

## **Next Steps in Partnership Development for City and Hackney**

### **1. Introduction**

There is a long legacy of strong partnership working across health and local authority partners in City and Hackney. This has evolved through maturing relationships and an increasingly aligned approach to population health and health inequalities across partner organisations. A central tenet of this approach has been recognising the opportunity from neighbourhood working to deliver more integrated and preventative care.

Currently, the partnership (known as the City and Hackney Place Based Partnership) comes together through the formal governance of the City and Hackney Health and Care Board.

We have reached a point in our partnership where, in order to further our aims, we will need to re-define how we work together. This is an exciting opportunity to build on existing structures and capitalise on wider national changes to the health system to strengthen our partnership in order to deliver improved outcomes for our population.

The work described in this paper is being overseen by the City and Hackney Partnership Executive, which is a meeting of executive leaders across the place (which reports into the Health and Care Board). We have also convened a smaller sub-set of this group, the City and Hackney Leadership Group, which will act as a time-limited task and finish group to steer the work.

### **2. Context - What we know about the wider system changes**

Whilst the main drivers for the next stages in partnership development should be based around how we can work together to deliver for our population, it is important that we bear in mind the system changes that will have a practical impact on how our partnership functions as well as the opportunity and potential risks arising from these changes:

- The ICB is transitioning to becoming a NEL-wide strategic commissioning organisation; there is no longer any health commissioning function at place. Our health and care board is no longer a sub-committee of the ICB and our partnership will no longer be hosted within the ICB.
- Places are still recognised as critical entities within the system, they will be responsible for delivery, with a strong focus on neighbourhoods. Linked to this, places will need to develop Neighbourhood Health Plans that define their local ambitions.
- Places will need to develop their own strong delivery function to enable and support delivery of these local ambitions. In addition, some functions will be transferred to places from the ICB as part of moving to the new ICB operating model. A small team from the ICB will provide some delivery capacity – though this team will be significantly smaller than the current ICB team supporting City and Hackney.
- There are opportunities to bring increased autonomy of our local health spend into place structures and therefore closer to the local population. This will most likely be through a multi-provider, multi-year capitated contract. We do not know the exact time-frames for this but broadly this could be feasible from 2027/28 financial year.

These were described in the Ten Year Plan and we are expecting further detail to be published imminently.

### **3. Partnership Development Plan**

Partners recognise the scale of opportunity to significantly improve the health of the local population by continuing to work closely together around a joint vision. A multi-provider capitated contract for health services will bring decision making and joint accountability into the place, therefore acting as a significant enabler to improved outcomes for our population. Through the leadership group we are developing an overall partnership development plan that defines how we realise this opportunity over the next 12 months.

The following outlines the areas of work across the plan:

1. Vision and Outcomes: Define a clear vision for the partnership, building on existing integration work and ensuring clarity from the outset.
2. Building trust and relationships: work together and with an external facilitator to understand and progress the relational and cultural aspects of partnership working
3. Governance: Develop a governance structure that enables delivery of our vision. This will need to support devolvement of functions and, in the future, new contracting forms.
4. Partnership Functions: Identify how we will deliver the range of functions required to enable delivery of our vision
5. Resident Representation and Accountability: Develop an approach to ensure that the resident voice will be represented and how the accountability of this will be managed within the partnership.
6. Financial flows: start to test new health financial flows and payment mechanisms in support of new contracting forms

Work has commenced around areas 1-4, this paper gives further detail on this. Alongside this plan, related work is also underway to develop a model of clinical leadership for the partnership – this is being led by our Place Clinical Director with Chief Medical Officers / Clinical leads across the place.

### **4. Vision and outcomes and building trust and relationships**

System partners have agreed to engage external support to help us to define our vision for the partnership, as well as building trust and relationships across partners to enable delivery of this vision. We have identified a partner to support with this work – Christina Cornwall, who works with the Innovation Unit in London. Christina has broad experience in health and social care and the Innovation Unit has a strong focus on community led solutions, social justice and addressing health inequalities.

We have launched this stream of work with the City and Hackney Partnership Executive (a meeting of executive leads across the place), initially focusing on defining a shared story of place.

This stream of work is a critical enabler to effective delivery of governance and partnership functions as described through the rest of this paper.

## **5. Governance and relationship to the Health and Wellbeing Boards**

There is an opportunity to re-define our partnership governance in a way that embeds it completely within City and Hackney, enabling us to define our own ambitions and give all partners a meaningful say. We have agreed the following principles for the design of partnership governance that will inform more detailed development over the coming months. These have been informed by the outputs of the joint Health and Wellbeing Boards held in October and more recent discussions in the leadership group.

### **Principles and approach to governance**

- Build on what works well – we are not starting from scratch
- Be driven by a set of strong partnership values
- Governance to enable our transformation ambitions, which increasingly centre around a broad, partnership approach to neighbourhood working
- Governance to be both nimble and sufficiently robust to drive our partnership ambitions, take on devolved or delegated functions (both from the ICB and partner organisations) and to, in the future, oversee an alliance or multi-provider contract to deliver health services in City and Hackney.
- Reduce duplication and unnecessary bureaucracy, recognise and value people's time
- Give all partners a meaningful say in the partnership. Value the strengths and expertise of the partners round the table (as well as recognising their limitations)
- Ensure a strong resident, community and VCSFE voice in the partnership, and ensure accountability for doing so
- Put in place an MOU (or similar agreement) that defines how partners will work together. This will initially set out how we will deliver the key functions for the partnership and will, in time, form the basis of an alliance for the delivery of health services across City and Hackney.

We are quite clear that we will continue to need a Partnership Board (similar to our current Health and Care Board) to provide overall strategic direction and oversight of the work of the partnership. We want to ensure that this board has real decision-making powers and can receive delegation from statutory organisational boards and from the Health and Wellbeing Boards. Whilst we are still awaiting guidance on the national expectations around Neighbourhood Health Plans, we envision that the HWBBs will delegate responsibilities around these plans to the Partnership Board. As such, we see the HWBBs continuing to hold the strategic role around setting the priorities for population health, with the newly formed Partnership Board having a stronger remit around delivery.

The following provides an outline of how the relationship between the partnership board and the Health and Wellbeing Boards could work - this is not yet agreed but is being presented for feedback and comment from committee members.

- [We expect the HWBBs to be given an expanded remit including responsibility for development and delivery of the Neighbourhood Health Plan].

- The HWBBs would develop the strategic ambitions for population health across the City and Hackney (this is a function that they already hold but may be strengthened / broadened or adapted to fulfil the requirements of the neighbourhood health plan)
- HWBBs would continue to hold a strong democratic mandate through extended resident engagement, being held in public and representation from elected members
- The HWBBs would delegate the development and delivery of the neighbourhood health plan to the partnership board – with a clear expectation that these plans address the population health priorities set by the HWBBs
- The partnership board would report back to the HWBB routinely – and the HWBBs would hold the partnership board to account for delivery of the Neighbourhood Health Plan

## **6. The ICB team**

The ICB has just ended a consultation with its staff on its new structure. Within the final structure is a small team allocated to support delivery in each place. As a partnership, we need to support this team so that they feel like part of our partnership and can deliver meaningful and impactful work at place.

We will work with the ICB through the next steps in their organisational change process to understand how we can best support the City and Hackney team. We will also consider how the team fits can support in delivery of (some of) our partnership functions.

## **7. For the consideration of the Hackney Health and Wellbeing Board**

We welcome reflections from this group around all elements of this paper, but would particularly welcome a focus on the following:

- How can we develop a strong and meaningful link between the Health and Wellbeing Board and the health and care partnership
- How can we ensure that we build in a systematic focus on addressing health inequalities through all of our partnership functions and governance
- How can we bring in the resident voice in a meaningful way
- How do you envision the PHHISP interacting with the Health and care Board going forwards

Nina Griffith, February 2026