Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Monday, 8th April, 2019

7.00 pm

Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Contact:
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Tim Shields
Chief Executive, London Borough of Hackney

Members: **Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	**Apologies for Absence (19.00)**	
2	**Urgent Items / Order of Business (19.00)**	
3	**Declarations of Interest (19.01)**	
4	**Minutes of the Previous Meeting (19.02)**	(Pages 1 - 16)
5	**Integrated Learning Disabilities Service - update on new model (19.05)**	(Pages 17 - 28)
6	**Integrated Commissioning PLANNED CARE Workstream - regular update (19.35)**	(Pages 29 - 60)
7	**REVIEW on Digital First Primary Care... - evidence from NHS Digital on The NHS App (20.05)**	(Pages 61 - 62)
8	**Inner North East London Joint Health Overview and Scrutiny Committee - verbal update (20.45)**	(Pages 63 - 64)

Hackney

9 **Work Programme for the Commission for 2019/20 (20.50)** (Pages 65 - 78)

10 **Any Other Business (20.57)**

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Hackney

Health in Hackney Scrutiny Commission 8th April 2019 **Minutes of the previous meeting and matters arising**	Item No **4**

OUTLINE

Attached please find the draft minutes of the held on 12th March 2019.

MATTERS ARISING from November meeting

Action at 8.7

ACTION:	*Chief Executive of HUHFT to meet with Chief Executive of Barts Health Trust and the Chair of Tower Hamlets CCG to explore a common approach to implementing these regulations for charging overseas visitors and to report back to the Commission.*

An update on this from CE of HUHFT is awaited.

MATTERS ARISING from March meeting

Action at 5.14

ACTION:	*Ian Barratt to provide further documentation on how GP Access manages retention of data.*

On 14 Ian responded
"I undertook to let Members have details of the security structures around *askmyGP* data. Full details can be found on the G-Cloud procurement portal here. I hope that this is helpful."

Action at 7.15

ACTION:	*a) Group Director CACH to provide an update to the Commission at its September meeting on the implementation of the action plan and of the Healthwatch Hackney recommendations.* *b) Healthwatch Hackney to provide its own update to the September meeting focusing on the views of service users and relatives.*

These have been added to the work programme.

Action at 12.8

ACTION:	*CCG Chair to provide a further update on the dispersal of the patient list at Sorsby Medical Practice.*

This has been added to the work programme.

Action at 12.10

ACTION:	*That a briefing from the Group Director CACH on intermediate care provision be scheduled for a future meeting.*

This has been added to the work programe

ACTION

The Commission is requested to agree the minutes and note the matters arising.

Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Tuesday, 12th March 2019

Minutes of the proceedings of the Health in Hackney Scrutiny Commission held at Hackney Town Hall, Mare Street, London E8 1EA

Chair	**Councillor Ben Hayhurst**
Councillors in Attendance	**Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health), Tessa Cole (Head of Strategic Programmes and Governance, CACH), Dr Sue Milner (Director of Public Health for City and Hackney, CACH) and Gareth Wall (Head of Commissioning for Adult Services, CACH)**
Other People in Attendance	**Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), David Maher (Managing Director, City & Hackney CCG), Shirley Murgraff (Hackney Keep Our NHS Public), Dr Mark Rickets (Chair, City and Hackney CCG), Kirit Shah (City & Hackney Local Pharmaceutical Committee), Jon Williams (Director, Healthwatch Hackney), Amanda Elliot (Communications and Intelligence Manager, Hackney Healthwatch), Ian Barratt (Training Partner GP Access) and Irfhan Mururajani Business Development Manager, (Egton)**
Members of the Public	**6**
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Simon Galczynski and Iona Sarulakis.

1.2 An apology for lateness was received from Dr Mark Rickets.

1.3 The Chair welcomed Dr Sue Milner the new City and Hackney Director of Public Health.

2 Urgent Items / Order of Business

2.1 The order of business was as on the agenda.

2.2 The Chair stated that he would be asking, under Any Other Business, the CCG to comment on the closure of Sorsby GP Practice.

3 Declarations of Interest

3.1 Cllr Maxwell stated that she was a member of the Council of Governors of Homerton University Hospital NHS Foundation Trust.

3.2 Cllr Snell stated he was chair of the Board of DABD UK, a disability charity.

4 Minutes of the Previous Meeting

4.1 The Minutes of the meeting held on 4 February were agreed as a correct record.

4.2 Members noted the Matters Arising as set out. Cllr Snell commended the letter which the Chair sent to the Secretary of State regarding the local impact of overseas visitor charging regulations for NHS services on vulnerable migrants.

RESOLVED:	**That the minutes of the meeting held on 4 February 2019 be agreed and the matters arising be noted.**

5 Review on 'Digital first primary care..' Evidence from system providers

5.1 The Chair stated that the Commission would proceed with the next evidence gathering session for its review on 'Digital first primary care and the implications for GP Practices'. He welcomed to the meeting

Ian Barratt (IB), Training Partner at GP Access (provider of Ask My GP platform)
Irfhan Mururajani (IM), Egton Services Development Manager.

5.2 Members gave detailed consideration to a paper from GP Access and to a tabled presentation from Egton

5.3 Introducing his presentation IB stated that he welcomed with the added impetus the government had given its plans for digital primary care and there was a need for patient demand to be understood and patient need to be managed more quickly. Ask My GP maintains the GP at the heart of the process and was a complete workflow solution. The sifting was done by GPs and nobody else. The previous week their GPs had deal with 15000 requests with an average completion time of 83 mins. Their approach leads to a reduction in stress levels for working GPs and a reduction in the use of locums by Practices as the system is run more efficiently. He cautioned that

online access on its own won't effect change, instead there need to be full segmentation of the process and they can help with this.

5.4 IM introduced his presentation by stating that Egton was an online triage system and the company was part of the EMIS group which had a long history of working in NHS practices. Theirs was a web based platform it operated from a cloud and there was no downloading of software and crucially no patient data was held by them. The two entry points were online or via an EMIS web app and the patient were signposted appropriately. The practices they worked with in Newham had reduced their number of Do Not Attends (DNAs) by 50% and only 25% of those who completed forms i.e. used the system, needed to see a GP in the end. Waiting times went down from 4 weeks to 1 or 2 days. In the past their GPs would see 18 patients in 3 hours face to face. Now they could process 30 online queries with the result that satisfaction and morale goes up.

5.5 A Member asked how GP Access and Egton were being evaluated. The Chair explained that the GP Confederation were overseeing the new pilots involving key providers such as GP Access and Egton and he would ask them for further input on the result of their analysis. He added that he and Cllr Maxwell had gone on a site visit to Lower Clapton Practice to see Ask My GP in operation and to discuss it with one of the GP partners who was one of the leading early adopter GPs championing a move to digital within the Confederation.

5.6 Members asked what barriers were found in GP training and about those on the wrong side of the digital divide e.g.the elderly, those for whom English is not a first language and those who are not very technically confident.

5.7 IB replied that in Ask My GP their oldest patient was 82. There was total transparency about the system within Practices, it was GP led and they would be aware of and cater for the minority of patients who would struggle in adapting to the new system for appointments, for example. He added that each practice who uses their platform uses it in their own way. Typically the morning is used for dealing with online (and GPs dairies are blocked out for this in the system) and in the afternoon they see face to face those who have to be called in. Generally 90% get seen on the same day, which is a vast improvement and people can book in the next day. The number of DNA s plummets with this system and he added that with the old system the further out you allowed patients to book the higher the incidence of DNA. On training he added that the approach was intuitive. There was a User Group in each Practice and they gave constant suggestions for improvements and they had not experienced any major difficulties with training.

5.8 IM replied that their eldest user was 96 years old. Their system allows optimisation time management and they had not encountered any issues around training. In their system people could not just go on and book, instead they had to submit a request or 'form' online and this empowers the GPs to deal with the issues. For many just going on the system meant they found an answer to their query and so did not submit a form asking for an appointment. It gave the GPs the right information that was useful to them and the red flag system allowed GPs to keep control of the process.

5.9 Members asked what monitoring of equalities groups was being done and whether there a danger that Practices would lose or discourage people from engaging because of literacy, language, disability etc.

5.10 IM replied that the Stratford Village Surgery which they work with is one of the most densely populated and diverse practice areas in the country and they worked hard with the Practice on accessibility issues re language and literacy. He added that 'frequent flyers' or the 'worried well' could be easily identified and managed in this approach. They additionally had receptionists who spoke the local community languages and patients were encouraged to bring family members. Members cautioned that there were serious equalities objections to allowing family members to do the interpreting and that these 'forms' created a barrier for those with literacy problems. IM replied that they were very conscious of this issue and they used accepted NICE pathways and their system was as robust as it could be. There would always be a small percentage who would have challenges in this system and the task then was to ensure these were identified quickly and given alternatives to assist them. The Practices would still allow walk-ins and help patients to get appointments and use the system so they would be treated the same as those who successfully used it online. He gave the example of a practice in Plaistow, in a particularly diverse and challenged area, where they already had 80% now using online.

5.11 Members commented that the 'form' filling in the Egton system still constituted a barrier unlike in Ask My GP.

5.12 IM replied that it was up to each Practice to design their own form. The general approach was that you can't just phone and if you are able you first go online for the initial triage. Those who are most vulnerable will be prioritised for call back. The value of this approach was that if frees up time so more GP appointments can actually then be offered and the majority who will get a same day appointment.

5.13 Members asked about data retention of patient data by Egton and Ask My GP.

5.14 IB replied that they don't have access, it was only the Practice that had access to patient data. He detailed various scenarios including one where a patient made 15 requests in a month. This is managed by the GP and there is no loss of data integrity. If a parent submits a request on a child or if a child themselves submits a request this is then linked to the parent/guardian. So there is retention within the system but GP Access cannot access the personal information. Also no patient can see the records of any other. GP Access was governed by the same NHS Governance requirements which were on all companies working in the NHS and they had to meet stringent NHS security requirements for their systems. Members asked if GP Access could provide more detail on how Ask My GP ensures patient confidentiality and how data retention is managed.

ACTION:	**Ian Barratt to provide further documentation on how GP Access manages retention of data.**

5.15 IM replied that the same regulations applied to Egton. Patients' using EMIS systems can be confident that their data is controlled by their GP Practice.

5.16 The Chair thanked GP Access and Egton for their attendance and for their cooperation with the review and stated that a copy of the report would be sent to them once completed.

RESOLVED:	**That the reports and discussion be noted.**

6 Review on 'Digital first primary care..' evidence from Hackney KONP

6.1 The Chair asked if the representatives from GP Access and Egton could remain for this item and they agreed.

6.2 Members gave consideration to a submission from Hackney Keep Our NHS Public (KONP) and the Chair welcomed Shirley Murgraff (SM) who took Members through their briefing.

6.3 SM stated that firstly KONP would like to be included as stakeholders on all future reviews which have relevance to their remit. They also took issue with the reference in the Terms of Reference methodology section which implied Members would only be hearing from Hackney Matters. In her view that group would be predominantly younger and more digitally enabled residents and so would not would not be very representative on an issue such as digital primary care. She added that KONP was a well-informed group of resident s concerned about the privatisation and financialisation of the NHS.

6.4 She stated that KONPs objections to GP at Hand were because there had been no independent scrutiny of its parent company Babylon. They made no reference to patient monitoring or to having any Patient and Public Involvement Groups. In their view Babylon was about destabilising General Practice with the result that there would be less money available for primary care. Also, Hammersmith and Fulham CCG had run up a huge deficit as a consequence of GP at Hand being based in their area and the other London CCGS had been asked to bail them out. She concluded that the contribution of GPs in the local community was immense and it was vital that the Commission and others supported them.

6.5 The Chair asked whether KONP drew a distinction between Babylon and companies such as Egton and GP Access who are working within local GP Practices.

6.6 SM replied that once the private sector got involved the public loses transparency and accountability and the primary duty of private companies was to maximise value to shareholders. This was why these players need independent scrutiny.

6.7 A Member commented that Dr Jacky Applebee of Tower Hamlets LMC had tabled some flyers at the last meeting which Tower Hamlets KONP had produced warning the public about the dangers of being de registered and these were included in the agenda for this meeting under matters arising at p.21-22. He suggested that the Commission should consider making a recommendation as part of this review that similar flyers and publicity material be produced in Hackney with the same message. Members agreed.

6.8 A Member commented that over a relatively short period of time a number of large entities had come to dominate the market and this begged a lot of questions especially for central government. Another countered that private providers had always been an important part of the NHS and the issue was if these digital systems can be provided in a way which provides equitable access for all.

6.9 Irfhan Mururajani (IM) stated that Egton was not looking to decimate patient lists because that was not their role, instead they worked with CCGs to help them to deliver better patient outcomes. They were subject to all the Information Governance regulations of NHSE and NHS Digital. The Chair intervened that the issue surely was how the NHS's own national Apps etc will sit alongside the plethora of local systems now in place and he agreed.

6.10 Ian Barratt (IB) added that GP Access (Ask My GP) was also not in the business of siphoning off patients from GP lists. They do not provide an alternative to GP services. He added that CCGs were increasingly using procurement mechanisms which were making their work more challenging but they were not going to water down their offer although in some cases they might be pricing themselves out of certain markets.

6.11 SM returned to the issue of the lack of service user input by these companies. IF replied that they work with closely with the PPI groups in each practice they are in and they explore a number of mechanisms for providing feedback and learning from customer experience.

6.12 Dr Mark Rickets (MR), Chair of the C&H CCG, stated that in terms of local adoption of any national Apps or systems, work was ongoing here. He also added that no GP Practice had any intention to move totally digital as this would never be possible. All GP Practices were doing joint or parallel services and there great challenge will be to align this with incoming national approaches.

6.13 The Chair added the developer of the NHS App from NHS Digital would give evidence to the next meeting and he thanked participants for their papers and contributions.

RESOLVED:	**That the report and discussion be noted.**

7 Action Plan responding to CQC report on Housing with Care service

7.1 The Chair stated that they would now return to the issue of the CQC inspection report on the Council's Housing with Care services which had been rated 'Inadequate' and which had been discussed briefly at the last meeting and at which officers were asked to return with a detailed report. The Chair welcomed for this item:

Anne Canning (AC), Group Director, CACH
Gareth Wall (GW), Head of Commissioning – Adult Services
Jon Williams (JW), Director, Healthwatch Hackney
Amanda Elliot (AE), Commuinications and Intelligence Manger, Healthwatch Hackney

7.2 Members gave consideration to three papers:

(a) Action Plan from Adult Services in response to the CQC report
(b) The CQC Inspection report
and a tabled paper which from Healthwatch Hackney who had been commissioned to run feedback meetings with residents and relatives of those affected after the publication of the CQC report:
(c) *Hackney Housing with Care – Feedback from residents' and relatives' meetings 6-14 Feb 2019*

7.3 Introducing the action plan AC stated that it was important to keep in mind that this service dealt with some very vulnerable residents. The Council had been able to give reassurance to the CQC on 8 March (deadline for submitting its action plan) that the direction of travel was now towards having a much more stable service. All the most urgent issues (as listed in 2.7 of the report) had been immediately addressed including the risk assessments on medicine management. Healthwatch had joined managers in the meetings with the residents and their relatives and their report on that would be considered fully. It was also the intention to work more closely with the housing providers here to improve the housing aspects of the issue. The publication of the CQC report had had a major impact on the whole department and major resources were deployed to address the problems. There was a need to do more in relation to service users with dementia and this was being addressed. Work was also going on to improve governance and management. Because the directorate was a major commissioner it already had in place a Provider Concern Protocol which was used when problems occurred with commissioned services and those same criteria were now also being employed in assessing and evaluating the shortcomings found in this in house service. Regular updates were being given to the Lead Member. She concluded that input from service users and evidence of co-production would be a key part of implementing the action plan and she would report back to the Commission following the CQC's re-inspection.

7.4 AE introduced the Healthwatch report. She stated that they had found that communication had been patchy and where there had been continuity of care that had been good but there had been too much dependence on agency staff who had been generally less effective. A general conclusion was that the eye had been taken off the ball as regards this service as so much focus within the directorate was on the commissioned services. The CQC rightly had concerns about the lack of or poor quality of Personal Care Plans where a one size fits all approach has unfortunately been used by managers. While there were of course many challenges in providing care in a number of different supported housing settings some service users had not had their care plans changed in three years. There had been a degree of responsibility shunting and many service users did not seem to be aware of how much care they were supposed to be receiving and some had been left physically stranded in housing at times.

7.5 Members asked why Person Centred Care, which came in in 2001, was still not being properly applied in 2018, commenting that it needed to be much more than a template and instead was about the attitude and how you worked with service users. Concerns were also expressed about the degree of reliance on agency staff and the amount of training they needed to receive. Members asked why the quality of agency staff had not been as high as expected and if service users were not getting the standard of care which was required was this then the correct provision for them.

7.6 AC replied that the issue was not the quality of the agency staff but quality of the record keeping which had taking place. Lots of work was now going into ensuring the care workers have the support they need and that managers are asking the right questions of them. Agency staff come highly trained already but the issue was about getting them up to speed on local processes and proper record keeping. Person Centred Care was vital and ensuring move-on where relevant and the voice of the service user had to be key to the process. She confirmed that there was regular training on personalisation of care.

7.7 A Member asked why the proportion of agency staff had crept up.

7.8 AC replied that there were a number of factors but there would always be a need for agency staff to complement the permanent workforce but the balance had shifted and work was going on to stabilise the service. He asked further whether these findings had exposed that the staffing in the service was too thin with the result that it failed and now more staff had to be temporarily drafted in to urgently address the issues required in the improvement plan. He asked why this was not referred to in the report. AC replied that the CQC did not go into staffing numbers. It's for the service to get the support and the staffing right so that the service delivers. The CQC had exposed that this particular service had not kept up to date with standards of best practice and that it had not been monitored sufficiently and this was now being carefully addressed.

7.9 A Member asked if there had been any signs that the service was in trouble.

7.10 AC replied that the in-house Home Care service had been rated 'good' in 2016. On this service, a judgement had been made on areas of focus and there was later a view that it was not performing as good as it should be. It was ironic that within the directorate the Provider Concern Protocol had been highly praised as a useful tool for reviewing the performance of commissioned services but enough attention had not been given to this one in-house service. JW added that Healthwatch was now also working closely with the Council on Home Care and would be part of a stakeholders meeting with both Adult Services and Public Health the following day. AC added that two of their services Shared Lives and Housing with Care were externally moderated.

7.11 Members asked what the benchmark was for training agency staff.

7.12 AC explained the detail including that regular supervision was focused on internal staff and there was not high level supervision of agency staff. The aim was to hit 80:20 balance of staff to agency. It was also important to note that these staff required sensitive handling as they themselves were front line and under a lot pressure.

7.13 Members asked whether enough resource was being put in and asked whether there needed to be more careful monitoring of agency staff numbers.

7.14 AC repeated that the CQC did not make comments on finance or staffing. Obviously if resources were directed to an area that was underperforming that was at the expense of something else. Going forward there would be a need to look at how the care elements and the housing elements fitted together better as there were financial consequences. Cllr Demirci interjected that this was not a service which had been deprived of funding. Generally social care was underfunded on a national basis. She also added that there was a corporate commitment in the Council to reduce the number of agency staff as the percentage is still higher than they would want it.

7.15 The Chair thanked officers and Healthwatch for their reports stating they were both balanced and insightful and stated the Commission would like officers to return in 6 months, irrespective of whether the CQC re-inspection had been completed by then.

ACTION:	**a) Group Director CACH to provide an update to the Commission at its September meeting on the implementation of the action plan and of the Healthwatch**

	Hackney recommendations. **b) Healthwatch Hackney to provide its own update to the September meeting focusing on the views of service users and relatives.**

RESOLVED:	**That the reports and discussion be noted.**

8 Review on 'Supporting adult carers' tracking implementation of recommendations

8.1 The Chair stated that it was customary for Scrutiny Commissions to revisit their reviews one year after the Executive Response to check on implementation of their Recommendations and Members gave consideration to the Recommendations Tracker document for their review on 'Supporting Adult Carers'. He welcomed for this item:

Anne Canning (AC), Group Director, CACH
Gareth Wall (GW), Head of Commissioning – Adult Services, CACH
Tessa Cole (TC), Head of Strategic Programme and Governance, CACH
Amanda Elliot (AE), Communications and Intelligence Manager, Healthwatch Hackney

He added that the Recommendations Tracker contained responses from Adult Services, City and Hackney Carers Centre and from the local Alzheimer's Society.

8.2 GW took Members through the report noting that the Carers Service had since been through a re-commissioning exercise and as part of that they had used co-production approach with a Carers Coproduction Group. He explained that the new model broadly had 2 elements:

a) tendering for a '*Prevention, Early Intervention and Outreach'* service AND
b) Insourcing the '*Longer Term and Targeted Support'* element which would be provided jointly by the Council in conjunction with ELFT

He referred to the response from Carers Centre to Rec 11 and took issue with their scepticism about whether the new model would be effective, adding that by using social workers at this stage of the process they would speed up the assessments.

8.3 The Chair thanked officers for the report and added that he was pleased that the Commission's own review had played a role in shaping the design of the new service which was then re-commissioned.

8.4 Members asked whether additional resource was going into the system as social workers would now have more of a role in completing the assessments and whether they would have the time.

8.5 GW replied that the new system was about releasing resource in the system by re-designing the pathways of provision. He described the '3 Conversations' model that was being applied and explained how resources were being deployed to support staff to better understand assessments. There would also be an increased focus on outreach.

8.6 Members asked how the Carers Co-production Group had inputted to the re-design.

8.7 GW replied that this approach had proved very positive and how working out how to do this had led to real change in the service. The stakeholders and service users helped the team improve pathways and it helped articulate a lot of issues which had not previously been properly aired. Participants helped with the design of flow charts and the process revealed problems such as the amount of times carers are required to repeat their story.

8.8 AE stated that the Local Account had revealed that there had been a drop in the number of carers in receipt of Direct Payments and this fall off in numbers was worrying. There were issues here around a significant cohort who were effectively hovering round the edges of statutory provision and who are not receiving the support they badly needed. Too many were losing support as they were deemed not Care Act compliant and this added to the burden on their carers.

8.9 GW replied that this was a challenge that the service was fully aware of. The focus was on making the right provision for the individual to address their needs rather than taking a generic approach to a type of service user. The service was looking closely at what was already being provided and why and examining past assessments to ensure that the right decisions had been made and what learning could be taken from it.

8.10 The Chair thanked the three services for completing the Recommendations Tracker and the officers for their attendance.

RESOLVED:	**That the report and discussion be noted**

9 Hackney Local Account of Adult Care Services 2017/18

9.1 The Chair stated that each year the Commission received the Local Account of Adult Social Care Services and he welcomed for this item:

Tessa Cole, Head of Strategic Programmes and Governance, CACH
Anne Canning, Group Director CACH

9.2 Members gave consideration to a cover report summarising they key issues and to the full *Hackney Local Account of Adult Care Services 2017/18.*

9.3 TC took Members through the reports adding that this Local Account was non statutory but was still done by the Directorate as it provided a useful survey and overview of activity over a year. They had taken on board all the suggestions from improvement to the style and format of the document which they had received last year, including from the Commission. She added that they also welcomed the valuable input of Healthwatch.

9.4 Members commended the report as accessible and very well presented. The Chair commented that it covered the year to the end of April 2018 but was being published in February 2019 and questioned whether this time lag made it less useful.

9.5 TC replied that yes it did look backwards but a shorter lead in would have resource implications. The delay was because, to be useful, it has to include Hackney's statutory national returns and these then do not get validated for some time before they can be used. During April to June a lot of time in the team is focused on other statutory reporting and this has to take precedence. It would be challenging to produce it earlier in the year in any useful level of detail, she added.

9.6 Members asked why it didn't pick up on the issues with Housing with Care.

9.7 AC replied that it would have been difficult for it pick up on larger systemic issues although it did pick up on some live issues. There is a question for next year in how it might be re focused. There was a need to examine where the critical inputs were and for example one ongoing challenge of whether Healthwatch could also be able to access social care clients receiving services in their homes as they do with NHS patients or care home patients as part of Enter and View inspections.

9.8 The Chair thanked the officers for the reports and for their attendance.

RESOLVED:	**That the reports and discussion be noted.**

10 Verbal update on work of INEL JHOSC

10.1 The Chair stated that further to the cover note he now also had details of the agenda items for the next meeting which would be held on 3 April at the Old Town Hall in Stratford. These would be:

a) North East London Estates Strategy
b) NHS Long Term Plan and update from the Single Accountable Officer for the ELHCP (Jane Milligan)
c) NHS Staffing
d) INEL JHOSC terms of reference and protocols

For the Estates Strategy item there would be a response to the paper from the North East London Save Our NHS (NELSON) group which comprises the Keep Our NHS Public groups from the 8 boroughs.

RESOLVED:	**That the information be noted.**

11 Health in Hackney Scrutiny Commission- 2018/19 Work Programme

11.1 Members noted the updated work programme.

RESOLVED:	**That the updated work programme be noted.**

12 Any Other Business

12.1 The Chair stated that he had two items of AOB:

Minor Ailments Scheme being continued to 1 Oct 2019

12.2 The Chair reminded Members that the Commission had lobbied on the end of the Minor Ailments Scheme in City and Hackney pharmacies and he was pleased to report that NHSE had sent a letter to the CCG confirming that they would continue to commission existing minor ailments schemes in London whilst they have further discussions with the Pharmacy Providers about the recommissioning of revised schemes. The letter stated that

"The current Minor Ailment Schemes will continue to be commissioned and paid for beyond 31st March 2019, until the process for an alternative scheme has been exhausted with the CCGs, after which, either a revised scheme, that does not conflict with the OTC guidance, will be commissioned or formal notice will be served on the existing services"

Call from Healthwatch for public reps to join Integrated Commissioning Workstreams

12.3 The Chair stated that Healthwatch, on behalf of the Integrated Commissioning workstreams, was inviting potential public representatives to an information session on 13 March at Graeae Theatre, 138 Kinglsand Rd at 7.00pm and he encouraged Members to spread the word. The representatives need to be "*Hackney or City residents, interested in improving the health and wellbeing of their community and keen to develop new ways to help people to live longer and happier lives*" he added.

Closure of Sorsby GP Practice and dispersal of list

12.4 The Chair invited the Chair of the CCG to provide an update on the just announced closure of the Sorsby GP Practice.

12.5 Dr Mark Rickets (Chair, City and Hackney CCG) stated that Sorsby had an APMS type GP contract which was time limited and when the CCG decided to re-procure there had been no takers for the contract. Because of this Lower Clapton Medical Practice had taken on the management of it on an interim basis and had operated it as a satellite but that arrangement had now also come to an end. The Practice was in a poor state of repair and for some time had been kept going with locums. It lost staff and nursing staff and patients had also decided to move to Lower Clapton, where most of the staff were coming from. The process of securing a new provider was being overseen by the local NHS Commissioning Support Unit. The list size at Sorsby had been dropping and it would only operate at a loss and despite the work to turn it around, it was proving impossible to secure a GP contract holder. Because of this a decision was taken by the CCG's Primary Care Contracts Committee (GPs Practices are now commissioned locally) to have the list dispersed among the local practices. Sorsby had 4000 patients but this had dropped to 3000 and the benchmark in the NHS was that any practice below 6000 was a candidate for dispersal if a procurement exercise failed. At least 6 neighbouring Practices would take on the patients. Lower Clapton would continue to run the practice until the end of June and the practices receiving the additional patients would receive further funding.

12.6 Members stated that this was very disappointing and asked whether the CCG was aware of any other practices in the borough which might be in similar straits. MR replied that there weren't any which were similar. There was one other APMS contract due for re-procurement in 2 years' time.

12.7 Cllr Demirci provided reassurance to Members that all the patients at the Practice had been written to and dedicated support had been provided for patients by the NHS. Local ward councillors had also been fully informed.

12.8 The Chair asked if Dr Rickets would come back with a further update on the situation.

ACTION:	**CCG Chair to provide a further update on the dispersal of the patient list at Sorsby Medical Practice.**

Orthopaedic Surgery waiting times at HUHFT

12.9 Shirley Murgraff (Hackney KONP) drew Members' attention that the Homerton University Hospital Trust had been missing its targets for orthopaedic surgery. The wait was 4 to 6 months and the 18 week target was from the date of referral not the date of appointment. There was a 6 week wait for referrals and then some were waiting 6 months for surgery meaning that the Trust was 8 or 9 weeks over target. The Chair thanked her for bringing this to the Commission's attention.

Provision of Intermediate Care beds

12.10 Shirley Murgraff (Hackney KONP) suggested that the Commission should keep a watching brief on the issue of intermediate care beds in the borough. 12-16 beds had once been recommended as the target and the borough was now down to only 3 or 4 and current trends seemed to completely alter what our understanding of 'intermediate care' should be. The Chair thanked her for bringing it to the Commission's attention and suggested that Cllr Maxwell might be able to raise this issue and the orthopaedic surgery issue at the HUHFT Council of Governors of which she is a member. The Chair stated that he would discuss with the Group Director CACH having a stand alone item at the future meeting on the issue of intermediate care.

ACTION:	**That a briefing from the Group Director CACH on intermediate care provision be scheduled for a future meeting.**

Duration of the meeting: 7.00 - 9.15 pm

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Hackney

Health in Hackney Scrutiny Commission 8th April 2019 **Briefing on Integrated Learning Disabilities Service**	Item No **5**

OUTLINE

At the Commission's meeting on 26 September Members considered a report on the review of the Integrated Learning Disabilities Service. The minutes of that discussion are here. After that discussion Members asked for more regular updates on the service and officers undertook to come back once the new model was being rolled out. This was originally scheduled for January but the roll out date slipped. Members also noted that ELFT would take over from HUHFT as the new provider and asked that the update include stats on the numbers of out of borough clients who are being supported.

This update is now attached.

Attending for this item will be:

Ann McGale, Head of Integrated Learning Disability Service, CACH
Penny Heron, Joint Strategic Commissioner Learning Disabilities, CACH
Tessa Cole, Head of Strategic Programmes and Governance, CACH
Anne Canning, Group Director, CACH

ACTION

The Commission is requested to give consideration to the briefings and the discussion.

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Report Title:	The review and redesign of the Integrated Learning Disabilities Service (ILDS) in Hackney
Meeting:	Health in Hackney Scrutiny Commission
Report Owner:	Simon Galczynski, Director of Adult Services
Date:	8th April 2019

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1. Introduction and background

1.1. Hackney's Integrated Learning Disability Service (ILDS) is an integrated multi-agency, multi-disciplinary team, providing specialist health and social care support to adults with Learning Disabilities (LD), who are residents of the London Borough of Hackney and the City of London (health provision only), and have a GP in the area. It is jointly commissioned by the Council and the City and Hackney Clinical Commissioning Group (CCG).

1.2. ILDS is a highly specialist service and is currently delivered through a section 75 partnership agreement between the council and the East London Foundation Trust. The council provides specialist social workers while ELFT provide Psychiatrist, Psychologists, Physiotherapists, Occupational Therapists, Speech and Language Therapists and Specialist Community Nurses.

1.3. The purpose of ILDS is:

- To assess and meet the needs of people with an eligible learning disability, including young people transitioning into adulthood.
- To support positive access to and responses from mainstream services.
- To enable all services to provide effective person-centred support to people with learning disabilities.
- To provide direct specialist clinical, therapeutic and social care support for people with complex learning disability and/or mental health needs.

- To respond positively and effectively to vulnerable people in crisis and to respond to any identified safeguarding risk.

1.4. The review and redesign of ILDS services is a key programme of work in the Planned Care workstream of the Integrated Commissioning Programme. The whole service went through a review across 2017-18, the purpose of which was to look at improving the quality of health and social care provision and in doing so achieve a greater degree of integration and multi-disciplinary working between the various professionals involved and contribute to a financially sustainable operating model moving forwards. The scope of the review covered ILDS only and the outcome is a more integrated service model and new service specification.

1.5. An update on the ILDS review was provided to the Health in Hackney Scrutiny Commission in March 2018 and September 2018. This briefing note is to provide a further progress update to the Health in Hackney Scrutiny Commission on the implementation of new operating model for the service and other related work.

2. Progress update

2.1. **Co-production with service users and carers through the LD Partnership forum** - The LD partnership forum was established in spring 2018. This partnership includes service user representatives, with a clear remit to represent those with LD more widely; and carer representatives, who also have the remit of representing carers of people with learning disability more widely too. This Forum has been a mechanism to involve service users, carers and other relevant partners in shaping LD services. It is co-chaired by the Head of Commissioning and a service user.

2.2. The Partnership Forum has two main points of focus. The first half of each Forum focuses on developing a Learning Disabilities Charter to make City and Hackney learning disability friendly boroughs. The second half is workshops on the ILDS redesign for example one session has focused on what should happen when people with a learning disability are ready for discharge from the service. Workgroups are held in between each Partnership Forum meeting to explore key issues affecting people with learning disabilities in City and Hackney, to feedback at the Forum. These have included looking at employment barriers and accessibility at the Homerton. On average there are around 20 attendees to the forum and around 50% of these are service user and carer representatives. The findings from the Forum have been incorporated into both the Learning Disabilities Strategy and the ILDS service specification.

2.3. Feedback has been given to the Partnership Forum regarding how its contributions have been included in the ILDS service specification and LD strategy.

2.4. **Development of a new Integrated Learning Disabilities Strategy -** A Learning Disabilities' Strategy has been drafted and is currently being consulted upon, before a final version is developed in April. The strategy has been co-developed through the work at the 'Big Do' event, the LD Partnership Forum and findings from other relevant consultations.

2.5. This Strategy is outside the scope of the ILDS redesign, as it covers a wider population of those with learning disabilities in the boroughs, but it will have some implications for ILDS. This will include a role for the service to promote accessibility to goods and services for those with learning disabilities e.g. improving access to mainstream health services. For example, work is underway to support GPs to be more accessible to people with learning disabilities through training sessions with ILDS, and promoting annual health checks uptake.

2.6. This strategy will go to the May 2019 Integrated Commissioning Board for approval.

2.7. **A new service specification for ILDS -** Following a number of consultation events the ILDS specification has also been developed. The vision for the service is: "*To ensure people with learning disabilities achieve their potential, are as independent as they can be, have a good quality of life, and equal life opportunities to anyone else."*

2.8. The new service specification is outcomes' based and these outcomes have been coproduced. The service is expected to work towards achieving these in addition to its statutory requirements:

● People with a learning disability are an active part of their community ● People with a learning disability are enabled to achieve independence where possible ● People with a learning disability have a place they call home ● People with a learning disability are able to access the health care they need.
A theme of safety shall run throughout these

2.9. There is a focus on improved joint working between health and social care. The service will broadly have three key functions to achieve such outcomes:

1. Advice, Consultation, and Signposting – including accessibility and reducing health inequalities.
2. Prevention, Enablement and Promotion of Independence – enabling people with learning disabilities to achieve their potential.
3. Complex and Longer-Term Specialist Cases – supporting people to have a good quality of life.

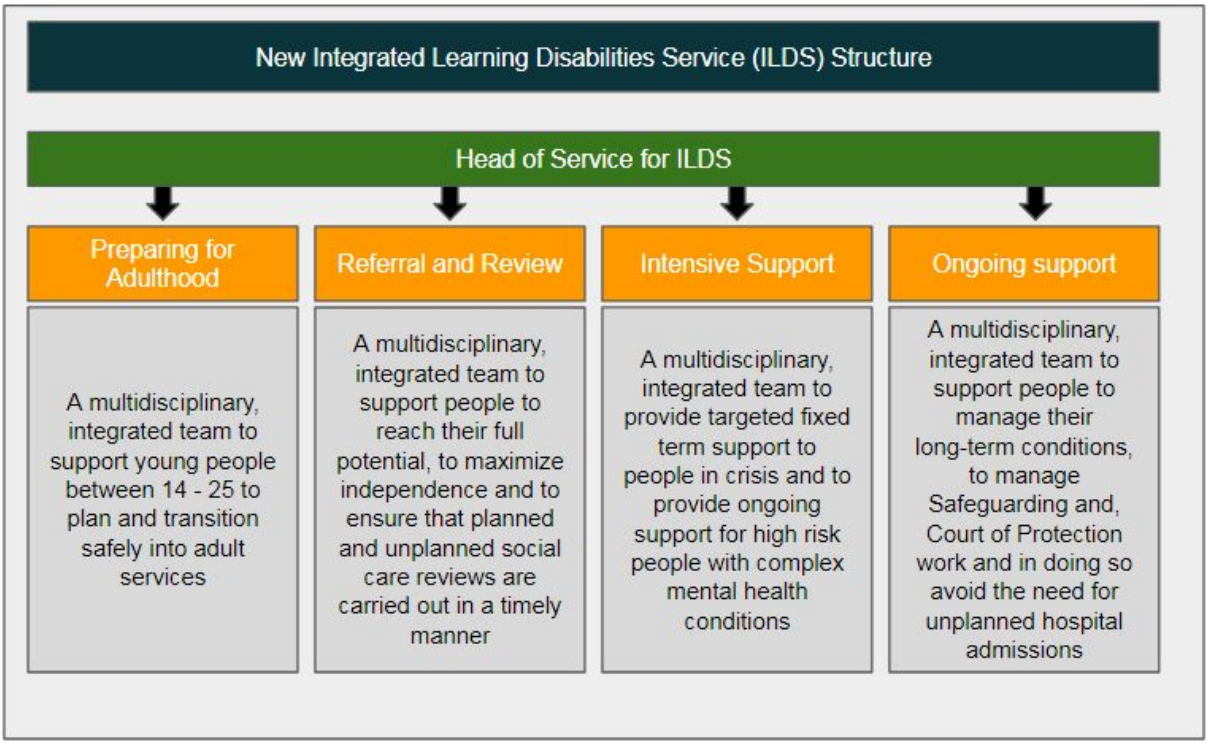
2.10. A set of Key Performance Indicators (KPIs) has also been developed from this to help measure the success of the service e.g. proportion of service users achieving their goals; demonstrating the positive difference input from the service has made to service users' lives.

2.11. As part of ongoing quality and safety assurance of ILDS service delivery, there will be quality monitoring mechanisms, including a quality assurance framework and monitoring of issues such as safeguarding. An important aspect of this will be ILDS's role in ensuring that service users placed in and out of the borough are safe and receiving good value service provision.

2.12. The specification has incorporated work from the LD partnership forum workshops. This included looking at outcomes, pathways into the service, care planning and moving on from ILDS to make recommendations and improve the service user journey.

2.13. **A new operating model for ILDS -** A core change as part of the review of ILDS was the move from a three provider to a two provider model. This was facilitated by transferring clinical staff from Homerton University Hospital Trust to East London Foundation Trust (ELFT) via a TUPE consultation exercise in June 2018. This was immediately followed by a second consultation with all staff (health and social care) regarding the proposed structure of the four new core pathways. This consultation ended on 31st August 2018 and a Delegated Powers Report was widely circulated in mid-September. The outcome of the consultation exercise resulted in broad support for the proposals but with questions about how some elements of the model would operate in practice.

2.14. In response to this, between September and December 2018 a series of weekly workshops were held with the service leads to map out the new integrated workflows and agree new working practices for the four multi-disciplinary teams which is detailed in the diagram and text below:



2.15. **i) Preparing for Adulthood** - which will focus exclusively on supporting young people between the ages of 14 and 25 to plan and transition safely into adult services. This team will operate within Hackney's new Transitions framework and liaise closely with Children's Services, getting progressively more involved as the young person reaches their 18th birthday.

2.16. Supporting young people with learning disabilities to prepare for adulthood and have a smooth transition from services for young people to services for adults continues to be a key priority for the ILDS. This is a shared coordinated effort across education, children and young people services, ILDS and health partners. We will also be looking to develop our day opportunities and support market locally for all people with learning disabilities which will include a specific offer for younger people.

2.17. This dedicated pathway is specifically designed to augment Hackney's wider Transitions pathway, which was formally set up in September 2018. The purpose of this pathway is to take a multi-agency approach to support young people by joining up three critical services - education, health and social care. This initiative is already yielding positive results. For example, ILDS psychiatrists have collaborated with colleagues from CAMHS and Mental Health to set up a regular Transitions Clinic, so that learning disability diagnostic assessments can be carried out early and Transitions plans can be in place and ready to take effect from the young person's 18th birthday. Additionally, improved statistical reports from children's services has

facilitated improved insight into the cohort as a whole as well as better demand modelling and analysis.

2.18. **ii) Referral and Review** - which will act as the main gateway into the service and determine eligibility as appropriate. This team has two main priorities:

- To support people to reach their potential and maximise independence being mindful of MCA and advocacy support where appropriate e.g. people who are currently placed in residential care who could step down to supported living and experience a better quality of life.
- To ensure that planned and unplanned social care reviews are carried out in a timely manner.

2.19. **iii) Intensive Support** - which will provide targeted fixed-term support to people with complex and enduring mental health conditions or those in crisis, in order to help them to restore stability and control.

2.20. **iv) Ongoing Support** - which will support people to manage their long-term health conditions and intervene early in order to reduce the need for unplanned hospital admission. Continuing Health Care case management. Complex case work including safeguarding and Court of Protection work.

2.21. Since October 2018 ILDS have been actively supporting wider departmental initiatives to secure a more permanent workforce. A new permanent head of service was recruited and, because this person was previously employment as an interim, the appointment has not only helped to maintain vital service continuity but also added fresh impetus to the implementation stage of the project.

2.22. Interim appointments were also made to cover the Team Manager posts and although one permanent manager only has been appointed, the plan is to go out to advert again in March.

2.23. The recruitment campaign also enabled us to appoint a significant number of permanent social workers and we expect all of these will take up their posts from April. Many of these are newly qualified which offers a great opportunity to ‘mould’ them into the new ways of working. This also presents a risk in that they lack specialist experience, but we are mitigating this by phasing out the existing agency social workers and using the intervening period to provide intensive training and support.

2.24. In December all ILDS staff were invited to select their preferred team in the new structure and this was finalised and circulated in January 2019. Since then the team managers leading phase one of the roll out (Preparing for Adulthood and Intensive Support) have been actively engaging with their respective team members to set up away days and agree local processes and protocols.

2.25. Finally, work has been ongoing to formalise the provider partnership arrangements through the development of a new section 75 provider agreement between London Borough of Hackney (service host and lead for social care) and East London Foundation Trust (health lead). This agreement is scheduled to be finalised shortly and in the intervening period a Memorandum of Understanding is in force.

3. Support for service users out of borough

3.1. At the last Health in Hackney Scrutiny discussion on ILDS an update on service users who are receiving support through ILDS out of borough was requested. This section of the report summarises how many service users are placed out of borough, how these service users are supported and plans going forward.

3.2. At a national level historically people with learning disabilities were largely placed in residential and hospital provision, which in the case of Hackney, was often in out of borough provision given the limited amount of residential provision in the borough. However, in recent years the focus has been on independence and supporting people with learning disabilities to live in supported living provision and keeping people in the community where possible and appropriate. Because of this shift there are much fewer new placements out of borough and many of those that are out of borough have been so for a very long time and often consider that area their home.

3.3. There are currently 130 service users placed out of borough that are supported by the ILDS. There a number of reasons why people might be placed out of borough which includes:

- Where someone's needs are very specialist and there isn't the right in-borough provision.
- Where someone has been placed from a young age and are now settled there after a very long time out of the borough.
- Where someone is a young person and is placed out of area receiving specialist residential educational provision.
- Where someone is receiving Continuing Healthcare in specialist nursing home settings.

3.4. In order to ensure that the care and support needs of those placed out of borough continue to be met and that they are safe, the ILDS reviews each person's care package on an annual basis. Those receiving support through Continuing Healthcare out of borough also get an enhanced review of their needs with appropriate clinical input. The service is also developing a new, risk based approach to reviews. Team members will carry out quality assurance of providers when carrying out annual reviews for those out of borough to ensure extra checks are done on the quality of support being

provided. Social Workers will work with Hackney Quality Assurance Team to prepare for each review by checking information such as CQC rating in advance. Reviews will include looking at what circles of support a person has and will be multi-disciplinary ensuring involvement of local health teams where appropriate. Where safeguarding concerns are identified the host borough will lead on the investigation of these and the ILDS will have input into this. There are nationally established protocols around managing out of borough safeguarding concerns which inform this.

3.5. Such a high proportion of out of borough placements does, however, present a challenge in terms of monitoring and coordinated responsiveness and moving forward the ILDS will be looking to further reduce placements out of borough.

3.6. To enable this to happen the integrated learning disability commissioning team have been, and continue to work with the ILDS on a number of key strands including:

- **Supporting people to live where they want to and as independently as they can** - Following both a placement mapping exercise and accommodation review, support for positive 'move on' will be a key priority for ILDS in future. It will mean looking at increasing the numbers of people in settled accommodation. This includes looking at those out of borough to determine if they wish to return back to Hackney or to remain in their host borough but in more settled accommodation. Critical to this is good quality person centred assessment and reviews that explore and set clear outcomes that service users would like to achieve in their lives.
- **Anticipating future needs and local market development** - Gathering data on service user needs now and in the future means development and use of suitable placements can be explored in the borough. This will help prevent need for going out of borough in the first place, especially for those transitioning to adulthood to remain in borough. ILDS will have a key role in gathering and supplying this data e.g. through assessment and review.
- **Reviewing commissioning arrangements for out of area care and support** - The Association of Directors of Adult Social Services (ADASS) have recently published an advice note to directors on commissioning out of area care and support services and as a result there is currently a strategic review happening across all client groups in Hackney not just learning disabilities to ensure all the recommendations in this advice note are in place. This will look at safeguarding processes, brokerages processes, approaches to reviews for out of area care and commissioning approaches to ensure they are robust and safe.

4. Next steps

4.1. **Service Model -** The phased roll out of the new operational service model is ongoing and will continue during the next quarter. This includes the establishment of the new integrated and multidisciplinary teams for the new pathways of support including Preparing for Adulthood; Intensive Support; Referral & Review and Ongoing Support teams. There will also be a continued focus on the induction of new staff following a successful recruitment drive of staff into the service.

4.2. **Section 75 Provider Agreement** – A new Section 75 Provider Agreement is being developed in order to describe the governance arrangements between East London Foundation Trust and the London Borough of Hackney in delivering the service. Progress to establish this is progressing well and once both organisation's legal teams have inputted into the document it will go to the Planned Care Board and then the Integrated Care Board for agreement. In the interim there is an agreed Memorandum of Understanding in place.

4.3. **Integrated strategic commissioning activity** - There are a number of key commissioning objectives that will continue to be prioritised including:

- Approval for the ILDS specification and wider LD strategy at May Integrated Commissioning Board
- Continued gathering of information and data on the needs of people with learning disabilities to shape services in the borough.
- Ensuring joint funding assessment becomes business as usual in ILDS for those with significant health needs. Following a pilot for joint funding cases, an assessment process has been developed and modified to support clear and consistent decision making. A joint funding policy has been drafted and this will inform joint funding processes and procedures in the future.
- A number of supported living placements are available/are being developed in Hackney and work is underway with ILDS to identify appropriate service users who may wish to live in Hackney in such placements and shape them appropriately.
- Personalised day opportunities will be explored further. This will include looking at a suite of options including day services; employment and the wider and universal day opportunities available.
- Key elements of the priority areas of day opportunities and accommodation placements will be personalisation, promoting choice and control.

4.4. **Ongoing co-production activity** - As part of the new specification, ILDS is expected to gather feedback from service users about their experience and achievement of goals following input. Work is ongoing with the Partnership Forum to develop a Learning Disabilities Charter for the Borough. The

Partnership Forum will continue its work on this and its role will be evaluated in summer 2019.

Hackney

Health in Hackney Scrutiny Commission 8th April 2019 **Update from the Integration Commissioning PLANNED CARE Workstream**	Item No **9**

OUTLINE

The Commission receives a rolling programme of updates from each of the 4 Integrated Commissioning Workstreams in turn. Please find attached an update on the Planned Care Workstream

The last update was considered on 12 June 2018 and the minutes and papers from that discussion are here.

Attending for this item will be:

Siobhan Harper, Workstream Director – Planned Care, CCG-CoL-LBH

Please note that Andrew Carter (Director of Community and Children's Services, City of London Corporation) has taken over from Simon Cribbens as the Senior Responsible Officer for this Workstream.

ACTION

The Commission is requested to give consideration to the report.

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Health in Hackney Scrutiny Commission – 8th April 2018

Integrated Commissioning: Report of the Planned Care Workstream

1. Introduction

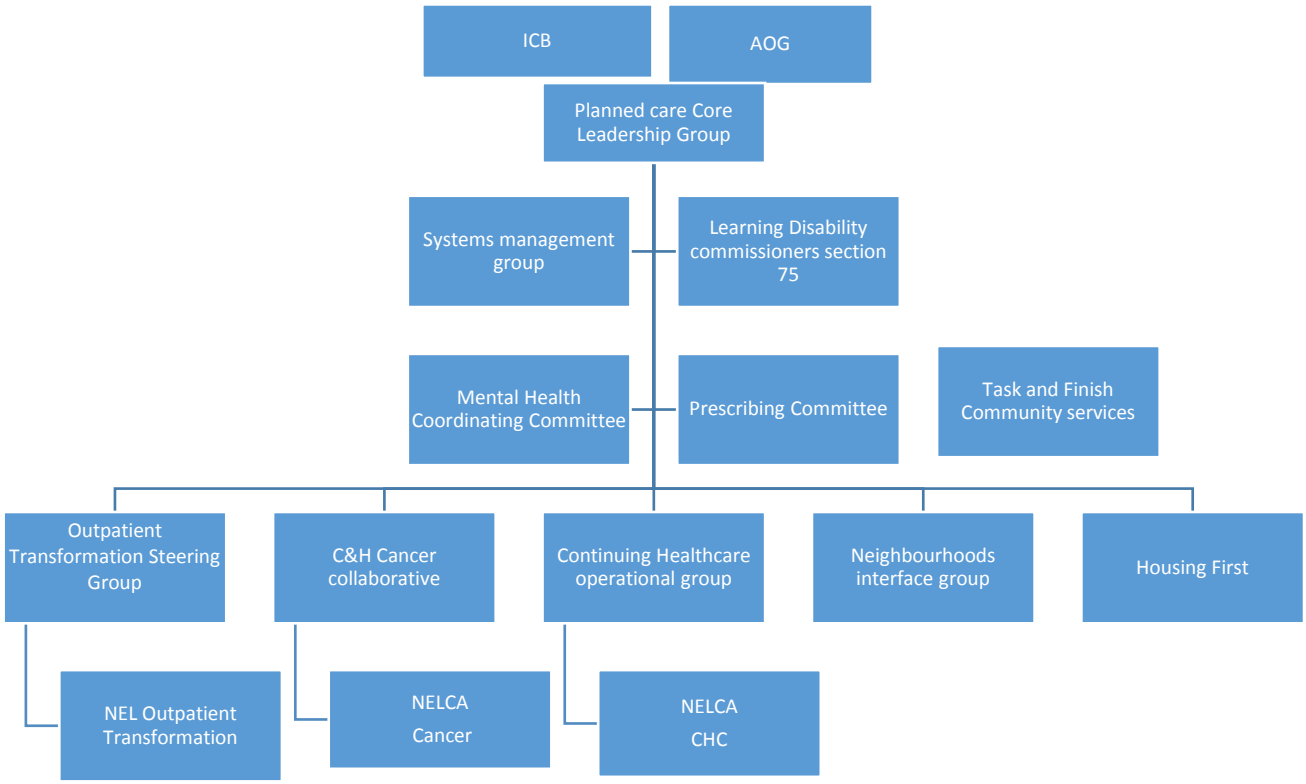
The purpose of this paper is to provide a comprehensive briefing on the progress, achievements and issues that are the current focus of the Planned Care workstream.

2. Membership

The Planned Care workstream has a governance structure of a core leadership group (CLG) which oversees a sub-structure of projects.

The Planned Care workstream Core Leadership Group membership comprises the following:

- Andrew Carter - SRO - Director of Commissioning and Partnerships, Department of Community and Children's Services, City of London Corporation
- Siobhan Harper - Director, Planned Care Workstream
- Gary Marlowe - Clinical lead, Planned Care Workstream
- Tessa Cole - Head of Programmes, London Borough of Hackney
- Elspeth Williams – Patient and public representative
- Michael Vidal - Patient and public representative
- Angshu Bhowmik - Consultant Respiratory and General Physician, Homerton University Hospital NHS Foundation Trust
- Mark Logan - Head of Contracting, Homerton University Hospital NHS Foundation Trust
- Sarah Williams -NE Quadrant GP Lead Director, GP Confederation
- Sheraz Ahmad - Consultant Psychiatrist and Associate Medical Director East London Foundation Trust
- Haren Patel – GP clinical lead Prescribing Committee
- Hana Villar – MIND and HCVS representative



The current scope of the workstream is depicted in the diagram above. Since the last report from the workstream in May 2018 there has been an increase in working with partners at a North East London level. This paper will provide a detailed update on the following:

- Outpatient Transformation
- Learning Disability service Transformation
- Pooling budgets for continuing healthcare and adult social care, creating a single system of commissioning and integrated delivery
- Cancer – early diagnosis, delivery of NHS constitution standards and survivorship support
- Community services and neighbourhoods
- Housing First

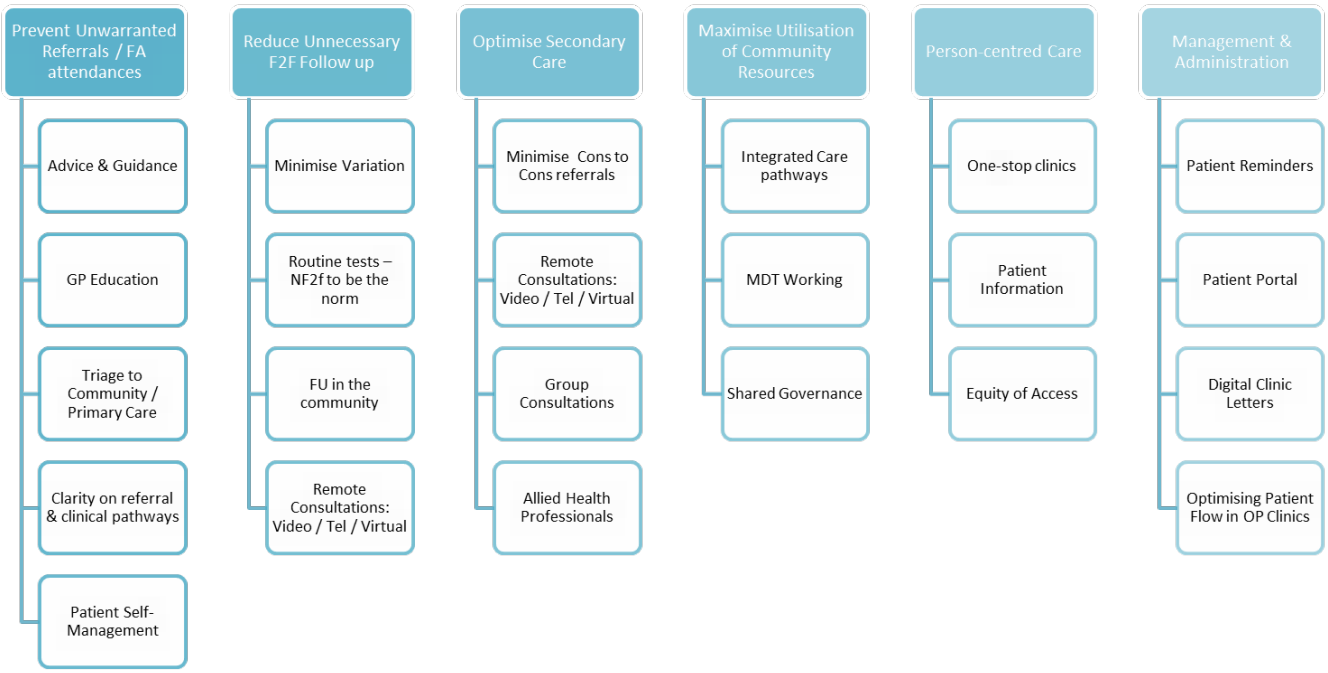
Other aligned programmes include and these are subject to their own reporting requirements to the CCG and ICB.

- Mental Health
- Prescribing

3. Progress on current plans

3.1 Outpatient Transformation

As part of the Outpatient Transformation programme, the following key transformation areas were identified:



Task and Finish groups manage the discussion on transformation opportunity at specialty level. We are currently working on transformation plans in the following specialties:

- Trauma & Orthopaedics

- Dermatology
- Hypertension
- Gynaecology
- Diabetes
- Cardiology

Specific developments are now taking shape with a proposal for a virtual fracture clinic now agreed and plans for a new tele-dermatology service in train as well as an agreement to scope an integrated women's health service.

3.2 Overperformance in elective care

Significant progress on outpatient transformation has been limited in 18/19 by the impact of an unexpected and considerable increase against the CCG plans for elective activity at the Homerton – in outpatient attendances, day case and elective operations.

In July 2018 City & Hackney CCG issued the Homerton with an Activity Query Notice querying this over performance in Day Case, Elective, and Outpatient activity. A Joint Demand Capacity Recovery Action Plan was agreed in response to this AQN. One of the components of this plan was to carry out four internal audits. The results of these have been reviewed and a considerable element of the activity has been found to be counted or coded incorrectly. The ICB has also maintained an overview of these issues.

Because of the lack of consensus on the drivers behind the overperformance the CCG has now decided to commission an independent audit to concentrate on establishing the source of referrals and understanding the standard operating procedures that underlie the counting and coding of activity. As required under General Condition 15 of the contract, the methodology and focus of these audits will now be agreed between the two organisations. The aim is to conclude this piece of work by the end of Q1 2019/20. The contract negotiations for 2019/20 must be concluded in line with the national timetable by 21st March 2019 and therefore this activity adjustment will need to be reflected in the agreed baseline. The contract value may be amended following the external audit conclusions at the end of Q1.

4. Learning Disability Service Transformation

This project is subject to an earlier report to members of the committees and therefore will not be repeated here. However the following points are highlighted as priorities for the workstream.

- Developing a service specification to support the new model with a comprehensive set of health and social care outcomes with a clear service offer to individual service users. The specification will drive genuine integration and increased multidisciplinary working within the service along with better transition planning and proactive support to service users and families in crisis and who are receiving long term care.
- Development of a strategy for all people with learning disabilities which will aim to strengthen our approach to personalised services promoting independence, maximising opportunities to meaningful activities, employment and access to mainstream services. The Integrated commissioning team for learning disabilities recently undertook a visit to services in Thurrock to explore new models of day opportunities which deliver highly personalised care for people with learning disabilities including people with profound and complex disabilities.
- A focus on maximising accommodation and supported living options for people with learning disabilities in Hackney
- Increased focus on the Transforming care programme locally and in particular to strengthen our planning for young people with possible learning disabilities and/or autism from the age of 14 who might be at risk of admission to a specialist NHS facility. This intervention is designed from a prevention perspective and will be intended to provide a personalised approach to support families and young people into adulthood.
- Both the specification and the strategy are planned for discussion at the Planned care Core Leadership Group in April followed by the ICB in May.

5. Implementation of the joint funding pilot process

Joint funding arrangements between the CHCCG and LBH in relation to funding Learning Disabilities Services are historic and limited in their scope, having changed little since the CCG was formed. As such an agreement was made between partners to test the level of health funding into the Learning Disability service in line with neighbouring benchmarks. This led to the implementation of a pilot joint funding process with new criteria and a joint panel led by the workstream. The pilot was applied to approximately 48 current care packages and the findings then extrapolated across the current LD care package cohort to establish a potential level of health need to be funded. An independent body reviewed the findings of the pilot and recommended a level of health funding was legitimately identified. The CCG has agreed to fund an additional £1.9m for 18/19. Discussions are now ongoing between the CCG and LBH to embed a new joint funding policy within the ILDS team and operationalise the approach as business as usual and to plan for the financial implications.

6. Further pooling

The Planned Care workstream continues to develop plans for integration of health and social care budgets for care home and nursing home placements, Continuing Healthcare (CHC) budgets and care packages in the home. The ambition is to create an integrated system to deliver:

- Better patient experience through a single consistent commissioning/funding process
- Joint funding of care packages
- Joint/single brokerage function
- Joint/single commissioning function appropriate to care groups
- Greater efficiency and better utilisation of resources with increased flexibility to share funding of care packages across care groups particularly to prevent an escalation of care needs
- Greater market influence, control and development opportunities
- Improved planning and commissioning of care

Progress has been made on the development of a joint brokerage function with additional capacity to support health based placements and to scope how a joint function would work in practice. We are currently recruiting to this role as a short term role to help specify this before substantive recruitment takes place.

Further opportunities for joint commissioning of accommodation based services are also emerging with a project exploring the mental health pathway in line with Mental health Housing related support tender and the introduction of Housing First.

We are working together regularly on contract pricing for placements and home care - matching inflationary uplift where possible across residential and free nursing care placements and home care providers.

Further work is also taking place within the Task and Finish finance group to design the supporting framework to the pooled budget proposal - including the contract details and risk share. A further update on progress is due to ICB in July 2019.

7. Continuing Healthcare

This has been a major improvement project for the workstream – to gain better financial control and to improve delivery on the ground by ensuring the national quality premium standards are met as well as ensuring reviews are up to date and fast track well managed. Our initial plans for Continuing Healthcare were to bring the administrative function in house from the Commissioning Support Unit; however, this has now been superseded by the establishment of NELCA and the likely NHSE mandated model for delivery of CHC at scale.

City and Hackney along with the rest of NEL are also now in an escalated assurance process with NHSE regarding the delivery of the national quality premium standards. Our quarterly performance is shown in the tables below. We have significantly improved in delivery of the location of assessment, which has been achieved through good joint working particularly with the CHC team and LBH. For 28 days to completion of assessment the picture is not so robust and this requires our focused oversight

of the CHC team and the CSU interface as data quality and collection issues continue to impact on consistent performance against the standard. It is also expected that the additional brokerage support will improve this further.

% CHC assessments in an acute setting

CCG	QUARTERLY & MONTHLY ACTUALS								MONTHLY TRAJECTORY	
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan-19	*Feb-19*	*Mar-19*
Barking and Dagenham	31.0%	40.0%	6.3%	2.2%	3.4%	12.2%	12.5%	9.7%	*9.7%*	***10.3%***
Havering	18.9%	34.0%	6.7%	3.9%	1.8%	20.0%	15.0%	5.6%	*12.8%*	***10.4%***
Redbridge	17.9%	22.2%	10.7%	4.1%	4.2%	10.3%	14.0%	3.0%	*12.6%*	***12.1%***
City and Hackney	51.4%	73.7%	48.3%	60.5%	54.3%	71.0%	26.3%	7.1%	*15.4%*	***14.3%***
Newham	57.1%	33.3%	46.4%	37.2%	43.8%	47.1%	17.6%	42.9%	*19.0%*	***14.0%***
Tower Hamlets	98.8%	42.4%	42.9%	29.4%	38.2%	42.4%	22.2%	7.7%	*20.0%*	***14.0%***
Waltham Forest	76.3%	54.7%	38.8%	29.5%	15.6%	18.1%	14.3%	14.3%	*13.1%*	***12.8%***
North East London STP	47.4%	43.2%	24.8%	20.6%	17.7%	25.9%	16.0%	8.4%	*13.7%*	***11.9%***
Tolerance level	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*

% CHC referrals completed within 28 days

CCG	QUARTERLY & MONTHLY ACTUALS								MONTHLY TRAJECTORY	
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan-19	*Feb-19*	*Mar-19*
Barking and Dagenham	64.8%	64.7%	62.0%	93.9%	70.4%	72.0%	51.3%	64.7%	*75.1%*	***80.0%***
Havering	73.4%	75.3%	66.3%	88.4%	81.6%	60.3%	60.3%	60.6%	*74.9%*	***80.0%***
Redbridge	67.3%	47.9%	48.9%	87.0%	66.0%	53.2%	54.9%	53.3%	*76.2%*	***80.0%***
City and Hackney	75.7%	67.7%	76.7%	75.0%	81.6%	64.9%	73.8%	61.5%	*78.0%*	***80.0%***
Newham	75.0%	67.3%	55.3%	45.7%	73.2%	75.7%	88.6%	36.4%	*81.0%*	***81.5%***
Tower Hamlets	88.5%	95.7%	48.0%	51.0%	71.9%	45.7%	54.8%	15.8%	*76.0%*	***80.0%***
Waltham Forest	55.9%	81.7%	82.8%	91.9%	76.7%	88.9%	92.0%	85.7%	*85.9%*	***85.3%***
North East London STP	69.3%	73.5%	61.9%	80.7%	74.9%	65.4%	60.6%	55.7%	*76.9%*	***80.6%***
Tolerance level	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*

8. Cancer

The commissioning and provider arrangements for cancer are complex and require close working with our partners in North East London. Much of the agenda for cancer services is set by the National strategy and the requirement to improve the assessment of City and Hackney CCG against the Integrated Assessment Framework where we are currently assessed as 'inadequate'

Indicator (latest time period used)	Benchmark	City and Hackney CCG performance
Cancers diagnosed at early stage (2016)	National trajectory to national ambition (53.5%)	48.60%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2017/18)	National Standard (85%)	77.90%
One-year survival from all cancers (2015)	National trajectory to national ambition (72.4)*	71.3
Cancer patient experience (2016)	2015 National mean (8.74)	8.4

It should be noted that the data used for the IAF rating is now out of date and we are preforming better particularly on the 62-day waiting time standard - please see tables below

Cancer Waiting Times - Initial Report

January 2019

Description	Two-Week Wait		31-Day Wait				62-Day Wait		
	All Cancers	Symptomatic Breast Pts	1st Treat	2nd/Sub (Surgery)	2nd/Sub (Chemo)	2nd/Sub (RT)	Urgent Referral	Screening	Cons Upgrade
Operational Standard	93%	93%	96%	94%	98%	94%	85%	90%	N/A
Trust Name									
BARKING, HAVERING & REDBRIDGE UNIV HOSPITALS	89.7	98.0	98.0	100.0	100.0	99.0	85.3	94.7	93.8%
BARTS HEALTH	96.1	98.1	98.6	100.0	100.0	99.4	86.7	90.5	86.0%
HOMERTON UNIVERSITY HOSPITAL	96.4	97.2	100.0	100.0	100.0		89.1	0.0	91.2%
NEL STP Area (Providers)	93.8						86.2		
ROYAL FREE LONDON	90.0	85.1	99.2	100.0	96.0	100.0	77.7	72.1	80.7%
UNIVERSITY COLLEGE LONDON HOSPITALS	89.1	55.2	96.1	97.8	100.0	94.9	73.6	100.0	72.9%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	97.4	97.4	97.0	100.0	100.0		84.3	69.6	83.8%
CCG Name									
NHS BARKING AND DAGENHAM CCG	92.7	97.4	98.3	100.0	100.0	100.0	78.8	100.0	92.3%
NHS HAVERING CCG	89.8	97.4	97.6	96.0	100.0	100.0	81.2	83.3	94.1%
NHS REDBRIDGE CCG	90.7	96.4	96.9	100.0	100.0	97.5	84.0	100.0	93.8%
NHS CITY AND HACKNEY CCG	94.9	97.1	100.0	93.3	100.0	96.7	87.1	100.0	91.4%
NHS NEWHAM CCG	97.1	95.5	95.5	100.0	100.0	100.0	82.8	80.0	85.7%
NHS TOWER HAMLETS CCG	96.2	98.1	100.0	100.0	100.0	100.0	95.0	100.0	100.0%
NHS WALTHAM FOREST CCG	95.3	90.2	97.8	100.0	100.0	97.6	86.8	75.0	86.7%
NEL STP Area (Commissioners)	93.7						83.9		
NHS WEST ESSEX CCG	95.4	96.6	95.8	85.7	100.0	95.2	78.6	66.7	81.5%
Regional and National Performance									
National *(England)*									
UCLH Cancer Collaborative Area *(Trusts: NC&EL+PAH)*	92.0	88.7	97.8	98.7	99.6	97.9	81.2	80.0	83.0%
RM Partners/SEL Area *(Trusts: NW, SE & SW London)*	94.2	95.6	96.4	94.7	99.1	95.0	84.3	83.8	90.2%
London Area Performance *(Trusts: London)*	93.0	92.2	97.0	96.3	99.1	96.5	79.4	82.8	84.3%

Source: National Cancer Waiting Times Database / CADEAS via Transforming Cancers Services Team for London

NEL

East London Health and Care Partnership:

Cancers diagnosed at Stages I and II

CCG	Stage 1 or 2 (FY2012-Q4) 1 yr rolling ave.	Stage 1 or 2 (FY2013-Q4) 1 yr rolling ave.	Stage 1 or 2 (FY2014-Q4) 1 yr rolling ave.	Stage 1 or 2 (FY2015-Q4) 1 yr rolling ave.	Stage 1 or 2 (FY2016-Q1) 1 yr rolling ave.	Stage 1 or 2 (FY2016-Q2) 1 yr rolling ave.	Stage 1 or 2 (FY2016-Q3) 1 yr rolling ave.	Stage 1 or 2 (FY2016-Q4) 1 yr rolling ave.	Stage 1 or 2 (FY2017-Q1) 1 yr rolling ave.
Barking & Dagenham	43.5%	45.0%	47.0%	41.0%	41.0%	44.0%	45.0%	47.0%	52.0%
City & Hackney	44.9%	50.0%	49.0%	52.0%	50.0%	48.0%	49.0%	52.0%	55.0%
Havering	52.0%	49.0%	39.0%	46.0%	46.0%	47.0%	49.0%	51.0%	51.0%
Newham	40.3%	41.0%	40.0%	48.0%	47.0%	49.0%	50.0%	50.0%	52.0%
Redbridge	46.1%	47.0%	46.0%	51.0%	50.0%	50.0%	49.0%	50.0%	52.0%
Tower Hamlets	34.1%	44.0%	43.0%	47.0%	45.0%	51.0%	54.0%	55.0%	57.0%
Waltham Forest	34.9%	51.0%	45.0%	56.0%	55.0%	54.0%	56.0%	57.0%	60.0%
WELC	38.8%	47.3%	44.6%	51.3%	49.7%	50.5%	52.2%	53.5%	56.2%
BHR	48.1%	47.5%	43.3%	46.7%	46.2%	47.7%	48.4%	49.7%	51.4%
NEL	43.5%	47.4%	43.9%	49.0%	47.9%	49.1%	50.3%	51.6%	53.8%
National Average (England)	43.6%	48.0%	51.0%	52.0%	52.0%	52.0%	52.0%	53.0%	52.0%

Source: National Cancer Dashboard

* NB It should be noted that there are several different approaches to calculating the proportion of patients with tumours diagnosed at stage 1 or stage 2, according to whether 'all cancers' or only 10 defined 'stageable cancers' are included in the total and whether cases with missing stage are included or excluded from the denominator. The figures given above, used in the National Cancer Dashboard and the CCG Outcome Indicator Set, are for 10 specified stageable cancer types (breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin) and include unstaged cases in the denominator. Using the alternative approach (all cancer types, excluding unstaged cases from the denominator), our baseline in 2014 was 54.2% stage 1&2 compared to an England average of 54.4% (data source: pan-vanguard cancer intelligence analysis of NCRAS data, updated January 2017). It is this approach that is used to define the ambition of reaching 62% of all cancers with recorded stage being diagnosed at stage 1 or 2 by 2020 in the national cancer taskforce strategy. The gap to be closed is therefore 7.8% and our interventions focus on the common cancers where our current early stage proportion is below the England average using this calculation method (particularly colorectal and lung)and will also benefit patients with less common cancers where are our current proportions are beneath the England average (NHL, oesophageal) and in improvement in early stage detection more generally.

We are now in the process of refreshing our local action plan to improve our performance. Our current local actions include:

- Achieve a median time to first Outpatient appointment of 7 days – locally The Homerton can offer 7 day appointment for fast track referrals in a number of pathways and straight to test pathways in colorectal
- Implement the national optimal pathway for lung cancer, national colorectal and prostate cancers
- Commission outpatient activity and diagnostics to deliver the new NICE referral guidelines, including direct access tests and one stop model (NG12). In Hackney GPs have direct access to MRI tests and CT for abdominal pain and access
- Move performance to compliance and on to sustainability – this has improved considerably in the last six months at the Homerton and there is a Recovery planning in process at Chief Officer level between NEL and NCL
- Reducing those who present as an emergency to increase 1 year survival – as above and is further supported by our commissioning of direct access diagnostics which we have fully implemented
- Recognise living with cancer as LTC – we commission the GP Confederation to offer extended consultation time for cancer survivors and support their recovery. We aim to go further with this and to work with Prevention colleagues on greater access to exercise and lifestyle support for cancer survivors in Hackney. We will be working with the GP confederation to commission a stratified follow up service in primary care for prostate patients which we aim to have in place by April 2019

However, screening uptake for Hackney resident's remains low and in particular for bowel screening. Existing and new local initiatives to support early diagnosis and detection include:

- FIT implementation – a simpler bowel screening test will be implemented - the screening programme is expected to introduce the quantitative faecal immunochemical test (FIT)in 2019 and has committed to lowering the younger age for screening to 50.
- Early diagnosis –City and Hackney GPs are supported by a dedicated GP to promote practice level improvements and education for cancer detection and early diagnosis
- NEL Early Diagnosis Centre for all NEL patients - "cold site" facility, run separately to main provider diagnostic services and dedicated to cancer diagnostics

Proposals within the NHS Long Term Plan have committed to 3 in 4 cancers being diagnosed at an early stage by 2028. Cancer screening programmes are coordinated nationally for cervical, breast and colorectal cancers; however, these are implemented and monitored locally. The colorectal cancer-screening programme invites individuals every two years between the ages of 60 and 74 by post to provide a self-sample for faecal occult blood test.

Colorectal cancer screening uptake in Hackney and the City remains significantly below the national rate (annually 43% compared with 59%). Notably, one-year colorectal cancer survival is significantly below national rates as well as a number of Hackney's statistical peers.

Evidence from across London suggests that Black men are significantly more likely to develop colorectal cancer than men from other ethnic groups.[i] Migrant communities are less likely to attend screening programmes, and recent local evidence has highlighted one reason for this include a lack of information in general and a specific lack of information in an appropriate language.

A number of campaigns have sought to engage individuals to participate in colorectal screening including regional campaigns conducted in partnership by Department of Health, NHS England, Public Health England and McMillan among other cancer charities under the campaign brand Be Clear on Cancer. Literature suggests the following activities may increase uptake of colorectal cancer screening:

- Advertising campaigns combined with personalised invitation and reminder letters[ii]
- GP endorsement and primary care engagement in screening
- Community champion models and targeted community engagement[iii]
- Use of the quantitative faecal immunochemical test for screening[iv]

To address this we are working with partners to extend an ongoing pilot project which commenced in 2018. The project aimed to increase the uptake of colorectal cancer screening among individuals from Black African ethnic groups in Hackney. The pilot was originally funded through the Healthier City and Hackney Fund and provided by Community African Network (CAN), a voluntary sector organisation, and Hackney CVS and included the following components:

- Recruitment of volunteer community health champions
- Targeted face to face community outreach
- Targeted engagement through a GP practice
- Production and distribution of promotional materials

The following outcomes have been achieved:

- 10 community champions trained and 1 GP practice engaged
- 1,254 individuals reached through targeted outreach
- 215 telephone contacts through GP with 15 returned screening kits and 40 replacement kits

Although this project has been able to engage individuals from the target group, there remains an ongoing need. It is expected that through extension of the programme additional individuals can be reached through GP practice based engagement, which aligns with national evidence for increasing cancer screening uptake.

Further work we are undertaking with the Cancer alliance, NELCA and our public health colleagues includes:

- Development of appropriate campaign resources which will be locally tailored versions of the national Be Clear on Cancer campaigns
- A targeted social media campaign to link users with campaign resources
- Outreach and engagement of community organisations and leaders
- Recruitment and training of volunteers to deliver outreach
- Face to face engagement with individuals from target groups through outreach events and activities
- Engagement with community and faith leaders to contribute to campaign
- Distribution of language appropriate information materials

9. Housing First

This project is progressing well and the tender is out for procurement. We are working closely with both LBH and COL. The key elements are:

- 3 year contract
- Contract value upper threshold £225k per annum.
- Up to 20 places (including at least 3 in the City)
- Must show fidelity to the model
- Must come with accommodation and support - can be a partnership

Indicative High Level Timeline

Activity	**Start Date**
Publish Tender/OJEU Notice	Mid Feb 2019
Deadline for return of tender	End of April 2019
Individual tender evaluations	May - End of June
Bidder Presentations	May 2019
Internal Moderation (consensus agreement)	Early June
Contract Award Report submitted to LBH Governance Services	July
Contract Award	September 2019
Contract mobilisation	Three to six months.

10. Neighbourhood health and care services

The workstream has hosted the Task and Finish Group working on the redesign of Neighbourhood Health and Care community services programme. this project is system focused working with the Integrated Care System (ICS) convener and all of the workstreams.

To date this has involved a series of service redesign workshops involving a wide range of services across the four workstreams, which have generated a clear mandate on the future of community services in City and Hackney. A report on the workshops is attached as appendix 2.

Since the project began in the autumn 2018, the national context has emphasised the role of community services and the case for integration through the publication of the Long Term Plan (LTP) for the NHS. This also includes the introduction of Primary Care Networks. The vision described in the LTP has confirmed that City and Hackney is extremely well placed to progress its integrated care system through the workstreams with the Neighbourhoods Programme and the work undertaken through the community services project as cornerstones to the future model. Work to formalise the next steps and the relevant milestones is currently underway and will be confirmed within the next month.

11. Finance

The consolidated Planned Care position at Month 10 is £9.2m adverse forecast. The underlying Planned Care workstream position is driven by:

- The London Borough of Hackney (LBH), where Learning Disabilities has a £4m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for the LD Joint Funding Pilot. This non recurrent drawdown was badged to support LD packages. A report from PWC on the work jointly undertaken by the CCG and LBH on the pilot joint LD programme of work was agreed by the CCG's Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages .
- The LD forecast is in line with the outturn of the previous financial year and LBH plan to mitigate any year end deficit with council reserve funding. In addition to this, the Local Authority are experiencing delays in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in an additional £0.9m overspend.
- In month 10 The London Borough of Hackney, have benefitted from a £0.3m one off Public Health grant to support Voluntary Sector mental health provision within Adult Social care. In additional to this £0.3 Winter pressure funding has been allocated to the LA which has helped mitigate some of the over spend.
- The CCG's forecast over spend of £4m is driven by the following acute contracts: Homerton (£2.2m); Barts Health (£0.4m) due to regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m).The position also includes Continuing Health Care forecast overspend of £0.6m relating to Funded Nursing Care.
- Acute finance and activity over-performance continues broadly in line with the run rate trend and is being managed through Acute and General reserves. The CCG has presented a proposal to the Homerton based on audit results, to adjust and reimburse finance and activity anomalies that have driven some of the over performance experienced at the Trust. The discussions are still ongoing with an aim to resolve by mid March.

12. Patient Engagement

As with all workstreams, Planned Care is committed to patient engagement and co-production in the planning and delivery of public services. We have 2 resident/patient representatives on the CLG who attend all meetings as well as providing specific advice and oversight of patient involvement within our plans and priorities. We work with existing groups locally as well as requesting specific pieces of engagement work from expert patient/resident organisations. With all our major transformation projects we aim to ensure that we are not disadvantaging people with disabilities or creating further inequalities or problems with access to services and our patient/resident representatives are fundamental to this.

Our current plans are described below:

Outpatient Transformation	• Patient choice is essential. Appointments structure and communications need to be individualised and personalised • An easier electronic system where a patient can pick a time slot available is needed. GPs could also book the patient into their preferred time slot. • Outpatients process needs to be streamlined across referral, booking, appointment and results. • Make it easier for people to change appointment times • Patient should be able to select most convenient form of communication for them – active signup and choice should be built into patient checklist. Preference needs to be recorded on GP and hospital notes. Need to consider accessibility and language needs. • Text and phone call reminder should be used more as they work well. • Option to receive confirmation and results over email, text or phone call should be given in an opt-in way • Some people would like the choice of appointments in the community or at a local GP so they don't need to travel to hospital. • A one stop shop or having appointments for different things in one day should be offered but isn't appropriate for everyone. • Waiting times for appointments and results are too long • Needs to be more holistic treatment of people particularly those with long term conditions. • Group consultations and checks can work for some things (e.g. type 2 diabetes) so people can have peer-support and self-help. • Staff need to interact with patients as equals including by explaining why the appointment is needed. • Homerton have now instigated more wide spread text messaging of reminders for appointments. • The Homerton are now looking at IT solutions to offer choice to patients in how they receive letters or other communications. There options will be discussed and agreed with stakeholders later in the year. • Proposals for a community pathway and services for acne are being discussed and services wills start later in 2019. • More routine follow ups will be carried out in primary care for PSA monitoring. This should commence in April 2019. • **This report is being used to help develop work in 2019 on transforming outpatient's services.** • **The principles of choice, equity of access and individualised approach will underpin all work undertaken.**
Stroke	• A 'Let's Talk about stroke' - event on Tuesday 5 February at the Graeae Theatre. Over 70 people came along to share their experiences and to talk about how stroke support services can better meet the needs of City and Hackney residents. We will be in contact with all attendees to let them know what happens next and how their feedback is helping to shape services.

Risks and mitigation

Risks Register and Issue Log - March 2019

Issues Log

Ref	Description	Impact if not managed	Inherent rating			Current rating			Actions required	Target rating			Latest action to move the issue	Planned Care workstream responsible person	Status (open, pending or closed)	Notes
			Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total				
PC 11	There was an increase in elective activity in Q1 2018/19 which has continued throughout the year and will result in a budget overspend	Spending in other areas will need to be redirected to deal with any overspend. The risk to the overall CCG budget will result in an increased focus and reporting requirements from NHS England	5	4	20	5	4	20	Overall the Homerton response is that the increased activity reflects an increase in need. The reason for the increase in activity has not been fully explained (there has not been an increase in primary care referrals) and the situation continues to be investigated. An action plan has been implemented to address the causes of the overperformance.	3	3	9	Delivery of the action plan agreed with HUH is nearing completion. The C2C audits have been completed and established irregularities in counting which were mostly accepted by HUH across the four specialties. An agreement on contract values has been reached and a further audit programme for 2019 in Q1 have been agreed. Daycase activity will also be audited in Q1. Regular updates are being provided to the Planned Care CLG and an update will be provided to the ICB in March.	Siobhan Harper supported by River Calveley	Open	

Ref	Description	Impact if not managed	Inherent rating			Current rating			Actions required	Target rating			Latest action to move the issue	Planned Care workstream responsible person	Status (open, pending or closed)	Notes
			Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total				
PC 1	Financial pressures in the LD service	This pressure is creating challenge to current partnership arrangements and may impact on • the CLG proposals for future pooled budget develop-ments	5	4	20	4	3	12	The system partners need to agree a shared transformation and recovery plan for the LD service	3	3	9	The CCG has confirmed a contribution of £1.9m to the LD section 75 in respect of health costs within existing care packages, based on the joint funding pilot and validated by PWC. The CCG, LBH and CoL have agreed a way forward to establish the arrangements for 19/20 and the PC workstream will lead on producing a plan in response to this proposal. Proposals for the joint funding of LD services alongside wider budget pooling from April 2019 has been agreed at ICB	Simon Galzyinski/ Siobhan Harper supported by Matt Stafford	Open	
PC 7	Cancer 62 days target at Homerton has been missed for a number of months this year	This has already impacted on the most recent CCG rating from NHS England and will continue to	4	4	16	3	3	9	Action Plan to be developed by the workstream to improve the IAF rating. Regular performance monitoring meetings with HUH to be maintained.	3	3	9	There are weekly and fortnightly performance management discussions regarding the cancer position. NCEL improvement plan in place and Homerton is required to deliver local actions.	Siobhan Harper supported by Sue Maughn	Open	Close if performance is maintained.

Ref	Description	Impact if not managed	Inherent rating			Current rating			Actions required	Target rating			Latest action to move the issue	Planned Care workstream responsible person	Status (open, pending or closed)	Notes
			Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total				
		do so if not addressed.											HUH 62 day standard has improved in September 2018 – January 2019. The risk to CCG performance remains linked to backlog in surgical patients at UCLH. Actions to improve are in the NCEL system plan. Despite improvements in a number of areas cancer services have received an 'inadequate' rating from NHS England following a recent inspection. Stakeholder consultation is currently underway on the details of an improvement plan to be implemented across all aspects of cancer services.			
PC 8	Failure to meet the quality premium for Continuing	• Poor patient care • Additional scrutiny	4	4	16	3	3	9	Development of an assurance plan outlining actions to meet targets for location of assessment and	3	2	6	Our performance continues to improve and we are hoping to meet the targets for Q4.	Siobhan Harper supported by Cindy Fischer	Open	

Ref	Description	Impact if not managed	Inherent rating			Current rating			Actions required	Target rating			Latest action to move the issue	Planned Care workstream responsible person	Status (open, pending or closed)	Notes
			Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total				
Page 44	Health Care (CHC)	from NHSE • Loss of income							completion of decision within 28 days of referral. We have agreed on a CHC CQUIN with the Homerton.				January • 7% completed in acute • 62% assessments completed in 28 days • 0 cases exceeding 26 weeks February • 17% completed in acute • 92% assessments completed in 28 days • 0 cases exceeding 26 weeks			

Risk Register

Ref	Description	Consequence if risk occurred	How will you recognise that the risk is beginning to/is occurring?	Inherent rating			Current rating			Actions required to - mitigate risk - reduce impact and/or probability - reach target risk	Target rating			Latest action to move the risk to target (if not already achieved)	Planned Care workstream responsible person	Notes
				Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total			
Workstream risks																
PC 12	During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&HCCG with an additional	Spending in other areas will need to be redirected to deal with any overspend. The risk to the overall CCG budget will result in an increased focus and reporting requirements from NHS England	Monthly budget reports and monthly QIPP Reports will be routinely monitored but no QIPP plans will be able to impact these cost pressures	5	4	20	5	4	20	There are no QIPP activities that can be implemented that will have an impact on these cost pressures because they are DH/ NHSE directives on national pricing strategies to address national drug shortages and shortages in funding for community pharmacy contracts	5	4	20	We are unable to manage this direct risk, but have wider QiPP plans for the overall primary care prescribing budget which will deliver savings to enable impact of this drug pricing risk to be better tolerated [During 2017/18 the total year end impact for C&H was £1.2M NCSO - however the wider QiPP work delivered savings higher than the £1.2M cost pressure]	Siobhan Harper supported by Rozalia Enti.	

Ref	Description	Consequence if risk occurred	How will you recognise that the risk is beginning to/is occurring?	Inherent rating			Current rating			Actions required to - mitigate risk - reduce impact and/or probability - reach target risk	Target rating			Latest action to move the risk to target (if not already achieved)	Planned Care workstream responsible person	Notes
				Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total			
	cost pressure of for 2019/20															
PC 4	Staff at the statutory organisations responsible for the delivery of Planned Care priorities fail to buy into the process	Organisations continue to work in silos and opportunities to deliver efficiencies or improved outcomes fail to be achieved	Engagement with stakeholders via the Core Leadership Group and individual project teams.	4	3	12	3	3	9	Stakeholders recruited to the Core Leadership Group from across the relevant partner organisations Individual projects engage with relevant stakeholders Resources are invested in engaging with stakeholders at all levels	3	1	3	Core leadership meetings regularly established. A 'get to know you' session for members was delivered in February and a follow-up Away Day in August 2018. Further engagement is planned. A System Management group meets monthly and an oversight/steering group is being created for joint funding projects. The System Management Group has recently been expanded to included clinical and resident representatives.	Siobhan Harper and Simon Cribbens	
PC 5	Insufficient resources are committed to deliver the workstream 'Asks'	Programme milestones fail to be delivered on time due to a lack of available resources	Individual project and CLG reporting	4	3	12	4	2	8	As part of the development of the individual projects statutory services will be required to commit the necessary resources.	4	1	4	Continue to develop plans which include staff	Siobhan Harper and Simon Cribbens	

Ref	Description	Consequence if risk occurred	How will you recognise that the risk is beginning to/is occurring?	Inherent rating			Current rating			Actions required to - mitigate risk - reduce impact and/or probability - reach target risk	Target rating			Latest action to move the risk to target (if not already achieved)	Planned Care workstream responsible person	Notes
				Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total			
PC 6	The work of the Planned Care Workstream is perceived as only being about the delivery of savings rather than helping people to live more independently	Patients and other stakeholders fail to buy into the process and opportunities to deliver improved outcomes for service users are not achieved.	Feedback from stakeholder engagement	4	3	12	4	2	8	Project scoping will focus on efficiency savings AND opportunities to improve outcomes and this will be monitored throughout delivery	4	1	4	Regular stakeholder, resident and patient engagement agreed by the CLG to ensure the programmes and projects within the workstream are well understood. This has been incorporated into the work of the individual asks.	Engagement enabler group and all CLG members	
Project risks																
PC 3	Anti-coagulation service is not fully utilised	Patients will not receive a service from primary care. QIPP plans may not deliver	Feedback from the project implementation group	3	4	12	3	3	9	On-going relationship building and joint working at the project group Detailed project plan for transfers to practices outlined	3	2	6	CCG has proposed a timetable to support clarification and resolution of governance concerns so that actions would then be completed by 22nd April 2019	Siobhan Harper supported by Jan Tomes and Laura Sharpe	
PC 10	End of national funding for Pharmacy First and impact on primary care	Risk end of national funding for Pharmacy First increases pressure on primary care as residents on low	Feedback from CCG Medicines Management team	2	4	8	2	4	8	Work with key partners to develop a local Pharmacy First service.	3	2	6	Implementation strategy for a revised Pharmacy First scheme that addresses the decision to cease prescribing certain over the counter drugs to be finalised.	Siobhan Harper supported by Rozalia Enti.	

Ref	Description	Consequence if risk occurred	How will you recognise that the risk is beginning to/is occurring?	Inherent rating			Current rating			Actions required to - mitigate risk - reduce impact and/or probability - reach target risk	Target rating			Latest action to move the risk to target (if not already achieved)	Planned Care workstream responsible person	Notes
				Impact	Likelihood	Total	Impact	Likelihood	Total		Impact	Likelihood	Total			
		incomes are now required to attend their GP practice to a prescription for medicines available free of charge, direct from their pharmacy														
PC 9	HUH are unable to recruit appropriate staff to deliver the Outpatient transformation programme	Delivery of Outpatient transformation is delayed and/or fails to achieve the desired quality.	Progress reporting from the project team	3	3	9	3	2	6	Comprehensive recruitment process to be followed.	3	1	3	Programme Manager recruited and in post. Monitoring to continue to ensure that staffing resources are sufficient.	Siobhan Harper supported by River Calveley	

Siobhan Harper - Director, Planned Care Workstream
28.3.19

[i] Data describing incidence for cancer between ethnic groups are based on small numbers of cancer cases, and should be interpreted with caution. Source: Public Health England National Cancer Registration and National Cancer Registration and Variation in cancer incidence by ethnicity across London in 2015 2015 accessed online from: http://www.ncin.org.uk/view?rid=3709

[ii] Cancer Research UK 2017 accessed online from https://www.cancerresearchuk.org/health-professional/screening/bowel-screening-evidence-and-resources/past-bowel-cancer-screening-campaigns

[iii] Wardle et al, 2016 doi: 10/1016/S0140-6736(15)01154-X

[iv] Moss et al, 2017 doi: 10.1136/gutjnl-2015-310691

City & Hackney Neighbourhood Health and Care Services Programme

Learning from whole system workshops and next steps

Update to Integrated Commissioning Boards, March 2019

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

The strategic context for integrated care

- City and Hackney face a number of pressing health needs, changing demography and ongoing pressure on inpatient resources, but this is set against a strong track record of primary and community care delivery with high performing services already leading to great numbers of patients receiving care closer to home.
- Within this context health and care services in City and Hackney perform well, however the changing nature of the local disease burden – specifically the continuing impact of lifestyle factors, the need to more effectively address the wider determinants of health and the predicted growth of patients living with two or more long-term conditions – is likely to render these service models unsustainable.

A focus on integrated care in out-of-hospital services

- Out-of-hospital services will be the building blocks of integrated care. These services feature heavily in both the recently published NHS Long-Term Plan and the new GP contract proposals.
- By moving away from multiple silo-ed, 'one size fits all' services towards more targeted, preventative and joined-up care, they have the power to dramatically improve the lives of patients and have a much wider effect on the rest of the local health and care system.
- By local out-of-hospital services we mean the following services and spending:
  - community health services (£33m),
  - related social care (£18m of Better Care Fund pooled services, £18m of Hackney social care services and £2m of City of London social care services),
  - mental health services in the community (£21m),
  - whole-population (non-delegated) primary care services (£11m)
  - acute urgent care and GP out-of-hours services (£4m).
- The funding envelope for these services in City and Hackney is approximately £120m annually. We refer to these services together as out-of-hospital services because we want to emphasise their combined significance despite them having been historically commissioned separately.

Our approach to redesigning care

- The Neighbourhood Health and Care Services Programme was set up to consider the transformation of out-of-hospital services. Our original intention was for this work to inform a formal service redesign and procurement exercise starting in March 2019.
- We held a series of workshops in January 2019 to ask staff and stakeholders to inform this process. The workshops indicated a willingness and desire from the partners on the ground to deliver integrated care across organisational boundaries, and to develop new models of care, but they also highlighted a number of major barriers and obstacles.
- Staff reported that current commissioning arrangements, financial incentives and outcome measures do not support joint work across organisations to co-ordinate care. However, the majority of barriers identified were cultural and behavioural in nature, requiring system leadership, shared values, and investment in collaborative learning and solution building.
- It was clear from the workshops that the programme as originally envisaged was focused too narrowly on the structure and process of redesign but did not fully address the behavioural and leadership aspects of change management necessary to deliver a system-level transformation of care.

We held workshops throughout January with staff from across health and care in City and Hackney

8

workshops held

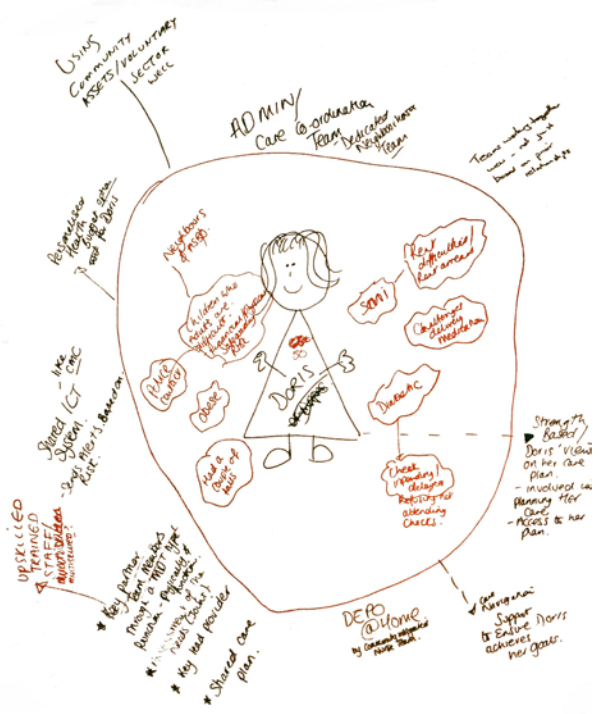
Approx.

200

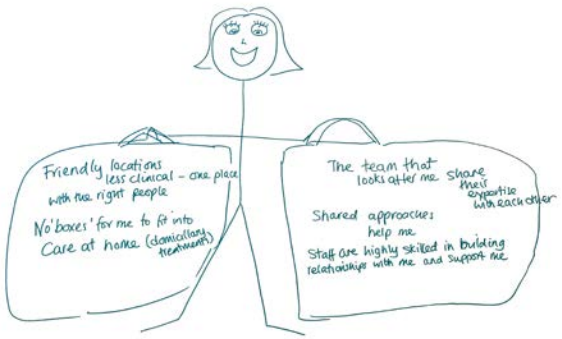
participants

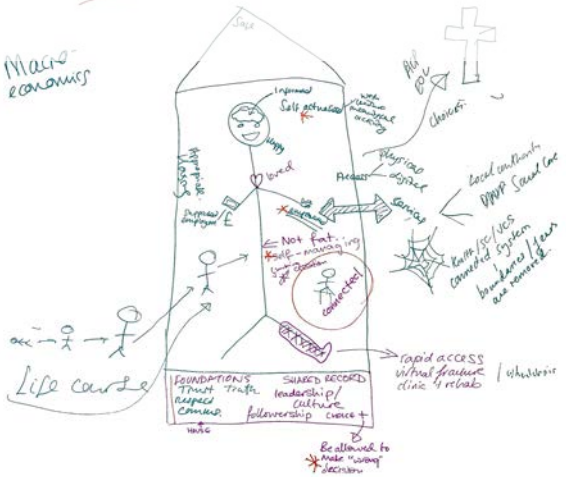
Wide representation of partners from across the local system:

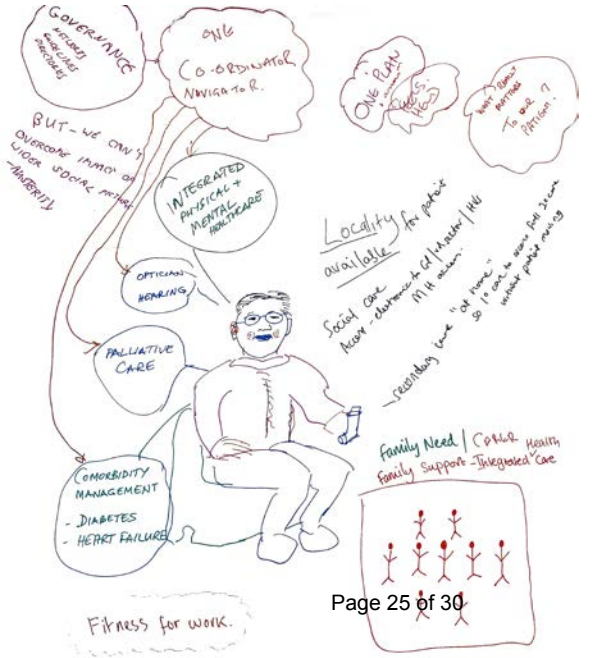
- CCG, patient representatives, primary care, Homerton (acute and community), ELFT (mental health), Learning Trust (schools), local authority (social care), charity and voluntary sector



Staff shared their visions of what amazing joined-up services would look like for patients in the future…







We asked staff to define the integrated patient-centred care they wanted to provide – which aligned closely with what residents have told us they want…

Resident statements: "What is important to me and what I value for my health, care and wellbeing:"

- Patient at the centre
- Joined-up care
- Equality between staff and the public - working together, clear communication and speaking the same language
- People are listened to and heard
- Responsible patients and staff
- Money is used well
- Community and neighbourhood
- Accountable and transparent staff and politicians
- Public are involved including in decisions
- Properly funded services
- Flexible support adapted to local and individual need
- Equal for all including equitable access
- Tackling causes and better prevention
- One-to-one care
- Equal treatment of mental and physical health
- Greater happiness and wellbeing
- Recognise people's skills and empower them to help themselves
- More training, education and employment for people
- Continuity of care
- Free health care

Workshop definition of integrated care:

- Care which addresses the holistic needs of patients as human beings, both physical, mental and social, and which is preventative and empowering;
- Care which is experienced by patients as consistent and co-ordinated, delivered in a joined-up way either at home, from a GP practice or local community location at Neighbourhood level or virtually, and only in hospital when truly necessary;
- Patients supported to make the best use of their own resources, rather than being treated like illnesses to be managed or problems to be solved;
- Patients being the owners of care plans which are based on patient-centred goals;
- Care delivered by staff who are empowered to work together as they see clinically fit in order to provide patients with more-coherent, less fragmented support; and
- Services and teams which are focused on supporting cohorts of patients to stay well rather than organised narrowly around professional or disease-specific specialisms.

Workshop participants identified seven key barriers to effective joint working as a system…

- A **culture** of 'them and us' between different organisations and professions, and between generalists and specialists, based on a lack of trust, and lack of awareness of different approaches and viewpoints;
- The current system of **contracts and commissioning**, where different teams and organisations are held to different performance standards and funding arrangements, and thresholds and referral criteria make it hard to operate more flexible clinical judgement;
- The way that **time and space** are managed, specifically with staff time heavily regulated by process – leaving them little ability to be flexible, with the same challenges also applying to the opportunity to share **infrastructure** resources such as buildings and equipment;
- The effects of mental and physical **organisational boundaries** such as complex referral systems, differing priorities, lack of collaboration, silo-ed working and thinking, and passing patients back and forth between organisations rather than taking more joint responsibility for finding solutions;
- Different contracts and funding arrangements leading organisations to be protective of **resources and capacity**, making it harder to flexibly align resources adaptively around the needs of patients;
- The lack of coherent **common goals and values** role-modelled by leaders, that endorse the need for collaboration and joined-up working and thinking, as well as organisational commitment to multi-agency working; and

Participants also identified changes they wanted from leaders – challenging them to build on the relationships between organisations:

- By ensuring that leaders in partner organisations collaborate and role-model the necessary commitment and common purpose; sharing resources and enabling staff to change the way they work;
- By empowering teams to work differently, engage with partners and to increase ambitions around multi-agency working – removing competitive or monolithic practices that serve to disempower teams or fragment or confuse responsibility for care;
- By changing how success is measured, so that focus moves away from proscriptive process measures towards population outcome measures, underpinned by a whole-system agreement to enable a more values-led, trusting and adaptive system environment.

Primary Care Networks

- As part of the NHS Long Term Plan a five year framework to change the GP contract was announced. A key part of this is the development of Primary Care Networks (PCNs) for populations of 30-50,000
- In the first year each network will receive funding to employ one social prescriber and 70% of the cost of hiring one pharmacist
- Each network will be led by a GP in the role ofpart time clinical director
- By 2024 each network will have:
  - 5 pharmacists
  - 3 social prescribers
  - 3 first contact physiotherapists
  - 2 physician associates
  - 1 community paramedic
- The hope and expectation is that PCNs in City and Hackney will operate on the same footprint as neighbourhoods
- We also need to make sure these additional resources work seamlessly with the rest of the local system

The case for a change programme

- Overcoming competitive behaviours and building trust and collaboration between clinicians in different organisations will be key to delivering integrated care in out-of-hospital services, in whatever form it is commissioned. As stated recently by the King's Fund, "the principal benefits of integrated care result from clinical integration rather than organisational integration" .
- This change cannot be owned by one organisation in the system on its own, be it the CCG or any of our key partners; a system-level approach is required, owned collectively.
- We propose a system-level change programme with the following elements:
  - Visible system-level leadership, role-modelling the behaviours that will deliver integrated care;
  - Action to address organisational processes and behaviours that hinder collaboration on integrated care, particularly in multi-agency clinical teamwork and service co-ordination;
  - System-level learning projects in priority areas where maximum benefit could be achieved from deeper integration, with change developed from the bottom up by clinical teams
  - Investment in more trusting relationships across the system, focusing more on common values, goals and outcome measures and less on organisational differences

Hackney

Health in Hackney Scrutiny Commission 8th April 2019 **Review on 'Digital first Primary Care…" evidence from NHS Digital on The NHS App**	Item No **7**

OUTLINE

This is the final committee evidence session for the Commission's review on 'Digital first primary care and the implications for GP Practices". The Commission has invited the developer of the NHS App for Primary Care to discuss the App and how it will align with the digital developments going on in each locality. Attending will be:

David Hodnett, Programme Delivery Lead the NHS App, NHS Digital, Leeds

For this item the information submitted comprises links to the NHS Digital websites which details the NHS App and how it operates:

https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/ and also here https://digital.nhs.uk/services/nhs-app

Here is the blurb:
The NHS App is a new simple and secure way to access a range of NH services on your smartphone or tablet. It allows you to:

- *Check your symptoms*
- *Find out what to do when you need help urgently*
- *Book and manage appointments at your GP surgery*
- *Order repeat prescriptions*
- *Securely view your GP medical report*
- *Register to be an organ donor*
- *Choose how the NHS uses your data*

The NHS App is now available to the public on Google Play and Apple app stores. GP practices are being connected to the app gradually and will all be connected by 1 July 2019. People will only be able to use all features when their GP practice is connected to the app. Patients can check if their GP practice is connected when they open the app for the first time. If the practice is not connected, patients can leave an email address and will be notified when it is.

ACTION
The Commission is requested to give consideration to the briefing and discussion.

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Hackney

Health in Hackney Scrutiny Commission 12th March 2019 **Inner North East London Joint Health Overview and Scrutiny Committee INEL JHOSC – verbal update from Chair**	Item No **8**

OUTLINE

The Chair will give a verbal update on the recent meeting of INEL JHOSC which took place on 3 April.

The agenda for that meeting is here:
http://mginternet.hackney.gov.uk/ieListDocuments.aspx?CId=346&MId=4575

The key agenda items are:

- *The Estates Plan for North East London*
- *The NHS Long Term Plan and refreshing the NEL STP (now called ELHCP)*
- *Terms of Reference and Protocols for INEL JHOSC*

The subsequent meetings will be held on:

19 June
18 Sept
27 Nov

All take place at Old Town Hall, Stratford at 7.00pm.

ACTION

The Commission is requested to note the information.

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Hackney

Health in Hackney Scrutiny Commission 8th April 2019 **Work Programme for 2019/20**	Item No **9**

OUTLINE

Attached is the latest draft of the Commission's work programme which includes items provisionally scheduled for the new year from June. The programme will be confirmed by the re-constituted Commission at the first meeting in June. Council committees do not meet in May.

ACTION

The Commission is requested to give preliminary consideration to topics for the work programme for next year noting that the final decision will be made by the Commission in June and submitted to Scrutiny Panel and Cabinet for comment and input.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2018 – April 2019 (as at 29 March 2019)

All meetings will take place in Hackney Town Hall, unless stated otherwise on the agenda. **This is a working document and subject to change.**

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Tue 12 June 2017 Papers deadline: 1 June		Jarlath O'Connell	**Election of Chair and Vice Chair for 2018/19**	
	Legal & Democratic Services	Dawn Carter McDonald	**Appointment of reps to INEL JHOSC**	To appoint 3 reps for the year.
	HUHFT	Tracey Fletcher	**Response to Quality Account for HUHFT**	Discussion with Chief Exec of Homerton University Hospital on issues raised in the Commission's annual Quality Account letter to the Trust.
	LBH/CoL/CCG Planned Care Workstream	Simon Cribbens SRO Siobhan Harper, Workstream Director Anne Canning Dr Mark Rickets	**Integrated commissioning – PLANNED CARE Workstream**	4th in a series of updates from each of the Integrated Commissioning Workstreams
	LBH/CoL/CCG UnPlanned Care Workstreams	Nina Griffith Dr Mark Rickets	**Delayed Transfers of Care including the outcome of the 'Discharge to Assess' pilot.**	Update requested at 14 Feb meeting.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	LBH/CoL/CCG UnPlanned Care Workstream	Nina Griffith Dr Mark Rickets	**Update on new arrangements for Integrated Urgent Care**	Presentation on the ongoing Hackney element to the new Integrated Urgent Care service which will replace CHUHSE from August and work alongside London Ambulance Service (the new pan NEL NHS 111 provider).
	MEMBERS		**WORK PROGRAMME FOR 2018/19**	To agree the outline Work Programme for 2018/19
FOR NOTING ONLY	ELHCP	Jane Milligan (for noting only)	**NHS North East London Commissioning Alliance**	To note letter from Jane Milligan (AO for the NEL LCA and Exec Lead for ELHCP) to the Chair of INEL JHOSC in response to questions regarding the new NHS structures and commissioning arrangements in north east London.
Tue 24 July 2018 Papers deadline: 16 July	CCG, GP Confed, HUH, Adult Services	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model for Health and Social Care**	Suggested by CCG, GP Confed, Public Health.
	LBH/CoL/Prevention Workstream	Anne Canning SRO Jayne Taylor Workstream Director	**Integrated commissioning – PREVENTION Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	Healthwatch	Tara Barker Jon Williams	**Healthwatch Hackney Annual Report**	To consider the annual report of Healthwatch Hackney
FOR NOTING ONLY			**Responses to Quality Account requests**	To note responses by the Commission to requests for comments on draft Quality Accounts. Responses to:

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
				- St Joseph's Hospice - Arriva Transport Solutions
Wed 26 Sept 2018 Papers deadline: 17 Sept	Integrated Commissioning CCG/LBH/HUHFT/ ELFT	David Maher Amaka Nandi Anne Canning Tracey Fletcher Paul Calaminus	**Estates Strategy for North East London**	Update on emerging Estates Strategy at NEL level and impact on Hackney.
	HUHFT	Tracey Fletcher	**Changes to pathology services at HUHFT**	Update requested at July meeting following concerns raised by Dr Coral Jones.
	CCG, Finance & Resources, Adult Services	Sunil Thakker Ian Williams David Maher Anne Canning	**Update on pooled vs aligned budgets in Integrated Commissioning**	Requested at March meeting. To focus on implications for cost savings programmes.
	Chair of CHSAB Adult Services	Simon Galczynski John Binding	**Annual Report of City and Hackney Safeguarding Adults Board**	Annual review of SAB work. Annual item.
	Adult Services/ Planned Care Workstream	Simon Galczynski Tessa Cole	**Integrated Learning Disabilities Service**	Update on development of the new model
FOR NOTING ONLY	Adult Services Carers Centre		**Cabinet Response to review on 'Supporting Adult Carers'**	To note the Cabinet Response to the Commission's review on 'Supporting adult carers' agreed by Cabinet on 17 Sept.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 19 Nov 2018 Papers deadline: Thu 8 Nov	NHSE London (commissioner) GP Confederation Public Health CCG CACH and CYP&M Workstream	Catherine Heffernan Debbie Green Rehana Ahmed Laura Sharpe Dr Mary Clarke Dr Simrit Degun Dr Penny Bevan Dr Rhiannon England Sarah Darcy Amy Wilkinson	**Vaccine preventable disease and 0-5 childhood immunisations**	Long item on Childhood Immunisations to address concerns about the borough's performance and key issues for the stakeholders engaged in trying to increase the uptake of immunisations.
Members of CYP Scrutiny Commission attended	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director	**Update on Integrated Commissioning – CYPM Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	NHSEL (commissioner) Royal Free (provider for central and east London) CELBSS	Kathie Binyish Maggie Luck Kim Stoddart Willia\m Teh Steven Davies Tamara Suaris	**Changes to Breast Screening Services in Hackney**	Follow up to response in August from NHSEL re concerns about shortage of appointments and overall performance of breast screening service for Hackney residents.
	HUHFT Hackney Migrant Centre	Tracey Fletcher Rayah Feldman Daf Viney Dr Miriam Beeks	**Implementing the overseas visitors charging regulations**	Response from HUHFT to concerns about pre attendance checks on patients attending the Homerton to establish entitlement to free NHS services.
Mon 7 Jan 2019 Papers deadline: Tue 18 Dec	GP at Hand City & Hackney CCG City & Hackney GP Confederation Hammersmith &Fulham	Paul Bate Richard Bull Dr Mark Rickets Laura Sharpe Written	**REVIEW on Digital Primary Care and the implications for GP practices – Agree Terms of Reference and Evidence gathering Session 1**	Agree ToR and commence evidence gathering with evidence from GP at Hand/Babylon Health Hammersmith & Fulham CCG City and Hackney CCG City and Hackney GP Confederation

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	City & Hackney CCG	Dan Burningham	**URGENT ITEM Health Based Places of Safety**	Proposal for change to the provision of Health Based Places of Safety in NE London
Mon 4 Feb 2019 Papers deadline: 24 Jan	Adult Services	Anne Canning Group Director CACH	**Response to CQC Inspection on Housing with Care**	On 14 Jan 2019 a CQC Inspection Report rated Housing with Care Service as 'Inadequate'. To consider the report and the immediate response.
	Partnership Members; Public Health, Hackney Learning Trust, Children's Services, Young Hackney, Community Services, NHS partners etc	Tim Shields Jayne Taylor	**Obesity Strategic Partnership briefing**	Report from Chief Exec and Public Health on 'Obesity Strategic Partnership' a whole system approach to tackling obesity
	LBH-CoL-C&HCCG Integrated Commissioning – IT Enabler Group	Niall Canavan Lead Officer for IT Enabler Group	**REVIEW on Digital Primary Care and the implications for GP practices**	Work of the IT Enabler group on digital first primary care
	City and Hackney Local Medical Committee and Tower Hamlets Local Medical Committee	Dr Fiona Sanders Dr Gopal Mehta Dr Jacky Applebee	**ditto**	The view of two Local Medical Committees on the impact on the ground with GPs
Written submission only	*ELHCP* *Tower Hamlets CCG*	*Jane Lindo, Primary Care Lead, ELHCP*	***ditto***	*New digital primary care models in Tower Hamlets and in NEL.*
	LBH/CoL/CCG Unplanned Care Workstream	Nina Griffith Workstream Director	**Integrated commissioning – UNPLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
INEL JHOSC Wed 13 Feb 2019 at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (INEL Support Officer -Newham Council) Alan Steward (ELHCP) Ellie Hobart (Acting Dir Corporate Affairs, TH CCG)*	**a) Election of Chair and Vice Chair b) Terms of Reference and Protocols c) NHS Long Term Plan d) Patient Transport e) Work programme**	
Tue 12 Mar 2019 Papers deadline: 1 Mar	AskMyGP Egton	Ian Barratt Irfhan Mururajani	**REVIEW on Digital Primary Care and the implications for GP practices – Evidence gathering 3**	*askmyGP* and Egton are online workflow solutions for the management of patient need in GP Practices. Members went on a site visit to Lower Clapton Practice where to view AsMyGP. Egton have a pilot at Stratford Village GP Practice and have started working with Hackney GPs
	Hackney KONP	Shirley Murgraff	**REVIEW on Digital Primary Care… – Evidence gathering 3**	Input from local residents on response to GP at Hand.
	Adult Services	Anne Canning	**Action Plan on Housing with Care service**	Action Plan in response to CQC Inspection report of 14 January which rated the service as Inadequate.
	Adult Services	Gareth Wall Tessa Cole	**6 month update on implementation of recommendations of 'Supporting adult Carers' review**	Including briefing on the new model for Carers Services.
	Adult Services	Tessa Cole	**Adult Services Local Account**	Annual item on publication of the Local Account of Adult Services

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
INEL JHOSC Wed 3 April at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Henry Black and Jane Milligan (ELHCP)* *Robert Brown (INEL officer, Newham Council)*	***a. INEL ToR and Protocol*** ***b. NHS Long Term Plan and refreshing NEL STP*** ***c. NEL Estates Strategy***	
Mon 8 April 2019 Papers deadline: 28 Mar	NHS Digital	David Hodnett	**REVIEW Digital Primary Care and the implications for GP practices - Evidence gathering 4 and draft recommendations**	Evidence to review from the developer of the NHS App for Primary Care from NHS Digital
	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director Andrew Carter, SRO	**Integrated commissioning – PLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	Adult Services	Ann McGale Penny Heron Tessa Cole Anne Canning	**Integrated Learning Disabilities Service**	2nd update on development of the new model
			Discussion on Work Programme items for 2019/20	

20-18/19 REVIEW report will be agreed at June 2019 meeting.

JHOSC Meetings in 2019/20 already scheduled

INEL JHOSC Wed 19 June at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (Newham Council)*	***TBC Mental Health***	
INEL JHOSC Wed 18 Sept at 19.00 hrs at Old Town Hall Stratford	***JOINT WITH Outer North East London JHOSC***	*Robert Brown (Newham Council)*	***NHS Long Term Plan*** ***CAMHS***	
INEL JHOSC Wed 27 Nov at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (Newham Council)*	***TBC***	

Provisional Meeting dates for Health in Hackney in 2019/20

The following dates for Health in Hackney were agreed at Full Council on 27 February.

13 June 2019
10 July 2019
12 September 2019
4 November 2019
12 December 2019
29 January 2020
12 February 2020
30 March 2020

Items to be scheduled for Health in Hackney in 2019/20

13 June 2019	All Members	O&S Officer	**REVIEW Digital Primary Care and the implications for GP practices – agree report**	To agree the report of the review.
13 June 2019	All Members		**Work Programme for 2019/20**	To agree the draft work programme for the year for submission to Scrutiny Panel and Cabinet for comment.
13 June 2019	All Members	Monitoring Officer O&S Officer	**INEL JHOSC appointments**	To appoint 3 Members to serve on INEL JHOSC for the year 2019/20.

13 June 2019	HUHFT St Joseph's Hospice	Tracey Fletcher tbc	**Responses to draft Quality Accounts:** - **HUHFT** - **St Joseph's Hospice**	To comment on the draft Quality Accounts for 2018/19 from the local NHS Services who request them.
10 July 2019	LBH/CoL/Prevention Workstream	Anne Canning SRO Jayne Taylor Workstream Director	**Integrated commissioning – PREVENTION Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
12 September 2019	Adult Services Healthwatch Hackney	Anne Canning Jon Williams	**Update on Housing with Care service**	Updates from both Adult Services and Healthwatch Hackney 6 months after the last item on the implementation of the Action Plan in response to the CQC inspection of the Housing with Care service
4 November 2019	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director Anne Canning SRO	**Update on Integrated Commissioning – CYPM Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
29 January 2020	LBH/CoL/CCG Unplanned Care Workstream	Nina Griffith Workstream Director Tracey Fletcher, SRO	**Integrated commissioning – UNPLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
30 March 2020	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director Andrew Carter, SRO	**Integrated commissioning – PLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams

tbc	Cabinet Member	Cllr Demirci	**Cabinet Member Question Time with Cllr Demirci**	Annual CQT Sessions
tbc	HCVS Connect Hackney Cabinet Member Age Concern East London? GP Confed or CCG?	Jake Ferguson Shirley Murgraff Cllr Demirci	**Connect Hackney - Reducing social isolation in older people**	Report on work of Connect Hackney (a Big Lottery Funded project) Suggested look at work of Mendip Council in Somerset which resulted in reductions in hospital admissions.
tbc	CCG Confed	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model**	Revisit the progress in July 2019.
tbc	Integrated Commissioning – Planned Care Workstream	Siobhan Harper	**Housing First pilot**	Update on this health initiative in conjunction with Housing Needs to support those with multiple and complex needs.
tbc	Adult Services Oxford Brookes University researcher Camden Council rep (best practice)	Gareth Wall and Simon Galczynski Names tbc Names tbc	**Market Making in Adult Social Care**	Report on Adult Services Market Position Statement and benchmarking on how to develop the local market for social care providers.
tbc	ELHCP	Jane Milligan? Alan Steward?	**The NHS Long Term Plan**	A Hackney item to focus on the implications of proposals for legislative change to usher in Integrated Care Systems. Issue also being covered at INEL
Possible Engagement Event **Date to be determined**	LBH CCG HUHFT ELFT Healthwatch	Tim Shields/ Ian Williams/ Anne Canning David Maher Tracey Fletcher	**NEL Estates Plan in particular plans for St Leonard's Site**	Scrutiny will host an engagement event with the senior officers from the relevant stakeholders and the Cabinet Members to discuss the emerging plans for the St Leonard's Site.

		Dr Navina Evans Jon Williams		
tbc	CCG	Dr Mark Rickets	**Update on impact of closure of Sorsby GP practice and dispersal of list**	Follow up from March 2019 meeting
tbc	CACH Planned Care Workstream?	Anne Canning	**Update on provision of intermediate**	Follow up from suggestion at March 2019.

Other suggestions from Members at the beginning of the year to be followed up/scheduled:

1. Exploring the relationship between health and well being and housing in Hackney.

2. Scrutiny of Public Health function since it transferred from the NHS 5 years ago.