

Meeting-in-common of the City & Hackney Clinical Commissioning Group and London Borough of Hackney Integrated Commissioning Boards

Meeting on Thursday 11 October, 10.30 – 12.00

**Main Hall, Golden Lane Community Centre
Fann Street
London EC1Y 0RN**

- 1 London Borough of Hackney Integrated Commission Board Agenda** (Pages 1 - 94)

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City Integrated Commissioning Board

Meetings in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

Hackney Integrated Commissioning Board

Meetings in-common of the City and Hackney Clinical Commissioning Group and the London Borough of Hackney

Joint Meeting

**on Thursday 11 October 2018, 10.30 – 12.00,
Main Hall, Golden Lane Community Centre, Fann Street,
London EC1Y 0RN**

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	Welcome, introductions and apologies		Verbal	-	10.30
2.	Declarations of Interests	Chair <i>For noting</i>	2. ICB Register of Interests	8 - 10	
3.	Questions from the Public	Chair	Verbal		
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i> <i>For noting</i>	4.1 Minutes of Joint ICBs meeting in common, 14 September 2018 (public session) 4.2 ICB Action Log	11 – 20 21	
5.	City & Hackney CEPN Workforce Enabler funding of proposals	Wendy Majewska <i>For endorsement/ approval</i>	5. ICB-2018-10-11 CEPN proposals	22 - 27	10.40
6.	Planned Care Workstream Monitoring report	Siobhan Harper <i>For noting</i>	6. ICB-218-10-11 Planned care update	28 - 47	11.00
7.	Safeguarding and the Integrated Commissioning Programme	Devora Wolfson/ Olivia Katis <i>For endorsement</i>	7. ICB-2018-10-11 IC Safeguarding	48 - 56	11.20

8.	ICS Readiness Assessment	Jonathan McShane <i>For noting</i>	8. ICB-2018-10-11 ICS readiness assessment	57 - 74	11.30
9.	Consolidated Finance (income & expenditure) report as at August 2018 - Month 05	Sunil Thakker/ Ian Williams / Mark Jarvis <i>For noting</i>	9. ICB-2018-10-11 Finance report M05	75 - 86	11.40
10.	Integrated Commissioning Risk Register – September 2018	Devora Wolfson <i>For noting</i>	10. ICB-2018-10-11 IC Risk Register	87 - 92	11.50
11.	AOB & Reflections	Chair <i>For discussion</i>	Verbal	-	11.55
	Date of next meeting: 16 November 2018, 10.00–12.00, Room 102, Hackney Town Hall	Chair <i>For noting</i>	Verbal	-	12.00
	Integrated Commissioning Boards Forward Plan	<i>For information</i>	ICB Forward Plan	93 - 94	-

Integrated Commissioning Glossary

CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features

		include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.
ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
	Multidisciplinary/MDTs	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and

		care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty vanguard sites were established and allocated funding to improve care for people in their areas.
	The City	City of London geographical area
CoLC	City of London Corporation	
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LBH	London Borough of Hackney	
NHSE	NHS England	

NHSI	NHS Improvement	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
CPA	Care Programme Approach	
CYP	Children and Young People's Service	
LAC	Looked After Children	

Integrated Commissioning
2018 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	27/03/2017	Transformation Board Member - CoLC Planned Care Workstream SRO IC programme Sponsor	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Penny	Bevan	25/03/2017	Transformation Board Member - DPH, LBH & CoLC	London Borough of Hackney	Director of Public Health	Pecuniary Interest
				City of London Corporation	Director of Public Health	Pecuniary Interest
				Association of Directors of Public Health	Member	Non-Pecuniary Interest
				British Medical Association	Member	Non-Pecuniary Interest
				Faculty of Public Health	Member	Non-Pecuniary Interest
				National Trust	Member	Non-Pecuniary Interest
Sunil	Thakker		Transformation Board Member - CHCCG ICB attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Transformation Board Member - LBH Attendee - Hackney Integrated Commissioning Board	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Mark	Jarvis	10/04/2017	Transformation Board Member - CoLC	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH LBC/CCG ICB Attendee - LBH Prevention Workstream SRO IC Programme Sponsor	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
				Petchey Academy & Hackney/Tower Hamlets College	Governing Body Member	Non-Pecuniary Interest
					Spouse works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	05/04/2017	Member - City / Hackney Integrated Commissioning Boards	Tavistock Relationships	Director of Strategic Deveopment	Pecuniary Interest
				City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	06/04/2017	GP Member of the City & Hackney CCG Governing Body	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	28/04/2017	Member, Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
Feryal	Demirci		Member, Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
Dhruv	Patel	28/04/2017	Member, City Integrated Commissioning Board	City of London Corporation	Deputy Chair, Community and Children's Services Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP	Pecuniary Interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of Buidling Engineers	Member	Non-Pecuniary Interest
				Institution of Engineering and Technology	Member	Non-Pecuniary Interest
				City & Guilds of London Institute	Associate	Non-Pecuniary Interest
Association of Lloyd's members	Member	Non-Pecuniary Interest				
High Premium Group	Member	Non-Pecuniary Interest				
Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest				
Randall	Anderson	13/06/2017	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
Fredericks	Marianne		Member - City Integrated Commissioning Board	Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	05/06/2017	Attendee - City Integrated Commissioning Board	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	20/01/2017	Managing Director & Programme Sponsor	City and Hackney Clinical Commissioning Group	Member of Cross sector Social Value Steering Group	Non-Pecuniary Interest
					Board member: Global Action Plan	Non-Pecuniary Interest
					Social Value and Commissioning Ambassador: NHS England, Sustainable Development Unit	Non-Pecuniary Interest
					Council member: Social Value UK	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Mark	Rickets	16/05/2018	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			CCG Chair/Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair/ Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair/Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Rebecca	Rennison	11/12/2017	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Clapton Park Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
				Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest	
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
Chats Palace	Board Member	Non-Pecuniary Interest				
Jane	Milligan	02/01/2018	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Chartered Physiotherapist (non-practicing)	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to NHSE as London Regional Director for Primary Care	Indirect Interest
				Family Mosaic Housing Association	Non-Executive Director	Non-Pecuniary Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest				
Ellie	Ward	22/01/2018	Integration Programme Manager, City of London Corporation	City of London Corporation	Integration Programme Manager	Pecuniary Interest
Jon	Williams	29/03/2017	Transformation Board Member - City and Healthwatch Hackney	City and Healthwatch Hackney	Director	Pecuniary Interest
			Attendee - Integrated Commissioning Board		Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagement Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	

**Meeting-in-common of the City & Hackney Clinical Commissioning
Group and London Borough of Hackney**

Hackney Integrated Commissioning Board

and the

**Meeting-in- common of the City & Hackney Clinical
Commissioning Group and City of London Corporation**

City Integrated Commissioning Board

Meeting of 14 September 2018

ATTENDANCE FOR HACKNEY ICB

MEMBERS

Hackney Integrated Commissioning Committee

Cllr Feryal Demirci, Deputy Mayor and Cabinet member for health, social care, transport and parks, London Borough of Hackney (Chair)

Cllr Anntoinette Bramble, Deputy Mayor and Cabinet member for education, young people and children's social care, London Borough of Hackney

Cllr Rebecca Rennison, Cabinet Member for Finance and Housing needs, London Borough of Hackney

City and Hackney CCG Integrated Commissioning Committee

Mark Rickets, Chair, City & Hackney CCG Governing Body

Honor Rhodes, Governing Body Lay Member, City & Hackney CCG

Gary Marlowe, GP Member, City & Hackney CCG Governing Body

FORMALLY IN ATTENDANCE

Anne Canning, Group Director, Children, Adults and Community Health, London Borough of Hackney

David Maher, Managing Director, City & Hackney CCG

Sunil Thakker, Chief Financial Officer, City & Hackney CCG

STANDING INVITEES

Penny Bevan, Director of Public Health, London Borough of Hackney and City of

London Corporation

OFFICERS PRESENT

Devora Wolfson, Programme Director, Integrated Commissioning
Jonathan McShane, Integrated Commissioning Convenor
Georgia Denegri, Integrated Commissioning Governance Manager (minutes)
Yashoda Patel, Head of Performance & Alignment
Siobhan Harper, Planned Care Workstream Director (item 7)

APOLOGIES

Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance
Philip Glanville, Mayor of Hackney
Ian Williams, Group Director, Finance and Corporate Services, London Borough of Hackney
Jake Ferguson, Chief Executive, Hackney Council for Voluntary Services
Jon Williams, Director, City and Hackney Healthwatch

ATTENDANCE FOR CITY ICB

MEMBERS

City Integrated Commissioning Committee

Cllr Randall Anderson, Chairman, Community and Children's Services Committee, City of London Corporation
Cllr Dhruv Patel, Deputy Chairman, Community and Children's Services Committee, City of London Corporation
Cllr Marianne Fredericks, Member, Community and Children's Services Committee, City of London Corporation

City and Hackney CCG Integrated Commissioning Committee

Mark Rickets, Chair, City & Hackney CCG Governing Body
Honor Rhodes, Governing Body Lay Member, City & Hackney CCG
Gary Marlowe, GP Member, City & Hackney CCG Governing Body

FORMALLY IN ATTENDANCE

Andrew Carter, Director of Community and Children's Services, City of London Corporation
Simon Cribbens, Assistant Director Commissioning and Partnerships, Community and Children's Services, City of London Corporation

STANDING INVITEES

Penny Bevan, Director of Public Health, London Borough of Hackney and City of London Corporation

OFFICERS PRESENT

Devora Wolfson, Programme Director, Integrated Commissioning
Jonathan McShane, Integrated Commissioning Convenor
Georgia Denegri, Integrated Commissioning Governance Manager (minutes)
Yashoda Patel, Head of Performance & Alignment
Siobhan Harper, Planned Care Workstream Director (item 7)

APOLOGIES

Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance
Sunil Thakker, Chief Financial Officer, City & Hackney CCG
Jake Ferguson, Chief Executive, Hackney Council for Voluntary Services
Jon Williams, Director, City and Hackney Healthwatch
Devora Wolfson, Programme Director, Integrated Commissioning

1. Introductions

- 1.1. Cllr Demirci welcomed members and attendees to the meeting.
- 1.2. It was noted that both boards were quorate and that decisions made by the two boards would be done so separately and independently, and this would be reflected in the minutes.

2. Declarations of Interest

- 2.1. No additional declarations on items on the agenda were made.
- 2.2. The City ICB **NOTED** the Register of Interests.
- 2.3. The Hackney ICB **NOTED** the Register of Interests.

3. Questions from the Public

- 3.1. There were none.

4. Minutes of the Previous Meeting

4.1. The City Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held on 12 July 2018; and
- **NOTED** progress on actions recorded on the action log

4.2. The Hackney Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held on 12 July 2018; and
- **NOTED** progress on actions recorded on the action log

5. Children, Young People and Maternity Workstream (CYPM) – Assurance Review Point 3

5.1. Angela Scattergood, CYPM Senior Responsible Officer, Amy Wilkinson, CYPM Director, and Rhiannon England, CYPM Clinical Lead, joined the meeting to present the report and answer ICB's questions. They introduced the report highlighting that CYPM has been running for eleven months. The assurance review point 3 report outlined progress made and the plans for 2018/19, incorporating business as usual, transformation and financial plans.

5.2. The following comments were noted from the discussion:

- ICB discussed the significant pressures in Special Educational Needs and Disability (SEND) services and how better outcomes for children and families could be achieved. City of London members commented that they are also looking into these services and had asked officers to work with LBH with the view of pooling these budgets and carrying out a joint procurement.
- With regard to maternity services, Honor Rhodes stressed the importance of involving fathers and taking their views into consideration.
- The pathways for children with SEND are being looked into. There is some duplication across the system so budgets can be pooled. Consultation with the budget holders is planned over the next few months with the aim of having the pooled budget in place for 2019/20.
- ICB further discussed the reporting, safeguarding issues and how pregnant women who have had genital mutilation can best be supported. It was confirmed that the relevant City and Hackney system is robust.
- In response to a question on what are the key challenges and how ICB can support the workstream, it was commented that managing expectations and the frustration relating to the bureaucracy resulting from the delay in pooling collective resources/budgets are the main challenges. Furthermore, there is some disconnect between the views of the clinicians and the system's leadership which ICB could help to improve.

5.3. The City Integrated Commissioning Board:

- **NOTED** the progress being made by the CYPM workstream.
- **APPROVED** the response for Assurance Review point 3.

5.4. The Hackney Integrated Commissioning Board:

- **NOTED** the progress being made by the CYPM workstream.
- **APPROVED** the response for Assurance Review point 3.

6. Recommendations from the Prioritisation and Investment Committee (PIC) for funding of workstream proposals

6.1. Mark Rickets chaired this item as Cllr Demirci co-chaired the PIC committee.

6.2. Yashoda Patel introduced the report highlighting:

- The process developed to prioritise funding bids from workstreams to allow best value use of £1.5M CCG non-recurrent allocated funds
- The recommendations made at the Prioritisation and Investment Committee meeting on 15 August 2018
- The final ranked list of schemes including which the committee recommended to be funded

6.3. The following comments were noted from the discussion:

- ICB was reminded of the extensive thinking and consultation carried out to develop the criteria, including having a criterion on social value.
- The funding is non-recurrent and therefore, the workstreams need to ensure that it is spent wisely. Should schemes have merit to continue, alternative funding routes will need to be identified. A similar situation with pots of money available only for one year is also observed increasingly in local government.
- Cllr Demirci commented on the burdensome and time consuming process and wondered if it can be streamlined if there are any further non-recurrent pots of money.
- From the workstreams' perspective, effort is made to look at options for mainstreaming schemes or elements of them which are useful to continue and achieve their expected outcomes.
- Funding for some schemes, such as the Housing First, aim to test a service whilst plans are underway, particularly by Hackney commissioners, for a smooth transition to longer term arrangements. Also, the different teams are discussing how to work collectively to avoid duplication of service provision.
- With regard to the scrutiny of the schemes, it was noted that these are discussed regularly at workstream meetings and monitored by the Senior Responsible Officers (SROs).

6.4. The City Integrated Commissioning Board:

- **ENDORSED** the schemes proposed to be awarded funding and **AGREED TO RECOMMEND** them to the City & Hackney CCG Governing Body for approval.

6.5. The Hackney Integrated Commissioning Board:

- **ENDORSED** the schemes proposed to be awarded funding and **AGREED TO RECOMMEND** them to the City & Hackney CCG Governing Body for approval.

7. Proposed short term funding projects from Better Care Fund underspend

7.1. Siobhan Harper introduced the report on behalf of the workstream directors and highlighted:

- The Better Care Fund (BCF) allocation and 2017-19 partnership plan agreed by the City & Hackney Health and Wellbeing Boards was submitted to the BCF National team in 2017, covering two years. The original expenditure plan for 2018-19 included £1,314,529 for the neighborhood model (inclusive of £40K for the City of London). £816,000 was agreed for initial development and implementation of the model, leaving circa £500k unallocated.
- The Hackney BCF partnership management team recommended use of a short application form used to steer any funding applications for use of this money during 2018-19. The PIC short-list template was amended to include the requirement of the BCF priorities. It was agreed that this should be treated as short-term one off funding.
- The bids that were agreed by the Hackney BCF partnership management team, Planned Care Leadership Group and Unplanned Care Board were summarised. The Transformation Board had considered them and agreed to recommend them to ICB for approval.

7.2. The following key comments were noted from the discussion:

- ICB sought assurance on whether the schemes would offer value for money and how ICB can ensure they deliver the expected outcomes. It was noted that the Hackney BCF partnership management team monitors all BCF funded projects and in addition there is a robust reporting framework to the national BCF team. The BCF fund is scheduled annually on the ICB's forward plan. ICB members asked that the outcomes of the funded schemes are reported to a future meeting.
- In response to whether there is any thinking on how the underspend can be used, it was reported that a proposal is being worked up for some interim capacity in a nursing continuing care home placements over the winter. It is being developed as a community incentive scheme.

- ICB commented that the way the recommendations are written are not clear to the public.

7.3. The City Integrated Commissioning Board:

- **ENDORSED** the funding of the projects listed above from the BCF underspend.
- **ENDORSED** use of the D2A (Discharge to Assess) underspend to secure additional resource for an evaluation of the D2A pilot and planning for future modelling of integrated staffing structures.
- **NOTED** that there is still some further underspend within the BCF (183k).

7.4. The Hackney Integrated Commissioning Board is asked:

- **APPROVED** the funding of the projects listed above from the BCF underspend.
- **APPROVED** use of the D2A underspend to secure additional resource for an evaluation of the D2A pilot and planning for future modelling of integrated staffing structures.
- **NOTED** that there is still some further underspend within the BCF (183k).

8. Vision Statement, Resident Value Statements, and Outcomes Framework workshop

8.1. Devora Wolfson and Yashoda Patel introduced the report which set out

- The draft vision for City and Hackney integrated commissioning and care
- A list of resident value statements.
- The process for developing an outcomes framework, including the method of engagement of local residents to identify what is of value to them.
- The key themes/priorities identified by attendees of the outcomes framework workshop on 16th August 2018.
- The proposed draft outcomes framework format.
- The next steps for developing the outcomes framework.

8.2. The vision is structured to follow a typical patient journey starting with prevention and ending with hospital services. The vision reflects the ambition to come together as system partners to address the underlying causes of health inequalities.

8.3. ICB commented on the vision in detail. With regard to the statement relating to a local hospital, it was noted that all research indicates that people want to have access to a local hospital. In discussion about the Homerton hospital not being easily accessible from the City, it was noted that the CCG already commissions UCLA and Barts so City residents have easy access to a hospital locally.

8.4. ICB further discussed how the vision can be championed and promoted. A communications strategy had been developed and considered by the Transformation Board but needed to be refreshed. The vision can be also promoted through the local press.

8.5. The City Integrated Commissioning Board:

- **APPROVED** the draft vision for integrated commissioning, and
- **APPROVED** next steps on developing the outcomes framework

8.6. The Hackney Integrated Commissioning Board:

- **APPROVED** the draft vision for integrated commissioning, and
- **APPROVED** next steps on developing the outcomes framework

9. Draft System Commissioning Intentions 2019/20 onwards

9.1. Devora Wolfson introduced the report which provided with a summary of the System Commissioning Intentions for 2019/20 onwards provided by the care workstreams. Several events were planned to ensure full patient and public engagement on the commissioning intentions both at workstream and at system level, including at the CCG's Annual General Meeting, through the Engagement Enabler Group on 26 September 2018, and at a systems commissioning engagement event in late October 2018.

9.2. The following comments and actions were noted from the discussion:

- ICB would like to see the finalised commissioning intentions after the comments of patients and the public have been incorporated.
- The draft high level commissioning intentions relate to new services or transformation of services. The document to present more clearly what will be in place as business as usual. Also, it may be helpful if key themes are pulled together which may be more easily understood by patients and the public instead of using the workstream governance structure to present them.

9.3. The City Integrated Commissioning Board

- **NOTED** the high level commissioning intentions and the process for finalising them

9.4. The Hackney Integrated Commissioning Board

- **NOTED** the high level commissioning intentions and the process for finalising them

10. Consolidated Finance (Income & Expenditure) Report as at July 2018 – Month 04

10.1. Sunil Thakker presented the update on finance (income & expenditure) performance for the period from April 2018 to July across the City of London Corporation, London Borough of Hackney and CCG Integrated Commissioning Funds.

10.2. At Month 4 (July) the Integrated Commissioning Fund forecasts on overall adverse position of £4.4m, an adverse movement of £0.1m on the Month 3 (June) position.

10.3. This is being driven by the London Borough of Hackney cost pressures, due to overspend in Learning Disabilities services. City & Hackney CCG reports a year end break even position at Month 4, in line with the reported Month 3 forecast position. The City of London forecasts a small year-end favourable position of £0.06m, driven by the Prevention workstream.

10.4. The City Integrated Commissioning Board

- **NOTED** the report.

10.5. The Hackney Integrated Commissioning Board

- **NOTED** the report.

11. Integrated Commissioning Escalated Risk Register

11.1. Devora Wolfson introduced the report which presented a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole.

11.2. The ICB had asked for a risk relating to the timely delivery of the Community Services 2020 programme to be added and this has been included as risk IC10. An assessment of the risk and the mitigation plans are currently under development and will be reported to the next ICB meeting.

11.3. The City Integrated Commissioning Board

- **NOTED** the Integrated Commissioning Register of Escalated Risks

11.4. The Hackney Integrated Commissioning Board

- **NOTED** the Integrated Commissioning Register of Escalated Risks

12. Any Other Business and Reflections on Meeting

12.1. Members reflected on the meeting:

- Honor Rhodes reflected on the positive atmosphere of the meeting and the increasing maturity of the board by pointing out that ‘we challenged ourselves and were able to express our frustrations’. Honor also commended Cllr Demirci’s great chairing of the meeting.
- Andrew Carter, Marianne Fredericks and Cllr Demirci commented that as public interest in ICB meetings increases, we need to avoid using jargon and complex language in the reports and recommendations.
- Including a jargon buster and basic information on the IC programme in the IC papers pack may help.
- Cllr Demirci pointed out the uniqueness of the City and Hackney ICB as such a board does not exist in other health and social care economies.

13. Date of Next Meeting

11 October 2018, 10.00 – 12.00, Committee Room 3, West Wing, Guildhall, London EC2P 2EJ

City and Hackney Integrated Commissioning Boards Action Tracker - 2018/19

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBMar18-3	Engagement enabler funding - To bring a report back to the ICBs in December 2018 with recommendations to safeguard the mainstreaming of co-production within the IC Programme.	Jon Williams / Catherine Macadam	City and Hackney Integrated Commissioning Boards	21/03/2018	06/12/2018	Open	Due in December 2018.
ICBJul18-1	Add risk relating to impact of delay of Community Services 2020	Georgia Denegri	City and Hackney Integrated Commissioning Boards	12/07/2018		Closed	Completed
ICBSep18-1	Add jargon buster/glossary relating to Integrated Commissioning to ICB paper pack	Georgia Denegri	City and Hackney Integrated Commissioning Boards	14/09/2018	11/10/2018	Closed	Completed

Title	City & Hackney CEPN Workforce Enabler funding of proposals
Date:	11 October 2018
Lead Officers:	Deborah Colvin and Deblina Dasgupta – City & Hackney CEPN Joint Chairs
Author:	Wendy Majewska, CHCEPN Interim Programme Lead. Deborah Colvin, CHCEPN Chair.
Committee	Transformation Board – for discussion and endorsement, September 2018 Integrated Commissioning Board for endorsement/approval, October 2018
Public/Non – public	Public

Executive Summary:

This paper supports a number of proposals (8) submitted to the CHCEPN (Community Education Provider Network) Board in the Workforce Enabler Transformation Funding round, closure date 20th August 2018.

The report sets out:

- a. The process developed to prioritise funding bids from within City and Hackney to allow best value use of Workforce Enabler non-recurrent allocated funds
- b. Score obtained independently and recommendations made at the CHCEPN Moderation meeting held on Monday 17th September 2018
- c. Final ranked list of schemes including which to be funded

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board raised a number of issues in relation to the report including :

1. It was important ICB to be clear that the CEPN (Community Education Provider Network) funding is non-recurrent.
2. Asking whether the projects would be sustainable after the funding period ended given the monies are non-recurrent
3. Asked for assurance that the approved proposals provided value for money and agreed that overlap between the bids should be taken out and additional monies released
4. Asking whether the approved proposals are transformational in nature
5. Reviewing how conflicts of interest are managed in any future rounds.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **ENDORSE** the City and Hackney CEPN Scoring Group recommendations of the eight proposals for Workforce Enabler funding to help deliver transformation and integrated care across City and Hackney as approved by the CHCEPN Board.

The Hackney Integrated Commissioning Board is asked:

- To **APPROVE** the City and Hackney CEPN Scoring Group recommendations of the eight proposals for Workforce Enabler funding to help deliver transformation and integrated care across City and Hackney as approved by the CHCEPN Board.

Links to Key Priorities:

The City & Hackney CEPN as workforce enabler and driver supports a range of national, regional and local policy priorities and implementation. The CEPN Board has approved these proposals on the basis they address key challenges including the NHS Five Year Forward View workforce position, innovation, and delivering care Closer to Home and at a neighbourhood level, with increased capacity for local communities additionally supporting the identified Workstreams within City and Hackney.

Specific implications for City

Allowing City to be experienced as a borough that embraces innovation and in addressing recruitment and retention of skilled workforce in the challenging arena of prevention, primary and social care.

Specific implications for Hackney

Allowing Hackney to be experienced as a borough that embraces innovation and in addressing recruitment and retention of skilled workforce in the challenging arena of prevention, primary and social care.

Patient and Public Involvement and Impact:

All bids were reviewed for evidence that co-production was addressed where appropriate and that patients and the public would be involved in the projects when underway. To ensure successful delivery of the funded proposals the CHCEPN will encourage programme leads to work with the Engagement Enabler Group. Expected outcomes of each of the proposals show benefits to patients.

Hackney CVS representative was a member of the CHCEPN Workforce Enabler Scoring Group. Additionally the CEPN is keen to connect with and build on the co-production work and learning, to avoid duplication but also to consider public and patient perceptions and expectations as part of workforce development. These proposals will all have the support of CHCEPN in ensuring co-production is addressed to help shape implementation and outcomes offering understanding of local issues enhancing delivery of clinical care based on local need and evidence base.

Moving forward future work will involve engagement with the Engagement Enabler Group to ensure access to, and involvement of, relevant patients and the public.

Clinical/practitioner input and engagement:

The CEPN Programme Board workforce enabler has significant clinical membership in medicine and nursing across primary and secondary care, and also social care and education, with continuous engagement and input. Each proposal will have relevant and on-going clinical involvement.

Conflicts of interest

The City and Hackney Terms of Reference address conflict of interests in full. In addition CEPN Board recognises that all providers are likely to have interests in proposals submitted and in common with other Boards this is raised and addressed prior to any discussions taking place. This is described more fully in the main report below.

Main Report

Process developed and implemented to prioritise funding bids from within City and Hackney to allow best value use of Workforce Enabler non-recurrent allocated funds of £1.3m.

- The process was developed in conjunction with the CHCEPN Board, CCG, and involved an independent process check for validation purposes
- It involved the development of 5 weighted Value Criteria
 - Workforce Development
 - Sustainability
 - Scalability
 - Impact
 - Supporting Strategic Direction
- A Scoring Group was established with representation from partner organisations reflecting CHCEPN Board membership
- Invitations to submit proposals were circulated across City and Hackney health and social care and the voluntary sector and were asked to submit proposals by 20th August 2018; a total of £2.1m in proposals were received
- The Scoring Group agreed its terms of reference and recognising transformation as collaborative, multi-organisational and cross organisational proposals were encouraged; the scoring was calculated including scores submitted by the Scoring Group members' organisations however where a Scoring Group member was named as the lead on a proposal scores were also re-calculated excluding those scores
- CHCEPN Scoring Group members were asked to score independently each of the 17 bids received, from 1-10 against each of the weighted value criteria
- Bids were ranked on their total score for all of the value criteria. £1.3m funding available applied to recommended schemes
- A Moderation meeting was held on 17 September 2018 which was facilitated by the CHCEPN Interim Director Wendy Majewska who is not a CEPN Board member nor a Scoring Group member
- The purpose of the meeting was moderation and discussion of the ranked list of schemes and make recommendations as to which proposals should be funded and, if any, recommendations

Scores achieved and final ranked list of schemes including which to be funded (following moderation meeting)

These proposals have been independently scored by members of the CHCEPN Scoring Group and discussed and agreement reached at the Workforce Enabler Moderation meeting held on 17th September. These recommendations were been presented at the CHCEPN Board meeting held on Friday 21st September and the recommendations approved by the Board members present. CHCEPN Board wishes to list all proposals received and to advise that support will be offered to those unsuccessful in this bidding round and explore other sources of funding.

In recognition of a desire for collaborative, multi-organisational, integrated approaches to proposals it is recognised that all participants could have potential for conflict of interests. As such attendees were asked to raise such issues before the meeting, or as soon as a potential conflict became apparent. This enables management of decision making in a complex environment and together deal with these issues appropriately.

Scoring Group members individually scored each proposal against the weighted Value Criteria and submitted these scores to the CHCEPN Programme Lead. These scores were calculated to achieve the overall weighted score, the mean weighted score and Standard Deviation indicating scoring agreement. To ensure correct methodology followed an additional independent process check was undertaken for validation purposes.

Additionally all scores for proposals were calculated both including and excluding Scoring Group members where the Lead proposer was a member of the Scoring Group. Once the scores were calculated the position on the scoring table did not change although the overall weighted mean scores were slightly adjusted. Prior to any discussions at the Moderation meeting interests were declared and recognition of these were noted. Final recommendations from the Scoring Group did not alter the position ranking of the highest 7 of the 15 proposals presented and discussed at the Moderation meeting. Following discussion at the Moderation meeting the Scoring Group recommended a position change from the independent scores to only one of the proposals as indicated on the table.

CHCEPN recognise the importance of oversight and co-ordination of the range of proposals. CHCEPN plans to meet with proposers to agree timelines for reporting, standard set of principles to help support and shape direction of travel and address areas of duplication and optimise successful outcomes. Where commonalities across proposals are clearly identified efficiencies are anticipated. To ensure accountability any efficiencies identified will remain with the London Borough of Hackney within Workforce Enabler funding and CEPN will submit the next highest scoring non-funded proposals and bring back a proposal to the CHCEPN Board for approval and the Transformation Board and Integrated Commissioning Board for endorsement.

Additionally CEPN will ensure absolute clarity in relation to non-recurrence of funding and support.

All submitted proposals are listed in the table below. The City and Hackney CEPN requests endorsement for the proposals numbered 1-8 as listed below (highlighted in yellow). Following the Moderation meeting scores achieved as documented below and with adjusted ranking.

Project ranking following Moderation	Proposal	Funding (£ 000's)	Weighted Total Score	Weighted Mean Score	Scoring agreement	Funding support	Cumulative Funding
1	Improving MD working in Neighbourhood	142,997	61.15	7.64	Highest	Yes	142,997
2	Embedding a strengths based approach to practice in Hackney	230,000	60.65	7.58	Highest	Yes	£372,997
3	Group consultations for LTC in PC	208,956	59.75	7.47	Highest	Yes	£581,953
4	Making Every Contact Count (MECC)	70,100	59.55	7.44	Highest	Yes	£652,053
5	Focussed care practitioner model	371,866	54.63	6.83	Highest	Yes	£1,023,919
6	Development community navigation skills within a neighbourhood framework	166,759	53.63	6.70	Medium	Yes	£1,190,678

7	Developing a PC based partnership approach to improving children's health outcomes, realised through neighbourhood model	43,253	52.88	6.61	Medium	Yes	£1,233,931
8	Neighbourhood Development Events	45,096	49.83	6.23	Medium	Yes	£1,279,027
Project ranking following Moderation	Proposal	Funding (£ 000's)	Weighted Total Score	Weighted Mean Score	Scoring agreement	Funding support	Cumulative Funding
9	System ICS OD Cultural Change Programme	80,000	51.63	6.45	Medium	No	£-
10	Solihull training in the Orthodox Jewish community	14,873	49.03	6.13	Lowest	No	£-
11	OD support for Integrated Working across health and social care	66,820	48.98	6.12	Lowest	No	£-
12	Dementia training -care homes	21,020	48.25	6.03	Medium	No	-
13	Virtual reality human factors training	358,800	45.83	5.73	Lowest	No	-
14	Advanced HCA program	56,800	39.88	4.98	Medium	No	-
15	Spirometry training for primary care	25,000	33.88	4.23	Lowest	No	-
16	GP reception staff training	74,760	Withdrawn due to successful funding sourced elsewhere				
17	Practice management - scoping the need	26,500	Withdrawn due to successful funding sourced elsewhere				

Recommendations

Proposal 1 Recommend Project Leads work with Proposal 7 Children's Health outcomes, pre-requisite to funding is to consider including Proposal 7 aims. Recommend look at current neighbourhood structure and explore support for other neighbourhood related proposals.

Proposal 3 Recognition of successful PIC funding therefore funding adjusted accordingly

Proposal 5 Explore possibility of appointed Project Manager also having responsibility for Proposal 6 given some commonality and potential benefit. Recommendation that Focussed Care Practitioners retained at 6 however some shared costs from Project 6 will enable optimal delivery at neighbourhood level and maximum benefit across City and Hackney.

Proposal 6 Recommend project leads work with Proposal 5 to achieve common aims and consider Project Manager leading on Proposal 5 has shared responsibility for Proposal 6. Funding to be adjusted accordingly.

Proposal 7 Recommend Project leads work with Neighbourhood Leads named in Proposal 1 to achieve common aims. Scoring Group members raised possibility of removing PM costs and offer up to maximum 50% funding i.e. £43,252

Proposal 9 Recommend working with lead to explore reduction in costings of bid

Impact on / Overlap with Existing Services:

A key tenet of the process for management of proposals to support Workforce Transformation across City and Hackney CEPN is enabling effective working, across professional and organisational boundaries. These proposals positively impact and complement existing services introducing innovation and contributing to the transformation of provision within City and Hackney.

Supporting Papers and Evidence:

The 15 proposals received by the CEPN for Moderation are available on request.

Sign-off:

Deborah Colvin and Deblina Dasgupta – City & Hackney CEPN Joint Chairs

Title:	Planned Care Workstream Report
Date:	11 October 2018
Lead Officer:	Siobhan Harper – Workstream Director Simon Cribbens - SRO
Author:	Siobhan Harper – Workstream Director
Committee(s):	Finance and Performance Committee – 19/9/18 Clinical Executive – 10/10/18 Planned Care Core Leadership Group – 23/10/18 Patient and Public Involvement Committee – 11/10/18
Public / Non-public	Public

Executive Summary:

This report provides an update to a number of audiences on the workstream progress in respect of a number of areas. These include:

- Delivery of the workstream 'asks'
- Performance against national Constitution standards, Integrated Assessment Framework standards, ASCOF measures, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and commissioning intentions for next year

The Integrated Commissioning Board is asked to note in particular the following concerns and issues:

Finance:

- A significant over performance for City and Hackney CCG against the agreed Operating Plan in elective activity at the Homerton Hospital (non- GP referrals and Day case in particular) is a major concern. At month 5, there has been a slight improvement though the unmitigated forecast could be as much as £4m overall on current activity levels. This is now escalated to Chief Executive levels to ensure proposed actions are taken in a system approach

Learning Disability cost pressures:

- The joint funding pilot will conclude by the end of October 2018 and is likely to confirm a level of joint funding in keeping with the £1.9m previously identified. Further work will be required to finalise the figure for 19/20 and the sustainability of the funding will need to be determined by the partners and the plans for further pooling of budgets for social care and health care packages. A further update on this will be provided to the ICB in November 2018.

Performance:

- Delivery of the 62 day Cancer standard by the Homerton continues to fluctuate and whilst Inter Trust Transfers have improved the consistent issues on delivering this standard at UCLH impacts on the City and Hackney position
- Continuing Healthcare Quality Premium – we have yet to deliver the standard for assessments in community settings though we have actions in place to achieve this. 28 standard for completion of assessment has dipped whilst we clear long waiting patients and we expect this to improve

- Learning Disability Health checks – we are putting actions in place to improve our delivery on this standard though we continue to explore data discrepancy between local and national data sources

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

Recommendations:

The City Integrated Commissioning Board is asked to:

- **NOTE** the report

The Hackney Integrated Commissioning Board is asked to:

- **NOTE** the report

Links to Key Priorities:

The report reflects nationally mandated requirements as well as local ambitions and priorities.

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Resident representatives are members of our Core Leadership Group. Co-production and ongoing engagement is in train or in development throughout the workstreams current projects. Further work with patient and public representatives will be incorporated in the plans for 2019/20.

Clinical/practitioner input and engagement:

As above, clinicians and practitioners are engaged with our work at both the Core Leadership Group and within individual transformation projects.

Equalities implications and impact on priority groups:

There are no specific equalities issues addressed through this report. Impact assessments will be undertaken on any new plans for the workstream in 19/20

Impact on / Overlap with Existing Services:

Some targets are shared with other workstreams in context of actions and impact for example Diabetes, Personal Health Budgets

Supporting Papers and Evidence:

Appendix – Planned Care Workstream report

Sign-off:

Workstream SRO: Simon Cribbens, Assistant Director, Commissioning & Partnerships, City of London Corporation

Planned Care Workstream Report

September 2018

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Workstream asks – 2017/18 and 2018-19

Outpatient Transformation

The delivery of this major transformation continues. Key staff responsible for the delivery of the programme have now been recruited and the first tranche of reviews have begun focusing on Orthopedics, Dermatology and Hypertension. The reviews will focus on preventing unwanted first attendances and referrals, reducing unnecessary face to face follow-ups, optimising what should be done in secondary care and by whom, and maximising the utilisation of community service resources

Cancer

- A number of earlier diagnosis projects are currently underway including a raising awareness through community pharmacies and the launch of a "C the signs " App to all practices to support decision making. Plans are underway for 3 "talk cancer " sessions with community organisations.
- Plans are in development for increasing uptake to bowel screening, the roll out of faecal immunochemical tests (FIT), and population awareness activities.
 - Breast cancer pathways are being reviewed.

Commissioning Support Unit (CSU) Decommissioning

Continuing health care (CHC) Decommissioning options appraisal approved by workstream, however, overall decommissioning delayed due to a requirement for NHS England approval of the joint Inner North East London (INEL) CCG business case. Requires a clear plan covering all staff impacted by TUPE and currently awaiting confirmation of TUPE Human resource list from the CSU. Joint business case planned submission in September.

Personal Health budgets

- New processes and documentation agree with the Homerton for Personal Health Budgets (PHBs) to become the default for all CHC packages of care at home. CQUIN agreed with the service to deliver personalised care and support planning which will facilitate this process.
- Options explored to extend the PHB offer past CHC, with pilots being implemented for the Wheelchair Service and within the Mental Health recovery pathway that will deliver PHBs at scale in 2019/20

Workstream asks - 2017/18 and 2018-19

Health and Care Pooled Budgets

Following agreement of the Business Case by Transformation Board work is continuing on the pooling of health and social care budgets for care home and nursing home placements, Continuing Healthcare (CHC) budgets and care packages in the home

- Programme Management Group across the local authorities and NHS proposed
- Joint funding pilot for Learning Disability packages in progress which will inform a joint funding protocol and extension of joint funding into other care groups

Proposal being developed to establish a joint brokerage service across health and social care
Mapping of existing health and social care processes completed to explore joint commissioning and procurement opportunities

Integrated Learning Disabilities Service

- Redesign is currently underway for an integrated multi-agency, multi-disciplinary team, providing specialist health and social care support to adults with Learning Disabilities (LD)

Housing

- Review of Disabled Facilities Grant administration in the City of London completed with the learning to be shared across the system
- Joint bid for prioritisation funding agreed for £225,000 to support an initial cohort of 20 single homeless clients following a 'Housing First' model
- Review of Housing related support currently underway

Mental Health

- Inline with the key aim of integrating mental and physical health, a long-term conditions IAPT service is now operational
- Voluntary sector low intensity Improving Access to Psychological Therapies (IAPT) operational
- Chronic fatigue service now being delivered
- Ongoing delivery of the NHS Five Year Forward View (FYFV) for mental health

Five Year Forward View Objectives and Delivery

Mental Health

FYFV planned care mental health objectives

IAPT access rates at 19% by Q4: on track

IAPT Long term conditions (LTC) service:
service has already started will be fully
operational by Q4.

Physical health checks for 60% of SMI
population: on track

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Cancer

Key cancer 5YFV standard; 95% of patients with Yes/no diagnosis of cancer within 28 days of referral, 50% within 14 days.

Measured from April 2019- constitutional standard from April 2020.

Expected to replace the 2 week waits standard.

How we plan to achieve this:

- Reduce the median day to first OPA or first diagnostic procedure to 7 days or less
- Use of one stop appointments where possible: Gynaecology, Prostate, Skin and Breast.
- Pathway innovation and transformation- National optimal lung cancer pathway; colorectal and prostate (Gap analysis and action planning underway)
- To optimise radiology and endoscopy services to be efficient and responsive
- Ensure patients are referred with bloods or preliminary tests done
- Remind patients they need to be available at short notice and there may be a number of appointments and that it is important to attend (evidence shows people attend first appointments but might cancel and delay appointments in the next stage of the pathway)

Planned Care Commissioning Intentions

Commissioning Intentions

Planned Care

Continue our Outpatients Transformation Programme [until March 2020]

Develop an online tool for patients which will enable them to refer into the Physiotherapy Service

Create a specialist referral review, advice on GP treatment, and referrals to the Minor Eye Condition service and to secondary care

Create a Women's Health Community Service encompassing: Gynae, Pelvic Floor Continence, Linked Sexual health, Fertility, Contraception, Breast and Menopause

Work with the Prevention Workstream to develop and implement an Obesity Pathway for City and Hackney

Undertake review of the Teledermatology Service, due to start in 2018/19 and its impact on community services

Upskill practices nurses so they can better support parents of children with eczema

Continue the successful virtual clinic service for renal patients

Support the Prevention Workstream to implement recommendations from the Type 2 Diabetes Healthcare Needs Assessment to ensure services are aligned with models of best practice and are providing optimal care for people living with type 2 diabetes in City and Hackney

Support the Prevention Workstream to review the post stroke rehabilitation pathway to ensure patients are effectively supported in the community after having a stroke

2018/19

Planned Care Commissioning Intentions

Commissioning Intentions

Cancer

Continue to work towards cancer targets with our providers, including: specialist within 7 days, referral-to-treatment in 62 day target and ITT to be completed in 38 days

Recognise living with cancer as a long term condition

Better recognition of those requiring 2 week colorectal cancer referral

Learning Disabilities

Continue to develop and deliver the Integrated Learning Disabilities Service (ILDS) model of integrated working

Undertake the following activities to ensure positive outcomes for people with LD: Implement a joint funding model for clients accessing health and social care, strengthen links with the emerging Neighbourhood model, develop the Shared Lives Scheme, develop a co-produced Learning Disabilities Charter and review day service provision

Continuing Healthcare (CHC)

Extend our CHC domiciliary care and nursing home providers with a 2-year extension. We will be reviewing the service specification and the KPIs in the contracts and reviewing rates jointly with NEL Commissioning Alliance and LBH/CoL and will confirm changes with contractors before March 2019

Consider whether to join the Domiciliary Care AQP contract for 2019/20

Review the options for provision of a CHC brokerage function to support the Homerton CHC team and our options for delivery of care within people's homes overnight to residents with CHC and fast track requirements

Residential Placement Options – as part of our work on pooled budgets we intend to review commissioning arrangements for local care homes beds. We want to develop a strategy for our bed base, which would allow greater flexibility for placements including interim, intermediate, residential and nursing care. We will also deliver CHC assessment in placements to facilitate faster discharge from hospital care

Planned Care Commissioning Intentions

Commissioning Intentions

Mental Health

Develop more integrated pathway structures and systems across HUH psychological therapies to link together IAPT interventions and HMP with more complex and specialised intervention, also link with a clear identification of frequent attenders

Create a secondary care psychological therapies offer which includes psychotherapy, psychology and arts therapies

Review existing mental health accommodation contracts as part of a joint accommodation strategy

Develop a Primary Care Liaison Service that links with emerging structures such as Primary care Neighbourhoods and population mental health issues

Personal Health Budgets (PHB)

We will extend our PHB offer to all CHC eligible patients receiving care at home to receive a notional PHB with further promotion of the option for people to receive direct payments

The psychological Therapy and Wellbeing Alliance will pilot PHBs for patients frequently attending A&E due to Mental Health concerns

The Homerton Hospital Wheelchair service will pilot a PHB offer over the later part of 2018-19 with a full rollout by 2019

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Planned Care Commissioning Intentions

Commissioning Intentions

Prescribing

- Review prescribing across the following clinical areas: Opioids, Pregabalin and Gabapentin, Sip Feeds prescribing within Care Homes, Respiratory, Atrial Fibrillation, Hospital Only Drugs and Specials.
- In addition, the recommendations for the two recent NHSE consultations will be implemented:
 1. Not prescribing 'OTC medicines in primary care for 35 minor, short-term conditions, medicines,
 2. Not prescribing from a list of 18 medicines considered to be of low value
- Medication reviews will be undertaken for: Hypertension, Polypharmacy Eye Drops, Dual Antiplatelets
- Non-clinical areas to be reviewed include: Repeat prescribing and 7 day prescriptions
- GPs will be supported to undertake and increase patient awareness of medication reviews and an increasing the number of reviews will be undertaken by Practice Support Pharmacists
- Review the following programmes:
 1. Antimicrobial Stewardship for improving quality and cost efficiency,
 2. Implementation of Shared Care Guidance with compliance and monitoring
- Continue to manage compliance to medicines safety by maintaining and improving the response of practices to MHRA alerts and prescribing error reporting
- Continue to review the prescribing of Sodium Valproate in women and girls of child bearing potential in line with the recommendations of the MHRA alert
- Continue to update the medication profile of the prescribing decision support tool used in GP practices – 'OptimiseRx®'
- Continue to promote GP Education and Training:
 1. Deliver training on usage of eye drops and to support recommendations highlighted from the respiratory audit
 2. Promote new face to face training sessions for GPs which will be hosted by PrescQIPP
 3. Develop bespoke webinars for prescribing e.g. Opioids and implement training on the recommendations from the respiratory audit
- Continue to support the Discharge to Pharmacy project and ensure that meetings between Community Pharmacies and GP Practices are facilitated
- Introduce a 'Biosimilar CQUIN' which will help to HUHFT with the resources needed to enable the effective implementation of biosimilars into our health economy.

Local Alignment and progress towards STP Plan

Self-Management & Care Closer to home: Social prescribing; group consultations; NDPP and PHBs will all contribute effectively

Community Kidney Service – functioning well (virtual renal clinics)

Smoking Cessation – Progress made with HUH and Smokefree Hackney; linking services together where possible e.g. NDPP and smoking cessation; ACERs and smoking cessation

LD employment – limited progress so far but needs to be a priority for following year

Diabetes – NEL partnership board oversees both Diabetes prevention and Diabetes across STP. NEL wide dashboard developed; online training places for primary care staff to upskill in diabetes have been made available and additional specialist nursing resource to help with virtual reviews of patients not reaching NDA targets

Mental health - The City and Hackney mental health plan is aligned through the STP Mental Health Steering Group. Key planned care priorities are:

- the delivery of IAPT access rates and recovery rates in line with the FYFV. City and Hackney are on target and have the highest access and recovery rates in the STP.
- Improving mental health and physical health integration. Our development of LTC IAPT and physical health checks for people with serious mental illness is aligned to this.

Procedures of limited clinical effectiveness (PoLCE)

- The STP will be progressing some work on new procedures or amending current criteria on some procedures over the next 6 months
- It should be noted that national data on common procedures indicate that C & H is not an outlier and the local view should be one of reducing activity in some parts of the STP who do appear to be outliers.

Advice and Guidance

- Homerton has a high take up of A & G from GPs and this is increasing
- A STP wide payment method for A & G is in development

e-Referral System (e-RS) The Homerton are on course to switch off paper referrals by October (aim for Sep 17th). Barts switched off 3rd September.

Msk Reviews and recommendations – Although C & H is not an outlier we have reviewed and identified patient self-referral for physio is an opportunity for improvement. Locomotor are developing an algorithm and investment in IT is being looked at in order to implement.

Ophthalmology has been identified as the next work area although Tower Hamlets and Newham are already moving to commission a MECs service similar to our own.

Local Alignment and progress towards STP Plan

Cancer

Local plans are aligned with the STP plans. The STP cancer programme lead works closely with City and Hackney. Priorities are aligned. Commissioning intentions are developed in partnership with the STP cancer team.

The local City and Hackney cancer board has representation at the STP cancer board which sets direction for local systems.

The HUH radiology and respiratory teams have driven delivery of the national optimal lung cancer pathway locally and are held up as an exemplar. We are expecting a further improvement in lung cancer survival rates when they are published later this year.

A number of earlier diagnosis initiatives are underway.

Progress has been slower than expected on introducing new models of follow up in breast cancer but good progress is being made on aligning prostate cancer follow up pathways.

Summary of cancer transformation projects:

- Alliance diagnostic hub for NE London
- Reporting radiography role innovation
- MDT improvement
- Optimising diagnostic
- endoscopy capacity
- Multidisciplinary diagnostic centres
- Diagnostic innovation (qFIT and STT)
- Digital image transfer
- Tracking system within secondary care
- Optimal Lung Pathway
- Cross cutting evaluation and analytical resource
- Patient support and innovation
- Primary care development and education
- Population awareness
- Bowel cancer screening
- Cervical cancer screening
- Primary care tracking
- Stratified follow-up (pan London)
- Implementation of the recovery package (pan London)

Summary of Progress and Performance to date

Retrospective Performance issues

- LTC: NDA triple target – IAF – “needs improvement” for diabetes measure
- Personal Health Budget target failed and no PHB offer outside of NHS Continuing Healthcare
- CSU Decommissioning plans delayed due to requirement for NHS England approval of joint INEL CCG business case
- HUH only met the 62 day Urgent GP standard in 4 months of 2017/18. Although the standard has been met in the first three months of 18/19 there has been a significant dip in performance in July(predicted 66%) and August will be difficult to achieve
- Outpatient overperformance – activity being driven by ‘Other’ referrals – GP referrals are unchanged overall. Key areas of overperformance are diagnostics in Gastro and terminations activity in Gynae (An Activity Query Notice (AQN) has been sent to the Homerton)

Prospective challenges/risks – for the coming year

- Learning Disabilities service re-design – delayed, with ongoing staff consultation. New go-live date of January 2019
- Learning Disabilities joint funding – significant challenges in reaching 50 cases for initial audit.
- NDA triple target – ongoing issues with data collected locally vs the official NHSE data. No progress on resolving this
- Stroke Project / Fit 4 Health – risk to future service provision (Triangle have ceased service provision in Hackney)
- Bereavement Project extension - non-recurrent funding ends March 2019
- LD overspend – likely to be ongoing due to high cost placements and increases in provider costs
- Spirometry accreditation – risk to future provision of service in primary care

Summary of Progress and Performance to date

Prospective opportunities – for the coming year

- Neighbourhoods working – Social Prescribing, diagnostics, diabetes including virtual clinic / MDT case review model
- Sickle Cell Peer Mentoring for young people – very successful in Hackney – would like this to be commissioned across NEL
- PHB pilots being implemented across Mental Health and Wheelchairs which will deliver PHBs at scale in 2019/20
- Establishing a joint health and social care brokerage service and extending joint funding across all client groups
- 2019/20 will also see changes to both the cervical and bowel screening programmes
- A key priority will be delivery of the rapid diagnostic pathways for lung, colorectal and prostate cancers to be ready for the implementation of the faster diagnosis standard from April 2020

Transformation plans (more detail in 4a Workstream asks)

- Outpatient Transformation programme of work has now started in Orthopaedics, Dermatology and Hypertension.
- Social Prescribing / Navigation – opportunity to review and consolidate across pathways (linked to Neighbourhoods programme)
- Post stroke pathway recommissioning for long term support and exercise
- CHS – Stroke, diabetes and chronic pain
- Group Consultations – CEPN funding applied for across City and Hackney
- Pooled budgets delayed in implementation. Plans for joint commissioning, brokerage and integrated assessment in development.

Improvement Assessment Framework (IAF) and other outcomes/indications

Diabetes:

- NDA triple target **36.7%** (vs National average of 39.7%)
- Structured Education **8.7%** (vs. National average of 7.3%)

There are LTC contract incentives to focus on triple target and an NHSE funded nurse via STP project to focus on Type1 patients. A coding investigation for Structured Education is also ongoing

Learning Disabilities:

- LD Health Action Plans **35.9%** (vs. National average of 48.8%)

As part of the ILDS re-design, there is a programme to improve links between the LD service and primary care. There are also contract incentives for GP's to invite patients with LD to an annual health check and create a health action plan

Cancer:

- Cancers diagnosed at early stage (62% stage 1&2 by 2020)- **54%Q4 16/17**
Cancer early diagnosis - CCE Audit to provide granular insight into late presentations which may assist with further targeted reductions
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (85%) **85.5% Q1 18/19**
- One-year survival from all cancers(75% by 2020) C&H **71.3% (2015 cohort)** England 72.3%(2015 cohort)- 2016 still to be released
- Cancer patient experience: overall care **8.21 (2016) No local update available yet.**
- 2017 results are only available at a national level.

There are a range of population education and awareness initiatives underway and projects to improve uptake to bowel and cervical screening planned. Both of which are aimed at increasing the proportion of stage 1 &2 cancers. These will also impact positively on 1 year survival. We are expecting innovative approaches to the lung cancer pathway to start delivering improved 1 year survival from the next ONS release due later in 2018.

A number of new posts supported by Macmillan recently introduced at HUH are expected to improve patient experience by providing more support. Results from the 2017 survey are expected soon.

Finance – Summary

London Borough of Hackney

Learning Disabilities Commissioned care packages within this work stream is the main area of over spend, with a £3.2m pressure after contribution of £1.9m from the CCG for joint funded LD packages and one off ASC grant of £0.9m. Ongoing discussions are occurring with the CCG and this could increase or decrease the contribution for the current financial year. In month, there has been an adverse movement of £0.2m within the LD service primarily driven by increased complexity of care needs for one Learning Disability client. This resulted in the cost of care to increase from £1.8k per week to £5.6k per week. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.

The LD overspend may be partly mitigated if it is determined that more expenditure than is currently forecast relates to healthcare costs and joint funding contributions increase. The service is also utilising the care fund calculator to ensure value for money is achieved on some of the more expensive packages of care. Furthermore the Group Director of Finance and Corporate Resources is reviewing the use of one-off resource to manage the remaining position, although the extent that this will be required is dependent on the year-end position of the Council as a whole.

The Physical & Sensory Support along with Memory/Cognition & MH (OP) is forecasting an overspend of £0.5m. The service has seen a sharp increase in the number of new clients via hospital discharge.

The Care Management & Adults Divisional Support is forecasting a £0.6m overspend. The overall budget pressure breakdown is made up of staffing pressures of £0.7m within Integrated Learning Disabilities due to additional staffing capacity to manage demands within the service and improve annual review performance. The overall pressure has been partially mitigated by underspends of £0.1m across other Care Management Teams within the subdivision.

City and Hackney CCG

The workstream is forecasting a year end adverse position of £3.5m. A deterioration of £0.3m on the M4 position. The main contracts that are reporting significant variances are: Homerton (£1.1m); The Royal Free (£1.1m); Barts Health (£1m) and Imperial College Hospital (£0.2m).

Finance – Summary

Budget Summary by organisation, Pooled, Aligned- Planned Care Month 05 2018-19

Fund type: Pooled Vs Aligned	CCG £'000	LBH £'000	CoLC £'000	TOTAL £'000
A. S75 'Pooled' Budgets				
1. Planned Care				
BCF (<i>LA figs is funding from DGF Capital</i>)	1,198	1,414	145	2,757
Learning Disabilities	5,278	15,403	0	20,681
iBCF Local Authority allocation		10,599		10,599
Total Contribution into ' Pooled ' budgets	6,476	27,416	145	34,037
B. 'Aligned' Budgets				
Aligned - Planned Care	193,381	36,080	3,864	233,325
Total Contribution into ' Aligned ' budgets	193,381	36,080	3,864	233,325
Total Annual Budget	199,857	63,496	4,009	267,363
Forecast Actual	203,376	68,863	3,998	276,237
Forecast Variance	3,519	5,367	(11)	8,875

Finance – Summary

Budget Summary by Spend Category

Fund type: Planned Care Pooled and Aligned		CCG	LBH	CoLC	TOTAL
		£'000	£'000	£'000	£'000
Anticoagulation		389			389
Adult Social Care				2,481	2,481
Community Health Services (CHS)		9,598			9,598
Continuing Health Care (CHC)		12,456			12,456
Homerton Acute (Elective, Outpatient, Critical Care, other)		65,988			65,988
Learning Difficulties & Autism		5,578			5,578
Learning Disability Support			16,341		16,341
Local Enhanced Services LES		1,232			1,232
Mental Health		26,887	8,926		35,813
Occupational Therapy				91	91
Older People				1,437	1,437
Other		7,991	12,467		20,458
Other Acute (Elective, Outpatient, Critical Care, other)		40,078			40,078
Prescribing		29,660			29,660
Residential / Home Care and Nursing Care			25,762		25,762
Total Annual Budget		199,857	63,496	4,009	267,364
Forecast Actual		203,376	68,863	3,998	276,237
Forecast Variance		3,519	5,367	(11)	8,874

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Co-production and resident and patient engagement

The following engagement activities have recently been delivered:

- Resident representative attends all CLG meetings
- Learning Disabilities Partnership Forum established
- Outpatient Transformation patient and resident consultation event completed at Homerton Hospital
- From October, a resident representative will also attend the newly constituted Systems Management sub group.

Continuing the co-production approach future resident and patient engagement will include the following: Ongoing co-production will include resident and patient input to the development of the following:

- Further consultation on detail of Outpatient Transformation proposals
- Stroke project
- Development of Learning Disabilities Service
- Commissioning and delivery of the Housing First Service pilot

Title:	Safeguarding and the Integrated Commissioning Programme
Date:	11 October 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Olivia Katis, Integrated Commissioning Programme Manager
Committee(s):	City and Hackney Safeguarding Adults Board, 25 September 2018 Transformation Board, 26 September 2018 Integrated Commissioning Boards, 11 October 2018
Public / Non-public	Public

Executive Summary:

This paper sets out the proposed approach to integrating safeguarding into the activities of the Integrated Commissioning programme and the programme of work for the Care Workstreams between September–March 2019 to address safeguarding in their workstream responsibilities.

The proposals have been developed collaboratively with colleagues from across the City and Hackney system.

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board endorsed the proposal.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the proposed activities to integrate safeguarding within the integrated commissioning programme
- To **APPROVE** the Integrated Commissioning Safeguarding proposal

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the proposed activities to integrate safeguarding within the integrated commissioning programme.
- To **APPROVE** the Integrated Commissioning Safeguarding proposal.

Links to Key Priorities:

Safeguarding is a statutory responsibility and key strategic priority across all integrated commissioning partners

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

We will be engaging with patients and members of the public through the workstreams, via their PPI representatives

Clinical/practitioner input and engagement:

We will be engaging with clinicians through the Care Workstreams, via their clinician and practitioner representatives

Impact on / Overlap with Existing Services:

N/A

Equalities and other Implications:

The safeguarding issues for older people as a cohort will be collated to ensure we fully understand and address the range of safeguarding issues that older people experience.

Proposals

N/A

Supporting Papers and Evidence:

N/A

Sign-off:

Anne Canning, London Borough of Hackney

Simon Cribbens, City of London Corporation

David Maher, City and Hackney Clinical Commissioning Group

Safeguarding and the Integrated Commissioning Programme

Purpose of this paper

This paper proposes an approach to safeguarding across the Integrated Commissioning (IC) Programme. It is proposed that this approach is reviewed in March 2019 as we move towards further integrated working arrangements.

1. Context and background

The Integrated Commissioning (IC) Programme has been running for 18 months; and has established four care workstreams [Unplanned Care, Planned Care, Prevention and Children Young People and Maternity (CYPM)]. Workstreams are responsible for delivering a programme of transformation and business as usual work across these portfolio areas, working collaboratively with a range of partners including healthcare providers, both local authorities, the voluntary sector, providers, primary care and patients & members of the public. The workstreams meet on a monthly basis.

There are a number of strategic cross-workstream programmes of work these include the Neighbourhoods Programme, the redesign and procurement of Community Services from 20/20 (CS 20/20), Making Every Contact Count (MECC), and the movement towards an Integrated Care Service (ICS). As we progress with these initiatives, safeguarding practice will need to be considered.

2. Strengthening and opportunities offered through an integrated commissioning approach

The IC Programme and the move towards an ICS present an opportunity to improve the delivery of safeguarding across City and Hackney. In 2017/18, a number of Safeguarding Adult Reviews (SAR) action plans made reference to the need for more integrated working between partners across the City and Hackney system, and that the IC Programme could be beneficial in supporting the delivery of some of these actions.

It is proposed that over autumn / winter 2018/19, work is undertaken with the workstreams that interface with adults [and to whom SARs would apply] to embed some of the learning from SARs and formally delegate delivery of appropriate actions to the Workstreams. This would include:

- A focussed discussion at each workstream board exploring SAR recommendations relevant to the Workstream, an Adult Safeguarding Lead would attend the Workstream for this agenda item;
- Outcomes from these discussions would be fed into the workstream's workplans, progress with SAR actions [as recorded in workplans] would be reviewed at future workstream boards and at the City & Hackney Safeguarding Adults Board (CHSAB).

It is also proposed that future SAR outcomes are shared with Workstream Directors as part of the business as usual process for cascading Reviews and action plans across the system.

At present, it is proposed that the CYPM Workstream manage Children's Serious Case Review (SCR) action plan recommendations via the CYPM Workstream reporting

arrangements (Appendix B, CYPM Integrated Commissioning Framework). The CYPM Workstream is undertaking work over the coming months to explore how children's safeguarding interfaces with their governance arrangements.

3. Safeguarding and Care Workstreams

Accountability for keeping children and young people and vulnerable adults living in City and Hackney safe sits with the statutory organisations.

Each partner organisation involved in the IC programme has their own safeguarding policies and processes to ensure safeguarding across both adults and children is managed across all areas of business. For commissioning organisations [London Borough of Hackney (LBH), City and Hackney CCG and City of London Corporation (CoL)] this will include the following:

- The commissioning and de-commissioning of services and procurement exercises and the management of contracts for both large providers and smaller providers;
- The holding to account of providers to ensure adult and children's safeguarding concerns are dealt with promptly and appropriately;
- The recruitment, training and supervision of both clinical / practitioner and operational staff;
- Responsibility for increasing staff and provider awareness around safeguarding issues;
- Ensuring staff are able to communicate safeguarding concerns via appropriate internal policy;
- For working effectively with partners and statutory Boards and organisations, including The City & Hackney Safeguarding Adults Board (CHSAB) and The City & Hackney Safeguarding Children's Board (CHSCB).

Many activities detailed above are being delivered by the workstream through the mechanism of one of the commissioning or provider partners. Workstream Directors and SROs will need to assure themselves that safeguarding practices are being appropriately considered.

It is proposed that workstreams use the draft Integrated Commissioning Safeguarding Framework (Appendix A) as a 'checklist' for how safeguarding can be integrated into workstream activities going forward.

It is proposed: that the reporting template for papers considered at the Transformation Board (TB), the Integrated Commissioning Board (ICB) and workstreams are updated to include a section requiring report authors to detail to what extent safeguarding has been considered as part of work.

It is proposed that on an annual basis, safeguarding is considered by the workstreams; Workstream Directors should present an update on the delivery of SAR action plans where relevant.

It is proposed that the Transformation Board and ICB have an annual discussion summarising discussions at workstreams, any cross-workstream safeguarding issues and any feedback on IC Safeguarding from the CHSAB or CHSCB. Following feedback from patient and public representatives, it is further proposed that safeguarding issues relevant to older people's are considered separately.

3.1 How workstreams interface with the City & Hackney Safeguarding Adults Board (CHSAB)

Adults safeguarding is overseen by the City & Hackney Safeguarding Adults Board (CHSAB), which is the statutory board for City and Hackney. It is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the City of London and the London Borough of Hackney. This Board reviews how organisations across the area who work with adults have performed against their safeguarding requirements and how they have contributed to the work of the CHSAB to promote effective adult safeguarding.

It is proposed that a representative from the IC programme attends the CHSAB every six months to up update on Workstream safeguarding activities over that period, including an update on SAR action plans, and to relay any cross-workstream safeguarding issues.

3.2 How workstreams interface with the City & Hackney Safeguarding Children's Board (CHSCB)

Children's safeguarding is overseen by The City & Hackney Local Safeguarding Children's Board (CHSCB), which is the statutory board for City and Hackney. It is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the City of London and the London Borough of Hackney. This Board reviews how organisations across the Boroughs who work with children and young people have performed against their safeguarding requirements and how they have contributed to the work of the CHSCB to promote effective children's safeguarding.

The CYPM workstream has agreed that it will report to the CHSCB on a quarterly basis. It is proposed that a representative from the IC programme attends the CHSCB every six months to update on workstream safeguarding activities on behalf of the Prevention, Planned Care and Unplanned Care workstreams.

4. Future work with Workstreams

Further work with workstreams will be explored in spring 2019. This could include the following:

- 1) Further work to explore the interface between children's safeguarding and the Prevention, Unplanned and Planned Care workstreams; this might include 'deep dives' with workstreams and Children's Safeguarding leads and exploring Children's SCR action plans in more detail to harness learning;
- 2) Explore development of a 'tiered' safeguarding assessment for contracts or projects where there is a significant safeguarding risk, for example, substance misuse, Pause and sexual health, and a lighter touch for lower risk project or services;
- 3) Continue to work collaboratively with strategic programmes of work including the Neighbourhoods Programme, CS 20/20 and MECC to explore approaches to safeguarding.

Appendix A

Integrated Commissioning Care Workstream Framework / Checklist

Principles for embedding Safeguarding throughout integrated commissioning and care work

The Integrated Commissioning (IC) Programme is committed to ensuring that there are effective safeguarding mechanisms in place to manage safeguarding for every child and vulnerable adult in the borough.

This framework outlines how the IC Programme Care Workstreams will ensure they consider safeguarding issues as part of their core business. To do this, the Care Workstream will:

- 1. Interface effectively** with the City and Hackney Safeguarding Children's Board (CHSCB) and / or the City & Hackney Safeguarding Adults Board (CHSAB). A member of the IC programme team will attend the CHASB and CHSCB every 6 months to provide a cross-workstream update to these Boards; the Children Young People and Maternity Workstream will report to the CHSCB quarterly;
- 2. Discuss safeguarding as part of their core business** it is proposed that once per annum a focussed item on safeguarding is hosted by the workstreams. This update would include: any safeguarding issues related to the workstreams, core business over the year, and an update on the implementation of SAR action plan(s);
- 3. During the development phase of commissioning, recommissioning or transformation work**, Workstreams are encouraged to liaise with a Children or Adult's Safeguarding Lead to explore interfaces with safeguarding, particularly if the service is dealing directly with children or vulnerable adults;
- 4. Relevant training and information is publicised and shared with Workstream colleagues and partners** this includes CHSCB safeguarding training: <http://www.chscb.org.uk/learning-improvement/> and CHSAB training;
- 5. Ensure commissioned contracts** with providers for service delivery contain explicit clauses outlining expectations around safeguarding, and adherence is monitored through existing performance management mechanisms;
- 6. Ensure there is a clear route for escalation** of any safeguarding concerns raised as part of Care Workstream business and this is followed through the appropriate organisational system.

Appendix B

Integrated Commissioning CYPM Care Workstream framework

Draft Framework for Safeguarding

1.0 Background and Context

Ensuring there are effective child safeguarding mechanisms in place for every child is a statutory element of the work of all City and Hackney's organisations. This work is led by the London Borough of Hackney, the City and Hackney Clinical Commissioning Group, the City of London, and the City and Hackney Safeguarding Children's Board.

Building on strong joint City and Hackney child safeguarding arrangements, this framework outlines how the Children, Young People and Maternity workstream will interface with, and incorporate safeguarding throughout our workstream business and joint plans. It aims to ensure we are working in line with current statutory guidance, and responding to recently developed recommendations published in: 'Working together to Safeguard Children 2018', that outlines significant reforms to local and STP level safeguarding systems. Further detailed guidance can be found here: <https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

2.0 Principles for embedding Safeguarding throughout the Children, Young People and Maternity integrated commissioning and care work

There are currently robust mechanisms and arrangements that ensure Safeguarding children is 'Everybody's business' across City and Hackney, and this framework does not seek to replicate those, but to outline how the workstream will ensure it is informed, assured and effective in its consideration of safeguarding children across all of its business. To do this, the workstream will:

1. Interface effectively with the Local City and Hackney Safeguarding Children's Board

- The CCG Designated Nurse for Safeguarding (Mary Lee) is a member of both the LSCB, and the CYPM workstream's Strategic Oversight Group, as is the Head of LBH Children and Young People's Services (Sarah Wright). There are several other members of the workstream who take regular health updates to the LSCB.
- The CYPM workstream, encompassing the work of the London Borough of Hackney, City of London and the CCG, will report quarterly to the LSCB.
- The workstream is represented in the sub structures of the LSCB with appropriate membership - ie. the Child Death Overview Panel, and Quality Assurance Sub Group.

2. **Ensure safeguarding expertise are fed into workstream business**, through colleagues who are active members of CYPM WS:
 - The Director of CYPS (Sarah Wright) is vice chair of CYPM Workstream Board and a member of the CYPM Strategic Oversight Group.
 - The CCG Designated Nurse for Safeguarding is a member of the CYPM Strategic Oversight Group and the wider Workstream Board.
 - Members of workstream sub groups include those with relevant safeguarding expertise.

3. Have **effective mechanisms in place for ensuring Information and Assurance** goes both ways (between Safeguarding governance and CYPM WS governance):
 - The CYPM workstream will take regular safeguarding updates at the Workstream Board as a standing agenda item
 - The CYPM workstream will take detailed reports on Safeguarding to it's Business Performance oversight groups on a rotational basis (ie. every 6 months)
 - The CYPM workstream, will report quarterly to the LSCB, and to its sub groups as appropriate
 - Information sharing at operational level is robust and in line with relevant guidance

4. Ensure **LSCB safeguarding training** is publicised to all children's professionals and specifically encourage uptake by those working as part of the workstream and Networks: <http://www.chscb.org.uk/learning-improvement/>

5. Ensure those delivering workstream business are **linked into North East London and Wider London networks**: ie. continuing regular attendance at, and membership of CDOP chairs forum, Safeguarding professionals forums and other relevant networks.

6. **Maintain a focus on Quality**: Safeguarding will continue to be monitored at CQRM, the CCG Board, through London Borough of Hackney and City of London Corporate Parenting and safeguarding governance and through the LSCB Quality sub group. Regular operational audits will be shared and learning disseminated.

7. Be conscious of **managing incidents and media**, and will have regard to processes and protocols across organisations and partnerships.

8. Ensure **commissioned contracts** with providers for service delivery contain explicit clauses outlining expectations around safeguarding, and adherence is monitored through existing performance management mechanisms.

9. Ensure there is a **clear route for escalation** of any safeguarding concerns raised as part of workstream business and this is followed through the appropriate organisational system

10. Ensure any **concerns raised as part of LSCB** business in terms of the workstream are addressed efficiently and effectively.

11. **Interface effectively** with the Integrated Commissioning Safeguarding Framework and safeguarding activities of the Prevention, Planned Care and Unplanned Care Integrated Commissioning Care Workstreams.

3.0 Useful references

The City and Hackney Safeguarding Children Board website is a comprehensive resource for children and families and professionals: <http://www.chscb.org.uk/>

Specific City and Hackney protocols and procedures can be found here: <http://www.chscb.org.uk/protocols-guidance-and-procedures/>

Title:	ICS Readiness Assessment
Date:	11 October 2018
Lead Officer:	Jonathan McShane, ICS Convenor
Author:	Jonathan McShane, ICS Convenor
Committee(s):	Transformation Board 26 September 2018 Integrated Commissioning Board, 11 October 2018
Public / Non-public	Public

Executive Summary:

The Transformation Board has received papers in recent months aiming to set out our progress towards becoming an Integrated Care System (ICS). A lack of clarity over the criteria used by NHS England and the ELHCP led to the creation of an initial template that drew on a range of sources to give an overview of the progress being made.

ELHCP has now set out definitive criteria for tracking progress on ICS development and created a template, approved by the ELHCP Executive Group comprising provider chief executives, CCGs and local authority representatives. It takes the form of a self-assessment exercise and further guidance from the ELCHP team has outlined what they are looking to see:

- Summary information with the understanding that more detail is available if needed
- An emphasis in each section on how work is being done as a system rather than as individual organisations
- Honesty around challenges and a willingness to seek external support where needed

ELHCP asked that each system (BHR, City & Hackney, and Newham, Tower Hamlets and Waltham Forest) complete the template in advance of a meeting with ELCHP leads held on 2nd October 2018 designed to update and provide assurance to the ELHCP Executive on progress across North East London.

At the ELHCP meeting on 2nd October, our significant progress was noted and other systems were keen to learn more about our approach. The reviewers stated that our submission did not fully elaborate on our approach to addressing health inequalities.

As this will be the template used to assess progress going forward for all systems in North East London, it was recommended that we also use it in City and Hackney.

Issues from Transformation Board for the Integrated Commissioning Boards

TB felt the template was very NHS focused and placed insufficient emphasis on other parts of the system. The template also gave little opportunity to talk about our extensive work around patient and public involvement and our commitment to co-production.

Subject to additional feedback from the ICBs a revised template for internal tracking of progress will be produced that addresses the issues above.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.
- To **COMMENT** on the template

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.
- To **COMMENT** on the template

Links to Key Priorities:

The template is a tool for tracking progress as an integrated care system.

Specific implications for City

There are no specific implications for the City.

Specific implications for Hackney

There are no specific implications for Hackney.

Patient and Public Involvement and Impact:

There has been no Patient or Public involvement in the development of this template.

Clinical/practitioner input and engagement:

There has been no Clinician engagement in the development of this template.

Impact on / Overlap with Existing Services:

The template is a tool for tracking progress as an integrated care system.

CITY & HACKNEY - SELF ASSESSMENT FOR SYSTEM DEVELOPMENT

Features of Integrated Care Systems	Current Position	Next Steps
<p>Strong leadership, with mature relationships including with local government, clinicians and staff, the third sector, service users and the public. Infrastructure in place to support delivery of system priorities</p>		
<p>All system leaders signed up to working together with shared vision</p>	<p>Established as one of the London Devolution Pilots, we have strong working relationships across systems leaders built over 4 years. There has been strong systems leadership support for neighbourhoods and our community services redesign.</p> <p>There was significant change in system leadership in March 2018 for a variety of reasons. The external PwC governance review and IC evaluation due to report over the Autumn will provide feedback about leadership and we may refine our leadership model at this point.</p> <p>The vision for integrated commissioning has recently been approved and we are now working on the IC outcomes framework linked to resident values.</p>	<p>Over the next year, further OD work to strengthen systems leadership is planned at a number levels including IC Board level, middle managers and MDTs. (Devora Wolfson)</p> <p>Further work about what IC will achieve, how we will get there and how we will measure this is scheduled over the next 6 months. This will be pulled together in a patient facing booklet about IC covering this and our aims over the coming years.</p> <p>We are planning a number of engagement events with residents from November 2018.</p>
<p>Sufficient capacity in the system dedicated to the programme</p>	<p>Over the past 2 years, CCG staff have begun the transition from the original CCG structure of 8 programme boards with 8 programme directors, to 4 workstreams with 4 senior directors. These workstreams include SRO leadership from across the system:</p> <ul style="list-style-type: none"> • Tracey Fletcher, CEO of Homerton leads on Unplanned Care 	<p>The programme is currently subject to a governance review by PWC, and a long term evaluation (3 years) by Cordis Bright. Tim Shields from LBH is SRO for the governance review and we expect to consider recommendations for improvements in our approach by November 2018.</p>

	<ul style="list-style-type: none"> • Simon Cribbens, AD City of London leads on Planned Care • Anne Canning, Group Director, London Borough of Hackney leads on Prevention • Angela Scattergood from Hackney Learning Trust leads on Children, Young People and Maternity <p>We have also identified an ICS Convenor, Jonathan McShane, previously Cabinet Member for Health and Social Care in Hackney, to lead some of our key redesign work/system development work, and Martin Smith, NED at HUH and previous CEO of London Borough of Ealing, is supporting the development of a System Control Total with CFO and COO leaders from across the partnership.</p> <p>We have in place a Leaders Summit, which meets frequently under facilitation from Sue Goss from Office of Public Management to help develop the behaviours and culture of integrated and systems working across partners.</p>	<p>The role of Integrated Health and Care Director is currently being held by Devora Wolfson on an interim basis, and partners are hoping to recruit substantively to this post by March 2019. Anne Canning from LBH is leading this process on behalf of the CCG and City of London.</p> <p>Programme resources will be reviewed in January 2019. The Target Operating model is to ensure all resources across the partnership are aligned to our 4 workstreams, and that back office resources are pooled to support greater efficiencies and integrated ways of working.</p>
Governance structure to plan and oversee programme	We have a democratically led commissioning structure through our Integrated Commissioning Boards (one for the Corporation of London, and one for the London Borough of Hackney). These boards meet in common and act under the advice of a local Transformation Board which includes all providers and patient participation representatives and	Following consideration of the findings and recommendations from the review, the IC governance arrangements will be refined from April 2019.

	<p>Our design and delivery 'workstreams' are led by senior managers and executives from across our local system and we are seconding staff from across the partnership to ensure these teams have the resources they need to drive the improvements we need locally.</p> <p>The IC Governance structure was established in April 2017 (attached). We agreed to review the arrangements after a year and PWC were commissioned to undertake the governance review. PWC is due to report in November 2018.</p>	
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<p>Track record of delivery, with evidence of tangible progress towards delivering the priorities in Next Steps on the Forward View and constitutional standards</p>		
<p>Evidence of improved performance</p>	<ul style="list-style-type: none"> • Performance Delivery –C&H delivered 95% A&E in most years since inception. Other key national targets delivered every year. • Clinical Outcomes - Top Quintile on 21 QOF measures including 1st in England for 27% of measures • We achieved financial balance in 2017/18 as planned and are in a good position to achieve our aims in the next financial year. Underpinned by lowest £per head management costs in London; 20% lower than 2nd lowest and 40% lower than highest cost CCG • All City and Hackney GP Practices rated by the Care Quality Commission (CQC) as “Good” or “Outstanding” • East London Foundation Trust rated by the CQC as “Outstanding” • Homerton Hospital rated by the CQC as “Good” overall, and “Outstanding” for A&E and Medical Care • Service delivery for 2017-18 and forward plans for Children and Young Persons mental health highly credited as among the best in London • IAF scores for mental health and dementia are amongst the best in London with City and Hackneys CAMHS seeing more young people than any other borough, and our 	<p>Children, Young People and Maternity</p> <p>Support improvement in quality of local maternity services and perinatal care</p> <p>Strengthen support for vulnerable groups including looked after children, children with long term conditions and a dedicated approach to vulnerable children in the City of London.</p> <p>Improve children and young people’s emotional/mental health and wellbeing through the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed</p> <p>Planned Care</p> <p>Deliver City and Hackney’s continued successful approach to demand management via use of shared care pathways at specialty level between primary and secondary care</p> <p>Support the Integrated Learning Disability Service (ILDS) with an increased focus on genuine integration and multidisciplinary working by agreeing a comprehensive set of health and social care outcomes, service objectives and specifications to deliver the agreed outcomes.</p>

	<p>IAPT services have the 2nd highest recovery rate in London.</p>	<p>Extend existing joint funding arrangements and pooled budgets between City & Hackney CCG, the London Borough of Hackney and City of London Corporation to care home, nursing home placements, Continuing Healthcare and care packages</p> <p>Pilot a Housing First model for residents with complex needs and unstable housing</p> <p>Unplanned Care</p> <p>Develop 8 neighbourhoods across City and Hackney to organise health and care services around the patient rather than the hospital.</p> <p>Deliver an urgent care system in City and Hackney which best meets patients’ urgent needs and ensure that patients can access the right services, quickly, first time. The system will join up the range of different services on offer.</p> <p>Pull together health and social care services to improve how we discharge people from hospital by ensuring that they have the right services in place at the point of discharge, and that they do not sit in acute or mental health trusts for longer than is medically required.</p> <p>Prevention</p> <p>Develop system wide plans to reduce smoking prevalence and inequalities in smoking prevalence across local populations</p>
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		<p>Develop system wide plans to reduce obesity in the local population and increase the number of people who are physically active</p> <p>Ensure the substance misuse shared care model with primary care continues to deliver positive outcomes, and improve the support available for young drug and alcohol users to quit by strengthening links with the criminal justice system and mental health services.</p> <p>Develop plans to increase self-management, access to self-care/advice and link social prescribing to other community based prevention initiatives and those with LTC to manage their own health care and wellbeing</p>
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<p>Improvement plans for key areas of under delivery</p>	<ul style="list-style-type: none"> • Our ‘asks’ of the 4 workstreams include improved delivery against the NHS constitutional standards. Delivery is assured through the systems assurance process overseen through the integrated commissioning governance (the Transformation Board and the Integrated Commissioning Board) and the City and Hackney CCG Finance and Performance Committee (FPC). This is a four stage process. • A QIPP planning and delivery group meets fortnightly and is convened by the deputy Chief Finance Officer. This group is tasked with holding the recovery and delivery plans for QIPP in place and ensuring workstreams have a forum to explore improvements in service delivery. • A monthly Finance and Performance Committee (FPC), chaired by the GB lay member for governance, requires detailed reviews from all workstreams and enabler groups twice a year. This forum allows workstream directors and the membership of workstreams to be held to account for performance across individual portfolios. 	<ul style="list-style-type: none"> • The Transformation Board will receive reports by exception from workstreams and the FPC on areas of underperformance for consideration by system partners. Actions plans will be established under the auspices of the Transformation Board, • Integrated Commissioning Boards will sign these action plans off and hold the Transformation Board, and in turn workstreams to account for their performance.
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<p>Strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan</p>		
<p>Agreement to a shared financial plan</p>	<p>Integrated Commissioning Fund (ICF) – established by all partners where financial plans for pooled funds are developed to monitor, report and manage the pooled financial position of the two local authorities and the CCG. Integrated commissioning structure supports improved performance by enabling us to take a system-wide view of performance pressures across our provider organisations. This position is then extended to financial planning with the providers each year through the contracting and operating plan cycle.</p> <p>STP and Operational Delivery Group (ODG) work – as part of the STP, the CCG and the providers share financial plans for triangulation and consolidations as a system. This also addresses the CCG savings targets and the trust cost improvement plans, and the correlation to deliver a system plan.</p> <p>Care Workstreams – established with representation from CCG, local authorities and the providers to deliver health and care commissioning and thereby the financial planning that underpins the intentions as a system. This also aims to making the most of our shared resources in the difficult financial context of reducing public sector budgets by reducing bureaucracy and duplication.</p>	<p>The following to be considered:</p> <p>System based commissioning intentions - issuing intentions for 2019/20 that are developed as a system and are financially sustainable within the system control total that meets the population’s health and wellbeing needs.</p> <p>Risk Share – develop options for NEL risk share arrangement(s) to support neighbouring CCGs and NEL STP as a whole, if there is a system- wide need by year-end and the required level of resource available in each CCG to consider.</p> <p>Joint leadership summit – summit held to look at a system control total by discussing:</p> <ul style="list-style-type: none"> • Medium term financial forecast • Risks in the system • Establishing principles to enable transition • Proposition for change <p>Utilisation of section 75 contracts to support pooled arrangements are being expanded with CHC, LD and some children’s services currently in the pipeline. The development of a new model of community services (CS2020) based on neighbourhoods represents a significant opportunity to synchronise investments across pathways of between £33m and £100m. David Maher, CCG Managing Director is overseeing this process and BI</p>

	<p>Finance Task & Finish Group – finance representatives from the CCG, LBH and CoL meet on a monthly basis to discuss:</p> <ul style="list-style-type: none"> • Financial scenarios and forward planning • Further pooling opportunities and financial impacts to the system • Workstream business cases • Operating plan framework • Budgets setting framework 	and PMO resources are being agreed for mobilisation in October 2018.
Commitment to single control total in the future	Work is underway to develop a single Operating Plan for the CH system which will form part of a wider consolidated plan across NEL.	

A coherent and defined population that reflects patient flows and, where possible, is contiguous with local government boundaries		
Defined footprint and boundaries	<p>City and Hackney is relatively unusual in that the majority of its population is served by our local acute and mental health providers. The geographic footprint we are planning is predominantly co-terminous with local authority boundaries and the governance structure we have designed is consistent with this. As a proposed system within a system, we will be closely working with our NEL system partners and we will be developing operating models for more efficient working outside of NEL, particularly at NCL where a number of residents access services.</p>	
Understanding of cross boundary relationships	<p>The main out of area (OOA) providers are –</p> <ul style="list-style-type: none"> • Barts Health NHS Trust – including Royal London Hospital, Newham & Whipps Cross • Guy's and St Thomas' NHS Foundation Trust • Moorfields Eye Hospital NHS Foundation Trust • North Middlesex University Hospital NHS Trust • Royal Free London NHS Foundation Trust • University College London Hospitals NHS Foundation Trust • Whittington Health NHS Trust • Great Ormond Street Hospital for Children NHS Foundation Trust • London Ambulance Services <p>Relationships with neighbouring CCGs</p> <ul style="list-style-type: none"> • CH CCG maintains a strong and dynamic working relationship with bordering CCGs 	<ul style="list-style-type: none"> • Working with Islington and Haringey CCGs as part of the Whittington Community Improvement Group to manage the community health services provided by Whittington Hospital for CH patients who have local GPs but live closer to the Whittington this cover both adults and children's services such as District Nursing, Speech & Language Therapy and Looked after Children. • Working with Newham, Waltham Forrester and Tower Hamlets CCGs to propose and agreement a new Ambulatory Care tariff with Barts Health. • Working with the GP support team at UCLH to ensure that the Neaman Practice has access to the most appropriate care pathways for City patients and UCLH have an understanding of challenges for patients accessing services. • Working with all acute maternity providers to support patient choice alongside encouraging increased uptake of our local Homerton Hospital maternity services

	<p>and this is based on non-City and Hackney patients seen at Homerton Hospital and local patients who travel to access other services.</p> <ul style="list-style-type: none"> • This is particularly important around commissioning of services and contracting which determines how we measure and pay for health services. <p>Managing relationships with non-Hackney providers</p> <p>The following monthly OOA meetings have a CH CCG presence for engagement and awareness -</p> <ul style="list-style-type: none"> • Barts Collaborative Commissioners Group • London Ambulance Service Finance and Information Group • UCLH e-RS Paper Switch Off Project Group • UCLH Technical Meeting • UCLH Contract Review Meeting • Whittington Community Services Improvement Group • Barts e-Referral Group 	
<p>Compelling plans to integrate primary care, mental health, social care and hospital services using population health approaches</p>		
<p>Plans to establish neighbourhoods/networks including setting outcomes and identifying resources required</p>	<p>We have fully established our neighbourhood development programme which aims to deliver locally integrated services for populations of 30,000-50,000 people. There is excellent engagement and enthusiasm from providers, commissioners, the voluntary sector and local residents for the model.</p>	<p>Next 12 months</p> <ul style="list-style-type: none"> • Develop an overall 'blueprint' for the neighbourhoods which shows what services will be provided at neighbourhood level and outlines the ways of working that will underpin the future commissioning specifications for out of hospital services

	<p>Current position:</p> <ul style="list-style-type: none"> • 8 neighbourhood boundaries defined and we have appointed clinical leads for each • Agreed test and learn pilots for mental health, adult social care, community nursing • 8 Primary care neighbourhood events undertaken to build the local neighbourhood identity within primary care • Neighbourhoods integrated data profiles completed to understand specific health and care needs • Workforce development needs defined and are supported through our Community Education Provider Network • Effective model of resident engagement established through the Neighbourhoods Patient panel. 	<ul style="list-style-type: none"> • Progress the test and learn pilots for adult social care, mental health, community nursing and navigation • Develop a pathway for complex / multi-morbid patients in the neighbourhood. • Develop a specific City operating model for neighbourhoods • Work with academic partner to define the evaluation model for neighbourhoods • Run a large-scale resident engagement project in the South-West and roll out across City and Hackney <p>By 2020</p> <p>We will have in place well-developed neighbourhood teams which deliver integrated services to their population. They will have established ways of working and shared objectives.</p> <p>The following services will be delivered through a neighbourhood model: Primary care, community nursing, adult social work, primary care and community mental health services navigation, community rehabilitation and therapies services, reablement.</p> <p>We will have identified how closer working between hospital teams and the neighbourhoods will deliver improvements in the following pathways: Diabetes, heart failure, COPD, respiratory, pain, children’s asthma and children’s dermatology. These new pathways will be rolled out in a phased approach so some, but not all of them, will be in place by 2020.</p>
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		<p>We will have an agreed pathway for identifying and supporting patients with complex health and social care needs</p> <p>The neighbourhoods will have strong, established links with other services that are not delivered at or around neighbourhoods such as urgent care, acute hospital, mental health and specialist services.</p> <p>We will have a plan for ongoing development of neighbourhood working with a view to integration of a broader range of services that impact on the wider determinants of health</p> <p>We would expect the neighbourhoods to be delivering the following objectives:</p> <ul style="list-style-type: none"> • reduced demand on secondary care, primary care and social care • reduced duplication • improved patient and staff experience • improved access to the right services <p>Over a longer time period we would also expect to see improved population health as a result of neighbourhood working.</p>
<p>Description of what will be achieved by April 2020 in terms of transformation and performance improvement and the roadmap to get there</p>	<p>By 2020 we will have a single approach across City and Hackney that supports people and their families to live the healthiest lives possible and looks to address the underlying causes of poor health, whatever they may be.</p> <p>All transformation and performance improvement work is driven by our four workstreams made up of partners from across the system</p>	<p>Our Community Services 2020 project is underway and is taking a broad view of how we deliver out of hospital services in a joined up way that benefits patients.</p> <p>A Task and Finish Group has been set up and the first meetings have been held.</p>

	<p>These are supported by enabler groups and a dedicated task and finish group working on our Community Services 2020 project.</p>	<p>Terms of reference for sub groups including a Clinical Reference Group and a Finance and Analytics Group have been set up to support the work of the project.</p> <p>Support has been agreed with the CSU, a project manager has been appointed and additional analytics capacity will be recruited shortly.</p> <p>Our four workstreams - Prevention, Unplanned Care, Planned Care, and Children, Young People and Maternity - will continue to work across partners to deliver more integrated and effective arrangements for residents and patients across City and Hackney.</p>
Support/Challenges		
<p>What are the risks/challenges that you are facing to deliver your plans?</p>	<p>Risks are regularly reviewed by the Transformation Board and the Integrated Commissioning Boards. The four workstreams take ownership of each risk and have developed more robust internal governance arrangements including risk registers, workstream reporting and dashboards.</p>	<p>The governance review we have commissioned from PWC reports in October and may recommend changes to how risks are managed across the integration programme.</p>
<p>Is there any support that would be helpful from the ELHCP Executive Group?</p>	<p>We have significant patient flows into NCL and it would be useful if ELHCP supported the NEL CCGs on building a constructive relationship with NCL.</p>	

Title:	Consolidated Finance (income & expenditure) report as at August 2018 - Month 05
Date:	11 October 2018
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Integrated Finance Task & Finish Group CCG: Sunil Thakker, Chief Financial Officer CoLC: Mark Jarvis, Head of Finance, Citizens' Services LBH: Jackie Moylan, Director, Children's, Adults' and Community Health Finance
Committee(s):	Transformation Board – 26 September 2018 City Integrated Commissioning Board – 11 October 2018 Hackney Integrated Commissioning Board – 11 October 2018
Public / Non-public	Public

Executive Summary:

This report on finance (income & expenditure) performance for the Integrated Commissioning Fund covers the period of April 2018 to August 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 5 (August) the Integrated Commissioning Fund forecasts on overall adverse position of £4.6m, a movement of £0.2m on the Month 4 (July) forecast position. This is being driven by the City of London the London Borough of Hackney cost pressures.

City & Hackney CCG reports a year end break even position at Month 5, in line with the reported Month 4 forecast position.

The City of London forecasts a small year-end adverse position of £0.04m, driven by the Prevention workstream.

The London Borough of Hackney is forecasting an adverse position of £4.6m. The adverse position is driven by cost pressures on Learning Disabilities budgets, primarily commissioned care packages.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board noted the report.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report

Links to Key Priorities:

N/A

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix 1 – Integrated Commissioning Fund Financial Performance Report
Month 05 (August) 2018 Year to date cumulative position

Sign-off:

London Borough of Hackney __ Ian Williams, Group Director of Finance and Resources

City of London Corporation _____ Mark Jarvis, Head of Finance

City & Hackney CCG _____ Sunil Thakker, Chief Financial Officer



City and Hackney
Clinical Commissioning Group



City of London Corporation London Borough of Hackney City and Hackney CCG

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Integrated Commissioning Fund Financial Performance Report

Month 05 (August) 2018 Year to date cumulative position

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5. **Position Summary – City of London Corporation**
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7. **Risks and Mitigations tracker – London Borough of Hackney**
8. **Savings Performance**

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Consolidated summary of Integrated Commissioning Budgets

		YTD Performance				Forecast		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,621	10,675	10,779	(104)	25,738	(117)
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	53	22	30	204	6	1
Total		25,831	10,728	10,801	(73)	25,942	(112)	(116)
Aligned Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	380,111	153,523	153,419	104	379,994	117	117
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,448	2,594	2,682	(87)	7,492	(44)	-
Total		387,559	156,117	156,101	17	387,486	73	117
ICF	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	405,732	164,198	164,198	(0)	405,732	0	-
	London Borough of Hackney Council	102,502	42,709	45,081	(2,372)	107,084	(4,583)	(4,480)
	City of London Corporation	7,658	2,647	2,704	(57)	7,697	(39)	56
Total ICF Budgets		515,891	209,554	211,983	(2,429)	520,512	(4,621)	(4,424)
CCG Primary Care co-commissioning		46,282	18,185	18,185	-	46,282	-	-
Total		46,282	18,185	18,185	-	46,282	-	-

Notes:

- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets

*** Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services and therefore the split would not be representing the true position**

Summary Position at Month 5

- At Month 5 (August) the Integrated Commissioning Fund forecasts on overall adverse position of £4.6m, a movement of £0.2m on the Month 4 (July) forecast position. This is being driven by the City of London the London Borough of Hackney cost pressures.
- City & Hackney CCG reports a year end break even position at Month 5, in line with the reported Month 4 forecast position.
- The City of London forecasts a small year end adverse position of £0.04m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.6m. The adverse position is driven by cost pressures on Learning Disabilities budgets, primarily commissioned care packages.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to over spend by £0.1m at year end, this is being driven by Learning Disabilities Commissioned care packages.

Note

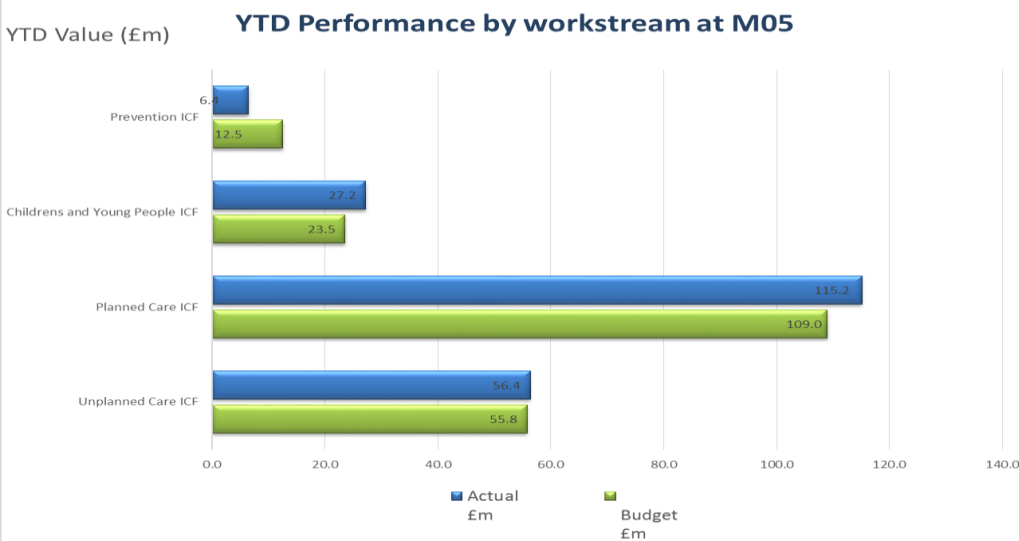
Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets have yet to be actioned.

Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast			
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m	Movement
Unplanned Care ICF	134.2	55.8	56.4	(0.6)	132.6	1.5	1.6	(0.1)
Planned Care ICF	265.9	109.1	115.2	(6.1)	274.8	(8.9)	(8.3)	(0.6)
Childrens and Young People ICF	56.7	23.5	27.2	(3.7)	57.1	(0.4)	(0.8)	0.4
Prevention ICF	30.7	12.5	6.4	6.1	30.7	(0.1)	0.0	(0.1)
All workstreams	487.4	200.9	205.2	(4.3)	495.3	(7.9)	(7.5)	(0.4)
Corporate services	27.2	8.1	6.6	1.5	24.0	3.2	3.1	0.1
Local Authorities (DFG Capital and CoL income)	1.2	0.5	0.2	0.4	1.2	0.0	0.0	0.0
Not attributed to Workstreams	28.4	8.6	6.7	1.9	25.2	3.2	3.1	0.1
Grand Total	515.9	209.6	212.0	(2.4)	520.5	(4.6)	(4.4)	(0.2)

Performance by Workstream.

- The report by workstream combines 'Pooled' and 'Aligned' services but excludes chargeable income. CCG corporate services are also excluded and are shown separately as they do not sit within workstreams.
- The workstream position reflects the Integrated Commissioning Fund without the application of mitigating reserve, corporate running costs and non recurrent funding to offset over spends.
- The combined workstream forecast position excluding corporate services and local authority income and capital budget is an adverse position of £7.9m which is a deterioration of £0.4m on the Month 4 position.
- Planned Care:** The in month movement of £0.6m is being driven CCG (£0.3m) where the acute portfolio includes a number of over performing contracts, in particular, Homerton, Barts, UCLH, Whittington, Moorfields and Royal Free. The LBH position has also deteriorated in month (£0.2m) driven by LD.
- The underlying Planned Care workstream variance continues to be driven by LBH, where Learning Disabilities has a £3m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for joint funded LD packages. This non recurrent drawdown was badged to support LD packages and is subject to the outcome of a review which is currently underway- the results of which are expected in October. LBH are assuming 100% contribution in their forecast position but have also flagged this as a possible risk (see LBH risks and opportunities slide). The LD forecast is in line with the outturn of the previous financial year and LBH plan to mitigate any year end deficit with council reserve funding after a review has been undertaken.
- Unplanned Care:** The workstream is forecasting a year end under spend of £1.5m – a small deterioration on the M4 position. This is partially mitigating the overall workstream position. The CCG forecast position of £0.7m relates to acute underspends whilst the LBH under spend relates to Interim Care £0.64m which is offset by overspends on care packages expenditure that sit in the Planned Care workstream (as above).
- CYPM:** The workstream is forecasting a year end over spend of £0.4m – a favourable movement of £0.4m on the M4 position. This is being driven by the acute portfolio which has been risk adjusted.



*Accruals are included in the CCG YTD and forecast position, however they are only included in the forecast position of LBH and CoL.

City and Hackney CCG – Position Summary at Month 05, 2018

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	19,094	7,956	7,956	0	19,094	0	0
		Planned Care	6,476	2,698	2,802	(104)	6,593	(117)	(117)
		Prevention	50	21	21	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
Pooled Budgets Grand total			25,621	10,675	10,779	(104)	25,738	(117)	(117)

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	193,381	78,910	80,230	(1,320)	196,783	(3,403)	(3,112)	
	Prevention	3,790	1,579	1,579	0	3,790	0	0	
	Childrens and Young People	46,594	19,392	19,574	(181)	47,028	(435)	(752)	
	Corporate and Reserves	27,207	8,080	6,569	1,511	24,000	3,207	3,091	
Aligned Budgets Grand total			380,111	153,523	153,419	104	379,994	117	117
Subtotal of Pooled and Aligned			405,732	164,198	164,198	(0)	405,732	0	0

In Collab	Primary Care Co-commissioning	46,282	18,185	18,185	0	46,282	0	0
Grand Total		452,014	182,383	182,383	(0)	452,014	0	0
CCG Total Resource Limit		482,429						
SURPLUS		30,415						

Primary Care Co-Commissioning (outside of the ICB)

- Primary Care Co-commissioning services passed on to the CCG on 1 April 2017 with a budget of £43.9m. There has been a 4% increase on these budgets for 2018/19.
- At month 5, the Primary Medical Service is reporting a year to date breakeven position. However, the CCG is aware of and anticipating potential cost pressures in the areas of rent and rates and it will be mitigated using headroom.

- The Month 5 City & Hackney CCG position is breakeven. This is based on 4 months of activity (three months of freeze data and one month of flex data). The acute activity trend continues at month 5 with three main providers over-performing against plan (Homerton, Barts and UCLH).
- The Month 5 forecast outturn position is a fully risk assessed position whilst the CCG carry out investigations on the over performance through the Activity Query Notice (AQN) issued to the Homerton. The workstreams have proposed a series of audits in areas such as Gynaecology, Colposcopy referral pathway and C2C Policy review to help understand the drivers and potential mitigations required to bring demand back in line with plan. Out of Area (OOA) provider activity scrutiny is also underway and NEL CSU have put a 28 day action plan to address over performance at the Barts and the CCG are in regular dialog with NCL with regards to UCLH activity. The year to date position includes the release of the total acute reserves of £1.1m into the YTD and outturn position to contain the over performance.
- The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target. The surplus represents the cumulative brought forward surplus of £32.4m less £1.9m drawdown which has been approved by NHSE. This non recurrent drawdown was badged to support London Borough of Hackney Learning Disabilities packages (subject to review, with outcome of this joint piece of work expected in September/October) by the Governing Body in April 2018.
- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 5 these are forecast to over spend by £0.1m driven by Learning Difficulties staff and inflationary uplifts.
- Unplanned Care** is forecasting a favourable forecast position of £0.7m relating to acute underspends (driven by Royal Free and Whittington) relating to Adult A&E and Non Elective activity. In addition Non Contracted Activity in underspending by £0.5m. The under spends are being off set by over spends in planned care.
- Planned Care** workstream is forecasting a year end adverse position of £3.4m. A deterioration of £0.3m on the M4 position. The main contracts that are reporting significant variances are: Homerton (£1.1m); The Royal Free (£1.1m); Barts Health (£1m) and Imperial College Hospital (£0.2m).
- CYPM** workstream is forecasting a year end over spend of £0.4m, and improvement of £0.3m on Month 4. The main drivers for this spend are: Whittington (£0.6m) and Homerton (£0.3m). This spend is being off set by under performance in the Royal Free £0.4m.
- Corporate and Reserves** is reporting a full year breakeven position with reserves declaring a release of £2m to fund acute over performance.

Risks and Mitigations Month 05, 2018 - City and Hackney CCG

Summary and Progress Report on Financial Risks and Opportunities to Month 5 - 31 Aug 2018

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Homerton Acute performance	4,700	36%	1,700	0	Risk adjusted over-performance.
2	Bart's Acute performance	1,500	56%	838	0	Risk adjusted based on under-delivery of QIPP and over-performance.
3	Outer sector - Acute performance	2,500	44%	1,105	0	Risk adjusted based on the total portfolio of out of area providers and their over-performance.
4	NCA performance	400	0%	0	0	Risk based on uncertainty of activity.
5	Continuing Healthcare, LD & EOL	500	23%	117	0	Risk relating to activity increase above plan, high cost packages and service provision.
6	Non Acute performance	400	10%	41	0	Over-performance across the portfolio.
7	Programme Costs	500	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8	Property Costs	500	0%	0	0	Risk attached to the Homerton CHS estates rebasing.
9	Non Recurrent Investment Programme	1,600	0%	0	0	NR programme.
10	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
11	Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
12	NELCSU POD Transfer to NELCA	400	0%	0	0	Risk associated with the transfer of NELCSU services to NELCA.
13	QIPP Under Delivery	550	0%	0	0	Under-delivery for schemes within the Operating Plan.
Total Risks		14,300	27%	3,801	0	
1	Acute Claims and Challenges	(2,000)	33%	(665)	0	Based on historic trend, revised to reflect current probability.
2	Acute Reserves	(1,056)	100%	(1,056)	0	Release to contain acute over-performance.
3	Other Acute underspends - NCA	(600)	83%	(500)	0	Underspend at month 5.
4	Contingency	(7,975)	17%	(686)	0	Contingency release net of challenges.
5	Prescribing	(400)	24%	(94)	0	Net underspend across the portfolio.
6	Running Costs	(981)	82%	(800)	0	Release of reserves to underwrite acute programme costs.
7	Prior Year & Dispute Resolution	(3,000)	0%	0	0	Opportunities arising from settlement of disputes and balance sheet gains.
8	Non Recurrent Investment slippage	(550)	0%	0	0	Risk assessed opportunity.
9	QIPP Over Delivery	(200)	0%	0	0	Pipeline opportunities under consideration.
Total Opportunities		(16,762)	23%	(3,801)	0	
				0	0	
Headline brought forward surplus					(30,415)	
Drawdown for LD Business Case					1,965	
Underlying brought forward surplus					(32,380)	

City of London Corporation – Position Summary at Month 05, 2018

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		Prior Mth Variance £000's
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	
Comm'ned & DD		Unplanned Care	65	16	9	8	65	-	-
		Planned Care	145	36	14	23	139	6	1
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	53	22	30	204	6	1

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Comm'ned & DD		Unplanned Care	346	-	-	-	346	-	-
		Planned Care	3,864	1,551	1,572	(21)	3,859	5	69
		Prevention	2,327	722	716	6	2,409	(82)	(38)
		Childrens and Young People	1,088	381	465	(84)	1,088	(0)	-
		Non - exercisable social care services (income)	(177)	(59)	(71)	12	(210)	33	25
Aligned Budgets Grand total			7,448	2,594	2,682	(87)	7,492	(44)	56
Grand total			7,658	2,647	2,704	(57)	7,697	(39)	57

- * DD denotes services which are Directly delivered .
- * Aligned Unplanned Care budgets include iBCF funding - £317k
- * Comm'ned = Commissioned

- At Month 5 the City of London forecasts a small year end adverse position of £0.04m against its full year plan. This is a movement on £0.1m on the Month 4 position.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) ,Integrated Independence Team (IIT) and Learning Disabilities. Pooled budgets are forecasting a small under spend of £6k at year end. This relates to the Better Care fund Care Navigator service.
- Aligned budgets** are forecast to be over spent by £0.04m at year end.
- The Prevention workstream is forecasting a year end over spend of £0.08m. This is being largely driven by an overspend on public health salaries due to staff movements including maternity cover. This will be met from the Public Health reserves.
- Non-exercisable income is due to over – perform against its full year target by £0.03m which is due to changes in client circumstances and their ability to contribute towards their care.
- No additional savings targets were set against City budgets for 2018/19.

London Borough of Hackney – Position Summary at Month 05

Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
						Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	589	240	349	1,414	-	-
		LBH Capital subtotal	1,414	1,414	-	589	240	349	1,414	-	-
		Unplanned Care (including income)	5,529	1,139	4,390	2,304	2,960	(656)	4,745	784	702
		Planned Care (including income)	62,082	26,002	36,080	25,868	30,554	(4,686)	67,449	(5,367)	(5,184)
		CYPM	8,986	-	8,986	3,744	7,197	(3,453)	8,986	-	-
		Prevention	24,491	-	24,491	10,205	4,130	6,074	24,491	-	-
		LBH Revenue subtotal	101,088	27,140	73,948	42,120	44,841	(2,721)	105,671	(4,583)	(4,482)
Grand total			102,502	28,554	73,948	42,709	45,081	(2,372)	107,084	(4,583)	(4,482)

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102,502

- There is a delay in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20 and it is anticipated that HRS savings targeted for 2018/19 and additional savings agreed for 2019/20 will be fully achieved in 2019/20. It should be noted that a challenging programme of savings was agreed for HRS and prior to the current year, savings totalling £1.8m were delivered on time and in full.
- **Unplanned Care:** The majority of the Unplanned care forecast under spend relates to Interim Care £0.65m and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.
- Substance Misuse has seen an increase in activity reducing the previous reported underspend to £14k
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.5m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting to break even.

- At Month 5 LBH reports a forecast over spend of £4.6m
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
- **Planned Care:** The Pooled Planned Care workstream is driving the LBH over spend.
 - Learning Disabilities Commissioned care packages within this work stream is the main area of over spend, with a £3.2m pressure after contribution of £1.9m from the CCG for joint funded LD packages and one off ASC grant of £0.9m. Ongoing discussions are occurring with the CCG and this could increase or decrease the contribution for the current financial year. In month, there has been an adverse movement of £0.2m within the LD service primarily driven by increased complexity of care needs for one Learning Disability client. This resulted in the cost of care to increase from £1.8k per week to £5.6k per week. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.
 - The LD overspend may be partly mitigated if it is determined that more expenditure than is currently forecast relates to healthcare costs and joint funding contributions increase. The service is also utilising the care fund calculator to ensure value for money is achieved on some of the more expensive packages of care. Furthermore the Group Director of Finance and Corporate Resources is reviewing the use of one-off resource to manage the remaining position, although the extent that this will be required is dependent on the year-end position of the Council as a whole.
 - The Physical & Sensory Support along with Memory/Cognition & MH (OP) is forecasting an overspend of £0.5m. The service has seen a sharp increase in the number of new clients via hospital discharge.
 - The Care Management & Adults Divisional Support is forecasting a £0.6m overspend. The overall budget pressure breakdown is made up of staffing pressures of £0.7m within Integrated Learning Disabilities due to additional staffing capacity to manage demands within the service and improve annual review performance. The overall pressure has been partially mitigated by underspends of £0.1m across other Care Management Teams within the subdivision.
 - Provided Services position is a £0.2m overspend. This is largely due to staffing pressures The service is currently under strategic review to seek efficiencies and reduce costs without impacting negatively on service provision.

*Accruals are included in the CCG YTD and forecast position, however they are only included in the forecast position of LBH and CoLc.

Risks and Mitigations Month 05, 2018- London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remain within Planned Care (mainly Learning Disabilities Commissioned care packages).	4,583	100%	4,583
Learning Disability Joint Funding	1,900		1,900	
TOTAL RISKS	6,483	100%	6,483	100%
Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Work with CCG to determine ongoing contributions for LD joint packages	TBC	TBC	TBC	TBC
Review one off funding	4,583	100%	4,583	100%
Uncommitted Funds Sub-Total	4,583	100%	4,583	100%
Actions to Implement				
Actions to Implement Sub-Total	0	0	0	0
TOTAL MITIGATION	0	0	0	0

London Borough of Hackney

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*Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

Integrated Commissioning Fund – Savings Performance Month 04, 2018

City and Hackney CCG

- The CCG has a net savings target of £5.1m, with a forecast to deliver on plan. At Month 5, the schemes that have been under achieving have been risk assessed and the forecast adjusted to reflect true delivery. In turn, mitigations have been identified to ensure full year forecast of £5.1m.
- The majority of the savings are reflected in contracts which aim to manage the CCG's activity baseline. At Month 5, a few schemes are under achieving against their activity reduction targets with an adverse impact on the forecasted position. The workstreams continue to scope efficiency savings to mitigate the slippage.
- To date, schemes which are not achieving their target are Outpatients Transformation (due to slippage in commencing this programme of work), Hospice at Home and A&E Baseline (due to activity this year being greater than the planned reduction). These have mitigated by in-year savings from The Homerton Ambulatory Medical Unit (HAMU) scheme and in year estates dispute resolution.
- London Borough of Hackney
- LBH has agreed savings of £2.7m for 2018/19 (this includes delayed telecare charging implementation of £0.36m), of this we are on course to deliver £1.8m (£0.3m one off income) for 2018/19. The shortfall in savings relates to delays in achieving Housing Related Support (HRS) savings that is resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20.

City of London Corporation

- The CoLC have not identified a saving target to date for the 2018/19 financial year

Title:	Integrated Commissioning Register of Escalated Risks
Date:	11 October 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Transformation Board, 26 September 2018 Integrated Commissioning Board, 11 October 2018
Public / Non-public	Public

Executive Summary:

This report presents a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole.

The threshold for escalation of risks is for the inherent risk score (before mitigating action) to be 15 or higher (and therefore RAG-rated as red). Whilst in a number of cases, mitigating action has reduced the score by a significant margin, escalated risks will continue to be reported to the TB / ICB regardless of the residual risk score, until the ICB is satisfied that further reporting is not necessary.

Each of the four Care Workstreams has responsibility for the identification and management of risks within its remit. All risks identified are associated with a particular area of work, be it a care workstream, a cross-cutting area such as mental health, or the overall Integrated Commissioning Programme.

The ICB asked for a risk relating to the timely delivery of the Community Services 2020 programme to be added and this has been included as risk IC10. The assessment of the risk and the mitigation plan are also included.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the Integrated Commissioning Escalated Risk Register.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the Integrated Commissioning Escalated Risk Register.

Links to Key Priorities:

The risk register is a mechanism for ensuring the continued delivery of priorities in the City Joint Health & Wellbeing Strategy including:

- Good mental health for all
- Effective health and social care integration
- All children have the best start in life

- Promoting healthy behaviours and the continued delivery of the priorities in the Hackney Joint Health & Wellbeing Strategy including:
 - Improving the health of children and young people
 - Controlling the use of tobacco
 - Promoting mental health
 - Caring for people with dementia

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

As part of the transfer of responsibilities from the CCG Programme Boards to the Integrated Commissioning Care Workstreams, certain risks have been transferred, or are in the process of being transferred. The 'safe' transfer of risk from programme board to workstream will be managed by the CCG Programme Director and the workstream director.

Supporting Papers and Evidence:

Appendix 1 - Integrated Commissioning Escalated Risk Register

Sign-off:

London Borough of Hackney: Anne Canning, Group Director, Children, Adults and Community Health

City of London Corporation: Simon Cribbens, Assistant Director, Commissioning and Partnerships

City & Hackney CCG: David Maher, Managing Director

Integrated Commissioning Programme Escalated Risks

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report	Target Score					
Reference Number	Workstream / Project	Lead Officer	Risk Description (Cause-Event-Effect)			Likelihood	Severity	Inherent Risk Score	Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.]	Monthly update on actions taken to mitigate risk and impact of actions	Likelihood	Severity	Residual Risk Score		Likelihood	Severity	Target Risk Score
IC5	IC Programme	David Maher / Anne Canning / Simon Cribbens	Workstreams not effectively delivering on their responsibilities leading to poor performance or failure of commissioned services within the scope of s75 agreements.			4	4	16	Rigorous process for development of workstreams; Clear governance systems to manage IC processes and provide rigorous oversight (Devora Wolfson)	Ongoing work on system and process design. Phased approach and piloting will limit the risk to delivery and allow time for lessons learned to be embedded across all workstreams. Transformation Board and ICBs provide oversight to ensure levels of performance are maintained. ICS Convenor appointed who will support the SROs. External reviews of the programme and its governance processes under way.	3	4	12	↔	2	4	8
IC9	IC Programme	David Maher / Anne Canning / Simon Cribbens	Failure to agree on a collaborative model to the Integrated Care System (e.g. payment system, risk share model, organisational form) resulting in impact on delivery of services and financial viability of partner organisations.			4	4	16	Develop appropriate model in collaboration with full range of stakeholders; Use current phase of Integrated Commissioning to develop partnerships in City & Hackney health and social care networks;	A series of workshops to collaboratively discuss models is underway with engagement from all commissioners and providers. Providers are also meeting together to discuss options and there will be further system-wide discussions. ICS Convenor appointed to support building relationships between partners in health and social care organisations and their commitment to collaboration and integrated service delivery.	3	4	12	↔	2	4	8
IC10	IC Programme	Jonathan McShane/ Lee Walker	There is a risk of delay in the planning or implementation of CS2020 project that could result in the service not starting on time or the aspirations of the project not being achieved.			4	4	16	There is a Task and Finish group tasked with monitoring the risks around the implementation of 2020. This steering group has representation from both Contracting and Procurement. The task of the Task and Finish Group is to mitigate risks around implementation.	A full time programme manager has been recruited to drive the co-ordination of the project and co-ordinate key functions. This programme manager starts on the 22nd of October, and will be supervised by the existing programme management resource. This is supported by a programme support function to co-ordinate tasks related to the timely implementation of the project. Key senior stakeholders have been and continue to be engaged by membership of the Task and Finish Group with the aim of creating strong senior project ownership. Links with existing programmes of work (ie Neighbourhoods) have been created in order to create a landing spot for the on the ground implementation. NELCSU's procurement function has been engaged to scope potential holdups with procurement and to make sure that the process is expedited to the best possible degree. The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays.	4	3	12	NEW	4	2	8
UC1	Unplanned Care	Tracey Fletcher/ Dylan Jones	Risk that Homerton A&E will not maintain delivery against four hour standard for 18/19.			5	4	20	System Resilience Funding part of a wider investment and transformation plan has been signed off. 1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways Divert ambulance activity. Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance DutyDoctor aim to improve patient access to primary care and manage demand on A&E	HUH have maintained strong operational grip through senior management focus on ED and hospital flow. Recent reduction in DTocS should support flow. Work to produce a PC admission avoidance DoS (via MiDos) underway - part of the Case Notes Review action plan. 2018/19 Winter Planning commenced in August, and will bring together system partners around delivery of flow.	3	4	12	↔	2	4	8

UC2	Unplanned Care	Tracey Fletcher/ Nina Griffith	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system risk that patients and are thus seen in acute settings such as A&E [impacts HUH 4hour target and cost]	4	4	16	Ongoing work to develop a new model which better utilises and integrates all Primary Care services – expectation that this will protect GP resource GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OoHs GPs Consider how partners can work together to make an attractive offer to GPs Explore ways to address challenges recruiting GPs through CPEN	The providers have met together a number of times through the integrated urgent care referene group and are considering options for how to work together to better attract GPs into the range of services. We have benchmarked with neighbouring boroughs to borrow ideas	4	4	16	↔	3	4	12
UC3	Unplanned Care	Tracey Fletcher/ Nina Griffith	Integrated Urgent Care (111) re-procurement risk of negative impact on quality of service and impact on other urgent care systems Local impact: Increased demand on C&H acute services due to risk averse nature of 111 assessment Challenges recruiting GPs to the CAS Risk that patients will be attracted by quick call answering times from 111 Risk that the new service increases demand for urgent care services, as new patients who were not previously using urgent care services begin using 111	4	4	16	Extensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). Clinical involvement in service specification development. Re-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream Service to be continually monitored post mobilisation IUC service reporting requirements include audit of onward referral to local services to review appropriateness. Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] Investigate what existing providers may be able to support health system in event of delay Local promotion of Duty Doctor to	The NEL 111 procurement has now been finalised and went live in August 2018. We have agreed to extend the CHUHSE contract for a standalone GP out of hours service until March 2019. CHUHSE are supporting the workstream to find a sustainable solution. Urgent care reference group established to agree the sustainable solution. The 111 contract includes a range of reporting requirements and KPIs that will allow us to monitor the impact of the service and manage 111 closely against their outcomes.	3	4	12	↔	2	4	8
UC4	Unplanned Care	Simon Galczynski	Improved DTOC levels are not maintained	5	4	20	(i) Discharge working group established to develop proposals which will include discharge to assess (ii) Discharge actions included within A&E Delivery plan and monitored by the urgent care board (iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge (iv) Weekly teleconference to discuss performance with Director Implement actions from Multi Disciplinary Case Notes Review relating to DTOCs High impact Change Model (LBH and CoL) has been set up to monitor performance	Weekly teleconference continues and performance continues to improve. London BDF Team confirmed Hackney will not be subject to special measures of risk of loss of funding. Meeting with Principle Head of Adult Social Care taken place, action plan being developed to design and deliver a small-scale Case Note Review for DTOCs Capacity to deliver plans and culture shift required [re High Impact Change Model]	4	2	8	↔	4	2	8
UC5	Unplanned Care	Nina Griffith	Programme Management and Provider resources (managerially and clinical) are insufficient to deliver the design phase of the neighbourhood model	5	4	20	Recruit to central Neighbourhoods Programme Team Tap into Clinical and Project resource across the system to support Monitor programme activity via Neighbourhoods Steering Group	The business case for a small central programme team with dedicated information support and a small non-pay budget was approved at the December Integrated Commissioning Board. Work is now underway to develop the job descriptions for this team and recruit to these posts. Additionally clinical and project management resources were approved across each of the main providers (based on their own identified needs) to allow them to design and plan their contribution to the neighbourhood model. This will significantly reduce the risk of non-delivery of the design phase of the neighbourhood programme. Progress will be closely monitored via the Steering Group.	2	3	6	↔	2	3	6

UC8	Unplanned Care	Tracey Fletcher/ Nina Griffith	Inability to identify, recruit and engage diverse and representative patient engagement	4	4	16	Support patient engagement work through Neighbourhoods Business Case Neighbourhoods patient panel to work closely with UPC Workstream and Neighbourhoods Programme	An initial sum to support patient engagement work has been approved through the Business Case. A patient panel has already been convened with four members representing a range of communities and interests. Further patients are being actively recruited. The patient group will work closely with the overall workstream patient enabler group to ensure excellent communication. The first patient panel meeting was held in December with full attendance and excellent participation.	2	4	8	↔	2	4	8
UC9	Unplanned Care	Tracey Fletcher/ Nina Griffith	Workstream struggles to assume all responsibilities and deliver outcomes as required	4	4	16	Introduction of more formal programme governance including risk register, workstream reporting and dashboards Commissioned external piece of OD facilitation so that the workstream can jointly form their vision and strategy, and consider what behaviours are required to deliver	New governance system in place, OD consultation under way. Went through assurance gateway 3 successfully.	3	3	9	↔	2	3	6
UC12	Unplanned Care	Tracey Fletcher/ Nina Griffith	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	5	4	20	Increase the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract Increase support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV) Provide C&H patients with alternative methods of accessing Primary Care Services [not just A&E] through the Duty Doc Service Reduce the number of inappropriate attendances at A&E and unplanned admissions to hospital through Paradoc Develop and implement Neighbourhood model	Progress is being made on the development of the Neighbourhood model Creation of a DoS (via IT interface MiDos) for primary care admission avoidance services underway as part of Case notes Review Action Plan August 2018 Updates: Outcomes from the Urgent Care Workstream Engagement Event with the public will feed into new GP Out of Hours models Extended Paradoc service has been operating since April. An evaluation of its performance to date is being brought to the Unplanned care Board in August 2018. Proactive Care Service Plans for 2019/20 are being brought to the Unplanned Care Board in August 2018	4	3	12	↔	2	4	8
UC14	Unplanned Care	Nina Griffith	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	4	4	16	Ensure the Unplanned Care Board is plugged-in to Integrated Commissioning related PPI / co-production activities, and utilises the IC Co-production Charter Ensure the Unplanned Care Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI Lead Ensure the Unplanned Care Board has a patient or healthwatch representative at every Board meeting Unplanned Care Board to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information. Ensure PPI and co-production is a standing item on workstream Board agendas Review PPI activities quarterly at the UPCM Board Neighbourhoods programme has convened a patient panel and secured some resources to support patient engagement	A second patient representative has been appointed to the board. Workstream director presented to the CCG PPI forum and met with both Healthwatch City and Hackney to gain support in identifying broader range of users across our workstreams. All of the programme workstreams have at least one patient representative, and are talking to these individuals about how we involve expert users for more detailed service re-design. A quarterly report showing the totality of all involvement activities is taken to the UPCPB to give assurance that we are involving users. All reports are now required to report explicitly on activities in relation to patient and public involvement.	3	4	12	↓	1	4	4

UC15	Unplanned Care	Tracey Fletcher/ Nina Griffith	Failure to deliver the scoped programme of System Savings for financial year 2018/19	4	4	16	Programme of System Savings meetings including reps from HUH, ELFT, CCG, LBH and CoL arranged for period x6 months, Terms of reference for this group agreed by all partners Regular System Savings updates and items at the Unplanned Care management Board Thorough investigation of Unplanned Care Acute 'Menu of Opportunities' Longer term, larger, system transformations will be required to deliver savings	Savings have been identified for 2018/19 up to the value of £1.3m. These will be monitored monthly at the system savings group. Further areas for savings to be worked up have been identified. Neighbourhoods, discharge and urgent care will need to develop more transformational system changes to deliver longer term system savings from 19/20 onwards. Working with CCG QUIPP team to develop effective monitoring reports to track progress and quickly identify slippage August Update - A recent increase in A&E Attendance at the Homerton Hospital is currently being analysed.	4	4	16	↔	TBC	TBC	TBC
PC1	Planned Care	Simon Galczynski / Siobhan Harper	Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments	5	4	20	Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper)	The new joint funding process has been implemented as a pilot in LD service with the aim to assess 50 service users as an indicative sample for an increase to health funding into the current section 75 agreement. The service has not yet completed the required assessments thus the timescale has been extended to the end of September. This will form the basis of a proposal to the CCG GB and LBH which will conclude with the ICB in October. Maintaining this timetable is crucial to secure additional investment in the service. The longer term funding sustainability of the service is also dependent on the wider pooling of health and social care placement budgets as this increase the flexibility to deploy resources where they are most needed.	4	3	12	↓	3	3	9
PC7	Planned Care	Siobhan Harper / Sue Maugn	The CCG rating could be affected due to cancer 62 days target at Homerton having been missed for a number of months this year	4	4	16	There are weekly and fortnightly performance management discussions regarding Cancer position	The 62 day target was not met by HUH in July and has impacted on the NEL position as well as C&H. WD has discussed actions with the HUH COO for recovery on the breast pathway in particular and this is expected to improve for August and September though not yet confirmed. A new breast surgeon is now in place which will improve access to reconstruction with treatment. Patient choice concerns will be discussed with primary care and secondary colleagues at the CCF in November. C&H however failed the quarter 1 performance overall due also to the impact of Inter Trust (ITT) pathways. Active discussions across NEL on improving delivery of these pathways are in train with all Trusts and must be improved. Dissatisfaction at NHSE/I regional level may impact on the viability of our current ITT pathways	4	4	16	↔	3	3	9
Pv4	Prevention	Jayne Taylor	Risk of no resources being allocated to the delivery of the Big Ticket Item, 'Making Every Contact Count' - without additional resources progress is likely to be limited.	5	3	15	Full scoping for delivery of this Big Ticket item to take place in Q3 and Q4 2017/18, including identification of virtual team and potential funding. Ability to make use of contract variations and re-procurements to require the provision of MECC training to all provider organisations	Funding from LB Hackney Public Health and the ICT Enabler Group has been secured and the programme proposals have been agreed by TB and ICB. A business case is currently being prepared for CEPN transformation funding to support the training activity element of the service.	5	2	10	↔	5	1	5
CY8	CYPM	Pauline Frost	Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population	5	3	15	1. CYPMs Workstream closely involved in NHSE quarterly steering group 2. CCG NR investment in childhood immunisations in 2017/18 and 2018/19 to create capacity and enhanced access	1. Risk falls within CYPM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from June 2018 3. Reviewing joint work between primary care and community paed	5	3	15	↔	TBC	TBC	TBC

Integrated Commissioning Boards Forward Plan, 2018-19		
Title	Summary of Decision	Reporting Lead
16-Nov-18		
IC Governance Review Report and Recommendations	For discussion and endorsement	PwC / Devora Wolfson
ICS readiness workplan	For discussion and approval	Devora Wolfson
Reprocurement of Carers Services	For approval	Anne Canning / Jayne Taylor / Simon Galczynski
Intermediate Care Service	update - for information	Tracey Fletcher / Simon Galczynski
Discharge to Assess Progress Report	For discussion	Simon Galczynski
IT enabler - outline model	approval	Tracey Fletcher/ Anita Ghosh
Update on the Neighbourhoods - including update on expenditure and blueprint	For noting	Tracey Fletcher/ Nina Griffith
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
06-Dec-18		
Mainstreaming co-production within the Integrated Commissioning Programme		Jon Williams / Catherine Macadam
IC Quality Improvement approach	For approval	Devora Wolfson / Olivia Katis
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Integrated Urgent Care delivery		David Maher
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
17-Jan-19		
Mental Health Strategy including crisis intervention, suicide and veterans and Early Intervention in Psychosis		David Maher/Dan Burningham
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Developing our financial system control total	To approve refined approach	Sunil Thakker / Ian Williams / Mark Jarvis
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
07-Feb-19		
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis

IC Risk Report	For discussion and approval	Devora Wolfson
14-Mar-19		
Adult Safeguarding		Devora Wolfson/ Olivia Katis
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
Unscheduled Items		
IC Communications Strategy		
Estates Strategy		