Hackney

NHS
City and Hackney
Clinical Commissioning Group

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

Meeting on Thursday 17 January, 2019 10.00 am
To be held at

The City of London Corporation, Committee room 1, West Wing, Guildhall, Aldermanbury, London EC2V 7HH

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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 17 January 2019, 10.00 – 12.00,
at City of London Corporation, Committee room 1, West Wing, Guildhall, Aldermanbury, London EC2V 7HH

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	**Welcome, introductions and apologies**		Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	2. ICB Register of Interests	4 - 6	
3.	**Questions from the Public**	Chair	Verbal		
4.	**Minutes of the Previous Meeting and Action Log**	Chair *For approval* *For noting*	4.1 Minutes of Joint ICBs meeting in common, 16 November 2018 (public session) 4.2 ICB Action Log	7 – 16 17	10.05
IC Programme					
5.	**Integrated Commissioning Risk Register – December 2019**	Devora Wolfson *For noting*	5. ICB-2019-01-17 IC Risk Register	18 - 27	10.10
6.	**IC Governance Review Implementation Plan**	Devora Wolfson *For approval*	6. ICB-2019-01-17 IC Governance Review Implementation Plan	28 - 35	10.20
7.	**Commissioning intentions 2019/20 and feedback from engagement**	Devora Wolfson *For noting*	7. ICB-2019-01-17 Commissioning intentions 2019/20	36 - 55	10.30

8.	**The NHS Long Term Plan**	David Maher *For noting*	8. ICB-2019-01-17 NHS Long term plan	56 - 59	10.45
9.	**Consolidated Finance (income & expenditure) report as at November 2018 - Month 08**	Sunil Thakker/ Ian Williams / Mark Jarvis *For noting*	9. ICB-2019-01-17 Finance report M08	60 - 71	10.50
10.	**City of London Section 256 Funding**	Simon Cribbens/ Ellie Ward *City ICB for approval* *Hackney ICB for noting*	10. ICB-2019-01-17 CoLC s256 Funding	72 - 76	11.00
11.	**Mental Health Recurrent Investment proposals**	David Maher/ Dan Burningham *For noting*	11. ICB-2019-01-17 MH Investment proposals	77 - 105	11.10
Service transformation / updates					
12.	**Neighbourhoods Strategic Framework**	Tracey Fletcher/ Nina Griffith *For noting*	12. ICB-2019-01-17 Neighbourhoods Strategic Framework	106 - 159	11.20
13.	**Re-tendering of Hackney Services for Unpaid Adult Carers - Business Case**	Anne Canning / Gareth Wall *Hackney ICB for approval* *City ICB for noting*	13. ICB-2019-01-17 Hackney Carers Service redesign	160 - 199	11.35
Workstream & Enabler Groups reporting					
14.	**Unplanned Care Workstream review**	Tracey Fletcher/ Nina Griffith *For noting*	14. ICB-2019-01-17 Unplanned Care review	200 - 238	11.45
Any Other Business					
15.	**AOB & Reflections**	Chair	Verbal		11.55
16.	**Date of next meeting:** **15 February 2019,** 10.00 – 12.00, Room 102, Hackney Town Hall	Chair	Verbal		12.00

-	**Integrated Commissioning Glossary**	*For information*	IC Glossary	239 - 243	-
-	**Integrated Commissioning Boards Forward Plan**	*For information*	ICB Forward Plan	244 - 245	-

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 Devleopment	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
				Urstwick 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
				Lower Clapton Group Practice	Registered Patient	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
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Fredericks	Marianne		Member - City Integrated Commissioning Board	City of London Corporation	Member, Community and Children's Services Committee	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 Attendee - Integrated Commisioning Board	City and Healthwatch Hackney	Director 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 Engagment Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	Pecuniary Interest

Meeting-in-common of the Hackney Integrated Commissioning Board
(comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

Minutes of meeting held in public on 16 November 2018,
In Committee room 2, Hackney Town Hall, Mare Street, London E8 1EA

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Feryal Demirci	Deputy Mayor and Cabinet member for health, social care, transport and parks (ICB Chair)	London Borough of Hackney
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 & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation
Mary Durcan	Member, Community and Children's Services Committee	City of London Corporation

City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

In attendance

Andrew Carter	Director, Community & Children's Services	City of London Corporation
David Maher	Managing Director	City & Hackney CCG
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Sunil Thakker	Chief Financial Officer	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation
Ellie Ward	Integration Programme Manager	City of London Corporation
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Georgia Denegri	Integrated Commissioning Governance Manager	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Siobhan Harper	Director, Planned Care	City & Hackney CCG
Tracey Fletcher	Chief Executive and SRO of IT Enabler Group	Homerton University Hospital NHS FT
Niall Canavan	IT Director	Homerton University Hospital NHS FT
Mark Logan	Head of Performance and Contracting	Homerton University Hospital NHS FT
Amy Wilkinson	Director, CYPM	London Borough of Hackney

Apologies

Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Dhruv Patel	Deputy Chairman, Community and Children's Services Committee	City of London Corporation
Penny Bevan	Director of Public Health	London Borough of Hackney & City of London Corporation

1. WELCOME, INTRODUCTIONS AND APOLOGIES

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.

1.3. Apologies were noted as listed above.

2. DECLARATIONS OF INTERESTS

2.1. No additional declarations on items on the agenda were made.

2.2. The **City Integrated Commissioning Board**
- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**
- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

4.1. The **City Integrated Commissioning Board**:
- **APPROVED** the minutes of the Joint ICB meeting held in public on 16 November 2018.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**:
- **APPROVED** the minutes of the Joint ICB meeting held in public on 16 November 2018.
- **NOTED** the action log.

5. INTEGRATED COMMISSIONING RISK REGISTER – OCTOBER 2018

5.1. 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.

5.2. As highlighted at the October ICB meeting, the Planned Care Workstream has escalated a new risk:
- Risk PC11: There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend.

Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The joint action plan to address the over performance is being reported separately on the agenda.

5.3. It was noted that the score of the Unplanned Care Workstream's Risk UC6 relating to the 111 service was reduced to 12 following the mitigation plan.

5.4. The risks remaining RED after mitigation were also highlighted together with the actions being taken to mitigate them.

5.5. A verbal update was reported with regard to the measles outbreak in the area:

- We are in an officially declared (by Public Health England) measles 'outbreak'. Numbers of cases continue to be concerning.
- The local outbreak response is performing well. Demand for catch up immunisations is overwhelming - 198 calls to the confederation's immunisations hotline in the last couple of weeks.
- The confederation's extra nurses, clinics and domiciliary have done a couple of hundred extra immunisations in the last 3 weeks.
- The outbreak is still confined to the Orthodox Jewish community.
- We continue to have daily teleconferences with Public Health England, Hackney and Haringey CCGs and Public Health and NHS England. Public Health England are handling all general communications (except those created / circulated by the OJ community).
- NHSE agreed yesterday to an additional payment of £2.80 per head immunised locally, for those immunised over and above the core contract.

5.6. The **City Integrated Commissioning Board**
- **NOTED** the report

5.7. The **Hackney Integrated Commissioning Board**
- **NOTED** the report

6. IT ENABLER – OUTLINE DIGITAL MODEL AND GOVERNANCE

6.1. Tracey Fletcher introduced the report which sought approval of a plan for utilisation of phase 3 of the IT enabler funds to support the work of the four workstreams. The following key points were highlighted:

- The delivery plan (Phases 1 and 2) from the IT enabler focused on delivery of the Local Digital Roadmap for City and Hackney including the HIE (Health Information Exchange), introduction of a shared care planning across the system via the Co-ordinate my Care (CMC) platform, and supporting improved digital and analytics capability within mental health and the voluntary sector. The Phase 3 delivery plan is based on the requirements of the workstreams and will support delivery of the 'big ticket' items including:
  - Neighbourhoods and dementia support within unplanned care
  - Outpatient transformation and continuing healthcare within planned care

  - Making every contact count, improved self-management and supported employment in prevention
  - Improving emotional health and wellbeing of CYPM, strengthening our wellbeing offer for vulnerable groups and improving the offer of care at maternity and early years in CYPM
- The projects will support the following digital objectives across the borough:
  - Information sharing between partners to enable integrated care
  - Better join up between systems to support patient pathways
  - Supporting patients and carers to self-care and to navigate health and care services
  - Embedding the prevention agenda across our system
  - Closer working with wider range of non-statutory partners
  - Digital solutions to support patient access and save clinical and administrative time
- These projects are well defined in terms of the expected outcomes and benefits to the system, however, the detail of the digital solution required will be subject to an options appraisal and market testing. Therefore, in many cases the costs are an estimate based on current costs of similar digital solutions or indicative costs provided by potential suppliers.
- The outline plans for each workstream, their deliverables, anticipated outcomes and breakdown of estimate costs for 2018/19, 2019/20 and 2020/21 are included in the report.
- ICB was asked to approve drawdown of the funds, on the basis that they deliver the outcomes defined with the IT enabler board having delegated authority to approve the detailed expenditure. If there is any change to the expected outcomes, or if costs change significantly, this would be brought back to ICB for approval. The total maximum costs for delivery of the projects is £2,478,817 (this includes the monies previously approved).

6.2. It was noted that the report was considered by the Transformation Board on 31 October 2018 and it was questioned whether the funding should be approved for the first year only. The ICB, however, supported the proposal to draw down £2,478,817 of Phase 3 of the IT enabler monies and delegate authority to approve the detailed expenditure to the IT Enabler Board in line with the delivery plan. ICB was concerned that the Transformation Board's recommendation to only release the 2018/19 funds at this stage and reconsider the remaining in February/March would slow down our transformation work.

6.3. With regard to financial accountability, the Finance Economy Group which is constituted to provide financial assurance on the delivery of the s256 and s75 monies, will monitor and report to ICB on this expenditure.

6.4. The following comments were noted from the discussion:

- The total budget of phase 3 IT enablement monies is £2.5m – not £25m as listed in error in the report recommendations.

6.5. The **City Integrated Commissioning Board**:

- **NOTED** the report
- **APPROVED** the outline digital model as set out in the report
- **ENDORSED** the proposal to draw down this money and give the IT Enabler Board delegated authority to oversee its expenditure

- **APPROVED** the proposed governance arrangement as set out in the report
- **ENDORSED** the proposed plans and associated use of £2,478,817 of the total £2.5m of phase 3 IT enablement monies.

6.6. The **Hackney Integrated Commissioning Board**:

- **NOTED** the report
- **APPROVED** the outline digital model as set out in the report
- **APPROVED** the proposal to draw down this money and give the IT Enabler Board delegated authority to oversee its expenditure
- **APPROVED** the proposed governance arrangement as set out in the report
- **APPROVED** the proposed plans and associated use of £2,478,817 of the total £2.5m of phase 3 IT enablement monies.

7. REPORT ON JOINT ACTION PLAN REGARDING THE OVER PERFORMANCE IN ELECTIVE CARE AT HOMERTON UNIVERSITY HOSPITAL NHS FT

7.1. Siobhan Harper and Mark Logan introduced the report which set out the action plan being implemented to address the over performance in elective care activity at the Homerton Hospital. The following were highlighted:

- The overperformance is most prevalent in outpatient first attendances, day cases and elective procedures, though the source of the increase in outpatient activity is not yet confirmed. The ICB were informed that the potential financial risk to the local health and social care economy could amount to as much as £4m by the end of the financial year 2018/19. The ICB requested to receive a joint action plan to address this.

- The aim of the action plan is to see activity returning towards plan for the remainder of the year. It is also important to ensure the action plan further improves the accuracy of the joint planning process for next year.

7.2. The following comments were noted from the discussion:

- ICB was pleased to see the action plan and note the work that has already been undertaken including some actions that have already been completed.
- ICB discussed whether the overperformance is a typical trend at this point in the year. It was noted that the methodology/assumptions for setting up the operating plan this year was slightly different based on the growth levels set nationally by NHSE and adjusted locally at an STP level. This will be taken into consideration in next year's operating plan to avoid this risk reoccurring.
- The monthly financial monitoring and close working between the CCG and Homerton Hospital to address the issue was reassuring.
- Further updates will be provided to ICB via email and depending on progress, further reports may be scheduled on future agendas.

7.3. The **City Integrated Commissioning Board**

- **NOTED** the report

7.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

8. UPDATE ON POOLING OF CONTINUING HEALTHCARE (CHC) AND SOCIAL CARE FUNDING FOR RESIDENTIAL CARE AND PACKAGES

8.1. Siobhan Harper introduced the report, on behalf of Simon Cribbens, SRO for planned care, which set out the progress to date on the ICB's decision to pool Continuing Healthcare (CHC) and social care budgets for residential placements and care packages in the home. Siobhan highlighted the following:

- Whilst implementation has not progressed as quickly as planned, commissioning partners have committed to an agreed programme plan for the delivery of pooling across all client cohorts in 2019/20. More specifically, they have agreed to:
    - conclude the outstanding actions in relation to the joint funding of learning disabilities by 31 December 2018
    - reconvene the Finance Economy Group to enable and lead this work
    - progress wider pooling arrangements in 2019/20 across other needs groups - as set out in the report
    - assess current clients due to move off CHC or vice versa to understand the collective financial impact/risk of this group in the short term
    - resource a dedicated programme manager to implement the programme plan.

8.2. The following comments were noted from the discussion:

- ICB expressed disappointment about the delay and stressed that the earlier the budgets are pooled, the better value will be gained for the system.
- ICB further discussed how it can support officers to break down any barriers and progress the integration transformation as quickly as possible.
- It was suggested that it will be helpful to develop a case study for learning from our experience with trying to pool the social care/residential care packages which ICB can discuss at a future development meeting.

ACTION: Devora Wolfson

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report

8.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

9. BETTER CARE FUND UNDERSPEND – CONTINUING HEALTHCARE DISCHARGE TO ASSESS BEDS PROPOSAL

9.1. Siobhan Harper introduced the report and highlighted:

- Following the short term funding projects from the Better Care Fund underspend endorsed by ICB in September 2018, there is an additional proposal to utilise this funding. The proposal is to fund 3-5 discharge to assess (D2A) interim beds for 6 months specifically for patients who are medically fit to leave hospital who have had

a positive checklist indicating the need for a full continuing health care (CHC) assessment, and are not able to go home. These beds will provide a safe, community-based place for patients whilst we assess their needs and organise their long-term care provision.

- The purchase of these beds will mean this group of patients will be able to move out of hospital on time, avoiding delayed transfers of care and also allowing the CHC assessment to be carried out away from the hospital.
- The interim beds will be block purchased for 6 months to allow partners to test the pathway and plans put in place for further commissioning arrangements for the Discharge to Assess (D2A) model. The cost of 5 beds for 6 months will be £104,000.

9.2. The **Hackney Integrated Commissioning Board**

- **APPROVED** the use of the BCF underspend to block commission five beds in a nursing home to facilitate discharge for patients prior to completion of a CHC assessment - 5 beds for 6 months = £104,000

9.3. The **City Integrated Commissioning Board**

- **NOTED** the use of the BCF underspend to block commission five beds in a nursing home to facilitate discharge for patients prior to completion of a CHC assessment.

10. SAFEGUARDING CHILDREN UPDATE

10.1. Amy Wilkinson updated the Integrated Commissioning Board on changes in safeguarding children legislation and the implications for City and Hackney. The key changes are:

- The Children and Social Work Act 2017 has resulted in a re-write of the statutory guidance Working Together 2018. A fifteen month period of transition to embed these new arrangements starting in June 2018.
- Local Safeguarding Children Boards will be replaced by new local partnership arrangements between local CCGs, Local Authorities and the Police as the three equal safeguarding partners with joint responsibility to put into place the local safeguarding arrangements based on the borough geographical footprint.
- There are changes to the Child Death Review Process transferring responsibility from DfE to DOH and the LA.
- Changes are also made to the serious case review process which will be replaced by local child safeguarding practice reviews and the establishment of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.
- By the 29th June 2019 the safeguarding partners are required to agree and publish their new arrangements for
    - Safeguarding partnership arrangements
    - Child death review process
    - Child safeguarding practice reviews.

10.2. During the discussion, ICB stressed the importance of ensuring that the information is cascaded to all staff.

10.3. The **City Integrated Commissioning Board**
- **NOTED** the report

10.4. The **Hackney Integrated Commissioning Board**
- **NOTED** the report

11. CONSOLIDATED FINANCE REPORT AS AT SEPTEMBER 2018 (MONTH 06)

11.1. Sunil Thakker, Ian Williams and Mark Jarvis presented the report on financial (income & expenditure) performance for the Integrated Commissioning Fund for the period April 2018 to September 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG. They highlighted:

- At Month 6 (September), the Integrated Commissioning Fund forecasts on overall adverse position of £4.8m, an adverse movement of £0.2m on the Month 5 (August) reported position. The overall forecast 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 6. Acute over performance continues in the three largest providers - Homerton, Barts and UCLH. Whilst work is under way with the Trusts to address the situation, the over performance has been contained through a combination of risk assessments, acute reserves (£1.06m) and general reserves (£1.8m), thus depleting a large part of the 0.7% general contingency held at month 6.
- The City of London forecasts a small year-end adverse position of £0.2m, driven by the Prevention workstream.

11.2. It was commented that looking into the planning for the next financial year and beyond, it will be helpful for ICB to have the opportunity to discuss how we utilize our full resources within the overall financial envelope relating to health, social care, education and housing at a future ICB development meeting.

11.3. The **City Integrated Commissioning Board**
- **NOTED** the report

11.4. The **Hackney Integrated Commissioning Board**
- **NOTED** the report

12. AOB & REFLECTIONS

Reflections
- ICB commended the work of the Children, Young People and Maternity (CYPM) in dealing with the measles outbreak so efficiently and effectively. The response was excellent. This evidences the way that good joint partnership working can bring the best possible outcomes for local residents.
- Positive meeting with complex agenda considered at good pace with open discussion among partners about the big system risks, system needs and how we work together to provide the services needed by residents.
- The system has achieved a lot and whilst ICB focuses more on further improvements, we also need to acknowledge and compliment the work of officers more.

- The transformation work is complex and officers need to be putting realistic timescales for its implementation.

13. DATE OF NEXT MEETING

The next meeting will be held on 6 December 2018

- 9.00 – 11.30: Board Development session (in private)
- 11.30 – 12.00 (meeting in private)

Room 102, Hackney Town Hall

14. INTEGRATED COMMISSIONING GLOSSARY

Circulated for reference.

15. ICB FORWARD PLAN

Circulated for reference.

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 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	14/03/2019	Open	By March 2019
ICBOct18-3	The notes/feedback from the ELHCP meeting on 2 October to be circulated to ICB	Jonathan McShane	City and Hackney Integrated Commissioning Boards	10/11/2018		Open	They are not available yet.
ICBOct18-5	Schedule strategic discussion about risk at a future development session.	Devora Wolfson	City and Hackney Integrated Commissioning Boards	10/11/2018	14/03/2019	Open	By March 2019
ICBNov18-1	Develop a case study for learning from our experience with trying to pool the social care/residential care packages which ICB can discuss at a future development meeting	Devora Wolfson	City and Hackney Integrated Commissioning Boards	16/11/2018		Open	By July 2019

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	17 January 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Georgia Denegri, Integrated Commissioning Governance
Committee(s):	Integrated Commissioning Board, 17 January 2019 Transformation Board, 30 January 2019
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.

Background

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.

New Risk

CYPM has escalated the following new risk:

Risk CYPM9: Gap in provision for children who require independent healthcare plans in early years settings; and development of Educational Healthcare Plans (EHCPs) for children in these settings – Score 16

The scoped programme of work to mitigate the risk is: Review on a case by case basis where issues are identified, and involvement of Designated Medical Officer where appropriate.

Risks remaining RED after mitigation

Unplanned Care Workstream

Risk UC15: 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] – Score remained 16

Monthly update on actions taken to mitigate risk and impact of actions:

- The providers have met together a number of times through the integrated urgent care reference 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.
- We are reviewing rates of pay across NEL.

Planned Care Workstream

Risk PC11: There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend – Score remained 20

Monthly update on actions taken to mitigate risk and impact of actions:

- The risk was first reported in October 2018. Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity is being investigated as a matter of urgency. Contingency planning is underway and the Joint Action plan developed with engagement from key stakeholders is being implemented to address the causes of the over performance.
- C2C audits were completed in December and further actions will be identified from them.
- Gastro Daycase activity is now being investigated.
- Activity will be discussed at CEC in December and will also be escalated with HUH.
- Regular updates are being provided to the Planned Care CLG.

Children, Young People and Maternity Workstream

Risk CY8: 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 – Score remained 15

Monthly update on actions taken to mitigate risk and impact of actions:

- Risk falls within CYPM Workstream Transformation Priority: 0 -5
- Childhood Immunisations Domiciliary Service will be available from June 2018
- Reviewing joint work between primary care and community paediatrics.

Changes in risk scores

The score of the Unplanned Care Workstream's Risk UC1 relating to the scoped programme of system savings for the financial year 2018/19 was reduced to 12 following the mitigation plan and recent actions.

The score of the Planned Care Workstream's Risk PC7 relating to the CCG rating being affected due to cancer 62 days target at Homerton having been missed for a number of months this year was reduced to 12 following the mitigation plan and recent actions.

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 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

Supporting Papers and Evidence:

Appendix 1 - Integrated Commissioning Escalated Risk Register – December 2018

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 to support SROs has been appointed and leads the Neighbourhood Health and Care Services project. External review of the programme and its governance completed an an implementation plan is being put in place.	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. The programme manager started on 22 Oct and is 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 gorund implementation. NELCSU's procurement function has been engaged to scope potnenital 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	⟺	4	2	8

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
UC1	Unplanned Care - Programme	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 Unplaned Care Acute 'Menu of Opportunities' Longer term, larger, system transformations will be required to deliver savings	Savings have been identified for 2018/19, however, there are risks attached to delivery of these. These are monitored monthly at the system savings group. Some mitigations have also been implemented. A recent increase in A&E attendance at the Homerton Hospital is currently being analysed. Month 9 Update - Projections at m9 were on plan.	3	4	12	↓	TBC	TBC	TBC
UC2	Unplanned Care - Programme	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 work on hold Assurance gateway 3 complete and passed through all committees Dementia alliance formally reporting into the unplanned care board New quarterly board seminar in place - to support strategy development and test work areas against this Monthly finance and QIPP monitoring report in place - though may need some development to make more user friendly	3	3	9	↔	2	3	6
UC3	Unplanned Care - Programme	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	xIncrease the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract xIncrease support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV) xProvide C&H patients with alternative methods of accessing Primary Care Services [not just A&E] through the Duty Doc Service xReduce the number of inappropriate attendances at A&E and unplanned admissions to hospital through Paradoc xDevelop and implement Neighbourhood model	X Extended Paradoc service has been operating since April. Evidence shows that the service is providing an effective attendance / admission avoidance function for patients; there is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. The service will be continued in 2019/20. X In August 2018 the Board endorsed a proposal to continue investment of PMS Premium money into the Proactive Care Practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. This service is being evaluated. X An enhanced dementia navigation service will be implemented in 2019/20.	4	3	12	↔	2	4	8

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
UC4	Unplanned Care - Programme	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	(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 X. Implement actions from Multi Disciplinary Case Notes Review relating to DToCs X. High impact Change Model (LBH and CoL) has been set up to monitor performance	X 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. X 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. X All reports are now required to report explicitly on activities in relation to patient and public involvement X Members of the Unplanned care team undertook advanced co-production training in October as part of work led by Healthwatch. As a result of this, we are developing a workstream co-production plan.	3	4	12	⟷	1	4	4
UC5	Unplanned Care - Programme	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	X HUH have maintained strong operational grip through senior management focus on ED and hospital flow X Recent reduction in DToCs should support flow X Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan X 2018/19 Winter Planning has been undertaken, bringing together systems partners together round delivery of flow. X The Discharge Steering Group is overseeing a winter preparedness plan to ensure all discharge services are ready for winter and to minimise delayed discharges and support hospital flow.	3	4	12	⟷	2	4	8
UC6	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	Risk that pathway development through the North East London IUC and new 111 service are not successfully delivered and patients are not being booked into our local primary care service - Some technical errors mean not all electronic referrals get through, and some patients are transferred on the phone; - Demand for Primary Care 111 Services has decreased since the service has gone live, with no corresponding increase in Emergency Care admissions; - There is one known example of a failed referral since the launch of the service	4	4	16	Working with providers to get improved visibility at all stages of the process	January 2019 Update: The booking elements are much improved, and the Healthy London Partnership continues to support work to resolve any outstanding issues. We continue to work with the provider and the CSU to get better visibility on the service. CCG-specific data should be available by the contract meeting in February. There is still a need to better understand activity and CSU are working to improve this.	3	4	12	⟷	TBC	TBC	TBC

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
UC7	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	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	xExtensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). xClinical involvement in service specification development. xRe-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream xService to be continually monitored post mobilisation xIUC service reporting requirements include audit of onward referral to local services to review appropriateness. xEnsure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] xInvestigate what existing providers may be able to support health system in event of delay xLocal promotion of Duty Doctor to encourage patinets and health care professionals to choose this service over 111	The NEL 111 service went live on 1st August 2018. We have extended the CHUHSE contract for a standalone GP out of hours service until end March 2019. CHUHSE are supporting the workstream to find a sustainable solution. Work underway through the Urgent care reference group to agree the sustainable solution January 2019 Update: This risk relates to the procurement of the NEL 111 service, which went live on 1 August 2018. The Urgent Care meeting will discuss and reframe the current risk regarding quality and the impact of services on local face-to-face services.	3	4	12	⟺	2	4	8

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
UC9	Unplanned Care - Discharge	Simon Galczynski/ Discharge Steering Group	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 x Implement actions from Multi Disciplinary Case Notes Review relating to DToCs x High impact Change Model (LBH and CoL) has been set up to monitor performance	xWeekly 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. xMeeting 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 xCapacity to deliver plans and culture shift required [re High Impact Change Model]	4	2	8	⟷	4	2	8
UC15	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 reference 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. We are reviewing rates of pay across NEL.	4	4	16	⟷	3	4	12
~~UC~~	~~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~~

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
~~UC16~~	~~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~~
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 pilot to assess an indicative sample of 50 service users was successfully completed and the outcomes and methodology are being reviewed and confirmed by external consultants at PwC.	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	NCEL improvement plan in place and Homerton is required to deliver local actions. HUH 62 day standard has improved in September, October and November. The risk to CCG performance remains linked to backlog in surgical patients at UCLH. Actions to improve are in the NCEL system plan.	3	4	12	↓	3	3	9
PC11	Planned Care	Siobhan Harper	There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend.	5	4	20	Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity has not been fully explained (there has not been an increase in primary care referrals) and the situation is being investigated as a matter of urgency. Contingency planning is underway and an action plan will be implemented to address the causes of the overperformance.	xThe issue has been raised with the Homerton senior management and urgent investigations are underway. xAn action plan has been developed with engagement from key stakeholders. xC2C audits were completed in December and further actions will be identified from them. xGastro Daycase activity is now being investigated. xActivity will be discussed at CEC in December and will also be escalated with HUH. xRegular updates are being provided to the Planned Care CLG.	5	4	20	⟺	TBC	TBC	TBC
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 took place in Q3 and Q4 2017/18, including identificaiton 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. CEPN funding for MECC training has been agreed in principle, but is awaiting final confirmation whilst potential overlaps with other projects seeking funding are investigated.	5	2	10	⟺	5	1	5

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
CY8	CYPM	Amy Wilkinson	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 20181/9 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 paeds	5	3	15	⟷	TBC	TBC	TBC
CYPM9	CYPM	Kate Heneghen / Sarah Darcy	Gap in provision for children who require independent healthcare plans in early years settings; and development of Educational Healthcare Plans (EHCPs) for children in these settings.	4	4	16	Review on a case by case basis where issues are identified, involvement of Designated Medical Officer where appropriate	Reviews are happening as part of the EHCP pilot. As part of the Independent Healthcare Plan (IHP) work, Public Health and the CCG are working with the Hackney Learning Trust and the Homerton Hospital to scope the level of need and implement a pilot to support settings in developing IHPs. A meeting of these partners is scheduled for February, and the Pilot will run from March to July 2019.	4	4	16	**NEW**	TBC	TBC	TBC

Title:	Governance Review – Implementation Plan
Date:	17 January 2019
Lead Officers:	Tim Shields, Governance Review Project Sponsor Devora Wolfson, Integrated Commissioning Programme Director
Author:	Georgia Denegri, integrated Commissioning Governance Manager
Committee(s):	Integrated Commissioning Board 17 January 2019 (for approval) Transformation Board 30 January 2019 (for information)
Public / Non-public	Public

Executive Summary:

This report sets out the Governance Review implementation plan following the review of the City and Hackney integrated commissioning governance carried out by PricewaterhouseCoopers (PwC). The implementation plan is based on feedback from discussions at the ICB meeting and development session and at the Transformation Board (TB), summarised below.

The Integrated Commissioning Board (ICB) considered the initial draft of the Governance Review report on 16 November 2018. ICB welcomed the draft review report at the meeting and provided feedback about some of the content. ICB emphasised its clear commitment to the widest possible engagement including input from Healthwatch colleagues, patient representatives and the voluntary sector in relation of transformation and service redesign. It was agreed that engagement would be enhanced through by refocusing the remit of the Transformation Board.

The Transformation Board considered an updated draft of the report at its meeting on 28 November 2018. The discussion at the TB primarily focused on the role of the TB. TB members reflected on what form TB could take so that meetings are more effective and have a stronger focus on transformation rather than reviewing business as usual. Currently, much of the transformational thinking is happening at workstream-level and TB members want to focus more of its time in testing thinking about transformation. The value of strong partnership, extensive public and patient engagement, involvement of the voluntary sector, and everyone's positive contribution to the work of the neighbourhoods was emphasised. TB resolved to hold a workshop in February 2019 to consider the best way to re-shape the role of a future TB.

The Integrated Commissioning Board reflected further on the recommendations from the review at its development session on 6 December 2018. In the main, members supported the PwC recommendations with the following clarifications:

- The purpose of the Accountable Officer Team will be to ensure the delivery of strategy and plans determined by the ICB. The team will facilitate the unblocking of any issues and ensure progress is made at pace; for this reason the composition of the group will include the SROs of the workstreams. The team will determine who will chair the meetings and act as the SRO for the programme. The workstreams

should agree their delivery plans within the construct of the overall programme priorities agreed by the ICB.

- The programme must be sensitive to the limits of delegation and mindful of the statutory responsibilities retained separately by each organisation. However, it is important that the scope of discussion and design not be limited to those areas where pooling of budgets is in place. This is to ensure the broadest view of determinants of health and well-being.

In terms of implementation, the following areas of governance improvement were given priority:

- Establishing the Accountable Officer Team and refining the role of the Transformation Board.
- Establishing one of the AOs as SRO for the programme as a whole.
- Having a road map on decision making.
- Ensuring performance measures for the programme and each of the workstreams.

It was agreed that an implementation plan (see Appendix) would be brought to ICB on 17 January 2019 for approval and then to TB for information.

Issues from Transformation Board for the Integrated Commissioning Board

N/A

Recommendations:

The **Hackney Integrated Commissioning Board** is asked:

- To **APPROVE** the implementation plan

The **City Integrated Commissioning Board** is asked:

- To **APPROVE** the implementation plan

Links to Key Priorities:

The governance review focuses on whether our current integrated commissioning governance structure facilitates the delivery of our shared transformation priorities.

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

The governance review considered the effectiveness of patient and public involvement in the Integrated Commissioning programme. PwC observed the engagement enabler group and had discussions with some representatives of the group following the meeting.

Clinical/practitioner input and engagement:

Some clinicians and practitioners were interviewed as part of the review. The value of clinical and practitioner input across all the programme is recognised by all partners.

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix 1 – City and Hackney Integrated Commissioning Governance Review Implementation Plan

Sign-off:

London Borough of Hackney _____Tim Shields, Chief Executive and Project Sponsor 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

DRAFT Governance Review Implementation Plan

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

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

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

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

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

Title of report:	Commissioning Intentions 2019/20 and feedback from engagement
Date of meeting:	17 January 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Olivia Katis, Integrated Commissioning Programme Manager
Committee(s):	Integrated Commissioning Board, 17 January 2019 CCG Governing Body, 25 January 2019 City Health and Wellbeing Board, 1 February 2019 Hackney Health and Wellbeing Board, Date tbc.
Public / Non-public	Public

Executive Summary:

The Integrated Commissioning Board (ICB) considered the outline commissioning intentions at its meeting in September 2018. At the meeting it was agreed that more detailed commissioning intentions would be brought back to the ICB following the commissioning intentions engagement events planned for November 2018.

This paper provides an update on the system's commissioning intentions across the four care workstreams. During 2019/20 the care workstreams will be the main vehicle for the delivery of commissioning activities and system savings.

The paper also summarises feedback on resident, patient and clinician engagement on the commissioning intentions at a workstream and system level and from the series of resident events held over autumn 2018.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

This paper has not been discussed at Transformation Board

Recommendations:

The **Hackney Integrated Commissioning Board** is asked:

- To **ENDORSE** the system's commissioning intentions

The **City Integrated Commissioning Board** is asked:

- To **ENDORSE** the system's commissioning intentions

Links to Key Priorities:

2019/20 commissioning intentions relate to the strategic priorities of the Integrated Commissioning care workstreams, including:

- The Neighbourhoods Programme
- The Neighbourhoods Health and Social Care Services [re-commissioning of the Community Health Services contract]
- Making Every Contact Count
- Continuing Healthcare and Personal Health Budgets
- Provision of a high quality CAMHS Service for children and young people
- Provision of high quality Maternity Services
- Development of the Neighbourhoods programme
- Providing high quality end of life care services
- Improving our offer to patients with Dementia
- Development of outpatients transformation
- Delivering high quality services to patients with cancer and improving our performance against cancer targets
- Working with patients, practices and providers to ensure we are prescribing appropriately

Specific implications for City

The commissioning intentions will ensure appropriate services are commissioned for City residents and workers

Specific implications for Hackney

The commissioning intentions will ensure appropriate services are commissioned for Hackney residents

Patient and Public Involvement and Impact:

Between September – November 2018, consultation on 19/20 system commissioning intentions was carried out via a series of resident engagement 'Let's Talk' events which had the following objectives:

- Make residents aware of the plans and offer them an opportunity to feed back
- Offer residents an opportunity to identify anything we were missing
- Offer residents an opportunity to identify anything we could consider doing differently

Hosting several events marked a change from previous years, where only one commissioning intention consultation event has been run; it was felt that hosting a number of different events in different locations would broaden the number and range of residents able to participate.

The events themselves were co-produced working with Workstream Leads and public / service user representatives and included a mix of focused discussions on key areas, and more general feedback session on the broader plans. A summary of the events and attendees at each event is below:

Over 200 City and Hackney residents participated attending:

- 30 October 2018, Young Parents Advisory Panel, 4 residents
- 31 October 2018, Neighbourhoods focus group in South West A: 15 residents
- 15 November 2018, Staying healthy drop-in with information stalls: 120 residents
- 21 November 2018, Outpatients workshop, 28 residents

- 24 November 2018, Ridley Road market stall, 60 residents
- 26 November 2018, session at the end of Integrated Discharge Co-production workshop, 4 residents

An evaluation was carried out into the utility of the Let's Talk events – with positive feedback reported by residents; at the Outpatients and Staying Healthy events attendees were specifically asked about whether the events had helped them feel more informed about health and care services - over 80% answered yes, and whether, as a result of attending these events they felt they had a better understanding of how to help shape services (over 70% answered yes).

Clinical/practitioner input and engagement:

The workstream clinical leads were fully involved in the development of the draft commissioning intentions.

Commissioning intentions were discussed at the CCG's Annual General Meeting in September 2018. Each workstream also attended a focussed Clinical Commissioning Forum in October or November 2018, where their commissioning intentions were discussed by primary care clinicians.

Equalities implications and impact on priority groups:

The workstreams have considered the equalities implications of their commissioning intentions and there will be further consideration as the intentions are more fully worked up.

Safeguarding implications:

There are no direct safeguarding implications relating to 19/20 commissioning intentions; partner organisations and the Integrated Commissioning Programme will continue to manage safeguarding as per statutory and agreed requirement.

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

As above, this paper provides an update on the systems commissioning intentions across the four care workstreams.

A summary of the care workstream 19/20 commissioning intentions are included in Appendix A, and include:

- relevant transformation area and system provider
- expected outcomes for patients and the health system
- patient resident feedback from 'Let's Talk' events
- clinician feedback from Clinical Commissioning Forum events

Conclusion

This report is to update the ICB on progress with system commissioning intentions – ICB are invited to make comment as suggestion on the information presented.

Supporting Papers and Evidence:

Appendix A – Summary of 19/20 System Commissioning Intentions Appendix B - Feedback from 'Let's Talk' Events which straddle a number of care workstream areas Appendix C – Summary of consultation undertaken during autumn 2018

Sign-off:

Anne Canning, Prevention and CYPMF SRO Simon Cribbens, Planned Care SRO Tracey Fletcher – Unplanned Care SRO

Appendix A – Summary of 19/20 System Commissioning Intentions

Unplanned Care Workstream

Transformation Area	Commissioning Intention 19/20	Provider	Expected outcomes, including patient and cost savings	Patient, resident and clinical feedback and engagement
Discharge	Deliver the Discharge to Assess (D2A) Pilot Recommission the Integrated Independence Team (IIT) contract, including sourcing suitable space for 4 Intermediate care beds Work with Age UK to expand the Take Home and Settle service	HUH, LBH, Age UK	• Reduction of DToCs (Delayed Transfers of Care) across the system • Reduction in excess bed days • Better quality of assessment and improved patient access • Savings related to hospital bed usage (£) • Patients will benefit from an intermediate bed service closer to home and which suits local need • The Take Home and Settle Service assists patients who have just been discharged form hospital - patients will have a smoother transition from hospital 'back home' • Savings related to reduced hospital bed usage (£)	Service user representatives are part of the Discharge Steering Group A discharge co-production event took place in October 2018 *Direct feedback from patients:* 'Cross borough hospital discharge needs to be better coordinated' 'Hospital discharge plans need to be made in partnership with the person from the start' 'Need step-down and step-up beds in Hackney'
Urgent Care	Deliver a new, more integrated GP Out of Hours service which integrates our current OoH service with the Primary Urgent Care Centre (PUCC)	HUH, GPC, CHUHSE, OTAGO	• Improved working between primary and secondary care, • Reduce % of London Ambulance Service calls resulting in a conveyance	Integrated GP out of hours service user engagement event held in May – 32 residents attended. A service user representative is part of the Urgent Care Reference Group

	Improve our falls response and prevention services		• Improve % A&E attendances diverted into PUCC • Residents vulnerable to falling can access a range of services and can access a less fragmented offer • Reduce overall costs to the system from falls (£) • Support managing demand on City and Hackney emergency services (£)	The Falls Prevention Service was taken to our Patient User Experience Group in with July 2018 *Direct feedback from patients:* '111 call handlers need to be trained and able to identify when someone has urgent need. City residents shouldn't be automatically sent to the Homerton when other hospitals are closer' Feedback from our Clinicians: Queries around what the GP Out of Hours service was likely to look like Feedback around the type of patients being treated by the Ambulatory Medical Unit (HAMU) for which we are being charged tariff costs (e.g. vitamin B12 injection)
Neighbourhoods	Continue to progress the development and delivery of the City and Hackney Neighbourhoods Model	GP Confed Hackney CVS Homerton ELFT	• Reduction in duplication of effort/resources/time • Reducing emergency attendances and admissions • Improved patient reported measures • Improvement in recruitment and retention • Support system sustainability (£)	Neighbourhood patient panel convened, large-scale engagement underway in one of the neighbourhoods *Direct feedback from patients:* 'Personalisation is essential in the new Neighbourhoods care model'

			• Make services more responsive, accessible, and joined up for residents	
End of Life Care	Commission a City and Hackney Hospice at Home service as a one year pilot	St Joseph's Hospice	• Patients will be able to access a person centred and sensitive service, which will specialise in a range of areas specific to end of life care including pain management and family/carer support • We expect the service to lead to a reduction in hospital admissions	The proposed model has been discussed with service user representatives at the Unplanned Care Board Further work is planned to involve service user representative in the model
Mental Health	Improve our offer for patients with Dementia including: The Dementia Memory Clinic (ELFT) and Dementia Navigation and Support Service (Alzheimer's Society) Pilot a single integrated pathway for frequent attenders including those patients who use A&E, 111 and London Ambulance Service (LAS) frequently Use the outcomes of the Health Based Places of Safety (HBPOoS)		• Greater integrated alignment in Mental Health • Dementia Navigation and Support Service: expanded • Savings related to a reduction in hospital admissions inc. bed usage and A&E attendances (£) • Meeting NHSE Dementia Diagnosis targets and centralised dementia register • Better sharing and co-ordination of care plans across organisations • Reduction in frequent attendance 6 months prior to 6 months after for A&E, 111 and LAS and reduction in costs associated with frequent attending	We have involved users in the design of the Dementia Memory Clinic model through the psychological therapies alliance and the mental health voices advocacy project.

	options appraisal to devise a new staffing model for ELFTs HBPoS sites Review inpatient usage against recent increased investment into crisis services to explore optimum number and location of beds Pilot a Mental Health Neighbourhood Blueprint in 2019/20		• Better quality built environments in terms of patient safety, privacy and dignity • Better trained staff with a broader range of skills	

Planned Care Workstream

Transformation Area	Commissioning Intention 19/20	Provider	Expected outcomes, including patient and cost savings	Patient and resident feedback
Outpatients Transformation	Continue our Outpatients Transformation Programme [until March 2020]	HUHFT	• Better local support to allow patients to manage their own care • Services that can be accessed locally • Reviewing specialty pathways with secondary care for more mental health support • Reduce the number of multiple appointments spread over different days to avoid wasting time • Improve listening to patient and support • Improve equity of access	Local Healthwatch organisations are engaging patients on outpatient service and specialty reviews will include an ongoing dialogue with any proposed changes and what specific patients' needs must be addressed. *Direct feedback from patients:* 'Patient choice is essential. Outpatients appointments structure and communications need to be individualised and personalised'

			• Preventing unwarranted first attendance	'Electronic and text options should be available for appointment confirmations and results but with a choice to receive letters'
Learning Disability Transformation	Ensure that the whole population of people with Learning Disabilities have access to the same opportunities as the rest of the population Continue to develop and deliver the Integrated Learning Disabilities Service (ILDS) model of integrated working	Various	• Strategy for people with Learning Disabilities across the borough identifying approach to universal and specialist services • Service specification with identified outcomes for ILDS specialist service • New integrated ILDS with clear pathways in place including: better accommodation, local understanding of the health needs for people with LD, reduction in health inequalities, better day services, smoother transitions, improved crisis support, improved support for those receiving long term care • Efficiencies will be delivered through integrated working (£)	Quarterly partnership forum with service users Annual 'Big Do' for service users – with a range of workshops to input into service design *Direct feedback from patients:* 'Need better support for adults with learning disabilities in hospital – should always be given advocate'
Continuing Healthcare (CHC)	Extend our CHC domiciliary care and nursing home providers with a 2-year extension We are also considering whether to join the Domiciliary Care AQP contract for 2019/20	Dom Care and Nursing Home Providers, HUHFT and LBH	• Improvements to the CHC domiciliary care and nursing home contact through reviewing the service specification and the KPIs in the contract • Reduction in individual procurement costs	Intent to recruit service user and family/carer representatives to adopt a coproduction approach to CHC services

	We are reviewing the options for - Provision of a CHC brokerage function to support the Homerton CHC team - 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 bed		• Capitalise on synergies to work together around contracts, quality monitoring, service user safety, punctuality of care and also brokerage of packages of care • Creation of a more responsive, flexible and cost effective service • CHC bed base will help ensure that patients can be discharged from hospital more quickly once medical needs have been met • Will allow greater flexibility for placements	
Cancer	Continue to deliver cancer targets with our providers Recognise living with cancer as a long term condition Better recognition of those requiring 2 week colorectal cancer referral Commission PSA monitoring for patients with stable prostate cancer in primary care	HUHFT, Barts Health, UCLH, Primary Care	• Work towards meeting the following targets: specialist within 7 days, referral-to-treatment in 62 day target and ITT to be completed in 38 days • Provide more ongoing support to patients and families The service change will deliver shared care arrangements that ensure the patient receives holistic care closer to home at their local GP Practice. It will release capacity in secondary care and will generate a financial saving.	Patient representative sits on the Planned Care Workstream

Service Development	Develop an online tool for patients which will enable them to self-refer directly to the Physiotherapy Service Commission the current Minor Eye Condition service to provide: a specialist referral review, advice on GP treatment, and referrals to the Minor Eye Condition service and to secondary care Work with colleagues at LBH and CoLC to create a Women's Health Community Service Upskill practices nurses so they can better support parents of children with eczema Undertake review of the Teledermatology Service, due to start in 2018/19 and its impact on community services Work with the Prevention Workstream to develop and	Community locomotor Service and GP Primary Care MEH & HUHFT, HUHFT, Community Pharmacists	• Patients will be able to self-refer and use an online service to receive advice and guidance • Service to encompass: Gynae, Pelvic Floor Continence, Linked Sexual health, Fertility, Contraception, Breast and Menopause leading to more integrated working arrangements between professionals • Reduction in time spent by clinicians managing low level eczema management.	Utility in signposting patients who call surgeries to leaflets and YouTube links to support them – and the Physio-self referral service Feedback from our Clinicians: Query around Womens Pathways – potential for the Community Health Services to be the enabler

	implement an Obesity Pathway for City and Hackney Work with the Prevention Workstream to review the post stroke rehabilitation pathway and implement recommendations from the Type 2 Diabetes Healthcare Needs Assessment Develop a local a Discharge to Pharmacy service where a discharged patient cohort are referred to a pharmacist in primary care to support medicines use.		• Patients are effectively supported in the community after having a stroke • Services are aligned with models of best practice and are providing optimal care for people living with type 2 diabetes in City and Hackney • Improve the discharge process in secondary care • Reduce delayed discharge by enabling pharmaceutical input • Patients receive the correct medicines on discharge and are able to use their medicines (e.g. inhalers), after discharge • Reduce hospital admissions and readmissions • Minimise risk of errors [e.g. patients being supplied medicines which were stopped during their inpatient stay]	Patient Representative (a member of the HUHFT Patient Safety Committee) is a member of the local discharge to Pharmacy steering group
Personal Health Budgets	We will extend our PHB offer to all CHC eligible patients receiving care at home The psychological Therapy and Wellbeing Alliance will pilot PHBs for patients frequently attending	Network VSOs, ELFT HUHFT	PHB give service users greater control and choice over the care they receive. Care and support plans are more person centred and clearly outline costs of care. Plans to work with mental health service users – which will provide greater support	Through Service User Mental Health Coordinating Committee reps Mental Health Voice Service User group consulted

	A&E due to Mental Health concerns The Homerton Hospital Wheelchair service will pilot a PHB offer in quarter 4 of 2018-19 with a full rollout by 2019		for people with more severe mental health problems.	
Mental Health	Develop more integrated pathways across HUH psychological therapies to link together IAPT interventions and HMP Create a secondary care psychological therapies offer Review existing mental health accommodation contracts	IAPT (HUH main provider), ELFT, Network VSOs	• Greater integrated alignment in Mental Health • Addressing the current unmet MH needs for people with LTCs in line with national strategy. • Improved contractual performance in relation to the delivery of recovery and clinical improvement • Improving the breadth of offer to patients • Increase cost / effectiveness (£) • Elimination of backlog waiting lists • Regular reporting of activity and outcomes • Greater availability of open access psychological support for crisis • Clear structures and pathways that support local integrated care strategies • A joined up health and local authority approach to mental health accommodation inc. increased use of floating support	Through Service User Mental Health Coordinating Committee reps Mental Health Voice Service User group

	Develop a Primary Care Liaison Service that links with emerging structures such as Primary care Neighbourhoods and population mental health issues		• Improved value for money (£) • Improved primary care integration in Neighbourhoods	
Prescribing	Continue to deliver a programme of Prescribing activities covering: • Clinical / Prescribing audits • Medication reviews • Quality improvement • Safety Antimicrobial Stewardship Biosimilar medicine optimisation Anticoagulation	GPC, GP Practices , HUHFT	• Support safer prescribing and use of medication • Support a reduction in medicines wastage • Improve patients' understanding of their medication • Improve communication, relating to medicines & prescribing, across the interface and between professionals • Share learning & good practice Continue with activities including training and auditing – to ensure City & Hackney CCG continues to reduce inappropriate prescribing and use of antibiotics Increase the uptake of biosimilar medicines by HUHFT in line with NHSE's prioritisation of implementing best value biological medicines. • Increase the number of patients able to access anticoagulants in primary care • Work to review adherence to newer anticoagulation medicines	This has been consulted on at various patient and service user events; consistent feedback from patients around greater education on their medication to provide them with imported insight Prescribing Committee has a patient and public representative on the committee; all work plans have been reviewed by this group.

Prevention Care Workstream

Transformation Area	Commissioning Intention 19/20	Provider	Expected outcomes, including patient and cost savings	Patient and resident feedback
Support early identification (of risk factors) and early diagnosis of Long term Conditions	Update the Long Term Conditions (LTC) contract, including updating contract KPIs, and integrating the NHS Health Check into the LTC contract Embed the following 2018/19 (acute) CQUIN targets as service KPIs: preventing ill health by risky behaviours– alcohol and tobacco (screening advice / support & referral)	GP Confed, HUHFT	• Better incentivise early detection of conditions and support the effective management of long-term conditions in primary care • More patients assessed for risk of CVD • Increase in number of people receiving preventative advice/ services • Increase in number of patients receiving evidence-based support to manage their health • Patients supported to quit smoking and/or access support to reduce harmful levels of drinking. • Reduce the health harms from both of these risky behaviours	Patient Public Involvement (PPI) Committee Co-production events planned for the Making Every Contact Count Programme *Direct feedback from patients*: 'Need more information on COPD including in other languages' 'Need community space in the City where can run peer group activities e.g. for those with type 2 diabetes offering drop-in, cooking/diet advice'
Enable people to live healthy lives and manage their own health	Re-commission Social Prescribing service to better integrate with other care navigation services in City and Hackney, including Health Coaches (commissioned by LBH Public Health)	Family Action	• Residents have access to information, advice and support to help them live healthier lives • Patients are better-equipped to manage their own health	Commissioning intentions engagement event *Direct feedback from patients*: 'Need access to affordable exercise like yoga, and healthy eating information and advice' 'Air pollution is a problem. People should be encouraged to use

				electrical cars and children in the City should be given pollution masks' 'Neaman Practice should offer social prescribing but needs to be community/voluntary activities in the City'
Mental Health	Embed the following 2017-19 (mental health) CQUIN targets as service KPIs: • Cardio metabolic assessment and treatment for patients with psychoses (EIP BMI outcome indicator and EIP smoking cessation outcome indicator) • Preventing ill health by risky behaviours– alcohol and tobacco (screening advice / support & referral) Improve access to mental health support services for people with substance misuse [part of a broader strategy to review substance misuse service] Develop an integrated approach to employment support for people with mental health problems	ELFT, WDP	• Patients with psychoses will be supported to lose weight and quit smoking – with significant long-term health benefits • More mental health inpatients will be supported to quit smoking and/or access support to reduce harmful levels of drinking; this will reduce the health harms from both of these risky behaviours • Reduced dosage of anti-psychotic drugs (e.g. clozapine) in smokers who quit • Improved recovery rates and mental health outcomes for people with substance misuse problems • Improved access to employment, with significant associated benefits for health and wellbeing and supporting recovery.	Mental Health Advocacy Group (via the Mental Health Coordination Committee) Hackney's Supported Employment Network

Children, Young People, Maternity and Families (CYPMF) Care Workstream

Transformation Area	Commissioning Intention 19/20	Provider	Expected outcomes, including patient and cost savings	Patient and resident feedback
Maternity Services	Deliver improvements to work towards an 'Outstanding' CQC rating (now 'Good') Reduce infant mortality and avoidable admissions to NICU Explore carrying out clinical audits into deliveries with complications and emergency caesareans Continue to promote the offer of the flu vaccination and pertussis to expectant mothers Increase continuity of care in line with NHSE recommendations Continue to deliver a robust o perinatal mental health offer	HUHFT	Improve the overall governance and safety of the service Ensure the women accessing services at the Homerton are receiving optimal safe and quality care Ensure that maternity risks are identified and actioned early 20% of City and Hackney women delivering at HUH will have continuity of carer Women with long term Conditions (LTC) have safer healthier pregnancies and deliveries There is support available with clear pathways for women with LTC during pregnancy Women planning a pregnancy including those with LTC are informed of ways to improve their health and that of their baby during pregnancy All maternity and neonatal services to work together to identify babies whose	*Direct feedback from patients:* 'More health and mental health support for mothers after giving birth' Feedback from our Clinicians: Query around the Homerton Maternity unit staffing – confirmed that service is currently at full capacity

			admission to a neonatal unit could be avoided and to promote understanding of the importance of keeping mother and baby together when safe to do so. Increased numbers of women with flu and pertussis vaccinations	
Children, Young People and their Families	Develop a high quality acute and community paediatric services including new baby clinics and la health offer for Looked After Children Agree tariffs and explore improving pathways for critical care To develop a clear offer for children in need of continuing healthcare and personal health budgets Develop a specialist epilepsy nurse offer, alongside a new respiratory specialist nurse offer, embedded across A&E and Primary Care Improve local pathways for children with Special Educational Needs and Disabilities Design and implement a new tier 2 and 3 audiology service	Range of providers including: HUFT, VCS, GP Confed, Primary care , Whittington Health, LBH CYPS	• More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs • Improved LAC service including monitoring of LAC performance and staffing issues • Enhance joint working between community paeds and primary care, recognising the trainee resource that can support capacity issues in primary care and offer optimised training opportunities. • Support reductions in unplanned asthma attendances • Clarify service provision and funding arrangements for SEND children and their families • Increased access to early health support for children with SEND	A full engagement plan is being rolled out as part of the design of the new LAC health service. A SEND A co-production and engagement plan is being developed currently with our parent representatives *Direct feedback from patients:* 'Better assessment and support for young children with autism'

	Improve care pathways and information sharing across primary care to improve diabetes care Improve uptake of immunisations			
Mental Health	Continue to ensure we have a system that meets the needs of every child in City and Hackney Increase CAMHS access rates: we expect access rates to increase 35% by 2020/21 (an extra 70,000 children and young people nationally) Support the development of the Phase 3 CAMHS Transformation Plan focussing on schools, transition, parenting and crisis	HUHFT, ELFT	• CAMHS support in all schools by 2020 • Assessment target of 2,068 in 2019/20 • Meeting the national target of increasing CAMHS access rates • Increased diagnosis (linked to increased investment) • Clearer pathways for residents and non-residents • Improved access to support for crisis • Improved outcomes for those transitioning to adult mental health services • Reduced waiting times to entering treatment within 6 weeks by Q3, 18/19 • Extended hours of Paediatric Psychiatric liaison in A&E to 10pm • Enhanced eating disorders service • Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare	Young Hackney has delivered a children and Young Peoples consultation to inform direction and development of the CAMHS transformation plans. *Direct feedback from patients:* 'Improve mental health not just for children with serious need but overall' 'Need more information in schools around mental health, young carers and what is inappropriate caring, sexual assault and safe relationships, healthy eating and cooking, general health, smoking, how to protect yourself, dental care' 'Need to fund mental health therapists in City schools'

Appendix B – Feedback from 'Let's Talk' Events which straddle a number of Care workstream areas

Crosscutting Themes form 'Let's Talk' Events, including Primary Care
Below are items which were mentioned on numerous occasions: - 'Concern about hospital appointments being cancelled' - 'Carers are afraid of assessments' - 'Mental health is important not just for serious conditions but for in-betweens who are 20-50. Need to improve access to talking therapies' - 'Loneliness is a problem and brings depression– need buddying, companionship, befriending' - 'Problems getting GP appointments – need to be more readily available and needs to be more face-to-face time' - 'Health and care staff need to listen more' - 'Need more help for elderly and disabled' - 'Technology should be used where appropriate to release staff capacity' - 'Services are not speaking to each other. People are being bounced around the system and asked the same questions twice' - 'Need more consultation when changing and improving services' - 'Need more health and care services in the City itself including another GP practice'

Appendix C - Summary of consultation undertaken during autumn 2018

The draft 19/20 commissioning intentions was discussed at the following Board meetings between August – October 2018:

29th August 2018: City and Hackney Transformation Board

5th September: CCG Annual General Meeting including resident/patient input

12th September 2018: CCG Clinical Executive Committee

14th September 2018: City and Hackney Integrated Commissioning Boards

17th September 2018: CCG Governing Body

19th September 2018: CCG Finance and Performance Committee

Title:	The NHS Long Term Plan
Date:	17 January 2019
Lead Officer:	David Maher, Managing Director, City & Hackney CCG
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Board – 17 January 2019 CCG Governing Body – 25 January 2019 Transformation Board – 30 January 2019
Public / Non-public	Public

Executive Summary:

NHS England published on 7 January 2019 its long-term plan for the NHS. The plan sets out the NHS's ambitions for the next 10 years to ensure the service is 'fit for the future as needs change'.

The integrated commissioning partners, will review the plan together and consider how it will influence our existing and future integrated commissioning and integrated care plans. Long Term Plan priorities will be taken forward by the integrated commissioning programme and workstreams as well as by the CCG.

The Long Term Plan requires local areas to produce a Local Plan for 2019-20 by April 2019 and a Five–Year Plan by September 2019.

A further analysis of the implications of the NHS Long-term Plan will be discussed at the Transformation Board and will be brought to a future meeting of the ICB. The local 2019 - 20 Plan and the Five-Year Plan will be considered at workstream level, Transformation Board and at ICB as well as at the CCG Governing Body and other fora.

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:

Expected to link to all our priorities.

Specific implications for City

The plans will have an impact on services for City patients, residents and workers

Specific implications for Hackney

The plans will have an impact on services for patients and residents in Hackney.

Patient and Public Involvement and Impact:

Patients and the public across the country were fully involved in the development and shaping of the NHS Long-term Plan. We will engage with residents and patients locally to help shape the local One Year and Five Year Plans.

Clinical/practitioner input and engagement:

Clinicians across the country were fully involved in the development and shaping of the NHS Long-term Plan. We will be engaging locally with clinicians and practitioner in relation to the local One Year and Five Year Plans.

Impact on / Overlap with Existing Services:

N/A

Equalities and other Implications:

N/A

Supporting Papers and Evidence:

The NHS Long term Plan – a summary

Sign-off:

David Maher, City and Hackney Clinical Commissioning Group

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | Join the conversation: #NHSLongTermPlan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life	• reducing stillbirths and mother and child deaths during birth by 50% • ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most • providing extra support for expectant mothers at risk of premature birth • expanding support for perinatal mental health conditions • taking further action on childhood obesity • increasing funding for children and young people's mental health • bringing down waiting times for autism assessments • providing the right care for children with a learning disability • delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.
Delivering world-class care for major health problems	• preventing 150,000 heart attacks, strokes and dementia cases • providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths • saving 55,000 more lives a year by diagnosing more cancers early • investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital • spending at least £2.3bn more a year on mental health care • helping 380,000 more people get therapy for depression and anxiety by 2023/24 • delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.
Supporting people to age well	• increasing funding for primary and community care by at least £4.5bn • bringing together different professionals to coordinate care better • helping more people to live independently at home for longer • developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home. • upgrading NHS staff support to people living in care homes. • improving the recognition of carers and support they receive • making further progress on care for people with dementia • giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.

Title:	Consolidated Finance (income & expenditure) report as at November 2018 - Month 08
Date:	17 January 2019
Lead Officers:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
Authors:	Integrated Commissioning Finance Economy Group: Sunil Thakker, Chief Financial Officer, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board, 17 January 2019 Hackney Integrated Commissioning Board, 17 January 2019 Transformation Board, 30 January 2019
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 November 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 8 (November) the Integrated Commissioning Fund forecasts an overall adverse position of £4.9m, a deterioration of £0.4m on the Month 7 reported position. The forecast is being driven by the London Borough of Hackney cost pressures.

City & Hackney CCG reports a year end break even position at Month 8. The acute over performance remains mainly with Homerton, Barts, UCLH, Whittington, Guy's St Thomas and Royal Free. The recovery plan is time tabled for completion within the next month and the CCG is challenging all notable areas of over performance.

The City of London forecasts a small year-end adverse position of £0.2m, driven by the Prevention workstream.

The London Borough of Hackney is forecasting an adverse position of £4.7m, a deterioration of £0.3m on the Month 7 position which is being driven by cost pressures on Learning Disabilities budgets, primarily, commissioned care packages.

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 08 (November) 2018 Year to date cumulative position

Sign-off:

London Borough of Hackney __Ian Williams, Group Director of Finance and Corporate Resources

City of London Corporation _____Mark Jarvis, Head of Finance

City & Hackney CCG ____Sunil Thakker, Chief Financial Officer

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

Integrated Commissioning Fund
Financial Performance Report

Month 08 (November) 2018 Year to date cumulative position

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Consolidated summary of Integrated Commissioning Budgets

	Organisation	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Pooled Budgets	City and Hackney CCG	25,621	17,080	17,222	(141)	25,833	(212)	(117)
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	105	36	69	204	6	6
Total		25,831	17,185	17,258	(73)	26,037	(206)	(111)
Aligned	City and Hackney CCG	384,195	246,797	246,655	141	383,983	212	117
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,505	4,153	4,326	(173)	7,707	(202)	(127)
Total		391,700	250,950	250,981	(31)	391,690	11	(10)
ICF	City and Hackney CCG	409,816	263,877	263,877	0	409,816	0	-
	London Borough of Hackney Council	102,502	68,334	80,239	(11,905)	107,224	(4,722)	(4,415)
	City of London Corporation	7,715	4,258	4,362	(104)	7,911	(196)	(121)
Total ICF Budgets		**520,032**	**336,469**	**348,478**	**(12,009)**	**524,950**	**(4,918)**	**(4,535)**
CCG Primary Care co-commissioning		46,282	29,096	29,096	-	46,282	-	-
Total		**46,282**	**29,096**	**29,096**	**-**	**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 8

- At Month 8 (November) the Integrated Commissioning Fund forecasts an overall adverse position of £4.9m, a deterioration of £0.4m on the Month 7 reported position. The forecast is being driven by the London Borough of Hackney cost pressures.
- City & Hackney CCG reports a year end break even position at Month 8. The acute over performance remains mainly with Homerton , Barts, UCLH, Whittington, Guy's St Thomas and Royal Free. The recovery plan is time tabled for completion within the next month and the CCG is challenging all notable areas of over performance.
- The over performance has been contained through a combination of risk assessments, acute reserves and general reserves, thus depleting most of the general contingency held at month 8.
- The City of London forecasts a small year end adverse position of £0.2m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.7m, a deterioration of £0.3m on the Month 7 position which is being 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 at year end, this is being driven by Learning Disabilities Commissioned care packages.

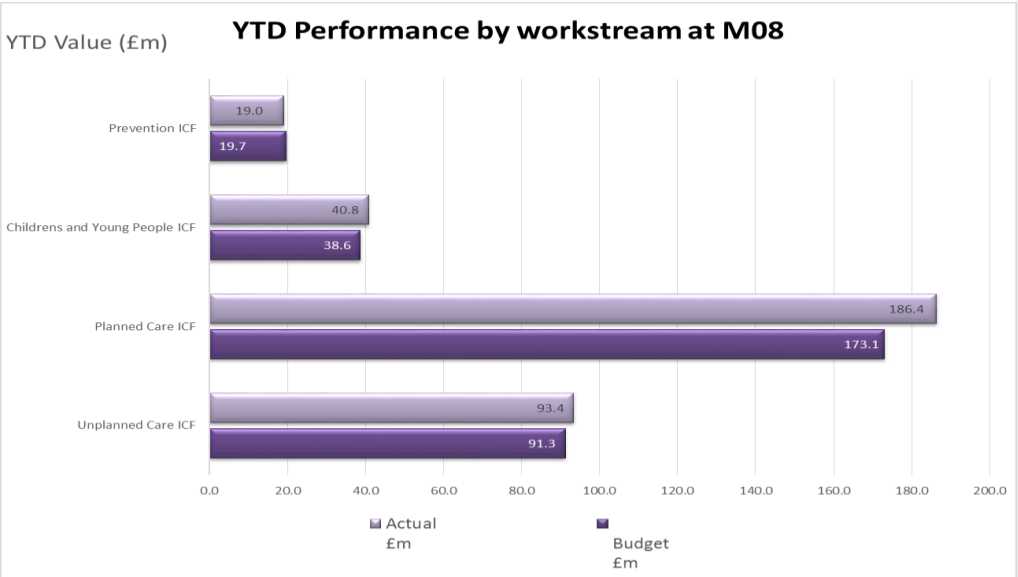
Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets will be actioned in the new financial year (2019/20).

***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 Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance Budget £m	YTD Performance Actual £m	YTD Performance Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m	Movement
Unplanned Care ICF	137.2	91.3	93.4	(2.1)	139.4	(2.2)	1.2	(3.4)
Planned Care ICF	267.6	173.1	186.4	(13.3)	276.3	(8.7)	(10.4)	1.7
Childrens and Young People ICF	58.2	38.6	40.8	(2.1)	58.6	(0.5)	(0.5)	0.0
Prevention ICF	30.3	19.7	19.0	0.7	30.5	(0.2)	(0.1)	(0.1)
All workstreams	**493.2**	**322.7**	**339.5**	**(16.8)**	**504.9**	**(11.6)**	**(9.8)**	**(1.8)**
Corporate services	25.6	12.9	8.4	4.5	18.9	6.7	5.3	1.4
Local Authorities (DFG Capital and CoL income)	1.2	0.8	0.5	0.3	1.2	0.0	0.0	0.0
Not attributed to Workstreams	**26.8**	**13.8**	**8.9**	**4.8**	**20.1**	**6.7**	**5.3**	1.4
Grand Total	**520.0**	**336.5**	**348.5**	**(12.0)**	**524.9**	**(4.9)**	**(4.5)**	**(0.4)**



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 and corporate running costs.
- **Planned Care:** The consolidated Planned Care position at Month 08 is £10.4m adverse, an in month improvement of £1.7m.
- The underlying Planned Care workstream variance is 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 the LD Joint Funding Pilot. This non recurrent drawdown was badged to support LD packages and is subject to the outcome of a review which has now been completed. The outcome of an independent review conducted by PWC are expected imminently and will be presented to the CCG's Governing Body prior to the release of any funding.
- The London Borough of Hackney 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. In addition to this, the Local Authority are experiencing delays in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £1m overspend
- The CCG over spend is driven by Homerton (£1.8m); Barts Health (£0.4m); Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.2m).
- The in month movement of £1.7 is being driven by an improvement in the CCG position (£2m) which is the result of an in year review and adjustment of the apportionment of activity between workstreams. In addition to this there has been a deterioration (£0.2m) to the LBH positon driven by Learning Disabilities.
- **Unplanned Care:** The workstream is forecasting a year end over spend of £2.2m – a deterioration on the M7 position. The CCG adverse forecast position of £2.9m relates to acute over performance whilst the LBH under spend relates to Interim Care £0.8m which is offset by overspends on care packages expenditure that sit in the Planned Care workstream .
- **CYPM:** The workstream is forecasting a year end over spend of £0.5m, an improvement on Month 7. The movement in forecast is being driven by Barts (£0.2m) and the Homerton contract which is also over performing against budget (£0.3m).

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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.**

City and Hackney CCG – Position Summary at Month 08, 2018

	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	19,094	12,729	12,729	0	19,094	0	0
		Planned Care	6,476	4,317	4,459	(141)	6,688	(212)	(117)
		Prevention	50	33	33	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
	Pooled Budgets Grand total		25,621	17,080	17,222	(141)	25,833	(212)	(117)
Aligned	Commissioned	Planned Care	112,144	74,806	76,840	(2,034)	115,122	(2,978)	400
		Planned Care	195,021	124,805	126,815	(2,010)	198,068	(3,047)	(5,073)
		Prevention	3,386	2,257	2,257	0	3,386	0	0
		Childrens and Young People	48,064	32,008	32,327	(319)	48,543	(479)	(544)
		Corporate and Reserves	25,580	12,920	8,416	4,504	18,865	6,715	5,334
	Aligned Budgets Grand total		384,195	246,797	246,655	141	383,983	212	117
Subtotal of Pooled and Aligned			**409,816**	**263,877**	**263,877**	**0**	**409,816**	**0**	**0**
In Collab	Primary Care Co-commissioning		46,282	29,096	29,096	0	46,282	0	0
Grand Total			**456,098**	**292,973**	**292,973**	**0**	**456,098**	**0**	**0**
CCG Total Resource Limit			**486,513**						
SURPLUS			**30,415**						

Primary Care Co-Commissioning (outside of the ICF)

- At month 8, 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 8 City & Hackney CCG position is breakeven, there are still however high areas of over performance against plan. The Acute finance and activity downward trend seen in month 7 has moved adversely this month with the areas of over activity at the Homerton continuing to be in 1st Outpatients, Elective Day Cases and Other Referrals (mainly Consultant to Consultant). Out of areas providers such as Bart's and UCHL continue to over perform mainly in non-elective. Several audits including a NEL-wide audit on Ambulatory Care are being carried out at Bart's. The Acute position reported is a mitigated position based on all known risks and opportunities at month 8.

- 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. The Governing Body agreed to badge this non-recurrent monies to support the Learning Disabilities Joint Funding Pilot with the London Borough of Hackney. The independent review of the pilot carried out by PWC has been completed at the time of writing this finance report and the CCG is awaiting a report on their findings, which will be shared with partners in due course. This will be prior to the release of any payments being made.

- **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 8 these are forecast to over spend by £0.2m driven by Learning Difficulties staff and inflationary uplifts.

- **Planned Care** is forecasting a year end adverse position of £3m. The improvement on the Month 7 position is being driven by the in month review and adjustment of acute expenditure apportionment within workstreams, to reflect year to date activity trend. The main contracts that are reporting significant variances are: Homerton (£1.8m) where the performance drivers continue to be Obstetrics, Geriatric medicine & Respiratory medicine. The joint recovery plan is still underway with many outcomes expected in the last quarter of the financial year; Barts Health (£0.4m); Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.2m).

- **Unplanned Care:** The workstream has an adverse year end forecast of £3.0m which is an unfavourable movement on the Month 07 position - driven by the in month adjustment to the activity position within the workstreams to reflect the current trend. The over performance is driven by; Homerton (£1.3m); Barts Health (£1.1m); The London Ambulance Service (£0.4m) and UCLH (£0.3m) driven by A&E and Non elective activity.

- **CYPM** workstream is forecasting a year end over spend of £0.5m, a small improvement on Month 7. The movement in forecast is being driven by Barts (£0.2m) and the Homerton contract which is also over performing against budget (£0.3m).

- **Corporate and Reserves** is reporting a forecast underspend of £6.7m, which reflects the release of acute reserves (£0.95m), contingency (£2.6m), corporate reserves (£1.2m) and benefits from the resolution of prior year disputes (£1.6m).

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

City and Hackney CCG - Risks and Mitigations Month 08, 2018

Summary and Progress Report on Financial Risks and Opportunities to Month 8 - 30 Nov 2018

Ref:		Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Risk	Homerton Acute performance	4,600	72%	3,291	0	Risk adjusted over-performance.
2		Bart's Acute performance	2,000	90%	1,800	0	Risk adjusted over-performance and under delivery of QIPP.
3		Outer sector - Acute performance	2,200	73%	1,606	0	Risk adjusted based on total 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	300	66%	197	0	Risk relating to activity increase above plan, high cost packages and service provision.
6		Non Acute performance	200	0%	0	0	Over-performance across the portfolio.
7		Programme Costs	300	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8		Property Costs	200	0%	0	0	Risk attached to the Homerton CHS estates rebasing.
9		Non Recurrent Investment Programme	1,600	100%	0	1,600	Approved non recurrent programme.
10		NELCSU POD Transfer to NELCA	600	67%	0	400	Risk associated with the transfer of NELCSU services to NELCA.
11		CHS 2020	1,500	100%	0	1,500	Transformation programme.
12		Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
13		Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
14		QIPP Under Delivery	100	0%	0	0	Under-delivery for schemes within the Operating Plan.
15		Joint LD programme	1,965	100%	0	1,965	Programme currently work in progress subject to independent review
Total Risks			**16,715**	**41%**	**6,894**	**5,465**	
1	Opps	Acute Claims and Challenges	(1,750)	38%	(665)	0	Based on historic trend, revised to reflect current probability.
2		Acute Reserves	(951)	100%	(951)	0	Release to contain acute over-performance.
3		Other Acute underspends - NCA	(300)	33%	(100)	0	Underspend at month 8.
4		Contingency	(7,038)	73%	(3,195)	(1,965)	Contingency release net of challenges.
5		Non Acute performance	(150)	53%	(79)	0	Non acute underspend.
6		Prescribing	(400)	0%	0	0	Breakeven declared.
7		Running Costs	(1,200)	100%	(1,200)	0	Release of reserves to underwrite acute programme costs.
8		Prior Year & Dispute Resolution	(5,000)	84%	0	(4,203)	Opportunities arising from settlement of disputes and balance sheet gains.
9		Non Recurrent Investment slippage	(200)	0%	0	0	Risk assessed opportunity.
10		QIPP Over Delivery	(100)	0%	0	0	Pipeline opportunities.
Total Opportunities			**(17,089)**	**72%**	**(6,190)**	**(6,168)**	
					703	**(703)**	
			Headline brought forward surplus			**(30,415)**	
			Drawdown for LD Business Case			**1,965**	
			Underlying brought forward surplus			**(32,380)**	

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

City of London Corporation – Position Summary at Month 08, 2018

				YTD Performance			Forecast		
	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
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	33	9	23	65	-	-
		Planned Care	145	73	27	45	139	6	6
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	105	36	69	204	6	6

	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
Aligned Budgets	Comm'ned & *DD	Unplanned Care	346	-	-	-	346	-	-
		Planned Care	3,869	2,503	2,515	(12)	3,885	(16)	9
		Prevention	2,349	1,102	1,164	(62)	2,546	(197)	(147)
		Childrens and Young People	1,118	651	768	(117)	1,118	(0)	-
		Non - exercisable social care services (income)	(177)	(103)	(122)	19	(189)	12	11
Aligned Budgets Grand total			7,505	4,153	4,326	(173)	7,707	(202)	(127)
Grand total			**7,715**	**4,258**	**4,362**	**(104)**	**7,911**	**(196)**	**(121)**

* DD denotes services which are Directly delivered .

* Aligned Unplanned Care budgets include iBCF funding - £317k

* Comm'ned = Commissioned

- At Month 8 the City of London Corporation is forecasting a year end adverse position of £0.2m against its full year plan. This is a deterioration on the Month 7 position.
- **Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). 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 £0.2m at year end.
- The Prevention workstream is forecasting a year end over spend of £0.1m and is driving the forecast. This is due to:
  - A forecast overspend on public heath salaries due to staff movements including maternity cover - £0.09m. This will be met from the Public Health reserves
  - Adult Social Care occupational therapy services are also forecast to overspend - £0.04m
- Non-exercisable income is due to over – perform against its full year target 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.

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

London Borough of Hackney – Position Summary at Month 08, 2018

	ORG Split	WORKSTREAM	Total Annual Budget	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Variance £000's	Forecast Prior Mth Variance £000's
Pooled and Aligned Budgets	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	942	643	308	1,414	-	-
		LBH Capital subtotal	1,414	1,414	-	825	517	308	1,414	-	-
		Unplanned Care (including income)	5,529	1,139	4,390	3,686	3,792	(106)	4,773	756	784
		Planned Care (including income)	62,082	26,002	36,080	41,388	52,581	(11,193)	67,561	(5,479)	(5,200)
		CYPM	8,986	-	8,986	5,991	7,659	(1,668)	8,986		-
		Prevention	24,491	-	24,491	16,327	15,565	762	24,490	1	2
		LBH Revenue subtotal	101,088	27,140	73,948	67,392	79,596	(12,204)	105,810	(4,722)	(4,415)
Grand total			**102,502**	**28,554**	**73,948**	**68,334**	**80,239**	**(11,905)**	107,224	(4,722)	(4,415)

- At Month 8 LBH reports a forecast overspend of £4.7m
- **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 £3.8m pressure after contribution of £1.9m from the CCG for the LD Joint Funding Pilot and one off ASC grant of £0.9m. The CCG contribution is subject to work on Joint Funding Pilot arrangements being undertaken with the CCG. The programme of work which commenced earlier in the financial year is now complete and an independent review of the pilot carried out by PWC has been completed at the time of this report, to be presented to the CCGs Governing Body for consideration prior to the release of payment.
  - It is anticipated that there should be a firm position agreed by the end of the calendar year. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.
  - The service is 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 £0.3m. The service has seen a sharp increase in the number of new clients (89 clients, full year impact £1.5m) via hospital discharge. The forecast overspend is suppressed by non recurrent winter pressures monies announced by the Government in the Budget 2018 to ease NHS winter pressures.
  - The Care Management & Adults Divisional Support is forecasting a £0.7m overspend. This is due to staffing pressures within Integrated Learning Disabilities for additional staffing capacity to manage demands within the service and improve annual review performance.
  - Provided Services position is a £0.2m underspend. This is due non-recurrent contribution from Public Health towards eligible expenditure within Housing with Care.
  - 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 £0.7m 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 £9k
- **In summary**, the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.7m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

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

London Borough of Hackney - Risks and Mitigations Month 08, 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).	4,722	100%	4,722	100%
Learning Disability Joint Funding Pilot	1,900		1,900	
TOTAL RISKS	**6,622**	**100%**	**6,622**	**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 Funding Pilot	TBC	TBC	TBC	TBC
Review one off funding	4,722	100%	4,722	100%
Uncommitted Funds Sub-Total	**4,722**	**100%**	**4,722**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

*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 08, 2018

City and Hackney CCG

- The CCG has a net savings target of £5.1m, with a forecast to deliver on plan. At Month 8, 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 8, a few schemes are under achieving against their activity reduction targets with an adverse impact on the forecasted position. To date, schemes which are not achieving their target are:
  - Outpatients Transformation: the forecast outturn has been reduced by £590k from the original planned target due to slippage in commencing this programme of work although the follow up component of this work appears to be performing to plan. Any under achievement of initial plan will form part of 2019/20 target.
  - TOPS: activity at the Homerton is driving the forecast slippage against plan of £101k
  - Hospice at Home: a recovery plan to activate the scheme is yet to be developed and therefore there is slippage against plan
  - Minor Eye Conditions: Activity increases the Moorfield Hospital are being investigated.
  - A&E Baseline: the activity is greater this year than the planned reduction. This is recovered partially by a £148k claw back written into the contractual KPIs, as such the forecast outturn has been revised down to £148k – a £99k variance against plan
- These have mitigated by in-year savings from The Homerton Ambulatory Medical Unit (HAMU) scheme, in year estates dispute resolution and improved performance against plan in primary care subscribing allowing the CCG to meet its overall plan.

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 of report:	City of London Section 256 Funding
Date of meeting:	17 January 2019
Lead Officer:	Ellie Ward, Integration Programme Manager
Author:	Ellie Ward, Integration Programme Manager
Committee(s):	Integrated Commissioning Board
Public	Public

Executive Summary:

Section 256 (S256) funding is health funding transferred to local authorities for services that have a health gain. Locally, plans for the use of S256 are agreed by the Integrated Commissioning Boards (ICB).

The City of London Corporation received two lots of S256 funding in 2016 to support hospital discharge & admission avoidance and supporting the locality plan (integrated commissioning). Each of these pots of funding were for £250,000.

There was also some unspent funding from the City of London Better Care Fund (BCF) in 2016/17 which the ICB agreed in November 2017 would be spent on supporting work around tackling social isolation.

To date, £265,000 of S256 funding has been spent or committed and £5,000 of the BCF funding has been spent. This report outlines plans for the remainder of this funding, for ICB's information and approval.

Questions for the Transformation Board

Not applicable

Issues from Transformation Board for the Integrated Commissioning Boards

Not applicable

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report;
- To **APPROVE** the proposals for plans for the remaining S256 funding

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report;
  To **NOTE** the proposals for City of London plans for the remaining S256 funding

Links to Key Priorities:

These plans for use of the remaining S256 money are proposed in the context of a number of strategic plans and priorities:

- City and Hackney workstream priorities
- City of London Corporation Joint Health and Wellbeing Strategy
- City of London Corporation Social Wellbeing Strategy and Action Plan
- City of London Community and Children's Departmental Business Plan

Specific implications for City

These plans, the BCF funding and the S256 funding arrangements relate specifically to the City of London Corporation.

Specific implications for Hackney

None

Patient and Public Involvement and Impact:

Existing schemes and pieces of work have had service user and public involvement and for schemes going forward, the City of London Corporation is seeking to embed a co-production approach.

Clinical/practitioner input and engagement:

Adult Social Care staff at the City of London Corporation have helped shape these proposals in conjunction with the Senior Commissioning Manager and the Integration Programme Manager.

Workstream Directors have also been consulted on these proposals and have agreed that these proposals align with wider plans and priorities.

Equalities implications and impact on priority groups:

Any new schemes developed would be subject to a Test of Relevance and full assessment where necessary.

Any project support would be required to consider equalities implications in all their work.

Safeguarding implications:

No specific implications from this report but safeguarding is a key component in the contracts for any commissioned services and any project support would be required to consider safeguarding implications within their work.

Impact on / Overlap with Existing Services:

Many of these schemes inter-connect with and complement each other and will support health services.

Main Report

Background and Current Position

Section 256 (S256) is health funding transferred to local authorities for services which have a health gain. The City of London Corporation received two lots of S256 funding in 2016.

Each of these were for £250,000 and were designated for the following:

- Supporting hospital discharge and admission avoidance
- Delivering the Locality Plan (integrated commissioning)

To date, £265,000 of the S256 funding has been spent on a range of services including a befriending scheme, shopping scheme, review of the DFG process to provide more flexibility to meet people's needs being discharged from hospital and an audit of the health needs and associated services for rough sleepers.

There was also £30,000 remaining from the 2016/17 City of London BCF which ICB agreed in November 2017 would be spent on work to tackle social isolation. To date, £5,000 of this has been spent.

Following the establishment of integrated commissioning governance structures in 2017, the ICB has responsibility for agreeing the plans for use of the S256 funding and the underspend on BCF funding.

This report sets out proposed plans for use of the remaining S256 funding and the BCF underspend for the approval of ICB.

Proposals

The following table sets out proposals for the remaining £235,000 of S256 funding. This is a reworking of the proposals considered by ICB in November 2017 as some of the original proposals were no longer relevant given a change in context.

Scheme	Budget	Workstream	Status
Co-production resource to facilitate and enable the involvement of City of London residents in the local health and care system particularly in relation to the design of neighbourhoods	£20,000	All	To be defined and allocated
Continuing Healthcare and Adult Social Care Packages to support CCG project work to ensure City needs and processes are identified	£20,000	Planned Care	Allocated
Employment Support for People with Learning Disabilities to include assessment and support to access employment	£30,000	Planned Care	Allocated - currently being procured
Children and Young People's Workstream – delivering City priorities. To include some project support around the Children's Centre Services Review to integrate health services	£70,000	Children, Young People and Maternity Services	Project support to be defined and procured
Follow up work from rough sleepers and health audit – for development and implementation of initiatives to support rough sleeper's health and wellbeing	£40,000	Prevention	Schemes currently being defined
Project support for integration work including development of operational neighbourhood model for the City of London	£50,000	Unplanned Care	Project support to be defined and procured
Contingency	£5,000		

It is proposed that the remaining £25,000 BCF funding continues to be used to deliver schemes which support the City of London Social Wellbeing Strategy and Action Plan as these develop.

The proposals for the use of S256 and the BCF underspend are mainly based on new schemes or pieces of work.

These are non-recurrent and low risk but have potential significant benefits in the long term.

One issue that will need to be considered is where schemes are showing significant benefit and there is scope for them to continue or where new areas of work arise, how these can be funded in the long term.

Conclusion

This report sets out proposals for the remaining £235,000 of S256 funding held by the City of London Corporation to support admission avoidance and hospital discharge and to support delivery of City of London priorities in the Locality Plan (integrated commissioning). These proposals support the priorities of both the City of London Corporation and the wider health and care system across City and Hackney.

ICB will be updated about the outcomes of this spend in June 2019 including some of the learning and successes which could then be shared with other part of the local health and care system.

Supporting Papers and Evidence:

None

Sign-off:

Workstream SRO: N/A London Borough of Hackney: N/A City of London Corporation: Simon Cribbens, Assistant Director, Commissioning and Partnerships and Mark Jarvis, Head of Finance City & Hackney CCG: Sunil Thakker, Director of Finance

Title of report:	Mental Health Recurrent Investment Proposals
Date of meeting:	Wednesday 30th January 2019
Lead Officer:	David Maher, Managing Director, CCG
Author:	Dan Burningham, Greg Condon, Fawzia Bakht
Committee(s):	Mental Health Coordinating Committee – for information – 17 September 2018 Clinical Executive Committee – for approval – 14 November 2018 Finance and Performance Board – for approval – 21 November 2018 Unplanned Care Workstream Board - for approval – 23 November 2018 Governing Board – for approval – 30th November 2018 Planned Care Workstream Board - for approval – 18 December 2018
Public / Non-public	Public

Executive Summary:

These proposals for recurrent investment emerged from the work of the mental health alliances in consultation with the Integrated Care Workstreams. The proposals support local integrated care objectives including the pan–London new model of Health Based Place of Safety delivery. These proposals fall within the allocated budget for the Mental Health Investment Standard for 2019-20.

The proposed recurrent investment totals £1,059,564 and consists of the following 4 schemes:

1. **Homerton Site Health Based Place of Safety (HPBoS) Investment**

The HBPoS increased investment in staff capacity for the Health Based Place of Safety (HBPoS) provided at the Homerton by East London NHS Foundation Trust to meet extra demand cause by the re-diversion of flows from the Royal London and to ensure that Health London Partnerships recommendation that there is a core dedicated staff team with the right skills and experience in place is met.

2. **IAPT Core: Long Term Conditions & 18-25**

The Five Year Forward View (FYFV) sets out targets for the expansion of access rates for IAPT services. The national target for 2019-20 is 22% and 2020-21 is 25%. NHSE proposes that additional increase in access should be met primarily by therapeutic interventions to people with a long term condition and common mental health services.

3. **City and Hackney Dementia Service**

The aim of the proposed Integrated Dementia Service is to deliver an integrated model of care which prevents crisis and facilitates care navigation for People with Dementia (PwD) in City and Hackney. There is an opportunity to offer a responsive model of care incorporating crisis response, dementia navigation - holding of Service Users from diagnosis to end of life and supporting them to seamlessly navigate the system.

4. Recovery College Recurrent Investment

This proposal is for administrative resource for the ELFT recovery college. The college currently has no administration resource and is managing a rising number of students. The College forms a key part of our mental health strategy to empower service users through co-produced services.

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:

i) FYFV IAPT access targets and integrative work with LTCs and young people in transition
ii) CAMHS access and investment targets and integrated approaches, such as work in schools, which achieve NHSE approved transformation plan.
iii) The pan-London HBPoS strategy
iv) Dementia NICE Guidelines and National Dementia Strategy
v) A focus on integrated recovery based models through investment in the alliances and the Recovery College

Specific implications for City

Expansion of new services across the City benefiting local residents.

Specific implications for Hackney

Expansion of new services across Hackney benefiting local residents.

Patient and Public Involvement and Impact:

The Mental Health Voice Service User Group are members of the Mental Health Coordinating Committee. Members of the group have informed these proposals.

Clinical/practitioner input and engagement:

The investment proposals have emerged from the work of the mental health alliances in consultation with the Workstreams. Members of the alliances and workstreams clinical practitioners of a range of specialisms and services. Alliances input and engagement include: The CAMHS Alliance, the Psychological Therapies and Wellbeing Alliance, the Dementia Alliance and the Primary Care Mental Health Alliance.

Local providers have been consulted and have approved the investment proposals.

The CCG Mental Health Clinical Lead has inputted and shaped the outlined proposals.

Equalities implications and impact on priority groups:

HPBoS Investment Proposal: Older adults and people with disabilities will benefit from closer adjacencies to the wards. A dedicated and trained and qualified staff team is also more likely to have a better understanding of the needs of BME and LGBT patients and share this in good working relationships with the police.

City and Hackney Dementia Service: Older people with mild to moderate Dementia will receive timely access to assessment and diagnosis and ongoing post diagnostic support and treatment.

IAPT Core 18-25 Service: The core IAPT team that specialises in IAPT interventions for 18 25 year olds will be delivered in a young person / young adult friendly setting. The service will have an additional enhanced function for young adults coming through the service who are above threshold for Step 3 IAPT but not suitable for adult secondary care or the 16-25 service.

Safeguarding implications:

The HPBoS proposal should improve adult safeguarding by having dedicated trained staff members supporting people in mental health crisis.

Impact on / Overlap with Existing Services:

HPBoS Investment Proposal: A&E Department (Homerton Hospital)

IAPT Core LTC & 18-25 Service: Talk Changes Service (Homerton Hospital)

City and Hackney Dementia Service: Dementia Navigation, information and Support Service (Alzheimer's Society), ELFT Diagnostic Memory Clinic, and Community Mental Health teams (ELFT)

Sign-off:

David Maher, Managing Director, City & Hackney CCG

1. Executive Summary (Whole Paper)

Total recurrent investment: £ 1,059,564

These proposals for recurrent investment emerged from the work of the mental health alliances in consultation with the Integrated Care Workstreams. The proposals support local integrated care objectives including the pan–London new model of Health Based Place of Safety delivery. These proposals fall within the allocated budget for the Mental Health Investment Standard for 2019-20. In 2018/19 the uplift was 3% and we have prudently assumed an uplift of 1% for 2019-20.

The proposed recurrent investment totals £1,059,564 and consists of the following 4 schemes:

1.1 Homerton Site HBPoS Investment

Workstream: Unplanned Care
Staffing: Speciality Doctor (1.0 WTE); Consultant (0.2 WTE); HCA/Nursing Band 3 (6.0 WTE); Nursing Band 6 (3.0 WTE); Admin & Clerical Band 4 (0.5 WTE)
Cost: £325,012 (£650,024 split between Tower Hamlets CCG and City & Hackney CCG)
Contract: ELFT will be contracted through the block contract through payments from Tower Hamlets CCG and City and Hackney CCG.
Providers: ELFT

The HBPoS increased investment in staff capacity for the Health Based Place of Safety (HBPoS) provided at the Homerton by East London NHS Foundation Trust to meet extra demand cause by the re-diversion of flows from the Royal London and to ensure that HLP's recommendation that there is a core dedicated staff team with the right skills and experience in place is met. The additional revenue cost is £650,024 per annum to be split with Tower Hamlets CCG creating an additional recurrent annual cost of £325,012 per annum for City and Hackney CCG. This additional cost has been budgeted for within the City and Hackney CCG and Tower Hamlets CCG Mental Health Investment Standard. The decision to close the Royal London HBPoS has been agreed in principle by the STP Executive and the JCC subject to stakeholder consultation, which will conclude in December 2018.

1.2 IAPT Core: LTC & 18-25

Workstream: Planned Care
Cost: £ 420,234
Contract: with Psychological Therapies Alliance
Provider: HUH

The Five Year Forward View (FYFV) sets out targets for the expansion of access rates for IAPT services. The national target for 2019-20 is 22% and 2020-21 is 25%. NHSE proposes that additional increase in access should be met primarily by therapeutic interventions to people with a long term condition and common mental health services.
This proposal will deliver a sustained increased in access rates of 2% from 2019-20. Alongside other initiatives, it will ensure we meet our FYFV targets.

1.3 City and Hackney Dementia Service

Workstream: Unplanned Care
Staffing: Consultant Psychiatrist 0.5 WTE; Community Psychiatric Nurse 3.0 WTE; Occupational Therapist 1.0 WTE; Band 4 Admin 0.5 WTE; Dementia Navigator 0.5 WTE
Investment Cost: £274,319
Contract: ELFT/ Alzheimer's Society

Providers: ELFT, Alzheimer's Society
The aim of the proposed Integrated Dementia Service is to deliver an integrated model of care which prevents crisis and facilitates care navigation for People with Dementia (PwD) in City and Hackney. There is an opportunity to offer a responsive model of care incorporating crisis response, dementia navigation - holding of Service Users from diagnosis to end of life and supporting them to seamlessly navigate the system.

1.4 Recovery College Recurrent Investment

Workstream: Planned Care
Staffing: 1 WTE Administrator (Band 4)
Cost: £40,000
Contract: Increase to the ELFT block contract and an amendment to the Recovery College specification and SLR.
Provider: ELFT

This proposal is for administrative resource for the ELFT recovery college. The college currently has no administration resource and is managing a rising number of students. The College forms a key part of our mental health strategy to empower service users through co-produced services. The recurrent cost is £40,000 per annum, which can be met within the Mental Health Investment Standard.

2. Health Based Place of Safety Investment Proposal (Homerton Site)

2.1 Executive Summary (Proposal)

This paper presents the case for increased investment in staff capacity for the Health Based Place of Safety (HBPoS) provided at the Homerton by East London NHS Foundation Trust to meet extra demand cause by the re-diversion of flows from the Royal London and to ensure that HLP's recommendation that there is a core dedicated staff team with the right skills and experience in place is met. The additional revenue cost is £650,024 per annum to be split with Tower Hamlets CCG creating an additional recurrent annual cost of £325,012 per annum for City and Hackney CCG. This additional cost has been budgeted for within the City and Hackney CCG and Tower Hamlets CCG Mental Health Investment Standard. The decision to close the Royal London HBPoS has been agreed in principle by the STP Executive and the JCC subject to stakeholder consultation, which will conclude in December 2018.

2.2 Background

A Health-Based Place of Safety (HBPoS) is a space where people detained and transported under Section 135/136 (S135/136) of the Mental Health Act can be managed safely and with privacy and dignity, while an appropriate assessment is undertaken. In the April 2018 Business Case, Healthy London Partnership (HLP), set out the case for a new model of HBPoS delivery based on:

- The **strategic case** that London faces rising demand for mental health crisis services;
- The **clinical case** that some London's HBPoS are not fit to meet the current environmental pressures because they are not open 24/7, or do not have staff, who are immediately available and appropriately specialised, or have inadequate facilities
- The **financial and economic case** that fewer better quality, HBPoS will improve value for money and avoid unnecessary A&E and hospital admissions.

The HLP business case proposes that the 20 existing dedicated HBPoS sites across London are reduced to nine hubs each with better facilities and immediately available 24/7 staffing on site. Within North East London it is proposed that the Royal London is closed and that

Homerton and Sunflower Court (Goodmayes) remain open. It is proposed that Newham retains its 136 during a transition phase.

The current configuration of HBPoS across ELHCP is:

- Royal London Hospital in Tower Hamlets (1 room)
- Centre for Mental Health, Homerton University Hospital in Hackney (1 room)
- Newham Centre for Mental Health in Newham (1 room)
- Sunflower Court in Redbridge (2 rooms)

The site configuration is shown below.

An analysis of travel times between neighbouring HBPoS sites is as follows.

	Homerton	Royal London	Newham General	Sunflower Court	Highgate Centre
Homerton		3.1 miles/ 16 mins	6.2 miles/ 19 mins	9.3 miles/ 26 mins	6.2 miles/ 27 mins
Royal London	3.1 miles/ 16 mins		5.5 miles/ 16 mins	11.8 miles/ 31 mins	6 miles/ 31 mins
Newham General	6.2 miles/ 19 mins	5.5 miles/ 16 mins		8 miles/ 23 mins	10.9 miles/ 42 mins
Sunflower Court	9.3 miles/ 26 mins	11.8 miles/ 31 mins	8 miles/ 23 mins		16.7 miles/ 46 mins
Highgate Centre	6.2 miles/ 27 mins	6 miles/ 31 mins	10.9 miles/ 42 mins	16.7 miles/ 46 min	

2.3 The Case for Change

The options considered in the case for change can be summarised as follows:

- The HBPoS at Royal London is situated in A&E compromising patient safety, privacy and dignity and risks CQC closure.

- The Royal London HBPoS is situated one mile away from mental health teams and wards making an immediate transfer to patients in need of a bed problematic and also making it harder to draw on staff support from mental health teams.

- The HBPoS at Royal London, Homerton and Newham have no dedicated staff and use staff from the wards. This makes it hard to ensure staff are available, who are sufficiently experienced and trained. It also does not comply with the recommendations of HLP's business case that staff from wards are not used and that all staff are trained and experienced. The HLP business case also provides evidence that without some dedicated staffing assessments are likely to take longer and relationships with the blue light services are likely to be poorer.

- The HBPoS at Homerton is situated in a rather public space and is not easily accessible.

- As stated in HLP's business case, there could be more flexibility in the system to cope with fluctuations in demand and ensure faster access. To support this more rooms are needed.

2.4 Options Appraisal

Based the above case for change and the options appraisal conducted in Workstream 3 in July 2018. The configuration below scored the highest making it the preferred option.

- **Sunflower Court** (3 rooms) with a dedicated core staff team
- **Homerton Hospital** (2 rooms, with capacity to expand to 3) and re-located to offer better patient privacy and dignity and staffed with a dedicated core staff team
- **Newham Centre for Mental Health** (1 room).

This option expands the Homerton site's capacity to absorb the re-directed flows from the Royal London. Expansion at Newham was seen as problematic because there is a lack of available space and it is a PFI site making alteration difficult and costly. It is also far from the City of London, which has a high number of 136s. It was not considered feasible, in the short term, to re-provide a 136 at Royal London in a different location, due the lack of available space and difficulties obtaining planning permission. Furthermore, a Royal London option would be very expensive to staff as it is away from the main mental health site and would require a completely dedicated team. The re-provision of the Royal London HBPoS at Mile End Hospital was also seen as problematic because it is 1 mile from the A&E. HLP recommends that no HBPoS is more than 0.5 miles from an A&E Department.

The preferred option is aligned with HLP's 13 site transition phase. However, the business case views this as an intermediate configuration on the road to and final 9 site solution, which includes Homerton and Sunflower Court for NEL. The local STP options appraisal concluded that moving directly to a two site configuration would not be advisable because:

- There is uncertainty about activity flows and the capacity needed to meet those flows. Having less than three sites increases the risk of miscalculation.

- The upfront capital and revenue investment required for a two site solution is greater than a three site solution. This is likely to create an affordability barrier at least in the short term. Higher levels of investment also increase the risk of miscalculation and waste or under-investment.

- There is some uncertainty about INEL configuration of inpatient beds, which may have a bearing on the positioning of the HBPoS beyond a two-year horizon. There is therefore a need for a short-term lower risk solution that avoids high levels of capital and staffing investment until the longer term position becomes clearer.

- Local stakeholder opposition to a two site solution is likely to be stronger than the opposition to a three site solution and this could delay the start of improvements.

2.5 Impact Analysis

2.5.1 Equalities

The preferred option adopts HLP's standards across the STP footprint reducing the current variation in the quality of provision. Older adults and people with disabilities will benefit from closer adjacencies to the wards. A dedicated and trained and qualified staff team is also more likely to have a better understanding of the needs of BME and LGBT patients and share this in good working relationships with the police.

2.5.2 Patient flows and capacity

It is hard to accurately predict the effect of flow due to the large number of variables however:

- Royal London's activity of 291 assessment per annum would most likely go to Homerton. It is estimated that a three room suite would provide sufficient capacity.

- HLP predict a 15% increase in demand. However it is assumed that this will be mitigated by the increased use of Street Triage and the expansion of the Home Treatment Teams so that NEL demand will remain constant. The number of staffed rooms at Homerton is therefore calculated 2 but three will be built for future proofing.

2.5.3 Inpatient facilities and A&E

It is assumed that out of area inpatient admissions will be repatriated to where the patient is resident. Nevertheless there may be a time delay due a shortage of beds and some increase in admission may occur. Cross charging would apply. The impact of the preferred option on the Homerton A&E department is estimated at an increase of 64 admissions per annum/1.23 per week this represents an increase of 0.1% against baseline Homerton ED usage (57,670 p.a.). The effects of this are likely to be mitigated by the inclusion of HBPoS staff trained in physical health.

2.6 Finance Summary

The DH has funded £388,200 capital development at Homerton (2-3 rooms). Revenue costs will increase due to the need to create a dedicated trained and experienced core staff team and due to the need to resource the diverted flow from Royal London (c291 assessments p.a.). The additional revenue costs is £650,024 per annum to be split evenly with Tower Hamlets CCG creating an additional revenue cost of £325,012 per annum for City and Hackney CCG.

A service modelling group was established between ELFT and City and Hackney CCG to review these costs. The group was attended by:

- The London medical lead
- The lead psychiatrist for City and Hackney 136s
- The medical lead for City and Hackney
- The inpatient lead nurse
- The crisis pathway manager
- The City and Hackney Borough director
- The CCG Mental Health Programme Director

Two meetings were held in August 2018. A further meeting was held with representation across the STP. Using the guidance and local clinical opinion, the following staffing model was created based on the assumption that flows from Royal London are re-directed to Homerton and that Newham remains operational. The assumption is that since flows from one room at Royal London are re-directed and that Homerton currently has one room, the level of staffing required will be for (1+1) two rooms. However, the unit will have capacity for three rooms to allow some flexibility, for future proofing and potentially at peak times. The staffing in the table represents the cost of the dedicated staffing. The model ensures that at any one time there are three members of staff (1 Band 6 co-ordinator plus 2 other professionals). Out of hours this will be provided by dedicated staff and in office hours, when there are more staff available on the wards, there will a higher dependence on using on site staff from mental health teams on site. In addition there is a dedicated specialist doctor in hours and an SPR on call out of hours with 0.2 additional consultant oversight to the unit.

The table below shows the staffing configuration agreed by the ELFT service modelling group and signed off by STP Workstream 3. These costs are notably below the cost of fully implementing the HLP business case staffing model but represents a level of dedicated staff that is considered affordable and which delivers a clinically safe service.

ROLE	WTE Required	Pay Cost	Employees Cost	Total Cost
Specialty Doctor	1.00	83,988	88,188	105,825
Consultant	0.20	28,693	30,128	36,154
HCA/Nursing Band 3	6.00	213,644	224,326	269,191
Nursing Band 6	3.00	172,961	181,609	217,931
Admin & Clerical Band 4	0.50	16,606	17,436	20,924
Total Cost	**10.70**	**515,892**	**541,687**	**650,024**

2.7 Outcomes and KPIs

This investment will deliver an improved built environment for patients and staff with better safety, privacy and dignity with more experienced dedicated staff. The following KPIs will be monitored.

- Reduced no. of closures to police
- Reduced waiting times for assessment
- Reduced assessment duration
- Reduction in % usage of A&E
- Patient Rated Experience Measure (PREM)

2.8 Contractual Arrangements

ELFT will be contracted through the block contract through payments from Tower Hamlets CCG and City and Hackney CCG. ELFT will cross charge for assessments from outside the STP footprint. ELFT will refund CCG 100% of the cost of all cross charge payments. The CCGs will use this to pay for any cross charging for which they are liable from registered patients who are seen in HBPoS outside the STP footprint. A data analysis of the patient flows indicates that more patients are likely to come in from out of the area than local patients go out. This should result in a net saving on the estimated costs but until patient flows are tested in practice there is uncertainty around this.

2.9 Project Plan and Stakeholder Engagement

The project plan has been approved by the ELHCP STP Executive and JCC. The preferred option and supporting analysis is now be subject to stakeholder engagement between now and December 2018 with JCC final approval on Jan 9th 2019. Prior to this revenue costs need to be approved by both City and Hackney and Tower Hamlets CCG and Integrated Care structures. This approval will be subject to final approval by the JCC which will also consider any stakeholder concerns raised during the engagement period. If the JCC approves it is planned that new staff will be in post and capital works will be completed by June 2019. At this activity point flows will be re-directed from Royal London.

The stakeholder engagement process will cover the following meetings by end of December 2018.

- Health Overview and Scrutiny Committees across the STP
- Health and Wellbeing Boards across the STP
- Homerton Emergency Department
- Royal London Emergency Department
- CCG Governing Bodies
- STP Mental Health Delivery Group 3
- STP Executive
- STP JCC

3. IAPT Expansion Core: LTC & 18-25

3.1 Executive Summary

Total Recurrent investment proposal: £420,234

The Five Year Forward View (FYFV) sets out targets for the expansion of access rates for IAPT services. The national target for 2019-20 is 22% and 2020-21 is 25%. NHSE proposes that additional increase in access should be met primarily by therapeutic interventions to people with a long term condition and common mental health services.

This proposal will deliver a sustained increased in access rates of 2% from 2019-20. Alongside other initiatives, it will ensure we meet our FYFV targets.

3.1.1 Long Term Conditions

30% of people with a long term physical health condition also have a mental health problem. Comorbid mental health and physical health problems raise healthcare costs by at least 45% per patient. Psychological interventions can save up to 20% of healthcare costs across the lifespan based on improved self-management skills (Child et al, 2010). Local patient feedback and diagnostic data indicate that integrated psychology services for people with a long term condition, increase patient engagement, reduce the stigma related to mental health, and allow the early and rapid identification of mental health issues.

- Clear guidance and/or national data on the outcomes of patients with long term conditions (LTCs) is extremely limited. We estimate the following with regards to wellbeing:
- Following a benchmarking exercise, we estimate 33% of patients will move to recovery.
- We estimate that patients who do not move to recovery 30% will demonstrate reliable improvement on either PHQ-9 or GAD-7
- We estimate that 50% of patients will demonstrate improvement in the self-management of their LTC as measured by the appropriate disease-specific or health-specific tool

3.1.2 18-25 Transition Service with ASD Enhanced Step 4

Significant work has been conducted in the CAMHS Alliance Transition workstream to improve mental health care pathways for CYP transitioning in to adulthood. During a detailed consultation and as part of our national transition CQUIN, young people at transition age describe difficulties with engaging in adult settings. CYP receiving support through certain CAMHS Disability pathways describe “cliff-edge” effect in terms of services available after transition. Detailed review confirms a gap exists for young people transitioning to adulthood who are above threshold for Step 3 IAPT and below threshold for secondary care. The CCG has commissioned Off-Centre to provide a 16-25 service to address this gap (moderate to severe) but for autistic young adults the interventions provided are not suitable (NICE).

This is a crucial time of life for young people as they manage the pressures of becoming adults including attending university or entering the workforce. It is evident that many autistic young people with vast potential are not fulfilling their goals, many of whom drop out or disengage.
After consultation with key stakeholders about this gap, we are proposing to establish a core IAPT team that specialises in IAPT interventions for 18-25 year olds delivered in a young person / young adult friendly setting. The service will have an additional enhanced function for young adults coming through the service who are above threshold for Step 3 IAPT but not

suitable for adult secondary care or the new 16-25 service ran by off-Centre. In the case of off-centre's offer, psychotherapeutic interventions are evidenced (in most cases) to be suitable for autistic people.

This will also be closely linked with the IAPT service's Employment Support service commissioned jointly with the Department of Work and Pensions.

3.1.3 Investment Summary

We are proposing an enhancement to the existing integrated IAPT service which will require a new investment:

Band	Total annual cost	Band	WTE	Cost
LTC High Intensity IAPT Therapist	£55,001	7	1.5	£82,501
LTC Low Intensity IAPT Therapist	£38,728	5	1	£38,728
Core IAPT High Intensity	£55,001	7	1	£55,001
Core IAPT Low Intensity	£38,728	5	1	£38,728
18-25 High Intensity IAPT Therapist	£55,001	7	1	£55,001
18-25 Low Intensity IAPT Therapist	£38,728	5	1	£38,728
18-25 Step 4 (Complex needs) IAPT Therapist	£55,001	7	0.5	£27,500
SUB TOTAL				£336,187
HUHFT overheads*	25% of staffing		-	£84,046
TOTAL			**7**	**£420,234**

Once fully established in the Trust and at full capacity, we anticipate this investment will return:
LTC (Pain and IBS) IAPT Interventions:

- 460 high and low intensity treatments completed per year

18-25 IAPT Step 2-3 Interventions:

- 230 high and low intensity treatments completed per year

18-25 IAPT Step 4 Complex Needs Interventions:

- 40 complex needs treatments completed per year

3.2 Enhanced IAPT Service – Additional LTC Pathways and 18-25 Transition Service

3.2.1 Key Issues

- 30% of people with a long term physical health condition also have a mental health problem (e.g. Yohannes et al., 2010).
- Comorbid mental health and physical health problems raise healthcare costs by at least 45% per patient (Naylor et al., 2012).
- Psychological interventions can save up to 20% of physical healthcare costs across the lifespan (Chiles et al., 1999).
- Integrated psychology services increase patient engagement, reduce the stigma related to mental health, and allow the early and rapid identification of mental health issues (Child et al., 2010; Perez-Parade, 2011).

3.2.2 Reducing healthcare costs: Integrating physical and mental health services

There is considerable scope for NHS savings through delivering appropriate psychological interventions for patients with comorbid mental health and physical health conditions (Fellow-Smith et al., 2012).

A CBT-based disease management approach for angina resulted in 33% fewer hospital admissions in 12-month period offering a saving to the local CCG of approximately £1, 337 per patient treated (Moore et al., 2007). Offering psychological treatment alongside COPD rehabilitation results in reduced re-admissions for breathlessness with savings of up to £372 per patient treated (e.g. Abell et al., 2008; de Lusigman et al., 2011). Howard et al (2010) offered savings of £837 per person treated with a CBT-based disease management programme in a COPD service. Local data generated from the (LTC CCG funded) integrated psychology service in the Acute Cardiorespiratory Enhanced Responsive Service (ACERS) has demonstrated a projected annual cost saving of £37,040 from an assertive outreach intervention for eight patients with an extremely high level of attendance behaviour and unmet psychological need.

3.3 18-25 IAPT Service need

The national transition CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS). Detailed pre and post transition questionnaires have been developed and data collected. The QUIN analysis identified a number of gaps which are being addressed, however an outstanding system gap has been identified:

Issue Identified	Recommendation	Actions To Be Taken	By Whom	By When	Refresh
Gap in services for young people who do not meet threshold for adult LD or adult social care e.g. high functioning ASD but who will likely require specialist support throughout adulthood.	For the autism Alliance board to consider gaps across Health, Education and Social Care to meet the needs of CYP with high functioning ASD.	Senior managers to actively participate within the autism Alliance project board and take these recommendations further.	Susan Crocker and Jenny Parker (Senior managers)	June 2018	This has been raised with commissioners. CYPIAPT service is being flagged to bridge this gap alongside Off Centre? Ongoing discussions within CAMHS Alliance and Autism Alliance to meet this need across Hackney

During detailed consultation and as part of this national transition CQUIN, young people at transition age describe difficulties with engaging in adult settings. CYP receiving support through certain CAMHS Disability pathways describe “cliff-edge” effect in terms of services available after transition. Detailed review confirms a gap exists for young people transitioning to adulthood who are above threshold for Step 3 IAPT and below threshold for secondary care. The CCG has commissioned Off-Centre to provide a 16-25 service to address this gap (moderate to severe) but for autistic young adults the interventions provided are not suitable (NICE).

This is a crucial time of life for young people as they manage the pressures of becoming adults including attending university or entering the workforce. It is evident that many autistic young people with vast potential are not fulfilling their goals, many of whom drop out or disengage. After consultation with key stakeholders about this gap, we are proposing to establish a core IAPT team that specialises in IAPT interventions for 18-25 year olds delivered in a young person / young adult friendly setting. The service will have an additional enhanced function for young adults coming through the service who are above threshold for Step 3 IAPT but not suitable for adult secondary care or the new 16-25 service ran by off-Centre. In the case of off-centre’s offer, psychotherapeutic interventions are evidenced (in most cases) to be suitable for autistic people.

This will also be closely linked with the IAPT service’s Employment Support service commissioned jointly with the Department of Work and Pensions.

3.4 Resource requirements and costs

Band	Total annual cost	Band	WTE	Cost
LTC High Intensity IAPT Therapist	£55,001	7	1.5	£82,501
LTC Low Intensity IAPT Therapist	£38,728	5	1	£38,728
Core IAPT High Intensity	£55,001	7	1	£55,001
Core IAPT Low Intensity	£38,728	5	1	£38,728
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18-25 Low Intensity IAPT Therapist	£38,728	5	1	£38,728
18-25 Step 4 (Complex needs) IAPT Therapist	£55,001	7	0.5	£27,500
SUB TOTAL				£336,187
HUHFT overheads*	25% of staffing		-	£84,046
TOTAL			**7**	**£420,234**

*Overheads include the expansion of rented clinical space

3.5 Access target estimations

3.5.1 Patient access estimations for direct 1:1 work LTC

	Estimated operating capacity	Low intensity 1:1 treatments	High intensity 1:1 treatments	TOTAL	% access rate increase
2019/2020 Q1	30%	21	14	35	
2019/2020 Q2	60%	42	27	69	
2019/2020 Q3	100%	70	45	115	
2019/2020 Q4	100%	70	45	115	
Total		**203**	**131**	**334**	**1%**

	Estimated operating capacity	Low intensity 1:1 treatments	High intensity 1:1 treatments	TOTAL	% access rate increase
2020/2021 Q1	100%	70	45	115	
2020/2021 Q2	100%	70	45	115	
2020/2021 Q3	100%	70	45	115	
2020/2021 Q4	100%	70	45	115	
Total		280	180	460	1.37%

3.5.2 Patient access estimations for direct 1:1 work 18-25

	Estimated operating capacity	Low intensity 1:1 treatments	High intensity 1:1 treatments	TOTAL	% access rate increase
2020/2021 Q1	100%	35	22	57	
2020/2021 Q2	100%	35	22	57	
2020/2021 Q3	100%	35	23	58	
2020/2021 Q4	100%	35	23	58	
Total		**140**	**90**	**230**	**0.68**

3.6 Pathways and Governance

In keeping with the evidence base and NICE guidelines, two band 7 High Intensity (HI) practitioners will be integrated within key LTC services that offer the best opportunity for cost savings, which will include: Pain, MUS (including IBS). The service will also be supported by two band 5 Low Intensity (LI) practitioners.

For the 18-25 service the core IAPT service will train clinicians who specialise in young people with additional advanced training delivering interventions to young autistic people (supported by the CAMHS Alliance). Interventions will be delivered in a young person friendly setting such as Off-Centre and potentially youth hubs. The service will appear seamless with the off-Centre 16-25 transition service making referral simple for GP practices.

3.7 Outcomes

The LTC Mental Health Clinical Working Group have discussed and agreed the following key requirements for outcome measurement:

Recovery Based on a benchmarking exercise undertaken with Camden & Islington iCOPE IAPT service we would estimate that 33% of patients will recover on the PHQ-9 and GAD-7. Due to the complicating features of LTC symptomatology the measures' items, this 33% is likely to reflect an underestimate of the true effectiveness of CBT intervention in this group.

Clinical Improvement To the best of our knowledge there is no national data available that offers an insight to the percentage of LTC patients who can expect to see a reliable clinical improvement on the PHQ-9 and GAD-7. A key task for the first two quarters of the service would be to establish the baseline from which we can use to evaluate the service.

Disease specific Disease specific outcome measures will be utilised alongside the PHQ-9 and GAD-7 to supplement and diversify where appropriate. At present the following measures are being considered: (1) Patient Reported Experience Measure for Chronic Obstructive Pulmonary Disease (PREM-COPD) (Hodson, 2013); and (2) the Diabetes Specific Mood Questionnaire, HbA1c levels, Problem Area in Diabetes measure.

Health specific Health specific outcome measures will be utilised alongside the PHQ-9 and GAD-7 to supplement and diversify where appropriate. At present the following measures are being considered: (1) Work & Social Adjustment Scale; (2) EuroQol Five Dimension (EQ5D); and (3) Short Form Health Survey-12.

Other monitoring Attendance at A&E or admission to hospital for unmet psychological needs. Depending on sponsored access to EMIS we proposed that pre- and post- baselines of GP attendances are taken as a measure of effectiveness where appropriate.

3.8 Additional Key Performance Indicators specific to Integrated IAPT

Parameters	KPIs	Format and frequency of reporting
Access targets	As per additional on top of core service	Quarterly data submission
Number of patients identified with problematic attendance behaviour and outreach protocol attempted per quarter	12	Quarterly data submission
Following the assessment and engagement of a patient with identified attendance behaviour, % of reduction of their inappropriate A&E use per quarter	25% (Estimated from ACERS pilot to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission
Following the assessment and engagement of a patient with identified attendance behaviour, % of reduction of their inappropriate emergency admissions per quarter	33% (Estimated from ACERS pilot to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission
Percentage of patients who move to recovery after completing treatment	33% (Benchmarking from Camden & Islington; to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission
Of those patients who do not move to recovery, percentage who demonstrate a reliable clinical improvement on the PHQ-9 or GAD-7	30% (No benchmarking data available; KPI to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission
Percentage of patients who show improvement in their self-management of their LTC as measured by the appropriate disease-specific or health-specific tool	50% (No benchmarking data available; KPI to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission
Percentage of patients who show a reduction in their inappropriate community-based service utilization (e.g. GP appointments)	30% (No benchmarking data available; KPI to be reviewed quarterly by the LTC Mental Health Working Party for accuracy)	Quarterly data submission

3.9 Management Arrangements

The service will be provided as part of the existing Homerton University Hospital NHS FT, Primary Care Psychology IAPT) and will be managed by the Head of Service.

3.10 Financial Summary

Band	Total annual cost	Band	WTE	Cost
LTC High Intensity IAPT Therapist	£55,001	7	1.5	£82,501
LTC Low Intensity IAPT Therapist	£38,728	5	1	£38,728
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Core IAPT Low Intensity	£38,728	5	1	£38,728
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SUB TOTAL				£336,187
HUHFT overheads*	25% of staffing		-	£84,047
TOTAL			**7**	**£420,234**

4. City and Hackney Dementia Service

4.1 Executive Summary (Proposal)

This paper presents the case for increased investment in staff capacity for the Diagnostic Memory Clinic provided at the Homerton by East London NHS Foundation Trust. The aim is to provide a comprehensive service for City & Hackney residents diagnosed with dementia, from initial assessment and diagnosis through to end of life provision. The service will therefore act as a single point of access for all dementia services.

This additional cost has been budgeted within City and Hackney CCG Mental Health Investment Standard.

The investment cost is £274,319 and includes an ELFT QIPP of £102,769 (tbc).

4.2 Case for Investment

The case for change can be summarised as follows:

- 90% of patients with dementia are under GP care only as the Community Mental Health Team only supports the 10% of patients who have severe behavioural problems and are care co-ordinated. The lack of care means coordination often means patients and their families often lose touch with services. A good number of service users, especially those living alone with no family and those with mild cognitive impairment, end up presenting in an emergency situation- both in A&E or to adult social care.
- People with mild and moderate forms of dementia are currently supported only in the first year of diagnosis from the CCG commissioned Alzheimer's Society Dementia Navigation Service enables people diagnosed with dementia and their carers to come to terms with their diagnosis, reduce social isolation and live well with dementia. As dementia is a progressive, incurable and terminal illness, with patients usually living

with worsening symptoms for 5-7 years until death, there is a need for continuing support as is provided, for example, in cancer services.

- The current assessment process is not streamlined sufficiently to allow a "one stop shop" process where multiple appointments often result in DNAs. There is therefore a need to improve the assessment process and make it more efficient and effective.
- Diagnostic rates in City and Hackney is currently at 71% (945) higher than the national average of 68%. However, of the estimated 1,327 people with dementia, a good proportion (382) go undiagnosed and this is more predominant in BAME communities who have a higher prevalence of dementia but locally lower diagnostic rates. There is therefore the need to increase diagnosis across all BAME groups to ensure everyone has access to appropriate and timely interventions.
- Opportunity to include LBH Adult Social Care offer into the City and Hackney Dementia Service model for service users diagnosed with dementia. Benefits of direct input in the new model includes:

    - Close link with the new Dementia Service model and alignment to LBHs – opportunity to develop good working relationships with Senior Social Work Practitioners and Community Practice Nurses to ensure timely provision of adult social care input.
    - Good communication between Community Practice Nurse (CPN) /Dementia Navigator (DN) and Senior Social Work Practitioners should mean that a joint plan can be formulated to meet needs of patients and their family/carers e.g. DN/ CPN sees that patient situation is deteriorating able to discuss cases with Senior Social Work Practitioners and consider a care package or other forms of input.
    - Senior Social Work Practitioners attend MDT meetings with CPN/DN/RGN. Regular reviews with managers to discuss working relationship, improvements etc. Formulation of joint crisis plan to minimise out of hour's crisis.

Discussions with LBH Adult Social Care ongoing. A briefing paper developed with LBH has been submitted to the Adult Social Care Senior Management Team.

4.3 Proposal

4.3.1 Service Model

The model has been developed in line with NICE guidelines and the national dementia strategy, and bench mark for timely access to dementia care.

This is an innovative and cost-effective model of care which facilitates navigation, improves diagnostic rates and prevents crisis and avoidable hospital admissions by ensuring people get timely access to assessment and diagnosis and ongoing post diagnostic support and treatment.

The new service will hold all Patients with Dementia both existing and newly diagnosed till end of life. It will run from 9-5pm, Monday to Friday with clear pathways for out of hour's provision.

4.3.2 Service Description

a) Timely assessment and diagnosis

- All referrals through the Single Point of Entry (SPE). Referrals from GPs, Homerton and Parkinson's Clinic.
- Operational Hours – 9am to 5pm, Monday to Friday
- GP does bloods, GPCOG Test and scans before first assessment.
- Consultant led assessment - but the ability of all the assessment team to diagnose will speed up the diagnostic process.

- MDT assessment allocated and further investigation if necessary.
- CMC plan: every patient with a new diagnosis will be offered a CMC plan at diagnosis.

b) Ongoing Post Diagnostic Support and Treatment

i. Navigation

- Model aligning to the Neighbourhoods with each GP practice having both a named Community Psychiatry Nurse (CPN) and named Dementia Navigator (DN) with an RGN serving all neighbourhoods.
- All Non-CPA (Care Programme Approach) patients both existing and newly diagnosed will be served by the service. Patients on CPA who are stable will now be discharged to the new service (and no longer to the GP) who will hold all patients to end of life.
- All People with Dementia in all settings to have either a named Dementia Navigator or a named Community Psychiatry Nurse depending on whether or not the patient is on medication management.
- CPNs and DNs to hold a caseload of patients depending on complexity allowing for patients to be step down to DNs when stable or step up to CPNs if deteriorating.
- When a patient moves into a care home out of borough, a review/closure meeting will be held with family and carers, health and social care practitioners to facilitate the transition. Liaise with new team for handover and follow up. As part of the closure meeting, review and put in place a revised support plan for family/carers still living in the borough.

ii. Improved Diagnostic rates

- A Memory Cognitive Impairment (MCI) register will be kept.
- MCI patients discharged and recalled every 12 months for a review at an MCI clinic or in neighbourhood settings.
- Improve dementia coding through close working with GPs and keeping a CMC dementia register.
- Hold community events for non-engaging groups/communities to raise awareness and encourage people to seek early intervention.

iii. Crisis Prevention and avoidable hospital admissions

In hours (9-5pm)

- Each service user, both the existing caseload and at the point of diagnosis, will have an agreed robust care plan which takes into consideration their mental and physical health needs, their social care needs and has regard to relevant risk issues. This will be a CMC care plan shared with relevant health professionals with service user agreement.
- Home visits to assess/review needs if necessary.
- Carers assessment and reviews
- Use of risk stratification tool to monitor deterioration
- Regular review/follow up informed by risk score, with at least a six monthly follow up/review.
- Liaison with GP (Specialist Palliative Care referrals, identifying when someone needs palliative approach, approaching EoL, IIT referrals, Geriatrician Referrals)
- Liaison and close working relationship with link social workers (Neighbourhood) to facilitate timely provision of social service input including formulation of joint crisis plan to minimise OOH crisis.
- Inclusion of an RGN in the model to ensure timely screening and intervention for physical health issues
- Keep a cause for concern EoL register, (identifying people at risks of deteriorating and dying within 6-12months) and hold bi-monthly MDT with palliative care team. Early

identification of patients at risk of deterioration, ACP discussions, and contingency planning for when the person deteriorates (which may include community DNA CPR form, anticipatory prescribing, providing injectable medications at home etc.) can prevent unplanned hospital admissions and ensure people are cared for and die in their place of choice.

Out of hours (5-9am)

- If a patient is admitted, out of hours, IIT to notify their named DN or CPN through the SPE. When discharged from hospital, a plan will be put in place for their named CPN or DN to do a follow up/review at home post discharge working closely with IIT (D2A). The protocol for this is yet to be agreed.
- Out of hour's provision and interfaces with all crisis prevention and admissions avoidance services (ParaDoc; Urgent care; IIT; 111; LAS; GP OOH; MH crisis line and ASC OOH). See Appendix 2 for draft pathway. Final protocol to be agreed December 2018.

4.4 Key Pathways and Interfaces

Key Pathways & Interfaces	Detail description (Specification)
Referrals	All referrals through the Single Point of Entry (SPE). Referrals from GPs, Homerton and Parkinson's Clinic. Operational Hours – 9am to 5pm, Monday to Friday
Consultant led assessment	Key interfaces-consultants, trainee doctors • e-referrals (Develop GP guidance about referrals) • checklist (Scans, bloods, past medical history, medication) • SPE and allocated to dementia service • MDT assessment allocated and further investigation – Neuro-Psychologist (further imagining and investigation if necessary)
CPN Role/responsibilities	• A named CPN for each of 4 Neighbourhoods • Hold a caseload of about 50 • Step down patient to DN if stable • Review of dementia medication efficacy and make recommendations to GP to continue or increase • Advanced Care Planning • CST groups-START model (working with relatives in behaviour techniques) • MCI Clinics – once every 6-12months • Crisis Prevention: - Monitor deterioration-Activity of Daily Living, mood, cognition, general health and safeguarding, - Liaison with GP (Specialist Palliative Care referrals, identifying when someone needs palliative approach, approaching EoL, IIT and Geriatrician Referrals)

	- Liaison with Social Services and ASC Senior Practitioner in Neighbourhood - Neighbourhood MDT - Follow up and reviews on OOH referrals, (GP OOH, ParaDoc, IIT, GFD,OMT, HPM) • Discharge support - Hospital discharge planning and post discharge reviews (working closely with IIT to facilitate discharges and follow up at home to review and ensure care plans/packages are in place) - Follow up and review of patient within 48 hours of discharge • Specialist trainer on dementia and delirium to support social care providers workforce development
Dementia Navigation Role/responsibilities	**Pre-diagnostic support** • Information, support and referral to counselling • Community events to target groups (increase diagnosis rate) **Post diagnostic follow up** • A named DN for each of the 4 neighbourhoods • Hold a case load – estimate of 150 • Arrange home visits: • Risk Stratification Tool (RST) • Follow and review at least once every six months or more frequently depending on risk stratification score • Specialist information and education • Signposting • Transitioning support • End of life support etc. • One-to-one and group activities in collaboration with Alz Soc. Side by side coordinators and other organisations • Carers assessment/Carers review • Proactive referral to a range of resources: (health and social care, day service, 3rd sector support, benefits check, taxi-cards, wellbeing and housing, will writing services etc.) • Follow up call to confirm referral efficacy • Crisis Prevention: • Monitor risk-using risk stratification tool • Step up patient to CPN if deteriorating • Liaison with ASC Senior Practitioner in Neighbourhood • Neighbourhood MDT • Follow up and reviews on OOH referrals, (GP OOH, ParaDoc, IIT, GFD,OMT, HPM) • Discharge support • Hospital discharge planning and post discharge reviews (working closely with IIT to facilitate discharges and follow up at home to review and ensure care plans/packages are in place)

	• Follow up and review of patient within 48 hours of discharge
GP Integration	Referrals, bloods, scans, Neighbourhood MDT etc.
ASC Integration	• 4 Senior Practitioners: each align to a Neighbourhood • Liaison with named CPN and DN within the Neighbourhood • Discuss cases with CPN/DN • Neighbourhood MDT
MCI Pathway	• Keep an MCI register • Discharge and recall 6-12months • Hold MCI clinic
EoLC Integration	• Keep a cause for concern register (identifying people at risks of deteriorating and dying within 6-12months) • Bi-monthly MDT with palliative care Early identification of patients at risk of deterioration, ACP discussions, and contingency planning for when the person deteriorates (which may include community DNA CPR form, anticipatory prescribing, providing injectable medications at home etc.) can prevent unplanned hospital admissions and ensure people are cared for and die in their place of choice"
OOH Crisis Response Services Interface	• Referral from ParaDoc, IIT, GP OOH, MH Crisis Line, Geriatrician at the Front Door (GFD), On-call Medical Team (OMT), Homerton Psychological Medicine (HPM) • Referral to SPE by phone/email • SPE allocate to named CPN/DN for follow up and review • A&E/hospital admissions, GFD/OMT/HPM to notify named CPN/DN through SPE
IIT/D2A Interface-Facilitating Discharges	• Liaison and close working links with IIT/D2A • Named CPN/DN to support in discharge planning and post discharge follow up reviews • IIT/D2A to send discharge notice 2-3 days prior to the named CPN/DN through SPE. • Named CPN/DN to follow up and review patients within 48 hrs of discharge ensuring care plan/package is in place
Interface with other services	Diabetes- and Stroke- Awareness raising – dementia for GPs training
Support to Care Homes/Home Care Providers/Housing with Care Schemes	• Training and support to social care providers workforce, Dementia champions -working with Dementia Friendly Community • Each Person with Dementia has a named DN/CPN

	• Named CPN/DN to with care home staff and provide support with any concerns about resident's memory

4.5 Financial Summary

Table 1: Proposed staffing model (9-5pm): City and Hackney Dementia Service

Role	Current model WTE	Proposed model WTE	Additional staff WTE	Cost of additional staff + on costs
Consultant Psychiatrist	0.5	0.3	0.3	£ 51,506
Consultant Psycho-Geriatrician	0.1	0.1		
*GP Trainee	0.2	0.2		
*Higher Trainee	0.4	0.4		
Band 7 Clinical Manager	1	1		
Band 7 Psychologist	1	1		
Band 6 CPN/RGN	1	4	3	£183,523
Band 6 OT				
**Band 5 CMC Coordinator	1	1		
Band 4 Admin	1	1.5	0.5	£20,924
Total Memory Service (a)	**5.6**	**9.4**	**3.8**	**£255,952**
Dementia Support manager	0.91	0.91		
Dementia Navigators	4.5	5	0.5	£14,867
Total Navigation Service (b)	**5.41**	**5.91**	**0.5**	**£14,867**
Total staffing cost (a+b)	**11.01**	**15.31**	**4.3**	**£270,819**
Recruitment cost (one off)	0	0	0	£3,500
Net additional cost	**0**	**0**	**0**	**£274,319**

4.6 Outcomes and KPIs

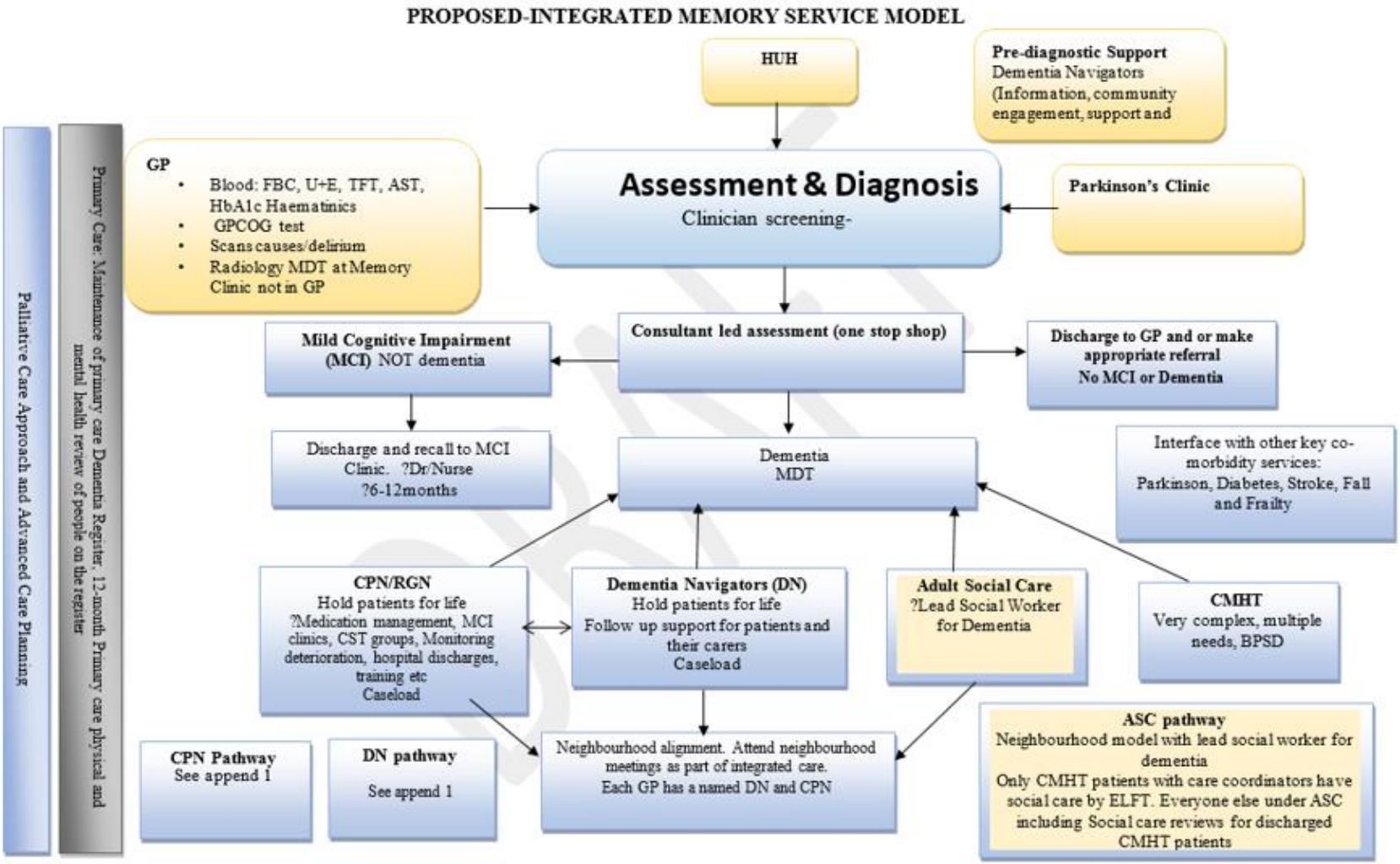
This investment will deliver an improved quality service for all People with Dementia. The following KPIs will be monitored.

- Numbers of admissions and readmissions due to dementia
- Dementia Diagnosis rates increased
- Diagnostic rate for MCI conversion to dementia increased.
- MCI register: patients recalled to DMC every 12 months
- % of patients seen within 6 weeks (Referral to Treatment)
- % of patients diagnosed within 18 weeks (Referral - Diagnosis) of MCI.
- Number/% of MCI patients recalled and diagnosed with Dementia.

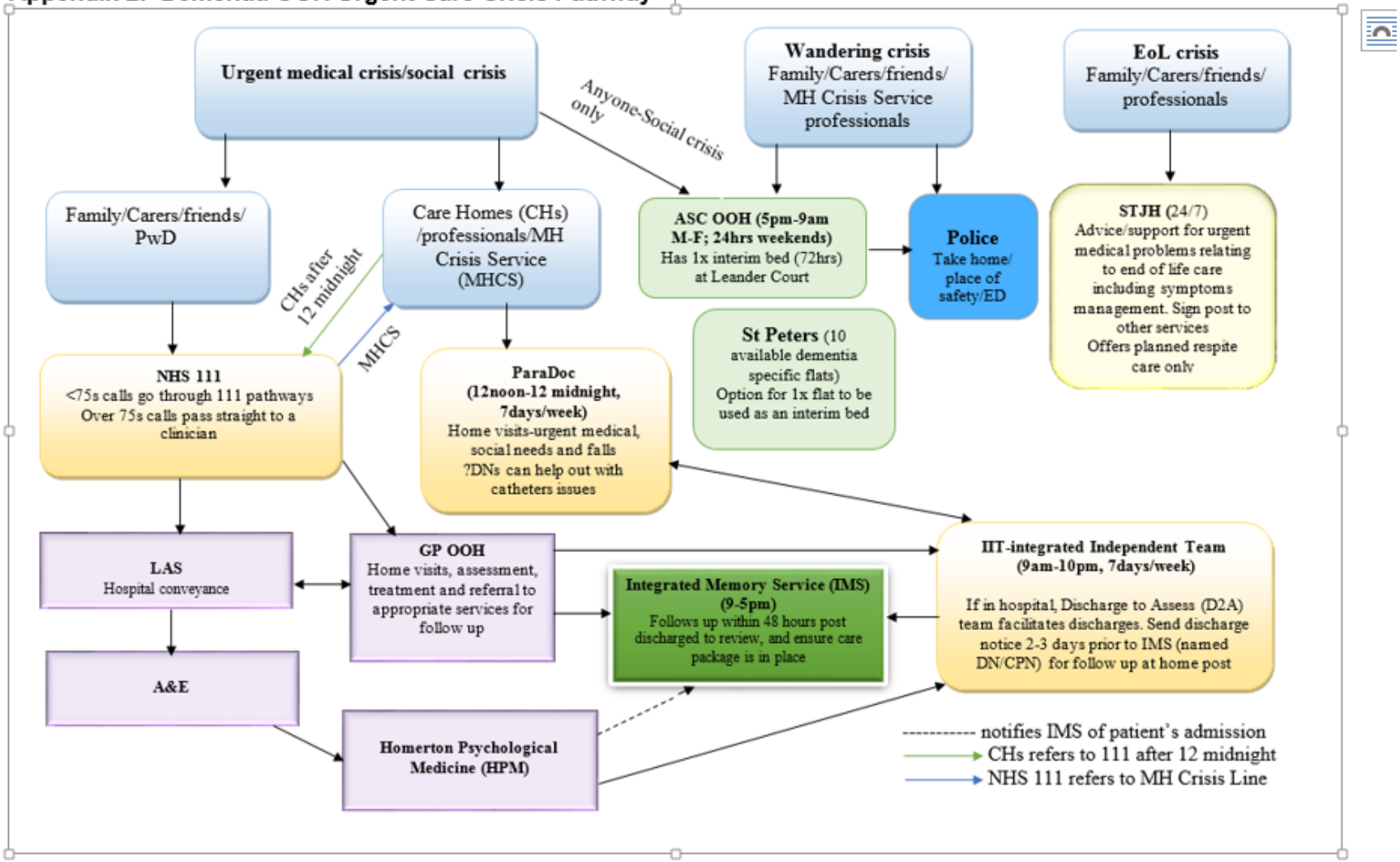
4.7 Costs and Contractual Arrangements

The proposal will be funded through an increase to the block contract and an amendment to the Diagnostic Memory Clinic specification and SLR. The contractual arrangements with the Alzheimer's Society to be negotiated. There are options for ELFT to sub-contract to Alzheimer's Society or for CH CCG to extend the existing Dementia Navigation Service with further investment.

Appendix 1: Proposed Integrated Memory Service



Appendix 2: Dementia OOH Urgent Care Crisis Pathway



5. Recovery College Recurrent Investment

5.1 Executive Summary (Proposal)

This proposal is for administrative resource for the ELFT recovery college. The college currently has no administration resource and is managing a rising number of students. The College forms a key part of our mental health strategy to empower service users through co-produced services. The recurrent cost is £40,000 per annum, which can be met within the Mental Health Investment Standard.

5.2 Background

The Recovery College was launched in October 2017 provides educational courses to empower people to become experts in their own self-care and wellbeing. It has run over 20 courses for 173 students.

The College is open to everyone and is aligned to our principles of co-production and recovery. It is also aligned to our mental health strategy of providing open access services that remove the barrier between primary and secondary care mental health. In practice take up for the College is largely from people with severe and enduring mental health problems. There are notably gaps in service provision for this patient cohort, as acknowledge in NHSE's initial scoping of the 10 year forward plan. Currently 76%, the students identify as service users, which means they are likely to have long term mental health problems and 44% have reported being under secondary care services.

The courses support principles of recovery and self-management are designed to give students tools to manage conditions and for families and friends, carers and staff to better understand mental health conditions and support people with their recovery journey. The course supports co-production principles because they are co-run by former students. 25% of students go on to become tutors and the movement to from student to tutor also represents an important part of the recovery journey. The college holds a graduation ceremony for those completing a course.

5.3 Case for Additional Funding

The original budget included following staff but not dedicated admin:

- Senior manager band 7: £56,469
- Project lead band/admin 4: £32,737
- Course materials: £8,000
- Travel: £4,000
- Training expenses and course materials: £3000
- Room hire: £5000
- Payments for tutors: £10,000

Total including overheads £150,000

There has been a substantial growth in student numbers since last October, the college now has 173 students and this number is steadily increasing, with this comes the a significant amount of administrative tasks such as:

1. Processing enrolments ensuring we are gathering all the correct demographic and baseline information that links with our KPI's.

2. Entering all information on the College database ensuring it is correct and up to date and gives us the right outcome measures

3. Writing acceptance letters to all students – this has really helped with engagement and ensuring a high attendance rate.

4. Reminding students of courses via post, email and text as above. This real personal touch has been very well received and helped all students feel welcome.

5. Answering all general enquiries via email, social media, in person and telephone. Ensuring we run a responsive and professional college.

In addition to this organising venue hire, arranging course dates and times, updating registers, completing a waiting list, managing cancellations and re arranging, reminding students of ILP appointments, rearranging ILP appointments if the student can't make the day originally planned, printing and copying course materials and providing any assistance to tutors whilst a class is being delivered.

The extra admin assistance will mean that there will be a dedicated person to process enrolment forms as this is increasing in numbers, help with general enquiries and to aid potential student's with completing the enrolment process. They will be able to contact students to remind them of appointments and courses. They will also be able to assist with promoting upcoming classes and help the team with any other admin and clerical duties.

5.4 Proposal and Contractual Arrangements

To cover the growth in college numbers it is proposed that an admin resource is provided graded at band 4.

- Mid-point band 4 including on-costs (Employer's NI & Pension and overheads) is £38,653 for 2018/19.

- Including allowance for 2019-20 salary growth: **£40,000**

The post will start on 1st April 2019. The proposal will be funded through an increase to the block contract and an amendment to the Recovery College specification and SLR.

Title of report:	Neighbourhoods Strategic Framework
Date of meeting:	17 January 2019
Lead Officer:	Tracey Fletcher
Author:	Jennifer Walker, Nina Griffith
Committee(s):	- 6th September: facilitated workshop session with work-stream directors to co-produce a draft framework to use as the basis for further consultation - From 6th – 14th September: outputs from workshop shared with key senior stakeholders that were not at the workshop. - 13th September: Patient Panel review - 18th September: Neighbourhoods steering group review - 21st September: Discussion at leadership summit - 28th November: Discussion at Transformation Board
Public / Non-public	Public

Executive Summary:

This covering paper provides an overview and the background for the three papers submitted for discussion initially at the Transformation Board and subsequently at the Integrated Commissioning Board (ICB).
The three papers and appendix included with this covering paper are:

- The neighbourhoods strategic framework
- Case studies describing how resident experience might change across a range of scenarios as a result of the Neighbourhoods programme
- A summary paper of the expected 2018/2019 financial position for the Neighbourhood Development Programme, and a description of the process that is currently underway to develop a business case for year two non-recurrent programme monies

These papers are submitted for information and discussion.

Questions for the Integrated Commissioning Board

The Integrated Commissioning Board is asked to consider the following:

- Do ICB members support the programme and its aims as they are described in the strategic framework
- Do ICB think that the scale and scope of the programme meets their expectations
- Do members of the ICB support a more strategic approach to engagement across the system on neighbourhoods? This might take the form of one of the following:
    - A system wider staff conference/workshop on neighbourhoods
    - Staff launch events across each neighbourhood
    - Organisation specific integration/neighbourhood engagement/information events

Issues from Transformation Board for the Integrated Commissioning Boards

The Integrated Commissioning Board is asked to note the inclusion of an Appendix to the Strategic Framework which sets out some ways in which Neighbourhoods might change

the experience of residents in City and Hackney. The ICB is asked to note that these are based on work to date and the expected redesign of services. These may not represent the detail of the final model but set out a broad outline of the likely way in which resident experience might change across a number of areas.

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:

Neighbourhoods Self-Management Improving emotional health and wellbeing Support for vulnerable groups

Specific implications for City

Developing a model of neighbourhood working for the City of London is one of the projects within the neighbourhoods programme.

Specific implications for Hackney

Neighbourhood working will impact a range of health and care providers in Hackney.

Patient and Public Involvement and Impact:

The neighbourhoods patients panel have overseen and informed all elements of neighbourhood development to date.

Clinical/practitioner input and engagement:

Neighbourhood development has been strongly clinically led. We have an over-arching clinical lead, as well as clinical/practitioner representation from the range of different providers involved in the project. Involvement includes a range of disciplines including general practice, nursing, AHP, social work and hospital consultant.

Equalities implications and impact on priority groups:

Neighbourhood working should support equality of access to services and improved outcomes for a range of groups, including those with complex and diverse needs.

Safeguarding implications:

Neighbourhood working should support improved safeguarding processes and will address a number of findings from recent SARs.

Impact on / Overlap with Existing Services:

There is a strong overlap with existing services, however providers are represented on the programme so we are working with these services through the transformation.

City and Hackney Neighbourhood Development Programme
Covering Paper
November 2018

1. Introduction

This covering paper provides an overview and the background for the three papers submitted for discussion at the Transformation Board.

The three papers included with this covering paper are:

- The strategic framework for Neighbourhoods
- Case studies showing how neighbourhoods will deliver improvements for our residents.
- A summary paper of the expected 2018/2019 financial position for the Neighbourhood Development Programme

These papers are submitted for information and discussion.

2. Neighbourhoods

The development of Neighbourhoods is at an exciting stage with testing of new ways of working to start in 2019 across providers. The structure of the eight neighbourhoods is now embedded across City and Hackney. Each neighbourhood has a detailed information pack (developed with Public Health) to help those working in it to understand the needs of the local population and understand priorities for change. This is helping to inform and shape neighbourhood identities and we have recently agreed the names of the neighbourhoods (they will be named after local parks, we will do a formal launch in February).

There are established, robust and ambitious partnerships with all the integrated commissioning workstreams. Each has clearly identified shared priorities and plans to deliver these.

Primary Care engagement has been excellent with clinical leadership in place across all eight neighbourhoods. This has helped drive a significant programme of work focusing on collaboration across practices, partnership working with providers on how services might change to support neighbourhood working and identification of local priorities for primary care to work together on.

There are clear plans in place across all first wave providers (first wave meaning those involved in Year 1 work to test new ways of working in neighbourhoods) to test new ways of working across the neighbourhoods. The commitment and enthusiasm from providers has been instrumental in getting to the point that we are ready to test new ways of working in 2019.

The programme is eight months in and is therefore at a very early stage. Similar large scale change programmes plan for a 10 year programme of change. It is expected that the City and Hackney neighbourhood development programme will require a similar period to realise and deliver the transformation and vision of what neighbourhoods could deliver for the resident population.

As the work develops the critical areas of focus will be:

- Ensuring that the model is sustainable and makes best use of the available funding
- Using agreed structures and processes to feed the learning in from the neighbourhood programme into future service specifications and contracts
- Building on and developing the understanding of how all services align and work best with/benefit from the neighbourhood structure

3. Overview and background to the papers

3i. Neighbourhood Strategic Framework Document

Initially, the development of the neighbourhood model has been approached in a bottom-up way, allowing partners to co-produce different elements of the neighbourhood model with staff and users. More recently, there has been a strong steer to develop a more top down blueprint, or framework, for neighbourhoods that defines what neighbourhoods will look like more strategically. It was this request for a framework which was the catalyst for the creation of the attached Neighbourhood Strategic Framework document.

The request for the Strategic Framework document came initially from the system leadership summit. It was agreed following discussion at the summit about the document, that it would be useful for members of the TB and ICB to also have sight and the chance to discuss this document more fully. While there was broad approval from the leadership summit for the Strategic Framework, it was also noted that there were opportunities to increase understanding and engagement around the neighbourhood model across different levels of the system.

Neighbourhoods will create the structures and relationships that will enable ongoing innovation and improvement to health and wellbeing outcomes over the next 5 – 10+ years. A large driver for the change is to allow for neighbourhoods to be more responsive to local populations' needs, rather than just delivering top down borough level initiatives. Therefore, at this stage, we cannot fully define an 'end state' for what the neighbourhood model will look like. The attached Strategic Framework document therefore sets out initial thinking in this area and is intended to be used to further develop the thinking and clarity around what service provision will look like in the future within Neighbourhoods. The document also provides other partners with a framework for engaging with neighbourhoods to inform new service or commissioning models.

Within this framework document neighbourhoods are service delivery vehicles, rather than contracting vehicles. The document also defines services and activities, rather than

estates or locations. The intentions is that in time that both topics (neighbourhoods as contracting vehicles and estates) will be defined.

The process for developing this framework is set out below and refers to August/September 2018:

- August: Development of an outline framework which reflects the work done to date within the programme
- 6th September: facilitated workshop session with work-stream directors to co-produce a draft framework to use as the basis for further consultation
- From 6th – 14th September: outputs from workshop shared with key senior stakeholders that were not at the workshop.
- 13th September: Patient Panel review
- 18th September: Neighbourhoods steering group review
- 21st September: Discussion at leadership summit
- 28th November: Transformation Board discussion

The document outlines a clear programme of work over the next 1-3 years. We will continue to work with system partners to develop a clear picture of the neighbourhood service delivery model for those areas that are not yet defined.

Following discussion at Transformation Board, we have also included some case studies of how neighbourhood working will support our residents.

3ii. Neighbourhood Financial Position

This paper provides a summary of the projected spend on the development of Neighbourhoods against the total approved costs. The costs for the first year of neighbourhood development were approved via a business case in December 2017 at TB and subsequently through the City and Hackney Integrated Commissioning Boards. These approved costs are summarised in the paper.

The paper sets out a proposal to carry forward the underspend in 2018/2019 to offset against 2019/2020 costs (pending approval of Year 2 costs).

A business case is being completed setting out requested Year 2 costs currently. The aim is to bring this to the TB in January 2019. This business case will outline achievements to date, expectations for delivery and outputs in Year 2. It will also link to the national strategy on the development of neighbourhood/locality working and reference evidence from other areas on the cost and resources required to successfully deliver a programme of this scale and complexity. It will also consider how to deliver neighbourhoods sustainably in the longer term and the plans for evaluation to assess the impact from the planned changes made through neighbourhoods.

4. Integrated Commissioning Board Ask

The Integrated Commissioning Board is asked to consider the following:

- Do ICB members support the programme and its aims as they are described in the strategic framework
- Do ICB think that the scale and scope of the programme meets their expectations
- Do members of the ICB support a more strategic approach to engagement across the system on neighbourhoods? This might take the form of one of the following:
    - A system wider staff conference/workshop on neighbourhoods
    - Staff launch events across each neighbourhood
    - Organisation specific integration/neighbourhood engagement/information events

Sign-off:

Workstream SRO: Tracey Fletcher

Strategic Framework for the delivery of neighbourhoods in City and Hackney: September 2018

Executive summary

Health and social care partners in City & Hackney have come together to develop eight neighbourhoods defined around GP practice populations of 30,000 – 50,000. **Neighbourhoods offer the opportunity to work together with our residents to address the wider determinants of health.**

Though not yet finalised, the current working vision for Neighbourhoods is that they will:

- focus on the wider social and economic determinants of health for the whole population enhancing early intervention & prevention models
- improve the overall health and wellbeing for the City and Hackney population
- reduce inequality of access to services and reduce inequalities in health and social outcomes for the City and Hackney population
- coordinate and plan services with residents around their individual needs
- create empowered communities who are better able to support themselves,
- prevent ill-health and increase their ability to sustainably manage their own wellbeing
- listen to and act on what matters to residents
- will improve the quality of care received and patient experience in a sustainable way

How will we get there?
In order to define how we will deliver the vision, we need to transform in 3 areas:

-how we address the wider determinants of health
-the ways of working in the neighbourhood
-the neighbourhoods service offer

How we address the wider determinants of health

We know that as little as 10% of a population's well-being is linked to health and social care (Health Foundation, *What Makes us Healthy*) which is why neighbourhoods are looking much more broadly than just as health and care services to address a wider range of factors that support improved well-being. The following are the areas of work that we are focusing on in 2018/19:

Factors that affect well-being	Work Underway
Friends, families and communities	• Involving residents to build strong neighbourhood communities • Working with Connect Hackney to tackle social isolation through neighbourhoods
The food we eat	• Using the neighbourhood model to support our obesity strategy
Our surroundings	• Community asset mapping, so that we have a detailed understanding of what services, facilities and groups we have in our local communities that support improved well-being. • Developing a model of community navigation so that residents are supported to access the services they need, and encouraged to make healthy choices
Housing	• Ensuring a join up between housing services and neighbourhoods

The ways of working

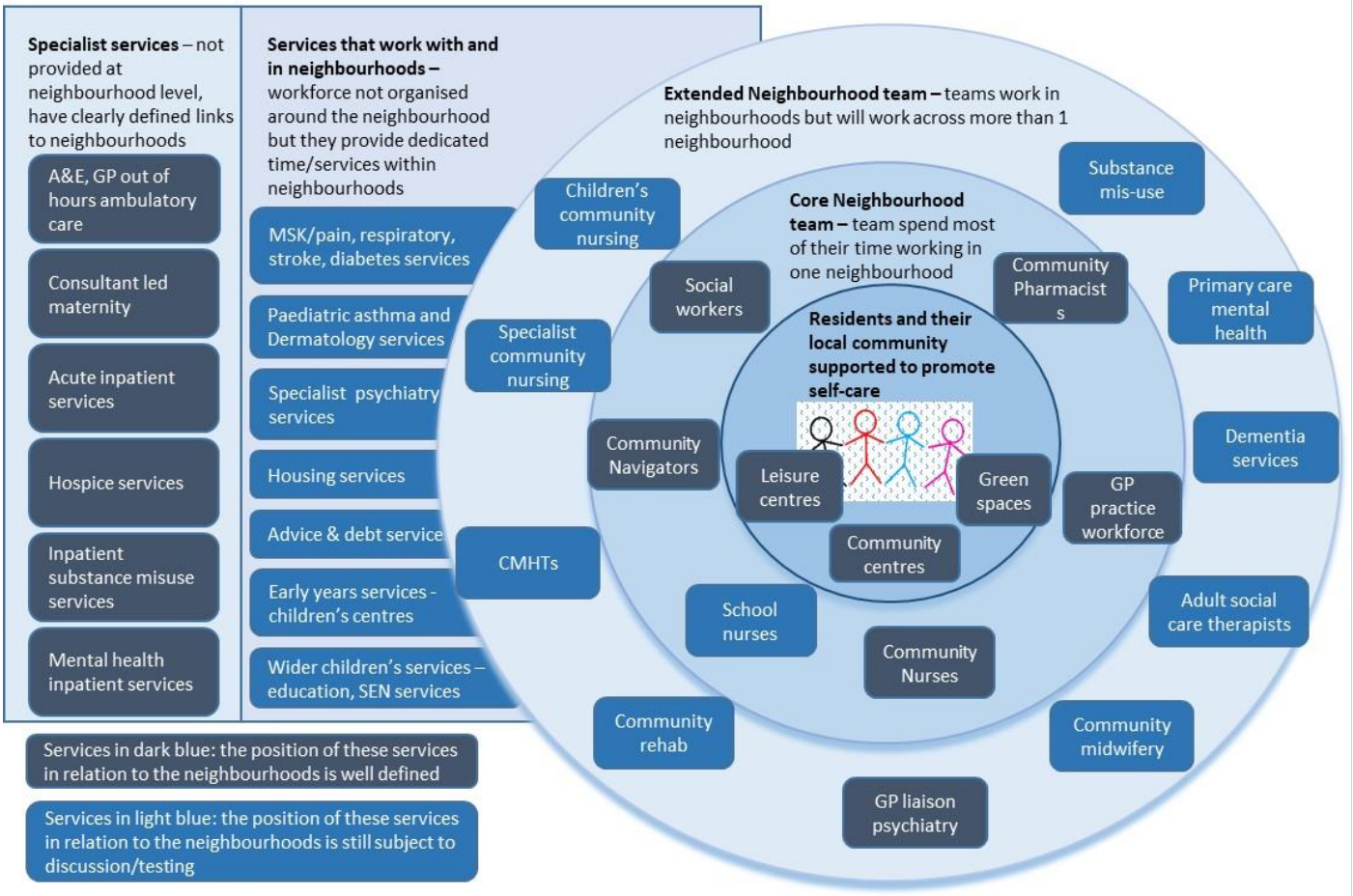
To deliver the neighbourhoods vision we will need to change how we work, both within and between organisations, and how we engage with our residents. We have defined a set of neighbourhood goals which are required to deliver our vision. The following describes how we will need to work to deliver these goals:

Goal	How will it be delivered in neighbourhoods
To work collaboratively across the system	• Neighbourhoods will build teams across different providers and disciplines, with a multi-disciplinary leadership structure
To truly understand the needs of the population with a focus on prevention and a reduction in health inequalities	• Neighbourhoods will be supported with good data about their populations • Neighbourhoods will develop their own local strategies to deliver preventative care • Neighbourhoods will use intra-and inter sectoral actions to promote public health and health promotion.
To have co-production at the heart of how we work in neighbourhoods	• The work and plans for the neighbourhood will be co-produced • Each neighbourhood will develop their own bespoke approaches to co-production based on their knowledge of their local communities.
To be transformational and innovative with the integration of care	• Neighbourhoods will transform the way that teams communicate across organisational boundaries and how they jointly plan with the patient • Our IT systems will support integrated working • Neighbourhoods will develop ways of working which meet the needs of residents with multiple and diverse needs in partnership with those individuals
To identify the totality of the resources available and commit to focusing them on the interventions that will have the greatest sustainable impact on population health	• Neighbourhood plans and developments will be guided by the best available evidence • Neighbourhoods will look jointly and critically at the way that existing services work and consider whether this could be done differently within the existing cost envelope to deliver better outcomes • We will evaluate the success of neighbourhoods
To utilise existing community assets, harness the capacity of the non-registered workforce and include community groups and local people	• Community asset mapping will identify strengths and assets in each neighbourhood to help individuals to take responsibility for their health and wellbeing • Neighbourhoods will include a model of community navigation and health coaching to work with individuals to improve motivation and take more responsibility for their own health • Neighbourhoods will work closely with voluntary sector partners both to support residents in need and to increase opportunities for residents to volunteer in their neighbourhoods
To create a culture of learning, sharing and continuous improvement	• We will test new ways of working in neighbourhoods following a QI test and learn methodology • Neighbourhoods will develop to be learning communities
To support and enable the development of a high quality, enthusiastic and sustainable workforce	• Neighbourhoods will work to actively improve the conditions and experience of the teams that work within them.
To have safeguarding at the heart of how neighbourhoods operate	• Neighbourhoods will strengthen safeguarding processes in City and Hackney by bringing services together to support vulnerable residents

The neighbourhoods service offer

Each neighbourhood will deliver health and care services through an integrated neighbourhood team and we will need to re-organise services to do this. Not all services will be part of one core neighbourhood team, although all services should have a clear link to the neighbourhood. There is considerable work underway with providers to develop the best model for each different team. The following diagram shows, at a high level, how services could be organised around neighbourhoods. To note that this is still subject to further testing.

Proposed model of how services and teams could be organised around neighbourhoods



Strategic Framework for the delivery of neighbourhoods in City and Hackney: Full document

Contents

1. Introduction

Hackney is the second most deprived neighbourhood in London, and within the borough there is significant disparity between the most and least deprived neighbourhoods. Whilst we have some fantastic services, there remain several areas where we see poor health and care outcomes. Childhood immunisations rates, childhood obesity, the number of smokers, levels of social isolation and the number of adults living with long term mental illnesses are all worse than the London average. We also know that tackling these will require a focus that is much wider than just within traditional health services.

Health and social care partners in City & Hackney have come together to develop eight neighbourhoods defined around GP practice populations of 30,000 – 50,000. Neighbourhoods offer the opportunity to work together with our residents to address the wider determinants of health.

Neighbourhoods will support the whole population; for people that are generally well they will draw on the strengths and assets within existing communities to co-ordinate preventative action and support and empower people to better manage their own well-being. For people with more complex needs they will provide co-ordinated, joined up health and care services, organised around the patient.

Neighbourhoods are a long-term, transformational system change. This framework describes our neighbourhood development plans over the next 18 months to 3 years and gives an indication of the direction of travel beyond that.

Navigating this document

The framework is split into two sections, the first detailing **what we are trying to achieve,** and the second describing **how we will get there,** including more detail on the ways of working within neighbourhoods and the neighbourhoods service offer.

The second section **how we will get there** is organised around the three main areas: **addressing the wider determinants of health, ways of working in neighbourhoods** and **the neighbourhoods service offer**. In each section we have described, in detail, what has been achieved and the current and planned work that is underway to deliver our goals.

2. What are we trying to achieve

Vision, Goals and Objectives of neighbourhoods

Though not yet finalised, the current working vision for Neighbourhoods is that they will:

- focus on the wider social and economic determinants of health for the whole population enhancing early intervention & prevention models
- improve the overall health and wellbeing for the City and Hackney population
- reduce inequality of access to services and reduce inequalities in health and social outcomes for the City and Hackney population
- coordinate and plan services with residents around their individual needs
- create empowered communities who are better able to support themselves,
- prevent ill-health and increase their ability to sustainably manage their own wellbeing
- listen to and act on what matters to residents
- will improve the quality of care received and patient experience in a sustainable way

To support delivery of this vision, the Neighbourhood goals are:

- To be transformational and innovative with the integration of care
- To be outcomes focused with robust, measurable and reproducible high-quality outcomes
- To be whole population focused as well as at the individual neighbourhood level; serving natural recognised communities;
- To truly understand the needs of the population; with a focus on prevention and a reduction in health inequalities
- To work collaboratively across the system so that strategic planning and measures of success, both with commissioners and providers, are aligned and conducted in partnership where appropriate
- To be a driver of co-production of patient outcomes with residents and patients
- To utilise existing community assets, harness the capacity of the non-registered workforce, and include community groups and local people
- To support and enable the development of a high quality, enthusiastic, and sustainable workforce making City and Hackney the place where people choose to work
- To identify the totality of resources available, and commit to focusing them on the interventions that will have the greatest sustainable impact on population health
- To have safeguarding at the heart of how neighbourhoods operate

The following are the outcomes that we expect neighbourhood working to deliver:

DOMAIN 1 - Improving patient experience	Reduction in duplication of assessment
	Effective MDT crisis and care planning
	Reduction in waiting and wasted time
	Patient reported measures
DOMAIN 2 - Improving staff satisfaction	Improvement in recruitment and retention figures across key staff groups
	Improvement in staff survey results
	Bespoke analysis of staff satisfaction
DOMAIN 3 - More effective use of resources	Identifying areas of saving from greater collaboration, reduction in duplication of effort/resources/time
	Reducing emergency admissions through appropriate evidenced based interventions focusing on clinical pathways
	Adherence to agreed pathways, clear timelines and appropriate escalation reducing variation
DOMAIN 4 - Improving quality	Improvements in MDT working delivering more rapid assessment, treatment/care and coordinated care planning
	Focus on safeguarding reducing risk of patients “falling between teams” or red flags not being picked up
	More effective communication across teams resulting in reduction in waiting

The Information and Evaluation working group is developing a draft set of quantifiable measures which can be tracked at both system and neighbourhood level linked to the vision and outcomes, so that we know that what we are doing is making a difference in the areas we are targeting.

Resident Involvement and Engagement

Resident involvement is key to the design and delivery of neighbourhood working. We need to ensure that any changes that we make do deliver what residents want and need. Neighbourhoods should also offer a platform for ongoing engagement with residents within their communities, and as such, the potential to draw on the social capital of each neighbourhood to improve outcomes.

We have had a patient panel since the start of the programme. The panel ensures that the resident voice informs our work, as well as undertaking a range of resident engagement activities to support neighbourhood development. The panel reports into the neighbourhood steering group and a member of the panel also sits on the steering group.

Early in the programme we asked the patient panel what a neighbourhood means to them:

- Helping to return to "traditional" sense of community - Residents in neighbourhoods know each other and help each other
- Much more than just joined up health and social care services
- Chance to bring in and join up working with other services - Police, housing, schools, faith groups, transport etc.
- Helping to stop people falling between gaps in services by more joined up working and better communication
- Helping to stop people having to tell their story multiple times to different people as joined up working means communication across teams is much better
- A chance to really understand the needs of a local area and shape the priorities for change in a local area
- A chance for residents to "do more" locally for other people such as volunteering or befriending
- An opportunity to be much more creative and encourage a broader range of people to get involved in helping make things better for their community
- Chance to use and work with voluntary sector organisations much more
- Opportunity to work with younger people in neighbourhoods – promote community/neighbourly values
- More generally a chance to create opportunities for more intergenerational work within neighbourhood areas
- Creation of a neighbourhood/community spirit and sense of pride - return to "community values"

This has shaped our thinking in the development of neighbourhoods and aligns to our ambition to address the wider determinants of health. The patient panel are now running a much larger-scale engagement project within one of our neighbourhoods. This will provide further feedback on how we develop neighbourhoods, it will also provide a test-case for how a neighbourhood can engage their residents effectively.

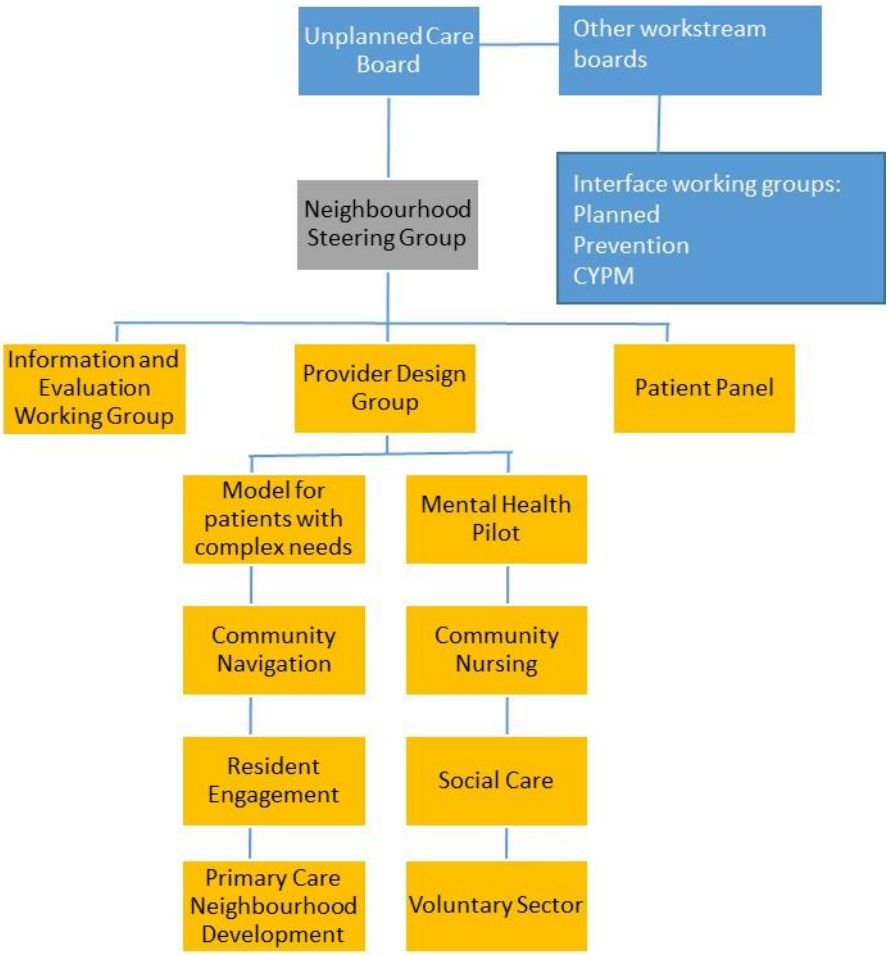
We have also tasked the patient panel with helping us to develop a logo for neighbourhoods, and names for each of the neighbourhoods that are more pertinent to the local communities that live there.

3. How we will get there

3a. Programme Governance

Delivery of neighbourhood working is a complex programme of change that will require concerted effort around three main domains: tackling the wider determinants of health, fundamental changes to the ways that we work (both within and between organisations) and changes to how we organise our existing services. These three areas have significant overlap, although they are described in three distinct sections in this framework.

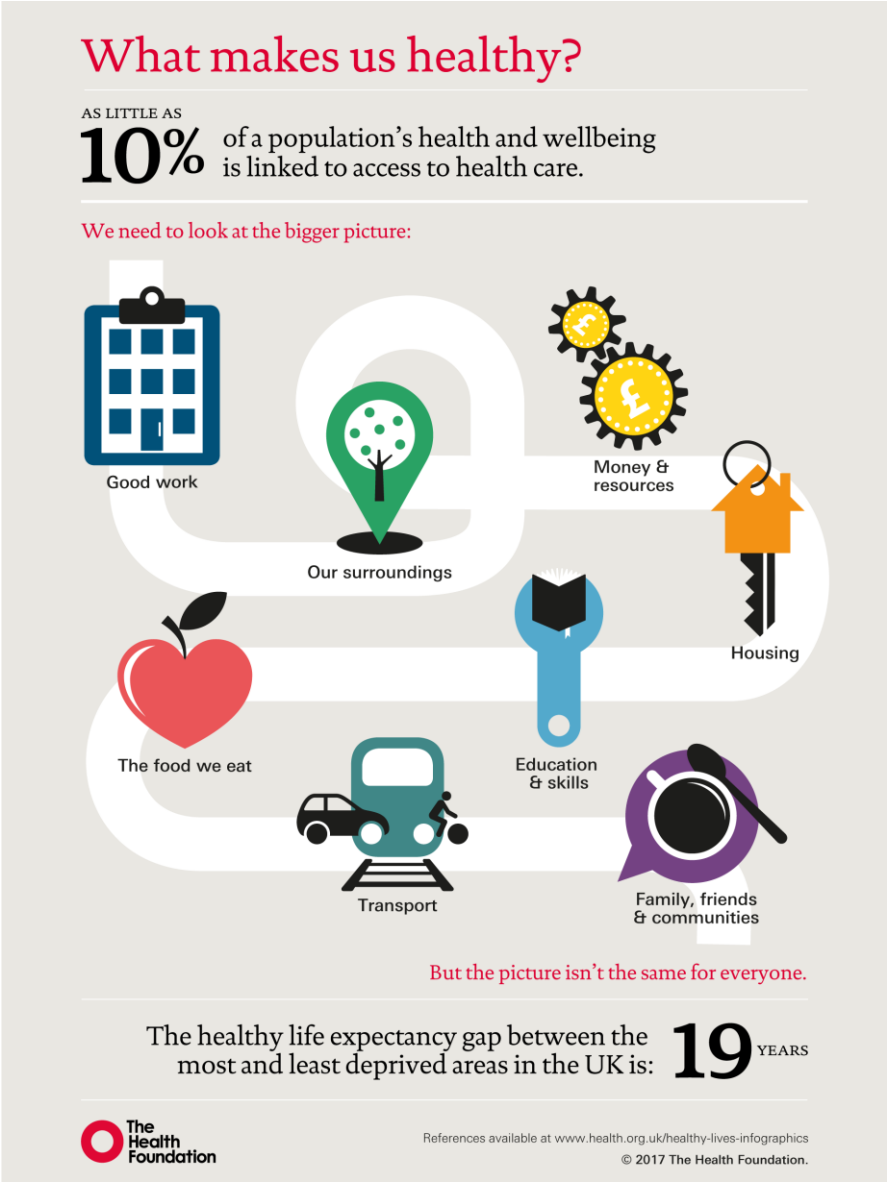
The following shows the neighbourhood development programme governance, and demonstrates the range of different projects underway. These are held together by the provider design group and the neighbourhoods steering group. We have also developed interface working groups with each workstream to reflect that neighbourhoods are much wider than just unplanned care.



3b. Tackling the wider determinants of health

"[Health is] not just the physical wellbeing of an individual but also the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community."
Aboriginal Health and Medical Research Council of New South Wales, Australia

As little as 10% of a population's health and wellbeing is linked to access to health care; there are a broad range of social and economic circumstances which together influence the quality of the health of the population



Neighbourhoods are acting on the social determinants of health. Changing and improving local environments is a more just and effective way to influence the health and wellbeing of an entire population than waiting for people to become ill and treating them as patients, one person at a time and this is something that sits at the heart of the neighbourhood programme.

Neighbourhoods are working with the prevention workstream, initially across a number of these areas, to help our local population. The following describes in detail the work underway in the first phases of neighbourhood development in 2018/19:

What Makes us healthy	Projects underway in 18/19	Who is leading and time-scales
Friends, families and communities	**Engaging and involving the wider community in neighbourhoods** We are committed to working with our local population to design and deliver what meets their needs. To do this effectively we are testing and developing ways to understand what matters to residents within a neighbourhood. We have just launched a resident engagement pilot in SW1 neighbourhood. This will use a range of different mechanisms to capture a wide range of feedback on what neighbourhoods mean to the residents	The neighbourhood patient panel, supported by Healthwatch The pilot was launched on 15th September and will run for 4 weeks, followed by a write up and evaluation.
Friends, families and communities	**Tackling social isolation** Neighbourhoods should be a tool to support a reduction in social isolation. There is already significant work underway in the borough to address this through Connect Hackney. We are linking closely to this programme. The work to develop a strengthened model of community (described below) will also address social isolation.	Connect Hackney is an established, funded programme. The neighbourhoods development lead sits on their board.
Friends, families and communities	**Working with the Voluntary Sector** Voluntary sector organisations are key to addressing the wider determinants of health and supporting our local communities to live well. We are working with the voluntary sector on several different areas: - A pilot is being developed to work up an approach to connecting statutory sector teams to voluntary sector and an approach to how the voluntary sector engage with governance and leadership at a neighbourhood level - Joint working on how to capture information and outcomes from voluntary sector about their contribution to tackling health and wellbeing - Neighbourhood contribution to potential IT link ups between social prescribing and primary care - Contribution to development of I-Care to help improve use of other services - Strengthening existing navigation/social prescribing services to help make more and stronger connections to available community resources - Developing work with the Hackney Volunteer Centre to link with mapping work to look at community regeneration in Hoxton West and start early discussions around neighbourhood volunteering strategies	A voluntary sector neighbourhoods lead is in place to undertake this work with the neighbourhood team and wider voluntary sector partners. We expect to have a clear view on how the voluntary sector will engage with neighbourhoods by the end of this financial year.

The food we eat	**Tackling obesity** Working with the Prevention work stream to undertake an obesity engagement exercise in SE1 neighbourhood, to understand wider system influences that drive obesity (including environmental, commercial, social factors). This will inform the borough wide-obesity strategy, and will link to the Sport England work underway in the South-East (although this covers an area that is smaller than the neighbourhood).	This will be undertaken by the prevention and neighbourhoods teams, with support from LBH public health and Healthwatch. The work will report into the neighbourhood programme but also into the Hackney Obesity Strategic Partnership Project not yet started but likely to be undertaken in Q3 and 4 of this year
Our surroundings	**Community Asset Mapping** Joint project to develop an approach to undertake comprehensive neighbourhood community asset mapping (SE1 – building on work in Pembury Estate). This will help make visible the green parks, space and resources available to communities	This is being undertaken by LBH public health team, prevention workstream and neighbourhoods team. Planning work has started, time-scales to be confirmed.
Our surroundings	**Developing a model of community navigation** Project to strengthen community navigation to help people to access the services and facilities that they need and providing coaching at an individual level to support individuals to change behaviours. The project is initially mapping out existing navigation, health connector/coaching and social prescribing services, and working with teams to identify what could improve their function. The first two workshops have shown that improved co-ordination between teams and use of a digital tool to map available services are required. This is underway. We will also identify if there are any gaps in provision, particularly for those residents with more complex needs.	This is being undertaken by prevention workstream, neighbourhoods team and HCVS. This is underway and a CEPN bid has been submitted to support it. There will be ongoing improvements within existing teams through 2018/19 The recommended model will be developed by March 2019 to inform the new Public Health and Social Prescribing contracts which start from October 2019.
Housing	Early work has begun to scope the different housing services available across the borough and consider an approach to linking these too neighbourhood teams. An initial pilot looking at how we link into the work and services on Housing Estates will launch in October with the Pembury Estate. There will also be further work to understand how neighbourhoods can support easier access to housing advice for residents.	Neighbourhoods and prevention workstream overseeing. Pilot looking at how we link into the work and services on Housing Estates will launch in October with the Pembury Estate.
Upstream health interventions	**Learning Disabilities** The social work pilot includes a project to develop neighbourhood working with the existing specialist and integrated, multi-disciplinary LD team. Development of a model to use the neighbourhoods to equip primary care	Being undertaken as part of the adult social care pilot within the neighbourhoods programme. Pilot to run in Q3 and Q4 of 2018/19.

	with the knowledge about support available for those with a low-level learning disability in the community that are not eligible for ILDS support to ensure they are linked into the right support services across all areas not just health and social care	
Upstream health interventions	**Childhood immunisations** Working with the CYPM workstream to understand how neighbourhood working could facilitate improvements in the uptake of childhood vaccinations in the North-west of the borough where this is a specific challenge.	Being overseen by the CYPM/neighbourhoods group. Planning to be undertaken but will likely initiate in Q3 2018.
General	The **integrated data profile** for each neighbourhood contains a considerable amount of information from Public Health to help understand the needs of the different neighbourhood population regarding the social determinants of health We expect the neighbourhood teams led by the clinical leads to use this data and the work above, supported by the neighbourhood programme team and Prevention work-stream to start developing a local plan to improve prevention in their areas	Being overseen by the Neighbourhood Information and Evaluation workstream, and delivered by LBH public health analytics team. The data set has been developed and will be used to inform neighbourhood planning through September to November 2018.

This describes the work underway this year within neighbourhoods. However, we know that there are other determinants of health that we are not addressing, including (though not limited to) employment, education, security/fear of crime, transport and the built environment. Neighbourhoods are a long-term programme of change and we will be working with the prevention workstream to develop a longer-term programme of work which helps neighbourhoods to realise their potential to support population health.

3c. Ways of working

To deliver the neighbourhoods vision and goals we will need to change how we work, both within and between organisations, and how we engage with our residents.
The following table describes the ways of working that we expect each neighbourhood to follow to deliver the neighbourhood goals:

Goal that this delivers	Way of working / Neighbourhood delivery model	What is underway to define this more clearly?
To work collaboratively across the system	**Each neighbourhood will be supported to develop working practices which are collaborative.** This means building relationships, creating team based working (across different providers) and collaborative practice (sharing learning, training and reflection) across primary, secondary, tertiary and other sectors. This will be delivered via several processes including: individual patient MDTs, practice MDT meetings, neighbourhood MDT meetings, joint working and joint clinical appointments or home visits. Collaborative working will also be promoted via existing learning and development structures such as the quarterly neighbourhood MDT meetings already in place hosted by the confederation and through further development of formal learning structures across teams within and across neighbourhoods. It will also be delivered through joint working on service developments/improvement initiatives by keeping the patient at the centre and looking at ways that teams can work differently together to improve outcomes for the patient. Each neighbourhood will have specific improvement work which will bring teams together.	There is a CEPN bid to support improved MDT working There are a range of test and learn pilots underway across the neighbourhoods which will help create stronger collaborative working The Neighbourhood Provider Design group will be tasked to develop some proposals as to how neighbourhoods could embed these ways of working sustainably on behalf of the steering group. Examples such as the Wheel of Partnership model developed by Tower Hamlets will be reviewed to look at where other areas have had success with this type of work. https://www.towerhamletstogether.com/our-work/wheel-of-partnership
To work collaboratively across the system	**Each neighbourhood will have a leadership structure which supports and role-models collaboration** Each neighbourhood will have a clinical lead – currently this is delivered through primary care although this may not be the final model. It is anticipated that neighbourhoods will need an overall lead to steer and support the work of the developing neighbourhood plans and strategy.	Primary care neighbourhoods leads in place – they have been appointed for 12 months. They will work with neighbourhood partners to pull teams together and develop a neighbourhood identity. Provider design group will think about what the long term leadership model needs to look like, drawing on examples from elsewhere.

	This lead will be supported by a multi-disciplinary governance structure (Tower Hamlets has used this effectively in their networks) to review needs/priorities of neighbourhoods, oversee development work in neighbourhoods, review outcomes. This will involve residents and a representative from the voluntary sector. The neighbourhood leadership teams will develop a set of shared values and ways of working which can then be cascaded through their teams to developing trust and collaboration.	
To truly understand the needs of the population with a focus on prevention and a reduction in health inequalities	**Each neighbourhood will be supported to understand and develop a strategy to enhance its delivery of preventative care. We expect neighbourhoods to support and enhance the existing agenda to address the social determinants of ill-health through intra-and inter sectoral action that promotes public health and health promotion. We also expect all partners to work to a preventative agenda.** The tools which they will have to do this are: the neighbourhood integrated data profiles which contain a significant amount of public health data to help neighbourhoods understand their priorities around prevention; Ongoing joint working with the prevention work stream to look at areas where neighbourhoods can help deliver the priorities of the prevention agenda, Close partnership working with the voluntary sector to use the skills, expertise and resources that they have to support residents. There will be a model to align other services such as housing, education etc. to neighbourhoods and develop stronger links and collaboration across organisational boundaries.	There are a range of projects underway within specific neighbourhoods to address public health issues. These are described earlier in the document. The Neighbourhood Provider Design Group will look closely at the social determinants of ill health and map existing work against the areas which influence ill health. The resultant gap analysis will help inform priorities for future work in neighbourhoods on prevention ensuring that it considers other existing work across the system.
To have co-production at the heart of how we work in neighbourhoods	**The work and plans for the neighbourhood will be co-produced. This will be delivered through the creation of active partnerships with residents and communities at a neighbourhood level.** There will be an over-arching strategy based on the Hackney & City co-production charter to ensure that this is delivered. Each neighbourhood will also develop bespoke	The patient panel are running an engagement pilot if SW1 for 4 weeks from 17th September. The panel will review the effectiveness of the different methods trialled to gain residents views and will write up the outcomes to share with the programme and system engagement group to make recommendations for how we might take forward similar work in the future.

	approaches to co-production based on the knowledge of their local communities and groups and what will work best. Each neighbourhood will develop a plan which articulates how they will work with and co-produce with hard to reach groups. The neighbourhood patient panel will support the neighbourhoods to undertake user engagement and involvement. There is an expectation that all provider design and transformation work is co-produced and accountability is to the steering group for ensuring this is the case. The patient panel have already played a significant role in the neighbourhood programme – helping to test early thinking about what neighbourhoods might mean to them, reviewing critical pieces of work such as the blueprint, contributing to the development of the communications strategy, interviewing for new members of staff and providing resident engagement at the steering group.	The patient panel will be asked to produce (using the Hackney & City coproduction charter as their foundation) a guide for the providers and work neighbourhood work streams about co-production.
To be transformational and innovative with the integration of care	**We will significantly improve the way that teams communicate across organisational boundaries and how they jointly plan with the patient to transform the experience for that individual and their interaction with services.** The neighbourhood programme itself is transformational for City and Hackney. It is a long-term change programme which we anticipate running over the next 10 years which we believe will significantly improve the health and wellbeing of our local population. One of the most significant changes will be the use of neighbourhoods and communities/individuals within them to help address the social/broader determinants of health which play such a critical role in a person's health and wellbeing. Creating processes which make it easier for teams within neighbourhoods to communicate will transform the way that team works releasing time for other tasks (these may be patient focused, quality improvement focused for example). Helping teams understand and use community services, particularly across the	All areas of work within neighbourhoods are supporting this way of working. The newly formed Provider Design Group has been set up to encourage collaboration, creativity and innovation across providers. The forum has been established to create a "safe space" with clinical and managerial representation where creative and innovative solutions can be suggested, tested and developed.

	voluntary sector and community groups, may again transform the experience of an individual patient significantly reducing their social isolation, improving their physical activity levels and ultimately their health and wellbeing. This may in turn reduce their reliance on primary care releasing critical appointment capacity. Transformation will also mean looking at entirely new ways of working such as bringing social workers into GP practices to work jointly with community teams and patients. It will also mean changing the way that community nursing works by aligning teams with neighbourhoods, strengthening links with primary care and perhaps changing skill mix to better support the needs of the local population. Neighbourhoods may help teams to find innovative ways to address issues such as: how do we deliver continuity to priority groups of patients; How might we deliver a patient MDT using technology rather than expecting everyone to be in the same room (with the resultant lost time in travelling to be in that same location) There will be process solutions and enablers which support this such as IT solutions, improved communication and sharing of information, a critical look at how best to deliver community based MDT care and care planning.	
To be transformational and innovative with the integration of care	**We will ensure that our systems support integrated working** Neighbourhood partners will be able to access each-others' data, and that of the acute and mental health trust. This is enabled by the Health Information Exchange, and a neighbourhoods project through the IT enabler board. Planned developments to HIE will mean that, by the end of this financial year primary care will be able to view acute, community and mental health records. We will also develop an EMIS community platform that allows different practices within each neighbourhoods to share EMIS records.	The developments to HIE are underway as part of the IT enabler group. There is a neighbourhoods project as part of the IT enabler group, and a neighbourhoods IT project manager is being recruited.

	We will take a decision as to whether to pursue further inter-operability between different systems, or where to streamline the range of different systems across the borough to support further joined up working. This work will be delivered in 2019/20.	
To be transformational and innovative about the integration of care & ***To truly understand the needs of the population"*** & ***To work collaboratively across the system*** To support those most in need	**Neighbourhoods will develop ways of working which meet the needs of residents with multiple and diverse needs in partnership with these individuals**. It is anticipated that each practice will continue to run a practice level MDTs for their frail patients / those most at risk. This will include at a minimum primary care and adult community nursing. There is a CEPN bid in place to help develop this further. A workstream is in place to explore the neighbourhood model to help identify residents with multiple and diverse needs who may need additional support risk and this may have some recommendations for the practice level MDT We expect that within each neighbourhood there will be: -A mechanism for identifying their vulnerable/unwell / complex patients (we will develop a systematic way of doing this across the borough – i.e. a risk stratification tool - but individual neighbourhoods may also want to include patients identified by clinicians). -A clear pathway for these patients which includes: -Discussion at a neighbourhood level MDT with input from wider neighbourhood team and hospital specialists if required -The potential for an identified case manager -Continuity of care from their GP in their own practice -Agreed additional input from the most appropriate care professional We will also focus on delivering continuity at neighbourhood level as available evidence shows that this both improves patient experience and has a quantifiable impact on use of resources such as emergency admissions. We will work with neighbourhoods giving them the ask to consider how best to deliver continuity to high priority resident groups.	There is a project focusing on how best to support residents with multiple and diverse needs. There is also pathway specific work underway in partnership with the Planned Care Work Stream Delivery of continuity of GP care will require a review of primary care contracts to support continuity against backdrop of workforce capacity and focusing on priority groups

To identify the totality of the resources available and commit to focusing them on the interventions that will have the greatest sustainable impact on population health by being evidence informed	**We will support neighbourhoods to work in a way that is evidence informed. Neighbourhood plans and developments will be guided by the best available evidence and supported over time through the assessment of measurable objectives for improving quality and outcomes.** The tools we have in place to deliver this include: - Neighbourhood programme management structure including provider project management and clinical leadership resources will support teams with evidence and examples of good practice elsewhere when looking at ways of doing things differently - Forums such as the Provider Design Group which will be used to share evidence and good practice relevant to the development of neighbourhoods - A robust communication structure to share relevant evidence and good practice more broadly - Embedding clinical leadership at the heart of the neighbourhood development programme (primary care clinical leads, provider clinical leads) - External support to develop a robust evaluation methodology	The Provider Design Group will consider how we embed a way of working in neighbourhoods that values and actively looks for available evidence and good practice and considers critically whether the learning could be locally applied.
To identify the totality of resources available and commit to focusing them on the interventions that will have the greatest sustainable impact on population health.	**Neighbourhoods have a commitment and will be supported to develop ways of working and services which are efficient, effective and contribute to sustainable development. Neighbourhoods will be encouraged to look jointly and critically at the way that existing services work and consider whether and how far this could be done differently within the existing cost envelope to develop better outcomes for residents.** The tools and processes which are already in place to support this are: - Information and Evaluation working group to help produce data so that neighbourhoods understand the needs of their population, to produce ways of measuring impact and ensuring work we do makes a	The need to be sustainable has been embedded into the neighbourhood development programme from the start and providers are looking at ways of working differently with what they have rather than asking for more resources. Any requests for additional investment will need to demonstrate that existing services have been reviewed, gaps identified can't be met by changing the way existing teams work or that moving resources from other areas to support gap won't deliver the change. The steering group plays a critical role in ensuring in their role of overseeing the programme that it is sustainable.

	difference and formally evaluating what we do to make sure we learn and develop - Commitment to using evidence to inform our development work - Principle of co-producing changes to the way we provide services from the "bottom up" so that we understand the issues from frontline staff and develop sustainable solutions with the same staff and patients - Commitment to building on learning from other work in the system particularly the One Hackney & City integrated care pilot - Working with information providers to use data and evidence in the best way to target interventions on the areas which will have the greatest impact	
To utilise existing community assets, harness the capacity of the non-registered workforce and include community groups and local people	Neighbourhoods will develop ways of working which empower residents with tools, skills and knowledge to support them to improve their management of their own health and wellbeing. This might extend to being able to help others. There are some tools/processes already in place to support this that will be developed at a neighbourhood level: - The use of group consultations - Resources such as health coaches, navigators who work with individuals to improve motivation and take more responsibility for their own health - Community asset mapping will identify strengths and assets in the community to help individuals to take responsibility for their health and wellbeing - The focus on co-production and patient engagement will support neighbourhoods to be empowering - Early work to look at how we can increase volunteering within neighbourhood areas - The voluntary sector and community groups will play a critical role in supporting the work in this area	This area requires further exploration. In addition to the work listed, a piece of work will be undertaken to look at other approaches both nationally and internationally that have had success in empowering individuals and communities. Neighbourhoods have also been mapped to ward level and early conversations have been held to explore the role that councillors might play at a neighbourhood level. This work will be led by the voluntary sector lead supported by the central programme team and will launch in November 2018. Prior to this, we will create a list of all ward councillors and look at their alignment to neighbourhoods and begin to scope ideas for potential neighbourhood involvement.
To create a culture of learning, sharing	**We expect neighbourhoods to develop to be learning communities who will develop systems to review what is working well and what could be improved and share this**	A strategy will be developed to support neighbourhoods to develop a culture of learning, sharing and continuous improvement. The provider design group will

and continuous improvement	**learning both at neighbourhood and system level.** There is a commitment to test new ways working within neighbourhoods through a test and learn approach, following QI methodology. It is critical that when we try new ways of working that we understand the impact that they have and why so that we can roll out what works more widely. Several neighbourhoods are running test and learn pilots so that we can see the impact of different ways of working at a local level (this is set out in the attached programme timeline) with the intention of rolling out what works more widely. There will be a system level structure to bring together the learning from all eight neighbourhoods.	be asked to work with neighbourhoods to develop this strategy and some options around a formal mechanism/structure for sharing learning.
To support and enable the development of a high quality, enthusiastic and sustainable workforce making City and Hackney the place where people choose to work	**Neighbourhoods will work to actively improve the conditions and experience of the teams that work within them.** This will be achieved by developing strong feedback structures and engagement with the teams working in them. By improving communication and team working so that staff know how to contact and access the right people to support residents when they need additional support. It is anticipated that by developing a model of neighbourhood working that turnover should decrease and the use of locums/agency will also fall. Reducing duplication of assessments and wasted time through the introduction potentially of new ways of working should also increase the amount of time that professionals have with patients to focus on what matters to the patient. Additionally, supporting patients to better manage their own health and wellbeing may also create capacity within an overstretched system. Providing better access to support for social issues should also support the clinical workforce.	A piece of work will be conducted to more clearly articulate the contribution that we expect neighbourhoods to make (and how) to supporting the workforce building on the known areas where it should impact and setting out plans moving forward.
To have safeguarding at the heart of how neighbourhoods operate	**Neighbourhoods will strengthen safeguarding processes in City and Hackney, working alongside and supporting the agencies, authorities and staff who provide the statutory responses for adults and children.**	

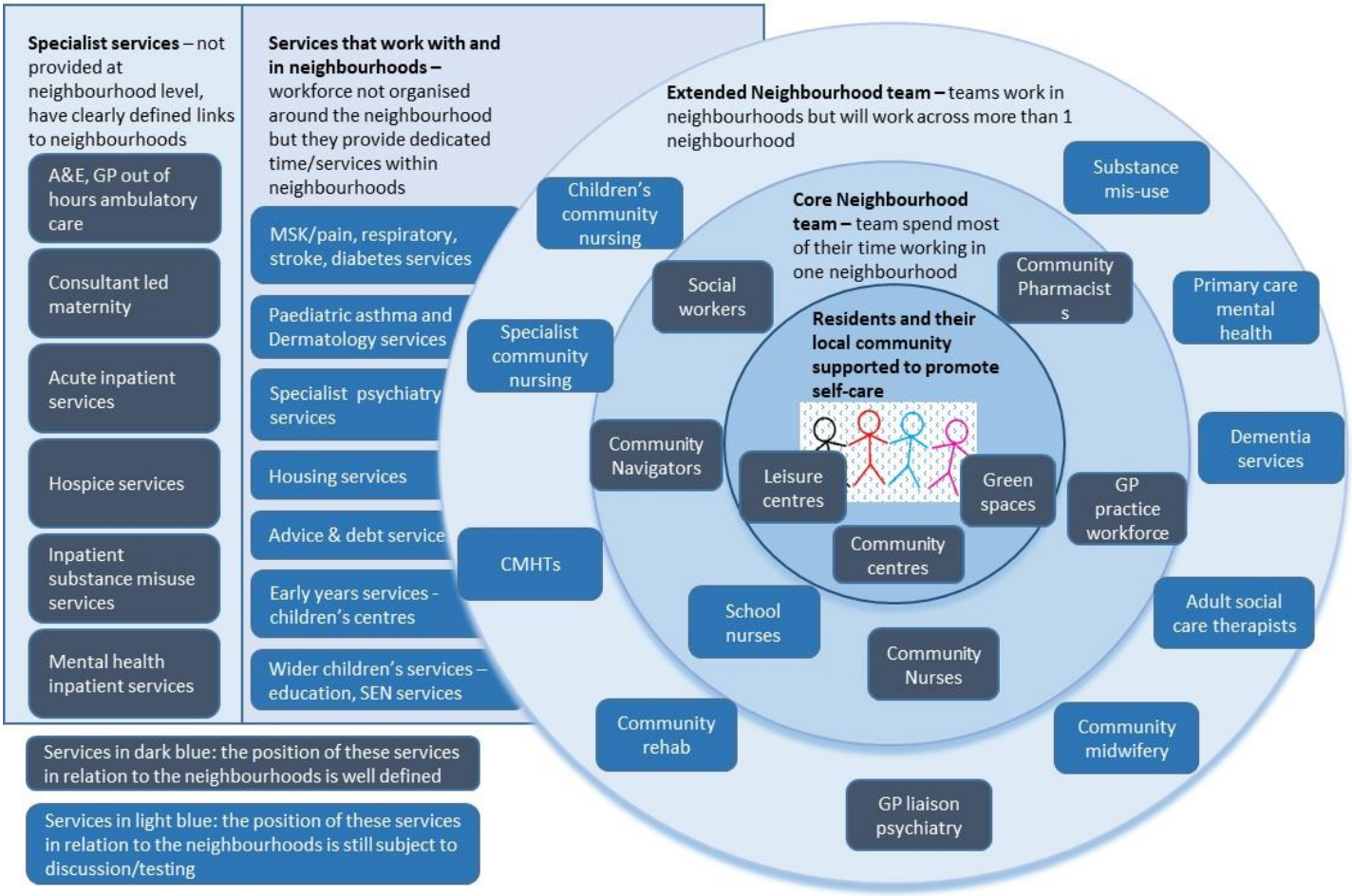
	Neighbourhoods offer a significant opportunity for helping to implement some of the outcomes from previous safeguarding adult reviews. Particularly in relation to strengthening communication across different teams and joining up care for individuals with diverse and multiple needs in a more coordinated way. Neighbourhoods also offer a way of working across teams to look a risk, incidents and learning in an integrated way. Close links with the City & Hackney Safeguarding Boards, both Adults and Children's, will ensure that Neighbourhoods are supported to engage with safeguarding processes and to implement actions and learning in a timely manner	

3d. The neighbourhood services offer

Neighbourhoods are about much more than re-organising services, though structural service changes will be required to facilitate the level of joined up working and the focus on preventative action that we need to deliver. To ensure delivery of objectives and to engage partners in development of neighbourhoods, we have taken a bottom up approach and are working with providers to develop new ways of working and any related structural changes through test and learn pilots. At this stage, there are many areas that are yet to be tested and defined.

The following diagram shows, at a high level, how services could be organised around neighbourhoods. This is still subject to further testing, but it provides a useful framework for defining the different tiers of neighbourhood services. Following this is a table showing the principles that we will follow in thinking about service organisation around the neighbourhood.

Proposed model of how services and teams could be organised around neighbourhoods



Based on the different tiers of service, we have developed a set of principles for deciding how services will be organised around neighbourhoods; this is still subject to sign off by the steering group. We plan to use this set of principles to guide decision making around ongoing service re-design.

Tier	Description	Principle for being part of that tier
The core neighbourhood team	-The service is organised around neighbourhoods -The team/individual practitioner spends 99% of their time working with one neighbourhood population	• There is sufficient population need for the service to be provided to each neighbourhood • There are clear benefits of working closely together as part of the multi-disciplinary team
The extended neighbourhood team	-The service is organised around neighbourhoods the team/individual practitioner works across more than one neighbourhood	• There is in-sufficient population need for the service to be provided to each neighbourhood, but there is sufficient need to have localised services • There are clear benefits of working closely together as part of the multi-disciplinary team
Specialist services that work with and in neighbourhoods	-The service is not organised around neighbourhoods- it may have a hub within the borough -The service provides dedicated resources to the neighbourhoods – either through input into neighbourhoods MDTs or via delivery of services within the neighbourhoods	• There is in-sufficient population need for the service to be provided to each neighbourhood • The services require a central hub either due to the need for co-location with other specialist central services or access to specialist equipment or estate • There are clear benefits of working closely together as part of the multi-disciplinary team • Some elements of the service could be effectively devolved to neighbourhoods
Specialist services	-The service is not provided at neighbourhood level Appropriate and defined links are established between the service and neighbourhoods teams	• There is in-sufficient population need for the service to be provided to each neighbourhood • The services need to be co-located with other specialist services • The service needs access to specialist equipment or estate

The following table shows in more detail how different services will be organised around neighbourhoods. In some cases, this is not yet defined and so we have described the work underway to develop a clearer model:

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
Primary care – core services	Core primary care services will continue to be delivered at a practice level. Each practice will form part of one neighbourhood. Practices will come together regularly within a neighbourhood (currently supported by primary care clinical lead) to share information about service delivery/good practice and agree areas where working collaboratively may improve the delivery of care	Yes - The GP Confederation are leading the work to develop primary care within the neighbourhoods.	There is work being carried out at a national level looking at potential to implement some of the core primary care functions e.g. Quality and Outcomes Framework (QoF) at network level
Primary care – GP enhanced services	Including: Duty doctor, Long term conditions, Frail home visiting, end of life care, time to talk, Enhanced Primary Care for mental health, Phlebotomy, Wound Care, Mental Health Alliance Contract These services are currently provided individual practices through single contracts between the CCG and the GP Confederation. There is increasing inter-practice dependence through these enhanced services. Some of these enhanced services are well placed to be provided at Neighbourhood level e.g. phlebotomy and wound care.	This is part of the primary care development work	Yes, existing primary care LES's may need to be changed -will start to do this in a phased way from 19/20 onwards, with further consideration as part of CS2020
Primary care – Quality improvement	Primary care is incentivised to undertake quality improvement initiatives e.g. medicines management, frequent attenders' reviews, as well as attendance at weekly education events and supporting and promoting good clinical practice through the CCE contract. This is currently practice and consortia based. The contract for 19/20 will include Neighbourhood initiatives alongside the current Consortia level initiatives in a transition year, with the plan to incorporate the Neighbourhood way of working much more fully from 20/21 as the model of	This is part of the primary care development work	Yes – the CCE contract will be amended from 19/20, with further consideration as part of CS2020

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	working in this way becomes much more embedded across the system.		
Primary care smoking cessation	Each neighbourhood will have smoking cessation services based in one of the GP practices. This is currently described as a neighbourhood smoking cessation hub. There is already a hub in place for each neighbourhood.	Complete	
Primary care drug and alcohol	Each neighbourhood will have drug and alcohol services based in one of the GP practices. This is already in place for each neighbourhood.	Complete	
Primary care extended access	GP extended access services (which are currently provided both through a LES and a national DES initiative) are planned to be delivered at a neighbourhood level, so that each neighbourhood has at least one practice that offers GP appointments from 0800-2000 7 days / week Initial thinking is that the practices will provide the extended hours provision themselves across the Neighbourhood Monday to Friday with a hub model being implemented for the weekend and bank holiday service.	Proposal being pulled together by one of the neighbourhood clinical leads – will need to be approved by the C+H Extended Access Hubs meeting, which includes primary care commissioners	Yes – current LES to be adapted from 19/20 onwards, with further consideration as part of CS2020
	There are 4 nursing homes in the borough. Currently 2 GP practices have primary care contracts to support two of the nursing homes. The remaining nursing homes are supported by the frail home visiting contract. This is an area where we may want to explore further the potential benefits to nursing homes from neighbourhood model.	Review of the current primary care nursing home contract will be undertaken in September 2018. How we look after this cohort of patients will also be addressed in the work looking at patients with complex and diverse needs which is about to kick off.	Yes, the Primary care nursing home contract can be adapted from 19/20, with further consideration as part of CS2020
Primary care services to the homeless or those with no fixed abode	Will continue to be delivered primarily through the Greenhouse practice. However, patients registered with other practices who become homeless or at risk of becoming homeless will be cared for within the neighbourhood. The neighbourhood will support them through:	The work on asset mapping and voluntary sector signposting/navigation will improve the offer to this group of patients	Unlikely

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	-quick access to neighbourhood housing advice services -signposting to other voluntary sector services that could support them		
Frequent attenders team (to reduce frequent attenders into A&E)	Will be delivered by one borough team, based at the Homerton. This team will have strong links to each neighbourhood, so that their local health/care services can support the care of the patient. Exact model being developed but could include: -good data flow to each neighbourhood on the frequent attenders and any care plans developed by central team -named frequent attenders lead from each neighbourhood -neighbourhood attendance at frequent attenders MDT -easy referral between FA MDT and neighbourhoods and vica-versa. -close working with the neighbourhood teams to understand the reasons and help find solutions for frequent inappropriate attendances. This team is a central team that co-ordinates and case manages. Their links to the neighbourhoods will be crucial	Work underway to put in place an enhanced frequent attenders team. North East neighbourhood interested in thinking about managing frequent attenders	Potentially – the primary care element could form part of the CCE contract from 19/20
Mental health services	Mental health provision will be a core part of neighbourhood working, although provision at different levels will vary according to population need and condition type. The Mental health neighbourhoods team are developing a blueprint showing, by condition, how mental health will be delivered in the neighbourhood and how more specialist services will link to neighbourhoods. In tandem with this, there is pilot in SW1 to develop a model of care for cohorts of patients with anxiety and depression within the neighbourhood.	Yes, within Neighbourhood mental health neighbourhoods project. Th work is planned to deliver a specification in time for CHS 20/20 re-commissioning.	Out of hospital mental health service reconfiguration will be considered as part of CS 20/20
Hospital urgent care pathway – A&E, OMU, ACU and HAMU	Will continue to be delivered at the hospital site We will develop links between ED and each neighbourhood predominately through the non-clinical navigators based in ED. They will have a detailed understanding of the	NCNs attending neighbourhood meetings in November GP education session being planned	Unlikely

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	services available in the neighbourhood, and who to contact to access these services for the patients attending ED We will need to develop stronger clinical links between the neighbourhoods and ED to ensure appropriate discharge back to primary care from any part of the pathway.		
Specialist acute services (non mental health)	The neighbourhood provides generalist, holistic care to the patient, with condition specific support from hospital specialists. Levels of specialist input and provision at neighbourhood level to be tailored to the type of condition. For all conditions: Neighbourhoods have a mechanism to access consultant advice on either patient specific issues or general condition management through advice and guidance or other tools. For the following conditions: Diabetes, COPD/respiratory, stroke, dementia, chronic pain/MSK, paediatric asthma, paediatric dermatology and paediatric allergy Specialist teams will work more closely with the neighbourhood multi-disciplinary team and related community specialist teams in a model where care is wrapped around the patient much closer to the neighbourhood. There are a range of different operating models that can be put in place to support this objective, including but not limited to: -up-skilling of neighbourhood teams in condition management -specialist attendance at MDTs -virtual clinics, telephone clinics -specialists being part of multi-disciplinary clinics in the neighbourhood -specialists supporting group consultations in the neighbourhood The specialist teams will work with the neighbourhood teams to determine which one or more of the above operating models will be most effective for the given specialty.	Not yet started. Next steps are: -To agree the order of priority for which condition to address first, one adult and one paediatric specialty could run concurrently. -To set up a project team for the condition including the hospital specialists and a neighbourhood team -Project team to design and test new ways of working -Agreed model rolled out across the borough The work will be overseen by the Planned Care / Neighbourhoods working group and CYPM / Neighbourhood working group. Will require significant amount of relationship building between primary and secondary care	Yes, this will impact services within the CHS contract and the acute contract.

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
Adult social care services	We are running a pilot in LBH to determine how our existing resources can be utilised and mapped across to support a neighbourhood way of working. The following will be part of the model: A team of social workers will serve the neighbourhoods. We will develop formal and informal communication mechanisms to support closer working between social care services, primary care and community health services working around the neighbourhood. Social workers from the neighbourhood attend and input into neighbourhood MDT meetings New model of care developed for those people who are currently high users of social care – will include an integrated approach with other services Social care will be able to advise others within the neighbourhood on those patients that have not yet met the threshold for social care but are at risk. We will need to establish how the current Information and Assessment Team fits with neighbourhood working -they are currently the front door for adult social care and are a cross borough team. The requirements for this team will change as new referrals and activity should come through the neighbourhood rather than a centralised front door. Future work may look at the following areas: -developing a model of skill mix to support a broader spectrum of residents. -developing a neighbourhood structure for care workers, including supporting their skills development and interface with other services. -looking at how occupational therapists within adult social care work with the neighbourhoods	Yes - LBH Adult social care leading a pilot to test a new way of neighbourhood working The City will learn and align to this pilot as far as reasonable, but will, in tandem develop their own operating model. There is a group developing the City neighbourhoods operating model.	Will require re-organisation and up-skilling of existing services provided by LBH and CoLC. Plans to pool the CHC and adult social care budget already underway within the planned care workstream will be an enabler for this. May result in contractual changes to some commissioned social care services to be considered as part of CS2020
Learning disabilities services	There are 2 tiers of Learning Disabilities services: - For users that meet the threshold for specialist services:	The operating model for the specialist LD service is being tested as part of the social care pilot	New LD service launching in September, the specification takes account of the

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	The specialist integrated service will be delivered at a borough level. There will be strong links from this team into the neighbourhoods, and social work will form the link between the neighbourhoods and the specialist service. For users that do not meet the threshold for LD services: The current primary care contract for LD will be amended to reflect neighbourhood working. Practices will agree common ways of working, and work together within their neighbourhoods to deliver. Both cohorts of users will benefit from improved access, navigation and support to a range of other services through the neighbourhood.		need to link to neighbourhoods. Primary care LES for LD will need to be amended – needs to be considered as part of CS2020
Adult community nursing	Will be delivered at a neighbourhood level A team of community nurses will serve each neighbourhood. Community matrons will also work at neighbourhood level. They will have formal and informal links into the practices within their neighbourhood through: -formal MDT meetings at both neighbourhood and practice level -shared access to each-others' systems or shared systems -ability to use desks and facilities in certain practices -shared learning sessions between neighbourhood community nurses and practice nurses Skill mix will be reviewed and may be changed to support the needs of the neighbourhood.	Adult community nursing pilot underway to test new ways of working	Yes – to be considered through CS2020
Peri-natal services	Consultant led maternity services will continue to be centralised within the Homerton. Community midwifery services could be aligned to neighbourhoods. The Family nurse partnership, which provides support to vulnerable families from pregnancy through to age 2, could be aligned to neighbourhoods.	Not yet started This will be developed through the CYPM / Neighbourhoods working group	Yes – the community midwifery and family nurse partnership contracts would need to be amended. Time-scales not yet defined

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
Early years services (age 0-5)	Early years services including nursery care, children's social care and health visiting will continue to be delivered through the 6 children's centre strategic hubs. Each strategic hub will be linked to one neighbourhood - There will be a strong link between the early years services within the children's centres, and primary care/wider adult services which is at a neighbourhood level. Exact nature of link not yet defined, but could be via a neighbourhood level lead and/or the MDT meeting.	CYPM Neighbourhoods group addressing this CEPN bid to establish the most effective communication mechanisms / ways of working between early years services and neighbourhoods	Current model to be tested will not require contractual change in first instance
School aged children (5-19)	School nurses hold the care plans for children with complex needs. Each school nurse will be part of one neighbourhood, and will feed back through neighbourhood MDTs. Organisation of Children's social care services are currently under review (this is relevant to early years and school age services). The outcome will ensure strong links with neighbourhoods. Services for children with special educational needs or complex needs are based in the ARK. These include a range of therapies and the children's community nursing team (CCNT). Further work is needed to establish how these services can link to neighbourhoods.	CEPN bid to establish the most effective communication mechanisms / ways of working between services for school age children and neighbourhoods.	Dependant on outcome of project
Community navigation (including social prescribing and health coaches)	This will be provided at a neighbourhood level. We will strengthen the model of navigation within each neighbourhood to connect both to local neighbourhood community/voluntary sector services and broader services. These teams will be supported by a clear picture of all the resources within the neighbourhood and across the borough	Joint work underway between prevention workstream, voluntary sector services and neighbourhoods to map and understand existing services and gaps. CEPN bid put in to support this work.	Potentially – social prescribing and health coach contracts up for renewal in October 2019

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	(individual, groups, institutional) which can be deployed to improve outcomes. They will make better use of existing services and ensure they meet the needs of local population. They will improve interface with health and social care teams.		
Voluntary sector	There will be closer working with the voluntary sector within each neighbourhood. Neighbourhoods should also provide a structure for improved community engagement in the voluntary sector through volunteering. We are developing an over-arching approach to how voluntary sector organisations can engage with neighbourhoods and how they can work more closely with statutory services. We are also working with the voluntary sector on specific topics, such as community navigation (described above) Developing work with the Hackney Volunteer Centre to link with mapping work to look at community regeneration in Hoxton West and start early discussions around neighbourhood volunteering strategies	Yes, HCVS lead appointed to lead this work, and to bring in the views of voluntary sector partners to neighbourhood development	Potentially - We are looking at different models of organising voluntary organisations such as in Sheffield where they have re-organised services around hubs within each locality. This will impact a range of health and local authority contracts
Advice and debt services	There will continue to be expert, centralised services Some elements of these services may be provided within neighbourhoods – to be worked through and tested. All neighbourhood teams will have a clear view of the range of advice services available so that residents can be signposted quickly to the service that they need, whether this is within the neighbourhood or the borough	Review of advice and debt services underway	Yes- LBH process underway
Housing advice services	Easy access to housing advice is critical for neighbourhoods. There will continue to be a range of expert, centralised services	This will be a future work stream	Potentially

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
	All neighbourhood teams will have a clear view of the range of advice services available so that residents can be signposted quickly Advice services will have a clear link/communication channel to each neighbourhood, so that neighbourhood teams can easily access specialist advice and so that the users' health and care needs are known to housing services where relevant. Some services may be provided at a neighbourhood level – though this is still to be worked through and tested.		
Community physiotherapy services	Will be addressed through the condition specific pathway work described under 'Hospital specialist services', and through the work to improve pathways for complex, vulnerable patients. The intention is to for hospital and community based specialist teams to work much more closely with the neighbourhoods to provide care around the patient.	Not yet, will be established through the Planned Care Neighbourhoods working group Project to improve pathways for complex patients about to launch.	Yes – to be considered through CS2020
Community pain service	Will be addressed through the condition specific pathway work described under 'Hospital specialist services'	Not yet, will be established through the Planned Care Neighbourhoods working group	Yes – to be considered through CS2020
Reablement and intermediate care	Reablement and intermediate care services are currently provided through the Integrated Independence Team at a borough level. Neighbourhoods operating model still to be established: - There should be strong links between intermediate care and the neighbourhoods The service will need to continue to provide an admission avoidance pathway which requires being responsive to A&E and London Ambulance Service referrals. Therefore, some elements of the service will need to continue to be centralised.	Will be addressed through the CHS re-commissioning programme	Yes – to be considered through CS2020

Service	Neighbourhood delivery model	Is there work underway to define this more clearly	Contractual change required?
Community rehabilitation services	Adult community rehabilitation services are currently provided at the borough level Neighbourhoods operating model still to be established: - Dependant on further review these services could be provided at a neighbourhood level.	Will be addressed through the CHS re-commissioning programme	Yes – to be considered through CS2020
Community pharmacy services	Services will continue to be delivered through local community pharmacies, which are based within neighbourhoods. Community pharmacies will use the neighbourhood structures to create collaborations. They will also use the neighbourhoods to develop communication and working links to other teams Some enhanced pharmacy services as well as extended access could be provided on a neighbourhood level.	Taking back a plan on this to October steering group with LPC	Not yet defined – core pharmacy is commissioned by NHSE, though we have some local contracts for additional services.

Areas / services which will not be uniform across all neighbourhoods

The above describes what neighbourhoods will look like and do across the borough. Whilst we expect neighbourhoods to have a core service offering and a level of standardisation, a strong driver for neighbourhoods working is to allow us to better understand and address local population needs. Therefore, there will be some services or practices that will not be the same across each neighbourhood. The following describes some of the areas where local services or ways of working will be different:

-The neighbourhood operating model for the City. This reflects the distinct population challenges in the City and the different local authority and voluntary sector services that operate in the City. There are also boundary issues which are very pertinent to the City, therefore we will need to establish reciprocal arrangements with the network models in Tower Hamlets and Islington (these are similar to our neighbourhoods).

-Specific health challenges in neighbourhoods may require distinct responses, to date 3 specific health challenges have been identified and are being considered

- Obesity in the south-east – being considered as part of work with prevention
- Childhood immunisations in the north-west – being considered as part of work in CYPM neighbourhoods group
- Anxiety and depression amongst working age adults in the South-West – being addressed through the mental health pilot

3e. Time-frames

Appendix A shows the high level time-frames for the work described. This just shows work over the next 18 months, though neighbourhoods will continue to develop and deliver transformation for much longer beyond then.

Not all projects have been scoped and time-tabled at this stage, though they are included for completeness.
Where there is a potential contractual change within the time-frames, this has been included. Not all projects will require contractual change.

This document has been co-produced by the workstream directors and the neighbourhoods team

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September 2018

System Milestones					Year 2 Business Case to TB			Year 2 Funding Required												Community Service 2020 New Contract goes live
No.	Work Stream	Outcome	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Provider Work																						
1	Community Nursing	Development of neighbourhood community nursing model	Planning and Design				Pilot and review(1 x Neighbo			Agreed roll out												Contractual changes to reflect CS 2020
2	Adult Social Care	Phase 1 of how adult social care can support individuals with multiple and diverse needs	Planning and Design			Pilot and review (1 x Neighbourhood TBC)						Agreed roll out										New social work model go-live, potential contractual change to commissioned services
3	Community Navigation	Linking neighbourhood teams better to existing services, explore gaps and develop models to strengthen communication	Planning, Design and Implementation - cross neighbourhood model									Agreed roll out					Contractual change for provision of community navigation					
4	Community Asset Mapping	Map and share the assets within a neighbourhood area	Planning and Design			Pilot and review (1 x Neighbourhood						Agreed roll out										
5	Mental Health	Development of neighbourhood mental health model	Planning and Design			Pilot and review (1 x Neighbourhood									Agreed roll out							Contractual changes to reflect CS 2020
6	Primary Care	Establishing a neighbourhood identity in primary care and agreement of neighbourhood specific work programmes	Planning and Design			Development, testing and delivery of neighbourhood specific plans									Sharing of success and roll out of different models							Contractual changes to reflect CS 2020
7	City of London	Developing a neighbourhood model and pathways for the City	Planning and Design				Pilot								Agreed roll out/refinement							
8	Residents with diverse and multiple needs	Supporting residents with diverse and multiple needs through a neighbourhood model	Planning and Design					Pilot							Agreed roll out/refinement							Contractual changes to reflect CS 2020
9	Service implications	Likely changes to adult community rehab services following work above on model to support residents with diverse needs	Linked to work stream above - Potentially inclu					Pilot							Agreed roll out/refinement							Contractual changes to reflect CS 2020
10	Community Pharmacy	How community pharmacy organise services to neighbourhoods and contribute to neighbourhood team	Planning and Design							Pilot					Agreed roll out							Unclear at this stage whether any contractual implications
Co-production																						
11	Resident engagement	Developing a model to seek and act on residents views within a neighbourhood	Planning	Pilot (1 x Neighbourhood SW1)				Roll out agreed model in phased way across all neighbourhoods														
Information and Evaluation																						
12	Neighbourhood data profile	Data profile to help neighbourhood teams understand the needs and priorities for change	Planning	Pilot (1 x Neighbou		Roll out and refine across all eight neighbourhoods																
13	Outcomes and performance dashboard	Performance framework to assess the contribution of neighbourhoods to key outcome measures	Planning and Design				Testing and refinement			Roll out and ongoing monitoring/reporting												
14	Evaluation Model	Evaluation model and framework for the neighbourhoods programme	Planning and Design				Completion of specification			Evaluation agreed and underway												

No.	Work Stream Provider Work Streams	Outcome	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Work Stream Shared Priorities and Integration																						
Prevention																						
16	1. Community Asset Mapping	Workstream above																				
17	2. Community Navigation	Workstream above																				
18	3. Obesity Strategy	Support the delivery of the borough obesity strategy via neighbourhoods	Planning and Design					Pilot (To be confirmed)						Agreed roll out								
19	4. Social Isolation	Working with Connect Hackney to reduce Social Isolation and considering the role of volunteers in neighbourhoods	Planning and Design					Pilot (To be confirmed)						Agreed roll out								
Planned																						
20	1. Housing	Developing links from housing services to neighbourhoods	Linked project being scoped																			
21	2. Continuing Health Care	Model of how neighbourhoods can support CHC process and patients	Linked project being scoped																			
22	3. Pathway development	Linking into existing work on the review of clinical pathways and how the neighbourhood structure can support improvements	Linked project being scoped																			
Women, Young People and Maternity																						
23	1. Childhood Immunisations	Supporting childhood immunisation uptake through the neighbourhood	Linked project being scoped																			
24	2. School Nursing	Strengthening the interface between school nursing and neighbourhoods	Linked project being scoped																			
25	3. Childhood Mental Health	Exploring how neighbourhoods can support children with mental health conditions and their families	Linked project being scoped																			
Unplanned																						
26	1. Discharge	Neighbourhoods supporting complex discharges	Linked project being scoped																			
27	2. Extended Access	Primary care extended access model within each neighbourhood	Linked project being scoped																			
28	3. ED pathways	Supporting re-direction from ED where additional social support is required - see community navigation workstream above	Linked to community navigation workstream (3)																			
Ways of Working and Governance																						
29	Embedding agreed ways of working	Embedding agreed ways of working to support delivery of neighbourhood vision	Planning and Design							Pilot					Roll out							
30	Neighbourhood Leadership Model	Co-produce an options appraisal for multi-disciplinary leadership model for the neighbourhoods	Planning and Design							Pilot												

Neighbourhoods

Resident Scenarios

What might be different for residents as a result of the Neighbourhood Development Programme?

Resident Scenario 1

Mr W is 55 years old. He has type 2 diabetes and mild asthma. Mr W has been out of work for over 1year and has a limited social network and no family support. Mr W is chronically obese, smokes and reports that he does no exercise. Mr W attends the GP frequently and has previously been offered support via social prescribing, which he declined to access.

What might be different as a result of the Neighbourhood Programme for Mr W?

- The GP identifies that Mr W needs additional help with motivation and confidence before he is likely to access community support
- Mr W is offered an appointment with a navigation support worker in the GP practice (who work alongside social prescribers and integrated in the primary care team for those requiring an additional level of support) where he completes a detailed assessment of his current situation, what's important to him and what his goals for change are
- A plan is agreed with Mr W alongside regular appointments with the focused care practitioner who will work with Mr W to increase his motivation and confidence
- Mr W is referred to a neighbourhood weight loss service alongside a re-referral to a neighbourhood smoking cessation service
- The navigation and support worker introduces Mr W to appropriate existing community activities, attending the initial appointments with Mr W, and checks in with him regularly whether he is attending these groups and if Mr W needs support to attend
- Mr W is linked into an existing charity to help support him to find work
- The navigation and support worker works intensively with Mr W for a defined period to deliver the plan agreed and feeds back to the GP
- Once this period has ended, Mr W has scheduled follow up with the navigation and support worker at defined intervals

Key differences to current practice:

- Access to a dedicated navigation and support worker within primary care
- Neighbourhood weight loss services/support and smoking cessation centres
- Voluntary sector hubs in neighbourhoods to support teams such as social prescribers and focused care practitioners to find existing community activities and charities

How will this be delivered

- Through the Community Navigation, Prevention Obesity Strategy and Voluntary Sector workstreams supported by CEPN funding

Resident Scenario 2

Ms G, 34, lives with her father, Mr G, 76. Ms G works part-time, and also provides daily practical support to her father, who is in the early stages of dementia, and is less able to independently attend to tasks such as cooking, or arranging appointments. Mr G has a cleaner once weekly, but is lonely, and misses his friends. Ms G is worried about the situation becoming harder for them both over the next few years, and feels lost navigating Mr G's appointments and needs

What might be different as a result of the Neighbourhood Programme for Mr G and his daughter?

- Mr G's GP asks the Neighbourhood Social Work team to make contact about an assessment; the navigation and support worker also attend the assessment, and refers Mr G to a local gardening project that offers supervision and support
- Mr G is linked in with a befriending service, who visit once a week to sit and chat over a cup of tea; the befriender also helps him get ready and go to the local gardening club, and a gardening club volunteer walks Mr G home
- Ms G is offered a carer's assessment, and is linked in with the local dementia worker. She attends a peer-support group for carers supporting parents with dementia, and will return as she needs
- Ms G and Mr G agree a plan in case Ms G is unable to provide care, and talk through what respite might look like one day. Ms G and her father don't need these services now, but feel better about what is available when they do

Key differences to current practice

- The Neighbourhood MDT team are able to co-assess Mr G's needs
- Mr G and his daughter are linked into local voluntary services immediately
- Support for Ms G's informal care is identified and provided early, with a clear plan for emergencies
- The GP and MDT team are kept updated about the work the volunteer programme is doing

How will this be delivered

-Voluntary sector pilot, community navigation workstream, changes to MDT (multidisciplinary team) working, changes to adult social care services

Resident Scenario 3

Mr H is 41 and feels that he would like to offer more to his local community but doesn't know how. This comes up in discussion with his GP when he attends to talk about the fact that he feels sad but doesn't want to take medication.

Ms B is 48 and attends the local library to try to find out information about what she could do locally to help in the community. Ms B reports feeling lonely.

What might be different as a result of the Neighbourhood Programme for Mr H and Ms B?

- The GP and Library both know that there is a contact point for individuals wanting to volunteer within their Neighbourhood and put Mr H and Ms B in touch (flexibility of initial approach - person/email/phone)
- The neighbourhood volunteer coordinator meets with Mr H and Ms B and agrees whether they would like to volunteer locally and in what capacity or whether they can be linked into borough wide existing schemes
- The neighbourhood volunteer coordinator has worked with the neighbourhood leadership team, resident panel and used the data profile to target volunteering activity at the specific priorities for that neighbourhood (e.g. social isolation, gardening, rubbish etc.)
- The neighbourhood volunteer coordinator places Mr H and Ms B and follows up with them individually and also provides appropriate training and checks
- There are also regular volunteer get together and social events where neighbourhood volunteers can meet, share experiences and create networks

Key differences to current practice

- Local neighbourhood specific opportunities to volunteer based on resident and service identified priorities
- Local neighbourhood infrastructure for volunteering
- Improved signposting and awareness of ways to get into volunteering
- Neighbourhood specific network of volunteers

How will this be delivered

-Voluntary sector pilot specifically model for volunteers

Resident Scenario 4

Mrs Y is 50 and has multiple and complex needs. She is receiving care from District Nurses, specialist nursing teams, specialists at the Homerton and is also in receipt of support from social services. She attends her GP practice regularly and also has had a number of attendances to the ED at the Homerton over recent months which have not resulted in admission to an inpatient bed.

What might be different as a result of the Neighbourhood Programme for Mrs Y?

- Mrs Y is identified by her GP as requiring additional support due to her complex and diverse needs.
- A virtual MDT is scheduled with all those currently providing care/input to Mrs Y to discuss how best to plan and support Mrs Y going forward
    - A virtual MDT is chosen as it means that all the different teams can be involved without them having to travel to a central location and therefore minimises impact on their normal working day
- Mrs Y is approached by an agreed member of her existing team to check whether she wants to attend and if not what is important to her going forward so that this can be represented in the meeting
- At the MDT meeting, a chair is in place to support the discussions and actions are captured. An agreed management plan is written up reflecting Mrs Y's preferences and an agreed date to follow up is set
- A lead worker is nominated to feedback to Mrs Y on the outcome of the meeting and the agreed plan.

Key differences to current practice

- MDT involving all people involved
- Delivered virtually
- Resident voice in MDT
- Written plan agreed and delivery supported
- Lead worker role

How will this be delivered

- Through the Residents with complex and diverse needs working group

Update to the Integrated Commissioning Board on Year One costs associated with the Neighbourhood development programme

1. Introduction

The Integrated Commissioning Board (ICB) requested an update on the financial position of the Neighbourhood development programme.

This brief report summarises the projected spend of the Neighbourhood development programme for the 2018/2019 financial year.

It provides an overview of the programme underspend which is intended to be carried forward into 2019/2020 to offset the expected expenditure to continue the development of Neighbourhoods.

It concludes by explaining that there will be a business case completed identifying Year Two costs for the continued development of Neighbourhoods and the timeline associated with this.

2. Financial Position

2i. Year One approved budget

A total budget of £818,494 was approved through via the Unplanned Care Board (UPCB), Transformation Board (TB) and ICB (in both Hackney and the City) to begin the development of Neighbourhoods in 2018/2019 in early 2018. The business case detailed the requested costs across the providers and the rationale behind these sums.

A summary of the total costs by provider is summarised in Table 1 below:

Table 1: Summary of total Year One costs (2018/2019) approved by Provider

Provider	Total Approved
Homerton (Hosting Central Programme Team)	293,432
Homerton Provider Costs	110,591
London Borough of Hackney	83,279
City of London	20,000
ELFT	104,375
GP Confederation	166,817
HCVS/Voluntary Sector	35,000
Health Watch	5000
Total	**818,494**

During 2018/2019 a further sum of 137,742 was approved from the Better Care Fund to support the extension of the primary care clinical leads and to support the fixed term appointment of two senior social workers to allow the London Borough of Hackney to test new ways of working.

Table 2 summarises the additional in year costs approved.

Table 2: Summary of In Year costs approved from the Better Care Fund during 2018/2019

Provider	Total Approved
London Borough of Hackney	90,000
GP Confederation	47,742
Total	**137,742**

2ii. Year 1 Projected Spend

Table 3 below summarises the project spend by provider in 2018/2019. A brief summary is provided to provide context for areas of underspend. This table incorporates the additional in year funding outlined in Table 2 above.

Table 3: Projected Year One costs for the development of Neighbourhoods (2018-2019)

Provider	Total Approved	Projected Year End Spend	Variance	Summary of reasons for variance
Homerton (Hosting Central Programme Team)	293,432	186,364	107,068	Spend on additional information analysis resources deferred to Year 2 as initial information support provided within existing resources. Additional underspend on non-pay and project manager costs as post-holder started midway through 2018/2019 financial year and budget was for full year
Homerton Provider Costs	110,591	110,591	0	Expecting total budget to be spent across geriatrician, integration lead, nursing support and therapy input
London Borough of Hackney	173,279	105,779	30,000	2 senior social workers in post from December of 2018/2019. Funding approved for full year costs so remainder can be carried forward to 2019/2020
City of London	20,000	20,000	0	Expecting total budget to be spent on project manager supporting City interface to neighbourhood model

ELFT	104,375	52,000	52,375	The anticipated input of 8 clinical leaders across the neighbourhoods was not required in Year One and therefore costs were significantly reduced
GP Confederation	214,559	214,559	0	Expecting total and additional in year funds to be spent on clinical leads, project management costs and senior supervision
HCVS/Voluntary Sector	35,000	35,000	0	Expecting close to total budget to be spent on HCVS input, seconded project manager and specific project work to support voluntary sector in neighbourhoods
Health Watch	5000	5,000	0	Expecting total budget to be spent as significant activity undertaken in resident engagement work as per agreed plan/schedule
Total	**956,236**	**766,792**	**189,444**	

The programme therefore intends to carry forward an expected sum of £189,444 into 2019/2020 to offset against approved costs for Year Two Neighbourhood development costs. This is dependent upon the approval of a business case for Year Two costs which will be submitted to through the agreed governance process in early 2019.

3. Year Two Costs and Business Case

The development of neighbourhoods is a complex and large scale system change programme with an ambition to transform the way Hackney and City delivers care and supports residents at a local/neighbourhood level.

Similar programmes of change such as the Greater Manchester Health and Social Care Partnership have been working on similar system change programmes for the last five years with plans to continue development work for a further 5 years. This type of work is recognised nationally to require long term support and investment. Investment may be commitment and trust from senior leaders and initially monetary investment to support staff to think, plan, test and deliver changes to service delivery and the way we work with and support residents at a local level.

A business case is being developed identifying Year Two costs for the ongoing development of Neighbourhoods in Hackney and City. This case will provide a summary of what Year One costs have delivered and the platform/foundations this initial funding has provided to enable further change. The business case will request a drawdown of funds from the Better Care fund allocation of 2019/2020 to support ongoing development and delivery work.

Table 4 summarises the business case approval process.

Table 4: Neighbourhood Year Two Costs Business Case Process

Step	Detail	Date
1.	Collation and approval of initial provider costs for Year Two (standardised template agreed and included in Appendix 1) to be reviewed at the Neighbourhood Provider Design Group (operational group with clinical leads, project managers and operational managers)	Early November 2018
2.	Executive Sub Group comprised of key stakeholders from the Steering Group (representing partners across the system) to provide scrutiny and challenge to first draft of Year Two costs	Late November 2018
3.	Revised and scrutinised costs to be written up into a business case and submitted to the UPCB for approval	December 2018
5.	Business case to be submitted to ICB for approval	February 2019

4. Recommendations and Conclusion

The ICB are asked to:

- Note the 2018/2019 Neighbourhood financial position with particular reference to the projected underspend
- Note the intention to carry forward the underspend from 2018/2019 to offset 2019/2020 neighbourhood costs pending approval of a business case for 2019/2020 Year Two Neighbourhood costs
- Note the timeline and intention for a business case for Neighbourhood Year Two costs to be submitted to for approval to ICB in February 2019
- The ICB is also asked to note that the business case will provide a summary of how Year One costs have contributed to the anticipated outcomes from Neighbourhoods and achievements to date

Appendix 1

Suggested Neighbourhoods Year Two Business Case Template

Submission for 2019/2020 Costs

Organisation	
Lead (Including contact details)	
Summary of proposed 19/20 costs **Posts** **WTE** **Band** **Costs**	
Please detail how this builds on from Year 1 costs and expected outcome/impact from investment at the end of Year 1	
Detailed proposal for Year 19/20 neighbourhood costs	
How will this support the delivery of the Neighbourhood Vision – please provide a brief summary	
Please consider and describe how this investment will support neighbourhoods to be sustained	
Summary of milestones associated with investment	
Expected outcomes and impact from additional investment	
Resident/Patient involvement and impact (How will residents be involved in the work proposed) and what impact do you expect the changes to have on them	
Organisational Sign off (CEO/Director)	

Supporting Information

Neighbourhoods Year 2 Business Case

Year 2 costs must demonstrate that they will contribute to the delivery of the current working Neighbourhood Vision and Goals.

Vision

- focus on the wider social and economic determinants of health for the whole population enhancing early intervention & prevention models
- improve the overall health and wellbeing for the City and Hackney population
- reduce inequality of access to services and reduce inequalities in health and social outcomes for the City and Hackney population
- coordinate and plan services with residents around their individual needs
- create empowered communities who are better able to support themselves,
- prevent ill-health and increase their ability to sustainably manage their own wellbeing
- listen to and act on what matters to residents
- will improve the quality of care received and patient experience in a sustainable way

Goals

- To be transformational and innovative with the integration of care
- To be outcomes focused with robust, measurable and reproducible high-quality outcomes
- To be whole population focused as well as at the individual neighbourhood level; serving natural recognised communities;
- To truly understand the needs of the population; with a focus on prevention and a reduction in health inequalities
- To work collaboratively across the system so that strategic planning and measures of success, both with commissioners and providers, are aligned and conducted in partnership where appropriate
- To be a driver of co-production of patient outcomes with residents and patients
- To utilise existing community assets, harness the capacity of the non-registered workforce, and include community groups and local people
- To support and enable the development of a high quality, enthusiastic, and sustainable workforce making City and Hackney the place where people choose to work
- To identify the totality of resources available, and commit to focusing them on the interventions that will have the greatest sustainable impact on population health

At this stage, it is critical that we start to consider the sustainability of the neighbourhood structure if no further investment is available after 2019/2020. All proposals must be for fixed term posts and must have a plan as to how changes and structures can be maintained after this fixed term funding has ended.

Proposals should demonstrate how they will link into formal commissioning and contracting rounds where the work has shown that there needs to be changes to the way that services are delivered to support effective neighbourhood working.

Proposals should also clearly explain how the year 2 costs link to the previous investment and what the Year 1 investment has achieved or is expected to achieve by the end of the investment. Where Year 1 costs can be extended into Year 2 due to late starts of posts, please explain this and outline how additional costs relate to this.

Where possible please link any requests for investment to evidence/good practice outside of Hackney and City. It is helpful for others to see where similar models have worked elsewhere and what the impact has been.

Please keep residents/patients at the heart of proposals and outline how the proposed work will make a difference (ideally how we'll measure that difference too) to residents and how they'll be involved in the work.

Please ensure that there is senior sign off and commitment to any requested investment as the business case will require sign off through the Transformation Board and Integrated Commissioning Boards

Title of report:	Re-tendering of Hackney Services for Unpaid Adult Carers - Business Case
Date of meeting:	17 January 2019
Lead Officer:	Gareth Wall - Head of Commissioning for Adult Services
Author:	Daniel Lilley - Commissioning Officer (Older People and Long Term Conditions)
Committee(s):	Integrated Commissioning Board - for decision - 17 January 2019 Cabinet Procurement Committee - for decision - 12 February 2019 Prevention Core Leadership Group - for information - 12 February 2019
Public / Non-public	Public - Business Case, Appendix 1 & Appendix 2

Executive Summary:

This report proposes the procurement of three contracts that shall together provide the unpaid carers service for adults aged 18 plus in the London Borough of Hackney.

One contract shall be competitively procured to deliver the 'Prevention, Early Intervention and Outreach' service to all carers. The total contract value over five years will be c.£1.0m (based on £201,407 per annum) and the service shall consist of:

- Information, advice and signposting; outreach and early identification; initial assessments/screening; carers groups; peer support; carers contingency planning; emergency signposting.

One contract shall be insourced to London Borough of Hackney to deliver the 'Longer Term and Targeted Support' service and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.
- A Carers Development Officer for the first 12 months (extendable for a further six months) to embed and mobilise new service and culture change needed.
- Development of technology to support the operation of the model. This shall include establishing a robust portal and screening tool for effective data sharing and triaging through a screening tool.

One contract shall be directly awarded to East London NHS Foundation Trust to deliver the 'Longer Term and Targeted Support' service for carers of individuals with mental health needs only and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.

The total contract value over five years for the 'Longer Term and Targeted Support' contracts will be c.£2.4m (based on a rising annual value starting at £463,403 per annum).

This proposal recommends a significant element of insourcing be established at a financial rate of circa 70% across the lifetime of the service. Further negotiations with East London NHS Foundation Trust are ongoing regarding the portion of assessments that they would

expect as a result of the service model however the insourcing element shall still be substantial.

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 **APPROVE** the contracting options set out in the report.

Links to Key Priorities:

The service shall support the Prevention workstream to achieve its aim of 'Supporting people to manage their own health and wellbeing - Improve awareness & use of prevention & support services, and help people look after their own health' priority theme.

Specific implications for City

Although the service shall deliver in Hackney only, services can be accessed by carers who don't live in Hackney providing the person they care for does. This therefore means the carers residing in City may be impacted by the change in service.

Specific implications for Hackney

Improved service for unpaid Adult Carers in Hackney to meet the following principles:

- A good-quality service that support all carers in or out of the borough.
- A personalised service that puts the carer at the heart.
- Clear offer and support available.
- Proactive outreach in the community and increased visibility.
- A flexible and accessible service that meets carers needs e.g. Charedi, Learning Disabilities.
- Information that is shared appropriately to all parties.
- A smoother journey for carers through services.

Patient and Public Involvement and Impact:

A consultation exercise was carried out by the Adult Commissioning Team at London Borough of Hackney between 10th September 2018 and 18th October 2018. The purpose of the consultation was to give carers and key stakeholders the opportunity to provide their feedback on existing services and what could improve the offer for carers in the future.
The Council offered the following opportunities for carers to provide their views on services:

- Online Questionnaires
- Paper Questionnaires
- 6 x Focus Groups
- 1:1 Discussions Offered
- Co-production Group

The learning from this feedback has been used to co-design the new service model.

There will be further engagement with carers and stakeholders in January 2019 to feedback on the consultation and the 'You Said, We Did' report. This feedback will be used to influence the development of the service specifications however the service model detailed in this report won't change.

A Carers Co-production group was established in 2018 to enable ongoing, consistent and meaningful involvement with the redesign project throughout all stages. The group has been involved from the start of the project, and so far has informed our approach to consultation, designed our consultation questionnaire and told us that there is room for improvement in the current service. Through monthly meetings, the group will continue to co-produce the new service, ensuring the carer's experience remains central to the redesign.

Clinical/practitioner input and engagement:

A consultation exercise was carried out by the Adult Commissioning Team at London Borough of Hackney between 10th September 2018 and 18th October 2018. The purpose of the consultation was to give carers and key stakeholders the opportunity to provide their feedback on existing services and what could improve the offer for carers in the future.
The Council offered the following opportunities for carers to provide their views on services:

- Online Questionnaires
- 2 x Internal Stakeholder Workshops
- Assessors Forum
- Market Engagement Event

The learning from this feedback has been used to co-design the new service model.

There will be further engagement with carers and stakeholders in January 2019 to feedback on the consultation and the 'You Said, We Did' report. This feedback will be used to influence the development of the service specifications however the service model detailed in this report won't change.

Equalities implications and impact on priority groups:

An Equality Impact Assessment (EIA) has been completed for this proposal. The EIA indicates that there are many positives in this approach for carers, with the lead organisations being able to standardise quality, training and the promotion of Equality.

Furthermore the service will be expected to ensure that it meets the needs of the diverse population of Hackney. This includes producing materials in different languages and locales appropriate to those groups.

Safeguarding implications:

All contracts shall require organisations to have in place a Safeguarding Policy and Procure that meet the minimum requirements set out within the service specification. This shall include safeguarding training for all staff members that is regularly refreshed.

Impact on / Overlap with Existing Services:

The redesign shall support the following areas of local policy:

- Hackney Community Strategy 2018-2028
- Hackney Young Carers Strategy 2015-2018
- Supporting Adult Carers - Health in Hackney Scrutiny Commission 2018

The redesign shall support the following areas of national policy

- Care Act 2014
- Better Care Fund
- NHS Five Year Forward View
- Building The Right Support 2015

The Social Care Green Paper 2018 and the new Mental Health Bill have not yet been published, but commissioners are aware they will inform future service delivery and will ensure that services will be adaptable enough to meet changing needs.

Supporting Papers and Evidence:

Business Case - Re-tendering of Services for Unpaid Adult Carers for details.
Appendix 1: Equality Impact Assessment
Appendix 2: 3 Conversation Model

Sign-off:

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

Hackney

TITLE OF REPORT - Re-tendering of Services for Unpaid Adult Carers

BUSINESS CASE

Key Decision No CACH P63 (Level 2)

CPC MEETING DATE (2018/19) **12 February 2019**	**CLASSIFICATION:** **Open** **If exempt, the reason will be listed in the main body of this report.**
WARD(S) AFFECTED **All Wards**	
CABINET MEMBER **Cllr Feryal Demirci** **Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks**	
KEY DECISION **Yes** **REASON** **Affects Two or More Wards**	
GROUP DIRECTOR **Anne Canning, Group Director Children, Adults and Community Health**	

1. CABINET MEMBER'S INTRODUCTION

1.1 This report proposes the procurement of three contracts that shall together provide the unpaid carers service for adults aged 18 plus in the London Borough of Hackney.

1.2 The following definition is being applied to adult carers referred to within this Business Case:

- A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or addiction cannot cope without their support.
- An adult carer is someone aged 18+ who cares for someone aged 18+.
- The carer doesn't have to live in Hackney however the person they care for must.

1.3 One contract shall be competitively procured to deliver the 'Prevention, Early Intervention and Outreach' service to all carers and will consist of:

- Information, advice and signposting; outreach and early identification; initial assessments/screening; carers groups; peer support; carers contingency planning; emergency signposting.

1.4 One contract shall be insourced to London Borough of Hackney to deliver the 'Longer Term and Targeted Support' service and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.
- A Carers Development Officer for the first 12 months (extendable for a further six months) to embed and mobilise new service and culture change needed.
- Development of technology to support the operation of the model. This shall include establishing a robust portal and screening tool for effective data sharing and triaging through a screening tool.

1.5 One contract shall be directly awarded to East London Foundation Trust to deliver the 'Longer Term and Targeted Support' service for carers of individuals with mental health needs only and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.

1.6 This proposal recommends a significant element of insourcing be established at a financial rate of circa 70% across the lifetime of the service. Further negotiations with East London Foundation Trust are ongoing regarding the portion of assessments that they would expect as a result of the service model however the insourcing element shall still be substantial.

1.7 These services will ensure the Local Authority meets it's statutory duty under the Care Act 2014 as well as ensuring the service is flexible that allows it to accommodate for any future changes in legislation, policy and practice.

1.8 In line with our programme to integrate health and social care systems locally, this redesign shall support the Prevention workstream to achieve its aim of 'Supporting people to manage their own health and wellbeing - Improve awareness & use of prevention & support services, and help people look after their own health' priority theme.

1.9 The Prevention workstream has been consulted on the proposal and the Business Case was approved via the Integrated Commissioning Board in January 2019.

2. GROUP DIRECTOR'S INTRODUCTION

2.1 This report seeks pre-tender approval for the procurement of one contract and the direct award of two contracts to deliver services for adult carers aged 18 plus in the London Borough of Hackney.

2.2 Current carers contracts in scope of this procurement include:

- City & Hackney Carers Centre – Carers Coordination Service
- City & Hackney Carers Centre – Carers Assessment Review and Support Services
- City & Hackney Carers Centre – Carers Support Groups
- Bikur Cholim – Carers Assessment Review and Support Services
- Alzheimer's Society – Carers Assessment Review and Support Services
- Outward – Support Planning Service

2.3 As part of current arrangements a partnership of organisations known as Carers Are The Bedrock was established to enable carers to have a choice about who undertook their assessment. These include those named above as well as City and Hackney Mind, Derman and Age UK who currently deliver assessments. Proposals within this Business Case shall also impact these organisations.

2.4 The three contracts will will bring together the adult carers services to improve the offer and support carers to continue their caring role for as long as possible.

2.5 Contracts are intended to commence on 1st October 2019 and be three years in length, with the option to extend for a further one plus one years.

3. RECOMMENDATION(S)

3.1 The Cabinet Procurement Committee is recommended to:

- Agree to a competitive 'open' tender procedure for a new 'Prevention, Early Intervention and Outreach' service for 3 years with an option to extend for a further 2 years. (3+1+1 years). The total contract value over five years will be c.£1.0m (based on £201,407 per annum).

- Agree to directly award one contract each to London Borough of Hackney and East London Foundation Trust for a 'Longer Term and Targeted Support'' service for 3 years with an option to extend for a further 2 years. (3+1+1 years). The total contract value over five years will be c.£2.4m (based on a rising annual value starting at £463,403 per annum).

4. RELATED DECISIONS

4.1 None.

5. REASONS FOR THE BUSINESS CASE

5.1 The London Borough of Hackney (LBH) is committed to ensuring that its residents have access to good quality services that deliver positive outcomes, promoting independence and social inclusion. In the current financial climate, ensuring the best use of resources and sustainability is a key driver. The Council's priority is therefore to ensure effective and efficient service delivery.

5.2 LBH have externally commissioned services to deliver carers assessments, information and advice, carers groups and support planning since 1st October 2014 with the final extensions of these services allowing funding until 30th September 2019.

5.3 LBH Commissioners are concerned that the current service model for carers that is being delivered predominantly by external providers is not fully allowing the Council to meets it duty under the Care Act 2014. In addition, the current service model does not fully support the council vision of promoting independence and social inclusion.

5.4 It is also acknowledged by LBH commissioners that the current service model does not deliver the best outcomes for carers and a Service Improvement Plan process has been put in place. While this has resulted in some improvements this isn't a sustainable approach in the long term and a redesign of services is needed.

5.5 Furthermore because contracts for these services are coming to an end, procurement regulations place a requirement on commissioners to review these contracts.

5.6 Every two years the Council conducts a statutory survey of carers receiving support within the borough. This survey seeks the views and opinions of carers on a number of topics that are considered to be indicative of a balanced life alongside their caring role. Hackney's most recent survey for 2016/2017 showed some disappointing results, with carers surveyed reporting a decline in satisfaction across some key areas when compared with that of the previous survey. The results indicated that the current service model, approach and care pathways were not working as well as they might be.

5.7 In addition to this, the current carer's pathway is very fragmented. The pathways for support varies according to the organisation / service / team acting as an access point. The redesign of carer's services shall ensure that the

pathway is simplified and focused on key outcomes as identified by the Care Act and the Health in Hackney Scrutiny report February 2018.

5.8 The Adults Commissioning team have consulted with a wide range of carers who use these services and stakeholders to develop the proposed model as set out in this report. See Section 9 for full details.

5.9 A Carers Co-production group was established in 2018 to enable ongoing, consistent and meaningful involvement with the redesign project throughout all stages. The group has been involved from the start of the project, and so far has informed our approach to consultation, designed our consultation questionnaire and told us that there is room for improvement in the current service. Through monthly meetings, the group will continue to co-produce the new service, ensuring the carer's experience remains central to the redesign.

5.10 The foundation of this proposal is to develop the best offer for unpaid adult carers in Hackney to support them to maintain their caring role, live independently, and achieve good health and wellbeing. While savings aren't a driver for the project, they shall be considered where possible and not at the detriment of service delivery.

3 Conversation Model

5.11 As part of Adult Services 'Promoting Independence' transformation programme, it was agreed that a clearly defined approach to practice was required, which articulates our approach to providing care and support and emphasises the importance of a personalised and 'strengths based approach', where practitioners focus on the strengths and assets of individuals as well as their wider networks and community, rather than just the needs and challenges. This approach will change the way in which care and support is provided across Adult Services.

5.12 Carers are critical to the health and social care economy and we must value them and ensure that they are able to access information and support, to enable them to continue in their caring role. It was felt that adopting the 3 Conversation model when developing the model is vital to ensure synergy with the future of Adult Services locally. Further details can be found in Appendix 2.

5.13 Using the 3 Conversation approach, the elements in scope for this proposal were split into categories below alongside wider services available within the Borough that carers may access:

Conversation 1: Prevention, Early Intervention and Outreach	
In Scope	**Wider Services**
Proactive community outreach including those who are hard to reach; carers groups & peer support; befriending; online information/directory of services; guidance and self-assessment; employment support; scheduled & planned training for carers; training for carers by carers;	GoodGym; Public Health initiatives; Making Every Contact Count; health coaches; assistive technology; 'Think Carer' approach; parking permits; psycho-education; employment support via the LBH Supported Employment

contingency 'what if'/crisis planning; social media communications; creative sharing of information; carers card scheme; awareness raising including working with GPs; clear definition of a carer and eligibility (demand and resource); welfare/housing/benefits advice; support for working carers	programme; welfare/housing/benefits advice; health & wellbeing activities; Community Connectors
Conversation 2: Crisis and Immediate Response	
In Scope	**Wider Services**
Emergency signposting	City and Hackney Crisis Pathway Services; HAPS/Shared Lives placements; place of safety; reassessment of package - mainly for cared for person; duty number; emergency services; 4 hour response in mental health crisis; Anti-social Behaviour Team; GP Out of Hours; Paradoc; replacement care; home care services; implementation of crisis plan
Conversation 3: Longer Term and Targeted Support	
In Scope	**Wider Services**
Personalised support plans; carers review; carers assessment; peer support;	Assessment and reviews of those who carers care for; short breaks; respite; housing related support; volunteering and befriending; resident sustainment; wellbeing network; IAPT; generic counselling; grants e.g. charity, psychological and emotional support; sitting services; direct payments;

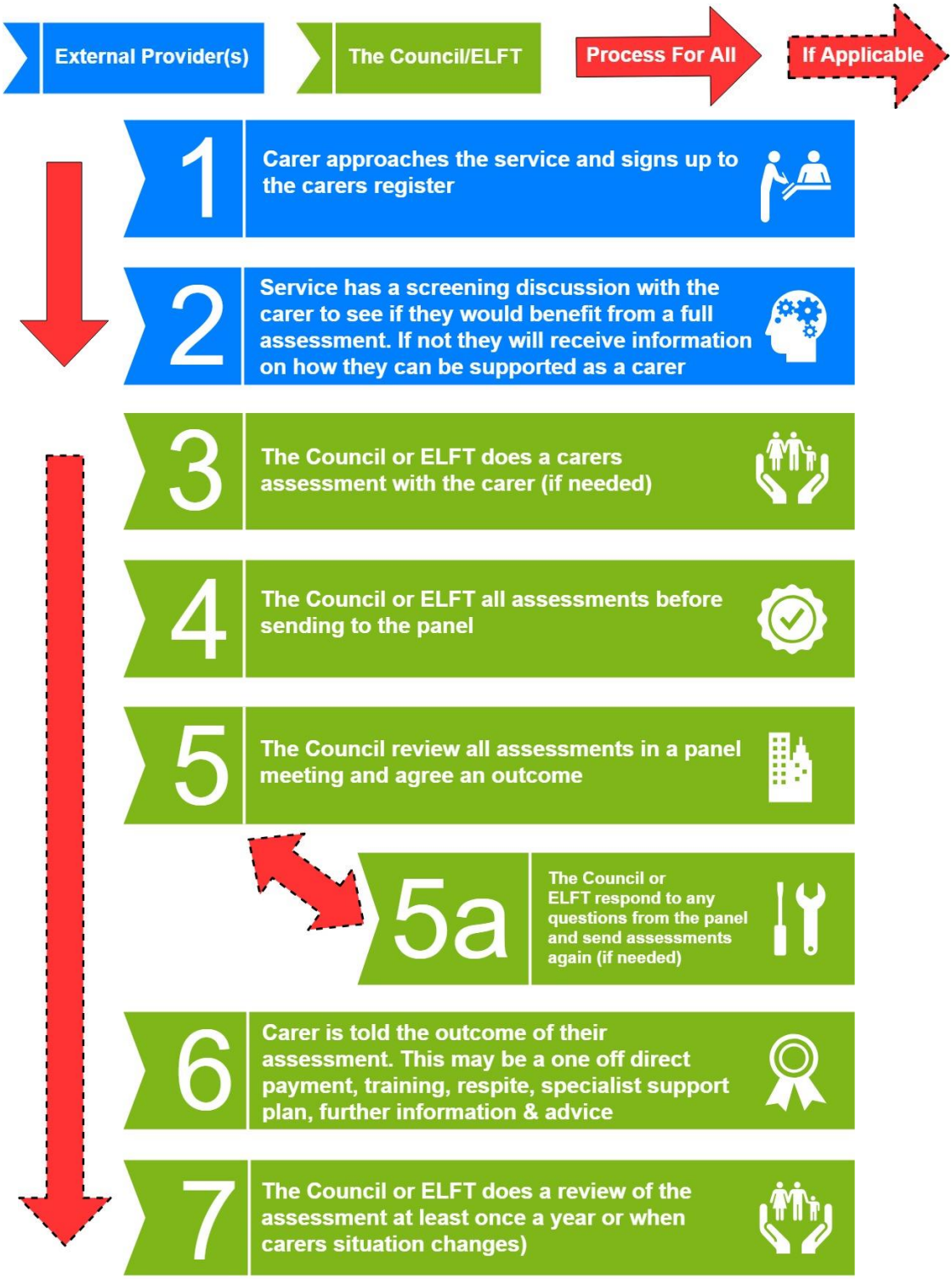
Principles

5.14 The future services and wider offer for carers shall aim to meet the following principles, which have been co-produced with carers:

- A good-quality service that support all carers in or out of the borough.
- A personalised service that puts the carer at the heart.
- Clear offer and support available.
- Proactive outreach in the community and increased visibility.
- A flexible and accessible service that meets carers needs e.g. Charedi, Learning Disabilities.
- Information that is shared appropriately to all parties.
- A smoother journey for carers through services.

Pathway

5.16 The following pathway diagram shows the route through the future service for carers:



5.17 Universal services that may be offered to carers as part of step 2 of the pathway include carers groups; peer support and carers contingency planning.

5.18 It is proposed that the decision on which team should undertake a carers assessment shall depend on the condition of the cared for person and what team they are known to e.g. Mental Health, Integrated Learning Disabilities, Adults Long Term Team. Where the cared for person isn't know to services

they shall be assessed as part of the Information and Assessment Team. The portal with the Mosaic information system shall enable to External Provider(s) to direct the referral for assessment accordingly. Further work shall be undertaken to ascertain how the referrals are directed to teams however this shall be undertaken by London Borough of Hackney.

5.19 The mechanisms to ensure this model works with London Borough of Hackney and East London Foundation Trust information systems shall be further defined as part of pathway workshops prior to the new service commencing.

Anticipated Benefits of the New Model

5.20 Key learnings from the operation of the current service, the existing service improvement plan, and input from stakeholders and carers will be embedded to improve the experience for carers in Hackney bringing the following benefits:

- The model will utilise the strengths of an external provider and the strengths of social workers to bring the carers assessment closer to the assessment for the cared for. This will enable a more holistic and family overview - ensuring appropriate outcomes to meet all needs.
- External provider(s) are closer to the community and perceived as independent, this could provide a more approachable first contact point for carers.
- Potential to reduce unnecessary hand-offs in the process which has been a key challenge of the current model.
- It will allow for greater risk management and clear delineation of statutory duties.
- The initial screening should help manage demand for assessments completed by LBH/ELFT and enable a proportionate response.
- A larger contract allows for bigger pool of staff with mixed skills and from multiple backgrounds to reflect the Hackney resident demographics including more choice of male and female workers.
- A Lead Provider model provides scope for the organisation to work with a range of other organisations including local small-medium enterprises and the voluntary and community sector which know Hackney's communities and residents well.
- The service shall be accessible for all carers however subcontracting to other organisations or partnership arrangements are encouraged where it shall bring value.
- Multi-skilled staff, who can work with all groups of people with mixed needs.
- Reduced provider management costs should increase value for money.
- Reduced costs to local authority in monitoring contracts.

6. BENEFITS REALISATION / LESSONS LEARNED

6.1 The following points details the lessons learnt during the operation of the current services:

- The current contracts were set up prior to the Care Act 2014 and were not set up to fully consider its requirements. There is a need for the new contract to ensure that Provider(s) can adopt a flexible approach to changing policy.

- The contracts to deliver information/advice and assessments were set up on a payment by results basis which in practice isn't an appropriate contracting approach because it doesn't provide stability for commissioned providers. This has since been altered to a block contract value.
- At that time of procurement, the Council opted for an innovative approach by commissioning a voluntary and community sector partnership Carers Are the Bedrock to deliver carers assessments on its behalf. In practice the model doesn't work as well as anticipated and whilst it gives carers choice and control about where they can go to for an assessment, this has led to a fragmentation of approach and experience.
- Pathways and interfaces had not been clearly defined ahead of the current contract initiation, leading to an unnecessarily complex pathway which slowed outcomes for carers.
- Information sharing systems and IT requirements have not been adequate in the current contract. The Provider was unable to access the Adult Social Care client database (Mosaic), and there has been a heavy reliance on manual systems and processes which have slowed outcomes significantly. The new contract will require investment in an information sharing portal between the Provider(s) and the Council, and development of a carers pathway module on Mosaic. The responsibility for creating and maintaining the portal shall lie with the Council.
- The current contract has faced persistent challenges relating to poor quality of statutory assessments that has required additional resource from Adult Social Care to support and a Service Improvement Plan process that has been put in place. While this has resulted in some improvements this isn't a sustainable approach in the long term.
- Too many smaller contracts adds to the management cost which takes funding away from direct services for carers.
- Over the course of the contract, it become clear that whilst commissioning a provider to manage of carers assessments was an innovative one, the practicalities of the day to day operation are significant and operating across a wide range of partners had led to a complex landscape and a fragmented offer. In order to respond to the challenges and complexities an Interim Carers Team was established. They are responsible for the timely processing of carers assessments and the management of the interface between the VCS partners and Adult Social Care.

7. STRATEGIC CONTEXT

7.1 The proposals support the Best Value duty of the Council. We have carried out a series of consultation events with providers, potential providers, large and small voluntary sector providers and wider stakeholders. This paper and proposals have been informed by these consultations.

7.2 Social Value will be sought. This will include asking providers to define their offer or social value which will be evaluated as part of the tender process.

7.3 The Mayor's Priorities

Mayors Priority	How this proposal will support the priority
Tackling inequality	These proposals ensure that the services being commissioned are available to those who need it, promoting equal access to services irrespective of health or social status. The services shall proactively reach out to carers who currently don't access services in methods that suit their needs. The proposal has been assessed using the Councils Equality Impact Assessment to ensure it meets the Equality Act 2010 requirements.
An ambitious and well-run Council that delivers high quality services,	Commissioners believe that the proposal is ambitious and through open procurement we will be able to award contracts to only those services that demonstrate the highest quality of services. With both procured services and direct award we will develop well defined specifications that will hold those delivering services to account.
Prioritising quality of life and the environment	Through the procurement process we will ask providers to address environmental impact of their services, including the use of energy efficient equipment, installation of solar panels and environmental impact policies and procedures. Additionally we shall ensure that the service allows for flexible access for example phone or internet access where appropriate. This would shall be person centred around each carers needs and ability.
Connecting with Hackney's communities	The specification will encourage the provision of volunteering and peer workers. The service at its core shall work to connect carers to to their local communities, setting up local peer-led support groups and support mechanisms, to reduce isolation and promote inclusion.

8. POLICY CONTEXT

8.1 Local Policy

- Hackney Community Strategy 2018-2028: This strategy sets out the Council's overarching vision for Hackney over the next decade up to 2028. It provides direction for all of the Council's decision making throughout this period and a focus for its work in partnership with residents, businesses, local organisations and community groups.
- Hackney Young Carers Strategy 2015-2018: This multi-agency young carers strategy sets out the Councils' and their partners' commitment to improving the lives of and outcomes for young carers and their families in Hackney. Transition into adult carers services is a critical link to this project to ensure a smooth journey for carers.
- Supporting Adult Carers - Health in Hackney Scrutiny Commission 2018: The Scrutiny Commission report provides key recommendations that aim to be addressed as part of this new service model.

8.2 National Policy

- Care Act 2014: The Care Act is a national piece of legislation that Local Authorities must deliver upon which includes statutory requirements in relation to carers.

- National Carers Action Plan 2018 to 2020: The action plan outlines the cross-government programme of work to support carers in England and builds upon the Carers Strategy 2008.
- Better Care Fund: The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- NHS Five Year Forward View: The Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.
- Building The Right Support 2015: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

8.3 The Social Care Green Paper 2018 and the new Mental Health Bill have not yet been published, but commissioners are aware they will inform future service delivery and will ensure that services will be adaptable enough to meet changing needs.

9. CONSULTATION AND STAKEHOLDERS

9.1 A consultation exercise was carried out by the Adult Commissioning Team at London Borough of Hackney between 10th September 2018 and 18th October 2018.

9.2 The purpose of the consultation was to give carers and key stakeholders the opportunity to provide their feedback on existing services and what could improve the offer for carers in the future.

9.3 The Council offered the following opportunities for carers, stakeholders and the wider market:

- Online Questionnaires (Carers & Stakeholders)
- Paper Questionnaires (Carers)
- 6 x Focus Groups (Carers)
- 2 x Internal Stakeholder Workshops (Statutory Service Managers & Operational Staff)
- Assessors Forum (Commissioned Carers Assessors)
- Market Engagement Event (Provider Market)
- 1:1 Discussions Offered (Carers)
- Co-production Group (Carers)

9.4 Across all consultation methods 114 carers and 37 stakeholders responded. While the consultation events were well advertised and the methods to engage were varied to encourage responses, a low number of respondents took part in comparison to the total number of registered carers (1952).

9.5 A consultation report titled ‘Help Shape Adult Carer’s Services in Hackney’ has been published and provides further detail about the findings.

9.6 The key themes about the current carers service and considerations and learnings for the new service that emerged from the consultation are summarised below:

Current Service

- Lack of clarity around the offer and process for carers - carers are not aware of the services available and their entitlement.
- Long wait for assessment outcomes.
- Assessments are inconsistent and can be poor quality.
- There are too many organisations involved and communication can be poor - results in handoffs.
- Focus is on securing direct payments and less on the carer as a whole.
- Services are not always accessible i.e. limited opening hours, language barriers, lack of options on how services can be accessed.
- High staff turnover has negative impact on delivery.
- Information, advice and signposting is not always satisfactory.

Feedback and learnings for new service

- Social workers likely to be more proficient at completing carers assessments, but trust may need to be built - In the future service assessments shall be undertaken by social workers. Trust shall be built with carers by providing them a better service experience and shall be a focus of the Carers Development Officer role.
- Need to limit the number of providers to reduce handoffs in the process and improve clarity of offer and communication with carers - The new model structure aims to reduce the number of handoffs and organisations involved in the process.
- Proactive outreach, awareness raising and identification of carers is needed, as opposed to expecting carers to initiate support - Outreach shall be a clear focus of the new service to not only raise the profile of services available but also identify 'hidden' and 'hard to reach' carers in a proactive manner.
- Assessments need to be high quality, consistent, and outcomes reported quickly - The requirement for qualified social workers to undertake assessments and reduced handoffs in the process shall ensure carers have their assessment, support plan and outcome completed in a timely manner.
- Services need to be more accessible - Future services shall have to evidence how they are meeting the diverse needs of the borough so carers can access services in a way that is appropriate to them.
- Improved coordination of respite may be required - Bringing the carers assessment closer to the assessment for the cared for will enable a more holistic and family overview to meet their needs.
- Offer should include a wider range of services including greater information and advice, advocacy, and events - The future service shall have a greater focus on information and advice to help carers at the first conversation in line with 3 Conversations Model.
- Staff turnover needs to be well managed, with good handover processes in place - While the impact of staff turnover can't be totally mitigated, the embedding of the 3 Conversations approach will aim to have 'quality conversations' where the staff member can get to know the carer on an

individual basis. Better data sharing shall also aim to avoid carers having to tell their story numerous times.

- Data collection and sharing processes need to improve - The implementation of a data sharing portal and close links between the carer and the person they care for shall bring vast improvements.

9.7 There will be further engagement with carers and stakeholders in January 2019 to feedback on the consultation and the 'You Said, We Did' report. This feedback will be used to influence the development of the service specifications however the service model detailed in this report won't change.

10. PREFERRED OPTION

10.1 External Provider(s) to conduct screenings and LBH/ELFT to conduct full assessments.

External Provider(s): Information, advice and signposting; outreach and early identification; initial assessments/screening; carers groups; peer support; carers contingency planning; emergency signposting.

LBH/ELFT: Full assessments; support planning, direct payments; carers contingency planning; emergency signposting.

10.2 As stated in 1.6 this proposal recommends a significant element of insourcing be established at a financial rate of circa 70% across the lifetime of the service. This compares to 35% of the overall budget which is currently insourced, however this current arrangement is only temporary as stated in 6.1.

10.3 It is proposed that the Prevention, Early Intervention and Outreach service is outsourced based upon the following rationale:

- Consultation indicated that carers 80% of carers would prefer to get their information and advice from sources external to the Council. This mirrors Commissioners assumptions that external provider(s) are closer to the community and perceived as independent by carers.
- External provider(s) tend to be perceived as more culturally sensitive and therefore would likely be able to engage 'hidden' and 'hard to reach' carers in the first instance and are therefore best placed to deliver outreach.
- Bringing all services in-house would send a significant message to the market. We would anticipate the market would want reassurances that Hackney Council would not be seeking to bring all services in-house, and charities and non-profit making organisations we work with could approach the Council seeking other reassurances - which would in turn mean these organisations might reconsider any future investments into the area. This is linked to damage to reputation within the marketplace.
- Having the initial screening completed by an external provider(s) aims to help manage demand for assessments completed by statutory bodies.

10.3 It is proposed that the Longer Term and Targeted Support service insourced based upon the following rationale:

- Social workers should be more proficient at completing carers assessments, however this comes with a caveat that trust may need to be built with carers.
- The current contract has faced persistent challenges relating to poor quality of statutory assessments because external provider(s) aren't trained social workers. While this could be made a requirement of an external provider(s) in the future it would lead to fragmentation. The logical approach is to dovetail this into the established social work system.
- Although it was originally assumed that delivering assessments externally would imbue a financial saving, after further cost profiling it was apparent that the difference would be negligible. Due to the potential risks associated with the inability to meet statutory obligations through external provider(s) it was felt not pragmatic.
- The implementation of the 3 Conversation model can be further bolstered by bringing the carers assessment closer to the assessment for the cared to enable a more holistic and family overview.

11. ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)

11.1 <u>Option One:</u> The External Provider(s) undertakes the assessment function and support planning.

External Provider(s): Information, advice and signposting; full assessments of carers (joint assessments excluded); support planning; peer support, carers groups; carers contingency planning; outreach & early identification; emergency signposting.

LBH/ELFT: Management of cases which involve the joint assessment of the carer and the cared for; direct payments; complex assessments / assessments where the individual is known to services; emergency signposting.

Advantages	Disadvantages
● External provider(s) are closer to the community and perceived as independent by carers ● Assessment often leads naturally from outreach/ identification and information and advice ● External provider(s) tend to be perceived as more culturally sensitive ● Could provide a coordinated, high quality service with an experienced and proficient lead organisation ● The model will be tendered out to select the best supplier ensuring it is quality checked and robust ● Reduce demand on statutory services based on current financial resources and capacity	● External provider(s) are potentially less proficient in statutory assessment and support planning - risk of poor quality, skills and consistency (based on current experience) ● Potential lack of holistic view due to poor information sharing and joined up working (with associated risk to LBH) ● Separation of complex assessments and support plans delivered by LBH can lead to inefficiencies, in terms of number of handoffs, time taken and costs ● Requires developing a robust portal and interface for interaction between LBH and external provider(s)

11.2 <u>Option Two:</u> LBH/ELFT undertake all the assessments and support planning functions.

External Provider(s): Information, advice and signposting; peer support, carers groups; outreach & early identification; carers contingency planning; emergency signposting.

LBH/ELFT: Assessments and support planning in all cases; direct payments; support planning; emergency signposting; carers contingency planning.

Advantages	Disadvantages
● Stronger links with care management and the assessment of the cared-for person, bringing all carer assessments into one organisation ● Greater control of the process, ensure that LBH is meeting its statutory duty in relation to carers ● Potential for a more holistic view due to better information sharing and joined up working ● Opportunity to create stronger links and pathways with other LBH departments including Housing and CYPS.	● Less knowledge of the local community provision - making it more challenging to connect carers to universal support ● Need to enhance the interface between LBH and external provider(s) ● Distinguishing and meeting the levels of need/demand could present additional challenges to LBH. ● Potential for drop-off between carer identification in community, and assessment

11.3 Recommendation

- **Option One** could potentially reduce handoffs as external provider(s) can continue contact with carer from initial discussion though to assessment. The **key risk** of this model is external provider(s) not having the capacity to meet statutory duties and the reputational risk of this to LBH. A better defined service specification, close monitoring and support from LBH would be needed to mitigate this.

- **Option Two** allows for greater control of the process, helping to ensure that LBH meets its statutory duty in relation to carers. The **key risk** of this approach is that may pose capacity challenges, meaning in-house teams are unable to meet demand in a timely way. LBH would need to build trust with carers.

- **Preferred Option** utilises both the strengths of the external provider(s) and the strengths of social workers and the statutory sector, and allows for risk mitigation regarding meeting our statutory duties under the Care Act (2014). The introduction of an initial screening stage could help manage demand by ensuring only those with eligible needs are coming through to LBH for assessments. A **risk** is the screening tool not effectively managing demand, and subsequent capacity issues for LBH services.

12. SUCCESS CRITERIA/KEY DRIVERS/INDICATORS

12.1 The proposals will support the achievement of the Adult Social Care Outcomes Framework for 2018/19 (ASCOF), as follows:

Domain 1	Enhancing quality of live for people with support needs in particular
1 (D)	Carer-reported quality of life
1 (L)	Proportion of people who use services and carers, who reported that they had as much social contact as they would like.
Domain 3	Ensuring that people have a positive experience of care and support
3 (B)	Overall satisfaction of carers with social services
3 (C)	The proportion of carers who report that they have been included or consulted in discussion about the person they care for
3 (D)	The proportion of people who use services and carers who find it easy to find information about support
Domain 4	Safeguarding
4 (B)	Proportion of people who use services who say that those services have made them feel safe and secure

13. WHOLE LIFE COSTING/BUDGETS

13.1 The whole life budget for the new service is set at £3,474,810 based on current annual budget of £694,962 for existing contracts.

13.2 The following table details the costings for the whole carers service split by the service that shall be predominately insourced ('Longer Term and Targeted Support') and the contract that shall be competitively procured ('Prevention, Early Intervention and Outreach').

Service Element	Year 1	Year 2	Year 3	Year 4	Year 5
Longer Term and Targeted Support					
No of additional carers assessments in new service	644	823	1,003	1,183	1,364
Cost of assessments and support planning as part of new service	£151,330	£197,259	£245,210	£295,000	£346,938
Direct Payments	£174,566	£147,038	£163,204	£179,455	£195,734
IT/digital development - Mosaic workflow and screening tool	£75,000	£50,000	£50,000	£50,000	£50,000
Carers Development Officer	£62,507	£31,879	£0	£0	£0
Total cost:	**£463,403**	**£426,176**	**£458,414**	**£524,455**	**£592,672**
Prevention, Early Intervention and Outreach					
Peer Support	£60,628	£60,628	£60,628	£60,628	£60,628
Information, Advice and Guidance (IAG)	£91,014	£91,014	£91,014	£91,014	£91,014

Outreach	£49,765	£49,765	£49,765	£49,765	£49,765
Total cost:	**£201,407**	**£201,407**	**£201,407**	**£201,407**	**£201,407**
Overall cost:	**£664,810**	**£627,583**	**£659,821**	**£725,862**	**£794,079**
Budget available	**£694,962**	**£694,962**	**£694,962**	**£694,962**	**£694,962**
Deviance (per year)	**-£30,152**	**-£67,379**	**-£35,141**	**£30,900**	**£99,117**
Deviance (contract life)	**-£2,655**				

13.2 Assessments and support planning figures detailed above only include the additional capacity to be delivered as part of this procurement, this excludes the 811 already delivered by LBH based upon 2017/18 data.

13.3 Rationale for Longer Term and Targeted Support services:

- Greater London Authority population projections alongside the percentage of adult carers in Hackney (Census 2011) have been used to project future adult carer populations in Hackney. In year 1, 9% of carers in the borough are anticipated to have an assessment (matching the 2017/18 reach), from year 2 onwards it increases by 1% per annum for the life of the contract. This aims to ensure that the population increase is met consistently as well as reached more carers year on year from year 2.
- Costs of assessments have been estimated through dividing the target number of assessments by the average number of assessments a PO3 Social Worker can complete per year, and multiplying by the salary (with on-costs, management costs and 2% annual uplift).
- Negotiations are ongoing to confirm how the assessment money shall be proportioned based upon anticipated demand across social care teams and organisations. Arrangements shall be confirmed in the coming months alongside a regular review schedule to ensure the financial resources follow the activity.
- Direct payments have been calculated as 40% of <u>all</u> assessments leading to a direct payment, and an average amount of £300 per direct payment made for year one. This has reduced to 30% of all assessments leading to Direct Payments in years 2 onwards, due to the implementation and embedding of the Three Conversations approach.
- IT/Digital costs are estimates provided by ICT.
- The Carers Development Officer post is proposed for 12 months initially, with a 6 months extension subject to review, and is based on the salary of a PO4 Senior Practitioner (with on-costs, management costs and 2% annual uplift). The role will help to mobilise the service and embed culture change.

13.4 Rationale for Prevention, Early Intervention and Outreach services:

- Peer support costs include 1 FTE post (average salary for a similar post in Voluntary and Community Sector) with the addition of £20,000 to be used for other expenses i.e. refreshment, travel etc. This cost has been averaged across all 5 years.

- IAG is the cost of 1.5 FTE initially post to deliver IAG, and to help carers use the online screening tool (same salary used as above). Taking into account the demand for the service shall grow this value increases in line with the % change of assessments. This cost has been averaged across all 5 years and shall be the responsibility of the provider to profile the funding accordingly across the life of the contract.
- Outreach is the cost of 1.25 FTE to deliver proactive outreach to ensure the service reaches more hidden carers (same salary as above). This cost has been averaged across all 5 years.
- The cost of the service has been averaged across all 5 years, taking into account increased demand on the service, to allow for a consistent contact value. Providers will be asked to manage year on year this increased demand within the contracted amount.

13.5 A further detailed breakdown and overview of costs can be found in Exempt Appendix A - Cost Profiling Rationale.

14. RISK ASSESSMENT/MANAGEMENT

14.1 A Risk Assessment Tool (RAT) has been completed for this procurement, the outcome is that this is considered to be a High risk procurement.

14.2 A risk assessment register has been developed as part of the project management of this work. Risks have been monitored and assessed as an ongoing part of the work of the commissioning team.

14.3 The table below, show the risks associated with project that have been identified and steps to be taken to address them.

Risk	Likelihood	Impact	Overall	Action to avoid or mitigate risk
	L – Low; M – Medium; H - High			
Timescales- The timescale for this procurement is very tight with little room for extensions or movement on time scales.	M	H	H	This project is being Project managed by the PMO team offering independent organisation and time planning. A clear governance structure is in place and a board attended by key stakeholders is responsible for monitoring progress and is answerable to the Director of Adult Services.
A lack of engagement by Providers would make it difficult to gauge feedback and also ensure that the market is fully developed and ready to support any changes.	L	M	M	The market shall be informed via Market Engagement events as various stages of the project to gather their feedback and inform them about both procurement methods and potential changes to services.
Failure to deliver an effective carers model to meet requirements of the Care Act.	L	H	M	Interdependencies between projects and programmes is noted and closely monitored. Follow national programme

				office tools and guidance across DoH, LGA and ADASS which supports local authorities to implement the Care Act.
Current provider unable to deliver service prior to the roll-out of the redesign. Risk that provided services do not meet quality standards adversely affecting customers satisfaction and personal outcomes and risking reputation	M	H	H	Service Improvement Plan in place with monthly meetings with provider. Quarterly internal service development meetings scheduled from 14/11/18 onwards.

15. MARKET TESTING (LESSONS LEARNT/BENCHMARKING)

15.1 Benchmarking to understand how other Local Authorities deliver their services has been undertaken. The summary of the findings is as follows:

- A range of models are used, dependent on local context, budget and markets.
- From the nine Local Authorities reviewed for this context, the majority did not include assessments in their contract, and assessments were delivered in-house.
- In cases where the provider conducts carers assessments, some have implemented information sharing processes with the provider that enables them to access Mosaic directly, and have commented on the importance of this. Where a similar ICT system is not in place, it has been stated that investment in an ICT portal or improved information sharing is desired, and would improve the quality and efficiency of the service.
- All Local Authorities reviewed commissioned non-statutory services to a provider (i.e. information, advice, signposting, outreach). There seems to be consensus around this being optimal approach.

15.2 Commissioners undertook a Market Engagement event which provided further understanding of the market. Messages and themes included:

- Longer contracts support providers to embed services within the community, with providers able to adapt to the evolving needs of service users.
- Longer contracts provide greater cost effectiveness to the Council (due to commissioning expenses) and providers through increased stability.
- Inflation considerations need to be take account of in longer contracts - and the disproportionate impact of these on smaller organisations.
- Consortium management arrangements can take time to settle after a contract starts and present ongoing challenges e.g. the benefits of equal engagement of all partners vs one accountable lead body.
- Consortium arrangements can add value through specialism.

16. SAVINGS

16.1 The driver for this proposal is to get the best possible offer for unpaid adult carers in Hackney, as such there are no cashable savings identified.

17. SUSTAINABILITY ISSUES

17.1 Equality Impact Assessment and Equality Issues

A full Equalities Impact Assessment (EIA) has been completed and is attached at Appendix 1.

17.2 Environmental Issues:

The PRIMAS identified a an impact may be due to the requirement for carer's assessments to happen in the carer's home, which in current services isn't required. The impact is negligible since one party, carer or assessor, would have to travel regardless. The service specification shall include areas for flexible access to service for example phone or internet access where appropriate. This would have to be person centred around each carers needs and ability.

17.3 Economic Issues:

A 3+1+1 duration contract provides employment stability. Externally commissioned services will be encouraged to employ volunteers, peer staff and apprentices as well as enabling local voluntary sector organisations to bid for the tender. While it is likely that local organisations shall bid, the nature of an open tender means they aren't the only potential bidders.

The proposed procurement route for the externally commissioned service will be to carry out an open tender, in line with the Council's *Sustainable Procurement Strategy,* which focuses on three main themes: environmental, economic and social sustainable developments. An open procurement route will allow Adult Social Care Commissioning to embed the Council's sustainable procurement objectives into the requirement.

While it isn't anticipated that the competitive procurement promotes small and medium-sized enterprises (SMEs) to bid as the lead provider, it is encouraged for subcontracting to take place as shown in 5.13. This gives the opportunity for SMEs to provide services as part of the future service.

18. PROPOSED PROCUREMENT ARRANGEMENTS

18.1 Procurement Route and EU Implications:

<u>Prevention, Early Intervention and Outreach</u>

18.2 Adult Social Care services services are classed as Schedule 3 services under the Public Contracts Regulations 2015, i.e. under the *Light Touch* Regime, contracting authorities are granted a degree of flexibility in relation to the design of the procurement process on condition that the

process is compliant with the procurement principles of transparency, proportionality and equal treatment of bidders. Where total contract values exceed the OJEU threshold, contract notices must be advertised on OJEU. In addition, Contract Award Notices must be published on Contract Finder.

18.3 The proposed evaluation criteria are:

- Price – 30%
- Quality – 70%

18.4 A high 'quality' component has been proposed to ensure the successful providers will demonstrate in their tender submission a clear ability to deliver a high quality, best value service against the key outcomes and qualitative indicators.

18.5 The 'price' component will ensure that services are appropriately funded. Costs will be scored against in comparison to the block tender financial envelope.

18.6 A Tender Appraisal Panel (TAP) will be set up to evaluate and score the competitive tender submissions.

18.7 The TAP will be facilitated by a Strategic Commissioner and consist of representation from Commissioning Quality Assurance & Compliance, ASC Commissioning Officer, Adult Social Care, East London Foundation Trust and at least one user representative.

18.8 Members will evaluate and score submissions independently before coming together to moderate their scores.

Longer Term and Targeted Support

18.9 The contracts directly awarded to East London Foundation Trust and the contract insourced to London Borough of Hackney shall follow the same principles as the competitive procurement however the following areas shall differ:

- The contracts shall be not be subject to a competitive process.
- The TAP shall not include East London Foundation Trust or Adult Social Care.
- Should the tender submissions not be of an acceptable quality, negotiations with either East London Foundation Trust or London Borough of Hackney shall commence to provide assurance of quality before award.

19. RESOURCES, PROJECT MANAGEMENT AND KEY MILESTONES

19.1 The work to date has been managed through a Carers Redesign Project Management Board, chaired by the Head of Commissioning with three work streams feeding into the Board. Including (1) Existing Service Development;(2) Commissioning & Procurement, (3) Consultation, Coproduction,

Communication and Engagement. Each workstream has involved members of the commissioning and procurement team who are driving this work.

19.2 Governance and resource implications for the sourcing projects from February 2019:

- The Carers Redesign Project Management Board will manage and resource the competitive procurement and the direct award process. The Board will also be responsible for sign-off key deliverables e.g. service specification, evaluation methodology, tender documents. The Head of Commissioning will continue as SRO for the programme.

- Once the new service commences the Carers Redesign Project Management Board it is intended that the board shall change to become a Carers Partnership Board. The purpose of this shall be for internal and external stakeholders to come together to review the effectiveness of the redesign and to develop a carer strategy.

- At the time of writing, it is anticipated that all of the sourcing projects that sit within this programme will be resourced using existing managers and officers within the Commissioning, Procurement and Finance Teams, with additional input from Legal and Corporate Procurement as required.

- Once the business case is agreed in accordance with the Council's governance process the Project Management Board will ensure that Director of Adult Social Care and the Lead Member for Health and Social Care are provided with regular updates on progress.

19.3 The Procurement Timeline

Key Milestones	
RP2 Report to CPC	11th February 2019
Contract Notice advert placed	9th March 2019
Issue Tender on ProContract	11th March 2019
Clarification question deadline for Tenderers (Procurement/Commissioners)	12th April 2019
Tender submission deadline	19th April 2019
Tender Evaluation	22nd April - 17th May 2019
Drafting of Contract Award report	20th May- 7th June 2019
Contract Award report circulated for internal clearance (Finance, Legal, Procurement, Democracy, Governance Services)	10th June - 21st June 2019
RP4 Report considered at CPC	8th July 2019
Standstill (Alcatel) Period	9th - 22nd July 2019
Mobilisation period	6th August - 30th September 2019
Start on site / Contract start	**1st October 2019**

The procurement timeline is indicative due to Cabinet dates being subject to change/revision

19.4 Contract Documents: Anticipated contract type

The contracts to be used will include the specifications that have been developed as part of the procurement process. The contract to be let is intended to be for three years, with with an option to extend for a further two (1+1). There will also be KPIs outlining the levels of service required. The Standard Terms and Conditions for Social Care Services will apply to the new contracts with a six month termination notice period to apply to reduce and mitigate risk.

The contracts directly awarded to East London Foundation Trust and the contract insourced to London Borough of Hackney shall be constructed in the same manner as the externally commissioned contract to ensure all parties across the pathway are following consistent contractual arrangements.

19.5 Contract Management

The contracts will be managed through the Quality Assurance team, which form part of the Adult services Commissioning team. Contracts will be monitored under the Councils contract monitoring policy. Contracts will be reviewed at quarterly monitoring meetings sure contract values are within budgets, and the service will be reviewed on an annual basis.

The contract directly awarded to East London Foundation Trust and the contract insourced to London Borough of Hackney shall be managed in the same manner as the externally commissioned contract to ensure quality is maintained across the whole pathway.

19.6 Key Performance Indicators

<u>Prevention, Early Intervention and Outreach</u>

- 90% of carers felt that they were informed about services appropriate for them.
- 90% of carers felt that the information/support that was given enable them to continue with their carers role.
- 1% of new carers reached annually from year 2 onwards.
- 90% of carers felt that the service and support was delivered in accessible way.
- 100% of staff have attended safeguarding training during their induction, this must happen before commencing any assessment activity.
- 100% of staff, trustees and volunteers have had safeguarding refresher training within a 2 year period from their first training.
- 100% of staff have a training and development plan (including Care Act 2014 training).

<u>Longer Term and Targeted Support</u>

- 100% of assessed carers to input in their individual support plan created.
- 100% of carers support plans are reviewed on at least an annual basis
- 80% of carers felt satisfied with the service and support they received.
- 90% of carers felt that the service and support was delivered in accessible way.
- 100% of staff have attended safeguarding training during their induction, this must happen before commencing any assessment activity.

- 100% of staff, trustees and volunteers have had safeguarding refresher training within a 2 year period from their first training.
- 100% of staff have a training and development plan (including Care Act 2014 training).

Further key performance indicators and outcomes shall be established as part of the development of the service specification.

20. COMMENTS OF THE GROUP DIRECTOR FINANCE AND CORPORATE RESOURCES

20.1

20.2

20.3

21. VAT IMPLICATIONS ON LAND & PROPERTY TRANSACTIONS

21.1

22. COMMENTS OF THE DIRECTOR, LEGAL & GOVERNANCE SERVICES

22.1

22.2

22.3

23. COMMENTS OF THE PROCUREMENT CATEGORY LEAD

23.1

23.2

23.3

24. APPENDICES

Appendix 1: Equality Impact Assessment
Appendix 2: 3 Conversation Model

Exempt Appendix A: Cost Profiling Rationale

25. EXEMPT

Exempt Appendix A

By Virtue of Paragraph(s) **3** Part 1 of schedule 12A of the Local Government Act 1972 this report and/or appendix is exempt because it contains information relating to the financial or business affairs of any particular person (including the authority holding the information) and it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

26. BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

Description of document (or None)

None

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Appendix 1:
Equality Impact Assessment

London Borough of Hackney
Equality Impact Assessment Form

The Equality Impact Assessment Form is a public document which the Council uses to demonstrate that it has complied with Equality Duty when making and implementing decisions which affect the way the Council works.

The form collates and summarises information which has been used to inform the planning and decision making process.

All the information needed in this form should have already been considered and should be included in the documentation supporting the decision or initiative, e.g. the delegate powers report, saving template, business case etc.

Equality Impact Assessments are public documents: remember to use at least 12 point Arial font and plain English.

The form must be reviewed and agreed by the relevant Assistant Director, who is responsible for ensuring it is made publicly available and is in line with guidance. Guidance on completing this form is available on the intranet.
http://staffroom.hackney.gov.uk/equalities-based-planning-and-decision-making

Title of this Equality Impact Assessment:

Re-tendering of Services for Unpaid Adult Carers

Purpose of this Equality Impact Assessment:

1. To identify unintended consequences of the retendering of Unapdi Adult Carers services and mitigate them as far as possible 2. To actively consider where tendering can support the advancement of equality 3. Reduce health and social inequalities across the Borough of Hackney

Officer Responsible: ***(to be completed by the report author)***

Name: Daniel Lilley	**Ext: 4711**
Directorate: Children, Adults and Community Health	**Department/Division: Adults Commissioning**

Assistant Director:	**Date:**
Comment :	

PLEASE ANSWER THE FOLLOWING QUESTIONS:
In completing this impact assessment, you should where possible, refer to the main documentation related to this decision rather than trying to draft this assessment in isolation. Please also refer to the attached guidance.

STEP 1: DEFINING THE ISSUE
1. Summarise why you are having to make a new decision

The following definition is being applied to adult carers referred to within this Equality Impact Assessment:

- A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or addiction cannot cope without their support.
- An adult carer is someone aged 18+ who cares for someone aged 18+.
- The carer doesn't have to live in Hackney however the person they care for must.

The London Borough of Hackney (LBH) is committed to ensuring that its residents have access to good quality services that deliver positive outcomes, promoting independence and social inclusion. In the current financial climate, ensuring the best use of resources and sustainability is a key driver. The Council's priority is therefore to ensure effective and efficient service delivery.

LBH have externally commissioned services to deliver carers assessments, information and advice, carers groups and support planning since 1st October 2014 with the final extensions of these services allowing potential funding until 30th September 2019.

LBH commissioners are concerned that the current model of carers services does not support its vision of promoting independence and social inclusion as well as meeting its statutory duties under the Care Act 2014. Therefore that it is not delivering the best outcomes for carers. Additionally contracts for these services are coming to an end and as such procurement regulations place a requirement on commissioners to review these contracts.

Every two years the Council conducts a statutory survey of carers receiving support within the borough. This survey seeks the views and opinions of carers on a number of topics that are considered to be indicative of a balanced life alongside their caring role. Hackney's most recent survey for 2016/2017 showed some disappointing results, with carers surveyed reporting a decline in satisfaction across some key areas when compared with that of the previous survey. The results indicated that the current model, approach and care pathways were not working as well as they should.

In addition to this, the current carer's pathway is very fragmented. The pathways for support varies according to the organisation / service / team acting as an access point. The redesign of carer's services would ensure that the pathway is simplified and focused on key outcomes as identified by the Care Act and the Health in Hackney Scrutiny report February 2018.

Adult Carers Service Principles:

The future services and wider offer for carers shall aim to meet the following principles, which have been co-produced with carers:

- A good-quality service that support all carers in or out of the borough.
- A personalised service that puts the carer at the heart.
- Clear offer and support available.
- Proactive outreach in the community and increased visibility.
- A flexible and accessible service that meets carers needs e.g. Charedi, Learning Disabilities.
- Information that is shared appropriately to all parties.
- A smoother journey for carers through services.

2. Who are the main people that will be affected?

- Carers, their support networks and the people they care for.
- Those who may need to access carers services in the future.
- Providers of carers services.
- Internal and external stakeholders - e.g. Adult Social Care, Integrated Learning Disabilities Team, Children & Young People's Services, Hackney Homes, Housing Needs and Options, Probation, City & Hackney CCG, East London Foundation Trust

STEP 2: ANALYSING THE ISSUES

3. What information and consultation have you used to inform your decision making?

- Carer & stakeholder consultation
- Market assessments
- Service reviews including user feedback on services, customer satisfaction and complaints
- Benchmarking costs and service availability with similar London local authorities
- Options appraisal

Local Demographics and Future Challenges

Data on informal carers are available from the last Census, which was seven years' old at the time of writing. Moreover, data is not available for adults only. This source shows that, in 2011, 7.9% of City of London residents (all ages) and 7.3% of Hackney residents (all ages) were providing some level of unpaid care to a family member, friend or neighbour.

Applying these rates to the 2017 projected adult (18+) population, this equates to an estimated 506 adult carers in the City of London and 15,629 in Hackney.
Most commonly, in the 2011 Census, people were providing under 20 hours of care a week, with longer hours more commonly reported among Hackney residents compared with City residents.
Based upon the number of assessments undertaken for adult carers during 2017/18, Hackney assessed roughly 9% of all carers in the borough. This figure is based upon the assumption that 7.3% of all adults provided some level of care to to a family member, friend or neighbour.

Based upon Greater London Authority data population projections, the population shall continue to increase and therefore it is a safe assumption that the proportion of carers

shall grow in tandem. In order to not only meet the demand but also reach 'hidden' or 'hard to reach' carers the service must ensure that those who will benefit most from services are targeted more effectively.

Deprivation:

Hackney is the 11th most deprived area nationally and the 2nd most deprived in London (IMD 2015). Carers services will provide information, advice, assessments and support to help carers to continue their caring role either directly or indirectly through signposting.

Ethnicity

	Hackney % of population
White British	36.2
Black African	11.4
Black Caribbean	7.8
Turkish/Turkish Cypriot	4.8
Asian Indian	3.1
Asian Bangladeshi	2.5
White Irish	2.1
Asian Chinese	1.4
White Polish	1.4

Source: 2011 Census

Carers services will deliver to a range of different ethnicities. The current and future service specification requires the provider to ensure demographics of service users reflects those of the borough.

Consultation with Carers

It is imperative to engage carers in the redesign project as these individuals provide perspectives which come directly from experiences of caring. It is essential that these perspectives are understood and help shape, at every level, the care, support, guidance and safeguarding systems they use and rely on.

The consultation exercise ran from 10th September until 18th October 2018 and was undertaken by the LBH Adults Commissioning and Programme Management Office.

The consultation was aimed at:

- Adult Carers who currently access services / are on the carer's register and who do not access services and hidden carers
- Members of the public with an interest in these services and issues in Hackney

The consultation was delivered in the following ways:

- Online Questionnaires
- Paper Questionnaires
- 6 x Focus Groups
- 1:1 Discussions Offered

The purpose of the consultation was to understand what people thought about services for carers, what worked and what didn't and what would make services better in the future. Feedback from this consultation was be used to inform the redesign of future carers services.

An consultation report titled 'Help Shape Adult Carer's Services in Hackney' has been produced in order to inform the business case. The findings suggest that future services need to be clearer on the offer for carers, be more accessible, be more proactive with outreach and better at delivering statutory carers assessments.

Detail on the main findings from the interim consultation report 2018 can be found in the Cabinet Procurement Committee Re-tendering of Services for Unpaid Adult Carers business case, section. 9.6.

Consultation with Current Providers, Stakeholders and the Wider Market

The consultation exercise that ran from 10th September until 18th October 2018 also included current providers, voluntary groups and the wider market.

The consultation was delivered in the following ways:

- Online Questionnaires (Stakeholders)
- 2 x Internal Stakeholder Workshops (Managers & Operational)
- Assessors Forum (Providers)
- Market Engagement Event

The questionnaires and workshops were well responded to and gave valuable feedback on what challenges professionals encounter when interacting with services and how they could be improved.

The Assessors Forum and Market Engagement event provided valuable feedback on the lived experience of delivering whether currently in or out of Hackney. They were positive that the services are being reviewed and were keen to share their views.

Carers Co-Production Group

The Carers Co-production Group was set up to advise the redesign project and inform what the future carers service should look like in Hackney. They have been trained for this role and will continue to inform the project throughout its duration.

Offices from the Adult Services team drafted potential models for a future service, based on a initial responses from the consultation. Those models aimed to respond to the opportunities for improvement identified in the consultation (see Appendix 1 for details of the models presented). It was felt that using the knowledge and expertise of the carers co-production group again, later in the consultation process, was a good opportunity to test these models.

The group were asked to discuss pros and cons of the current model for carers services in Hackney, and three potential models for the new service.

They felt that services weren't focused on the carer and weren't clear about what the carer can expect from services. To ensure services work effectively in the future an

ongoing awareness campaign regarding carers service are key. Full details can be found in the 'Help Shape Adult Carer's Services in Hackney' consultation report.

Equality Impacts

4. Identifying the impacts

4 (a) What positive impact could there be overall, on different equality groups, and on cohesion and good relations?

Services which are commissioned under this procurement will provide a overall positive impact because:

- Services shall be available to those who need it, promoting equal access to services irrespective of health or social status.
- The services shall proactively reach out to carers who currently don't access services in methods that suit their needs.
- Adult carers services shall be redesigned to improve the offer and support carers to continue their caring role for as long as possible.
- Services will be re-designed based on our knowledge of current needs and service user preferences, the feedback we have received from current users and our knowledge of 'what works' that we have accumulated over the last four years.
- The services will offer a personalised range of information and advice to carers to meet their needs.
- Eligibility and the offer for carers will be clearer to ensure that services respond in a way that is proportional and personalised.
- A robust monitoring regime will focus on a wide range of quality issues including performance and outcome and feedback from service users.

The positive impact of unpaid adult carers services commissioned under this procurement have been set out below against each equality group:

Equality Group	Positive Impact
Age	All services are for carers who are aged 18+ and providing unpaid care for an adult(s) aged 18+. Services will be required to provide staff training to ensure staff work with a variety of people in an age appropriate manner.
Disability	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with dignity and respect.
Gender Assignment	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with dignity and respect.
Marriage and Civil Partnership	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with

	dignity and respect.
Pregnancy or maternity	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with dignity and respect.
Race	The service will be expected to ensure that it meets the needs of the diverse population of Hackney. This includes producing materials in different languages and locales appropriate to those groups.
Religion and Faith	The service will be expected to ensure that it meets the needs of the diverse population of Hackney. This includes producing materials in different languages and locales and delivered by genders appropriate to those groups. Services will be required to train staff in individual faith and religious needs and practices.
Sexual Orientation	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with dignity and respect.
Gender	No impact on this group - staff will be trained in Equality and the need to ensure each individual is treated with dignity and respect.

4 (b) What negative impact could there be overall, on different equality groups, and on cohesion and good relations?

The carers redesign doesn't have savings as a driver however, ensuring the best use of resources and sustainability is a must. This has meant that some areas that are currently funded have been reprofiled to have the biggest impact on carers continuing their caring role.

Carers will there experience some changes due to the planned redesign, whether this be due to external providers changing and/or statutory bodies now undertaking all carers assessments and support plans. Change may result in people feeling insecure. A communication strategy has been developed, and will be further updated, to reassure carers that their feedback has been listened to and services are being improved as a response to this.

This communication shall be critical during the Consultation Feedback that shall commence in January 2019 as the Council inform both carers, current providers and stakeholders about proposed changes.

Prior to the service commencing a period of mobilisation shall happen with all parties involved to provide ongoing clarity on changes in service before they happen. This shall be supported by a Carers Development Officer who will embed the service during the first 12 months of operation, extendable to 18 months if required.

No equality groups have been identified as being negatively impacted by the commissioning of adult carers service.

STEP 3: REACHING YOUR DECISION

5. Describe the recommended decision

Commissioners are proposing to integrate all current contracts into three contracts, the competitively procured contract shall use a Lead Provider contract model. The service shall be accessible for all carers however subcontracting to other organisations or partnership arrangements are encouraged where it shall bring value.

One contract shall be competitively procured to deliver the 'Prevention, Early Intervention and Outreach' service to all carers and will consist of:

- Information, advice and signposting; outreach and early identification; initial assessments/screening; carers groups; peer support; carers contingency planning; emergency signposting.

One contract shall be insourced to London Borough of Hackney to deliver the 'Longer Term and Targeted Support' service and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.
- A Carers Development Officer for the first 12 months (extendable for a further six months) to embed and mobilise new service and culture change needed.
- Development of technology to support the operation of the model. This shall include establishing a robust portal and screening tool for effective data sharing and triaging through a screening tool.

One contract shall be directly awarded to East London Foundation Trust to deliver the 'Longer Term and Targeted Support' service for carers of individuals with mental health needs only and will consist of:

- Statutory carers assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.

The EIA indicates that there are many positives in this approach for carers, with the lead organisations being able to standardise quality, training and the promotion of Equality.

The contracts and KPIs will need to ensure policies and procedures and upheld and monitored to ensure Equality across the whole service. This will include their own recruitment and other staff policies.

STEP 4 DELIVERY – MAXIMISING BENEFITS AND MANAGING RISKS

6. Equality and Cohesion Action Planning

Please list specific actions which set out how you will address equality and cohesion issues identified by this assessment. For example,

- Steps/ actions you will take to enhance positive impacts identified in section 4 (a)
- Steps/ actions you will take to mitigate again the negative impacts identified in section 4 (b)
- Steps/ actions you will take to improve information and evidence about a specific client group, e.g. at a service level and/or at a Council level by informing the policy team (equality.diversity@hackney.gov.uk)

All actions should have been identified already and should be included in any action plan connected to the supporting documentation, such as the delegate powers report, saving template or business case.

No	Objective	Actions	Outcomes highlighting how these will be monitored	Timescales / Milestones	Lead Officer
1	To ensure the EIA is as accurate as possible.	To require the new provider(s) to carry out their own EIA 12 months after the contract starts.	The receipt of the EIA by the required time.	12 months after start of contract.	Quality Assurance & Compliance.
2	To require providers to meet and monitor their delivery against the Equality Act 2010.	To ensure all service specifications and contracts require providers to meet and monitor their delivery against the Equality Act 2010.	Through annual report and demographic statistics of service users V population trends in Hackney.	Ongoing and Quarterly reporting.	Quality Assurance & Compliance.
3	Carers feel the service is accessible	The provider(s) shall undertake a survey asking carers their feedback.	Through an annual satisfaction survey.	Annually.	Quality Assurance & Compliance.
4	Carers felt that they were informed about services appropriate for them.	The provider(s) shall undertake a survey asking carers their feedback.	Through an annual satisfaction survey.	Annually.	Quality Assurance & Compliance.
5	Outreach is proactively targeted to reach carers in appropriate methods.	The provider shall inform the Council of their upcoming Outreach Strategy for the coming year.	Through an Outreach Strategy that looks	Annually.	Quality Assurance & Compliance.

Remember

- Assistant Directors are responsible for ensuring agreed Equality Impact Assessments are published.
- Equality Impact Assessments are public documents: remember to use at least 12 point Arial font and plain English.
- Make sure that no individuals (staff or residents) can be identified from the data used.

Appendix 2:
3 Conversation Model

As part of Adult Services 'Promoting Independence' transformation programme, it was agreed that a clearly defined approach to practice was required, which articulates our approach to providing care and support and emphasises the importance of a personalised and 'strengths based approach', where practitioners focus on the strengths and assets of individuals, rather than just the needs and challenges. This approach will change the way in which care and support is provided across Adult Services.

Research has identified that the "3 conversation model" (Figure 1) has been successfully embedded across other Local Authorities, including Camden, Redbridge and Essex. This model is based on providing a framework for conversations which supports demand management, personalisation and the embedding of the ethos of the Care Act 2014.

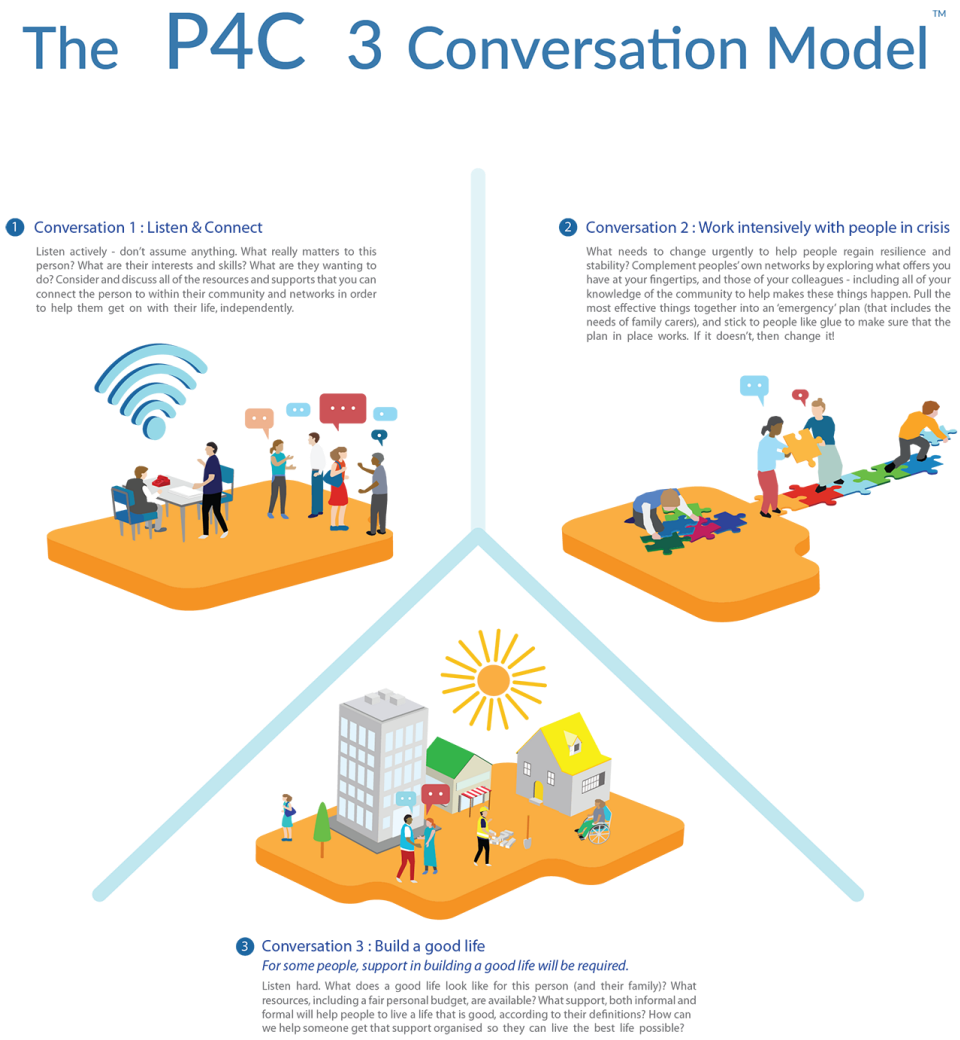


Figure 1: Visual representation of the 3 Conversation model

This approach involves working very closely with service users to have ‘quality conversations’ and is focused on early identification of needs, exploring universal and preventative provision and individual strengths and assets, before considering any longer term social care provision. It has an emphasis on preventing the escalation of crisis, delaying the need for longer term support and ensuring that any longer term support is fully complemented with a range of universal provision and the utilisation of individual and community wide strengths and assets. Elsewhere, this approach has demonstrated the ability to support demand management in the medium and longer term, which is coupled with higher levels of satisfaction by both residents and staff.

A bid to the City and Hackney Community Education Provider (CEPN) for funding has been successful, and early indications are that this is for circa £200k. This funding will be used to secure the support of a specialist transformation provider, ‘Partners 4 Change’ for a year as well as project management support to deliver the transformation.

The introduction of the 3 Conversation approach will not deliver cashable savings in the short term as it will take time to explore, deliver and embed this approach. However, this will be integral to our approach to managing demand in the medium and longer term in Adult Services, as we seek to strengthen our preventative approaches and reduce and delay the need for longer term provision. Furthermore, this approach supports a systematic and holistic review of existing packages of care, and regular contact with residents would mean that we are more responsive to change in needs.

This work will begin in November 2018, with Adult Services Management Team working to articulate their narrative which will shape the launch of this work, which will continue throughout 2019. This transformation is based on collaboration with both residents and staff through ‘innovation sites’ where particular areas will begin to work differently in accordance with the 3 Conversation framework and methodology. Monitoring and evaluation throughout will be critical to help us understand the potential longer-term impact of this work and future opportunities for demand management and efficiencies.

Title:	Unplanned Care Workstream Report
Date:	17 January 2019
Lead Officer:	Nina Griffith – Workstream Director Tracey Fletcher - SRO
Author:	Nina Griffith – Workstream Director
Committee(s):	CCG Clinical Executive – 14/11/18 CCG Patient and Public Involvement Committee – 15/11/18 Transformation Board – 28/11/18
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 opportunities for the workstream going forward

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

Activity

- There has been an increase in A&E activity in City and Hackney in 2018/19. This is part driven by registered population growth, however, even accounting for this there is a 2.19% increase in the rate of A&E attendances per 1000 population.
  The increase in attendances is seen most sharply at Barts Health, where there has been an increase of 8.9% (in real terms) compared to the same period last year. The Homerton have seen a 1.7% increase on last year.
  We are working with both Barts and Homerton to implement a model of re-direction from A&E for those patients that can be seen in primary care. We are also working to ensure maximum uptake of the range of services that are in place as an alternative to A&E such as paradoc, IIT and the mental health crisis line.

Performance:

- The Homerton have sustained excellent performance against the four hour wait. They are currently at 94.8% year to date and place consistently in the top 3 of London trusts.
- DToC performance has improved significantly on last year. We are currently projecting achievement of the target.
- We perform poorly against the IAF metric of the number of admissions in last three months of life. We are implementing a new hospice at home service which should support improved care and reduced inappropriate admissions for patients at end of life.

Changes to integrated urgent care

- One of the workstream's main transformation areas is delivering a more integrated urgent care system in City and Hackney. This includes a review and improved join up between 111, GP extended access hubs, duty doctor, GP out of hours, Paradoc, PUCC and A&E. We are implementing a new GP out of hours service in the borough from April 2019. An additional paper is appended to this report with further detail on this service.

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 the unplanned care board and each of the sub-groups. 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:

Our work is strongly clinically led. We have three clinical/practitioner leads who are leading on the different transformation areas of our work. We also have clinical representation from a number of our partners on the board and on the subgroups.

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:

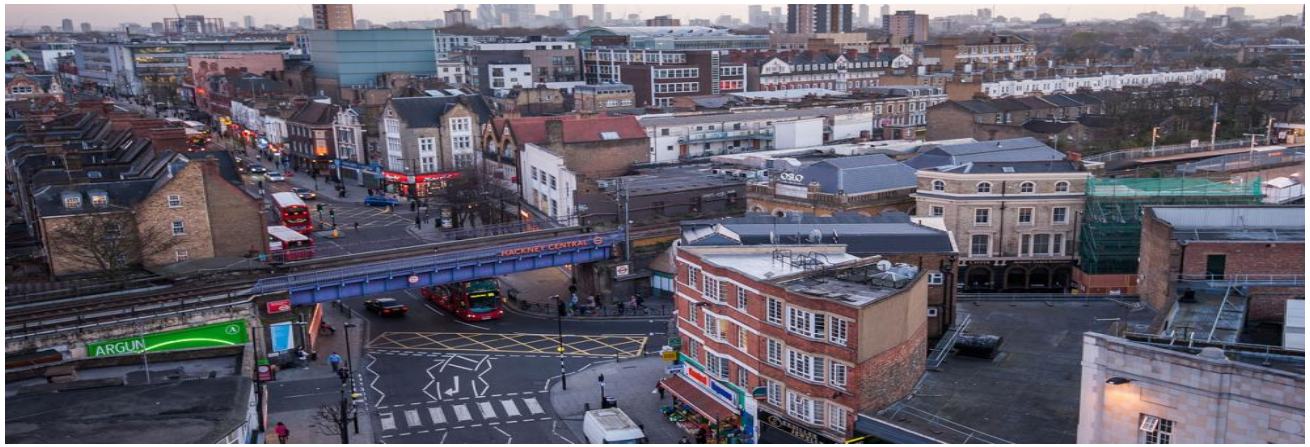
Some of our transformation initiatives are much broader than just unplanned care – neighbourhoods spans all of the workstreams and we have established neighbourhood working groups with each of the workstreams to address this.

Supporting Papers and Evidence:

Appendix 1 – Unplanned Care Workstream report Appendix 2 – Integrated Urgent Care and GP out of hours service

Sign-off:

Workstream SRO: Tracey Fletcher



Appendix 1 - Unplanned Care Workstream

Detailed Review

November 2018

Contents

Unplanned Care Workstream- Who is involved?

East London NHS Foundation Trust

CITY OF LONDON

City & Hackney GP Confederation
A community interest company

NHS
City and Hackney Clinical Commissioning Group

CHUHSE
City & Hackney Urgent Healthcare Social Enterprise

healthwatch City of London

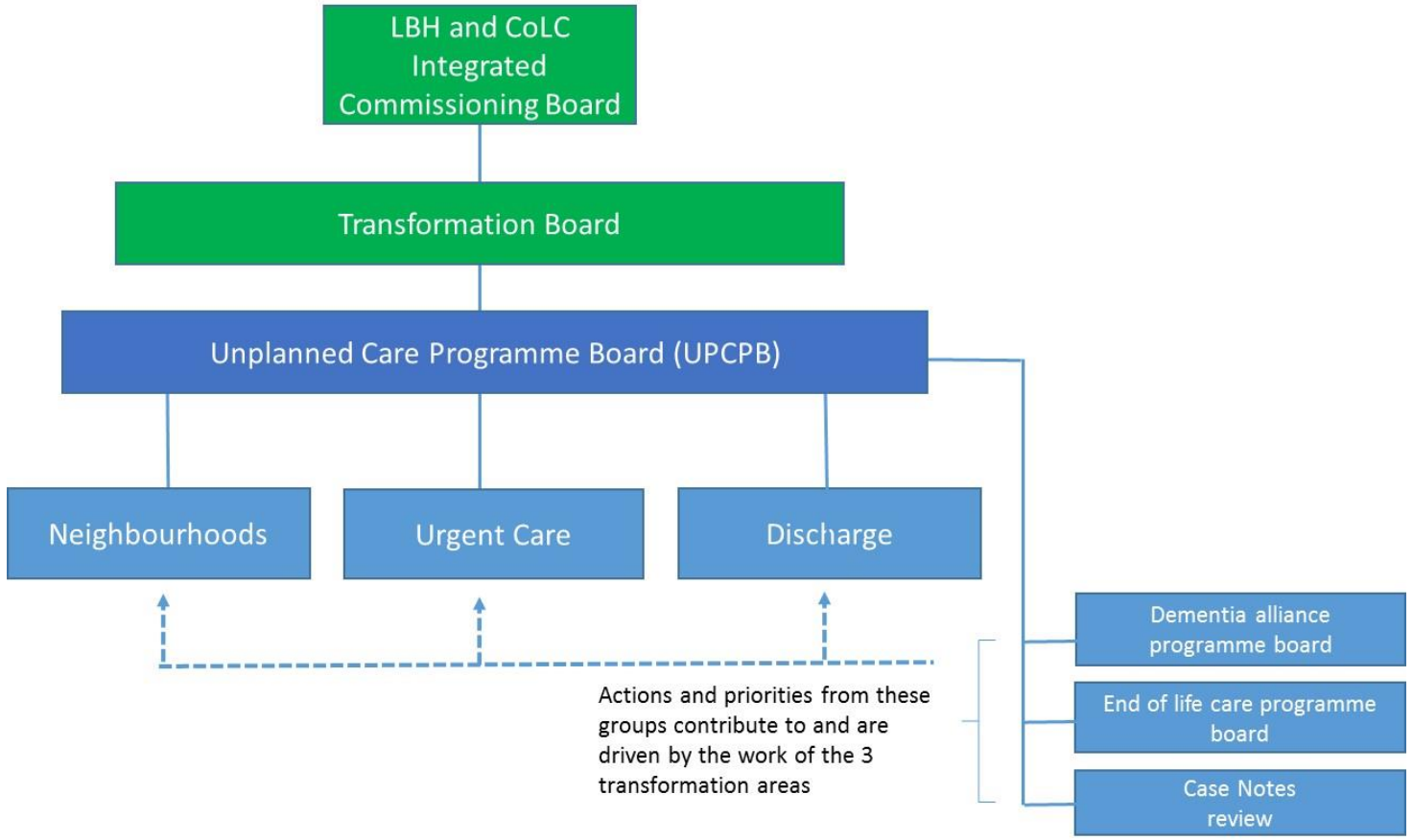
healthwatch Hackney

Homerton University Hospital NHS Foundation Trust

Hackney

#FairerHackney hackney cvs

Unplanned Care Workstream structure



Unplanned Care Workstream - Priorities

Delivery of a **neighbourhood** model in City and hackney to provide locally integrated services that support patients with complex needs and address the wider determinants of health

Deliver an **urgent care** system in City and Hackney which best meets patients' urgent needs at all times and joins up the range of different services on offer.

Improve how we **discharge** people from hospital by ensuring that they can access the community care that they need and that that they do not stay in acute or mental health trusts for longer than is medically required

Transformation Programmes

Neighbourhoods

- GP practices have joined together to form 8 neighbourhoods along with their partners from hospital, community, mental health, social care, housing services, community groups and local voluntary groups. Each Neighbourhood covers a population of around 30-50,000 people.
- Practices will work together and with the services listed above to coordinate health and social care for people in their local area, and consider how to make the best and most effective use of local services.
- Each Neighbourhood is developing a set of priorities based on the health and social needs of their particular area. There is also a strong focus on preventing ill health, reducing unnecessary hospital admissions and supporting people to gain control of their own health and wellbeing.

Summary of work to date and planned activities

- Test and learn projects agreed for all providers across the eight neighbourhoods with planned testing of potential new models of care in early 2019
- Primary care clinical leads identified across all eight neighbourhoods with good progress being made in developing new models of collaboration and working with system providers on test and learn projects and identifying "bottom up" projects for each neighbourhood identified by primary care
- Linking the outcomes of test and learn projects to the community services review (CS2020) to inform the thinking for new ways of working
- Identifying year 2 costs to support the ongoing development of neighbourhoods

Improving Discharge

- Bringing 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
- Implementation of a discharge to assess model so that people do not sit in acute or mental health trusts for longer than is medically required
- Ensure patients that require any rehabilitation following their hospital stay can access it as quickly as possible
- Review of bed based intermediate care services
- Improving health support and training to care homes
- Reducing delayed transfers of care and 'excess bed days'
- Deliver the better care fund ambitions

Integrated Urgent Care

- The overarching objective of this programme is the development of a new model of integrated urgent care services for City and Hackney and which aims to:
    - Provide clear and easy pathways for patients to navigate
    - Avoid fragmentation / duplication
    - Manage demand away from A&E where possible
- Agreeing the new provision of GP OOH services beyond end of March 2019 was a specific requirement

Summary of work to date and planned activities

- An urgent care reference group has been established - representatives from relevant services across all providers and CCG, chaired by a Ben Molyneux (urgent care practitioner lead) considered different options for the service model (services in scope, key attributes of the new model)
- Proposal for new provision of GPOOH services developed –awaiting conclusion of contract negotiations to seek final CCG approval
- Outline model of Integrated Urgent Care Services developed – detail and opportunity for collaboration / transformation will continue over the year

Big Ticket Items

As well as the 3 transformation areas, we have 2 big ticket items: dementia and end of life care. Many deliverables against these areas are being driven though the 3 transformation areas described.

End of life care:

We hold a quarterly end of life care board which will feeds into and oversees the delivery of end of life care objectives in each of the other three transformation areas.

Key deliverables for end of life care are:

-improved care planning and pathways for patients at end of life within primary care
-implementing a pilot 'hospice at home' service, which would provide an urgent response to patients in the last year of life where a traditional hospital admission may not be best for that patient
-improving training for nursing home staff on end of life care
-Improving identification of patients at end of life, and providing training for primary care in end of life care and conversations about care planning

Dementia:

The dementia alliance now reports into the unplanned care board. We have A a number of its objectives overlap with other priorities across the Programme.

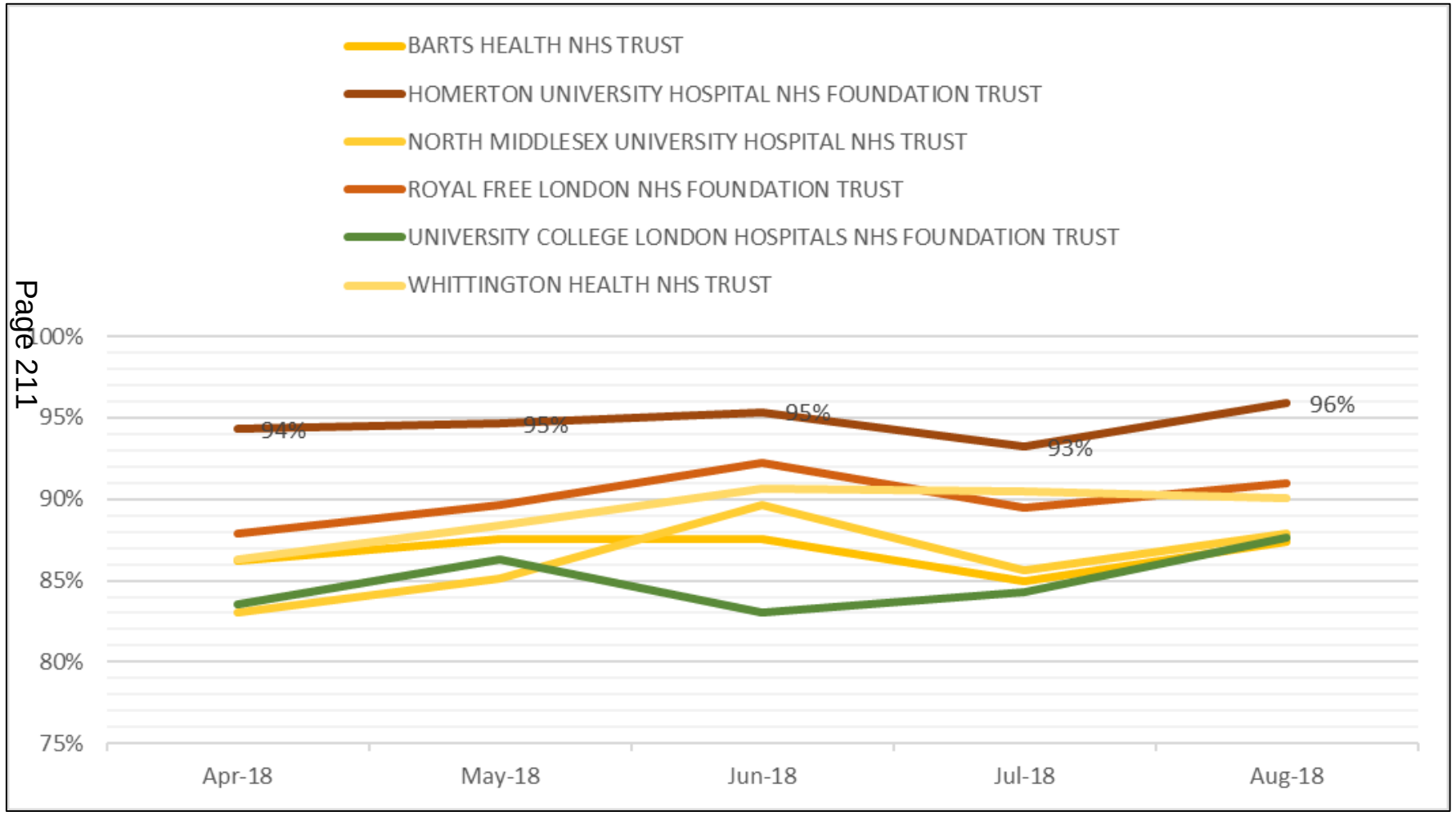
They include:

-delivering care planning for patients with dementia through use of the co-ordinate my care tool
-delivery of dementia training to care home staff
-developing a dementia carers' support tool
-improving navigation services for residents with dementia (which should reduce the number of instances of dementia crisis)
-providing an urgent response service for people with dementia in crisis when it does arise

Unplanned Care Prospective Opportunities

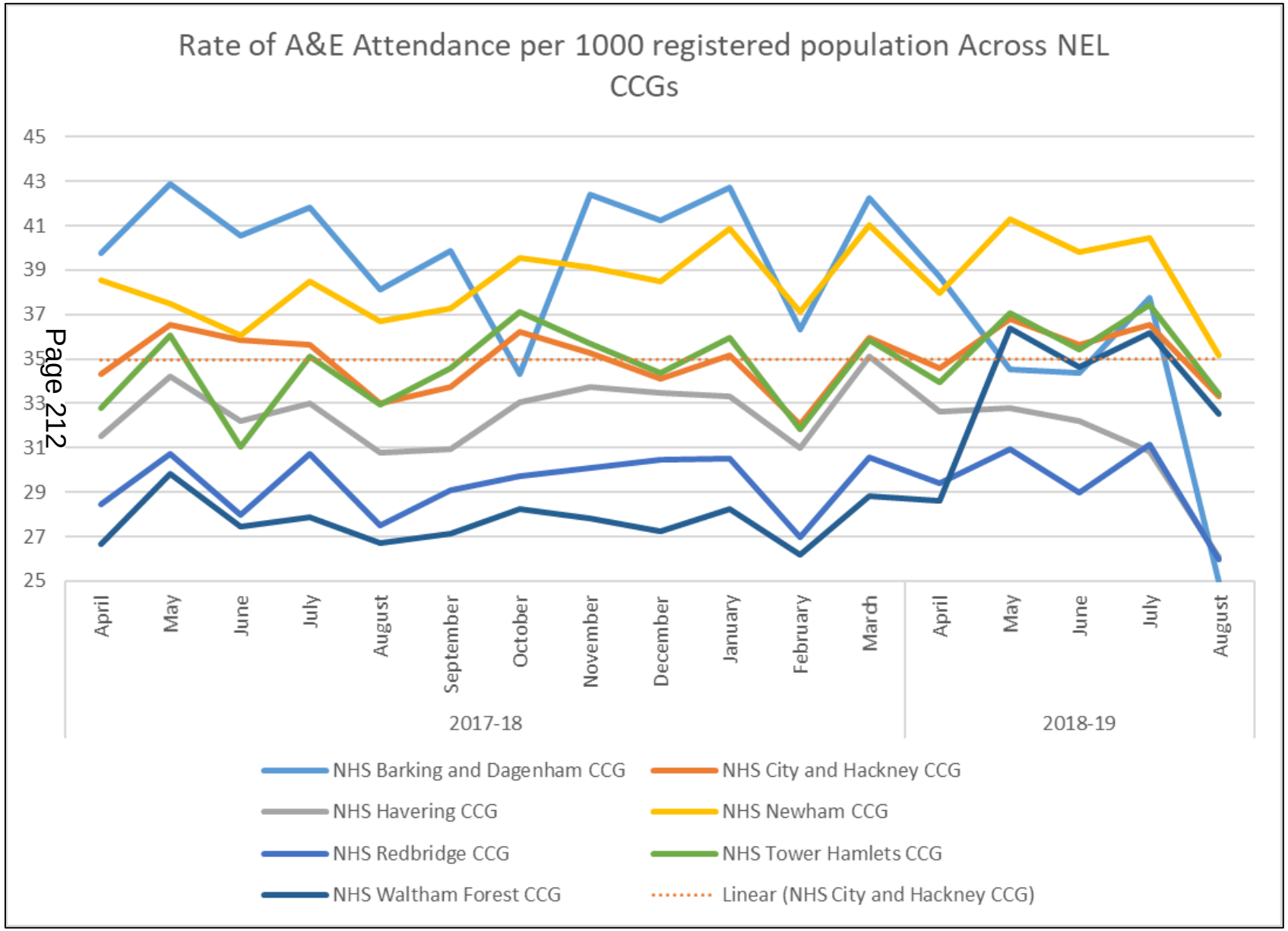
- **Over-arching Vision:** The Unplanned Care Board are in the process of defining an overarching vision and/or set of principles for the workstream, that are jointly owned by the workstream programme board, and which the board can use to base decisions on. The principles will provide the framework upon which we develop and agree future deliverables – all new proposals need to demonstrate that they align to the principles. This gives us an opportunity to really work differently together as a collaboration of providers and commissioners to define how we want to deliver urgent care services and prevent crisis where we can.
- **Neighbourhood Strategic Framework:** We have developed a neighbourhoods strategic framework which shows what the neighbourhoods will look like / do over the next 18 months to 3-year time horizon, and indeed beyond that. This framework gives us a clearer direction of travel, and offers other partners a framework for engaging with neighbourhoods to inform new service or commissioning models.
- **The re-commissioning of community services from 2020** offers a great opportunity to reflect and drive neighbourhoods working through contracts with local providers. The new contract(s) will be utilise neighbourhoods as the framework for organising local out of hospital services.
- The new **GP out of hours** service will mean that both PUCC and GP OOH are with the same provider, giving much greater opportunity for closer working between the services and improving the resilience of both services.
- Opportunity offered by the new **Community Incentive Scheme** to strengthen our community response to discharge and reduce DToCs and XBDs. In 2018/19 we are commissioning additional interim beds to support winter.
- **An evaluation of the Proactive Care Home Visiting service and Duty Doctor evaluations** will allow us to consider improvements which could be made in the commissioning of these services.
- **Payment Reform Proposal:** NHS E/I have proposed a 'blended' payment approach for emergency care for 2019/20 and beyond. The proposed approach could enable providers and commissioners to focus on how to use resources most efficiently and effectively to improve quality of care and health outcomes, while sharing both responsibility for the resource consequences of increases in acute activity and the benefits of system-wide action to reduce growth in activity.
- C&H have the highest rate per registered population of **frequent attenders at A&E** in north east London, there is real opportunity to make significant improvement. A new model based on an approach adopted in Tower Hamlets will be adopted in C&H in 2019, with a focus on supporting patients whose A&E attendances are driven by anxiety and depression.

NEL A&E 4 Hour Performance



- In 2018 HUHFT consistently performing above local NEL providers
- Trust data up to w/e 21st October HUHFT achieving 94.8% YTD

C&H A&E Rate per 1000 Registered Population – NEL CCGs



- C&H perform inline against NEL CCGs
- M1-5 rate of A&E attendance is comparable to TH and below Newham
- A comparison of M1-5 17/18 to 18/19 shows a slight increase in the rate for C&H (note national list sizes used here for NEL comparison)
- From M1-5 17/18 to 18/19 C&H actual A&E attendances have risen from 53662 to 43877, a rise of 2%

Note that data pulled for each provider was for Non Pbr A&E Streamed, non Pbr UCC and Pbr A&E. However, depending on how the trust codes, their co-located urgent care centre activity may not be reported. HUH activity includes all front door A&E (ED and PUCC). Therefore C&H may appear to have a higher rate as all front door activity will be included, a like for like comparison with other NEL CCGs is not possible when comparing all front door A&E due to a difference in coding.

C&H Rate per 1000 Registered Population in Core GP Hours

	17/18 Months 1-5	18/19 Months 1-5	% Change
NE1	57.42	59.04	2.82%
NE2	78.19	76.33	-2.38%
NW1	66.25	66.22	-0.04%
NW2	71.61	68.36	-4.54%
SE1	90.22	89.38	-0.93%
SE2	91.95	94.26	2.52%
SW1	77.25	83.12	7.60%
SW2	62.32	64.09	2.83%
City	63.71	68.59	7.65%
Grand Total	**73.96**	**74.85**	**1.20%**

- There has been a rise in A&E attendances per 1000 registered population during core hours of 1.2%.
- For all hours this is 2.19% increase in the rate, and OOH it is 3.81% increase – a greater rise in the rate is being seen OOH
- After accounting for growth in individual registered practice populations, there is real variation across neighbourhoods and GP Practices in both the rate of attendance and the change in rate. Questions to consider:
  - For those practices with a high change in rate, have they changed their patient access arrangements which may have affected attendance at A&E? eg. Doctor First systems
  - Is the variation in the rate of A&E attendance affected by differing arrangements for patients to get appointments?
  - How does the rate of attendance compare to utilisation of duty doctor?
  - How does distant to a hospital affect rate, although note all providers not just HUH included?
  - Why has the rate of A&E attendances increase more during OOH period?

C&H A&E Attendances by Provider, M1-5 comparison

Provider	M1-5 17/18	M1-5 18/19	Difference	% change	M1-5 18/19 proportion of total C&H activity	M1-5 17/18 - 18/19 difference as a proportion of total C&H rise
Barts	5399	5874	475	8.7%	10.7%	39%
HUH	34731	35335	604	1.7%	64%	49%
UCLH	2285	2221	-64	-2.8%	4%	0%

- Despite only account for 10.7% of A&E activity in months 1-5 in 18/19, the growth in activity accounts for 39% of the total rise. The rise in activity at Barts is outside of expected levels.
- Why is A&E activity a Barts growing so significantly?
  - Is the growth walk in attendances or LAS?
  - Is there a greater rise in C&H registered population near Barts sites that HUH or UCLH?
  - Is there a growth in activity sent from 111? Ie. Barts sights receiving higher proportion of referrals for C&H patients
  - Have GP Practices closer to Barts sites changes their primary care access arrangements which have impacted on A&E attendances?

A&E Frequent Attenders Benchmarking

High Intensity Users (all diagnoses)

Accident and Emergency Frequent Attenders

NEL CSU Clinical Commissioning Group Benchmark

August 2018

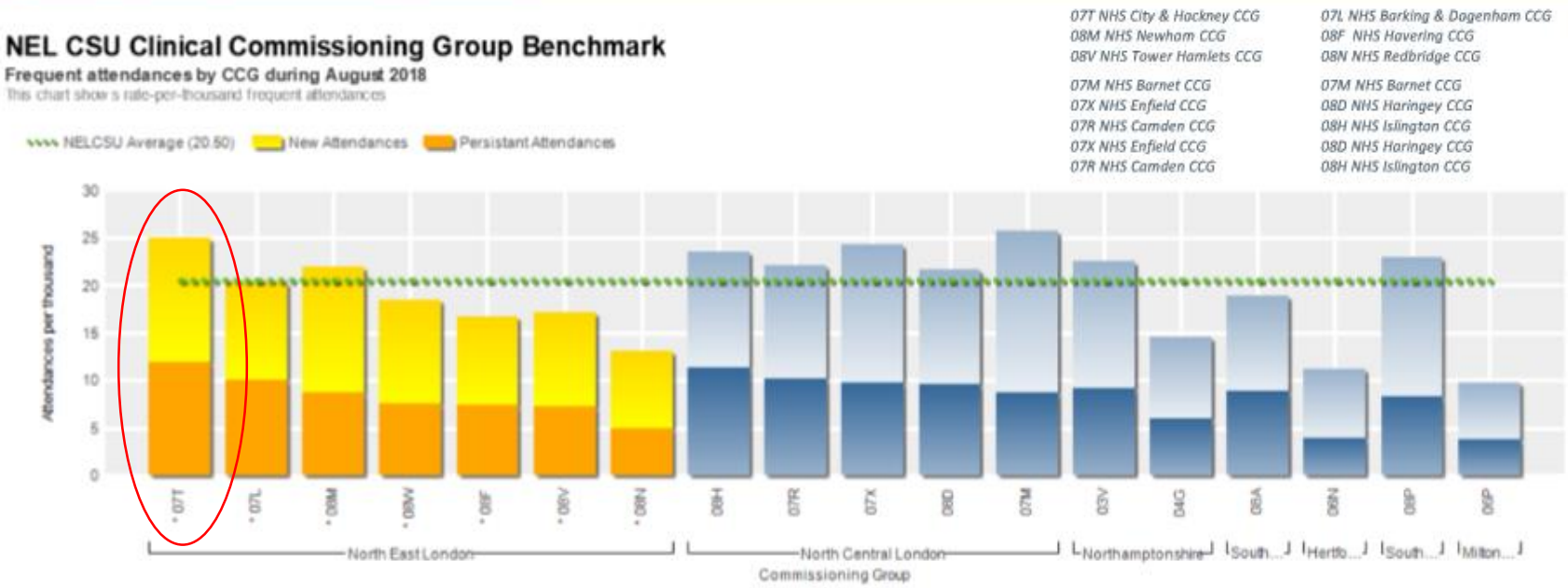
Accident & Emergency data is obtained from the Secondary User Service (SUS)

Report user videos and additional information

NEL CSU Clinical Commissioning Group Benchmark

Frequent attendances by CCG during August 2018

This chart shows rate-per-thousand frequent attendances



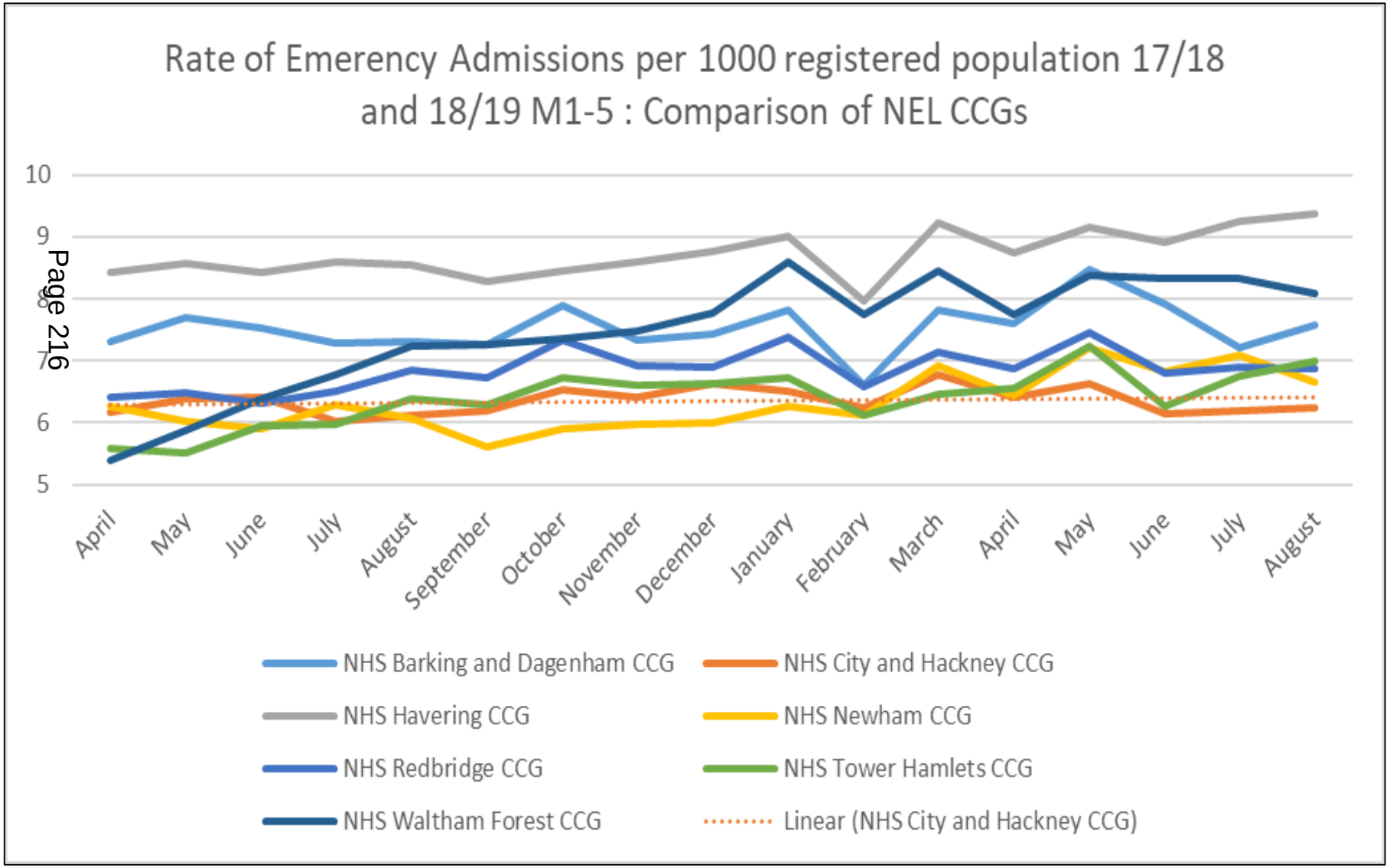
New frequent attenders are defined as patients who have had three or more attendances in the previous three month. Persistent frequent attenders are those patient who have had an additional period of frequent attendance in the last 12 months.

*Cohort population as at 31 August 2018 **

Source: NELIE

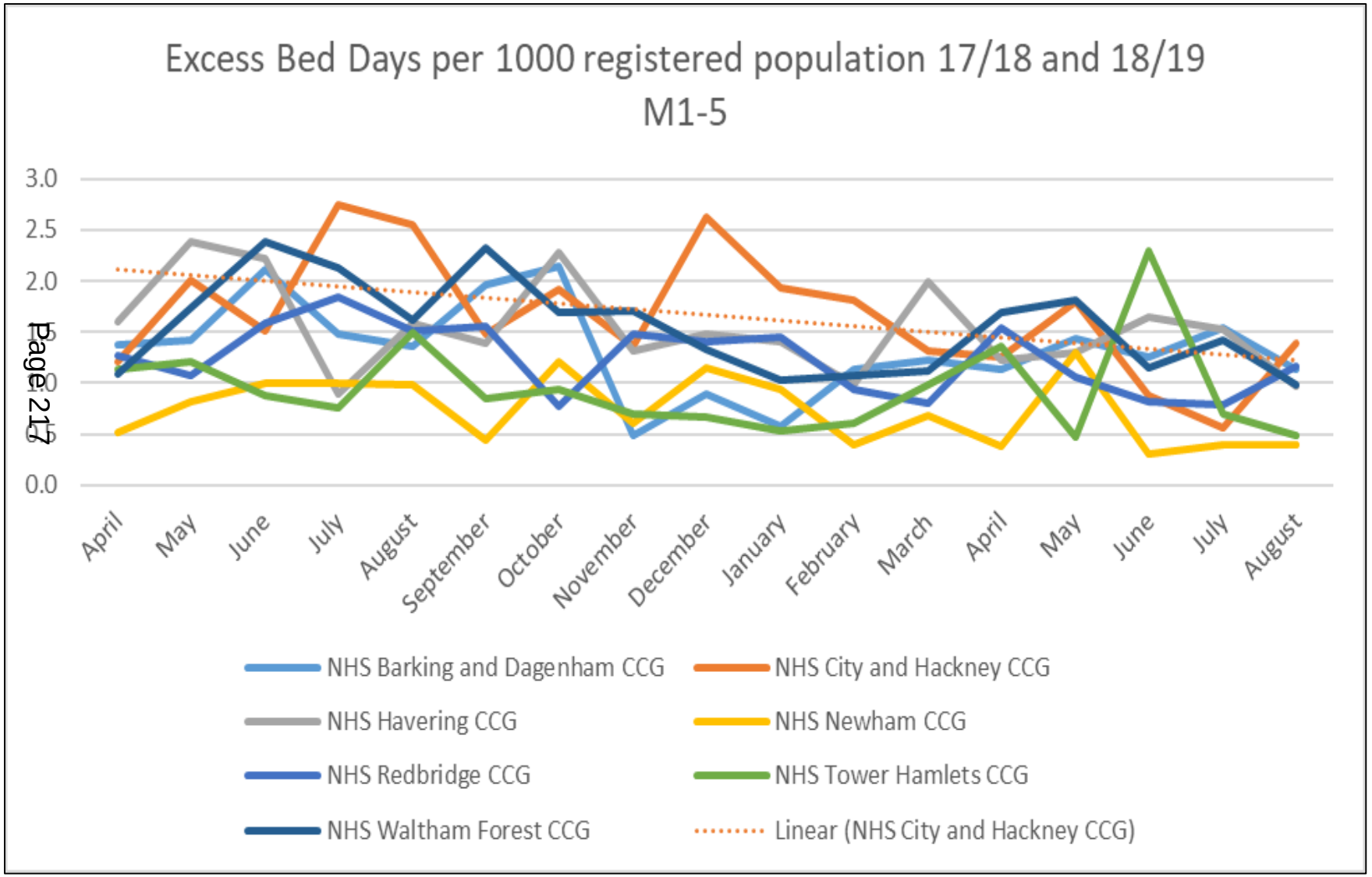
- C&H has the highest rate of frequent attenders in NEL
- Currently a frequent attenders programme does exist and an MDT approach is taken, however a collaborative approach with mental health will strengthen the provision we have in 2019
- There is real opportunity to reduce the number of frequent attenders in C&H

C&H Emergency Admissions per 1000 registered population – NEL CCGs



- C&H performs well against NEL CCGs on emergency admissions, during M1-5 of 18/19 we have had the lowest rate of emergency admissions in NEL
- Between 17/18 and 18/19 C&H have seen a very slight rise in the rate of emergency admissions from 31 to 32 per 1000 registered population, although we still remain the lowest
- Actual attendances M1-5 from 17/18 to 18/19 have risen from 9521 to 9803, a rise of 2.9%

C&H Excess Bed Days per 1000 registered population – NEL CCGs



- For M1-5 18/19 C&H perform in line with NEL CCGs
- From M1-5 17/18 to 18/19, C&H reduced their XBD rate from 10 down to 6.9 per 1000 registered population, a significant improvement
- From M1-5 17/18 to 18/19 C&H actual XBD days reduced from 3070 to 1827, a reduction of 40%

Unplanned Retrospective Care Performance Issues – summary

Drop in PUCC diversion rate: Following the review of PUCC we saw significant improvement in the diversion rate at the end of Q4 in 2017/18. We have seen a dip the rate in the first half of 2018/19, dropping from 29% in April to 27% in august (trust wide, based on pass through PUCC activity). This performance is being discussed at the TCNG meeting between the CCG and HUH.

LAS Overperformance: M5 flex LAS activity is 4.1% overplan at a cost pressure of £150K.

How is this being managed?

- Workstream and LAS liaising to improve utilisation of alternative care pathways eg. Paradoc, Crisis line, IIT
- Introduction of Paradoc into telecare referral pathway to reduce LAS
- IPADs with DoS rolled out to frontline LAS crew
- Close working with LAS on frequent callers

Barts Overperformance: April – August, 2% over plan on emergency admissions. Barts NEL activity is the subject of continued AQNs from across all associates to the contract and are awaiting a response from Barts Health.

Actions being taken:

- Introduction of MiDoS to support A&E admission avoidance
- Promotional exercise to be arranged with RLH A&E to raise awareness of admission avoidance pathways available, including duty doctor
- Discussions underway with RLH to introduce CMC into A&E

GP Confed Contract, Duty Doctor: KPI requires that 17/18 rate per 1000 A&E attendance (8am - 6.30pm Monday to Friday) is maintained, current FOT is that the rate is set to increase.

How is this being managed?

- Data analysed by neighbourhood and practice and to be shared with practices
- Working on introduction of redirection from A&E to extended access hubs
- Focus on frequent attenders, utilising underspend to strengthen GP involvement

Prospective challenges / risks ahead for remainder of the Year

Challenge / Risk	Mitigations
The Unplanned Care Board are required to deliver £1,680,950 QIPP in 18/19. Failure to deliver the scoped programme of System Savings for financial year 2018/19	At M4 the Unplanned Care Board are achieving the QIPP target, which has been set by the CCG. While there is underperformance against the QIPP schemes which were submitted to NHS England, the workstream has provided a number of QIPP schemes as mitigation to off-set the underperformance. QIPP performance is monitored on a monthly basis at the Unplanned Care Board.
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.	Extended Paradoc service has been operating since April and early evidence shows that the service is providing an effective attendance / admission avoidance function for patients. In August 2018 the Board endorsed a proposal to continue investment of PMS Premium money into the Proactive Care Practice-based service for 2019/20.
Risk that we cannot effectively engage with and involve users and residents and therefore develop service models that do not meet peoples' needs	Working closely with our 2 board user reps to ensure we do involve patients. Convened a neighbourhoods patient panel, running a wider neighbourhoods engagement event in the southwest. Running a discharge co-production event in November.
The NEL 111 service went live on 1st August 2018. 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.	Working with providers to get improved visibility at all stages of the pathway.
Risk that the workstream cannot deliver an urgent, out of hours primary care service following CHUHSE's departure at end March 2019	Work with HUH has commenced to agree a service model and contract. Complexities in the procurement route for the new GP OOH service have caused some delays, but we are receiving direct legal advice to expedite decisions and have started work with HUH on mobilisation.
Improved DTOC levels are not maintained	Discharge working group established to develop proposals which will include discharge to assess. LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge. 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
Winter months approaching which could lead to additional strain on the emergency care system and jeopardise HUH's ability to deliver on the 4 hour target.	ELHCP Winter Plan has been developed across STP

Improvement Assessment Framework [IAF]

C&H CCG	Mental Health (2016/17 assessment)	Dementia (2016/17 assessment)	EoLC (2017)	Urgent and Emergency Care (2017/18 Q3)
Metrics	% people attending IAPT who are moving to recovery % of people with first episode of psychosis starting treatment within 2 weeks	Estimated diagnosis rate for people with dementia* % of pts who have had a face-to-face review of their care plan in the last 12m	% of deaths with 3+ emergency admissions in last three months of life	Percentage of patients admitted, transferred or discharged from A&E within 4 hours Population use of hospital beds following emergency admission
CCG rating for performance	**Good**	**Outstanding**	**Requires Improvement** 6.90% - Compared to our peer group and England CCGs we are in the worst quartile	**Requires Improvement** A&E admission, transfer, discharge within 4 hours reported at 90.3% For XBD indicator - 538.8 reported, rated 9/11 to our peer group
Actions to Improve			• We are implementing a palliative urgent response service (similar to hospice at home) in order to provide 24/7 community based palliative care to our local residents • We use CMC care plans for patients identified at end of life • We are working with primary care to improve identification of people at end of life	• Improving discharge is key priority for the unplanned care workstream • Convened an integrated discharge group chaired by the local authority and bringing together health and social care colleagues to improve discharge • Piloting a discharge to assess pathway currently • Looking to increase provision of intermediate care beds within the borough • Implementing all recommendations in the high impact change model, and are well progressed with this • We undertook a case notes review of 50 DToCs which informed an action plan which is being implemented • Additional interim beds to support discharge over winter

IAF reporting is outdated eg. A&E 4 hour wait: Homerton achieved 94.8% in Q1 2018/19 missing the 95% target by 0.2% but Homerton A&E performance is amongst the best in the country.
*In Q1 2018/19 the CCG's estimated dementia diagnosis rate for people with dementia (70%) was similar to the NEL STP average (70%) and slightly better than the England average (68%).

Better Care Fund Metrics

National Metrics	Hackney Metrics		City Metrics	
	Position reported	Activity against Target	Position reported	Activity against Target
Reduction in non-elective admissions	Not on track	Actual – 5604 Target - 5497 (estimated for September)	Met target	Actual - 167 Target – 170 (estimated for September)
Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track	Actual - 478.6 Annual target – 418.1	Met target	Actual - 0 Annual target – 10 (people not rate)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Met target	Actual – 94.1% Annual target - 91%	Met target	Actual - 100% Annual target - 85%
Delayed Transfers of Care (delayed days)*	Met target	Actual - 1216 Target - 1463	Not on track	Actual – 105 (challenging14 days) Target - 63

Non-elective admissions
We have a strong focus on reducing inappropriate non-elective admissions where possible through a number of admission avoidance services. There is now alternate care pathways agreed between LAS, Paradoc and IIT. We have a mental health crisis line, a new falls service, and have expanded our primary care proactive care service to further support admission avoidance.

Admissions to Care Homes
Review of interim placements in Q2 resulted in many becoming permanent. While we have missed the target, it was by a relatively small number of individuals. We are hoping that discharge to assess processes and ongoing access to rehabilitation and reablement will help to reduce admissions. Overall, the number of older people living permanently in a care home has reduced over the last 12 months and Hackney's performance on admissions compares favourably to the comparator average.

Local Alignment and progress towards STP plan

The Unplanned Care workstream is an active member of the East London Health Care Partnership (ELHCP) UEC Programme and is working collaboratively on each of the programme areas below.

Urgent and Emergency Care: Programme Areas

- Primary Care Service Delivery offer in OOH Face to Face and Home Visiting
- UTC designation and meeting core and non core standards, streaming and front end of A&E redesign
- Ambulatory Care
- Enhanced Care in Care Homes
- 111 CAS Business as usual
- Hospital Flow

ELHCP Winter Plan

As part of ELCHP, C&H is committed to effective winter planning for 2018/19 building on learning from 2017/18. 5 key priority areas were defined by NHSE, these were: reducing extended lengths of stay in hospital, development of ambulatory emergency care, minors patients breach reduction, improving ambulance handovers and implementing effective demand management schemes. In addition to this, NEL partners identified improving flu resilience and strengthened governance and oversight as local NEL priorities to support performance and delivery over winter.

Five Year Forward View Objectives and Delivery

Objectives	Delivery
Comprehensive front-door streaming by October 2017	Managed by the Urgent Care worksteam, objective met
Adopt good practice to enable patient flow by October 2017 - including better timely hand offs between A&E clinicians and acute physicians, 'discharge to assess', 'trusted assessor', streamlined CHC process and seven day discharge.	Managed by the Discharge workstream, in summary: - Trusted Assessor: We have agreement from a number of nursing home providers that they would like to consider this model. - D2A: Discharge 2 Assess continues to progress and be rolled out. It appears that this is now having a beneficial impact on helping to reduce DToC's but a full review will be able to confirm this with hard data.
Hospitals, primary and community care and local councils should work together to ensure people are not stuck in hospital while waiting for delayed community health and social care through implementation of the 'High Impact Change Model'	Managed by the Discharge workstream, Work progresses under each of the HICM areas
Specialist mental health care in A&Es – 'core 24' teams will be available in 50% of acute hospitals by March 2019	Managed by the CCG Mental Health Coordinating Committee and reports in Unplanned Care Programme Board, objective met
Enhance 111 – • increasing proportion of calls that receive clinical assessment from 22%-30% by March 2018 • Direct booking for urgent face to face appointments when needed by March 2019	Managed by the Urgent Care workstream in collaboration with STP, objective met
NHS 111 online – allowing people to enter symptoms and get advice on management, starting from December 2017	Managed by the Urgent Care workstream in collaboration with STP, objective met
Evening and weekend GP appointments – available to 50% of the population by March 2018 and 100% by March 2019	Managed by CCG Primary Care Board, objective met
Strengthen support to Care homes to ensure that they have direct access to clinical advice and onsite assessment	Managed by the Discharge workstream in collaboration with STP, - Working with local care homes to deliver training needs - Review of primary care nursing home services.
Roll out standardised Urgent Treatment Centres	Managed by the Urgent Care Workstream. We currently provide PUCC, which is co-located with the Homerton ED and meets many of the nationally determined UTC standards. Work is underway to deliver against those standards that we do not currently meet. However standards pertaining to having direct bookable appointments from 111 will not be met at this time.
Implement the recommendations of the Ambulance response programme by October 2017	Managed by London Ambulance Service, objective met

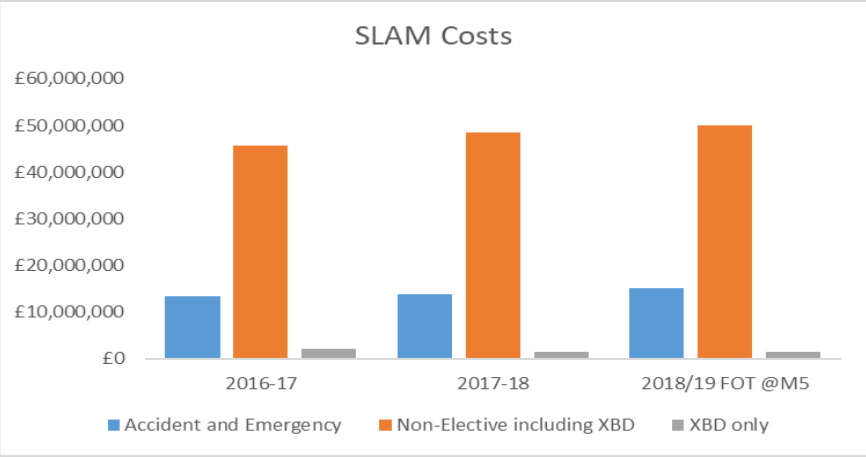
Finance and Activity against Plan M1-5

Row Labels	Sum of YTD PLAN ACTIVITY	Sum of YTD ACTUAL ACTIVITY	Sum of YTD PLAN PRICE	Sum of YTD PRICE ACTIVITY
10_AandE	104,647	122,399	£15,842,114	£18,162,095
Homerton University Hospital NHS Foundation Trust	81,339	83,699	£12,122,547	£12,662,891
Barts	0	10,664	£0	£1,608,140
UCLH	2,411	6,778	£1,018,193	£1,101,145
Other Providers	20,898	21,258	£2,701,375	£2,789,918
14_NEL	23,000	24,965	£46,285,666	£52,973,878
Homerton University Hospital NHS Foundation Trust	19,501	18,443	£39,683,691	£38,040,397
Barts	0	2,769	£0	£7,549,239
UCLH	1,593	1,735	£2,621,520	£2,867,911
Other Providers	1,905	2,018	£3,980,455	£4,516,331
15_NELXBD	6,242	6,648	£1,745,286	£1,835,692
Homerton University Hospital NHS Foundation Trust	5,492	5,576	£1,500,496	£1,449,433
Barts	0	569	£0	£157,189
UCLH	0	0	£36,715	£89,763
Other Providers	751	503	£208,075	£139,307

- Over performing against plan for A&E, emergency admissions and excess bed days
- However for emergency admissions HUHFT are under plan
- Where 0 is reported this is due to Trust not submitting data into SLAM

Acute Spend Focus - Year on Year Comparison

	Year 2016/17			Year 2017/18			2018/19 FOT @M5		
Accident and Emergency			£13,287,839			£13,823,966			£15,152,529
	Homerton	£8,798,703		Homerton	£8,993,297		Homerton	£10,002,382	
	Barts	£1,797,650		Barts	£1,974,757		Barts	£2,147,352	
	UCLH	£752,155		UCLH	£834,125		UCLH	£867,931	
	Other Providers	£1,939,331		Other Providers	£2,021,787		Other Providers	£2,134,864	
Non-Elective including XBD			£45,690,478			£48,465,598			£50,116,983
	Homerton	£29,507,611		Homerton	£32,998,130		Homerton	£32,435,995	
	Barts	£11,038,033		Barts	£10,304,415		Barts	£11,207,580	
	UCLH	£2,283,060		UCLH	£2,576,094		UCLH	£2,753,287	
	Other Providers	£2,861,775		Other Providers	£2,586,958		Other Providers	£3,720,121	
XBD only			£2,117,610			£1,525,552			£1,504,344
	Homerton	£1,335,651		Homerton	£1,080,498		Homerton	£1,026,968	
	Barts	£525,863		Barts	£345,435		Barts	£211,706	
	UCLH	£146,865		UCLH	£30,508		UCLH	£79,918	
	Other Providers	£109,230		Other Providers	£69,112		Other Providers	£185,752	
Total spend			£61,095,927			£63,815,116			£66,773,856



- FOT at M5 (SLAM) shows that expenditure on emergency activity in C&H will be 4.6% higher than in the previous year
- A&E expenditure at HUH is forecast to be over a million pounds greater than in the previous year
- Emergency admission spend at HUH at M5 is forecast to be lower than the previous year by over half a million
- Barts emergency admission expenditure is forecast to nearly a million higher than the previous year which is very significant given the size of the contract

High level summary of performance against budgets – YTD & FOT

- The Unplanned Care workstream has a budget of £134.2m at Month 5.
- The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities and have a combined budget of £20.3m. Aligned budgets are £113.9m.
- The workstream is forecasting a year end under spend of £1.5m – an adverse movement of £0.2m on the M4 position.
- The workstream is forecasting a favourable forecast position of £0.7m driven by acute underspends (driven by Royal Free and Whittington) relating to Adult A&E and Non Elective activity. This is based on 4 months of activity (three months of freeze data and one month of flex data).

								Forecast		YTD Performance		
Org	Category	Month	Service Description	Provider	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Fcast Spend £000's	Fcast Variance £000's	Budget £000's	Spend £000's	Variance £000's
CCG	BCF	M05	LBH-Homerton CHS -Adult Community Nursing	Integrated Care	4,512	0	4,512	4,512	0	2	2	0
CCG	BCF	M05	LBH-Integrated Independence Team (IIT)	Integrated Care	3,723	0	3,723	3,723	0	2	2	0
CCG	BCF	M05	LBH-Maintaining eligibility criteria	Integrated Care	2,912	0	2,912	2,912	0	1	1	0
CCG	BCF	M05	LBH-End of Life - St Joseph's Hospice Hackney	Integrated Care	2,423	0	2,423	2,423	0	1	1	0
CCG	BCF	M05	LBH-Neighbourhood Care Model	Integrated Care	1,274	0	1,274	1,274	0	1	1	0
CCG	BCF	M05	LBH-Community equipment and adaptations	Integrated Care	1,079	0	1,079	1,079	0	0	0	0
CCG	BCF	M05	LBH-Services to support carers	Integrated Care	728	0	728	728	0	0	0	0
CCG	BCF	M05	LBH-Paradoc	Urgent Care / Integrated Care	604	0	604	604	0	0	0	0
CCG	BCF	M05	LBH-Bryning Day unit/Falls Prevention	Integrated Care	431	0	431	431	0	0	0	0
CCG	BCF	M05	LBH-Targeted preventative services	Integrated Care	402	0	402	402	0	0	0	0
CCG	BCF	M05	LBH-LA bed based interim beds	Integrated Care	363	0	363	363	0	0	0	0
CCG	BCF	M05	LBH-Telecare	Integrated Care	267	0	267	267	0	0	0	0
CCG	BCF	M05	CoL-Homerton CHS -Adult Community Nursing	Integrated Care	238	0	238	238	0	0	0	0
CCG	BCF	M05	CoL-Reablement Plus	Integrated Care	65	0	65	65	0	0	0	0
CCG	BCF	M05	CoL-Neighbourhood Care Model	Integrated Care	41	0	41	41	0	0	0	0
CCG	BCF	M05	CoL-Paradoc	Urgent Care / Integrated Care	19	0	19	19	0	0	0	0
CCG	BCF	M05	CoL-Bryning Day Unit/Falls Prevention	Integrated Care	14	0	14	14	0	0	0	0
CCG	Acute	M05	Homerton University Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	35,356	35,356	35,356	0	15	15	0
CCG	Acute	M05	Adult Acute	Mental Health	0	10,888	10,888	10,888	0	5	5	0
CCG	Acute	M05	Barts Health Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	10,383	10,383	10,383	0	4	4	0
CCG	Acute	M05	UCLH Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	3,267	3,267	3,267	0	1	1	0
CCG	Acute	M05	NCA (Non Contracted Activity - Various)	Planned Care	0	3,090	3,090	2,590	500	1	1	0
CCG	Acute	M05	Whittington Hospital NHS Unplanned (Adult A&E +NEL activity)	Planned Care	0	1,983	1,983	1,983	0	1	1	0
CCG	Acute	M05	ROYAL FREE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	1,008	1,008	1,008	0	0	0	0
CCG	Acute	M05	GUYS & ST THMAS Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	995	995	995	0	0	0	0
CCG	Acute	M05	Moorfields Eye Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	908	908	908	0	0	0	0
CCG	Acute	M05	NHS 111 Service - LAS Contact	Urgent Care	0	746	746	746	0	0	0	0
CCG	Acute	M05	NORTH MID Hospital NHS Unplanned (Adult A&E +NEL activity)	Planned Care	0	733	733	733	0	0	0	0
CCG	Acute	M05	IMP COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	424	424	424	0	0	0	0
CCG	Acute	M05	KINGS COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Planned Care	0	207	207	207	0	0	0	0
CCG	Acute	M05	UCLH Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	245	(245)	0	0	(102)
CCG	Acute	M05	KINGS COLLEGE Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	8	(8)	0	0	(3)
CCG	Acute	M05	ROYAL FREE Hospital NHS FT Unplannedover / under performance	Planned Care	0	0	0	(494)	494	0	(0)	206
CCG	Acute	M05	Community Heart failure	Urgent Care	0	0	0	0	0	0	0	0
CCG	Acute	M05	Moorfields Eye Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	2	(2)	0	0	(1)
CCG	Acute	M05	NORTH MID Hospital NHS Children & YP over / under performance	Planned Care	0	0	0	(49)	49	0	(0)	20

									Forecast		YTD Performance		
Org	Category	Month	Service Description	Provider	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Fcast Spend £000's	Fcast Variance £000's	Budget £000's	Spend £000's	Variance £000's
CCG	Acute	M05	GUYS & ST THMAS Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	49	(49)	0	0	(20)
CCG	Acute	M05	IMP COLLEGE Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	(68)	68	0	(0)	28
CCG	Acute	M05	Homerton University Hospital NHS FT Unplannedover / under performance	Planned Care	0	0	0	564	(564)	0	0	(235)
CCG	Acute	M05	Barts Health Hospital NHS FT Unplanned over / under performance	Planned Care	0	0	0	(63)	63	0	(0)	26
CCG	Acute	M05	Whittington Hospital NHS Unplannedover / under performance	Planned Care	0	0	0	(400)	400	0	(0)	167
CCG	Acute	M05	NORTH MID Hospital NHS Unplanned over / under performance	Planned Care	0	0	0	(47)	47	0	(0)	19
CCG	CHS	M05	Homerton CHS - Adult Community Nursing (incl Intermediate Care -Section 75)	Integrated Care	0	3,603	3,603	3,603	0	2	2	0
CCG	CHS	M05	Homerton CHS -Adult Community Rehabilitation Team	Integrated Care	0	2,581	2,581	2,581	0	1	1	0
CCG	CHS	M05	Homerton CHS - PUCC	Urgent Care	0	923	923	923	0	0	0	0
CCG	CHS	M05	Homerton CHS - Enhanced PUCC - (Homerton PUCC) NR	Urgent Care	0	643	643	643	0	0	0	0
CCG	CHUHSE	M05	Out of Hours - CHUHSE	Urgent Care	0	1,775	1,775	1,775	0	1	1	0
CCG	CHUHSE	M05	Out of Hours - pension - CHUHSE	Urgent Care	0	150	150	150	0	0	0	(12)
CCG	CHUHSE	M05	Out of Hours - KPI - CHUHSE	Urgent Care	0	73	73	73	0	0	0	0
CCG	CHUHSE	M05	Out of Hours - pay rise - CHUHSE	Urgent Care	0	0	0	0	0	0	0	0
CCG	CHUHSE	M05	Out of Hours - Sessional GPs - CHUHSE	Urgent Care	0	0	0	0	0	0	0	0
CCG	End Of Life	M05	Mildmay Mission	Integrated Care	0	415	415	422	(7)	0	0	0
CCG	End Of Life	M05	End of Life Care (GP contract)	Integrated Care	0	194	194	194	0	0	0	0
CCG	End Of Life	M05	End of Life - St Joseph's Hospice Hackney	Integrated Care	0	136	136	136	0	0	0	0
CCG	End Of Life	M05	End of Life - Medicines Project	Integrated Care	0	0	0	0	0	0	0	0
CCG	End Of Life	M05	End of Life - Medicines Project	Integrated Care	0	20	20	20	0	0	0	0
CCG	GP Confed	M05	Duty Doctor	Urgent Care	0	1,542	1,542	1,542	0	1	1	0
CCG	GP Confed	M05	Proactive Care: Home Visiting (Frail Home Visiting)	Integrated Care	0	1,412	1,412	1,412	0	1	1	0
CCG	Mental Health	M05	PICU	Mental Health	0	2,381	2,381	2,381	0	1	1	0
CCG	Mental Health	M05	CH MHCOP CMHT	Mental Health	0	2,344	2,344	2,344	0	1	1	0
CCG	Mental Health	M05	HTT & Emergency Services	Mental Health	0	2,022	2,022	2,022	0	1	1	0
CCG	Mental Health	M05	C&H Commissioning	Mental Health	0	1,436	1,436	1,436	0	1	1	0
CCG	Mental Health	M05	CH MHCOP ACUTE (50% Ledenhall)	Mental Health	0	1,074	1,074	1,074	0	0	0	0
CCG	Mental Health	M05	CH MHCOP CONT CARE (Cedar)	Mental Health	0	1,042	1,042	1,042	0	0	0	0
CCG	Mental Health	M05	MH Services (Out of Area) - Camden	Mental Health	0	787	787	787	0	0	0	0
CCG	Mental Health	M05	MH Services (Out of Area) - BEH FT	Mental Health	0	496	496	496	0	0	0	0
CCG	Mental Health	M05	MH Services (Out of Area) - Camden overperformance allowance	Mental Health	0	100	100	100	0	0	0	0
CCG	Mental Health	M05	MH Services (Out of Area) - NELFT	Mental Health	0	88	88	88	0	0	0	0
CCG	Nursing Homes	M05	Community Matron Service - Elsdale Street Surgery	Integrated Care	0	139	139	139	0	0	0	0
CCG	Nursing Homes	M05	Community Matron Service - Shoreditch Park Surgery	Integrated Care	0	129	129	129	0	0	0	0
CCG	Nursing Homes	M05	Nursing Homes (LES) Acorn Lodge - Latimer	Integrated Care	0	73	73	73	0	0	0	0

								Forecast		YTD Performance			
Org	Category	Month	Service Description	Provider	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Fcast Spend £000's	Fcast Variance £000's	Budget £000's	Spend £000's	Variance £000's
CCG	Nursing Homes	M05	Nursing Homes (LES) BIES Pinchas	Integrated Care	0	41	41	41	0	0	0	0
CCG	Nursing Homes	M05	Nursing Homes (LES) Barton House - St Anne's	Integrated Care	0	24	24	24	0	0	0	0
CCG	Other	M05	London Ambulance Service (LAS)	Urgent Care	0	11,302	11,302	11,302	0	5	5	0
CCG	Other	M05	Homerton System resilience (part of Non Recurrent funding)	Urgent Care	0	678	678	678	0	0	0	0
CCG	Other	M05	CEOV weighted share adjustment	Mental Health	0	458	458	458	0	0	0	0
CCG	Other	M05	NHS 111 Service - Voluntary sector charge	Urgent Care	0	267	267	267	0	0	0	0
CCG	Other	M05	Targeted Preventative Dementia Service (Alzheimer's)	Mental Health	0	257	257	257	0	0	0	0
CCG	Other	M05	Triangle Community Services Ltd (Palliative Care out of hospital service)	Integrated Care	0	141	141	141	0	0	0	0
CCG	Other	M05	Overseas visitor NonReciprocal agreement and 1/3 risk share	Mental Health	0	100	100	100	0	0	0	0
CCG	Other	M05	Take Home and Settle	Integrated Care	0	100	100	100	0	0	0	(0)
CCG	Other	M05	Other Social Care - Handyperson (Home from Hospital)	Integrated Care	0	65	65	65	0	0	0	0
CCG	Other	M05	NHS 111 Service - CSU charges	Urgent Care	0	45	45	45	0	0	0	0
CCG	Other	M05	Frequent Attenders Team Lead	Urgent Care	0	30	30	30	0	0	0	0
CCG	Other	M05	London Ambulance Service (LAS) over / under performance	Urgent Care	0	0	0	0	0	0	0	0
CCG	Other	M05	One Hackney 2016-17 underspend - Audit Fees	Integrated Care	0	0	0	0	0	0	0	0
CCG	PARADOC	M05	PARADOC (Pension)	Urgent Care	0	63	63	63	0	0	0	0
City and Hackney CCG Total					**19,094**	**109,140**	**128,234**	**127,487**	**747**	**54**	**53**	**93**
COL	BCF	M05	Reablement Plus (BCF)	private sector	65	0	65	65	0	16,250	8,716	7,534
COL	Other	M05	provision of out of hours emergency care for ASC & Mental health services.	Authority	0	29	29	29	0			
COL	BCF	M05	IBCF funding		0	317	317	317	0			
City of London Total					**65**	**346**	**411**	**411**	**0**	**16,250**	**8,716**	**7,534**
LBH	BCF	M05	Hospital Social Work Team	London Borough of Hackney	585	790	1,375	1,377	(2)			
LBH	BCF	M05	Safeguarding	London Borough of Hackney	445	247	692	692	0			
LBH	BCF	M05	Interim care accommodation	London Borough of Hackney	108	1,164	1,273	637	636			
LBH	Other	M05	Rehabilitation Social Work	London Borough of Hackney	0	312	312	270	43			
LBH	Other	M05	Emergency Duty Service	London Borough of Hackney	0	169	169	149	20			
LBH	Other	M05	Approved Social Workers Pool	London Borough of Hackney	0	98	98	97	0			
LBH	Other	M05	Home Treatment Team	London Borough of Hackney	0	37	37	(14)	51			
LBH	Other	M05	VULNERABLE PEOPLE Housing Related Support - Single homeless/Rough Sleepers		0	1,710	1,710	1,732	(22)			
LBH	Other	M05	Information & Assessment	London Borough of Hackney	0	893	893	893	0	Information not available		
LBH	Other	M05	Unit Co-ordination (Front Office)	London Borough of Hackney	0	98	98	107	(9)			
LBH	Other	M05	City & Hackney SAB	London Borough of Hackney	0	201	201	201	(0)			
LBH	Other	M05	City & Hackney SAB	London Borough of Hackney	0	(130)	(130)	(130)	(0)			
LBH	Other	M05	Substance Misuse rehabilitation	London Borough of Hackney	0	358	358	291	67			
LBH	Other	M05	Integrated Independence Team	London Borough of Hackney	0	3,771	3,771	3,771	0			
LBH	Other	M05	Integrated Independence Team	London Borough of Hackney	0	(1,000)	(1,000)	(1,000)	0			
LBH	Other	M05	Accident Prevention	MOBILE REPAIR SERVICE	0	60	60	60	0			
LBH	Other	M05	Removal Of BCf Unplanned Care To Avoid Double Count With CCG Figures		0	(4,388)	(4,388)	(4,388)	0			
London Borough of Hackney Total					**1,139**	**4,390**	**5,529**	**4,744**	**784**	**0**	**0**	**0**
GRAND TOTAL					**20,298**	**113,875**	**134,173**	**132,642**	**1,531**	**16,304**	**8,770**	**7,627**

QIPP Performance 2018/19

The CCG financial QIPP plan for 2018/19 is to deliver £5.1m by year end. The Unplanned Care Board are required to deliver **£1,680,950** QIPP in 18/19.

At M5 the Unplanned Care Board are achieving the QIPP target, which has been set by the CCG. While there is underperformance against the QIPP schemes which were submitted to NHS England, the workstream has provided a number of QIPP schemes as mitigation to off-set the underperformance.

For a full breakdown see Appendix 1

2018/19 Schemes Submitted to NHS England in Operating Plan With Mitgiations	Full year Plan	M5 Planned Savings	M5 YTD Savings
2018/19 Schemes Submitted to NHS England in Operating Plan	£1,678,400	£699,333	£390,180
2018/19 Schemes developed to cover non-delivery and workstream shortfall	£627,350	£261,395	£342,825
Total Unplanned Care QIPP (unplanned care QIPP requirement)	**£1,680,950**	**£700,395**	**£733,005**

2019/20 Proposed QIPP Schemes

The Unplanned Care workstream is required to deliver £1,680,950 QIPP in 2019/20. The schemes set out in the table below are expected to deliver a net risk adjusted QIPP of £972,000. The Unplanned Care workstream are currently working on identifying further QIPP schemes to meet the target.

Scheme Name	High level scheme description
Paradoc Telecare Referrals	The Unplanned Care Work stream are working collaboratively with LBH and CoL to introduce a referral pathway from Telecare into ParaDoc. This is expected to reduce LAS and acute emergency activity. This requires no additional investment into the service and is an expansion of the referral pathways.
Ambulatory Care OOA Providers	National and NEL STP strategies around developing ambulatory emergency care pathwyas and tariffs for appropriate conditions at Barts are expected to provide QIPP through reduced emergency admission costs for C&H patients. However we might find this morphs into an adjustment to the baseline for 2019/20 and does not become a cash releasing QIPP.
Hospice at Home	There is evidence that hospice at home services reduce emergency activity and there has been engagement and funding agreement to move the service forward in 2018/19 providing benefits in 2019/20. Investment agreed is non-recurrent and it has been agreed that this funding will not impact the net QIPP.
Mental Health Unplanned	LTC IAPT QIPP schemes has been removed by MH team, replacement QIPP scheme to be determined
XBD HUH	QIPP for 2019/20 relates to system partners continued focus on maximising flow through acute hospitals and reducing delayed transfers of care. The actions to achieve delivery of the QIPP scheme are being implemented under the High Impact Change Model which is being monitored by the Discharge Steering Group. While work has been started this year there will be further benefits achieved in 2019/20.
XBD OOA Providers	Across the NEL STP there is a collective national requirement and local ambition to lower bed occupancy by reducing the number of long stay patients in acute hospitals. C&H will benefit from successful work on reduction of XBD across the NEL STP
Frequent Attenders Team – A&E Attendances	A model has been agreed to extend the existing frequent attenders team, the expanded team should have an impact on A&E attendances, emergency admissions, LAS resource and calls to 111.

Quality Premium at M5

Emergency Demand Management Indicators					
Measure	**2018/19 Plan**	**2018/19 Actual**	**% Variance**	**Standard / Target**	**Measure Achieved**
A1 – Type 1 A&E attendances	48,636	48,692	0.12%	No greater than planned	Not achieving
A2 – Non-elective Admissions 0 LOS	2,677	2,818	5.27%	No greater than planned	Not achieving – this is potentially due to ambulatory care activity being coded as 0 LOS, this is being explored. If this is the case, this is positive, this activity may have previously been coded as 1+ LOS or longer
B – Non elective admissions 1+ LOS	6,880	6,546	-4.85%	No greater than planned	Achieving

NB. For A2 and B data is combined from CCG plan and actual figures provided by NHSe via their monthly template. A2 & B is incorrect in SUS currently.

CQUIN Performance Q1 2018/19

Indicator name	Workstream and risk rating *Green - on track minimal risk *Amber - some risk to achievement and may not achieve 100% payment *Red - significant risk, may not achieve any payment	Targets 18/19	Q1 - 18/19 - target	CCG rating
Sepsis - Screening Timely identification of patients with sepsis in emergency departments and acute inpatient settings	**This is a continuation from last year and the Trust did not fully achieve the CQUIN in Q2-3 but achieved in Q4 .**	Timely identification and treatment for sepsis in emergency departments and acute inpatient settings. % of patients eligible for screening in ED and were screened and got treated within 60 mins. % of inpatients eligible for screening and were screened. From Q3 payment made only if 90% screened using NEWS 2 scores.	90%	Met. 97% overall with 93% in inpatients and 100% in A&E.
Sepsis - Timely treatment of sepsis in emergency departments and acute inpatient settings (IV treatment within 1 hour)	**This is a continuation from last year and the Trust did not fully achieve the CQUIN in Q2-3 but achieved in Q4 .**	The percentage of patients who were found to have sepsis in sample 2a and received IV antibiotics within 1 hour.	90%	Met. 95% overall with 86% on wards and 100% in A&E.
Improving services for people with mental health needs who present to A&E	**Met last year.**	Maintain the 20% reduction in A&E attendances of the selected cohort of frequent attenders to A&E in 2017/18 and identify a new cohort and reduce their attendance by at least 20%. This is a joint CQUIN with ELFT. CCG are funding mental health nurse in A&E in 2018/19.	MH trust to identify new cohort. Conduct internal review of ECDS A&E mental health coding and data submission. On the basis of findings, agree joint data quality improvement plan, and agree thresholds for ECDS data quality by: (i) end of Q2 and (ii) end Q4 2018/19; as well as arrangements for regular sharing of data between relevant providers regarding people attending A&E with mental health needs.	Met

Co-Production and resident and patient engagement

Integrated urgent care

- Patient representative member on urgent care reference group - this group considered different options for the integrated urgent care / GPOOH service model, including which current services should be part of a new service model or not, as well as the key attributes of the new model. (2 meetings)
- Urgent Care Engagement event - 32 residents attended and detailed feedback was gathered around what they wanted from their urgent care services.
- CCG Committees - engagement around NEL IUC / GPOOH – PPI, OPRG, PUEG
- Planned activities:
  - PPI November 2018 – New model of IUC & GPOOH
  - Engagement event early 2019 – feedback from patients on NEL IUC

Neighbourhoods

- Patient panel convened to ensure that we are effectively involving users. This is a part of neighbourhoods governance and meets monthly. Member of patient panel also sits on neighbourhoods steering group. They have helped to really define what neighbourhoods are and to develop the vision.
- Mental health in neighbourhoods workshop held, good attendance from users and their input has driven the ongoing work
- Patient panel developed logo and strapline for neighbourhoods
- Running large-scale resident engagement project in south-west to understand what neighbourhoods mean to local residents and how best to engage with local communities
- We will ask local residents what they want the neighbourhoods to be called

Discharge

- There has been a user representative on the discharge steering group from the beginning. We are now planning to bring 2 further user reps to the discharge steering group (likely starting from November).
- Presentation to PUEG and OPRG on the new discharge to assess model
- User reps have helped us to develop the patient feedback questionnaire that will be used to evaluate the discharge to assess model. We will also talk to carers about their experience
- There is a discharge co-production event scheduled for November – this will be used to co-produce the discharge pathway and consider how it feels for a patient / carer.

Appendix 1: QIPP 18/19 Scheme Breakdown

2018/19 Schemes Submitted to NHS England in Operating Plan	Full year Plan	M5 Planned Savings	M5 YTD Savings
LTC IAPT Admissions Avoided	£115,000*	£47,916	£3,395
EoLC: Hospice at Home Admissions Avoided	£140,220**	£58,425	N/A
UCLH: Non-Elective Admissions	£174,328	£72,636	£84,494
Paradoc Falls Service: Emergency Admissions	£138,629	£57,762	£60,605***
Proactive Care Practice Based: Emergency Admissions	£361,680	£150,700	TBC
Mental Health Out of Area Cap Reduction	£200,000	£83,333	£83,333
Escalation Ward – streamlining of funding	£202,000	£84,166	£84,166
A&E Protecting the Baseline (PbR) - Homerton	£246,543	£102,726	- £168,182
Excess Bed Day - HUH	£100,000	£41,666	£74,187
Total	**£1,678,400**	**£699,333**	**£390,180**
2018/19 Schemes developed to cover risk of non-delivery and workstream shortfall	**Full year Plan**	**M5 Planned Savings**	**M5 YTD Savings**
HAMU Tariff Reduction Protecting the Baseline	£597,350	£248,895	£287,825
Mental Health City Street Triage	£60,000	£25,000	£55,000
Total	**£627,350**	**£261,395**	**£342,825**

*QIPP has been revised down to £20K and the remainder will be moved to 2019/20

**QIPP has been moved to 2019/20

***M4 reporting, awaiting M5

APPENDIX 2

Unplanned Care Workstream Report
Integrated Urgent Care – New OOH service

Transformation Board 28 November 2018
Integrated Commissioning Board 17 January 2019

Introduction

This paper presents an update on the work to deliver integrated urgent care services in City and Hackney including the proposal for the provision of GP out of hours (GPOOH) services from April 2019.

Background

The unplanned care workstream are in process of developing an integrated model of urgent care services for City and Hackney. This means that services should provide clear and easy pathways for patients to navigate, avoiding fragmentation, and managing demand away from A&E where possible.

Within this work, there is also a specific need to find new provision for GP OOH services beyond end of March 2019 when the current contract ends. The current service provider, CHUHSE, will be ceasing operations at this point and so do not want to continue to run the service. This paper focuses on this element, though the wider work is relevant for context.

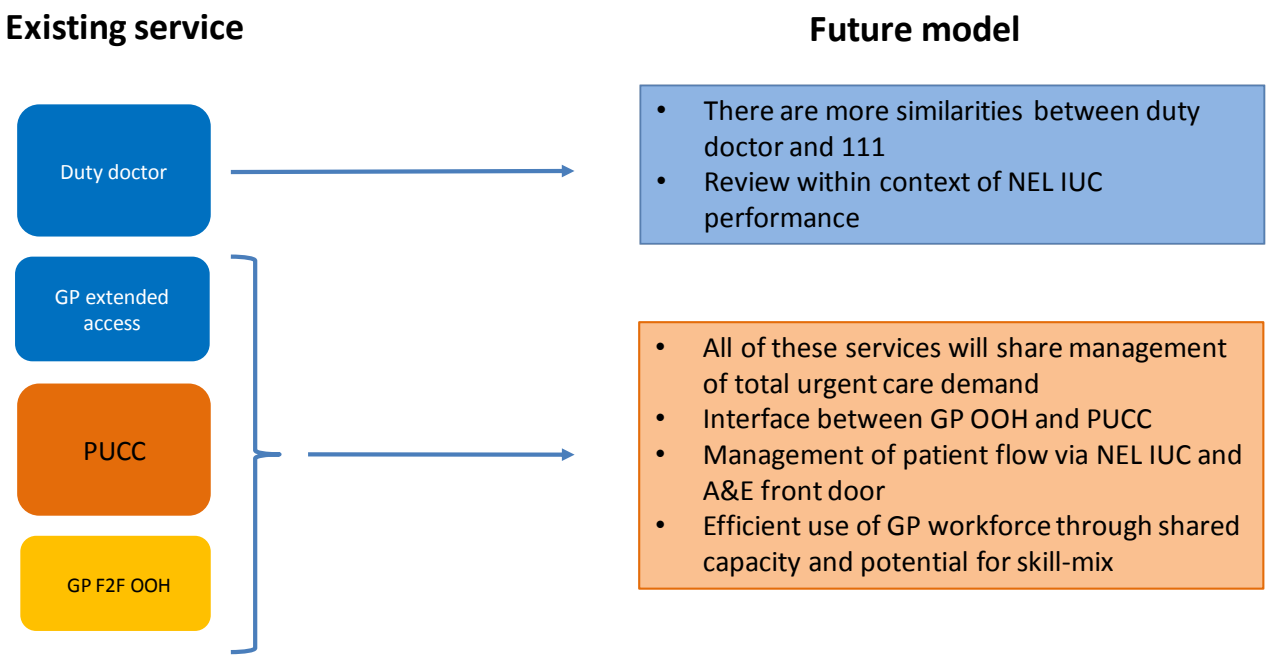
The new 111 service which went live across NEL on 1st August 2018, known as NEL IUC. NEL IUC provides a telephone assessment, clinical triage, and has the capability to directly book patients into down-stream primary care services such as extended access hubs and GP out of hours. This service is not yet delivering to its full specification and therefore the outcome, in terms of the resultant referrals onto local services are not yet fully known.

An urgent care reference group was convened including membership from CHUHSE, the GP confederation, the Homerton, ELFT, voluntary sector representative, patient/user representatives. This group considered different options for the service model, including which current services should be part of a new service model or not, as well as the key attributes of the new model. A wider resident engagement event was also held. 32 residents attended and detailed feedback was gathered around what they wanted from their urgent care services.

Developing the model

The urgent care reference group considered the range of different urgent care services operating within the borough. There was a strong commitment that all services should work together in order to deliver an overall integrated urgent care system for City and Hackney.

The following diagram demonstrates how each service has been considered:



For GP out of hours service specifically, there was agreement that:

- Urgent primary care demand would be shared across the system during out of hours
- There would be reserved capacity within extended access hubs and that we would utilise hub capacity as the first choice
- GPOOH services would be based at the Homerton, so as to be in a central, well known location with existing overnight infrastructure, and to be co-located with PUCC and ED.
- There would be an interface between GPOOH & PUCC to enable best management of total urgent primary care demand in OOH (walk in and via NEL IUC)

Home visiting

We are also proposing a new approach to home visiting provision.

Currently CHUHSE provide both GP appointments at base (in the Homerton) and home visits for patients that cannot get to the Homerton. However, the demand for home visits is low, particularly from midnight onwards, yet there is still a need to provide a car and driver which is an inefficient use of resources. Therefore, we are looking to provide a joint service with a neighbouring borough (likely Tower Hamlets) as this should provide the best and most cost-effective solution and also aligns to the STP intention to explore a collaborative approach to home visiting.

Identifying a provider for the service

There is strong agreement from within the urgent care reference group, the unplanned care workstream and FPC that we want to maintain provision of services within our current providers, in order to ensure that they delivered a collaborative, integrated model of care.

Through discussions it was very clear that delivering the service would be challenging for any provider, owing to scarcity of GP resource. This made initial discussions around identifying a provider challenging. It also demonstrated that whichever provider did take the service would need the support of the wider system.

Both the GP Confederation and CHUHSE confirmed that they were not in a position to take on the GPOOH service from April 2019. The confederation would have been interested if there had been the option of delivering a larger service offering, rather than GPOOH as a stand-alone service, although it was acknowledged that this would have been unlikely to have been achievable within the time-frames. The Homerton agreed to enter into contract negotiations to take on the GP OOH service. See appendix A, notes from the July unplanned care board.

The GP confederation and further consultation with wider primary care colleagues through the Clinical Executive Committee and the Clinical Commissioning Forum have given a strong direction that the service should have a 'primary care feel'. This included, though is not limited to, having a GP clinical lead for the service, consistent delivery of primary care pathways and supporting GP trainees. These elements are being worked into the into the service contract.

The proposed model has also recently been presented to patients at the CCG Patient Participation and Involvement Committee in November and was similarly well received.

Timeframes

The time-table to service mobilisation is tight. The contract will need to be signed by 1st December 2018, in order to be mobilised by 1st April 2019.

Contract negotiations have been underway with the Homerton since August 2018 with all parties committed to concluding these within timelines.

The outline service specification and contract form has been endorsed by the Unplanned Care Workstream and CCG Finance and Performance Committee (FPC) in September and October.

The proposed contract and detailed costing is due to be presented to the FPC for approval on 21st November 2018.

Governing Body will be asked for their sign off on the full contractual model at their meeting on 30th November 2018.

Ask of Transformation Board and Integrated Commissioning Board

- **The Transformation Board and the Integrated Commissioning Board are asked to support the proposed service model and recommend proceeding to contractual agreement**

Appendix A

Extract of Minutes from the unplanned care board, July 2018:

Local IUC Model

Anna Hanbury reported that further to the discussions of the UCMB in June, the project team has been working with providers to scope out the options for the provision of GP Out-of-Hours. From these discussion it has emerged that neither CHUHSE nor the GP Confederation is in a position to take on the service, and in light of the system risks and the need for a local solution, the Homerton is prepared to commit in principle to delivering the service (although the trust remains concerned about workforce availability and costs). The paper proposed that the core project team begin detailed negotiations with the Homerton with the aim of agreeing the service specification and contract by September 2018. AH highlighted the revised governance time table that would follow on from this, ending with final decision by CCG Governing Body in November 2018.Discussions regarding the contractual approach to avoid procurement have commenced with the CCG and a report is being taken to the next meeting of the CCG finance & Performance Committee.

Deborah Colvin expressed concerns about an acute trust providing a primary care service and stressed the importance of providing a primary care approach which would need to be considered when developing the specification. This should include having a GP clinical lead for the service. The Board acknowledged the importance of this and noted that it was included in the proposal presented.
Osian Powell acknowledged the importance of Primary Care but also stressed that the success of the model will depend on the wider support of the GP community. A virtual consultation with GPs is planned for scheduled for August and followed by further discussion at CEC and CCF in September.

May Cahill expressed worries about the proposed approach in terms of potential breach of procurement regulations if the service is not put out to tender, and requested assurance on this. It was noted that the CCG contracts team have given initial advice that the proposed approach is allowable but legal advice from Beachcroft has been sought to confirm this.
Ida Scoullos noted that from a service-user point of view, the proposed approach is preferable to the disruption which would be caused by a re-procurement.

Deborah Colvin approved the proposal on condition that the service reflects the primary care approach noted above.

The Board approved the plan outlined in the paper and agreed that detailed contract discussions with HUHFT should commence.

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 Boards Forward Plan 2018-19	
Title	**Reporting Lead**
15-Feb-19	
IC Programme	
IC Outcomes Framework	Yashoda Patel / Cordis Bright
IC Risk Report	Devora Wolfson
Partnership criteria	Devora Wolfson
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
Mainstreaming co-production within the Integrated Commisisoning Programme	Jon Williams / Catherine Macadam
Developing our financial system control total	Sunil Thakker / Ian Williams / Mark Jarvis
Service transformation/ updates	
Learning Disabilities - commissioning strategy and joint packages	Simon Cribbens/ Siobhan Harper
Outpatient transformation programme update	Simon Cribbens/ Siobhan Harper
Workstream & Enabler Groups reporting	
CYPM detailed review	Anne Canning / Amy Wilkinson
Prevention Workstream review	Anne Canning/ Jayne Taylor
Neighbourhoods Year 2 business case	Tracey Fletcher/ Nina Griffith
14-Mar-19	
IC Programme	
Mental Health Strategy including crisis intervention, suicide and veterans and Early Intervention in Psychosis	David Maher/ Dan Burningham
IC Safeguarding	Devora Wolfson/ Olivia Katis
IC Risk Report	Devora Wolfson
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis

Service transformation/ updates	
Intermediate Care Beds - short to medium term options	Tracey Fletcher / Nina Griffith
Healthier City & Hackney Fund	Anne Canning / Poppy Middlemiss
Health of LAC procurement	Anne Canning / Amy Wilkinson
11-Apr-19	
IC Programme	
IC Risk Report	Devora Wolfson
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
Service transformation/ updates	
ILDS Section 75 Provider agreement	Mary Stein
Unscheduled Items	
IC Comunications Strategy	

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