

City & Hackney Health and Care Board & Sub Committee

Wednesday 11 October 2023, 1400-1600

Chair: Chris Kennedy

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	Welcome, introductions and apologies: <ul style="list-style-type: none"> Declaration of conflicts of interest Minutes of the meeting held on 12 July 2023 Action Log Matters Arising 	1400 (10 mins)	Chair	<i>Papers 1a, 1b & 1c</i> Pages 3-14	Note Note Approve Note
2.	Update from Place Lead	1410 (10 mins)	Louise Ashley	<i>Verbal</i>	Discuss
City & Hackney Health and Care Sub Committee					
3.	Questions from the public	1420 (5 mins)	Chair	<i>Verbal</i>	Discuss
4.	City & Hackney Winter Planning 2023/24	1425 (25 mins)	Anna Hanbury	<i>Paper 4</i> Pages 15-49	Approve
5.	Ageing Well uncommitted budget 23-24 Anticipatory/ Proactive Care	1450 (15 mins)	Sadie King	<i>Paper 5</i> Pages 50-55	Approve
6.	VCS Enabler Programme Sustainability Plan	1505 (20 mins)	Jessica Lubin	<i>Paper 6</i> Pages 56-63	Approve

7.	Unified GP Provider Organisation Consultation	1525 (15 mins)	Agnes Kasprowicz / Andreas Lambrianou	<i>Verbal</i>	Discuss
8.	City & Hackney, Month 5 2023-24 Financial Reporting	1540 (15 mins)	Sunil Thakker	<i>Paper 8</i> Pages 64-78	Discuss
9.	Any Other Business	1555 (5 mins)	Chair	Verbal	Discuss

Development session to be held on: Wednesday 08 November 2023, 1400-1600



- Declared Interests as at 28/09/2023

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
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 Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	2021-10-14		
			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 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	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

		Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee						
			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		
			Non-Financial Personal Interest	Hackney Joint Estate Charities	sit in the borad as trustee	2014-04-07		
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05		
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		
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	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	2019-03-01		

whose interests are affected by ICP and City and Hackney Partnership decisions

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		
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	
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
Vanessa Morris	Member of City and Hackney Neighbourhood Health and Care Board	City & Hackney ICB Sub-committee City & Hackney Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Financial Interest	Mind in the City, Hackney and Waltham Forest	Employer	2019-12-09		

- Nil Interests Declared as of 28/09/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
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 Community Health Collaborative sub-committee 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	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Population, Health & Integration Committee ICS Executive 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.

**Minutes of City & Hackney Health and Care Sub Committee
14:00-1600, Wednesday 12 July 2023
online by Microsoft Teams**

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
Dr Stephanie Coughlin (SC)	Clinical Care Director, NHS North East London
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
Haren Patel (HP)	PCN representative, Primary Care Networks
Ruby Sayed (RS)	Elected Member, Community & Children's' Services Sub-Committee, City of London Corporation
Sunil Thakker (ST)	Director of Finance, NHS North East London
Louise Ashley (LA)	Place Based Lead and Chief Executive, Homerton Healthcare NHS Foundation Trust
Andreas Lambrianou (AL)	Chief Executive Officer, City & Hackney GP Confederation
Lorraine Sunduza (LS)	Chief Nurse & Deputy CEO, East London NHS Foundation Trust
Sally Beaven (SB)	Executive Director (acting), Health Watch Hackney
Simon Cribbens (SC)	Director, Community & Children's' Services, City of London Corporation
Agnes Kasprovicz (AK)	PCN representative, Primary Care Networks
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
Stella Okonkwo (SO)	PMO Lead, NHS North East London
Natasha Ereira-Guyer (NEG)	Civil Society Consultancy, HCVS
Jessica Lubin (JL)	Director of Health Transformation, Hackney Council for Voluntary Services
Joia De Sa (JDS) (covering for Anna Garner)	Consultant in Public Health, London Borough of Hackney
Apologies:	
Dr Sandra Husbands (SH)	Director of Public Health, London Borough of Hackney / City of London Corporation
Saem Ahmed (SA)	Head of planning and performance, NHS North East London
Anna Garner (AG)	Head of Performance and Population Health, NHS North East London
Helen Woodland (HW)	Director of Adult Social Care, London Borough of Hackney
Paul Calaminus (PC)	Chief Executive Officer, East London NHS Foundation Trust
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
Jacque Burke (JB)	Director of Children's Services, London Borough of Hackney
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
Mary Durcan (MD)	Elected Member, City of London Corporation
Basirat Sadiq (BS)	Deputy Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Ellie Ward (EW)	Community & Children's Services, City of London Corporation
Dr Anu Kumar (AK)	Chair of the People and Place Group, East London NHS Foundation Trust

Item No.	Item title
1.	<p>Welcome, Introductions and apologies The chair welcomed members and attendees to the July 2023 meeting of the City & Hackney Health and Care Sub Committee and highlighted the apologies as listed above.</p> <p>1.1 Declarations of Interest It was confirmed that no declarations of interest were held by members or attendees in the meeting's business.</p> <p>1.2 Minutes of the Health and Care Sub Committee meeting held on 14 June 2023 The board approved and agreed the minutes as an accurate reflection of the meeting.</p> <p>1.3 Action Log There were no actions discussed.</p> <p>1.4 Matters Arising No matters arising were discussed.</p>
2.	<p>Update from Place Lead Louise Ashley (LA) provided the board with a verbal update and highlighted the following points:</p> <ul style="list-style-type: none"> • Virtual wards did lots of work with partnership to develop the virtual ward model. • Model for frail patients, acute and patients with heart failure – there's data on what interventions keep people at home and to mobilise for winter ahead. • ICB staff consultation - it has been a difficult time for the ICB Staff, the consultation is now closed, staff are awaiting outcome. There has been a lot of pullback on supporting services, finance and comms. • The board noted that Steph and team developed a structure, suggestion is to cut back on leadership structure, a letter will be sent to the neighbourhoods care clinical leaders. • The board noted that Paul Calaminus is taking up leadership in NELFT on 21 August 2023 and Lorraine Sunduza has taken over as interim CEO for ELFT. • Acute trust working closely with ELFT and Primary care, there are too many unwell patients, awaiting beds. Lots of work gone on ICB level and trying to improve that. • The board noted that the maternity unit at Homerton hospital is under scrutiny, the care quality commission came to visit the unit, assessments have been done, waiting for official report. The initial feedback was positive. • The board noted Jacquie Burke who is leading in partnership maybe due a Special educational needs and disability (SEND) inspection. CQC and Ofsted came together did a deep dive across the board for acute, social care and children. • Industrial action – The biggest junior doctors strike starts on 13 July 2023 from 0700am, the consultants will be the only doctors in acute side covering. Lots of services had to be cancelled, prioritising time dependent procedures. • Consultants go on strike on 21st and 22nd July. It was noted that there will be one consultant providing Christmas day cover.

	<ul style="list-style-type: none"> There are limited people around in the MH trust to do complex assessments and there was very little publicity about this. Some comms have been done and worked with partnerships. There is a lack of discharge in community which is slowing down systems. Board will be kept updated on this. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> The board asked how conversations are going with the MET police re: MH. It was noted this is much in ICB level and ELFT are involved with ICB. TW went to a meeting last week and conversations re: police was discussed. The board noted that local conversations with commander happened and briefing meetings have been set up on Fridays, there was a reassuring message from police that they want to work with the ICB involve training up 3000 caller staff, but this won't be ready till end of August 2023. The board recognised that the offer for junior police contact in community – impact by substance/ alcohol and agree looking at data collectively. Asking ELFT and NELFT about how to respond to that. There's also a topic on 999 call out – active conversations where people are keen to participate. <p>ACTION: Progress on the conversations with the MET police to be discussed at the Neighbourhood Health and Care Board; An update to be brought to the CHHCB</p> <p>ACTION: Jessica Lubin (JL) to communicate with Matthew Knell re: How we broaden the publicity of this meeting with our residents through newsletters going out to communities.</p>
<p>City & Hackney Health and Care Sub Committee</p>	
<p>3.</p>	<p>Questions from the public There were no questions from the public.</p>
<p>4.</p>	<p>Month 2, 2023/24 Finance Report & 2023/24 Operating plan Sunil Thakker (ST) talked members through the circulated papers and highlighted the following points:</p> <p>Month 2, 2023/24 Finance Report</p> <ul style="list-style-type: none"> 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. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> The board raised a question on slide 55 in the paper pack and asked what is going on in month 9? Why is it going into overdrive? The board noted that in 2021/22 run rate was mitigated investment being delayed. The board discussed and recognised that there's limited information on what's going to happen this year and will look at C&H positions. <p>2023/24 Operating plan</p> <ul style="list-style-type: none"> The paper outlines NEL ICS's 2023/24 Operating Plan This includes the 2023/24 NHS Priorities, national objectives and key targets This is further analysed by programme spend, provider updates, workforce and finance positions.

	<ul style="list-style-type: none"> • 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. • 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. Currently in month 3 of the operating plan. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> • The board asked if there was a breakdown on placed based allocation on primary care. • The board raised a question on how realistic are plans for the £25m deficit? also asked for a financial picture to see where C&H are putting resources. It was noted that the plan was submitted in collaboration with partners. • The board noted that NEL is still £4.4m in month 3. Henry Black and exec team are working on situation an update will be provided when this happens. • The board flagged that in slide 72 on national objectives and key targets it does not pick up maternity and health inequalities and stated it would be good to see how we are doing on that and asked what inflation figure we using? • The board commented if we are going to get in situation to look at savings and mitigation risk it would be good to see how we do that. • The board recognised that there is a need to make decisions and structures and get more resources in place based partnership, breaking even for systems was difficult 5% cast improvement programme, all providers in month 1 and 2 found it difficult to achieve. Partners to think about £200m savings programme. <p>ACTION: Sunil Thakker (ST) to provide a breakdown on place based reporting on financial positions - to be brought to the September board meeting.</p>
<p>5.</p>	<p>City & Hackney Integrated Delivery Plan – resident friendly version</p> <p>Stella Okonkwo (SO) talked members through the circulated papers and highlighted the following points:</p> <ul style="list-style-type: none"> • 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 vision 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. • Revision to document will follow change when it happens. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> • The board noted that Sally Beavan looked at work with residents, thinking about how to support form Healthwatch point of view and would like to share events. • The board recognised that this is a positive step forward and asked if any consideration was given to translating this with different languages? and asked which communities would benefit from this? also would be good to have Hackney CVS logo added as one of the partners. • The board commented that slides 18 and 19 are duplicates and the picture with people on bikes is in Tower Hamlets, would like a picture of people in C&H.

	<p>ACTION: Stella Okonkwo (SO) to work with Tony Wong (TW) on adding HCVS logo to the resident friendly version of the IDP and explore the possibility of translating the document to different languages for accessibility in the communities.</p>
<p>6.</p>	<p>City and Hackney Place Based Partnership Governance Nina Griffith (NG) talked members through the circulated papers and highlighted the following points:</p> <ul style="list-style-type: none"> • 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 • If the proposal is agreed we will implement the new meeting structure from September 2023. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> • The board commented to bring three strategies under one and to look at the relationships. • A comment was raised on opening up development sessions to HCVS to develop enabler. • The board discussed and recognised that clarity is needed around answers and decisions making on work going on in background, what needs to go where and when. As part of that work looking at having better choice in partnership, looking at support in discussions from neighbourhoods care and wellbeing board. • The board recognised that focus on work is about landscape in Hackney, really need to think about general practice working with systems and who is representing from general practice. Single provider will fit in with systems and play a part. <p>APPROVAL: City and Hackney Board members agreed and approved.</p>
<p>7.</p>	<p>Update on VCS Enabler Sustainability Plan Jessica Lubin (JL) and Natasha Ereira-Guyer (NEG) provided the board with a verbal update on progress around the VCS enabler sustainability plan as discussed at previous meetings and highlighted the following points:</p> <ul style="list-style-type: none"> • The board discussed and noted that the sustainability plan was developed from questions taken away from last meeting’s development session in line with boards expectation. This is now 2 months’ in and there’s been two rounds of workshops. • It is in pre-draft stage, VCS enabler is back to core functions, which have been stripped back to three core functions - Gold, Silver and Bronze. • VCS is becoming equal partners in ICS – mapping navigators, facilitating VCS statutory. • Upcoming funding in health inequalities and work which has already been done and co-produced. • The board noted there are few catch 22 constraints. Stakeholders struggled to identify priorities, meeting fatigue and confusion. VCS needs to be feeding into neighbourhoods and support in public sector meetings striking a balance between strain and track impact on infrastructure support. • A full report is expected in September 2023. Board members to contact Jessica and Natasha if they have any thoughts or questions.

	There were no questions or comments noted from the board.
8.	<p>City and Hackney Use of Investment: Health Inequalities and outcomes Joia De Sa (JDS) talked members through the circulated papers in the absence of Anna Garner and highlighted the following points:</p> <ol style="list-style-type: none"> 1. Health Inequalities funding from North East London of £820,000 per year for 3 years 2. S256 pot for Increasing focus on prevention totalling £1 million 3. S256 pot for Improving outcomes totalling £1.4 million <p>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. The proposals indicate:</p> <ul style="list-style-type: none"> • 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. • Most of the monies will be held by the London borough of Hackney, asking for topics identified in system priorities known as MATCH programme. <p>Comments and questions from the board included that:</p> <ul style="list-style-type: none"> • The board commented that it is difficult to get sense of best use of money? The main point is to have a score card (KPI's) / objectives. • The board asked if the population care hub can point us in the right direction on poor outcomes - what are the data sets we need to understand that money is being used correctly? • The board flagged slide 110 of the pack indicates impact on HI funding – what it is to change consequences. • The board recognised that logics are difficult to measure HI take longer to see improvements. Need evidence based pilot to measure success. • The board noted population health hub approach allows community challenge input that people experience day to day, to enable bottom up approach on issues raised. Having allocated budgets and social connections can help fill gaps in a positive way. • A lot of work has gone on, understanding constraints and challenges, considerations in some of the area's reflection on performance, monies helping areas could do better some of this work may not have immediate effect on the work trying to achieve. • JDS is happy to brig back updates on criteria's and decisions. <p>APPROVAL: City and Hackney Board members agreed and approved.</p>
9.	<p>Any Other Business: No other business was discussed.</p>
	<p>Date of next meeting: Full meeting in public on Wednesday 13 September 2023, 1400-1600 online by Teams</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
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	11-Oct-23	Closed	On agenda for October.
1207-01	12-Jul-23	Progress on the conversations with the MET police to be discussed at the Neighbourhood Health and Care Board; An update to be brought to the CHHCB	Louise Ashley	11-Oct-23	Closed	To be provided as part of update from the Place Lead at the October CHHCB meeting.
1207-02	12-Jul-23	Jessica Lubin (JL) to communicate with Matthew Knell re: How we broaden the publicity of this meeting with our residents through newsletters going out to communities.	Jessica Lubin	08-Nov-23	Open	The conversation around how best to achieve this is currently ongoing
1207-03	12-Jul-23	Stella Okonkwo (SO) to work with Tony Wong (TW) on adding HCVS logo to the resident friendly version of the IDP and explore the possibility of translating the document to different languages for accessibility in the communities.	Stella Okonkwo / Tony Wong	04-Aug-23	Closed	HCVS logo added to the document. Translation of the document is not necessary
1207-04	12-Jul-23	Sunil Thakker (ST) to provide a breakdown on place based reporting on financial positions - to be brought to the September board meeting.	Sunil Thakker	11-Oct-23	Closed	Month 5 Finance reporting (NEL and City and Hackney place information) included on the agenda for the October CCHCB meeting. A detailed finance pack is being produced, which includes details around the recovery plan and some of the finance development work going on and this will come to a future meeting

City and Hackney Health and Care Board

11th October 2023

Title of report	City and Hackney Winter Planning 2023/24
Author	Anna Hanbury
Presented by	Anna Hanbury
Executive summary	<p>Each year, partners across the City and Hackney system work together to support winter preparedness across the health and care system.</p> <p>The continued high levels of demand across the system, ongoing episodes of industrial action as well as the potential for further peaks of CoVID 19 and concurrent flu outbreak in the context of the cost of living crisis mean that this winter could bring unprecedented challenges.</p> <p>This paper presents the City and Hackney Health and Care Board:</p> <p>Key features of our winter planning approach</p> <ul style="list-style-type: none">• Partnership system plan – includes input from a wide range of system partners and considers winter across all of our programmes of work• Focus on prevention – keeping people well, admission avoidance and alternatives to UEC as well as acute flow and capacity• Driven by our local system needs, rather than criteria set by NHSE• Considers wider community based support – beyond just admission avoidance or discharge• Includes process to monitor and manage pressure in the system over winter <p>National context and requirements</p> <ul style="list-style-type: none">• Delivery of UEC recovery plan with a focus on 10 high impact interventions• System working supported by clear partner roles and responsibilities <p>Elements of our plan</p> <ul style="list-style-type: none">• Core partnership action plan –<ul style="list-style-type: none">- Actions across all programmes to mitigate key risks identified (and addressing NHSE high impact initiatives)- Focus on prevention, community alternatives to UEC, optimising flow• Winter resilience schemes<ul style="list-style-type: none">- NHSE/DHSC funded demand and capacity initiatives- Additional funding to local authorities in Tier 1 areas

	<ul style="list-style-type: none"> - Local non recurrent funding proposal • Ongoing monitoring / Escalation process - Process to monitor and manage pressure in the system over winter
Action required	<p>Endorse proposed City and Hackney Winter plan</p> <ul style="list-style-type: none"> - Core action plan - Approve winter resilience schemes – Physical Capacity & Adult Social Care Discharge Funding - Consider whether any further actions required to support system resilience <p>Note / endorse next steps for ongoing management of the winter plan – responding to emerging pressures (and further resilience funding)</p>
Previous reporting / discussion	<p>C&H Winter plan</p> <p>Neighbourhood Health and Care Board, 26th September 2023 City and Hackney Delivery Group 14th September 2023</p> <p>Physical capacity and Discharge funding plans</p> <ul style="list-style-type: none"> • NEL ICB Mental Health Programme Executive – to have an overview of NEL mental health plans – 30 May 2023 • City & Hackney Health and Care Board – approval of BCF Plans – included values for ASC discharge fund but schemes hadn't been yet agreed – 14 June 2023 • Hackney Better Care Fund Partnership Group – oversight of BCF, discharge and physical capacity funds - 23 June 2023 • City and Hackney Health & Wellbeing Board sign-off for BCF/ASC discharge fund - 29 June 2023 • City and Hackney Delivery Group – 17 August 2023 • Hackney Health and Wellbeing Board – 30 August 2023
Next steps / onward reporting	<p>Ongoing reporting the City & Hackney Delivery Group</p> <p>Physical capacity and Discharge funding plans :</p> <ul style="list-style-type: none"> • Section 75 Agreement Variations to be signed by 31 October 2023 • Fortnightly (LA) and monthly (ICB) reporting on ASC discharge fund
Conflicts of interest	N/A
Strategic fit	<ul style="list-style-type: none"> • Long term conditions: To support everyone living with a long-term condition in North East London to live a longer, healthier life

	<ul style="list-style-type: none"> ● Mental health – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London. ● National – Urgent and Emergency Care Recovery
<p>Impact on local people, health inequalities and sustainability</p>	<p>C&H System Winter Plan</p> <ul style="list-style-type: none"> - Supports vulnerable cohorts to stay well and avoid crisis over winter - Supports health and social care services to manage the increased pressures over winter so that patients can continue to receive quality care if they need it <p>Physical Capacity and Discharge Funding plans:</p> <ul style="list-style-type: none"> - The discharge funds will enable more people to be discharged to an appropriate setting, including from mental health. - It will also support mental health clients being discharged from acute mental health units. - The physical capacity elements of funding will strengthen the Homerton and East London Foundation Trust in terms of general demand throughout the year, rather than just over winter, recognising the pressures are no longer seasonal. <p>This is short term funding so will not address sustainability requirements but there may be future funding built into the Better Care Fund for this purpose.</p> <p>An equalities impact assessment has not been undertaken. The schemes are not generally new, but are expanding on current system capacity.</p>
<p>Impact on finance, performance and quality</p>	<p>Collectively the schemes proposed support sustained performance and quality of health and social services</p>
<p>Risks</p>	<p>Winter resilience proposal addresses key system risks around predicted winter pressures</p> <p>There are risks to delivery of some resilience schemes as a result of workforce challenges.</p> <p>Sustainability</p> <p>While the discharge fund announcement states that this funding is for 2 years, with an increase in year 2, there is no confirmation of the physical capacity funding past the initial 12 months.</p> <p>To mitigate this risk, we propose to use the increase in discharge funding and BCF uplift in year two to offset any loss of physical capacity funding where possible. Partners will have further opportunity to discuss year</p>

	two plans and a revised plan is required as part of the BCF submission for 2024-25.
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City and Hackney Winter Plan 2023/24

Introduction

Each year, partners across the City and Hackney system work together to support winter preparedness across the health and care system.

The continued high levels of demand across the system, ongoing episodes of industrial action as well as the potential for further peaks of CoVID 19 and concurrent flu outbreak in the context of the cost of living crisis mean that this winter could bring unprecedented challenges.

Historically winter planning has involved mainly urgent and emergency care (UEC) services/partners, driven by an approach set by NHS England. We now take a wider system approach to minimising the risks from winter oversight from our Placed based Partnership Delivery Group.

Purpose

To present the City and Hackney Winter Plan 2023/24 to the City and Hackney Health and Care Board, including;

- Planning process / approach
- National context and requirements - including discharge and capacity funding
- Individual elements of the plan – core action, winter resilience schemes & escalation process

The Board are asked to review the plan

- Endorse the proposed resilience schemes
- Endorse the core action plan and oversight/escalation process
- Consider whether any further actions are required to ensure the plan supports the system to manage the pressures it will face in the coming months

Winter Planning Process

The key features of our winter planning process:

- Partnership system plan – includes input from a wide range of system partners and considers winter across all of our programmes of work rather than a standalone exercise with UEC partners
- Focuses on admission avoidance, discharge and community services as well as acute capacity
- Driven by our local system needs, rather than criteria set by NHSE
- Considers wider community-based support – beyond just admission avoidance or discharge
- Incorporates readiness for peaks in CoVID combined with winter flu, RSV and other febrile respiratory conditions
- Considers process to monitor and manage pressure in the system over winter

National context and requirements

Preparation for winter has been supported by broader strategic and operational plans including the Delivery Plan for recovering Urgent and Emergency Care services (UEC recovery plan - January 2023).

NHSE and the Department of Health and Social Care have set out priorities for Winter 2023-24 and key steps to meet the challenges ahead.

This includes an ask for systems to continue to deliver on the UEC recovery plan with a focus on 10 high impact interventions.

They also set out recommendations for winter roles and responsibilities with clear actions for all partners to support effective system working to strengthen resilience.

Delivering the NHSE winter priorities are not the basis or entirety of our winter plan but we will ensure that our collective actions address the 10 high impact interventions and other actions set out as well as respond to local needs.

As part of NEL, we are required to respond to NHSE as part of the national assurance process.

Elements of our winter plan

Our winter 'plan' is more than a single detailed plan for winter and consists of the following elements;

- **Core partnership action plan**
 - Actions across all programmes to mitigate key risks identified
 - Respond to NHSE priorities – including action around 10 high impact interventions for UEC recovery and system roles and responsibilities
- **Winter resilience schemes**
 - NHSE/DHSC funded demand and capacity initiatives
- **Escalation process**
 - Process to monitor and manage pressure in the system over winter

The following sections of this paper describe each of these elements in more detail.

Core action plan

This part of the plan is being developed in a similar way to previous years, setting out the key risks and opportunities that partners have identified from each of their individual areas describing where these are being addressed and identifying any challenges.

The relevant NHSE high impact interventions will be considered as part of this process alongside the specific actions set out for particular parts of the system.

Some of these actions sit within single organisations, some are a responsibility of partners within the City and Hackney system and some are NEL or even London-wide.

Partners have been asked to work on their individual areas with a focus on the following 3 aims

- Keeping people well in the community
- Strengthening provision and access to community services as an alternative to UEC
- Optimising capacity and flow in acute and mental health trusts

The unplanned care team are co-ordinating this process and will collate actions into a comprehensive plan over the next few weeks.

The core action plan is attached as appendix A for reference – to note this is a live document which can be revised in response to new risks and pressures as they emerge.

Winter Resilience schemes

NHSE & DHSC funding

Last year NHSE committed monies to fund systems to increase acute bed capacity through additional beds or reduced usage via admission avoidance or expedited discharge.

There was also additional funding to support social care to speed up discharge over the winter period (Adult Social Care Discharge Funding – ASCDF).

At the end of last year, it was announced that the ASCDF would be continued for two years, integrated into Better Care Funds, to enable local areas to build additional capacity in adult social care and community based reablement.

In addition to this, ICBs have also received dedicated funding to deliver increased capacity in urgent and emergency services (and wider objectives of the recovery plan) as part of operational planning for 2023/2024.

The funding streams are set out below:

Funding	Hackney Allocation 23/24:	Hackney Allocation 24/25*:	City Allocation 23/24:	City Allocation 24/25*:
Adult Social Care Discharge Fund (40% direct to local councils)	£2,332,000	£3,871,120	£45,376	£74,700
Adult Social Care Discharge Fund (60% to ICB to allocate to Place)	£1,103,268	£2,105,663	£4,181	£8,881
NHS Physical Capacity	£1,888,944 for C&H in 2023-24 Funding not confirmed in 2024-25			

* ICB allocations for the 2024-25 discharge funding have been allocated solely on a 'fair shares' basis. Final decisions on the 2024-25 local council share of the discharge funding including allocations will be made, and full details published, as part of the 2024-25 Local Government Finance Settlement. For planning purposes, pending those decisions, we have been instructed to add an uplift of 1.6% for 2024-25.

Purpose of the Adult Social Care Discharge Fund

This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds. Areas can use this funding where appropriate to continue to support investments made in services from the ASC Discharge Funding in 2022-23.

Local areas should use the funding in ways that support the principles of 'Discharge to Assess': to enable timely discharge from hospital with appropriate short-term support, where needed, pending assessment of long-term care needs.

National Conditions & Monitoring

1. ASC Discharge fund spend and activity incurred must be reported on a fortnightly basis
2. Funding to be pooled into BCF
3. Improve all existing NHSE discharge data collections (future funding linked to this metric)

NEL ICB - Principles for Allocating ICB Funding:

- Respects the Relative Needs Formula allocation which reflects deprivation but takes a different approach for the ICB portion which:
 - Reflects age of population
 - Reflects current discharge pressures (we see more pressures in our outer boroughs)
- Gives every place a sizeable amount that will have an impact
- Agreed that £150k would be used to undertake work to better manage the care home market across NEL (this will be hosted by Hackney)

C&H approach for developing funding plan

As part of our discharge improvement programme, the Discharge Steering Group commissioned an independent review of our entire discharge pathway at the end of 2022.

Acknowledging that this review would identify opportunity for improvement that might require funding, the Steering Group (including finance and Commissioners/ senior officers from LBH and NEL) agreed that schemes funded through winter resilience funding in Q4 2022/23 be continued in Q1 pending final report and recommendations from the review.

ELFT developed proposals with all of the boroughs within North East London so the NEL ICB Mental Health Programme Executive met to have an overview of the plans. For 23-24 Mental health services were given £591K to maintain their discharge team and develop step down accommodation.

The C&H BCF Partnership Group then met twice to review and approve proposals. This group consists of NEL ICB Workstream Directors, ASC Directors, BCF Leads, Finance and Contracts leads from both organisations.

The PPL report was shared with the Discharge group on 28 June and recommendations reviewed on the 26 July. Transformational work has started, however, a further review on reablement is currently being undertaken by Newton.

It is anticipated that the planned spend will change for 2024-25 as part of the transformational work, with various schemes being re-designed or streamlined.

Acknowledging the funding criteria and national conditions, it was agreed that the Physical Capacity funding was best utilised by Homerton and ELFT to support capacity and flow. Both Trusts developed proposals to mitigate identified pressures.

These proposals were considered by the Discharge Steering Group providing oversight of the collective plan from all 3 sources of funding.

Meeting Dates:

Fortnightly Commissioning/Finance meetings
05/04/23 - ELFT Discharge funding discussion meeting
02/06/23 – Hackney BCF Partnership Group – initial planning
23/06/23 – Hackney BCF Partnership Group – Approved
28/06/23 – BCF submission to NHS England
26/07/23 –BCF submission with revisions to year 2 plans

Proposals

The C&H Delivery Group (4th August) and the Neighbourhood Health and Care Board (26th September) have endorsed both the process and final set of proposals for the ASCD and Physical Capacity funding.

A full list of proposals is attached in Appendix B.

A small winter planning group with membership from the unplanned care team, Local Authority, Homerton and ELFT is being established to oversee ongoing delivery of these schemes. This will include meeting national and local reporting requirements an assessment of impact.

This group will also have a role in co-ordination and oversight of the wider winter plan for C&H.

Recent additional funding for Local Authorities

The Government has recently announced further funding available to support Local Authorities in areas with most significantly challenged UEC services.

LBH has been notified of eligibility to bid for this funding with an indicative amount available and bid criteria.

We are currently developing a proposal to bid for this funding via the established groups described earlier. The deadline for submission is 29th September and will require NEL ICB sign off before this.

Recent opportunity to invest in a local Winter Wellness guide

More recently an opportunity has arisen to invest in the development of a local Winter Wellness guide, to the value of £14,000.

It is proposed that the guide be developed along similar lines to one recently developed by the NEL communication team in conjunction with Local Authorities in Havering, Barking and Dagenham.

It would go out as a targeted direct mail drop to vulnerable households, with wholistic information on staying well including vaccinations, health services, cost of living support, information on ARRS roles and health champions to educate people on those new support roles. It will also link with other local websites with wellness advice.

Timing did not allow it to be included in the winter plan paper that was agreed this month by Neighbourhood Health and Care Board, however, due to the small amount of funding and the time sensitive nature of winter planning, we propose to include it in this paper for the Health and Care Board and obtain a chairs agreement from the Neighbourhood Health and Care Board outside. Funds

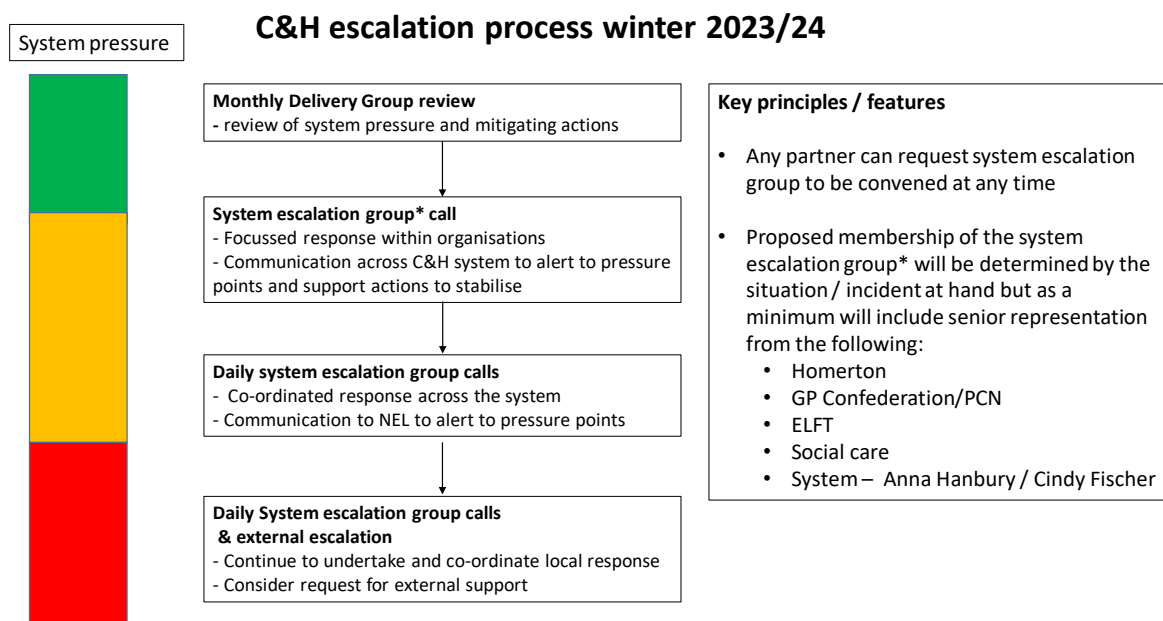
have been identified through the Section 256 monies, and the Director of Delivery (Nina Griffith) is in support of this approach.

Ongoing monitoring and escalation process

It is proposed that an escalation process be agreed to monitor and manage pressure in the system over the winter months with the following key features:

- Monthly review of system pressure (and oversight of core plan) by PbP Delivery Group (DG).
- Additional actions that can be implemented in response to increasing pressure in the system triggered by:
 - DG – following monthly review of system pressure
 - Key partners in the system at any time
- System escalation group
 - Representation from Acute/Primary care & system
 - Convened in response to increasing pressure – manages escalation actions
 - Meets daily during periods of increased pressure
 - Reports into DG to maintain oversight

The following diagram illustrates this process:



Next steps

- Await outcome of bid for additional funding to local authorities in tier 1
- Confirm membership / ToR for C&H winter delivery group
 - o Agree local monitoring of national funded winter resilience schemes
- Ongoing reporting to C&H Delivery Group

- Feed into NEL ICS winter resilience plan and process – responding to NHSE assurance as required

Conclusion / recommendations

The Board are asked to review the plan

- Endorse the proposed resilience schemes
- Endorse the core action plan and oversight/escalation process
- Consider whether any further actions are required to ensure the plan supports the system to manage the pressures it will face in the coming months

Anna Hanbury 28th September 2023

Appendix A

EXAMPLE Core Action Plan – 2022/2023

Topics / programmes	Draft C&H winter plan 22/23		C&H Leads
	Key Challenges	Actions	
<p>Relevant High impact intervention other NHSE action</p> <p>111/999 support</p> <ul style="list-style-type: none"> - Single point of access - Urgent Community Response 	<p>Greater than expected demand through 111 – particularly low acuity primary care - impacting 111 performance and leading to increased pressure on urgent care services</p> <p>111 clinical workforce requirements increase – adds workforce pressure that downstream UEC services experience (increase rates / rota gaps)</p>	<p>Supporting LAS – actions being co-ordinated by NEL UEC</p> <p>111 action – increase utilisation of appropriate care pathways particular focus on capacity in community pharmacy</p> <p>C&H Actions to minimise impact on downstream urgent care services:</p> <ul style="list-style-type: none"> -Maximising pathways into primary care, both core primary care and into Duty Doctor -Maximising use of community based rapid response services –Paradoc and IIT 	<p>NEL UEC</p> <p>Anna Hanbury Dan Young Richard Bull</p>
<p>Primary care</p> <ul style="list-style-type: none"> • Readiness & capacity • Supporting primary care manage urgent demand 	<p>Demand on primary care is already very high from variety of factors</p> <ul style="list-style-type: none"> - Post-lockdown consequences including increasing high rates of mental health problems as well as increased morbidity - supporting people away from hospital if possible - f/u demand from secondary care - vaccination programme including catch up on childhood vaccinations/additional time needed to respond to vaccine hesitancy 	<p>Primary care resilience and capacity</p> <p>Continuing to maximise use of community pharmacies as part of integrated pathways/redirection pts to more appropriate sources of help and support</p> <ul style="list-style-type: none"> - minor ailments including free over the counter items for eligible pts - community pharmacy consultation service <p>Pharmacy schemes supporting primary care recovery & wider (winter) resilience</p> <ul style="list-style-type: none"> • Electronic repeat dispensing • BP Case finding and ABPMs • Contraceptive services • Discharge Medicines services • Community Pharmacy Independent Prescribing <p>Access to specialist advice in the community</p> <p>Primary and secondary care pathways and communication agreed to support shared management of demand (and facilitate appropriate navigation from 111). Promotion of specialist advice lines. C&H has comparatively lower use of 111 during core</p>	<p>Anna Hanbury Matt Hopkinson Richard Bull Sagal Hashi</p>

	<p>Increased levels of primary care demand going to 111 across the ICB (patients that either haven't tried or have been unable to get suitable appointment). This results in:</p> <ul style="list-style-type: none"> - 111 pressure - onward referral to unnecessarily higher acuity settings (due to risk averse assessment and primary care capacity & access) 	<p>general practice opening hours largely due to local Duty Doc contract being in place – practices have recently audited 111 use and some have put in additional GP capacity where gaps have been identified</p> <p>Access to remote monitoring and @home pathways Oximetry@home & Doorstep assessment service in place - ready to step up in line with demand (but only with additional funding)</p> <p>Continuing to commissioning additional urgent primary care capacity on weekends and bank holidays to mitigate gap in same day GP access previously provided by GP access hubs.</p> <p>There is no new money for additional capacity within primary care or via respiratory hubs. There is nothing new we are doing to support primary care this winter.</p>	
<p>Community pathways and services – robust services and integrated pathways to manage urgent demand as close to home as possible</p> <ul style="list-style-type: none"> - Urgent community response - Virtual wards - Single point of access - Acute Respiratory Infection 	<p>Unprecedented levels of demand – exceed capacity</p> <p>Appropriate activity not referred</p> <ul style="list-style-type: none"> - lack of awareness / understanding / confidence - referral to acute care is easier <p>New models of care not yet fully embedded</p> <p>Increase in temporary residents (refugee hotels) add pressure to the system</p>	<p>Strengthened provision and access to - 2 hour community crisis response</p> <ul style="list-style-type: none"> - robust delivery of 2 hour standard from our crisis response services - strengthened capacity of teams, winter resilience workforce planning underway - initiatives to maximise access and referral from all sources: - Review & streamlining access / referral pathway / SPOA - Comms to improve awareness and understanding of UCR capability - including ongoing engagement between UCR teams and LAS - Promotions of direct referral from Telecare & care homes UCR services - Direct electronic booking from 111 - Paradoc - <p>EoL rapid response service Continued commissioning of urgent EoL care service to provide specialist urgent response these patients in their home</p> <p>Virtual wards Ongoing mobilisation/expansion of ARI and Frailty and Heart failure virtual wards - building on existing services and pathways to increase capacity to care for people in their own homes as alternative to bedded care. Target capacity December 2023: ARI – 40 beds, Heart Failure 15 beds, Frailty 12-28 beds Work to integrate with provision with other urgent community services to maximise utilisation and impact</p>	<p>Anna Hanbury Dan Young Varda Lassman Simon Cole Claire Symons Wayne Gillon</p>

		<p>Patient and clinician engagement and communication to maximise appropriate utilisation</p> <p>Initiatives to support cost of living pressures for residents</p> <p>Work with partners to ensure that temporary residents have access to pathways and services to support their needs</p> <p>NEL Mental Health Crisis Improvement Network-</p> <ul style="list-style-type: none"> This includes work to intervene earlier and provide more preventative care, to divert people away from ED to more appropriate alternative settings when crises do occur 	
<p>Acute services readiness and capacity</p> <ul style="list-style-type: none"> - Acute hospital flow - SDEC - Acute frailty services 	<p>Homerton has a strong track record of delivering good performance through winter however recent years have presented significant challenges with extreme pressure on G&A capacity.</p>	<p>Homerton winter planning process in place to support all elements of acute care - capacity, escalation, workforce planning, maintaining flow</p> <p>NHSE physical capacity schemes</p> <ul style="list-style-type: none"> - Range of schemes to support flow through hospital (see appendix B) <p>Frailty / Geriatrician at the front door</p> <ul style="list-style-type: none"> - Named Geriatrician for each day Monday- Friday service - Attend ED majors/ OMU and facilitate discharge alongside IIT <p>SDEC</p> <p>Maximising utilisation of SDEC Renaming of service SDEC (from HAMU0 Direct telephone access to SDEC Consultant</p> <p>High Intensity User Service</p> <p>The high intensity users (HIU) service based at Homerton is provided in partnership between Homerton and ELFT. Provides high users of ED (and other UEC services) with MDT support to meet their needs away from ED where appropriate.</p> <p>NEL Mental Health Improvement network</p> <ul style="list-style-type: none"> - Work to improve process flow when people are in ED, and to improve bed availability in inpatient mental health settings to ensure beds are available as efficiently as possible 	<p>Emma Rowland Dan Young Anna Hanbury</p>
<p>Hospital flow and Discharge</p>	<p>Homerton has a strong track record of delivering good performance through winter however recent years have presented</p>	<p>Discharge improvement programme – independent review of discharge pathway</p>	<p>Cindy Fischer</p>

<ul style="list-style-type: none"> - Care transfer hubs - Intermediate care 	<p>significant challenges with extreme pressure on G&A capacity.</p> <p>There has been an increase in discharge delays recently with an increased % G & A beds occupied by patients medically fit for discharge. This is caused by a number of factors – demand, capacity, complexity and workforce that are difficult to address with a risk of further deterioration.</p> <p>Additional pressure from CoVID – staff sickness and IPC / isolation periods for discharge back to care homes</p> <p>Increase complexity of patients and cost of care</p> <p>Supporting those most vulnerable during the winter months; ensuring key winter support items are available and distributed, supporting prevention.</p>	<p>Independent review of current discharge pathway in C&H to identify improvement opportunities. Final report and recommendations completed in July. The Discharge Steering Group are considering immediate actions that could be implemented quickly to support resilience over winter – with a focus on those linked to ‘Care transfer hubs’ as a high impact intervention identified in the UEC recovery plan.</p> <p>Integrated Discharge Service/hub Manages both Homerton and out of borough hospital discharges through twice daily MDT meetings to review all patients who no longer meet the criteria to reside. Using results from recent review of our ‘transfer of care hub’ maturity alongside recommendations from independent review to identify opportunity for improvements in pathways and process to enable this service to manage predicted high levels of demand through winter.</p> <ul style="list-style-type: none"> - review of current performance has been undertaken with targets set for acceptable timeframes within the pathway to support improved performance -enhanced senior support early in pathway (at referral) to support IDS team <p>Physical capacity and Adult Social Care discharge funded schemes</p> <ul style="list-style-type: none"> - additional step-down community capacity - Nursing home / Flats (interim and emergency) - Increased resource in discharge teams to support flow across 7 days: - Medical & nursing, therapies, pharmacy, discharge co-ordinators, transport (as above) - SW, brokerage, bridging and VCS - take-home & settle and equipment - Mental health – step down capacity and increased resource in MH discharge team <p>Homeless discharge team in place with 6-bed accommodation for step-up/step down support for homeless people.</p> <p>City of London</p> <ul style="list-style-type: none"> • City are monitoring market capacity and have spot purchase arrangements in place to support when necessary • Care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning utilizing spot purchased care provision. • A Rapid Response service facilitates hospital discharge by care navigator is based on hospital wards and co-ordinates with hospital discharge teams to 	<p>Mark Watson Helen Woodland Ellie Ward</p>
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		<p>undertake early discharge planning. providing up to 72 hours of assessment and then onward pathway</p> <p>Pharmacy</p> <p>Implementation of NHSE commissioned Discharge Medicines Service</p>	
<p>Mental health capacity and pathways</p> <p>- Acute flow</p>	<p>There has been an increase in mental health demand following the pandemic</p> <p>Increase in complexity of cases with longer LoS exacerbating demand capacity mismatch</p> <p>Predicted increase in urgent and emergency mental health plus increasing pressures across all core mental health service having negative impact on waiting times and patient care</p> <p>Impact on A&E flow – long waits for MH beds</p> <p>There is still significantly increased demand for CAMHS referrals and increases in the number of CYP being admitted to Starlight ward with underlying mental health disorders and /or behavioural issues. Most of these CYP have complex neurodevelopmental needs including ADHD / ASD and/or conduct disorders. Additionally, there is a long waiting list for ASD diagnosis.</p>	<p>Physical capacity and Adult Social Care discharge funded schemes</p> <ul style="list-style-type: none"> - Increased resource into ELFT discharge teams - ELFT housing discharge fund - Step down/crisis beds <p>Discharge improvement programme</p> <ul style="list-style-type: none"> - work to map existing pathways and teams – exploring opportunity for closer working with IDS to support discharge from MH trusts <p>NEL Mental Health Improvement Network – broad programme underway to improve Mental Health UEC and Crisis pathways – whilst not specifically related to winter support resilience over winter.</p> <ul style="list-style-type: none"> - A ‘system-diagnostic’ in underway in NEL to help us better understand this, and to consider how we can best use our resources to meet increased MH demand - Range of projects underway - Flow event scheduled for October 	<p>Dan Burningham Andrew Horobin Cindy Fischer Amy Wilkinson</p>

	Impact of CAMHS admissions on acute paediatric capacity		
Supporting Children and Young People <ul style="list-style-type: none"> - Acute flow - Virtual Wards - Single point of access 	<p>Increased pressure on acute paediatric capacity from CAMHS admissions</p> <p>Risk of measles and Polio outbreak given 'existing low levels of childhood immunisation uptake, exacerbated by the pandemic (national MMR campaign but resource not confirmed)</p>	<p>System wide joint UEC, CYP and PC planning for surge management;</p> <ul style="list-style-type: none"> - HUHFT - Acute capacity planning and pathway review to optimise flow <ul style="list-style-type: none"> o Including agreement for Barts / RLH to accept paed admission if Starlight is full or repurposed (implemented several times during the pandemic) - Primary and secondary care pathways and communication agreed to support shared management of demand (and facilitate appropriate navigation from 111) - Re-promotion of Paediatric advice line - Pulse oximeters available via NEL for any practice that does not have one (RSV management) - Ongoing development of partnerships between voluntary sector community partners and primary care, with a focus on imms / primary care capacity. - Planning for child health hub in North PCN areas, estimated to be up and running by November 2023. Focus on imms and primary care capacity as above. - Development of Hatzola partnership in primary care – focus on imms / primary care capacity tbc - Public health messaging and communication to support parents reduce risk and manage illness including vaccination - Working with children's Social care, the CH Safeguarding Children's Partnership and LBH colleagues around pre-empting and mitigating cost of living pressures for families (i.e. trying to keep people warm, fed and well to prevent escalation in the NHS). <p>CAMHS pressure</p> <ul style="list-style-type: none"> - MH support to Starlight (paeds) ward 	Amy Wilkinson
Communications campaign to help <ul style="list-style-type: none"> - people stay well and manage their conditions - choose wisely/appropriately if they need to access services 	<p>Patients often default to GPs and A&E and aren't always aware that they can seek support from pharmacies and 111.</p> <p>Certain patient groups are more likely to present in person due to lack of knowledge around virtual access.</p> <p>A&E struggles in particular with high volumes of patients attending in person and</p>	<p>NEL comms are being developed in line with national messaging but tailored to local need.</p> <p>Access to urgent and emergency care services</p> <ul style="list-style-type: none"> • This campaign is being run at a NEL-level and a digital toolkit has been released which includes the campaign website, assets, and video • Messaging is centred around the fact A&E departments and 999 responders experience very high demand in winter and are not always required – patients should know which services to visit for their needs. • Messaging has been shared with local partners and relevant clinical stakeholders. 	<p>NEL – Melissa Hoskins, Dominic Stanley</p> <p>Carolyn Sharpe</p>

<p>- Vaccinations – see CoVID/Flu section below</p>	<p>with CoVID and flu in circulation in the winter this poses additional risk.</p>	<ul style="list-style-type: none"> • Resources for schools and early year settings <ul style="list-style-type: none"> ○ Winter planning comms and resources developed by public health and shared with schools and early ear settings covering immunisations, IPC support, national policy/guidance summaries • Winter Wellness Guide <p>Winter vaccinations – Winter immunisations campaign launched for flu but this year to also include Covid booster jab. see CoVID & Flu section below.</p>	
<p>COVID, flu (polio/measles)</p>	<p>Low rates of vaccine uptake in City and Hackney</p> <p>Biggest barriers are vaccine hesitancy and lack of knowledge around eligibility.</p> <p>Continued pressure on the vaccination campaign (engagement & comms) to continue to encourage vaccination – with new hesitancy taking up flu (and other vaccinations) due to the widespread coverage of CoVID vaccine hesitancy.</p> <p>Particular concern in CYP related to this risk given existing low levels of childhood immunisation uptake (worse in specific cohorts). This increases the risk of any outbreak but specific concern this winter is the potential for polio and measles</p>	<p>Autumn/Winter flu and Covid programme which strives to achieve uptake targets set by national (targets are a challenge for all parts of the country but particularly C&H). Expectation is coadministration where possible although there are barriers to this happening. This year Item of Service payment for Covid is £2.50 less which hasn't helped.</p> <p>This delivered via practices, PCNs, outreach, community pharmacy and hospitals. Oversight provided by C&H vaccination oversight group. Richmond Road Surgery is leading the PCN response and is doing the majority of care homes and housebound as well as running a Covid vaccination hub which all eligible pts can attend. This year up to 25 community pharmacies will be offering both Covid and flu. The ICB has allocated £70k for outreach - plans are currently being finalised focusing on inclusion groups and populations with local rates of uptake. The ICB has allocated £120k for engagement and comms for which there is a local plan.</p> <p>Full childhood immunisation plan in place across all partners (utilising C&H non-recurrent monies). Phase 2 Measles/Polio catch up campaign being implemented with support from Vaccination UK.</p> <p>London Jewish Health Partnership running London wide immunisation campaign with Hackney taking part in launch across Nov/Dec.</p> <p>Winter vaccinations communications</p> <ul style="list-style-type: none"> • National winter vaccinations campaign assets released • Comms and engagement budget have been allocated by NEL NHS ICB to support the campaign • NEL NHS ICB requested EOIs for outreach providers to increase coverage among health inequality groups / populations with low coverage 	<p>Richard Bull Bryn White Amy Wilkinson Sagal Hashi</p>

		<ul style="list-style-type: none"> We will use vaccination data to inform ongoing engagement work and ensure we continue to target the right groups Local comms and engagement planning will include combination of: <ul style="list-style-type: none"> Direct, targeted communications to reach audiences identified with specific needs/low uptake, where evidence shows they are more likely to benefit Face to face engagement within the communities with the lowest levels of vaccination CYP specific work with Hackney Education, schools and early years providers to promote vaccine uptake messages Channels will include social media, paid advertising (print and outdoor), face to face engagement events, newsletters, and utilising Community Champions. 	
Reviewing IPC to ensure a proportionate response	There is a risk of outbreaks and poor management leading to poorer patient outcomes, extended lengths of stay and delayed discharges if there is not a proportionate IPC response.	<p>NEL IPC Leads to continue to meet regularly as a point of sharing of best practice, updates on current guidance, discussion of system-wide IPC issues</p> <p>The NEL IPC Team provide IPC support to care settings across Hackney (there are no care settings in City of London)</p>	ALL
Wider programmes			
End of life	City and Hackney has lower levels of people dying at home than in England and London.	<p>A range of services and initiatives have been put in place to support people to die in their preferred place –</p> <ul style="list-style-type: none"> Continued use of care planning with transition to the Urgent Care Plan Primary care end of life service Urgent end of life care service provided by Marie Curie Urgent and out of hours access to end of life medicines through continued commissioning of the urgent end of life medicines service <ul style="list-style-type: none"> Ten (10) Hackney community pharmacies provide in and out of hours palliative care medicines supply service to C&H patients 	Matt Hopkinson
Support for people in the community	We need to enhance the support that we provide to people in the community in order to help them stay well and avoid crises.	<p>There are a range of different pieces of work underway to support more vulnerable people in the community: -</p> <p>Primary care pathways detailed above.</p>	Charlotte Painter Richard Bull Sadie King

	<p>Increase in temporary residents (refugee hotels) add pressure to the system</p> <p>Homeless / rough sleeping cohort risk from potential extreme weather</p>	<p>ACERs</p> <ul style="list-style-type: none"> - Building on ACERs hospital at home service to provide a virtual ward for acute respiratory infection - ACERS community rapid diuresis response service– this provides a home based service to people with heart failure who are failing to respond to oral diuretics as an alternative to an inpatient stay. <p>Support for Self-Directed Care City and Hackney have invested in a digital Structured Education Programme for people with Type 2 diabetes which is being rolled out across all our practices currently. Our practices can also refer in to the National programmes for NDPP; T2Diabetes Pathway to remission and BP at home.</p> <p>Respiratory Diagnostic Service We are currently mobilising a community based Respiratory Diagnostic service (Spirometry an FeNo) for ages 6+ across City and Hackney – expected to be operational from January 2024</p> <p>Primary / Secondary Care Interface We are establishing a regular semi-formal meeting format with senior leadership to take forward concerns and issues raised by clinical colleagues from both primary and secondary care with HUHFT. There will be a Fuller-compliant clinical outcomes meeting being established – led by the Medical Director and Place based Clinical Director</p> <p>Supporting homeless Sever weather emergency protocol in place to provide accommodation during periods of severe weather. Recognising likely pressure on this provision – partners are working collaboratively to ensure access to full range pathways and services now in place to support this cohort.</p>	
Care Homes	There are risks to social care providers as a result of the vaccine mandate or care homes.	<p>We will continue to provide primary care services to care homes through the national DES and the Supplementary Care Homes service.</p> <p>The NEL IPC Team provide IPC support to care settings across Hackney (there are no care settings in City of London)</p>	Cindy Fischer

		We have increased provision of multi-disciplinary personalised care and support planning through the Ageing Well programme	
Learning difficulty	People with learning disabilities can be excluded from services due to communication or service delivery models not being appropriate or targeted	<p>Specific focus on increasing flu and CoVID vaccination rates amongst people with LD</p> <p>Care homes support described above includes LD care homes</p> <p>Winter Planning Guide developed for LD service providers to support minimising risk of infections, and ensure contingency plans are in place for the winter ahead.</p>	Charlotte Painter

Critical system risks for winter

Critical risks from previous years

- Risk that demand on healthcare services exceeds capacity – either through a spike in CoVID infections or other through crisis or deteriorating health from other conditions
- Risk that we cannot discharge patients quickly and safely when they are medically optimised
- Risk that demand on children and young people’s services exceeds capacity through CAMHS pressure
- Risk that we have insufficient workforce to manage demand – through a combination of fatigue, sickness and lack of new workforce

New risks 2023/24

- Risk that we cannot support our vulnerable residents to stay well through winter – exacerbated by impact of increased cost of living
- Risk of provider failure from novel challenges:
 - Industrial action
 - Extreme environmental conditions
 - Increased cost of living

Appendix B

Discharge and Physical Capacity Funding 2023/24 - Breakdown of Schemes

Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
1.	DF01 LBH Lowrie House (6 Beds)	Peabody	Total contract = £244,618. Estimated Housing Benefit = £60k. Burden on grant = £184,618	Social Care	Local authority grant	£184,618
2.	DF 02 LBH Lukka Homes 3 bed nursing block	Lukka Homes	Propose to keep only to end of Q2	Social Care	Local authority grant	£78,210
3.	DF 03 LBH Goodmayes interim accommodation for working age adults - 28 Goodmayes Lane	Yassin Homes	9 flats for interim accommodation for people that can't go home due to hoarding or infestations, and for homeless people. Propose to reduce to 7 beds Q3 onwards	Social Care	ICB allocation	£182,490
4.	DF 04 LBH Goodmayes interim accommodation - Flats 1/2 Rear 30 Goodmayes Lane	Yassin Homes	2 flats for interim accommodation for people that can't return home due to hoarding/infestations or are homeless. They are accessible for people with mobility issues.	Social Care	Local authority grant	£58,453
5.	DF 05 LBH Housing with Care Flats	Outward	Leander Court	Social Care	Local authority grant	£83,002

Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
6.	DF 06 LBH Housing with Care Flats	Outward	Rose Court - proposals to reduce Leander Court and Rose Court by 9 beds Q3 and Q4 - shown here against Rose Court	Social Care	Local authority grant	£153,181
7.	DF 07 LBH Housing with Care Flats	Anchor Hanover	4 flats to replace Morrell Court flats (move to Peabody and Southwold); end contracts end Sept-23	Social Care	Local authority grant	£50,993
8.	DF 08 LBH Housing with Care Flats	Outward	6 flats for interim accommodation to enable assessment of care needs: 4- Standard; 1- Alcohol Acquired Brain Injury (overbury); 1- Ethnic Specific (Pepys).	Social Care	Local authority grant	£25,071
9.	DF 09 LBH Hwc flat furnishing		Contingency for replacement of furnishing as needed	Social Care	Local authority grant	£3,000
10.	DF 10 LBH Hwc utilities		Electricity costs - where this is not covered by rental / service charge (Leander / Rose court)	Social Care	Local authority grant	£15,000
11.	DF 11 LBH Bridging Service	Goldsmiths	Dedicated domiciliary care staff to support discharge.	Social Care	Local authority grant	£175,190
12.	DF 12 LBH Rose Court Extra Care- to support interim flats	Supreme	Domiciliary care to support interim placements in Housing with Care flats.	Social Care	ICB allocation	£175,190

Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
13.	DF 13 LBH Care packages for 4 weeks post discharge (residential)	Various	Care packages (new and increased hours) for the first 4 weeks after discharge from hospital.	Social Care	ICB allocation	£238,739
14.	DF 14 LBH Integrated Community Equipment Service	Millbrook Healthcare	Equipment to support hospital discharge.	Social Care	Local authority grant	£30,000
15.	DF 15 LBH Move on Team	Hackney Council	Team to ensure flow from interim beds to ensure interim beds available for discharge.	Social Care	Local authority grant	£474,561
16.	DF 16 LBH Brokerage capacity	Hackney Council	Maintain existing brokerage capacity Q1 2023-24. Reduce capacity by 4 from Q2 2023-24	Social Care	Local authority grant	£236,916
17.	DF 17 LBH Hygiene Services	Hackney Council / Business Office Cleaning	Deep cleans for infestations and hoarding.	Social Care	Local authority grant	£97,750
18.	DF 18 LBH Workforce training - Lifting and handling	A1 Risk Solutions	Training for Moving and Handling virtual conference and train the trainer training sessions - A1 Risk Solutions	Social Care	Local authority grant	£11,475

Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
19.	DF 19 LBH Housing Discharge Fund	LBH	Funding for placements to patients to support safe and timely discharge of service users and prevent delayed discharges caused by inhabitable housing, repairs needing to be completed, removals, not having gas/electricity, and bridging accommodation (B&Bs).	Mental Health	Local authority grant	£30,000
20.	DF 20 Age UK East London - Take Home and Settle Service	Age UK	Extra staff capacity within Take Home and Settle Service through additional hours and new staff.	Social Care	ICB allocation	£42,500
21.	DF 21 LBH Care packages for 4 weeks post discharge (homecare)	Various	Care packages (new and increased hours) for the first 4 weeks after discharge from hospital.	Social Care	Local authority grant	£849,269
22.	DF 22 ELFT Discharge Team Posts	ELFT	Discharge Team - 3 x Band 7 (£187,187), 1 x Band 4 (£51,121) = Total = £331,901 split across 2 lines / 2 funds	Mental Health	ICB allocation	£314,348
23.	ELFT Discharge Team Posts	ELFT	Discharge Team - 3 x Band 7 (£187,187), 1 x Band 4 (£51,121) = Total = £331,901 split across 2 lines / 2 funds	Mental Health	Physical capacity	£17,553

Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
24.	ELFT Housing Discharge Fund = step down/crisis beds	ELFT	Funding for packages of care to patients to support safe and timely discharge of service users and prevent delayed discharges caused by inhabitable housing, repairs needing to be completed, removals, not having gas or electricity, and accommodation (B&B)	Mental Health	Physical capacity	£259,470
25.	HH Defoe	HHFT	Defoe open for 6 months - slippage here may allow other winter schemes (other 6 funded via Capital & Revenue Fund)	HHFT	Physical capacity	£966,000
26.	HH CSM	HHFT	B8A – 3WTE 2-11pm, 7 days October – March	HHFT	Physical capacity	£119,940
27.	HH HAMU in-reach	HHFT	B6 x 1 WTE 6-10 months	HHFT	Physical capacity	£25,788
28.	HH Domestic cleans	HHFT	Additional domestic dedicated to terminal cleans 4-8pm 15 hours per day Oct – March	HHFT	Physical capacity	£71,000
29.	HH Flow Assistant	HHFT	Dedicated flow assistant to ED and ACU	HHFT	Physical capacity	£90,187

			B2 - 24/7			
Scheme ID 23-24	Scheme Name	Provider	Brief Description of Scheme	Commissioner	Source of Funding	Annual Cost
30.	HH Ecolab	HHFT	Enhanced capacity for quick lab results	HHFT	Physical capacity	£10,015
31.	HH Transport	HHFT	ERS Additional ambulance 7 days per week	HHFT	Physical capacity	£171,451
32.	HH Discharge support	HHFT	Flow co-ordinator - B7 - 1WTE	HHFT	Physical capacity funding	£31,098
33.	HH Admin Support for SPA	HHFT	Band 4 - 20 hours per week. Entry step rate of Band 4 (£30,279)+ 20% oncosts	HHFT	Physical capacity	£36,335
34.	HH Staffing for CHC	HHFT	Band 7 Agency	HHFT	Physical capacity	£58,733
35.	HH Out of Borough Hospital D/C Physio	HHFT	Midpoint Band 6 + 20% oncosts (estimated 7 months)	HHFT	Physical capacity	£31,374
36.	DF 23 Administration fee	LBH	As per grant conditions	Social Care	Local authority grant	£23,320
37.	DF 24 NEL Care Market Project	LBH	NEL review of care home market led by LBH	Social Care	ICB allocation	£150,000
38.	Support Hospital Discharge	CoL	Packages of Care	Social Care	ICB allocation	£4,181
39.	Support Hospital Discharge	CoL	Packages of care, placements, equipment and early discharge planning via an OT.	Social Care	Local authority grant	£45,376



North East London

C&H Winter plan 2023/24

City & Hackney Health and Care Board 11th October 2023

Anna Hanbury

C&H Winter planning – context

- Winter 2023/24 due to be extremely challenging due to a range of factors
 - Continued high levels of demand across all services
 - Potential further Covid-19 peaks & high demand surge from other seasonal infectious / febrile illness
 - Additional challenges – Industrial action, cost of living, extreme weather
- Significant pressure across the system – exacerbated by workforce challenges
 - **A&E**; high demand & acuity, longer waits, mental health
 - **Acute capacity & flow**; Increased LoS, increased occupancy
 - **Discharge**: National discharge policy, increased demand, increased complexity, workforce challenges
 - **Primary Care**: high demand (urgent, routine, secondary care follow up & vaccination)

Winter planning process

The key features of our winter planning process:

- System plan – includes input from a wide range of system partners and considers winter across all of our programmes of work rather than a standalone exercise with UEC partners
- Focuses on:
 - **Keeping People well & at home (prevention & alternative pathways)**
 - **Acute readiness, front door & flow**
 - **Discharge & community**
- Driven by our local system needs, considers wider community based support – beyond just admission avoidance or discharge
- Incorporates a focus on flu / vaccinations and actions to tackle longstanding challenges in this area.
- Incorporated readiness for peaks in CoVID combined with winter flu, RSV and other febrile respiratory conditions
- Considers process to monitor and manage pressure in the system over winter
- National and regional asks – UEC recovery plan, surge planning, system roles & responsibilities

C&H Winter plan – the elements

- Our winter 'plan' is more than a single detailed plan for winter and consists of the following elements;
 - **Core action plan** – set of winter actions in place across system to mitigate key risks identified
 - Support a cohort of **vulnerable people to stay well and avoid crisis** through the winter
 - Support a reduction in demand on acute hospital beds – either through **admission avoidance or expediting discharge**
 - Support **flow through and out of the hospital setting**
 - Support a **reduction in demand on other out of hospital services** that are particularly pressured, or expect to be pressured, such as primary care
 - Support **sustainability of a service** through pressured winter months
 - **Winter resilience schemes - national funding**
 - Adult Social Care Discharge & Physical capacity funding
 - Additional funding to local authorities in Tier 1 areas
 - **Place based non recurrent funding** – recent investment opportunity
 - **Oversight and escalation**
 - Agreed process to monitor and manage pressure in the system over winter
- NEL context
 - Our local C&H plan feeds into wider NEL ICS plan
 - Some elements of plan are being co-ordinated at NEL level – this includes robust winter communication plan to support patients to access health care wisely

Winter plan – City & Hackney, Keeping people well & at home

Challenges	Actions
<p>Demand - predicted higher than previous years, significant in primary care due to vaccination programme</p> <p>Workforce - current workforce exhausted, lack of available workforce to recruit into new roles / schemes</p> <p>Cost of living - pressure on residents/patients with potential impact on health and providers with potential risk of failure</p>	<p>Urgent primary care pathways and capacity</p> <ul style="list-style-type: none"> - Continued commissioning of additional GP capacity to support UEC and mitigate gap with transition from GP hubs to enhanced access PCN DES - promotion of Duty Doctor for managing urgent primary care demand during core hours - Access to remote monitoring and @home pathways <p>Proactive (anticipatory) care model – ageing well -this service provides a proactive and joined up approach to supporting C&H residents with rising needs. Delivered by Occupational Therapists and Care Coordinators at PCN level in collaboration with ACRT at Homerton, for patients who have mild to moderate frailty</p> <p>Continuing to maximise use of community pharmacies as part of integrated pathways – redirection of patients to more appropriate sources of help and support</p> <ul style="list-style-type: none"> - minor ailments scheme to provide alternative capacity to GP – including free over the counter items for eligible patients - improving referral pathway from practices and 111 to CPCS (including text message to patient) - Increasing patient awareness, understanding and confidence in clinical expertise available in pharmacies <p>Pharmacy schemes supporting primary care recovery & wider (winter) resilience</p> <ul style="list-style-type: none"> • Electronic repeat dispensing • BP Case finding and ABPMs • Contraceptive services • Discharge Medicines services • Community Pharmacy Independent Prescribing <p>Strengthened provision and access to - 2 hour community crisis response – 8-8 7 days week, 9 clinical conditions</p> <ul style="list-style-type: none"> - robust delivery of 2 hour standard from our crisis response services - strengthened capacity of teams, winter resilience workforce planning underway - initiatives to maximise access and referral from all sources: <ul style="list-style-type: none"> • Review & streamlining access / referral pathway – electronic booking, DoS review, considering SPOA • Comms to improve awareness and understanding of UCR capability – LAS, telecare, care homes • Promotions of direct referral from Telecare & care homes UCR services • Direct electronic booking from 111 - Paradoc <p>Virtual wards and community pathways</p> <p>Ongoing mobilisation & expansion of ARI, Frailty and Heart Failure virtual wards - building on existing services and pathways to increase capacity to care for people in their own homes.</p> <p>-40 ARI, 15 Heart failure, 12-24 Frailty beds by December 2023</p> <ul style="list-style-type: none"> -Work to integrate with provision with other urgent community services to maximise utilisation and impact - Patient and clinician engagement and communication to maximise appropriate utilisation <p>Access to specialist advice in the community – Primary / Secondary care interface</p> <p>Primary and secondary care pathways and communication agreed to support shared management of demand (and facilitate appropriate navigation from 111)</p> <p>A&E Audit</p> <p>Ongoing initiatives to support cost of living pressures for residents</p> <p>Cold weather packs for vulnerable cohorts – Age Uk</p> <p>Winter Communication campaign - improve understanding and awareness of services to help people choosing wisely – see final slide</p>

Winter plan – City & Hackney

Acute readiness; Front door and flow (Homerton & ELFT)

Challenges	Actions
<p>Demand – higher and more complex than previous years causing increased pressure on beds and longer waits in A&E</p> <p>Mental health Increase in demand and complexity of cases with longer LoS exacerbating demand capacity mismatch -> significant issue in A&E</p> <p>Workforce - current workforce exhausted, lack of available workforce to recruit into new roles / schemes, Industrial action</p>	<p>Homerton winter planning process in place to support all elements of acute care - capacity, escalation, workforce planning, maintaining flow</p> <p>NHSE funded physical capacity schemes</p> <p>Homerton</p> <ul style="list-style-type: none"> - 20 'escalation' beds on Defoe - Resources to support rate limiting functions – domestic cleaners, eco-lab, transport - Additional resource in discharge teams & site flow management (CSM, Flow co-Ordinator, CHC) - Maximising utilisation / impact from front door alternatives – SDEC (Hamu) in reach, <p>ELFT</p> <ul style="list-style-type: none"> - Additional resource in discharge teams - Housing discharge fund – step down / crisis beds for MH <p>Geriatrician at the front door</p> <ul style="list-style-type: none"> - Named Geriatrician for each day Monday- Friday service -- Attends ED majors/ OMU and facilitate discharge alongside IIT - Work to enhance this provision & integrate with community frailty services and emerging Frailty ward <p>SDEC</p> <p>Maximising utilisation of SDEC; return to previous location, name change to SDEC, direct telephone access to SDEC consultant, promotion of service to key partners to maximise referral</p> <p>Primary – Secondary care interface</p> <p>Work to identify gaps and opportunities for collaborative working to supporting most appropriate management of patient need – away from A&E where possible</p> <p>NEL Mental Health Improvement Network – broad programme underway to improve Mental Health UEC and Crisis pathways</p> <p>A 'system-diagnostic' in underway in NEL to help us better understand this, and to consider how we can best use our resources to meet increased MH demand</p> <p>Range of projects underway</p> <p>Flow event scheduled for October</p>

Winter plan – City & Hackney - Discharge

Challenges	Actions
<p>Homerton has a strong track record of delivering good performance through winter however recent years have presented significant challenges with extreme pressure on G&A capacity.</p> <p>There has been an increase in discharge delays recently with an increased % G & A beds occupied by patients medically fit for discharge. This is caused by a number of factors – demand, capacity, complexity and workforce that are difficult to address with a risk of further deterioration.</p> <p>Increase complexity of patients and cost of care</p> <p>Cost of living pressures</p>	<p>Discharge improvement programme – independent review of discharge pathway Independent review of current discharge pathway in C&H to identify improvement opportunities. Steering group identifying immediate actions to support resilience over winter – with a focus on those linked to ‘Care transfer hubs’ as a high impact intervention Joint Homerton / Local authority workshop September 28th to review & discuss current pressures & identify potential opportunity for doing things differently</p> <p>Integrated Discharge Service/hub Manages both Homerton and out of borough hospital discharges through twice daily MDT meetings to review all patients who no longer meet the criteria to reside. Improvements in pathways and process to enable this service to manage predicted high levels of demand through winter. - review of current performance has been undertaken with targets set for acceptable timeframes within the pathway to support improved performance -enhanced senior support early in pathway (at referral) to support IDS team - Mental Health -work to map existing pathways and teams – exploring opportunity for closer working with IDS to support discharge from MH trusts - Digital enabler bid – project to scope options for integrated electronic discharge dashboard to support streamlined working and performance monitoring</p> <p>Physical capacity and Adult Social Care discharge funded schemes - additional step-down community capacity - Nursing home / Flats (interim and emergency) - Increased resource in discharge teams to support flow across 7 days: - Medical & nursing, therapies, pharmacy, discharge co-ordinators, transport (as above) - SW, brokerage, bridging and VCS - take-home & settle and equipment - Mental health – step down capacity and increased resource in MH discharge team</p> <p>Homeless discharge team in place with 6-bed accommodation for step-up/step down support for homeless people.</p> <p>City of London</p> <ul style="list-style-type: none"> • City are monitoring market capacity and have spot purchase arrangements in place to support when necessary • Care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning utilizing spot purchased care provision. • A Rapid Response service facilitates hospital discharge by care navigator is based on hospital wards and co-ordinates with hospital discharge teams to undertake early discharge planning. providing up to 72 hours of assessment and then onward pathway <p>Pharmacy Implementation of NHSE commissioned Discharge Medicines Service</p>

Winter plan – City & Hackney – Vaccination & comms

Challenges	Actions
<p>Low rates of vaccine uptake in City and Hackney</p> <p>Biggest barriers are vaccine hesitancy and lack of knowledge around eligibility.</p> <p>Continued pressure on the vaccination campaign (engagement & comms) to continue to encourage vaccination – with new hesitancy taking up flu (and other vaccinations) due to the widespread coverage of CoVID vaccine hesitancy.</p> <p>Particular concern in CYP related to this risk given existing low levels of childhood immunisation uptake (worse in specific cohorts). This increases the risk of any outbreak but specific concern this winter is the potential for polio and measles</p>	<p>Autumn/Winter flu and Covid programme</p> <ul style="list-style-type: none"> • strives to achieve uptake targets set by national (targets are a challenge for all parts of the country but particularly C&H). • Expectation is coadministration where possible although there are barriers to this happening. • Delivered via practices, PCNs, outreach, community pharmacy and hospitals with oversight provided by C&H vaccination oversight group. • Richmond Road Surgery is leading the PCN response and is doing the majority of care homes and housebound as well as running a Covid vaccination hub which all eligible pts can attend. • 25 community pharmacies will be offering both Covid and flu. The ICB has allocated £70k for outreach. The ICB has allocated £120k for engagement and comms for which there is a local plan. <p>Full childhood immunisation plan in place across all partners (utilising C&H non-recurrent monies). Phase 2 Measles/Polio catch up campaign being implemented with support from Vaccination UK.</p> <p>London Jewish Health Partnership running London wide immunisation campaign with Hackney taking part in launch across Nov/Dec.</p> <p>Staff Vaccinations</p> <p>Winter vaccinations communications</p> <ul style="list-style-type: none"> • National winter vaccinations campaign assets released • Comms and engagement budget have been allocated by NEL NHS ICB to support the campaign • NEL NHS ICB requested EOIs for outreach providers to increase coverage among health inequality groups / populations with low coverage • vaccination data to inform ongoing engagement work and ensure we continue to target the right groups • Local comms and engagement planning will include combination of: <ul style="list-style-type: none"> • Direct, targeted communications to reach audiences identified with specific needs/low uptake, where evidence shows they are more likely to benefit • Face to face engagement within the communities with the lowest levels of vaccination • CYP specific work with Hackney Education, schools and early years providers to promote vaccine uptake messages • Care providers, MH, LD and homeless <p>Winter comms are being developed by NEL in line with national messaging but tailored to local need.</p> <ul style="list-style-type: none"> • Access to urgent and emergency care services • This campaign is being run at a NEL-level and a digital toolkit has been released which includes the campaign website, assets, and video • Messaging is centred around the fact A&E departments and 999 responders experience very high demand in winter and are not always required – patients should know which services to visit for their needs. . • Resources for schools and early year settings <ul style="list-style-type: none"> • Winter planning comms and resources developed by public health and shared with schools and early ear settings covering immunisations, IPC support, national policy/guidance summaries • New opportunity to invest in development of joint winter wellness guide - with wholistic information on staying well including vaccinations, health services, cost of living support, information on ARRS roles and health champions to educate people on those new support roles etc.

Considerations and Questions for the Board

- Do we have sufficient collective actions across areas to provide resilience ?
- Are there any areas of weakness / gaps?
- Are there areas that we want to prioritise focus – specific groups/cohorts or impacts?
- Do we need a specific winter resilience group in addition to oversight via delivery group
- (* endorse winter resilience schemes/proposals)

City and Hackney Health and Care Board

11 October 2023

Title of report	<u>Ageing Well uncommitted budget 23-24 Anticipatory/ Proactive Care.</u>										
Author	Sadie King Neighbourhoods Programme Lead										
Presented by	Sadie King Neighbourhoods Programme Lead										
Executive summary	<p>This paper requests approval of the detailed spending plans for previously allocated Ageing Well budget (allocation ICPB Nov 2021 and further details CHHCB September 2022) .</p> <p>This paper details the remaining budget of £150,000 for the Anticipatory/Proactive Care Service for 23-24 that could not be described in June 2022 prior to the roll out of the new service.</p> <p>The funding will be used for:</p> <ul style="list-style-type: none"> • the administration of mini personal budgets pilot that will also be used to research barriers to taking up preventative health offers. • the professional development of Care Coordinators support their input into the development of the new service. • branding, wider launch and communications for the new service 										
Action required	Approve										
Previous reporting / discussion	<p>Neighbourhood Anticipatory/Proactive Care Oversight Group 7/9/23</p> <p>Place Based Delivery Group 14th September Recommended for approval</p> <p>City and Hackney Neighbourhood Health and Care Board 27th September Approved</p>										
Next steps / onward reporting	N/A										
Conflicts of interest	N/A										
Strategic fit	<p>Which of the strategic corporate objectives does this report align with?</p> <table border="1" data-bbox="582 1653 1457 1794"> <tr> <td>Giving every child the best start in life</td> <td></td> <td>Ensuring healthy local places</td> <td>X</td> </tr> <tr> <td>Improving mental health and preventing mental ill-health</td> <td>X</td> <td>Supporting greater financial wellbeing</td> <td>X</td> </tr> </table>			Giving every child the best start in life		Ensuring healthy local places	X	Improving mental health and preventing mental ill-health	X	Supporting greater financial wellbeing	X
Giving every child the best start in life		Ensuring healthy local places	X								
Improving mental health and preventing mental ill-health	X	Supporting greater financial wellbeing	X								

	Preventing, and improving outcomes for people with long-term health and care needs	x	Joining up local health and care services around residents and families' needs	x
	Increasing social connection	x	Taking effective action to address racism and other discrimination	x
	Supporting the health and care workforce			
Impact on local people, health inequalities and sustainability	The pathway is focused on improving outcomes for local people with moderate frailty including those with compounding socio economic factors. There is an EIA in place that will be reviewed during December 2023.			
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The funding has already been allocated.			
Risks	Without approval the pathway will not have the supporting neighbourhoods' assets development that has now been coproduced with a wide range of partners and residents. This would seriously impact the Neighbourhoods partners work in focussing attention and resources on working more preventatively and towards non-medical health and care service development.			





Neighbourhoods

City & Hackney Living Better Together

City and Hackney Health and Care Board: Proposals for 23-24 uncommitted Budget for Anticipatory/Proactive¹ Care pathway October 2023

Paper by: Sadie King (Neighbourhoods Programme Lead)

Summary of the ask- This paper requests approval of the detailed spending plans for previously allocated Ageing Well budget (allocation ICPB Nov 2021 and further details CHHCB September 2022) .

This paper details the remaining budget of £150,000 for the Anticipatory/Proactive Care Service for 23-24 that could not be described in June 2022 prior to the roll out of the new service.

September 2022, after extensive engagement, co-production and piloting, a funding proposal for use of the new Proactive Care (was Anticipatory Care) element of the Ageing Well Community System Development Fund was approved by the City and Hackney Health and Care Board. This included funding for a range of system partners, including the voluntary sector with some spanning both 22/23 and 23/24 with others just for one year. This gave the opportunity and some flexibility for spending in 23/24 after the service had been fully operationalised. The Anticipatory/Proactive care service launched with a full team in April 2023.

The team were successfully recruited through a Neighbourhoods OD pilot 'Inclusive recruitment' and early monitoring is showing promising practice with several case studies already collated showing success outcomes on residents particularly in supporting wider/social determinants of health that they had identified as compounding factors that were quality of life limiting.² In addition the Neighbourhoods evaluation partners Renaisi³ have been commissioned to undertake a Cost Benefit Analysis of the new pathway.

The Neighbourhoods Central Team under the guidance of the Anticipatory/Proactive Care Oversight group worked with the Neighbourhood Forums and key systems partners in Adult Social Care, Community Therapies, and the

¹ The Anticipatory Care model was renamed Proactive Care nationally. Locally this brings confusion with other services named Proactive Care. Currently our Resident Coproduction Group is branding the service and a new name will be launched. To avoid confusion with other services we will use the name Anticipatory/Proactive Care in this paper.

² See Appendix 1 Case study from Q 2 2023.

³ [Renaisi - Creates Conditions for Strong, Inclusive Communities to Thrive](#)

Voluntary Sector to identify gaps and opportunities to support people to age well. The development of an anti-racist frailty awareness training package (to support services and volunteers to develop confidence in working with the particular understandings of frailty we have in City and Hackney, both cultural and socio-economic) and personal mini budgets were chosen as part of this shared decision making. As the Anticipatory Care/Proactive Care service continues to embed in C&H, we are now able to fully articulate the remaining in year funding proposals of £150,000. This is outlined below and has been formed following conversations and discussions with colleagues in the Anticipatory/Proactive Care Oversight Group, the Operational Lead of the Proactive Care service Homerton Healthcare, these plans have been refined and approved in recent presentations at the City and Hackney Place Based Delivery Group, the City and Hackney Neighbourhood Health and Care Board and targeted colleagues across the system with expertise in Personal budgets (particularly Learning Disability and Mental Health).

Rationale and costs against each funding request.												
<p>Mini Budgets: In 2022 we proposed mini budgets as an evidence based option for a wider supporting pathway for the Neighbourhoods devolved budget. Personal Budgets are a key method of delivering personalised care and this is becoming embedded in the way City and Hackney Integrated Care Place Based is being delivered. Various forms of budgets are administered in City and Hackney in Adult Social Care, Mental Health and Learning Disability Services. We have taken a model of ‘mini budgets’ that has been piloted in the LD service and added learning from a programme in Gateshead that stressed the importance of iterative learning and treating the causes not the symptoms People-at-the-heart-Report.pdf (fulfillinglives-ng.org.uk).</p> <p>The Central Neighbourhoods Teams has been exploring options on delivering personal budgets, are in ongoing conversations with key stakeholders, and are working with personalised care leads to collectively review how personal budgets can be effectively administered across the system. Currently there is no central shared mechanism operating in City and Hackney that can support both the administration and payment of personal budgets.</p> <p>In order to proceed with the pilot of the Proactive care PB element we will engage the services of an experienced partner. The Advocacy Project will support the Proactive Care team in processing, checking, facilitating payment and reviewing personal budgets, as well as providing training to the team around the delivery of personal budgets. The Advocacy Project provides the same service to ELFT’s personal health budget model for mental health recovery.</p>												
Administration of Mini Budgets 2 Neighbourhoods	<table border="1"> <tr> <td>Staff salaries</td> <td style="text-align: right;">£62,463</td> </tr> <tr> <td>Management time</td> <td style="text-align: right;">£23,795</td> </tr> <tr> <td>Direct project costs</td> <td style="text-align: right;">£14,871</td> </tr> <tr> <td>Organisation costs</td> <td style="text-align: right;">£14,871</td> </tr> <tr> <td>200 PFS card accounts</td> <td style="text-align: right;">£ 2,000</td> </tr> </table>	Staff salaries	£62,463	Management time	£23,795	Direct project costs	£14,871	Organisation costs	£14,871	200 PFS card accounts	£ 2,000	£118,000
Staff salaries	£62,463											
Management time	£23,795											
Direct project costs	£14,871											
Organisation costs	£14,871											
200 PFS card accounts	£ 2,000											
<p>Professional Development Care Coordinators: Neighbourhood Care coordinators have been recruited through a new inclusive recruitment pilot. Due to the nature of a new service and wide range of expectations</p>												

<p>placed on these Band 4 roles it is challenging for them to deliver all aspects of the role effectively. Targeted individual and group training has been identified as a service need. Supporting training and development needs will aid retention of staff, enhancing service provision and enabling delivery of an evidence-based inclusive service. The service is requesting individual professional development training to address development needs of £10,000 in total, A group training (Motivational interviewing is an evidence based psychological intervention which supports health behaviour change. It is a proven, cost-efficient treatment and widely used in primary care and older peoples' services.) £5000 and funding for an away day to reflect on the service £1000.</p>		
Professional Development and team awayday	£10,000 individual for care coordinators £5000 group training £1000 away day	£10,000
<p>Clinical Effectiveness Group Support: In order to record and report on service information a detailed spreadsheet is being manually completed for each neighbourhood by CC's, overseen by clinical leads. This reporting requires time intensive entry, and inefficient collation of information from different sources. Adjusting the template and building an automated reporting mechanism requires external support from the Clinical Effectiveness Group. This will help the service to measure access, experience and outcomes for residents, inform service improvement projects and allow the team to evidence impact to system partners supporting the long-term sustainability of service provision.</p>		
CEG support		£5000
<p>New Service Communications: As a new service in a diverse borough, and following on from the changes to name, a one-off cost to support service awareness, and adapt will be used to allow service to produce information leaflets, online resources, and posters. As a diverse borough, and considering challenges of reaching different community groups, this budget will also be used to ensure resources are available in different languages, online and offline formats and in easy read versions. This will be combined with support from a social change organisation with NHS experience in delivering bespoke social marketing and health literacy projects.</p> <p>We propose to spend this budget on a combination of translation, graphic design and a targeted marketing campaign supported by an experienced agency. The new name of the service is currently being codesigned by our Resident Group. This funding will support a public launch.</p>		
Communications		£17000
Total		£150000

Appendix 1 Case Study from Anticipatory/Proactive Care



Case Study

Mr K, 67 – Michelle

67 years old Caribbean Man
 CFS: 4 LTCs: Small vessel disease, OA, T2DM, Left ventricular systolic dysfunction, Cervical spondylosis, HTN

Type of contact: Invited to pathway via letter, followed up with a telephone call to book initial appointment
 Time from letter to initial appointment: 3 weeks (4 days between follow up call and initial appointment)
 Contact: 1 initial and 4 follow up sessions

Summary of support:
 The resident identified several outcomes they wanted to work towards; Resolving a long standing issue of damp in his home, improving his financial situation as he was struggling with the cost of living on a small pension and improving his physical health by losing weight.

The care coordinator supported the resident to identify the appropriate department to contact regarding the damp and helped the resident plan a timeline for contacting them and escalating his concerns. The care coordinator supported the resident to complete a self-assessment benefits calculator and when it was identified he was eligible for additional benefits linked the resident with the Hackney Money hub for support making a claim.

Using their knowledge of the PCN and GP practice the Care Coordinator helped the resident sign up to a weekly weight loss group run at the practice.
 The resident was very pleased to find he was eligible for more benefits and appreciated the opportunity to plan an approach to working towards his outcomes with the Care Coordinator.



Action taken on wider determinants of Health
 Reducing poverty,
 Improving Housing,
 Avoiding Isolation

Support with physical /mental wellbeing

Integration with Hackney Social Services, GP practice initiatives

Reflects Guidelines:
 DES Personalised Care
 Aging Well Strategy
 NHS LT Plan



City and Hackney Health and Care Board

11.10.23

Title of report	VCS Enabler Programme Sustainability Plan
Author	Jessica Lubin, Director of Health Transformation, Peter Bampton, Programme Manager, HCVS
Presented by	Jessica Lubin, Director of Health Transformation, Peter Bampton, Programme Manager, HCVS
Executive summary	<p>This paper presents the VCS Enabler 2.0 model which has been recommended by the Neighbourhood Health and Care Board. We are seeking final approval from the City and Hackney Health and Care Board for final approval.</p> <p><u>Neighbourhoods Health and Care Board has recommended delivering Model B at an annual cost of £266k for just over 1.5 years (24/25 & 7 months of 25/26). Total - £436k.</u></p> <p>We recommend £436k is funded from the VCS infrastructure allocation of £750k the remaining of which (£314k) is being spent delivering the VCS Enabler during financial year 2023/24. Spending recommended is available non-recurrent funding.</p> <p>Future funding will be sourced during this time period from alternative/external funding with support from system partners.</p> <p>This recommended model, has considered views and needs of health and care partners, risk to health outcomes of low investment and the financial position of the health and care system.</p>
Action required	For Approval
Previous reporting / discussion	<p>Health inequalities steering group (July 2023)</p> <p>Neighbourhoods Health and Care Board (July, September 2023)</p> <p>City and Hackney Health and Care Board (May, July, 2023)</p> <p>VCS Leadership Group (May, July, September 2023)</p>
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	<table border="1"> <tr> <td>Giving every child the best start in life</td> <td>✓</td> <td>Ensuring healthy local places</td> <td>✓</td> </tr> <tr> <td>Improving mental health and preventing mental ill-health</td> <td>✓</td> <td>Supporting greater financial wellbeing</td> <td>✓</td> </tr> <tr> <td>Preventing, and improving outcomes for people with long-term health and care needs</td> <td>✓</td> <td>Joining up local health and care services around residents and families' needs</td> <td>✓</td> </tr> <tr> <td>Increasing social connection</td> <td>✓</td> <td>Taking effective action to address racism and other discrimination</td> <td>✓</td> </tr> <tr> <td colspan="3">Supporting the health and care workforce</td> <td>✓</td> </tr> </table>				Giving every child the best start in life	✓	Ensuring healthy local places	✓	Improving mental health and preventing mental ill-health	✓	Supporting greater financial wellbeing	✓	Preventing, and improving outcomes for people with long-term health and care needs	✓	Joining up local health and care services around residents and families' needs	✓	Increasing social connection	✓	Taking effective action to address racism and other discrimination	✓	Supporting the health and care workforce			✓
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Increasing social connection	✓	Taking effective action to address racism and other discrimination	✓																					
Supporting the health and care workforce			✓																					
Impact on local people, health inequalities and sustainability	<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>																							
Impact on finance, performance and quality	<p>The attached paper includes the costing of Model B which is recommended by Neighbourhoods Health and Care Board.</p> <p>Model B is recommended to be delivered at an annual cost of £266k for just over 1.5 years (24/25 & seven months of 25/26). Total - £436k.</p> <p>We recommend £436k is funded from the VCS infrastructure allocation of £750k, the remaining of which (£314k) is being spent delivering the VCS Enabler during financial year 2023/24. This is within available non-recurrent funding.</p>																							



North East London

	<p>Future funding will be sourced during this time period from alternative/external funding with support from system partners.</p> <p>System partners preferred Model A at cost £369k for the financial year commencing April 2024 due to increased opportunity for impact. However due to financial pressures, this is not feasible currently. The three models in the sustainability plan proposed to NHCB included varying levels of delivery as a result of the proportionate investment. The recommended model has fewer strategic delivery groups and opportunities to workshop solutions and bring together the sector in equitable spaces, and therefore has less opportunity to create impact, improving health outcomes for City and Hackney residents than Model A.</p>
<p>Risks</p>	<p>The proposed model carries risks based on services not delivered. Delivering Model B, rather than Model A, means that the following services will be cut:</p> <ul style="list-style-type: none"> • Removal of community strategy delivery groups (refugees and migrants, LGBTQIA+) • Reduced capacity for outreach and engagement • Removal of coffee mornings • Reduction in our workforce – which in reality means reduction of leadership and senior input, and a coordinator for model B, and more for model C this is much more significant with loss of the Programme Manager, senior leadership halving Jessica’s capacity and further reductions to coordinator capacity. <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>



VCS Enabler Programme Sustainability Plan

October 2023

Jessica Lubin, Director of Health Transformation, Peter Bampton, VCS Enabler Programme Manager



Executive Summary

The VCS Enabler programme was developed to support the VCS and statutory partners to work together to address health inequalities in City & Hackney. The programme launched in 2021, further assisting organisations to navigate the City & Hackney place-based system through infrastructure support. It is 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 place-based level, as well as at NEL ICS level.**

Following an independent evaluation (Feb-May) and the development of a sustainability plan (May-Aug) engaging widely across the system partners, we've developed **three models which focus on opportunities for the VCS to be strategically aligned to system priorities and communication across partners.** Each model illustrates how health and care partners can partner with the VCS to solve statutory issues, access grassroots community voices, and build local VCS leadership and decision-making capacity at various levels of the system (strategic/decision-making, operational/delivery), to improve service design and delivery, and improve health outcomes. They are agile to be responsive to emerging needs and can be adapted to changing strategic system priorities.

Recommendation

System partners prefer Model A at cost £369k due to increased opportunity for impact. However, taking financial pressures, into consideration we are recommending delivering Model B at an annual cost of £266k for 1.5 years (24/25 & half of 25/26). Total - £436k.

We recommend £436k is funded from the VCS infrastructure allocation of £750k, the remaining of which (£314k) is being spent delivering the VCS Enabler during financial year 2023/24. Future funding will be sourced during this time period from alternative/external funding with support from system partners.

Future funding will be sourced during this time period from alternative/external funding with support from system partners.

This recommended model, has considered views and needs of health and care partners, risk to health outcomes of low investment and the financial position of the health and care system.

Strategic Background

Maximising the full value of the VCS sector in improving health and wellbeing, 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 NHS Long term plan, Core 20 Plus 5).

The London-based strategic framework to tackling ethnic health inequalities through an anti-racist approach is a shared ambition and approach. The NHS, Office for Health Improvement and Disparities, GLA, UKSA have set out a case for change and 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 VCS Enabler 2.0 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.

Aspirations

Our vision

- Improved health and care outcomes across City and Hackney as resident's have equitable access to health and care services.
- City and Hackney VCS is empowered and respected as equitable strategic and decision-making partners in the local health and care system.
- Increased engagement and involvement of VCS and the wider community in safe spaces where they have agency to make positive change.
- VCS Leadership Group supported to achieve its strategy goals.



Evaluation conducted and found key successes

- Over 231 VCS organisations participated over 2 years of all sizes. Partners from 29 statutory sector organisations, and 20 other organisations such as housing associations and local businesses. Over 2000 individual attendances.
- Creation of safe spaces to hear community and grassroots voices.
- Support, coaching and development of grassroots leaders to be able to participate in health and care system conversations including support delivering presentations and understanding system matters across the City and Hackney health and care system.
- Development of partnerships around health inequality issues such as reducing school exclusions and accessible information and no recourse to public funds, which are collaborations statutory organisations and VCS, and introduced/connected many current and future partners across place.
- We have also co-produced anti-racist commissioning principles with VCS and statutory partners which have continued to develop beyond the evaluation, this work was written up as a case study in a London wide NHS, GLA and UK Health Security Agency report, and has also influenced work within ELFT and other stakeholders across NEL.
- Facilitating VCS led health inequalities funding to test principles evaluated and contribute to system learning.
- Marie Gabriel, Chair of NEL ICS, is interested in embedding anti-racist commissioning principles across NEL.

Learnings and improvements to embed in 2.0

- Much of the work are processes, such as relationship building, and difficult to capture or translate as outcomes, particularly in the relative short term (outcomes are longer-term)
- It's clear we need to consider the programme's concept and name unclear with a new communications strategy
 - Communications ensuring partners are aware what's going on and how the outcomes support system wide delivery
- Ensure learnings and insights are centrally held for system partners to access (in development)
- Need to see the diversity of perspectives through an intersectional lens (prioritised in the proposed model)
- Adapt model to ensure City is prioritised through partnering with local City organisations and running events in the City (incorporated into model)
- Ensure there is space for intersectional discussion and solution development (embedded into Health and Social Care Forum and strategic delivery groups)
- Develop clarity around how the model links to activity to improve service delivery and impact (added to the Theory of Change)
- Seek external funding to support system investment using evidence gathered over 2.5 years of model delivery

Engagement process and summary

- Evaluation gathered input and sustainability planning with Civil Society Consulting built more data
 - Three proposed models were built up from the data.
 - Models were further developed with partners, understanding what big issues the VCS Enabler can support with and understand how we can bring partners together to create solutions to impact service delivery.
 - Final proposal made to Neighbourhood Health and Care Board in September with recommending model B.
- Over 50 individuals contributed to evaluation
 - 21 stakeholders in sustainability planning workshops

Plus models co-developed with:

- Health inequalities steering group (July 2023)
- Neighbourhoods Health and Care Board (July, September 2023)
- City and Hackney Health and Care Board (May, June, July, 2023)
- Basirat Sadiq, Deputy CEO Homerton University Hospitals
- Nina Griffith, Director of Delivery CH Place Based System
- Jonathan McShane, City and Hackney System Convener,
- City and Hackney Workstream leads – Mental Health, Unplanned Care, Primary Care,
- VCS Leadership Group and individual meetings with members (May - August 2023) including:
 - Volunteer Centre Hackney, CEO
 - Hackney Healthwatch, CEO
- Stephanie Coughlin, Clinical Lead, CH
- Helen Woodland, Group Director of Adults, Health and Integration LBH
- City of London Corporation – Simon Cribbens and Ellie Ward
- Public Health including Dr Sandra Husbands

Purpose of VCS Enabler 2.0

1. Enables place-based service development and delivery of **community-led initiatives that reduce health inequalities** for the furthest away from mainstream services. Alleviates the pressure on statutory services, through delivery of holistic and preventative social models of care that increase the range and accessibility of services for local residents.

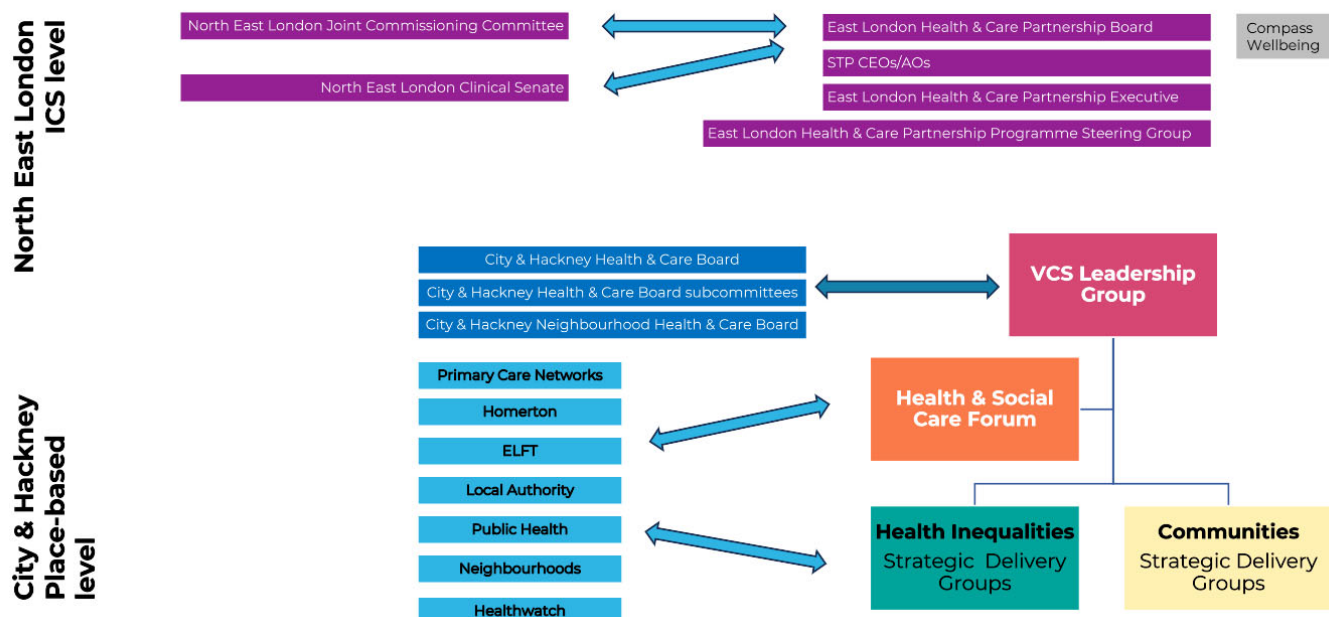
2. Facilitates the VCS to participate **equitably in decision-making** by providing opportunities to build cross-sector relationships, based on trust and respect, that lead to increased confidence and an empowered VCS, resulting in improved health outcomes for local communities. Delivered by supporting the VCS with coaching, resources, training, and by platforming community-led initiatives.

3. Supports VCS and statutory partners to understand each other, what is being delivered, and where via the development of a mapping tool. Gives the potential for **mapping place-based and neighbourhood** level provision, supporting system organisations to collaborate with person-centred and specialist services.

Model notes

- Model B has compromised features due to funding restrictions in the system, therefore we have removed some features co-developed with partners and downscaling other functions including, removal of community strategy delivery groups (refugee and migrants, LGBTQIA+), reduced capacity for outreach and engagement, removal of coffee mornings.
- We can be flexible on which the specific groups are and agile and responsive to emerging needs here and in other aspects of the systems
- Grassroots/VCS leaders will be identified from within these groups, coached and supported to be part of the VCS Leadership Group and system wide meetings as VCS representatives e.g. Health and Wellbeing Board, MATCH Task and Finish Group . The model builds in coproduction and a focus on VCS input into policy and system decisions
- Mapping support was a clear need in understanding what services and support is available across City & Hackney. We also recognised that this was a costly and labour intensive ask, so we have identified how we can support partners to upload and maintain the Hackney Council Find Support Services tool.

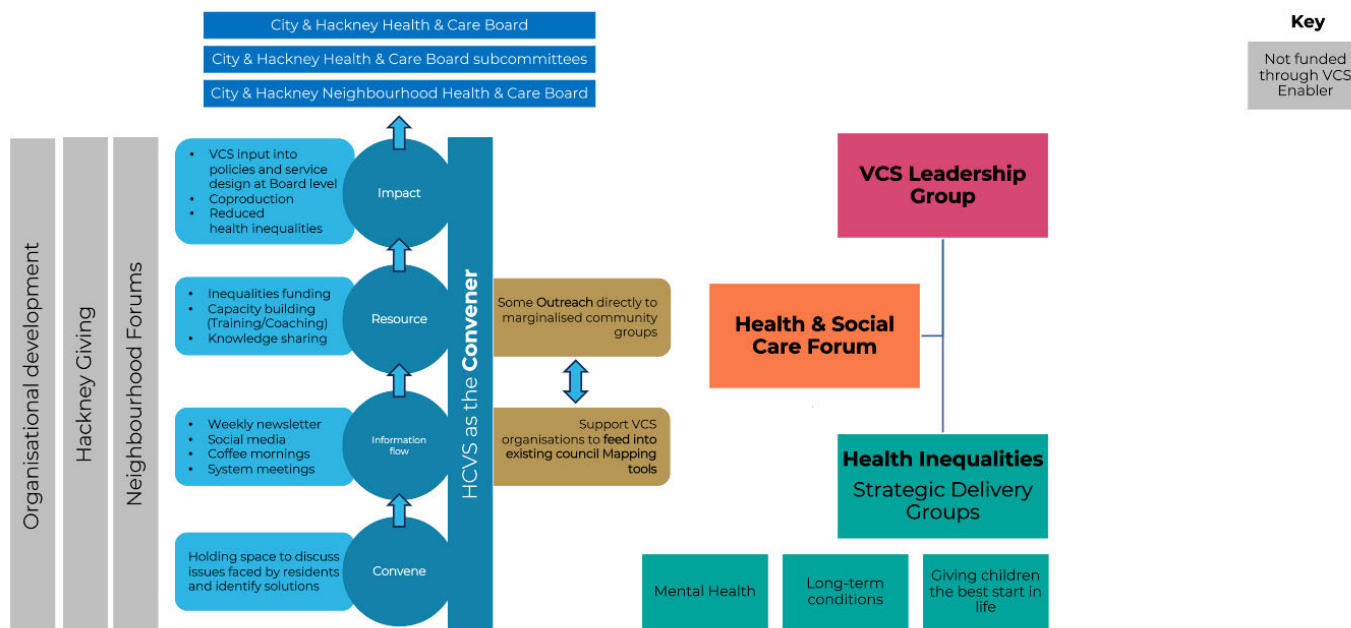
How does VCS Enabler plug into NEL structures?



Overview of functions covered for each model

	A	B	C
VCS Leadership Group as an influencing and strategic body, chairing strategic VCS meetings, and representation on strategic place-based decision-making boards	✓	✓	✓
Quarterly Health & Social Care Forum discussing issues faced by residents from an intersectional lens. Allows consultation and workshopping to work towards strategic priorities	✓	✓	✓
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 outreach work to ensure as many organisations as possible are included.	✓	✓	✓
Inequalities funding support towards VCS service delivery	✓	✓	✓
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 improved engagement across the system.	✓	✓	
Health inequalities strategic delivery groups serve as a delivery group for VCS/Stat partners to coproduce responses to City and Hackney strategic priority areas. Delivery mechanisms to be determined as part of the process and could link to existing structures e.g., Hackney Giving / Neighbourhoods / Community Champions etc.	✓	✓	
Capacity building support to VCS partners to participate actively. Knowledge sharing.	✓	✓	
Communities strategic delivery groups. Provides a forum for statutory and VCS partners to conduct deep dives into local issues based on communities with poorer health outcomes, across all eight Neighbourhoods, building insights to inform CHHCB board-level development sessions.	✓		
Coffee mornings	✓		

What does model B of VCS Enabler 2.0 look like?



Costings breakdown

	A	B	C
VCS Leadership Group representation at board level, chairing strategic groups and capacity-building	£42,105.88	£42,105.88	£42,105.88
Quarterly Health & Social Care Forum	£21,899.80	£21,899.80	£32,849.70*
Communications – website, blog, newsletters, social media	£21,465.08	£21,465.08	£21,465.08
Mapping tool development and maintenance	£24,810.24	£16,374.76	£8,848.82
Inequalities funding support towards VCS service delivery	£25,121.20	£25,121.20	£25,121.20
Outreach and engagement	£24,810.24	£12,405.12	
Health inequalities strategic delivery groups	£53,808.16	£53,808.16	
Capacity building support to VCS partners to participate actively	£33,726.68	£33,726.68	
Communities strategic delivery groups	£53,808.16		
Coffee mornings	£5,776.68		
Additional infrastructure costs (IT, training)	£24,525.88	£13,827.32	£13,827.32
Management fee	£36,873	£24,848	£16,024
Total funding request	£368,731	£265,582	£160,242

NB: The Health & Social Care Forum in model C will require more investment due to it being the only platform for collaboration between statutory and VCS partners in this model. This includes outreach and networking.

How can we make VCS Enabler 2.0 a success?

To ensure VCS Enabler 2.0 is a success, commitment, beyond financial investment, is required from partners:

- 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.
- Support afforded to the VCS Enabler to meet the funding shortfall.
- 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.

City and Hackney Health and Care Board

11 October 2023

Title of report	City & Hackney, Month 5 2023-24 Financial Reporting
Author	Finance Leads
Presented by	Sunil Thakker, Director of Finance
Executive summary	<p>Key Items</p> <ul style="list-style-type: none"> ▪ The month 5 year-to-date ICS position is an adverse variance to plan of £74m. ▪ In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end. ▪ The year-to-date position suggests there is a risk of a year-end deficit. This has resulted in a formal Financial Recovery Plan (FRP).
Action required	Note.
Previous reporting / discussion	Finance, Performance and Investment Committee July 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 high level of risk associated with delivery of the financial plan that will continue to be reported against throughout the financial year.



North East London

City & Hackney Health and Care Board Month 5 2023-24 Financial Reporting

Meeting name: Health and Care Board

Presenter: Sunil Thakker

Date: 11 October 2023

Executive Summary / Summary of Key Issues:	Purpose of Paper / Ask of the Board:
<ul style="list-style-type: none"> ▪ The finance report provides the board with an update on the month 5 and forecast position of both ICS and ICB. ▪ The month 5 year-to-date ICS position is an adverse variance to plan of £74m. Year-to-date pressures are driven by the impact of inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures. ▪ In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end. ▪ The year-to-date position suggests there is a risk of a year-end deficit. This has resulted in a formal Financial Recovery Plan (FRP). ▪ The report updates on the latest position on borough specific funds, which includes the following: <ul style="list-style-type: none"> ▪ Better Care Fund (BCF) ▪ S256 / 75 Funding ▪ Transformation and SDF Funding 	<p>Note the content of the report.</p>
Engagement:	Specific Risks:
	<p>There is a significant level of risk associated with the delivery of the financial plan as outlined in the paper.</p>

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Executive Summary - Finance

Month 5 ICS Position - YTD £74m deficit variance against plan.

The ICS has reported a year to date deficit at month 5 of £79.2m. This gives an adverse variance to plan of £74m.

The main drivers are inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures.

Month 5 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(5.2)	0.0
Actual	£m	(79.2)	0.0
Variance			
Surplus / (Deficit)	£m	(74.0)	0.0

Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £184m. Main drivers – inflation, efficiency risk, run rate risks and income risks to providers.

The net risk is £54.9m. This assumes £129.1m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(184.0)	(184.0)
Operational improvements and recurrent mitigations	£m	0.0	70.3
Non Recurrent mitigations	£m	0.0	58.8
Total	£m	(184.0)	(54.9)

NEL ICB – YTD deficit variance of £16m against plan.

The ICB planned year-to-date surplus of £6.4m. The year-to-date reported position is a deficit of £9.6m which gives an adverse variance to plan of £16m, which is in line with the recently developed financial recovery plan (FRP).

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

Month 5 I&E NEL ICB

		YTD	Forecast
Target	£m	6.4	15.4
Actual	£m	(9.6)	15.4
Variance			
Surplus / (Deficit)	£m	(16.0)	0.0

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £98.1m. Actual delivery of £65.1m, resulting in under delivery of £33.1m.

The ICB reports an over delivery of efficiencies at year-end with providers reporting under delivery. The net position is an under delivery of £5.4m.

		YTD	Forecast
Target	£m	98.1	277.8
Actual	£m	65.1	272.4
Variance	£m	(33.1)	(5.4)

NEL ICS - Financial Summary Month 5

Surplus / (Deficit) - Adjusted Financial Position						
	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
North East London ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0
Providers	(11.6)	(69.7)	(58.0)	(15.3)	(15.3)	0.0
ICS Total	(5.2)	(79.2)	(74.0)	0.0	0.0	0.0

Month 5 Summary Position

- The year-to-date ICS position against the plan is a **deficit of £74m**. This is made up of a provider deficit of £58m and ICB deficit of £16m.
- In line with the operating plan and the national reporting protocol the forecast position at month 5 is **reported as a breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- However, as reported in previous month the year-to-date position suggests there is a **risk of a year-end deficit**. This has resulted in a formal Financial Recovery Plan (FRP).
- The FRP has been developed and signed off by the ICB, Trust CEO's and CFO's and shared with regulators at the beginning of August. The FRP assesses the impact of cost improvement schemes (CIPs) and other corrective actions. This leaves a **potential system gap at year-end of £54.9m**. Regulators have requested that further work is done to bring the position back in line with the plan (breakeven position at year-end).

NEL Financial Summary Month 5 - Health

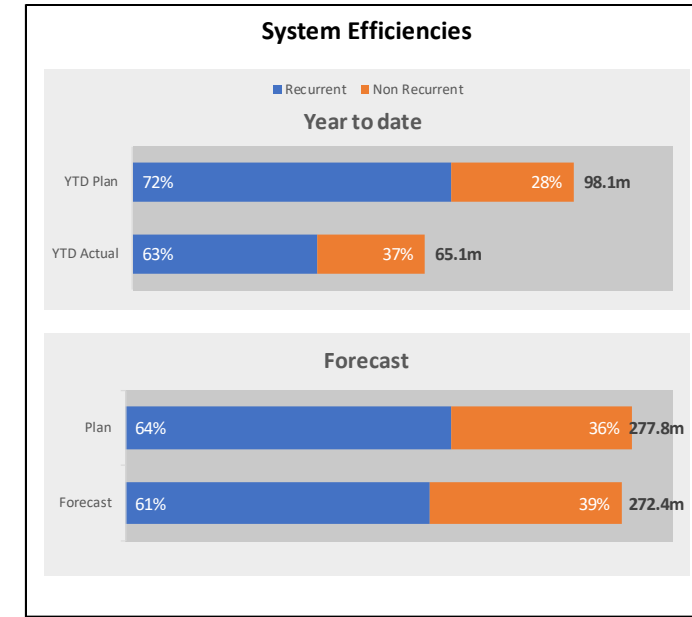
Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(2.9)	(19.5)	(16.6)	(0.2)	(0.2)	0.0
Barts Health	(11.6)	(42.5)	(30.9)	(27.8)	(27.8)	0.0
East London NHSFT	0.6	(2.4)	(3.0)	5.4	5.4	0.0
Homerton	(0.1)	(7.5)	(7.4)	0.2	0.2	0.0
NELFT	2.4	2.2	(0.2)	7.0	7.0	0.0
Total NEL Providers	(11.6)	(69.7)	(58.0)	(15.3)	(15.3)	0.0
NEL ICB	6.4	(9.6)	(16.0)	15.4	15.4	0.0
NEL System Total	(5.2)	(79.2)	(74.0)	0.0	0.0	0.0

Month 5 Summary Position

- One of the main drivers of the ICS position is a year-to-date under delivery against the efficiency target. The total year-to-date position on efficiencies is an under delivery of £33.1m. This position is expected to improve at year-end as the result of the FRP stretch measures.
- ICB efficiency slippage accounts for £11.8m of its reported overspend. The balance is made up of ongoing run rate pressures in prescribing, mental health and community health services activity based contracts (such as adult placements, equipment and discharge to assess schemes).
- Provider efficiency slippage accounts for £21.3m of its reported overspend. System providers are also reporting pressures in relation to inflation, industrial action and staffing (including pay awards and agency usage).
- In terms of agency usage system providers are exceeding the agency cap set by NHSE for 23/24. The annual agency cap is set at £140.6m. Month 5 year-to-date spend on agency is £82m (58% of the cap). The extrapolated run rate suggests that provider outturn spend on agency could be in the region of £197m. However, providers are expecting to put corrective measures in place and have reported forecast agency spend of circa £157m (£16m above the cap).

System Efficiencies – Month 5 and Forecast

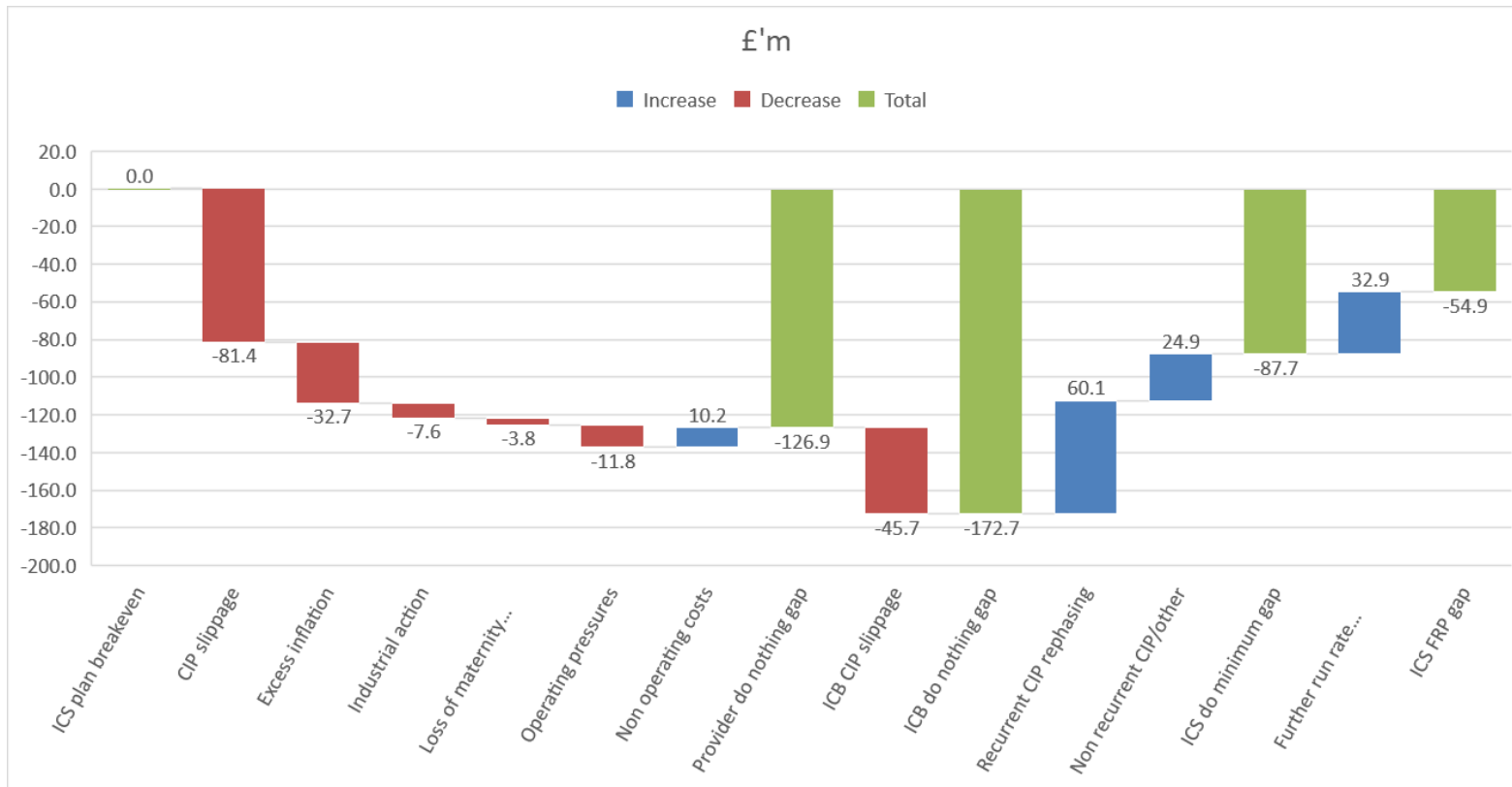
- The total year-to-date planned efficiency target for the NEL system is £98.1m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £65.1m, resulting in under delivery against the target of £33.1m.
- Delivery of efficiencies is a major risk to the system and there was a slow start to the delivery of efficiency schemes. The FRP has detailed a stretch to existing schemes which will improve the delivery run rate. It is, therefore, expected that there will be improvements in the identification and delivery of efficiencies over the remaining months of the financial year. This will lead to an improved position against the efficiency target by year-end.
- As a result of the FRP and system work, the ICB is forecasting an over delivery against the efficiency target of £11.8m, with providers expecting under delivery of £17.2m. The total year-end position is a forecast under delivery of £5.4m.
- 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.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Efficiency	75.9	54.6	(21.3)	195.2	178.0	(17.2)
NEL ICB	22.2	10.4	(11.8)	82.6	94.4	11.8
Total System Efficiency	98.1	65.1	(33.1)	277.8	272.4	(5.4)

ICS - FRP, Risks and Mitigations

- The run rate of year-to-date ICS spend gives a straight line extrapolation of £172 (based on month 3). The FRP details delivery and control commitments that would potentially bring the ICS deficit position to £55m (this is the month 5 risk position reported to regulators). The bridge between the operating plan, straight line extrapolation and potential deficit is shown in the bridge below:



ICS – Month 5 FRP Trajectory

Organisation	Year to date	FRP		Industrial Action (IA) Impact	
	M1-5 Actuals £m	FRP Expected M1-5 £m	Variance from FRP £m	Adjusted Actuals (IA) £m	Adjusted Variance from FRP £m
BHRUT	(19.5)	(15.5)	(4.0)	(16.0)	(0.5)
Barts Health	(42.5)	(36.8)	(5.6)	(36.3)	0.5
East London NHSFT	(2.4)	(1.8)	(0.7)	(2.3)	(0.6)
Homerton	(7.5)	(5.4)	(2.1)	(6.7)	(1.3)
NELFT	2.2	2.4	(0.2)	2.5	0.1
Total NEL Providers	(69.7)	(57.1)	(12.6)	(58.8)	(1.8)
NEL ICB	(9.6)	(9.4)	(0.1)	(9.6)	(0.1)
NEL System Total	(79.2)	(66.5)	(12.7)	(68.4)	(1.9)

- The FRP trajectory requires an improvement on the monthly run rate position, with an expectation of an in-month breakeven position from month 7.
- In month 5 the system financial performance was £12.7m off the FRP trajectory. However, industrial action has impacted on the overall financial position. Taking into account the impact of industrial action the variance from FRP trajectory was less than £2m.

ICS – Risks and Mitigations

- The table below shows the financial risks reported to NHSE at month 5. As detailed in the previous slide the potential after mitigations is in line with the FRP and shows £54.9m outstanding risk.

Organisation / System wide	Description of risk	Risk Level	Potential Impact before mitigations £m	Potential Impact after mitigations £m
System wide	Efficiency delivery	High	(128.1)	(128.1)
System wide	Excess inflation	High	(32.7)	(32.7)
System wide	Industrial Action	High	(7.6)	(7.6)
System wide	Lost maternity CNST	High	(3.8)	(3.8)
System wide	Operational pressures	High	(11.8)	(11.8)
System wide	Operational improvements	Medium	0.0	10.2
System wide	Delivery of efficiencies - recurrent	Medium	0.0	60.1
System wide	Delivery of efficiencies - non recurrent	Medium	0.0	24.9
System wide	Run rate improvements	Medium	0.0	33.9
Total Risk			(184.0)	(54.9)

- The total unmitigated risk across the system is £184m. The main risks flagged by providers and the ICB are in relation to efficiency delivery, excess inflation and operational pressures. Additionally, the providers have flagged industrial action and lost maternity CNST income.
- The FRP has identified a series of potential mitigations, totalling £129.1m. These are in relation to operational and run rate improvements and further delivery of recurrent and non-recurrent efficiency schemes. The FRP has been shared with regulators, who have requested that the system continue to develop further mitigating actions to clear the outstanding risk and deliver the operating plan breakeven position at year-end.
- There is a high level of risk associated with the financial position of the ICS. This has been added to the risk register with a risk rating of 25 for both the ICB and ICS. This means that the risk of non-delivery remains very high.

City & Hackney Place Information - Contents

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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 was 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	10,746	10,746	0	25,790	0
2	Improved Better Care Fund (iBCF) - LA	16,637	6,932	6,932	0	16,637	0
3	Disabled Facilitates Grant (DFG) - LA	1,731	721	721	0	1,731	0
4	Discharge Funding – LA contribution	2,332	972	972	0	2,332	0
5	Discharge Funding – NHS contribution	1,103	460	460	0	1,103	0
	Total	47,593	19,830	19,830	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	372	372	0	893	0
2	Improved Better Care Fund (iBCF) - LA	324	135	135	0	324	0
3	Disabled Facilitates Grant (DFG) - LA	37	15	15	0	37	0
4	Discharge Funding – LA contribution	45	19	19	0	45	0
5	Discharge Funding – NHS contribution	4	2	2	0	4	0
	Total	1,303	543	543	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.
- At the September's Neighbourhoods Health and Care Board, £65k from the Local Place Investment monies was agreed to support the Women's Health Hub service.

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	1,487	0
6	Enablers	VCS	540	540	0
7	Enablers	Population Health	1,037	1,037	0
	Sub Total		5,724	5,724	0
8	Sec.256	Local Place Investment	4,400	4,239*	161
	Sub Total		4,400	4,239	161
9	Sec.75	Learning Disabilities	757	757	0
10	Sec.75	Integrated Discharge Hub	2,000	2,000	0
	Sub Total		2,757	2,757	0
	Total		12,881	12,720	161

* £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 £9,038k 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	1,358	1,358	0	3,260	0
2	Mental Health	22/23 SDF - Cumulative	SWIM	182	76	76	0	182	0
3	Mental Health	22/23 SDF - Cumulative	Non NHS	130	54	54	0	130	0
4	Mental Health	22/23 SDF - Cumulative	HUHT	125	52	52	0	125	0
5	Mental Health	22/23 SDF - Cumulative	Advocacy Project (PTWA)	98	41	41	0	98	0
6	Mental Health	22/23 SDF - Cumulative	PCMHA (GP Confed)	92	38	38	0	92	0
7	Mental Health	22/23 SDF - Cumulative	VCH (PTWA)	90	37	37	0	90	0
8	Mental Health	22/23 SDF - Cumulative	TBC	46	19	19	0	46	0
9	Mental Health	22/23 SDF - Cumulative	Mind	34	14	14	0	34	0
10	Mental Health	22/23 SDF - Cumulative	GP Confederation	10	4	4	0	10	0
11	Mental Health	22/23 SDF - Cumulative	RES Consortium Ltd	8	3	3	0	8	0
12	Mental Health	22/23 SDF - Cumulative	PKB	0	0	0	0	0	0
13	Mental Health	23/24 SDF - Growth	ELFT	1,133	472	472	0	1,133	0
14	Mental Health	23/24 SDF - Growth	Family Action (CAMHS Alliance)	103	43	43	0	103	0
15	Mental Health	23/24 SDF - Growth	Advocacy Project (PTWA)	37	15	15	0	37	0
16	Mental Health	23/24 SDF - Growth	PC Alliance	25	10	10	0	25	0
17	Mental Health	23/24 MHIS - Growth	ELFT	2,604	1,085	1,085	0	2,604	0
18	Mental Health	23/24 MHIS - Growth	Homerton	320	133	133	0	320	0
19	Mental Health	23/24 MHIS - Growth	PTWA	218	91	91	0	218	0
20	Mental Health	23/24 MHIS - Growth	Off-Centre (CAMHS Alliance)	175	73	73	0	175	0
21	Mental Health	23/24 MHIS - Growth	Family Action (CAMHS Alliance)	9	4	4	0	9	0
22	LD&A	23/24 SDF - Growth	ELFT	340	142	142	0	340	0
	Total			9,038	3,766	3,766	0	9,038	0