City & Hackney Health and Care Board & Sub Committee

Wednesday 12 July 2023, 1400-1600 **Chair: Helen Fentimen**

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** • Declaration of conflicts of interest • Minutes of the meeting held on 14 June 2023 • Action Log • Matters Arising	1400 (10 mins)	Chair	*Papers 1a, 1b & 1c* Pages 1-13	Note Note Approve Note
2.	**Update from Place Lead**	1410 (10 mins)	Louise Ashley	*Verbal*	Discuss
City & Hackney Health and Care Sub Committee					
3.	**Questions from the public**	1420 (5 mins)	Chair	*Verbal*	Discuss
4.	**City & Hackney Integrated Delivery Plan – resident friendly version**	1425 (10 mins)	Stella Okonkwo	*Paper 4* *Pages 14-39*	Discuss
5.	**City and Hackney Place Based Partnership Governance**	1435 (10 mins)	Nina Griffith	*Paper 5* *Pages 40-45*	Approve
6.	**Update on VCS Enabler Sustainability Plan**	1445 (10 mins)	Tony Wong / Jessica Lubin	*Verbal*	Discuss

7.	**Month 2, 2023/24 Finance Report & 2023/24 Operating plan**	1455 (20 mins)	Sunil Thakker / Saem Ahmed	*Papers 7a & 7b* Pages 46-94	Discuss
8.	**City and Hackney Use of Investment: Health Inequalities and outcomes**	1515 (20 mins)	Anna Garner	*Paper 8* Pages 95-115	Approve
9.	**Any Other Business**	1535 (5 mins)	Chair	Verbal	Discuss
Date of next meeting: Full meeting in public on Wednesday 13 September 2023, 1400-1600 online by Teams					

- Declared Interests as at 03/07/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Andrew Carter	Executive Director, Community & Children's Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Director – Community & Children's Services for City of London Corporation	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Member of Association of Directors of Adult Social Services	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Childrens Services	Member of Association of Directors of Childrens Services	2021-05-13		
			Non-Financial Personal Interest	CoramBAAF	CoramBAAF Board Chair	2021-12-06		
Anna Hanbury	Urgent Care Programme Lead	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Stanmar Consulting Ltd	I am director for a limited company - Stanmar Consulting Ltd I previously worked as an independent consultant for a number of interim posts - LAS, Lewisham CCG and C&H CCG I have not had any active work through the company since transfer to direct employee at C&H CCG in 2016 and have no plans to accept any at present	2016-08-01		
Caroline Millar	Chair of the GP Confederation	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City and Hackney GP Confederation	Acting Chair for City and Hackney GP Confederation	2021-10-14		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	Independent Adjudicator, for the Independent Sector	2021-10-14		

					Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)			
			Non-Financial Personal Interest	Clissold Park User Group	Treasurer for Clissold Park User Group	2021-10-14		
			Non-Financial Personal Interest	Vox Holloway	Trustee for Vox Holloway	2021-10-14		
			Non-Financial Personal Interest	Barton House Group Practice	Registered patient at Barton House Group Practice	2021-10-14		
			Non-Financial Personal Interest	Allerton Road Medical Centre	Immediate family members registered at this practice	0021-10-14		
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings

Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
Dr Haren Patel	Joint Clinical Director, Hackney Marsh Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Hackney Marsh Primary Care Network	Joint Clinical Director for Hackney Marsh Primary Care Network	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Latimer Health Centre	Senior Partner at Latimer Health Centre	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Acorn Lodge Care Home	Primary Care Service Provision to Acorn Lodge Care Home	2020-10-10		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Pharmacy in Brent CCG	Joint Director for pharmacy in Brent CCG	2020-10-10		
			Non-Financial Professional Interest	NHS England	GP Member of the NHS England Regional Medicines Optimisation Committee	2020-10-10		
Helen Fentimen	Common Council Member	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Common Council Member of the City of London Corporation	2020-02-14		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-02-14		

			Non-Financial Personal Interest	Unite Trade Union	Member of Unite Trade Union	2020-02-14		
			Non-Financial Personal Interest	Prior Weston Primary School and Children's Centre	Chair of the Governors, Prior Weston Primary School and Children's Centre	2020-02-14		
John Gieve	Chair of Homerton Healthcare	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Indirect Interest	Pause	My wife is a trustee of Pause, the charity to support women whose children have been taken into care, and a board member of Pause Hackney.	2015-06-01		
			Non-Financial Professional Interest	Homerton Healthcare NHS Foundation Trust	I am Chair of Homerton Healthcare whose interests are affected by ICP and City and Hackney Parnership decisions	2019-03-01		
Kirsten Brown	Primary Care Clinical Lead for City and Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board Primary Care Collaborative sub-committee	Financial Interest	Lawson Practice Partnership	I am a GP partner at Lawson Practice and Spring Hill Practice	2013-02-01		Declarations to be made at the beginning of meetings
			Financial Interest	City and Hackney GP Confederation	I am a partner at the Lawson Practice and Spring Hill Practice both of which are member practices of City and Hackney GP confederation	2013-02-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	UCLH	I am a patient at UCLH	2017-06-01		
Laura Sharpe	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City & Hackney GP Confederation	Chief Executive of the City & Hackney GP Confederation	2021-04-23		Declarations to be made at the beginning of meetings
Nina Griffith	I am seconded to NEL CCG as Director of Delivery for the City and Hackney Partnership	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Personal Interest	UNICEF	Global Guardian for UNICEF	2016-07-01	2022-06-06	
Paul Calaminus	Chief Executive	City & Hackney ICB Sub-committee	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings

		City & Hackney Partnership Board ICB Board ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee						
			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		
Philip Glanville	Local authority rep on ICB Board	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee	Financial Interest	London Borough of Hackney	Mayor of Hackney	2016-09-19		
			Financial Interest	London Councils	Chair of Transport & Environment Committee	2020-10-01		
			Financial Interest	Local Government Association (LGA)	Member of LGA Environment, Economy, Housing & Transport Board	2018-08-01		
			Non-Financial Professional Interest	London Legacy Development Corporation (LLDC)	Non-Executive Director of London Legacy Development Corporation (LLDC) appointed by Hackney Council and the Mayor of London	2016-09-19		
			Non-Financial Professional Interest	London Office of Technology and Innovation	London Councils Digital Champion and lead for London Office of Technology and Innovation appointed by London Councils and the Mayor of London	2018-10-01		
			Non-Financial Professional Interest	Central London Forward	Board Member	2016-09-19		
			Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		
			Non-Financial Professional Interest	Greater London Authority (GLA)	Co-Chair of Green New Deal Expert Advisory	2021-03-01		

					Panel			
			Non-Financial Professional Interest	London Councils	Member of London Councils Ltd and London Councils Leaders' Committee	2016-09-19		
			Non-Financial Professional Interest	London Councils	Digital Champion / LOTI Lead	2020-10-01		
			Non-Financial Personal Interest	East London Foundation Trust	Resident Member	2019-08-01		
			Non-Financial Personal Interest	Unison	Union Member	2021-11-01		
			Non-Financial Personal Interest	Unite the Union	Member	2005-05-01		
Sandra Husbands	Director of Public Health, City of London & London Borough of Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group	Non-Financial Professional Interest	Imperial Health Charity	Trustee	2022-08-22		
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 03/07/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
Stella Okonkwo	PMO Lead	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Cindy Fischer	Commissioning Programme Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Matthew Knell	Senior Governance Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Finance, Performance & Investment Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.

Jenny Darkwah	Clinical Director, Shoreditch Park and City Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Helen Woodland	Group Director, Adults, Health and Integration	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Simon Cribbens	Assistant Director - Commissioning and Partnerships	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Louise Ashley	Committee membership	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICS Executive Committee	Indicated No Conflicts To Declare.

Minutes of City & Hackney Health and Care Sub Committee
14:00-1600, Wednesday 14 June 2023
Committee Rooms 101-103, Hackney Town Hall, Mare Street E8 1EA

Members:	
Helen Fentimen (HF) – Chair	Elected Member, City of London Corporation
Cllr Chris Kennedy (CK)	Elected member, London Borough of Hackney
Nina Griffith (NG)	Place Director (Delivery Director), NHS North East London
Tony Wong (TW)	Chief Executive Officer, Hackney Council for Voluntary Services
Mary Durcan (MD)	Elected Member, City of London Corporation
Dr Stephanie Coughlin (SC)	Clinical Care Director, NHS North East London
Basirat Sadiq (BS)	Deputy Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Dr Kirsten Brown (KB)	Primary Care Development Clinical Lead
Sir John Gieve (JG)	Chair, Homerton Healthcare NHS Foundation Trust
Robert Chapman (RC)	Elected Member, London Borough of Hackney
Caroline Millar (CM)	Chair, City & Hackney GP Confederation
Mary Durcan (MD)	Elected Member, City of London Corporation
Haren Patel (HP)	PCN representative, Primary Care Networks
Ellie Ward (EW)	Community & Children's' Services, City of London Corporation
Ruby Sayed (RS)	Elected Member, Community & Children's' Services Sub-Committee, City of London Corporation
Dr Anu Kumar (AK)	Chair of the People and Place Group, East London NHS Foundation Trust
Louise Ashley (LA)	Place Based Lead and Chief Executive, Homerton Healthcare NHS Foundation Trust
Andreas Lambrianou (AL)	Chief Executive Officer, City & Hackney GP Confederation
Caroline Millar (CM)	Chair, City & Hackney GP Confederation
Stella Okonkwo (SO)	PMO Lead, NHS North East London
Lorraine Sunduza (LS)	Chief Nurse & Deputy CEO, East London NHS Foundation Trust
Dr Kirsten Brown (KB)	Primary Care Development Clinical Lead
Sally Beaven (SB)	Executive Director (acting), Health Watch Hackney
Attendees:	
Matthew Knell (MK)	Senior Governance Officer, NHS North East London
Shakila Talukdar (ST)	Governance Officer, NHS North East London (notes)
Jonathan McShane (JMS)	Integrated Commissioning Manager, NHS North East London
Cindy Fischer (CF)	Commissioning Programme Manager, NHS North East London
Berni Graham (BG)	Independent researcher/evaluator, Hackney VCS
Dan Burningham (DB)	MH Programme Director, NHS North East London
Greg Condon (GC)	MH Programme Manager, NHS North East London
Jed Francique (JF)	MH Associate Director of Operations, NHS North East London
Apologies:	
Dr Sandra Husbands (SH)	Director of Public Health, London Borough of Hackney / City of London Corporation
Helen Woodland (HW)	Director of Adult Social Care, London Borough of Hackney
Paul Calaminus (PC)	Chief Executive Officer, East London NHS Foundation Trust
Agnes Kasprowicz (AK)	PCN representative, Primary Care Networks
Ceri Wilkins (CW)	Elected Member, City of London Corporation
Mark Carroll (MC)	Chief Executive, London Borough of Hackney
Tehseen Khan (TK)	PCN representative, Primary Care Networks
Mark Rickets (MR)	Primary Care Lead, NHS North East London

Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Jacquie Burke (JB)	Director of Children's Services, London Borough of Hackney
Ceri Wilkins (CW)	Elected Member, City of London Corporation
Ruby Sayed (RS)	Elected Member, Community & Children's' Services Sub-Committee, City of London Corporation
Simon Cribbens (SC)	Director, Community & Children's' Services, City of London Corporation
Anntoinette Bramble (AB)	Elected Member, London Borough of Hackney
Jenny Darkwah (JD)	PCN representative, Primary Care Networks
Chetan Vyas (CV)	Director of Quality and Safety, NHS North East London
Florence Keelson-Anfu (FKA)	City of London Corporation
Sunil Thakker (ST)	Director of Finance, NHS North East London

Item No.	Item title
1.	**Welcome, Introductions and apologies** The chair welcomed members and attendees to the June 2023 meeting of the City & Hackney Health and Care Sub Committee & City & Hackney Integrated Care Board Development Session and highlighted the apologies as listed above. **1.1 Declarations of Interest** It was confirmed that no declarations of interest were held by members or attendees in the meeting's business. **1.2 Minutes of the Board meeting held on 10 May 2023** There were two minor corrections made to the minutes on page 13 of the papers. The board approved and agreed the minutes as an accurate reflection of the meeting. **1.3 Action Log** Action 1204-01 final check on the Terms of reference update was that lots of places are doing reviews, section 75 part looks unusual, there's work being done on meeting cycles. Action 1204-04 update - Initial funding capital for WXH is coming through. Action 1005- 02 - update for discussion on HCVS Development Sustainability plan will be brought to the July 2023 board meeting and final will be at the September board. **1.4 Matters Arising** No matters arising was discussed.
2.	**Questions from the public** There were no questions from the public.
3.	**BCF Plan 2023-25** Cindy Fischer (CF) joined the meeting via google meet and talked members through the circulated papers and highlighted the following points: • The Better Care Fund (BCF) requires Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006). • The BCF Policy Framework and Planning Requirements were published on the 4 April 2023 and confirms the conditions and funding for 2023-2025. This includes two-year spending plans although the second year is provisional in some aspects. • The paper outlines our local BCF plans which must be submitted, 28 June 2023. Comments and questions from the board included that:

	• The board commented that there seems too much funding was put on hospital discharge and in neighbourhood's pharmacy project. • It was noted most of it is pretty much aligned with last year's BCF indicated in slides 22-24, hoping to put more investment in Telecare, hospital care equipment and rapid response. There's a section on slide 25, want to see more investment in BCF, to use that as a mechanism for pooled budget. • It will come back to the next development to see what this will look like in future. • The board flagged that the discharge fund has already been added to the BCF and won't be expecting any additional winter money. • The board noted that extra schemes - fit for health is non-recurrent and End of Life is recurrent. Looking to fund this through Health inequalities funding. • The board recognised there's a gap between social care provision and medical equipment provided in people's homes. Virtual ward - integrated community funding for telecare / equipment. • Nina Griffith (NG) will pick this up outside of meeting. • It was noted that virtual ward and tele care support needs to be included in how services get joined up. **ENDORSEMENT: This paper will go to City and Hackney Health and Wellbeing board for Approval.**
4.	**Any Other Business:** The August board meeting is cancelled due to large number of members being on leave.
	Date of next meeting: Full meeting in public on Wednesday 12 July 2023, 1400-1600 online by Teams

City & Hackney Health and Care Partnership Action Log

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
1204-01	12-Apr-23	Jonathan McShane (JMS) and Matthew Knell (MK) to do a final check on the Terms of Reference.	Jonathan McShane / Matthew Knell	14-Jun-23	Complete	14 June 2023 - update from Board meeting Lots of places are doing reviews, section 75 part looks unusual, there's work being done on meeting cycles.
1204-04	12-Apr-23	Sunil Thakker (ST) to provide clarity on Finance Capital for Whipps Cross Hospital (WXH) and what the position will be for City and Hackney.	Sunil Thakker	14-Jun-23	Open	14 June 2023 - update from Board meeting Initial funding capital for WXH is coming through.
1005- 02	10-May-23	Tony Wong to bring an update for discussion on HCVS Development Sustainability plan to the July 2023 board meeting and to bring final to the September board.	Tony Wong	12-Jul-23	Open	On agenda for a verbal update on 12 July 2023

City and Hackney Health and Care Board

[12th of July 2023]

Title of report	City & Hackney Integrated Delivery Plan – Resident friendly version
Author	Stella Okonkwo
Presented by	Stella Okonkwo, City and Hackney PbP PMO Lead
Executive summary	Background - The City and Hackney place-based partnership brings together health and social care organisations who have committed to work together to support improved outcomes and reduce inequalities for our local population. The City and Hackney Health and Care Board have agreed a set of strategic focus areas and an integrated delivery plan that describes how we will deliver this strategy. This plan was engaged upon widely across both the partnership and our residents / resident reps. Based on feedback received from partners and our public reps that it would be useful to produce a resident version of the plan that explains what the partnership is, its vison as well as its areas of focus in simple language, this document sets out to present this in a clear, visual and an easy to read version that can be shared with our partners and residents.
Action required	Note / Discussion
Previous reporting / discussion	Public Reps Meeting, May 2023 Integrated Care Comms and Engagement Enabler Group, May 2023 City and Hackney PbP Delivery Group, April and June 2023 City and Hackney Neighbourhood Health and Care Board, June 2023
Next steps / onward reporting	To host this document on partnership websites
Conflicts of interest	N/A
Strategic fit	The plan supports the delivery of partnership strategy
Impact on local people, health inequalities and sustainability	The plan supports the delivery of improved outcomes for local people
Impact on finance, performance and quality	N/A
Risks	N/A

City and Hackney Place-based Partnership

Delivering joined health and care services for people living in City and Hackney

Contents

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Who we are

We are one of the seven Place-based Partnerships within the North East London Integrated Care System

ICS-implementation-guidance-on-thriving (england.nhs.uk)

With six other local authority areas – Barking and Dagenham, Havering, Newham, Redbridge, Tower Hamlets, and Waltham Forest – we make up North East London Integrated Care System.

Who we are

The City and Hackney Place-based Partnership is made up of the NHS, local authorities, patient representatives as well as community and voluntary sector organisations who are working together to improve outcomes and reduce inequalities for people living in City and Hackney.

healthwatch Hackney

VCS Leadership Group
Tackling health inequalities together in City & Hackney

City of London

Hackney

City & Hackney Office of PCNs

City & Hackney GP Confederation
A community interest company

NHS
Homerton Healthcare
NHS Foundation Trust

NHS
North East London

NHS
East London
NHS Foundation Trust

healthwatch City of London

Who we are

The City and Hackney Place-based Partnership is made up of the NHS, local authorities, patient representatives as well as community and voluntary sector organisations who are working together to improve outcomes and reduce inequalities for people living in City and Hackney.

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City & Hackney GP Confederation
A community interest company

NHS
Homerton Healthcare
NHS Foundation Trust

NHS
North East London

NHS
East London
NHS Foundation Trust

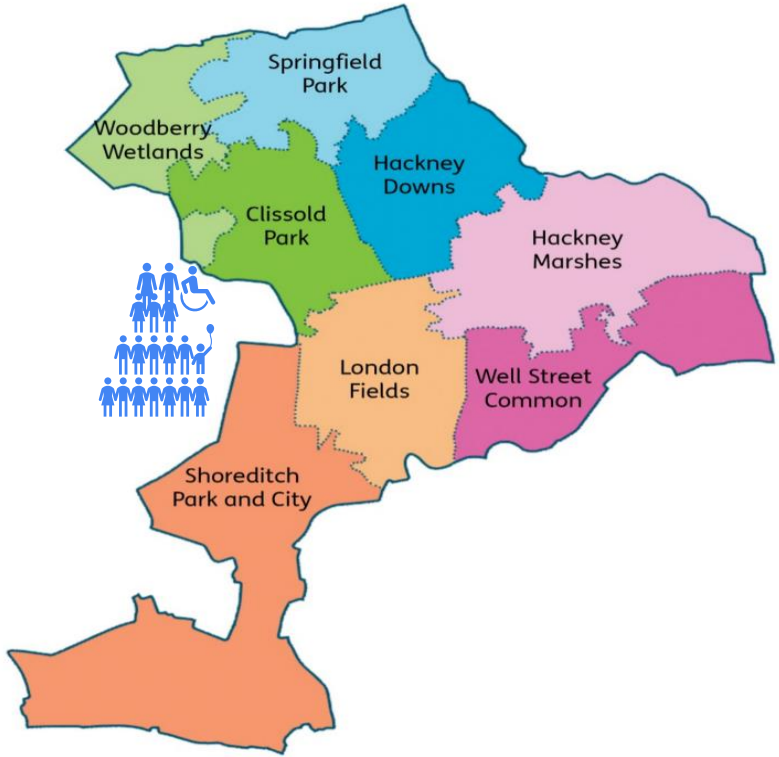
healthwatch City of London

Our profile and population

We cover an area of north east London made up of the City of London and the London Borough of Hackney with a combined resident population estimated at 267,700 *(ONS, 2021 Census)*.

Our area is one of the most diverse in the country, with nearly 90 different languages spoken as a main language.

We have grouped our population around 8 Neighbourhoods namely Springfield Park; Woodbury Wetlands; Hackney Downs; Hackney Marshes; Clissold Park; Shoreditch Park and City; Well Street Common and London Fields.



What our residents have told us

Our residents have told us that the some of the most important things to them are increasing how financially stable they are, improving their mental health and wellbeing and increasing social connectedness.

Our Partnership vision “**Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive**” has been developed with the purpose of addressing these.

Our population health and outcomes based approach

All our work is aimed at improving the health of our local residents and reducing inequalities.

To deliver this, we are working together – through the NHS, local authorities, patient representative groups and the voluntary sector - to identify people who need more support and those with the most complex needs within our locality, so that our efforts can be targeted to protect certain populations and reduce the health inequality gap for our residents.

Our population health and outcomes based approach (cont.)

Health inequalities are unjust and avoidable differences in people's health across the population and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

This means supporting people to live longer, healthier lives as well as ensuring that our patients and residents have equal and fair access to health services and resources.

The following slides cover our priorities that are centred on population health and how we plan to deliver on these.

We are doing a large amount of work across the partnership and have identified areas of focus

Our areas of focus are where we think the biggest needs are…

They have been informed by what you told us; our staff at the frontline as well as national, regional and local policies and strategic aims - like the NHS Long Term Plan and the City and Hackney Health & Wellbeing strategies.

You can get a full copy of our strategies, priorities and plans by clicking on these links :

NHS Long Term Plan ;
North East London health and care priorities;
Hackney Health and Wellbeing Strategy;
City of London Health and Wellbeing Strategy; (under review)
City and Hackney 2022 – 24 Integrated Delivery Plan

Our Areas of Focus

Giving every child the best start in life

Improving mental health and preventing mental ill health

Preventing ill health and improving outcomes for people with long term health and care needs

Our Areas of Focus

…We are making sure that plans developed around our areas of focus are addressing these important themes:

- Ensuring healthy local places
- Joining health and care around residents' and families' needs
- Increasing social connection
- Supporting greater financial wellbeing
- Supporting our health and care workforce
- Taking effective action against racism and discrimination

Giving every child the best start in life

Children and Young People's Emotional Health

Through our work in Children and Adolescent Mental Health Services (CAMHS), we want to focus on prevention and early identification and of mental ill health and promoting support services.

We will do this by continuing to work closely together with all local health and care partners, children and young people, their families and their carers. Looked-after children are increasingly being involved and engaged in their own care, and we strongly encourage that engagement .

Our CAMHS services are designed to help families and Carers recognise and build on their own strengths through working together. We also offer workshops, drop-ins and other support for all local parents and carers, regardless of whether their child is using our services.

We believe this will lead to better access to mental health services for children and young people, as well as improved patient experience.

Giving every child the best start in life

- **Children and Young People with complex health needs, Special Educational Needs and Disabilities, including learning disabilities and autism.**

We want to help more children achieve a good level of development, improved health and educational outcomes.

We will do this by ensuring early support is available to children, young people and their families by the right services working closely together.

- **Improving uptake of childhood immunisations and vaccinations**

We want more children to have the best possible protection against illnesses like measles. This will help prevent future outbreaks of illness, ensure good level of development, and reduce the number of deaths in children under the age of 1.

Improving mental health and preventing mental ill health

- **Providing people with serious mental illness with integrated and personalised support**

Making sure people with a serious mental illness receive the right care for their personalised needs, improve their resilience, physical and mental health. We will do this by increasing the number of physical health check for those with serious mental illness and giving them access to patient-owned digital care plans and personal health budgets.

- **Common mental health problems**

We want to improve access to mental health services for people who are living with long-term conditions and those experiencing economic hardship. We also want to increase our Black Minority Ethnic heritage communities access to these services.

- **Children and Adolescent Mental Health Services (CAMHS)**

(See Children, Young People, Maternity and Families)

Preventing and improving outcomes for people with long-term health and care needs

- **Stronger community support for people with long-term health and care needs**

Whenever it is appropriate to do so, we want to support people in crisis at home as a safe alternative to A&E which helps avoid hospital admissions .

We will do this through improving the urgent community response services. The goal is that 90% of people referred to the services are seen within two hours.

- **Introducing a new model of community based care called Virtual Wards.**

People can be safely cared for and monitored at home as an alternative to hospital admission.

Our virtual wards are being designed to help people with long term health and care (frailty and respiratory) needs feel better supported in their own home, recover more quickly and avoid further crisis. In this way, we prevent avoidable admissions into hospital. This will also help people live independently for longer and have a better quality of life.

Preventing and improving outcomes for people with long-term health and care needs

Discharge

We are working together as a health and care partnership and through integrated teams to ensure that when people are discharged from a service, this happens in a way that is safe, timely and effective.

Personalised Care

We are working together as a health and care partnership to make sure our approach to Personalised care is built around the person;

Personalised care means allowing people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

This will enable people to access a wider range of services and feel more involved in their own care.

Preventing and improving outcomes for people with long-term health and care needs

Homeless and vulnerably housed people

We want to reduce the number of people who are homeless or who are living in precarious housing situations.

We will do this by working across health, social care and housing to ensure the vulnerably housed with City and Hackney have health, housing, care, employment and community services that are joined up.

Through this, we aim to help more people make contact with health, social care and wider services, resulting improved health and care outcomes through things like increased vaccination rates and improved access to all services.

Preventing and improving outcomes for people with long-term health and care needs

Improving quality of care for people living with long-term conditions

We want to help more people with long term conditions receive good quality care, as early as possible, focusing on prevention.

We want people to have the same standard of care regardless of where they live and feel supported to manage their conditions. We will do this through continuing to work with local GP practices so that they can deliver high quality care for those who most need it.

We also want to increase access to ‘supported self- management’ for people with long term conditions, recognising the expertise that people themselves and their communities have.

‘Supported self-management’ means the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves.

This will lead to earlier diagnosis, improved health outcomes and reduced deaths from cardiovascular and respiratory illness.

Our Neighbourhoods Programme

Our **Neighbourhoods programme** is about fostering community connections and working together so everyone in our Neighbourhoods can thrive.

To achieve this, we bring residents, voluntary sector, health, education and care services together in City & Hackney's eight Neighbourhoods, to work together on what matters to local people, including addressing health inequalities.

The goal is for people to access the care and support that they need closer to home in their local Neighbourhoods.

There are eight Neighbourhoods in City and Hackney. Find out more about yours using this link below:
https://cityandhackneyneighbourhoods.org.uk/

Involving local residents in our work

We are committed to involving local residents in our work, because we believe that our communities are best placed to help shape solutions to local issues.

We do this by working with local community and voluntary sector groups, Healthwatch branches, patient groups and individual residents.

We also have in-person events and meetings that you can be a part of.

You can get involved by taking part in an event or a focus group, completing a survey, becoming a community champion or a public representative for your community, joining a digital panel or sharing your experience of receiving health and care services.

To find out more about how to get involved please visit :

https://northeastlondon.icb.nhs.uk/your-area/city-hackney

Where you will find out how to get involved

Helping us deliver…

To be able to realise delivery of all the work around our transformation areas, we have identified **six enablers**. These **enablers** are programmes that support the work to meet local health and care needs.

Their purpose is to help achieve our priorities around improving local health and wellbeing and preventing ill health.

ENABLER	PURPOSE
Population Health	Ensuring that health inequalities are considered in everything we do and that services are available and accessible to all City and Hackney residents.
Workforce	Ensuring that our health and care professionals are skilled, have opportunities to learn and that we have sufficient capacity to deliver services.
IT & Digital	Developing digital platforms that enable better information sharing and that everyone has access to good quality, real-time data.
Communications and Engagement	Keeping residents and workforce informed and involving local stakeholders in decision making in a meaningful way.
Voluntary and Community Sector	Ensuring that the local VCS are involved in decision making and that their skills and expertise are harnessed and recognised.
Estates and assets	Guaranteeing that buildings used in the local health and care system are fit for purpose and utilised in a way that benefits all.

Glossary - Words and their meanings

Words	Meanings
City and Hackney Place based partnership	A collaborative arrangement formed by the local organisations (the NHS, Local government – London Borough of Hackney and the City of London , Voluntary sector and social care providers) responsible for arranging and delivering health and care services in City and Hackney
North East London Integrated Care system (NEL ICS)	A partnership of organisations that provide health and care needs across North East London population.
Outcomes	These are the goals that the person receiving care and support, and their care worker or carer can work towards
Population health	A way of working that helps understand current health and care needs and predicts what local people will need in future.
Health inequalities	These are the unfair and avoidable differences in health across the population, and between different groups within society
CAMHS	Children and Adolescent Mental Health Services
Health and wellbeing strategies	A plan showing approach (by a local authority) to reduce unfair, avoidable differences in health; and improve the health of people who live and work in that locality
Supported self-management	These are the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves

Glossary - Words and their meanings

Words	Meanings
Neighbourhoods approach	This is about local health and care and voluntary organisations working together to foster community connections so that the local people can thrive.
Personalised care	Ensuring that people are allowed to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.
Virtual Wards	(Also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in the hospital.
NHS Long Term Plan	The NHS plan that sets out the key things and the actions you can expect to see that will ensure patients get the care they need over the next few months and years.
Patient - owned digital care plans	A system that links with parts of patients' health records and promotes communication and collaboration with patients and their care teams
Personal budgets	An amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team, or with a partner organisation on behalf of the NHS (such as a local authority).

City and Hackney Health and Care Board

12 July 2023

Title of report	City and Hackney Place Based Partnership Governance
Author	Nina Griffith, Director of delivery
Presented by	Nina Griffith, Director of delivery
Executive summary	The Place Based Partnership has been in operation in its current guise for a year. It is therefore an opportune time to review how the governance and meeting structure are working. Based on feedback from partners and discussion at the Neighbourhoods Health and Care Board, we are proposing some changes to the partnership meeting structure as follows: • Reduce the frequency of the partnership meetings to better match the rhythm of the work • Establish a clearer relationship between the Health and Wellbeing Boards and the Health and Care Board
Action required	Approve
Previous reporting / discussion	Neighbourhoods Health and Care Board, June 2023
Next steps / onward reporting	If the proposal is agreed we will implement the new meeting structure from September
Conflicts of interest	N/A
Strategic fit	This will support our partnership to better deliver its strategic objectives
Impact on local people, health inequalities and sustainability	This will support our partnership to better enact its ambitions to reduce health inequalities
Impact on finance, performance and quality	N/A
Risks	N/A

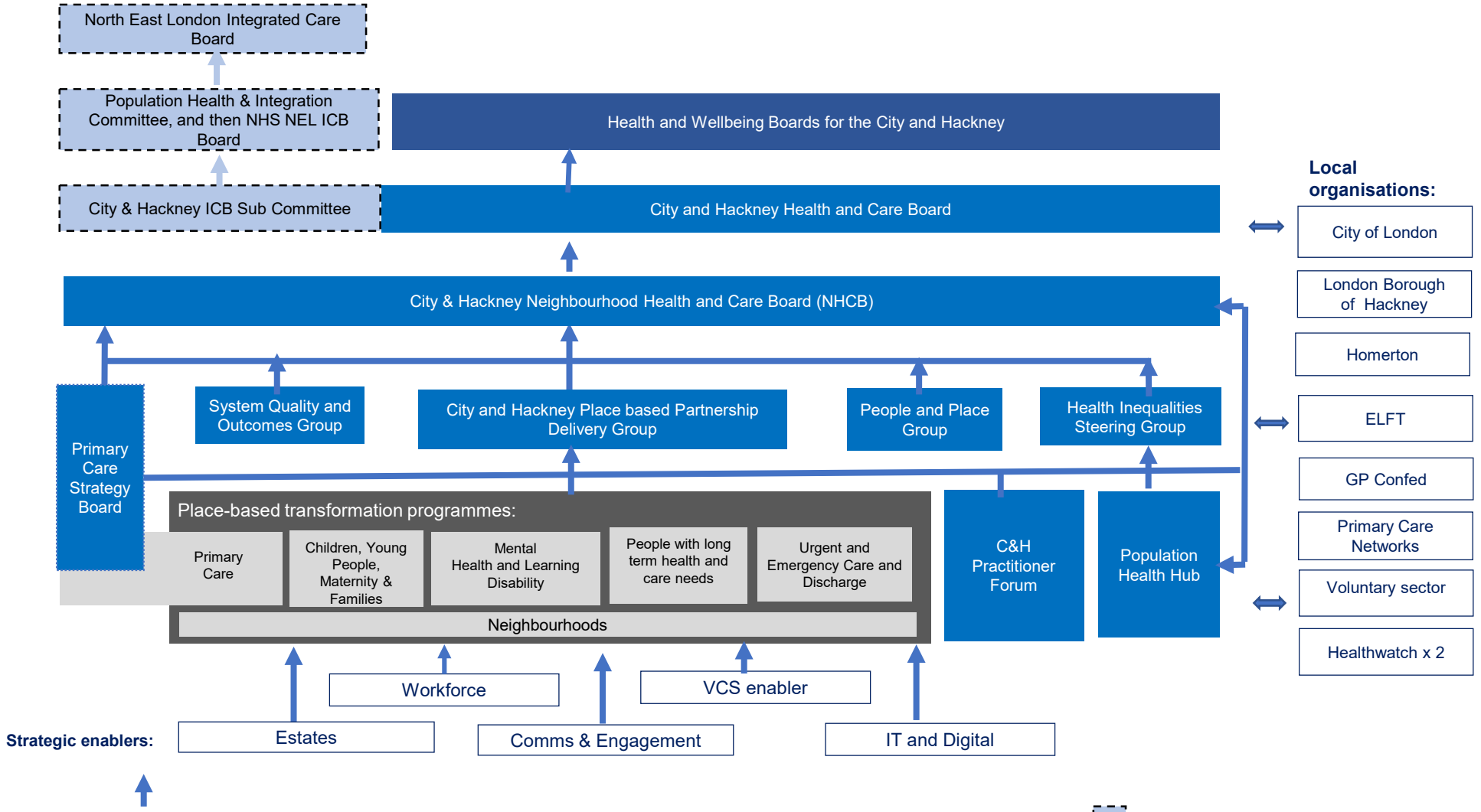
City and Hackney Place Based Partnership Governance

June 2023

It is almost a year since the Health and Care Act was passed which formally established ICS's and the latest iteration of our local Health and Care partnership.

This pack proposes some changes to our partnership governance to better support delivery

City and Hackney Place Based Partnership Governance – established 2022



*** = The **Health and Care 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.

= Formal meeting of NHS NEL ICB relating to City and Hackney PbP

= Support meeting / function to the City and Hackney PbP

= Statutory meeting of the City and Hackney Place

Summary of core function / responsibility of Board/ Committee/ Group (current)

Board/Committee / Group	Summary of role and purpose
Health and Wellbeing Boards for the City and Hackney (HWBs)	• Statutory committees of the London Borough of Hackney and the City of London and statutory role is to improve the health and wellbeing of local people and reduce health inequalities. • Responsible for overseeing the development of the JSNA and producing a Joint Health and Wellbeing Strategy. • Holds broad responsibility around the wider determinants of health • Chaired by elected members and (in Hackney) co-chaired by the partnership clinical director.
City and Hackney Health and Care Board (CHHCB)	• Sub-committee of the ICB Board • Non-statutory partnership board • Holds a shared strategy with the HWBB, and is responsible for overseeing its delivering it as it pertains to health and care services. • Membership is representation from health and care organisations, the VCS and the two local Healthwatch organisations. There is clinical representation on the board and elected members from the City of London and Hackney are represented. There is Non Executive representation through Non-Executive Directors of provider organisations • Oversees system delivery of performance against national targets, NEL-level Long Term Plan commitments and Place strategy including the development of a local outcomes framework. • Oversees the use of resources within delegated financial allocations and promoting financial sustainability • Reports regularly to the NEL Population Health & Integration Committee, and through that Committee to the NEL ICB Board.
City & Hackney Neighbourhood Health and Care Board (NHCB	• Executive partnership group tasked with delivering the strategy agreed by the HWBB/CHHCB. This includes joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources and management of local system performance. • The membership includes senior executive representation from health and social care partners. • The NHCB is responsible for the development and recommendation of joint proposals for local services or transformation that would be submitted to the CHHCB for final approval
City and Hackney Place based Partnership Delivery Group	• The Delivery group is the vehicle for operational collaboration on the delivery of local services for the partnership • Membership of the Delivery Group is made up of senior partnership leads from Health, Care and the VCS • The group ensures that all proposals meet the requirements around the delivery of strategic priorities and focus areas of the partnership as well as suggests transformation proposals to be considered by the Neighbourhood Health and Care Board. • The group is responsible for the development of an Integrated Delivery Plan and Priorities; Providing oversight and assurance on the delivery of the plan to the NHCB and ensuring that the range of transformation work across the system involves the right partners.

Our current meeting structure has run for almost a year. Whilst it has enabled close and regular contact between partners and has supported decision making, feedback from partners have identified areas that could be improved upon.

Issues that we have heard

- The frequency of meetings has not matched the pattern of the work and decisions needed, leading to some 'light' meetings, particularly at the Health and Care Board.
- There is repeated membership and blurred accountability across meetings
- The relationship between the Health and care board and the two Health and wellbeing board(s) is not clear
- The Health and Wellbeing boards hold some statutory functions – such as approving the better care fund and ICS strategy – that sit within the remit of the Health and Care Board – meaning that we review these in both boards.

Proposed changes

- Reduce the Health and Care Board to quarterly, with a series of three or four additional development sessions
- Reduce the frequency of the Neighbourhoods Health and Care Board to bi-monthly
- Reduce the frequency of the delivery group to monthly
- Establish a clear reporting line to/from the Health and Care Board to the Health and Wellbeing Boards which recognises that the Health and Care board will have responsibility for delivery of the strategy set by the Health and Wellbeing Boards as it pertains to health and care.

City and Hackney Health and Care Board

12 July 2023

Title of report	Month 2 2022-23 Finance overview
Author	Finance Leads
Presented by	Sunil Thakker, Director of Finance
Executive summary	**Key Items** ▪ The month 2 year-to-date ICS position is a variance to plan of £25.7m. ▪ In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end. ▪ The drivers of the month 2 position include pressures relating to inflation and run rate pressures such as ICB prescribing and CHC expenditure. Additionally, there is under delivery of efficiency schemes. ▪ There is a high level of risk associated with delivery of the financial plan that will continue to be reported against throughout the financial year.
Action required	Note.
Previous reporting / discussion	Finance, Performance and Investment Committee 26 June 2023
Next steps / onward reporting	Future financial and risk updates will be given to the ICB Board, ICB Finance, Performance and Investment Committee and the ICB Audit and Risk Committee.
Conflicts of interest	No conflicts of interest.
Strategic fit	NEL wide plans are set on the financial resources available. The report provides an update of financial performance against the plan.
Impact on local people, health inequalities and sustainability	Update of financial sustainability and performance of the system.
Impact on finance, performance and quality	Delivery of the financial plan and meeting the control total is a mandated requirement.
Risks	There is a significant level of risk associated with the delivery of the financial plan. Unmitigated risk across the system is almost £279m. A large proportion of this remains unmitigated, although it is expected that the work of the finance recovery group will develop further

	mitigations. At month 2 it is estimated that unmitigated risk is in the region of £150m. The main risks flagged across the system are inflation, non-delivery of efficiencies, run rate and activity pressures and an income risk sitting with providers. Due to the level of risk associated with the delivery of the of the financial plan is currently rated 20 within the risk framework.

NHS
North East London

City & Hackney Health and Care Board Month 2 2023-24 Financial Reporting

Meeting name: Health and Care Board

Presenter: Sunil Thakker

Date: 12 July 2023

Executive Summary / Summary of Key Issues:	Purpose of Paper / Ask of the Board:

▪ The month 2 finance report provides the board with an update on the month 2 and forecast position of both ICB and NEL system.
▪ The month 2 year-to-date ICS position is a variance to plan of £25.7m. Year-to-date pressures are driven by the impact of inflation, continued run rate pressures such as ICB prescribing and CHC expenditure and the under delivery of efficiency schemes.
▪ In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end.
▪ There is a high level of risk associated with delivery of the financial plan that will continue to be reported against throughout the financial year.
▪ The report updates on the latest position on borough specific funds, which includes the following:
  ▪ Better Care Fund (BCF)
  ▪ S256 / 75 Funding
  ▪ Transformation and SDF Funding
	Note the content of the report.

Engagement:	**Specific Risks:**
The paper has been discussed and approved at the FPIC.	There is a significant level of risk associated with the delivery of the financial plan as outlined in the paper.

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Executive Summary - Finance

Month 2 ICS Position - YTD £25.7m variance against plan.

The ICS has reported a year to date deficit at month 2 of £28.6m. This gives an adverse variance to plan of £25.7m.

The main drivers are inflation, under delivery of the efficiency target and run rate pressures in CHC and prescribing.

Month 2 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(2.8)	0.0
Actual	£m	(28.6)	0.0
Variance Surplus / (Deficit)	**£m**	**(25.7)**	**(0.0)**

Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £278.6m.

Main drivers – inflation, efficiency risk, run rate risks and income risks.

The net risk is £150m. This assumes £128.6m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
Provider risk	£m	(216.6)	(147.5)
System Mitigation	£m	0.0	59.5
ICB Risk	£m	(62.0)	(62.0)
Total	**£m**	**(278.6)**	**(150.0)**

NEL ICB – YTD deficit of £7m against plan.

The ICB planned year-to-date surplus of £2.6m. The year-to-date reported position is a deficit of £4.4m which gives an adverse variance to plan of £7m.

The ICB run rate pressures, largely relating to CHC, prescribing and under delivery of efficiencies.

Month 2 I&E NEL ICB

		YTD	Forecast
Target	£m	2.6	15.4
Actual	£m	(4.4)	15.4
Variance Surplus / (Deficit)	**£m**	**(7.0)**	**0.0**

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £34.2m. Actual delivery of £16.1m, resulting in under delivery of £18.1m.

The ICB reports break-even against the delivery of efficiencies at year-end, providers are reporting under delivery of £15.9m.

ICS Efficiencies

		YTD	Forecast
Target	£m	34.2	277.8
Actual	£m	16.1	261.9
Variance	**£m**	**(18.1)**	**(15.9)**

NEL Financial Summary Month 2

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
North East London ICB	2.6	(4.4)	(7.0)	15.4	15.4	0.0
Providers	(5.4)	(24.1)	(18.7)	(15.3)	(15.3)	0.0
ICS Total	**(2.8)**	**(28.6)**	**(25.7)**	**0.0**	**0.0**	**0.0**

Month 2 Summary Position

- The year-to-date ICS position against the plan is a **deficit of £25.7m**. This is made up of a provider deficit of £18.7m and ICB deficit of £7m.
- At month 2 the forecast position is a **reported breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- Delivery of plan is, therefore, inherent upon a number of mitigating actions taking place to reduce the high level risk associated with the plan.
- The ICB operating plan budget was £4,217.7m. Additional allocations have been received in month 2 (including Dental, Ophthalmic and Pharmacy (DOPs)) giving a total annual budget for of £4,405.9m. Further details can be found in Appendix 1.

ICB Month 2 and Forecast Position

- The ICB year to date position at month 2 is a deficit of £4.4m against a planned surplus of £2.6m. This gives a year to date variance to plan of £7m. The forecast position is in line with the operating plan and NHSE protocol and shows a breakeven position against a surplus of £15.4m

- The ICB financial position is driven by the following;

i. **ICB Efficiencies –** a high level of efficiencies was built into ICB budgets in the planning cycle (annual value of £82.6m). At month 2 the ICB expected to deliver £5m of efficiencies but only delivered £1m, resulting in slippage against the plan.

ii. **CHC** – there is pressure against the CHC budget in relation to undelivered efficiencies.

iii. **Prescribing** – the prescribing budget is facing run rate and efficiency delivery pressures. National prescribing data is subject to a two month lag and therefore, the latest data set available is March 2023. Throughout 22/23 the ICB experienced price and activity growth above national levels. The trend seen in 22/23 adds an increased risk to expected spend in 23/24. A combination of efficiency , price and activity pressures means prescribing is overspent by £4.4m at month 2.

iv. **Other** – there is pressure on the ICB corporate budget in relation to non-delivery and slippage on efficiency targets.

Month 2 Variance Breakdown	YTD Variance £m	FOT Variance £m
Acute	(0.1)	0.0
Mental Health	(0.6)	0.0
Community Health	(0.3)	(0.0)
Continuing Care	(1.3)	(0.0)
Primary Care - Co Commissioning	(0.0)	0.0
Primary Care - DOPs	1.1	0.0
Primary Care - Other	(4.4)	0.0
Running Costs	0.0	0.0
Programme Wide Admin (Programme Corporate)	(2.1)	0.0
Other	0.8	0.0
Total	**(7.0)**	**0.0**
Planned Surplus	2.6	15.4
Total	**(4.4)**	**15.4**

ICS Month 2 and Forecast Position

- The key drivers for overspends at a provider level are as follows;
  i. Efficiencies - providers reported slippage against planned year-to-date efficiencies of £14.6m. It is expected that year-end efficiency slippage will be £15.9m.
  ii. Inflation – providers have reported additional costs as a result of inflation being higher than planned levels.
  iii. Payroll costs – providers have reported pressures in relation to pay, including agency staffing.
- The month 2 year-to-date position for the NEL system is an overspend of £25.7m. Across the system, in line with the operating plan and NHSE protocol the forecast position is a breakeven position.
- Within the forecast position it is expected that there will be deficit at Barts, a small deficit / surplus at BHRUT and Homerton and a surplus position for ELFT, NELT and the ICB. All organisations have a high level of risk within this assumption and delivery of the year-end target is dependent on the level of risk being managed through a financial recovery process.
- Further detail of the month 2 provider position is given on this in the next slide.

Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(1.5)	(7.3)	(5.8)	(0.2)	(0.2)	(0.0)
Barts Health	(4.5)	(13.4)	(8.9)	(27.8)	(27.8)	0.0
East London NHSFT	0.1	(0.9)	(0.9)	5.4	5.4	0.0
Homerton	(0.4)	(2.7)	(2.3)	0.2	0.2	0.0
NELFT	1.0	0.2	(0.8)	7.0	7.0	0.0
Total NEL Providers	**(5.4)**	**(24.1)**	**(18.7)**	**(15.3)**	**(15.4)**	**(0.0)**
NEL ICB	2.6	(4.4)	(7.0)	15.4	15.4	0.0
NEL System Total	**(2.8)**	**(28.6)**	**(25.7)**	**0.0**	**0.0**	**(0.0)**

	BHRUT Variance £m	Barts Variance £m	ELFT Variance £m	Homerton Variance £m	NELFT Variance £m	Total Variance £m
Income	(0.7)	(5.1)	4.1	0.8	3.8	2.9
Pay	(4.2)	(10.2)	0.5	(1.6)	(4.8)	(20.3)
Non Pay	(1.3)	5.8	(5.8)	(2.2)	0.2	(3.4)
Non Operating Expenditure	0.4	0.6	0.2	0.7	0.1	2.0
Net Operating Cost	**(5.8)**	**(8.9)**	**(0.9)**	**(2.3)**	**(0.8)**	**(18.7)**

Provider Year to Date Performance and Forecast position

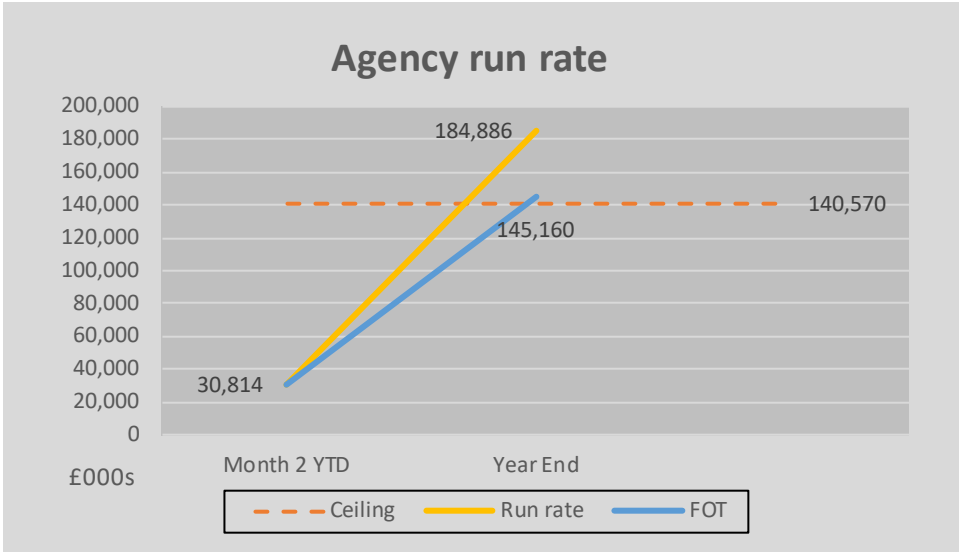
- This graph compares 23/24 actuals to 22/23 actuals. It also compares it to the planned position and shows the trajectory required to achieve the forecast overspend of £15.4m.
- This data is for Barts, BHRUT, ELFT, Homerton and NELFT. Individual provider performance can be found in the appendices.
- The graph shows the month by month deficit position and a trajectory to year end. At month 2 the year-to-date provider deficit is £24.1m. The trajectory to year-end shows a year-end deficit of £15.4m.
- Individual provider positions are shown at the end of the slide pack in Appendix 2.

Provider Agency Expenditure

- All Trusts are reporting payroll pressures, driven in part by agency usage.
- The information to the right is collected by NHSE and shows a 23/24 agency cap for NEL providers of £140.6m.
- Year-to-date spend at month 2 on agency is £30.8m which is 21.9% of the annual cap. This gives a run rate trajectory of £184.9m which is in excess of the agency cap.
- NEL providers are expecting to recover the position in relation to agency usage and have reported a forecast outturn on agency spend of £145.2m.
- Final agency outturn is 22/23 for NEL providers was £203.8m. The run rate trajectory for 23/24 is on a downward trend at month 2.
- Further detail on agency spend can be found in Appendix 3

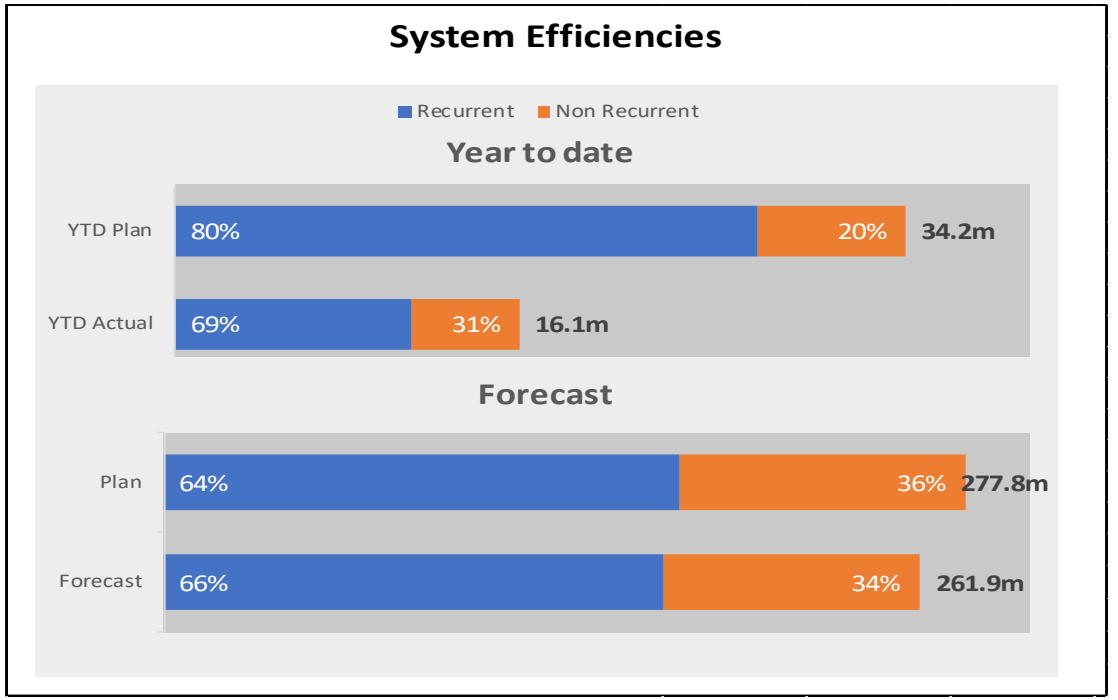
System Agency Expenditure

Cap	YTD spend	YTD % of Cap	FOT	FOT % of Cap
140,570	30,814	21.9%	145,160	103.3%



System Efficiencies – Month 2 and Forecast

- The total year-to-date planned efficiency target for the NEL system is £34.2m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £16.1m, resulting in under delivery against the target of £18.1m.
- The ICB is forecasting full delivery of efficiencies, with providers expecting under delivery of £15.9m.
- The information on the right is based on information submitted to NHSE from ICB data sources and provider financial returns. The chart shows the proportion of recurrent and non-recurrent schemes both in terms of the plan and actual performance.
- Of the ICB schemes 54% have been classified as high risk. This means there is a risk that schemes won't be developed and delivered, resulting in an ongoing risk to the delivery of the financial plan.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Effieciency	**29.2**	**15.1**	**(14.1)**	**195.2**	**179.3**	**(15.9)**
NEL ICB	5.0	1.0	(4.0)	82.6	82.6	0.0
Total System Efficiency	**34.2**	**16.1**	**(18.1)**	**277.8**	**261.9**	**(15.9)**

Financial Risks and Mitigations

- The table below shows the financial risks reported to NHSE at month 2. They have been reported to show the full value of the risk and the potential impact after further mitigations.

Organisation / System wide	Description of risk	Risk Level	Potential Impact before mitigations £m	Potential Impact after mitigations £m
System wide	Inflation risk	High	(25.1)	(15.6)
System wide	Excess cost risk - capacity, pressures, winter	High	(80.0)	(66.0)
System wide	Efficiency delivery risk	High	(112.0)	(107.0)
System wide	Income risk	High	(61.5)	(20.9)
System wide	Mitigations to be developed	High	0.0	59.5
Total Risk			**(278.6)**	**(150.0)**

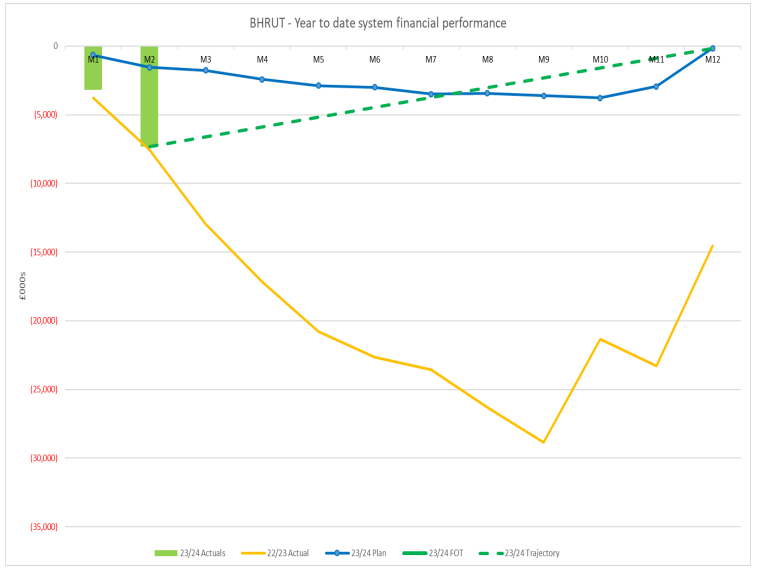
- The total risk across the system is £278.6m. Of this £216.6m relates to provider organisations and £62m relates to the ICB. All organisations are facing risks in terms of increasing prices and activity pressures (including capacity and winter), Additionally, the delivery of the efficiency target remains a risk for both providers and the ICB.
- There is a high level of unmitigated risks, totalling £209.5m. However, the finance recovery group will develop plans in the region of £59.5m in order to bring the potential risk after mitigations to £150m.
- Delivery of the financial operating plan has a high level of financial risk associated with it. This has been added to the risk register with a risk rating of 20 for both the ICB and ICS. This means that the risk of non-delivery is very high.
- Details of the recovery plan will be reviewed at FPIC on a regular basis.

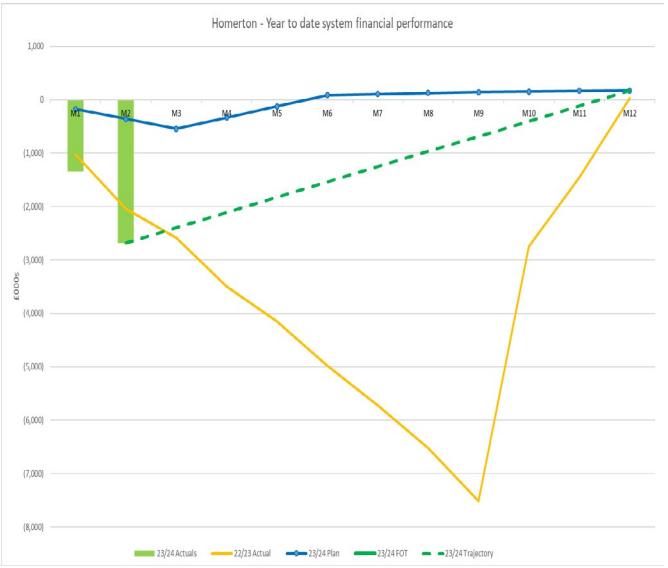
Appendix 1 – ICB Allocation adjustments

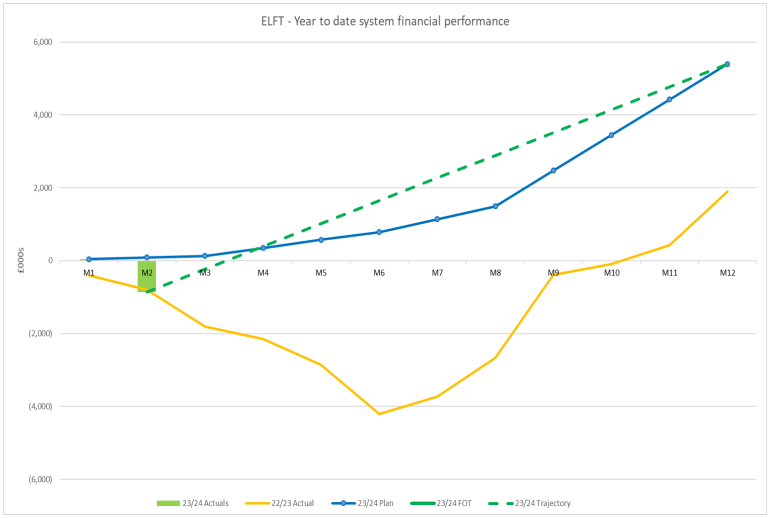
Resource Limits	Annual Plan £m
Operating Plan Submission	4,217.7
Less Indicative Allocations	(95.7)
Opening M2 Resource Limit	**4,122.0**
Resource Allocations M2	283.9
Total	**4,405.9**

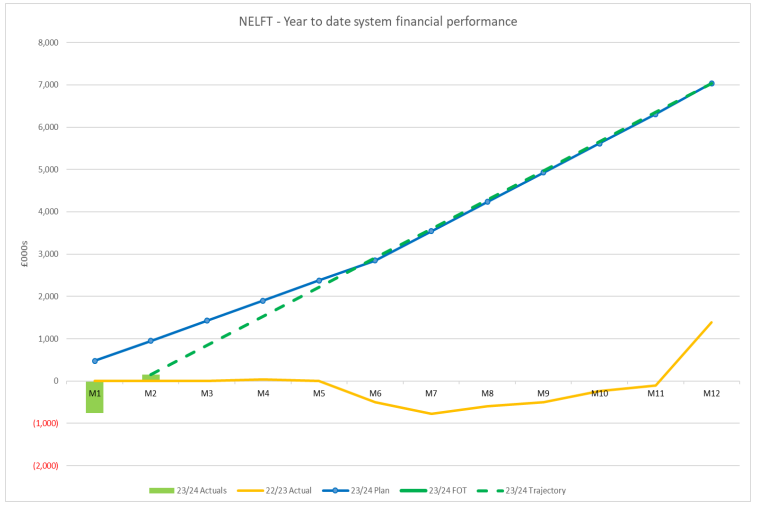
Resource Increases Month 2	£m
Delegated DOPs	215.9
Inflation Funding	11.6
Pay Award Funding	56.3
Total	**283.9**

Appendix 2 – Provider Financial Performance

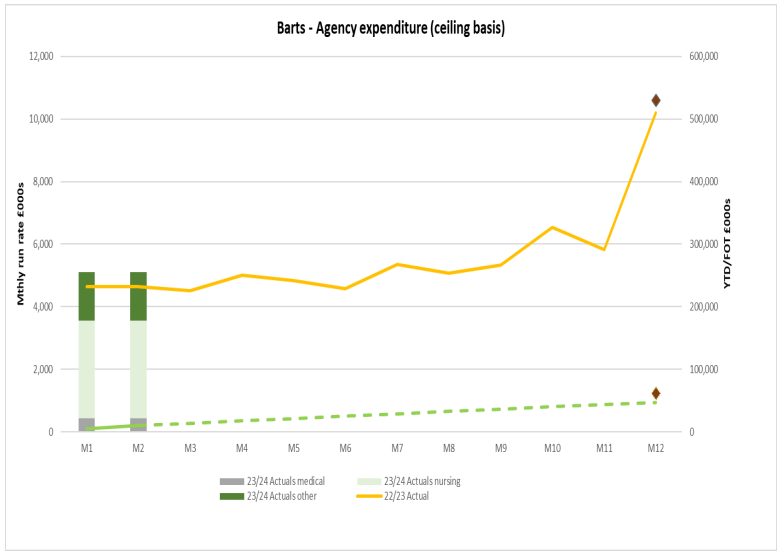


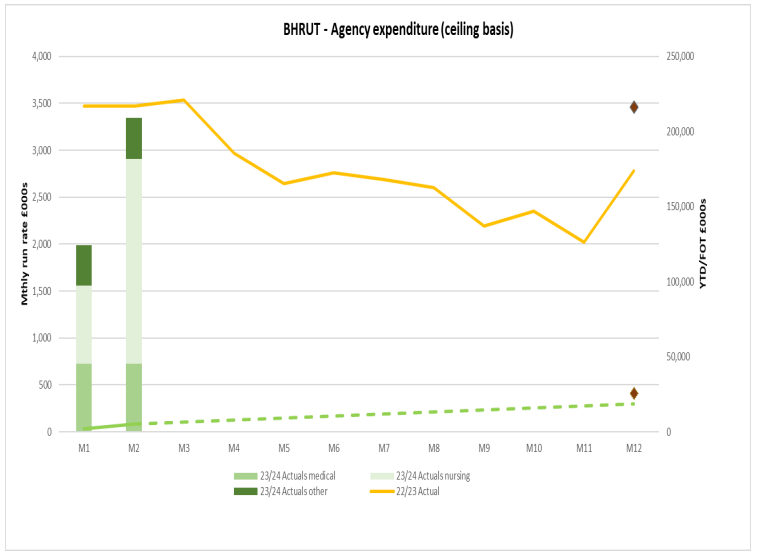


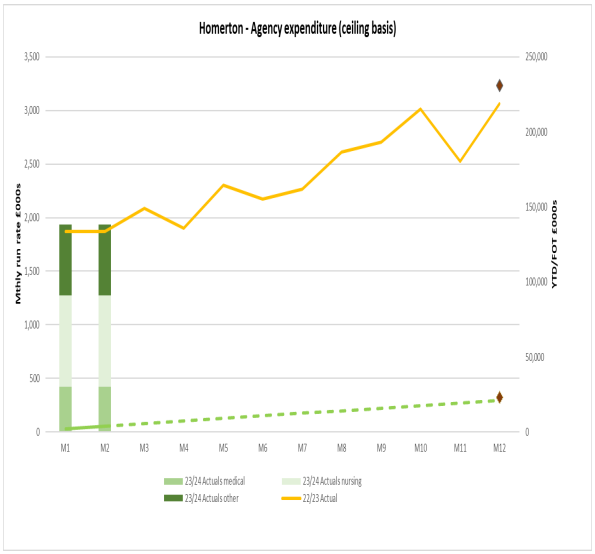


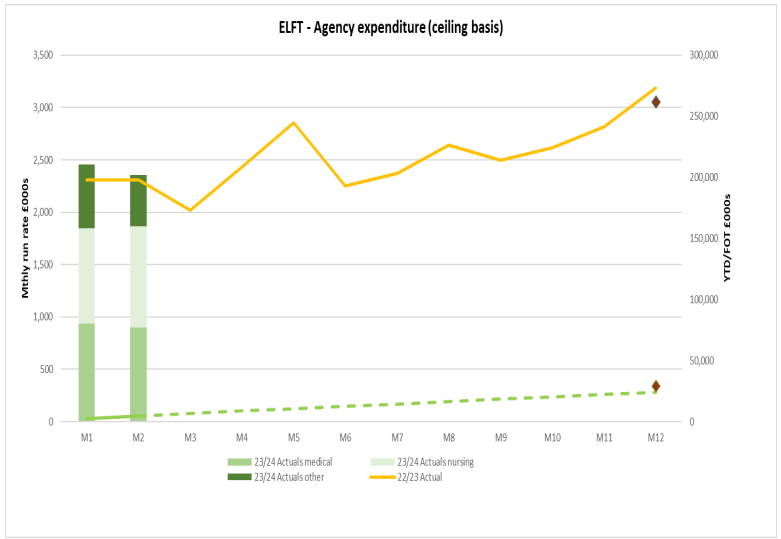


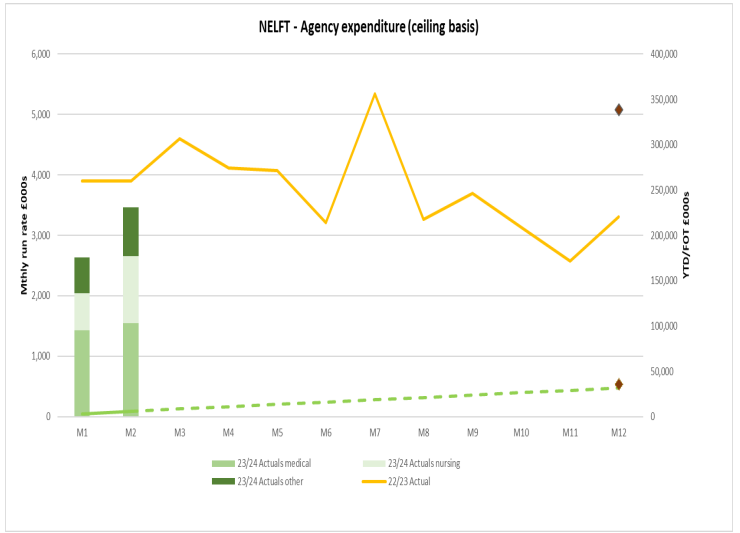
Appendix 3 – Provider Agency Spend











Appendix 4 – Other NHSE Financial Performance Metrics

Mental Health Investment Standard

Target MHIS Spend 2023/24	FOT 2023/24	Excess / Shortfall in 2023/24 MHIS Delivery %	MHIS Achieved in 2023/24?
392.1	392.1	0.0%	Y

Cash

	Prior Year	Year to Date	Forecast
Providers	400.7	165.5	184.3
ICB			
System	400.7	165.5	184.3

System Capital Allocation

	Capital allocation	Variance to allocation	Forecast variance %
Providers	87.2	(4.4)	(5.0%)
ICB	3.6	3.6	100.0%
System	90.8	(0.7)	(0.8%)

Number of organisations acheiving BPPC target

		Providers	ICB
Current Month	Non NHS	4	
	NHS	3	
	Total	4	
Prior Month	Non NHS	-	
	NHS	-	
	Total	-	

City & Hackney Place Information - Contents

	Slide Number
Better Care Fund (BCF) 2023-24	17
Section 256 / 75 Funding	18
Transformation and SDF Funding 2023-24	19

Better Care Fund (BCF) 2023-24

- The BCF Policy Framework and Planning Requirements were published on the 4 April 2023 and confirms the conditions and funding for 2023-2025. This includes two-year spending plans although the second year is provisional in some aspects.
- The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF). There is a new requirement that additional Discharge Funding must be pooled into the BCF. The table below shows the budgets within the BCF.
- The ICB minimum spend contribution has increased in line with planning guidance by 5.66%.
- The BCF planning submission deadline is 28 June 2023 and deadline for all section 75 agreements to be signed is 31 October 2023.

No.	Hackney	Full Year Plan £'000	Year to Date Plan £'000	23/24 Year to Date £'000	YTD (Overspend) / Underspend £'000	23/24 Forecast £'000	Forecast (Overspend) / Underspend £'000
1	Minimum ICB Contribution	25,790	4,298	4,298	0	25,790	0
2	Improved Better Care Fund (iBCF) - LA	16,637	2,773	2,773	0	16,637	0
3	Disabled Facilitates Grant (DFG) - LA	1,731	288	288	0	1,731	0
4	Discharge Funding – LA contribution	2,332	389	389	0	2,332	0
5	Discharge Funding – NHS contribution	1,103	184	184	0	1,103	0
	Total	**47,593**	**7,932**	**7,932**	**0**	**47,593**	**0**

No.	City of London	Full Year Plan £'000	Year to Date Plan £'000	23/24 Year to Date £'000	YTD (Overspend) / Underspend £'000	23/24 Forecast £'000	Forecast (Overspend) / Underspend £'000
1	Minimum ICB Contribution	893	149	149	0	893	0
2	Improved Better Care Fund (iBCF) - LA	324	54	54	0	324	0
3	Disabled Facilitates Grant (DFG) - LA	37	6	6	0	37	0
4	Discharge Funding – LA contribution	45	8	8	0	45	0
5	Discharge Funding – NHS contribution	4	1	1	0	4	0
	Total	**1,303**	**217**	**217**	**0**	**1,303**	**0**

Section 256 / 75 Funding

- City & Hackney has made available non-recurrent investments through Section 256 and 75 agreements to allow for integrated commissioning to develop new ways of working.
- The latest forecast position of these agreements are detailed in the table below with any underspends against the plan held within the Sec.256/ Sec.75 agreement until the funds are depleted.

No.	Funding Agreement	Scheme Name	Total £'000	Forecast Outturn £'000	Balance Remaining £'000
1	Enablers	Communications and Engagement	150	150	0
2	Enablers	IT/Digital	750	750	0
3	Enablers	Workforce	1,150	1,150	0
4	Enablers	Estates & Property	610	610	0
5	Enablers	Primary Care	1,487	0	1,487
6	Enablers	VCS	540	540	0
7	Enablers	Population Health	1,037	1,037	0
	Sub Total		5,724	4,237	1,487
8	Sec.256	Local Place Investment	4,400	1,854	2,546*
	Sub Total		4,400	1,854	2,546
9	Sec.75	Learning Disabilities	757	777	(20)
10	Sec.75	Integrated Discharge Hub	2,000	2,027	(27)
	Sub Total		2,757	2,804	(47)
	Total		12,881	8,895	3,986

** c.£1.4m ringfenced for System Transformation and c.£0.90m for Enablers*

Transformation and SDF Funding 2023-24

- The ICB has received system development funds (SDF) and other transformation funds that can be identified by place.
- Total funds identifiable to City and Hackney is £9,296k as detailed in the table below.

No.	Programmes	Funding Source	Provider	Full Year Plan £'000	Year to Date Plan £'000	23/24 Year to Date £'000	YTD (Overspend) / Underspend £'000	23/24 Forecast £'000	Forecast (Overspend) / Underspend £'000
1	Mental Health	22/23 SDF - Cumulative	ELFT	3,260	543	543	0	3,260	0
2	Mental Health	22/23 SDF - Cumulative	TBC	215	36	36	0	215	0
3	Mental Health	22/23 SDF - Cumulative	SWIM	182	30	30	0	182	0
4	Mental Health	22/23 SDF - Cumulative	Non NHS	130	22	22	0	130	0
5	Mental Health	22/23 SDF - Cumulative	HUHT	125	21	21	0	125	0
6	Mental Health	22/23 SDF - Cumulative	Advocacy Project (PTWA)	98	16	16	0	98	0
7	Mental Health	22/23 SDF - Cumulative	PCMHA (GP Confed)	92	15	15	0	92	0
8	Mental Health	22/23 SDF - Cumulative	VCH (PTWA)	90	15	15	0	90	0
9	Mental Health	22/23 SDF - Cumulative	PKB	89	15	15	0	89	0
10	Mental Health	22/23 SDF - Cumulative	Mind	34	6	6	0	34	0
11	Mental Health	22/23 SDF - Cumulative	GP Confederation	10	2	2	0	10	0
12	Mental Health	22/23 SDF - Cumulative	RES Consortium Ltd	8	1	1	0	8	0
14	Mental Health	23/24 SDF - Growth	ELFT	1,133	189	189	0	1,133	0
15	Mental Health	23/24 SDF - Growth	Family Action (CAMHS Alliance)	103	17	17	0	103	0
16	Mental Health	23/24 SDF - Growth	Advocacy Project (PTWA)	37	6	6	0	37	0
17	Mental Health	23/24 SDF - Growth	PC Alliance	25	4	4	0	25	0
18	Mental Health	23/24 SDF - Growth	Other non NHS	0	0	0	0	0	0
20	Mental Health	23/24 MHIS - Growth	ELFT	2,604	434	434	0	2,604	0
21	Mental Health	23/24 MHIS - Growth	Homerton	320	53	53	0	320	0
22	Mental Health	23/24 MHIS - Growth	PTWA	218	36	36	0	218	0
23	Mental Health	23/24 MHIS - Growth	Off-Centre (CAMHS Alliance)	175	29	29	0	175	0
24	Mental Health	23/24 MHIS - Growth	Family Action (CAMHS Alliance)	9	2	2	0	9	0
26	LD&A	23/24 SDF - Growth	ELFT	340	57	57	0	340	0
	Total			**9,296**	**1,549**	**1,549**	**0**	**9,296**	**0**

City and Hackney Health and Care Board

12 July 2023

Title of report	23/24 Operating plan
Author	Finance Leads
Presented by	Saem Ahmed Sunil Thakker, Director of Finance
Executive summary	▪ The paper outlines NEL ICS's 23/24 Operating Plan ▪ This includes the 23/24 NHS Priorities, national objectives and key targets ▪ This is further analysed by programme spend, provider updates, workforce and finance positions
Action required	Note.
Previous reporting / discussion	The paper has been discussed and approved at both FPIC and ICS Board.
Next steps / onward reporting	Future financial and risk updates will be given to the ICB Board, ICB Finance, Performance and Investment Committee and the ICB Audit and Risk Committee.
Conflicts of interest	No conflicts of interest.
Strategic fit	NEL wide plans are set on the financial resources available.
Impact on local people, health inequalities and sustainability	Update of financial sustainability and performance of the system.
Impact on finance, performance and quality	Delivery of the financial plan and meeting the control total is a mandated requirement.
Risks	Specific risks outlined in the plan relate to achievement of savings, ERF and delivery targets.

NHS
North East London

23/24 Operating plan

Final submission summary – place partnerships

23/24 NHS priorities

Recovering our core services and productivity	Delivering the key NHS Long Term Plan ambitions and transforming the NHS	Continue transforming the NHS for the future	Local empowerment and accountability
• Improve ambulance and A&E waiting times • Reduce elective long waits and cancer backlogs, and improve performance against core diagnostic standards • Make it easier for people to access primary care services, particularly in general practice	• Improve mental health services and services for people with a learning disability and autistic people • Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services • We need to put the workforce on a sustainable footing for the long term • To level up digital infrastructure and drive greater connectivity		• ICSs are best placed to understand population needs and are expected to agree specific **local objectives that complement the national NHS objectives** • They should continue to pay due regard to wider NHS ambitions in determining their local objectives – alongside place-based collaboratives

2023/24 national objectives and key targets

Urgent and emergency care
- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
- Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
- Reduce adult general and acute (G&A) bed occupancy to 92% or below

Community health services
- Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
- Virtual Ward – 40 – 50 per 100,000 by December 2023, and occupancy at 80% by September 2023
- Community waiting list reduction
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals

Primary Care
- Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic level

Elective care
- Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
- Deliver the system- specific activity target (agreed through the operational planning process)
- Value weighted elective activity target (as a % of 2019/20)–excludes secondary dental 109%
- Reduce outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- To increase productivity and meet the 85% day case and 85% theatre utilisation expectations

Cancer
- Continue to reduce the number of patients waiting over 62 days
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Diagnostics
- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

Maternity
- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Increase fill rates against funded establishment for maternity staff

Mental Health
- Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
- Increase the number of adults and older adults accessing IAPT treatment
- Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
- Work towards eliminating inappropriate adult acute out of area placements
- Recover the dementia diagnosis rate to 66.7%
- Improve access to perinatal mental health services

Use of resources
- Deliver a balanced net system financial position for 2023/24

People with a learning disability and autistic people
- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
- Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit

Prevention and health inequalities
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
- Continue to address health inequalities and deliver on the Core20PLUS5 approach

Workforce
- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise

Ongoing CHS LTP priority commitments across 2023/24

Putting people in control of their own care through more personalisation

(Government Mandate to the NHS, 22/23)

Growth and development of integrated neighbourhood teams to support our most vulnerable and complex patients to stay at home and access care in the community

(Fuller Stocktake)

Deliver an additional 2,500 Virtual Ward (VW) beds, effectively utilised both in terms of addressing the right patient cohort and optimising referrals.

(NHS Winter Letter)

Actively consider establishing an Acute Respiratory Infection (ARI) hub to support same day assessment

(NHS Winter Letter)

Putting in place a community-based falls response service in all systems for people i.e. who have fallen at home including care homes

(NHS Winter Letter)

Ensuring that patients receive personalised care tailored to their individual needs

(NHS Standard Contract 22/23)

Comply with the new statutory duty for ICBs to commission palliative and end of life care services in response to population needs, drawing upon NHSE statutory guidance.

(Palliative and end of life care: Statutory guidance for integrated care boards (ICBs))

Shift more care to the community, including safe and convenient care at home or close to home, through developing the capacity and capability of community health services, integrated neighbourhood teams and new models of care

(NHS England operating framework)

Strengthen the hands of the people we serve through the comprehensive model of personalised care including supporting people to have increased choice and control over their care based on what matters to them as well

(NHS England operating framework)

2023/24 national objectives and key targets

Area	23/24 Key Target	23/24 plan compliance
Urgent and emergency care	1. Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 2. Reduce adult general and acute (G&A) bed occupancy to 92% or below	1. Meets target 2. Meets target
Elective care & Diagnostics	1. Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) 2. NELs overall elective activity (EL + DC + Total Outpatient First) trajectory is 106.5% compared to 2019/20, Barts trajectory is 106.2%, Homerton trajectory is 100.5% and BHRUT trajectory is 109.6%. 3. Reduce outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024 4. Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	1. Meets target 2. Meets target 3. Not compliant 4. Meets target
Cancer	1. Continue to reduce the number of patients waiting over 62 days 2. Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days 3. Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	1. Meets target 2. Meets target 3. Meet target
Community health services	1. Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard 2. Virtual Ward – 40 – 50 per 100,000 by December 2023, and occupancy at 80% by September 2023	1. Meets target 2. Partially meet target (deliver 40 per 100,000 in March)
Primary Care	1. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic level	1. Not compliant
Mental Health	1. Inappropriate Out of Area Placement Bed Days 2. Access to IAPT Services 3. Estimated dementia diagnosis rate 4. Women accessing Perinatal Mental Health services 5. Community access for adults with SMI 6. Access to CYP services	1. Meets target 2. Not compliant 3. Meets target 4. Not compliant 5. Meets target 6. Not compliant
People with a learning disability and autistic people	1. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 2. Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	1. Meets target 2. Meets target

Executive summary 1/2

Elective and diagnostics

- 109% ERF achieved.
- Homerton Healthcare expected to clear all waits over 65 weeks by end of July 2023
- Barts Health and BHRUT expect to clear all waits over 65 weeks end of March 2024
- Activity levels in our diagnostic modalities exceed 100% of BAU, and our 23/24 plans will continue to sustain this, with the exception of endoscopy where we have successfully recovered the waiting list position and demand has reduced.

Cancer

- NEL is required to achieve a backlog of below 7% in aggregate (patients waiting over 62 days by March 2024), currently the backlog is 7.4%. NEL have submitted a trajectory that will meet the target through target pathway approach and enhancing validation of long waiters.
- NEL have submitted a compliant trajectory against 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days through utilisation, and expansion of early diagnostic centres, improving referrals for FIT testing, Teledermatology will continue in Barts Health and BHRUT.
- NEL have submitted compliant trajectories for early diagnosis through prevention awareness and screening (key programmes include targeted lung health check, targeted awareness and focusing on key demographics and hard to reach groups; with a specific focus on reducing inequality). Additional initiatives spans across our diagnosis and treatment workstream to ensure timely access and treatment including via non-traditional pathways such as piloting self and pharmacy direct referrals.

Urgent and emergency care

- All our Trust have submitted compliant trajectories to deliver 76% standard by March 2024. Homerton is the only Trust that is currently compliant and therefore will be a stretching target to achieve for Barts Health and BHRUT particularly. There are various schemes around admitted and non-admitted pathways across our sites to support delivery of this target.
- Additional capacity funding has been approved by NHSE which build additional bed capacity in our hospitals to support delivery of the bed occupancy and A&E targets.

Community services

- NEL continue to submit to deliver on the 70% UCR contacts within 2 hours and have sustained this performance in 23/24 trajectories. Further work is being undertaken to increase referrals through UCR to support with front door pressures.
- Virtual Ward currently at 23 bed per 100,000. The trajectory for 23/24 is 30 beds from April to December and deliver the target of 40 by March 2024. This will be a stretching target, however a key area of focus for the community collaborative.
- There are not targets set for community waiting lists, however the main concern for NEL is Children Services as 54% seen within 18 weeks with 46% seen over 18 weeks. The community collaborative agreed that speech and language is an area of focus and deep dive which is the driver of the longest waits.

Executive summary 2/2

Primary Care

- NEL GP appointments will increase by an average of 3% in 23/24 compared to 22/23. GP Appointment numbers have been derived by looking at the borough level population increase projections and then applying these to appointment activity data (for 2022), patient turnover will remain at a similar level which is as high as 30% churn in some neighbourhoods. Although we have not set targets for each place we will provide continued support will be given to local systems to understand variation and inequalities through reviewing performance including data and coding at a practice level. This will inform development of local pathways in and out of primary and urgent care to scope the needs of local patient cohorts.
- The recovery plan for Dentistry is iterative on the basis that many of the issues that affect access to dentistry are centred around the current contract and we have no ability to amend or flex this. That said, one aspect is the ability to allow practices to overperform up to 110% where capacity allows and remunerate them accordingly. Practices are contractually obliged to achieve 96% of their contracted activity to avoid the resource associated with underperformance being 'clawed back.

Mental Health and Learning Disability

- IAPT and perinatal mental health non-compliant trajectory - Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures.
- CYP - CYP Urgent Care expansion is not predicted to increase access, some places need to expand duration of treatment to meet rising acuity, however this will not increase access.

Finance

- NEL system finance plan submitted to show a system breakeven position .
- Within the overall breakeven plan, Barts have a deficit, BHRUT and Homerton are close to breakeven and the ICB, ELFT and NELFT are all delivering a surplus to offset the deficit.
- The ICB planned surplus is £15.4m.
- The plan includes a significant level of risk at £209.5m that is currently unmitigated
- Capital plan will be financially compliant, however, the level of funding is not sufficient to meet all NELs needs and will be working with London to seek additional funding in year.

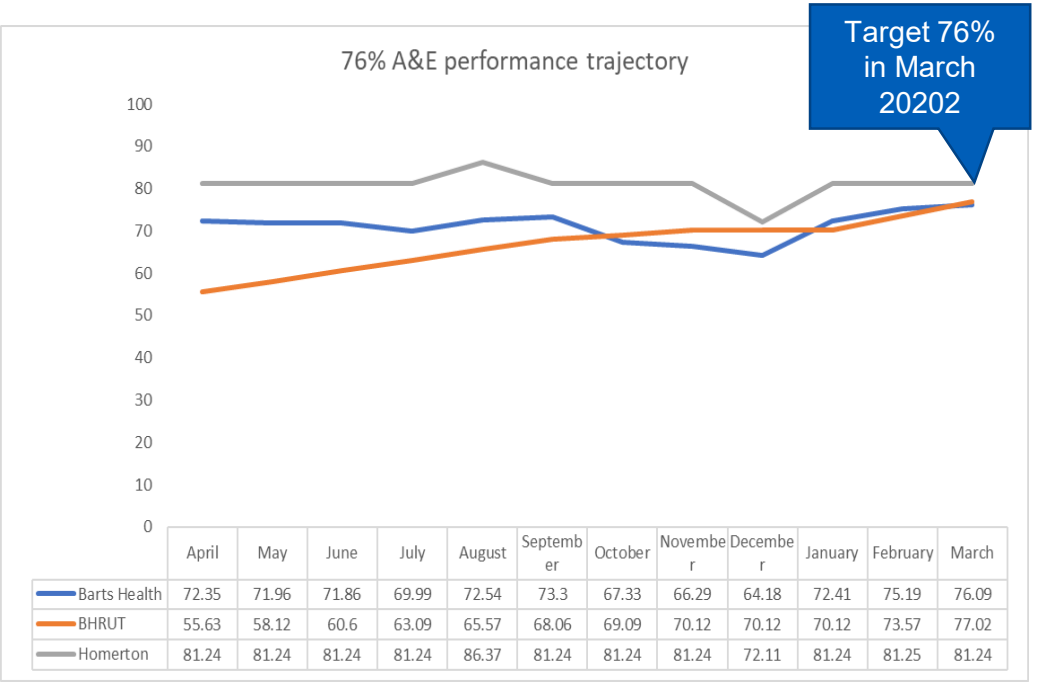
23/24 NEL ICB Elective Summary from Final Op Plan Submission

Area / Metric	Objective / Target	Position as per Final Submission
Inpatients - Long Waiters Elimination / Reduction	Eliminate waits of over 65 weeks for elective care by March 2024	🟢 All Trusts are expecting to deliver the 65 week wait time reduction requirements for 23/24.
	Reduce 52 ww	🟢 All Trusts are showing a trajectory that reduces 52ww across the year.
Activity Increase	Delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance	🟢 NELs overall elective activity (EL + DC + Total Outpatient First) trajectory is 106.5% compared to 2019/20, Barts trajectory is 106.2%, Homerton trajectory is 100.5% and BHRUT trajectory is 109.6%.
Outpatient Follow-Up Reduction	Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	🟡 25% reduction in outpatient follow-up will not be achieved across all follow-up activity given size of backlog and impact of mutual aid, NEL trajectory is 103% compared to 2019/20. Barts Health are the only trust with a trajectory over 100% compared to 2019/20 at 106%, the Trust has revised the position down from 117% in the draft submission. BHRUT trajectory is 97% and Homerton Trajectory is 99%.
PIFU / A&G	** No specific ask in guidance **	PIFU and A&G trajectories build on performance seen in 2022/23, however room for improvement.
Productivity - Theatre Utilisation & Daycase	Increase productivity and meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings	🟢 The system is on track and planning to achieve the 85% theatre utilisation target with plans to improve waste through reducing late starts, early finishes, cancellations and fallow sessions.
	Increase productivity and meet the 85% day case expectations, using GIRFT and moving procedures to the most appropriate settings.	🟢 The system is on track and planning to increase daycase rates to the 85% target.
Diagnostics - Activity Increase & 6ww	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	🟢 Increased diagnostic activity compared to 2019/20 will not be achieved in endoscopy given success in clearing the backlog and current levels of demand. Activity is over at or 100% for all modalities, except flexi sigmoidoscopy which is 60.6%.
	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	🟢 NEL appears to be on track to achieve 95% 6 week diagnostic test ambition by March 2025, with MRI being the only real risk.

Cancer

How will your system reduce the number of patients waiting over 62 days in line with the provider level requirements? **23/24 meets target**	• NEL is required to achieve a backlog of below 7% in aggregate (patients waiting over 62 days by March 2024). Currently the backlog is 7.4%. • Targeted pathway approach in urology (access to MRI & TP biopsy), H&N (outpatient capacity and ENT calculator), LGI (appropriate escalation of pathology turnaround times and endoscopy capacity), Skin (tele-dermatology with one stop excision following triage). • Ongoing weekly APG meetings with providers, Cancer Alliance, ICB supported by the Centre for Cancer Outcomes (CCO). • Administrative support- developing a central operational project support for MDT with flexibility to support more challenged tumour areas when required by the system. The team will additionally support validation. • Enhancing validation resource, working with the independent sector and system wide solutions (including working with other programmes and networks such as Elective and diagnostic programmes) are some of the mechanisms that will be used. • Enhancing our visibility- Development of a single North East London Cancer digital PTL.
How will your system meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days? **23/24 meets target**	• The system will continue to utilise the Early and community Diagnostic Centre and will expand the capacity across other modalities to meet expected levels of growth. • Expansion of the diagnostic capacity through the CDC programme. • The system will maintain the pathway changes for lower GI to include (referrals with a FIT test). • The use of teledermatology will continue at BHR and BH with the support of the Cancer Alliance. Whilst the system explores the use of AI technologies to further manage the demand challenges on the skin pathway. Insourcing at Homerton solutions will be used to facilitate the management of demand at HUH. • The Cancer Alliance will continue working with providers to implement and strengthen best practice times pathway. With a focus on those performing below the England FDS
How will your system increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028? **23/24 meets target**	The current proportion of cancer stage 1 and stage 2 at diagnosis is 55%. This is linked to socio- economic determinants of health in North East London. Therefore the scale of the challenge to achieve 75% is significant for North East London. There is multi pronged approach to increase the proportion of stage 1 and stage 2 cancers. This encompasses prevention awareness and screening (key programmes include targeted lung health check, targeted awareness and focusing on key demographics and hard to reach groups; with a specific focus on reducing inequality). Additional initiatives spans across our diagnosis and treatment workstream to ensure timely access and treatment including via non traditional pathways such as piloting self and pharmacy direct referrals. We are also expanding our RDC non site specific pathways in addition to ensuring rapid and direct access to diagnostics for primary care to our CDCs/EDC.

Urgent and emergency care - A&E



	April	May	June	July	August	September	October	November	December	January	February	March
Barts Health	72.35	71.96	71.86	69.99	72.54	73.3	67.33	66.29	64.18	72.41	75.19	76.09
BHRUT	55.63	58.12	60.6	63.09	65.57	68.06	69.09	70.12	70.12	70.12	73.57	77.02
Homerton	81.24	81.24	81.24	81.24	86.37	81.24	81.24	81.24	72.11	81.24	81.25	81.24

It is recognised that achievement of the 76% performance standard is ambitious and that there is currently variation in performance among the Acute Provider Collaborative sites. Plans have been developed to achieve this requirement with initiatives being undertaken including:-

BHRUT

Overall BHRUT expects a reduction in total time for time spent in A&E due to the below points:

- **Non-admitted** Expanding SDEC footprint at Queens ED & KGH will improve Type 1 performance through progressing patients quickly through RAFT and onto SDEC pathway
- **Non-admitted** Redesign of UTC to ED Pathways at KGH, following Queens ED approach, will ensure only patients meeting ED right to reside criteria are referred to ED with direct route to SDEC
- **Admitted** Clinical productivity review aligned to clinical workforce rightsizing ensure that clinical hours are matched to demand and metrics set on number of patients to be seen by hour

Barts Health

- Further development of our SDEC capacity and operating models across the 3 sites to improve the use of ambulatory and same day emergency care pathways
- Sustain our REACH programme, review the streaming and Urgent Treatment Centre models and develop same day primary care access hubs
- Each site within Barts Health has a High Intensity user services
- Launch of Frailty and Respiratory Virtual Wards

Mental Health

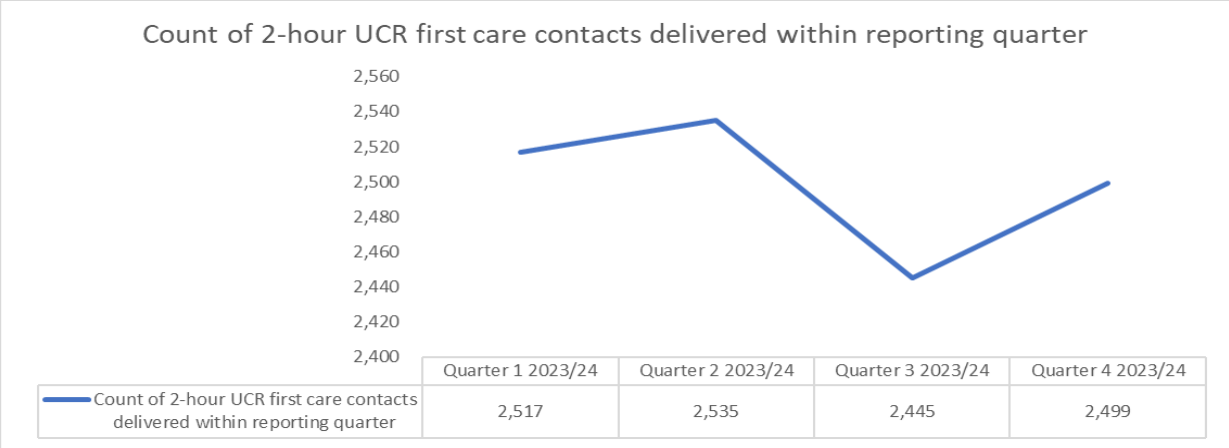
- Optimising flow through NEL inpatient services and improve availability of beds, thus reducing A&E breaches
- Improving the liaison offer available within A&Es, and responsiveness for assessment
- Increasing CDU capacity

Urgent and emergency care – additional capacity

Additional funding was made available nationally above and beyond ICB allocations, London has £47.2m in 23/24 to invest in additional G&A bed capacity to address the UEC challenge in London. North East London received the following:

Site - where relevant	Narrative	Increase in beds	Capital	Cost 2023/24	Full year recurrent cost
King George Hospital	Enhanced SDEC / safe area for mental health patients awaiting onward transfer (16 beds/spaces)	16	£2,000	£ 375	£ 1,500
Queens Hospital 1	Surgical assessment unit (12 trolley spaces)	12	£3,000	£ 498	£ 1,000
Queens Hospital 2	Revenue support to optimise use of 12 bed Ambulance offload Modular Unit	12	£0	£ 996	£ 1,000
Homerton Hospital 1	Defoe Ward: continued winter scheme to ensure safe staffing levels are maintained on Defoe (escalation ward) whilst it remains open for the foreseeable.			£ 966	£ 1,933
Barts Health	62 G&A beds across Barts Health sites	62	£554	£ 3,000	£ 3,000
Whipps Cross Hospital	This is the setting up of a 10 chaired/bedded surgical SDEC model to avoid up to 12 admissions per day (20 admission x 60% success)	10	£1,550	£ 12	£ 12
Total		**112**	**£7,104**	**£ 5,847**	**£ 8,445**

Urgent community response



	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Count of 2-hour UCR first care contacts delivered within reporting quarter	2,517	2,535	2,445	2,499

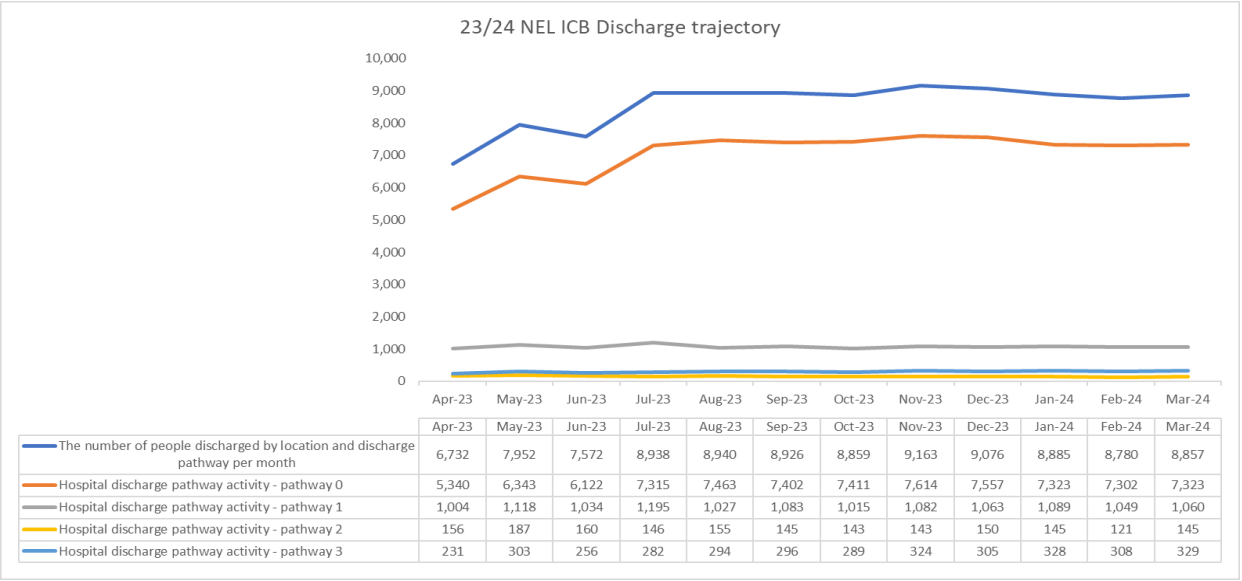
Further opportunities:

- A pilot was undertaken between LAS and NHS NEL to increase referrals from 111 and 999 through a push model with dedicated staff within the LAS call centres to increase referrals to our UCR services; this pilot did increase 111 and 999 referrals. The NEL Community Collaborative leaders oversee the review of learning from our pilot and from elsewhere in London to ensure our UCR models are optimal for NEL. Our next pilot will aim to both increase 111 and 999 referrals and help us to understand our local flows and potential for increasing referrals through this pathway.
- The Community collaborative is exploring the impact of delivering more than the national expectation of 70% contacts in 2 hours.
- Also exploring increasing referrals to UCR to support the wider system and A&E and unplanned admissions.

NHS NEL constantly meets and exceeds the 2-hour response time, the service is open 7 days a week across the core hours of 8am to 8pm covering the 9 core clinical conditions. Across NHS NEL the following is in place for UCR:

- The services consistently meet and exceeds the 2-hour response time and the services are open 7 days a week across the core hours of 8am to 8pm.
- The services meet the 9 core clinical conditions, as well as a wider range, this includes falls which are integrated.
- Existing pathways are in place with telecare (pendant alarm for example), 111, London Ambulance and other health teams such as A&E.
- Single points of access are in place.
- As with every winter services are reviewed and supported to ensure that it has sufficient capacity in place for changes in demand.
- NEL UCR services have a well-established self-referral pathway, which is well known to patients already under community health services and we have a direct pathway with Primary Care teams with further work happening to increase self-referrals where variation exists currently.
- A pathway with the Remote Emergency Access Coordination Hub (REACH) is in operation in Tower Hamlets, Newham and Waltham Forest which is a joint service between Bart's Health and London Ambulance.
- LAS and NELFT have jointly operated a UCR car across Barking and Dagenham, Havering and Redbridge since 2016 and the model has been expanded to two cars in Q4 2022/23 using LAS winter funding.

Discharge pathway



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
The number of people discharged by location and discharge pathway per month	6,732	7,952	7,572	8,938	8,940	8,926	8,859	9,163	9,076	8,885	8,780	8,857
Hospital discharge pathway activity - pathway 0	5,340	6,343	6,122	7,315	7,463	7,402	7,411	7,614	7,557	7,323	7,302	7,323
Hospital discharge pathway activity - pathway 1	1,004	1,118	1,034	1,195	1,027	1,083	1,015	1,082	1,063	1,089	1,049	1,060
Hospital discharge pathway activity - pathway 2	156	187	160	146	155	145	143	143	150	145	121	145
Hospital discharge pathway activity - pathway 3	231	303	256	282	294	296	289	324	305	328	308	329

As a system NEL perform well in discharge; we have seen 9-11% of beds taken up by patients that do not meet the criteria to reside, against 15% nationally.

Some of our challenges have been:

- Capacity in more complex step down services and more complex reablement packages
- High levels of pressure on the urgent care system that put pressure on discharge

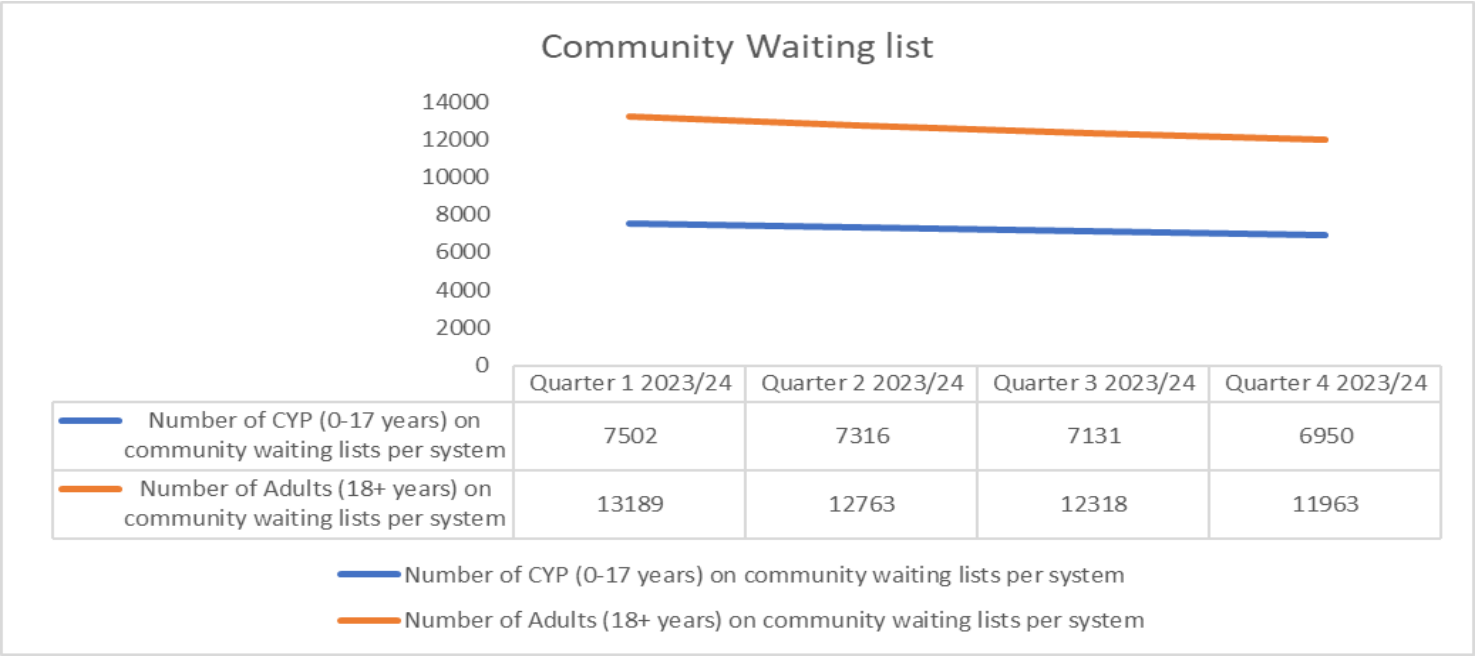
Across north east London, all places are working to improve discharge. The aim is to ensure faster discharges and that people are being moved into the correct place to support their needs. Although discharge is place based, the following are the common ambitions across the ICS:

- Encouraging a home first approach
- Continued improvement of the transfer of care hubs
- Promoting independence and reablement

Some of the key work at Place in 23/24:

- City and Hackney: An external evaluation of discharge is currently underway. The output from this will be a shared understanding of successes and challenges across the local system with focus on areas of opportunity. This process will develop a vision for change with a project plan with clear performance targets and a framework to measure performance.
- Tower Hamlets: Development of a single streamlined discharge model moving away from the current 3 team model.
- Newham: Appointing a single Head of Discharge for Newham, managing an integrated team.
- Waltham Forest: Implementing the Home First model including developing integrated rehab and reablement provision.
- In addition, across the Barts Health footprint: Delivery of the recommendations from a recent diagnostic undertaken by Newton Europe. Recommendations include ensuring we have Advance Care Planning, embedding Discharge to Assess, reduction in use of step down bed based provision, improved use of Intermediate Care and using digital tools to ease discharge process.
- Barking and Dagenham, Havering and Redbridge: The three Places that sit within the BHRUT footprint have reviewed reasons for discharge delay and have set up 3 task and finish groups focusing on discharge to assess home, review of the integrated discharge hub and review of rehab pathways.
- Our key risks are: Financial – whilst we welcome the £600m investment in 23/24 it is a step down on current levels of funding and needs to be seen within the context of significant financial pressures in local authorities and Workforce – there are significant challenges in attracting and retaining people within the care sector.

Community waiting list



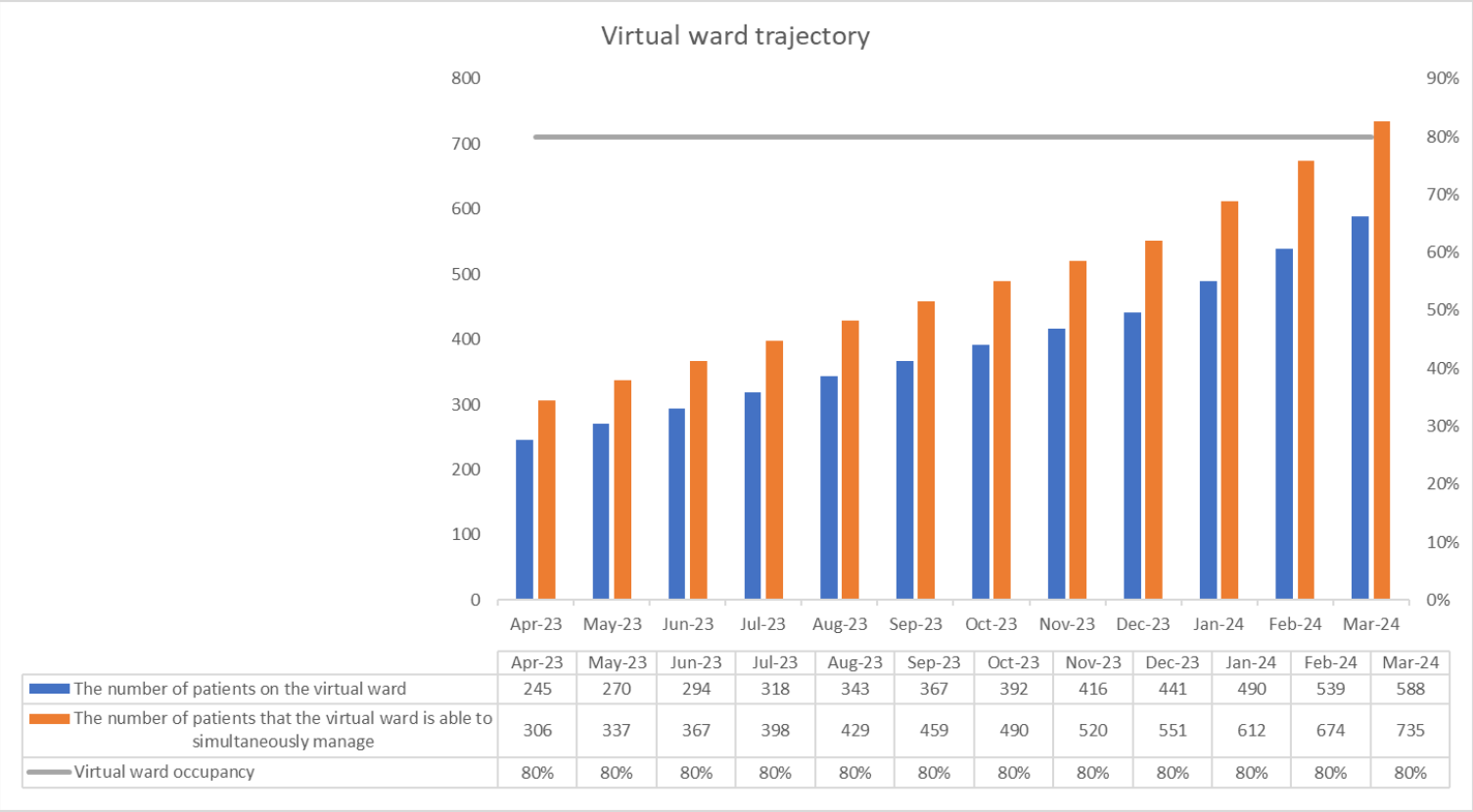
	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Number of CYP (0-17 years) on community waiting lists per system	7502	7316	7131	6950
Number of Adults (18+ years) on community waiting lists per system	13189	12763	12318	11963

Key risks to note:

- Data quality issues in reporting.
- Particular challenges are around children's therapy services across NEL.
- Key issues impacting on waiting list are workforce, estate or demand.
- Data currently being reported by providers to NHSE is only at NEL or provider level, therefore difficult to enable place-based specific improvement discussions.

- In January 2023 for adults 88% were seen and treated within 18 weeks with 12% waiting over 18 weeks. For Children's 54% seen within 18 weeks with 46% seen over 18 weeks.
- The community waiting list is being reviewed and actioned through the community health collaborative and the place based partnerships.
- There are particular issues around data quality and consistency of reporting that is being actioned through the CHC.
- There are particular issues in children's therapy services which are being investigated and will be addressed through the CHC and place based partnerships.
- North-East London has identified that waiting times for Speech and Language Therapies for Children and Young People are significantly long in comparison to other ICB areas.
- The Community Health Collaborative is proposing an exercise be undertaken to identify the current provision delivered in each of the 7 Place-based Partnerships, to allow the sharing of best practice and the opportunity to identify where added value can be brought to these services to increase access.

Virtual ward



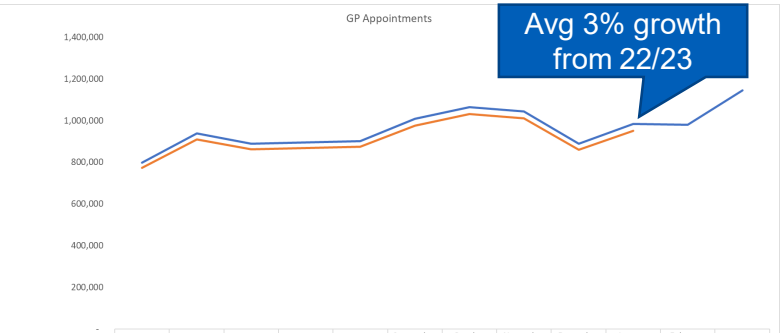
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
The number of patients on the virtual ward	245	270	294	318	343	367	392	416	441	490	539	588
The number of patients that the virtual ward is able to simultaneously manage	306	337	367	398	429	459	490	520	551	612	674	735
Virtual ward occupancy	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

- The current baseline trajectory for virtual wards is based on 23 beds per 100,000 population in 2022/23 and then 30 beds per 100,000 population in Q1 to Q3 2023/24, with the aim of delivering 40 per 100,000 by Q4 March 2024.
- Current capacity stands at 174 beds throughout NEL.
- The control factors for the trajectory of patient numbers are the LOS (14 days) and occupancy levels (80%).
- We are not expecting substantive variances against previously submitted two-year trajectories for virtual ward capacity. However, we continue to have an ambition to grow bed provision in FY 23/24.
- We have taken a population health approach with data and delivery and prioritise our work and funding on areas where there is greatest population need. We will work with system leadership to drive growth of VW in 23/24 including improved links with our wider community services. The two national priority areas, Frailty and ARI are our focus however we are exploring a range of clinical pathways as VW matures including hospice at home, UCR and Care Home interfaces and more opportunities for growth to avoid admissions.
- £8m dedicated funding for virtual ward.

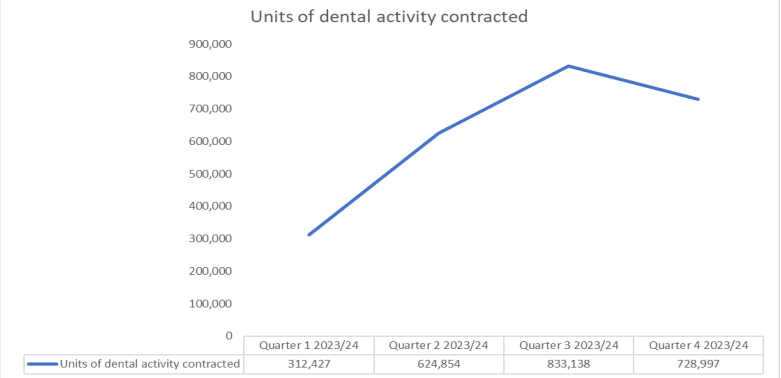
Key risks to note:

- Delivering 40-50 per 100’000 beds across NEL will be stretching.
- Current beds is at 23 per 100’000 and this is at maximum availability, while further work is happening to find additional capacity.

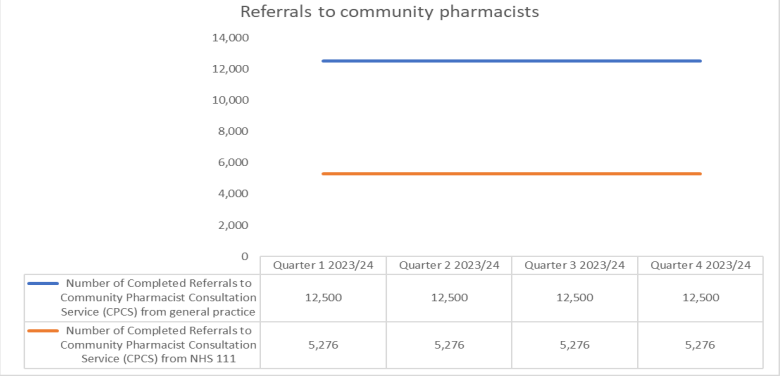
Primary care



	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024
23./24	799,088	938,967	889,894	896,024	902,577	1,008,350	1,064,707	1,044,748	889,464	984,116	980,442	1,145,071
22/23 Current year	774,017	909,505	861,950	867,891	874,241	976,690	1,031,302	1,011,958	860,545	952,119		



	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Units of dental activity contracted	312,427	624,854	833,138	728,997



	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice	12,500	12,500	12,500	12,500
Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS 111	5,276	5,276	5,276	5,276

Data Quality – Issues around data quality in relation to appointments in primary care.

- Mitigations include work to improve data quality and data collection through the continued roll out of Edenbridge Apex in 2023/24. This currently covers 65% of practices. Edenbridge Apex is a tool that supports practices to evaluate changes in practice population trends, increases in healthcare demands and support quality improvement work focused around capacity, demand and unmet need.
- In addition, a clinical effectiveness scheme will be rolled out to support general practice to adopt standardised methods of clinical coding.

The ability to manage increasing demand and expectation around access without unintended consequences impacting upon on quality

- **Access and patient satisfaction:** despite appointment numbers increasing since 2019 patient demand continues to outstrip capacity, and patient satisfaction rates have reduced.
- A Quality Improvement programme is in place, focussing on practices across NEL with the greatest access challenges, providing diagnostic support and targeted interventions and coaching
- Using Clinical Effectiveness (CEG) data to monitor clinical outcomes and inform the type of appointments those with long term conditions are accessing to ensure this cohort are getting the right care at the right time by the most appropriate clinician. For some this may be that digital appointments are the best option, for others this will be face to face.
- Management of prevention activity, patient 'turnover' which is 30% which means prevention activity (such as calling patients for immunisation and screening) is harder to achieve.
- Through the fuller programme, focus upon new integrated pathways particularly around continuity of care for those patients in high prevalence groups with complex needs
- **Workforce capacity risk. PCNs are struggling to recruit and retain into ARRS roles (lack of suitably trained staff). There are also a number of GPs and nurses nearing the age of retirement.**
- Engagement and workforce planning with PCNs. Working with training hubs and academy regarding recruitment and retention initiatives and review supervision and education and training packages to make it an attractive place to work

Risk that the Community Pharmacy Consultation Service (CPCS) is not fully utilised, freeing up capacity in general practice

- The CPCS service is well established and embedded within NEL. 100% of practices are set up to refer and 93% are actively referring using Pharmacy Outcomes. The 7% that haven't been referring are being actively targeted to support them to engage with the service. There is also work being undertaken to expand the range of health conditions being treated by pharmacies, to help release further capacity in general practice.

Dentistry – Increase in UDAs

- Dental Funds/allocations
- Changes to contractual targets
- Increased need due to deterioration of oral health during pandemic
- Oral Health inequalities highlighted as a result of pandemic
- Commissioning Capacity following delegation

Mitigations

- Urgent Dental Care Hubs have been extended to March 2024 to ensure cover for patients in pain are seen asap.
- Procurement of new practices where loss of services have occurred and where highest needs have been identified.
- Stabilisation of patients that are unable to find a dentist and need treatment following urgent dental care.

Mental Health and Learning Disability

Metric	Compliance	2023/24 Q4 Trajectory	Commentary
Inappropriate Out of Area Placement Bed Days		0	• Compliant trajectory submitted • Zero bed days in 2023/24
Access to IAPT Services		14,244 (28.00%)	• Access rate growth but non-compliant trajectory submitted • Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures. • Speed of recruitment would make also full year compliance problematic.
Estimated Dementia Diagnosis rate		66.7%	• Compliant trajectory submitted • 66.7% across 2023/24
Women accessing Perinatal Mental Health services		2,803 (8.76%)	• Access rate growth but non-compliant trajectory submitted • Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures. • Speed of recruitment would make also full year compliance problematic.
Community access for adults with SMI		64,798	• Compliant trajectory submitted • 5% increase by the end of 2023/24
Access to CYP services		24,322 (52.25%)	• Access rate growth but non-compliant trajectory submitted • CYP Urgent Care expansion is not predicted to increase access • Some places need to expand duration of treatment to meet rising acuity. This will not increase access.
Learning disability healthchecks		7000	• Compliant trajectory achieving 75% of healthchecks in 23/25. • There are some variation in performance at place and practice level. These variations are tracked and actioned through primary care and place quality reports.
Learning disability inpatients		23 (ICB commissioned) 20 (NHSE commissioned)	• Compliant trajectory with no more than 30 inpatients. • A learning review is undertaken for all LD inpatients to understand how an admission could have been prevented.

Workforce position 2023-24 and governance

NEL Summary Providers SIP		SIP Growth	SIP Growth %	Baseline SIP	QT1 SIP	QT2 SIP	QT3 SIP	QT4 SIP	Current Vacancy	March '24 Vacancy
Workforce	Medical	134	2.60%	5185	4585	4610	4623	5319	5.90%	3.80%
	Nursing	1028	8.20%	12468	12603	12782	13394	13496	17.50%	10.60%
	Substantive Total	2633	6.40%	41080	40641	40945	42737	43714	11.70%	6.00%
	Bank and Agency	-2447	-33.30%	7339	5782	5437	5132	4893	N/A	N/A
	Total	187	0.40%	48420	46423	46382	47869	48606	N/A	N/A

ICS Provider Summary		2022-23	2023-24
Workforce	Permanent	41,080	43,714
	Bank	5,014	3,697
	Agency	2,326	1,196
	Total	48,420	48,606

Review of Planned Growth 2023-24 and intentions

Providers: Significant planned growth of substantive staff across all main staff groups and significant reductions in bank and agency to meet operational plan requirements. Contingent on low sickness rates returning to pre pandemic %ages and reductions in turnover ranges from 3% to 4% on sickness absence and 11% to 13% on turnover.

Key recruitment Plans:

- Recruitment Nursing plans are a 50/50 split mix of domestic and international recruitment considerable numbers international recruitment utilising Capital Nurse. Plans developed in each provider but reviewed at regional level and monitored for specific roles and input through regional international recruitment, AHP council and Nursing through Chief Nurses Group.
- Local pipeline of Clinical support staff through well-developed local recruitment plans supported by mayoral academy work across the sector, linking into partnerships with Local colleges and local authorities building anchor networks to upskill and employ local people in our services.
- Key element of our medium to long term strategy is to develop this further with a focus on addressing inequality which a range of routes into jobs for our local population including increasing apprenticeships.

Primary Care:

- There is planned growth of 6.9% (22.7 FTE) for General Practice Nurses from March 2023 baseline to Q4.
- Expand the GP fellowship scheme with an aim to ensure that fellowships are offered in all PCNs.
- Recruit to MDT roles under the Additional roles reimbursement scheme.
- Key recruitment programmes through PCNs and NEL training hub to support workforce planning and interventions.

Mental Health:

- CYP Access – maintain levels of resourcing. Investment into perinatal services in order to ensure LTP access target is reflected with an accompanying workforce increase. Recruitment and plan development overseen by our Mental Health Transformation Board.

Governance and Controls to manage growth and productivity

Working with providers to

- Theatre utilisation programme to increase productivity from 65% to 85%
- Proactive sickness absence management and improved rostering practices to deliver efficiencies
- Recruitment plans that aims to achieve high level substantive fill rates and reduce reliance on temporary staff
- Controls to review of long-term agency and bank staff in positions that could be filled substantively
- Move to a bank first approach with appropriate controls i.e *NELFT Staff Bank Development -drawing on guidance in NHSEI Staff Bank Development toolkit and a variety of improvement activities*
- Develop consistent temporary staffing rates and governance ensuring alignment with rates across NEL and London
- To use collaboratives to drive specialised rates and agreements in Acute and Mental Health
- Reduction in premium rates for medical staff
- Increased temporary staffing recruitment events to recruit more staff to banks and reduce our reliance on agencies

Primary Care:

- During 2023/24 ,to achieve 90% conversion of trainees within the system footprint. Ensure that PCN and GP employers have access to workforce planning tools and information in 2022/23

ICS:

- WF productivity Group to provide oversight of monitoring against the plan reviewing activity finance and workforce
- Strategic workforce developments through wider strategy development overseen by NEL People Board

Workforce - Key lines of enquiry and actions

- Workforce and cost increases need to be aligned during triangulation.
- Focus on testing workforce costs against activity and delivery.
- Validating the pay costs in cost improvement programmes to ensure that they are robust.
- Any investment requirement for additional workforce is clearly understood and identified.
- Assurance on delivery on substantive recruitment plans, through monitoring of supply bridge plans with focus on:
    - Recruitment plans to reduce vacancies focusing on premium rate agency areas
    - Ensuring measures are taken to ensure sickness rates return to pre covid levels
    - Retention initiatives to reduce turnover to ensure vacancies are reduced.
- Productivity and bank and agency to be reviewed regularly through WF productivity group, comprising finance, medical, operations and people leaders.

Finance: ICS 23/24 Plan Submission - Summary

- The ICS operating finance plan submitted on 4th May showed a movement from a system deficit to a system breakeven position.
- This represents a £73.1m improvement from the plan submitted on 30 March.
- Within the overall breakeven plan, Barts have a deficit, BHRUT and Homerton are close to breakeven and the ICB, ELFT and NELFT are all delivering a surplus to offset the deficit. The table below shows the movement from a system deficit to breakeven position.
- The ICB plans to deliver a £15.4m surplus.
- There are significant financial risks in the submitted system plan.

	ICS £m	ICB £m	BHRUT £m	Barts £m	ELFT £m	Homerton £m	NELFT £m
Plan Submission March - Surplus / (Deficit)	**(73.1)**	**0.0**	**(19.5)**	**(50.0)**	**0.0**	**(3.6)**	**0**
BHRUT stretch	9.0		9.0				
MH non-recurrent support	10.0				4.2		5.8
ICB measures	13.7	13.7					
Non-recurrent additional allocation	13.3		5.1	6.2		2.0	
NHSE support for excess inflation	11.3		3.0	7.7		0.6	
IFRS 16 revenue funding	0.8	0.1	0.0	0.1	0.1	0.2	0.2
Specialist Commissioning growth	5.4		0.8	4.3		0.3	
Stretch balance required for system breakeven	9.6	1.6	1.4	3.8	1.1	0.7	1.0
Total Plan Submission May - Surplus / (Deficit)	**0.0**	**15.4**	**(0.2)**	**(27.8)**	**5.4**	**0.2**	**7.0**

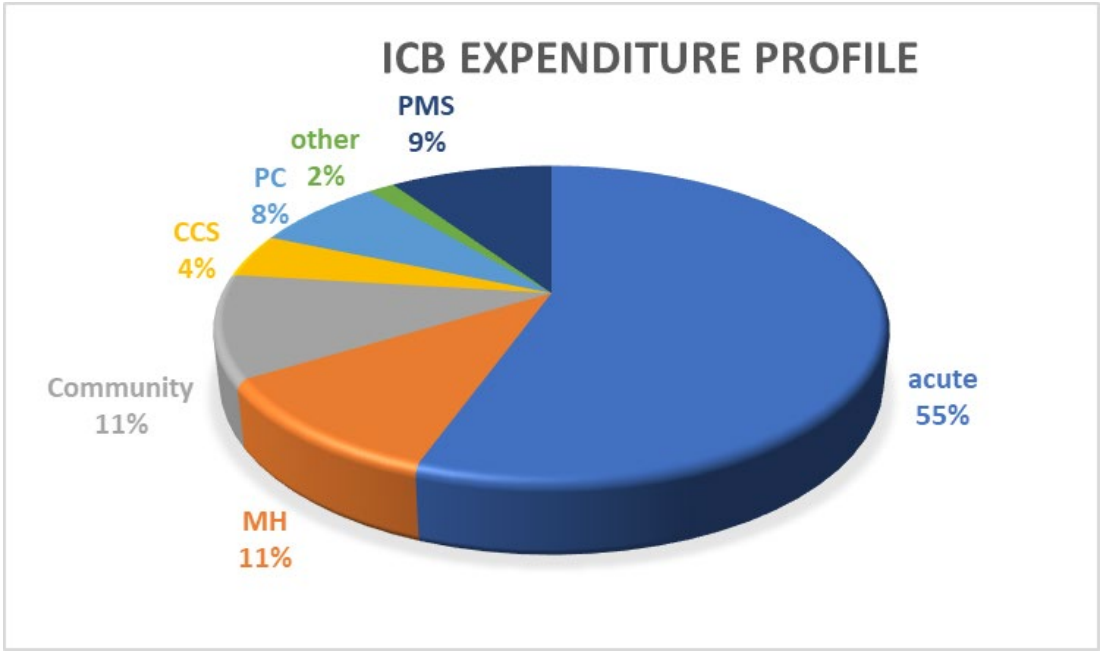
Finance: ICS 23/24 Plan Submission – Risks and Efficiencies

- The plan has required significant non-recurrent actions to close the gap. These non-recurrent actions create additional financial risk in future years (£98m)
- Efficiencies of £278m are required to balance the plan, of which £133m (49% total) are rated as high risk, with only £62m rated as fully developed (24% total).
- Potential risks with no identified mitigations of £209.5m have been identified.
- The main risks to delivery included in the plan are:
  - Delivering efficiencies
  - Managing risk
  - Run rate pressures, including inflation, agency usage and winter pressures
  - Delivery of ERF in plan at marginal costs, however, to deliver ERF in full may require additional costs and non-delivery puts £63m of ERF funding at risk
- Efficiencies and unmitigated risks by organisation are shown in the table below

	Efficiencies £m	Unmitigated Risk £m
BHRUT	(32.0)	(13.0)
Barts	(106.4)	(119.5)
ELFT	(20.8)	0.0
Homerton	(17.8)	(15.0)
NELFT	(18.2)	0.0
Provider Total	**(195.2)**	**(147.5)**
ICB	(82.6)	(62.0)
ICS TOTAL	**(277.8)**	**(209.5)**

Finance: ICB 23/24 Plan – Programme Detail

Plan Detail	Plan £m
Recurrent Allocation	4,042.5
Non-Recurrent Allocation	175.2
Total Allocation	**4,217.7**
Planned Expenditure	
Acute	(2,311.1)
Mental Health	(448.9)
Community Health Services	(444.5)
Continuing Healthcare (CHC)	(186.4)
Primary Care and Prescribing	(314.5)
Delegated Primary Care	(392.9)
Other Programme Services	(22.4)
Other Commissioned Services	(43.0)
Running Costs	(38.7)
Total Expenditure	**(4,202.3)**
Planned Surplus / (Deficit)	**15.4**



- MH : mental health
- CCS: Continuing care services
- PC: primary care
- PMS: Primary medical services
- Other: programme services
- Other : commissioned services

- The plan detail shows the split of programme and running cost expenditure. All areas have had the operating planning technical assumptions factored in and efficiency targets have been included in the relevant programme areas.
- The recurrent ICB allocation is £4,042.5m. Additionally, non-recurrent allocations have been received of £175.2m giving a total 23/24 allocation of £4,217.7m.
- Expenditure plans of £4,202.3m have been submitted in the plan which gives a planned surplus of £15.4m in 23/24.

Finance: ICB 23/24 Plan Submission - Summary

	March - Submission 1 £m	April - Submission 2 £m	May - Submission 3 £m
ICB Surplus / (Deficit)	**(18.5)**	**0.0**	**15.4**
ICB Efficiencies (recurrent and non-recurrent)	(62.2)	(80.8)	(82.6)
ICB Risks	(48.0)	(56.6)	(62.0)

- The ICB has submitted the operating plan in line with national deadlines. This has shown a movement in the plan from a starting deficit of £18.5m to a final planned surplus of £15.4m.
- The ICB has followed national guidance when developing the plan – planning guidance and uplifts have been applied, delegated primary care funded and it is assumed that the mental health investment standard will be met.
- The movement from a planned deficit of £18.5m to a planned surplus of £15.4m has meant that the level of planned efficiencies has increased. In the final version of the plan it is expected that the ICB will deliver £82.6m of efficiencies, of which £31m is recurrent and £51.6m is non-recurrent.
- Whilst the level of efficiency in relation to the overall ICB allocation is circa 2% in reality the ICBs are not able to influence all areas of spend. This means that delivery of efficiencies in 23/24 will be extremely challenging and represents an efficiency ask in the region of 8% to 10%.
- As part of the planning process the ICB has had to review all planned investments and SDF funding and has assumed some slippage, delays and use of SDF to support baseline expenditure. In total this equates to £14m.
- There is a high level of risk built into the ICB financial plan, which if they materialise, will negatively impact the ICBs ability to deliver a surplus position.
- The main risks flagged in the ICB in relation to delivery of efficiencies and further price and activity increases in CHC and prescribing. As the levels of efficiency delivery have increases so has the level of financial risk.
- Whilst the ICB is planning to deliver a surplus in 23/24, this will only be possible with the delivery of non-recurrent efficiencies. Therefore, the recurrent underlying position of the ICB is a deficit of £49m.

Finance: ICB 23/24 Plan – Efficiencies and Risk

Area of Expenditure	Scheme	Recurrent £m	Non Recurrent £m	Total £m	Risk Rating	Efficiency Risk / Mitigations £m	Other Risks / Mitigations £m	Total Risk / Mitigations £m
Continuing Care	CHC	(11.0)	(4.0)	(15.0)	High	(8.5)	(6.6)	(15.1)
Prescribing	Prescribing	(5.1)	(12.0)	(17.1)	High	(11.5)	(6.6)	(18.1)
NHS Property Services	Property Services	(1.1)		(1.1)	Medium	(0.5)		(0.5)
Non Recurrent Programmes	Non Recurrent Benefits		(27.0)	(27.0)	High	(13.5)		(13.5)
Programme Projects	Programme corporate	(6.0)		(6.0)	High	(4.5)		(4.5)
Running Costs	Running Costs (5%)	(1.9)		(1.9)	Medium	(1.0)		(1.0)
Programme Projects	Agency Control (Q2)	(3.0)		(3.0)	Medium	(1.9)		(1.9)
Programme Projects	Consultancy Spend		(1.0)	(1.0)	Medium	(0.3)		(0.3)
Programme Projects	Recruitment delay		(6.0)	(6.0)	Medium	(4.5)		(4.5)
Acute Reserves	Repatriation/ERF (Acute)	(3.0)		(3.0)	Medium	(1.5)		(1.5)
Non Recurrent Programmes	Unidentified risk		(1.6)	(1.6)	High	(1.2)		(1.2)
Non Recurrent Programmes	Unidentified mitigation					48.8	13.1	62.0
TOTAL		**(31.0)**	**(51.6)**	**(82.6)**		**0.0**	**0.0**	**0.0**

- The table details the efficiencies required to deliver the surplus position. It is expected that £31m will be delivered recurrently and £51.6m delivered non-recurrently.
- £1.6m of efficiencies are yet to be identified. This relates to the additional stretch added to the ICB position in order for the system planned break-even position to be achieved.
- Delivery of efficiencies is a risk to the ICB and they have been risk assessed as either high, medium or low risk. This has resulted in a risk to delivery of £48.8m. Other risks of £13.1m have been flagged in relation to price and activity increases in CHC and prescribing. The total risk is £62m. It is assumed that the ICB will mitigate the risk but these mitigations are yet to be identified. If any of the risks identified materialise this will impact on the ICBs ability to deliver a £15.4m surplus.

Finance: ICB 23/24 Plan – Investment and SDF

Investment Category	Net Total Investment £m
Health Inequalities Fund	3.6
Other Health Inequalities schemes	0.9
IVF	1.0
Other improved outcomes in population health and health care schemes	2.1
REACH - Barts and BHRUT	2.8
GP Enhanced Access NEL	4.0
Other Productivity and Value for Money Schemes	1.6
Social and economic development schemes	0.8
Sub-Total	**16.7**
Additional Pressures and Mitigations	
Revenue implications of capital expenditure	0.8
Full year effect of prior year business cases	1.6
Acute associates pressure	2.0
Mitigations to offset pressures	(5.3)
Total Additional Pressures / Mitigations	**(0.9)**
TOTAL	**15.8**

SDF Programme	Revised Allocation £m
Ageing Well	2.3
Alcohol	0.3
Cancer	10.6
CVD	0.1
CYP	0.6
Diabetes	0.5
LD & Autism	3.4
Long Covid	2.3
Maternity	1.6
Mental Health	39.4
Other	0.1
People	0.1
Primary Care	6.2
Pulmonary Rehab	0.5
Tobacco	1.6
TOTAL	**69.5**

- The ICB measures of £13.7m that formed part of the movement to a surplus position relate to the delay of investments and using SDF funding for baseline services and a contribution towards programme costs.
- The tables above show the total investment and SDF included in the operating plan.
- This shows that there is £15.8m planned investments and £69.5m SDF.

Finance: ICB 23/24 Plan – Underlying Position

	Plan £m
Recurrent Allocation	4,042.5
Planned Recurrent Expenditure	(4,091.7)
Underlying Surplus / (Deficit)	**(49.2)**

- Allocation and expenditure plans have been submitted which gives a planned surplus of £15.4m in 23/24.
- However, the underlying run-rate for the ICB at the end of 23/24 is a deficit. Once non-recurrent efficiencies and spend against non-recurrent allocations have been removed from the 23/24 planned total expenditure this gives a recurrent expenditure level of £4,091.7m. As the recurrent allocation is £4,042.5m this gives a recurrent deficit of £49.2m.
- Materialisation of the risks flagged or non-delivery of the recurrent efficiencies may impact on this further.

Finance: Capital 2023/24 and 2024/25

- The ICS capital plan submitted was compliant with the system CDEL allocation

	2023/24 £'m	2024/25 £'m
Core CDEL	79.104	78.405
Bonus	8.054	0.000
Total capital allocation	**87.158**	**78.405**
5% over programming	4.358	3.920
Total charge against capital allocation	**91.516**	**82.325**

- The NEL allocation for 23/24 is £91.5m, of which £79m is core allocation, £8m reward for meeting 2022/23 revenue target as a system and includes an allowance of 5% over programming (£4.3m).
- It was also required to declare a plan for 24/25, aligned with core CDEL and 5% over programming
- It should be noted that 5% over programming was included in the 22/23 plan and subsequently was not available
- The guidance on capital indicates that over spends against CDEL allocation would be clawed back by a reduction in allocation in the following year. NEL 2022/23 outturn was an over spend against CDEL allocation of £12.4m.
- However, expenditure on St. Georges was funded centrally (£5.2m) and not from STP wave 4b funds and a late allocation of diagnostics (£2m) reduced the overspend to £5.2m. The London wide position, however, is essentially balanced and we appear to have avoided suffering any reductions in 23/24. This overspend against CDEL required delaying both costs and projects into 23/24, to the value of c.£11m, adding further pressure onto already overcommitted available
- By a number of measures it can be demonstrated that NEL is underfunded in capital, due in part to the nature of the national allocation formula, having two large PFI builds and historic under investments (perpetuated by a formula that is based on existing asset valuations (not land) and depreciation).
- London are working with us to make our case to national with regards the disadvantages of the current methodology for NEL (estimated at c.£20-30m annually) , to request for these to be taking into account in future years and help in 2023/24 to meet our essential requirements.
- Estimates for 23/24 indicate NEL CDEL needs to be of the order of £170m
- If investments in 23/24 are limited to just work in progress, deferred costs , legal obligations and match funding :

	£'m
Year end 22/23 costs deferred into 23/24	11.0
Match fund essential EPR work at BHRUT	11.0
Remedial fire works Newham	17.0
Completion of HUH ITU build	8.0
St Georges	7.0
Costs in excess TIF funds	6.0
National program slippage	10.0
Projects already under construction	10.0
Contractual commitments	11.0
Total	**91.0**

- This does not address any routine essential repairs or replacement programs and certainly no funds for emergency replacements or arising regulatory compliance issues or IT investment, which is particularly problematic.
- There are further sources of CDEL that will be available to NEL in 23/24 & 24/25. these relate to specific funding pots are were available to other ICS's as well:

	2023/24 £'m	2024/25 £'m
TIF	40.1	3.9
Frontline digitisation- inc. 50% BHRUT EPR	12.1	11.2
UEC Additional Capacity	7.1	0.0
St Georges (STP wave 4b)	17.0	0.0
CDC	8.0	0.0
Diagnostic digital capacity	16.7	11.0
Total additional CDEL awards	**101.0**	**26.1**

- Note, funding for Whipps Cross rebuild has also been earmarked but the program has currently stalled. We wait for approval to progress.
- Our next step completion of detailed 3 year evidenced, risk assessed and costed plan to understand the full nature of the shortfall and the impact potentially on our ability to deliver patient care.

City and Hackney Health and Care Board

12 July 2023

Title of report	Use of investment: health inequalities and outcomes
Author	Anna Garner
Presented by	Anna Garner
Executive summary	Summary of investment pots – to be used to reduce health inequalities and improve outcomes for residents: 1. Health Inequalities funding from North East London 2. S256 pot for Increasing focus on prevention 3. S256 pot for Improving outcomes List of topics to fund within these areas within the paper – CHHCB asked to approve these and approve approach to finalising details of funding use.
Action required	Approve

Previous reporting / discussion	• [Place based partnership
	  ○ C&H Place based partnership delivery group: 11th May, 22nd June
	  ○ Neighbourhood Health and Care Board: 27th June
	  ○ C&H Health and Care Board 12th July
	• PCN and Neighbourhoods
	  ○ Inequalities community of practice: 8th May
	  ○ Meeting with DMs: 31st May
	  ○ PCN Huddle: 20th June
	  ○ PCN CD board 7th July
	• Voluntary sector leadership group: 5th July
	• London Borough of Hackney and City of London
	  ○ Public Health SMT: 13th June
	  ○ DLTs (LBH and CoL) - via email
	• Health Inequalities steering group: 11th July
	• MATCH task and finish group: 8th June and 12th July

Next steps / onward reporting	As above. Onward reporting via Delivery Group and NH&CB

Conflicts of interest	
Strategic fit	All
Impact on local people, health inequalities and sustainability	Funding reserved exclusively for improving health inequalities and improve health outcomes
Impact on finance, performance and quality	Funding details included in paper. Specific ask to ensure non-recurrent funds do not lead to any funding pressures in the future.
Risks	Lack of capacity of Population Health Hub to administer. Lack of capacity of transformation and planning teams, and providers to engage with this work.

City & Hackney
Population Health Hub

Using current funds to reduce health inequalities and improve population health outcomes

City and Hackney: June 2023

Introduction

The Population Health Hub (PHH) is a **shared, system resource** which aims to support the City & Hackney Place based Partnership (PbP) and wider system partners to reduce health inequalities and improve the health of our population.

We support the City and Hackney Place Based Partnership (PbP) vision:

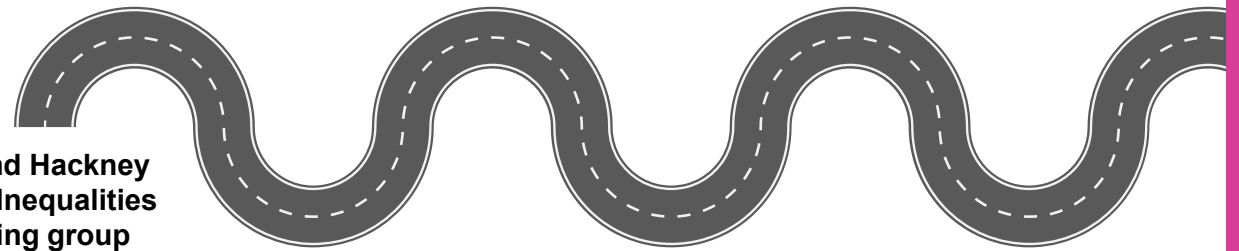
"Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive"

- On behalf of the PbP, the Population Health Hub oversees two 'pots' of non-recurrent (s256) funding to support these aims. There is another pot held by Nina Griffith to improve outcomes for residents.
- This presentation outlines an approach to spending these funding pots and is brought to the NH&CB board for approval.

Roadmap towards PbP progress on health inequalities

Agreement of Place based Partnership population health strategic objectives and inequalities outcomes

Population Health Hub supporting system



City and Hackney Health Inequalities steering group

22-23 NEL Health inequalities funding

System partners:
- understand how to take action to reduce health inequalities, embed prevention and improve population health
- value and facilitate this with structures, process, funding & governance

Funding context: three funding ‘pots’ available

Name of funding	Addressing Health Inequalities	Prevention	Improving outcomes
Purpose of funding	Reduce health inequalities and meeting the relevant outcomes in ICP strategy	Embedding prevention across the system	Improving outcomes for residents across the system
Amount & recurrence	£820,000 per year, allocated via weighted formula Recurs for 3 years	Approx £1m One-off funding	Approx £1.4m One-off funding
Source & where held	NHS via NEL Can be transferred via s256	Ex-CCG; Held in s256 with LBH Public Health	C&H place investment fund ; s256 with LBH
Administration	Population Health Hub; commissioning via Public Health team		TBC

Strategic approach

- These funds present an opportunity for us to invest in areas to contribute to reducing health inequalities and improving population health outcomes across City & Hackney (aligned with PbP priorities).
- While the health inequalities monies will be recurrent for 3 years, the funding picture is unclear beyond that. The other 2 pots of money are non-recurrent, however we could use them over a longer time period i.e. 3 years, as confirmed with ICB finance leads. We want to use this money to support a long-term approach?
- Discussions are starting at PbP level on how to align finances to PbP priorities and these funds can help to test and develop our PbP approach.

We propose the following

- **Using the HI monies to conduct transformation work and fund approaches to reduce health inequalities that need to be funded on a longer term basis**
- **Using the two non-recurrent pots (over a longer period of time) to test approaches and conduct transformation work supportive of prevention and improving outcomes; with separate criteria for these pots associated with their relevant function**
- **Funding should not be used to plug current service gaps or pressures – funding to be used to support identifying and embedding new ways of working**

What areas would benefit from investment?

Sources of evidence we have used to inform our decisions on what needs additional investment are as follows:

- National priorities eg CORE20PLUS5
- Insight on what is important to residents (Hackney health and wellbeing strategy resident peer research; City of London peer researchers; input from system public representatives)
- Insight from voluntary sector on what is important to residents (VCS leadership group, VCS assemblies and VCS working group on prevention)
- Data on health needs (JSNA and NEL population health compendium)

We have also consulted across the system, including with transformation leads.

What areas would benefit from new or additional investment?

System priorities

- Embedding a culture of health equity (extending pilot of support package with more programme areas, building on learning from MATCH programme in place already)
- Supporting PCN/neighbourhoods to be able to identify hyper-local assets and how to use these to reduce inequalities in neighbourhoods communities
- Reducing inequalities and improving outcomes across our three population health strategic objectives: mental health, CYP and long term care and support needs

Resident priorities

- Supporting residents to maximise their income and increase financial security (and reduce food poverty; City & Hackney)
- Supporting interventions to increase social connections for local residents (Hackney)
- Increasing mental health and decreasing mental ill-health (Hackney) - including support those who don't meet standard service criteria

Transformation work

Ideas include:

- Place based partnership development: changing our approach to evaluation and outcomes, development of a City & Hackney Innovation Academy
- Changing our relationship with and how we commission VCS organisations (more equal power balance and more sustainable funding model)
- Supporting & developing the neighbourhood approach to work across stakeholders to pilot interventions to reduce inequalities
- Transforming data sharing and accessibility of data and insight across the system

Criteria for the ‘prevention pot’

Aim: For City and Hackney place based partnership to increase focus and resources towards prevention over time, to shift the balance between spend on prevention activities and spend on reactive activities.

This increase in investment is intended to influence system behaviours and support a culture shift (alongside wider prevention strategies), by impacting on:

- Understanding of the role all local partners play currently and could play in delivering prevention initiatives
- Partners accepting responsibility for the health of the whole of the City and Hackney population, and establishing a common understanding of our shared responsibility around prevention
- Understanding of the role of the wider determinants of health on individual health outcomes
- Knowledge, attitudes and skills of staff across system partners to include prevention as part of a wider range of interactions with residents
- Capacity and capability of system partners to deliver prevention activities
- Capacity and capability of residents to initiate, engage with and be involved in prevention activities
- Integration of prevention activities within treatment pathways

How best to use the prevention funding to embed prevention over longer term?

Proposal: use £1M funding over 3 years (£330K per year) for 3 activities:

- Support services (health, care and wider) to identify opportunities within their services for primary and secondary prevention, how to embed and develop partnerships to support this
- Supporting links between VCS and statutory services
- Build on work at estate/community level to bring residents together to ask: what do communities need to create health?

- Understanding of the role all local partners play currently and could play in delivering prevention initiatives
- Partners accepting responsibility for the health of the whole of the City and Hackney population, and establishing a common understanding of our shared responsibility around prevention
- Knowledge, attitudes and skills of staff across system partners to include prevention as part of a wider range of interactions with residents
- Capacity and capability of system partners to deliver prevention activities
- Integration of prevention activities within treatment pathways
- Capacity and capability of residents to initiate, engage with and be involved in prevention activities
- Understanding of the role of the wider determinants of health on individual health outcomes

Criteria for the ‘outcomes pot’

Principles agreed by the NH&CB:

- Investment should support delivery of our agreed strategic focus areas and the integrated delivery plan (IDP)
- These are non-recurrent resources and must be used as such – they should not create cost pressures in the system going forwards. To ensure that there is sustained benefit realisation from investment made, plans must be in place for what will happen after the end of the funding period.
- The money cannot be used for addressing backlogs or pressures within existing services, it is for innovation and transformation
- Investment is available to all members of the partnership including the voluntary sector
- Investment should support partnership working (though it may be directed to one provider)

Suggested criteria:

- Should be part of the Integrated Delivery Plan big ticket items
- Should not have received separate transformation funding
- Improve outcomes for City and Hackney residents (within PbP outcomes framework)
- Fill any gaps in existing services to improve these outcomes
- Aims to respond to need within the population – support across the gradient of need

How best to use the ‘outcomes’ pot?

Focus on priorities that residents have told us are the most important elements of health and wellbeing for them:

- Improving financial security (within HI funding pot)
- Improving mental health
- Increasing social connections

As well as supporting our transformation areas to have a funding pot to support transformation activities, and test approaches to improve outcomes for our residents.

And supporting development of our place based partnership, including establishing a Innovation Academy and our new way to monitor improvement of outcomes.

Estimate of funding split

NEL HI monies 23-26 (annual spend)	
Priorities	**Pot**
Financial security (funding LBH MoneyHub)	£170,000
Reducing inequalities in management of long term conditions (stroke rehab)	£65,000
Care leavers free prescriptions	£6,000
MATCH - embedding health equity project	£220,000
Piloting interventions within PCNs/neighbourhoods	£180,000
System transformation work: - VCS - Other (TBC)	£100,000
Management/capacity (including evaluation)	£87,000
Total	**£828,000**

S256 on prevention 23-26	
3 pots over 3 years	
Routine services embedding prevention	£100,000
Supporting links & partnership	£100,000
Supporting place based approaches	£100,000
Management	£33,000
Total	£333,000
over 3 years	**£999,000**

S256 on outcomes 23-26	
3 pots over 3 years	
Testing approaches for improving outcomes: improving mental health	£100,000
Testing approaches for improving outcomes: CYP	£100,000
Testing approaches for improving outcomes: long term health and care needs	£100,000
Developing our partnership: - C&H Innovation Academy - Learning support teams - Other (TBC)	£70,000
Social connections	£70,000
Management	£30,000
Total	£470,000
over 3 years	**£1,410,000**

Defined intervention/project

Area defined - some fleshing out of areas/services/intervention needed

Still mostly undefined

Opportunities for teams to access funding

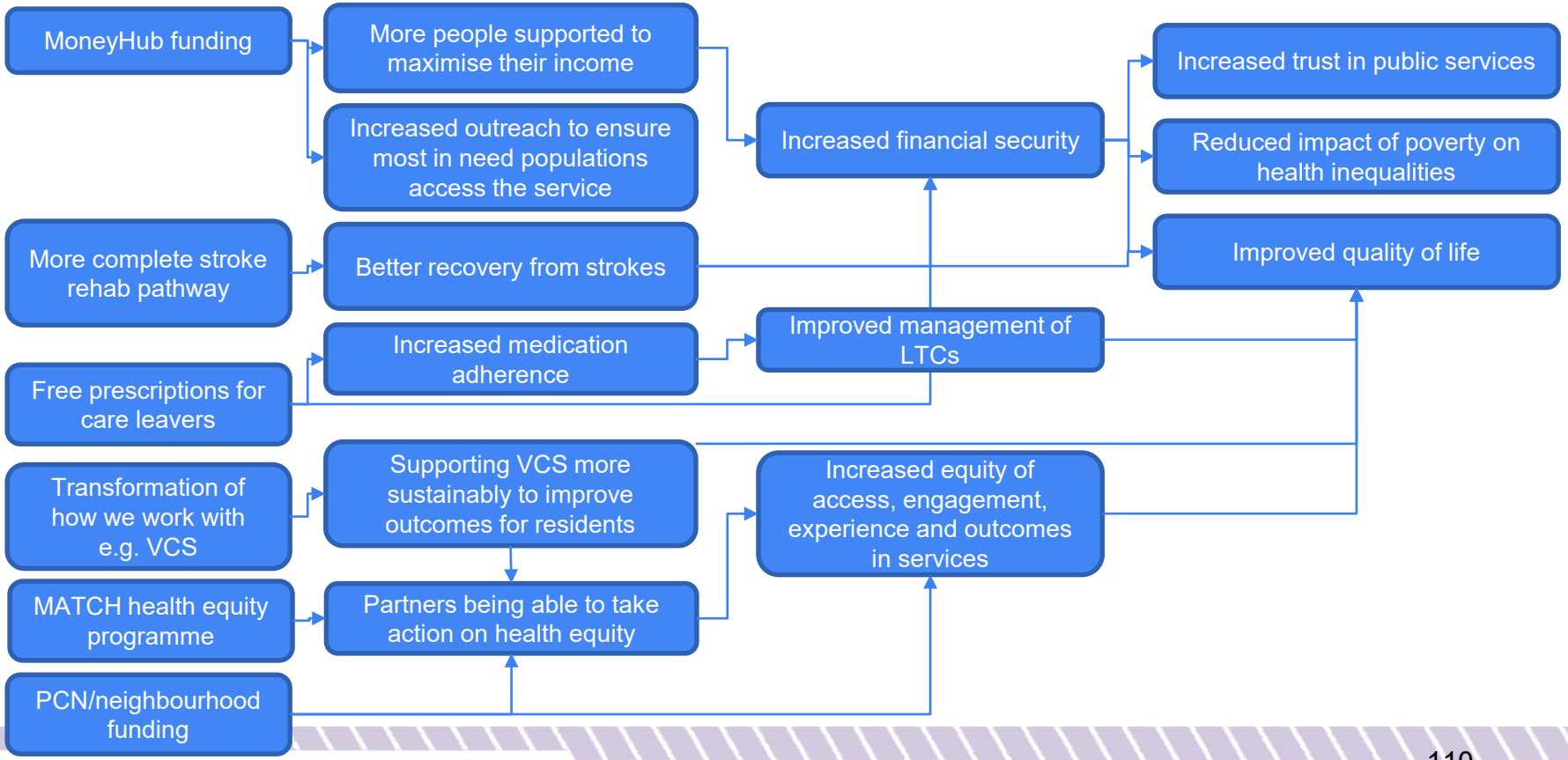
Opportunities for health and care teams (across CYP, Mental health and Long term care and support needs) to access support and funding (*noting that the process for accessing these funds need to be equitable, fair and transparent*):

- HI funding:
  - MATCH – does your area/service/team want support to embed equity (with some funding to pilot change ideas to increase equity)?
  - Are there transformation activities (one off) that your service could use funding for? Are there areas where having time/space for transformation, to build capacity and capability would benefit our residents?
- Prevention:
  - Does your health or care service want funding to investigate where there are opportunities to embed prevention within your service? Could there be better partnerships with the VCS that you need support to develop?
- Outcomes
  - Do you have ideas that would improve outcomes for our residents – that you would want funding and support to test? Are there areas where having time/space for transformation, to build capacity and capability would benefit our residents?
  - Do you have ideas that would improve social connections for our residents?

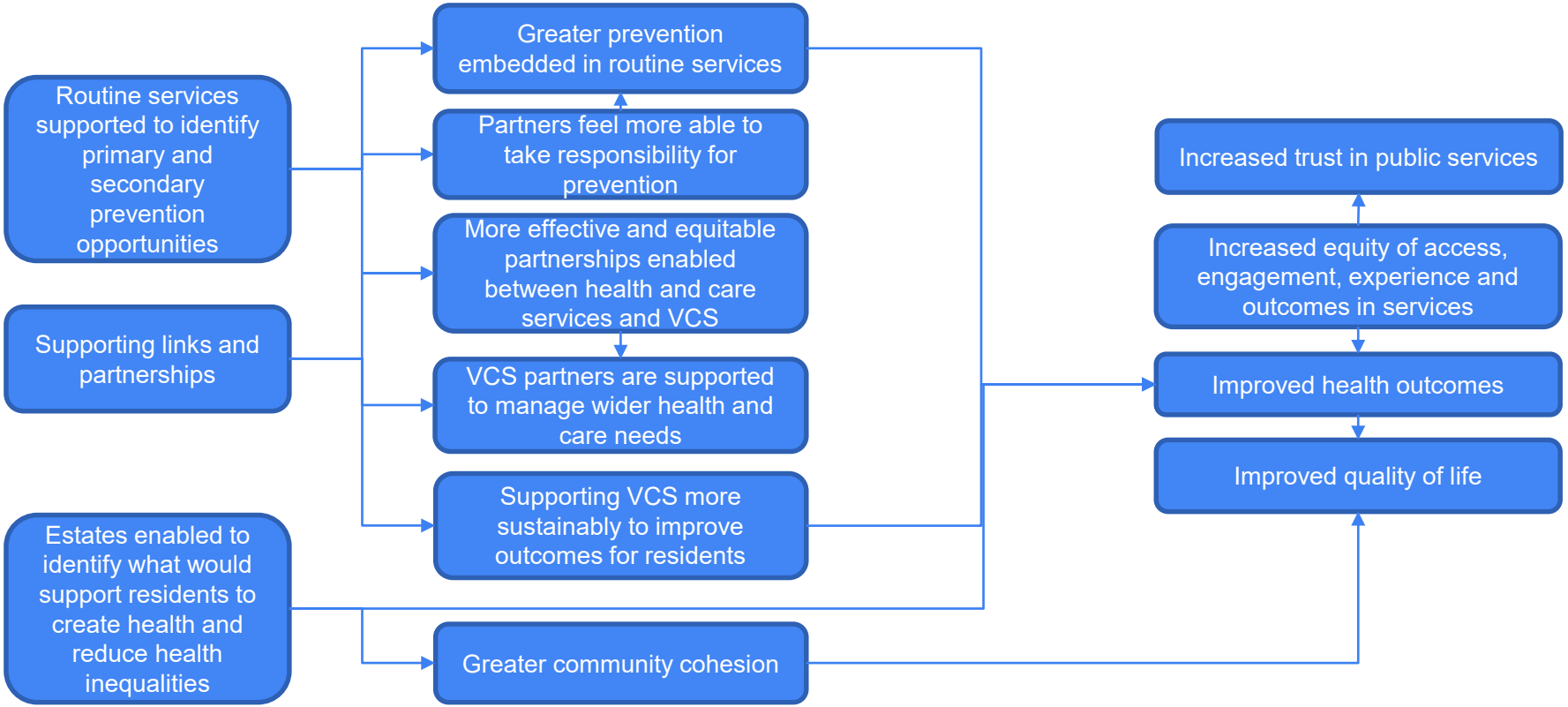
Opportunities for the VCS

- HI funding
  - Funding to consider how to change our relationship with the VCS – to enable VCS organisations to best use their skills to improve residents lives, without the power imbalance and overburdening with reporting requirements
  - MATCH – VCS run project (led by HCVS)
- Prevention
  - Support services to identify where VCS could link into health and care services to improve prevention
  - Supporting VCS organisations workforce to be better able to deal with difficult circumstances
- Outcomes
  - Do you have ideas that would improve outcomes for our residents – that you would want funding and support to test?
  - Do you have ideas that would improve social connections for our residents?

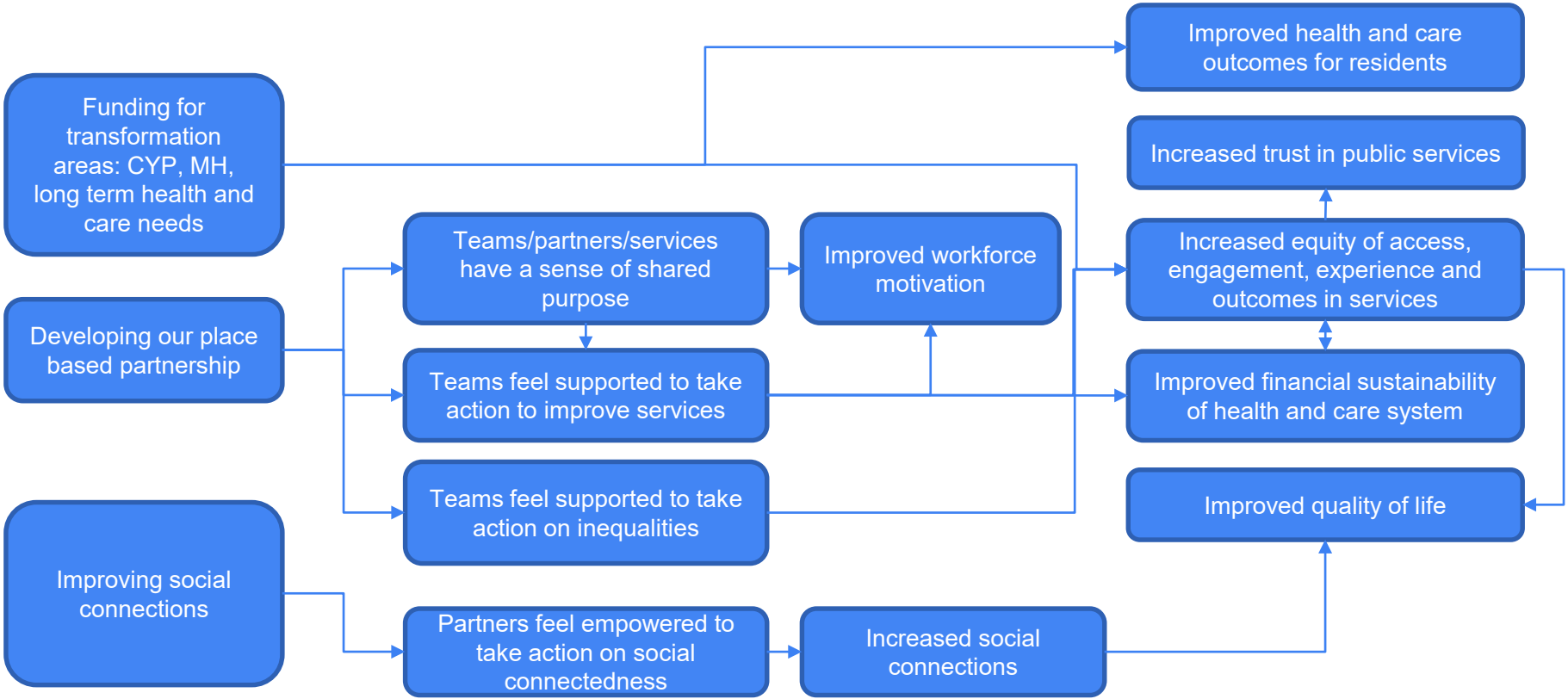
Impact: HI funding



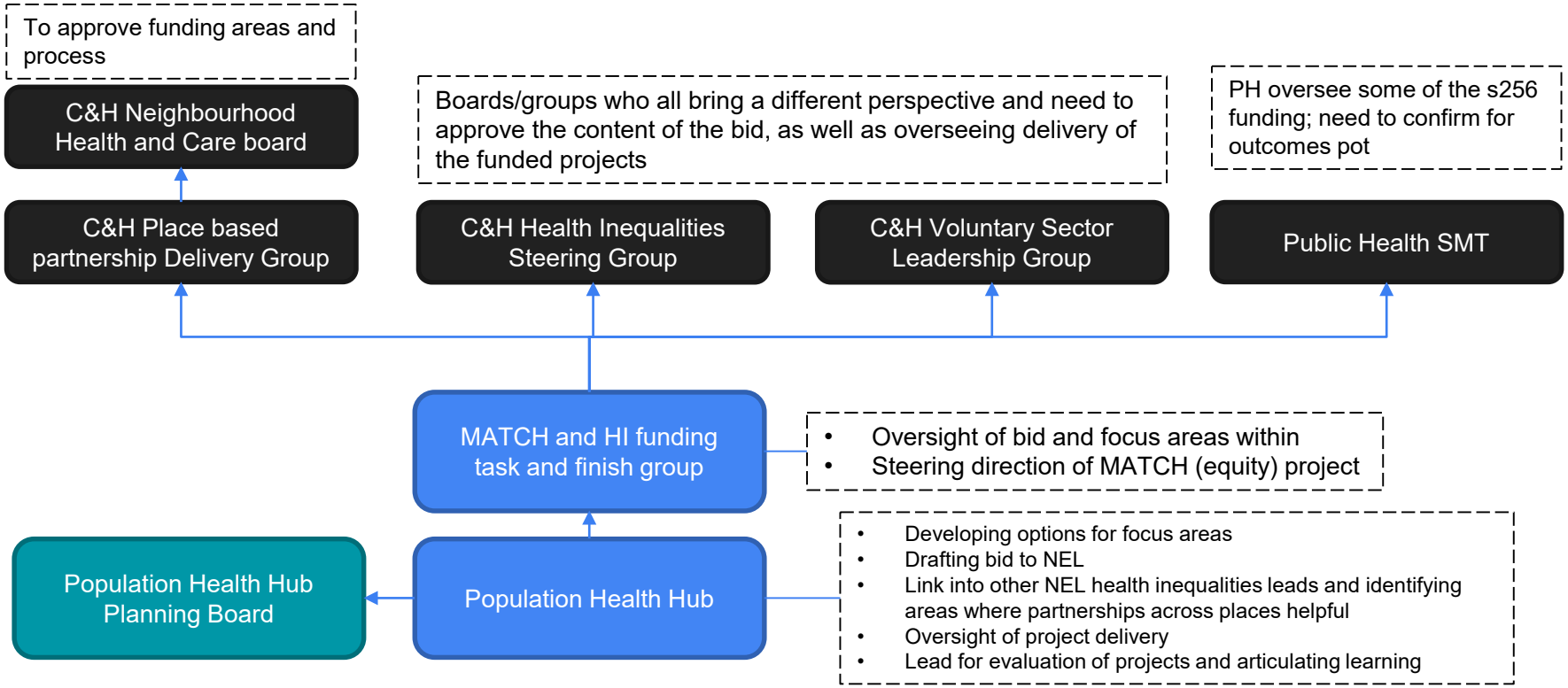
Impact: prevention funding



Impact: outcomes funding



What is the governance for this funding?



How are we engaging with City and Hackney partners?

- Place based partnership
  - C&H Place based partnership delivery group: 11th May, 22nd June
  - Neighbourhood Health and Care Board: 27th June
  - C&H Health and Care Board 12th July
- PCN and Neighbourhoods
  - Inequalities community of practice: 8th May
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Next steps: timeline