City and Hackney System Operational Command Group

Developing our 2021/22 Integrated Delivery Plan & Priorities

Context of the 21/22 City and Hackney Integrated Delivery Plan

This plan presents the key priorities for health and care partners in 2021/22. The two key themes that run throughout the plan are:

- **Addressing inequalities** has taken on a much greater significance, and we are taking a more systematic approach to this across all areas of our work. This should become core business, supported by a new Population Health enabler.

- **Covid recovery** is now a focus for all parts of the system, including delivery of a vaccine programme, re-starting services, developing or adapting services to support people who are experiencing the ongoing impact from Covid-19 and being prepared to respond to future surges in demand and resulting pressures on the health and care system.

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

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

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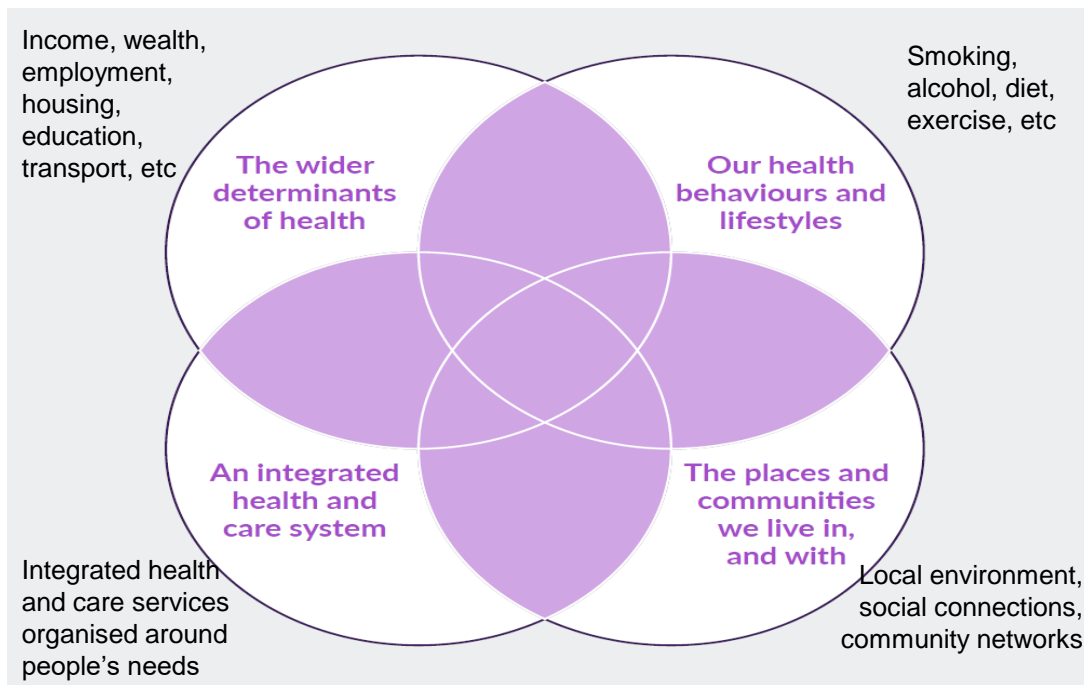
A note on how we have structured our work:

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

Context of the 21/22 City and Hackney Integrated Delivery Plan – Engaging with our Community

- Our priorities for 2021-22 are underpinned by the needs and experiences of City &Hackney residents during the pandemic

- Whilst traditional opportunities to engage in conversations with residents have been limited, we have used online platforms, surveys and meetings to gather and record people's experiences, regularly sharing information with key partners and programmes.

- The key themes emerging from the rich community insight gathered during 2020-21 are aligned to the priorities outlined in this document and include:

  - addressing inequalities and the cumulative impact of Covid-19

  - lack of trust in the authorities presents a barrier in terms of access to health information, support and services and there is an increasing role for clear communications from trusted sources to address misinformation and disinformation

  - considering digitalisation as an enabler (e.g. people's experiences of accessing primary care online during the pandemic have been largely positive and many have commented on the ease and flexibility it brings) - whilst being mindful of the real challenges it has meant for people experiencing digital exclusion

  - the value that people place on being able to access urgent and emergency care in a hospital setting when needed, but equally the importance of having hyper local, community based support

  - recognising the role and contributions of community and voluntary sector organisations and informal support structures

A Population Health Approach

Income, wealth, employment, housing, education, transport, etc

The wider determinants of health

Our health behaviours and lifestyles

Smoking, alcohol, diet, exercise, etc

An integrated health and care system

The places and communities we live in, and with

Integrated health and care services organised around people's needs

Local environment, social connections, community networks

Source: King's Fund

Despite significant economic growth and regeneration in recent years, City and Hackney faces significant health and wellbeing challenges:

- *With an **estimated resident population of 289,000 for Hackney** (all ages) population (GLA population projections), Hackney remains one of the most socioeconomically deprived boroughs in England and It is one of the most diverse areas in the country with nearly 90 languages spoken as a main language. (Hackney Borough Profile 2019).*

- ***The City of London resident population is 7,900** (GLA population projections**), the** highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space. The City of London also has the sixth highest number of rough sleepers in London*

Population health is described by the King's Fund as...

"*...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system.*"

Taking a population health approach means:

- rebalancing investment across the four 'pillars'
- focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact
- system partners taking shared responsibility for improving population health.

Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.

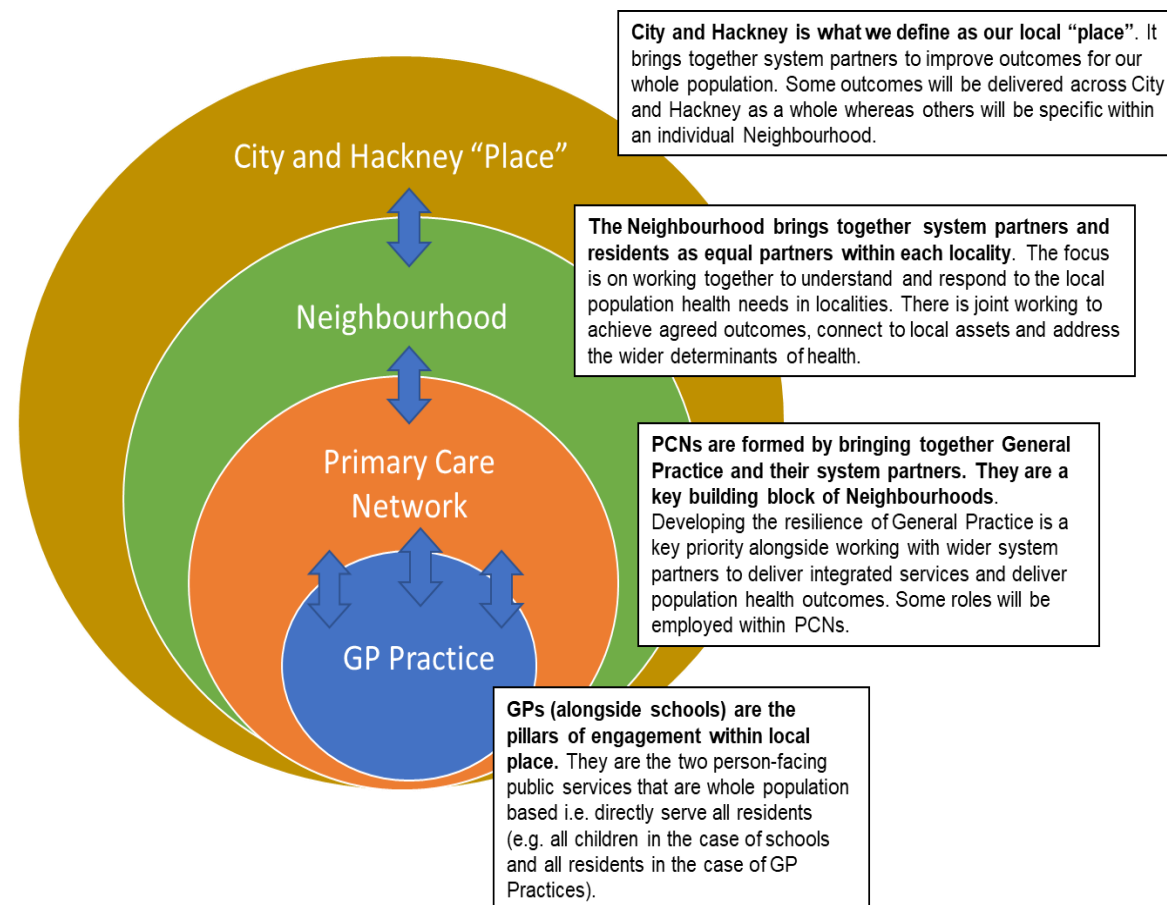# A population health approach to health and wellbeing in local communities

We are considering our priorities both through the lens of City and Hackney (as **place**) and **Neighbourhoods** (populations of between 30-50,000 people).

Neighbourhoods

- We have a commitment across City and Hackney to developing Neighbourhoods that serve populations of 30-50,000. Our 8 Neighbourhoods are where system partners come together with residents to understand and improve population health at a very local level, and to deliver joined up services close to people's homes.

- Delivering our ambitions for Neighbourhoods sits across all of the integrated work programmes although coordination of the programme will be through the Communities and Staying well programme.
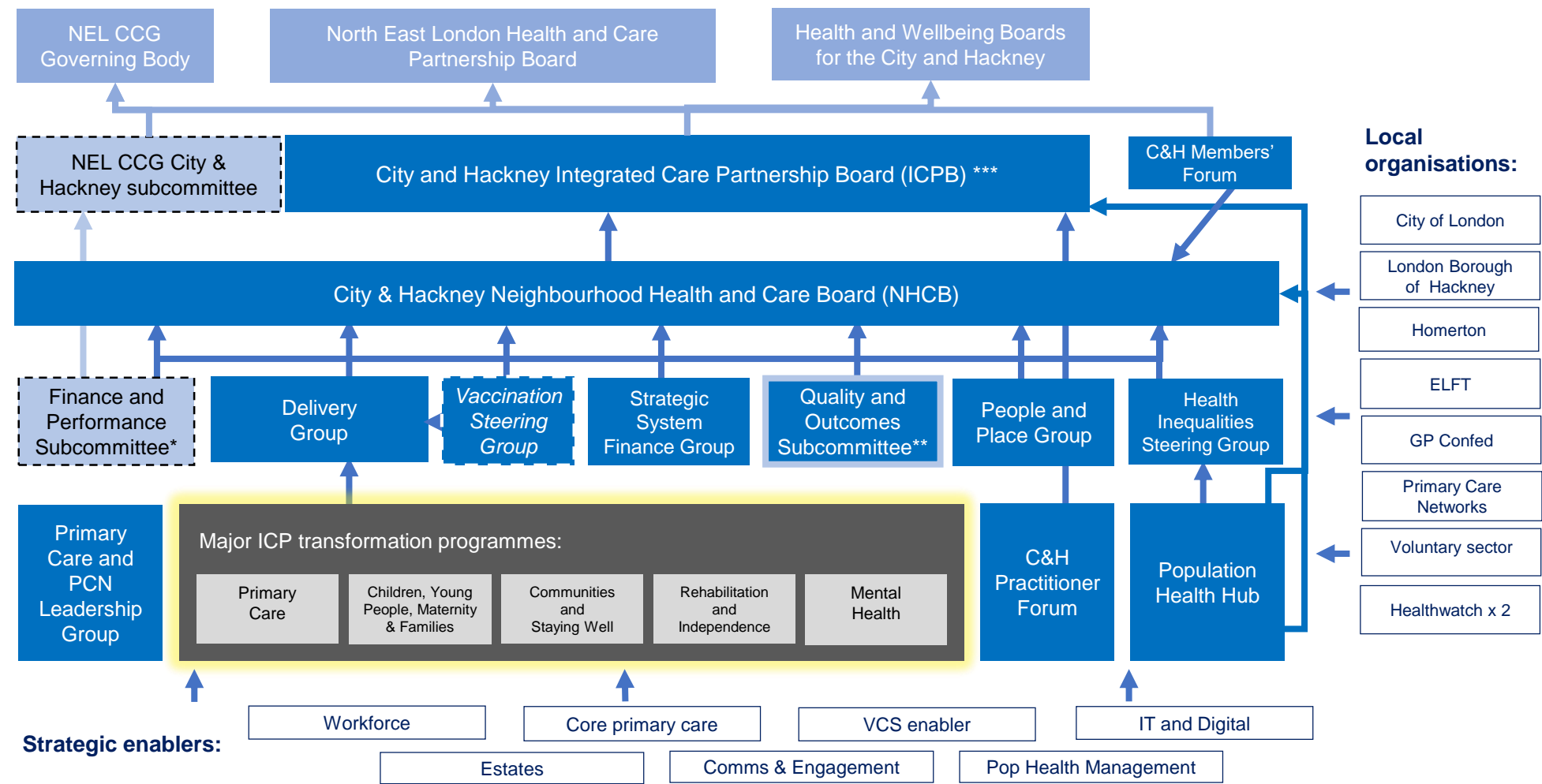
City and Hackney "Place"

- Whilst Neighbourhoods will become increasingly important as the structures through which we work with residents and deliver services, many services will continue to be delivered across City and Hackney where it makes sense to do so.

- City and Hackney is structure at which the Integrated Care Partnership is formed, enabling partners to come together to develop and deliver plans that support the improved health and well being of our local population.

City and Hackney "Place"

Neighbourhood

Primary Care Network

GP Practice

City and Hackney is what we define as our local "place". It brings together system partners to improve outcomes for our whole population. Some outcomes will be delivered across City and Hackney as a whole whereas others will be specific within an individual Neighbourhood.

The Neighbourhood brings together system partners and residents as equal partners within each locality. The focus is on working together to understand and respond to the local population health needs in localities. There is joint working to achieve agreed outcomes, connect to local assets and address the wider determinants of health.

PCNs are formed by bringing together General Practice and their system partners. They are a key building block of Neighbourhoods. Developing the resilience of General Practice is a key priority alongside working with wider system partners to deliver integrated services and deliver population health outcomes. Some roles will be employed within PCNs.

GPs (alongside schools) are the pillars of engagement within local place. They are the two person-facing public services that are whole population based i.e. directly serve all residents (e.g. all children in the case of schools and all residents in the case of GP Practices).

Actions highlighted in blue in the following slides are being funded through the Neighbourhoods programme in 2021/22

City and Hackney Integrated Care Partnership: Operating model and thematic improvement areas

Top boards:
- NEL CCG Governing Body
- North East London Health and Care Partnership Board
- Health and Wellbeing Boards for the City and Hackney

NEL CCG City & Hackney subcommittee

City and Hackney Integrated Care Partnership Board (ICPB) *

C&H Members' Forum

Local organisations:
- City of London
- London Borough of Hackney
- Homerton
- ELFT
- GP Confed
- Primary Care Networks
- Voluntary sector
- Healthwatch x 2

City & Hackney Neighbourhood Health and Care Board (NHCB)

- Finance and Performance Subcommittee*
- Delivery Group
- Vaccination Steering Group
- Strategic System Finance Group
- Quality and Outcomes Subcommittee**
- People and Place Group
- Health Inequalities Steering Group

- Primary Care and PCN Leadership Group

Major ICP transformation programmes:
- Primary Care
- Children, Young People, Maternity & Families
- Communities and Staying Well
- Rehabilitation and Independence
- Mental Health

- C&H Practitioner Forum
- Population Health Hub

Strategic enablers:
- Workforce
- Core primary care
- VCS enabler
- IT and Digital
- Estates
- Comms & Engagement
- Pop Health Management

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

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

*** = The **Integrated Care Partnership Board** operates under a 'committees in common' structure with sub-committees from both the City of London Corporation and the London Borough of Hackney, allowing for delegated decision making for pooled budgets. Each ICPB subcommittee makes recommendations to its respective organisation for aligned fund services

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The City and Hackney thematic improvement areas:

- Children, Young People, Families and Maternity

- Communities and Staying Well

- Rehabilitation and Independence

- Primary Care

- Mental Health

- Vaccination

*Actions highlighted **in blue** in the following slides are being funded through the Neighbourhoods programme in 2021/22*

City and Hackney: Children, Young People, Families and Maternity

Amy Wilkinson

Key Drivers	Children and young people have been impacted largely by the indirect impacts of the pandemic, and working together across our system we have prioritised their safeguarding and mental health, ensured those who have SEND and additional or complex needs are getting the healthcare that they need, and supported our maternity service to continue to deliver in COVID safe ways. We have safely re-worked NEL pathways for paediatric inpatient care to free up adult acute space, supported schools and families with virtual delivery of our community health services and our expedited our online CAMHS offer. We have prioritised a swift return to face to face delivery for those services where children are most vulnerable. We are acutely aware of a current surge in demand for CAMHS tier 3 and 4 services, and the ongoing impact for new families, who have given birth during the pandemic.
2021/22 Operational Planning Guidance	*Priority C4 - Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review*
2021/22 CH System Priorities (CYPMF)	Covid -19 pandemic has exemplified and exacerbated some of the health inequalities we were conscious of and next steps include: **2021- 22 Priorities** • *Alongside ongoing COVID safe delivery of births, we will continue to deliver* **maternity transformation** *in safety, address inequities and improve* **perinatal mental health** *with NELLMS* • *Deliver support for system professionals working with families, to address the impact of adverse childhood experiences (ACEs), through our* **Childhood Adversity, Trauma and Resilience** *workforce training, resource portal, pilot interventions and system wide approach.* • *Continue to Increase uptake of* **immunisations and vaccinations** *in childhood and pregnancy* • *Prioritise earlier prevention and wellbeing through our new* **Integrated Emotional Health and Wellbeing Action plan**, *including fully re-instating our community health and* **CAMHS support** *face to face in schools and the community.* **New pathways in place for CAMHS discharge and a T3.5 service** *with education and children's social care and strengthening our whole community approach to* **speech and language** *development.* • *Test several approaches to* **social prescribing at PCN level for children and families**, *alongside NEL partners* • *Continuing multi agency early help for families particularly for those who have* **complex medical needs, special educational needs and identified vulnerabilities.** • *Continuing to prioritise the health and wellbeing needs of* **Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC)** *by tailoring mental health and sexual health services to specifically meet their needs.* • *Improving multi-agency working between system partners and primary care (within Neighbourhoods):* • *Improving multi-agency working for 0-5s through improving MDT arrangements (GP link meetings and links between MATs and GPs)* • *Developing a proactive care health and care approach for children aged 6-19 (absent from school & missed health appointments)*

Key actions to address inequalities:
• *Risk stratification that enables improved targeted preconception and antenatal care for BAME pregnant women, supported by our new vulnerable women's maternity pathway.*

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City and Hackney: Communities and Staying Well

Nina Griffith

Key Drivers	The recent peak in CoVID infections saw unprecedented levels of demand on acute trusts. In response to this, Partners in specialist, community, primary and urgent care worked together to deliver a set of pathways that safely supported people in the community therefore avoiding an unnecessary admission or expediting a discharge. These built on existing services and pathways, and were based on close working between partners. Looking forwards, we will build on this approach as we further develop our urgent care and community services to better support people away from the hospital wherever it is appropriate to do so. We are also focused on **improving discharge for homeless people** through a new 'Pathways' service which will work across the Homerton and ELFT . Furthermore, Covid has also highlighted the importance of Neighbourhoods and their role in bringing together health, care and community partners to engage with communities and to keep people safe and well in the community for longer.
2021/22 Operational Planning Guidance	<u>*Priority E*</u> *- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay* • *E1 - Transforming community services and improve discharge* • *E2 - Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments*

2021/22 CH System Priorities (Neighbourhoods & Communities)	1. **Integrated Urgent Care**
	    • *Maximise use of 111, primary care and community based rapid response services to **support people away from the hospital** where it is appropriate to do so*
	    • *Work with NEL partners and LAS to **develop effective pathways from 111 into ED and ambulatory care services***
	
	2. **Discharge Pathways**
	    • *Implement a sustainable **Discharge Single Point of Access** (DSPA) with appropriate post hospital pathways.*
	    • *Work with patients to ensure that they are **involved in decisions about their discharge**, supported by an agency specialising in social marketing*
	
	Neighbourhoods: *Neighbourhoods is our approach to working with communities and delivering services locally. It is a cross cutting programme which sits across all of our integrated work programmes, although co-ordination of the programme sits within Communities and Staying Well. The following are the agreed 6 programme priorities in 2021/22*
	    • *1: To take a more proactive and joined up approach to supporting City and Hackney residents with rising needs (based around the life course, including developing anticipatory care for people with frailty).*
	    • *2: To continue to redesign services that will make up Neighbourhood based blended teams to support residents identified in priority 1.*
	    • *3: To provide coaching and OD support to Neighbourhood based blended teams that enhances trust and supports collaborative working.*
	    • *4: To establish meaningful and sustainable approaches to resident involvement and integration of VCSE services in a Neighbourhood (also see VCSE Enabler).*
	    • *5: To test and begin to establish partnership arrangements (at an operational and strategic level) in each Neighbourhood drawing on work in Well Street Common.*
	    • *6: To put in place arrangements to improve our knowledge of and act on health outcomes and Inequalities (also see Population Health Hub)*

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

Charlotte Painter, Others Tbc

Key Drivers	Since the second wave we know there will be **increased waiting times** for people who need to have specialist care in hospitals. As a partnership we are working effectively to ensure the right people are prioritised as services are more available. This has also meant changing the way care is delivered in order to keep people protected from COVID 19 and building up community services to offer access to people in a more local or neighbourhood place ie current work around supporting patients with long-Covid with multi-disciplinary therapy services and including new ways of working like group consultations, moving to telephone support and online exercise classes. For City and Hackney, addressing the additional needs of particularly vulnerable people through the implementation of the **City and Hackney Learning Disabilities and Autism strategy** is a key driver. Supporting self-management and self-care is an important aspect of ensuring people with long term conditions, mental health conditions and learning disabilities remain independent in the community. Through integrated teams of health and social care staff, we are working to support people maintain their independence at home using **integrated rehabilitation and reablement service** models. Additionally, **Housing** remains a vital area of partnership working. Key learning from local pilots is informing the development of effective care pathways for rough sleepers in City and Hackney as well as a multi-disciplinary care/homelessness service to support those furthest from services and those with complex and multiple needs at risk of or suffering from homelessness.

2021 / 22 Operational Planning Guidance	_**Priority C** - Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services._
	    • _**C1 - Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services**_
	    • _**C2 - Restore full operation of all cancer services**_

2021 / 22 CH System Priorities (Rehabilitation and Independence)	This work programme covers a wide range of services and population groups who need specific and targeted services as a result of the pandemic and to people with greater risk of health inequalities or poor health outcomes. **2021 - 22 Priorities:** 1. **Restoring Elective and Cancer Services:** • _**Work with the NEL Cancer Alliance** and our local stakeholders to ensure cancer services remain a priority and cancer standards are maintained. Continue our work with primary care to ensure people with suspected cancers are referred as early as possible and with our patients, public, community and voluntary sector to highlight the importance of people coming forward with symptoms and taking up screening when it is offered_ • _Work in partnership with our providers and NEL colleagues to prioritise work to support the **recovery of elective services**, including transforming supporting services and clinical pathways to recover and improve elective care for C&H residents_ 2. **Improved Integration and New ways of working:** • _Align **more services around neighbourhoods** and primary care networks (PCNS) integrated with secondary care services_ • _**Improve access to neighbourhood provision and integrating specialist skills in areas like**: Diagnostics, First Contact Practitioner (physiotherapy), Long Term Conditions (such as diabetes, heart and respiratory disease), Gynaecology ; Improve access to community support resources and services for learning disabled and autistic people_ • _Improve access for residents around support for **Alcohol and Substance Misuse**_ • _**Develop new pathways** and services for residents with long term rehabilitation needs after COVID-19_ • _**Improve specialist advice** from consultants to GPs and patients and developing the model of advice and guidance to provide more case discussion and learning with patients._ • _**Better integrating the health and care offer** to residents in care homes and residential settings as a local system, including more proactive support by primary care, and better support for testing and infection prevention and control_ • _Develop system-based approach to enhance **health, care and housing offer to homeless individuals**_ **Key actions to address inequalities:** • _Monitor and address the additional needs of particularly vulnerable people and patients most likely to be adversely affected because of inequalities resulting from the pandemic, including people with **Learning Disabilities**. **Implement learning from the Leder programme** (review of premature deaths of people with LD)_ • _Ensure that the **'in for good' approach** taken to support **homeless people and rough sleepers** is maintained and built upon._ • _**End of life Care** - Continue to improve care planning and support people to die in their preferred place ._

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City and Hackney : Primary Care

Richard Bull

Key Drivers	Practice capacity has been stretched as the system emerges from the pandemic as Primary care works to address health issues that have arisen while Covid-19 response was being prioritised. This has meant that the Primary care work programme has had to adapt very quickly to making core general practice more resilient in the areas of Demand Management and Digital First programmes which have taken on greater significance due to the need to consult remotely and through digital means. Other areas include Workforce planning and Quality improvement. These new developments are helping practices take stock of these changes, plan for how positive elements can be embedded going forward, and consider the impact in terms equitable provision of services.
2021/22 Operational Planning Guidance	**_Priority D - Expanding primary care capacity to improve access, local health outcomes and address health inequalities._** • **_D1 - Restoring and increasing access to primary care services_**
2021/22 CH System Priorities (Primary Care)	The work programme is about making core general practice more resilient and sustainable in order to continue to provide a high quality service to patients as well as provide the bedrock for integrated care in collaboration with system partners. **2021 - 22 Priorities** 1. _Delivering the **Primary Care Covid -19 Vaccination Programme** (CVP.)_ 2. _Ensure that all **practices are fully open** and are offering face to face appointments when needed._ 3. _Supporting General practices **make full use of demand and capacity data** to maximise capacity._ 4. **_Workforce planning_** _which includes the provision of support and additional funding to practices as networks to recruit more roles to extend the primary care workforce and enhance integrated models of care across our workforce._ 5. _Primary care **estates improvement** - build new premises for at least two practices.._ 6. _Put in place a **wellbeing programme for practice staff** following on from the second wave of the pandemic._ **Key actions to address inequalities:** • _Taking a scientific approach to quality improvement - maintaining and improving continuity between the patient and the clinician and primary care as a tackler of inequalities_ • _Expansion of digital (eg online consultations and video consultations) access and providing hands on support to practices to make the most out of online consultations and video consultations (optimisation); ensure that patients continue to have equal access including registering with a practice._

City and Hackney : Mental Health

Dan Burningham/
Dean Henderson

Key Drivers	City and Hackney is a richly diverse community which also has high levels of deprivation and severe mental illness. The pandemic has impacted on the mental health of the whole population but the effects have been particularly marked for those with severe mental illness and we have also seen rising rates of self-harm and eating disorders in children and young people. Our joint mental health strategy, which focuses on access, neighbourhoods, personalisation and co-production has helped address this need through the following initiatives and within City and Hackney, the health work around dementia fits with the existing ***Aging Well Strategy*** and maintaining our status as a dementia friendly borough
2021/22 Operational Planning Guidance	***Priority C3*** **-** ***Expand and improve mental health services and services for people with a learning disability and/or autism***
2021/22 CH System Priorities (Mental Health)	• **Severe Mental Illness Digital Platform** - *Ensuring that people with Severe Mental Illness have access (and can share it with all the people and organisations involved in their care) to their health information, appointments and care plan, a library of resources and health and wellbeing apps through a digital platform.* • **Personal Health Budgets (PHBs) –** ***Drive empowerment*** *by providing financial support through* ***PHBs*** *for people to achieve their goals. This includes helping people bridge the digital divide by funding devices that connect people to health services.* • ***Expand services that address Common Mental Health Problems (Anxiety and Depression) by ensuring there is improvement of access -*** *digitally or by telephone; for people with Long Covid and NHS staff psychological support services and expansion of culturally specific services to BAME groups.* • ***Develop Staff wellbeing recovery plans*** • **Dementia Service -** . *Ensure everyone living with dementia has a timely diagnosis, with greater access to ongoing help, advice and support for them, their carers' and families.* • **Mental health neighbourhood transformation programme –** *Ensure that Mental health teams are embedded in all City and Hackney eight neighbourhoods.* **Key actions to address inequalities:** • *This is currently embedded in the delivery of the Mental Health strategy and work programme*

City and Hackney: The Covid Vaccination Programme

Siobhan Harper, Graham MacDougall, Richard Bull, Tehseen Khan & Jenny Darkwah

Key Drivers	The C&H Primary Care Covid-19 Vaccination Programme (CVP) is underway. The vaccination programme is a key driver in the fight to reduce Covid related hospital admissions and mortalities. With thousands of people across City and Hackney already being vaccinated, the roll out of the City and Hackney COVID vaccination programme should help reduce the rates of serious illness associated with COVID, save lives and reduce pressure on the NHS and social care services. The majority of vaccination activity is taking place at across various local vaccination centres, supported by GP roving service to care homes and housebound patients and a nationally commissioned community pharmacy model.
2021/22 Operational Planning Guidance	***Priority B** - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19*
2021/22 CH System Priorities (The Covid Vaccination Programme)	• *Increase vaccine confidence and uptake of first doses for those in cohorts 1-9 through targeted interventions* • *Implement a community led outreach approach with Public Health to increase vaccine uptake in high risk unvaccinated eligible cohorts who are either registered or unregistered with a GP, reducing vaccine inequity* • *Promote maximum uptake of second doses within the advised timeframes* • *Design and implement a vaccine delivery model for cohorts 10-12 led by the PCNs, and delivered through local vaccination centres, general practice and community pharmacy* • *Promote maximum uptake of vaccination for City and Hackney health and social care workforce* • *Develop a clear view of system-wide demand and capacity to allow for structured discussions and early identification of issues and opportunities.* • *Ensure there is in place timely, digestible and accurate data analysis to support delivery and reporting*

The City and Hackney Strategic Enablers:

- Tackling health inequalities through a population health framework
- IT and Digital
- Workforce
- Comms and Engagement
- Estates
- The Voluntary and Community Sector (VCS)

*Actions highlighted **in blue** in the following slides are being funded through the Neighbourhoods programme in 2021/22*

Jayne Taylor, Anna Garner

Key Drivers	Covid19 is a global event that has laid bare and widened many pre-existing health inequalities. Impacts of the disease are having disproportionate direct impacts on people's health : when risk factors for illness are intertwined, cumulative and interactive – thereby increasing the disease burden and its negative effects. Underlying chronic conditions and unequal living and working conditions can increase the prevalence and severity of Covid19 infections. *We need to ensure that our local priorities are reflecting a population health approach and embedding health equity considerations across all plans. This page describes the system-wide enablers that will support the work on inequalities that run across all of our work programmes. .* Taking a population health approach means: • Rebalancing investment across the four 'pillars' of population health (wider determinants, health behaviours, places and communities, integrated health and care system) • Focusing attention in the areas of overlap and intersection between these four 'pillars' - where there are the greatest opportunities for impact • System partners taking shared responsibility for improving population health. Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.
2021/22 Operational Planning Guidance	*Priority F2 - Develop local priorities that reflect local circumstances and health inequalities* *Priority F3 - Develop the underpinning digital and data capability to support population-based approaches* *As well as requirements within other areas of planning guidance*
2021- 22 CH System Priorities (Tackling health inequalities through a population health framework)	• Establish Population Health Hub as a system wide resource to support with the embedding of a population health approach • Draft Health and Wellbeing Strategies, using the Kings Fund Population Health approach • Improve routine collection and analysis of equalities data and insight, and its use to inform planning and action • Develop and embed tools and resources to support routine consideration of health equity in decision making and planning • Adopt a partnership position and action plan to tackle structural racism and wider discrimination with local institutions • Build trust and adopt flexible models of engagement to work in partnership with residents • Align with NEL work on anchor institutions • Collectively develop plans for Prevention and Investment Standard • Embed strengths-based, preventative based approaches (including MECC) • Build on Covid19 risk assessments to provide ongoing support for wider staff wellbeing needs.

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City and Hackney: IT and Digital

Anita Ghosh

Key Drivers	Embedding digital approaches to patient care; Digitally joining up the care providers to support integrated care pathways; Implementing new IT enabler projects to support the system priorities.
2021/22 Operational Planning Guidance	_**Priority F3 - Develop the underpinning digital and data capability to support population-based approaches**_
2021/22 CH System Priorities (IT Enabler)	• **Care pathways integration** –. _Key projects : east London Patient Record - data sharing across health and social care, supporting multi-agency care; embedding Coordinate My Care across the system - shared care planning for those at end of life/vulnerable and at risk of unplanned admissions; Transfer of care around medicines to improve communication with community pharmacies_ • **Telehealth, Remote Monitoring and Assistive Technology** – _bringing care closer to the patient's home. Key projects : virtual (video) patient consultations (outpatient and community services) ; Remote Monitoring in care homes (part of NEL programme)_ • **Websites and apps** – _provide easy access to online service information and resources for patients and for health and care professionals, Key projects : Find Support Services for local residents and Community Navigation; Childhood Adversity, Trauma and Resilience (ChATR) digital resource portal for care professionals_ • **Population Health** – _**Discovery (population health)**_ _- using the information we have to direct resources and action where it is most needed and maximise our impact across health and care_ • **Outpatients transformation –** _streamlining the patient pathway in ways that empower the patient and bring care closer to the patient home while freeing up capacity in the health and care system. Digital platforms for: community phlebotomy, tele-otology and patient initiated follow-up (PIFU)_ • **Linking to the digital inclusion and digital first programmes of work** - _maximising opportunities across the local population in the adoption of technology, noting the shift to virtual first in health._ • **Working collaboratively with the wider NEL programmes of work** _including integrated urgent and emergency care, digital first for primary care and care homes, and the personal health record (PHR)._

City and Hackney: Workforce

Laura Sharpe, Stewart Weller

Key Drivers	The workforce enabler board was launched just before the Covid-19 pandemic hit. Therefore the pandemic has been a key theme in board discussions relating to our priority areas. The need to prioritise staff wellbeing and staff equality in particular have emerged as out of hospital staff have managed the response to the pandemic. The ARRS (New roles) is a key element of the PCN contract and is vital to providing support to primary care in embedding the new models of care and ways of working. And the Health Education England Training Hub mandate and NHS people plan stresses the importance of taking a system wide and coordinated approach to staff training and development which is a key element in attracting and retaining the out of hospital workforce.

2021/22 Operational Planning Guidance	*Priority A - Supporting the health and wellbeing of staff and taking action on recruitment and retention*
	   • *A1 - Looking after our people and helping them to recover*
	   • *A2 - Belonging in the NHS and addressing inequalities*
	   • *A3 - Embed new ways of working and delivering care*
	   • *A4 - Grow workforce for the future*

2021/22 CH System Priorities (Workforce Enabler)	• **Staff Equality**– *Learning from the City and Hackney inclusive leadership workshops being hosted by LBH we are prioritising the development of an educational programme focused on unconscious bias and inclusive leadership for all out of hospital staff working in City and Hackney.* • **Health and Wellbeing for out of hospital staff** – *Learning from the response to Covid-19 and in anticipation of ongoing pressures on NHS staff we are prioritising the development of a staff health and wellbeing support package for all out of hospital staff working in City and Hackney.* • **Workforce Planning & Analytics** – *ARRS (Additional roles reimbursement scheme) planning including the HR, recruitment and training that comes with this is a key part of the PCN DES. We are prioritising the delivery of this via the board. This in time will include the collection and analysis of workforce data via a population heath and workforce analysis tool that will enable us to explore new ways or working and new clinical models.* • **System wide Training** – *To develop a common approach to training across MDTs and system partners including process for delivering this. To develop a process for sharing learning and development opportunities across all system partners.*

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Key Drivers	*The pandemic accelerated the ambition to work in an integrated way as a communications and engagement function. This has proven invaluable in terms of our collective response (especially in relation to ongoing vaccine outreach activity and the system wide practitioner response to the pandemic). For the Communications and engagement strategic enabler, the primary focus in the short term is to establish effective communications and engagement structure and ways of working within the ICP based on learning from the past 12 months. This will include:* • *Putting in place more formal processes, including outlining the local communications and engagement offer and a toolkit that will serve the whole ICP* • *ICP brand presence including supportive guide documents, website and weekly newsletter* • *Campaign delivery and sharing resources within the ICP where appropriate to ensure maximum effectiveness of communications and engagement with relevant groups.*
2021- 22 Priorities	**Stakeholder engagement and management** **ICP stakeholders** • *Reviewing and updating stakeholder lists, relationships and processes to ensure a partnership approach* **Public engagement** • *Establishing the People in Places Group and the associated forums.* • *Continued focus on ensuring accessible opportunities for involvement with particular focus on groups experiencing inequalities.* • *Prioritising insights and coding to create a shared understanding of issues being raised and a local community insight database to inform the work of the major programmes, enablers and the City &Hackney Population Health Hub.* • *Building on relationships with faith groups and assets within the community and developing new ways to engage through the community groups.* **GP engagement** • *Establishing two-way feedback opportunities for major programmes and system partners to engage with practitioners.* • *Forging closer links with a wider cohort of City & Hackney.* • *Practitioners including established links to PCN leads.* • *Identifying key influencers and stakeholders in the City & Hackney ICP.* • *Developing and testing a practitioner engagement strategy.* • *Integrating hybrid engagement tools.* **City and Hackney ICP communications and engagement priorities aligned to the major transformation programmes and enablers** • *Covid-19 vaccine programme* • *Consultations triggered by service changes to accommodate pandemic response* • *Elective services recovery* • *Mental Health (incl. single point of access for CAMHS, SMI digital platform, staff wellbeing and recovery)* • *CYPFM (incl. immunisations and vaccinations and maternity transformation)* • *Estates (incl. St Leonard's Hospital and primary care estates)* • *Neighbourhoods communications and engagement programme* • *Digital engagement and inclusion* • *Personalised Care* **Sustainability and Equalities** • *Ensure project management templates/committee cover sheets require outcomes of equality analysis* • *ICP equality priorities and action plan for 2021-2022* • *Establish effective equality analysis system and process* • *Inequalities toolkit to be agreed by ICP* • *Increase number of EIA's undertaken across ICP* • *Train/support a group of EIA Champions from across all Transformation and Enabler groups*

City and Hackney: Estates

Amaka Nnadi, Fiona Abiade

Key Drivers	The key drivers for the Estates Enabler include: • *The pressing need for fit-for-purpose estates to support provision of health and care services for City & Hackney Residents* • *New working structures such as PCN (primary care networks) and emerging strategies such as transfer of appropriate services out of hospital into the community/primary care, community diagnostic hubs and the 'Neighbourhood' delivery model in City & Hackney.* • *Lack of capacity in primary care and community estates within City & hackney to support the existing activity levels. The lack of capacity owes to various elements such as over-specification and inflexibility of space within existing buildings, lack of investment over the years to provide additional capacity in line with population and demand growth.* • *Estates/space reconfigurations and improvements to accommodate pandemic planning needs.*
2021/22 CH System Priorities (Estates)	**2021- 22 Priorities** • **Joined up planning**: *working with system partners including the local authorities to ensure there is joined up system planning for health & care estates. This includes visibility of health/care requirements in the Council's local plans and evidence based infrastructure planning methodologies.* • ***Continue developing a 'community asset register' for estates in City and Hackney*** *that not only includes NHS space but also bookable local authority space (e.g. Children's centres etc.) that could support delivery of health & care for our residents.* • **Capital projects:** *drive forward live capital proposals for business cases, explore alternative capital strategies and, North East London system capital prioritisation at STP level for NHS capital.* • **Maximisation of estates utilisation and reduction of voids:** *Develop space allocation strategy for Primary & Community services, and PCN's to support business cases and space requests.*

City and Hackney: The Voluntary and Community Sector (VCS)

Vanessa Morris

Key Drivers	To support the wider work of the VCS to contribute to system priorities, including through reducing health inequalities, prevention and promoting rehabilitation and recovery
2021/22 CH System Priorities (The VCS)	**2021- 22 Priorities** • *Establish the VCS Enabler workstream* • *Pilot the VCS Assembly, enabling VCS organisations to design and implement solutions to system issues* • *Confirm the Neighbourhood Partnerships model, building on current pilots* • *Develop approach to community group involvement in MDMs* • *Develop community navigation model for specific population groups* • *Progress on the VCS estates review (led by LBH as part of VCS Strategy)* • *Progress on the VCS Core Grants investment model (led by LBH as part of VCS Strategy)* • *Build on the community champions and COVID information grant holders to support resilience against pandemic* • *Build on the community champions and COVID information grant holders to support resilience against pandemic and develop as network of VCS organisations delivering public health and health messages* • *Employ new delivery models and developing new public sector/VCS relationships based on the learning from those developed through the pandemic response through the Community Partnership Network and Food Network, (with LBH and COL policy teams)*