

City & Hackney Health and Care Sub Committee

Wednesday 10 July 2024, 1400-1445

Chair: Chris Kennedy

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	Welcome, introductions and apologies: <ul style="list-style-type: none"> • Declaration of conflicts of interest • Minutes of the meeting held on 08 May 2024 • Action Log • Matters Arising 	1400 (5 mins)	Chair	<i>Papers 1a, 1b & 1c</i> Pages 3-13	Note Note Approve Note
City & Hackney Health and Care Sub Committee in public					
2.0	Questions from the Public	1405 (5 mins)	Chair	<i>Verbal</i>	Discuss
3.0	Empowerment Programme for Inclusive Community Health (formerly VCS Enabler) update	1410 (25 mins)	Jessica Lubin / Helen Animashaun	<i>Paper 3</i> Pages 14-26	Discuss / For Information
4.0	Finance Update	1435 (10 mins)	Alison Glynn	<i>Verbal</i>	Discuss

Date of next meeting: Wednesday 11 September 2024, 1400-1600

- Declared Interests as at 27/06/2024

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
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel 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	2024-03-31	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
			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		

Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee ICP Committee	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		
			Non-Financial Personal Interest	Hackney Joint Estate Charities	sit in the board as trustee	2014-04-07		
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05		
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group	Non-Financial Professional Interest	Lower Clapton Group Practice	GP Principal at Lower Clapton Group Practice	2020-10-09		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Member of the British Medical Association	2020-10-09		
			Non-Financial Professional Interest	Royal College of General Practitioners	Member of the Royal College of General Practitioners	2020-10-09		
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	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	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	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	Partnership decisions 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		
Sandra Husbands	Member of a committee	City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group	Non-Financial Professional Interest	Association of Directors of Public Health	Board member and trustee	2023-02-28		
			Non-Financial Professional Interest	Imperial Health Charity	Trustee	2022-08-22		
Tony Wong	Chief Executive, Hackney Council for Voluntary Service	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 27/06/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Stella Okonkwo	Head of Strategic Planning and PMO	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance	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 Audit and Risk Committee ICB Finance, Performance & Investment Committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.

		Waltham Forest ICB Sub-committee	
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 Community Health Collaborative sub-committee	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 Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee 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 Patient Choice Panel 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.
Alison Glynn	Deputy Director Operations, Finance and Contracting	City & Hackney ICB Sub-committee City & Hackney Partnership Board Patient Choice Panel	Indicated No Conflicts To Declare.
Basirat Sadiq	Deputy Chief Executive Homerton Healthcare	City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee ICB Population, Health & Integration Committee	Indicated No Conflicts To Declare.
Rachel Cleave	Member of NEL ICB and ICP	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Lorraine Sunduza	Interim Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Indicated No Conflicts To Declare.
anu kumar	Clinical lead for Patient Engagement	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Judith Finlay	Executive Director of Community and Childrens services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Amy Wilkinson	Director of Partnerships, Impact and Delivery	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.

		Primary care contracts sub-committee	
Dawn Carter-McDonald	Member of a committee	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Jackie Moylan	Group Director, Finance	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Mary Durcan	member of a committee	City & Hackney ICB Sub-committee ICB Board	Indicated No Conflicts To Declare.

Notes of the City & Hackney Health and Care Board Development Session
Wednesday 08 May 2024, 14:00-1600
Committee Room 2, Guildhall, 71 Basinghall Street, London, EC2V 7HH

Members:	
Cllr Chris Kennedy (CK) – Chair	Cabinet member for health, adult social care, voluntary sector and culture, London Borough of Hackney
Helen Fentimen (HF)	Chairman, Community and Children’s Services Committee, City of London Corporation
Mary Durcan (MD)	Chairman, Health and Wellbeing Board, City of London Corporation
Dr Stephanie Coughlin (SC)	Clinical Care Director, NHS North East London
Basirat Sadiq (BS)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Caroline Millar (CM)	Chair, City & Hackney GP Confederation
Dr Anu Kumar (AK)	Chair of the People and Place Group, City and Hackney
Amy Wilkinson (AW)	Director of Partnerships, Impact and Delivery, NHS North East London
Tony Wong (TW)	Chief Executive Officer, Hackney Council for Voluntary Services
Alison Glynn (AG)	Deputy Director Operations, Finance and Contracting, City and Hackney Place, NHS North East London
Helen Woodland (HW)	Group Director, Adults, Health and Integration, London Borough of Hackney
Sir John Gieve (JG)	Chair, Homerton Healthcare NHS Foundation Trust
Dr Sandra Husbands (SH)	Director of Public Health, London Borough of Hackney / City of London Corporation
Agnes Kasprowicz (AK)	PCN representative, Primary Care Networks
Judith Finlay (JF)	Director of Community and Children’s Services, City of London Corporation
Jacque Burke (JB)	Group Director, Children and Education, London Borough of Hackney
Rachel Cleave (RC)	General Manager, Healthwatch City of London
Caroline Woodley (CW)	Elected Mayor, London Borough of Hackney
Attendees:	
Shakila Talukdar (ST)	Governance Officer, NHS North East London (notes)
Jonathan McShane (JMS)	Integrated Care Convener, NHS North East London
Stella Okonkwo (SO)	Head of Strategic Planning and PMO, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Cindy Fischer (CF)	Senior Manager, Unplanned Care, NHS North East London
Andrew Ridley (AR)	Freelance Consultant
Apologies:	
Dawn Carter McDonald (DCM)	Interim Chief Executive, London Borough of Hackney
Jackie Moylan (JM)	Group Director, Finance, London Borough of Hackney
Tehseen Khan (TK)	PCN representative, Primary Care Networks
Ruby Sayed (RS)	Deputy Chairman, Community & Children’s Services Sub-Committee, City of London Corporation
Mark Jarvis (MJ)	Head Of Finance, City of London Corporation
Haren Patel (HP)	PCN representative, Primary Care Networks
Simon Cribbens (SC)	Director, Community & Children’s Services, City of London Corporation

Andreas Lambrianou (AL)	Chief Executive Officer, City & Hackney GP Confederation
Lorraine Sunduza (LS)	Chief Executive, East London NHS Foundation Trust
Sunil Thakker (ST)	Director of Finance, NHS North East London
Sally Beaven (SB)	Executive Director, Healthwatch Hackney
Anntoinette Bramble (AB)	Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care, London Borough of Hackney
Robert Chapman (RC)	Cabinet Member for Finance, Insourcing and Customer Service, London Borough of Hackney
Dr Kirsten Brown (KB)	Primary Care Development Clinical Lead
Reza Paruk (RP)	Assistant Director of Finance (Adults Health and Integration), London Borough of Hackney
Ceri Wilkins (CW)	Elected Member, City of London Corporation
Chetan Vyas (CV)	Director of Quality and Safety, NHS North East London
Florence Keelson-Anfu (FKA)	Elected Member, City of London Corporation
Ellie Ward (EW)	Head of Strategy and Performance, City of London Corporation

Item No.	Item title
1.	<p>Welcome, Introductions and apologies The chair welcomed members and attendees to the meeting and highlighted the apologies as listed above.</p> <p>1.1 Declarations of Interest The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the City and Hackney Health and Care Board.</p> <p>No additional conflicts were declared.</p> <p>1.2 Minutes of the Development Session held on 13 March 2024 The board approved and agreed the minutes as an accurate reflection of the meeting.</p> <p>1.3 Action Log There were no open actions discussed.</p> <p>Matters Arising There were no matters arising discussed.</p>
2.	<p>Place Lead update Bas Sadiq (BS) provided the Board a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> • Impact of industrial action and the pressures in primary care and in local authorities. • Work is underway to increase uptake of childhood immunisations given rising number of cases of measles. • NHCBC met last month, this was a productive and positive session. • Homerton fertility clinic suspension is in place till end of August 2024, the improvement plan continues.

<p>3.</p>	<p>2024/25 Better Care Fund Cindy Fischer (CF) presented the report highlighting the following points:</p> <ul style="list-style-type: none"> • 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 Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements was published on the 28 March 2024 and confirms the conditions and funding for 2024-2025. 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 to NHSE by the 10 June 2024. • This vision is underpinned by the two core BCF objectives: <ol style="list-style-type: none"> 1. Enable people to stay well, safe, and independent at home for longer, 2. Provide the right care in the right place at the right time. • 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). As of April 2024, there is a requirement that Discharge Funding must be pooled into the BCF. • The NHS contribution to the BCF has increased by 5.66%. <p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> • Agreed to look at outcomes as part of investment and what the future of commissioning will look like going forward. • Noted that previously there were winter pressure funds and expecting for this to continue. <p>APPROVAL: The board agreed and approved the 2024-25 BCF Plans.</p>
<p>4.</p>	<p>Finance Update Alison Glynn (AG) provided the board with a verbal update on the ICB financial situation.</p> <p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> • Board noted agency spend is reducing, there will be difficult decisions to be made in procurement, there are a few services to take out, will be looking at collaborating with other providers for sustainability. For commissioning, will be looking at continuing healthcare and prescribing budget. • Board stated every year there are asks to deliver, long term planning is three months ahead. <p>London Borough of Hackney and City of London finance update There were no officers available to present the reports, the chair asked the board to note the papers.</p> <p>Ratification of the funding proposal for the Digital Enabler Amy Wilkinson (AW) talked the board through the report highlighting the following points:</p> <ul style="list-style-type: none"> • The paper presents the funding proposal made by the Digital Enabler Board on the new projects which aim to enable digital transformation across the City and Hackney

	<p>partner organisations, and to request financial approval of a total of £947,957.60 from section 256 monies - £631,922.10 for 24/25 and £316,035.50 for 25/26 respectively.</p> <ul style="list-style-type: none"> • This proposal has a budget fully allocated and does not incur any additional cost pressures to the City and Hackney or NEL ICB NHS systems. • This proposal has been put through a robust governance and was approved at the 26/03/24 Neighbourhood health and Care Board. <p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> • AK flagged that more systems are needed, working with patients looking at three different websites, suggested working collaboratively towards texting patients. • Noted previous conversations on CHC complex joint packages. • AW asked to pick this up outside of the meeting and stated that there is an engagement lead now in post. <p>APPROVAL: The board agreed and approved the Digital Enabler funding proposal.</p>
<p>5.</p>	<p>City and Hackney Place Development work</p> <p>Andrew Ridley (AR) facilitated the development session and discussed the following points:</p> <ul style="list-style-type: none"> • The partnership team are taking stock of the City & Hackney place-based partnership to ascertain and agree how it can be further developed for the benefit of residents. • The stock take has taken the form of enquiring about the partnership using six Key Lines of Enquiry, (KLOE's) that were used by the London ICS Network when examining the variety of place-based partnerships across London. • The board focused the discussion on four key areas that are believed to be critical for the further development of the partnership: <ol style="list-style-type: none"> 1. The Partnership Vision is Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive. These are supported by major strategic focus areas which are: <ul style="list-style-type: none"> • 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. Does this vision still resonate? is it still relevant and does it still describe our goals and aspirations? 2. Does this flow into sufficiently crisp priorities for the partnership to work on? Specifically, is the Integrated Delivery Plan (IDP) sufficiently focussed on doing things that only the partnership can do, or that require partnership action, as opposed to individual partners Business as Usual (BAU)? 3. Is the governance (Health and Care Board, Neighbourhood Health and Care Board, Delivery Group, and Neighbourhoods) structure fit for purpose to deliver the vision and priorities agreed in a renewed IDP? 4. Is there sufficient infrastructure (people, data, and resources such as budgets) in place across the partnership, and with the ICB, to enable delivery of the partnership priorities?

	<p>Comments and questions from the board included:</p> <ul style="list-style-type: none"> • Asked if prevention needs to stand out more. Suggested to start at the very beginning of promoting health. What do we want for the residents in City and Hackney to reduce health and inequalities? • Noted it would be helpful to include everything we do in vision; we need a statement that is motivating. • Asked if the concept of partnership culture should be another term. • Noted previously work was done on a Prevention Investment Standard and this could be revisited. • Suggested that the governance processes could be a lot clearer, asked what can be done to improve this in terms of priorities? Noted there are three parts to this, Delivery Group which is BAU, NHCB which is director level of officers – approving funding and bids and the HCB focused on more developmental work. We have several programme areas, some have programme boards, and some do not. Suggested that it would be helpful if all three are aligned. Having clear priorities on three things would be about accountability. • Flagged that local data and expenditure are not seen in the same way as under the CCG arrangements. Noted that the ICB are providing more place level information. • We are focusing more on providing better integrated services and would like to move more resources upstream, to get there we need to think about how we use existing resources and budgets. NHS and local authority budgets will need to be aligned and looked at alongside population health data. • Flagged there are two Health and Wellbeing Boards, the meeting agendas are quite different. Agreed there is value in meeting jointly to discuss the common business, suggested this could be done collectively once or twice a year. • AR spoke to places that have delegated budgets. There is a debate on data lots of data capacity not brought in a systematic way, suggested focus on pulling that together over next year to help see improvements made. • Asked about population health data, trying to get that to work. SH stated that population health hub is workstream programme which consist of five to six people, helping to provide analysis to support system transformation and producing dashboards, there is wider work happening at NEL level. • Suggested data and budget combining will be important that should also change how services are commissioned. We should be making use of long term forecasts of population.
<p>6.</p>	<p>Any Other Business: There was no other business discussed.</p>
	<p>Date of next meeting: Wednesday 10 July 2024, 1400-1600 in person at Committee Room, Hackney Town Hall, Mare Street E8 1EA</p>

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
1303-01	13-Mar-24	Dee Brecker (DB) to share board member perspectives with Amy Wilkinson (AW) and to discuss appropriate timescales for setting up a session.	Dee Brecker / Amy Wilkinson	11-Sep-24	In progress	A session has been planned for September 2024.
1303-02	13-Mar-24	Sunil Thakker (ST) to bring back enhanced reporting as a standard reporting item to the Board at the right time.	Sunil Thakker / Ademola Ajayi	11-Sep-24	In progress	There is still some work to do on refining the format and content of the report. The first report is likely to be ready at the beginning of June for Month 2 reporting. The actual reports will be borough specific when they are issued.
1303-03	13-Mar-24	We need to be more specific around BAME data and include drilled down data regarding City and Hackney particularly in areas such as women in prenatal care, mental health (Black people). To also report if there is a theme that needs to be picked up. Anna Garner (AG) to include this level of data in the report.	Anna Garner	13-Nov-24	In progress	This will be included in the more detailed outcomes updates. The Inequalities will be reflected in the outcomes work for every area and is on the forward planner for November 2024.

**City & Hackney Health and Care Sub Committee and Integrated Care Board
Development Session
[10 July 2024]**

Title of report	Empowerment Programme for Inclusive Community Health (formerly VCS Enabler) update
Author	Jessica Lubin, Director of Health Transformation
Presented by	Jessica Lubin, Director of Health Transformation Helen Animashaun, Programme Director, EPIC Health
Contact for further information	Jessica Lubin, Director of Health Transformation
Executive summary	<p>This paper provides an update to the City and Hackney Health and Care Board (CHHCB) about Empowerment Programme for Inclusive Community (EPIC) Health (formerly VCS Enabler). The CHHCB approved £436K funding for Model 'B' (see appendix) in October 2023. The funding covers the delivery period April 2024-September 2025 including close down costs. Since October 2023 we have mobilised the updated model and have just completed the first quarter of delivery.</p> <p>Hackney CVS have returned to CHHCB in July to update on transformation and delivery progress since October 23.</p> <p>This paper covers an overview of the transformation and delivery against the City and Hackney strategic priorities this quarter. It covers mapping, evaluation, risks and mitigations, sustainability and commitments from system partners. Whilst reading this paper, we ask the board to consider how we can work together to secure sustainable funding.</p>
Action / recommendation	The Board/Committee is asked to: For information
Previous reporting	This paper has not been to another board.
Next steps/ onward reporting	Feedback to VCS Leadership Group and other key stakeholders across health and care partnership
Conflicts of interest	N/A
Strategic fit	<p>Which of the ICS aims does this report align with?</p> <ul style="list-style-type: none"> To improve outcomes in population health and healthcare To tackle inequalities in outcomes, experience and access

	<ul style="list-style-type: none"> • To enhance productivity and value for money • To support broader social and economic development
<p>Impact on local people, health inequalities and sustainability</p>	<p>Local people rely on voluntary and community sector (VCS) organisations for support, particularly those who are further away from statutory services. It has been called the ‘third emergency service’. Without a mechanism for VCS to build capacity and strategically participate in the health system, their ability to have impact and work in partnership with the health system will be weakened and cause further embedding of health inequalities.</p> <p>Many voluntary and community sector (VCS) staff and volunteers are residents. Due to this, and the way that the VCS work, VCS organisations are close to the community and understand the challenges being faced. They can work with statutory partners to improve service and strategic provision ensuring it will meet resident need, using system resources more efficient and effectively.</p> <p>This work focuses on sustainability of the VCS Enabler in its function supporting the VCS to collaborate with the health and care system partners working together to deliver services more effectively.</p> <p>VCS is a key part of the local economy, providing many jobs, pathways into employment such as volunteering, and therefore is vital to social and economic development of City and Hackney.</p> <p>VCS is financially efficient and can deliver high quality services at shoestring costs, providing a value for money offer.</p>
<p>Has an Equalities Impact Assessment been carried out?</p>	<p>Please confirm whether an Equalities Impact Assessment has been undertaken and detail the outcome.</p>
<p>Impact on finance, performance and quality</p>	<p>Identify here whether there are any financial, performance or quality implications arising from the report.</p> <p>If there are none please state this explicitly, for example: “There are no additional resource implications/revenue or capitals costs arising from this report. The cost of delivery has been met from within existing resources as agreed in October 2023</p> <p>Future funding will be sourced during this time period from alternative/external funding with support from system partners. Currently there is funding until September 2025.</p>

Risks	<p>The model being delivered has reduced programme capacity including:</p> <ul style="list-style-type: none">• Community strategy delivery groups – LGBTQIA+, Sexual Health, Learning Disability and Autism SIG• Reduced capacity for outreach and engagement• Reduction in our workforce including leadership and senior input• Risks and mitigations are covered in the report <p>Less VCS infrastructure weakens ability for VCS to input strategically to the health and care system now and in the future and therefore creates more distance of statutory partners and the community, and risk of services developed being ineffective and more. This could lead to further embedding health inequalities, and increases risk of statutory service delivery that doesn't meet needs of the community.</p>
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Empowerment Programme for Inclusive Community Health Update

July 2024

Jessica Lubin, Director of Health Transformation, Helen Animashaun, Programme Manager



1. Executive Summary

This paper provides an update to the City and Hackney Health and Care Board (CHHCB) about the Empowerment Programme for Inclusive Community (EPIC) Health (formerly VCS Enabler). The CHHCB approved £436K funding for Model 'B' (see **Appendix 2**) in October 2023. The funding covers the delivery period from April 2024-September 2025 including close-down costs. Since October 2023 we have mobilised the updated model and have just completed the first quarter of delivery.

Hackney CVS has returned to CHHCB in July to update on transformation and delivery progress since October 23. This paper provides an overview of the mobilisation to the new delivery model and a Q1 update on delivery against the City and Hackney strategic priorities. The paper covers mapping, evaluation, risks and mitigations, sustainability and commitments from system partners.

Whilst reading this paper, Board members are asked to consider how we can work together to secure sustainable funding.

2. Introduction

The Empowerment Programme for Inclusive Community Health (EPIC Health) formerly known as the VCS Enabler programme was developed to support the VCS and statutory partners to work together to address health inequalities in City and Hackney. The programme launched in 2021, further assisting organisations to navigate the City and Hackney place-based system through infrastructure support. Now in its third year, delivering as a model of best practice, providing knowledge, capacity and skills to improve outcomes and reduce service pressure points at a place-based level as well as at the NEL ICS level.

In February 2023 City and Hackney Health and Care Board requested EPIC Health conduct an evaluation and develop a sustainability plan involving over 60 key stakeholders, ensuring it met the needs of partners. City and Hackney Health and Care Board approved funding 'Model B' (See **Appendix 2**) of the VCS Enabler in October 2023 with a 20% funding cut. We have now delivered the first quarter of the updated model.

3. Strategic Background

Integrated Care Systems, NHS and Local Authorities working with local voluntary and community sector are key to tackling health inequalities (Kings Fund; NHS England; NEL), addressing wider determinants (Interim North East London Integrated Care Strategy) and fundamental to Integrated Care Systems (Health and Care Act 2022; Hewitt Review; North East London Joint Forward Plan). EPIC Health aims to support the VCS to be an equitable strategic and decision-making partner in the local health and care system, increase engagement and involvement and improve equitable access to health services. See more in **Appendix 1**.

4. Delivery Update

Pre-launch update: mobilisation (October 2023-March 2024)

The EPIC Health programme team have been working to transform the programme, building on learnings and recommendations from the evaluation, sustainability plan and key stakeholder recommendations and feedback.

- Worked with over 20 key stakeholders to update communications of the programme.
- Communicated agreed programme changes through a newsletter that was sent to 1500 people and gave presentations to over 175 people including five Special Interest Groups, the VCS Leadership Group, Integrated Communications and Engagement Group, ICB communications pathway and hosted a programme launch webinar which included presentations about health and care system updates from Integrated Care Convenor.
- Based on recommendations, we have focused on improving processes such as:
 - Working with Resident Involvement Group, VCS Leadership Group and Population Health Hub to create a place and method for learnings and insights to be held centrally.
 - Prioritising City through partnering with local City organisations including Toynbee Hall, we have also delivered 5 coffee mornings since October 23 with over 35 attendees.

Post-launch: Delivery against system strategic priorities Q1 (Apr-Jun 2024)

A key transformation of EPIC Health, following feedback from statutory organisation stakeholders, is to align more closely with the City and Hackney Health and Care System Priorities. Below is a summary update on how the transformed programme has delivered towards this ambition:

Strategic Priority: Mental Health

Mental Health Strategic Delivery Group delivered on 8th May to 33 attendees focusing on how mental health crises are dealt with by public services which is an issue which has been raised over the past year at the group. There were three presentations.

1. Detective Inspector Kelly Hobbs, Public Protection for Tower Hamlets & Hackney, Metropolitan Police Service presented on Right Care, Right Person and 999 callouts, and 111 Mental Health Crisis Line
2. Melanie King, Tower Hamlets Crisis Pathway Service Manager, East London Foundation Trust and Right Care, Right Person.
3. Dr Olivier Andlauer, Clinical Director, City & Hackney Adult & Older People's Mental Health Services, East London Foundation Trust (ELFT).

The meeting allowed local organisations to update about services they are delivering, including a researcher at London South Bank University who is researching mental health within Black majority faith-based communities and a new group for parents of neurodiverse children.

Outputs

- 33 VCS and statutory partners attended and increased their understanding of how to support someone experiencing a mental health crisis, improving the service pathway.
- ELFT and Police shared key messages to community groups, widening their communications reach.
- Five connections were made between Crisis Pathway Service Manager and local organisations and stakeholders who will meet, and share information wider including Mental Health Advocacy Project, Carers First and Family Action and through Hackney CVS newsletter.

Strategic Priority: Supporting Long-Term Health and Care Needs

The first Long Term Health and Conditions meeting brought together 26 people from a diverse range of organisations and groups covering areas such as diabetes, mental health, learning disabilities, physical health, older people and more. At the first meeting, the participants explored the following

which will inform the structure and potential thematic issues for collaboration, exchange of knowledge and shared learning.

A summary of feedback is below:

How can this group be of value to you and why?

“Enabling the opportunity to connect to local communities and build relationships and understanding of what the health infrastructure is.”

“Helping understand the lived experiences that underpin the data that organisations like ours (data-driven) and bringing a better understanding and richness for future work”

What can you / your organisation bring to the group?

“Understanding of some of that infrastructure in the NHS, research and innovation landscape looks like.”

How can we connect ourselves more organically (UCL Partners)?

“Could bring to the table the voice of lived experience. Our beneficiaries suffer from type 2 diabetes and other conditions. There is a gap so important to focus on how to enable better quality of lives”.

We also supported community engagement in the **healthy weight review** led by Public Health. Insights included:

- Very strong connection between pain and lack of movement e.g. arthritis, which is a vicious cycle that needs support.
- There is a cascade of communications about initiatives – is it too much to read?
- The family approach to exercise is preventative, brings people together and increases the development of good habits.

5. Cross-cutting strategic Priority: Anti-racist working

EPIC Health has partnered with Population Health Hub to deliver one workstream of MATCH funding tackling health inequalities. The project is testing community developed [anti-racist commissioning principles](#). Over the past year, VCS Leadership Group and community members have decided on the local population they think is a priority to fund, reviewed commissioning methods and decided on how the funding decisions should be made.

The Young Black People’s Mental Wealth fund has just closed and panel members, including two young people, and two VCS representatives, are making decisions on who will be awarded the funding. The project has been co-produced, with over 100 people involved including residents, building their capacity to understand commissioning processes, and how decisions are made. Community members have had agency to make decisions which increased empowerment and follows the [GLA strategic framework](#) to tackling ethnic health inequalities. Tools developed through the process have been shared widely, including one black-led community group using the visual minutes to talk to an older people’s lunch club about commissioning.



This project is widening the range VCS organisations that can access funding, and consequently allows further reach into communities. It has raised awareness of need for anti-racist practice in commissioning health and care system and is creating evidence about how to improve commissioning to be inclusive to deliver on reducing health inequalities.

6. Strategic alignment: bringing VCS and lived experience to the C&H VCS Leadership Group

VCS Leadership Group members sit on 26 health and care system meetings. The VCS ‘experts’ contribute to strategic and policy discussions, and feedback to the VCS Leadership Group so we can align and work towards our strategic goals. VCS Leadership Group representatives sit on several system boards/committees/groups, including:

- A VCS LG representative, who has lived experience as a carer sits on the Dementia Alliance Board
- A VCS LG representative sits on the Place-Based Delivery Group and Neighbourhood’s Health and Care Board.
- A VCS LG representative Social Connections working group, Mental Health Integrated Committee and newly appointed onto the Digital Enabler.

The group is currently reviewing progress against their five strategic aims and has recently voted in a new co-chair Mary Ann Foxwell, CEO of Age UK East London.

7. Mapping

We will work with the new LBH team updating Find Your Support services to ensure that local organisations are updating the resource. We will also work with the Hackney CVS team to support local groups and networks, including the Food Network to access a basic CRM tool which Hackney CVS has invested in called Plinth, which will help raise awareness about current activities.

8. Monitoring & Evaluation

Appendix 3 shows the updated Theory of Change, we are collecting data to deliver an evaluation estimated to be ready in June 2025.

9. Risks and mitigations

The new EPIC Health Model has compromised features due to funding restrictions in the system, therefore we have removed some features co-developed with partners and downscaled other functions including, the removal of significant interest groups previously running (Learning Disability and Autism, Hackney Advice Forum, Sexual Health and LGBTQIA+), reduced capacity for outreach and engagement.

Below are some of the insights and risks raised during the transformation process where we closed previously running groups, and the mitigations we are putting in place to minimise the negative impact on VCS.

Meeting	Insights and risks raised from attendees – VCS and statutory partners	Mitigations
Learning Disability and Autism (LD and A) SIG	“LD and A independence is key to its impact and that it’s VCS led. It has been really important. Having charities bringing agenda items is key.” Statutory sector	<ul style="list-style-type: none"> • Working with members to build Long Term Health and Care Needs SDG and Mental Health SDG where and how they can participate.

	<p><i>“There is peer support in a SIG and it’s important as partnership working is a way forward which the SIG allows.” VCS</i></p> <p><i>“SIGs allow a person centred and holistic approach. They deal with complexity in people's lives. The nature of the people we work with, have all those issues in one.”</i></p> <p>Statutory sector</p>	
Hackney Advice Forum (HAF)	<p><i>“HAF has had a long evolution and established terms of reference, maintaining it would prevent 'reinventing the wheel” VCS</i></p> <p><i>“HAF is the voice of the independent advice / sector, a vehicle to support change where we have been able to challenge welfare and advice issues e.g. Universal Credit migration issues” VCS</i></p> <p><i>“Getting updates on a wide range of programmes and organisations offering specialist support and advice. I have not found this information available in one place elsewhere.” VCS</i></p> <p><i>“Risks – it is hard to access information on who supports disabled residents, especially from organisations that offer support. Updates from services are not specific enough so this is leaving a gap.” Statutory sector</i></p>	<ul style="list-style-type: none"> • Working with London Borough of Hackney to support HAF groups to be part of council run advice network which currently only invites LBH funded organisations. • Linking key local organisations to NEL Community of practice: Integrating health and social welfare legal advice to identify opportunity to continue HAF.
Sexual Health SIG	<p><i>“There is nowhere else in the system where we can have these conversations. It will mean a going backwards in terms of local sexual health delivery” Statutory sector</i></p>	<ul style="list-style-type: none"> • First HSCF delivered in June 2024 was on Violence Against Women and Girls which was suggested in Sexual Health SIG.
LGBTQIA+ SIG	<p><i>“There Isn't anywhere else in the system where LGBTQIA+ needs can be discussed, considering there are so many in City and Hackney it should be a higher priority” VCS</i></p>	<ul style="list-style-type: none"> • EPIC Health supporting local resident to set up Queertopia Consortium to meet need including a supporting them to win a place at School for Social Entrepreneurs and £5k starter funding. So far two forums have been delivered.

10. Overview of plans for 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Mental Health	111 call outs and crises	Employment and Mental Health TBC	Child bereavement from global majority perspective TBC	TBC
Children and Families (0-25 yrs)	0-5 years	Primary School and Transitions	Secondary School	Special Educational Needs
Long Term Health and Care Needs	Meeting set up and healthy weights consultation	EPIC Health team will attend the Live Well Clinical Operational Group in August to align strategic priorities for upcoming SDGs.	Cardiovascular health TBC	TBC
Health and Social Care Forum	Violence against girls and women	Partner with East London Foundation Trust (ELFT) to gather insight about community experience	Young people's conference	Health Equity Fair
Refugee and Migrant forum	Harassment in Blackstock rd and Violence Against Women and Girls	Organizational Support	Hotel Closures and Cost of Living	Refugee and migrant mental health support
Anti-racist commissioning	Delivered community developed grant funding process	Awarded projects to start delivering supporting Young Black People's Mental Wealth	Ongoing delivery and sharing learning	Ongoing delivery and sharing learning. Contribute towards Population Health Hub evaluation

11. Sustainability

The City and Hackney Health and Care Board agreed partners agreed in October 2023 to support EPIC Health to seek alternative or external funding. Hackney CVS has appointed a fundraiser in May 2024, who will support the programme to seek funding from August 2024. We will apply systems thinking to a root cause analysis to map issues. We will review and update the theory of change and analyse the return on social investment and value for money. We will then identify possible donors and aim to write two to three bids.

Hackney CVS has recently won a bid for a year of funding to further develop VCS networks and organisational development in the City of London, with a view to building capacity in local grassroots organisations to support health outcomes.

12. How can we make EPIC Health a success? Call to action

At the City and Hackney Health and Care Board in October 2023, system partners committed to supporting the EPIC health team to be a success, many of which are already being delivered.

Commitments included:

- The support afforded to EPIC Health to meet the funding shortfall and to consider how we can work together to secure sustainable funding.
- System partners to co-agree relevant issues/topics for strategic delivery groups to discuss and create solutions.
- Willingness to collaborate with the VCS Leadership Group to achieve its strategic goals as well as vice versa.

- Commitment to including VCS voice in decisions, design and delivery of services by proactively seeking VCS participation in governance, funding and integrated delivery structures.
- Seek to provide community groups with resources – sustained funding and training to allow meaningful participation.
- Support community groups from Black and Global Majority communities to engage effectively in improving system structures such as procurement and commissioning processes, e.g. through application of the [anti-racist commissioning principles](#).
- Consider power dynamics when engaging with the voluntary and community sector, adopting co-production principles wherever possible.

Appendix 1

Strategic Background Maximising the full value of the VCS sector in improving health and well-being and harnessing it within ICSs alongside the NHS and local government will help create the personalised, holistic, community-based and preventative health and care system envisaged in the Health and Care Act (2022). Both the Equality Act (2010) and Health and Care Act (2022) lay the legal foundations to support addressing health inequalities and are supported by NHS strategic approaches (including the NHS long-term plan, Core 20 Plus 5).

The London-based strategic framework for tackling ethnic health inequalities through an anti-racist approach is a shared ambition and approach. The NHS, Office for Health Improvement and Disparities, GLA, and UKSA have set out a case for change and a systematic approach to guide actions and plans for health and care organisations to develop in partnership with local communities. This paper is referenced throughout these slides as much of the EPIC Health aligns with this strategic approach.

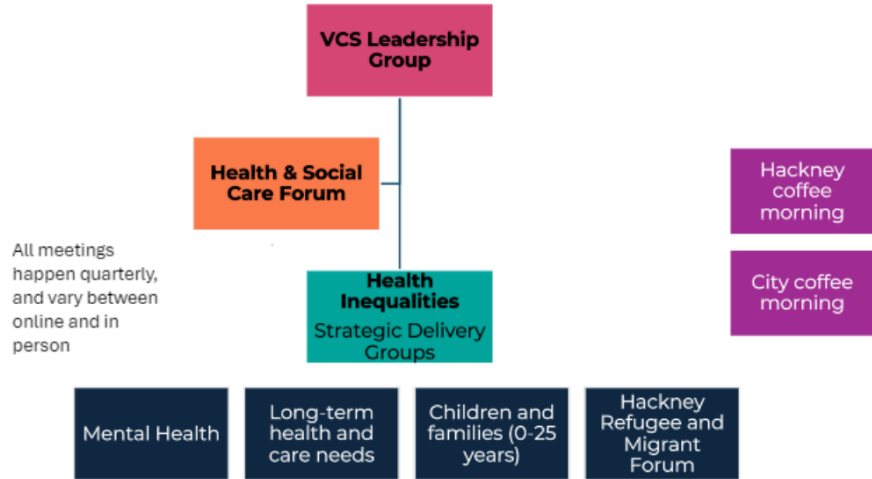
References: https://www.nhs.uk/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf [Strategic Framework to tackling ethnic health inequalities through an anti-racist approach](#)

The **Hewitt report** emphasises the need for a new approach to address the declining health of the nation, particularly among poor and marginalised communities. By integrating health and social care services with VCS providers, the interests of patients and the public can be prioritised.

The **NEL ICS Working with People and Communities Strategy 22-25** states the partnership's purpose is to work with partners including the VCSE to have an ongoing and meaningful dialogue with all our people and communities that builds trust, secures greater equity, creates value and deepens collaboration. It commits to ensuring that people and communities are supported to participate.

Updated model and how it plugs into NEL structures

Appendix 2: EPIC Health Delivery Model 'B'

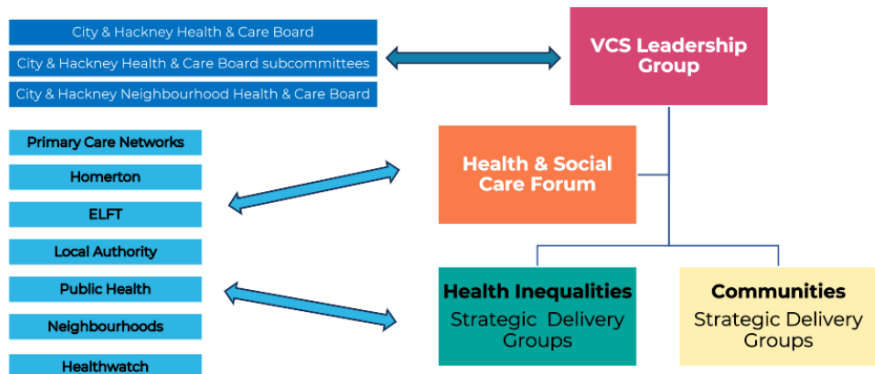


How does VCS Enabler plug into NEL structures?

North East London ICS level



City & Hackney Place-based level



Overview of functions covered by EPIC Health

VCS Leadership Group as an influencing and strategic body, chairing strategic VCS meetings, and
Quarterly Health & Social Care Forum discussing issues faced by residents from an intersectional lens. Allows
Sharing information through our website, newsletters, social media, and word-of-mouth
Mapping of VCS organisations and the communities they serve/ inequalities they address. This will require some
Inequalities funding support towards VCS service delivery including anti-racist commissioning workstream
Outreach and engagement delivered in the community to bring VCS groups into the VCS Enabler and therefore health and care system. Ensures resources reach marginalised groups, building trust and rapport leading to
Health inequalities strategic delivery groups serve as a delivery group for VCS/Stat partners to coproduce responses to City and Hackney strategic priority areas
Mental Health; Children and Families (aligning to Giving Every Child the Best Start in Life); Long Term Health and
Capacity building and leadership support to VCS partners to participate actively. Knowledge sharing.
Coffee mornings in City and Hackney

Appendix 3

Theory of change updated through evaluation and sustainability process

Context: City & Hackney has high levels of health inequalities due to a range of factors including socioeconomic deprivation. EPIC Health aims to address this by harnessing the skills, knowledge and capacity of the VCS to support statutory health services and the local community. This includes utilising the lived experience of those from marginalised communities who have developed community-led initiatives.

	Inputs	Outputs	Outcomes	Impact (of which the programme is a part)
Programme level	<p>Hackney CVS brings together VCS, statutory and system partners (participants) to collaborate on solutions to health and system issues. We do this by:</p> <ul style="list-style-type: none"> *Having a clear shared aspiration and belief that we can improve health outcomes. *Ensuring that the health and social care workforce feels valued and supported to facilitate meaningful change. 	<p>Increase participation and engagement between charity & community-led groups and statutory organisations. As a result will see:</p> <ul style="list-style-type: none"> *Increased trust and respect across the healthcare structures. *Improved knowledge of local health organisations and services. *Greater insight of community needs. *Services that are co-produced by those with lived experience. 	<ul style="list-style-type: none"> *All partners are able to address health inequalities effectively and efficiently through sharing of resources and knowledge. *Community feel increased agency and empowered to contribute to or develop local solutions. *VCS organisations have an equitable voice in design and delivery of healthcare at strategic level. *Cross-sector collaboration is improved with new co- 	<ul style="list-style-type: none"> *Improved access to health care leading to improved health outcomes in City and Hackney through: *Improved evidence and understanding of marginalised communities' needs through community-led tailored pilot initiatives.
System level	<ul style="list-style-type: none"> *Coordinating strategic groups and forums, where all participants are valued. *Training and coaching VCS organisations to 	<ul style="list-style-type: none"> *More opportunities for the VCS to participate meaningfully at strategic levels. *Better evidence of the value of VCS and preventative work. *Reduction in systemic issues through an anti-racist approach. *Increased funding opportunities to address 	<ul style="list-style-type: none"> *Improved mechanisms for sharing insight. *Strategic bodies make informed decisions based on greater understanding of communities' needs. 	<ul style="list-style-type: none"> *Equitable uptake due to trust and investment in personalised care. *Reduction in crisis care demand due to the VCS being embedded in H&SC service delivery / pathways *Services being reflective of and responsive to the