Health & Wellbeing Board

AGENDA REPORTS PACK

Wednesday, 6th March, 2019 at 6.00 pm

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

Contact: Peter Gray
Governance Services
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief Execitive

The press and public are welcome to attend this meeting

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Deputy Mayor Feryal Demirci Deputy Mayor and Cabinet Member, Health, Social care, Transport and Parks (Chair)	**Dr Mark Rickets** Chair, City and Hackney Clinical Commissioning Group (Vice-Chair)
Dr Navina Evans Chief Executive, East London Foundation Trust	**Rupert Tyson** Chair, Hackney Healthwatch
Raj Radia Chair, Local Pharmaceutical Committee	**Tracey Fletcher** Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	**Deputy Mayor Anntoinette Bramble** Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care
Anne Canning Group Director, Children, Adults and Community Health, Hackney Council	**Kim Wright** Group Director, Neighbourhoods and Housing, Hackney Council
David Maher Managing Director, City and Hackney Clinical Commissioning Group	**Laura Sharpe** GP Confederation
Dr Sue Milner Interim Director of Public Health	

NHS England Representative	

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	**Adi Cooper** Chair, City and Hackney Safeguarding Adult Board

Additional Attendees	
Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	**Jackie Brett** Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	**Ida Scoullos** Community Empowerment Network
Peter Gray Governance Services Hackney Council	

Health & Wellbeing Board

AGENDA
Wednesday, 6th March, 2019

ORDER OF BUSINESS

Item No	Title	Page No
1	**Welcome and Introductions**	
2	**Apologies for absence**	
3	**Declarations of Interest - Members to Declare as Appropriate**	
4	**New Members on the Health and Wellbeing Board** To note new members on the Board: • Dr Sue Milner (Interim Director of Public Health) and • Rubert Tyson (Chair, Hackney Healthwatch)	
5	**Minutes of the Previous Meeting**	1 - 4
6	**Community Voice**	
7	**Prevention work stream update**	5 - 18
8	**Integrated Commissioning Governance Review**	19 - 74
9	**Prevention Concordat for Better Mental Health**	75 - 82
10	**Date of next meeting - 12 June (Provisional)**	

Health & Wellbeing Board

ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Suki Binjal, Interim Director of Legal, on 020 8356 6237 or email suki.binjal@hackney.gov.uk

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Hackney

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 21ST NOVEMBER, 2018

Members Present: **Deputy Mayor Feryal Demirci in the Chair**

Deputy Mayor Anntoinette Bramble, Paul Fleming, Dr Penny Bevan, Dr Navina Evans, Tracey Fletcher, Anne Canning, David Maher, Laura Sharpe, Dr Mark Rickets

Officers in Attendance: **Matt Clack and Peter Gray**

Also in Attendance: **Adi Copper and Dan Burningham**

1 Welcome and Introductions

1.1 Apologies for absence were submitted on behalf of Raj Radia.

1 Minutes of the Previous Meeting

2.1 The Minutes of the meeting of the Health and Wellbeing Board on 13th June were agreed as a correct record subject to the correction of Dr Mark Ricket's name in the list of attendees.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 Community Voice

4.1 There no community voice section in the meeting.

5 City and Hackney Safegaurding Adults Board - Annual Plan 2017/18

5.1 Adi Cooper presented the City and Hackney Safeguarding Adults Board – Annual Report 2017- 18. She told the Board of ongoing work with partners who contributed to the work of the Board. This partnership had continued to grow and develop as reflected in the report. The Board continued to consider information about safeguarding activity to inform its' priorities. Adi Copper reported that the Board continued to raise awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, in particular, 'Safeguarding Champions'. Adi told the Board that a number of multi-agency sub-groups had been established to help it deliver on its objectives and annual priorities. The group supported the development of the website for the CHSAB which incorporated suggestions made by service users and residents. Further, there had been a programme of learning workshops with the support of the Training and Development

group. Adi told the Board of a very successful event on abuse. She stressed the need for communication with residents who had indicated that they wanted information. All outcomes had been achieved and the impact of safeguarding was good.

5.2 The Chair asked whether it was considered that sufficient work was being put into promoting adult safeguarding. Adi Cooper confirmed that more work was necessary in this area. She confirmed to the Board that there was in principle agreement to working with the children's safeguarding Board on violence to women and girls. There were, however, legal and policy difficulties in this area that would need to be worked through.

5.3 Penny Bevan referred to the report as excellent and one which demonstrated enormous progress. She referred to the prevalence of abuse in the home environment and asked whether alcohol was a participating factor and if data could be collected on this. Adi Cooper told the Board that at present there was no mechanism to collect this data but confirmed that it would be possible to look at the feasibility of doing this.

6 Update on the East London Health Care Partnership – Mental Health Crisis Care

6.1 The Board expressed concerns that a representative of the partnership was not present to present the London Health Commission report.

6.2 Dan Burningham introduced the Mental Health Crisis Care for Londoners report, outlining the HLP business case for reducing the existing 20 existing dedicated HBOoS sites across London to nine hubs, each with better quality facilities and staffing, forming improved relationship with the Police and the Ambulance Service. The Royal London was to close with the flow being diverted to the Homerton which would expand with service users influencing the design. In response to a question he confirmed that a vulnerable person would only go to the Homerton if no other bed was found in the area in which they resided. A nurse was to be appointed at the Homerton to ease the pressure on A&E. The Chair asked how the new arrangements would fit into the proposed transfer of mental health beds from the Homerton. Dr Evans clarified that the 136 Suite would have to be supported and would 'go into the mix' if the transfer occurred.

6.3 David Maher reported that this was part of the evolution of crisis care to ensure that vulnerable people are kept in places of safety and stressed the importance of crisis support with maximum impact street triage.

6.4 The Chair referred the Board to the list of aspirations in the London Health Commission report. The Board considered whether some of these aspirations could form part of the way forward for the Health and Wellbeing Board as discussed recently at a Board development session. Penny Bevan referred the Board to the summary of recommendations in the report. These had been consulted on widely with much work undertaken which was having effect, including around TB. The chair welcomed the fact that links had been made between air quality and health. Laura Sharpe welcomed the report with the social determinants of health and the consideration of a wide range of aspirations and sharing the neighbourhood's agenda. Anne Canning recommended filtering the recommendations to find one that was not currently carried out.

7 Discussion on how to take the ideas from the Development Session forward

7.1 The Board considered the report on the development session recently held to consider its role for the coming year and to reframe its position to other health-related decision- making committees in Hackney. The discussion had been supported by an information pack including headline demographics, an outline of the Board's formal role and progress made against the joint health and wellbeing strategy.

7.2 Penny Bevan recommended the establishment of a steering group to look at the recommendations in the London Health Commission report and recommended to the Board on areas that it considered relevant, linking these into overall strategy. Paul Fleming referred to the Health and Social Care landscape as complex and ambiguous and that measuring improvement was difficult. He considered that the Board could look at what it does that tangibly demonstrates that it has made a difference. David Maher considered it important to focus on high impact themes areas where the Board could hold itself to account. The Board suggested a further development session.

Agreed:

To convene a working group to look at developing the role of the board and the refresh of the Health and Wellbeing Strategy.

8 Complaints Charter

8.1 Malcolm introduced the report, laying around the Hackney's Health & Social Care Complaints Charter. He told the Board that this would be widely distributed and asked members to let him know of any final comments as soon as possible. The Chair asked that the charter be publicised widely.

Agreed:

1. To formally launch the complaints charter

2. That Charter signatories report to the next meeting on the implementation of their complaints charter delivery plan.

9 Penny Bevan

9.1 The Chair announced that this was to be Dr Penny Bevan's final meeting as she was soon to retire. She thanked Penny for all her work as Director of Public Health and the leadership that she brought to the role, helping to put Hackney on the map.

10. Dates of Future Meetings - 9 January 2019/ 6 March 2019

Duration of the meeting: 6pm – 7:30

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Report to Hackney Health and Wellbeing Board

Date:	**6th March 2019**
Subject:	**Prevention workstream update**
Report From:	**Jayne Taylor, Prevention Workstream Director**
Summary:	This paper provides an overview of the Prevention workstream's key priorities and current programme of work.
Recommendations:	Members of the Board are asked to: ● note the report ● consider how the work of the Prevention workstream can align with and inform the new Joint Health and Wellbeing strategy.
Contacts:	jayne.taylor@hackney.gov.uk 020 8356 3349

Financial Considerations
Not applicable

Legal Considerations
Not applicable

Attachments
Paper: Prevention workstream update to Hackney Health and Wellbeing Board

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Prevention workstream update to Hackney Health and Wellbeing Board
6 March 2019

Author: Jayne Taylor, Prevention Workstream Director

1. Purpose of this paper

This paper provides an overview of the Prevention workstream's key priorities and current programme of work.

Members of the Board are asked to:

1. note the report
2. consider how the work of the Prevention workstream can align with and inform the new Joint Health and Wellbeing strategy.

2. Context - health and wellbeing needs of Hackney residents

The infographic in Appendix 1 provides an overview of local health and related outcomes across the lifecourse. For a detailed analysis of the health and wellbeing needs of Hackney (and City) residents, please refer to the City and Hackney Health and Wellbeing Profile/Joint Strategic Needs Assessment (JSNA).[1]

While Hackney, relatively speaking, is much less deprived than it was 10 years ago, it remains the second most deprived borough in London (and eleventh nationally). This is linked to a range of poorer health outcomes - including lower than average life expectancy, especially among men.

The main causes of death in Hackney, as elsewhere, are cancer, cardiovascular disease (CVD) and respiratory disease (see Appendix 2). Around a third of these deaths are considered to be avoidable. The most common conditions contributing to the total burden of poor population health (including mortality and morbidity) include back pain, heart disease, depression and anxiety, lung cancer, chronic obstructive pulmonary disease, and falls.[2] All of these conditions are amenable to preventative action. According to local GP data, one in four adults in Hackney is living with two or more long-term conditions.

The main preventable risk factors for premature death and poor health are obesity and dietary factors, tobacco, low physical activity and alcohol - plus associated metabolic factors such as high blood sugar ('pre-diabetes'), high blood pressure (hypertension) and high cholesterol.

[1] https://hackneyjsna.org.uk
[2] Global Burden of Disease Study, 2016

Estimates suggest that significant numbers of people locally are living with undiagnosed clinical risk factors for poor health (including hypertension, pre-diabetes and diabetes).

Social inequalities drive health inequalities. These inequalities are clearly evident in Hackney (see Box 1) and are likely to widen as the population continues to change and certain areas become less deprived.

Box 1: Summary of some of the key health inequalities in Hackney

- Life expectancy is 4.3 years lower for men and 4.8 years lower for women in the most deprived areas of Hackney compared to the least deprived areas.
- Smoking is the biggest cause of social inequalities in health - it is much more common among unemployed people, those with poor mental health, people who are homeless, and among certain minority ethnic groups (including men from Turkish speaking and Black Caribbean backgrounds).
- Obesity prevalence is also socially patterned, being more prevalent in more deprived areas and among Black African/Caribbean communities.
- People with poor mental health are significantly more likely to be exposed to preventable risk factors for premature mortality and poor physical health (e.g. smoking is the largest avoidable cause of premature death in those with mental health disorders).
- The risk of multimorbidity (i.e. presence of two or more long-term conditions) increases markedly with age and, among under 75s, is strongly linked to socioeconomic deprivation.

3. The role of the Prevention workstream in improving the health and wellbeing of people in Hackney

3.1 Overview

The strategic objectives of the City and Hackney Integrated Care System are as follows.

- **Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities.
- Deliver proactive community based care closer to home and outside of institutional settings where appropriate.
- Maintain financial balance as a system and achieve financial plans.
- Deliver integrated care which meets the physical, mental health and social needs of our diverse communities.
- Empower patients and residents.

In supporting these strategic objectives, the Prevention workstream aims to:

1. reduce the harms from the main preventable causes of poor health
2. take early action to avoid or delay future poor health
3. support and enable people to manage their own health and wellbeing.

We can only achieve these aims through close partnership working and, as such, we have set ourselves two overarching objectives to:

- support all workstreams, and other parts of the integrated health and care system, to embed prevention principles in their plans
- work with wider partners within the local authority and beyond to better understand and improve the social, economic and environmental drivers of health and inequalities.

(See Appendix 3 for a diagrammatic depiction of these high level Prevention workstream priorities.)

Some specific examples of work underway to deliver against our three broad aims are provided in Appendix 4). An overview of some of our key areas of current work is provided below. Further detail on the full scope of the Prevention workstream's programme of work is available on request.

The total budget aligned to the Prevention workstream is approximately £30m, a significant portion of this coming from the Public Health Grant (currently ring-fenced). Other commissioning budgets aligned with Prevention include a small number of prevention-focused Adult Social Care contracts, plus CCG funding related to primary care management of long-term conditions as well as Social Prescribing.

3.2 Making Every Contact Count (MECC)

MECC is about using the vast human resources across the NHS, local authorities and voluntary and community sectors to give people consistent, simple message and signpost them to services that help improve their health and wellbeing. It involves opportunistically engaging people in conversations about their health and wellbeing at scale, across organisations and populations. A MECC intervention takes a matter of minutes and is not intended to add to the busy workloads of frontline staff.

Our ambition is to empower the entire local health and care workforce to routinely have conversations with patients and the public about their health and wellbeing, to help embed prevention across the system for lasting and sustainable population health benefits. MECC is therefore a key mechanism for achieving the aspirations of the City and Hackney Integrated Care System to shift focus and resources towards prevention.

A two year programme of work is being developed to scope, co-design, test and embed a local approach to MECC across Hackney and the City.

3.2 Community navigation and Social Prescribing

Enabling people to better manage their own health by supporting easier access to local preventative resources is a key priority for the Prevention workstream. Community navigation is also central to the local ambition for Neighbourhoods, with these roles/functions envisaged as part of the core neighbourhood team. A joint Prevention workstream/Neighbourhoods project on community navigation, which seeks to build on current good practice and address gaps in provision, is currently underway - a network of local care navigation providers has been convened to take forward this work.

3.3 Supported employment

Improving employment rates for people with mental illness and learning disability is another key priority for the Prevention workstream, working in partnership with the Mental Health Coordinating Committee and Planned Care workstream. A provider-led network, chaired by a VCS representative, is taking forward a programme of work to improve access to employment opportunities for these groups, focusing on three main areas: employer engagement; provider accreditation; and developing a 'supported employment passport' for service users. A project manager has just been appointed to develop this work programme.

3.4 Whole system action to tackle the major preventable risk factors for poor health and inequalities

Two examples of the 'whole system' approach that the Prevention worksteam is taking to tackle the main preventable risk factors for poor health are provided below, for tobacco and obesity. A similar programme of work has begun to implement the actions outlined in the Hackney Alcohol Strategy, published in 2018.

3.4.1 Smoking

Hackney Health and Wellbeing Board is the 'de facto' Tobacco Control Alliance locally, providing strategic oversight of our tobacco control plans.

The current Hackney Tobacco Control Plan focuses on the following priorities:

1. preventing young people taking up smoking
2. communicating/educating on the harms from using tobacco
3. 'de-normalising' smoking and protecting people from second hand smoke (through smokefree policies)
4. motivating every smoker to quit
5. delivering high quality stop smoking services
6. reducing the availability and supply of cheap/illegal tobacco.

All local NHS partners (Homerton, ELFT, GP Confederation and the CCG) signed the NHS Smokefree Pledge in September 2018, and plans are underway to embed the treatment of tobacco dependency within care pathways (the NHS Long Term Plan signalled a clear intention to progress this at national level). Local Stop Smoking Services (SSS) continue to provide high quality support for smokers to quit – the NHS Quality Premium target for number of quitters was

exceeded in 2017/18, and plans are on track to ensure 2018/19 targets are met. Provision of high quality SSS is a Hackney manifesto commitment.

A deep dive self-assessment and peer review of our local action to tackle smoking was undertaken at the start of 2019, using the CLeaR framework.[3] CLeaR is a Public Health England led process which enables a comprehensive review of local tobacco control efforts against latest evidence-based practice. A peer-led workshop was held on 14 February, bringing together a range of different organisations - including those represented on Hackney HWB Board. At the workshop, we heard about action on smoking being taken by Homerton, ELFT, Hackney SSS (delivered by Whittington Health in partnership with the GP Confederation), LB Hackney Trading Standards and Public Health. Challenges raised included the need for a more effective model to lead and monitor tobacco control activity in the borough. A comprehensive report, with recommendations for local action, is expected from the CLeaR team by the end of March 2019.

3.4.2 Obesity

The Hackney Obesity Strategic Partnership is leading and convening a programme of work to tackle the individual, social and environmental drivers of obesity. It is chaired by the Council Chief Executive, Tim Shields. The current strategic priorities of the Partnership are as follows:

1. community insight and engagement
2. working with local food outlets to improve access to healthy, affordable food
3. getting people active as part of their daily lives
4. school-based interventions
5. workplace health
6. identifying and supporting people at increased risk of obesity-related harm.

The Partnership is currently reviewing what has been achieved to date and developing its future ambitions, with the local Healthy Weight Strategy being refreshed this year. A whole system workshop is planned for 7 March to inform this process.

3.5 Opportunities for joint commissioning to support our prevention aims

We are constantly seeking opportunities to integrate commissioning plans across the local authorities and the CCG to improve population health outcomes and reduce inequalities. Examples include:

- plans to jointly re-commission current Social Prescribing (CCG funded) and Health Coach/Community Navigation (LB Hackney Public Health funded) services to improve the reach of current provision and make the most of synergies between the two services[4]

[3] CLeaR = **C**hallenge, **Lea**dership, **R**esults

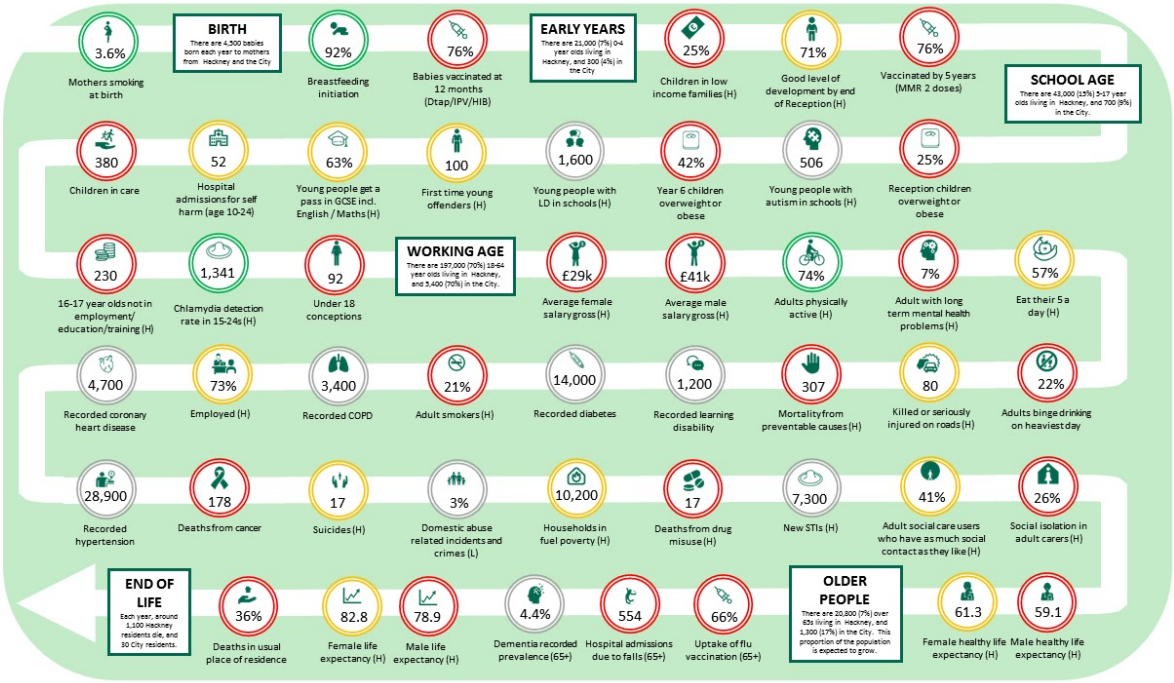
[4] These plans are on hold while the implications of the new Primary Care Network contract, including provision for one Social Prescriber per network, are worked through.

- a commissioning intention to integrate the NHS Health Check[5] (funded by Public Health and delivered by the GP Confederation) with a CCG contract (again with the GP Confederation) which incentivises evidence-based primary care management of a range of long-term conditions (including CVD) - integration provides opportunities to further improve the performance of both contracts and strengthen local action on CVD prevention.

We are also working closely with other workstreams, the Mental Health Coordinating Committee and Primary Care commissioners to join up our plans to maximise efforts to embed prevention across the system. Examples include work to integrate local obesity care pathways (for adults and children), potential for joint commissioning of substance misuse and mental health services, and work to better align commissioning around falls prevention.

[5] NHS Health Check is a CVD risk assessment and management intervention for 40-74 year olds. It is a mandated Public Health service. More information is available at https://www.healthcheck.nhs.uk/

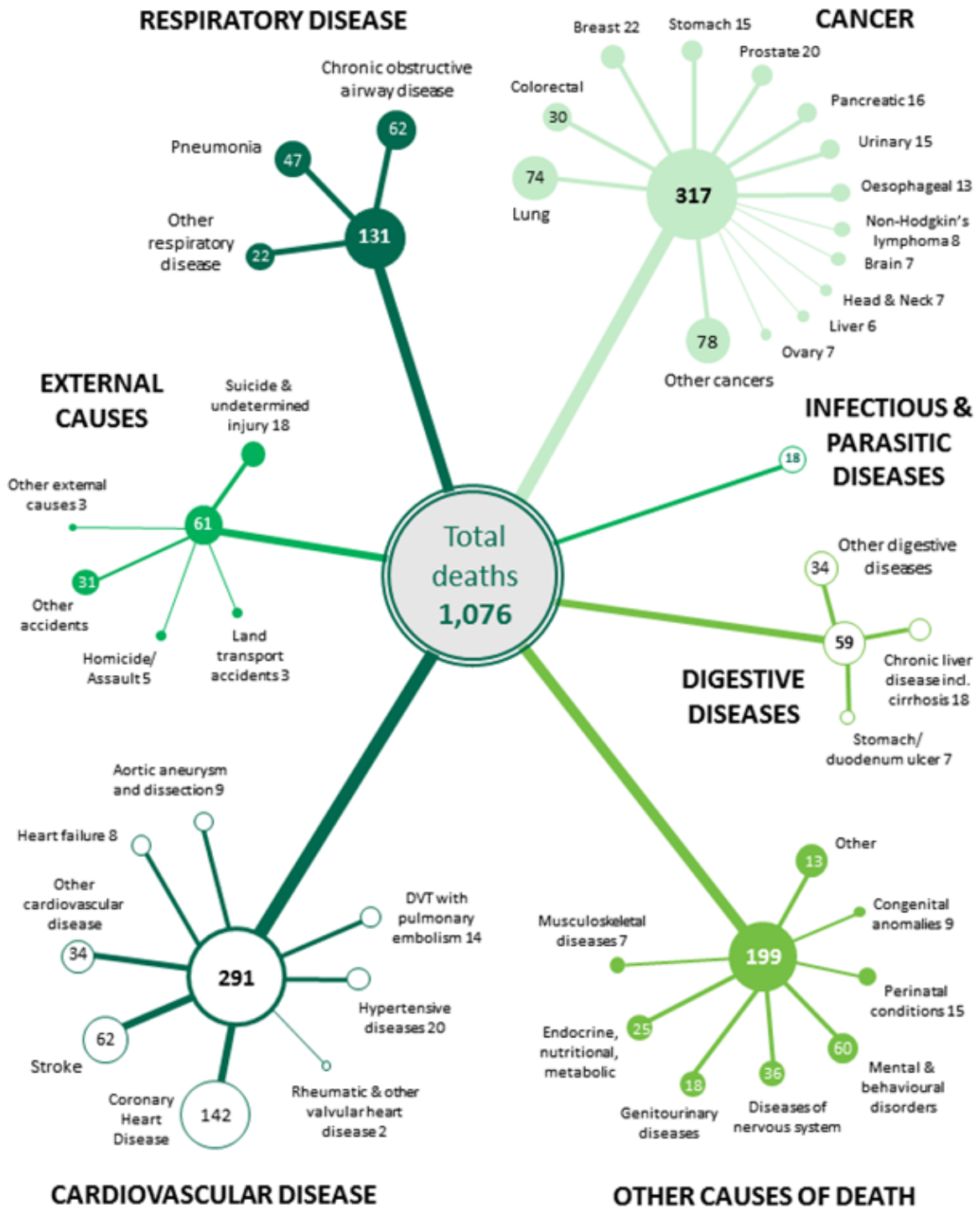
Appendix 1: Indicators of health across the life course in Hackney (and the City)



Source: Public Health Outcomes Framework[6]

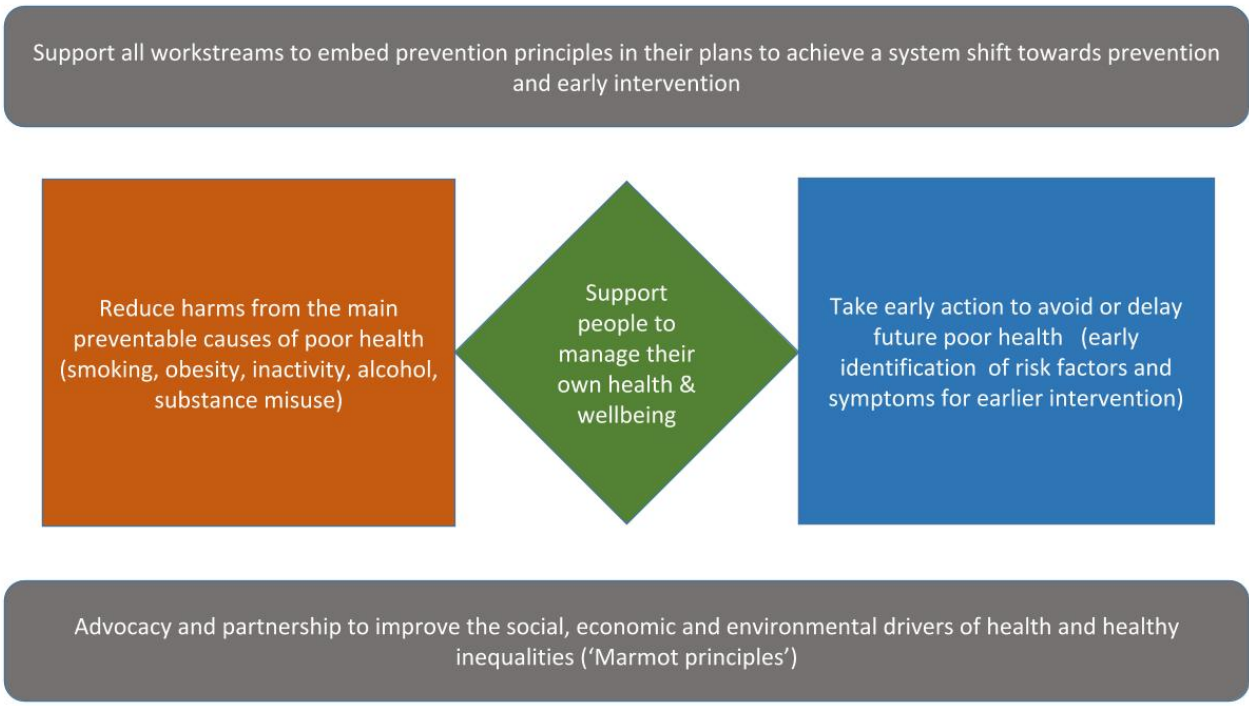
[6] Public Health England. (2016). *Public Health Outcomes Framework.* Accessed February 2019 from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Appendix 2: Average annual number of deaths in Hackney residents, by main recorded cause



Source: Primary Care Mortality Database (2012–16)

Appendix 3: Prevention workstream priorities



Appendix 4: Key Prevention workstream programmes

Reduce harms from the main preventable causes of poor health	
Smoking	Multi-agency tobacco control plan, including: high quality and accessible stop smoking services; action to reduce the availability of illegal tobacco; smoke free spaces; prevention activity in schools
Obesity	Hackney Obesity Strategic Partnership (CCG, education, planning, transport, housing, parks, leisure, regen, environmental health, comms, public health) - leading a whole system approach to tackling obesity
Physical inactivity	Exercise on referral and classes/activities in community centres Planning policies to promote active travel
Alcohol	Hackney Alcohol Strategy Alcohol 'identification and brief advice', treatment services Public Health input into licensing decisions
Take early action to avoid or delay future poor health	
Primary care	Long-Term Conditions contract with GP Confederation – very high performance in City and Hackney compared to other areas
Cardiovascular disease	Maximise uptake of the NHS Health Check to identify and reduce the risk of stroke, kidney disease, heart disease, type 2 diabetes and dementia
Diabetes	National Diabetes Prevention Programme Structured education for people newly diagnosed with diabetes
Sexual health	Easy access to testing and treatment - new sexual health clinic in the City of London, e-service
Mental health	Public Mental Health Steering Group Suicide Prevention Action Plan Improving access to mental health support for substance misusers
Support people to manage their own health and wellbeing	
Social Prescribing	Service based in GP practices, supporting patients to improve their health and wellbeing and access local community services
Community navigators	Based in the community, supporting residents to improve their health and wellbeing and signpost to relevant local services
Peer support pilot	Facilitated group sessions for people with long-term health conditions
Time To Talk	Extended GP appointments for people with 2+ long-term conditions
Support for carers	Co-production of a new model of support for adult carers in Hackney

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Report to Hackney Health and Wellbeing Board

Date:	**6th March 2019**
Subject:	**Integrated Commissioning governance review**
Report From:	**Devora Wolfson, Integrated Commissioning Programme Director**
Summary:	The City and Hackney Integrated Commissioning Programme was formed as a result of an intention of the three partners, NHS City and Hackney CCG, London Borough of Hackney and the City of London Corporation, to work together on integration of commissioning. The programme has made good progress and evolved in the two years since the initial Memorandum of Understanding was agreed. The programme is now at a crucial point in its development. Having established structures which have enabled cooperation, there is an acknowledgement that the programme needs to start delivering greater transformational change and demonstrate that it is having a measurable impact on the health and wellbeing outcomes across City and Hackney. The programme engaged consultants to help shape the governance processes which underpin decision-making, and the findings are included in this report.
Recommendations:	The Board is asked to note the review report and its implementation plan, considering how best to collaborate in achieving the aims of this committee.
Contacts:	devora.wolfson@nhs.net

Financial Considerations

Not applicable

Legal Considerations

Not applicable

Attachments
City and Hackney Review of integrated commissioning governance
Governance Review Implementation Plan

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Advisory

City and Hackney
Review of integrated commissioning governance - FINAL

Strictly Private and Confidential

Final

08 January 2019

pwc

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From the Contents page – click on the title of the section or sub-section

From the contents listing on any section divider – click on the title of the sub-section

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Dear Sirs

Review of integrated commissioning governance

We report on the integrated commissioning governance in accordance with our agreement dated 20 August 2018 (see Appendix One). Save as described in the agreement or as expressly agreed by us in writing, we accept no liability (including for negligence) to anyone else or for any other purpose in connection with this report, and it may not be provided to anyone else.

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Yours sincerely

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Contents

Introduction

The City and Hackney Integrated Commissioning Programme ("the programme") was formed as a result of an intention of the three partners, NHS City and Hackney CCG, London Borough of Hackney and the City of London Corporation, to work together on integration of commissioning, including through the pooling of certain budgets under section 75 agreements. This was formalised through a Memorandum of Understanding, agreed in November 2016. The programme itself commenced early in 2017, while three of the Workstreams have been in place for 14 months or less.

At a high level, the aim of the programme is to work as a single system, transforming the way the organisations work to improve health and wellbeing outcomes across City and Hackney. The specific purposes of the programme included the setting up of integrated commissioning arrangements; identification and progression of transformational activities; accountability and management of pooled resources; and migration from legacy commissioning arrangements to empower integrated commissioning.

Governance structure

In order to help achieve the aim, the governance structure is split into three layers. The first is the Integrated Commissioning Boards (ICB) which meet in common and have authority to make decisions on pooled budgets as delegated by the partner organisations. The second, the Transformation Board (TB) is intended to make recommendations to the ICB in relation to integrated commissioning. The TB makes recommendations partly from the output of the third layer, which are the four Workstreams. These have each been set a series of requests from the ICB, on which they report to the TB and ICB. Each Workstream has been given significant autonomy and developed further governance structures in order to deliver their work.

Finance

The programme currently has governance oversight of an annual budget of £519.8m. This includes both the pooled budgets (around 10% of the total) and also aligned budgets. Aligned budgets are those which the ICB can make recommendations on, but the responsibility for decision making remains with the statutory body. While the intention is to pool further budgets, the total amount pooled and aligned is lower than originally envisaged.

Context

The programme has made good progress and evolved in the two years since the Memorandum of Understanding was agreed. The external environment has been in a state of flux, especially in relation to the direction of the North East London STP. Within the programme the pooled budgets are lower than expected, while there have been changes in some key members of the ICB, not least the departure of the CCG's Accountable Officer who was seen as setting the pace of the programme. Despite these factors, the partners have developed a functional relationship, with commitment from all parties to deliver for the benefit for the local population.

The programme is now at a crucial point in its development. Having established structures which have enabled cooperation, there is an acknowledgement that the programme needs to start delivering greater transformational change and demonstrate that it is having a measurable impact on the health and wellbeing outcomes across City and Hackney.

At a glance

PwC view

The partners within the City and Hackney demonstrate commitment to delivering integrated care to the local population.

We have observed a commendably high commitment from all parties to the principles of collaborative working to improve care outcomes.

However, the programme needs a clearly defined understood purpose, objectives, an identifiable programme SRO and an Accountable Officer team. Without these elements in place, the governance structure will be less effective.

1 The partners within the integrated commissioning programme understand and promote the importance of integrated care.

There is a long-standing commitment to the integration of care which underpins the programme. Across the partners we encountered strong cooperation and support to improve the health of individuals, localities and served populations through the implementation of greater integrated care. This is a crucial platform in any governance development.

There is an opportunity to build upon successes to date to ensure the programme governance supports delivery going forward.

The City and Hackney integrated commissioning programme and its governance structure have made significant progress over the two years since its initial inception. It has enabled the partners to work together in a way that other integrated care systems have struggled to implement and is starting to enable transformation.

The governance structure does, however, require reform, both because it has served its initial purpose, i.e. to enable partners to work together; and because the external environment has, and continues to, change. By making the appropriate changes to the governance structure, the programme will be in the best place to achieve what it is aiming for, more effective and efficient care for the residents of City and Hackney.

2 There is a need to develop a shared programme narrative, and embed it across all key stakeholders.

We have not found a commonly understood narrative setting out the purpose, remit, objectives and measures of success of the integrated commissioning programme. Whilst this was created at the start of the programme it needs to be revisited and embedded.

The documented programme priorities are too numerous and broad to provide the clarity required. They currently allow the inclusion of virtually all integrated care content within the integrated commissioning programme.

Stakeholders struggle to articulate what the purpose of the programme is; beyond bringing partners together.

A rapid exercise is needed, driven by a programme SRO and Accountable Officer team, to refresh the aims and objectives of the programme. This will also require members of the senior leadership across the partner organisations to more actively own and drive the programme.

3 Clarity on the parameters, purpose and limitations of the programme will support delivery of the programme.

As a consequence of the lack of narrative, the scope, accountability, deliverables and priorities of the programme are not understood sufficiently by participants to be a driving force to underpin the integrated commissioning programme.

Given that the statutory bodies remain sovereign in all areas apart from in relation to the small pooled budgets, the specific improvement based nature of Section 75 agreements are not sufficiently reflected in how the programme operates.

At a glance

PwC view

The integrated commissioning programme has not adequately set out the extent of transformational benefits it aims to deliver.

Consequently, while the Transformation Board gives access to many voices, it cannot demonstrate how it contributes to transformation.

Reconstituting the Transformation Board as an engagement forum to consult on transformation initiatives would retain the levels of representation, while reducing administrative overhead and duplication of process.

4 The re-engineering of governance structures will drive improvements and provide greater assurance that integrated commissioning is being delivered.

The current governance structure could deliver greater value. At its most basic, the value the structure should bring is to ensure that key functions of commissioning are being delivered. While the approach to integrated commissioning nationally is in a state of evolution, the NAO, for example, has concluded that the functions of commissioning (including integrated commissioning) should cover:

- Assessing Needs
- Designing Services
- Sourcing Suppliers
- Delivering services
- Review and evaluation

It is not clear how the current structure can ensure the delivery of these, or similar, aims.

5 The Transformation Board is currently not achieving its purpose.

There is a lack of clarity regarding the extent the programme should be orientated to deliver transformational benefits. As a result, the Transformation Board is unable to deliver and monitor specific, well defined improvement or transformational objectives.

In their place, business as usual items dominate content of both the Transformation and Integrated Commissioning Boards. A consequence of this is that the Transformation Board cannot be fully effective and is viewed by many as duplicating the work of the Integrated Commissioning Boards.

6 Representation at programme forums has been the priority, sometimes at the expense of effective governance.

Ensuring and assuring that co-production and participation are delivered at each stage of integrated commissioning is essential.

Governance arrangements need to assure the participation and representation processes are operating effectively rather than themselves being central ways for participation and representation.
Whilst it is invaluable to engage, in practice this has overridden the purpose of governance - which is to provide clear accountable and trusted structures.

At a glance

PwC view

Empowering Workstreams to innovate / develop has confused the requirement for them to perform essential governance functions.

Clarifying decision making and streamlining the programme structure would make a significant difference to programme governance. Programme structures were designed with a bigger role in mind – they do not match the limited accountabilities that have emerged. Therefore there is an opportunity to streamline structures.

There is potential to use strands of work already underway to underpin and reset the programme's purpose and remit.

7 Ways of working within the programme are limiting its effectiveness.

Current ways of working within the integrated commissioning programme miss the opportunity to operate in a different, leaner and more agile operating environment.

As a result, timescales for action are elongated and the perception is that participation is less real and meaningful.

Specific examples include:

- excessive committee/meeting sizes – (+20 people).
- onerous pre-reading – (+100 pages).
- meetings too frequent – (monthly or bi-weekly governance meetings).
- inappropriate content – (not appropriate for forum / the meeting could not add value).
- repeated content – (same content at multiple forums; same content re-presented multiple times).
- passive outcome requirements – (dominated by items to note, to consider, to discuss, to support).
- open ended input and challenge – (no process to take views, consider views and respond to views prior to decision making).

The potential for the programme to drive change by transforming ways of working is therefore not yet being realised.

8 The autonomy of Workstreams to set their own processes leads to differences and limits governance effectiveness.

There is significant variation in how Workstream meetings and the groups themselves are operated. This is reflected in individual terms of reference for each group and different ways key functions such as assurance, scrutiny, risk management and conflicts of interest are handled. Allowing autonomy in the structure of the Workstreams was intentional at the commencement of the programme, however the differences in approach impact the ability to exercise consistent governance. A minimum set of consistent governance standards should be set for the Workstreams.

In addition, as a consequence of there being multiple Workstreams (alongside the ICB and TB), duplication of reporting can occur, with an impact on efficiency. Consideration is required around how to avoid duplication going forwards.

9 Clarity on where decision making is expected to take place is required to support delivery of the programme.

It is not clear as to where decisions could and should be made on integrated commissioning. While there is an aspiration to empower groups in decision making, in practice there is an absence of decision making across the governance groups including the Transformation and Integrated Commissioning Boards.

Much of the content being considered within the groups remains within the remit of statutory bodies to make final decisions which may be based on recommendations from the ICB - therefore the programme groups and Boards become forums for discussion and participation. Their focus is primarily on considering business as usual, superseding a stronger concentration on transformation and the discrete deliverables of the programme.

At a glance

PwC view

The programme has opportunity to build upon the success that has been achieved so far. The necessary changes should be undertaken in a relatively short space of time to ensure that momentum within the programme is retained.

10 The size and complexity of the integrated commissioning programme does not match its outputs.

The governance structures were envisaged to operate with significantly larger pooled budgets and remit. The expectation was that, as the structures developed, elements of governance and accountabilities would transfer from statutory bodies to the integrated commissioning programme. As these developments have not yet materialised, a large governance infrastructure is in place covering relatively small accountabilities. Therefore there is an opportunity to both streamline structures and processes and, if appropriate, put more work through the programme. This could enable a reduction in duplication of governance in individual bodies but there would be a need for individual bodies to reflect on where there is a duplication in governance that can be removed.

11 Initiatives to help define and underpin the programme can be used to re-set, context, goals and expectations.

We identified activities that are underway to develop key elements of the transformation programme for example, work to define Vision, Values, KPIs and drive organisational development.

These activities should be consolidated and supported alongside this review to reset the aims and objectives of the programme.

Key priorities for strengthening governance

Introduction

Our review of the programme's governance processes has highlighted that a good foundation is in place, however there are a range of areas where improvements could be made to increase effectiveness.

We have set out four priority areas for focus in the short term which we consider will have the greatest impact. For each we have set out the priority, the benefits it will bring and the next steps that will be required to be undertaken. In combination these will allow greater streamlining of the process, clarity on managing the complexities in the programme and an approach to dealing with the necessary business as usual work.

An integrated commissioning programme is nationally recognised as a complex undertaking and there is no one simple approach to take. The City and Hackney approach has been successful in establishing the programme and gaining buy-in for the need for integrated commissioning from key stakeholders. Now is the right time to do a stocktake and evolve arrangements to ensure they respond to the changing environment and can support delivery going forwards. These priorities, therefore, are intended to retain the aspects of governance which are working well, especially the stakeholder engagement, while revising or removing unnecessary complexity.

The first priority for the programme is to complete work on setting a strategy and vision, from this the second priority around the establishment of a Accountable Officer team and the reconstitution of the Transformation Board can be addressed. The third priority, around clarifying reporting and decision making, can be undertaken concurrently in order to bring immediate efficiencies to the programme.

There are further changes or improvements which could be made to the governance programme, however are likely to have less of a significant impact. A full list of recommendations is included in appendix 1 for further consideration.

1. The work on refreshing the vision and strategy for the integrated commissioning programme should be completed as a matter of urgency, along with programme objectives. From this short to medium term plans can be created and used to drive the workplan of the programme.

Work is currently being undertaken on refreshing the vision and strategy of the programme in recognition that, while many priorities remain, the external environment has changed significantly since the programme was established.

While there remains uncertainty over the future commissioning landscape, the past two years have demonstrated that the programme partners can work together toward common goals and ideals. To build upon this, and demonstrate continued progress, the work on the vision and strategy should be completed as soon as possible. With this work completed, it will be possible to formulate much clearer and focussed objectives and how they link to the priorities. These will then allow work plans for the programme to be developed and progress measured, ultimately demonstrating what the programme is delivering.

Aims and intended benefits

- With a vision and strategy in place, partners, stakeholders and the wider public can be more aware of what the purpose and intention of the programme is, justifying the investment being made.
- A vision and strategy that has been discussed and agreed by the partners/members of the ICB will result in a greater sense of ownership and responsibility of those involved. This will lead to a greater commitment to working for the benefit of the system (and ultimately residents) rather than individual organisations.
- Clear objectives and linked workplans will allow greater focus on the priorities of the programme. This will increase efficiency as there will be clarity on what is to be delivered.
- The programme will be able to report on progress that is being made against its objectives. This will allow articulation of benefits that are being delivered or the ability to challenge when intended performance is not being achieved.
- A clear strategy and vision gives a framework/reference for decision makers.

Next steps

- The work should be completed on updating the vision of the programme. This will require consultation with the partners and, as appropriate, wider stakeholders. Once completed, consideration should be given as to how the vision will be publicised; as a minimum it would be expected that a public facing summary would be available online.
- The strategy and programme objectives should be completed and approved by stakeholders. As part of the agreement process, it should be made clear to ICB members that they have the responsibility for ensuring appropriate mechanisms are in place to deliver, monitor and assure progress against the objectives.
- With the vision, strategy and objectives in place, workplans can be constructed. This will be an iterative process, requiring formulation of the plans for each Workstream and the programme overall. The most efficient approach is likely to be for the ICB to provide a series of expectations, based on the programme objectives, to the Workstreams, with the Workstreams developing short term (one year) and medium term (three year) plans. The Workstream directors and SROs should work together, along with the integrated commissioning programme director, in order to develop consistent and complimentary plans which feed into the overall programme objectives.
- Once the Workstream and overall workplans have been agreed, standardised workplan progress reports should be introduced. This will allow Workstreams to retain autonomy in how they work, but provide a consistent way for ICB members to monitor progress against objectives and hold the Workstreams and overall programme to account.
- An annual report should be produced by the programme, setting out progress against objectives, and ultimately the vision. This will allow further accountability and be a key component in the annual revision to one and three year plans.

2. The Transformation Board should be reconstituted to have a stronger focus on transformation

As the TB in its current format is not fully achieving its intended purpose, there is a pressing need for it to be changed. The advantage that the TB does bring is that it allows a wide range of stakeholders to contribute to the integrated commissioning conversation – the benefit of which should not be underestimated. Because of this, the most appropriate course of action would be to reconstitute and rename the TB into a body which brings together a wide range of partners to discuss and contribute to the integrated commissioning programme, particularly aspects relating to transformation. Reconstituting the TB and introducing an Accountable Officer team should enable a step change in pace of delivery of the transformation programme without losing collaboration and engagement.

Alongside the change to the Transformation Board, an Accountable Officer team, led by the Programme SRO, would ensure that proposals to be considered by the ICB arising from the workstreams and wider programme are dynamically proposed to the ICB and the strategic decisions agreed by the ICB is effectively implemented across relevant organisations in the system.

Aims and intended benefits

- The removal of the current responsibilities of the TB will reduce duplication of reporting which is currently adding very little value.
- By reconstituting it as a body for engagement separate to the formal ICB and individual Workstreams, there is the opportunity to engage with a range of stakeholders who will have influence in the success of integrated commissioning initiatives.
- The combination of a reconstituted body and introduction of an Accountable Officer team, if effectively constituted, will provide a clearer and more effective reporting process. This will allow the programme to become more focussed and have increased pace without losing the wide engagement that is currently happening.
- By establishing an Accountable Officer team, it would facilitate proposals to be considered by the ICB arising from the workstreams, the reconstituted Transformation Board and wider programme to be dynamically proposed to the ICB and for the strategic decisions agreed by the ICB to be effectively implemented across relevant organisations in the system, allowing the programme to quickly react to the changing environment and drive sustainable change for the benefit of your population.

Aims and intended benefits (continued)

- The Accountable Officer team could also provide oversight and challenge of elements of the performance of the programme which do not require full ICB consideration. This would allow quicker decisions and a more focussed, effective ICB.
- A named SRO coordinating the Accountable Officer team would provide clarity over responsibility for proposing strategy and ensuring that it is being implemented, without loosing the collaborative approach and dispersed leadership. This role should primarily focus on leading the Accountable Officer team to 1) formulate strategy 2) ensure clear lines of responsibility and reporting; 3) set, monitor and report on programme objectives; and 4) enable other programme groups to function effectively.

Next steps

- A terms of reference should be drawn up for the Accountable Officer team, setting out its remit, membership and key responsibilities. This should clarify the expectations around collaborative working and dispersed leadership within the programme.
- The terms of reference for the Accountable Officer team should be formally approved by the ICB.
- The ICB should commission the programme management office (or Accountable Officer team if established) to develop a detailed proposal for the reconstitution of the TB.
- The proposal should set out how the responsibilities of the TB should then be addressed; options include:
  1. All of the responsibilities being undertaken by the ICB and Accountable Officer team. This will increase efficiency but reduce engagement.
  2. A reconstituted body, formed of a wide range of stakeholders, which has a very specific remit to provide input and challenge on integrated commissioning/care, particularly transformation. This will again increase efficiency, while retaining engagement.
  3. A full governance redesign, potentially combining organisational roles. This may increase efficiency, but would be disruptive.

  Our view is option 2 is currently the most appropriate to become more efficient while retaining the high levels of engagement.

3. Expectations around reporting and decision making should be revised and communicated. Governance will need to be regularly reviewed to ensure fit for purpose as system transitions through its programme.

The nature of an integrated commissioning programme is that there is a high risk that reports are voluminous, while reporting is complex. This can be driven by different expectations from partner organisations along with a lack of clarity over what is required from reports. By streamlining the structure through addressing priorities 1 to 3, there is the opportunity to also improve the quality of reporting through providing clarity on expected content and the reporting structures.

Aims and intended benefits

- By providing clearer guidance on the format and content of reports, reports will be, in general, shorter and more focussed. This will reduce the amount of time required to draft and to read them.
- With a clarified reporting structure, duplication will be reduced and reports will be able to be written for a specific audience.

Next steps

- A roadmap for decision making should be implemented, setting out where and when decisions can and should be made (including within the statutory bodies).
- The programme as a whole and individual Workstreams (guided by the Accountable Officer team) should set annual business as usual and transformation priorities, with progress monitored by the Accountable Officer team.
- The programme management office should produce report writing guidance, approved by the Accountable Officer team, which enables reports to focus ultimately on the programme objectives.

Main findings

Overall integrated commissioning governance

Appropriate structure and clearly defined roles is the foundation for effective working.

PwC view

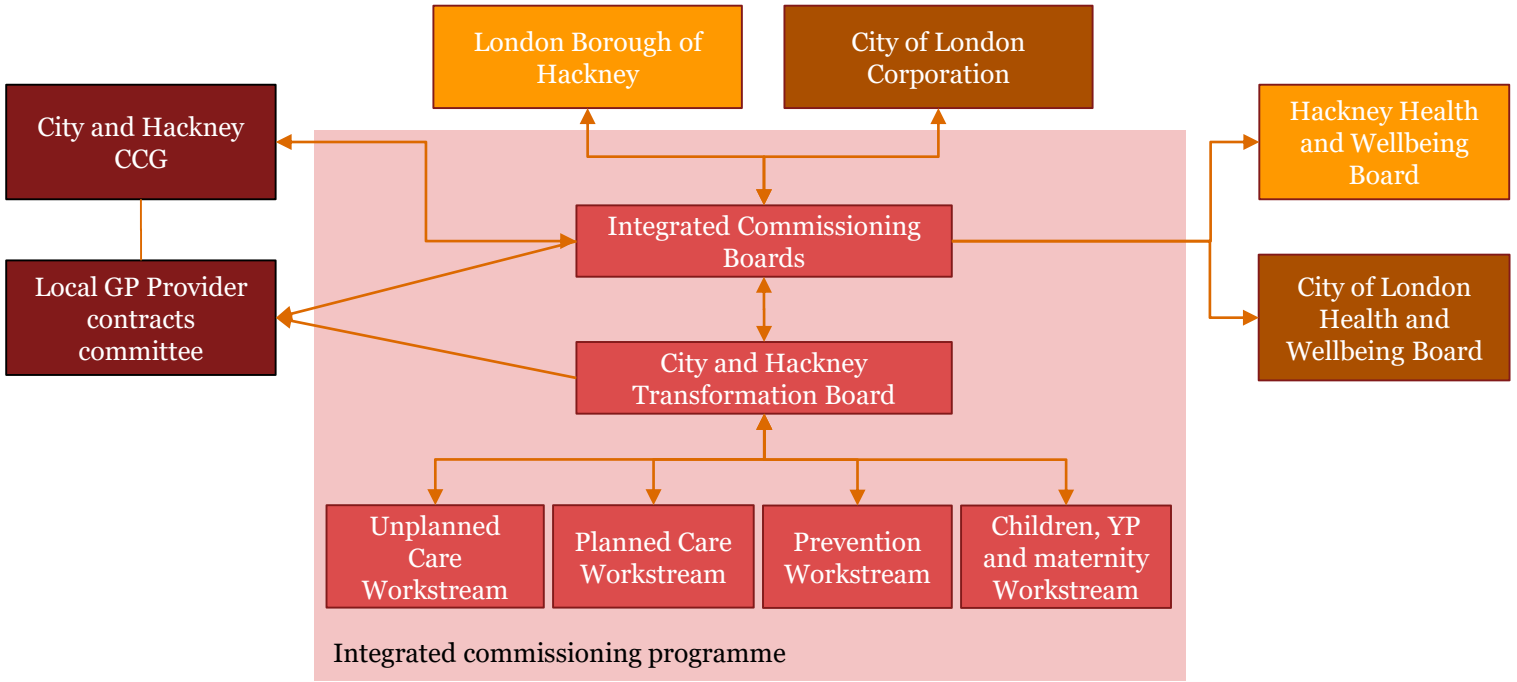
The governance structure of the programme is complex and there is now an opportunity to refine and simplify it.

Overview

The design of the governance structure of the programme is complex as illustrated below. The two Integrated Commissioning Boards (ICBs), one for the City of London Corporation (COLC) and City and Hackney CCG (the CCG); and the other for the London Borough of Hackney (LBH) and the CCG meet in common, with decisions requiring separate approval from each set of members. The ICB then feeds into the statutory entities for their governance processes. The ICB is the only element in the structure with the authority to make decisions on pooled budgets.

The Transformation Board (TB) is designed to be a forum for discussion of service requirements and commissioning plans in the LBH and COLC areas, with the aim of making separate recommendations to each ICB reflecting the needs of each area unless it is more appropriate to make combined recommendations.

The TB should then set the direction and receive reporting from the Workstreams. In order for the ICB and/or statutory bodies to fulfil their decision-making roles, the transformation programme is required to deliver a number of core governance functions which provide the input and assurance essential for the appropriate management of public resources.



Overall integrated commissioning governance

PwC view

The autonomy of the Workstreams allows flexibility in delivery, however without central guidance governance has become unwieldy, while leaving gaps in reporting on progress and risk management.

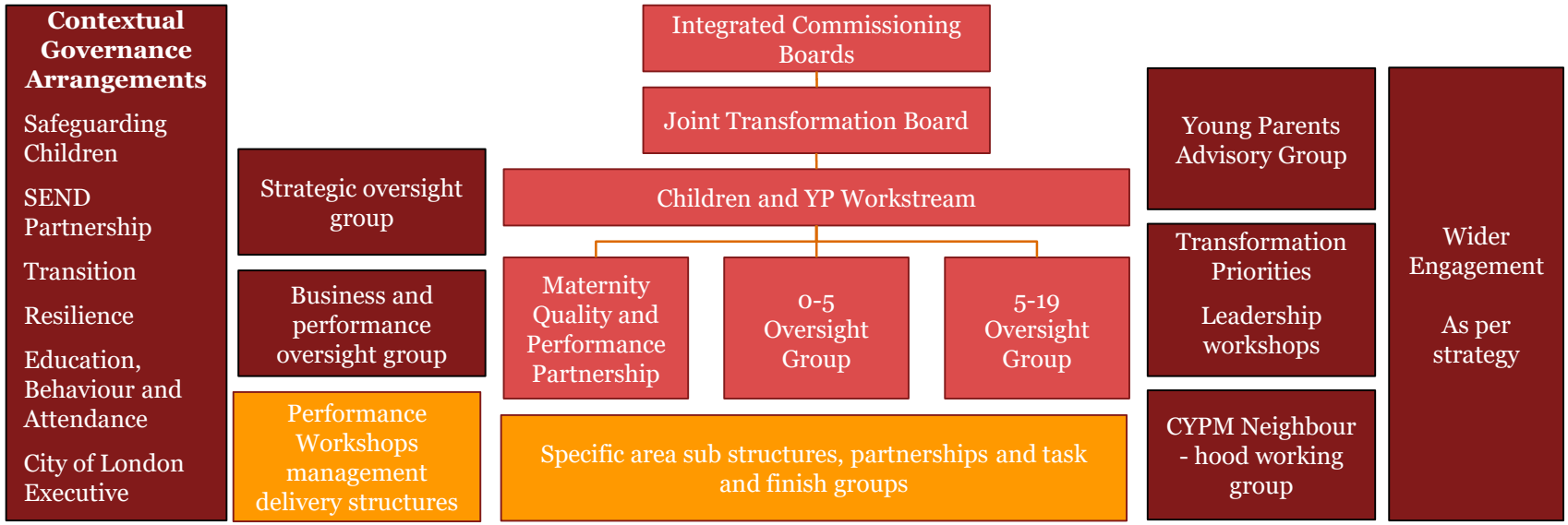
Overview (continued)

The aim of the Workstreams is delivery in line with annual 'asks' from the TB or ICB. They have been given significant autonomy in arranging their governance structure in order to most effectively deliver the asks. While Workstream directors liaise with each other and seek to share good practice, the autonomy has led to each Workstream constructing its own governance structures largely independently of the others. The key benefit of this approach has been to allow flexibility for the Workstreams, especially as each is at a different stage of maturity.

The approach has, however, led to two significant issues which the programme should seek to address. The first is that the governance over the Workstreams is unwieldy. Illustrated below is the recently approved governance structure within the Childrens and Young Peoples Workstream. Similar structures exist for the others.

The structures are complex and require significant investment to manage. While it may be that the structures are required to enable the delivery of the programme, no assessment has been made to validate this. Once the revised structure for the programme (as set out within the key priorities section) has been completed, an exercise should be undertaken to ensure there are no significant governance gaps and duplication is minimised.

The second issue is that autonomy has meant there is not agreed governance approaches within the Workstreams. This presents a risk that key issues such as assurance over progress and risk management are not being addressed appropriately. Terms of reference for Workstreams should be updated to standardise governance elements that are crucial to the overall success of the programme. This should include the approach to risk management and reporting of progress against strategic objectives. Programme risk management is further detailed on p20.



Overall integrated commissioning governance

PwC view

Reforming the TB as a forum with a separate executive group addresses a significant number of issues highlighted here and elsewhere. There will remain a place for engagement and discussion, with less administrative burden and duplication of the work of the ICB. There will also be a group which can make decisions outside of the ICB and help set the pace and direction of the programme.

Alternative Governance Structures

Given that improvements could be made to the current governance structure, consideration should be given as to whether other governance models nationally would be more appropriate for City and Hackney. There are broadly three approaches to the governance of integrated commissioning programmes using s75 agreements:

1) A Joint Commissioning Executive (JCE), formed of leaders from the commissioners, reporting into the Health and Wellbeing Board. Teams/Workstreams then report into the JCE. The JCE is a private meeting, with public involvement at the Health and Wellbeing Board (e.g. Sheffield).

2) An Integrated Commissioning Board (or System Partnership Board), formed of political/Non-executive leaders from the commissioners, feeding directly into the governing bodies/committees of the partner organisations. A delivery group feeds into the ICB, with teams/Workstreams reporting into the delivery group (e.g. Solihull, Dorset).

3) A single leadership team with a joint Chief Executive is formed covering the partner organisations. The leadership team feeds into the governing body of the partner organisations and the Partnership Board (or equivalent) which has specific responsibility over the s75 agreements (e.g. North East Lincolnshire, Thameside).

Arrangement 3) is unlikely to be workable for City and Hackney due to there being two local authorities. Arrangement 1) would simplify processes, but likely to significantly reduce the level of stakeholder engagement unless a new engagement strategy can be developed. Arrangement 2), which City and Hackney falls within, therefore remains the most appropriate currently.

The major difference between City and Hackney and other areas is the current role of the Transformation Board. Delivery groups are generally formed of leaders within the partner organisations, rather than wider stakeholders. Essentially these are Accountable Officer teams as highlighted elsewhere in this report.

It is important to note, however, that successful integrated commissioning programmes, while taking account of good practice from elsewhere, are tailored to the needs and priorities of their local areas. This again, therefore, supports the recommendation that City and Hackney retains the benefits of the TB, i.e. stakeholder engagement, while forming an Accountable Officer team to drive and bring renewed focus to the programme's work. This will allow the programme to build upon the work undertaken to date, evolving the structures through streamlining and clarifying decision making roles and responsibilities.

Overall integrated commissioning governance

PwC view

At the original formation, the programme had a common vision and agreed objectives. As the programme and external environment have changed, there is a need to revisit and clarify the strategy and objectives for the programme. The associated narrative should then be embedded across stakeholders.

Vision

The partners within the programme agreed a memorandum of understanding (MOU) in November 2016. It set the intentions of the programme as being the improvement of outcomes for local people, and to provide a more aligned and integrated delivery vehicle for local ambitions and the North East London Sustainability and Transformation Plan.

These intentions remain central to the programme and are partially understood by participants. The consensus between our interviewees was that the programme aimed to bring the partners, providers and the voluntary sector together to deliver improvements to the local community through working together. There was, however, a lack of clarity expressed by interviewees as to what this entails in practice, where the focus should be and whether the programme is delivering on its intentions. There was particular variance of opinions regarding the balance between integrated working delivering higher quality care and achieving system wide financial savings.

The practical implication of the desire to work together for the common good is that there is a strong relationship between the partners. There is engagement from all parties with regular attendance at the various meetings held. In our experience, this positive level of cooperation is often difficult to achieve and will be key to developing the programme into one that provides lasting change for its population.

The desire for cooperation has also enabled the development of forums which facilitate very different ways of collaborative working. This has delivered a higher degree of day to day integrated commissioning and integrated care than we see elsewhere and deserves commending.

The lack of clarity set out above, however, means that the programme is lacking focus and a common direction of travel.

Critically the programme does not have a common vision or narrative that is owned by those currently involved. While the MOU provides the initial starting point and a basis for the programme, significant changes have occurred since it was signed, not least the scope of the programme and a number of the key individuals involved. As a result, the vision it sets out does not reflect the current status of the programme and is not fully owned by the current stakeholders. Whilst some interviewees retain strong support for the original vision, many others believe that the original intention is not realisable within the operating environment now existing.

A refreshed common, documented, vision or narrative is urgently required for the programme to deliver success. This is recognised and work has commenced on this. Given the wide spectrum of ambition and expectation expressed by stakeholders, this will require consultation to reach an agreed position. The vision should set out the overall aim(s) of the programme, acknowledging the journey that has occurred and the success in bringing partners together. It should set out what success would look like for the programme especially around its impact on the quality of care and efficiencies it is expected to deliver.

The document should be clear and accessible so that all stakeholders understand the purpose of the programme and its intentions.

Overall integrated commissioning governance

PwC view

The strategic objectives of the programme are not providing value given their age and broad nature. Specific, relevant objectives are needed to provide direction to the programme.

With clearer objectives in place, reporting on progress to the ICB is required to allow those with leadership responsibilities to understand and challenge the progress being made.

Strategy and strategic objectives

The MOU set out three initial key objectives for the programme, these being to:

1) Drive improvement in outcomes and ensure Partners' providers work together to take collective responsibility for achieving such improvements;
2) Bring together patient, clinical and practitioner views alongside best practice and benchmarked information to define the Partners' plans; and
3) Support the Partners' providers to move to an accountable care system and the exploration of more integrated delivery arrangements.

These objectives reflect the aims of the programme in 2016 and, in the main, have been achieved or are no longer relevant.

Further strategic objectives have been formulated since then, most recently within the strategic framework for workstreams 2018-19. This sets out eleven aims and objectives for the year. However, some interviewees could not articulate the objectives, with many stating they were not aware of objectives being in place.

Partly as a consequence of the objectives being dated and unknown, the progress of the programme and the impact it is having is not measured and reported. Financial and performance reporting does occur at various levels, in particular the Workstreams report their progress against plans within assurance reports. What is lacking, however, is an ability to verify whether the work of the programme is making a difference.

Furthermore, the objectives are wide reaching but not specific. This has meant all integrated activities can be included within the programme without a process in place to make difficult choices on where limited governance resources should be focussed.

A refreshed strategy and strategic objectives for the programme are required in line with the current and planned levels of pooled and aligned budgets. These should flow out of and contribute to the vision document, providing up to date objectives for the programme which would ensure the overall aim of the programme is achieved.

With overall strategic objectives in place, measures should be introduced and reported on. These will allow ICB members and the partner organisations to evaluate and challenge the impact that the programme is having.

With clear strategic objectives in place, the ICB can focus its work on ensuring the objectives are achieved, with an agenda and reporting focussed primarily on these. This will reduce confusion, duplication and volume in reporting.

The issue regarding the lack of vision and objectives is known within the programme and attempts are being made to address it. In September 2018 papers relating to development of shared vision, values and goals for integrated commissioning were presented to the TB and ICB.

Overall integrated commissioning governance

PwC view

The programme is designed to be led by the ICB, with strong support from the PMO and SROs. This is not viewed as effective at present, with the programme lacking pace especially in relation to transformational change. A programme SRO is required to drive the pace and help set the direction for the other leaders in the programme. This should be complemented by the establishment of an Accountable Officer team.

Programme Leadership

The programme does not currently have a named overall executive leader to drive the pace and progress. The MOU is appropriately constructed as an equal partnership which is not legally binding, however this means that no one party has overall authority or responsibility for the programme.

The original intention of the programme was that there would be a dispersal of leadership. The ICB would set strategic direction and pace, with progress and achievement reported by the PMO. Each Workstream and enabler group would be headed by a senior responsible officer (SRO) spread across the partner organisations. By dispersing leadership in this way, responsibilities were seen to be clear and the programme not reliant on one individual.

Interviewees regularly commented, however, that the programme currently lacks pace and has yet to deliver any significant transformational change. The general view was that the previous CCG Accountable Officer had set the initial direction and effectively led the programme. Since their departure, no individual has taken on a similar role within the programme, which is seen by many as the cause of the reduction in pace. With neither a single overall driver in place or general recognition of the programme being driven through dispersed leadership, the original purpose has not been realised in full and there is an opportunity to clarify leadership to drive pace in the programme.

This tallies with our observations of the workings of the various Boards, particularly the Transformation Board, which is currently not fit for purpose (see p36) and ICB. Meetings are collegiate and pleasant in nature, however the lack of a strategic leader driving the programme, alongside the issues regarding vision and strategy, means they are not conducive for transformative change.

A senior individual is required to take responsibility for either setting the strategic direction and pace of the programme or enabling the original dispersed leadership approach to be realised, essentially a programme SRO is required. This will require the individual to ensure that they prioritise programme objectives, even if that has limited direct benefit to their own organisation, and act with impartiality towards each partner organisation. Furthermore, the leaders of all three statutory bodies need to play a leading role in the future direction and the management of the programme, in order to retain the unity in working.

With the introduction of a senior individual as this lead, greater clarity could be provided regarding roles, accountability and reporting lines. This in turn is likely to increase the effectiveness and motivation of the staff involved in the programme.

Organisational and programme governance interaction

To minimise duplication and give the programme relevance, it is important to get the right interaction between the programme and statutory bodies.

PwC view

Passionate belief in integrated care, real commitment to act and the ability to translate intent into tangible service improvements provide strong building blocks for successful integrated commissioning at City and Hackney.

An effective interaction between integrated commissioning and statutory organisation governance processes is nationally recognised as a significant challenge. Specific issues the programme has or needs to address include culture, engagement, the approach to decision making, how to balance business as usual and transformation, and conflicts of interest.

Culture

We found strong commitment across all parts of the partnership for person centric, locality based integrated care and for delivering improvement in health, support and care for people via integrated commissioning and provision.

In observing the activities of Workstream Boards we found strong evidence of local collaboration on projects and service provisions aimed at delivering measurably improved outcomes for people.

Impact of aspects of culture

We found strong features of organisational culture that impact on the integrated commissioning programme:

- Ensuring representation of all stakeholders in all aspects of governance is a dominant principle throughout the IC arrangements. Going forward this strong commitment needs to be balanced with delivering efficient and effective governance arrangements.
- While the strong orientation towards representation is based upon a sincere desire for coproduction and wide participation, we found that this also reflects a gap in trust manifesting in the assumed necessity for all parties to be present when key discussions and decisions are made.
- Seeking consensus is an underlying objective in all integrated commissioning governance meetings. Consensus prioritised over decision-making, prioritisation and challenge emerged as a consistent theme across all our observations. This risks that decision making does not occur or is not robust in its scrutiny.
- When consensus is not reached content remains open and live, work is adjusted aimed at enabling consensus; discussions are re-run. We observed this occurring at Workstream and TB levels. There is limited capability to accept that consensus may not be achievable or the adjustments required to deliver it desirable. Furthermore, there is no clear mechanism to decide between different options.
- A strongly bureaucratic culture has been adopted within the integrated commissioning governance arrangements – missing the opportunity to drive change via lean modern ways of working (see p26 for further elaboration of this issue).

Engagement

Strong collaboration and orientation towards co-production in assessing needs and designing solutions relating to individual projects was evident in the content considered by the Workstreams.

Organisational and programme governance interaction

PwC view:

The benefit of attending meetings being a primary mechanism for engagement is limited. There is an opportunity for the programme to modernise its approach to engagement, for example by making more use of technology and social media.

The prioritisation of representation, while critical in the early stages of the programme, is not supporting efficient governance and the ability of the programme to deliver longer term transformation benefits.

Engagement (continued)

The ethos of an equal partnership between service users, clinicians, providers and commissioners is enshrined in the co-production charter agreement. From interviews and discussions we found an expectation of an equal partnership in all aspects of integrated commissioning governance. For representatives of service users this includes needs assessment, coproduction of design, decision-making, performance evaluation and prioritisation.

Views were expressed that in practice the current governance structure, while seeking to achieve this partnership approach, is negatively impacting engagement:

- Service user representatives do not believe that integrated commissioning governance arrangements are delivering on their promises regarding engagement and co-production.
- There is a view that the bureaucracy significantly limits the potential for real participation and meaningful engagement at its meetings – in controlling the agenda, onerous documentation, running packed agenda and limiting time for discussion.
- Concern was expressed that attendance at IC meetings and limited potential to contribute is often provided as evidence that sufficient participation and co-production has taken place. Phrases such as “tokenism” and “going through the motions” were used to describe the belief that integrated commissioning governance delivers effective engagement.
- There is widespread recognition that a different approach is required to balance the desire for representation and the effective governance of the scarce time and resources available.

These views concur with our observations. Meeting sizes required to deliver broad representation, limit the potential for effective and efficient governance. This is further impacted by the level of paperwork, the agenda and the varied content they consider.

Prioritising representation in the operation of the integrated commissioning governance is therefore not delivering effective engagement – it is constraining effective governance and a more comprehensive approach and assurance of co-production, participation and engagement.

As a mechanism for effective engagement the integrated commissioning groups are therefore not fit for purpose. In attempting to deliver both representation and good governance via the integrated commissioning meetings, the effectiveness of both has been compromised. Expectations about the extent of engagement that the integrated commissioning governance arrangements can deliver whilst operating efficiently and effectively therefore needs to be better managed.

There is a need to change the balance in delivering these twin requirements. In considering the appropriate balance, it is our view that the basic functions of integrated commissioning need to be much more evident in the operation and business of the Workstreams and Transformation Board.

There is the potential to revise the function and format of the ICB and TB. This should include consideration as to the balance between engagement and delivering/fulfilling core governance functions. By reconstituting the TB into a separate Accountable Officer team and engagement forum, as set out previously, this balance can be restored.

Organisational and programme governance interaction

PwC view:

Workstreams Boards and Transformation Board have significant but limited roles in decision making. They are not meeting the need to decide when core requirements for IC have been met. Clarity is required regarding their role in decision making, scrutiny and challenging of recommendations.

Governance arrangements are not set up or operated effectively to support or inform the decision making on commissioning by ICB and Statutory Bodies.

Decision making

Approach to decision making

Integrated commissioning governance arrangements flow from Section 75 agreements that provide the formal descriptions and parameters for what can be understood as limited joint ventures.

The agreements are based on the simple principle that integrated working will deliver clearly defined benefits / outcomes in addition to those that can be delivered via other collaborative ways of working or working as single organisations.

The agreements provide for pooled budgets relating to roughly 10% of total commissioning spend. While the intent is for significant further increases in pooled budgets, a changed operating environment has created a significant gap between the original intention and the actual operation.

Decisions on spend are retained by Statutory Bodies and by the ICB for pooled budgets. They are not delegated to Workstreams or the Transformation Board. Whilst the agreements make provision for aligning budgets, this does not affect formal decision making capabilities. The agreements underline that Statutory Bodies retain their statutory powers and obligations in full.

Decision making in practice

The formal position on financial decision making is widely understood. At inception it was assumed that as Workstreams develop and take firmer control of work content, they would be the de facto decision makers on integrated care provision. In this way processes become leaner, with the TB, ICB and Statutory Bodies "rubber stamping" what is proposed.

There is frustration that relatively little decision making takes place at integrated commissioning governance meetings. There is also limited understanding of the roles Workstream and TB should be undertaking to support decision making and the areas they do need to decide upon.

This tallies with our observations where we found limited evidence that Workstreams are deciding if:

- Needs have been thoroughly assessed.
- Service design fully matches need.
- Sources of service provision are comprehensive enough.
- Services are delivering the care / outcomes that are expected.
- Co-production has been fit for purpose.
- Wide input and participation from service users and professionals underpins proposals and service provision.

We found limited flows of input into decision making and lack of clarity of what each group is required to contribute into the decision making process.

Integrated Commissioning Boards and Statutory Bodies are not benefiting from assurance, scrutiny, performance evaluation or risk management outputs from Workstream boards or Transformation Board. We did see a small number of proposals being recommended – the recommendation was not based on the outcome of those proposals being challenged, scrutinised and assured in a systematic way beyond provision of papers, a summary and a discussion.

Organisational and programme governance interaction

PwC view

The programme's governance structure could be utilised in a more effective way to manage business as usual and drive transformational change.

There is an opportunity to increase focus on the functions delivered by the programme whilst reducing the level of duplication.

Decision making (continued)

There is an absence of decision making in Workstream and TB. There is also a lack of meaningful outcomes that inform the decisions of Statutory Bodies and the ICB.

Business as Usual and Transformational change

The question whether the IC governance arrangements should be managing all integrated commissioning or concentrate solely on transforming a small number of areas of care was a recurring theme in interviews.

The remit of the integrated commissioning programme has become over- complicated:

- It is attempting to create the foundations for effective and efficient integrated commissioning.
- It is intended to deliver discrete projects to transform aspects of service provision,
- It has taken on all existing / incremental integrated commissioning content (referred to as business as usual) for consideration and oversight.

This is causing duplication and increased workload. Progressing business through the IC governance structures is onerous for participants.

Since accountability to commission the vast majority of services resides with statutory bodies, duplication is unavoidable.

The statutory bodies have retained their core governance structures and processes in order to meet their core obligations.

This does not mean the IC governance arrangements do not serve distinct purposes:

- Retaining leadership focus on integrated commissioning.
- Forums to engage on integrated care provision and commissioning – regardless of who decides.
- Governance processes for particular IC provision *– covered by pooled budgets controlled by the ICB.
- Identifying and delivering agenda of transformational change with new ways of working
- Identifying and delivering an agenda of transformation change within the local care provision.

*based on the principle that pooled budgets unlock ways of working / approaches to IC that deliver benefits over and above previous arrangements.

These functions could be focussed on whilst reducing duplication, by creating distinct processes that progress IC business from Workstreams as directly as possible to decision makers.

We were also informed that in navigating "the system", project leaders use their organisational governance mechanisms to assure senior attendees who then guide them through IC bodies.

Integrated commissioning content is therefore not benefiting from the processes of assurance, scrutiny and management risk that would usually underpin the value the governance arrangements are adding and justify the use of resources.

Organisational and programme governance interaction

PwC view

The potential for transformational change is being limited by the level of business as usual being managed by the programme. The introduction of more focussed objectives and drive could ensure transformation is prioritised and delivered.

Business as Usual and Transformational change (continued)

There is a strong belief that business as usual is clogging the IC system – limiting the potential for the programme to deliver transformation and genuine discrete difference.

Our observations and review of papers corroborate this. The integrated commissioning governance arrangements place an additional burden on those running and managing IC services and projects – it entails duplication of governance processes without adding effective assurance or decision making.

The programme also is not likely to have the capacity or capability to effectively manage all business as usual integrated care business, even if all duplication was removed. In attempting to do so it adds burden to projects without adding sufficient benefits.

Structurally, the programme must separate out the different contributions it is seeking to make – where it is providing forums to facilitate better IC, how it is running transformational activities and where it is governing the delivery of discrete improvements in services and outcomes.

The programme should seek to:

- Remove all governing content that duplicates that which the Statutory Bodies retain – hence removing duplicate governance activities.
- Refresh its meeting structure to provide separate forums to share information, deliver engagement and discuss IC strategies and plans. The proposed reconstitution of the TB and introduction of an Accountable Officer team is likely to address this issue.
- Refresh Workstream groups to fulfil commissioning functions for areas within the decision making remit of the programme and the ICB.

Organisational and programme governance interaction

PwC view

The potential for conflicts of interest to be poorly managed is inherent in the programme.

Current processes ensure that participants are aware of the potential issues, however they should be more clearly articulated and consistently applied.

Conflicts of Interest

The potential for conflicts of interest are inherent in governance arrangements involving providers, commissioners, professional groups and private individuals in managing the design, procurement and provision of services.

Some individuals attend integrated commissioning meetings to represent a potentially narrow set of interests. This is a fundamental design principle of the governance arrangements.

Awareness of the potential for conflicts of interest to arise that may require a response is a key to managing them. We found good awareness of issues that could arise as a result of conflicts of interest in our observations and interviews.

To address this, the programme has a requirement for declarations of interest to be made at meetings and each group to hold a register of interests. In theory, at the start of each meeting the opportunity is given for attendees to state where they feel they have a conflict or they feel another party has a conflict. Decisions are then made regarding what level of exclusion, if any, is required. Furthermore, assessments of competing service designs are adjusted to reduce the potential for bias.

Interviewees commented that this process is not, however, fully effective or consistent. This tallies with our observations where we identified examples where service performance of one provider was discussed and commented by another providers; where self-assessment of performance was presented; and where no declarations of interest were made at the start of a meeting.

The approach to dealing with conflicts of interest should therefore be revised, documented and consistently applied. This should clearly articulate when attendees can be fully involved in discussions, when they can observe but not contribute and when they should not be present.

Items to consider in managing conflict of interests:

- Consistent consideration and management of conflicts of interest across all Workstreams and governance groups.
- Keeping full records of interests in place and regularly updated across all groups.
- A proactive approach by all Chairs in highlighting requirements to declare, challenge and manage potential conflicts.
- Clear signposting of IC roles – i.e. assessing needs, designing services, reviewing performance and demarcating where contribution is appropriate and where it is not.
- Consideration of information available/emerging at meetings that should be made available to others.
- Frequent communication of procurement processes and reviews of the impact of interests on decision making.

Scrutiny of budgets, financial risk and performance risk

The governance structure of the programme has responsibility to manage the pooled and aligned budgets and ensure effective risk management is in place.

PwC view

Risk management is not consistently effectively undertaken within the programme at present. This is acknowledged and work to improve this should be continued. As a starting point, the ICB should define and cascade its appetite for risk within the programme.

The Section 75 agreements which underpin the pooling of budgets specifically state, 'The Parties have agreed risk share arrangements which provide for financial risks arising within the commissioning of services from the Pooled Fund and an Aligned Fund; and the financial risk to the pool arising from any payment for performance element of the Better Care Fund.' The agreements further set out the process in place to address the situation where overspends occur.

As the pooling increases and there is a greater focus on transformation, this is likely to require greater focus and scrutiny.

Risk management

The expectation is that risk is addressed at all levels within the governance structure. Each Workstream has responsibility for the recording of risks on its register. The highest risks are escalated into the overall programme register, which also includes programme wide risks. The programme register is presented at each meeting of the ICB. This approach is reasonable in theory, however in application there were two issues we observed at the meeting we attended in September 2018. Firstly, the timing of the review of the risk register in the ICB was towards the end of the meeting, while the individual Workstream registers were not consistently included within Workstream Board meetings. It is generally recognised as good practice for the discussion of key risks to occur early in meeting agendas so that significant threats to achieving strategic objectives are being managed. It also sets an appropriate tone for consideration of risk throughout the remainder of the meeting.

The second issue is that the review of the risk register within meetings should be improved. An effective process would ensure that two key points are addressed:

- the register includes and appropriately scores each key risk, each of which linked to a strategic objective;
- there is reliable assurance that mitigations are reducing risks to the desired level.

Responsibility to address these points could be delegated within the governance structure, however the ICB should be seeking assurance that they do occur. Our ICB observation and review of minutes did not demonstrate that this is happening, instead the risk register is presented and noted but not challenged or scrutinised. The members of the ICB have recognised that work is required on this, with a suggestion in the meeting we observed that greater time should be spent on the risk register in a forthcoming meeting.

Linked to the scrutiny of the risk register is the definition of the appetite of risk the programme is willing to accept. Interviewees, including members of the ICB, were unclear as to whether the tolerable level of risk had ever been defined.

Scrutiny of budgets and risk sharing

Financial performance is reported to the ICB at each meeting, setting out performance against budget for each partner and, where data is available, split into pooled and aligned elements.

Risk sharing is set out within the S75 agreements, however in practice the process is in its early stages. As the programme progress the finance leaders will need to review how this operates in practice, where clarification is required and the impact this has on decision making.

Scrutiny of budgets, financial risk and performance risk

PwC view

The scrutiny of financial performance will need to increase as the level of pooling increases.

There is a need to increase assurance provided over the achievements of the programme. Once strategic objectives are agreed, an assurance process over these objectives and strategic risk should be implemented.

Scrutiny of budgets (continued)

During the ICB we observed limited challenge and scrutiny of the information.

Alongside this, there is currently no process in place to manage issues that might emerge from the sharing of financial risk. The logical place for this to occur is the ICB, but for this to be effective considerably more input, assurance and analysis would be required from Workstreams and the TB in order for it to be realistic for decision-making. A more effective approach would be for a body of the lead executives to manage and drive the management of financial planning and risk, i.e. an Accountable Officer team.

Provision of assurance

The governance structure of the programme is currently set up to require the Workstreams to deliver the priorities through a series of 'asks'. Achievement of these 'asks' is where the programme focuses its assurance efforts, with each Workstream reporting to the TB and ICB their progress against a set of predefined Assurance Review Points. While this process serves to ensure Workstream progress, there is a gap in the provision of assurance across the programme itself both in relation to the objectives of the programme and the functions integrated commissioning should perform. From our interviews and observations we are also aware that it is unclear precisely who is instigating and assuring what content.

Assurance of programme objectives

The ICB currently only receives assurance on achievement of programme objectives through the reporting of the Workstreams. Processes should be introduced to report and assure progress against each of the new objectives. Each report to the ICB should then state which strategic objective (or risk) it is linked to and therefore providing assurance on. In this way there will be increased focus for the ICB and greater clarity for those drafting reports.

Assurance of integrated commissioning functions

Complementary to obtaining assurance over the achievement of strategic objectives, the programme should seek to be assured that the key functions of integrated commissioning are being achieved.

While the approach to integrated commissioning nationally is in a state of evolution, the NAO, for example, has concluded that the functions of commissioning (included integrated commissioning) should cover:

- Assessing needs;
- Designing services;
- Sourcing suppliers;
- Delivering services;
- Review and evaluation.

(See https://www.nao.org.uk/successful-commissioning/)

Scrutiny of budgets, financial risk and performance risk

Assurance of integrated commissioning functions (continued)

There should be a clear link between these functions and the strategic objectives, with challenge required of any objectives that cannot be mapped to one of these functions. For the same reason it should also be possible to map the specific expectations of the ICB, as set out within its Terms of Reference, to these functions.

PwC view

The basic value the governance structure can provide is to ensure that the core functions of integrated commissioning are being delivered. Currently there is insufficient assurance that these functions are being delivered.

Workstreams

Workstreams are the core component for the delivery of integrated care and integrated commissioning. It is therefore critical that Workstream governance is effective.

PwC view

There is a tension in the current set up of the Workstreams. The intention is that they have authority and autonomy, however cannot make decisions. This tension needs resolving if they are to genuinely have autonomy within the commissioning process.

With an increasing focus on place based care through the neighbourhood structure, consideration should be given to whether the work stream structure should be revised.

Overview of Workstreams

There are four Workstreams, each with a director, SRO, clinical practitioner lead, PPI lead and meeting structure. These cover Prevention, Planned Care, Unplanned care and Children, Young People and Maternity. This approach has, however, created differences (such as the way mental health and primary care are incorporated) and is creating some confusion amongst Board members.

As a consequence of creating separate committees and processes to handle this overlay, increased complexity and duplication has arisen.

Workstreams have different terms of reference, reflecting an intention for them to develop organically as the primary drivers of integrated care. This has created strong ownership of the resulting remit, but difference of purpose and focus across the Workstream Groups.

The Purpose of Workstream Groups in integrated commissioning

Workstream groups are widely viewed as the central plank in the integrated commissioning governance. This contrasts with the formal position whereby Workstream Board feed into the TB which feeds into the ICB.

The belief that Workstream Boards are and should operate as being "sovereign" was a discernible principle of governance for a number of key participants. This is taken to mean the place where ultimate authority and decision making should reside.

There is therefore frustration for some attendees that Workstream groups do not have greater autonomy and decision making capability.

There is a need to provide more clarity to this aspect of the programme. Whilst Workstreams cannot be "sovereign" in making final decisions on funding (and this should be reemphasised to all stakeholders), they should be the place where IC takes place. This is because they deliver the functions of IC and the first level of scrutiny and assurance. Limitations on their decision making powers does not need to limit their effectiveness. Their work can more directly inform the decision making of the ICB and statutory bodies, driving efficiencies into the programme.

This approach will require co-ordination via the creation of a programme executive or permanent committee, with members from the ICB, with authority for oversight and managing performance. This would increase Workstream effectiveness and allow the ICB to have a more strategic and transformational focus.

Workstreams

PwC view

Workstream meetings are well chaired and encourage participation. The meetings are overly passive. They also provide limited scrutiny of commissioning functions.

Effectiveness of Workstream Board meetings

We observed the Board meetings of the three Workstreams that met in August and September 2018.

Workstreams are well chaired. While the remits of Workstreams vary, in every case there is an open and inclusive culture.

As with the TB and ICB, large meeting papers make an introductory summary of most agenda items an essential element of the meetings. We observed a number of examples of directors and officers wanting to deliver more definite outcomes from discussions. Also a significant amount of content was taken "outside the meeting", most items referred and deferred to other forums or back to future meeting, leading to the self generation of work.

Outcomes from agenda items at the Workstreams we observed were passive. The most common outcomes were to discuss, to note, to support and to recommend. Securing a Group's willingness to make a recommendation was based on gaining consensus, not on scrutiny, challenge and assurance. Where consensus was not possible, items were referred for re-work and required to return.

Workstreams are not assuring the delivery of the core functions of integrated commissioning. Whilst they are managing integrated commissioning activities – they are not scrutinising whether commissioning functions are being adequately fulfilled by the teams undertaking the work.

The Workstreams are supporting and facilitating valuable integrated commissioning projects. We observed a number of examples where the merits of projects and their impact on users where presented and discussed. While the merits of projects are considered at Workstream and Transformation Boards, there is a risk management issue in that the assessment of alternative projects is not routinely undertaken in order to determine priority allocation of scarce resources.

To address the issues identified, Terms of reference for Workstreams should be updated to standardise governance elements that are crucial to the overall success of the programme. This should include the approach to risk management and reporting of progress against strategic objectives.

Efficiency and effectiveness – a governance dividend

Good governance of an integrated programme provides a dividend to those who have invested in the process. This will include either or both the delivery of efficiencies, as governance is not repeated, and/or greater effectiveness.

PwC view

The programme has increased the level of governance resource required. The benefit this has brought has been to bring parties together. Efforts are now required to deliver greater effectiveness in decision making in order to realise a dividend from the investment.

Efficiency and Effectiveness of the structure

The value and impact of the current governance structure is not always visible. Given the investment each organisation is making into the governance of the programme, and the requirements of S75 agreements, there should be an expectation of a return on that investment. For an integrated commissioning programme, this governance dividend may be a reduction in the need for governance processes within the individual organisations, i.e. increased efficiency. Alternatively, the dividend could be the ability to effectively deliver the programme that would not be possible without the governance structure being in place. At present, efficiency and effectiveness do not appear to be objectives of the current transformational programme of activities.

Efficiency

The governance structure has not led to an increase in efficiency within the commissioning of integrated care. Our review of the structure, confirmed by interviewees, is that there has been no reduction in governance structures within the individual organisations (apart from the CCG programme boards being dissolved with responsibilities going to the Workstreams) and, at times, decisions made by the ICB are going through a further decision making process within the organisations. The issue is driven both by the complexity of statutory responsibility remaining with the partner organisations, not the programme itself, and a need to develop trust between organisations with different cultures. Without the trust, the partner organisations are not willing to fully delegate decision making to the programme through the ICB.

This is not an issue unique to City and Hackney, with the NAO's July 2018 health and social care interface report (see health and social care interface report) highlighting that 'complex governance arrangements are hindering decision-making within local health and social care systems'.

While cultural issues are complex to address, there are opportunities to increase the efficiency of the governance of the programme. Primarily, the size of the structure leads to duplication of work within the programme itself, in particular between the TB and ICB. The proposed reconstitution of the TB and creation of an Accountable Officer team will address this. Addressing other issues identified such as setting clear strategic objectives, clarifying the decision making process and standardising Workstream governance processes are also likely to have a positive impact on efficiency.

Effectiveness

An assessment of the overall effectiveness of the governance structure is linked to the effectiveness of the programme itself. Measuring the effectiveness of an integrated commissioning and/or care programme is nationally recognised as difficult as there is no way to be certain that improvements in outcomes are directly as a result of integrated working. However, an indication of effectiveness can be performance against well defined, outcome based, strategic objectives. This reinforces the need for the articulation of the programme's vision and objectives.

Efficiency and effectiveness

PwC view

There are a number of changes the programme should make to increase the efficiency and effectiveness of the programme governance. These will deliver greatest value if linked to a rebalance in the level of representation.

Effectiveness (continued)

Ways of working within the programme itself are also currently limiting its effectiveness (and at times its efficiency), missing the opportunity to operate in a different, leaner and more agile operating environment. As a result, timescales for action are elongated and the perception is that participation is less real and meaningful. On the following pages we set out our views of the meetings we attended, however there were a range of common issues we identified, including:

- Excessive committee/meeting sizes for effective discussion with some meetings of 20 people or more.
- Onerous pre-reading, with meeting packs often over 100 pages, limiting attendees' ability to focus on critical elements.
- Governance meetings held too frequently (monthly or bi-weekly) to allow actions to be undertaken.
- Inappropriate content such that the forum/meeting could not add value.
- Repeated content presented, both the same content at multiple forums and the same content re-presented multiple times to the same forum.
- Passive outcome requirements from forums with agendas dominated by items to note, to consider, to discuss or to support.
- Open ended input and challenge with no process to take, consider and respond to views prior to decision making.

Many of these issues are driven by primacy of representation and participation in preference to good governance. It will only be possible to shift some of these items if this is rebalanced. The potential for the programme to drive change by transforming ways of working is therefore not yet being realised.

Efficiency and effectiveness

PwC view

The ICB brings parties together and allows for collaborative discussion. The meeting was well chaired, with supportive dynamics which the programme should seek to retain.

The content of the meeting we observed could be adjusted, with greater focus on strategic rather than operational decisions. Papers were excessive in length and not clear on the further benefit the ICB would bring.

Integrated Commissioning Boards (ICB)

Purpose

The ICB is a committee in common of the integrated commissioning committees for the CCG, COLC and LBH. The ICB's Terms of Reference states, 'The ICB is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan. It is the forum for decision making and monitoring of activity to integrate the commissioning activities of the CCG, COLC and LBH (to the extent defined in the s75 agreement).' The Terms of Reference further set out its remit with regards to pooled aligned funds; its link into the Locality Plan and STP; and specific responsibilities it holds.

Membership

The ICB is formed of three members from each partner organisation, with members only voting on the issues affecting the body they represent. In practice this results in two votes for each decision - one in relation to the City of London and the other in relation to Hackney. A further six officers, two from each organisation, are expected to attend, while six further attendees are invited (including representatives from Healthwatch and the voluntary sector).

Effectiveness

We observed the meeting of the ICB on 14th September 2018. This was the first meeting to be chaired by the Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks.

The dynamics of the meeting reflected what we were informed of by our interviewees. Attendees were engaged, respectful and listened to each other. There was no evident partisanship, while discussions indicated that delivering better care to residents was a priority. The ICB, however, at times reflected a trait present throughout the programme where participants generally represented the interests of the organisation they came from. Collective leadership that spanned the perspectives of individual interests and organisations was rarely demonstrated.

The meeting was effectively chaired, allowing time for questions while maintaining sufficient pace to cover the agenda within the allotted time.

While the dynamics of the meeting were mainly effective, the content of the meeting could be improved. Particular issues we noted were:

- The meeting papers were excessive in length, 180 pages in total. A significant investment would be required from each member to fully comprehend all content. It is noted, though, that the attendees did a good job in getting to grips with the pre-reading and therefore in engaging with agenda items in an informed way.
- Some reports had already been reviewed by the Transformation Board (and in one case the ICB), the further value the ICB could provide on these is likely to be limited.

Efficiency and effectiveness

Integrated Commissioning Boards (continued)

- There was limited discussion of performance against strategic objectives or risk management.
- The ICB spent time discussing and approving the use of £317k underspend on the Better Care Fund. In comparison to the total £520m of pooled and aligned budgets, while positive that an assurance role is starting to be undertaken, in future this may be better discussed elsewhere.

Members of the ICB, at the conclusion of the meeting, recognised many of the above issues. They further suggested that dynamics could improve through challenging each other to a greater degree.

Overall the ICB meeting was effective in drawing parties together, processing information and creating an environment for the discussion of integrated care and commissioning. Effort will now be required to build upon this foundation to become a board which strategic leads and decides on integrated commissioning priorities in order to deliver genuine transformational change.

Efficiency and effectiveness

PwC view

The TB is not meeting its stated role effectively. While facilitating collaboration, the TB requires reforming to deliver greater value to the programme. To retain the benefits it brings, while removing the administrative burden, reconstituting it as an engagement forum, with a separate Accountable Officer team, may provide a solution.

Transformation Board

Purpose

The terms of reference for the Transformation Board make it clear that it is designed to act as working group feeding into the ICB. Originally the System Delivery Board, it consists of Senior Officers and clinicians from across the local health and social care system, taking collective ownership and responsibility for developing and delivering improvement plans, making recommendations to the ICB and overseeing the Workstreams and enabler group work.

We were informed that the TB would also act as a system board in the case of an emergency – this is not included within its terms of reference.

Membership

The TB has 27 named members in its terms of reference, in practice attendance is variable, but never less than 20.

Effectiveness

The meeting we observed on 29 August 2018 was well chaired with the overt intention of navigating through the business of the agenda whilst ensuring the widest possible contribution from attendees.

The pre-reading for the meeting was 160 pages placing a significant burden on all attendees. It was apparent some had read the materials, some had not, while some attendees were distracted during items to which they were not contributing - underlining that the meeting did not have their full attention.

The content considered by the TB either related specifically to the transformation programme or the operational business of commissioning.

The format of the meeting can best be described as that of a forum – agenda items were introduced, contributions were invited and a dialogue undertaken.

The meeting outcomes were passive. There was an absence of decision-making and an absence of clarity on the basis on which items were referred or deferred to other boards. The TB lacked a mechanism to deal with this other than the offer of rework and re-presentation to the TB or referral on to the ICB without an outcome which could be seen as assisting its deliberations.

The board was also asked to consider several funding proposals, which lacking a framework it was only able to do by opening the item to general views and opinions.

The TB is not effectively coordinating the work of the Workstreams, scrutinising or assuring proposals, or ensuring alignment of activities with priorities or strategies.

The TB requires urgent reform to provide value to the governance structure. There are various options open, including:

1. Retain the TB as is, with the same terms of reference, but with a greater emphasis on those involved to deliver in line with the expectations of the TB. This is likely to require a cultural change and may reduce the level of engagement and cooperation.

Efficiency and effectiveness

Transformation Board

Effectiveness (continued)

2. Combine the TB and ICB, with a meeting of two parts; part 1 covering the current role of the TB; part 2 covering ICB elements, particularly decision making.
3. Reconstitute the TB as an engagement body/forum, meeting periodically to discuss and contribute to integrated commissioning, accessible by both the ICB and Workstreams.

We would recommend adopting option 3. As set out previously, the Accountable Officer team – made up of leaders of the three organisations –would be able to take on the key governance responsibilities of the current TB. The reconstituted body, with a very clear remit, would then be able to take on responsibility for engaging the wider stakeholders to discuss and challenge the integrated care programme, particularly around transformation.

PwC view

Reconstituting the TB as a forum with a separate Accountable Officer team addresses a significant number of issues highlighted here and elsewhere. There will remain a place for engagement and discussion, with less administrative burden and duplication of the work of the ICB. There will also be a group which can make decisions outside of the ICB and help set the pace and direction of the programme.

Appendices

Recommendations

Definitions of keys used in the report

Priority

The actions have been given a 'Priority' rating, from high to low. This reflects the degree of urgency with which we believe the actions should be addressed.

High	This is critical to the programme's progress
Medium	This is important to the programme's progress
Low	This may not have a significant impact on the programme's progress but should still be taken forward

Implementation Risk

The 'Implementation Risk' rating in the final column indicates the extent to which we believe the programme will be capable of achieving the recommended action in the recommended timeframe, taking into account any work the programme has already undertaken.

High	Significant concerns and/or the action is difficult to implement. Little progress has been made to date. The programme is unlikely to implement the recommendations effectively within the necessary timeframe without external support or additional resource.
Medium	Some progress has been made. The programme should consider seeking advice or support to ensure recommendation is implemented effectively.
Low	Low level of concern. Plans are already well advanced, or the action will be straightforward to implement.

Recommendations

Actions to be taken by programme.

- We anticipate the ICB will want overall visibility of progress against the action plan, to help assure itself that the programme is taking and measuring the achievement of the actions.
- We have not allocated owners to actions but this is an essential first task for the programme in order to ensure delivery of the actions.

Ref	Area	Action	Priority	By when	Implementation risk
1	Structure and format	The Transformation Board should be replaced by an Accountable Officer team, to form strategy, oversee progress and ensure implementation of ICB priorities. A separate body, such as a forum, should be formed to allow wide stakeholder engagement in the integrated care programme.		April 2019	
2	Strategy	A senior individual should be identified to have overall responsibility for driving/being the SRO of the programme and not involved in day to day operations. This role, which would not be full time, should primarily focus on leading the Accountable Officer team to 1) formulate strategy 2) ensure clear lines of responsibility and reporting; 3) set, monitor and report on programme objectives; and 4) enable other programme groups to function effectively.		November 2018	
3	Strategy	The strategic objectives of the programme should be revised, in line with the current and planned levels of pooled and aligned budgets, allowing the development of a common narrative. Once strategic objectives are set, the scope, accountability, deliverables and priorities of the programme should be revised and documented.		January 2019	
4	Strategy	The strategic direction of travel for the Workstreams should be centrally set, including in the longer term consideration of their focus.		January 2019	
5	Structure and format	The purpose of the ICB should be clarified, reiterating that responsibility for delivering items such as co-production, participation etc. lies with project / initiative owners. The ICB should seek assurance over and challenge progress within the programme and make key strategic, transformational and integrated commissioning decisions.		December 2018	
6	Structure and format	A roadmap for decision making should be implemented, setting out where and when decisions can and should be made (including within the statutory bodies). This should seek to reduce the duplication of decision making and bring clarity to the process.		December 2018	
7	Structure and format	A communications and engagement strategy/plan should be developed to enable reduction in the number of meeting attendees while ensuring that they are kept informed through different routes.		February 2019	

Recommendations

Actions to be taken by programme.

Ref	Area	Action	Priority	By when	Implementation risk
8	Structure and format	Meetings should be made more effective through: • Reviewed/updating the approach to dealing with conflicts of interest. This should clearly articulate when attendees can be fully involved in discussions, when they can observe but not contribute and when they should not be present. • Reducing the length of Board papers should so that they are focused, clearly setting out requirements of the Board, reducing the quantity of information which is presented to note. • Reports themselves clearly setting out which groups they will be presented to, the value each group is expected to provide and where a decision is expected to be made. Challenge should be given when there are an excessive number of groups to present to. • Reducing the regularity of meetings and the numbers of attendees to allow more dynamic, focussed discussions.		February 2019	
9	Structure and format	The programme should seek to refresh Workstream groups to fulfil commissioning functions for areas within the decision making remit of the programme and the ICB.		January 2019	
10	Reporting and assurance	The ICB should discuss and agree: • Performance measures for the programme to monitor progress against strategic objectives should continue to be developed and reported to the ICB. • The ICB should discuss and agree the programme risk appetite, cascading the output to the Workstreams. • A mechanism should be implemented to provide assurance to the ICB that nationally recognised functions; Assessing Needs; Designing Services; Sourcing Suppliers; Delivering Services; and Review and Evaluation are being delivered.		February 2019	
11	Reporting and assurance	The programme as a whole and individual Workstreams (guided by the Accountable Officer team) should set annual business as usual and transformation priorities, with progress monitored by the Accountable Officer team.		March 2019	
12	Structure and format	Once the revised structure is in place, an exercise should be undertaken to identify any significant governance duplications or gaps.		February 2019	

Recommendations

Actions to be taken by programme.

Ref	Area	Action	Priority	By when	Implementation risk
13	Structure and format	Terms of reference for Workstreams should be updated to standardise governance elements that are crucial to the overall success of the programme. This should include the approach to risk management and reporting of progress against strategic objectives. This should be complemented by a defined agenda framework which all Boards are expected to follow.		January 2019	
14	Strategy	A structured induction and development programme should be provided to members of the ICB, Transformation Board and Workstreams to ensure, as a minimum, they are aware of the background to the programme and governance approach along with having appropriate facilitation support.		January 2019	
15	Reporting and assurance	Finance leaders should agree when to review risk sharing, in particular how this operates in practice, where clarification is required and any impact this has decision making.		March 2019	

Scope & process

Observations conducted

During our review, we observed the following committee meetings:

Meeting	Date of meeting
Transformation Board	29/08/18
Integrated Commissioning Boards	13/09/18
Children Young People and Maternity Workstream Board	17/09/18
Prevention Workstream Board	14/08/18
Unplanned Care Workstream Board	31/08/18
Primary Care Enabler Group	09/08/18
Engagement Enabler Group	22/08/18

Scope & process

Interviews held

During our review, we met with the following individuals:

Name	Position
David Maher	CCG Senior Commissioning Lead Transformation Board member ICB attendee
Anne Canning	LBH Senior Commissioning Lead Transformation Board Member ICB Attendee Prevention Workstream SRO
Mark Jarvis	Transformation Board Member
Kim Wright	Transformation Board Member & Vice Chair
Tracey Fletcher	Transformation Board member Unplanned Care Workstream SRO (Chair)
Tim Shields	Transformation Board Chair IC Governance Review SRO
Amy Wilkinson	Children, Young People & Maternity Workstream Director Sits on the Neighbourhoods Steering Group On occasion attends the Mental Health Co-ordinating Committee
Ian Williams	Transformation Board member ICB attendee Joint chair of the Estates Enabler Group
Dhruv Patel	ICB Member - CoLC
Marianne Fredericks	ICB Member - CoLC
Randall Anderson	ICB Member - CoLC
Mark Rickets	ICB Member – both City and Hackney ICBs Chair of Primary Care Enabler Group
Honor Rhodes	ICB Member – both City and Hackney ICBs
Jane Milligan	ICB Member – both City and Hackney ICBs

Scope & process

Interviews held

During our review, we met with the following individuals:

Name	Position
Cllr Feryal Demirci	ICB Member – LBH ICB Chair
Cllr Rebecca Rennison	ICB Member - LBH
Penny Bevan	Transformation Board member ICB attendee
Simon Galczynski	Transformation Board member Unplanned Care Workstream Board Member
Angela Scattergood	Transformation Board Member Children, Young People and Maternity Workstream SRO (Chair)
Deborah Colvin	Transformation Board member Joint chair of CPEN Enabler Group Unplanned Care Workstream Board Member Sits on the Neighbourhoods Steering Group Attends the Primary Care Enabler Group
Laura Sharpe	Transformation Board Member Unplanned Care Workstream Board Member Sits on the Neighbourhoods Steering Group Attends the Mental Health Co-ordinating Committee Attends the Primary Care Enabler Group
Simon Cribbens	CoLC Senior Commissioning Lead Transformation Board Member ICB attendee Planned Care Workstream SRO
Catherine Macadam	Transformation Board member Joint chair of PPI Enabler Group
Paul Calaminus	Transformation Board member

Scope & process

Interviews held

During our review, we met with the following individuals:

Name	Position
Richard Fradgley	Transformation Board member Mental Health Co-ordination Committee
Jackie Moylan	Deputises for Ian Williams [LBH Finance CFO]
Vanessa Morris	Transformation Board member (voluntary sector representative)
Raj Radia	Transformation Board member
Jonathan McShane	ICS Convenor Transformation Board attendee Community Services 2020 T&F Group Chair
Siobhan Harper	Planned Care Workstream Director Sits on the Neighbourhoods Steering Group, On occasion attends the Mental Health Co-ordinating Committee
Jayne Taylor	Prevention Workstream Director Sits on the Neighbourhoods Steering Group, On occasion attends the Mental Health Co-ordinating Committee
Nina Griffith	Unplanned Care Workstream Director Sits on the Neighbourhoods Steering Group, On occasion attends the Mental Health Co-ordinating Committee
Rhiannon England	Mental Health Co-ordination Committee (rotating Chair) Clinical Lead - Children Young People and Maternity Ws, Mental Health Clinical Lead
Stephanie Coughlin	Clinical Lead for Neighbourhoods Unplanned Care Board
Dan BURNINGHAM	Mental Health Programme Director
Sue Evans	CCG Lay Member for Governance

Glossary

Our report includes a number of terms and short descriptions, which we define alongside

Term	Definition
CCG	Clinical Commissioning Group
COLC	City of London Corporation
IC	Integrated Commissioning
ICB	Integrated Commissioning Boards
KPIs	Key Performance Indicators
LBH	London Borough of Hackney
MOU	Memorandum of Understanding
NAO	National Audit Office
PMO	Programme Management Office
S75	Section 75 agreement
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Partnership
TB	Transformation Board

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Governance Review Implementation Plan

	Implementation areas	Actions	By when	Lead	PWC recommendation
1.	**The Transformation Board will refocus its work to have a stronger emphasis on wider stakeholder engagement and transformation**	Hold a workshop with TB members to explore how TB could be refocused to have a stronger emphasis on engagement and transformation. ToR for 'Transformation and Engagement Group' developed and agreed across partners. First meeting of the 'Transformation and Engagement Group' held and forward plan agreed.	End Jan 2019 March 2019 May 2019	Devora Wolfson Devora Wolfson Georgia Denegri	The Transformation Board should be replaced by an Accountable Officer Team to oversee progress and ensure implementation of ICB priorities. A separate body, such as a Transformation and Engagement Group, should be formed to allow wide stakeholder engagement in the integrated care programme
2	**An Accountable Officer Team (AOT) will be formed to ensure implementation of ICB priorities**	Membership of the Accountable Officer Team agreed. ToR for the Accountable Officer Team developed and agreed across partners. First meeting of the Accountable Officer Team held and forward plan agreed. Redraft the ICB ToRs to reflect the relationship between the ICB, the AOT and the 'Transformation and Engagement Group'.	End Jan 2019 Feb 2019 March 2019 May 2019	ICB ICB Devora Wolfson Devora Wolfson	
3.	**Identify SRO for the IC programme**	Agree SRO for the programme at first meeting of the Accountable Officer Team	March 2019	Accountable Officer Team	A senior individual should be identified to have overall responsibility for the

					programme and not involved in day to day operations. This role, which would not be full time, should primarily focus on leading the Accountable Officer Team to ensure clear lines of responsibility and reporting and enable other programme groups to function effectively.
4.	**Revise strategic objectives of the programme to allow a common narrative for the programme against which programme priorities can be set.**	ICB to agree the programme strategic objectives and programme outcomes. Develop a whole programme plan based on this with clear deliverables (including workstream plans etc.) Programme plan (including workstream plans) agreed by ICB.	Feb 2019 May 2019 June 2019	Devora Wolfson Devora Wolfson /Olivia Katis	The strategic objectives of the programme should be revised by the ICB / AOT, in line with the current and planned levels of pooled and aligned budgets, allowing the development of a common narrative. Once strategic objectives are set, the scope, accountability, deliverables and priorities of the programme should be revised and documented.
5.	**Ensure alignment of care workstream plans with IC strategic objectives and priorities.**	Workstreams to scope delivery plans for 19/20 and 20/21. Workstream plans approved as part of the overall programme plan by ICB.	April 2019 June 2019	Workstream directors and SROs	The strategic direction of travel for the Workstreams should be centrally set.
6.	**The ICB should seek assurance over, challenge progress within the programme and focus on strategic, transformational decisions (See Areas 1 and 2 above)**	Revise the ICB ToRs to reflect focus on assurance and challenge and strategic decision-making. New ToRs reflecting the relationship between ICB, the Health and Wellbeing Boards, the Transformation Group and	February 2019 March 2019	Georgia Denegri Devora Wolfson	The purpose of the ICB should be clarified, reiterating that responsibility for delivering items such as co-production, participation etc. lies with project / initiative owners. The ICB should seek assurance over, challenge progress within the programme and make key strategic, transformational and integrated commissioning decisions.

		Accountable Officer Team considered by ICB. Revised terms of reference for IC governance groups implemented.	 May 2019		
7.	**Produce roadmap of decisions for coming years**	Roadmap developed and agreed by ICB.	May 2019	Devora Wolfson	A roadmap for decision making should be implemented, setting out where and when decisions should be made (including by the statutory bodies). This should seek to reduce the duplication of decision making and bring clarity to the process. The roadmap should acknowledge the limits of delegation and be mindful of the statutory responsibilities retained separately by each organisation.
8.	**Develop a new communications and engagement plan**	Draft communications strategy, implementation plan and IC logo produced. Communications strategy approved and implementation started. Suite of communication materials produced including presentations, leaflets etc.	End Jan 2019 End Feb 2019 March 2019	Ben Knowles	A communications and engagement strategy/plan should be developed to enable reduction in the number of meeting attendees while ensuring that they are kept informed through different routes.
9.	**Ensure COI are addressed consistently throughout the IC governance structure,**	Update the integrated commissioning programme CoI (Conflicts of Interest) Policy. Agreement of CoI policy by ICB.	February 2019 March 2019	Georgia Denegri	Meetings should be made more effective through updating the approach to dealing with conflicts of interest. This should clearly articulate when attendees can be fully involved in discussions, when they can observe but not contribute and when they should not be present.

		The ToRs for all IC governance groups to include reference to the CoI policy.	May 2019		
10.	**Review meeting membership and frequency and ensure reports are focused and concise**	Develop a standard template for IC Board papers which specifies the requirement to be concise, which groups the report will be presented to, including the value each group is expected to provide. All governance groups to review membership and frequency of their meetings.	April 2019 April 2019	Georgia Denegri Chairs/SROs	Meetings should be made more effective through reducing the length of Board papers. Papers to include which groups they will be presented to, the value each group is expected to provide and where a decision is expected to be made. Reducing the regularity of meetings and the numbers of attendees to allow dynamic, focussed discussions.
11.	**Performance measures for the programme to monitor progress against strategic objectives should continue to be developed and reported to the ICB**	Outcomes Framework for the programme and workstreams being developed including performance measures and metrics. Outcomes framework and measurements considered by ICB. Performance against programme outcomes framework reported to ICB twice a year and included in regular workstream reports to ICB.	Jan 2019 Feb 2019 From July 2019	Yashoda Patel Yashoda Patel/ Anna Garner	Performance measures for the programme to monitor progress against strategic objectives should continue to be developed and reported to the ICB.
12.	**Set annual transformation and business as usual priorities for the programme (see Area 4 above)**	ICB to set strategic programme-wide transformation objectives and business as usual priorities for the programme annually. Workstreams to set their own priorities based on the ICB's priorities.	March 2019 By May 2019	Devora Wolfson Workstream Directors	The programme as a whole and individual Workstreams (guided by the Accountable Officer Team) should set annual business as usual and transformation priorities, with progress monitored by the Accountable Officer Team.

13.	**Agree standard terms of reference for the workstreams (See Areas 1, 2 and 6 above)**	Draft workstream terms of reference. Draft workstream terms of reference considered by ICB and workstream boards. Workstream terms of reference approved by ICB.	End Jan 2019 End Feb 2019 May 2019	Georgia Denegri	Terms of reference for Workstreams should be updated to standardise governance elements that are crucial to the overall success of the programme. This should include the approach to risk management and reporting of progress against strategic objectives. This should be complemented by a defined agenda framework which all Boards are expected to follow.
14.	**Develop induction programme for new members of IC programme**	Programme developed and signed off. Induction programme in place.	February 2019 From March 2019	Olivia Katis	A structured induction and development programme should be provided to members of the ICB, Transformation Board and Workstreams.
15.	**Review of risk sharing being undertaken including in relation to further pooling**	Review of risk sharing arrangements across partners as part of the work to move to a system financial control total. Revised risk sharing protocol approved by ICB.	March 2019 July 2019	CFOs	Finance leaders should agree when to review risk sharing, in particular how this operates in practice, where clarification is required and any impact this has on decision making.

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Report to Hackney Health and Wellbeing Board

Date:	**6th March 2019**
Subject:	**Prevention Concordat for Better Mental Health**
Report From:	**Jack Gooding – Public Health Strategist** **Lucy Appleby – Senior Public Health Practitioner**
Summary:	The Prevention Concordat for Better Mental Health recognises that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. Signing the Concordat is an opportunity to share work to create resilient communities and build momentum in a shift to support prevention activity. It demonstrates a shared commitment of the organisations involved to work together, through local and national action, to prevent mental health problems and promote good mental health.
Recommendations:	Members of the Board are asked to: ● agree whether they want to sign up to the Prevention Concordat for Better Mental Health, reflecting the local system's commitment to the topic ● consider what preventative mental health action could be taken throughout the wider system in the City and Hackney
Contacts:	jack.gooding@hackney.gov.uk 020 8356 7475

Financial Considerations
There are no direct financial implications arising from the recommendations of the report. If any are to arise at a later stage then these will need to be contained within the ring-fenced Public Health budget for the Council.

Legal Considerations
Advice from Legal will follow as soon as it is available, and will be included in the minutes of the meeting.

Attachments
Paper- Prevention Concordat for Better Mental Health

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Title	**Prevention Concordat for Better Mental Health**
Date	**Health and Wellbeing Board- 6th March 2019**
Report Authors	**Jack Gooding – Public Health Strategist** **Lucy Appleby – Senior Public Health Practitioner**

1. Context
● The Prevention Concordat for Better Mental Health recognises that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. ● Signing the Concordat is an opportunity to share work to create resilient communities and build momentum in a shift to support prevention activity. It demonstrates a shared commitment of the organisations involved to work together, through local and national action, to prevent mental health problems and promote good mental health. ● Signing the Concordat will also support the better coordination of preventative mental health action across City and Hackney, and emphasise the importance that the issue is given locally.
Recommendations
● This report requests that the Health and Wellbeing Board agree to sign up to the Prevention Concordat for Better Mental Health, recognising the responsibility of all local stakeholders in protecting and promoting mental health and wellbeing. ● This report requests that Members consider what preventative mental health action could be taken throughout the wider system in the City and Hackney.

2. Background

2.1. Public Mental Health

Mental health is a broad term used to describe a spectrum of experiences; from how we deal with everyday ups and downs, to having a diagnosed mental health condition.

The focus of prevention in a public mental health context is to promote positive mental wellbeing for all and to prevent mental illness, rather than treating mental health conditions once they have occurred and/or have been diagnosed.

Acting early and creating an environment that supports good mental health and wellbeing builds resilience and the ability to cope with life's everyday pressures, not only reducing the suffering and costs of mental ill-health to individuals, families and communities, but also reducing the pressure on and costs to health and social care services, acute and crisis services, and wider society.

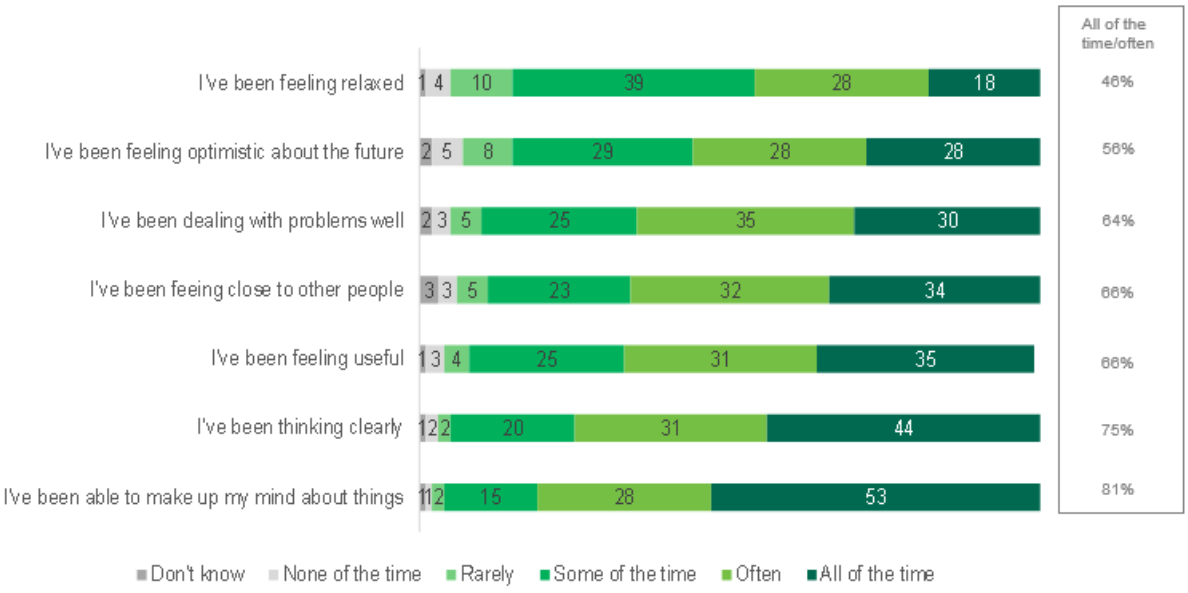
We want to ensure these ambitions are achieved in Hackney, whilst reducing stigma around mental health, and supporting residents and registered patients with severe and enduring mental illness. We believe Hackney and the City can be places where people have the best opportunities to experience good mental health and wellbeing.

2.2 Mental health need

It is estimated that approximately 53,000 adults aged 19-64 in Hackney and 1,300 adults aged 19-64 in the City of London currently meet the diagnostic criteria for at least one common mental disorder. It is important to note that the length of time spent with the disorder may be a few weeks or several years, and that some of these adults will have more than one common mental disorder. It is estimated that 6,356 people have a severe and enduring mental illness in Hackney (City and Hackney Joint Strategic Needs Assessment, 2016).

Findings from the Hackney Health and Wellbeing Survey (2016) showed that the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) metric score for Hackney residents is 25.1, compared to the national mean of 23.6 (Health Survey for England, 2011). The SWEMWBS metric score is calculated using the 7 SWEMWBS (table 1).

Table 1: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS): Residents Survey (2016)



2.3 Hackney Public Mental Health action plan

In 2018, the Hackney Health and Wellbeing Board agreed a set of five key actions (listed below), to form the refreshed Public Mental Health Action Plan, designed to promote better mental wellbeing and focused on things that can best be achieved by working collaboratively across the Council, alongside other local organisations, and with residents. The combined Public Mental Health and Five to Thrive steering group, co-chaired by Councillor Tom Rahilly (elected Mental Health Champion) and Dr Rhiannon England (Lead GP for mental health, City & Hackney CCG), will continue to oversee the delivery of the PMH action plan, with an ongoing focus on communications and publicity.

Action 1: Work to prevent suicide and self-harm
Action 2: Work to ensure that the built local environment promotes positive mental wellbeing and creates mentally healthy places
Action 3: Make Hackney the most welcoming, healthy, and accessible place in London for residents with severe and enduring mental health conditions by March 2018
Action 4: A series of 'Life Events' support packs that provide ideas, advice, phone numbers, video clips etc. of how to be mentally resilient in times of change or stress
Action 5: Deliver a child-centred, prevention-focused health and wellbeing education service that builds the resilience of all children and young people in Hackney aged 5-19 years, and up to 25 years for those with additional needs

2.4 Wider strategic presence

Promoting mental health, focusing on relieving depression and anxiety for working age adults is one of four priorities in the Hackney Joint Health and Wellbeing Strategy (2015-18). It states that promoting good mental health contributes not only to lower rates of mental health disorders, but also to improved physical health, better educational performance, greater workforce productivity, improved relationships within families and safer communities. Promoting good mental health in the community.

The Mayor's Manifesto 2018 includes;

'We will continue our work to reduce stigma around mental health and to make Hackney a borough where improving mental health and wellbeing is at the heart of everything we do'.

The local public and health sector partnership (London Borough of Hackney, City of London, City and Hackney CCG, and East London Foundation Trust (ELFT)) are currently writing a joint Mental Health Strategy for Hackney and the City. Prevention will be a key theme of the strategy in line with local priorities, as outlined above, and national priorities, as outlined in the Five Year Forward View for Mental Health.

2.5 The Prevention Concordat for Better Mental Health

2.5.1 Background

The establishment of the Prevention Concordat for Better Mental Health Programme has been overseen by an expert steering group including the Faculty of Public Health, Local Government Association, and NHS England. It aims to facilitate local and national action around preventing mental health problems and promoting good mental health, and is one of the recommendations in the 'Five Year Forward View for Mental Health', published in 2016. It is part of a wider drive to secure an increase in the implementation of public mental health approaches across the whole system and is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society.

2.5.2 Approach

The Concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities.

It helps to ensure action across the life course, in a range of settings to improve the public's mental health where they live, work, learn and play. It acknowledges the active role played by people with lived experience of mental health problems, individually and through user-led organisations.

The sustainability and cost-effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

It uses a consensus statement (Appendix 1) to describe the shared commitment of the organisations involved, to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

It is underpinned by a framework consisting of five key areas that should be focussed on by local areas to help ensure comprehensive planning for better mental health:

1. Needs and assets assessment- effective use of data and intelligence
2. Partnership and alignment
3. Translating need into deliverable commitments
4. Define success outcomes
5. Leadership and accountability

The Concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS
- public, private and voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers

2.5.3 Next steps

Agreement to submit the local Prevention Concordat action plan template on behalf of the Hackney Health and Wellbeing Board outlining the commitments that will be made locally in the next 12 months to the 5 key framework areas (as listed above).

After signing the Prevention Concordat for Better Mental Health, a formal announcement of new national and local signatories will be highlighted through PHE communications or uploaded onto the Prevention Concordat for Better Mental Health web page. National signatories will receive a formal letter and certificate. Signatories will be asked to promote their involvement and deliver joint communications on the prevention concordat, and their specified commitments.

Appendix 1: Consensus statement

This consensus statement describes the shared commitment of the organisations involved to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

The undersigned organisations agree that:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action[1].
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.