Public Document Pack

Integrated Commissioning Sub Committee

Date: **THURSDAY, 10 JUNE 2021**

Time: **10.00 am**

Members: Randall Anderson
Marianne Fredericks
Ruby Sayed

AGENDA

1. **INTEGRATED COMMISSIONING BOARDS**

For Information
(Pages 3 - 68)

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 10 June 2021, 10.00 – 12.00
Microsoft Teams

Click here to join the meeting

Item no.	Item	Lead and purpose	Documentation type	Time	Page No.
1.	**Welcome, introductions and apologies**	Chair	Verbal	10.00	-
2.	**Declarations of Interests**	Chair *For noting*	Paper		3-7
3.	**Questions from the Public**	Chair	None		-
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper		8-15
5.	**Anchor Alliance Update**	John Hitchin *For nothing*	Paper	10.05	16-26
6.	**PCN Progress in Tackling Health Inequalities**	Jenny Darkwah *For noting*	Paper	10.30	27-34
7.	**Transition Governance Progress Update**	Jonathan McShane / Nic Ib *For discussion*	Paper	10.40	35-53
8.	**Register of Escalated Workstream Risks**	Matthew Knell *For noting*	Paper	11.10	54-59
Items for Information					

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-	**Integrated Commissioning Glossary**	*For information*	Paper	-	61-66

Date of next meeting:

8 July 2021 – Microsoft Teams

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Integrated Commissioning
2021 Register of Interests

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	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	23/04/2021	City and Hackney ICB advisor/ regular attendee	NE London CCG / City & Hackney Integrated Care Partnership	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	19/11/2020	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	Governing Bencher	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Worshipful Company of Haberdashers	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 / Director	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	21/07/2020	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships (manages the City Wellbeing Centre)	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	27/08/2020	ICB advisor / regular attendee	NE London CCG / City & Hackney Integrated Care Partnership Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				NE London CCG / City & Hackney Integrated Care	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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest
Siobhan	Harper	26/10/2020	ICB Member	NE London CCG / City & Hackney Integrated Care Partnership	Director of Transition	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	12/08/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Board - Deputy Chair Company Director Labour Group - Deputy Chair	Pecuniary Interest
				JNC for Teachers in Residential Establishments	Member	Non-Pecuniary Interest
				JNC for Youth & Community Workers	Member	Non-Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				Hackney Schools for the Future (Ltd)	Director	Pecuniary Interest
				St Johns at Hackney	PCC	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				St Johns at Hackney	Church Warden & License Holder	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				National Contextual Safeguarding Panel	Member	Non-Pecuniary Interest
				National Windrush Advisory Panel	Member	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Christians on the Left	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	09/07/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	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
				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
Robert	Chapman	14/04/2021	Member - City & Hackney ICB	Sun Babies, 1 Branch Place, London	Trustee	Non-pecuniary interest
				N15PH	Trustee	Non-pecuniary interest
				Shareholders Committee	Shareholder Representative	Non-pecuniary interest
				Hackney Co-Operative Party	Member	Non-pecuniary interest
				SERA	Member	Non-pecuniary interest
				TSSA	Member	Non-pecuniary interest
				Unite	Member	Non-pecuniary interest
				GMB Union	Member	Non-pecuniary interest
				Friends of Hackney Tower & Churchyard	Member	Non-pecuniary interest
				Labour Housing Group	Member	Non-pecuniary interest
				The Labour Housing Group	Member	Non-pecuniary interest
				Socialist Health Association	Member	Non-pecuniary interest
				The Co-Operative Society	Member	Non-pecuniary interest
				Labour Party	Member	Non-pecuniary interest
				Investment Governance & Engagement Committee, Local Government Pensions Scheme Advisory Board	Member	Non-pecuniary interest
				Local Authority Pension Fund Forum	Vice Chair	Non-pecuniary interest
				North London Waste Authority	Member	Non-pecuniary interest
Henry	Black	03/03/2020	NE London CCG - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Mark	Rickets	04/02/2021	Member - City and Hackney Integrated Commissioning Board	City and Hackney Clinical Commissioning Group	Chair	Professional financial interest
				Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Professional financial interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer	Hackney Council for Voluntary Service	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest
			Member	Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.		Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party		Non-financial personal interest
				Member, Unite Trade Union		Non-financial personal interest
				Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest
Richard	Fradgley	30/04/2021	Director of Integrated Care	East London NHS Foundation Trust		Professional financial interest
Laura	Sharpe	23/04/2021	CEO	City & Hackney GP Confederation		Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Professional financial interest
Sandra	Husbands	26/08/2020	Director of Public Health	Association of Directors of Public Health Faculty of Public Health Faculty of Medical Leadership and Management	Member Fellow Member	Professional financial interest Non-Pecuinary Interest Non-Pecuniary 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	Professional financial interest

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

Minutes of meeting held in public on 13 May 2021
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney

North East London CCG City & Hackney Integrated Commissioning Committee

Dr. Mark Rickets	Chair	North East London CCG
Siobhan Harper	Transition Director	North East London CCG
Honor Rhodes	Governing Body Lay member	North East London CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

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In attendance

Anne Canning	Group Director: Children's, Adults and Community Health	London Borough of Hackney
Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Caroline Millar	Chair	City & Hackney GP Confederation
Haren Patel	Clinical Director	Primary Care Network
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Ida Scoullos	Patient Representative	Healthwatch Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	North East London CCG
Jon Williams	Executive Director	Healthwatch Hackney
Matthew Knell	Head of Governance & Assurance – City & Hackney ICP	North East London CCG
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Rachel Tomlinson	CCG Merger Programme Manager	North East London CCG
Sandra Husbands	Director of Public Health	London Borough of Hackney
Sue Evans	Lay member	North East London CCG
Stella Okonkwo	IC Programme Manager	North East London CCG
Sunil Thakker	CFO	North East London CCG
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS Foundation Trust
Tim Shields	Chief Executive	London Borough of Hackney

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Dr Mark Rickets, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.2. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. Questions from the Public

3.1. There were none.

4. Minutes of the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. Anchor Alliance Update

5.1. Jonathan McShane introduced the item. Due to an emergency on the part of the attendees expected to present this item, detailed consideration would be deferred until the next ICB in June.

5.2. Jake Ferguson asked if organisations in HCVS would be included in this. Jonathan McShane responded that they would. Jake Ferguson responded that he would, in the first instance, nominate himself as the named person in HCVS to engage with this work.

5.3. Honor Rhodes was concerned that co-production and patient representation was insufficiently represented in this work. Jonathan McShane responded that he would feed this back to Renaisi.

5.4. Dr Sandra Husbands added that there was a missing element of adding social value. This was not just about jobs and training, and should be fed into what we did locally and our values in interacting with the community around us. Jonathan McShane agreed that we could learn from partners who have done work in this area and he would feed this back.

5.5. Sunil Thakker added that there was a NE London procurement committee and he was interested to see how financial governance teams could feed into this. Jonathan McShane stated that he would meet with Sunil on this matter.

5.6. The **City Integrated Commissioning Board**
- **NOTED** the report.

5.7. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

6. Update on ICPB and NHCB Terms of Reference

6.1. Sunil Thakker provided an update on the financial context of this work. We were now operating as NE London CCG, and our contracts and financial commitments had been transferred to NEL CCG.

6.2. Haren Patel added that City & Hackney had historically been good at implementing new changes and innovation, and asked if there was a risk that this could be lost if we became a single organization. Sunil Thakker responded that the budget for the ICP was consistent with what had been allocated previously. We also had strategic enablers who had financial allocation. Henry Black added that our goal was levelling-up, not levelling-down.

6.3. Jonathan McShane provided a further introduction to the item. He noted that the terms of reference would be reviewed in six months after operating and this should be viewed as a transitional document.

6.4. Charlotte Harpin introduced the presentation. She noted that the ICPB would still operate on a committee-in-common model, and whilst it would not formally function as a singular committee, it would still have conversations which would similar to those that take place in formal committees. The differences from the ICB arrangements would be minor, however there would be more of a focus on partnership working as opposed to a commissioner focus under the ICB.

6.5. Randall Anderson raised the matter of formal delegation of funding; it would be helpful to have more clarity around this as it related to the means by which the ICPB would take decisions. Charlotte Harpin responded that there was ICB, ICP and local authority funding streams – the framing of ICP budgets / ICP delegations was slightly inaccurate however it reflected the approach of integrating plans and priorities. Randall Anderson responded that in the transition period we needed to be clear about which organisations were taking which decisions.

6.6. Haren Patel added that the ICPB terms of reference was slightly lacking in terms of reference to clinical leadership, and he would pick this up outside the meeting.

- **Cllr Kennedy asked if a one-page document could be produced that would explain what decisions would be taken where in an accessible format for members of the public. Action for Jonathan McShane**.

6.7. Jon Williams added that we needed to keep talking about public understanding of the changes taken place. We also need to keep bringing back discussions on the relationship between clinicians, management and the public. He also asked where the link to the Nolan principles were in this document. Charlotte Harpin responded that the Nolan principles were part of the NEL CCG governance and they were embedded in everything that occurs across the CCG and was not board-specific.

6.8. Gary Marlowe felt it was important that we treat the ICPB as if it were a legal entity as this would enable us to feel more confident in our roles and enable us to take better decisions and argue our position better.

6.9. Charlotte Harpin also added that part of the purpose of the forthcoming governance manual would be maintenance of corporate memory.

6.10. Marianne Fredericks noted that the membership of the committees was at odds with the current terms of reference – as the current terms of reference required one member to be the chair of the Health and Wellbeing Board – this member was not required to be a member of the Community & Childrens' Services Sub-Committee.

6.11. Tracey Fletcher added that whilst we needed to be clear about how the ICPB and NHCB relate to each other, we needed to think about this in the context of how those boards would inter-relate and which ones would take which responsibility. Otherwise, there would be a danger of duplication of work. Charlotte Harpin responded that this would be tested in the next six months.

6.12. Gary Marlowe added that we needed to be clear about the difference between delivery decisions and strategic decisions. Tracey Fletcher added that we needed to establish clarity on the difference between decision-making and approval mechanisms and business-as-usual delivery. The ICPB should seek assurance that vision is being enacted upon and that this fit with the overall financial sustainability envelope. The detail could be better fleshed-out elsewhere.

6.13. Mark Rickets added that the area committee would likely not meet outside of the ICPB and that is where it would transact its work.

6.14. Haren Patel added that clinical representation was not just about numbers of clinicians on boards but also the meaningfulness of the representation.

6.15. Cllr Kennedy added if the ICPB making recommendations to the Health and Wellbeing Board also worked the other way.

6.16. Ida Scoullos asked if the future manual would include reference to the public. Jonathan McShane added that there were a number of fora through which this would happen, such as: the people and place group and the HCVS assemblies. However he noted that the manual could include more of a reference to this.

6.17. Tracey Fletcher added that this board would seek assurance on programs to ensure that responsibilities around co-production, etc. had been appropriately discharged.

6.18. Mark Rickets highlighted the nomenclature with regard to the Chairing arrangements as he was not, technically speaking, a Borough Chair as the City of London was not a borough. Charlotte Harpin responded that this would be reflected in the future terms of reference.

6.19. Jonathan McShane summed up, noting that there would be a one-page document produced which would explain to the public how this was all would affect patient services. Today's feedback had been especially helpful, and he invited members to comment if they had any further comments.

6.20. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.21. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. Finance Update

7.1. Sunil Thakker introduced the item. Our initial submission of the operating plan forecast a break-even position with a financial gap of £22m.

7.2. Ian Williams noted that a final financial position would be taken to the Council in June. The financial position had been affected by the recent cyber-attack. We were also expecting announcements on funding from government for other parts of the public sector.

7.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

8. Workstream Risk Registers

8.1. Matthew Knell introduced the item, noting the position of the workstream risk registers.

- **Jon Williams asked if there were any more resources going into the CAMHS risk and requested an update on this risk be brought to the next meeting.**

8.2. Rachel Tomlinson added that the new structures provided an opportunity for us to re-evaluate how risk was reported. The ICPB would focus on risks that impacted on the system and sustainability of the system.

8.3. Honor Rhodes noted that we needed to have more consideration of childhood self-harm and adolescent self-harm.

8.4. Cllr Kennedy congratulated the CYPMF team on maintaining the childhood immunisations risk, as there was a real danger of this score increasing during the pandemic.

8.5. Tracey Fletcher also noted that the board would need to consider what it wanted to see in order to be assured that we were moving forward on strategic objectives. The current risk registers were very operational in focus.

8.6. Tracey Fletcher also noted that we need to reach a point where we were pulling things together as a system rather than retaining an approach based on individual organisations maintaining and managing risks individually.

8.7. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.8. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

AOB & Reflections

- Mark Rickets noted that this was Anne Canning's last meeting and thanked her for her contributions to the City & Hackney system and wished her well in all of her future endeavours.
- Honor Rhodes added that the local outbreak board had a lot of interesting and rich thinking, and some of the energy from that meeting could be well-used within the ICPB as well.
- Cllr Kennedy noted that in-person meetings had been re-started at the London Borough of Hackney and noted that he was looking forward to seeing all attendees in person at some point in the future.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBFeb-2	Ian Williams to bring back a report on the 2021/22 budget to a future ICB	Ian Williams	11/02/2021	Jun-21	In Progress	On forward planner for July ICB.
LOCBMay-1	Siobhan Harper to respond to Randall Anderson on the issue of City of London vaccination locations.	Siobhan Harper	14/05/2021	Jun-21	In progress	
LOCBMay-2	Siobhan Harper to bring back evaluation report on community outreach to the next meeting.	Siobhan Harper	14/05/2021	Jun-21	Closed	Report due to be submitted to Local Outbreak Board.
ICBMay-1	Cllr Kennedy asked if a one-page document could be produced that would explain what decisions would be taken where in an accessible format for members of the public.	Jonathan McShane	14/05/2021	Jun-21	In progress	
ICBMay-2	Jon Williams asked if there were any more resources going into the CAMHS risk and requested an update on this risk be brought to the next meeting.	Matthew Knell	14/05/2021	Jun-21	In progress	

Title of report:	*City and Hackney Anchor Collaborative – ICB Update*
Date of meeting:	10th June 2021
Lead Officer:	Jonathan McShane
Author:	John Hitchin, Renaisi
Committee(s):	City & Hackney ICB 13 May
Public / Non-public	Public

Executive Summary:

This is a presentation for information, and not a formal report.

This presentation deck gives an update about the work of the City and Hackney Anchor Collaborative, and its progress in working with colleagues across the local system on two streams of work: shared apprenticeships and procurement practices. It highlights the key successes of that work, and underlines the ambitions of the work is to build collaboartive practices. The streams of work are of value in their own right, and as models for furthering joint working in other areas.

Whilst the last year has slowed down progress compared to our ambitions, there remain positive developments and also much greater knowledge about what conditions support collaboartive practice. To continue to move this on, we conclude with an request for senior endorsement, which will be sought outside of this meeting.

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The purpose of the collaboartive is to encourage new ways of thinking and working across 'back-office' functions which can both shift resource, and point that functions at health and wellbeing prioritise of City and Hackney residents.
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	☐	

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Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

None

Specific implications for Hackney

None

Patient and Public Involvement and Impact:

The work is not likely to impact on public and patient perceptions of service providers, and is explicitly starting from the institutional perspective. Over time the outputs of the collaborative will likely involved

Clinical/practitioner input and engagement:

None – we are working with procurement and workforce/HR colleagues.

Communications and engagement:

No, as it is about the working practices of officers at this stage, many in roles which are explicitly not community/engagement facing.

Comms Sign-off
N/A

Equalities implications and impact on priority groups:

The projects being developed are explicitly considering their potential for impact on priority groups, and this is a core theme for the work.

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

There is no immediate impact on existing service provision. However, the intention of this work is that it explicitly encourages colleagues across the system to think about overlaps in their roles in relation to other organisations. As this develops we will be using the learning from this work to encourage a greater degree of shared working and practice.

City and Hackney Anchor Collaborative ICB Update

May 2020

RENAISI

What is it?

- The central idea of the Anchor Collaborative is that City and Hackney's biggest institutions can collaborate to use their resources to tackle inequalities and build an inclusive local economy.
- Building from international and national practice, we want to support individual anchors to work on practical projects with others so that their institutional functions (procurement, assets, workforce, investments etc) can be leveraged for health and economic impacts.
- We believe that working across a place-based system allows for learning, and projects that have greater impact than if organisations did this work on their own.
- Renaisi initiated this work, and it explicitly builds on our social purpose as a Hackney-based social enterprise. We see our role as facilitator, coordination and system support.

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Definitions

An **anchor organisation** is typically – though not exclusively – not for profit organisations that are based in a city or town and are unlikely to move location, usually because their purpose and mission is intrinsically bound up in that area. They are also often one of the major players in the local economy, and can use this economic power to create wealth and improve opportunities for the people in that place.

An **anchor collaborative** is a formal partnership of anchor organisations that share a common geography, and have clearly defined, collective, objectives that guide their work. They are often supported by a trusted independent organisation that helps to facilitate the work, and this role is typically funded by a philanthropic partner.

Community wealth building is an approach to local economic development which prioritises benefits to the local economy and community. Anchor organisations have an important role within community wealth building as the most stable and significant local economic actors.

In City and Hackney **the anchors that have been directly engaged** are: Hackney Council; the CCG; ELFT; the GP Confederation; City of London Corporation; and Homerton Hospital.

There have also been conversations with a **wider range of local and London wide stakeholders** about the work, including Peabody, Barts NHS Trust, local projects in Hackney (e.g. the Improving Outcomes for Young Black men initiative, the Sport England pilot); public health teams, Citybridge Trust, the Museum of London, the North East London Commissioning Support Unit and many others.

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Our ambition: Four roles for the collaborative

Facilitate relationships	The key role that we have been working on so far is the building of bilateral relationships, and then facilitating multi-lateral relationships on thematic issues. We strongly believe that collaboration and cooperation happens in practice not theory.
Use data and targeting	We are looking at ways to build common approaches to thinking about certain data points in the work, as this is essential to drive activity. Each organisation will have its own strengths, but there is a role to think collaborative-wide on resources, spend, pipeline of roles, recruitment, investment etc.
Push innovations and new ideas	We have not done any work on this role yet, but it is a key part of collaboratives in other places and is of interest to partners. Physical regeneration or new developments can often be the hook.
Independence and accountability	Each anchor in City and Hackney is already considering their role as an anchor. A collaborative is about a different kind of leadership, and we believe that an independent actor can have a significant value in terms of driving accountability and seeking resource.

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Initial learning by the start of COVID

Our conversations and research have highlighted that there are different ways to lead this work, and leadership is key:

Led by place: the starting point here is to ask what the unique conditions of the place are – whether that is borough level or a more specific area within the borough

Led by strategy: this approach begins with different core functions (e.g. procurement, HR, finance) and has been out starting point – see right.

Led by cohort: this approach explores what all core functions of an anchor organisation could do to have a measurable impact on a particular group of people, for example, young people or low-income residents.

Led by opportunity: this approach starts by exploring what opportunities there are to apply community wealth building strategies. This might be the development of a new hospital, for example, or an upcoming procurement which has the potential to be used as a test bed for new thinking.

Led by challenge: this approach starts by exploring what the common ‘pain points’ are across the anchor organisations and developing collective approaches to tackling these. A common challenge that has been identified is the high cost of temporary / agency workers.

In terms of practical work, we have pulled together two thematic groups:

Procurement: procurement leads from all the anchor organisations are now engaged and we have had briefing calls with each one. We have asked each lead to share some data in advance of a themed workshop on the value of their current expenditure within the City and Hackney postcodes and share any existing social value or sustainable procurement policies. Once the Covid 19 pressures have eased, convening this group and running a development workshop that builds on this material and looks for opportunities across the anchors to collaborate will be a priority.

Workforce: workforce leads across the anchor organisations have also been identified, and we will run a similar development workshop exploring what opportunities workforce, as an anchor strategy, might present. We will work with the leads from each anchor to bring together data on their current workforce as a starting point.

We have captured learning through a series of blogs and an interim report, report, published on Renaisi’s website.

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Where we are now – May 2021

The team so far have agreed the following elements regarding a potential shared role **apprenticeship** scheme.

- The creation of a multi-organisation apprenticeship role.
- A management role might be most suitable for anchor organisations and the three best options were a Level 6 PMO, Level 5 Ops manager or Level 6 Chartered manager
- The apprenticeship is likely to target people with some existing experience as an upskilling opportunity
- The aim is to have a common start date / month for the cohort. There are no set timescales.
- Funding is still to be agreed but one option discussed was that each anchor would have the same number of people / placements, so they would each fund their own staff, and release them (but benefit from getting a member of staff on rotation from another anchor).
- It was agreed that a shared approach to recruitment would be the most suitable, after some attendees expressed that 'pool recruitment' had not worked well for them in the past. Hiring managers and a mixture of leads from the organisations would need to be involved, but exactly *how* needs to be identified to avoid having overly large interview panels.

In terms of **procurement**, we have explored two routes:

1. **Joint approaches to one type of procurement**. Opportunities to collaborate around catering were explored over a number of workshops. The potential practical route on the concessions stand (Homerton) and commercial offer (Hackney Council, Children's services) have paused for now while we await confirmation on contract details and in-sourcing decisions.
2. **Social value in procurement.** The group covered how to include measures relating to local spend, environmental protections and diversity measures into procurement frameworks. This has resulted in a number of routes to further collaboartive practice.

This highlights that the opportunities are always about learning, and steady improvement, as well as bigger opportunities to think about a significant opportunity.

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Next steps

Tangible progress

- In September 2019 we were given endorsement to explore these ideas with the anchors.
- We have focussed on two areas and seen, despite considerable delays, these areas of work developed and they are building tangible projects.
- Some of the most significant changes have come in relationships being built across organisations within the system.

Governance challenges

- There are constraints around time, and endorsement. We think senior leaders could unlock this through a stronger endorsement to collaborate, and not just explore.
- We think this would really benefit from each anchor nominating a senior director to lead the work, and for us to work with them if we are struggling to gain traction.
- This would also give us a stronger accountability mechanism for colleagues to bring their work and ideas to.

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About Renaisi – place is the thread

Renaisi is a Hackney social enterprise, committed to improving places for the people who live in and use them. We do that by trying to understand what drives social change, what role place has in social change, and we work with different stakeholders to achieve that. We work with:

- **individuals** experiencing economic exclusion
- **social organisations** trying to improve their impact
- **funders** looking to learn about the value and role of their investments
- **place-based systems** that want to work differently through leadership and coordination

Each of these stakeholders is an integral part of improving places and a target for our products and work as a social enterprise.

We aim to influence the policy and practice debate by delivering quality work, highlighting practical examples, and demonstrating our learning on the role of place-based approaches.

RENAISI

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RENAISI

Title of report:	PCN progress in tackling Health Inequalities across City and Hackney
Date of meeting:	10 June 2021
Lead Officer:	Dr Jenny Darkwah
Author:	Office of PCNs
Committee(s):	City & Hackney Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

The PCN specification for Health Inequalities is not due to be released until April 2022.
The slides represent work that has been started within and at PCN level.
Each PCN has identified one or two areas of inequalities and tried to implement steps to address the inequality.

We are also working closely with public health and await the formation of the population health hub which should help to better inform each PCN.

At the last ICPB meeting the PCNs were asked to provide an update on the progress in tackling health inequalities
This information should be considered preliminary information for the ongoing work within PCNs

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Strategic Objectives this paper supports

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	

Hackney

CITY OF LONDON

NHS City and Hackney Clinical Commissioning Group

Empower patients and residents	☒	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

This is a report based on a previous action from the ICB and therefore is not a proposal for the Board to consider.

Clinical/practitioner input and engagement:

This report has been written by the office of the PCN.

Communications and engagement:

None required.

Equalities implications and impact on priority groups:

Specified within the report.

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

PCN progress in tackling Health Inequalities across City and Hackney

May 2021

CITY & HACKNEY
OFFICE OF PCNS

HACKNEY DOWNS | WELL STREET COMMON
HACKNEY MARSHES | LONDON FIELDS
WOODBERRY WETLANDS | SPRINGFIELD PARK
CLISSOLD PARK | SHOREDITCH PARK & CITY

Shoreditch Park and City PCN – Update on Tackling Health Inequalities – May 21

CITY & HACKNEY OFFICE OF PCNS
HACKNEY DOWNS | WELL STREET COMMON
HACKNEY MARSHES | LONDON FIELDS
WOODBERRY WETLANDS | SPRINGFIELD PARK
CLISSOLD PARK | SHOREDITCH PARK & CITY

- **Childhood obesity** - Key priority. Starting discussions with system partners including HCVS, Homerton, Neighbourhoods, public health team, CCG childhood clinical lead, and hopefully in the future residents to see service gap and implementations of pilots to support this agenda. Currently starting mapping of current services alongside this and looking at the data. Donated to Hackney playbus. Looking to see what ARRS roles will be supportive of this. This was also echoed by the recent work Suki did with patient engagement project-where participants said Childhood obesity was their number 1 priority.

- **Isolated males - N**ew social prescriber that is just about to start the development of groups for socially isolated men in our PCN.

- **Catch up smears -** As a PCN to support us in increasing cervical cancer screening uptake we have set up extended access smear catch up clinics for use all across the PCN. Practices can book in their patients to any of the available clinics-supporting in increasing accessibility. Clinical PCN colleagues have been focussing on making sure practices are booking in their LD patients into our smear catch up clinics

- **PCN patient engagement work :** Suki leading on this with Healthwatch hackney & City. Surveys, and Focus groups. Focus groups included Turkish community and Young people. Hopefully soon to complete one with the Community African Network. So far this has shown that there is a gap in interpretation services within GP surgeries, there is more covid & isolation seen (especially in men-hopefully the men isolation group will support with this), and they'd like to see more mental health services.

- **City Outreach project:** The City have been given a separate fund of money to ensure resident involvement and review of current services in the City, and where the gaps are, with the view of resident involvement in informing City specific or more city appropriate and accessible services for its residents. This includes engagement with the City homeless population.

- **Covid & Flu vaccination hesitancy project:** We are currently undergoing a research project to support us in understanding the hesitancy amongst staff members within our PCN – Any learnings from this will result in potential proposals of how we can take this learning to then support us in increasing our covid & flu vaccination uptake amongst our patients. This may show up with certain health inequalities indicators.

Springfield Park and Woodberry Wetlands PCNs – Update on Tackling Health Inequalities – May 21

CITY & HACKNEY OFFICE OF PCNS
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- Supporting the Anticipatory Care pilot, taking a proactive role with partners and stakeholders, including patients via Healthwatch to take a co-production approach to develop our Care Coordinators and Anticipatory Care pathway. We are looking to provide a personalised approach based upon specific population cohort identification.

- Cancer screening pilot for which we were awarded £16k from NHSEI in 2019

- Targeted work around improving access to childhood immunisations

Hackney Downs and Clissold Park PCNs – Update on Tackling Health Inequalities – May 21

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Hackney Downs:-

- In Hackney Downs we have had Citizens Advice Bureau services running since last year and we have decided to continue this year too. ~(Citizen Advice Bureau).
- We also have recruited an HCA to see patients at PCN level including house bound persons, with a view to ensuring that we are helping to tackle inequalities.
- We are thinking about doing a project in relation to the Bowel Screening programme
- We also recently funded Anchor House to support patients 55 years plus with self isolation and reconnecting them to appropriate organisations, supporting them with physical and mental health issues etc

Clissold Park:-

The PCN aims to make ground with introducing a First Contact Dietitian pilot to City and Hackney, improve diabetes care via improved uptake of the NDPP and implement possible further diabetes pilots
Thinking about running a 3 month programme to provide diet fitness sessions, cooking, exercise classes and workshops to tackle inequalities.
Planning on exploring a citizen's advice service to support our practices.

Well Street Common and Hackney Marshes PCN – Update on Tackling Health Inequalities – May 21

CITY & HACKNEY OFFICE OF PCNS
HACKNEY DOWNS | WELL STREET COMMON
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Hackney Marshes:-

- Hackney Marshes PCN is committed to improving patient experience and addressing their population health's through focusing on a series of initiatives aimed at increasing both cancer screening uptake and childhood immunisations, as well as actively tackling obesity.
- Hackney Marshes were recently successful in their application to NHSE/I to access funding to Pilot a Low Calorie Diet programme for people with Type 2 Diabetes. People eligible for the service are supported to lose weight, improve glycaemic parameters and potentially achieve remission

Well Street Common:-

Well Street Common is taking an active focus on mental health transformation in association with East London Foundation Trust ELFT as well as tackling projects focused on young people's mental health through developing and aligning of youth workers/ CAMHS/Young Hackney to a shared training programme and improving relationships.

Well Street Common have a CYP SP since April 2021, as we have noted our high numbers of "troubled families" in the data. There have been 32 referrals from our PCN practices in the 1st month. We are building links with schools through this work. We are also planning on recruiting a further CYP SP who will be focusing on violence reduction, and will be employed by Red Thread. Reduction of violence in YP is a priority already by our voluntary sector as there is a consortia grant awarded to a range of voluntary sector organisations in Hackney Wick.

London Fields PCN –
Update on Tackling Health Inequalities – May 21

CITY & HACKNEY
OFFICE OF PCNS
HACKNEY DOWNS | WELL STREET COMMON
HACKNEY MARSHES | LONDON FIELDS
WOODBERRY WETLANDS | SPRINGFIELD PARK
CLISSOLD PARK | SHOREDITCH PARK & CITY

- Increasing patient engagement activities such as through the setting up of a local walking club from April 21
- Focused campaign work led by the PCN's Health and Wellbeing Coach promoting health prevention and new services/clinics
- Actively tackling mental health issues and increasing wellbeing Working closely with East London Foundation Trust, London Fields are working to support and manage rising levels of anxiety, depression and ADHD presentation

Title of report:	Transition Governance Progress Update
Date of meeting:	10 June 2021
Lead Officer:	Jonathan McShane – Integrated Care Convenor
Author:	Nicholas Ib – ICP Programme Lead
Committee(s):	ICB 10 June 2021
Public / Non-public	Public

Executive Summary:

This pack summarises the work that has taken place in the past two months to establish the next iteration of our local place-based partnership, including strategic links with the Health and Wellbeing Boards, and progress towards operating as an integrated care partnership after the creation of the single CCG.

Our local approach will need to both contribute to and respond to ongoing development work which will continue to take place over the summer at North East London level in relation to the Integrated Care System, which will need to be considered by our local partnership arrangements.

Contents of this pack include:

Slides 3-10: An update on the work that has happened to establish and clarify governance arrangements and our operating model for the City and Hackney Integrated Care Partnership – and in particular how the statutory duties and responsibilities of NEL CCG will be delivered safely as part of a place-based partnership in this transitional year
Slides 11 – 12: A reminder of work to re-design how we carry out local joint improvement and transformation programmes as an Integrated Care Partnership, moving away from a structural focus on integrated commissioning spend towards a greater focus on population health outcomes
Slides 13 – 16: The output of the planning process which has taken place through the SOCG and which will be overseen by the Delivery Group to establish annual priorities for our local improvement and transformation work as an Integrated Care Partnership

Recommendations:

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

- To **NOTE** the report;

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

- To **NOTE** the report;

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term	☐	

Hackney

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NHS City and Hackney Clinical Commissioning Group

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

Specific implications for City

None.

Specific implications for Hackney

None.

Patient and Public Involvement and Impact:

This is a high-level summary of progress towards establishing the formal governance mechanisms of the City & Hackney Integrated Care Partnership. As such, there has been no formal patient and public involvement in the drafting of this paper. There are opportunities to work through these arrangements with partners and representatives at the ICB and potentially undertake further work on patient and resident involvement in, for example, the establishment of the ICP People and Place Group. This work will produce outputs further down the line on which we will engage with patients and residents.

The People and Place Group will also co-ordinate oversight and assurance of patient and resident involvement, alongside Comms and Engagement teams, the Voluntary and Community Sector Enabler group and the Health and Wellbeing Boards of City & Hackney.

Clinical/practitioner input and engagement:

As above, there will be implications for clinician and practitioner input in the future ICP through fora such as the Primary Care and PCN Leadership Group.

Communications and engagement:

Not applicable as this is a summary document.

Equalities implications and impact on priority groups:

Not applicable as this is a summary document.

Safeguarding implications:

Not applicable as this is a summary document.

Impact on / Overlap with Existing Services:

Not applicable as this is a summary document.

City and Hackney Integrated Care Partnership

Update on transition progress to Integrated Care Partnership Board

7th June 2021

An update to ICPB on our progress in delivering on our transition plans

- This pack summarises the work that has taken place in the past two months to establish the next iteration of our local place-based partnership, including strategic links with the Health and Wellbeing Boards, and progress towards operating as an integrated care partnership after the creation of the single CCG
- Our local approach will need to both contribute to and respond to ongoing development work which will continue to take place over the summer at North East London level in relation to the Integrated Care System, which will need to be considered by our local partnership arrangements
- Contents of this pack include:
- **Slides 3-10:** An update on the work that has happened to establish and clarify governance arrangements and our operating model for the City and Hackney Integrated Care Partnership – and in particular how the statutory duties and responsibilities of NEL CCG will be delivered safely as part of a place-based partnership in this transitional year
- **Slides 11 – 12:** A reminder of work to re-design how we carry out local joint improvement and transformation programmes as an Integrated Care Partnership, moving away from a structural focus on integrated commissioning spend towards a greater focus on population health outcomes
- **Slides 13 – 16:** The output of the planning process which has taken place through the SOCG and which will be overseen by the Delivery Group to establish annual priorities for our local improvement and transformation work as an Integrated Care Partnership

Co-designing the next steps of our partnership approach

- We planned two phases of transition – a fast mobilisation phase, **Phase 1,** in the first 90 days of the financial year, focused on ensuring successful transition of City and Hackney CCG functions, establishment of new ICP structures and clarifying governance between the ICP and NEL CCG
- Our aim for the partnership implementation phase, **Phase 2**, was to focus more closely on engaging with partners to co-design the next steps of our local place-based partnership, including how we structure, lead and manage improvement programmes, and how we deliver on the priorities which fall out of the Health and Wellbeing Board strategies effectively as a local system
- Tracey Fletcher and Siobhan Harper are planning to meet with and run ‘road show’ sessions with the senior management teams of each main partner organisation in order to continue this conversation
- The intention is to listen and debate how we work effectively as a partnership in order to inform the work and operation of the Neighbourhood Health and Care Board, the integrated delivery plan priorities, and our local approach as a system to finances, risk, quality and joint improvement programmes

A reminder of the main delivery areas of our Phase 1 transition plan

- Establish operating model governance and support structures
  - Establish the Integrated Care Partnership Board
  - Establish the Neighbourhood Health and Care Board
  - Establish the governance relationship between the ICP and NEL CCG / NEL ICS
  - Risk management arrangements for the ICP and NEL CCG
  - Establish the C&H local NEL CCG Finance and Performance Committee
  - Establish the Strategic System Finance Group
  - Establish the Quality and Outcomes Committee
  - Establish the People and Place Group
- Establish the Office of the ICP
  - Staffing and programme management for NEL CCG and the Office of the ICP
- Establish ICP strategy and delivery model
  - Establish the ICP Delivery Group
  - Develop and establish new approach to workstreams / major improvement programmes
  - Develop and embed clinical leadership approach for ICP delivery and major improvement programmes
  - Embed resident co-production / PPI arrangements for ICP delivery and major improvement programmes
- Establish relationships to system-wide functions and enabler groups
  - Review the role and function of strategic enablers to the ICP
  - Develop population health approach to ICP delivery and major improvement programmes
- OD and communications to establish the ICP
  - Establish internal and external change communications for staff and partners
  - OD / change management events to engage staff and partners and gain feedback

Proposed partnership values *(draft)*

- We want to take a 'local first, partnership first' approach to the way we tackle collective problems
- We want to provide structure and clarity for all staff on their roles within our partnership so that they understand what is being asked of them
- We want to be agile, flexible, and adaptive in the way that we work, during a period of tremendous ongoing change
- We want to build a collective culture of trust and continuous learning
- We want to work together to build our shared values as a partnership and respect our differences, to remind us of our strengths when joint working feels difficult
- We want to empower all staff to innovate where they see opportunities for improving and joining up health, care, wellbeing and prevention

DRAFT for discussion with partners

How the different boards will work together to set strategy and deliver joint priorities in the City and Hackney Integrated Care Partnership

Health and Wellbeing Boards

The Health and Wellbeing Boards are statutory committees of the London Borough of Hackney and the City of London and their statutory role is to improve the health and wellbeing of local people and reduce health inequalities. The are responsible for overseeing the development of the JSNA and producing a Joint Health and Wellbeing Strategy.

The strategy will embrace all the factors impacting on local people's health and wellbeing with ICPB leading on the health and care components of the strategy and the HWBs focusing on the wider determinants of health both in terms of developing priorities and checking progress against the strategy. The significant overlap in membership between the Health and Wellbeing Boards and ICPB, will provide assurance that the health and care components of the strategy will be subject to the same level of accountability and scrutiny as other elements.

Integrated Care Partnership Board (ICPB)

The ICPB is a non-statutory partnership board that sets the vision and strategy for the integrated Care Partnership. The strategy will reflect national, NEL ICS and local priorities and will be the health and care component of the Joint Health and Wellbeing Strategies.

ICPB includes the Integrated Commissioning Boards for the City of London and Hackney and the NEL CCG City and Hackney Area Committee. While these bodies all have their own specific responsibilities the ambition is that ICPB will try to operate as one board wherever possible. The board has a large membership with representation from health and care organisations, the VCS and the two local Healthwatch organisations. There is clinical representation on the board and elected members from the City of London and Hackney are represented. There is Non Executive representation through CCG Lay and Associate Lay Members and Non Executive Directors of provider organisations.

Its responsibilities include:

- Overseeing system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy including the development of a local outcomes framework.
- Developing a regular mandate between ICPB and NHCB that sets out expectations for the system. In the first year the expectation of NHCB will be around putting in places the necessary arrangements to work as an Integrated Care Partnership.
- Overseeing the use of resources within delegated financial allocations and promoting financial sustainability
- Reporting regularly to the NEL CCG Governing Body

Neighbourhood Health and Care Board (NHCB)

The NHCB is the executive partnership group for the ICP tasked with delivering the strategy agreed by ICPB. This will include joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources and management of local system performance.

The membership includes senior executive representation from health and social care partners.

- NHCB will also be responsible for developing joint proposals for local services or transformation that would then go to ICPB for final approval. This will also be the place that oversees and supports our transition towards becoming a genuine Integrated Care Partnership of local organisations.

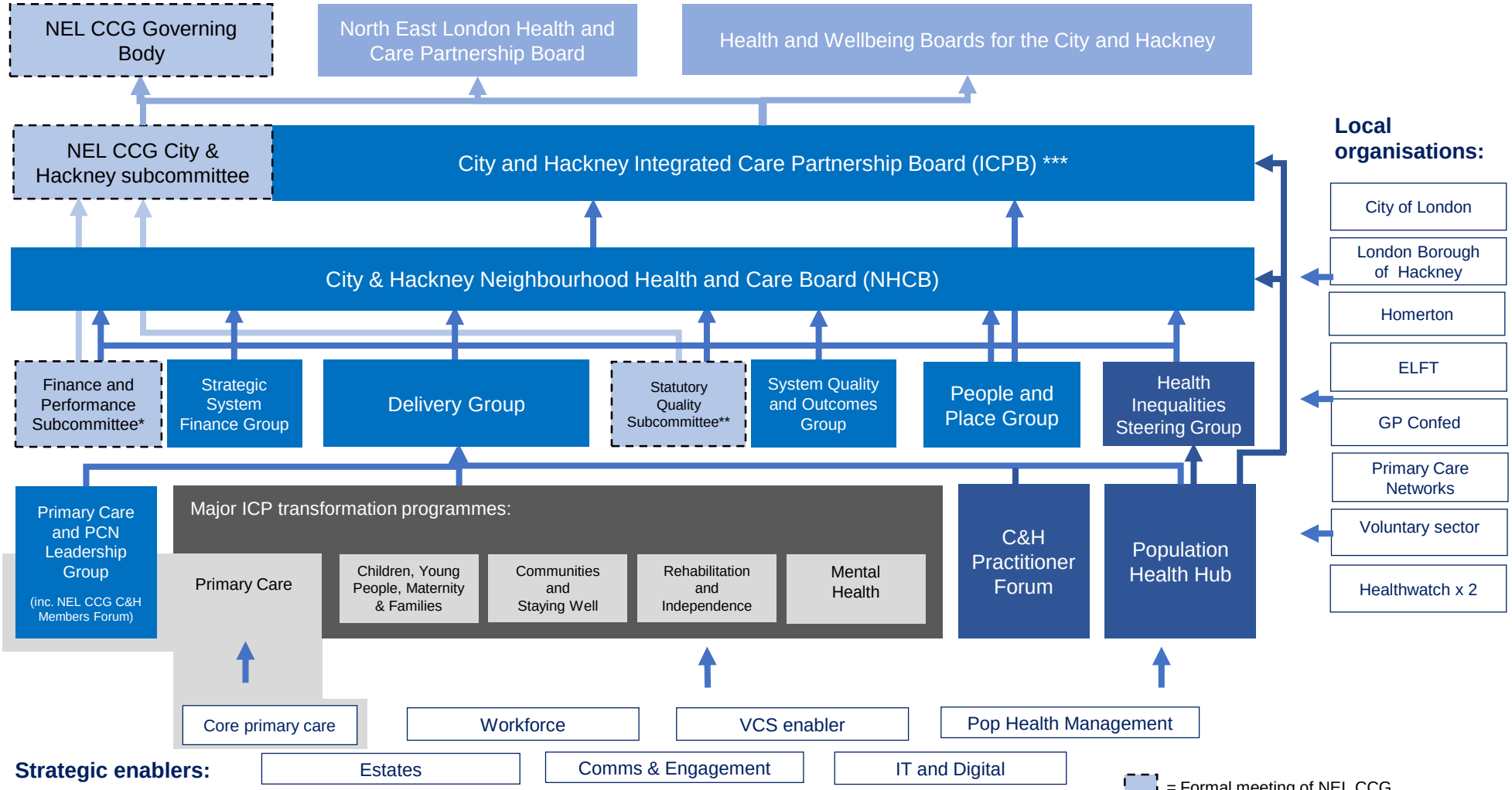
Area Committee

The Committee has been established in order to devolve resources and responsibilities to the three ICPs in North East London. Most of its functions will be discharged as part of ICPB with a small number of reserved functions that can only be discharged by the Area Committee although these discussions and decisions will still take place within the ICPB meeting.

Integrated Commissioning Boards

Many of the original functions of the ICBs are now carried out by the wider ICPB. The specific role for the ICBs is now around s.75 pooled funds between the CCG and the two local authorities. These decisions will be taken by ICB members only during ICPB meetings.

City and Hackney Integrated Care Partnership operating model



= Formal meeting of NEL CCG relating to City and Hackney ICP

= Formal meeting of the City and Hackney ICP

= Support meeting / function to the City and Hackney ICP

*= **Finance and Performance Subcommittee** exercises NEL CCG statutory duties and operates with delegated authority from the NEL CGG City and Hackney Subcommittee

** = **Quality Subcommittee** exercises NEL CCG statutory duties

*** = The **Integrated Care Partnership Board** operates under a 'committees in common' structure with sub-committees from both the City of London Corporation and the London Borough of Hackney, allowing for delegated decision making for pooled budgets.

Transition and Governance Progress Group – summary of current position (as at June 4th 2021)

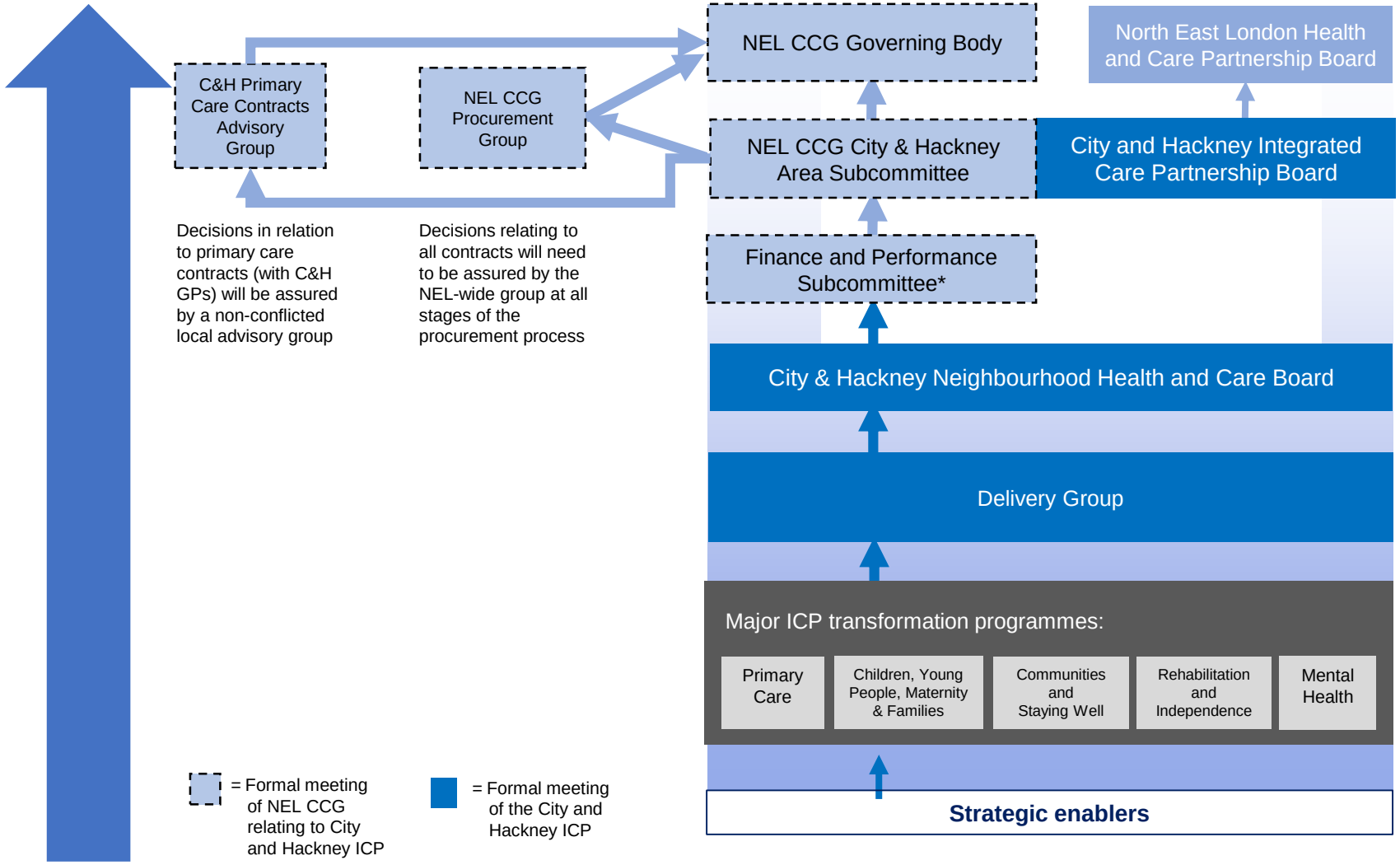
Previous meeting	Future/ successor meeting	Current / future frequency / timings	Proposed future purpose / status	ICP or CCG?	Exercise of statutory functions and transition progress
Integrated Commissioning Board (ICB)	**Integrated Care Partnership Board (ICPB)**	Monthly (second Thursday) First formal meeting of ICPB now to take place in July 2021	Purpose is to set strategy for the ICP and ensure delivery by NHCB Remains in place as part of ICPB	ICP	Legal committees in common arrangements as ICB allows for section 75s / pooled budgets Will continue on sequence of ICB Terms of Reference drafted and set to be agreed at first formal meeting of ICPB in July
	Outbreak Control Board	Monthly (meets before ICB as a joint meeting)	Purpose is to provide system leadership of the public health response to the pandemic. Remains in place as part of ICPB during pandemic	ICP	Makes recommendations to C&H FPSC, ICPB and CCG Area Subcommittee Terms of reference already agreed, will continue on sequence of ICB and ICPB meetings
	NEL CCG City and Hackney Area Subcommittee	Monthly (meets as part of ICPB as a joint meeting)	Purpose is to be the main decision making body for NEL CCG matters which have been delegated to ICP level. NEL CCG delegates decision making authority to joint meeting with ICPB Expectation is that Area Subcommittee will only meet separately from ICPB by exception	CCG	Decision making point for NEL CCG decisions and statutory responsibilities which have been delegated to, or need to be managed at ICP level, including childrens and adults safeguarding and escalation of CCG quality concerns in relation to providers Terms of Reference of Area Committee to be approved at June meeting of ICPB
Accountable Officers' Group (AOG)	**Neighbourhood Health and Care Board (NHCB)**	In future will meet monthly, first week of the month	Executive partnership group for the ICP, responsible for delivery of the ICP strategy	ICP	Will make recommendations on behalf of partnership to C&H FPSC, ICPB and CCG Area Subcommittee Terms of Reference drafted and commented on by first meeting of NHCB, revisions will be agreed at NHCB meeting in June, aiming for approval by ICPB at meeting in July
System Operational Command Group (SOCG)	**ICP Delivery Group**	Fortnightly on Thursdays, 10-11:30 (was weekly until very recently)	SOCG was established as part of the emergency planning response governance for the pandemic - Delivery Group will be responsible for co-ordinating operational delivery of transformation and improvement work across the ICP	ICP	Will make recommendations on behalf of partnership to Neighbourhood Health and Care Board, and co-ordinate delivery across the ICP's transformation programmes Terms of Reference drafted and set for discussion by SOC in June, and NHCB in July
Finance and Performance Committee	**NEL CCG C&H Finance and Performance Subcommittee (C&H FPSC)**	Monthly on the last Wednesday	Decision making group for financial matters relating to NEL CCG delegated responsibilities in C&H. Reports to NEL CCG FPC and NEL CCG C&H Area Subcommittee	CCG	Makes recommendations to NEL CCG C&H Area Subcommittee Terms of Reference approved at NEL CCG FPC in May, require updating to reflect formal link to the statutory quality subcommittee

Transition and Governance Progress Group – summary of current position (as at June 4th 2021)

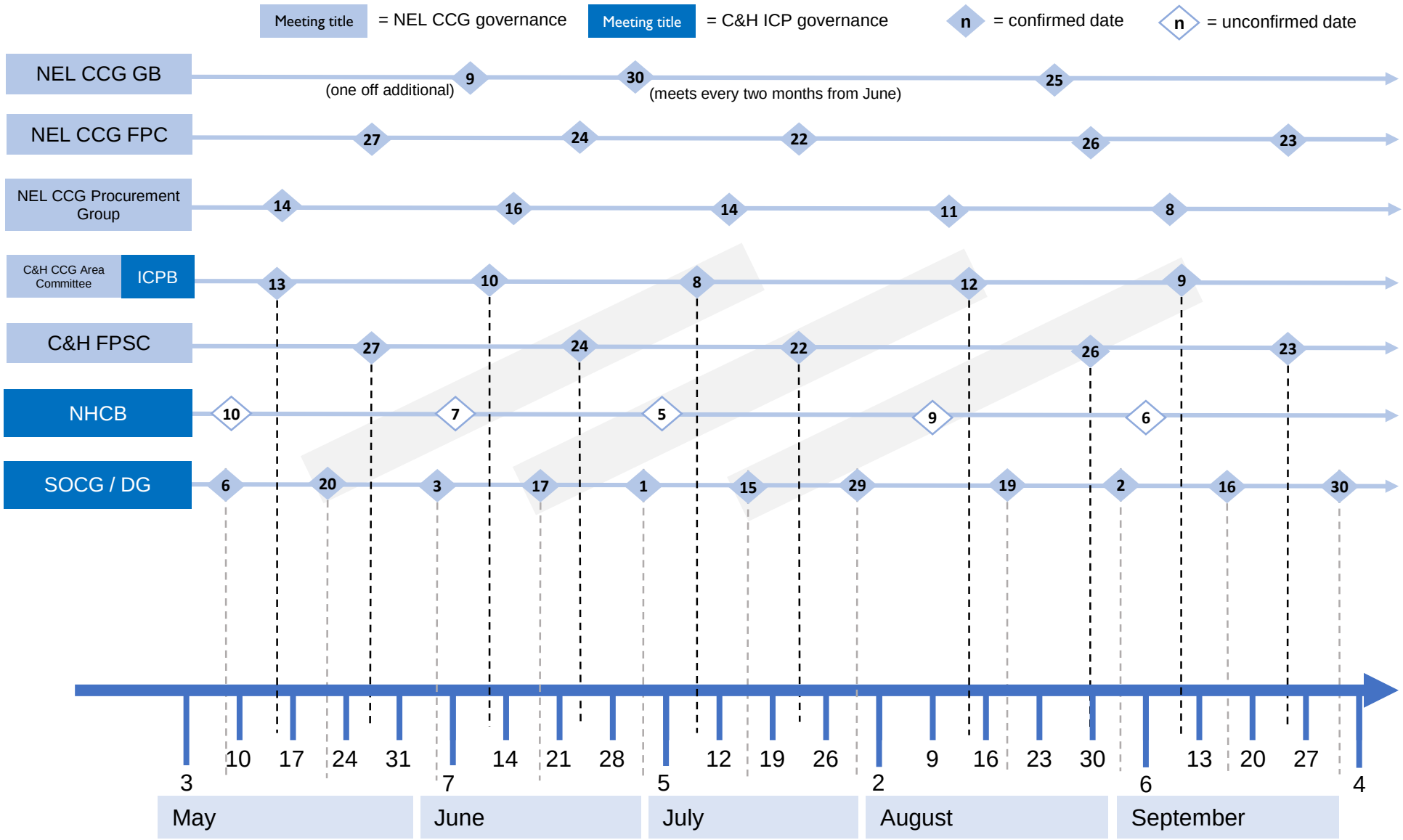
Previous meeting	Future/ successor meeting	Current / future frequency / timings	Proposed future purpose / status	ICP or CCG?	Exercise of statutory functions and transition progress
	ICP Strategic System Finance Group	Future frequency not yet established	System finance and performance leads group to gain consensus on how ICP partners will share risk, manage a population health budget and establish a medium term financial strategy, ensuring local alignment with ICS and ICPB strategic priorities	ICP	Will make recommendations on behalf of partnership to Neighbourhood Health and Care Board Establishment of this group will be led by NHCB – aim is to establish the group by August
Patient and Public Involvement Committee	**ICP People and Place Group**	Future frequency not yet established	Expanding the remit of the previous CCG PPI Committee into a new ICP People and Place Group covering Patient and Public Involvement, Equality and Diversity, and Sustainability and Social Value, and establishing the new group with links into the wider ICP operating model and new integrated improvement programmes	ICP	Running developmental sessions 13th May and 10th June to gain consensus on approach, membership and ToR Aim is to establish group and have ToR approved by ICPB in July / August
Quality Committee	**Quality and Outcomes Group**	Monthly	This will be the strategic system partnership group working together to co-ordinate an ICP approach to quality improvement and assurance – our aim is for all local partners to hold each other accountable for quality in this group wherever possible	ICP	ToR drafted and being updated in context of requirement for statutory quality subcommittee – partners are agreeing how quality and safeguarding issues are to be reported and reviewed between the two quality meetings. Partners met in late May about this and new ToR currently being drafted.
	C&H ICP Statutory Quality Subcommittee	Future frequency not yet established	This group will have statutory responsibility around adult safeguarding and receive statutory quality reports for C&H		NEL Quality Committee ToR require this meeting to be in place during the transition year to the ICS; ICPB draft ToR have been revised to incorporate statutory reporting arrangements
Clinical Executive Committee	**Primary Care and PCN Leadership Group**	Monthly	Will be formal meeting representing primary care and PCN clinical leadership	ICP	Will make recommendations on behalf of partnership to ICP Delivery Group and Neighbourhood Health and Care Board Primary Care Clinical Lead only just in post and ICP System Clinical Lead is not yet in post, so the development of the new group is still at proposals stage. Aim to bring proposals to future CEC meeting
Primary Care Commissioning Committee	**C&H Primary Care Commissioning Advisory Group**	Future frequency not yet established	To advise NEL CCG on decisions relating to commissioning of core primary care in City and Hackney	CCG	Makes recommendations on primary care commissioning decisions to NEL CCG C&H Area Committee and Primary Care Commissioning Committee ToR drafted and first meeting to take place in June

Governance route for financial decisions between ICP and NEL CCG

This diagram shows the indicative route by which decisions would be assured in relation to major proposals, however the use of SFIs and the Scheme of Reservation and Delegation mean that many decisions will not require this full governance route.



Planned schedule for main transitional governance meetings in City and Hackney



NB these are actual meeting dates – paper deadlines will be earlier (typically go out five working days before meetings)

Process so far for mapping workstreams into Integrated Improvement Programmes

- To date, the integrated commissioning workstream approach has been structured around **major areas of commissioning investment in health and care improvement**, typically through contracts with service providers in major specific areas such as acute provision, community health provision, social care provision, and primary care provision

- With the creation of a single CCG for NEL, the focus on individual purchaser / provider relationships will reduce and will happen at an ICS level. We envisage the single CCG at NEL level will commission the organisations within City and Hackney individually, but the focus of the single CCG will shift away from using contracts and payment systems as the main levers for system delivery. Working through the ICS, the single CCG will seek to achieve outcomes through setting expectations of groups of organisations that will need to be delivered in partnership at ICP and ICS level

- During the COVID pandemic, through the SOCG, delivery leads from both the CCG and other statutory organisations have worked together to begin to evolve our approach to planning transformation work as a local system. Partners proposed an approach to system-level planning organised around a single view of **population health outcomes** and improvement areas, broken down into broad thematic categories, rather than four or five separate plans reflecting the way that services are structurally organised

The following slide represents the outputs of an initial exercise undertaken by existing workstream leads to review each existing workstream under the current structure and map these to the five new integrated improvement thematic areas, using the following approach:

- Identifying current transformation projects and where these should sit within Integrated Work Programmes
- Identifying BAU (statutory local commissioning duties) needed and where these should sit within Integrated Work Programmes
- Cross reference with the outcomes framework and known quality issues – are these the right set of Improvement projects? Any new needed?
- Are prevention and inequalities considered across all programmes? Are wider determinants of health considered?
- Is an integrated approach to mental and physical health considered across programmes?
- Consider needs highlighted by Covid – are these the right set of Improvement projects? Any new needed?

Initial mapping of workstream functions to Integrated Improvement Programmes

	Primary Care	Rehab and Independence	Communities and Staying Well	Mental Health	CYPMF
Transformation areas	Group consultations • Digital – more online consultations (optimisation and move to total triage) • Equity – access; continuity • Quality improvement • Demand and capacity	• Integrated discharge, including for homeless people • Cancer early detection and diagnosis including primary care • Outpatient transformation • Care for homeless people	• Integrated urgent care – some local C+H priorities, strong link to NEL UEC programme • Pulse oximetry/virtual ward models • Women's health service	• MH community transformation programme (Neighbourhoods) • MH digital transformation (PKB) • Centres of Excellence (acute) • CAMHS crisis and eating disorders • Suicide prevention	• Maternity Transformation (safety, inequalities, perinatal) • Childhood Adversity, Trauma and Resilience programme (ACEs) • Increasing immunisations • Integrated Speech and Language therapy
	Remote monitoring of LTCs			CAMHS transformation (MH support teams in schools and WAMHS)	
	• PCNs – development+ recruitment of ARRS • Frequent attenders: new approaches) • Volunteers in primary care • Shift of OP tests+ f/u work to PC: greater reliance on A&G	Social prescribing and community navigation Carers Supported employment			• Developing system influencers • Integrated Emotional Health and Wellbeing
		Learning Disability transformation programme (LTP commitments and targets, including autism, LeDeR programme and new policy)			
	Neighbourhoods programme; priorities defined in 21/22 business case				
NEL programmes	• LIS/LES equalisation • Single CEG contract	• NEL EOL programme • NEL Continuing Healthcare • NEL elective recovery and acute alliance • NEL Cancer alliance	• NEL UEC Programme	NEL MH programme - LTP commitments - SDF transformation funding - Inequalities - Personalisation - Community transformation	• NEL Maternity Transformation Programme (ELLMS) • NEL BCYP Programme (social prescribing, out of hospital, immunisations) • NEL CYP Safeguarding Programme
		NEL LTCs (including Diabetes Partnership Board, CVD prevention, Respiratory) NEL Personalised care board (including social prescribing) NEL Community based care (including LTCs and Long Covid) NEL LD and autism board (including TCP)			
Commissioning BAU	• Sustainability and resilience: + PCN level business continuity planning • Restoration and recovery • Return to X % of face to face • Staff wellbeing following pandemic • Review CCE contract for 21/22 • Estates development • Vaccination programme C1-12 • Seasonal vax – flu/CV boosters • Stocktake of current contracts • Digitisation of records • Online registration • List cleaning (BAU but new focus)	• EOL, hospice and palliative care • Bereavement services • Continuing Healthcare • LTCs and multimorbidity • Medicines management (including antimicrobial resistance) • Adult safeguarding and new Liberty Protection Standards	• Emergency, urgent care and out of hours services, psych liaison • Community rapid response • Bank holiday assurance to NHSE • CMC • CVD prevention e.g. NDPP, Health checks	• MH Investment Standard MH crisis services • MH community teams (secondary care) – adults, older adults, CAMHS • MH acute wards – adults, older adults, CAMHS	• Safeguarding and LAC (designates and services) • Children's clinical services – acute, community, therapies, outpatients, schools & CCs, SEND, LD & autism • Maternity delivery • 0-25 service Integration (with PH)
		Winter planning			
		Range of community services			
			Frequent attenders Substance misuse in urgent care and neighbourhoods		
		LD non-transformation: LD and Autism Strategy, Annual Health Checks, Specialist service, Day opportunities			

Cross-cutting work

Neighbourhoods/PCNs as an enabler: the 'how'
Digital transformation: 'Patient Knows Best'
Staff support
Comorbid LTCs (including MH and IAPT)

National patient safety strategy local implementation
Surge demand and capacity planning
Safeguarding: C&H safeguarding children's partnership and C&H safeguarding adults board

Ageing well (frailty)
Smoking cessation and tobacco control
Obesity
Long Covid

The 21/22 City and Hackney Integrated Care Partnership Priorities

This next slides sets out our key priorities for health and care partners in 2021/22, as established through the System Operational Command Group. This work will continue through the ICP Delivery Group. The two key themes that run throughout the plan are:

- **Addressing inequalities:** This has taken on a much greater significance, and we are taking a more systematic approach across all areas of our work. This should become core business, supported by a new Population Health enabler.
- **Covid recovery** is now a focus for all parts of the system, including delivery of a vaccine programme, re-starting services, developing or adapting services to support people who are experiencing the ongoing impact from Covid-19 and being prepared to respond to future surges in demand and resulting pressures on the health and care system.

Our local priorities also include delivery of the key 'must dos' for the health and care system defined in the NHS Operating Plan for 21/22.

Given the context of the ongoing pandemic the plan is predominately focused on health care services, however, it does include a number of priorities that are focused on integration with social care, wider local authority and other partners.

Work is currently underway to develop the City and Hackney ICP that will bring together health and local authority partners to take joint responsibility for the health outcomes of the City and Hackney population. As this partnership is formed there will be a wider strategy development process, which will align to the development of the Health and Wellbeing Board(s) strategies over the next year. The following plan presents the key deliverables for this year whilst we develop our longer term multi-year strategy.

A note on how we have structured our work:

Historically, the commissioning and planning of services with partners was arranged under **care workstreams** structured around major areas of commissioning investment in health and care improvement. The pandemic has emphasised the importance of working in partnership on an operational basis to co-ordinate delivery of improvement work. Our future approach to system-level planning is organised around a single view of **population health outcomes** and improvement areas, broken down into broad thematic categories, rather than four or five separate plans reflecting the way that services are structurally organised. We have arrived at **five areas of focus for our improvement and transformation planning**, three which reflect broad thematic areas: "Children, Young People, Maternity and Families", "Communities and Staying Well", and "Rehabilitation and Independence"; and two which represent areas which have distinct national and regional funding and oversight regimes: "Primary Care" and "Mental Health". We have also mobilised a time-limited City and Hackney vaccination programme, given the importance of this agenda in 2021.

City and Hackney Integrated Care Partnership priorities 2021/22

= Funded through the Neighbourhoods Programme

= Specific actions to address health inequalities

Children, Young People, Families and Maternity

- Alongside ongoing COVID safe delivery of births, we will continue to deliver **maternity transformation** in safety, address inequities and improve **perinatal mental health** with NELLMS
- **Childhood Adversity, Trauma and Resilience** workforce training, resource portal, pilot interventions and system wide approach; to deliver support for system professionals working with families, and address the impact of adverse childhood experiences (ACEs)
- Continue to Increase uptake of **immunisations and vaccinations** in childhood and pregnancy
- Prioritise earlier prevention and wellbeing through our new **Integrated Emotional Health and Wellbeing Action plan**, including fully re-instating face-to-face community health and **CAMHS support** in schools and the community. **New pathways in place for CAMHS discharge and a T3.5 service** with education and children's social care and strengthening our whole community approach to **speech and language** development.
- Test several approaches to **social prescribing at PCN level for children and families**, alongside NEL partners
- Continuing multi agency early help for families particularly for those who have **complex medical needs, special educational needs and identified vulnerabilities.**
- Continuing to prioritise the health and wellbeing needs of **Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC**) by tailoring mental health and sexual health services to specifically meet their needs.
- Improving multi-agency working between system partners and primary care (within Neighbourhoods):
- Improving multi-agency working for 0-5s through improving MDT arrangements (GP link meetings and links between MATs and GPs)
- Developing a proactive care health and care approach for children aged 6-19 (absent from school & missed health appointments)

- Risk stratification that enables improved targeted preconception and antenatal care for BAME pregnant women, supported by our new vulnerable women's maternity pathway.

Communities and Staying Well

1. Integrated Urgent Care

- Maximise use of 111, primary care and community based rapid response services to **support people away from the hospital** where it is appropriate to do so
- Work with NEL partners and LAS to **develop effective pathways from 111 into ED and ambulatory care services**

2. Discharge Pathways

- Implement a **sustainable Discharge Single Point of Access** (DSPA) and fully embed Home First, taking learning from Covid
- Work with patients to ensure that they are **involved in decisions about their discharge,** supported by an agency specialising in social marketing

3. Neighbourhoods: Neighbourhoods is our approach to working with communities and delivering services locally. It is a cross cutting programme which sits across all of our integrated work programmes, although co-ordination of the programme sits within Communities and Staying Well. The following are the agreed 6 programme priorities in 2021/22

1: To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs (based around the life course, including developing anticipatory care for people with frailty).

2: To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1.

3: To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.

4: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood (also see VCSE Enabler).

5: To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common.

6: To put in place arrangements to improve our knowledge of and act on health outcomes and Inequalities (also see Population Health Hub)

4. Specific actions to address health inequalities

- Develop a neighbourhood approach to population health that addresses the variation seen between populations at the 30-50,000 level
- Integrating the VCSE into neighbourhoods, to help reach wider communities and to address the wider determinants of health
- Mobilise the Pathways service to support homeless people through their hospital stay, to support a safe discharge and ensure referral into the right onward services

Rehabilitation and Independence

1. Restoring Elective and Cancer Services

- **Work with the NEL Cancer Alliance** and local partners to maintain priority of cancer services and cancer standards. Continue work with primary care to ensure people with suspected cancers are referred as early as possible and with patients, public, community and voluntary sector to highlight importance of coming forward with symptoms and taking up screening when offered
- Work in partnership with our providers and NEL colleagues to prioritise work to support the **recovery of elective services**, including transforming supporting services and clinical pathways to recover and improve elective care for C&H residents

2. Improved Integration and New ways of working:

- Align **more services around neighbourhoods** and primary care networks (PCNS) integrated with secondary care services
- **Improve access to neighbourhood provision and integrating specialist skills in areas like:** Diagnostics, First Contact Practitioner (physiotherapy), Long Term Conditions (such as diabetes, heart and respiratory disease), Gynaecology; Improve access to community support resources and services for learning disabled and autistic people
- Improve access to **Alcohol and Substance Misuse** support
- Develop new pathways and services for residents with **long term rehabilitation needs after COVID-19**
- **Improve specialist advice** from consultants to GPs and patients and developing the model of advice and guidance to provide more case discussion and learning with patients
- **Better integrating the health and care offer to residents in care homes and residential settings** as a local system, including more proactive support by primary care, and better support for testing and infection prevention and control

3. Specific actions to address health inequalities

- Monitor and address the additional needs of particularly vulnerable people and patients most likely to be adversely affected because of inequalities resulting from the pandemic, including **people with Learning Disabilities**. Implement learning from the review of premature deaths of people with LD
- Ensure that the **'in for good' approach** taken to support homeless people and rough sleepers is maintained and built upon
- Ensure that we improve **end-of-life care** within our health care system

City and Hackney Integrated Care Partnership priorities 2021/22

= Funded through the Neighbourhoods Programme

= Specific actions to address health inequalities

Mental Health

- **Severe Mental Illness Digital Platform** - Ensuring that people with Severe Mental Illness have access (and can share it with all the people and organisations involved in their care) to their health information, appointments and care plan, a library of resources and health and wellbeing apps through a digital platform
- **Personal Health Budgets (PHBs)** – Drive empowerment by providing financial support through PHBs for people to achieve their goals. This includes helping people bridge the digital divide by funding devices that connect people to health services
- **Expand services that address Common Mental Health Problems** (Anxiety and Depression) by ensuring there is improvement of access - digitally or by telephone; for people with Long Covid and NHS staff psychological support services and expansion of culturally specific services to BAME groups
- **Develop Staff wellbeing recovery plans**
- **Dementia Service** - . Ensure everyone living with dementia has a timely diagnosis, with greater access to ongoing help, advice and support for them, their carers' and families
- **Mental health neighbourhood transformation programme** – Ensure that Mental health teams are embedded in all City and Hackney eight neighbourhoods

Primary Care

- Delivering the Primary Care Covid -19 Vaccination Programme (CVP)
- Ensure that all practices are fully open and are offering face to face appointments when needed
- Support to practices to make full use of demand and capacity data to maximise capacity
- Workforce planning which includes the provision of support and additional funding to practices as networks to recruit more roles to extend the primary care workforce and enhance integrated models of care across our workforce
- Primary care estates improvement - build new premises for at least two practices
- Put in place a wellbeing programme for practice staff following on from the second wave of the pandemic
- Taking a scientific approach to quality improvement - maintaining and improving continuity between the patient and the clinician and primary care as a tackler of inequalities
- Expansion of digital (eg online consultations and video consultations) access and providing hands on support to practices to make the most out of online consultations and video consultations (optimisation); ensure that patients continue to have equal access including registering with a practice

COVID Vaccination Programme

- Increase vaccine confidence and uptake of first doses for those in cohorts 1-9 through targeted interventions
- Implement a community led outreach approach with Public Health to increase vaccine uptake in high risk unvaccinated eligible cohorts who are either registered or unregistered with a GP, reducing vaccine inequity
- Promote maximum uptake of second doses within the advised timeframes
- Design and implement a vaccine delivery model for cohorts 10-12 led by the PCNs, and delivered through local vaccination centres, general practice and community pharmacy

City and Hackney Integrated Care Partnership strategic enabler priorities

Tackling Health Inequalities through Population Health Framework

- Establish Population Health Hub as a system wide resource to support with the embedding of a population health approach
- Draft Health and Wellbeing Strategies, using the Kings Fund Population Health approach
- Improve routine collection and analysis of equalities data and insight, and its use to inform planning and action
- Develop and embed tools and resources to support routine consideration of health equity in decision making and planning
- Adopt a partnership position and action plan to tackle structural racism and wider discrimination with local institutions
- Build trust and adopt flexible models of engagement to work in partnership with residents
- Align with NEL work on anchor institutions
- Collectivly develop plans for Prevention and Investment Standard
- Embed strengths-based, preventative based approaches (including MECC)
- Build on Covid19 risk assessments to provide ongoing support for wider staff wellbeing needs.

Voluntary and Charity Sector (VCS)

- Establish the VCS Enabler workstream
- Pilot the VCS Assembly, enabling VCS organisations to design and implement solutions to system issues
- Confirm the Neighbourhood Partnerships model, building on current pilots
- Develop approach to community group involvement in MDMs
- Develop community navigation model for specific population groups
- Progress on the VCS estates review (led by LBH as part of VCS Strategy)
- Progress on the VCS Core Grants investment model (led by LBH as part of VCS Strategy)
- Build on the community champions and COVID information grant holders to support resilience against pandemic
- Build on the community champions and COVID information grant holders to support resilience against pandemic and develop as network of VCS organisations delivering public health and health messages
- Employ new delivery models and developing new public sector/VCS relationships based on the learning from those developed through the pandemic response through the Community Partnership Network and Food Network, (with LBH and COL policy teams)

City and Hackney Integrated Care Partnership priorities 2021/22

= Funded through the Neighbourhoods Programme

= Specific actions to address health inequalities

City and Hackney Integrated Care Partnership strategic enabler priorities (continued)

Workforce

- **Staff Equality** – Learning from the City and Hackney inclusive leadership workshops being hosted by LBH we are prioritising the development of an educational programme focused on unconscious bias and inclusive leadership for all out of hospital staff working in City and Hackney.
- **Health and Wellbeing for out of hospital staff** – Learning from the response to Covid-19 and in anticipation of ongoing pressures on NHS staff we are prioritising the development of a staff health and wellbeing support package for all out of hospital staff working in City and Hackney.
- **Workforce Planning & Analytics** – ARRS (Additional roles reimbursement scheme) planning including the HR, recruitment and training that comes with this is a key part of the PCN DES. We are prioritising the delivery of this via the board. This in time will include the collection and analysis of workforce data via a population heath and workforce analysis tool that will enable us to explore new ways or working and new clinical models.
- **System wide Training** – To develop a common approach to training across MDTs and system partners including process for delivering this. To develop a process for sharing learning and development opportunities across all system partners.

Estates

- **Joined up planning:** working with system partners including the local authorities to ensure there is joined up system planning for health & care estates. This includes visibility of health/care requirements in the Council's local plans and evidence based infrastructure planning methodologies.
- **Continue developing a 'community asset register' for estates in City and Hackney** that not only includes NHS space but also bookable local authority space (e.g. Children's centres etc.) that could support delivery of health & care for our residents.
- **Capital projects** – drive forward live capital proposals for business cases, explore alternative capital strategies and, North East London system capital prioritisation at STP level for NHS capital.

IT and Digital

- **Care pathways integration** – Key projects : East London Patient Record - data sharing across health and social care, supporting multi-agency care; embedding Coordinate My Care across the system - shared care planning for those at end of life/vulnerable and at risk of unplanned admissions; Transfer of care around medicines to improve communication with community pharmacies
- **Telehealth, Remote Monitoring and Assistive Technology** – bringing care closer to the patient's home. Key projects : virtual (video) patient consultations (outpatient and community services) ; Remote Monitoring in care homes (part of NEL programme)
- **Websites and apps** – provide easy access to online service information and resources for patients and for health and care professionals, Key projects : Find Support Services for local residents and Community Navigation; Childhood Adversity, Trauma and Resilience (ChATR) digital resource portal for care professionals
- **Population Health** – Discovery (population health) - using the information we have to direct resources and action where it is most needed and maximise our impact across health and care
- **Outpatients transformation** – streamlining the patient pathway in ways that empower the patient and bring care closer to the patient home while freeing up capacity in the health and care system. Digital platforms for: community phlebotomy, tele-otology and patient initiated follow-up (PIFU)
- **Linking to the digital inclusion and digital first programmes of work** - maximising opportunities across the local population in the adoption of technology, noting the shift to virtual first in health.
- **Working collaboratively with the wider NEL programmes of work** including integrated urgent and emergency care, digital first for primary care and care homes, and the personal health record (PHR).

Communications and Engagement

- The primary focus in the short term is to establish our structure within the ICP and ways of working (based on learnings from the past 12 months). There will be more formal structures and processes put in place to ensure effective working – this will involve outlining what the communications and engagement offer/ toolkit looks like to system teams (incl. City & Hackney engagement prospectus)
- **Public engagement** – Specific focus on establishing the People in Places Group and the associated forums
- **Additional priorities aligned to system transformation programmes** will include (additional priorities to be identified/ agreed):
  - Continued vaccine delivery
  - Consultations triggered by recovery/ service changes to accommodate pandemic response
  - St Leonards/ Estates
  - Neighbourhoods
  - Digital engagement and inclusion
  - Sustainability and equalities
  - Stakeholder management
  - ICP brand presence including supportive guide documents, website and weekly newsletter

Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	10 June 2021
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors & Programme Managers
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 10 June 2021
Public / Non-public	Public.

Executive Summary:

This report presents the escalated risks for the three Integrated Care Workstreams and the IC Operating Model / CCG Merger Program.

<u>Updated Risk Scores from Previous Meetings</u>

Children, Young People, Maternity and Families.

- No changes to risk scores however risk 17 has been updated.

Unplanned Care

- No changes to risk scores since last submission.

Planned Care

- No score changes however risks marked as "new risks" without a full scoring projection that have inherent red-rated scores are escalated to the board.

Recommendations:

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

- To **NOTE** the registers.

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

- To **NOTE** the registers.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local	☒	The risk register supports all the programme objectives

Hackney

CITY OF LONDON

NHS City and Hackney Clinical Commissioning Group

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Charlotte Painter: Director: Planned Care

Amy Wilkinson – Director: Children, Maternity, Young People and Families

Nina Griffith – Director: Unplanned Care

Children, Young People, Maternity and Families Workstream Risk Register - June 2021

Cover Sheet

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	15	15	15	⇔	Responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes: 1. Commissioning of GP confederation catch up programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation. 2.Proposal being develeoped for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom) 3.The Back to school communications campaign on childhood immunisations finished on 25 September, and communicaitons are now focusing on flu immunisations. 4. New system governance and delivery structures in place, led by public health 5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. Update 01/21 - over winter in the 2nd peak imms coverage continues to deteriorate. GPC funding has focused on the flu campaign with the imms badged funding (£100k) to be accrued to 21/22. Progress has been made in developing the future strategy with a focus on call and recall and vaccine hesitancy. NE Hackney PCNs are developing immunisations champions roles and plan to commission an Imms coordinator to ensure this work is prioritised in the context of the Covid vaccine. Update 25/03/21: The 0.5 wte Imms coordinator funding has been agreed by NHSE/NEL and the post will be recruited to via the lead PCN with start date to be in April. Also agreed 0.5wte NEL resource to be hosted by the same PCN with focus on strengthening call and recall and approach to vaccine hesitancy across NEL. Both posts non-recurrent funding for 12 months.	15		✓		✓	
17	Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	15	6			12	12	12	⇔	Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Interim support secured and workforce strengthened for high risk areas such as LAC. Risk not reduced in quarter as known vacancy issues emerging in December though recruitment planned. Update 29/01: During 2nd peak staffing concerns continue largely re fragility of LAC IHA Doctor resource (2 clinic streams retained currently) and EHCP clinic should numbers of assessment referrals increase - currently very low but influx may be expected. Due to shortage of paediatricians the role of Named Dr for safeguarding children HUH Community is currently unfilled. Update 05.21: CCG requested staffing plan and HUHT submitted the report that went to their April Trust Board. The CCG has requested further detail. Progress can be evidenced but risk remains around success of planned recruitment to 5 Consultant posts Update 01/06/21: - Risk reviewed in detail at May SOG and escalated by SRO to HUHT - 3 out of 4 Consultant posts recruited to in May 2021, likely start dates September; these posts include the Named Dr for Safeguarding and the DMO - Locum Doctors (and interim DMO) will continue to deliver service in interim - Consultant post not recruited to is the Neurodisability post; ongoing review of autism pathway and waiting times continues - Interim performance dashboard to be agreed to monitor risks	12		✓	✓	✓	
18	Potentially significant increased demand for CAMHS support througout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London. Many services are seeing a large risk in the number of referrals, particularly Tier 3 CAMHS, Eating Disorders and Crisis. In addition, specialist CAMHS have raised a risk of staff absence through sick leave due to workload.	12	9			12	12	15	↑	CAMHs have responded flexibly to support families during the peak of COVID, alongside schools and there are robust contingency plans in place for this to continue. This includes solid governance structures, RAG rating patients, children and famiies, the introduction of new online support and new services in development. We are now becoming more concerned about ongoing impacts of th pandemic on adolsecent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fornightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service. Through WAMHS we are writing to schools to encourage them to use their linked clinician for consultation so that, where possible, cases can be held through school intervention and referral to range of agencies, making sure referrals to CAMHS are appropriate. MHST has extended it's offer beyond it's original scope of Wave 1 WAMHS schools, to invite all schools to universal parent support and training groups (primary & secondary), as well as groups for secondary age children. Update 05:21: This risk and mitigation is continuing to be monitored closely and is now also reporting to the Integrated Emotional	15	✓	✓		✓	✓

Planned Care Escalated Risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	Comment
PC16	COVID	Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	16	9	x	x	16	16	**Same**	Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. Review of LTC contract for 21/22 in pipeline to address fallout from COVID, particularly for vulnerable groups. This will also focus on LTC recovery and how to manage the situation post-COVID. Business case presented to FPC in March 2021 for additional resources to help practices recover their LTC management programme as well as additional Pulmonary rehab. New tool developed to search for most at risk groups for practices to focus on. Exploring options for engagement activities and group consultations with specific patient cohorts later in the year. Full impact of pandemic on these groups is yet to be established.	16	/					
PC7	BAU	NCSO- Limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure. As a result of EU exit, there is risk of transport delays of medicines which could lead to limited stock availability of medicines (which could further drive up the cost of commonly prescribed drugs).	20	9	20	20	20		**Same**	The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020. For 2020/21, as of January 2021 prescribing data is only available for April -October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition to a cost pressure of £367,788 for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M per month from CCGs by increasing the cost of these drugs from June 2020. The estimated cost impact for C&H CCG for this clawback is £412,090 over June2020 to March 2021. Previous low scores was due to it these cost pressures being fully mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. So in previous years prescribing budget has always remained break even or underspent. An additional prescription cost factor arising from Covid pandemic is that there appears to be much higher compliance with medicines or at least with having prescriptions being dispensed with upto 30% higher rates of prescriptions dispensed.	20			/			
PC8	BAU	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20		**Same**	Although there was a huge reduction in the overall overspend, ILDS was >£2milion overspent last financial year. Work is ongoing to get a clearer picture of the budget and ensure consistency of some costs e.g. interrogation of day service costs and sign up to a SLS Framework. Overspend was in part as a result of extra support needs around covid (e.g. increased 1:1 support) which is likely to continue with the current Pandemic; it's highly unlikely that savings could be made. Furthermore the LBH cyberattack has meant preparatory and preventative work has been negatively impacted and many costs reain unclear. This is a new financial year so although the overspend is currently not an issue it is a likely risk for this year.	20			/			

Unplanned Care Workstream Risk Register - May 2021

Cover Sheet

											Objective				
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19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	16	12	16	16	⟷	SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports. Work with 111 and onward UEC pathways will be focus of new NEL UEC subgroup - this group will be established imminently and will agree objectives work plan as first priority, meet reguarly after this to drive delivery.	16			✓	✓	
20 / UCTBC3	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the pandemic.	20	6	16	16	16	12	↓	Work is ongoing to understand and respond to local inequalities as we move out of the pandemic. Work commenced on developing proposals for partnership arrangements within Neighbourhoods which would bring together residents, voluntary and community sector, PCNs and other health/ care organisations. Forums such as Neighbourhood Conversations enable engagement with local communities about what is important to them. Our aim is to have some form of partnership / strategic delivery group to help drive local improvements within Neighbourhoods. PCNs currently recruiting to additional roles which are about increasing services in PCNs to address local population health needs. Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities. The Discharge Workstream business case for a Homeless Hospital Discharge Team was approved before Christmas and contractual mechanisms are being reviewed to mobilise the service by the new fiscal year.	16	✓	✓		✓	✓

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
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.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
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.
IPC	Integrated Personal Commissioning	
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.
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	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
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.
MI	Myocardial Infarction	Technical name for a heart attack.
	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.
PD	Personality Disorder	
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.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
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.
VCSE	Voluntary Community and Social Enterprise	