

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 14 January 2021, 10.30 – 11.00
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	10.30	-
2.	Declarations of Interests	Chair <i>For noting</i>	Paper		2-6
3.	Questions from the Public	Chair	None		-
4.	Minutes of the Previous Meeting & Action Log	Chair <i>For approval</i>	Paper		7-13
5.	Neighbourhoods Programme Business Case	Nina Griffith <i>For approval</i>	Paper	10.35	14-88
6.	Any Other Business & Reflections	<i>For discussion</i>	Verbal	10.55	-
<i>Items for Information</i>					
-	CCG Governing Body Board Assurance Framework (Risk Register)	<i>For information</i>	Paper	-	89-115
-	Integrated Commissioning Glossary	<i>For information</i>	Paper	-	116-121

Date of next meeting:

11 February 2021 – Microsoft Teams



City and Hackney
Clinical Commissioning Group

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	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest				
Ruby	Sayed	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	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role 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
				Urswick 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
David	Maher	19/10/2020	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				University of Cambridge	Co-opted member, Careers Service Syndicate	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Freelance Project Work		Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - 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
Jane	Milligan	07/10/2020	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				NEL Commissioning Support Unit	Partner is employed substantively (to Aug 2020)	Indirect Interest
				Central London Community Healthcare	Partner is Director of Partnerships and Integration	Indirect Interest
				NHS England	Partner on secondment as Director of Primary Care Development (to Aug 2020)	Indirect Interest
				Action for Stammering	Partner is a Trustee	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party Member, Unite Trade Union Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest Non-financial personal interest Non-financial personal interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Non-pecuniary 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	Non-Pecuniary Interest Non-Pecuniary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	Pecuniary Interest

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

and

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

Minutes of meeting held in public on 10 December 2020
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 Anntoinette Bramble	Deputy Mayor & Cabinet Member for Children, Young People & Adult Social Care	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

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

City Integrated Commissioning Board

City Integrated Commissioning Committee

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

In attendance

Alex Harris	Integrated Commissioning Governance Manager	City & Hackney CCG
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Gary Marlowe	GP Member	City & Hackney CCG

Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Mark Golledge	Neighbourhoods Programme Lead	London Borough of Hackney
Nina Griffith	Workstream Director: Unplanned Care	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Stephanie Coughlin	GP Clinical Lead	City & Hackney CCG
Sunil Thakker	CFO	City & Hackney CCG

Members of the public were also present on the call, though are not named here for privacy reasons.

Apologies – ICB members

Ruby Sayed

Other apologies

Denise D'Souza

1. Welcome, Introductions and Apologies for Absence

- 1.1. The Chair, Cllr Chris Kennedy, 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 no questions from members of the public.

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. ICS Development – Next Steps

5.1. The Chair agreed to take Items 5 & 6 together as a singular item. The items were introduced by David Maher.

5.2. Integrated Care Systems were expected to have a firmer place within legislation by April 2022. This would enable barriers to partnerships to be broken down and facilitate wider collaboration between health and social care organisations.

5.3. The two options available for review in order to avoid a “top down” re-organisation were either a statutory ICS board / joint committee with a single accountable officer or a statutory corporate NHS body model. The latter was the one preferred by NHSE/I.

5.4. Our primary focus would be on maintaining a focus on Neighbourhoods and a locality principle that decisions were best made locally to benefit respective populations.

5.5. Helen Fentimen stated that it was likely that whatever happened, the nationally-preferred option would likely be the one that was implemented. She also noted that the Foundation Trust legislation would leave them in positions where they had clear legal responsibilities – this could result in a situation where there is still a “competitive” responsibility for these trusts which could hinder collaborative efforts.

5.6. Helen Fentimen also added that the investment focus should remain sharp and that investment was not lost against requirements of acute organisations. Great strides had been made in mental health and community development and this should not be lost. David Maher noted that the mental health investment standard had specified specific ratios of funding in mental health care.

5.7. Jake Ferguson asked if there was a continued commitment to shifting resources into prevention. Furthermore, he asked if our local health and care system would have a longer-term perspective on where resources would sit. David Maher responded that funding arrangements were currently unclear however he anticipated that we would move to a capitated model. This would create opportunities to deal with entrenched poverty.

5.8. Randall Anders stated that option 2 was preferable if there was likely to be legislative change by 2022 as it eliminated potential conflicts of interest. However, option 1 could be implemented without legislative change. Both options underscored our need to get

internal devolution right. Legislative change would also require a consultation with local authorities.

5.9. The **City Integrated Commissioning Board**

- **NOTED** the report.

5.10. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

6. **City & Hackney Operating Model & CCG Merger: Transitional Governance from 2020/21**

6.1. David Maher introduced the item. It was anticipated that all of the transitional governance groups would have had at least one meeting prior to April 2021.

6.2. The **City Integrated Commissioning Board**

- **APPROVED** the transition of the ICB to the Integrated Care Partnership Board (ICPB) and the establishment of the Neighbourhood Health & Care Board (NH&CB)

6.3. The **Hackney Integrated Commissioning Board**

- **APPROVED** the transition of the ICB to the Integrated Care Partnership Board (ICPB) and the establishment of the Neighbourhood Health & Care Board (NH&CB)

7. **People & Places Group Update**

7.1. Jonathan McShane introduced the item.

7.2. The **City Integrated Commissioning Board**

- **NOTED** the report and **ENDORSED** the areas identified for future work.

7.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report and **ENDORSED** the areas identified for future work.

8. **Neighbourhoods Programme Planning – 2021/22**

8.1. The report was introduced by Nina Griffith and Mark Golledge. The presentation was outlined, along with the aspirations to develop the Neighbourhood programme in much the same way that other areas with successful Neighbourhoods programmes had done.

8.2. Deputy Mayor Bramble highlighted that the proposals were in the right direction and specifically praised the balance between information designed for specialists that was also presented in a way that the public could understand.

8.3. Honor Rhodes added that the aim of the programme should be to improve outcomes for our residents. She also stressed the need to focus on what the downsides are to

this way of working – there is no singular way of working that would be problem-free and we needed to therefore think about what would be lost by this way of working. She also noted that previous meetings open to the public had seen poor attendance beyond those who typically attend public meetings.

8.4. Nina Griffith responded that the risks to the Neighbourhoods approach would be better- reflected in the business case due to be submitted to the January 2021 ICB. Stephanie Coughlin added that there would be a strong focus on reminding ourselves of the broader determinants of health and how we would embed new roles that would be coming through as a result of this work.

8.5. Nina Griffith stated that we were aiming to avoid duplicative engagement fora, however there would be need for individual structures set up within organisations, but there was ongoing work within various organisations to avoid any duplication.

8.6. **The City Integrated Commissioning Board**

- **NOTED** the report.

8.4 **The Hackney Integrated Commissioning Board:**

- **NOTED** the report.

9. Pathways Homeless Discharge Service

9.1. The report was introduced by Nina Griffith. She outlined that the proposals were largely Hackney-focused but noted that the main providers to City residents also had comparable systems in place.

9.2. Sunil Thakker noted that the CCG finance and performance committee had concerns about the Greenhouse provision. Nina Griffith added that this was distinct from the Greenhouse contract.

- **Nina Griffith to provide clarity to Sunil Thakker outside the meeting on Greenhouse provision.**

9.3.

9.4. **The City Integrated Commissioning Board**

- **APPROVED** two year non-recurrent funding totaling £446,881 (by the CCG) for the establishment of a Homeless Hospital Discharge Team based in the Homerton University Hospital Foundation Trust and the City and Hackney Centre for Mental Health.
- **APPROVED** that existing City of London Housing services will engage with the Homeless Discharge Team regarding any eligible individuals.

9.3 **The Hackney Integrated Commissioning Board:**

- **APPROVED** two year non-recurrent funding (by the CCG) for the establishment of a Homeless Hospital Discharge Team based in the Homerton University Hospital Foundation Trust and the City and Hackney Centre for Mental Health.
- **APPROVED** that existing London Borough of Hackney resources will also be aligned to form part of the Homeless Discharge Team:

10. M7 Financial Report

10.1. The item was introduced by Sunil Thakker. He noted that we had made some progress towards eroding the current deficit. Ian Williams added that the position was largely the same as it had been last month.

10.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

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

- **NOTED** the report.

11. Workstream & Program Risk Registers

11.1. There were no comments received on this item.

- **Matthew Knell to send round briefing to ICB on the status of the risk register.**

AOB & Reflections

- Cllr Kennedy highlighted the work that had gone on in making sure the system had been able to function despite the current restrictions, and particularly commended and thanked frontline service workers for their efforts.
- Honor Rhodes also added that we had also prioritized improvement and development in addition to keeping things running smoothly.
- Cllr Bramble added that where the government had struggled to respond to the outbreak, the local response had been exemplary.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the provider alliance approach to service delivery, outcomes and patient experience.	Jonathan McShane	14/05/2020	Jul-20	Open	
ICBDec-1	Nina Griffith to update Sunil Thakker about Greenhouse provision.	Nina Griffith	10/12/2020	Jan-20	Closed	Cindy Fisher contacted Sunil Thakker before Christmas on this matter.
ICBDec-2	Matthew Knell to send round the CCG Board Assurance Framework with a description of which risks have been changed, added or removed from the register.	Matthew Knell	10/20/2020	Jan-20	Closed	Circulated as part of the January ICB pack for information.

Title of report:	Neighbourhoods – Request for Programme Resource 2021-22
Date of meeting:	14th January 2021
Lead Officer:	Nina Griffith, Mark Golledge and Dr Stephanie Coughlin
Author:	Mark Golledge (with system partners)
Committee(s):	<p>The item being presented to ICB is a request for programme resources to deliver Neighbourhoods in 2021/22.</p> <p>The proposals follow engagement with system partners including:</p> <ul style="list-style-type: none"> ● Neighbourhoods Delivery Group, Primary Care Network Clinical Directors and Neighbourhood Resident Involvement Group ● System Operational Command Group (SOCG) ● CCG Finance and Performance Committee ● Better Care Fund Governance Board ● CCG Governing Body <p>It has also been updated in light of feedback from the Integrated Commissioning Board in December 2020.</p> <p>Formal agreement has been received from the CCG Governing Body and BCF Governance Board for this request to come to ICB for review and final decision.</p>
Public / Non-public	Public

Executive Summary:

The request to ICB is for programme resource to continue to deliver on our Neighbourhood ambitions for City of London and Hackney in 2021/22.

An outline of the proposals came to ICB in December 2020. The feedback from ICB (as well as other groups and boards over recent weeks and months) has informed these final detailed plans now being presented to ICB.

The Neighbourhoods Operating Model and delivery plan was agreed in February 2020 by ICB and sets out our vision for Neighbourhoods across City and Hackney. We remain committed to the principles and delivering the overall vision.

The supporting summary slides and full document sets out five areas:

1. The Neighbourhoods approach and context

This provides a reminder of our vision for Neighbourhoods, the importance of fostering culture and relationships through Neighbourhoods and the alignment with broader integrating care ambitions. Neighbourhoods should be seen in the context of the changes

across many out of hospital services that this change is enabling - whether that is within community health services, primary care, mental health, social care, community navigation and voluntary sector organisations.

2. Our approach in 2020/21 and what has been delivered

The proposals set out what has been delivered so far in 2020/21. This year we have seen significant challenges due to COVID-19. Significant work has been undertaken to prioritise aspects of the programme including activity led by voluntary and community sector as well as enhancing multi-agency working for some of our more vulnerable residents. COVID-19 has highlighted to partners the need for Neighbourhood-based approaches.

3. Our priorities, plans and cost of delivering Neighbourhoods in 2021/22

The proposal sets out six priorities and the activities (projects) that are to be delivered within each of those six areas. The first three priorities focus on delivery of new care models for the population and redesign of services to support these new ways of working. The latter three priorities focus on the infrastructure needed to support the Neighbourhoods based approach including Neighbourhood-based partnerships.

4. Future sustainability and exit strategy for Neighbourhoods

The proposals set out our sustainability and exit plans for Neighbourhoods on a provider-by-provider basis. This is based on three areas - those providers where the routes to sustainability are clear; those providers where there will need to be a future system decision on sustainability delivery arrangements and areas where plans are at an earlier stage and where clarity on the model will become clear in 2021/22.

5. Governance and evaluation for Neighbourhoods

The proposal sets out the governance arrangements for the programme recognising that this will evolve with changes across City and Hackney. The evaluation framework is described for Neighbourhoods with work to be undertaken with Cordis Bright in the early part of 2021. A description is also provided around cash releasing considerations of this Neighbourhoods approach.

Recommendations:

Both the City of London and Hackney Integrated Commissioning Board **are asked to make a decision on the request for programme resource for Neighbourhoods in 2021/22. The request is for £1,112,158 from the Better Care Fund** (pending final CCG allocations of funding for 2021/22).



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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	A key part of our approach to Neighbourhoods is enabling a greater focus on prevention and addressing local health inequalities. Putting a greater focus on navigation and connection with residents via Neighbourhood-based community navigators is a key part of the approach.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	Neighbourhoods is proposing a greater focus on proactive community-based care and improved multi-agency support for residents.
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	As we see more resources come into the community whether through recruitment to new roles, through links with voluntary sector provision or a closer link from specialist services with community-based teams we would like to see this delivering more effective community based care.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	Neighbourhoods is focused on delivering integrated and coordinated care and support for residents. This includes but extends beyond just physical health. The wider engagement of both voluntary sector organisations as well as wider council services remains key to achieving the overall vision.
Empower patients and residents	<input checked="" type="checkbox"/>	A number of projects being delivered through Neighbourhoods are already testing and identifying ways to empower patients and residents. Our plans for 2021/22 include activity to develop further our approach to co-production.

Specific implications for City

It is critical that the work in Shoreditch Park and the City Neighbourhood continues to engage with City of London Corporation so that views are fully represented in both operational delivery and decision making. The priorities and projects described are as relevant for City of London as they are for Hackney. The City of London has already been involved in improving MDT working (including voluntary sector in City of London) and the proposals around resident engagement align with work being undertaken by Healthwatch with City of London residents.

Specific implications for Hackney



City and Hackney
Clinical Commissioning Group

The proposed priorities and projects are relevant for Hackney. This includes specific work led by LB Hackney (in areas such as adult social care and children's services) as well as work being undertaken by partners that will benefit City residents. The new models of care described within the proposals already (and will continue) to involve a range of Hackney services.

Patient and Public Involvement and Impact:

The Neighbourhoods Resident Involvement Group continues to play an important role within the overall programme. This group brings together residents and is supported by Healthwatch. Representatives from this group form part of the Neighbourhoods Delivery Group that have helped shape the 2021/22 priorities and proposals.

Many of the proposed activities are building on work already being undertaken in 2020/21 and engaging residents and patients within their specific projects such as mental health, adult social care and partnership work led by the voluntary and community sector.

Clinical/practitioner input and engagement:

This is a system wide programme with partners owning the programme collectively.

Clinical input and engagement remains a key part of the programme. Proposals provided by individual partners have been shaped by practitioner engagement within individual services.

In addition, the six priorities for 2021/22 have been informed by continued engagement with practitioners via Neighbourhoods Delivery Group and Informal Group as well as specific engagement with PCNs.

Communications and engagement:

Yes – communications and stakeholder engagement is critical.

In working up the proposals engagement has been taking place with the communications and engagement enabler (who also form part of the Neighbourhoods Delivery Group).

Equalities implications and impact on priority groups:

Helping to address inequalities (both of access to services and of outcomes) is a key purpose for Neighbourhoods. Neighbourhoods are about bringing together services (including voluntary and community sector) to work with residents to improve outcomes for populations of 30-50,000 people.

The community insight gathered through Neighbourhood Conversations and the data being gathered to inform Neighbourhood profiles are helping to inform this response. Our response to COVID-19 has exposed further these inequalities. It has also highlighted the



importance of Neighbourhoods as one means to work with local communities to understand and address these.

Safeguarding implications:

The original vision for Neighbourhoods was developed out of a need to improve multi-agency working in relation to safeguarding. This remains a core focus of the programme and the multi-agency working that has been increased through the programme in 2020/21 has had a specific safeguarding focus.

Impact on / Overlap with Existing Services:

Neighbourhoods is about improving multi-agency working between community-based services (such as voluntary sector, mental health, social care) as well as blurring the lines with specialist support services.

In addition, the focus of Neighbourhoods remains to improve services and support being delivered to residents in the community.

Main Report

Please see accompanying presentation and final business case.

Supporting Papers and Evidence:

None – see presentation.

Sign-off:

David Maher – City and Hackney CCG

Tracey Fletcher – Workstream SRO



Neighbourhoods - Request for programme resource 2021/22

Integrated Commissioning Board - 14th January 2021



Introduction

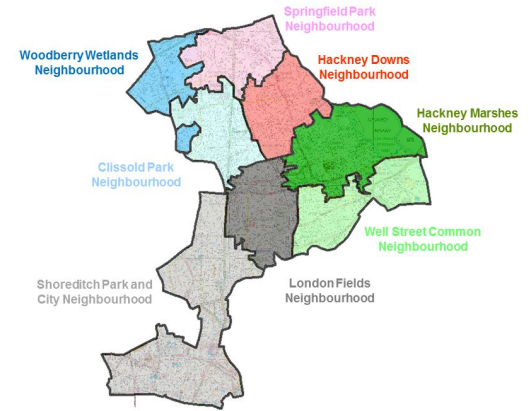
- **These slides and the supporting document present the plans for Neighbourhoods in 2021/22 and also set out what has been achieved this year.** It is presented as a system proposal by partners.
- **They follow engagement with system partners (as outlined below). Formal agreement has been received from Governing Body and BCF Governance Board to bring this request for programme resource to ICB.**
 - Neighbourhoods Delivery Group, Primary Care Network Clinical Directors and Neighbourhood Resident Involvement Group
 - System Operational Command Group (SOCG)
 - Integrated Commissioning Board - earlier engagement on the approach in December 2020
 - CCG Finance and Performance Committee
 - Better Care Fund Governance Board
 - CCG Governing Body
- These slides and supporting document set out:
 1. **Introduction: The Neighbourhoods approach and context** (*slides 3-7*)
 2. **Our approach in 2020/21 and what has been delivered** (*slides 8-11*)
 3. **Our priorities, plans and cost of delivering Neighbourhoods in 2021/22** (*slides 12-20*)
 4. **Future sustainability and exit strategy for Neighbourhoods** (*slides 21-24*)
 5. **Governance and evaluation for Neighbourhoods** (*slides 25-28*)
 6. **Appendix: Summary of feedback** (*slides 29-32*)
- **We are asking ICB to approve the commitment of BCF funding for the programme in 2021/22 as set out on slide 21 - £1,112,158** (pending final NEL CCG allocation and NEL BCF funding for 2021/22).

1. Introduction and Context

1a. Introduction: Our City and Hackney Neighbourhoods Approach

At the heart of Neighbourhoods is:

- A focus on culture, values and behaviours across teams, organisations and with residents
- Taking an asset-based, strengths based approach to working with residents
- Moving services and support for residents closer to the community
- A focus on kindness, compassion and fostering a sense of community
- Blur the boundaries between physical health and mental health as well as between specialist services and community based teams
- An approach to improving our safeguarding of vulnerable people in City and Hackney

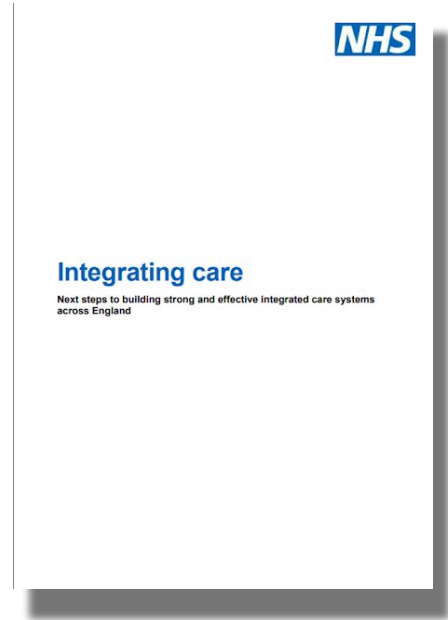


Neighbourhoods is about relationships:

- **Relationships with and within local communities:** This year we have seen communities in City and Hackney come together through Mutual Aid Groups as well as formal volunteering. It is these informal and more formal relationships between communities where people look out for and support one another that remains a key vision for Neighbourhoods.
- **Relationships between practitioners:** This year we have enhanced our MDT working within Neighbourhoods forming link member roles and encouraging day-to-day connections between services. Our ambition remains for 'conversations' rather than 'referrals'. Our early evaluation work is starting to show impact in this area and our priorities for 2021/22 reflect the need to continue to support work in this area.

1b. Neighbourhoods and its place in the City and Hackney system

- **Neighbourhoods is a core part of our transformation plans** for City and Hackney - including the integrated delivery plan developed with system partners (particularly the theme for “Neighbourhoods and Communities”).
- Our **Neighbourhood vision is in line with the recent publication ‘Integrating Care’** from NHS England (published in November 2020).
- **Within this there remains a strong commitment to delivering integrated care at a Neighbourhood geography** (30-50,000 population) with an emphasis on all partners working with Primary Care Networks in Neighbourhoods.
- **Partners will continue to build on the approach to Neighbourhoods as new partnerships are being formed** both regionally (e.g. Integrated Care System) and locally at a “place” (City and Hackney) level.
- **The resources funded through the Neighbourhoods Programme is driving some aspects of this transformation.** Neighbourhoods as an approach is being driven forward through a wide range of initiatives.
- **Given that many of the change activity described in this proposal is already underway system partners are keen to ensure that we continue momentum** going into April 2021.



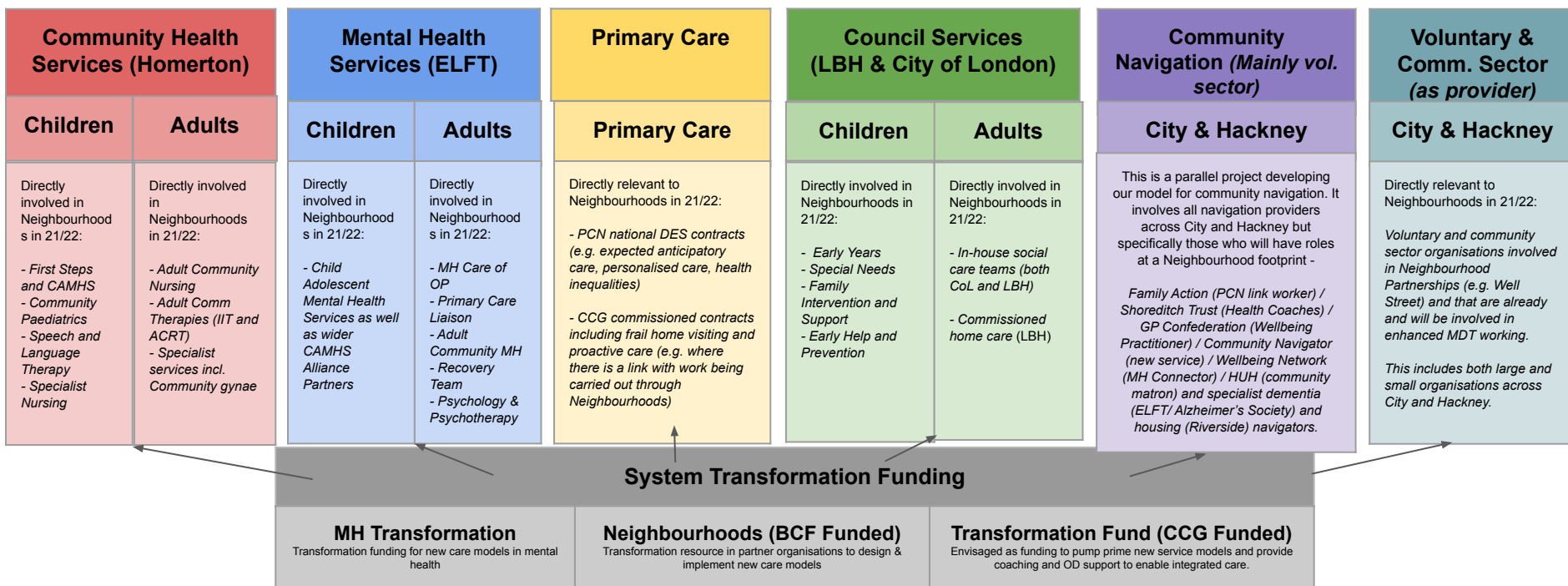
“Delivery will be through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSSs, built around primary care networks (PCNs) in Neighbourhoods”.

NHS England, Integrating Care - November 2020

1b. How Neighbourhoods is enabling system change

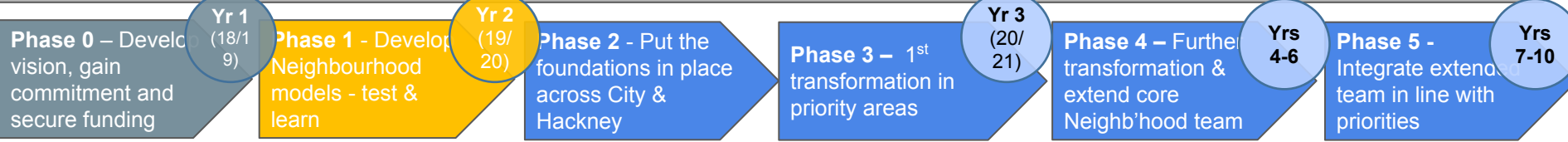
Our system transformation programmes are enabling significant change across out of hospital services across City and Hackney. Many of these services (such as community nursing, community therapies, MH primary care liaison, adult social care and navigation services) are involved in the transformation work described. Through this work we are bringing community based services closer together and improving specialist support in the community. These new care models which are Neighbourhood based are integrating care around an individual and delivering more community based services (*Nb: not all of this is about aligning services to a Neighbourhood footprint*).

Community-based health and care services in City and Hackney



1c. Delivering our vision for Neighbourhoods

Please note: Level of investment in Neighbourhoods will reduce following 2021/22 as new care models are implemented and introduced in City & Hackney



Where we have been

- Developed the vision for Neighbourhoods across City & Hackney and gain partner buy-in
- Early engagement with residents about Neighbourhood approach and wellbeing priorities
- Secured funding to support service transformation in line with vision
- Supported the establishment of Primary Care Networks across City and Hackney

Where we have been

- Developed clear operating model for Neighbourhoods and multi-year delivery plan
- Developed new Neighbourhood service models in key areas such as adult community nursing, adult social care, adults with SMI
- Tested new approaches to community navigation to support adults with complex needs
- Piloted approach to multi-agency working (anticipatory care)

Where we are now

- Identified link roles across services that would work in each Neighbourhood & supported joint working
- Identifying technology and data requirements to support integrated working
- Transformation continued in areas such as social care & serious mental illness & disorder
- Developing behaviour, culture and skills approach for Neighbourhood teams

Where we are going

- Re-prioritised the programme in 20/21 to respond to COVID-19 including:
 - Rolling out MDT working for priority groups - into each of the 8 Neighbourhoods
 - Developed our approach to community navigation & supporting people with non-medical needs
 - Rolled out Neighbourhood Conversations to facilitate community engagement
- Bring together blended Neighbourhood teams around the life course
- Develop estates strategy for Neighbourhoods and test this in local areas
- Establish Neighbourhood Partnerships across all areas monitoring Neighbourhood outcomes
- Build on MDT working to enhance integrated processes and improvements to joined up care
- Begin to co-locate / link in extended Neighbourhood team depending on priorities for each Neighbourhood
- This involves teams beyond just health and social care
- Neighbourhood partnership identifying and working on local interventions for Neighbourhood groups
- More services being delivered directly in the community

2. Our approach in 2020/21 and what is being delivered

2a. What progress is being made this year (2020/21)

In 2020/21 partners have prioritised work to support the local response to COVID-19, with a specific focus on addressing health inequalities. This is summarised below but a fuller breakdown (both by provider and by priority) is included in the supporting document).

Homerton University Hospital	<ul style="list-style-type: none"> ● Supported rollout of Neighbourhood MDTs with clinical input, chairing and nursing/therapy regular involvement ● Assisting recruitment of new roles in Primary Care Networks e.g. first contact physios. ● Assisting implementation of Direct Enhanced Services (DES) for PCNs (e.g. proactive support to care homes) ● Delay to community nursing model and therapies models due to COVID but planned for Q1 21/22
East London Foundation Trust	<ul style="list-style-type: none"> ● Delivering (as part of the national innovation programme) improved community care for people with serious mental illness which links to Neighbourhoods ● As part of this launched new mental health blended Neighbourhood teams (x2 areas) with daily blended team referral meeting, neighbourhood connection clinics and monthly formulation support forums ● Recruitment of Mental Health Community Connectors from voluntary sector - part of the blended teams ● Review of Neighbourhood pathway for people with complex emotional needs (PD) ● Supported rollout of Neighbourhood MDTs with clinical input, chairing and ELFT input including specialist support.
London Borough of Hackney	<ul style="list-style-type: none"> ● New adult social care model for Neighbourhoods designed, consulted and being operationalised by April 2021. Includes single point of access, new workflow and internal workforce/culture project. ● Supported rollout of Neighbourhood MDTs with practitioner input, chairing and regular adult social care involvement. Also supported the development of a coaching plan for MDTs to be rolled out.
GP Confederation and PCN Clinical Directors	<ul style="list-style-type: none"> ● Wellbeing Practitioners pilot (new posts hosted by GP Confederation providing non-medical support) underway across City and Hackney to support residents with more complex needs. ● Group consultations (for people with long-term conditions) and PPG projects to improve patient engagement. ● Funded PCN leadership development via external leadership programmes for clinical directors.
City of London	<ul style="list-style-type: none"> ● Supported rollout of Neighbourhood MDTs in the City of London including active involvement of City of London Adult Social Care Team within the Shoreditch Park and City Neighbourhood MDT and work with City Connections to include voluntary sector in Neighbourhood MDT approach.

2a. What progress is being made this year (2020/21)

Healthwatch Hackney	<ul style="list-style-type: none"> ● Expanded Neighbourhoods Resident Involvement Group to support resident co-production. ● Community influencers have been recruited in Shoreditch Park and the City Neighbourhood to pilot an approach to meaningful resident engagement within Neighbourhoods.
Hackney CVS	<ul style="list-style-type: none"> ● Delivered Neighbourhood Conversations in all 8 Neighbourhoods as a response to COVID-19. Brings together voluntary, statutory sector partners, local councillors and residents. Insight shaped COVID response. ● 23 Neighbourhood Conversations have taken place (3 in each Neighbourhood and 2 in Well St Common) involving 444 people. Subsequent training attended by almost 80 people. ● Core Partnership Group established in Well Street Common with appointment of representatives from local community and voluntary sector organisations, who have led a forum involving almost 30 people.
Community Pharmacy	<ul style="list-style-type: none"> ● Community Pharmacy funded Neighbourhood roles (one for each Neighbourhood) supporting flu vaccination rollout (including working with primary care to ensure vaccine coverage and stock availability) ● Raising awareness with primary care of new services such as Local Minor Ailments Service and Community Pharmacist Consultation Service (CPCS)
Children and Young People	<ul style="list-style-type: none"> ● Scoped project work for 0-5s, 6-19s and families with key stakeholders including Primary Care, Hackney Education and Children's Social Care. Supported MDTs to take a family approach by connecting with FAST. ● Supported delivery of a psychiatric liaison pilot, in partnership with the CAMHS Alliance, has commenced in Woodberry Wetlands Neighbourhood. This involves a specialist children's CAMHS nurse taking referrals from GPs of children and young people with lifelong conditions or medically unexplained symptoms.
Central Neighbourhoods Team	<ul style="list-style-type: none"> ● Provided programme management for the Neighbourhoods Programme. ● Facilitated the rollout of Neighbourhood MDTs - 8 Neighbourhoods / 41 MDTs / 160+ residents supported. ● Facilitated development of a coaching plan to support Neighbourhood working.. ● Refreshed Neighbourhood data profiles - used to support local strategy sessions in PCNs and supported population health tool (Co-Plug) to launch PCN data profiles in 2020. ● Developed new community navigation model (non-medical needs) and worked with public health to test aspects during COVID e.g. single point of access for navigation via Shoreditch Trust.

2b. What outcomes have we seen

Neighbourhood Conversations / Partnerships (HCVS)

“Being part of this Partnership meant that I had connected with lots of organisations and people before Covid-19, which really helped with the response work. This shows the value of the partnership; being able to work better with others in the ward I cover.”

Local Councillor

Mental Health Blended Teams (ELFT)

In the past this man would simply have been sent back to GP; but now with the new way of working I phoned him and discovered someone at risk of suicide in the near to medium term; we formed a plan. He was immensely grateful at having been thought about. His mood has improved considerably as a result.

Practitioner in MH Blended Teams

Neighbourhood MDTs (All community services)

Adults: “The best thing has been being able to make connections, put faces to names and have a direct contact to community services. As a GP it can be quite isolating. It’s a supportive environment to learn about other services in City and Hackney. There’s a wealth of services in City and Hackney and it’s a disservice not to know about these” ***GP, Springfield Park***

Children and Young People (CYP)

‘I was really impressed with how well the meeting functioned, its comprehensive preparation and its holistic approach to cases. There was really good systematic consideration of other people in the household; the MDT thought about the impact of an individual’s needs on the rest of the household’ **CAMHS Primary Care Liaison Nurse, Woodberry Wetlands**

Impact for residents (N’hood MDTs):

- L is a 60 years old, female patient in Hackney Downs
- Her GP had discussions with her, focused on what was most important - managing pain was L’s top priority
- L suffers with chronic pain, has osteoarthritis, type 2 diabetes, obesity, pressure ulcers and chronic constipation and has a catheter in situ. She is living with family members the youngest has significant learning disabilities
- She recently moved to a new flat and has had some recent falls
- Her GP brought L to a N’hood MDM to create a coordinated approach to managing her chronic pain as well as her broader health and wellbeing needs

Impact of approach and benefits for L

- All those supporting L have a joint view of what is important to her
- L is aware that professionals are coming together to consider her priorities and is kept informed of what is agreed
- Pain service, GP and community therapies team have a joint approach to managing L’s pain.
- Joint visits arranged with pain service, GP and community therapies to review medicine, rehab and psychological support for L
- Preventative approach taken to avoid further falls
- Whole family approach taken, comprehensive housing review of family undertaken.

3. Our priorities and plans for 2021/22

3a. Our priorities for 2021/22

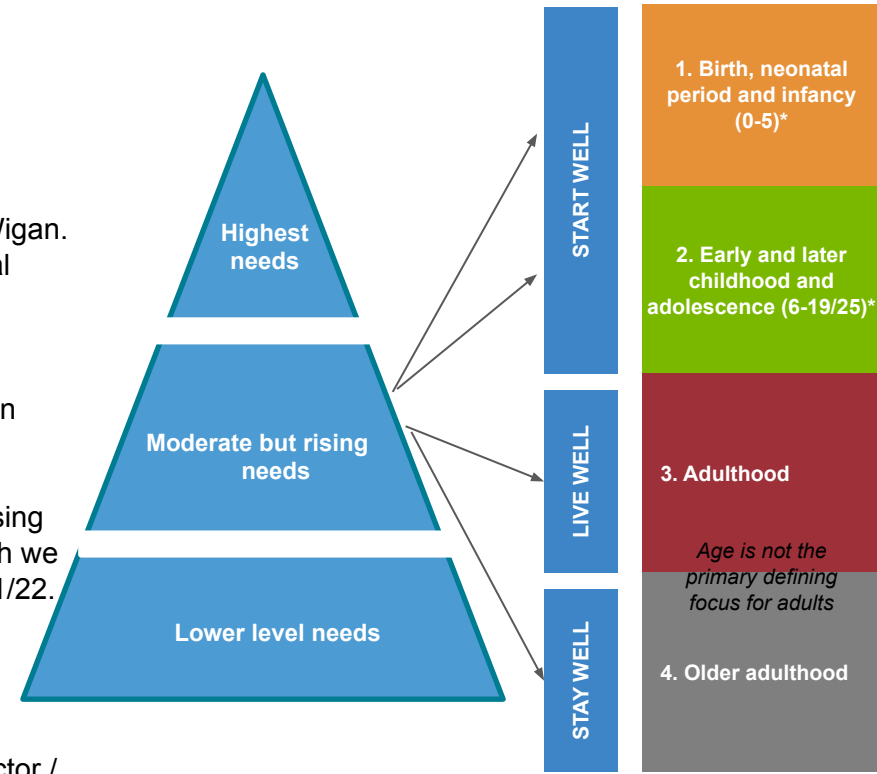
System partners have come together to develop six priorities for 2021/22:

- **Priority 1:** To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs (*based around the life course - see next slide*).
- **Priority 2:** To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1.
- **Priority 3:** To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.
- **Priority 4:** To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.
- **Priority 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
- **Priority 6:** To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities

3a. Our priorities for 2021/22

As partners we are proposing a more central life course approach in 2021/22:

- We described our vision for Neighbourhoods in the Neighbourhoods Operating Model earlier in the year.
- We are taking a life-course approach which is person-centred (not condition based). This draws on learning from other areas such as Wigan. This will also blur the boundaries between physical health and mental health.
- Taking this approach will give greater clarity on how Neighbourhood teams will come together to support different cohorts of the population and also enable an increased focus on children and young people.
- We plan to focus more on supporting residents with moderate and rising needs. This will support the new anticipatory care requirements which we are expecting to be a requirement for Primary Care Networks in 2021/22.
- This will allow us to:
 - Take a more proactive approach to identifying and supporting residents at an earlier stage (**priority 1**).
 - Bring together multi-agency teams including the voluntary sector / specialist teams (**priority 2**).
 - Provide multi-professional education and peer support to these teams (**priority 3**).



And a family / intergenerational approach throughout

3b. The projects that will deliver on these priorities:

Priority 1: Partners will work together on a series of projects (around the life course) that will deliver more proactive support to residents

Start Well

Through the 8 Neighbourhoods we will:

- **0-5s:** Work with children identified as needing early support through improved links between primary care and multi-agency teams (MATs) as well as for child health
- **6-19s:** Support children who are absent from school/miss appointments by improving links between schools and health



Stay Well

Through the 8 Neighbourhoods we will:

- Adopt a more proactive approach to supporting older residents with increasing care needs i.e. frailty
- Improve multi-agency working between specialist and community teams to support these residents
- Test, develop and embed a personalised care approach for older people

Live Well

Through the 8 Neighbourhoods we will:

- Continuing the rollout of Neighbourhood blended teams in mental health including reconfiguration of recovery teams, testing out approaches to personalised care and engaging wider services in this approach
- Identify and facilitate improvements to long-term condition pathways



Whilst also continuing an inter-generational and 'think family' focus

3b. The projects that will deliver on these six priorities:

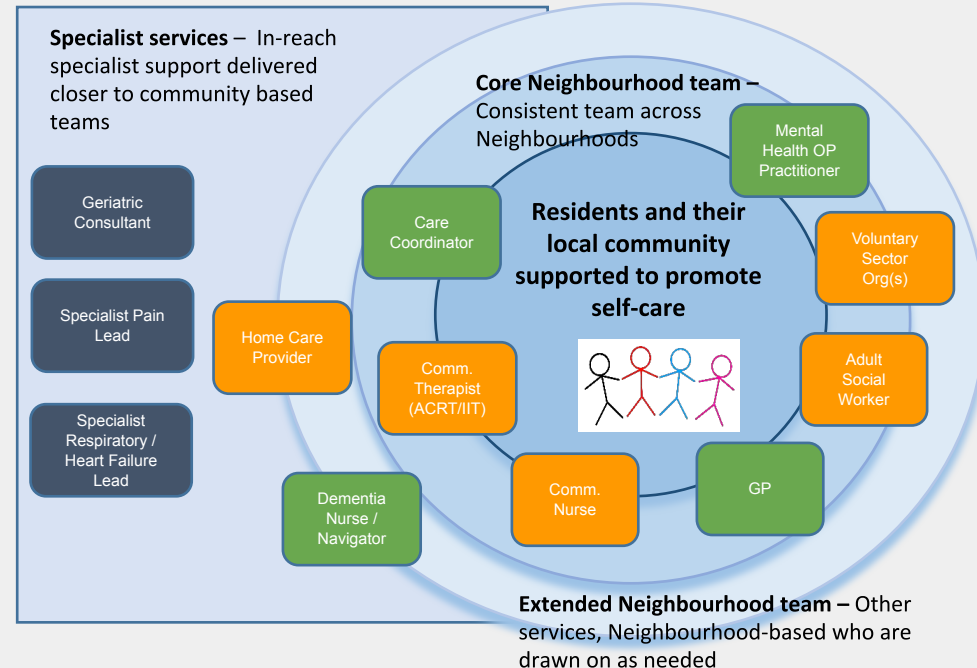
Priority 2: Partners will work together to redesign services around a Neighbourhood-based footprint - individuals in these services will form Neighbourhood-based blended teams.

- In 2021/22 system partners will continue the redesign of services so that teams are 'Neighbourhood-based'.
- Blended teams are already beginning to form around the life course approach identified in priority 1.
- This redesign work is planned to take place in:
 - Adult Community Nursing
 - Adult Community Therapies
 - Adult Social Care
 - Pilot a Neighbourhood approach to home care
 - Community pharmacy Neighbourhood approach
 - Relevant to but not delivered funded via Neighbourhoods: Community navigation approach and Psychological Therapies approach

Priority 3: Partners will work together to commission coaching and OD to support the development of blended Neighbourhood teams (*largely funded outside of Neighbourhoods*)

- This will include multi-professional education and peer support to enhance multi-agency working and Neighbourhood-based engagement events for staff.

Example - Blended Neighbourhood Team for 'Stay Well': We anticipate seeing a series of blended Neighbourhood teams begin to form around population cohorts i.e. the life course. This Neighbourhood-based team will be responsible for proactively identifying residents and working together to coordinate their care.



3b. The projects that will deliver on these six priorities:

Priority 4: Partners will work together to establish meaningful and sustainable approaches to resident involvement and support the integration of VCSE services in Neighbourhoods. This includes a culture where the VCS and residents feel connected and have influence.

a). Develop and test an approach for resident engagement within Neighbourhoods

Led by Healthwatch this work will:

- Pilot and test the community influencer approach (active and connected residents) and develop an approach (toolkit and support) for rollout
- Identify existing resident involvement and channels of involvement within Neighbourhoods and work with partners to develop proposals for future involvement approaches
- Embedding co-production across the programme through training and work with Neighbourhoods Resident Involvement Group

b). Develop an approach for voluntary and community sector engagement within Neighbourhoods

Led by HCVS this work will:

- Continue the Well Street Common Partnership, assess and develop a plans for future rollout (this will directly support the delivery of priority 5)
- Continue the delivery of Neighbourhood Conversations in the other 7 Neighbourhoods, gathering community insight & specific themed work arising from local priorities
- Explore and develop arrangements for VCS engagement and involvement in Multi-Disciplinary Teams and Meetings

c). Continue to develop service user led sports and outdoor activities

Led by ELFT this work will:

- Expand service user-led sport and outdoor activities (building on cycling and football activities already established) in 2021/22.
- These will be expanded and provide an opportunity beyond sporting activities.

3b. The projects that will deliver on these six priorities:

Priority 5: Test and begin to establish both operational team working (for Neighbourhood blended teams) and strategic partnership arrangements in each Neighbourhood

Partners committed in the Neighbourhood Operating Model to form strategic partnerships in each Neighbourhood. The City of London will be involved in helping shape this. Working together with HCVS and applying the learning from Well Street Common, PCNs and system partners will:

- Take the learning from Well Street Common Partnership and work together to agree the approach for other Neighbourhoods. Through this the work will include -
- Testing and agreeing the purpose and roles of Neighbourhood Partnerships;
- Agreeing the partners to be involved;
- Developing arrangements for how this can be rolled out;

Additionally, working with PCNs work will be undertaken to create real operational team working within Neighbourhoods. This will include exploring workforce models that enhance multi-agency working and draw on new roles being recruited within PCNs.

Priority 6: To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities

This priority is about improving our arrangements within Neighbourhoods to understand and act on health outcomes. This activity will focus on improving our approach in this area . By working with the Population Health Hub the work will involve:

- Contributing to the development of a City and Hackney Strategy and Action Plan for Population Health;
- Supporting PCNs with Health Inequalities requirements for 21/22;
- Participating in wave 3 of the NHSE/I Population Health Academy and developing our approach to population health from the learning this programme provides;

This priority does overlap with other priorities e.g. community insight is key to us understanding and acting on health outcomes and inequalities.

Partners are also keen to explore the development of Neighbourhoods Inequalities Plans on a Page - linking to the overall City and Hackney Inequalities Plan.

3c. Costs of delivering Neighbourhoods in 2021/22: By Provider

The financial ask for Neighbourhoods in 2021/22 is as follows (this remains draft pending final NEL CCG allocation and NEL BCF funding):

- Overall provider request is £1,198,310. Overall, this is reduced ask compared to 2020/21.
- **The 2021/22 amount to be funded from the BCF is £1,112,158.** It is proposed that the gap be funded from the previous year underspend (£86,152).
- The funded position for 2021/22 is provided.

Notes:

(1) HCVS position for 2020/21 is the original position. A review is taking place between CCG Finance Team and HCVS with regards to management costs. HCVS costs for 2021/22 to be reviewed as only recently received.

(2) The tables include PCN Clinical Director development monies. This is specifically for their collective and individual development. That funding is ring-fenced and is assumed will be spent in 2020/21 (unused monies carried forward into 2021/22).

(3) If there is any slippage / underspend in 2021/22 we may come back to FPC to ask to direct it in the following two areas: 1). For an end of year evaluation for Neighbourhoods which utilises the framework developed with Cordis Bright; 2). Strengthening the Neighbourhood links with housing. Further exploration is needed in this area and we will explore utilising opportunities the CCG already has with housing.

Provider / Partner	Funded 20/21	Provider Request 21/22
1. Homerton University Hospital (ACN & Therapies)	£154,617	£146,837
2. East London Foundation Trust	£152,000	£158,151
3. LB Hackney (Adult Social Care)	£170,717	£157,306
4. Office of PCNs (GP Confed in 2020/21)	£107,927	£76,500
5. City of London	£20,000	£20,000
6. Healthwatch	£61,651	£60,000
7. Hackney CVS	£231,831	£229,513
8. Community Pharmacy	£56,300	£55,200
9. CCG LTC Planned Care	£34,250	£25,688
10. Children and Families	£20,000	£81,406
11. PCN Clinical Director Monies	£64,059	£0
12. Central Neighbourhoods Team	£183,187	£187,710
13. Neighbourhood MDT Administrators	£58,792	£0
	£1,315,330	£1,198,310
Funding Source		
BCF Funded	£1,040,000	£1,112,158
Funded from prior year underspend	£275,330	£86,152
	£1,315,330	£1,198,310

3c. Costs of delivering Neighbourhoods in 2021/22: By Priority

We have apportioned the financial ask for Neighbourhoods in 2021/22 against the six priorities.

Spend against priority 1 has been further divided into three life course areas - start well, live well and stay well with a relatively even spread of budget against these three areas.

This analysis is based on best assumptions and undertaken on a line by line spend basis and aggregated to give an overall analysis shown right.

In the appendix we have shown how each provider contributes to deliver of these.

<u>PRIORITY 1</u>			<u>PRIORITY 2</u>	<u>PRIORITY 3</u>
To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs			To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1	To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working
Start Well £140,538	Live Well £190,744	Stay Well £111,570	<u>£221,927</u>	<u>£69,069</u>
<u>£442,852</u>				
<u>PRIORITY 4</u>			<u>PRIORITY 5</u>	<u>PRIORITY 6</u>
To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence			To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common	To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities <i>(Nb - tackling inequalities is embedded in all priorities and part of a wider approach across City & Hackney)</i>
<u>£332,140</u>			<u>£99,210</u>	<u>£33,112</u>

4. Opportunity Costs and Future Sustainability / Exit Strategy for Neighbourhoods

4a. Opportunity costs of taking a Neighbourhood approach

There are strong benefits of taking a Neighbourhood-based approach - enhancing multi-agency working within each of our 8 Neighbourhoods. These have been described here and in the supporting document. However, it is also sensible to be aware of the opportunity costs of adopting this approach above others:

Opportunity cost	What we will do in response
<p>Opportunity cost #1 Opportunities from working across wider geographies to improve population health outcomes and address inequalities e.g. Neighbourhoods working together, City and Hackney wide or regional (NEL / London) approaches.</p>	<p>We will work closely with the Office of PCNs and other partners to encourage joint working across Neighbourhoods wherever possible and where it makes sense to do so. The focus on health inequalities gives an opportunity to do that.</p> <p>We will continue to ensure that there is active engagement in work across City and Hackney or at a regional level to exploit opportunities of working at scale.</p>
<p>Opportunity cost #2 Opportunities from aligning with existing geographies / boundaries for decision making e.g. Local Authority boundaries.</p>	<p>The arrangements for formal partnerships within each Neighbourhood is a key area of focus for 2021/22. In progressing this work we will ensure that there is active engagement with relevant stakeholders to ensure they have a role in decision making within Neighbourhoods.</p> <p>Decision making will still continue at other levels across City and Hackney.</p>
<p>Opportunity cost #3 Opportunities of working at hyper local geographies i.e. within individual Neighbourhoods.</p>	<p>There is still a need for specific targeted work within smaller communities / estates such as the work in Pembury or Kings Park. The two are not mutually exclusive and can continue to take place in tandem.</p>
<p>Opportunity cost #4 Opportunities of services working on a different geography or footprint within City and Hackney</p>	<p>We know that there will be some services who continue to either work borough wide (e.g. specialist services) and other services who may work on a different geography or footprint. The focus of Neighbourhoods is about culture, trust and relationships which will need to span across the different geographies within which services work.</p>

4b. Future Sustainability: By Provider

The Neighbourhoods Programme as set out in the Neighbourhoods Operating Model was originally agreed as a multi-year programme.

The work is focused on delivering new models of care and support which have taken some time to design, implement and then embed.

For some of these service models the routes to sustainability in the long-term have been identified. Funding for these projects is expected to cease or reduce after 2021/22.

There are a small number of projects (see next slide) which will require system wide decisions on:

- The model being proposed
- The sustainable funding route for those new models

For a number of transformation projects it is too early to identify how new service models can be sustained in the long-term.

Provider	Sustainability	Detail
East London Foundation Trust	Routes to sustainability identified or clear	<ul style="list-style-type: none"> • Funding is for fixed term project and clinical resource to support transformation. • This is supporting transformation in mental health and rollout of blended teams. • Once new service model has been implemented no longer a need for fixed term resource to deliver this transformation.
London Borough of Hackney		<ul style="list-style-type: none"> • Funding is for fixed term project and clinical resource to support transformation. • Implementing social care model - LBH & home care. • Once new service model has been implemented no longer a need for fixed term resource to deliver this transformation.
GP Confederation and PCN Clinical Directors		<ul style="list-style-type: none"> • Funding is for fixed term transformation resource to support delivery of new workforce and partnership models (the latter will link in with HCVS Partnerships work) • Funding is for transformation project resource. • Once implemented this will become business as usual.
City of London		<ul style="list-style-type: none"> • Funding is to support fixed term project resource to assist in ensuring City is linked into Neighbourhoods transformation. No longer a need for fixed term resource once models implemented.
Healthwatch Hackney	System to agree approach & funding in 21/22	<ul style="list-style-type: none"> • Funding for fixed term project resource to test and develop approaches to Neighbourhood resident involvement. • System partners to agree approaches/recommendations and how this will be funded in the longer-term.

4b. Future Sustainability: By Provider

There are a number of areas within the programme where the future models / approaches arising from Neighbourhoods will need to be confirmed and the funding source for those determined. These are:

- **Healthwatch Hackney and Neighbourhood Resident Involvement Models**
- **HCVS and Partnership Models** in each Neighbourhood
- **Community Pharmacy Neighbourhood Leads**

As indicated there are some projects that will require a decision at a later stage once the new service models are clear. These include:

- **Adult Community Therapies** (new service model being developed)
- **Planned Care / LTCs**
- **Children and Young People**

Provider	Sustainability	Detail
Hackney CVS	System partners to agree approach & funding in 2021/22	<ul style="list-style-type: none"> • Funding for fixed term transformation resource. • Funding is testing and developing approaches to partnership working in Neighbourhoods (e.g. Well Street). • Once tested and model agreed with system partners work is required to identify how this will be funded.
Community Pharmacy		<ul style="list-style-type: none"> • Funding is for community pharmacy Neighbourhood leads (x4 working across 2 Neighbourhoods). • Sustainable route to funding these posts (once embedded with PCNs) to be agreed.
Homerton University Hospital	Projects not yet at a stage to determine the new model and any associated costs. This will become clear during course of 21/22.	<ul style="list-style-type: none"> • Funding is for fixed term project and clinical resource in nursing, therapies and specialist health services. • Costs of new nursing model identified. Work on the new therapies service model is underway.
Planned Care / Long Term Conditions		<ul style="list-style-type: none"> • Funding is for fixed term project resource to undertake work to review long-term condition pathways. • Project not yet commenced so not possible at this stage to determine new model(s) and associated costs.
Children and Young People (CYP)		<ul style="list-style-type: none"> • Funding for fixed term project resource. • CYP work is at an earlier stage. Work undertaken in 2021/22 will identify route to sustainability for new models.
Neighbourhoods Central Team	System decision on future transformation	<ul style="list-style-type: none"> • Fixed term resource enabling system transformation • System agreement will be needed on future transformation across City and Hackney

5. Governance and Evaluation for the Neighbourhoods Programme

5a. Governance for the Programme in 2021/22

- As in previous years specifications have been received from partners and reviewed with the central Neighbourhoods team.
- Neighbourhoods is a partner-led programme with equity between all system partners and residents at the heart. The voluntary and community sector remains a key partner in the approach and we will continue to ensure that Neighbourhoods maintains its commitment to engaging with local communities.
- The programme is working collaboratively with City of London Corporation, City Healthwatch and other City-based services.
- With partners the central Neighbourhoods team have pulled together an overall programme plan for Neighbourhoods in 2021/22 with milestones available [here](#).
- The Neighbourhoods Steering Group (meeting monthly) from January 2021 will oversee delivery. Providers will be required to submit quarterly returns for the programme against financials and agreed milestones.
- The Steering Group will report into the System Operational Command Group and governance arrangements will evolve in light of the changing landscape in City and Hackney from April 2021.

Partners supporting delivery in 2021/22:

The following partner organisations will be leading on specific aspects of the programme in 2021/22.

The role of these organisations is to facilitate work with other partner organisations:

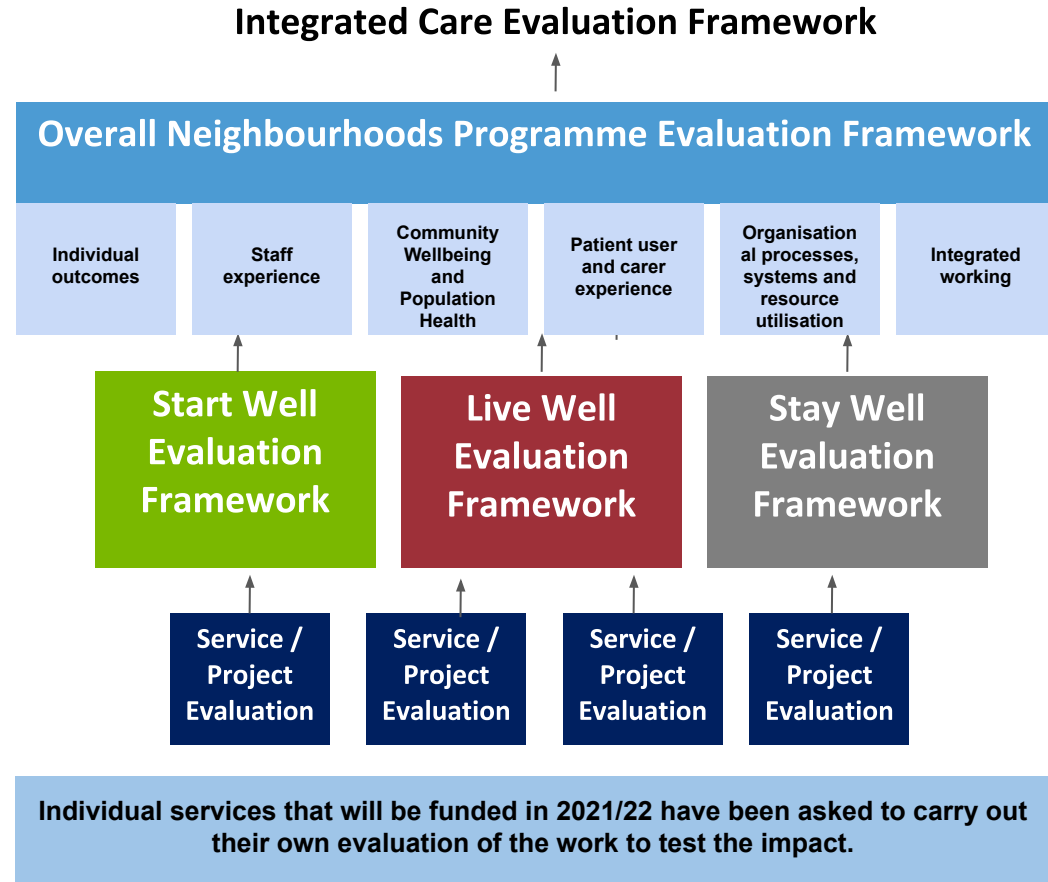
- Office of Primary Care Networks
- Hackney Education
- Homerton University Hospital
- Healthwatch (City and Hackney)
- Hackney CVS
- LB Hackney
- City of London Corporation
- East London Foundation Trust
- Community Pharmacy
- CCG

We are also exploring work with housing for 2021/22.

5b. How we will evaluate the impact of Neighbourhoods

As partners we intend to work with Cordis Bright to develop an evaluation framework for Neighbourhoods. This is subject to agreement from the City and Hackney evaluation group. This work will form part of the broader City and Hackney Integrated Care evaluation. It is planned to commence from January and will consist of three parts:

1. **A stocktake of Neighbourhoods and future recommendations** through engagement with residents, frontline staff, middle managers and system and learning from other areas around the country.
2. **Development of an overall theory of change and evaluation framework for Neighbourhoods.** This will align to the original six Neighbourhood outcome domains.
3. **Development with service partners of a theory of change for 'start well', 'live well' and 'age well'.** A range of services will be involved in this but we envisage the following will work with Cordis Bright to develop these:
 - **Start Well** - CYPMF workstream
 - **Live Well** - ELFT (Mental Health Transformation)
 - **Stay Well** - Homerton Hospital (Frailty Pathway)



Appendix - Summary of Feedback

A summary of feedback received on the plans for 2021/22

Through the course of engagement in the Neighbourhood proposals for 2021/22 there has been helpful feedback from partners. Feedback has been summarised below and these slides and supporting document have been updated to reflect the feedback received. A fuller response has been prepared for CCG FPC and CCG Governing Body for the questions raised.

Board	Summary of feedback received	Brief response and how the description of work has been adapted
<p>1. Integrated Commissioning Board</p>	<p>a). Can we give a stronger focus on relationships and describe what will be done to enable this</p> <p>b). Can we describe the downsides of Neighbourhood working so that we are mindful of these as we continue to rollout the programme</p> <p>c). Can we describe more in the proposals about the opportunities of Neighbourhoods being cash releasing (as part of the evaluation approach).</p> <p>d). Can we give some clarity on the links between PCN and Neighbourhood engagement plans. There are good opportunities to utilise existing structures e.g. Well Street Partnership, Neighbourhood Conversations</p>	<p>In response to COVID-19 we have seen communities come together across City and Hackney to support each other. Mutual Aid Groups and formal volunteering by local communities and residents as well as the establishment of link roles within Neighbourhoods by practitioners have been key to building the relational connection amongst teams. We have described this in section 1a and priority 3 (section 3a) (coaching and OD support) will be key to continuing this.</p> <p>This has been included in section 4a. Three key risks of taking a Neighbourhood-based approach have been included alongside potential mitigations. Risks specific to the programme are coordinated and managed through the Neighbourhoods Steering Group.</p> <p>This has been included in section 5b. We will discuss this through the work with Cordis Bright in developing an evaluation framework for Neighbourhoods (scheduled discussion in mid-January). There have been various research studies of integrated care programmes (e.g. national studies by NAO, Nuffield Trust, evaluations by the New Care Models as well as more academic studies) all of which have highlighted the complexities in evaluation and emphasised the importance of taking a longer-term view regarding the results.</p> <p>This has been included in priority 4 (section 3a). Healthwatch is identifying existing resident involvement channels in Neighbourhoods and developing (with partners) future involvement arrangements at a Neighbourhood geography. Healthwatch is engaging with PCNs on this.</p>

A summary of feedback received on the plans for 2021/22

Board	Summary of feedback received	Brief response and how the description of work has been adapted
<p>2. CCG Finance and Performance Committee</p>	<p>a). The proposal identifies Neighbourhoods as a 10 year programme. Can we give clarity on the spend profile for the programme</p> <p>b). Can we have some clarity for timelines on the exit strategy for the different projects</p> <p>c). We need to be ambitious about the savings, cost avoidance and value for money</p> <p>d). Can we give a detailed description of the work being carried out by the voluntary sector and what is being funded</p> <p>e). Can we describe more fully the story of what this investment is enabling i.e. against the size of contracts for community health, social care and mental health contracts in City and Hackney</p> <p>f). Can we take a look at the quarter 2 underspend position vs the Q4 final position - it looks like a significant amount of investment will take place in Q3 and Q4</p>	<p>This is clarified in section 1c. The spend profile will not continue at the same level of investment across the life course of the programme. Whilst the ambition for Neighbourhoods is over 10 years the transformation funding will not be needed at the same level of investment since new care models are now being implemented.</p> <p>This has been clarified in section 4b. This section includes sustainability / exit strategy by each provider funded.</p> <p>A similar question was asked of ICB and has been answered on the previous slide (see question c). This has been included in section 5b.</p> <p>We do have a line-by-line breakdown for all providers which we have reviewed with those partners and shared with the CCG Finance team. A fuller response will be provided to the CCG FPC but a summary of the deliverables by each provider is included in Appendix C of the supporting document.</p> <p>This is included in section 1b. The transformation investment requested through Neighbourhoods should be seen in the context of much larger investment in the day-to-day delivery of out of hospital and community health services across City and Hackney.</p> <p>At CCG FPC members of the committee reviewed the breakdown of in-year spend across the programme (not included in the submission for ICB). A response will be provided to the CCG FPC in relation to this question.</p>

A summary of feedback received on the plans for 2021/22

Board	Summary of feedback received	Brief response and how the description of work has been adapted
<p>3. CCG Governing Body</p>	<p>a). Detail on the coaching and OD plans - who is being coached and by whom (and whether we could be using the coaching to also help practitioners provide coaching support to residents)</p> <p>b). Can we describe our plans to undertake work that is about involving patients in decisions about their own care (resident involvement in forums is already mentioned)</p> <p>c). Could you describe the work with schools and how that forms part of the children's work</p> <p>d). Can you describe how support for carers is being linked into Neighbourhoods</p> <p>e). What analysis of literature have we done on organisational models which focus on coaching, freedoms, collaborations and hierarchy free approaches?</p>	<p>Priority 3 (section 3a) described outlines the coaching and OD proposals. The work described is a smaller piece of work based on MDT working that has been established through Neighbourhoods over the last few months. This will test the approach ahead of wider system partners developing a wider coaching and OD plan across City and Hackney. Further detail will be provided to the CCG Governing Body.</p> <p>This is a key area and an area that all system partners will need to work together on. This will come under an approach called personalised care and support planning. Through our community navigation work (as well as work in social care and mental health services) we already have many good approaches to build on. The life course project work (described in priority 1 - section 3a) will include work in this area.</p> <p>This has been further described in priority 1 - section 3a). The work being coordinated for children, young people and families - specifically as a result of inequalities caused by COVID-19 and children being absent from school. This will include creation of a named network of health professionals including GP who are assigned to each primary school and from this specific work to improve the support for children with SEND.</p> <p>We continue to work closely with LB Hackney (Carers First) and City of London (City Connections) to ensure that support for carers is part of the rollout of MDTs. Both City Connections and Carers First have been involved in the MDT working and we will explore with Carers First opportunities to align with Neighbourhood-based models of care.</p> <p>This is described in priority 5 - section 3a. It is not an area explored yet in any detail although partners (such as ELFT) do have experience of different workforce models. This is intending to form some of the work that will be taken forward between the Office of PCNs and central Neighbourhoods team in 2021/22</p>

Title: Neighbourhoods: Request for Programme Resource in 2021/22

From: Nina Griffith, Stephanie Coughlin, Mark Golledge

Author: Mark Golledge and Jessica Veltman

Date: January 2021

Integrated Commissioning Board is asked to:

- Approve the full request for programme resource for Neighbourhoods including the release of £1,112,158 of monies from the Better Care Fund (pending NEL CCG allocation and NEL BCF funding) to continue delivery of the programme in 2021/22

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1. Introduction and Context

- a. Our City and Hackney Neighbourhoods Approach
- b. Neighbourhoods and its place locally and regionally
- c. Delivering our vision for Neighbourhoods

2. Our approach in 2020/21 and what is being delivered

- a. How we are monitoring delivery
- b. What progress is being made this year
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3. Our priorities, plans and cost of delivering Neighbourhoods in 2021/22

- a. Our priorities for 2021/22
- b. The projects that will deliver on these six priorities
- c. Costs of delivering Neighbourhoods in 2021/22

4. Future Sustainability and Exit Strategy for Neighbourhoods

- a. Opportunity costs of taking a Neighbourhoods approach
- b. Future Sustainability: By Provider

5. Governance and Evaluation for the Programme in 2021/22

- a. 5a. How we will govern the programme in 2021/22
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Appendix:

- **Appendix A:** How delivery of the Neighbourhoods priorities will support the PCN Maturity Matrix
- **Appendix B:** What has been delivered by system partners in 2020/21
- **Appendix C:** What will be delivered by partners in 2021/22 (*summary of deliverables on a provider by provider basis*)

1. Introduction and Context

1a. Our City and Hackney Neighbourhoods Approach

City & Hackney continues to demonstrate an ongoing commitment to place-based integration. We are already starting to bring services together so they are organised around each of our 8 Neighbourhoods; adopting more of an asset based approach that is focusing on what matters to residents; working more closely with local communities and taking a more proactive approach to identifying and supporting residents who have complexity in their lives. Neighbourhoods is, and will continue to be at the heart of our response to addressing local inequalities in City and Hackney. As a local system we want 'place' rather than 'organisation, service or sector' to be the currency of integrated service provision in City and Hackney.

System partners working together across City and Hackney are continuing to put in place a fundamentally different approach to delivering out of hospital health and care services and are committed to ensuring that these are built on the foundations of Primary Care Networks (PCN) in City and Hackney. The priorities we have set out for 2021/22 will continue to (but more explicitly) directly support PCN maturity (see Appendix A) and will directly enable delivery of new contractual arrangements in primary care in 2021/22. This approach is already starting to see care being delivered closer to people's homes, seeing care and support more joined up and the boundaries between individual providers as well as specialist, secondary and primary/community care starting to blur. The voluntary sector is essential in enabling this approach.

Our aspiration for Neighbourhoods extends beyond health and care. We know that health and care is only a small part of what contributes to overall health and wellbeing and this has been even more highlighted during COVID. Neighbourhoods in City and Hackney provide a focal point for wider public service reform which sees all people as equal partners and offers us a unique opportunity to truly deliver multi-agency working locally.

Neighbourhoods at its heart is about relationships and about encouraging relational connections both with and within local communities as well as between practitioners. Over this last year in response to COVID-19 local communities across City and Hackney have come together to support each other. This was initially through the establishment of local Mutual Aid groups with people taking responsibility for supporting and caring for one another through the building of social relationships in a largely informal way. This, alongside more formal volunteering opportunities highlight the importance of relationships between communities where people look out for and support one another. That remains a key vision for Neighbourhoods.

At the same time, it is also about practitioners working together to support vulnerable people. During the COVID-19 pandemic, Neighbourhoods partners have come together to enhance MDT working and link roles have been established into each Neighbourhood. This is starting to give evidence of improving day-to-day connections between individuals and teams and our vision is to focus more on 'conversations' than 'referrals' between teams. As we see more services aligning practitioners to work on a Neighbourhood footprint the opportunities for this relational connection will increase. The coaching and OD plans we describe in our plans for 2021/22 will be an important enabler to this.

This proposal has been developed by system partners and is therefore presented as a collaborative partner proposal. It describes what has been delivered so far in 2020/21 with the funding invested and outlines our plans for 2021/22. Some structural and service changes are taking place to enable working at a 30-50,000 population level.

We have seen significant challenges due to COVID-19 this year which have expedited some aspects of the programme as part of prioritisation with partners. Our plans for 2021/22 are ambitious but also pragmatic reflecting that this is a multi-year approach.

The programme is requesting to draw down £1,112,158 from the Better Care Fund in order to continue to facilitate this change across City and Hackney. Many of these projects are expected to become business as usual over time and we have therefore described the route to sustainability for these projects.

1b. Neighbourhoods and its place locally and regionally

Neighbourhoods is a programme that is about transforming the way existing services are being delivered within Neighbourhoods. It is focusing on blurring the boundaries between community based services as well as with specialist services (so they deliver support closer to community based teams). The culture and ways of working by these teams is critical and alongside this Neighbourhoods proposal partners are working on plans around a plan for coaching and OD support across City and Hackney.

The proposals outlined are in line with the NHS England publication '[Integrating Care](#)' published in November 2020. This sees "*delivery being through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSS, built around primary care networks (PCNs) in Neighbourhoods*".

Partners will continue to build on the approach to Neighbourhoods alongside new partnerships being formed both regionally and nationally. This includes:

- Changes within North East London and formation of the Integrated Care System (ICS)
- Changes within City and Hackney ("Place") with the formation of the Integrated Care Partnership Board and planned creation of the Neighbourhoods Health and Care Board
- The development of Neighbourhood-based Partnerships (such as Well Street Common) bringing together different partners in an individual Neighbourhood
- The continued development and maturity of PCNs in City and Hackney

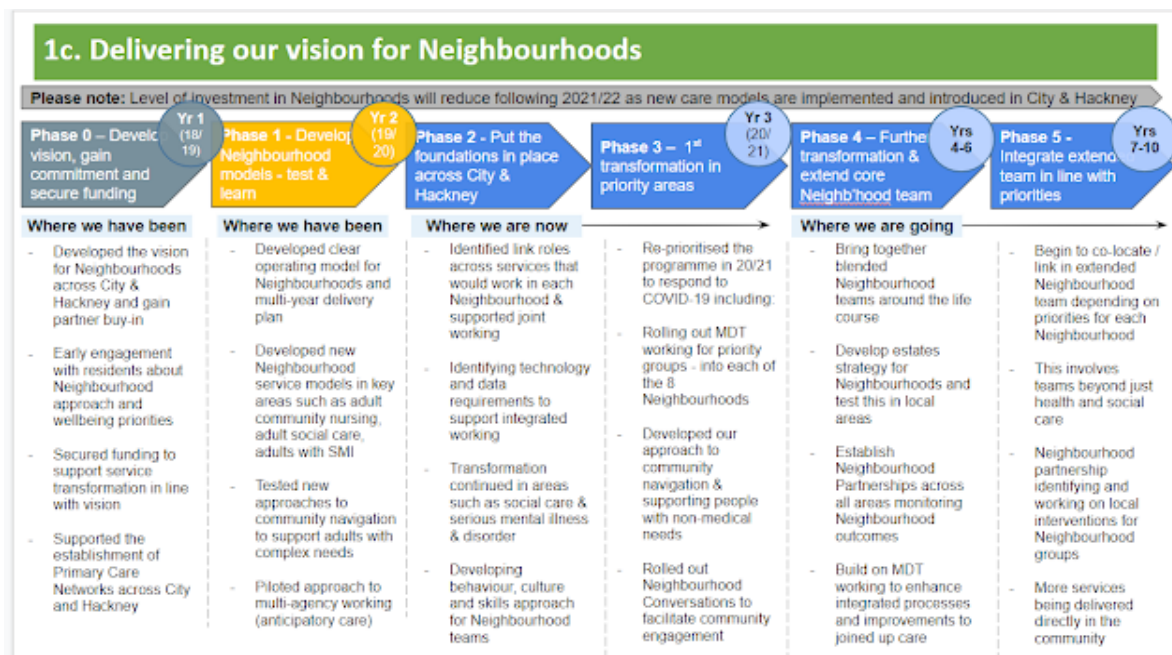
Therefore the approach will continue to evolve as we move into 2021. However, it is crucial that we do not lose the momentum and traction currently being delivered through this programme given that many of the change projects outlined in this proposal are already underway.

1c. Delivering our vision for Neighbourhoods

As a system we agreed our vision for Neighbourhoods in February 2020 in the [Neighbourhoods Operating Model](#). This Operating Model remains key to our overall direction of travel for Neighbourhoods. In that Operating Model we described:

- The commitment to place based working and seeing all system partners as equals in this approach
- The teams that we envisaged would wrap around each Neighbourhood and the specialist teams that would support them
- The culture, values and behaviours that are critical to deliver on our vision for Neighbourhoods
- The need to take a population health management approach which supports people during their life course as well as according to their complexity of need
- The need to develop broad partnerships within each Neighbourhood which include but also extend beyond health and care
- The importance of Neighbourhoods in terms of safeguarding vulnerable people in City and Hackney
- And the enablers that need to be in place to deliver our overall aspirations for Neighbourhoods

Our high level delivery plan for Neighbourhoods was set out in the Operating Model and developed further during the course of 2020. It was envisaged that the overall Neighbourhoods approach would be multi-year and take some time to become embedded we expect the funding profile for the programme to reduce after 2021/22. The programme is about developing new models of care which, once implemented will become business as usual. Whilst the culture changes and ways of working will continue to be embedded the majority of costs for the programme have been in the initial phases to enable new ways of working to be tested and implemented.



2. Our approach in 2020/21 and what is being delivered

2a. How we are monitoring delivery and what progress is being made this year

COVID-19 has reinforced the importance of Neighbourhood working and the need to develop strong local partnerships and strong and responsive communities. As a result we have prioritised aspects of the programme to form part of the response during COVID-19. For example, the work that HCVS have led on Neighbourhood Conversations and the enhanced multi-agency working have in many cases been possible because of the foundations that this work has enabled.

This year we established six priorities for the programme. A summary of what has been delivered / is being delivered (as at December 2020) is outlined below. This is also available on a provider by provider basis in Appendix B.

Priority	Headline Achievements / Activity Underway
<p>Priority 1: To establish new arrangements in teams that will become part of a community-based Neighbourhood team for adults – e.g. adult community nursing, adult social care, community navigation - and establish links with wider services.</p>	<ul style="list-style-type: none"> ● New and improved adult social care model for Neighbourhoods designed, consulted and being operationalised by April 2021. This includes new workflows for adult social care teams including single point of access and workforce based projects around culture and ways of working. ● New community navigation model for Neighbourhoods designed and consulted upon. This will improve pathways into non-medical support for residents. Tested approach during COVID-19 e.g. single front door for navigation via Shoreditch Trust. ● Wellbeing Practitioners pilot (new posts hosted by GP Confederation providing non-medical support) underway across City and Hackney to support residents with more complex needs. ● Some delay to implementation of community nursing model and therapies model due to COVID-19 pandemic but plans to introduce in early 21/22. ● Supported the recruitment of new roles in Primary Care e.g. first contact physios (Additional Roles Reimbursement Scheme)
<p>Priority 2: To start forming these multi-agency Neighbourhood teams providing wrap-around Organisational Development (OD) support.</p>	<ul style="list-style-type: none"> ● During COVID-19 improved support for vulnerable people by identifying link professionals to coordinate care for residents within each Neighbourhood. Included all community based providers. ● Developed (and shortly to commission) coaching plan to assist MDT working across City and Hackney. This includes coaching for chairs of Neighbourhood MDT meetings as well as professionals regularly involved in the meetings.
<p>Priority 3: To introduce new pathways / support for specific cohorts of the population e.g. Neighbourhood Multi</p>	<ul style="list-style-type: none"> ● As a response to COVID-19 rolled out Multi Disciplinary Meetings for vulnerable residents in all 8 Neighbourhoods. 41 MDMs held between May and November supporting over 160 residents. Supported by all community based services. ● Launch of new mental health blended Neighbourhood teams in Hackney Marshes and

<p>Disciplinary Meetings (MDMs) for people with complex needs, Long Term Condition (LTC) Pathways, and Mental Health (MH) transformation for population cohorts.</p>	<p>Clissold Park building on enhanced primary care team setup in 2018. Plans for rollout in additional two Neighbourhoods by the end of the FY.</p> <ul style="list-style-type: none"> ● Recruitment of Mental Health Community Connectors from voluntary sector who form part of the blended teams with primary care and mental health practitioners. Turning Point (substance misuse) and MIND also form part of these blended teams. ● Completed review of the Neighbourhood pathway for people with complex emotional needs (personality disorder) and development of a new pathway between primary and secondary care psychology provision. ● Supported implementation of Direct Enhanced Services (DES) for PCNs (e.g. Enhanced Health in Care Homes) ● Community Pharmacy funded Neighbourhood roles supporting flu vaccination (including working with primary care to ensure vaccine coverage and stock availability) and raising awareness with primary care of new services such as Local Minor Ailments Service and Community Pharmacist Consultation Service (CPCS)
<p>Priority 4: To develop new approaches that further strengthen multi-agency working for children, young people and families.</p>	<ul style="list-style-type: none"> ● Scoped project work for 0-5s, 6-19s and families with key stakeholders including Primary Care, Hackney Education and Children’s Social Care ● Mapped how existing services for children and young people are configured and reviewed referral processes and pathways for primary care ● Ensured that the MDMs take a family-based approach by connecting with First Access and Screening Team (FAST). ● Supported delivery of a psychiatric liaison pilot, in partnership with the CAMHS Alliance, has commenced in Woodberry Wetlands Neighbourhood. This involves a specialist children's CAMHS nurse taking referrals from GPs of children and young people with life-long conditions or medically unexplained symptoms.
<p>Priority 5: To develop approaches to engaging local Neighbourhood-based communities (including voluntary sector) and explore Neighbourhood-based partnerships.</p>	<ul style="list-style-type: none"> ● Delivered Neighbourhood Conversations in all 8 Neighbourhoods as a response to COVID-19. Brings together voluntary, statutory sector partners, local councillors and residents. Insight shaped COVID response. ● 23 Neighbourhood Conversations have taken place (3 in each Neighbourhood - 2 in Well Street Common) involving 444 people. ● Subsequent training delivered via Neighbourhood Conversations on signposting; community connections and health impact. Attended by almost 80 people. ● Core Partnership Group (involving 28 people) established in Well Street Common with appointment of representatives from local community and voluntary sector organisations. Partnership will be

	<p>accountable to those living, working and providing services in Well Street Common.</p> <ul style="list-style-type: none"> ● Expanded Neighbourhoods Resident Involvement Group to support resident co-production. ● Community influencers have been recruited in Shoreditch Park and the City Neighbourhood to pilot an approach to meaningful resident engagement within Neighbourhoods.
<p>Priority 6: To work with system partners including Primary Care Networks (PCNs) to embed a population health approach in Neighbourhoods that helps us to further understand, meet local needs and address local inequalities.</p>	<ul style="list-style-type: none"> ● Refreshed Neighbourhood profiles in collaboration with PCNs providing summarised headlines of population health outcomes. ● Neighbourhood profiles and community insight supporting PCNs with local strategies including recruitment of additional roles. ● Supported work on population health systems including the launch of PCN/Neighbourhood profiles in Co-Plug (population health tool) in 2020/21 that will also assist with health inequalities approach by understanding health outcomes by different population characteristics. ● Scoped and developed Neighbourhoods platform / website to access information on Neighbourhoods (ongoing).

2b. What outcomes are we starting to see

All providers have considered their own project based evaluation as part of the approach to Neighbourhoods.

For example, adult social care has developed an evaluation framework to monitor implementation of the new Neighbourhood service model against. This focuses on three areas - **evaluation of outcomes** (e.g. improvement in service users and carers reported quality of life; improvement in service users and carers reporting on how easily they can find information about supported services); **demand and activity** (e.g. total number of strengths-based conversations for each Neighbourhood; outcomes of strengths-based conversations; total number of safeguarding adults cases) and **staff confidence, skills and satisfaction** (based on self-assessments and focus group qualitative sessions with staff).

A similar approach is being adopted for other services with new service models such as adult community nursing. Wellbeing Practitioners are carrying out an evaluation of their work and Mental Health (as part of the MH transformation programme) have a research programme to support evaluation of the approach. In October 2020 we carried out an initial evaluation of the Neighbourhood MDTs which has involved all community services. This has initially been a qualitative based assessment achieved through reflective learning sessions with practitioners.

From all of the Neighbourhood projects we are starting to see improved outcomes being delivered across the programme - both for practitioners and for residents.

The impact for professionals - Well Street Common Partnership (case study)

Well Street Common Neighbourhood now has a Core Partnership Group in place, consisting of staff, volunteers and community leaders from: Our Place, Alzheimer's UK, Gascoyne & Morningside Youth Club, the Primary Care Network (social prescriber), a Victoria Ward councillor, Vietnamese Mental Health Services, East End Citizens Advice Bureau, Older Peoples Reference Group, Wick Award, Frampton Park Baptist Church, Shoreditch Trust Community Connections and Hackney People First. The group will support and help organise larger quarterly forums which bring together a range of stakeholders who live, work or provide services in the Neighbourhood.

The development of the Well Street Common Partnership has been co-produced and supported by in-depth mapping and capacity building. It has facilitated integrated working between VCSE and statutory sector partners and enabled a more coordinated local response to Covid-19.

"Being part of this Partnership meant that I had connected with lots of organisations and people before Covid-19, which really helped with the response work. This shows the value of the partnership; being able to work better with others in the ward I cover."

Councillor Penny Wrout

"Too often we work 'top down' rather than really listen to local communities. I want to work with the Partnership to find out what the local priorities are in our Neighbourhood, to reach those furthest away from healthcare services and for us to pull together to address upcoming health issues like flu."

Dr Kathleen Wenaden, Clinical Director of PCN

"There is great potential for the Well Street Common Neighbourhood Partnership to shine a light on health inequalities and what this means for groups and individuals in our community, and offer an alternative way of addressing these. The Partnership will be an effective way for service providers to hear the voices of groups that have not been heard."

Polly Mann, Community Development – Wick Award

The impact for residents: Neighbourhoods multi-disciplinary team approach case study

- L is a 60 years old, female patient in Hackney Downs
- Her GP had discussions with her, focused on what was most important - managing pain was L's top priority
- L suffers with chronic pain, has osteoarthritis, type 2 diabetes, obesity, pressure ulcers and chronic constipation and has a catheter in situ. She is living with family members the youngest has significant learning disabilities
- She recently moved to a new flat and has had some recent falls
- Her GP brought L to a N'hood MDM to create a coordinated approach to managing her chronic pain as well as her broader health and wellbeing needs

Impact of approach and benefits for L

- All those supporting L have a joint view of what is important to her
- L is aware that professionals are coming together to consider her priorities and is kept informed of what is agreed
- Pain service, GP and community therapies team have a joint approach to managing L's pain.
- Joint visits arranged with pain service, GP and community therapies to review medicine, rehab and psychological support for L
- Preventative approach taken to avoid further falls
- Whole family approach taken, comprehensive housing review of family undertaken.

3. Our priorities and plans for 2021/22

3a. Our priorities for 2021/22

System partners have co-developed the six priorities for 2021/22. Activities are described in this proposal that will contribute to delivering against these six priorities in 2021/22. These activities build on the programme being delivered in 2020/21. The [Neighbourhoods Programme Plan](#) sets out the milestones to be delivered in 2021/22.

Many of these areas will also support PCNs with their maturity and system partners are committed to supporting delivery of contractual requirements and additional roles into PCNs in 2021/22. This includes anticipatory care and personalised care (delivered via priorities 1 and 2), health inequalities DES arrangements (delivered via priority 6) and new additional roles being introduced.

There are areas where pilot work will take place in individual Neighbourhoods in 2021/22. Partners have been asked to collaborate with the Neighbourhoods Programme and Office of PCNs to ensure that there is an equitable spread of activity in 2021/22.

<u>PRIORITY 1</u> To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs	<u>PRIORITY 2</u> To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1	<u>PRIORITY 3</u> To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.
<u>PRIORITY 4</u> To establish meaningful and sustainable approaches to resident involvement. This includes developing a strong Neighbourhood culture where the VCS and residents feel connected and have influence.	<u>PRIORITY 5</u> To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common	<u>PRIORITY 6</u> To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities.
<u>SUPPORTED BY ENABLERS:</u> Evaluation / IT & Digital / Estates / Workforce / Pop. Health Hub / Communications		

Delivery of the first three priorities will follow sequentially:

- Identify the resident groups whose needs are at risk of escalating through an anticipatory care and personalised care approach (**priority 1**). This will take a life course approach which is person-centred and not conditions based.

- Identify the blended (multi-agency) teams that will wrap around to support them and where practical ensure that those services are configured to a Neighbourhood footprint (**priority 2**)
- Provide OD and coaching support to those teams (**priority 3**)

The remaining three priorities (**4, 5 and 6**) are about ensuring we have the right infrastructure in place to support multi-agency working. This includes putting residents and the voluntary sector at the heart of the approach (priority 4), testing leadership / partnership based arrangements to enable this way of working (priority 5) and having arrangements that enhance our knowledge of and response to health outcomes and inequalities (priority 6).

Within each of these six priorities there are a series of projects that will be delivered in 2021/22. These will be led by organisations but many of these will be system projects that involve multiple organisations and partners.

3b. The projects that will deliver on these six priorities are as follows:

<p><u>PRIORITY 1</u></p> <p>To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs</p> <p><i>(Supports PCN Maturity Matrix - Integrating Care)</i></p>	<p>ai. Start Well: 0-5s - Developing a proactive care approach for identified children and young people by strengthening links between Multi Agency Team working with 0-5s and Primary Care as well as for child health</p>	<p>Facilitated by: Children and Young People's Workstream</p>
	<p>aii. Start Well: 6-19s - Developing a proactive care approach to support children and young people who are absent from school and/or who have missed health appointments by drawing on input from health professionals and strengthening teams around the School.</p>	
	<p>bi. Live Well: Working age (mental health) - Embed a proactive care approach for identified working age adults in respect of mental health and strengthen personalised care and support</p>	<p>Facilitated by: East London Foundation Trust with input from system partners</p>
	<p>bii. Live Well: Working age - Improving support for identified adults with long-term conditions</p>	<p>Facilitated by: CCG Long Term Conditions Team with input from system partners</p>
	<p>ci. Stay Well: Older adults - Developing a proactive care approach for identified older adults and strengthen personalised care and</p>	<p>Facilitated by: Homerton University Hospital with input from system partners</p>

	support	including adult social care
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We will have at the core of the programme three cross-cutting areas that will follow the life-course and improve multi-agency support for residents. These three areas - **‘start well’ (0-5s and 6-19s), ‘live well’ and ‘stay well’** will focus on working with people at risk of rising need and unwarranted outcomes through an **anticipatory, personalised** and multi-agency approach to their care and support.

These population health projects will be facilitated by a partner organisation but inevitably involve a wider range of partners including the voluntary and community sector. They will also directly enable the delivery of anticipatory care and personalised care DES arrangements in 2021/22. We will explore with the GP Confederation and Primary Care opportunities to evolve existing proactive care contracts around these cohorts to assist with this approach. Additionally, partners will work with PCNs to explore how care coordinators can support these relevant cohorts in 2021/22.

Taking this approach will also provide a clear evaluation framework for Neighbourhoods as outlined in section 8 and Cordis Bright (our evaluation partner) will work with teams in the early part of 2021 to develop a theory of change for each of these areas.

a). Start Well: This work will be facilitated by the Children and Young People (CYP) workstream in collaboration with system partners including dedicated support from Homerton Children’s Services. **A core part of this work will be developing a clear vision for Neighbourhoods for children and young people in collaboration with system partners including primary care.** It will be based around enhancing support for 0-5s and 6-19s. We will also seek to adopt a more **‘think family’** approach across the programme as a whole.

- **0-5s** - Two projects will deliver this priority. The first will be aimed at those children who are at rising risk of need (and who do not meet the thresholds for statutory safeguarding). It will strengthen multi-agency working between primary care and multi-agency teams (MATs) aligned to the cluster boundaries for children’s centres. The second will focus on supporting child health through improved integrated working with primary care, maternity, health visiting and other services. This work is intended to be piloted in Woodberry Wetlands.
- **6-19s** - This work will bring together education and health services to support children who are absent from school and/or who have missed health appointments and are therefore at rising risk. This action addresses differential outcomes associated with children and young people attending school - and in some cases those concerns have arisen as a result of COVID. This work will centre on schools and create virtual teams around the child/school including the creation of a named network of health professionals (including GP) who are assigned to schools as a mechanism for dialogue around these children. This approach will also build on the recent configuration of Wellbeing and Mental Health in Schools (WAMHS) workers aligned to schools. This is expected to also include children with SEND, complex needs and long-term conditions. As learning emerges, consideration will be given to

how this can translate across ‘borough’ boundaries and how the system and City of London can learn and adapt accordingly in a proportionate way that builds on the good practice already in place in the City.

b). Live Well - This work will consist of two key projects.

- Firstly, the continued development of the Neighbourhoods mental health programme in close collaboration with primary care and voluntary and community sector. These will continue to be scaled up by rolling out the blended team model focused on supporting the wider social factors and complexity that impacts on mental health. This includes re-configuring the existing 4 recovery teams in mental health to support these Neighbourhood-based blended teams and creating a high level specialist recovery service. This work will also facilitate the testing out of personalised care for adults with mental health issues and comorbid physical health and long-term conditions, co-produced with service users and patients, piloting and testing the Patient Knows Best application.
- **Long-term conditions:** Thirdly, work focused on long-term conditions that will scope and produce an agreed strategy to implement for community services to support people with long-term conditions. The focus will be on system engagement and exploring how to provide secondary care expertise closer to primary and community services and enable these services to support a wide range of patients in the community. This will explore areas such as renal, respiratory disease and stroke. This work was intended to commence in 2020 but due to COVID and delays in recruitment is being rolled into 2021.

c). Stay Well - This will be facilitated by Homerton University Hospital (across care of the elderly services and adult community therapies) with support from the central Neighbourhoods team and system partners including adult social care. It will be a multi-agency approach to improving pathways and support for those older adults in City and Hackney. Specifically the focus will be on proactively supporting those residents with rising care needs i.e. frailty. We know from recent research in City and Hackney that primary care and acute care activity increases substantially as frailty increases. This will be a QI led project focused on understanding local population needs, drawing on existing community insight and putting in place arrangements to enhance support for these residents (including the contribution of specialist teams). Similar to ‘live well’, this work will also test, develop and embed a personalised care approach for older people, co-produced with service users and patients.

<p><u>PRIORITY 2</u></p> <p>To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1</p>	a. Implement Adult Community Nursing Neighbourhoods Model	Delivered by: Homerton University Hospital
	b. Implement Redesign in Adult Community Therapies	Delivered by: Homerton University Hospital

<i>(Supports PCN Maturity Matrix - Integrating Care)</i>	c. Implement Neighbourhoods Model in Adult Social Care (LBH)	Delivered by: LB Hackney
	d. Pilot Neighbourhoods Home Care Model (LBH)	Facilitated by: LB Hackney
	e. Deliver an effective Neighbourhood-based Community Pharmacies approach	Delivered by: Local Pharmaceutical Committee
	f. Develop a Neighbourhood-based Psychological Therapies Model <i>(relevant to but not funded via Neighbourhoods)</i>	Delivered by: ELFT & Psychological Therapies Alliance
	g. Implement Community Navigation Neighbourhood model <i>(relevant to but not funded through Neighbourhoods)</i>	Facilitated by: Central Neighbourhoods Team & Public Health

In order to deliver care and support to these residents it is important that we continue to re-align relevant services to a Neighbourhood footprint to further enable this multi-agency approach. Increasingly this will see more practitioners dedicated to working in each of our 8 Neighbourhoods. Our vision is for a range of services to be working at a Neighbourhood footprint and for continued opportunities to build relationships between teams.

We know that different services will need to work more closely together to support different cohorts of residents - depending on their age and needs. In taking the proactive approach to care described in priority 1 we envisage a series of blended (multi-agency) teams will begin to emerge within each Neighbourhood to support these specific cohorts of the population. Over time we expect there will develop a multi-agency team ethos and working in genuinely new ways with people where people are recognised by their skills and talents rather than needs.

2021/22 will see the continuing progression of the redesign of services that will move services to work at a Neighbourhood footprint (alongside primary care and mental health primary care liaison teams who are already Neighbourhood-based). This will include:

- **Adult Community Nursing** - In 2021/22 we will deliver the new Neighbourhood-based community nursing service including support to staff reallocation and relocation. This will also include OD work with teams. This will see eight Neighbourhood Nursing Teams, a new improved front door/referral hub and a new ambulatory hub. We will also ensure that benefits are measured and monitored and ensure connections developed with Care of the Elderly Services.
- **Adult Community Therapies** - In 2021/22 we will develop a single point of access and integrated referral processes within therapies taking into account new discharge guidance (a new single point of access for discharge will initially be implemented); introduce a pilot to assess the practicalities of first assessment within one week of referral for ACRT; develop joint training plans between IIT and ACRT; refine / embed

the therapies offer to Neighbourhoods (i.e. link therapies roles for Neighbourhoods are already in place for services such as MS and Parkinsons) and work with PCNs to implement the first contact practitioner roles in Neighbourhoods.

- **LB Hackney Adult Social Care** - The new Neighbourhoods based adult social care model is planned to go live from April 2021. This will see a new pathway approach, social work teams structured around Neighbourhoods (4 locality teams covering 2 Neighbourhoods each), a full pathway approach where staff will complete assessments, reviews and home first assessments (discharge) across the whole pathway alongside more integrated working. Work is required to embed this, monitor the staffing mix to ensure capacity meets demand for each team, continue the rollout of strengths based practice by July 2021 (contingent on resolution from the cyber attack) and evaluate the effectiveness of the new approach.
- **Piloting a Neighbourhood approach to homecare in Hackney** - Plans are underway to recommission homecare in March 2022. In the lead up to this the aim is to scope a number of innovation sites to test and evaluate Neighbourhood working through the provider framework extension (from April 2021-March 2022). These innovation sites (locations to be confirmed but anticipated across all Neighbourhoods) will be shaped with system partners and used to inform the longer-term offer for homecare.
- **Community Pharmacy** - Over the last 18 months we have identified 8 community pharmacy leads for whom the aim is to lead engagement with PCNs and system partners and represent community pharmacy within each Neighbourhood. This has been more successful in some areas than others and therefore in 2021/22 we are proposing to reduce the number of leads from 8 to 4 so leads work across 2 Neighbourhoods. Over the next few months with the introduction of a new LPC Manager in City and Hackney work with PCNs to develop a specific action plan for these leads (each funded 4 days a month).

(Relevant to, but not funded through this proposal):

- **Psychological Therapies** - In partnership with the psychological therapies alliance work will be undertaken in 2021/22 to extend the current services to span the bridge between IAPT and secondary care therapy services. The new model will be Neighbourhoods based and align with blended teams.
- **Community Navigation** - In parallel to this partners (both existing providers of community navigation services as well as commissioners of those services) have been working together to improve our approach to community navigation in City and Hackney. This is a core part of our Neighbourhoods approach where people are supported with non-medical needs and connected into local communities. We have developed an overarching model for navigation for City and Hackney with different partners leading on different elements of the approach (e.g. Shoreditch Trust currently testing a single point of access, CYPMF intending to lead on work for children and young people, GP Confederation testing an approach to support adults with complexity in their lives, Mental Health work to explore connector approaches for employment, benefits and housing).

<p><u>PRIORITY 3</u></p> <p>To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.</p> <p><i>(Supports PCN Maturity Matrix - Integrating Care)</i></p>	a. Development and delivery of an overarching Neighbourhoods OD and coaching plan <i>(relevant to but not funded via Neighbourhoods)</i>	Facilitated by: ELFT initial proposal to fund OD lead to scope programme
	b. Coaching and OD support to enhance MDT working <i>(relevant to but not funded via Neighbourhoods)</i>	Facilitated by: Central Neighbourhoods Team
	c. Neighbourhood/PCNs staff engagement events/activities	Facilitated by: Office of PCNs/Central Neighbourhoods Team
	d. Neighbourhood inductions for blended teams <i>(forms part of Neighbourhood Conversations in priority 4)</i>	Led by: Hackney CVS

Core to Neighbourhoods is a desire to foster a culture that promotes multi-agency working where teams work together to talk and solve problems rather than purely relying on 'referrals'. We want to move to a position that co-creates, over the next few years, flourishing, diverse and happy teams delivering the best evidenced based care. They will go beyond care and treatment to deliver what really matters to service users and the communities we serve. It will include voluntary and community sector organisations.

Learning from areas such as Wigan highlights that it is people (at all levels and in all organisations) who are at the heart of this transformation. This approach should be open both to services working with adults and with children. We will facilitate this in the following ways in 2021/22:

- **Development and delivery of an overarching Neighbourhoods OD plan *(relevant to but not funded through Neighbourhoods)*:** ELFT have led (initially with a small number of partners) on securing resource that will work with a wider group of system partners to develop a programme for coaching and OD across City and Hackney. We expect those plans will embed QI across our change programme, supporting the introduction of new roles, developing new teams with new cultures, supporting leadership development and other key areas. The delivery of this OD plan *(proposed to be funded by separate transformation monies for the Provider Alliance)* is critical in enabling the culture changes we want to see across all organisations and at all levels.
- **Coaching and OD support to enhance MDT working:** Ahead of the broader OD plan described above we will be rolling out coaching and OD support to staff across City and Hackney to enhance MDT working. This is intended as a test bed ahead of the wider OD plan above. The training is being partially funded through Training Hub, will be delivered externally but will be enabled and coordinated through the Neighbourhoods programme. This will focus on four areas in 2021/22 - coaching for existing MDT chairs; coaching for future MDT chairs; coaching for blended teams;

development of a train-the-trainer offer. There is a commitment from all services to be involved in this coaching support.

- **Neighbourhood staff engagement events / activities:** We will work with system partners to facilitate monthly ‘lunch and learn’ events for members of blended Neighbourhood teams to share learning from each other’s field of expertise on specific topics. We will also incorporate within this a focus on strengthening safeguarding amongst teams. These will be led by system partners and will either be delivered physically and/or virtually. This will also double as an important networking opportunity for teams. This will be coordinated by the Office of PCNs in collaboration with the Central Neighbourhoods Team but involve all system partners.
- **Inductions for Neighbourhood Teams:** As we start to form blended Neighbourhood teams we will provide opportunities for inductions to meet local voluntary and community sector organisations as well as residents in each Neighbourhood. This will form part of the Neighbourhood Conversations (see priority 4 below) and will be hosted by Hackney CVS on behalf of the voluntary and community sector. This will enable relationships to be formed that blur the boundaries between different services and sectors.

We would also like to ask that any unused monies at the end of the financial year given to PCN Clinical Directors to support their individual and collective leadership development be rolled forward into 2021/22 and that a plan is worked up for how these monies will be utilised to support continued development. In line with other plans for Neighbourhoods this will be reviewed by the Neighbourhoods Steering Group.

<p>PRIORITY 4</p> <p>To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.</p> <p><i>(Supports PCN Maturity Matrix - Engaging with People and Communities)</i></p>	a). Develop and test an approach for resident involvement within Neighbourhoods	Led by: Healthwatch Hackney and City of London
	b). Develop an approach for voluntary and community sector involvement within Neighbourhoods	Led by: Hackney CVS
	c). Continue to develop service user led sports and outdoor activities	Led by: East London Foundation Trust

It is important that we continue to engage and involve residents and communities through Neighbourhoods. We will ensure that resident involvement is built into the life-course approach identified in priority 1. We want to ensure that the approach is asset based and enables strong partnerships to be formed within each Neighbourhood.

a). Develop and test an approach for resident involvement within Neighbourhoods:

We are committed to continuing to develop our approach to resident engagement across City and Hackney. We have described three approaches to involvement - recognising the importance of being clear on the purpose of involvement:

- Communities of place: Where residents are involved about the place in which they live e.g. Shoreditch Park and the City
- Communities of experience: Where residents are involved about the experiences they have e.g. of a particular service such as adult social care
- Communities of identity: Where residents come together who share a particular identity e.g. young black men

We want to broaden the approach so that we hear about what matters to people from new people as well as those regularly involved in existing forums. This activity will focus on three areas and be led by Healthwatch Hackney in collaboration with City of London Healthwatch. It will involve:

- **Piloting the rollout of Community Influencers to complement existing engagement forums (such as Neighbourhood Conversations described below):** This will continue to test the rollout of the community influencer role as an approach for resident involvement in Shoreditch Park and the City, delivered in collaboration with Volunteer Centre Hackney. Community influencers are expected to be linked into existing engagement networks providing their own rich lived experience as well as those around them. The emphasis is on community intelligence rather than attendance at meetings which we expect to attract individuals who have been excluded from formal meetings.
- **Identify existing resident involvement and channels of involvement within Neighbourhoods and work with partners to develop proposals for future involvement approaches:** The work will identify other existing resident engagement structures and activity underway across City and Hackney (particularly those relevant to Neighbourhoods), learn from it and through engagement with partners (including PCNs so as to make best use of available capacity and resource) make recommendations for future approaches of engagement to take place at a Neighbourhood geography. This will include cost implications and benefits of rollout.
- **Embedding co-production across the programme through training and work with Neighbourhoods Resident Involvement Group:** The work will continue to support the Neighbourhoods programme to embed co-production into all projects and activities and work with partners to understand and deliver relevant training and support. The Neighbourhoods Resident Involvement Group will continue to shape this work.

b). Develop a model for voluntary and community sector engagement within

Neighbourhoods: Hackney CVS will continue to develop an approach to develop an approach for the voluntary and community sector within Neighbourhoods. Originally this work was focused solely in Well Street Common but a lighter touch approach (delivered

through Neighbourhood Conversations) was rolled out as part of the response to COVID-19. The work will include the following three areas:

- Continued delivery of Neighbourhood Conversations in all 8 Neighbourhoods and project specific work arising from priorities identified:** These were formed during COVID-19 and have given an opportunity to engage with local residents, voluntary and community organisations and statutory partners. These will continue to be delivered in 2021/22 on a quarterly basis and used as an opportunity to gain rich community insight.
- Continued development of the partnership approach developed in Well Street Common:** This was put on hold during COVID-19 but has recently been re-established. This is a formal partnership structure which brings together local voluntary organisations and residents around a local place. Work will continue to embed the mechanisms for local partnership working - and develop this as an approach that can be rolled out in all areas in due course. This will inform priority 5.
- Identifying arrangements for voluntary sector involvement in multi-agency teams and meetings in Neighbourhoods:** As we embed a model of anticipatory care and multi-agency working we are committed as partners to including and involving the voluntary and community sector. This work will identify the practical arrangements for this to happen working with community and voluntary sector organisations.

c). Continue to expand service user-led Neighbourhood sports and outdoor activities: Through the mental health activity (“live well”) work will be undertaken to expand service user-led sport and outdoor activities (building on cycling and football activities already established) in 2021/22. This will assist with the approach to improving physical health and support alongside other initiatives such as Kings Park Moving Together. These will be expanded and provide an opportunity beyond sporting activities for people to socialise and get out more. This will build on partnerships with the Recovery College and other voluntary and community organisations.

<p><u>PRIORITY 5</u></p> <p>Test and begin to establish both operational team working (for Neighbourhood blended teams) and strategic partnership arrangements in each Neighbourhood</p> <p><i>(Supports PCN Maturity Matrix - Integrating Care)</i></p>	<p>a). Drawing on the learning from the Well Street Common Partnership, develop strategic partnership approach for Neighbourhoods</p>	<p>Facilitated by: HCVS working with Office of PCNs and Central Neighbourhoods Team</p>
	<p>b). Assisting with workforce development at an operational level between individuals and teams working within Neighbourhoods and PCNs</p>	<p>Facilitated by: Office of PCNs in collaboration with Central Neighbourhoods Team</p>

We committed within the Neighbourhoods Operating Model to build real multi-agency team working and also explore what strategic partnerships would look like within each Neighbourhood. The latter part of this work has been taken forward through the Well Street Common Partnership facilitated by HCVS.

In 2021/22 we will start to see more roles working at a geographical Neighbourhood footprint. PCNs are also in the process of recruiting to additional roles (supported by system partners). Therefore this work will support and deliver new workforce models at both operational and strategic level.

a). Develop and pilot arrangements for strategic partnerships within Neighbourhoods:

Through the HCVS work has already been undertaken to develop a model for Neighbourhood-based Partnerships. Work will be undertaken to assess this approach and identify the cost and benefits of delivering a partnership model across all 8 Neighbourhoods in City and Hackney. This will be a collaborative project involving HCVS, Office of PCNs, Central Neighbourhoods Team, City of London as well as LB Hackney. It is important that this aligns with the LBH Voluntary Sector Strategy.

This will enable partners (as in Well Street) to come together to understand place-based priorities at a 30-50,000 level. We believe that there is an opportunity to explore the extension of this in a way which broadens the engagement from system partners in working together. This could include school Head Teachers, local councillors, voluntary sector representatives as well as local residents. The work, drawing on achievements in Well Street will define the functions of these partnerships, draw on learning from elsewhere and determine the feasibility and timescales for rollout.

b). Assisting with workforce development at an operational level between individuals and teams working within Neighbourhoods:

As we start to bring together operational teams around Neighbourhood geographies this gives us an opportunity to create real team working between different services - including new additional roles in PCNs. Some of this will be delivered through OD and informal arrangements carried out by others. We will also explore workforce models that enhance multi-agency working between professionals working within local geographies. There is evidence around the country of different workforce models for integrated teams that we will draw from (such as Suffolk's work in creating self-managed teams based on the Buurtzorg model or other integrated Neighbourhood teams in places such as Manchester and Nottinghamshire). This will give opportunities for staff to build relationships with one another at an operational level (including roles in nursing, therapies, adult social care and mental health that have been or are aligning to Neighbourhood geographies). Additionally, system partners will support recruitment of new operational roles in PCNs through the Additional Roles Reimbursement Scheme.

<p>PRIORITY 6</p> <p>Put in place arrangements needed to improve our</p>	<p>a). Support the delivery of a Population Health action plan which improves our approach to population health in City and Hackney</p>	<p>Facilitated by: Population Health Hub / Enabler</p>
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knowledge of local health outcomes and inequalities and work together to address these with PCNs <i>(Supports PCN Maturity Matrix - Data and Population Health Management)</i>	b). Support PCNs in implementing Health Inequalities DES from 2021 <i>(not yet released)</i>	Facilitated by: Office of PCNs in collaboration with Central Neighbourhoods Team
	c). (If successful) participate in wave 3 of the NHS England / NHS Improvement Population Health Academy	Facilitated by: NHSE/I with PCNs and other system partners to be confirmed

Population health is about improving the health and wellbeing of an entire population. It is about *“improving the physical and mental health outcomes and wellbeing of people within and across local populations whilst reducing health inequalities. It includes actions to reduce the occurrence of ill health, actions to deliver appropriate health and care services and actions on the wider determinants of health”* (Kings Fund).

Population health management is about using data to deliver proactive care to particular cohorts of the population (such as those we identified in priority 1). It often includes population health segmentation and stratification to identify ‘at risk’ cohorts and designing interventions to support unwarranted outcomes.

To improve population health outcomes action is required across [four pillars](#) (wider determinants of health, health behaviours and lifestyles, the places and communities we live in and an integrated health and care system). This work will be supported by resource already within the programme (rather than having dedicated resource) but will incorporate the following three areas:

a). Support to the delivery of a Population Health action plan which improves our overall approach to population health in City and Hackney. We will support the delivery of a local plan which improves our approach to population health in City and Hackney. This will need to include three elements:

- **Infrastructure:** We have a variety of population health tools across North East London and City and Hackney. There is a need for a clear direction of travel so that we move to a local position of linked datasets that support population-based analysis and understands access to services as well as outcomes for particular cohort groups.
- **Intelligence:** We have already started supporting Neighbourhoods with population health profiles but we need to consider how our local and regional analytical resource can better support population health approaches for Neighbourhoods and support PCNs with system partners in prioritising areas (i.e. 3-5 priority areas identified both through data as well as community insight).
- **Interventions:** This is about how we design new care models and interventions to support particular cohorts of the population. Much of this is already underway but we

can improve how we approach this locally.

b). Support PCNs in implementing Health Inequalities DES from 2021: We are anticipating that in 2021 Primary Care Networks nationally will be expected to deliver against national contracts to reduce population health inequalities. At present we do not have clarity on the scope of these requirements but this will require a whole system response. Work is already underway within City and Hackney to reduce health inequalities. As system partners we will support PCNs in delivering the health inequalities DES from 2021 and ensure there is a link to the wider City and Hackney work. The Neighbourhoods Partnerships approach described in priority 4 and 5 will also support this.

c). (If successful) participate in wave 3 of the NHS England Population Health Academy: North East London have applied to join wave 3 of the Population Health Academy which is a 20 week programme to support local areas in practically applying population health approaches. If successful City and Hackney are committed to being involved in this programme and using the learning to develop our local approach.

This work will align with the wider approach to tackling inequalities across City and Hackney and commitments of both Health and Wellbeing Boards. There remains an aspiration amongst partners for Neighbourhood Inequalities Plans to be developed that will provide a plan on a page of priorities for each Neighbourhood and plans to deliver them. The development of Neighbourhood partnerships is key to enabling this to take place.

<p><u>ENABLERS</u></p> <p>Work closely with the wider system enablers to support delivery of the programme in 2021/22</p>	<p>a). Evaluation: Developing our approach to evaluation for City and Hackney</p> <p>b). Digital / IT: Supporting an approach to population health and improving multi-agency working</p> <p>c). Estates: Developing our vision for estates within Neighbourhoods in City and Hackney</p> <p>d). Workforce: Supporting the workforce and assisting cultural changes across teams</p> <p>e). Population Health Hub: Developing our strategy for population health</p> <p>f). Communications: Improving awareness, engagement and involvement within Neighbourhoods</p>
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Partners will work closely with the system enablers in 2021/22 to progress on areas that are key to the success of the overall programme as described below.

a). Evaluation: Our approach to evaluation is described in section 5 below. Each of the projects identified above will be expected to carry out their own evaluation of activities in 2021/22. Additionally, Cordis Bright will support us in developing an evaluation framework for Neighbourhoods and we will commission an evaluation at the end of 2021 for the programme.

b). Digital / IT: Funded through the IT enabler, the digital capabilities for Neighbourhoods in 2021/22 will involve projects that include - developing population health capabilities; implementing personalised care and support plans; utilising tools to improve multi-agency working (e.g. scoping work for a staff directory for Neighbourhood blended teams) and extending the East London Patient Record to improve information sharing - including for children and young people.

c). Estates: As a system we know that critical to deliver is our future estates vision. This is likely to include within each Neighbourhood - touch-down space for Neighbourhood blended teams; clinical space to deliver more services which are closer to residents (e.g. foot health clinics) and community space / community hub facilities. Work is required with system partners to develop our estates vision for Neighbourhoods.

d). Workforce: The training hub is already supporting many of the initiatives highlighted (in particular priority 3 and 5). We know that culture change across all levels and in all organisations is critical for multi-agency working.

e). Population Health Hub: The population health hub will directly support the delivery of priority 6 and the deliverables outlined.

d). Communications: It is critical that we engage a broader base of residents within Neighbourhoods and continue to effectively engage with the City and Hackney workforce. A system wide communications plan (both for residents and staff) will be needed for Neighbourhoods. This will need to include clear and simple messages e.g. for residents of what new services are available in your area.

3c. Costs of delivering Neighbourhoods in 2021/22

The costs for delivery of the Neighbourhoods Programme in 2021/22 are outlined below. The overall requested amount from the Better Care Fund in 2021/22 is £1,112,158 (draft and pending final NEL CCG allocation and NEL BCF funding for 2021/22). There is an £86,152 pressure on the budget in 21/22 which is proposed to be funded from underspend from 20/21. Providers will continue to be paid based on actual expenditure in 2021/22.

Provider / Partner	Budget 20/21	Provider Request 21/22
1. Homerton University Hospital (ACN & Therapies)	£154,617	£146,837
2. East London Foundation Trust	£152,000	£158,151
3. LB Hackney (Adult Social Care)	£170,717	£157,306
4. Office of PCNs (GP Confed in 2020/21)	£107,927	£76,500
5. City of London	£20,000	£20,000
6. Healthwatch	£61,651	£60,000

7. Hackney CVS	£231,831	£229,513
8. Community Pharmacy	£56,300	£55,200
9. CCG LTC Planned Care	£34,250	£25,688
10. Children and Families	£20,000	£81,406
11. PCN Clinical Director Monies	£64,059	£0
12. Central Neighbourhoods Team	£183,187	£187,710
13. Neighbourhood MDT Administrators	£58,792	£0
	£1,315,330	£1,198,310

Funding Source

BCF Funded	£1,040,000	£1,112,158
Funded from prior year underspend	£275,330	£86,152
	£1,315,330	£1,198,310

We have also reviewed the budget against delivery of the six priorities that are proposed to be taken forward in 2021/22. The new care models being delivered in priority 1 accounts for 1/3 of spend within the overall programme in 2021/22. There is a relatively even spread across the three life course project areas - 'start well', 'live well' and 'stay well'. This work involves a range of system partners.

Just under 1/3 of spend is on priority 4 and involving resident involvement, work with the voluntary and community sector and partnerships. The remaining spend is across the final four priorities.

<u>PRIORITY 1</u>			<u>PRIORITY 2</u>	<u>PRIORITY 3</u>
To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs.			To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1.	To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.
Start Well £140,538	Live Well £190,744	Stay Well £111,570	<u>£221,927</u>	<u>£69,069</u>

<u>£442,852</u>		
<u>PRIORITY 4</u>	<u>PRIORITY 5</u>	<u>PRIORITY 6</u>
To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.	To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common.	To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities.
<u>£332,140</u>	<u>£99,210</u>	<u>£33,112</u>

4. Future Sustainability and Exit Strategy for Neighbourhoods

4a. Opportunity costs of taking a Neighbourhoods approach

There are strong benefits of taking a Neighbourhood-based approach - enhancing multi-agency working within each of our 8 Neighbourhoods. These have been described here and in the supporting document.

However, it is also sensible to be aware of the opportunity costs of adopting this approach above others. We have described four areas below and indicated what we will do collectively as a system in response.

Opportunity cost	What we will do in response
Opportunity cost #1 Opportunities from working across wider geographies to improve population health outcomes and address inequalities e.g. Neighbourhoods working together, City and Hackney wide or regional (NEL / London) approaches.	We will work closely with the Office of PCNs and other partners to encourage joint working across Neighbourhoods wherever possible and where it makes sense to do so. The focus on health inequalities gives an opportunity to do that. We will continue to ensure that there is active engagement in work across City and Hackney or at a regional level to exploit opportunities of working at scale.
Opportunity cost #2 Opportunities from aligning with existing geographies / boundaries for decision making e.g. Local Authority boundaries.	The arrangements for formal partnerships within each Neighbourhood is a key area of focus for 2021/22. In progressing this work we will ensure that there is active engagement with relevant stakeholders to ensure they have a role in decision making within Neighbourhoods. Decision making will still continue at other levels across City and Hackney.

<p>Opportunity cost #3 Opportunities of working at hyper local geographies i.e. within individual Neighbourhoods.</p>	<p>There is still a need for specific targeted work within smaller communities / estates such as the work in Pembury or Kings Park. and can continue to take place in tandem.</p>
<p>Opportunity cost #4 Opportunities of services working on a different geography or footprint within City and Hackney</p>	<p>We know that there will be some services who continue to either work borough wide (e.g. specialist services) and other services who may work on a different geography or footprint. The focus of Neighbourhoods is about culture, trust and relationships which will need to span across the different geographies within which services work.</p>

4b. Future Sustainability: By Provider

Partners committed to a multi-year programme as outlined in the Neighbourhoods Operating Model and delivery plan. Much of the work has been focused on designing new care models (either within services or across services) and implementing these.

As part of developing these new approaches consideration has been (and is being) given to the future sustainability so that the work is incorporated into business as usual functions and costs. In many cases routes to sustainability for those new models have already been identified and in these cases we expect funding to end or significantly reduce in 2021/22 as activity becomes business as usual.

There are a small number of transformation areas as highlighted in the table below that will require consideration by system partners as to how new Neighbourhood approaches can be sustained on a regular basis. This will need to be undertaken and agreed in 2021/22:

- **Resident Engagement** - Being facilitated by Healthwatch
- **Neighbourhood Partnership Models** - Being facilitated by HCVS
- **Neighbourhood Community Pharmacy Leads** - Being led by Local Pharmaceutical Committee

Further work will also be needed during 2021/22 for Children, Young People and Families, Homerton University Hospital (in the case of adult community therapies) and long-term conditions (Planned Care) given these projects are at an earlier stage. The details needed for this will become clearer in 2021/22.

Provider	Sustainability	Detail
East London Foundation Trust	Routes to sustainability identified	<ul style="list-style-type: none"> ● Funding is for fixed term project and clinical resource to support transformation. ● This is supporting the MH transformation programme and rollout of blended teams. ● Once new service model has been implemented no longer a need for fixed term resource to deliver this transformation.
LB Hackney (Adult Social Care)	Funding expected to end or reduce after 2021/22	<ul style="list-style-type: none"> ● Funding is for fixed term project and clinical resource to support transformation. ● Implementing social care model - LBH &

		<ul style="list-style-type: none"> home care. Once new service model has been implemented no longer a need for fixed term resource to deliver this transformation.
Office of PCNs (GP Confed in 2020/21)		<ul style="list-style-type: none"> Funding is for fixed term transformation resource to support delivery of new workforce and partnership models (the latter will link in with HCVS Partnerships work) Funding is for transformation project resource. Once implemented this will become business as usual.
City of London		<ul style="list-style-type: none"> Funding is to support fixed term project resource to assist in ensuring the City of London is linked into Neighbourhoods transformation. No longer a need for fixed term resource once models implemented.
Healthwatch Hackney (with CoL)		<ul style="list-style-type: none"> Funding for fixed term project resource to test and develop approaches to Neighbourhood resident involvement. System partners to agree approaches/recommendations and how this will be funded in the longer-term.
Hackney CVS	System partners to agree approach & funding for new approach in 2021/22	<ul style="list-style-type: none"> Funding for fixed term transformation resource. Funding is testing and developing approaches to partnership working in Neighbourhoods (e.g. Well Street). Once tested and the model agreed with system partners work is required to identify how this will be funded.
Community Pharmacy		<ul style="list-style-type: none"> Funding is for community pharmacy Neighbourhood leads (x4 working across 2 Neighbourhoods). Sustainable route to funding these posts (once embedded with PCNs) to be agreed.
Homerton University Hospital		<ul style="list-style-type: none"> Funding is for fixed term project and clinical resource in nursing, therapies and specialist health services. Costs of new nursing model identified. Work on the new therapies service model is underway.
CCG LTC Planned Care	Projects not yet at a stage to determine the new model and any associated costs	<ul style="list-style-type: none"> Funding is for fixed term project resource to undertake work to review long-term condition pathways. Project not yet commenced so it is not possible at this stage to determine a new model(s) and associated costs.
Children and Families	Detail of this will become clear in 2021/22	<ul style="list-style-type: none"> Funding for fixed term project resource. CYP work is at an earlier stage. Work undertaken in 2021/22 will identify route to sustainability for new models.
Central Neighbourhoods Team	System decision on future	<ul style="list-style-type: none"> Fixed term resource enabling system transformation System agreement will be needed on future

	transformation plans	transformation across City and Hackney
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5. Governance and Evaluation for the Programme in 2021/22

5a. How we will govern the programme in 2021/22

COVID-19 has had a significant impact on health and care services. We have adapted quickly to support the response work and have adjusted our governance arrangements for the programme accordingly. We also recognise that there are changes happening across the City and Hackney system which will continue into 2021. Partners will continue to build on the approach to Neighbourhoods as new partnerships are being formed both regionally (e.g. Integrated Care System) and locally at a “place” (City and Hackney) level.

From January 2021 we intend to return to a monthly Neighbourhoods Steering Group with partners. Every quarter (at quarter end) we will formally review delivery of the programme against the agreed milestones. This will also include a financial review of the programme.

The Neighbourhoods Steering Group will report formally into the System Operational Command Group (and from there - from April 2021 - into the Neighbourhoods Health and Care Board). The governance arrangements will evolve as the wider system changes are implemented going into next year.

As we move forward in 2021/22 we will be reviewing the need for a quarterly engagement forum for Neighbourhoods which will draw in wider system partners such as housing, employment and skills and other public sector partners.

5b. How we will evaluate impact of Neighbourhoods

Cordis Bright will be supporting an evaluation of Neighbourhoods in the early part of 2021 (January to May 2021). This will not be a quantitative analysis of Neighbourhoods but they will support in developing an evaluation framework for the programme, assist in supporting the delivery of three theories of change for ‘start well’, ‘live well’ and ‘stay well’ alongside carrying out a stock-take through interviews with system partners.

This approach is being finalised in collaboration with the City and Hackney evaluation group as well as Cordis Bright in January 2021. At present it is envisaged this will involve:

a). Stocktake of Neighbourhoods and future recommendations: Cordis Bright will undertake engagement with partners to explore their experiences of implementation, current and planned activities and opportunities presented by Neighbourhoods. This will involve:

- Resident engagement
- Frontline practitioners
- Heads of Service
- Programme leads
- System leaders

Cordis Bright, based on the interviews will deliver a stocktake evaluation report containing lessons learnt, benchmarking against good practice and support with recommendations to deliver the future delivery model for Neighbourhoods.

b). Development of a theory of change for Neighbourhoods: Based on this stakeholder engagement Cordis Bright will bring together a theory of change and evaluation framework for Neighbourhoods. This will fit with the existing domains that we have developed for Neighbourhoods. Workshops will be held with the Neighbourhoods Steering Group to develop the theory of change.

d). Thematic theories of change: Alongside this support will be given to areas to develop service/thematic theories of change. We recommend that this is based on the 'start well', 'live well', 'stay well' areas identified above. This will help to focus project work going into 2021 and support with evaluation.

Cost avoidance and cash releasing opportunities

The programme will also consider (with Cordis Bright) opportunities of identifying cash releasing savings from Neighbourhoods. National research and evaluations have been undertaken of integrated care models including by [Nuffield Trust](#) and [Health Foundation](#).

These have raised some important findings that partners will need to consider in delivering our Neighbourhood plans:

- The need for sufficient design and logic including targeting of the right population cohorts
- The need to keep workstreams manageable so that there are clear deliverables
- The need to consider outcomes over a much longer-time period i.e. the Health Foundation research into Mid-Notts (see case study below) was an evaluation carried out over a 6 year time period
- The difficulties in asserting an association between the service redesign and impact (positive or negative) of hospital admissions.
- The importance of looking wider than just cost avoidance / cash releasing opportunities but also considering quality of care, patient satisfaction and improved access.

Evaluation - Mid Nottinghamshire by Health Foundation (published September 2020)

<https://health.org.uk/publications/reports/the-long-term-impacts-of-new-care-models-on-hospital-use-midnotts>

- Mid Nottinghamshire was one of the first systems to achieve vanguard status as an integrated primary and acute care system
- An alliance contract was agreed in 2016 entering partners into a formal 3 year venture
- The Mid-Nottinghamshire Alliance now operates as an ICP as part of Nottingham and Nottinghamshire ICS
- The programme included four main work areas - proactive and urgent care / elective care / mental health and community / women's and children's

- Key initiatives included the rollout of 8 local integrated care teams; self-care hub to provide advice to people with long-term conditions; a 24/7 rapid response service (Call for Care); a proactive care home visiting service as well as crisis resolution and home treatment for patients with significant mental illness.
- A range of secondary care metrics were identified including rate of A&E visits, rate of emergency admission, elective admissions, length of stay and readmissions.
- The research looked at a period over 6 years (2013-2019). Due to the high number of interventions it was difficult to ascertain which had an impact.
- The higher rates of A&E and outpatient appointments in the first few years may have been due to the local integrated care teams identifying urgent unmet needs for health and care.
- Results suggest that it takes time for new ways of working to become embedded (in this case 2-6 years before a positive impact on hospital use is shown). By year 6 A&E visits were reduced by 4.3% and 6.4% fewer hospital admissions.
- In general results emphasise the importance of being realistic about how long it will take to see results.

APPENDIX A - How delivery of the priorities will support the PCN Maturity Matrix

PCN Maturity Matrix	How the priorities contribute to this
Leadership, planning and partnerships	Priority 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
Use of data and population health management	Priority 6 (and Population Health Hub Enabler): To put in place arrangements to improve our knowledge of and act on health outcomes and inequalities.
Integrating care	<p>Priority 1: To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs</p> <p>Priority 2: To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1</p> <p>Priority 3: To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.</p>
Managing resources	-
Working in partnership with people and communities	Priority 4: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood where both feel connected and have influence.

APPENDIX B - What has been delivered by system partners in 2020/21

Provider / Partner	What has been achieved in 2020/21 to date
1. Homerton University Hospital (ACN & Therapies)	<p>Strengthening relationships with primary care through PCNs</p> <ul style="list-style-type: none"> Joint working in relation to Additional Roles Reimbursement Scheme (ARRS) Recruitment of the PCN physiotherapists who work across the PCNs and the locomotor service providing therapy services on a neighbourhood and borough wide footprint. Delivery of the community services elements of the Enhanced Health in Care Homes (EHCH) framework - this means that they have identified community nurses and therapists to support each care home and be part of the care home MDT <p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> Identifying community health services staff to be the links into each neighbourhood

	<ul style="list-style-type: none"> • Supporting the development of MDT working and MDMs in Neighbourhoods by providing clinical oversight and expertise, in addition to chairing MDMs • ACN and Therapies teams are key members and regular contributors to the Neighbourhood MDTs <p>Neighbourhood Pathway Redesign</p> <ul style="list-style-type: none"> • Designing the new neighbourhood nursing model - now approved and ready to roll out • Designing the new neighbourhood therapies model - still in progress • Ensuring alignment between Neighbourhoods and the new Care of the Elderly pathway developments
2. East London Foundation Trust	<p>Blended mental health teams</p> <ul style="list-style-type: none"> • Launch of new blended Neighbourhood mental health teams in Hackney Marshes and Clissold Park, with plans for rolling out in a further two Neighbourhoods by the end of the financial year • The teams, made up of primary care, voluntary sector (community connectors) and mental health practitioners, address not just the mental health diagnosis but the wider complexity, inequalities and social factors impacting on the service user • New processes include a daily blended team referral meeting, neighbourhood connection clinics and monthly formulation support forums • Recruitment of 8 community connectors who form part of the blended teams • Alliance formed with Turning Point and MIND, incorporating them in the blended teams to support people with substance misuse <p>Service-user led sports projects</p> <ul style="list-style-type: none"> • Delivery of service-user led sports projects, co-located in community venues to connect people better into social support in their neighbourhoods <p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> • Mental health Neighbourhood blended teams are key members and regular contributors to the Neighbourhood MDTs, and ELFT members are part of the chairing team • Contribution to the development of the coaching and OD proposals for Neighbourhood teams <p>Neighbourhood pathway redesign</p> <ul style="list-style-type: none"> • Completed QI three part data review and development of new neighbourhood based pathway for people with complex emotional needs (PD) who are some of the most stigmatised and discriminated against s and face huge inequalities • Development of a new Neighbourhood pathway that will bridge the gap between primary and secondary care psychology provisions
3. LB Hackney (Adult Social Care)	<p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> • ASC teams are key members and regular contributors to the Neighbourhood MDTs • Senior Practitioners are part of the chairing team and chair Neighbourhoods MDMs in two Neighbourhoods

	<p>New Service Model</p> <ul style="list-style-type: none"> • Preparation for implementation of locality Neighbourhood Teams -this has included the development of Mosaic (the social care case management software); producing change management methodology to implement culture change and communication planning, and the development of an induction, training and workforce development plan • The new Neighbourhood Team structure, including a single point of access, will be in place by the end of the calendar year, with the official restructure completed by the end of the financial year
4. GP Confederation	<p>PCN Leadership Development</p> <ul style="list-style-type: none"> • Funded PCN leadership development via external leadership programmes for clinical directors <p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> • Contribution to the development of the coaching and OD proposals for Neighbourhood teams. <p>Delivering Neighbourhood Pilots</p> <ul style="list-style-type: none"> • Delivery of Wellbeing Practitioner pilot which provides an intensive model of support for patients with complex needs • Delivery of Group Consultations project supporting people with long term conditions through one-to-one appointments with Primary Care clinicians within a group setting • Delivery of Patient Participation Groups project to build capacity, confidence and trust with GP practices and PPGs about engaging patients in primary care and development of a neighbourhood-wide model for PPGs
5. City of London	<p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> • Specific work has been undertaken with the City of London to ensure that City specific services are involved and that the Neighbourhoods approach meets the needs of City of London residents. This has included • Involvement of City of London Adult Social Care Team within the Shoreditch Park and City Neighbourhood MDT, including participating in MDT meetings and supporting to develop the approach • Working with City Connections to include voluntary sector in Neighbourhood MDT approach
6. Healthwatch	<p>Neighbourhood Resident Involvement Group</p> <ul style="list-style-type: none"> • Expanding and strengthening the Neighbourhoods Resident Engagement Group to embed co-production within the Neighbourhoods Programme <p>Rolling out Community Influencer Pilot</p> <ul style="list-style-type: none"> • Developing and piloting a Community Influencer model in Shoreditch Park and City the Neighbourhood which has involved recruiting and training local people as 'community influencers'
7. Hackney CVS	<p>Neighbourhood Conversations</p>

	<ul style="list-style-type: none"> ● Development of 'Neighbourhood Conversations' in each of the eight Neighbourhoods, in response to COVID-19 ● These conversations have brought together a range of partners including VCSE groups and organisations; statutory sector partners from Hackney Council, the City of London and the CCG; local councillors; front line practitioners and residents. The conversations have provided a forum for disseminating information, sharing local insight and knowledge and building relationships between organisations ● To date, two Neighbourhood Conversations have been held in each Neighbourhood (16 in total), with 342 people taking part ● Subsequent training workshops have also been delivered across the Neighbourhoods on areas such as the Signposting and Connectivity, Community Connections and Mutual Support and Health Impact and attended by 76 people <p>WellStreet Common Partnership</p> <ul style="list-style-type: none"> ● Establishment of Core Partnership Group in Well Street Common Neighbourhood, providing voluntary sector representation within the Neighbourhood. ● The Core Partnership Group will be accountable to those living, working and providing services in Well Street Common, who will come together to participate in larger forum events which will be held quarterly. This model for voluntary sector involvement in Neighbourhoods will continue to be tested and developed. ● Scoping work to explore development of Partnerships in Shoreditch Park and City and Woodberry Wetlands Neighbourhoods
8. Community Pharmacy	<p>Flu vaccination</p> <ul style="list-style-type: none"> ● Key partner in ensuring effective flu vaccination programme across City and Hackney. This has included liaising with individual pharmacies and GP practices within the Neighbourhoods. ● Coordination of vaccination coverage between GPs and community pharmacies for different population cohorts ● Monitoring and communicating stock availability for different population cohorts ● Supporting flu vaccination coverage across all patient cohorts through targeted catch-up drives <p>PCN and primary care engagement</p> <ul style="list-style-type: none"> ● Community pharmacy leads have played an important role in increasing community pharmacy engagement in PCN meetings and strengthening partnership working between individual pharmacies and GP practices within the Neighbourhood. Outcomes have included: ● Raising awareness among GPs of new services (such as the Local Minor Ailments Service and the community pharmacy consultation services) ● Collecting data from individual community pharmacies to address the impact of services changes (such as the termination of the Medicines Optimisation service) on patients ● Compiling key information for GPs on which services are available across the pharmacies within the Neighbourhood

	<p>Neighbourhood MDTs</p> <ul style="list-style-type: none"> • Participation in Neighbourhood MDT meetings, providing pharmacy input where required and liaising with individual community pharmacists with regards to patient care.
9. LTC Planned Care	<p>Long Term Conditions</p> <ul style="list-style-type: none"> • Recruitment of project manager (commences role in January 2021)
10. Children and Families	<p>Improving MDT working</p> <ul style="list-style-type: none"> • Identification of Neighbourhood projects for 0-5s, 5-19s, vulnerable families) in collaboration with Hackney Education, Primary Care and Children's Social Care • Connections made with FAST so that every referral to Neighbourhood MDTs with dependent children is considered as a family <p>Support to psychiatric liaison pilot</p> <ul style="list-style-type: none"> • Delivery of psychiatric liaison pilot in Woodberry Wetlands Neighbourhood, in partnership with the CAMHS Alliance • This involves a specialist children's CAMHS nurse accepting referrals from GPs of children and young people with life-long conditions or medically unexplained symptoms who don't meet the threshold for CAMHS
11. Central Neighbourhoods Team	<p>Implementation of Neighbourhood MDT approach</p> <ul style="list-style-type: none"> • Neighbourhood MDMs for people with complexity in their lives have been implemented across the eight Neighbourhoods. Between May and September 2020, 30 meetings have taken place and 118 residents have been supported • Evaluation of Neighbourhoods through eight reflective sessions • Establishment of chairing arrangements and support for teams <p>Developing the structure for working at Neighbourhood level</p> <ul style="list-style-type: none"> • Identification of link professionals from core services (including Adult Community Nursing, Adult Community Therapies, Adult Social Care, Primary Care, Mental Health) to participate in Neighborhood MDTs • Engagement with a wide range of wider services (including housing, substance misuse, and specialist health services), identifying how best to align services to Neighbourhoods and maximise the opportunities it offers <p>Multi-professional education and peer support</p> <ul style="list-style-type: none"> • ELFT, the GP Confederation, adult social care, voluntary sector and the Central Neighbourhoods Team have together developed a coaching and OD plan for Neighbourhood Teams • This includes support for existing and future chairs of MDMs as well as other professionals who are regularly involved in the meetings <p>Neighbourhood Summary Packs</p> <ul style="list-style-type: none"> • Development of Neighbourhood profiles providing summarised headlines of population health outcomes • This work has supported strategy sessions within PCNs to take place and has begun to inform thinking locally around where additional roles may have most impact

	<p>Community Navigation</p> <ul style="list-style-type: none"> • Development of new community navigation model (non-medical needs) and worked with public health to test aspects during COVID e.g. single point of access for navigation via Shoreditch Trust.
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APPENDIX C: What will be delivered by partners in 2021/22 (summary of deliverables on a provider by provider basis)

Provider / Partner	Provider Funding Request	Summary of what will be delivered
1. Homerton University Hospital (ACN & Therapies)	£146,837	<p>Homerton will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 1 (Start Well): This will be jointly led with children and young people workstream and support redesign for 0-5s and 6-19s • Priority 1 (Stay Well): Leading work within anticipatory care to improve frailty pathways for residents in the community • Priority 2: Adult Community Nursing and Adult Community Therapies service model design and implementation <p>Homerton will also provide active support to work on long-term conditions (priority 1); coaching and OD rollout (priority 3) and work around health inequalities (priority 6).</p>
2. East London Foundation Trust	£158,151	<p>ELFT will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 1 (Live Well): Completing the rollout of the mental health Neighbourhood blended teams including reconfiguration of 4 recovery teams and development of a personalised care approach for adults with mental health issues • Priority 4: Expansion of service user led Neighbourhood sports and outdoor activities <p>ELFT will also provide active support to the work on frailty (priority 1); development of a psychological therapies Neighbourhood offer (priority 2); coaching and OD rollout (priority 3) and work around health inequalities (priority 6)</p>
3. LB Hackney (Adult Social Care)	£157,306	<p>LB Hackney will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 2: Implementing new models of care for adult social care and piloting arrangements for home care <p>LB Hackney will also support the work on long-term conditions and frailty (priority 1); coaching and OD rollout (priority 3) and work around health inequalities (priority 6).</p>

4. Office of PCNs	£76,500	<p>Office of PCNs in collaboration with the Central Neighbourhoods team will take a leading role in the following areas:</p> <ul style="list-style-type: none"> ● Priority 5: Develop and piloting arrangements for strategic partnerships within Neighbourhoods and assisting with workforce development at an operational level between individuals and teams working within Neighbourhoods ● Priority 6: Approach to health inequalities <p>The Office of PCNs (and PCNs) will work across to support all the priorities described.</p>
5. City of London	£20,000	<p>The City of London will provide active support across all priorities within the programme</p> <p>In particular this will include work outlined in priority 1 (regarding new care models), priority 3 (coaching and OD support) as well as priority 5 (development of Neighbourhood partnerships).</p>
6. Healthwatch Hackney (working with City of London Healthwatch)	£60,000	<p>Healthwatch will take a leading role in the following areas:</p> <ul style="list-style-type: none"> ● Priority 4: Developing and testing an approach for resident involvement in Neighbourhoods which includes the rollout of community influencers, developing proposals for future Neighbourhood resident involvement and embedding co-production across the programme. <p>Healthwatch will also provide support to support frailty and anticipatory care work (priority 1); development of Neighbourhood partnerships (priority 5) and work around health inequalities (priority 6).</p>
7. Hackney CVS	£229,513	<p>Hackney CVS will take a leading role in the following areas:</p> <ul style="list-style-type: none"> ● Priority 3: Delivery of induction sessions for Neighbourhood-based teams as new service models are implemented ● Priority 4 and 5: Continued development of Well Street Common Partnership as a model for all 8 areas and delivery of Neighbourhood conversations in all other 7 Neighbourhoods. This work will also include themed work arising from this activity e.g. voluntary sector engagement in MDTs <p>HCVS will also support specific work in priority 1 to ensure that the voluntary sector is embedded into new care models (e.g. frailty).</p>

8. Community Pharmacy	£55,200	<p>Community Pharmacy will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 2: Funding 4 community pharmacy leads who will work with PCNs (and associated community pharmacies in their Neighbourhoods) to support coordination of vaccination takeup and rollout as well as Community Pharmacy Consultation Service. <p>Community Pharmacy will also provide active support for work on long-term condition pathways (priority 1) and frailty (priority 1) as well as work around health inequalities (priority 6).</p>
9. LTC Planned Care	£25,688	<p>LTC Planned care will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 1 (Live Well): Scope and produce a plan to support people with long-term conditions in the community (e.g. renal, respiratory and stroke). <p>LTC Planned Care will also support work around health inequalities (priority 6).</p>
10. Children and Families	£81,406	<p>Children and Families will take a leading role in the following areas:</p> <ul style="list-style-type: none"> • Priority 1 (Start Well): Leading on the work described to support those 0-5s and 6-19s. <p>Children and Families will also provide active support around work relating to coaching and OD (priority 3) and health inequalities (priority 6).</p>
11. Central Neighbourhoods Team	£187,710	<p>The Central Neighbourhoods Team will work across all priorities. As well as providing programme management for the overall Neighbourhoods programme the central team will be actively involved in:</p> <ul style="list-style-type: none"> • Priority 1 (Stay Well): Working with Homerton to improve frailty pathways for residents in the community • Priority 2: Facilitating the development of our community navigation offer across City and Hackney • Priority 3: Facilitating the development and commissioning of a coaching / OD offer as well as Neighbourhood staff and engagement events e.g. lunch and learn sessions • Priority 5: Develop and piloting arrangements for strategic partnerships within Neighbourhoods and assisting with workforce development at an operational level between individuals and teams working within Neighbourhoods

Paper Title	October 2020 Detailed Board Assurance Framework
Paper Author	Integrated Commissioning Workstreams, Primary Care Team, Carol Beckford & Matthew Knell
Lead Presenter	Sunil Thakker / Matthew Knell
Paper Summary	<p>The Board Assurance Framework is presented to the Governing Body in December 2020, with a summary of the changes in the previous month.</p> <p>Primary Care, Children, Young People, Maternity and Families (CYPMF), Integrated Care, Unplanned Care and Planned Care risks have been updated through late November 2020 and early December 2020. Detailed risk reports are also included for Primary Care, CYPMF, Unplanned Care and Integrated Care. Work continues to secure detailed updates for Planned Care risks.</p> <p>The CYPMF team have sent the NEL wide Safeguarding Risk Register to accompany papers this month to provide assurance against risk CYPMF20.</p>
Purpose	For discussion and feedback
Recommendation	<p>The Governing Body is hereby asked to:</p> <ol style="list-style-type: none"> 1. Receive and discuss the following reports; 2. Highlight any feedback for the attention of risk owners to consider in the next round of updates; 3. Recognise or feedback on the closure of risks ICOM11, PCTBC 3 and 4; 4. Recognise or feedback on that the BAF includes red rated risks only by default and as such, CYPMF20 and UC19 will not be included in the next BAF version as they are now in the amber RAG range.
Where else has this paper been discussed?	N/A
What was the outcome of previous discussions?	N/A

- Risk CYPMF20 regarding safeguarding and looked after children has been refocused to cover the combined risks outlined in the North East London (NEL) Safeguarding and Looked After Children risk register. The risk is still in an amber rating and has been reviewed through the Workstream and System Operational Command Group (SOCG) in December 2020. The NEL register has been included in circulated papers this month to provide assurance and this risk will be removed from the BAF in January 2021 unless it returns to a red rating or the Governing Body requests its inclusion.
- UC19 has been updated by the Unplanned Care Workstream and reduced in score from 16 (red RAG) to 12, an amber rating due to revised mitigations and monthly progress. This risk will be removed from the BAF in the January 2021 update, unless its status moves back into the red range.
- ICOM11 has been recommended for closure, with the 80/20 principle outlined in the risk now agreed and documented in the North East London (NEL) CCG Handbook.
- The Planned Care Workstream have redrafted risk PCTBC5 as a new risk to cover the work of the Acute Alliance Elective Restart Programme and better support the closure of risks PCTBC3 and 4, which covered access to elective services and provider elective / diagnostic capacity. If the Governing Body accepts this change and closes the two risks, all three risks will no longer be included in the BAF from January 2021, with PCTBC5 rated as an amber RAG (assuming this risk does not return to a red status in the next month).
- Risk PC7 has decreased slightly in score from 20 to 15 but remains a red rated risk with an ongoing cost pressure in place.
- Risk PC 8 has increased slightly in score from 16 to 20 and remains a red rated risk with a year-end overspend expected.

CCG Governing Body - Board Assurance Framework - last updated 15 December 2020

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care	Productive Health Economy
PCC02	New "digital first" practices have the potential to financially destabilise local primary care by attracting a healthier cohort of patients	25	TBC	16	16	16	16	↔	<p>18/09/2020: Understand local patients/residents need for and the barriers to uptake of digital first primary care - further engagement work is being planned with CCG PPI team.</p> <p>Provide local patients with a local digital first (video consultation offer). The intention is to start piloting this in Q4 2019/20 with C&H GP Confederation as part of the extended access service. Three pilot practices identified but realistically the pilot won't start until Q1 2020/21. Programme in place to support GP IT infrastructure to support video consultations.</p> <p>Covid 19 has accelerated implementation of the above action in line with the imperative of making access to primary care digital first. Now all C&H practices are offering patients video consultations and online consultations. In addition there has been a national comms campaign on how patients can access primary care digitally. Practices are now being supported to optimise the use of video and online consult drawing on additional help to do so through the Tower Hamlets Digital Accelerator pilot/EQUIP team.</p>	16	✓	✓			✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care	Productive Health Economy

Integrated Commissioning Board managed risks

Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 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 communities	Empower patients and residents
CYPMF8	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	↔	<p>Since the changes in health commissioning in 2013 Health and Social Care Act, 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, and this is a double blow to imms uptake given that it was already relatively poor. 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:</p> <ol style="list-style-type: none"> 1. Commissioning of GP confederation catch 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 developed 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 communications 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 <p>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. New models may be applied to routine childhood immunisations shortly, with learning from the approach to flu (Update 11/20).</p>	15		✓		✓	

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective						
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care	Productive Health Economy
CYPMF20	During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns.	TBC	TBC	N/A	N/A	TBC	12	↓	The CYPMF Strategic Oversight Group (SOG) reviewed the NEL Safeguarding Risk register at its meeting on 7 December. Following the return of children in City & Hackney to school, the NEL Safeguarding group has been able to provide a clearer assessment of the risk to children. The SOG recognised the mitigations and assessment of revised risk scores represented by that group, and agreed to continue to review those risks, keeping them as a summary risk on the the CYPMF register (collectively rated 12), and be informed by the C&H Safeguarding Children's Partnership (of which the Workstream Director and Named nurse for Safeguarding Children are members). It was noted that additionally, these risks are mitigated in part by the actions relating to risks 2,5,11 and 15 on the CYPMF Register.	TBC	✓			✓		
UC19	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	n/a	16	16	12	↓	HUH have successfully launched EDDI, the direct booking system that is being rolled out nationally. The system will ensure that demand is evenly spread across a 24 hour period. While the process is embedded and staff get used to the new way of working HUH will be operating 09:00-17:00, seven days per week. 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 develop admission avoidance pathways through SDEC and ACPs. Ensure we have a robust escalation plan in place in advance of further covid peaks. Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	TBC			✓	✓		
UC20	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 COVID-19 pandemic.	20	12	n/a	n/a	16	16	↔	The neighbourhoods programme is focused on addressing inequalities: -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are supporting identification of inequalities and in-reach into particular communities	TBC	✓	✓		✓	✓	
ICOM 1	Covid-19 and winter pressures If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	15	TBC	N/A	12	12	12	↔	Accept this risk – if the programme is paused							

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care
ICOM 3	Support from Residents and Patients If Residents and Patients are not engaged on the proposed changes: There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	12	TBC	N/A	12	12	12	↔	Develop a comprehensive stakeholder engagement plan (draft now in place - as of July 2020 and reviewed weekly) Publish the NEL vision document locally week commencing 3 Aug 2020 (Completed - published on time) Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020 (Completed - published on time) Put in place an initial programme of ongoing engagement though to end Oct 2020 (Feedback at Public and Patient Involvement Committee so far has been supportive) (Complete) Develop more resident and patient focused communications and engagement material (by Mid Nov 2020). First draft under review to meet the target date and will be shared at PPI committee for their feedback 12 November and 10 December Ensure that the resident and patient voice is more embedded and evidenced in the IC Operating Model and Merger Programme (Nov 2020 to Mar 2021)						
ICOM 4	Support from Partner organisations If we do not engage with all system Partner organisations: There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	8	TBC	N/A	8	8	8	↔	Use existing channels such as AOG, ICB and Partner organisation Boards to engage on the new IC operating model to create buy-in (Aug to Dec 2020) Follow-up ICB Development Session to held with partners to walk though the more refined IC Operating Model and Governance arrangements in February 2020						
ICOM 5	Alignment of SOC and new Operating Model We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	8	TBC	N/A	8	8	8	↔	David Maher and Tracey meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020 (Complete) The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020 (Complete) New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020 (Complete) Homerton CEO Tracey Fletcher has established a weekly meeting with the CCG SMT - this is one vehicle for building structural alignment (Started Oct 2020) Build on the ICB Development Session (October 2020), agreement in principle, to the new IC Operating Model and develop a plan for the transitional arrangements (develop plan during November and December 2020)						
ICOM 6	Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB) The scope role and remit of the ICPB is not clear yet therefore: There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB It will be hard to plan in detail for either Board because it will not be clear how power is devolved	12	TBC	N/A	12	12	12	↔	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 (Complete) An engagement programme is in place with all system partners to seek their views and opinions on the accountabilities of the ICPB and the NH&CB. This will be discussed at the ICB Development Session (29 Oct 2020). (Complete) Clarify the ICPB and NH&CB accountabilities in the light of the (October) ICB Development Session and develop a supporting transition plan in support of the new IC operating model - November/December 2020 Draft the Mandate which the ICPB should give to the NH&CB to begin to clarify accountabilities. Work with ICB, SOCG to refine the Mandate December 2020 to March 2021 so that the Mandate has been signed off by the Transitional ICPB before April 2021						

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care
ICOM 7	Neighbourhood health and care service delivery infrastructure The scope role and remit of the NH&CB is not clear yet therefore: There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	12	TBC	N/A	9	9	9	↔	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 (Complete) SOCCG is establishing transitional structures, including a transitional NH&CB and System Delivery Group, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NH&CB – by mid-September December 2020 Map the work of the Care Workstreams onto the new IC operating mode, major programmes and the accountabilities of the NH&CB by end December 2020						
ICOM 8	CCG Merger - lack of clarity for staff and impact on staff morale If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: There is a risk that staff become disillusioned and morale falls during the period of transition The consequence is... Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger	12	TBC	N/A	12	12	12	↔	Seek clear direction from NEL People & OD team on detailed plans from now to April 2021 (awaiting proposals) Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August 2020 to April 2021) Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021) Awaiting framework/approach for the work to be done between now and April 2020 - in terms of line management engagement with staff: what, who, when and how? The work needs to be tailored to City & Hackney but the approach should be consistent across the three local systems Establish All Staff twice monthly IC Operating Model and CCG merger Drop-Ins hosted by David Maher (commenced 2 November) Identify CCG Merger issues identified in the Staff Reflections exercise which took place in October and agree actions with Staff Council (November/December 2020)						
ICOM 9	ICPB and NH&CB Subgroups If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	12	TBC	N/A	9	9	9	↔	Finance & Performance, Risk management, Quality are already embedded in the transitional NH&CB governance arrangements (from August 2020). The role of remaining sub-groups to be confirmed by October 2020 The role of all subgroups will be developed once there is clarity regarding the accountabilities of the ICPB and the NH&CB. However work will continue on Finance & Performance, Quality & Outcomes, People & Place. Scope of system-wide People & Place sub-group - to be discussed at December 2020 ICB meeting.						

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care
ICOM 10	Coherent system-wide culture If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: There is a risk that... The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures	12	TBC	N/A	12	12	12	↔	Develop an OD plan (by Jan/Feb 2021) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear						
ICOM 11	80:20 principle The 80:20 rule [i.e. that the majority of the money and decision-making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: There is a risk that the 80:20 principle may be eroded over time in the light of NEL wide pressures resulting in more budget/money and decision-making is retained by the NEL CCG. The consequence is... The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City & Hackney	12	TBC	N/A	12	12	12	✖	Investigate whether this can be embodied in the Constitution (by September 2020). This has been documented in the NEL CCG Governance Handbook and the NEL CCG Declaration of Principles: "Decisions and delivery close to people. Governance structure characterised by delegating: planning, accountability and financial decisions consistent with the 80:20 principle. Budgets will be devolved to a local level in accordance with the national allocation formula". Recommend close this risk as 80:20 Rule now documented in the NEL CCG Handbook.						
ICOM 12	PCN/Neighbourhood governance and accountability GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: There is a risk that PCN/Neighbourhood governance and accountability remains unclear The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	12	TBC	N/A	12	12	12	↔	Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia. Workshops ongoing until end September and will inform IC Operating Model governance design (Complete) This is an ongoing programme of work which will continue in November and December 2020 and will outline the transition proposals for Consortia, PCNs working together through 2021.						
PCTBC5	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter This risk covers the recovery of elective services, including patients accessing hot/cold sites and longer elective waiting times. As a result, we have closed PCTB3 and PCTB4.	15	9	N/A	N/A	N/A	12	*	Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need. However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways when services are out-of-area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change. Self-isolation requirements before elective surgery have been changed and now are less strict. This should reduce patients declining elective procedures.	12					

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care
PCTBC3	Patients do not access elective acute services due to services being moved outside City and Hackney in order to reduce the COVID infection risk.	15	9	N/A	15	10	12	✖	<p>Weekly calls are in place to discuss utilisation of independent sector capacity. NEL are responsible for communication and engagement to promote access. City and Hackney have developed a workplan for engagement to promote engagement at local level. This work will be undertaken with partners including Healthwatch, LBH and PPI Committee.</p> <p>Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need.</p> <p>However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways and when services are out of area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change.</p> <p>Self-isolation requirements before elective surgery have been changed and now are less strict. This should promote reduce patients declining elective procedures.</p>	10					
PCTBC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	N/A	20	20	12	✖	<p>CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-gearred to deliver the recovery. NEL are working with the systems to lead on the recovery - it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.</p> <p>Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need.</p> <p>However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways and when services are out of area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change.</p>	15					
PC6	The 62 day target to begin cancer treatment is not consistently achieved	10	8	6	20	16	16	↔	<p>As per direction from the phase 3 letter, the Cancer Collaborative are leading on the plan to recover full operation of all cancer services.</p> <p>There are ongoing concerns with access to diagnostics, particularly endoscopy. HUH have increased capacity and GPs have received guidance on alternatives, such as the FIT Test. Diagnostic capacity has been increasing at HUH- for example MRI and CT are up to 2/3 capacity as of September. This is being monitored through the Collaborative. NEL are looking at the development of diagnostics centres as a potential solution. Mile End is also opening an early diagnosis service- which will provide increased endoscopy and USS capacity.</p> <p>COVID caused some delays in screening, but invites and testing is now in progress. NHSE are looking at additional clinics for cervical. Call Centre has extended its opening hours to support patients. Bowel Screening are reporting increased responses and more returned FIT tests. The Collaborative is working with partners to increase patient engagement to improve uptake.</p> <p>In the main the recovery has been strong with C&HCCG meeting 7 out of 8 cancer waiting targets in July. 31 day surgery metric not met. 2 previous months were at 100% and July is at 91%- target: 94%. Homerton and Barts both met their cancer targets in June 20, and HUH's performance has improved since then.</p>	10					

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21				Q3 2020/21	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care
PC7	B/ground to NCSO: During 2017/18, 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.	15	4	4	4	20	15	↓	<p>For 2020/21, as of Sept2020 prescribing data is only available for April -Jun2020. Based on the 3 months data, the estimated annual cost pressure for NCSO is £764,896 in addition to a cost pressure of £223,051 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 from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG for June 2020-Mar2021 will be provided with the next update of this register.</p> <p>Previous low scores was due to it these cost pressures being mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. budget in. These costs remain an ongoing cost pressure in 20/21.</p>	15					
PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	16	20	↑	<p>Joint funding work is still under completion- due for completion Dec2020. A further multiagency workshop needs to take place to ratify the tool and processes, this will then establish joint funding as business as usual.</p> <p>A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of a dashboard.</p> <p>Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. To be presented at the ICB in October. A budget review was completed which puts ILDS in a significantly better position than previously. Although there is still some overspent which is likely to exceed £1million at the end of the year, it is less likely to result in the several £million overspend of previous years.</p> <p>To note - The budget position has improved by several million £s; however, as end of year overspend likely to be >£1million risk remains at 20 (red).</p>	15					
PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	20	5	25	25	20	20	↔	<p>A bid has been made to central government (MHCLG) for funding to include costs of funding the Housing First model.</p> <p>Both LBH and CoL continue to provide additional accommodation to rough sleepers in response to COVID. Lack of clarity on how this will be funded. A Rough Sleeper and Health Partnership Group is meeting and will coordinate the response</p>	20					

Ref#:	PCC02
Date Added:	04/04/2018
Date Updated:	18/09/2020
Review Committee:	Primary Care Commissioning Committee
Senior Responsible Owner:	Mark Rickets
Senior Management Owner:	Richard Bull

Objective	Improve the health of our patients	x
	Commissioning System Development	x
	Integrated Commissioning	
	CCG Governance	
	Primary Care	x
	Productive Health Economy	

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
New "digital first" practices have the potential to financially destabilise local primary care by attracting a healthier cohort of patients.	5	5	25	4	4	16

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	TBC		TBC
Likelihood	TBC		TBC

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Understand local patients/residents need for and the barriers to uptake of digital first primary care - further engagement work is being planned with CCG PPI team	Evidence

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Provide local patients with a local digital first (video consultation offer). The intention is to start piloting this in Q4 2019/20 with C&H GP Confederation as part of the extended access service. Three pilot practices identified but realistically the pilot won't start until Q1 2020/21. Programme in place to support GP IT infrastructure to support video consultations.	21/02/2020	Q1 2020/21	Richard Bull
Covid 19 has accelerated implementation of the above action in line with the imperative of making access to primary care digital first. Now all C&H practices are offering patients video consultations and online consultations. In addition there has been a national comms campaign on how patients can access primary care digitally. Practices are now being supported to optimise the use of video and online consult drawing on additional help to do so through the Tower Hamlets Digital Accelerator pilot/EQUIP team.	26/05/2020	TBC	Richard Bull

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)

Ref#:	CYPMF8
Date Added:	
Date Updated:	26/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population. Risk exacerbated during further drop in coverage during COVID pandemic.	5	3	15	5	3	15

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		4
Likelihood	1		

Mitigations (what are you doing to address this risk?)			
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)		
1. Robust governance established across the Partnership with 1) a fortnightly COVID 19 Childhood Imms Task group with PH, CCG, HLT and Interlink members, 2) a C&H monthly steering group that also manages the flu strategy, and 3) a quarterly wider partnership oversight group with NHSE/PHE that will oversee the 2 year childhood imms action plan	Increased childhood imms offer across City and Hackney in the context of COVID (prior to COVID focus was on NE Hackney with significantly lowest coverage rates), building on and not replacing practice delivery of imms. A comprehensive communications campaign.		
2. CCG NR investment in childhood immunisations	In addition to the Non Recurrent funding in NE Hackney, the CCG has invested £800k in 2020 to support improved childhood imms and flu (adults and CYP)		
3. Utilise NHSE training, data and shared learning opportunities	Access training webinars when made available; CEG working to develop timely imms activity data at practice level		
Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Continue to work with CEG / NHSE regarding improvements in data collection to support timely delivery	30/07/2020	Ongoing	Sarah Darcy

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
<p>Since the changes in health commissioning in 2013 Health and Social Care Act, 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, and this is a double blow to imms uptake given that it was already relatively poor. 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:</p> <ol style="list-style-type: none"> 1. Commissioning of GP confederation catch 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 developed 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 communications 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 <p>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. New models may be applied to routine childhood immunisations shortly, with learning from the approach to flu (Update 11/20).</p>

Ref#:	CYPMF20
Date Added:	30/08/2020
Date Updated:	08/12/2020
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Anna Jones / Reagender Kang
Senior Management Owner:	Amy Wilkinson / NEL

Objective	Deliver a shift in resource and focus to prevention	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. The management of the 7 risks directly pertaining to City & Hackney is being held at North East London level, and each has been given an adjusted scoring which is lower, reflecting the mitigations in place and assurances gathered since the re-opening of schools. The SOG agreed on 7 December 2020 to reflect this position with a summary risk on the register, collectively scored as a 12.	4	4	16	4	3	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		12
Likelihood	3		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Management and mitigation of this risk is reflected on the NEL Safeguarding Risk Register. These risks are also mitigated in part by the mitigations relating to CYPMF risks 2,5,11 and 15.	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
The CYPMF Strategic Oversight Group (SOG) reviewed the NEL Safeguarding Risk register at its meeting on 7 December. Following the return of children in City & Hackney to school, the NEL Safeguarding group has been able to provide a clearer assessment of the risk to children. The SOG recognised the mitigations and assessment of revised risk scores represented by that group, and agreed to continue to review those risks, keeping them as a summary risk on the the CYPMF register (collectively rated 12), and be informed by the C&H Safeguarding Children's Partnership (of which the Workstream Director and Named nurse for Safeguarding Children are members). It was noted that additionally, these risks are mitigated in part by the actions relating to risks 2,5,11 and 15 on the CYPMF Register.

Ref#:	UC19
Date Added:	01/06/2020
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
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 demand.	4	5	20	4	3	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		12
Likelihood	3		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Implementation of ED direct booking via EDDI to smooth demand.	Demand and arrival time analysis.
SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Conditions Management.	
Working with 111 to develop admission avoidance pathways through SDEC and Appropriate Care Pathways.	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Need to consider admission avoidance pathways - through SDEC and ACPs	Sep-20	TBC	Nina Griffith / Clara Rutter
Need to ensure robust escalation plan in place in advance fo further COVID-19 peaks	Sep-20	TBC	Nina Griffith
Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter.	Sep-20	TBC	Nina Griffith
Enhanced winter planning programme agreed through SOC.	Sep-20	TBC	Nina Griffith

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
<p>HUH have successfully launched EDDI, the direct booking system that is being rolled out nationally. The system will ensure that demand is evenly spread across a 24 hour period. While the process is embedded and staff get used to the new way of working HUH will be operating 09:00-17:00, seven days per week.</p> <p>SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management.</p> <p>Working with 111 to develop admission avoidance pathways through SDEC and ACPs.</p> <p>Ensure we have a robust escalation plan in place in advance of further covid peaks.</p> <p>Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.</p>

Ref#:	UC20
Date Added:	27/07/2020
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
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 COVID-19 pandemic.			20			16

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact			12
Likelihood			

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Better understanding of health inequalities and their impact across the Unplanned Care Programme	Workshop being put in place to initially discuss this across Unplanned Care. Population health profiles developed for Neighbourhoods and Co-Plug developing work to be able to understand impact on health outcomes by different ethnic groups.

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Workshop being planned with CCG and public health colleagues to consider how we address inequalities across the programme	Nov-20	Jan-21	Nina Griffith
Ensure that Neighbourhoods Programme for 2021/22 has a strong emphasis on reducing inequalities	Nov-20	Jan-21	Mark Gollidge
Support PCNs through the Neighbourhoods Programme with delivery of the Health Inequalities DES (once published) from 2021/22	Nov-20	Jan-21	Mark Gollidge

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
<p>The neighbourhoods programme is focused on addressing inequalities:</p> <ul style="list-style-type: none"> -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are supporting identification of inequalities and in-reach into particular communities

Ref#:	ICOM 1
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Covid-19 and winter pressures If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	3	5	15	4	3	12

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	3	Managing the impact of this is outside the scope of this programme	15
Likelihood	5	Managing the likelihood of this is outside the scope of this programme	

Mitigations (<i>what are you doing to address this risk?</i>)		Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Proposed Mitigation(s)	Accept this risk – if the programme is paused	The mitigations associated with this risk are outside the scope of this programme

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Accept this risk – if the programme is paused	19/08/2020	N/A	David Maher

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
No change (@ 19 August 2020)

Ref#:	ICOM 3
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Support from Residents and Patients If Residents and Patients are not engaged on the proposed changes: There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	4	3	12	4	3	12

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Residents do not perceive a detriment to the health and care services	2
Likelihood	2	Good engagement with Residents and Patients will reduce likelihood	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Develop a comprehensive stakeholder engagement plan (draft in place July 2020)	Clarity on dates and times to engage with Patients and Residents to discuss the CCG merger and IC operating model
Publish the NEL vision document locally week commencing 3 Aug 2020	If we receive positive feedback on the NEL vision document
Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020	If we receive positive feedback on the C&H supporting document to the NEL vision document
Put in place an initial programme of ongoing engagement though to end Oct 2020	The minutes of the September PPI meeting will be a gauge of Patient and Residents opinions. Feedback from Healthwatch engagement will provide additional evidence. Emails and correspondence documented in the local system Feedback Document will provide another channel for Patient and Residents views.
Develop more resident and patient focused communications and engagement material (by Mid Nov 2020). First draft under review to meet the target date and will be shared at PPI committee for their feedback 12 November.	Feedback from PPI Committee members on how to ensure the communications and engagement material is meaningful

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
PPI Committee September 2020	19/08/2020	Sep-20	Eeva Huoviala
Weekly review of the Engagement Feedback at the NEL CCG management meetings	19/08/2020	Weekly	Carol Beckford

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
Implement the actions in the engagement plan

Ref#:	ICOM 4
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Support from Partner organisations If we do not engage with all system Partner organisations: There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	4	2	8	2	4	8

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Target: there is no adverse impact on local system partnership working	2
Likelihood	2	Target: Partners buy-into the operating model and the CCG merger	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Sept 2020)	Support from C&H system accountable officers for the IC operating model

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Present update papers to governance forums: AOG, ICB at their monthly meetings	19/08/2020		David Maher & Carol Beckford
Host ICB Development Sessions for accountable officers and non-executive Directors from Partner organisations	19/08/2020	Nov 2020 & Jan 2021	David Maher & Jonathan McShane

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
IC Operating Model and CCG Merger updates are on the AOG and ICB forward plans. Planning for ICB Development Session will start in September 2020

Ref#:	ICOM 5
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Alignment of SOC and new Operating Model We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	4	2	8	4	2	8

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Target: Transition from SOGG Phase 2 and 3 into IC Operating model is seamless	2
Likelihood	2	Target: A transition plan which takes account required outcomes and milestones from each programme and generate a single transition plan	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
David Maher and Tracey Fletcher meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020	Approval of the SOCG transition plan put to AOG and ICB in July 2020
The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020	Embed Workstream Directors in SOCG Phase 2 governance from October 2020
New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020	Embed Communications, Engagement and Finance leads in transitional planning from September/October 2020
Build on the ICB Development Session (October 2020), agreement in principle, to the new IC Operating Model and develop a plan for the transitional arrangements (develop plan during November and December 2020)	Buy-in from partners to the transitional plan

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Implement SOCG Phase 2 Plan	19/08/2020	30/10/2020	Nic Ib
Ensure close working between SOCG lead and IC Operating, CCG merger leads	19/08/2020	25/09/2020	Carol Beckford Nic Ib

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
Discussed and reviewed at David Maher's weekly Oversight meetings

Ref#:	ICOM 6
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB) The scope role and remit of the ICPB is not clear yet therefore: There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB It will be hard to plan in detail for either Board because it will not be clear how power is devolved	4	3	12	4	3	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	1	Target: Clear governance interface between the ICPB and the NH&CB	2
Likelihood	2	Target: No ambiguity between to decisions made by ICPB and NH&CB	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020	Consensus and agreement at the ICB Development Sessions in November and January there is clarity regarding the delegation of money and powers from the single CCG to City & Hackney. Leaders and staff within the local system are able to read the draft NEL CCG Constitution
Clarify the ICPB and NH&CB accountabilities in the light of the (October) ICB Development Session and develop a supporting transition plan in support of the new IC operating model - November/December 2020	ICB signoff on the proposed ToR for the ICPB, NH&CB and their accountabilities

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Establish and facilitate a task and finish group to agree the role, remit and function of the Integrated Care Partnership Board (ICPB)	19/08/2020	30/10/2020	David Maher Johnathan
Establish and facilitate a task and finish group to agree the role, remit and function of the Neighbourhood Health & Care Board (NH&CB)	19/08/2020	30/10/2020	David Maher Nic Ib

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Work is taking place to establish the first meetings with the Accountable Officers, Non-Executive Directors and Executives

Ref#:	ICOM 7
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Neighbourhood health and care service delivery infrastructure The scope role and remit of the NH&CB is not clear yet therefore: There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	4	3	12	3	3	9

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact			
Likelihood			

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPS. NEL will share their assumptions by mid September 2020	Consensus and agreement at the ICB Development Sessions in November and January there is clarity regarding the delegation of money and powers from the single CCG to City & Hackney. Leaders and staff within the local system are able to read the draft NEL CCG Constitution
SOCG Is establishing transitional structures, including a transitional NHCB, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NHCB – by mid-September 2020	The scope and accountabilities of the Transitional NH&CB are agreed by December 2020

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Establish and facilitate a task and finish group to agree the role, remit and function of the Neighbourhood Health & Care Board (NH&CB)	19/08/2020	30/10/2020	David Maher Nic Ib

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
Work is taking place to establish the first meetings with the Accountable Officers, Non-Executive Directors and Executives

Ref#:	ICOM 8
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
<p>CCG Merger - lack of clarity for staff and impact on staff morale</p> <p>If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: There is a risk that staff become disillusioned and morale falls during the period of transition The consequence is...</p> <p>Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger</p>	4	3	12	4	3	12

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Target: Retention of staff who feel a sense of belonging to an organisation with a clear identity	2
Likelihood	2	Target: Given clear messages to staff asap on why, what, how and when in relation to CCG merger and how it affects them personally	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020)	Better understanding of the IC Operating model and CCG merger at Team Brief. The subjects/content staff would like to discuss at Staff Council meetings. Support and commitment for the IC Operating Model and CCG Merger at Staff Development Sessions.
Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021)	People feel they know their role and function in the new IC operating model and merged CCG
Seek clear direction from NEL People & OD team on detailed plans from now to April 2021	The NEL People and HR team will provide a plan by mid October 2020. This can be communicated to City & Hackney staff who will know and understand what will happen and when.
Establish All Staff twice monthly IC Operating Model and CCG merger Drop-Ins hosted by David Maher (commenced 2 November)	Staff understand why, what and when - in relation to CCG merger activities and a better understanding of what it means for them personally
Identify CCG Merger issues identified in the Staff Reflections exercise which took place in October and agree actions with Staff Council (November/December 2020)	Staff understand why, what and when - in relation to CCG merger activities and a better understanding of what it means for them personally

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Regular briefings on the IC Operating model and CCG Merger at CCG SMT meeting so that Line Managers can brief their teams	19/08/2020	Weekly	David Maher Carol Beckford
Set up City & Hackney People and HR Group	19/08/2020	Sep-20	Carol Beckford
Work with NEL's People and HR team on plans to support staff during the transition	19/08/2020	Sep-20	Carol Beckford

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
C&H CCG SMT have been asked to nominate candidates for the City & Hackney People and HR Group. Meeting scheduled with NEL People and HR team to address priorities

Ref#:	ICOM 9
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
ICPB and NH&CB Subgroups If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	4	3	12	3	3	9

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Target: Subgroups provide assurance within the local system	2
Likelihood	2	Target: ICP and NH&C Boards need subgroups to inform their decision making	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Finance & Performance, Risk management, Quality are already embedded in the transitional NH&SC governance arrangements (from August 2020).	Finance & Performance, Risk Management, Quality reports are put to the SOCG/NH&CB governance from August 2020
The role of remaining sub-groups to be confirmed by October 2020	The ICPB and NH&CB Task & Finish groups clarify the relationship of each subgroup with these two Boards

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Ensure that all subgroups are accounted for in the terms of reference of the ICPB and the NH&CB	19/08/2020	Nov-20	Carol Beckford

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
Progress review of subgroup development at David Maher's Oversight group meetings

Ref#:	ICOM 10
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
<p>Coherent system-wide culture</p> <p>If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: There is a risk that...</p> <p>The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships The consequence is...</p> <p>Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures</p>	4	3	12	4	3	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3	Target: Staff within the system are collegiate and feel that they are working as part of a cohesive matrix/team	6
Likelihood	2	Target: Staff are part of a clear OD programme	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Develop an OD plan (by mid-October 2020) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear	Work will have started on the development of an OD plan by mid-October

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Confirm who will lead the work within City & Hackney on the development of and OD plan for the system	19/08/2020	04/09/2020	David Maher
Commence the development of a OD plan for City & Hackney within the context of the NEL OD plan	19/08/2020	16/10/2020	Simon Standish

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Review progress at David Maher's Oversight meeting at the beginning of September 2020

Ref#:	ICOM 12
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
PCN/Neighbourhood governance and accountability GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: There is a risk that PCN/Neighbourhood governance and accountability remains unclear The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	4	3	12	4	3	12

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	1	Target: No impact on the delivery of Neighbourhood services	2
Likelihood	2	Target: PCN Governance becomes clear	

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia and will report before mid-September 2020	A plan has been agreed between Consortia Leads and PCN Directors on transition from the current governance to PCN governance

Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Develop proposals for change of governance for Consortia and PCNs	19/08/2020	11/09/2020	Nina Griffith Curtis Whyte
Hold meeting with Consortia Leads and PCN Directors to develop governance proposals	19/08/2020	Sep-20	Mark Rickets Nina Griffith Curtis Whyte

Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)
Review at David Maher's weekly Oversight meeting

NEL Risk	Borough Name	Local Borough/ICP Risk Narrative	Severity / Consequence	Likelihood	Local borough Risk rate before mitigation - (Figure)	Local borough mitigation in place Narrative	Severity / Consequence	Likelihood	Local borough risk rate after mitigation Figure	Review Period	Comment
Due to requirements of the pandemic to stay at home there is a risk that children are exposed to increased domestic abuse . Risk that adults are living in households where domestic abuse is occurring and there may be insufficient refuge places available.	City & Hackney	Risk of increasing number of children living in households where there is domestic abuse and women and their children fleeing domestic abuse not able to secure refuge placement.	3	3	9	<p>25.10.20 Multiagency Domestic Abuse Covid 19 fortnightly meetings held reviewing referral activity and resources. No issues with Refuge places. GPs are making referrals into refuges. Step down accomodation available.</p> <p>20.08.20: City & Hackney Domestic Abuse Covid-19 Planning Meeting occurs fortnightly to address and plan resources and contingencies</p> <p>14.07.20: Hackney borough reported to have the highest number of calls to the National DA helpline (153 calls). DA Covid 19 planning meetings with DA agencies in place. Additional staff recruited to the DAIS Team. Sufficient refuge capacity reported. Discussed at 2 weekly partnership meetings.</p> <p>Increase in schools signing up and receiving information from police (Operation Encompass). Meetings with LA Covid 19 response underway and sources of advice and support distributed. Information dissemination via daily email.</p> <p>National and local helpline details available.</p> <p>Dais reporting 60% increase in referrals 28.4.2020</p> <p>Arrangements in place for undertaking MARAC meetings and safety planning. Info cascaded from IRIS to GP practices and website.</p> <p>IRIS designing virtual training offer.</p>	2	2	4	25/09/2020	
Due to specific Covid 19 guidance there is a risk that appropriate primary care advice and medical treatment will not be sought due to parental fear of covid transmission .	City & Hackney	Risk of avoidable deaths and serious illness in the short an long term.	4	3	12	<p>25/10/20 Contacts remain lower than pre COVID baseline. RCGP guidance issued to GP Practices to see and or review children.</p> <p>20.08.20 :GPs are seeing more but less than pre COVID baseline. Fluenz vaccinations programme to be implemented by GPs Ordering for this opens in august and delivery dates will enable clinics to be planned and booked</p> <p>14.07.20: RCPCH Parents Poster developed and disseminated and information on CCG website.Local mapping of vulnerable cohorts of children shared with agencies. RCPCH guidance issued on how children's health care needs will continue to be met.</p> <p>Weekly NEL B & CYP meeting in place for oversight and monitoring</p>	1	4	4	25/09/2020	
Due to Covid 19 workforce issues there is a risk that CP medicals will not be undertaken in a timely manner due to potential redeployment of paediatricians. Usual contractual monitoring systems suspended so loss of activity oversight.	City & Hackney	Risk of child protection medicals being delayed and or reduced quality due to non face to face.	3	4	12	<p>25/10/20 Reduced paediatrician capacity is being mitigated against by interim locum arrangements, Trainees clinicians placed within the team and rolling recruitment programme.</p> <p>20.08.20 A review of arrangements following paediatrician reduction. Risk stratification implemented and supported by Designated doctor for safeguarding.</p> <p>14.07.20: Local risk stratification in place. No cases escalated to designated professionals. RCPCH and Covid 19 Community guidance in place.</p> <p>Local risk stratification in place.</p> <p>Homerton Named Dr has issued guidance and shared with statutory partners.</p> <p>Requires close monitoring by commissioners. Up 5/55/2020 no increased demand</p>	2	3	6	25/09/2020	
Due to the closure of schools there is reduced visibility of children, increased pressure on parents/carers and pausing of services leading to more opportunities for child abuse, neglect, FGM, modern slavery, criminal and sexual exploitation, exposure to witnessing DV, emotional and mental health distress. These complex system risks require ongoing safeguarding Children Partnership self-assessment /ongoing risk assessments and full safeguarding teams capacity .	City & Hackney	Risk of children being abused and neglected due to increased parental stressors and financial difficulties.	4	3	12	<p>25/10/20 Children returned to schools. LA humanitarian funds in place. CHSCP contingency exercise to be completed by partners. HV have arrangements for early help and vulnerable children pathway.</p> <p>20.08.20: CHSCP Contingency oversight planning meetings being held 2 weekly. The school nursing service continues to attend and participant in safeguarding meetings. Health assessments will commence when schools reopen. Face to face is available to a range of cases, not just emergency presentations, based on clinical need and certain practical indicators- such as whether a CYP has access to a device etc.</p> <p>ELFT CAMHS are just about to sign off a short protocol for identifying when f2f should be offered. The amount of f2f that can be offered is limited by available clinical space, given the distancing and hygiene requirements. CAMHS are also starting to offer visits outside, in parks, going for walls with CYP etc and are exploring options for using other venues.</p> <p>The schools offer is about to restart and will include some in school work if schools are agreeable. Remote working, via zoom, phone, MS Teams etc both individually and as groups remain in place, whilst the pandemic continues.</p> <p>14.07.20: National intelligence low uptake of school places by vulnerable children despite ease of lockdown restrictions.</p> <p>Increased monitoring 2/52 by multiagency safeguarding partnership.</p> <p>London Safeguarding Partnership letter sent to SCP on 15.4.2020 setting out concerns.</p> <p>Police notifying schools for children who come to their attention (operation encompass).</p>	2	2	4	25/09/2020	

It is nationally anticipated that there may be a surge of safeguarding issues when covid 19 restrictions end and move to business as usual returns.	City & Hackney	Risk of a lack of capacity to respond effectively to increasing safeguarding concerns.	3	4	12	<p>25/10/25 CHSCP has requested partners to complete and return by 09.11.20 organisational Resilience (Covid-19) Exercise aimed at ensuring our safeguarding system is sufficiently resilient and in a position to respond to the safeguarding needs of children and our workforce.</p> <p>20.08.20 : All partner agencies are reviewing their contingency plans in readiness for the surge. Supervision arrangements for named professionals are being reviewed</p> <p>14.07.20: National intelligence and third sector reports indicate increase anticipated with children returning to school. Arrangements for extra resources in children social care being secured.</p> <p>As evidence of this comes to light, ensure senior leadership oversight and appropriate actions are taken.</p> <p>National platform and local intelligence enables sharing of emerging risk. CCG engagement with SCPs and multiagency working and oversight of health economy. Post COVID planning to develop</p>	2	2	4	25/09/2020	
London Borough of Hackney (LBH) has had a serious cyber attack (12th October) which affected mostly their legacy systems, but does affect MOSAIC, the system that adult and children's social care use.	City & Hackney	Risk of Hackney LBH not been able to retrieve historical child protection information to inform decisions to safeguard and promote the welfare of children. .	3	4	12	<p>25.10.20 Cyber GOLD and Cyber SILVER (as per COVID) emergency response set up. LBH are working closely with the National Cyber Security Centre and National Crime agency as part of an ongoing investigation.</p> <p>Current G-suite system not affected.</p> <p>Business Continuity Plan initiated which includes in FAST and are able to take referrals safely by phone or email, liaise with colleagues in FAST and recording decisions following screening of cases on temporary case recording notes.</p> <p>Communications have gone out through LBH to all partners, the City and Hackney Safeguarding Children's Partnership and Practitioner forum .</p> <p>Public communications were released on the 13th of October.Data breach Risk management group set up .</p> <p>Plans for restoration will be staged.</p>					
Child Protection Information Sharing System switched off (14th October) for Hackney children subject to statutory plans.	City & Hackney	Risk of information sharing between unscheduled care and LBH being negatively impacted in respect of children subject to statutory plans over the last 12 months and attending unscheduled care.	4	3	12	<p>25/10/20 C&H Workstream Director (CYPMF) and Senior Responsible Officer part of LBH Senior Management team, and urgent cyberattack briefings.</p> <p>Head of Safeguarding and Learning (LBH Children's Social Care) confirmed Business Continuity Plan initiated.</p> <p>Bart's Health footprint, Homerton, LBN alerted by Designated Nurse for Safeguarding Children that CPIS is not working and to adopt manual systems and liaison with 0-19 services and to notify their executive leads.</p> <p>Head of Child Protection (Homerton) confirmed their local plan is similar to national steer in place and discussed at the Homerton Safeguarding Committee meeting (14th October).</p> <p>Named Doctor at Bart's Health has sent an email to staff notifying them of the cyberattack and the important of conducting real time checks and not rely on negative CP-IS.</p> <p>Designated Nurses for Safeguarding notified of cyber-attack and confirmation received from Waltham Forest and Tower Hamlets their MASH notified.</p> <p>There is a secure process in place for the council to notify of LAC placements.</p> <p>WELC Designated Nurses for LAC notified of the cyber-attack and process in place for placement notifications.</p> <p>C&H Workstream Director (CYPMF) and Senior Responsible Officer part of LBH Senior Management team, and urgent cyberattack briefings.</p> <p>C&H Interim Designated Nurse for Safeguarding Children liaising directly with NHSE on CP-IS switch off and ongoing situation.</p>					

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	