events in a different capacity.

4. Background

This policy is to reward and recognise the contributions of residents, patients, services users and carers within City & Hackney Integrated Care System. This partnership involves NHS City and Hackney Clinical Commissioning Group (CCG), Hackney Council (LBH) and City of London Corporation (COLC) working together with essential providers such as: Homerton University Hospital Trust (HUHT), East London Foundation Trust (ELFT) and the GP confederation to improve City and Hackney residents’ health and wellbeing. This governance arrangement went live on 1 April 2017.

It is an ambition of the Integrated Commissioning Board that the public are equal partners in its work. To this end the role of Public Representatives was created to position members of the public in key roles in the care workstreams, enabler groups and related sub-groups.

Public Representatives play a leadership role within the System’s structure by acting as a critical friend, offering an alternative perspective as well as identifying and managing potential risk as equal decision-makers. Representatives are also linked in with wider engagement/involvement structures and help identify when wider groups of users need to be involved and jointly plan and facilitate this with their workstreams.

The Public Representative role involves the below duties:

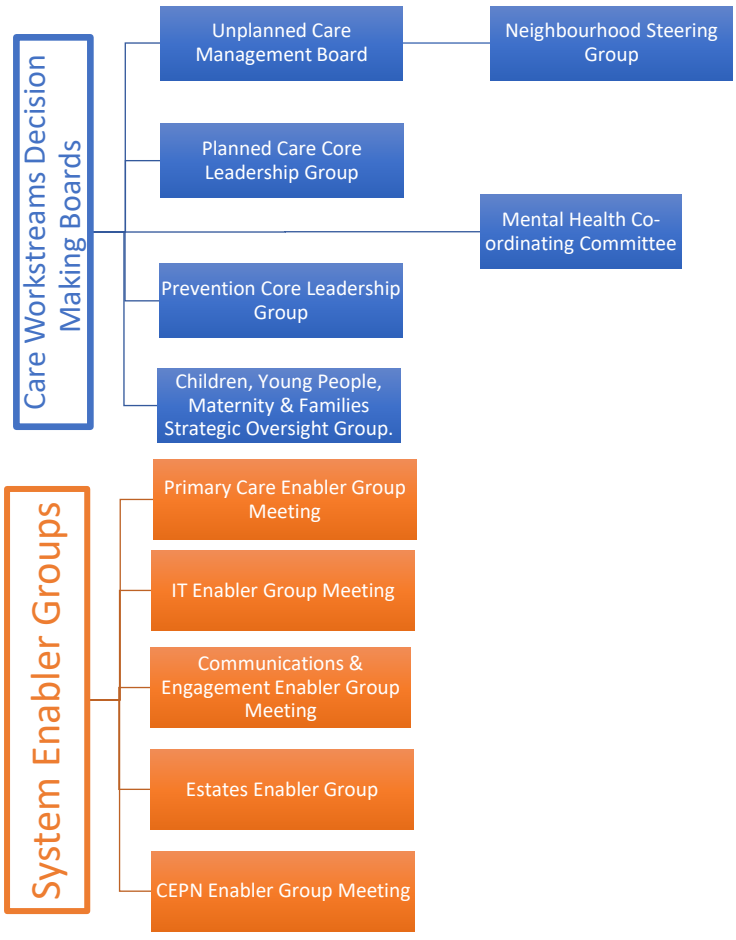
- Attend and contribute to Care Workstream Management Boards, Steering Group or Enabler Groups meetings in person and via email.
- Work collaboratively with the Care Workstream and Enabler Group members as they design and implement service developments.
- Raise issues important to local residents, patients, service users and carers relevant to the care area.
- Keep informed of what residents, patients, service users and carers are saying about the care area and wider health and social care issues.

- Comment on issues from a resident, patient, service user or carer perspective providing an impartial and independent view, challenging and acting as a critical friend to other Workstream members.
- Act as a link between the Care Workstream Management Boards, Steering group or Enabler Groups and wider public/service user involvement.

We involve people because they:

- Residents in the London Borough of Hackney or City of London and/or
- use NHS health, social care or public health services within these areas.

This policy applies only to appointed Public Representatives who are involved in the Integrated Care System structures which includes the below groups:



The Reward and Recognition funding was calculated on the Public Representatives attending Care Workstream decision making boards or System

Enabler Group meetings. Limitations are therefore in place to ensure the reward and recognition budget is not overspent.

In the instance where sub-groups are formed and require Public Representatives in attendance, the meeting organiser is required to submit a business case / proposal expressing the following details:

- The function and objectives of the subgroup.
- The expected frequency of the sub group meetings.
- The expectations of Public Representatives in attendance and the impact of Public Representatives in the decision making process.

This policy does not automatically apply to any involvement that members of the public undertake with an Integrated Care partner organisation beyond the direct work and governance structures of the Integrated Care System. Individual programmes or organisations within City and Hackney and beyond are encouraged to apply this policy or an adapted version for their involvement structures.

5. Purpose

This Reward and Recognition Policy should recognise the experience and value Public Representatives bring and recognise the time they commit. The policy will also address the current power imbalance between professionals and those accessing services. Without reward or recognition Public Representatives are the only attendees present who are not paid or rewarded for their contributions.

This policy is designed to set out a consistent framework of reward and recognition. It is important that all Public Representatives involved in Integrated Care System feel adequately supported and able to contribute in a meaningful way. Offering recognition and reward as part of public involvement is important if our local system is to effectively involve local people. There is clear evidence that patient and public involvement (PPI) and co-production creates better and more appropriate services which lead to better health and wellbeing. As such, funding reward and recognition is an 'invest to save' approach. This is further supported by Nesta [1]who have produced a business case for a 'People Powered Health', suggesting investment in co-productive methods, empowering patients, their families and communities to be directly involved in the management of healthcare could see a reduced cost of

[1] Nesta - The People Powered Health programme ran between 2011 and 2013. It supported the design and delivery of innovative services for people living with long term health conditions. Click here for online report.

managing patients with long-term conditions by up to 20 per cent and potentially save the NHS in England £4.4 billion a year.

This Policy is also in line with local and national guidance around co-production:

- Co-production Charter for Health and Social Care: City & Hackney[2]: "Co-production is defined as designing, reshaping or delivering services in equal partnership with the people who use them in order to create better services and outcomes."
- Care Act 2014 Guidance: "Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered"
- Care Act 2014 Guidance: "In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services, but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that **are co-produced** with individuals, families, friends, carers and the community."

6. Reward & Recognition Involvement Payment - scale

In accordance with national guidance from the Department of Health, suggesting the use of clear policy and procedure in the application of payment and reimbursement of expenses. Under this policy, engagement activity is split into three "Levels" (or categories). The following scale applies for this policy.

Engagement Activity Levels

Level 1: 'Open Activity'. People choose to give information or feedback on open access engagement opportunities, for example responding to online surveys, consultations or attending open public meeting.

These activities ***do not*** qualify for a Reward and Recognition (R&R) Involvement payment

Level 2: ***'Involvement Activity'***. Where People are invited to participate in engagement activities in which public opinion and feedback is sought. This may require the participant's physical presence, or could incur an out-of-pocket expense in order to participate.

These activities ***do not*** qualify for a Reward and Recognition (R&R) Involvement payment. However, it may be appropriate to meet certain expenses in relation to

[2] Co-production Charter for Health and Social Care: Hackney and City. Online here and Easy Read here.

the participant's access needs. It will remain at the discretion of the organiser to arrange non-monetary forms of recognition for public involvement in Level 1 & 2 activities.

Level 3: 'Co-production / Decision Making Activity'. Involves when we seek joint decisions, encourage additional ideas and decide what to do in partnership with the public. This applies to Integrated Care System Public Representatives when they are actively involved in the following activities:

- Involvement in Care Workstream Management Boards, steering groups and Enabler Groups including;
    - Planning, facilitating, chairing engagement events as part of the Public representative role.
    - Involvement in recruitment and staff interviews
    - Involvement in procurement panels and service evaluations
    - Delivery of training to staff

These activities ***do qualify*** for a R&R Involvement payment in acknowledgment of the experience and value they bring, and the time individuals commit.

Please see table 6.1. Example of engagement activities and the corresponding level within the Involvement Payment scale.

6.1. Reward & Recognition – Engagement Activity Levels table.

Activity -examples	**Level**	**Reward & Recognition (R&R) for Involvement**	**Funding Level**
Attendance at public meeting	1	Not applicable	
Attendance at a road show	1	Not applicable	
Attendance at an exhibition	1	Not applicable	
Completion of surveys/polls	1	Not applicable	
Activities attend by an NHS/ASC officer but organised by external group/organisation	1	Not applicable	
Attendance at boards meetings (as a member of the audience)	1	Not applicable	
Activity -examples	**Level**	**Reward**	
Stakeholder event -invited	2	Out of pocket expenses	
Part of discussion group	2	Out of pocket expenses	
Attendance at a seminar or workshop	2	Out of pocket expenses	
Public panels	2	Out of pocket expenses	

One to one interview	2	Out of pocket expenses	
Focus group	2	Out of pocket expenses	
Coproduction Group	2	Out of pocket expenses	
Activity -examples	**Level**	**Reward**	
One to one interviews (more length, sensitive or complex)	3	Expenses + R&R payment	
Involvement in care workstream, enabler group or an agreed sub-group of these.	3	Expenses + R&R payment	
Involvement in recruitment	3	Expenses + R&R payment	
Involvement in tendering panel	3	Expenses + R&R payment	
Involvement in delivering staff training	3	Expenses + R&R payment	
Chairing Co-production meetings	3	Expenses + R&R payment	

Please Note: Prior to the beginning of a participant's involvement, the activity Organiser will indicate the level of Reward & Recognition involvement payment available at completion of the event or activity.

7. Reward and Recognition

7.1. Reimbursement of expenses

Public Representatives will be repaid the exact costs of reasonable expenses they have incurred as part of their role where a receipt is provided. All expenses must be agreed in advance with the Organiser & Budget Holder.

Expenses can include:

- travel costs – public transport or taxi for those with accessibility needs
- replacement child care costs
- replacement carer
- subsistence, where a meeting takes place over a normal meal time
- stationery, phone costs, etc.

Wherever possible, the Integrated Care System will aim to pay directly for any expenses (e.g. taxi for those with accessibility needs) so that public representatives are not left out-of-pocket while repayments are processed.

A repayment of the exact costs of out-of-pocket expenses incurred for paid or voluntary involvement will not be treated as income for those in receipt of state benefits, should recipients make the appropriate declaration. Participants can claim expenses payments regardless of whether they accept or decline Reward & Recognition involvement payments.

7.2 Reward & Recognition (R&R) Involvement Payments

"Public Representatives will be offered Reward and Recognition Involvement payments where 'we are deciding together and acting together" (Level 3).

Guidance for Jobcentre Plus staff defines *a "service user" as follows: "a person who has used or is using or may potentially use or is otherwise affected by (for example a carer) services".*

Organisations that may involve people who use services and carers include:

- 'Where the services concerned are delivered by a body which has a statutory duty to provide services in the field of health or social care or social housing and who is consulted by these bodies'
- Or by an alternative body (for example, educational establishments or voluntary and charitable organisations) who conduct research or monitoring or planning in order to improve services through user involvement'.

Where involvement is with the above bodies:

- Repayment of expenses for paid involvement (in addition to reimbursed expenses for voluntary involvement) is ignored for benefit purposes
  - An offer of payment for involvement that is declined, or a lower amount is paid, or is paid to a charity, is not treated as having been received (described as notional earnings).

This recommendation is also in line with NHS England guidance[1] and Department of Health Guidance[2] for councils that recommends service user (Public Representative) involvement payments be offered to members of the public who are involved in decision-making with health and social care staff.

Any Reward and Recognition Payment must reflect Hackney Council's commitment to the London Living Wage (currently £10.75 per hour - to be updated in line with the current rate annually).

Participants are entitled to holiday pay of 12.07% which should be added to the hourly rate as involvement is sporadic. This brings the recommended hourly involvement payment to **£12.05.**

Those accepting payments would not be employees and not entitled to sick pay, maternity pay or pension.

Participants qualifying for the above can choose whether they want to:

1. Take part on a wholly voluntary basis

2. Receive a partial payment in line with their benefits threshold and disregard the remainder.
3. Receive payment in full.
4. Donate payment to selected charity

7.3 Accepting payments while on benefits

It is essential that we ensure those who accept Reward and Recognition Involvement payments are not disadvantaged or left out of pocket in anyway. This is particularly relevant for those in receipt of any state benefits. Those in receipt of state benefits have sole responsibility to ensure the rules governing payment are adhered to. Therefore, must declare any fees, rewards or specific benefits, to the necessary authority, as a result of their involvement and participation within the Integrated Care System.

People who are considering paid or unpaid involvement with the Integrated Care System should speak with their personal adviser at Jobcentre Plus before starting.

- People in receipt of benefits will not be affected by repayment of out-of-pocket expenses.
- People in receipt of benefits may now decline an offer of a payment, ask to be paid a lower amount, or ask for the payment to be made to a charity. This will not be treated as if they had been paid the full amount on offer. This is referred to as 'notional earnings' in the rules and regulations.

Information about **the level of payments for involvement that people who use services can accept** is available here (Appendix 4)

8. Process for Reward & Recognition Involvement Payments & expenses repayment

Public Representatives that wish to received Reward and Recognition payments will be required to adhere to the following processes:

8.1 To register for R&R Involvement Payments

In order to register for R&R Involvement Payments. Public Representatives need to meet with the Budget Holder / Authoriser for an induction meeting. Within the induction meeting the Public Representative will be expected to:

- Read through and discuss the Reward & Recognition policy (a copy will be provided)
- Sign the R&R Involvement agreement
- Submit bank details and personal information – payments will be made via …

- Alert the necessary benefits office of expected additional income (if in receipt of state benefits)

8.2 To claim expenses

To claim expenses, the Public Representative is expected to:

- Complete the expenses section of the Reward and Recognition Claim form.
- Produce an original receipt for all expenses claimed.
- Submit the Reward and Recognition Claim form and receipts to organiser

The Organiser will:

- co-sign agreed expenses and submit to Budget Holder

The Budget Holder will:

- Authorize payment of expenses
- Alert Claimant of the authorised expense payment

8.3. To claim R&R Involvement Payments

In order to claim for a Reward & recognition Involvement payment, the Public Representative will be expected to:

- Attend the relevant decision-making group / complete a level 2 activity.
- Complete the claimant section of the Reward and Recognition Claim form
- Submit the reward and recognition Claim form to the organiser.

The organiser will:

- Complete the Organiser section of the Reward and Recognition Claim form
- Submit the Reward and Recognition Claim form to the Budget Holder

The Budget Holder will:

- Process the Reward and Recognition Claim form
- Authorize and arrange for payment to Claimant bank account
- Alert Claimant of the authorised R&R Involvement Payment.

Appendix 1

Reward & Recognition Claim Form

The Claimant

Your Full Name	
Your Home Address	
Care Workstream / System Enabler Group	

The Meeting / Event

Name of the Organiser	
Name of the meeting / event	
Date of the meeting / event	
Place of meeting / event	
Duration of meeting / event attended	

Expenses

	Amount
Travel Expenses	
Meal subsistence	
Child Care / Carer costs	
Other Expenses	
TOTAL	

Reward and Recognition Involvement Payment

Please indicate your preferred Reward & Recognition involvement payment option	• Voluntary basis (no payment) ☐ • Receive partial payment ☐ • Receive Full Payment ☐ • Donate payment to charity ☐

"This is to confirm that I was involved in the meeting, event or activity described and that the above is a true record of my out-of-pocket expenses and / or the Reward & Recognition Involvement Payment I should receive in relation to this.

I understand that accepting a reward payment may affect my state benefits. I am fully aware that it is my sole responsibility to inform my local benefit office, Jobcentre Plus and Inland Revenue of any fee, reward or specific benefit from involvement that I receive from the Integrated Care System.

I understand that using child care providers and carers is done at my own risk.

I understand that payments are processed on a monthly basis, meaning it can take up to 4 weeks for funds to reach my account".

Signed by Claimant: _____ Date: _____

For the Organiser

Please confirm the expenses requested were agreed prior to spend.	**YES** ☐ **NO** ☐
Please indicate level of involvement undertaken	**Level 1***: Open Activity* ☐ **Level 2** : Involvement Activity ☐ **Level 3**: *Decision Making Activity* ☐
Please confirm the claimant attended the meeting for the stated duration	**YES** ☐ **NO** ☐

Signed by Organiser:_____ Date: _____

For office use

Claimant has signed Reward and Recognition Agreement form / bank details on record	YES ☐ NO ☐
Total for expenses	Amount:_____
R&R Involvement Payment (Duration X Hourly rate)	Sum: Hours X £11.82 Amount:_____
Overall TOTAL (Expense + Reward)	**Amount:** _____

Bank details form Date: _____

Your Full Name	
Your Home Address	
Bank details	Name of bank: Account number: Sort code:

Appendix 2

Reward & Recognition Involvement Agreement

In line with the City & Hackney Integrated Care System "Reward and Recognition Policy", you may be entitled to a specific benefit or reward for the activity or task you are involved with. This agreement outlines the terms on which this reward is offered for people who are involved on a regular basis.

You will need to read, sign and date this agreement in order to receive the Reward & Recognition Involvement Payment or specific benefit. The reward will also be conditional upon your carrying out the involvement activity offered and agreed to.

If you would like help or support to understand the information in this agreement, please contact the staff member who is organising the involvement activity or task.

The City & Hackney Integrated Care System:

i) Will work in line with the "Reward & Recognition Policy".

ii) Is not obliged to offer you any involvement activity or offer you any further tasks once each activity or task is over.

iii) Will comply with the policies, general protocol, standards and conduct applicable to Integrated Care System(ICS) and partner organisations. This includes confidentiality, health and safety, anti-discriminatory practice and commitment to the Co-production Charter.

iv) The staff member organising the task or activity will explain to you the policies, general protocols, standards and conduct applicable to the area in which you are working. We have the right to end your involvement in the activity or task if you do not comply with these.

v) Will decide if a DBS check is needed if you are involved in an activity or task that brings you into contact with children or vulnerable adults. We are responsible for organising this and meeting any associated costs.

vi) Will provide a safe and healthy environment for involvement activities and tasks. In some cases, if we are concerned about you taking on any responsibilities that could have an effect on your health, we will talk to you about this. We may require you to be referred to occupational health who can give further advice on what action to take.

The individual involved in an activity or task for which they receive a specific benefit:

i) Is not obliged to take part in any involvement activities that are offered or to undertake any further tasks or activities once each one is over.

ii) Can chose not to accept the Reward & Recognition (R&R) Involvement payment or to donate this to a third party.

iii) Will be able to demonstrate they are able to legally work in the United Kingdom in accordance with the Asylum and Immigration Act (1996).

iv) Will report any accidents or incidents to the staff member organizing the involvement activity or task.

v) Will comply with the policies general protocols, standards and conduct applicable to the area in which you are working. This includes confidentiality, health and safety, respect for others and anti-discriminatory practice.

During the time when you are involved in an activity or task, your relationship with City & Hackney Integrated Care System will be that of an independent adviser. This is not employment.

For the avoidance of doubt, it is agreed and understood that participating in an involvement activity or task does not constitute a contract of employment between you and City & Hackney Integrated Care System. It does not imply any obligation to provide you with any specific benefits or rewards. It does not imply any obligation on your part to accept the activity or task that is offered.

I have read and understood the above and agree to the terms of this agreement.

Signed by Public Representative: _____ Date: _____

Received by: _____ Date: _____

(On behalf of City & Hackney Integrated Care System)

Appendix 3

Reward & Recognition Policy Information Sheet for Public Representatives

Reward and Recognition Policy

The Integrated Care System (ICS) is committed to involving the public (residents, patients, services users and carers) in the transformation of Health and Care services within City and Hackney. The ICS values the time and effort contributions of Public Representatives and also acknowledges the importance of working closely with those in receipt of care, in order deliver high quality services that reflect the needs of the community.

In reflection of this principle the City & Hackney Integrated Care System Reward & Recognition policy enables members of the public, appointed to the role of Public Representatives, to receive reimbursement of expenses and payment for their involvement in engagement activities at a decision-making level.

Out of Pocket Expenses

Expenses include:

- Travel expenses - the cost of travel to and from a meeting, event or activity to which they have been invited.
- Meal subsistence - the limited sum permitted to cover the cost of a meal or refreshments for a Public Representative who is attending a meeting, event or activity during meal times.
- Childcare and carer expenses - for those with parental or main care giver responsibilities, should third party / external support required in order to attend or commit to a function.

Please note: Patient Representatives are encouraged to discuss expenses proactively with the event Organiser or Budget Holder, so that we can prevent you from being out of pocket in the first instance.

Reward & Recognition Payments

In accordance with national guidance from the Department of Health, the Reward & Recognition policy offers consistent methods of payment for involvement in engagement activities at a decision-making level.

Under this system of reward and recognition, engagement activities has been divided into three "Levels" (or categories):

> ***Level 1: 'Open Activity'***. People choose to give information or feedback on open access engagement opportunities, for example responding to online surveys, consultations or attending open public meeting.
>
> These activities ***do not*** qualify for a Reward and Recognition (R&R) Involvement payment
>
> **Level 2**: *'**Involvement Activity'***. Where People are invited to participate in engagement activities in which public opinion and feedback is sought. This may require the participant's physical presence, or could incur an out-of-pocket expense in order to participate.

These activities ***do not*** qualify for a Reward and Recognition (R&R) Involvement payment. However, it may be appropriate to meet certain expenses in relation to the participant's access needs. It will remain at the discretion of the organiser to arrange non-monetary forms of recognition for public involvement in Level 1 & 2 activities.

Level 3: 'Co-production / Decision Making Activity'. Involves when we seek joint decisions, encourage additional ideas and decide what to do in partnership with the public. This applies to Integrated Care System Public Representatives when they are actively involved in the following activities:

- Involvement in Care Workstream Management Boards, steering groups and Enabler Groups including;
    - Planning, facilitating, chairing engagement events as part of the Public representative role.
    - Involvement in recruitment and staff interviews
    - Involvement in procurement panels and service evaluations
    - Delivery of training to staff

These activities ***do qualify*** for a R&R Involvement payment in acknowledgment of the experience and value they bring, as well as the time individuals commit.

Payment for Reward and Recognition of Level 3 activities are honoured at the rate of the London living wage, currently £10.75 per hour - to be updated in line with the current rate annually). In addition, Participants are entitled to holiday pay of 12.07% which should be added to the hourly rate as involvement is sporadic. This brings the recommended hourly involvement payment to **£12.05.**

It is important to note that those accepting payments are not deemed as employees and therefore not entitled to sick pay, maternity pay or pension.

Participants qualifying level 3 reward and recognition payments can choose whether they would like to:

1. Take part on a wholly voluntary basis
2. Receive a partial payment in line with their benefits threshold and disregard the remainder.
3. Receive payment in full.
4. Donate payment to selected charity

Please see appended examples of engagement activities and the corresponding activity level within the Involvement Payment scale.

Key Contact:

To talk to us about your Reward and Recognition Involvement payments, or to register for payments, please contact Jamal Wallace – ICS Communications & Engagement Enabler Group Lead via email: jamal@healthwatchhackney.co.uk

Appendix 3.1

Reward & Recognition Policy Information Sheet for Public Representatives

Reward & Recognition – Engagement Activity Levels table.

Activity -examples	**Level**	**Reward & Recognition (R&R) for Involvement**
Attendance at public meeting	1	Not applicable
Attendance at a road show	1	Not applicable
Attendance at an exhibition	1	Not applicable
Completion of surveys/polls	1	Not applicable
Activities attend by an NHS/ASC officer but organised by external group/organisation	1	Not applicable
Attendance at boards meetings (as a member of the audience)	1	Not applicable
Activity -examples	**Level**	**Reward**
Stakeholder event -invited	2	Out of pocket expenses
Part of discussion group	2	Out of pocket expenses
Attendance at a seminar or workshop	2	Out of pocket expenses
Public panels	2	Out of pocket expenses
One to one interview	2	Out of pocket expenses
Focus group	2	Out of pocket expenses
Coproduction Group	2	Out of pocket expenses
Activity -examples	**Level**	**Reward**
One to one interviews (more length, sensitive or complex)	3	Expenses + R&R payment
Involvement in care workstream, enabler group or an agreed sub-group of these.	3	Expenses + R&R payment
Involvement in recruitment	3	Expenses + R&R payment
Involvement in tendering panel	3	Expenses + R&R payment
Involvement in delivering staff training	3	Expenses + R&R payment
Chairing Co-production meetings	3	Expenses + R&R payment

Please Note: Prior to the beginning of a participant's involvement, the activity Organiser will indicate the level of Reward & Recognition involvement payment available at completion of the event or activity.

Appendix 4.

Level of payments for involvement that people who use services can accept (from Social Care Institute for Excellence (SCIE): Paying people who receive benefits – Co-production and participation)

Employment and Support Allowance or Incapacity Benefit

People who receive Employment and Support Allowance or Incapacity Benefit may now earn up to an absolute limit of £125.50 net a week without any time limit. The one-year limit has been abolished for Employment and Support Allowance and Incapacity Benefit.

Employment and Support Allowance, Incapacity Benefit and Housing Benefit are not affected by these earnings providing people follow mandatory benefit procedures and apply to do Permitted Work. The amount of paid involvement must be under 16 hours a week.

People who receive incapacity-based benefits are required to get Jobcentre Plus permission before earning any money. They must download the form PW1 for Permitted Work, complete it and return it to Jobcentre Plus. They should state that they are doing 'service user involvement' so that Jobcentre Plus is informed and made aware that reimbursed expenses must be ignored and notional earnings should not be applied.

Income Support, Jobseeker's Allowance or Pension Credit

People who receive Income Support, Jobseeker's Allowance or Pension Credit are only allowed to earn £5, £10 or £20 a week before their benefit is reduced on a pound-for-pound basis (their benefit reduced by £1 for every £1 they are paid over the relevant limit). Recipients of Income Support for incapacity must also apply for Permitted Work before starting. They can earn up to £125.50 a week but earnings over £20 reduce the amount of Income Support they receive on a pound-for-pound basis.

Carer's Allowance

People who receive Carer's Allowance can earn up to an absolute limit of £120 net a week. If they also receive Housing Benefit or another means-tested benefit, earnings over £20 a week will lead to reductions of their benefit.

Making use of the benefit rule that may treat earnings as averaged over a pay period

Where people receive any of the above benefits for living costs, the Department for Work and Pensions can average out payments for involvement (or work) over a payment period if there is more than one involvement event in the pay period. For example, a payment of up to £60 for two involvement events over a 12-week payment period may not lead to a reduction of Jobseeker's Allowance even if the person can only

earn up to £5 a week (£5 x 12 weeks = £60). Jobcentre Plus will look at each situation to decide if this applies or not.

Universal credit

Universal credit is being phased in and is intended to replace the existing benefits by 2022.

People who receive Universal Credit can start work or involvement at any time and do not need to get permission before starting.

However, when a person has been paid for involvement they must tell Jobcentre Plus before their next payment of Universal Credit is due. They can do this online. It is important to say that it is a payment for service user involvement so that Jobcentre Plus knows that repaid expenses must be ignored and notional earnings do not apply.

The earnings of people receiving Universal Credit will always be averaged over a calendar month as it is paid monthly (where the current benefits are worked out on a weekly basis).

Universal Credit is paid for living costs including housing costs. It allows some people to earn up to a certain amount in a month. This is called a '**work allowance**'. Different groups of people have different amounts of a work allowance.
All payments for involvement (or work) will lead to Universal Credit being reduced by 63 pence for every £1 over the allowance. This does not affect entitlement. There is no limit on the number of hours of paid involvement (or work) that are allowed.

Work allowance rates for people who are in receipt of Universal Credit

There are two rates of **work allowance** for Universal Credit.
The lower rates are for people who are in receipt of Universal Credit for the costs of their rent.

The higher rates of work allowance are for people who are in receipt of Universal Credit that does not include any amount for housing costs (rent).

Universal Credit lower work allowance

People in the following groups who are in receipt of Universal Credit that includes rent costs have a work allowance of £192 per calendar month:

- single people responsible for one or more children or qualifying young persons
- single people with limited capability for work
- joint claimants responsible for one or more children or qualifying young persons.

This means that for the above groups of people earnings of up to £192 per calendar month have no effect on Universal Credit including the costs of rent (but not mortgage costs).

Universal Credit higher work allowance

People in the following groups who are in receipt of Universal Credit that does NOT include rent have a work allowance of £397 per calendar month:

- single people responsible for one or more children or qualifying young persons
- single people with limited capability for work
- joint claimants responsible for one or more children or qualifying young persons.

This means that for the above group[s] of people earnings of up to £397 per calendar month have no effect on Universal Credit.

Mortgage interest

People who claim Universal Credit for the costs of mortgage interest must take care.

Universal Credit for mortgage interest will be stopped entirely for 39 weeks if the person receiving Universal Credit earns any money at all, even just £5.

Reimbursed expenses for involvement are ignored. Jobcentre Plus should be told that the payments are for service user involvement.

Council Tax Support/Reduction

Council Tax Benefit was replaced by Council Tax Reduction in 2013. The official name is Council Tax Reduction but most councils call it Council Tax Support.

Each local authority makes its own rules on charging for Council Tax for people of working age. In some local authorities, people who are in receipt of benefits may be charged if they have earnings from involvement, although the local authority may average payments over several weeks. People should contact their council and find out about the local arrangements.

The rules have not changed for people who are in receipt of a pension.

Appendix 5 – Reward & Recognition Policy grant funding breakdown – City & Hackney Healthwatch Grant Agreement.

SCHEDULE 2 – THE GRANT

1. The value of this agreement is £193,350.58 which is set aside for Co-production and Patient Engagement related to Integrated Commissioning.

2. The amounts that have been allocated to Co-production and Patient Engagement related to Integrated Commissioning are detailed in the table below.

DESCRIPTION	**NOTES**	***AMOUNT***
Engagement and Coproduction Manager	Apr19-Mar20	£ 44,391.00
Engagement and Coproduction Manager 10% Management Fee 19/20	Apr19-Mar20	£ 4,439.10
Management Overhead		£ 5,000.00
Involvement and Participant Access Need Payments		£ 32,644.08
Time Credits	ex VAT	£ 40,833.35
Workstream coproduction (2019/20 estimate)	3 events, 10 activities	£ 20,000.00
	Sub-total	**£ 147,307.53**
Workstream coproduction (2020/21 estimate)	3 events, 10 activities	£ 20,000.00
Engagement and Coproduction Manager	Apr20-Sep20	£ 22,195.50
Engagement and Coproduction Manager 10% Management Fee April 20/September 20	Apr20-Sep20	£ 2,219.55
Rooms (100 x 10 meetings) Travel (30 x 10) Refreshments (180) + 10% management fee		£ 1,628.00
	Sub-total	**£ 46,043.05**
	TOTAL	£ 193,350.58

Title of report:	Local Outbreak Control and Test, Trace and Isolate in City and Hackney
Date of meeting:	11/06/2020
Lead Officer:	Sandra Husbands, Director of Public Health
Author:	Nathan Post – Public Health Registrar Sandra Husbands, Director of Public Health
Committee(s):	Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

- As part of the next phase of response to the COVID-19 pandemic, a national contact tracing programme (NHS Test and Trace) has been implemented in order to maintain low levels of community transmission of COVID-19 to support the easing of nationwide lockdown.

- The national system is based on a tiered system of response, with Level 1 managing complex settings or outbreaks (e.g. in schools or care homes), Level 2 giving advice to cases (people who have had a positive Coronavirus test) and identifying their contacts; and Level 3 giving advice to contacts about self isolation and symptoms to look out for.

- Local Authorities will primarily be required to use local intelligence and resources to support the management of complex settings or outbreaks, alongside Level 1; investigate and manage community clusters; carry out preventive work; engage with communities to participate in testing and contact tracing; and provide support to vulnerable individuals.

- In City and Hackney a working group has developed a high-level Local Outbreak Control Plan to guide the local response and implementation of the national system and is participating in the London Good Practice Network (one of 11 nationwide), to rapidly implement this plan, evaluate it and share learning.

- Further work includes the development of local Standard Operating Procedures for management of outbreaks, engagement of the voluntary sector to encourage uptake, evaluation and preparing the business cases in anticipation of funding.

- Appropriate governance structures need to be established, in line with the recommendations of the national Advisory Board, to include a COVID-19 Health Protection Board, local authority level strategic Gold command groups and a politically-led, outward facing stakeholder group, to communicate with the public.

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These first two levels of governance have been operating in City and Hackney since the beginning of the pandemic and preparations for a UK outbreak. The latter group needs to be established and the Integrated Commissioning Board has been identified as an ideal forum to bring all the relevant partners together in a public forum, which meets frequently enough to provide useful updates on this fast moving situation.

Recommendations:

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

- To **ENDORSE** the draft outbreak control plan and the approach to developing a local contact tracing system and local outbreak management;
- To **ENDORSE** the suggested approach to ensuring appropriate governance and accountability of the local outbreak management system and effective engagement with local communities.

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

- To **ENDORSE** the draft outbreak control plan and the approach to developing a local contact tracing system and local outbreak management.
- To **ENDORSE** the suggested approach to ensuring appropriate governance and accountability of the local outbreak management system and effective engagement with local communities.

Strategic Objectives this paper supports [Please check box including brief statement]:

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	Y	Working collaboratively across the whole system, including the community and voluntary sector (and with local businesses) to respond to the local impact of the Coronavirus pandemic
Empower patients and residents	Y	Empowering patients, residents, communities and staff with knowledge and understanding about the risk of COVID-19, how to prevent/reduce the spread of infection and how to mitigate

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		the unequal impacts on certain key community groups

Specific implications for City

Robust outbreak control plans for schools, businesses and diverse communities, as well as plans for supporting vulnerable individuals will be key to responding effectively to this next phase of the epidemic in the City of London.

Specific implications for Hackney

Robust outbreak control plans for care homes, schools, businesses and diverse communities, as well as plans for supporting vulnerable individuals will be key to responding effectively to this next phase of the epidemic in Hackney.

Patient and Public Involvement and Impact:

The community and voluntary sector are partners in development and delivery of the outbreak control plan.

Clinical/practitioner input and engagement:

There is clinical and other practitioner membership at all levels in the pandemic response/local outbreak control work, including in the contact tracing working group, the COVID-19 Health Protection Board (previously known as the Pandemic Leadership Group), as well as ICB members.

Communications and engagement:

A draft contact tracing/local outbreak control communications and engagement strategy has been developed, informed by the London-wide communications plan.

Engagement with local communities is included in the outbreak control plan and will be led by relevant voluntary and community sector organisations, with the appropriate cultural connections to the communities and ability to communicate with them effectively in their languages (if necessary).

Equalities implications and impact on priority groups:

An equalities impact assessment will be carried out and the work plan and standard operating procedures will be amended/adapted accordingly

Safeguarding implications:

To be considered as the work plan develops

Impact on / Overlap with Existing Services:

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N/A

Main Report

Background:

2.1 COVID-19 is the infectious disease caused by the recently discovered coronavirus, SARS-CoV-2. This virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 was declared a pandemic (i.e. a global outbreak) by the World Health Organization on 11 March 2020.

2.2 Most people with COVID-19 experience a mild to moderate respiratory illness and recover without requiring specialist treatment. Older people, black and Asian people and those with underlying medical problems, such as cardiovascular disease, diabetes, chronic respiratory disease or cancer are more likely to develop serious illness.

2.3 At this time, there are no specific vaccines for COVID-19 and few specific treatments. The antiviral drug, remdesivir has recently been authorised by the National Institute for Health and Care Excellence (NICE) for treatment of people with severe COVID-19 disease in hospital. There are still many ongoing clinical trials evaluating other potential treatments, as well developing vaccines.

2.4 Management of the COVID-19 pandemic in the UK has required a number of public health, NHS and wider societal measures, including hygiene advice, social distancing, capacity building (across sectors) and 'Stay at Home' / 'Stay Alert' lockdown policies.

2.5 Following the UK peak in hospital admissions in April 2020, the numbers of new COVID-19 cases have fallen significantly and the Government has started relaxing social distancing measures, guided by the UK Government's COVID-19 recovery strategy. At this point, wide-scale testing and contact tracing are crucial to help prevent a rapid rise in community transmission of COVID-19.

2.6 A national contact tracing programme (NHS Test and Trace) was launched on 27th May 2020 to enable rapid isolation of contacts of possible or confirmed COVID-19 cases and maintain low levels of community transmission to support the ending of the current lockdown in the UK.

2.7 The national contact tracing programme will have phone based and digital aspects:

a. A workforce of 3,000 contact tracers (Level 2) will carry out phone-based contact tracing of and give advice to confirmed cases (people who have had a positive antigen test) or, when available, symptomatic cases, who have identified themselves through an app
b. A workforce of 21,000 call handlers (Level 3) follow up contacts of cases and give advice to isolate and request a test if they become symptomatic
c. Cases have the option to enter their contacts' details direct into a web-based tool, the Contact Tracing and Advice Service (CTAS), or be followed up by phone.

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d. A mobile app to supplement the tiered system for symptom reporting, ordering of tests and sending tailored and targeted alerts to other app users who have been in close contact with a symptomatic and/or lab confirmed COVID-19 app user is currently being developed and is being tested on the Isle of Wight. However, the timeline for nationwide roll out of this app has not yet been confirmed.

2.8 Complex settings, such as outbreaks in homeless hostels, schools, care homes or community clusters will be escalated to and managed by local Public Health England (PHE) health protection teams (Level 1), which in London is the PHE London Coronavirus Response Cell (LCRC). The LCRC will work closely with Local Authorities, who will be able to provide local intelligence and targeted support, to manage these settings and community clusters.

2.9 In addition, Local Authorities will be required to use local intelligence and resources to carry out preventive work; engage with communities to participate in testing and contact tracing; and provide support to vulnerable individuals.

2.10 In order to support this system locally, Local Authorities are expected to develop and implement Local Outbreak Control Plans, which determine the local response and how it works alongside the national system (by the end of June for all Local Authorities).

2.11 City and Hackney are participating in a Good Practice Network (GPN - one of 11 nationwide) with Barnet, Camden, Newham.The immediate aim of the GPN is to rapidly develop and implement a Local Outbreak Control Plan, evaluate the implementation and share learning with other Local Authorities and the national Advisory Group, before the end of June.

2.12 The GPN work aims to tailor and inform Local Authority responses and ways of working between Local Authorities and the national system. This work is being support by DHSC. £300 million has been made available to support Local Authorities to implement Local Outbreak Control Plans. However, details of how this funding will be allocated have not been made known yet.

2 Current work areas:

2.1 Work on developing the Hackney and City Local Outbreak Control Plan started in the first week of May, through the Hackney and City Contact Tracing Working Group.

2.2 The Local Outbreak Control Plan is a high-level plan which aims to guide the development of tailored local responses to outbreaks, local response to support vulnerable individuals affected by contact tracing/isolation, proactive preventive work to limit the risk of outbreaks occurring and maximise uptake of testing and contact tracing, establish ways of working, use of data and engagement with partners and the voluntary sector.

2.3 The plan includes the following seven areas:

a. Planning for local outbreaks in care homes and schools. This includes preventive work (including support for infection prevention and control) and the development and

implementation of Standard Operating Procedures for the management of outbreaks working alongside the LCRC.

b. Planning for local outbreaks in other high-risk places, locations and communities of interest, including sheltered housing, dormitories for migrant workers, transport access points, detained settings and rough sleepers. Again, this includes preventive work and the development and implementation of Standard Operating Procedures.

c. Identifying methods for local testing to ensure a response that is accessible to the entire population, including strategies for response to local clusters and availability for those affected by the digital divide.

d. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid, including Local Authority staff support to the Level 1 system if required.

e. Integrate national and local data and scenario planning through the Joint Biosecurity Centre Playbook. This includes establishing a local data hub, reviewing local requirements for data security and linkages, for example with the NHS.

f. Supporting vulnerable local people, including to get help to self-isolate. This includes a continuing and enhanced local system for support to isolating individuals, and support to individuals who are less able to access testing, the contact tracing system, or follow self-isolation guidance.

g. Establishing governance structures for local escalation and decision making.

2.4 The high-level plan has been developed and is currently awaiting agreement.

2.5 Work is continuing on developing specific aspects of the plan, including local standard operating procedures for the local management of different types of outbreaks (building on the London-wide SOPs); a communications strategy; and a strategy for engagement with and deployment of voluntary sector partners.

2.6 Links have been established between this work stream and other established workstreams in City and Hackney that are contributing to the COVID-19 response, including humanitarian assistance, the digital divide and enhanced support for care homes.

2.7 Development of the plan has been supported by materials provided by the London Council Chief Executives Task and Finish Group for contact tracing, including a Local Authority toolkit, a Joint Agreement and Standard Operating Procedures developed by LCRC, and resources developed through a London multi agency Contact Tracing working group including membership from PHE, DsPH, GLA and NHS.

3 Future work areas

3.1 The Contact Tracing Working group will continue to develop and implement specific aspects of the plan, including:

a. Standard Operating Procedures for management of outbreaks and community clusters.

b. Identifying and providing support to vulnerable individuals who are isolating in conjunction with the humanitarian assistance team.

c. Establishing a data hub (likely to be in conjunction with regional partners).

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d. Supporting the recruitment and training of volunteers to increase engagement and provide support to communities.
e. Providing capacity and support to Level 1 if required.

3.2 The implementation of the Local Outbreak Control Plan will be evaluated over the coming weeks as part of the Good Practice Network, with the aim to share learning with other Local Authorities and with the national Advisory Group, led by Tom Riordan.

3.3 In response to the funding commitment announced to support the Local Authority response to contact tracing, the Contact Tracing Working Group is working on a bid/business case for funding for implementation. Depending on when the funding is released this will also be supported by findings from the early evaluation of the pilot.

4. Governance

The Contact Tracing Working Group, in discussion with senior officers and members of both authorities, has been working on establishing the governance structures required to oversee and deliver the Local Outbreak Control Plan.

The key tasks include:

- Establish a local Covid-19 Health Protection Board (reboot of City and Hackney Pandemic Leadership group, established in March 2020, chaired by DPH)
- Establish a mechanism for reporting to and escalation to local Gold (continue regular reports from DPH/consultants to City and Hackney Gold command groups; add template for consistent written report format)
- Establish a Member chaired, public facing stakeholder board to oversee communications, engagement, transparency and community reassurance

These first two levels of governance have been operating in City and Hackney since the beginning of the pandemic and preparation phase for a UK outbreak. The member led group still needs to be established and the Integrated Commissioning Board has been identified as an ideal forum to bring all the relevant partners together in a public forum, which meets frequently enough to provide useful updates on this fast moving situation.

5. Recommendations

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

- To **ENDORSE** the draft outbreak control plan and the approach to developing a local contact tracing system and local outbreak management;
- To **ENDORSE** the suggested approach to ensuring appropriate governance and accountability of the local outbreak management system and effective engagement with local communities.

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

- To **ENDORSE** the draft outbreak control plan and the approach to developing a local contact tracing system and local outbreak management.

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- To **ENDORSE** the suggested approach to ensuring appropriate governance and accountability of the local outbreak management system and effective engagement with local communities.

Appendix 1: Draft City and Hackney Local Outbreak Control Plan

Title	City and Hackney Local Outbreak Control Plan
Prepared for	City and Hackney Contact Tracing Working Group Chair: Sandra Husbands, DPH
Prepared by	Nathan Post
Last updated	26th May 2020 v2.0
Linked documents	Associated action log here Terms of reference for the City and Hackney Contact Tracing Working group here

This document provides background on the LOCP in Hackney and the City. For the current plan see the document here

Background

1. A national contact tracing programme (Test, Track and Isolate) is being established to enable rapid isolation of contacts of possible or confirmed COVID-19 cases and maintain low levels of community transmission to support the ending of the current lockdown in the UK. Local Authority DsPH were initially informed on 24th April of outline plans for a national contact tracing programme, followed by a more detailed outline in a letter on 1st May. Further Government announcements have clarified that a partial system will be launched on 1st June, with the app to be launched at a later point.

2. The national contact tracing programme will have phone based and digital aspects:
   - A workforce of 18,000 contact tracing call handlers supported by 3,000 contact tracers to carry out phone based contact tracing
   - Digital includes two parts:
     - A web-based tool, the Contact Tracing and Advice Service (CTAS), to input and host information on cases and contacts. This will receive details of lab-confirmed cases of COVID-19 and use an automated or phone based pathway for follow up contact tracing.
     - A mobile app for rapid symptom reporting, ordering of swab tests and sending tailored and targeted alerts to other app users who have been in close contact with a symptomatic and/or lab confirmed COVID-19 app user.

3. Local Authorities will be expected to develop and implement Local Outbreak Control Plans which determine the local response and how it works alongside the national system (by the end of June for all Local Authorities). Hackney and the City have been asked to participate

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in a pilot (as a ‘beacon’ Local Authority, in advance of the national launch of the programme. The pilot aims to tailor Local Authority responses and ways of working between Local Authorities and the national system. The pilot will include rapid development and testing of a Local Outbreak Control Plan for Hackney and the City, and work has already started on this.

4. The priority work areas here summarise actions required in order to implement contact tracing in Hackney and the City as a local pilot area, and in advance of any further national guidance. These priority work areas are likely to change as guidance develops.

Sources of guidance

5. DHSC ‘beacon’ Local Authority guidance
6. London Chief Executives Task and Finish Group - Local Authority contact tracing toolkit
7. Joint Agreement between PHE LCRC and Local Authority Test, Track and Isolate Response

Local plan components

8. Local Outbreak Control Plan
9. Communications plan
10. Voluntary sector engagement
11. Governance

Local Outbreak Control Plan

12. The Local Outbreak Control plan contains seven sections. All Local Authorities will be expected to produce a Local Outbreak Control Plan by the end of June. Hackney and the City are participating in a pilot for Local Outbreak Control Plans, and will need to commence work on a local plan immediately, evaluate and then share best practice.

13. The Local Outbreak Control Plan may be developed through changes/adaptations to the existing pandemic plan which has already been updated in response to COVID-19. Implementation of the plan should use existing structures (e.g by repurposing the City and Hackney Pandemic Leadership Group) where possible. Some areas, such as assessing needs of vulnerable people, and work on testing, may already have been completed and should be brought together under a central plan where appropriate.

14. Actions required to develop and implement plan:
    - 1 - Planning for local outbreaks in care homes and schools
        - Identify SPOC for Local Authority (Hackney and the City)
        - Develop communication and engagement plan for preventive work with schools and other settings to reinforce infection prevention and control measures and safe working

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    - Identify potential outbreak scenarios requiring Local Authority response
    - Develop framework/workflow for Local Authority for management in each outbreak scenario, including follow up actions after hand over of settings from LCRC
    - Develop local SOP for management of enquiries from settings
    - Select sample of school/workplace/care home settings for pilot and implement
    - Summarise findings/best practice
- 2 - Planning for local outbreaks in other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points, detained settings, rough sleepers etc
    - Identify potential outbreak scenarios
    - Develop framework/workflow for Local Authority for management in each outbreak scenario, including follow up actions after hand over of settings from LCRC
    - Develop framework/workflow for management of community clusters (establishing IMT, engaging local partners, infection control measures, local communications)
    - Develop communication and engagement plan for preventive work with high risk locations and communities, to reinforce infection prevention and control measures and safe working
- 3 - Identify methods for local testing to ensure response that is accessible to the entire population
    - Develop system to deliver tests to isolated individuals
    - Define how to prioritise and manage local pop-up sites and mobile testing units for deployment to high-risk locations
- 4 - Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid
    - Identify specific local complex communities of interest and settings
    - Estimate demand for contact tracing locally using local data and assumptions
    - Develop options to scale capacity (ie to Tier 1) if needed
- 5 - Integrate national and local data and scenario planning through the Joint Biosecurity Centre Playbook
    - Establish local data hub for receipt of data from Tier 1/Tier 2 and collation of local monitoring data on contact tracing and testing
    - Plan for local management of data including data security
    - Review local data requirements including NHS linkages
- 6 - Supporting vulnerable local people, including to get help to self-isolate
    - Complete impact checklist for vulnerable groups and identify actions arising from it
    - Develop plan for engagement with communities and groups less likely to engage with contact tracing, with support of VCS (see section on VCS support below)

    - Identify relevant community groups and source voluntary sector support to coordinate and ensure services meet needs of diverse communities (see specific voluntary sector engagement section below)
    - Complete community impact checklist and identify actions arising from it
    - Complete workforce impact checklist and identify actions arising from it
    - Update local business continuity plans to prepare for scenarios of large proportions of critical local workforce self isolating
    - Consider demand and source capacity for temporary housing for people who are homeless to self isolate
- 7 - Establish governance structures
    - Establish local Covid-19 Health Protection Boards (re-boot of City and Hackney Pandemic Leadership group, established in March 2020, chaired by DPH)
    - Establish mechanism for reporting to and escalation to local Gold (continue regular reports from DPH/consultants to City and Hackney Gold command groups; add template for consistent written report format)
    - Establish Member chaired public facing stakeholder board to oversee communications, engagement, transparency and community reassurance (ICB - paper to next meeting on 11/06/20; terms of reference being amended, for ratification at following meeting in July)
    - Expansion of Contact Tracing working group membership to include CCG, Police, testing leads

In addition, the local plan would be supported by the following:

- Proactively writing a bid for funding to support contact tracing in Hackney and the City
- An evaluation framework to generate feedback and lessons learned as part of the 'Beacon' pilot
- Local risk register
- Local needs assessment to identify priorities for contact tracing both in the City of London and Hackney, including numbers required to self-isolate, communities and individuals at greater risk through isolation or lack of engagement with contact tracing, scale of support required for vulnerable individuals/households to self-isolate, scale of digital divide and characteristics of individuals at risk and likely impact of self-isolation on health inequalities, essential services and workforce *(aspects of this likely to have already been completed - there may be a need to bring these together into one needs assessment)*

Communications plan

15. See linked plan here. Additional actions include:
    - Complete communications checklist and identify actions arising from it

Voluntary sector engagement

16. Actions related to VCS engagement include:
    - Voluntary sector briefing - completed
    - Proposal for voluntary sector support to contact tracing - JF drafting proposal for HCVS and VCH - expected completion w/c 25th May
    - Resource to be identified for voluntary sector support - awaiting proposal

Appendix 2: Draft City and Hackney Local Outbreak Control Plan Governance Structure

	Chair	Membership	Purpose	Accountable to
Local Outbreak Control Board **(Integrated Commissioning Board - via amendment to ToR)**	Political	Members, Executive Directors, Partners, including NHS & VCS	Political and partner oversight of strategic response Oversee the coordinated, transparent response to local COVID-19 outbreaks (and collaborating across the region) ● Provide timely communications to the public ● Provide public-facing delivery oversight of Test, Trace, Contain, Enable (TTCE) programme locally ● Act as liaison to Ministers as needed	Local cabinet/ Mayor/ Court of Common Council
Gold command (per authority)	Executive Director/ Deputy Town Clerk	Executive Directors and officers	Responsible for determining Council's overall management, policy and strategy and achieving strategic objectives; delivering swift resource deployment; owns the connection with the Joint Biosecurity Centre, Government departments & COBR	Local Cabinet/ Mayor/ Court of Common Council
Covid-19 Protection Board **(Currently City and Hackney Pandemic Leadership Group)**	DPH	Multi-agency representation, including PH, NHS (incl. CCG, HUHT, ELFT, GP Confed) EPRR, ASC, CFS, and comms	Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during Covid • Provide infection control expertise • Lead development and delivery of local plans (DsPH) • Link directly to regional PHE teams	Gold

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Integrated Commissioning Board 11th June 2020

Neighbourhood Health and Care Services – Update

Background

Providers have worked together on developing an alliance for some time. On advice from NEL, an application process was developed to assure commissioners that the providers were ready to work in close partnership and had a clear vision for what could be achieved through a long-term contract. An application was submitted in February and the application was scored and considered by a sub-group of the CCG Governing Body.

The process was paused because of COVID19 and the feedback has not been shared. An interim alliance agreement that secured transformation resources of £2.5m was signed by provider partners in March.

Providers have been working closely together as part of the SOC structure and significant progress has been made on the development of neighbourhoods in recent months.

The move towards a single CCG for North East London is ongoing and City and Hackney have to set out how they will structure themselves locally. Decisions about the future of the Neighbourhood Health and Care Alliance need to be aligned with our local health and care model.

Reflections on Joint Working During COVID-19

As we move into a new phase of the COVID-19 crisis, all partners recognise the need to think through the best way to achieve the ambitions set out when the Neighbourhood Health and Care Services work began. At the same time, all partners want to take some time to reflect on the experience of the last few months and capture any lessons about how organisations can work effectively together in future.

There are different aspects to developing an alliance way of working (not mutually exclusive) and any reflection will need to consider them all:

- Contractual issues – legal, financial, governance
- Partnership issues – values, shared objectives, relationships

Under the SOCG arrangements there has been a very clear shared purpose that all partners have been working towards and this is seen as an important element in successful joint working in recent months. Work to clarify the shared purpose of providers coming together to deliver out of hospital services is likely to deliver significant benefits in future.

Under SOCG, decisions were made quickly with a focus on what was best for patients and service users rather than focusing on money, contracts and performance management. Partners are keen to retain the best of that approach whilst recognising that, post COVID-19, these issues will reassert themselves. Thinking about how we report as a system on areas like finance and performance in future could help reduce the burden going forward.

There has been much less focus on who has formal responsibility for different types off work and providers have been adopting a population approach and a focus on inequalities that has been talked about for some time without becoming an established way of working. Any future model will need to consider how this can be built in.

The role of people in commissioning roles has changed (not just in City and Hackney but across the NHS) with Workstream Directors working in matrix teams with a greater operational focus. The future role of workstreams and the people who work in them is likely to change significantly and how this happens will be a key part of discussions around the future of Neighbourhood Health and Care Services.

Papers and proposals have been kept brief and to the point, never exceeding two pages. Partners are keen that a return to 'normality' does not mean a return to huge reports that add little additional value.

Next Steps

Decisions about how providers structure themselves and how that aligns with broader governance for the City and Hackney health and care system need to be taken with real care but with a degree of urgency too. Whilst every aspect of how we work in future does not need to be nailed down, clarity in broad terms will be needed by the autumn of this year. Partners still recognise the need for some sort of formal collaborative arrangement and maintain shared ambitions for more deeply integrated out of hospital services. However, it may be that the process undertaken to date no longer reflects the changes in pace and approach to risk that are likely to apply to integration work in the context of our ongoing COVID-19 response, or the opportunities for greater and faster collaboration in some areas. Jonathan McShane and Nic Ib have agreed to develop a draft plan and timeline to provide a structure for these discussions and this will be shared with ICB.

On broader system governance, we are proposing to undertake a number of structured interviews with local system partners over the next few weeks to understand what has worked well during COVID-19 and the conditions that made this happen. These interviews will support discussion with ICB members and providers in July on system governance in future.

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.

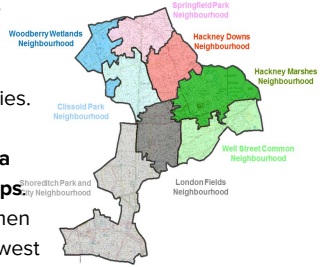
NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower 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.

Neighbourhoods and Tackling Inequalities

1. What do we know about inequalities within & between Neighbourhoods?

We know that **health outcomes differ across and between populations in City and Hackney**. Now more than ever we need a tailored, local approach to understanding and addressing local health inequalities. Our Neighbourhoods approach is fundamental to helping address such inequalities.



We know that there is **variation geographically as well as a variation in outcomes between different population groups**. For example, there is a life expectancy gap of 9 years for men and almost 7 years for women between the highest and lowest GP registered populations locally. We understand there will be inequalities between populations as a result of COVID-19

2. Why is this even more important now?

- The Marmot review (10 years on) identified stalls to life expectancy nationally. **Health is closely linked to the conditions in which people are born, grow, live, work and age**. Where we live, our education and our socio-economic status have far more impact on our health and wellbeing.
- COVID-19 presents opportunities but also risks. The current situation has **strengthened opportunities for collaborative working between organisations**. At the same time we have seen community self-mobilisation to support vulnerable people in a way not seen previously.
- We also know that **COVID-19 risks increasing levels of inequalities in local communities**. Nationally, risk of dying from COVID-19 is highest for those of older age, for men (more than women), higher in more deprived areas and higher amongst Black, Asian and Minority Ethnic (BAME) groups. Other inequalities such as the digital divide have also been exposed.

3. How is Neighbourhoods helping to understand & address inequalities?

a). By listening to local communities and understanding the lives of local people

- Now more than ever health and care services need to base decisions on the reality people experience. Dialogue is critical between residents, voluntary and public services.
- Neighbourhoods is funding to Hackney CVS to initiate Neighbourhood conversations that start to understand local experiences. In addition Healthwatch Hackney will also be supporting community development work in collaboration with HCVS.

b). By understanding the evidence and identifying areas where change is needed

- Alongside listening to local communities work is underway to better understand the data within each Neighbourhood drawing on the evidence we have available to use.

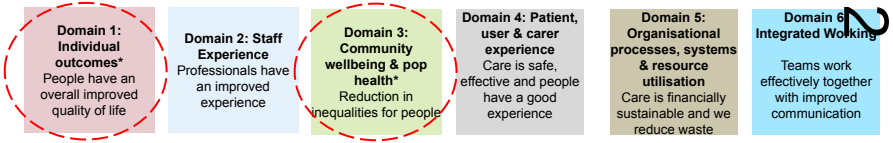
c). By working together across organisations and with local people to bring about change

- Work is now underway to bring together Neighbourhood teams to help support people with particularly complex needs in a multi-agency way.
- This will build the foundations for multi-agency working within Neighbourhoods.

4. How will we know if this has made a difference?

Understanding the impact on reducing inequalities is a key part of Neighbourhoods. This will be both informed by data as well as local knowledge and intelligence. The Neighbourhood profiles that were developed in 2018 and will be refreshed play an important role in helping to understand and address inequalities within Neighbourhoods.

The evaluation framework we presented in the Neighbourhoods Operating Model to ICB in February includes a **focus on improving individual outcomes (domain 1) and community wellbeing and population health (domain 3).** We described this domain as being unique to each Neighbourhood. Over the course of this year work will be undertaken to develop the framework for monitoring longer-term health inequalities across Neighbourhoods..



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