

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

**Meeting on Thursday 14 March, 10.45 am**

**To be held at Committee Room 102 &103  
Hackney Town Hall Mare Street E8 1EA**

- 1 London Borough of Hackney Integrated Commissioning  
Board Agenda**

**1 London Borough of Hackney Integrated Commissioning Board Agenda**

(Pages 1 - 246)

# Agenda Item 1

## 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 in Public of the two ICB Boards

on Thursday 14 March 2019, 10.45 – 12.00,  
Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	Welcome, introductions and apologies		Verbal	-	10.45
2.	Declarations of Interests	Chair <i>For noting</i>	2. ICB Register of Interests	3 - 6	
3.	Questions from the Public	Chair	Verbal	-	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>  <i>For noting</i>	4.1 Minutes of Joint ICBs meeting (in public), 15 February 2019  4.2 ICB Action Log	7 – 16  17	
5.	Integrated Commissioning Risk Register – March 2019	Devora Wolfson <i>For noting</i>	5. ICB-2019-03-14 IC Risk Register	18 - 28	10.50
6.	IC Governance Review Implementation Plan Actions: - Draft Terms of Reference of Accountable Officer Group - Output from Transformation Board Workshop	Devora Wolfson  <i>For approval and noting</i>	6. ICB-2019-03-14 AOG ToR and TB feedback	29 - 36	11.00
7.	Community Care Grants	David Maher / Anne Canning  <i>For approval</i>	7. ICB-2019-03-14 Community Care Grants	37 - 47	11.10
8.	Health of Looked After Children & Care Leavers assessment and nursing service redesign and procurement	Anne Canning/ Amy Wilkinson  <i>For approval</i>	8. ICB-2019-03-14 HLAC	48 - 54	11.20

9.	<b>Children, Young People, Maternity and Families Workstream – detailed review</b>	Anne Canning/ Amy Wilkinson  <i>For noting</i>	9. ICB-2019-03-14 CYPMF detailed review	55 - 102	11.30
10.	<b>Consolidated Finance (income &amp; expenditure) report as at January 2019 - Month 10</b>	Sunil Thakker/ Ian Williams / Mark Jarvis  <i>For noting</i>	10. ICB-2019-03-14 Finance report M10	103 - 115	11.45
11.	<b>Local System response to NHS Long-term Plan Submission</b>	Devora Wolfson  <i>For noting and agreement</i>	11. ICB-2019-03-14 NHS long-term plan system response	116 - 118	11.50
12.	<b>AOB &amp; Reflections</b>	Chair  <i>For discussion</i>	Verbal	-	11.55
	<b>Date of next meeting:</b>  <ul style="list-style-type: none"> <li>• 11 April 2019, Development session</li> <li>• 9 May 2019, 10.00 – 12.00, Room 102, Hackney Town Hall</li> </ul>	Chair	Verbal	-	
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	IC Glossary	119 - 123	

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 City ICB advisor/ regular attendee	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker		Transformation Board Member - CHCCG City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Transformation Board Member - LBH Hackney ICB advisor/ regular attendee	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 ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH Hackney ICB advisor / regular attendee	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	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Relationships	Director of Strategic Deveopment	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 ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	28/04/2017	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Demirci	15/02/2019	Member - Hackney Integrated Commissioning Board (ICB Chair July 2018 - March 2019)	Hackney Council	Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks	Pecuniary Interest
				London Councils Transport and Environment Committee	Member	Pecuniary Interest
				London Waste recycling Board	Member	Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Hackney Health and Wellbeing Board	Chair	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Christopher	Kennedy	27/02/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
Local GP practice	Registered patient	Non-Pecuniary Interest				
Dhruv	Patel	28/04/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-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				

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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
Andrew	Carter	05/06/2017	City ICB advisor / regular attendee	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	Transformation Board Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
					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
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
Mark	Rickets	16/05/2018	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			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
Jon	Williams	29/03/2017	Transformation Board Member - Healthwatch Hackney  Attendee - Hackney Integrated Commissioning Board	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 Engagement Contract  Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
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**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 15 February 2019,  
In Room 102 and 103, Hackney Town Hall, Mare Street, London EC2V 7HH**

**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
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Cllr Anntoinette Bramble	Deputy Mayor and Cabinet member for education, young people and children's social care	London Borough of Hackney
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Cllr Caroline Selman	Cabinet Member for Community Safety & Enforcement	London Borough of Hackney
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City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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David Maher	Managing Director	City & Hackney CCG
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**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
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Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation
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Dhruv Patel	Deputy Chairman, Community and Children's Services Committee	City of London Corporation
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City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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David Maher	Managing Director	City & Hackney CCG
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**In attendance**

Henry Black	Chief Financial Officer	NHS North East London Commissioning Alliance
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
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Georgia Denegri	Integrated Commissioning Governance	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Nina Griffith	Director, Unplanned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Tracey Fletcher	SRO, Unplanned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Stephanie Coughlin	Clinical Lead, Neighbourhoods	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Siobhan Harper	Director, Planned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 10)
Jayne Taylor	Director, Prevention	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 11)

**Apologies – ICB  
members**

Cllr Rebecca Rennison	Cabinet Member for Finance and Housing needs	London Borough of Hackney
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

### Apologies – key officers

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Sunil Thakker	Director of Finance	City & Hackney CCG
Mark Jarvis	Head of Finance	City of London Corporation

## 1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. Cllr Demirci welcomed members and attendees to the meeting and particularly Henry Black, new Chief Financial Officer for the seven North East London CCGs.
- 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. Cllr Demirci's interests were not listed so she declared the following: Pecuniary - Deputy Mayor and Cabinet member for health, social care, transport and parks, London Borough of Hackney; London Councils Transport and Environment Committee; London Waste Recycling Board; and non-pecuniary: Unison; member of Labour party; chair of Health and Wellbeing Board; registered patient at local GP practice.
- 2.3. The **City Integrated Commissioning Board**
  - **NOTED** the Register of Interests.
- 2.4. The **Hackney Integrated Commissioning Board**
  - **NOTED** the Register of Interests.

## 3. QUESTIONS FROM THE PUBLIC

- 3.1. The following question had been received in advance of the meeting from Michael Vidal: "As a result of the requirements in paragraph 1.52 of the Long Term Plan the membership of the ICB will need minor modification. While not necessary for this purpose would the ICB consider altering its membership to allow for lay members on the ICB."
- 3.2. Response: The ICBs currently comprise local authority members and the Chair, Accountable Officer and a lay member of the CCG Governing Body. As the ICB moves towards becoming an Integrated Care System Board, we will consider the make up of

the Board including PPI members. The Board will consider this at a future Development session.

#### 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 17 January 2019.
- **NOTED** the updates on the action log.

##### 4.2. The **Hackney Integrated Commissioning Board**:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 17 January 2019.
- **NOTED** the updates on the action log.

#### 5. NEIGHBOURHOODS YEAR 2 BUSINESS CASE

5.1. Tracey Fletcher, Nina Griffith, and Stephanie Coughlin introduced the Neighbourhoods Year 2 (2019/20) business case requesting £1,034,370 of non-recurrent funds from the Better Care Fund in order to continue to deliver the ambitions set out in the Neighbourhoods Strategic Framework. In their presentation they highlighted the progress achieved with regard to Year 1 aims and explained that during Year 2, a long term development and business plan will be developed to support the ongoing delivery of Neighbourhoods in a sustainable way. This will take into account the potential long term plan funding streams and contractual changes required to move the neighbourhood model from a phase of transformation to sustainable delivery.

5.2. In discussion, the following comments were noted:

- An element missing from the programme is linking political members in the neighbourhood process. It would be helpful both for the project and members to have an introductory training session to find out about the neighbourhood model and what it means for their wards as they are close to the ground meeting daily with their residents and businesses.

**ACTION: Devora Wolfson/ Nina Griffith**

- ICB noted the different priorities among neighbourhoods and asked how these will be set and managed in terms of governance. It was explained that as part of the year 2 programme of work, local priorities will be partly revisited within the context of the GP contract but also considered in terms of the long term plan and what will be the ongoing service model for neighbourhoods. There is general agreement that there should be a level of standard offer in line with the long term plan set centrally across all neighbourhoods and in addition some flexibility for local enhancements according to the particular needs of the local community, for example on the north west of the borough where the clinical lead works with the local rabbi and another faith leader to promote child immunisations in the local community. Some priorities will be set centrally across all neighbourhoods in line with the NHS Long-term plan and local authority priorities; some additional priorities will be set locally. The neighbourhoods project has an established governance structure with a steering group board and sub-groups to allow for the right decisions to be made at the right place.

- The new GP five year contract and the primary care networks will feed into the neighbourhoods through the existing governance structures once the funding streams are clarified. Further guidance is expected around March/April and at that point we will hold a series of workshops. We are currently exploring how these GP networks will align with the neighbourhoods.
- Frustration is being expressed by frontline clinicians for the overwhelming work and meeting time required due to the overlap between workstreams and particularly between the Neighbourhoods and the Neighbourhoods Health and Care Services (NHCS) projects. It was explained that the NHCS Task and Finish Group was set up to work specifically on the procurement but it is now timely to look at combining the work to minimize duplication.
- The Neighbourhoods project uses local teams to influence and change the way we work. Without this coordination, integration cannot be achieved.
- It was commented that the table at page 35 makes reference to the project working closely with the IT and estates enabler groups but misses the workforce, primary care and patient and public enabler groups.
- The importance of the cultural change required for neighbourhoods to develop strong identities where people feel pride to live or work for was emphasized.
- In response to a question on whether decision making will be at neighbourhood level or ICB, it was commented that the aim is for the right decision to be made at the right place. ICB has a more strategic role and decision making.
- With regard to the outcomes measures listed at page 37, it was confirmed that these are high level ones and they are underpinned by detailed measures.
- In response to a question about the resources requested to support the project, it was noted that the business case makes provision for a small central team with the rest of the resources being with the local providers to support them to implement the changes.
- It was further commented that from a local authority perspective, resources will be required as all adult social care activity will need to be aligned with neighbourhoods and relevant contracts to be reworked.
- From the point of view of lay people, it was suggested that a helpful technique to help clinicians and officers on the journey in integrating the services in each neighbourhood would be to keep on thinking what would that mean for the different groups in that local community, what it would mean for the children, elderly etc.

#### 5.3. The City Integrated Commissioning Board

- **APPROVED** the Neighbourhoods Business Case Year 2

#### 5.4. The City Integrated Commissioning Board

- **APPROVED** the Neighbourhoods Business Case Year 2

### 6. INTEGRATED COMMISSIONING RISK REGISTER – DECEMBER 2018

- 6.1. 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, and drew ICB's attention to the new risks escalated and changes in scores since the previous report.
- 6.2. Devora further reported that the CCG Governing Body asked that the scores reported in the previous meeting relating to the Unplanned Care Workstream Risk UC1 (about

the scoped programme of system savings for the financial year 2018/19) and the Planned Care Workstream Risk PC7 (relating to the CCG rating being affected due to cancer 62 days target at Homerton) are reconsidered or their description refreshed. The CCG Governing Body also requested that more evidence is provided as part of the reporting.

- 6.3. A session on risk management and the Integrated Commissioning risk register is planned for the next ICB development meeting in April.
- 6.4. ICB asked for progress with regard to the risk reported on elective activity. It was confirmed that an audit is underway. A note had been circulated to ICB in January and a further update will be provided at a future meeting.
- 6.5. The **City Integrated Commissioning Board**
  - **NOTED** the report
- 6.6. The **Hackney Integrated Commissioning Board**
  - **NOTED** the report

## 7. INTEGRATED COMMISSIONING VISION, VALUES, STRATEGIC OBJECTIVES AND OUTCOMES FRAMEWORK

- 7.1. Devora Wolfson introduced the report which set out the Integrated Commissioning revised vision, five strategic objectives based on the objectives set out in the Strategic Framework approved by ICB last year, and the outcomes framework for City and Hackney (to sit alongside the vision) that would be co-owned by residents and system partners. The links between vision, values, strategic objectives and the outcomes framework were illustrated in the Appendix of the report.
- 7.2. In discussion, the following comments were noted:
  - With regard to the indicators at pages 73 and 74 relating to reducing domestic violence, work is also being carried out by the Council and it was suggested that these pieces of work are linked.
  - An outcomes dashboard to be developed and discussed first at an ICB development session.
 

**ACTION: Devora Wolfson/ Yashoda Patel**
  - In response to a suggestion that it would be helpful for papers to show how the reported work links to the strategic objectives, it was confirmed that the report template will be adjusted accordingly from April 2019.
 

**ACTION: Devora Wolfson**
- 7.3. The City Integrated Commissioning Board
  - **APPROVED** the revised vision, strategic objectives and outcomes framework for integrated commissioning
- 7.4. The Hackney Integrated Commissioning Board
  - **APPROVED** the revised vision, strategic objectives and outcomes framework for integrated commissioning

## 8. CONSOLIDATED FINANCE (INCOME & EXPENDITURE) REPORT AS AT DECEMBER 2018 – MONTH 09

8.1. Ian Williams presented the report on financial (income & expenditure) performance for the Integrated Commissioning Fund for the period April 2018 to December 2018 across the City of London Corporation, London Borough of Hackney, and City and Hackney CCG, highlighting:

- At Month 9 (December) the Integrated Commissioning Fund has a forecast of £3.9m adverse against its annual budget, an improvement of £1m on the Month 8 position. The favourable movement in the forecast is being driven by the CCG, with the underlying forecast due to the London Borough of Hackney LD related cost pressures.
- City & Hackney CCG reports a year end surplus of £1m at Month 9. The surplus declared is to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised with a £3.0m adverse movement. Tower Hamlets CCG and Newham CCG also declared improvement against their control totals to mitigate the situation.
- 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, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).

8.2. The **City Integrated Commissioning Board**

- **NOTED** the report

8.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

## 9. HOUSING WITH CARE – SUMMARY OF THE CARE QUALITY COMMISSION (CQC) INSPECTION

9.1. Anne Canning introduced the paper which reported on the recent CQC inspection of the Housing with Care (HwC) service which was rated as 'inadequate', highlighting the following:

- HwC is an in-house provided service in Adult Services at LBH which supports just over 230 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. HwC is a regulated service by the Care Quality Commission (CQC).
- During the recent inspection in November and December 2018, the CQC identified a number of concerns, which they judged to be serious enough to issue a warning notice that more serious regulatory action will be taken if improvements are not made, which could lead to the service losing its registration. This has effectively placed the service in 'special measures.'

- The CQC inspectors noted that the service provided good and compassionate care. in many instances. However, some of the organisational and administrative practices needed to ensure safe and good quality delivery of care were not in place, and this represents a significant risk.
  - The CQC have asked LBH to ensure that the improvements they identified are in place by 8 March 2019. In a feedback meeting on 19 December 2018, the CQC lead inspector said that they had confidence in the willingness and the ability of the management team for HwC to make the required changes on time.
  - Service users and their families have been contacted by letter and offered face to face briefings with members of the Adult Services Senior Management Team to reassure them that their ongoing care and support needs will continue to be met and Healthwatch and other advocacy services have been invited to these briefings.
  - The Council is handling the matter with the upmost seriousness. A robust improvement plan was put in place immediately and the work is being monitored by two internal teams and an external consultant with CQC experience.
  - The HwC permanent staff have been deeply upset with the outcome as they are genuinely thoughtful and caring. The service also has a large number of agency staff.
  - It was felt that these issues were not picked up earlier as Adult Social Care did not undertake robust scrutiny of internal services as they do with external services. There is significant learning from this that is being applied across all the Council's services.
- 9.2. In discussion, the challenging work carried out by social care staff and the importance of supporting them and ensuring they are not demoralized by the negative judgment was stressed.
- 9.3. **The City Integrated Commissioning Board**
- **NOTED** the report
- 9.4. **The Hackney Integrated Commissioning Board**
- **NOTED** the report
- 10. UPDATE ON POOLED BUDGET PROPOSALS FOR CONTINUING HEALTHCARE AND ADULT SOCIAL CARE PACKAGES**
- 10.1. Simon Cribbens and Siobhan Harper presented the report which provided an update on the proposal to pool budgets between continuing health care (CHC) and adult social care packages. The following were highlighted:

Learning Disability (LD) Joint funding pilot and progress in other care groups

- The pilot has now concluded and the findings have been reviewed through an independent audit conducted by Price Waterhouse Coopers (PwC). The audit report was considered by the CCG Finance and Performance Committee and shared with the Chief Financial Officer for London Borough of Hackney. It is anticipated that the next steps following agreement by the Chief Financial Officers, will be to formalise the joint funding policy within the service supported by a broader move on progressing the wider pooling ambitions There have been wider discussions between the commissioning partners on applying a joint funding approach to older people and physical disability care groups with some exceptional cases already benefiting from this.



### Joint Brokerage

- The workstream has secured interim support from the CCG to implement brokerage within the CHC team. This is a time-limited resource for six months to fully scope how the brokerage function will both support care package delivery and integrate with local authority teams in both Hackney and the City. A specific input will also be provided to the LD team. Working with the provider market on a spot purchasing level is important in terms of managing quality, cost and demand but also to ensure that the CHC function is optimal for City and Hackney residents. Delays in process are cited as linked to the lack of this expertise in our system and the national emphasis on achieving the key targets for CHC assessment in community settings and within the 28 day timeframe are expected to be consistently maintained because of this investment. Longer term this function will ideally be secured by the wider approach of pooled budgets and shared functions in the local system.

10.2. The following comments were noted from the discussion:

- ICB expressed disappointment that the pooling of these budgets will not be ready from the start of the next financial year.
- The complexity of the financial position was discussed. A further update on the risk sharing will be provided to ICB in April followed by the operating model in July. ICB further noted that this will also need to be considered within the context of the NHS long term plan and the awaited green paper on adult social care.

10.3. The **City Integrated Commissioning Board**

- **NOTED** the report

10.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

## **11. PREVENTION WORKSTREAM REPORT**

11.1. Jayne Taylor presented the report which updated ICB on the prevention workstream progress, highlighting the following achievements and challenges in terms of performance:

- There has been very high performance on Quality and Outcomes Framework indicators, especially in relation to blood pressure management.
- There had been demonstrable progress in improving diabetes 'triple target' metric (well controlled blood pressure, cholesterol and blood sugar).
- Child obesity remains a significant challenge locally and requires action at all levels of the local system involving a broad partnership.
- Good progress with tobacco control plans, but more to be done to embed treatment of tobacco dependency within the NHS. Local Stop Smoking Services continue to provide high quality support for smokers to quit.
- Rates of sexual health screening remain high.
- Alcohol treatment completions have improved significantly in recent years, with local performance now in line with the national average.
- Employment rates among people with learning disability and mental health issues remain low. A bid has been made for NHS England 'wave 2' funding to develop Individual Placement and Support (IPS) services locally to address this.

11.2. In discussion, the following comments were noted:

- ICB discussed the need for more information and better understanding of the local Kurdish community in order to be able to support them.
- The City of London Corporation has carried out a lot of work on social isolation which has not been reflected in the report. A lot of work has also been carried out by the voluntary sector which will be shared with ICB.

11.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

11.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

## 12. AOB & REFLECTIONS

### Reflections

- The discussion was more open although some issues were still discussed in private. We need to keep our pledge for coproduction and openness at the front of our minds.
- The reports are clearer and members increasingly scrutinize proposals and system performance more. However, greater clarity on what members are called to champion is still needed.
- ICB will consider the handling of conflicts of interests by providers as the programme progresses.

### April development session

Devora Wolfson updated ICB that the programme will include discussion on risk, the NHS Long Term Plan and GP networks. The session will be facilitated by Simon Standish.

## 13. DATE OF NEXT MEETING

The next meeting will be held on 14 March 2019, 10.00 – 12.00, 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
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	11/04/2019	Open	In April 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
ICBJan19-1	Consider adding on risk register a risk relating to system IT/digital infrastructure	Devora Wolfson	City and Hackney Integrated Commissioning Boards	17/01/2019	14/03/2019	Closed	Added on the risk register.
ICBFeb19-1	Arrange introductory training session for political members on the neighbourhood model and what it means for their wards	Devora Wolfson/ Nina Griffith	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	Being planned
ICBFeb19-2	An outcomes dashboard to be developed and discussed first at an ICB Development session	Devora Wolfson/ Yashoda Patel	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	To be scheduled
ICBFeb19-3	Adjust report template to show how the reported work links to the IC strategic objectives	Devora Wolfson	City and Hackney Integrated Commissioning Boards	15/02/2019	Apr-19	Open	Due from April 2019. The report template has been adjusted and is being communicated to officers across the commissioning partners.

<b>Title:</b>	Integrated Commissioning Register of Escalated Risks
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Georgia Denegri, Integrated Commissioning Governance
<b>Committee(s):</b>	Integrated Commissioning Board, 14 March 2019
<b>Public / Non-public</b>	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 Risks**

- **Integrated Commissioning Programme**

Following ICB's request at its January meeting for a risk relating to the system's IT/digital infrastructure to be added on the risk register, the following new risk has been added

**IC11: Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions – Score 16**

Actions taken to mitigate the risk are:

- IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads; meetings every other month well attended to date
- Prevention digital lead in post; unplanned digital lead appointed
- £2.5m committed funds secured and initial digital outline framework approved by ICB; three projects underway

- **CYPMF**

The following risk has been escalated and added on the IC Risk Register. This risk had not been transferred from the previous Programme Board to the CYPMF and IC risk registers:

**CYPMF/IH09: HUHFT has experienced significant increases in CYP Crisis attendance at A&E, a large proportion of these cases relate to self-harm: Oct = 7; Nov=10; Dec = 9; Jan =17; Feb=21; Mar=20. Over half of those who die by suicide have a history of**

**self-harm; this increase in CYP who are presenting for self-harm significantly increases City and Hackney's risk of high suicide levels in our young people later in their childhood / adolescence, or in adulthood. This increase demand is also impacting on the A&E 4 hour target.**

Actions taken to mitigate the risk are:

We experienced a spike in self-harm presentations from Dec 16 – June 17 (often exceeding over 20 per month). This also corresponded to the cluster of child suicides we had at that time. These presentations reduced around July – August 2017 and have been sustained with average of 7.6 presentations per month to the current time.

These reductions have been secured through substantial investment in CAMHS transformation, £1.2M by 2021. We now have CAMHS workers and Wellbeing framework partners going in to 50% of City and Hackney schools – soon for 100% roll-out. We have also improved waiting times to First Steps through a productivity QIPP. This means the service can, and is, handling an additional 20% referrals. Finally at the time of the spike we put a dedicated CAMHS clinician in to the School which was experiencing the cluster in suicides.

### **Changes in risk scores and other changes**

There were no changes in risk scores.

The additional assurance and evidence which were sought by the CCG Governing Body have been addressed. Where updates were provided, these are reflected on the IC Risk Register.

A session on risk is planned at the ICB Development session in April 2019 alongside the refresh of the IC's risk register following the agreement of the strategic objectives.

### **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 – March 2019

#### 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
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	
IC5	Page 21 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 implementation plan is being put in place.	3	4	12	↔
IC9		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	↔
IC10		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 ground implementation.  NELCSU's procurement function has been engaged to scope potential holdups with procurement and to make sure that the process is expedited to the best possible degree.  The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays.	4	3	12	↔

Risk / Event Details				Inherent Scores [pre mitigation]		Mitigation Plan	Action Taken	Residual Scores [post mitigation]		Risk Direction since last report		
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	
IC11	IC Programme	Tracey Fletcher	Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions.	4	4	16	<p>1. Secure a robust governance structure to oversee digital delivery</p> <p>2. Secure dedicated digital leads to research available digital solutions to support the requirements of the transformation programme and to take forward delivery</p> <p>3. Secure committed funds that are ring-fenced for new digital solutions.</p>	<p>1. IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads; meetings every other month well attended to date</p> <p>2. Prevention digital lead in post; unplanned digital lead appointed</p> <p>3. £2.5m committed funds secured and initial digital outline framework approved by ICB; three projects underway</p>	3	4	12	NEW
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	<p>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</p> <p>Regular System Savings updates and items at the Unplanned Care management Board</p> <p>Thorough investigation of Unplanned Care Acute 'Menu of Opportunities'</p> <p>Longer term, larger, system transformations will be required to deliver savings</p>	<p>Savings identified for 18/19 up to value of £1.2m, monthly reporting is in place to monitor delivery against these in detail. These are mainly community based schemes to support a reduction in demand in the hospital, including a new falls service, a primary care frailty service (proactive care), and a reduction in excess bed days due to improved discharge and step down services.</p> <p>Additional mitigation schemes have been identified to mitigate against any slippage.</p> <p>At month 9 this risk was down-graded as the workstream is reporting an on-plan position for delivery of QIPP</p> <p>Month 10 update: workstream are on track to deliver the planned QIPP - have delivered £1.19m of planned £1.2m QIPP YTD. Within this delivery, we have included the impact of 2 additional mitigation schemes; these are reduction in ambulatory care (HAMU) tariff and introduction of the new City street triage service to reduce hospital admissions for homeless / rough sleepers.</p> <p>We will continue to track these schemes through our monthly detailed reporting and workstream board reporting but do not foresee any significant change to the position in the final 2 months of the year.</p>	3	4	12	↔
UC2	Unplanned Care - Programme	Tracey Fletcher/ Nina Griffith	Workstream struggles to assume all responsibilities and deliver outcomes as required	4	4	16	<p>Introduction of more formal programme governance including risk register, workstream reporting and dashboards</p> <p>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</p>	<p>New governance system in place, OD consultation work on hold</p> <p>Assurance gateway 3 complete and passed through all committees</p> <p>Dementia alliance formally reporting into the unplanned care board</p> <p>New quarterly board seminar in place - to support strategy development and test work areas against this</p> <p>Monthly finance and QIPP monitoring report in place - though may need some development to make more user friendly</p>	3	3	9	↔



Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
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	
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	<ul style="list-style-type: none"> <li>xIncrease the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract</li> <li>xIncrease support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV)</li> <li>xProvide C&amp;H patients with alternative methods of accessing Primary Care Services [not just A&amp;E] through the Duty Doc Service</li> <li>xReduce the number of inappropriate attendances at A&amp;E and unplanned admissions to hospital through Paradoc</li> <li>xDevelop and implement Neighbourhood model</li> </ul>	<p>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.</p> <p>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.</p> <p>X An enhanced dementia navigation service will be implemented in 2019/20.</p>	4	3	12	↔
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	<ul style="list-style-type: none"> <li>(i) Discharge working group established to develop proposals which will include discharge to assess</li> <li>(ii) Discharge actions included within A&amp;E Delivery plan and monitored by the urgent care board</li> <li>(iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge</li> <li>(iv) Weekly teleconference to discuss performance with Director</li> <li>X. Implement actions from Multi Disciplinary Case Notes Review relating to DTocS</li> <li>X. High impact Change Model (LBH and CoL) has been set up to monitor performance</li> </ul>	<p>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.</p> <p>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.</p> <p>X All reports are now required to report explicitly on activities in relation to patient and public involvement</p> <p>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.</p>	3	4	12	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report					
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	
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	<p>System Resilience Funding part of a wider investment and transformation plan has been signed off.</p> <p>1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways</p> <p>Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance</p> <p>DutyDoctor aim to improve patient access to primary care and manage demand on A&amp;E</p>	<p>X HUH have maintained strong operational grip through senior management focus on ED and hospital flow</p> <p>X Recent reduction in DTocS should support flow</p> <p>X Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan</p> <p>X 2018/19 Winter Planning has been undertaken, bringing together systems partners together round delivery of flow.</p> <p>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.</p>	3	4	12	↔		
UC6		Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	<p>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</p> <ul style="list-style-type: none"> <li>- Some technical errors mean not all electronic referrals get through, and some patients are transferred on the phone;</li> <li>- Demand for Primary Care 111 Services has decreased since the service has gone live, with no corresponding increase in Emergency Care admissions;</li> <li>- There is one known example of a failed referral since the launch of the service</li> </ul>			4	4	16	<p>Working with providers to get improved visibility at all stages of the process</p>	<p>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.</p> <p>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.</p>	3	4	12	↔	

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report			
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	
UC7	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	<p>Integrated Urgent Care (111) re-procurement risk of negative impact on quality of service and impact on other urgent care systems</p> <p>Local impact: Increased demand on C&amp;H acute services due to risk averse nature of 111 assessment</p> <p>Challenges recruiting GPs to the CAS</p> <p>Risk that patients will be attracted by quick call answering times from 111</p> <p>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</p>			4	4	16	<p>xExtensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners).</p> <p>xClinical involvement in service specification development.</p> <p>xRe-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream</p> <p>xService to be continually monitored post mobilisation</p> <p>xIUC service reporting requirements include audit of onward referral to local services to review appropriateness.</p> <p>xEnsure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]</p> <p>xInvestigate what existing providers may be able to support health system in event of delay</p> <p>xLocal promotion of Duty Doctor to encourage patients and health care professionals to choose this service over 111</p>	<p>The NEL 111 service went live on 1st August 2018.</p> <p>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.</p> <p>Work underway through the Urgent care reference group to agree the sustainable solution</p> <p>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.</p>	3	4	12	↔

Risk / Event Details				Inherent Scores [pre mitigation]		Mitigation Plan	Action Taken	Residual Scores [post mitigation]		Risk Direction since last report		
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	
UC9	Unplanned Care - Discharge	Simon Galczynski/ Discharge Steering Group	Improved DTOC levels are not maintained	5	4	20	<p>(i) Discharge working group established to develop proposals which will include discharge to assess</p> <p>(ii) Discharge actions included within A&amp;E Delivery plan and monitored by the urgent care board</p> <p>(iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge</p> <p>(iv) Weekly teleconference to discuss performance with Director</p> <p>x Implement actions from Multi Disciplinary Case Notes Review relating to DTOCs</p> <p>x High impact Change Model (LBH and CoL) has been set up to monitor performance</p>	<p>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.</p> <p>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</p> <p>xCapacity to deliver plans and culture shift required [re High Impact Change Model]</p>	4	2	8	↔
UC15	Unplanned Care	Tracey Fletcher/ Nina Griffith	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUC 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	<p>Ongoing work to develop a new model which better utilises and integrates all Primary Care services – expectation that this will protect GP resource</p> <p>GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OoHs GPs</p> <p>Consider how partners can work together to make an attractive offer to GPs</p> <p>Explore ways to address challenges recruiting GPs through CPEN</p>	<p>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</p> <p>We have benchmarked with neighbouring boroughs to borrow ideas.</p> <p>We are reviewing rates of pay across NEL.</p>	4	4	16	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report						
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		
UC	Unplanned Care	Whole Workstream	Issue of lack of service provision for City & Hackney residents who are registered with out-of-borough GPs, for escalation to the Transformation Board and Integrated Commissioning Board. This could lead to inequity of service provision for CH residents, where there are no comparable services in the neighbouring borough.			TBC	TBC	TBC	This issue was flagged in the January meeting of the Unplanned Care Workstream Board as an issue that cuts across a wide range of health and social care services and is a multi-workstream issue. The CCG Contracts team is currently looking into this issue to understand its scale and identify gaps. Risk scores and mitigating actions will be determined once this initial work has been carried out. In the meantime the Unplanned Care Workstream agreed that the issue should be escalated to the ICB for discussion.	TBC	TBC	TBC				↔	
PC1	Planned Care	Simon Galczynski / Siobhan Harper	Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments			5	4	20	Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper)	The 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				↔
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				↔
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				↔

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
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	
CY8	CYPMF	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 3. A workshop with NHS England is planned for February for develop a strategic approach	1. Risk falls within CYPOM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from April 2018 3. Reviewing joint work between primary care and community paed  Oct 18-Jan 19 - The CCG funded an urgent response to a Measels outbreak. January 19 Update - We have non-recurrent funding for North East Hackney imms service agreed in principle for 2019/20	5	3	15	↔
CYPMF9	CYPMF	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	↔
CYPM/IH09	CYPMF	Amy Wilkinson	HUHFT has experienced significant increases in CYP Crisis attendance at A&E, a large proportion of these cases relate to self harm : Oct = 7; Nov=10; Dec = 9; Jan =17; Feb=21; Mar=20. Over half of those who die by suicide have a history of self harm; this increase in CYP who are presenting for self harm significantly increases City and Hackney's risk of high suicide levels in our young people later in their childhood / adolescence, or in adulthood. This increase demand is also impacting on the A&E 4 hour target.	5	4	20		We experienced a spike in self-harm presentations from Dec 16 – June 17 (often exceeding over 20 per month). This also corresponded to the cluster of child suicides we had at that time. These presentations reduced around July – August 2017 and have been sustained with average of 7.6 presentations per month to the current time.  These reductions have been secured through substantial investment in CAMHS transformation, £1.2M by 2021. We now have CAMHS workers and Wellbeing framework partners going in to 50% of City and Hackney schools – soon for 100% roll-out. We have also improved waiting times to First Steps through a productivity QIPP. This means the service can, and is, handling an additional 20% referrals. Finally at the time of the spike we put a dedicated CAMHS clinician in to the School which was experiencing the cluster in suicides.	5	4	20	NEW
CYPMF12	CYPMF	Toni Dawodu / Hackney Learning Trust	System SEND Overspend - There is a significant financial risk to partners relating to SEND overspend.	5	4	20	Following Cabinet steer, HLT have convened a co-production working group to inform proposals for SEND funded packages		5	4	20	↔
CYPMF13	CYPMF	Rhiannon England	Outpatient C2C Referrals for Paediatrics have been higher than normal, creating a cost pressure and financial risk to the workstream	5	3	15	The Planned Care workstream is carrying out wider audits of coding at HUHFT.	Rhiannon England conducted an audit of coding for C2C paediatric referrals and the findings of the audit were ratified by Paediatricians. The data is currently with Planned Care for further action as part of their wider audit work.	5	3	15	↔

<b>Title:</b>	IC Governance Review Implementation Plan Actions: - Draft Terms of Reference of Accountable Officer Group - Output from the Transformation Board Workshop
<b>Date:</b>	14 March 2019
<b>Lead Officers:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Committee(s):</b>	Integrated Commissioning Board 14 March 2019 (for approval)
<b>Public / Non-public</b>	Public

**Executive Summary:**

Following from the Integrated Commissioning Governance Review implementation plan and actions agreed by ICB at its meeting in January 2019, this report presents:

- The draft terms of reference of the Accountable Officer Group (AOG) for approval by ICB
- The output from the Transformation Board workshop held on 27 March 2019

**Issues from Transformation Board for the Integrated Commissioning Board**

N/A

**Recommendations:**

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

- To **APPROVE** the terms of reference of the Accountable Officer Group
- To **NOTE** the feedback from the Transformation Board workshop

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

- To **APPROVE** the terms of reference of the Accountable Officer Group
- To **NOTE** the feedback from the Transformation Board workshop

**Links to Key Priorities:**

The governance review focused on whether our current integrated commissioning governance structure facilitates the delivery of our shared transformation priorities, and made recommendations for improvement.

This report presents the new arrangements as per the governance review recommendations.

**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.

PPI representatives are members of the Transformation Board.

**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: Terms of Reference of Accountable Officer Group

**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

**Main Report****1. Accountable Officer Group**

1.1 The Accountable Officer Group (AOG) met in shadow form on 20 February 2019. At its meeting, members considered the draft terms of reference for the AOG. The draft terms of reference for the AOG are set out in Appendix 1. The meeting recommended that Tim Shields be nominated as Integrated Commissioning Programme Senior Responsible Officer (SRO), subject to ICB approval.



1.2 The meeting discussed the requirement for regular reporting from the workstream and enabler groups. It was agreed to ask for monthly update reports from each of these groups which will be considered by the Accountable Officer group before being submitted to ICB.

## 2. Transformation Board Workshop

2.1 The workshop to discuss the future focus of the Transformation Board was held on 27 February 2019. The workshop was attended by the Transformation Board members and the workstream directors.

2.2 The workshop discussed what has been valuable about the Transformation Board to date and the focus of future work. It also discussed areas of duplication.

2.3 In terms of its future work, it was agreed that the Transformation Board should be reconstituted as a forum that focused on:

- Testing the work underway against the IC vision
- Ensuring all parts of the system are working together in the right way
- Raising our understanding and adapting thinking across the whole system when things change or when there are difficulties
- Creating new thinking
- Having longer discussions - taking one or two issues and working them through properly
- Exploring new issues whose impact reaches across the system

2.4 In terms of attendance, it was agreed that the right people were in the room – but we may sometimes want to involve others. It was also agreed that it would not duplicate the work of the workstreams – or business meetings.

2.5 It was agreed that the forum would meet every 2-3 months and would be run in workshop style rather than as a meeting. It was also agreed that Jonathan McShane, ICS Convenor, would chair the forum. A plan for the year will be drawn up over the coming month.

## 3. Terms of reference for ICB

3.1 The terms of reference for ICB will need to change to reflect the new governance arrangements, namely the AOG and new Transformation Forum.

3.2 A complete set of terms of reference together with the forward plan for the year for the business will be submitted to the next meeting of the ICB in May 2019.

# City & Hackney Accountable Officer Group

## Terms of Reference

### Purpose

The Accountable Officer Group (AOG) is established by the City and Hackney Integrated Commissioning Boards (ICB) with the following purpose:

- To ensure implementation of ICB priorities and decisions
- To ensure that there are robust delivery arrangements in place which fully integrate and align services to achieve improved outcomes and achieve financial balance and move towards an integrated care system
- To provide ICB with assurance concerning all aspects of delivering the vision, strategic direction of integrated commissioning and care
- To advise the ICB on strategic issues
- To make recommendations to the ICB on the current and future integrated commissioning and care operating model and deliver what is agreed.
- To ensure that any unintended consequences of transformational activity is identified and addressed.
- To support workstream SROs to deliver their responsibilities.
- To ensure relevant actions from the STP are implemented in City and Hackney.

### Objectives

- Ensure that the work of all the workstreams is aligned with the strategy set by the ICB
- Ensure cross workstream issues are being adequately addressed
- Ensure the five enabler groups are supporting the delivery of workstream and system priorities and that enabler group transformation monies is delivering value for money and required outcomes
- Receive monthly update report from the workstreams and enabler groups and report this on to ICB.
- Review and monitor the delivery of the outcomes framework
- Identify and mitigate risk by reviewing and monitoring the workstream risk registers and the IC Register of Escalated Risks, agreeing resourced action plans and ensuring their delivery
- Ensure financial balance as a system and achievement of financial plans through regular scrutiny of finances.
- Identify potential barriers and solutions to achieving the plans agreed by the ICB
- Communicate and discuss any changing requirements from the partner organisations, for example NHSE mid-year directives or new initiatives
- Ensure that the system can report on progress with implementing the NHS Long Term Plan, FYFV, STP and other priorities.
- Oversee the delivery of the Estates Strategy
- Oversee the IC business planning cycle and ensure coordination and alignment of decision making across the governance system
- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered
- Agree the staffing structure for integrated commissioning and care including how to make the best use of partner resources to support the workstreams and the overall programme, including how to enable the most effective use of partner teams to support the workstreams e.g. information, performance, PPI etc.

## **Accountability and reporting**

The Accountable Officer Group is accountable to the Integrated Commissioning Board and will submit recommendations to them for debate and approval.

## **Membership and attendance**

The membership of the Accountable Officer Group shall consist of key representatives of the three commissioning partners, the three main NHS providers and the programme SROs as follows:

		<i>SRO responsibility</i>
Chief Executive	London Borough of Hackney	Integrated Commissioning Programme SRO
Chief Officer/ Director Community and Children's Services Managing Director	City of London Corporation	Planned Care Workstream SRO
Chief Executive	City & Hackney CCG	
Chief Executive	Homerton University Hospital NHS FT	Unplanned Care Workstream SRO
Chief Executive	East London NHS FT	
Chief Executive	City & Hackney GP Confederation	
Group Director, Children, Adults and Community Health	London Borough of Hackney	Prevention Workstream SRO; Children, Young People and Maternity Workstream SRO

Members are expected to attend at least three quarters of all meetings each financial year.

The Integrated Commissioning Programme Director and the Integrated Care System Convenor will be in attendance in all meetings.

The chair may request attendance by other relevant staff at any meeting.

The membership is listed at the Appendix.

## **Deputies**

All members may nominate a named deputy who will attend any meetings the member is unable to attend, however deputies should not attend routinely but only as a result of planned or unforeseen absence. Deputies will be counted for the purpose of the quorum.

The nominated deputies are listed at the Appendix.

## **Chairing arrangements**

The programme SRO will chair meetings of the Accountable Officer Group. In their absence, the Group shall agree the chair.

The Chair of the Group has the overall responsibility for the performance of the Group and also has the final decision on actions required in order to comply with these terms of reference.

## **Quorum and voting**

A minimum of four members of the Group need to be present for meetings to proceed.

## **Meetings and administration**

The Accountable Officer Group will routinely meet monthly. Additional meetings may be convened when the members deem it necessary.

The Group will be supported by the Integrated Commissioning Programme Director as the nominated lead officer.

The Group will be supported administratively by the Integrated Commissioning Governance Manager, whose duties in this respect will include:

- Agreement of the agenda with the Integrated Commissioning Programme Director and the Chair, collation and distribution of papers at least five working days before each meeting
- Taking the minutes and producing them within five working days
- Keeping a record of matters arising and issues to be carried forward
- Providing support to the Chair and members as required

The AOG will not meet in public and papers will not be routinely published, but all information associated with AOG meetings is subject to the Freedom of Information Act.

The AOG may determine to make 'virtual' decisions outside of the setting of a formal meeting if there is a pressing and urgent need to do so outside the agreed schedule. Reasonable efforts will be made in the scheduling of meetings and planning of business to avoid reliance on 'virtual' decision-making. The decision to convene a 'virtual' meeting will be taken by the Group at the previous meeting, or may be taken at any time by the Chair and Integrated Commissioning Programme Director.

The procedure for virtual meetings is as follows: Papers should state clearly the background to the matter at hand, the reason for urgency and a clear description of the decision to be made. Papers will be circulated by the Integrated Commissioning Governance Manager to all members of the Group and members will be asked to respond with comments and observations by email, clearly stating their approval or otherwise for the proposal. Members will be given no less than 5 working days to respond. Responses should be sent to all members of the Group to allow for open discussion.

All comments will be compiled by the Integrated Commissioning Governance Manager into a written report on the agreed decision, which will be presented at the next formal meeting of the Group for ratification. If there are any outstanding objections to the decision agreed by the majority, these shall be discussed in detail and addressed at this meeting.

## **Conflicts of Interests**

A declaration of interests will be completed by all members and attendees of this meeting and will be kept up to date in line with the Integrated Commissioning policy on Managing Conflicts of Interest. A register of interests will be brought to every meeting and included on the agenda as a matter of business.

Additionally all attendees should be reminded to review the agenda and consider whether any topics being discussed might present an area of interest. This means an item where a decision or recommendation made may advantage that person, their family and/or their workplace. These advantages might be financial or in another form, perhaps the ability to exert unseen influence.

Where anything on the agenda or raised in the meeting has the potential to create such a conflict, it should be raised with the Chair and the Programme Director, Integrated Commissioning. This means we can ensure that our decision, recommendations or actions can be guarded from the impact of any

possible conflict attendees could have and be seen to be so. Attendees should, where possible, raise such issues before the meeting, or as soon as a potential conflict becomes apparent. This openness is important so that all can discuss how to manage decision making in a complex environment and learn together how to manage these issues well.

**Review and changes**

The terms of reference will be reviewed not later than six months from initial approval and then annually thereafter, such annual reviews to coincide with reviews of the s75 agreements.

14 March 2019

<b>Date</b>	<b>Version</b>	<b>Changes made</b>	<b>Author</b>	<b>Agreed by</b>	<b>Agreed date</b>	<b>Next review</b>
12/02/2019	v01	First draft	Georgia Denegri/ Devora Wolfson	AOG	20/02/2019	
25/02/2019	V02	AOG comments incorporated	Georgia Denegri/ Devora Wolfson	ICB	14/03/2019	10/10/2019

## Accountable Officer Group – Membership 2018/19 and 2019/20

Tim Shields	Chief Executive IC Programme SRO	London Borough of Hackney (Chair)
Andrew Carter	Director Planned Care SRO	City of London Corporation
David Maher	Managing Director	City & Hackney CCG
Navina Evans	Chief Executive	East London NHS FT
Tracey Fletcher	Chief Executive Unplanned Care SRO	Homerton University Hospital NHS FT
Laura Sharpe	Chief Executive	City and Hackney GP Confederation
Anne Canning	Prevention SRO CYPM SRO	

### Regular attendees:

Devora Wolfson	Programme Director, Integrated Commissioning
Jonathan McShane	ICS Convenor

### Nominated Deputies

Anne Canning	Group Director	London Borough of Hackney
Simon Cribbens	Assistant Director	City of London Corporation
Sunil Thakker	Director of Finance	City & Hackney CCG
Steven Course	Deputy Chief Executive, London Services	East London NHS FT
Frances O'Callaghan	Director of Strategic Implementation and Partnerships	Homerton University Hospital NHS FT
TBC		City and Hackney GP Confederation

<b>Title of report:</b>	Community Grants Scheme
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	David Maher, Managing Director, NHS City and Hackney Clinical Commissioning Group Anne Canning, Group Director Children, Adults and Community Health
<b>Author:</b>	Claire Small, PPI engagement Manager Poppy Middlemiss, Public Health Strategist
<b>Committee(s):</b>	Integrated Commissioning Board, 14 March 2019 (for approval) London Borough of Hackney Cabinet, 25 March 2019 (for decision) CCG Governing Body, 28 March 2019 (for approval)
<b>Public / Non-public</b>	Public

**Executive Summary:**

This report outlines the recommendations for the second year of the joint Community Grant Scheme run by the Council's Public Health team and the City and Hackney Clinical Commissioning Group's funding projects which find new ways of meeting local health needs. The Healthier City and Hackney Fund brings together two former grant funds: the CCG Innovation Fund and Hackney Council's Healthier Hackney Fund to provide £450,000 for grant making in 2019/20.

This report outlines the extensive promotion of the scheme and rigorous shortlisting process. This report also presents the final list of recommended grantees for information.

**Recommendations:**

The City Integrated Commissioning Board is asked to:

- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

The Hackney Integrated Commissioning Board is asked

- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

**Links to Key Priorities:**

Working together increases our ability to implement ideas that will reach more people and help us achieve our joint health and well-being aims for communities in the City of London and Hackney. The programme invests in projects and services to realise the priorities of Hackney's Health and Well-being Strategy and of the City of London Joint Health and Wellbeing Strategy. The joint fund is aligned with the four key themes of the Integrated Commissioning programme and the priorities of the PPI forum, which have been co-produced with City and Hackney residents and service users. The priority issues that applicants were asked to address were developed by Integrated Commissioning Workstream directors (in consultation with the PPI forum), taking into account care workstream priorities.

**Specific implications for City**

One project will deliver solely in the City focussing on the mental health of workers and another will deliver across City and Hackney but with a particular focus on the City, addressing the health needs of homeless people and rough sleepers. Three other projects will deliver across City and Hackney.

**Specific implications for Hackney**

13 of the 14 recommended projects will be delivered in Hackney.

**Patient and Public Involvement and Impact:**

The Healthier City and Hackney Fund aims to look for solutions that are aligned with the four key themes of the Integrated Commissioning programme and the priorities of the CCG PPI Committee, which have been co-produced with City and Hackney residents and service users.

In particular, members of the PPI Committee have been involved in a number of ways throughout the process:

- The fund is aligned with the PPI forum's priorities;
- Lay leadership has been closely involved with the design, development, and decision-making process of the scheme;
- The Committee were consulted regarding the Fund's priority areas;
- The Committee were included in panels of volunteer assessors, who assessed pitch presentations that organisations were asked to deliver; and
- The Committee were involved in scoring the organisations' full applications and, subsequently, in moderation and ranking meetings.
- The content of the report is unlikely to impact on the public's and patients' perceptions of service providers.

**Clinical/practitioner input and engagement:**

Staff members from the London Borough of Hackney, City and Hackney CCG, and the City of London Corporation have been consistently involved throughout the whole process. In particular, priority issues were shortlisted by Integrated Commissioning Workstream directors and programme managers. The assessment process for the programme also benefited from the input of officers from across the Councils and the CCG.

**Equalities implications and impact on priority groups:**

The current programme invests in projects and services to contribute to the Hackney Council's Equality Objectives. The Equality Objectives were consulted on extensively before being adopted and progress has been kept under review and documented in the following Council website pages: <http://www.hackney.gov.uk/ce-pandc-equality-diversity-861.htm>

**Impact on / Overlap with Existing Services:**

Grant funding provides an opportunity to trial new approaches that address entrenched problems and identify issues that lie outside the remit of our commissioned services. Grant funding offers flexibility and a different interaction to commissioning, benefitting from the experience of the non-profit sector and its relationship with local communities. Priority funding



issues were shortlisted by Integrated Commissioning Workstream directors and agreed in consultation with the CCG's Patient and Public Involvement Committee. Applicants were asked to outline how their project is different to existing services as part of their long written application form. Applicants were also asked to state any partners they will need to work with and approach these partners prior to the recommendations for funding.

## Main Report

### 1. Background and current position

1.1 Both Hackney Council's Public Health service and the City and Hackney CCG are committed to operating community grant schemes to find ways of meeting entrenched local health needs. The joint fund looks for solutions that are aligned with the four key themes of the Integrated Commissioning programme and the priorities of the PPI forum, which have been co-produced with City and Hackney residents and service users. These are:

- Integrated services;
- Confident and informed users;
- Building independence; and
- Involving and listening to service users.

1.2 The principles of the fund are:

- Testing new approaches through grant-funded initiatives rather than commissioning in City and Hackney, in line with developing local accountable care and increasing local social value from health and care funding;
- Recognition of the reach of VCSE groups into communities and attracting new thinking to persistent health issues;
- Involving patients and the public in the design of health services, building independence, developing patient-centred services, and helping people feel more confident and informed;
- An opportunity for joint working and aligning priorities with those of the Integrating Commissioning workstreams;
- Delivering the NHS Five-Year Forward View; and
- Supporting local community resources to deliver improved outcomes for local people.

1.3 The total joint pot of funding is £500,000. £250,000 from the Council's Public Health function and £250,000 from the CCG forms the joint grant scheme. £450,000 is available from the joint fund for grant making, and the additional £50,000 is spent on administration.

1.4 The joint part of the fund is separated into two strands, aiming to attract different groups with a mix of expertise. The strands are:

- a. Healthy Activities grants of between £5,000 and £60,000 are available for projects to run practical activities that will achieve one of the following aims:
  - Workforce health;
  - Supporting families to manage childhood illnesses close to home;
  - Navigating health and social care for homeless people and rough sleepers; and
  - Supporting recovery following a life-changing illness or injury.
  
- b. Healthy Ideas funding of up to £20,000 are available to develop and pilot concepts/projects that will generate new approaches to tackling entrenched problems, relating to one of the following issues:
  - Tackling loneliness in the under 50s;
  - Identifying people at risk of falls;
  - Improving health services support for autistic people (none shortlisted); and
  - Oral health promotion for children and young people.

## 2. Approaches to grant funding

- 2.1 In combining the two funds, we agreed to review the design, publicity, and shortlisting approach for this scheme, taking into consideration feedback from the evaluations of both schemes in previous years and feedback from the first year of joint funding.

### *Application process*

- 2.2 The scheme was launched at an event in October, attended by 75 representatives from a broad range of non-profit organisations. The Public Health team and CCG published a regular newsletter (received by 300 individuals), and attended numerous events to present the principles and format of the fund to key stakeholders.
  
- 2.3 Applications opened to Voluntary and Community Sector organisations and social enterprises in mid-October, through online forms using the same software as the Council's corporate grant schemes. The first stage invited a short 'expressions of interest', which included an eligibility checklist (relating to their legal status, safeguarding, equality and diversity, and health and safety policies and liabilities cover), focussed on the key concept of the proposal, but did not ask applicants to cost their proposals.
  
- 2.4 After an initial sift of the 50 expressions of interest, submitted by topic by experts at the CCG and Council, 36 applicants were invited to deliver a pitch presentation to a panel of volunteer assessors from the Council, CCG, City of London Corporation, VCS, and academic partners over three days in December. This balances the scoring approach for those organisations that are not as proficient in written grant applications, providing a clearer understanding for assessors of the core aspects of the proposal, and offers an opportunity to provide feedback to applicants part-way through the application process. Feedback was emailed to applicants following the pitch presentations. This year, we hosted 'How to Pitch' sessions with the East London Business Alliance. All applicants who were invited to deliver a pitch presentation were encouraged to attend a session to further

level the playing field between applicants. Pitchers from the private sector volunteered their time and expertise to work with applicants on their pitch and provide them with feedback. The applicants gave positive feedback regarding these sessions.

- 2.5 Twenty-seven successful applicants were then invited to complete a full application (26 applicants completed their application), including the budget sheet and project schedule. At this stage, all shortlisted applicants were invited to attend 'How to Apply' sessions, which were delivered in partnership with Hackney Council for Voluntary Service and provided advice on how to complete the longer application form.

### ***Assessment of Applications***

- 2.6 Volunteers from across the Council, CCG, City of London Corporation and VCS scored a pack of second-stage applications in pairs or threes within a particular grant stream. Scores were then moderated and shortlisting sessions took place a week later, bringing together, onto a panel, all the volunteers who had scored submissions within a priority topic.
- 2.7 Along with the initial score, the scorers were asked to consider the following:
- Target cohort/high prevalence of the priority issue;
  - Likelihood that the intervention will have a positive impact;
  - 'Cumulative impact' (how many beneficiaries, and level of likely personal benefit);
  - Projects mix; and
  - Confidence in delivery, risk assessment, and sustainability.
- 2.8 The panel session for each funding stream ranked the projects that the scorers felt met these criteria and were most likely to achieve their stated outcomes. Information on funding history and recommendations/concerns from Workstream Directors were fed into this panel to help inform decisions.

### ***Wider support to projects***

- 2.9 Non-financial support, often described as 'funding plus', provides a way for the CCG and the Council to support the organisations it grant funds. We offer each successful organisation a Single Point of Contact who will assist the project from the Council, City of London Corporation, or CCG. Whilst this involves the commitment of extra resources, the knowledge shared by Council, City of London Corporation and CCG staff with the organisation they are assigned to will build their capacity and provide a different relationship between the agencies.

### ***Monitoring and evaluation***

- 2.10 As part of their bid application, applicants had to outline the outcomes they will expect to see following successful implementation of their project and their anticipated outputs. Quarterly monitoring of projects will be submitted to Hackney Council's grants officers, who will compile a report to share with CCG officers, Public Health, and officers from the City of London Corporation with any issues flagged. An end-of-grant report and a full evaluation report will be submitted at the end of the year's funding by each applicant.

2.11 The scheme will be evaluated, to decide whether to continue in this format in future years. This evaluation will also take into account the benefits and obstacles created by joint working.

2.12 Table 1 outlines the number of applications by priority issue and the total amount of funding.

**Table 1: Recommendations and funding by priority issue**

Fund	Priority Issue	Total bids	Recommended Applications	Total
Healthy Activities	Workforce Health	7	2	£77,835.34
	Supporting recovery for those with a life-changing illness/injury	5	2	£97,738
	Navigating Health and Social Care for homeless people and rough sleepers	1	1	£48,970
	Supporting families to manage common childhood illnesses	3	2	£99,947.40
	<b>Sub total</b>	<b>16</b>	<b>7</b>	<b>£324,490.74</b>
Healthy Ideas	Tackling loneliness in under the under 50s	7	4	£74,479.40
	Oral Health Promotion in specific communities	1	1	£18,751
	Identifying people at risk of falls	2	2	£39,830
	Improving health services support for autistic people	0	0	£0
	<b>Sub total</b>	<b>10</b>	<b>7</b>	<b>£133,060.40</b>
<b>Total</b>		<b>26</b>	<b>14</b>	<b>£457,551.14</b>

### 3. Proposals

#### ***Healthy Activities: Workforce Health***

- 3.1 We asked for bids for projects to work with and support micro-businesses (fewer than 10 employees) and the VCSE sector to develop an effective and sustainable workforce health offer and improve the physical and mental health of their employees.

Organisation	Project Title	Request Amount
Mental Fight Club	The Dragon Café in the City project is to offer a range of free creative well-being activities to promote, support mental well-being and recovery from mental ill health in an open, safe, and calm environment.	19,807
Turkish Cypriot Community Association	We want to empower Turkish Speaking employees in micro-businesses with the skillset, knowledge, and information that would improve their physical and mental health/well-being, reducing the periods of illness that are linked to in-work poverty.	58,028.34

#### ***Healthy Activities: Supporting recovery of those who had experienced a life-changing illness***

- 3.2 We asked for bids that aim to support residents recovering from a life-changing illness or injury (such as cancer patients and people who have suffered head injuries) following clinical treatment to aid their recovery and enable them to access mainstream services that will keep them well.

Organisation	Project Title	Request Amount
Islington Music Forum (Key Changes)	60 young adults who are learning to manage severe mental health conditions will be supported into mainstream social and leisure opportunities through a structured pathway supporting their transition from hospital back into community life.	38,214
Find Your Voice CIC	Momentum is a singing and music program of learning that enables adults living with physical disability to improve fitness, health, and well-being in a fun and safe environment, widening participation in arts and community activities.	59,524

#### ***Healthy Activities: Navigating Health and Social Care for Homeless people and Rough Sleepers***

- 3.3 We asked for bids from VCSE groups that support homeless people to confidently access the right care within our local systems.

Organisation	Project Title	Request Amount
Groundswell Network Support UK	Homeless Health Peer Advocacy (HHPA) is a peer support service enabling homeless people to tackle health issues. Peers provide practical support and build skills and confidence so clients can access services independently.	48,970

***Healthy Activities: Supporting families to manage common childhood illnesses closer to home***

- 3.4 We asked for applications for projects that will empower families to prevent and manage childhood illness and to support them using education and information, ensuring families are aware of pathways of appropriate points to access healthcare

Organisation	Project Title	Request Amount
Family Action	An adaptation of our successful Well Family model to support families with children with a low to moderate physical, behavioural, or mental health illness/disability, to manage health and well-being better from home, reducing inappropriate hospital attendance.	59,998
Hatzola Trust Limited	To empower parents and others, by providing information via multiple targeted channels, to confidentially, proactively, and independently avoid, prevent, and manage childhood illnesses and minor accidents, reducing dependence on emergency services and the NHS.	39,949,40

**Healthy Ideas: Tackling loneliness in under 50s**

- 3.5 We asked for bids that would identify the factors that lie at the heart of loneliness in the City in Hackney, to look at ways of identifying who is suffering, and, importantly, identify existing assets that alleviate loneliness, including how to make activities attractive to those who are lonely.

Organisation	Project Title	Request Amount
Renaissi	Which activities that aim to increase social connections and shared values, and develop a sense of belonging, have the greatest impact in tackling loneliness in under 50s from migrant communities?	19,941
Social Action for Health	Can a co-produced approach to peer support, utilising an award winning local asset and combining horticultural therapy and evidence – based self-management techniques, alleviate loneliness in unmarried or widowed under 50 with long term conditions?	19,533
Shoreditch Trust	Can the provision of facilitated activities based on narrative therapy address isolation in people aged 14–19 who are in education, employment or training but feel excluded from youth service provision in Hackney?	15,105.40
Volunteering Matters	There exists a lack of support for individuals with learning disabilities aged 25 plus, a group at increased risk of social isolation and loneliness. Can mentoring by short-term volunteer ‘activity buddies’ fill this gap effectively?	19,900

**Healthy Ideas: Oral health promotion in specific communities**

- 3.6 We wanted organisations to be funded to test and develop a pilot campaign focusing on preventing poor oral health and improving practice within communities in City and Hackney as a research project with tailored outcomes for their population group. We particularly welcomed applications for promoting a research-based pilot campaign for the Orthodox Jewish community, the Gypsy, Roma, travellers’ communities, or other groups with poorer oral health outcomes.

Organisation	Project Title	Request Amount
The Sonshine Club	Will an Oral Health week embedded in the curriculum of local schools increase awareness among OJ children of the importance of oral health?	18,751

**Healthy Ideas: Identifying people at risk of falls**

- 3.7 We asked for bids for research projects to help us better understand who is most at risk of a fall that causes injury, and how to make falls prevention training attractive to those who have not yet suffered.

Organisation	Project Title	Request Amount
Age UK East London	Which message(s) around preventative falls action are most attractive to older women in Hackney, who have yet to fall but who are maybe at risk? How effective are different channels at delivering the message(s)?	20,000
Anchor Hanover Group (formerly Hanover Housing Association)	Are Functional Fitness MOTs (FFMOT) delivered in retirement housing, effective in engaging those who may be at risk but who have not yet had a fall in preventative activities and evidence-based exercise?	19,830

**4. Conclusion and Recommendations**

- 4.1 This is the second year that Hackney Council's Public Health Service and the CCG have combined their grant funds to achieve joint aims.
- 4.2 The City Integrated Commissioning Board is asked:
- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20
- 4.3 The Hackney Integrated Commissioning Board is asked
- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

**Supporting Papers and Evidence:**

None
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**Sign-off:**

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director

<b>Title of report:</b>	Health of Looked After Children & Care Leavers assessment and nursing service redesign and procurement		
<b>Date of meeting:</b>	14 March 2019		
<b>Lead Officer:</b>	Amy Wilkinson, Integrated Commissioning Workstream Director		
<b>Author:</b>	Michelle Williams, Public Health Strategist, LBH		
<b>Committee(s):</b>	Patient & Public Involvement Committee	Endorse	10/1/2019
	Children, Young People, Maternity and Families (CYPMF) work stream	Endorse	21/1/2019
	CoL Safeguarding Sub Committee (Corporate Parenting Board)	Comment / Endorse	8/2/2019
	Clinical Executive Committee (CEC)	Endorse	13/3/2019
	Integrated Commissioning Board (ICB)	Approval	14/3/2019
	LBH Corporate Parenting Board (CPB)	Endorse	18/3/2019
	CCG Finance & Performance Committee	Approval	20/3/2019
	CCG Governing Body (GB)	Approval	29/3/2019
<b>Public / Non-public</b>	Public		

### Executive Summary:

The aim of the Health of Looked-After Children (HLAC) and Care Leavers' service is to ensure that children looked-after by the City of London (CoL) and the London Borough of Hackney (LBH) have their health needs addressed in line with statutory guidance issued to local authorities, CCGs and NHS England under Sections 10 and 11 of the Children Act 2004.

To support the drive for continued improvement, CoL, LBH and NHS CHCCG are redesigning and recommissioning the Health of Looked After Children and Care Leavers (HLAC) assessment and nursing service. The new service model will undertake delivery of the statutory HLAC functions with the addition of a number of strengthened and innovative areas informed by the evidence and good practice guidelines and quality assurance.

This report outlines the redesign process including consultation with service users, carers and stakeholders and the procurement strategy for the new HLAC service model.

### Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
- To **APPROVE** the re-design and commissioning approach

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
- To **APPROVE** the re-design and commissioning approach

**Links to Key Priorities:**

The re-design and procurement of integrated HLAC provision forms part of the key transformation areas. 'Development of a new integrated health offer for our Looked After Children' is one of the 'Big Ticket Items' that were set out as part of the Children, Young People, Maternity & Families (CYPMF) transformation priorities and is a deliverable under the following transformation priority 'Strengthening the Health and Wellbeing offer for Vulnerable groups to reduce health inequalities and the impact of adverse childhood events'.

**Specific implications for City**

This service is commissioned for City of London Looked After children. CoL officers are integral to, and active in the re-design, commission and mobilisation process. This service delivers key statutory elements for this cohort, placed both in and out of borough.

**Specific implications for Hackney**

This service is commissioned for Hackney Looked After Children. A range of LBH and Hackney Learning Trust officers are integral to, and active in the re-design, commission and mobilisation process. This service delivers key statutory elements for Hackney Looked after children placed both in and out of borough.

**Patient and Public Involvement and Impact:**

Service users, carers and stakeholders have been engaged to co-design the service model and produce an outcomes-based service specification. The consultation plan is being undertaken in three phases:

1. Consultation on the existing service arrangements (November 2018 – January 2019) - to understand users' experiences and identify gaps in the current service.
2. Consultation to develop and implement the new service model (February – August 2019).
3. Service user satisfaction feedback, engagement in service reviews and evaluation (September 2019 – March 2021).

The service provider is expected to demonstrate the following as part of the service delivery:

- Regular feedback from service users and carers.
- Improved service user experience and satisfaction via annual patient and carer surveys.
- Service user and carer involvement in regular service reviews and service evaluations.

**Clinical/practitioner input and engagement:**

The following clinicians have been involved in the development of the proposals as part of the HLAC service redesign Working Group:

- Designated Doctor for LAC (HUHT)
- Designated Nurse for LAC (CHCCG)
- Designated Nurse – Safeguarding Children & Young People (CHCCG)
- Head of Clinical Practice (CFS) and CYP Work stream clinical lead (LBH)
- CYPMF Workstream Clinical Lead (CHCCG)

**Equalities implications and impact on priority groups:**

No adverse effects to priority groups indicated

**Safeguarding implications:**

The service will be compliant with the duties to safeguard and promote the welfare of children and young people as set out under Section 11, Children Act 2004, DoH Working Together to Safeguard Children guidance (2018) and with City & Hackney Child Safeguarding Board (CHCSB)'s Minimum Expectations.

**Impact on / Overlap with Existing Services:**

Proposed delivery of a new HLAC health assessment and nursing service model from 1 September 2019 to 31 March 2021; the service will include aligned and integrated referral protocols and care pathways to universal, targeted and specialist health services including immunisations, physical, mental health and emotional wellbeing, substance misuse and sexual health as well as joint working with Children's social care and education services.

**Main Report****1. Background and Current Position**

- 1.1 The aim of the Health of Looked After Children (HLAC) and Care Leavers' service is to ensure that children looked-after by the City of London (CoL) and the London Borough of Hackney (LBH) have their health needs addressed in line with statutory guidance issued to local authorities, CCGs and NHS England under Sections 10 and 11 of the Children Act 2004.
- 1.2 As at 1<sup>st</sup> October 2018, there were 384 looked after children in Hackney and 9 in the City of London; total = 393 (compared to 364 in Hackney on 1<sup>st</sup> March 2018). Of the 40 looked after children who were due to receive an initial health assessment in Q2 2018, 33 (82.5%) had assessments completed – falling short of the 95% completion target. Work is being undertaken to address underperformance including actions to improve the timeliness and quality of health assessments.
- 1.3 To support the drive for continued improvement and integration, CoL, LBH and NHS CHCCG are redesigning and recommissioning the Health of Looked After Children (HLAC) and Care Leavers assessment and nursing service. The new service model will undertake the statutory HLAC functions with the addition of a number of strengthened and innovative areas informed by the evidence base, good practice and quality assurance standards. This includes the provision of:
  - Detailed, timely and high quality Initial Health Assessments of children and young people who are received into care including those placed outside of the City and Hackney.

- Robust follow-up of the health care plan to ensure that looked after children are fully engaged in health services in order to meet their identified health needs.
- Aligned and integrated referral procedures and care pathways to universal, targeted and specialist health services including immunisations, physical, mental health and emotional wellbeing, substance misuse and sexual health.
- A Review Health Assessment conducted annually for children over the age of 5 years of age and 6-monthly for those under 5 years of age to monitor and improve health outcomes.
- Appropriate transition planning and support for care leavers aged 18-21 (and up to 25 if SEND).

1.4 The contract for the existing HLAC service expires on 31<sup>st</sup> August 2019. A new service agreement is expected to be in place from 1<sup>st</sup> September 2019. The new service will be outcomes-focused and aligned or integrated with wider health, social care and education services and care pathways as appropriate, ensuring that looked-after children and care leavers have equitable access to comprehensive health provision in order to meet their identified and emerging health and wellbeing needs.

1.5 This report outlines the redesign process for the new service model including consultation with service users, carers and stakeholders, and the proposed procurement strategy.

## 2. Options

2.1 In developing the procurement strategy for the new service the options are currently being appraised. Currently options include: Doing nothing, extending current provision, contract negotiation with an existing provider, or an open procurement.

2.2 The current service budget is approximately £350,000 per year. We will be confirming the budget available for the period 1<sup>st</sup> September 2019 to 31<sup>st</sup> March 2021 (18 months), in line with the new service specification. As part of the redesign process, the funding is being reviewed in line with the recommendations from the Royal College of General Practitioner’s (RCGP) Intercollegiate guidance for staffing capacity for looked after children health assessment services including the Named and Designated Nurse and Doctor roles.

## 3. Service Redesign Process

3.1 The service redesign and proposed procurement is divided into the following stages:

Stage	Timescales	Activity
1	Nov 2018 – Jan 2019	<ul style="list-style-type: none"> <li>• HLAC service redesign Working Group to design an optimal core HLAC service model based on HLAC statutory guidance, NICE recommendations, evidence base, good practice and informed by service user and carer consultation.</li> <li>• An outcomes-based service specification will be co-designed by the Working Group, service users and carers and shared with appropriate strategic groups (including Corporate Parenting Officers Group (CPOG) and the CYPMF BPOG) at the end of January 2019 for input and agreement.</li> </ul>

Stage	Timescales	Activity
		<ul style="list-style-type: none"> <li>Approval of the procurement strategy for the HLAC service will be sought via the CHCCG and integrated commissioning governance routes for CoL and Hackney.</li> </ul>
2	Feb – Aug 2019	<ul style="list-style-type: none"> <li>Redesign and develop the service pathways for improved outcomes for looked after children and carer leavers in regards to health, mental health emotional wellbeing, sexual health, and identify opportunities for integration / multi-agency/ multi-disciplinary working between health and social care services.</li> <li>Procurement and award of the HLAC contract to a suitably qualified provider.</li> <li>Mobilisation of the new service model.</li> </ul>
3	Sep 2019 – Mar 2021	<ul style="list-style-type: none"> <li>The service provider is to work with health and social care partners to implement agreed service changes and the recommendations of the service user and carer consultation, monitored via contract management meetings, and overseen by the HLAC Working Group, CYPMF BPOG and the CPOG.</li> </ul>

3.2 The following redesign activities are currently underway:

- Development of a health needs profile of looked after children and carer leavers in City and Hackney, identifying their existing emerging health needs and demand for services.
- Service / pathway mapping and gap analysis to identify current service delivery issues and challenges, and benchmarking / comparison of HLAC service models in Hackney's statistical neighbours to identify good practice / what works.
- Planning the model by outlining the staffing infrastructure and resources required in line with the budget and minimum statutory requirements. This includes:
  - Clearly defined and agreed operational processes for initial and review health assessments, health care plans and care leavers' health summaries,
  - Aligned or integrated service pathways and protocols (e.g. agreed placement notification process with social workers, GP liaison, clear arrangements for looked-after children placed out-of-borough, transition planning for care leavers, referral pathways to universal, targeted and specialist services).
  - Robust quality assurance and safeguarding arrangements; and
  - Data management and IT processes and information sharing protocols in line with the General Data Protection Regulation (GDPR).
  - A performance framework with integrated outcomes indicators.

3.3 Service users, carers and stakeholders are also being engaged to co-design the service model. The consultation plan is being undertaken in three phases:

1. Consultation on the existing service arrangements (Nov 2018 – Jan 2019) - to understand users' experiences and identify gaps in the current service.
2. Consultation to develop and implement the new service model (March – August 2019).
3. Service user satisfaction feedback, engagement in service reviews and evaluation (September 2019 – March 2021).

- 3.4 For Phase 1 (Nov – Dec 2018) service users, carers and health and social care professionals were engaged to develop the service prototype (including the service delivery requirements, operational processes and care pathways) and a detailed outcomes-focused service specification:

Participants	No of participants	Engagement method	Consultation feedback**
Service users (Looked after children)	4	Focus group	<p>Examples of changes / interventions proposed by service users / carers:</p> <ul style="list-style-type: none"> <li>• Young people's rights regarding privacy and confidentiality to be clarified with them before the health assessment is conducted.</li> <li>• Better communication with foster carers about the health assessment process in formats appropriate to the audience.</li> <li>• Convenient / flexible appointment dates / times / venues for users.</li> <li>• Implement robust care pathways for looked after children and care leavers with follow-up and tracking of outcomes by nominated persons.</li> </ul>
Service users (Looked after children – unaccompanied asylum seekers)	5	1:1 interviews and a focus group	
Foster Carers	13	2 focus groups and email feedback	
Professionals*	23 + 5	Survey completion + focus group	

*\*Professionals (survey completion): 23 (1 x GP, 2 X social worker, 6 x designated looked after children nurse (cross borough), 1 x designated nurse safeguarding, 1 x Virtual Head Teacher, 1 x Occupational Therapist, 11 x Unit Coordinators (Children's Social Care) and Youth Justice Practitioners: 5 (focus group))*

*\*\* Refer to the consultation feedback report for full outcomes of the Stage 1 consultation.*

#### 4. HLAC service model

- 4.1 The service model will adopt a caseload allocation approach. This will mean that following the initial health assessment the child will be allocated to a nursing caseload.
- 4.2 The nurse will be responsible for chasing the health actions but not exclusively delivering them. It will also ensure that the child has a named health professional
- 4.3 At present there is not a consistent approach to following up on actions and audit has shown that many are not completed. The model will ensure that there is follow-up of the recommendations in the health care plan, appropriate referral to health care services and robust monitoring of health outcomes.

- 4.4 This approach is consistent with good nursing practice (Intercollegiate and NICE guidance), will ensure that the child is held in mind, it will result in a less task-orientated approach and ensure that there is responsibility for review of actions and outcomes.
- 4.5 There is currently occupational health input commissioned as part of this service, and it is intended that this will continue, alongside strengthened input around emotional health and wellbeing

## 5. Conclusion and Recommendations

- 5.1 The City Integrated Commissioning Board is asked:
- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
  - To **APPROVE** the re-design and commissioning approach
- 5.2 The Hackney Integrated Commissioning Board is asked:
- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
  - To **APPROVE** the re-design and commissioning approach

### Supporting Papers and Evidence:

None

### Sign-off:

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director



<b>Title of report:</b>	Detailed Review: Children, Young People, Maternity and Families
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	Anne Canning: Senior Responsible Officer Amy Wilkinson: Workstream Director
<b>Author:</b>	Amy Wilkinson with contributions from CCG and LA teams
<b>Committee(s):</b>	Clinical Executive Committee 9 <sup>th</sup> January 2019 Public Patient Involvement Committee 10 <sup>th</sup> January 2019 Finance and Performance Committee: 23 <sup>rd</sup> January 2019 Transformation Board: 27 <sup>th</sup> February 2019 Integrated Commissioning Board: 14 <sup>th</sup> March 2019 All for information / endorsement.
<b>Public / Non-public</b>	Public

### Executive Summary:

This paper is the detailed workstream review outlining progress to date, and direction of travel for the Children, Young People, Maternity and Families workstream. This paper builds on what was presented in Assurance Review point 3 in September 2018.

This paper 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, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward

Transformation Board is asked to note in particular the following concerns and issues:

#### Performance

- Quality metrics have improved across Maternity significantly over the past year, and the Trust has now been rated as 'Good' (August 2018 CQC), moving on from 'Needs Improvement' previously. IAF indicators are improving with patient experience indicators also generally improving. The service scored highest in country in the CQC commissioned Picker Patient experience survey for enquiring about emotional wellbeing, but has work to do to improve feedback on postnatal care.
- Deliveries with complications and co-morbidities are increasing year on year at HUFT. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This is being investigated through external audit due to a change in coding practice and financial impacts will be re-assessed.
- The CAMHS transformation continues to support impressive CAMHS performance : City & Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHS submission

#### Activity

- Linked to the above, maternity activity is increasing at HUFT and decreasing out of area, likely linked to quality and reputational improvements.

- There are discussions around a locally agreed paediatric critical care tariff to account for activity already undertaken and to support further work on this
- There are a range of transformational integrated priorities being delivered across the partnership currently, including a 0-25 strategy, an emotional wellbeing strategy, a 2 year immunisations action plan, a City and Hackney approach to Adverse Childhood Events, clarification of SEND pathways, and the redesign and commission of our Health of Looked After Children's service
- A third of the contracts forming the HUFT community health services contract deliver on outcomes for children and families, and these are being re-designed as part of the 'Neighbourhood Health and Care' work, in line with our transformational and collaborative ambitions.

### Financial

- Linked to the points above, over performance in paediatric outpatients, and significant changes in complexity of maternity deliveries are being investigated (through internal and external audit, with a view to being clear on, and mitigating the financial implications.
- Several areas of savings have been identified and are being implemented, including reducing duplication of payment across the maternity pathway, CAMHS productivity QIPP and a new QIPP linked to reductions in births at UCLH.
- Work is underway to establish an integrated financial strategy across the system
- Other key areas of financial pressure that impact across the system include spend on SEND, increases in numbers of children in care and reductions in the Public Health grant.

Additionally it would be useful to discuss the alignment with, and way forward around the NHS Long Term Plan.

### 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 outlines how the workstream supports the Health and Wellbeing Strategy, the Integrated Care Strategic Framework, and the NHS Long term plan in addition to a number of more specific strategies and initiatives delivered across City and Hackney.

### Specific implications for City

City of London specific priorities have been revisited during January 2019 and it has been agreed that CYPMF transformation work will focus on supporting an integrated deep dive of current CYPMF health and wellbeing contracts and commissions, with a view to extrapolating best value and outcomes for children and their families going forward.

### Specific implications for Hackney

A large proportion of the detailed review pertains directly to Hackney, its partners, and improving outcomes for its children and families.

**Patient and Public Involvement and Impact:**

This review has been to the PPI committee, and was well received with key queries on breastfeeding, looked after children, children with SEND and maternity provision. Several examples of co-production are outlined in the review.

**Clinical/practitioner input and engagement:**

Our three workstream clinical leads (Rhiannon England: Children and Young People, Laura Smith: CAMHS and wellbeing, Balvinder Duggal: Maternity) have been integral in pulling the review together, in steering the work of the workstream and in fronting its work. A number of other clinical leads feed into and deliver specific pieces of work to support the workstream's outcomes. This review has also been presented at CEC, as per earlier in the cover sheet.

**Equalities implications and impact on priority groups:**

Our second transformation priority actively seeks to improve health outcomes for vulnerable groups, including Looked After Children, those at risk of sexual exploitation, those in contact with the Youth Justice System and those with SEND. We are also prioritising work with Young Black Men, including co-chairing the YBM Mental health partnership and match funding a VCSE (HCVS and Family Action) emotional wellbeing project bid to work specifically with African and Caribbean heritage young people at key transition points in their lives. We are developing a strategic approach across City and Hackney to improve resilience for those who have experienced adverse childhood events.

Embedded in our other two priorities is a range of work to improve emotional wellbeing and CAMHS for key groups, including those who identify as LGBTQ+, and improving the maternity pathway for vulnerable families. We are also working to actively improve immunisation rates in our specific communities with low uptake.

**Safeguarding implications:**

There is a specific section on safeguarding, including our approach to supporting changes outlined in the new 'Working together to Safeguard Children 2018' Guidance' embedded in the review.

**Impact on / Overlap with Existing Services:**

The review reports on both business as usual and transformational work delivered through the workstream, and takes into account work being delivered across the breadth of all three key commissioning organisations, and through a range of delivery partners.

**Sign-off:**

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director

# Children, Young People and Maternity: **Families**

Page 58

Detailed Review January 2019



City and Hackney  
Clinical Commissioning Group

# Contents

Page 59

Overview : Headlines	Slides 3-5
Overview: Opportunity, Risk and mitigation	Slides 6-8
Transformation	Slides 9-11
Performance: Indicators and Outcomes (IAF, FYFV)	
ELHCP / NEL Alignment	Slides 13-14
- Maternity detail	Slides 15-21
- CYP and Safeguarding detail	Slides 23-34
- CYP Emotional Wellbeing detail	Slides 35-37
Finance and Activity	Slides 39-44
- QIPP	Slide 43
- CQUINs	Slides 44
Engagement and Co-production	Slide 45

# Overview and Exec Summary: Current strategic approach

## To date (18/19):

In supporting implementation of an integrated care system for our children and families, the workstream continues to focus on delivering transformation through improvement in quality, performance, alignment and efficiency. This year we have:

- Delivered a financial transparency exercise that shows all relevant system budgets in one place and highlights areas for alignment and pooling, for implementation 2019/20. Budgets of approx 60m are currently aligned (largely CCG and LA Public Health), with agreement for pooling of an additional 3-4 m as a pilot (likely to cover Health of Looked After Children and Speech and Language Therapy services initially). Plans are underway for further alignment.
- Developed and implemented a streamlined governance structure. Joint structures in place and working well for integrated strategic oversight and Business and Performance Management. Close working with Unplanned Care around taking neighbourhood ways of working forward for families.
- Progressed delivery and impact of our key transformation priorities (detail following)
- Improved the way we manage our core business in an integrated way to deliver higher quality services with better outcomes (detail following)
- Aligned our work with the wider NELCA system as part of specific workstreams on Children and Young People, Maternity and CYP Mental health (detail following). First CYP STP Board Dec 18 shows C&H to be in a positive place compared to neighbours. ELLMS link strong for maternity, and C&H leading CAMHS work across NEL. Good partnerships across NEL through safeguarding and designated safeguarding professionals structures. Recent analysis of our position against the NHS Long term plan confirms that we are making good progress in line with the key maternity and children's priorities.

Page 60

## Moving forward (19/20):

With these things in place, moving forward we will focus on ensuring we:

- Have a robust performance and outcomes dashboard in place that is fit for purpose
- Have an integrated, efficient and sustainable financial strategy in place
- Are delivering transformation priorities that are working for the City of London

# Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">19 age Maternity Page 61</p>	<ul style="list-style-type: none"> <li>■ Forecast static delivery numbers for Homerton with evidence of increasing antenatal intermediate care tariff</li> <li>■ Improvement in quality performance of midwifery services at HUFT, verified through CQC inspection August 2018 (moved from 'needs improvement' to 'good').</li> <li>■ Deliveries with complications and co-morbidities increasing year on year at HUH. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This increase appears to be due to a coding change by the HUH whereby they have been applying Z codes to some delivery activity. This is currently being challenged through the CSU.</li> <li>■ Activity has decreased on OOA providers and complexity profile has remained static at UCLH, Whittington &amp; Barts</li> <li>■ Good performance shown on maternity dashboard in areas such as early booking and maternal and neonatal observations.</li> <li>■ Family and Friends Test continues to be an area for improvement.</li> <li>■ Increasing caesarean rates also an area of concern. This is being monitored through the Maternity Quality Performance Group and the CYPM workstream</li> <li>■ Refreshed Maternity Voices Partnership with increasing user engagement and progress on identified priority areas.</li> <li>■ Review of the current maternity pathway at the HUH to ensure Continuity of Carer and therefore patient outcomes.</li> <li>■ Maternity unit working towards providing Continuity of Carer for women in intrapartum. Initial focus on vulnerable women through introducing meet the midwife where a link is created with intrapartum midwife and PH midwives.</li> <li>■ Agreed CQUIN to provide Continuity of Carer for women with gestational diabetes.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Children and Young People</p>	<ul style="list-style-type: none"> <li>■ Robust provider and partnership response to measles outbreak in NE Hackney. Confirmed measles outbreak in October 2018, with 55 cases in the Hackney Charedi community. The CCG commissioned the GP confederation to deliver an increased number of clinics to support immunisation delivery in the north of the borough. The CCG, GP Confederation and Public Health continue to work together in responding to the outbreak.</li> <li>■ No significant budget variances forecast at month 8</li> <li>■ Looked After Nursing Service Contract agreed for April 2018-August 2019</li> <li>■ Previous identified financial risk of out of borough special school costs resolved. All Whittington Health special school costs are met within the existing Whittington Health CHS block contract. Impact on HLT now quantified and future placement costs agreed.</li> <li>■ Co-production and engagement models of SEND Partnership Boards reviewed</li> </ul>

# Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAMHS &amp; Wellbeing 79 @ 62</p>	<ul style="list-style-type: none"> <li>■ The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to children’s mental health:</li> <li>■ City &amp; Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHSDS submission.</li> <li>■ The disparity between MHSDS and Locally submitted data is also one of the lowest in London meaning our reporting systems are functioning very well</li> <li>■ Key focus on Increasing access rates from 25% to 35% by 2020/21, and reducing waiting times for assessment and treatment</li> <li>■ Work begun on drafting of a system wide children and Young People’s Wellbeing Strategy, led by the workstream</li> <li>■ Establishment of 24/7 crisis resolution and liaison mental health service on track</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SG</p>	<ul style="list-style-type: none"> <li>■ Work is underway to implement new legislative guidance on Safeguarding ‘Working together to Safeguard Children 2018’. System changes to be articulated by June 2019. This includes changes to the Serious Case Review process and Child Death Overview Panel.</li> <li>■ Early discussions taking place with partners in order to explore a system wide approach to work around ACE’s</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Public Health Services</p>	<ul style="list-style-type: none"> <li>■ The Health Visiting service and Children’s Centre gained the UNICEF breastfeeding Stage 1 accreditation. Work has commenced across the Homerton and Hackney Learning Trust in working towards achieving level 2 accreditation. Health visiting continues to perform well.</li> <li>■ From 1st September 2018, School Based Health Services in Hackney and the City of London have been integrated, and delivered as one service.</li> <li>■ A new Family Nurse Partnership service was commissioned in September 2018, with an extended age range of clients up to 24 years old (previously 19 years old) for those with additional vulnerabilities.</li> <li>■ The London Borough of Hackney, City of London and the CCG are redesigning and recommissioning the Health of Looked After Children nursing service, with a new service to be in place in September, 2019.</li> </ul>



# Retrospective Performance Issues

Issues and Risks	Progress / Actions being taken to address:
<p>Deliveries with complications and co-morbidities increasing year on year at HUH. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This increase appears to be due to a coding change by the HUH whereby they have been applying Z codes to some delivery activity. This is currently being challenged through the CSU and may or may not be linked to the recent outsourcing of maternity coding.</p>	<p>A maternity coding audit commissioned by the CCG will take place shortly, and an action plan will be developed and delivered in agreement with the CSU and HUFT. This is being monitored with fortnightly meetings of WS leads and contract managers.</p>
<p>Increasing caesarean rates also an area of concern. This is being monitored through the Maternity Quality Performance Group and the CYPM workstream.</p>	<p>This will continue to be monitored and an action plan developed, linked to the above risk</p>
<p>Family and Friends Test continues to be an area for improvement.</p>	<p>Work is underway through HUFT as part of their Maternity Action and Improvement Plan</p>
<p>A recent audit of C2C outpatient paediatric activity with HUHT indicates remedial coding work required. Approx 50% coded as C2C were found to be internal follow ups and incorrectly coded</p>	<p>Action plan to be agreed with HUFT, and reported</p>
<p>Transfer of Health of Looked After Children's service</p>	<p>Safe transfer achieved with funding envelope agreed. Design and commission of new service on track.</p>
<p>City and Hackney saw 2 health protection outbreaks in the last 6 months - s measles outbreak in the North East of Hackney, with cases in Haringey and Enfield, and number of CPE resistant cases in NICU.</p>	<p>A quick outbreak response to the measles outbreak was commissioned by the CCG (delivered by the GPC), for 8 weeks. Impact to be reviewed early Jan. NICU outbreak dealt with effectively by HUFT, eradicated and NICU now open.</p>

# Prospective challenges

## Challenges

## Mitigations

<p>The WS QIPP target is 938,000 (including 19/20 stretch).</p>	<p>The WS is on track to deliver approx 871,000 of this currently. Further QIPP opportunities are being sought. General efficiencies are also being identified across delivery budgets, largely through reducing duplication.</p>
<p>The implementation of a clear workstream financial strategy that maximises pooling and aligning opportunities to work more efficiently</p>	<p>A financial transparency and scoping exercise has taken place with key budgets identified. Currently there is approx 60 million of aligned budgets and agreement to pilot a pooling arrangement. This work is progressing.</p>
<p>The implementation of family work through the neighbourhood model, specifically agreeing an effective way forward that ensures close working with a 6 cluster area safeguarding and CHS structure</p>	<p>The CYPM neighbourhoods working group (with UPC) meets monthly and is working with key stakeholders on a range of ways to take this forward, strategically and at pilot level</p>
<p>Financial pressures on funding SEND across the system</p>	<p>A deep dive is currently being conducted into SEND pathways and funding packages, with a view to some case study pilots and protocols being developed.</p>
<p>Current over performance in paediatric outpatients</p>	<p>A recent coding review is delivering an action plan to understand and address this</p>
<p>Current coding issues, linked to reported over performance in Maternity. If confirmed and correct, this forecasts an overspend in the region of 400,000 for 18/19..</p>	<p>A coding audit is being commissioned currently, with close scrutiny by CCG and CSU teams, with an action plan to follow</p>
<p>Retaining quality improvements across Maternity services at HUFT</p>	<p>Close support and management by the WS Maternity Quality &amp; Performance Group, and a range of mitigations in place post inspection to support continued improvement</p>
<p>Addressing current low uptake of immunisations and vaccinations, particularly in the north of Hackney, but also more generally, exacerbating levels of risk around health protection outbreaks. This is complicated by centralised commissioning arrangements and lack of clarity centrally on outbreak funding arrangements.</p>	<p>An 'Improving immunisations' action plan will be drafted shortly, capitalising on the recent surge in demand for vaccinations following the measles outbreak in the North West of the borough. This will be monitored by the local partnership, alongside NHS England and Public Health England, as will management of any further outbreaks and the impact of the plan on vaccination rates.</p>

# Prospective opportunities

To continue to support the **quality improvement trajectory** of HUFT **midwifery services**, from Good to Outstanding (CQC), including supporting the implementation of the national Continuity of Carer agenda

To build on momentum and the surge in demand and take up of **immunisations** in the North West of Hackney with the development of a local **immunisations action plan**. This will include supporting the GPC to roll out call/recall across City and Hackney as per national funding decisions. We also have the opportunity to build on local political support to explore a co-commissioning arrangement for immunisations and vaccinations locally.

To work with our NELCA partners to explore streamlining, quality improvement and efficiencies in **paediatric critical care**. HUFT have drafted a business case for local consideration which would benefit from dovetailing into wider NEL work.

To re-work our vision for children and young people's **community health services** as part of the wider 'Neighbourhood health care' re-design and commissioning process. This will be a key delivery element of our wider plans for drafting and implementation of an **integrated 0-19/25 health and wellbeing strategy**.

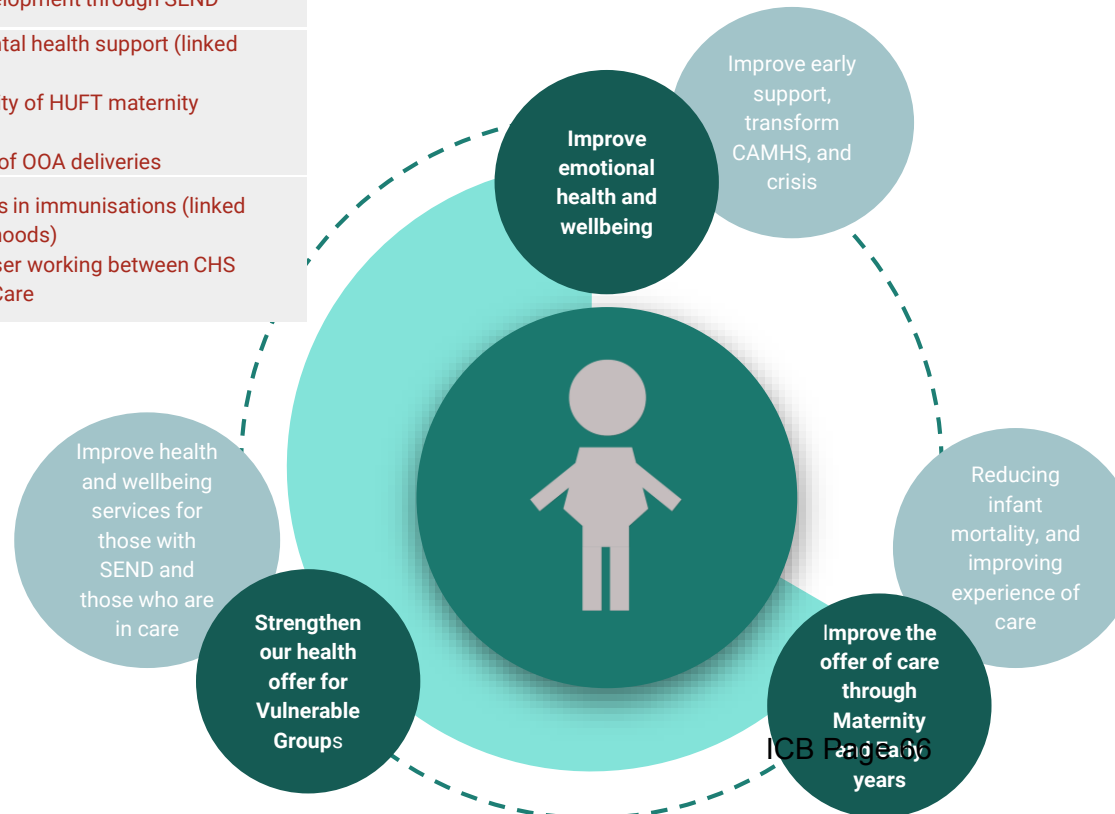
Also a key challenge, there are significant gains to be made from clarifying and agreeing funding protocols for children with **Special Educational needs and disabilities**.

Changes linked to new safeguarding guidance may bring new opportunities to work in a more aligned way across NEL, and also to look at how we approach work around **Adverse Childhood Events** in a useful and joined up way.

The development of an **integrated Emotional Health and Wellbeing Strategy** that frames the CAMHS Transformation and places the Alliance in a strong position going forward across all partners is a significant opportunity.

# 18/19 transformation priorities and deliverables

<b>Improve emotional wellbeing</b>		<ul style="list-style-type: none"> <li>• Delivery of CAMHS Transformation - schools / prevention, parenting and crisis</li> <li>• Work to reduce self harm and suicide</li> <li>• Pathway work to reduce exclusions</li> </ul>
<b>Improve health offer for vuln groups</b>	Looked after and socially vulnerable children & YP	<ul style="list-style-type: none"> <li>• New integrated service designed and delivered, to go live September 2019</li> <li>• Develop clear pathways and support for those at risk of sexual exploitation (linked to STP) and YJS</li> </ul>
	Children with SEND	<ul style="list-style-type: none"> <li>• Safe transitions to PHBs and of CHC</li> <li>• Implementation of SEND recommendations</li> <li>• Pathway development through SEND</li> </ul>
<b>Improve offer of care at maternity and Early Years</b>	<b>Pre-conception to Birth</b>	<ul style="list-style-type: none"> <li>• Perinatal mental health support (linked to STP)</li> <li>• Improve Quality of HUFT maternity service</li> <li>• Re-patriation of OOA deliveries</li> </ul>
	Early years +	<ul style="list-style-type: none"> <li>• Improvements in immunisations (linked to neighbourhoods)</li> <li>• Facilitate closer working between CHS and Primary Care</li> </ul>



Page 66

# Overview of 18/19 transformation plan progress

Page 67

Priority	18/19 Deliverables	Progress Dec 2018
Improving emotional health and wellbeing of children and young people	<ul style="list-style-type: none"> <li>- Development of an integrated children and young people's emotional wellbeing strategy</li> <li>- Co-ordinating delivery of the CAMHS transformation agenda</li> <li>- Improving delivery of CAMHS for those in contact with Youth Justice</li> </ul>	<ul style="list-style-type: none"> <li>- Draft workplan for delivery of strategy agreed. Aim for draft strategy March 2019</li> <li>- CAMHS transformation progressing well</li> <li>- Early discussions on service development / design for YJ cohort</li> </ul>
Strengthening our health offer for vulnerable groups	<ul style="list-style-type: none"> <li>- Re-design and delivery of our Health of LAC service</li> <li>- Developing clear and effective integrated pathways, including identifying gaps and sustainable ways to address these for our SEND cohort</li> <li>- Data capture and analysis (scoping) work on 17/19 exclusions cohort</li> <li>- Early work on a City and Hackney approach to adverse childhood events</li> </ul>	<ul style="list-style-type: none"> <li>- On track and progressing well (see Big Ticket)</li> <li>- On track (see Big Ticket)</li>   <li>- Delivered (see Big Ticket)</li> <li>- Scoping discussion taken place. Way forward being drafted and agreed as a whole system approach</li> </ul>
Improving the offer of care at Maternity and Early Years	<ul style="list-style-type: none"> <li>- Supporting HUFT to move toward delivery of an 'outstanding' midwifery service</li> <li>- Working with 'Prevention' to reduce smoking in pregnancy</li> <li>- Supporting implementation of the national 'continuity of carer' agenda</li> </ul>	<ul style="list-style-type: none"> <li>- Quality of service improving (see performance detail)</li> <li>- Progressing</li>   <li>- CQUIN agreed and work on 16 week check progressing. COC work plan in place.</li> </ul>

# Progressing Big Ticket Items

Big Ticket Item	Objective / Milestone	Progress Dec 2018
Working together to explore reducing exclusions	Delivery of an analysis of factors affecting exclusion, looking specifically at the role of health with a view to identifying areas for improvement. To be delivered Winter 2018.	Delivered – dissemination plan being implemented through governance structures
Implementing and consolidating the offer for children with SEND, particularly U5s (Part of key transformation priority on strengthening our offer for vulnerable groups)	Implementation of SEND inspection recommendations, including whole system pathway clarification and development for U5s. Includes implementing mechanisms for early involvement of health to EHCPs and embedding this in practise.	NR Resource agreed and work being scoped.
Working with Primary Care to support capacity to manage childhood illness in the community  Supporting multi-professional working to streamline care	Closer links between primary care and children’s community health professionals, including looking at alignment of systems and other ways of facilitating (eg. closer links with GPs and School nurses)  This work will be done with Unplanned Care through the ‘neighbourhoods model’.	Being worked through with the ‘Neighbourhoods’ working group and likely to be taken forward through a joint CEPN bid
Development of a new integrated health offer for our Looked After Children	Re-design and Re-commission of our Looked after children’s health service. Go live September 2019.	Progressing well. Robust stakeholder engagement plan and re-design process in place. Draft spec on track for Jan 2019.

# Performance and Alignment

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## General Overview

Page 69

# Alignment with NEL and STP Plans

## Maternity

Progress is positive against maternity priorities outlined in the NHS Long Term Plan and confirms our direction of travel.

- **Safety:** Perinatal Mortality Review Tool review process and structure currently being developed across NEL.
- ELLMS Trusts all engaged with PreCept wave 1 *around administration of magnesium sulphate to eligible preterm mothers*
- Maternal Medicine Network progressing and is led in East London by Rehan Khan
- Perinatal mortality trajectories to be submitted for Q2 data to NHSE.
- **Continuity of Carer;** Ongoing plans to develop models of care and reorganise services to ensure EL are on trajectory to reach the national target of 20%. Providers exploring different models of care and delivery
- **Women's experience** framework developed by Bart's and supported by the LMS to jointly measure women's experience of CoC.
- **Choice and Personalisation;** Ongoing mapping of current choices for women across all provider sites, in terms of individualised birth plans, management plans and information provision.
- **Co-design and co-production:** Ongoing recruitment process of ELLMS Band 7 Maternity PPI Lead.
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- **Co-design and co-production:** Ongoing recruitment process of ELLMS Band 7 Maternity PPI Lead.
- **MVPs:** Option to commission MVPs on a STP footprint is no longer an option given that all CCGs are unable to commit financially. This will be a WEL / Bart's plan.



# Alignment with NEL and STP Plans

## Children and Young People

Progress is positive across a range of children and young people's priorities outlined in the NHS Long term Plan, with key areas around Learning Disabilities and SEND more widely that we need to address.

- First meeting of the **ELHCP CYP Board** December 2018 (WSD is a member). Currently agreeing priorities for adding value, on areas of joint challenge. Some discussion of auditing critical care and exploring appetite for this. WSD invited to take part in **ELHCP Prevention Board**.
- NEL wide work taking place on **asthma** (including network) with C&H representation. Making solid progress. Development of **Child Sexual Abuse Hub** still in planning stages. Agreement for emotional wellbeing pathway and paediatric contribution from HUFT.

## Safeguarding

- A working group of **designated health professionals** from the 7 CCGs are meeting on a 8 weekly basis to consider elements of safeguarding that can be produced that would work across the STP footprint.
- Terms of reference have been established and there are 3 work streams.
- The work streams cover **LAC, governance and accountability and policies and strategies**.
- It is established that effective safeguarding provision requires local context but there are identified areas where there is a possibility of working collectively.
- This group also establishes a supportive **network** which provides cover for absence as required. The group has provided feedback to Jane Milligan and SMT.

## CAMHS

- City and Hackney leading NEL wide work - further detail in MH Detailed review.

# Maternity

## Shared Maternity Care

### Pathway change:

Current C&H maternity antenatal pathway involves GPs in the care of the pregnant woman through a GP Confederation contract providing Targeted Preconception care to women with LTC, Pregnancy presentation appointments to a pregnant women who present to the GP, 16 week antenatal checks and 6 week post natal checks. The Homerton maternity unit is also paid a tariff for the antenatal care of all C&H women who deliver there. There is a duplication of payment in the system. To promote Continuity of Carer and also improve safety in the delivery of antenatal care this pathway is currently under review.

Following discussions with the GP Confederation and the Head of midwifery at the Homerton, it was proposed that the pregnancy presentation and 16 week antenatal activity currently performed by GPs in C&H is moved back to the midwifery team. This will support the NHSE better Births mandate for Continuity of Carer and also will ensure that there is clear oversight of pregnant women along the antenatal pathway. This has been agreed. No other significant changes to the pathway have been agreed.

HUFT will commence full delivery of the 16 week antenatal check from April 2019.

# Performance overview: Maternity indicators

Area	Indicator	Latest data period	City and Hackney	Hackney	City of London	England	Significant difference - comparator group (London Cosmopolitan group)	Trendline	Achieving target
Maternity	Maternity clinical priority area rating	2017/18	Good						
	Women's experience of maternity services	2017	78.6%			83.0%	79.3% (NEL STP)		
	Choice in maternity services	2017	62.9%			60.8%	62.5% (NEL STP)		
	Maternal smoking at delivery	Q3 17/18	5.2%			10.8%	5.5% (NEL STP)		
	% of births at birth centre	Sep-18	18.18%						>15%
	Unplanned births at home	Jul-18	0.21%						
	C section rate	Sep-18	30.95%						<32%
	% of women booked by 12+6 *provisional data	Sep-18	92.03%						<70%
	Women booked by 10+0 weeks (who were referred by 8+0 weeks)	Aug-18	75.6%						50%
	Low birth weight babies	2016		3.17%	5.77%	2.79%	3.01% (London Region)		
	Unplanned NICU admissions for term babies	Sep-18	7						<28
	Neonatal mortality and stillbirths	2016	4.6				5.69 (NEL STP)		
	Breastfeeding initiation	2016/17		92.2%	90.6%	74.5%			
	Breastfeeding rates at 6-8 weeks	2016/17				44%			

# Performance Overview: Children and Young People indicators

Area	Indicator	Latest data period	City and Hackney	Hackney	City of London	England	Significant difference - comparator group (London Cosmopolitan group)	Trendline	Achieving target
Children and Young People	Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2016/17	86.8%			95.1%	91.6% (London Region)		
	CAMHS transformation indicator								
	Year 6: Prevalence of obesity	2016/17		27%		20%	24% (London Region)		
	Personal health budgets - children								
Safeguarding and Personal Health Budgets	Number/% adults referred for safeguarding whose expressed outcomes are fully/partly met	Q2 18/19		94%	71%			Up	
	Personal health budgets (adults; IAF)	Q4 17/18	11.9			44.98	18.55 (NEL STP)		

## NOTE on Clinical Priority Area – Maternity:

- The current clinical priority rating for the clinical for the Maternity Clinical Priority Area, from the MyNHS website, is shown as 'Good' based on a 2017/18 assessment. However, indicator 125b – Experience of Maternity Services shows that we are in the 'worst' quartile in England. This indicator based on the score associated with 6 indicators from a long list of indicators that are part of the maternity survey. The current overall response rate is quite low and sits at 37%. The refresh of the maternity voices partnership in 2018 by the CCG, the Homerton and the service user groups indicates a change in the way service engages with women. The feedback received from the walk the patch surveys in the maternity voice partnership are acted on in as soon as received and preliminary feedback from the walk the patch surveys indicate that women are already reporting noticeable improvements in the service and care they receive.
- Considerable work has been done with the Homerton on improving the areas identified by CQC. Part of this focuses on consistency of care including variable staff attitude, poor postnatal ward experience, and delays in triage & admission when in labour and limited space to labour, and insufficient breastfeeding support which contribute to these limited patient experience indicators. The action plans are monitored through the Maternity Quality and Performance Meetings. It should also be noted that considerable work has been done within the maternity pathways which has improved this clinical priority area from a rating of 'Needs Improvement' to the 'Good'.

# Infant mortality and morbidity

## Achievements and Work in progress

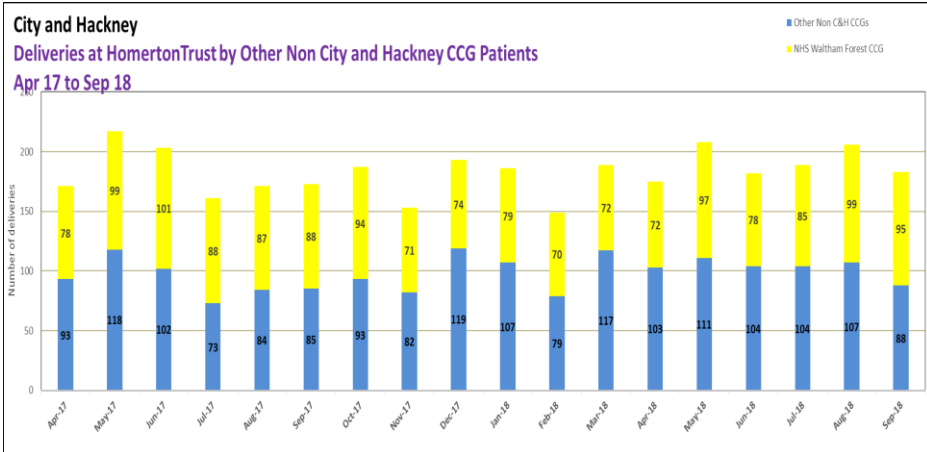
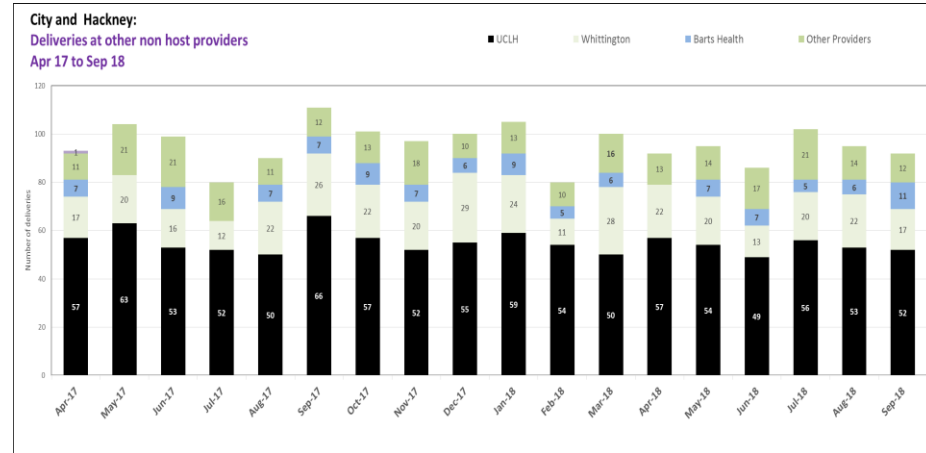
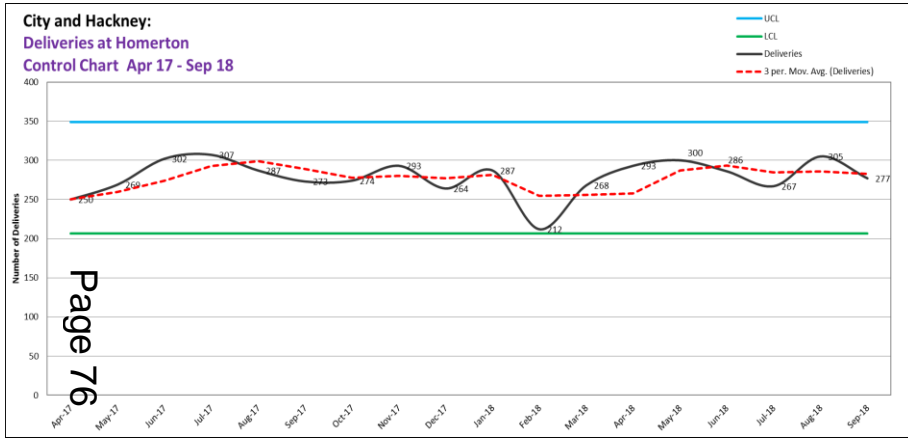
- Audited VTE risk assessment process, Hypertension readmission and Perinatal MH screening. Steps taken to improve VTE risk assessment and documentation following audit and women now discharged with full course of treatment. Perinatal MH screening performing well. Recommendations for more training for community midwives around managing hypertension and importance of liaising with GP prior to referral to hospital
- Comprehensive reviews of mortality data, trends and guidance
- Low levels of reported smoking in pregnancy and Carbon Monoxide (CO) screening in place in maternity to help identify women and support them to quit
- 3/4 Saving Babies Lives initiatives in place (CTG monitoring, fetal movements publicity, CO screening)
- Increasing numbers of women booking by 10 and 12w
- Service developments delivered around perinatal mental health support
- Preconception guidelines for primary care in place ( GP Confed auditing quality of preconception appointments in 2018/19)
- Women from deprived communities at greater risk in C&H - targeted antenatal care, peer support and postnatal groups in place for vulnerable women
- Neonatal observation and early warning tool (NEWTT) and maternal observations and early warning score (MEOWS) well embedded at Homerton with improved performance in documentation and action taken.
- Ongoing work to increase uptake of flu and pertussis vaccinations with GPs and at 20 week antenatal scan
- High rates of maternal obesity (GPC identified 18% at booking with BMI>30) – working with Public Health, Obstetric lead and Communications team to develop evidence based messages
- Reviewing local performance against guidance and other local maternity networks on reducing avoidable NICU admissions

Page 75

## Further work / consideration needed

- GAP and GROW tools not being used at Homerton. These tools help identify reduced fetal growth which contributes to stillbirth. HUH have added an additional scan at 36 weeks and will offer a scan if reporting reduced fetal movements.
- Greater numbers of women from BME & Asian backgrounds or born abroad in C&H – increased risk factors for mortality. LMS reviewing latest MBRRACE data and reviewing ways to improve support for these groups.
- Crisis and Peer support provision through Bump Buddies contract will end in March 2019. Potential gap in capturing most vulnerable and isolated women and providing support
- Maternity service looking at providing bilirubin meters to community midwives and currently scoping cost to purchase/lease equipment

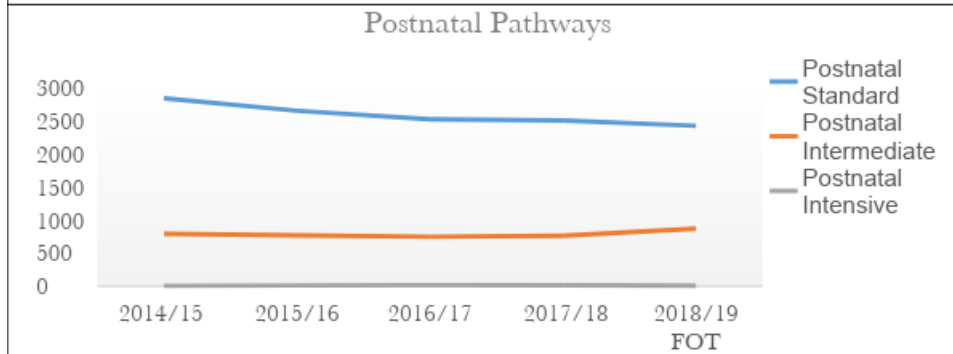
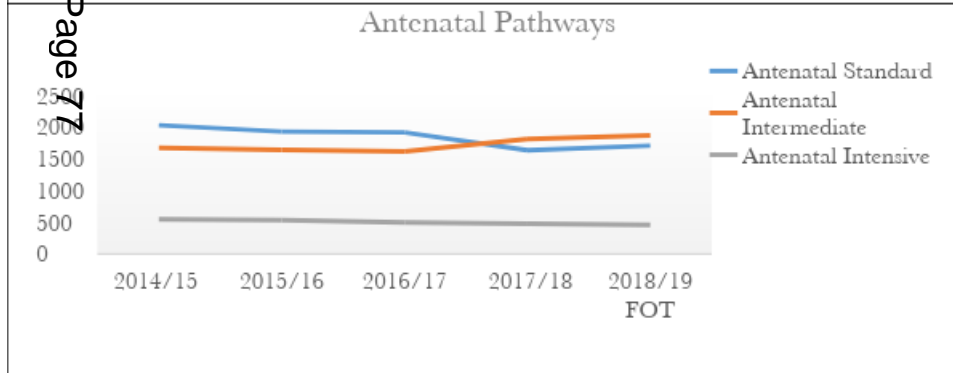
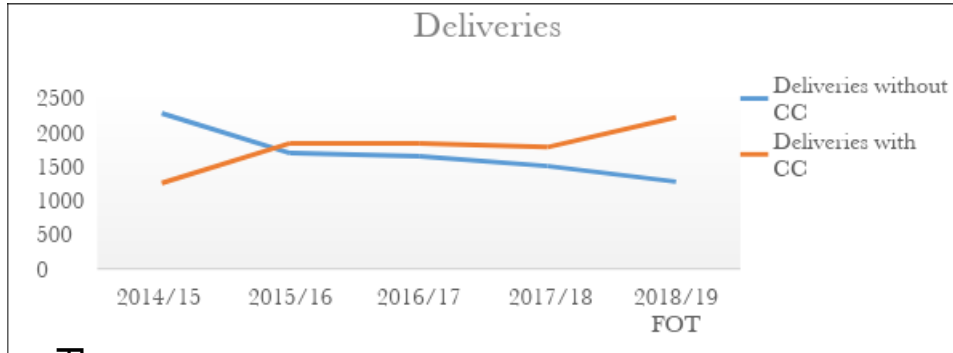
# Activity: Deliveries April 2017 - August 2018



- There were 1728 deliveries at Homerton to C&H women in M01 – M06 2018/19 compared to 1688 in same period 2017/18. An increase of 40.
- There were 576 deliveries of C&H women at other providers from Apr 2017 – Sept 2017 compared to 562 from Apr 2018 – Sept 2018. A decrease of 14 in the same time period over the past year.
- There were 1096 deliveries at Homerton by other non C&H CCG patients in Apr to Sept 2017/18 (541 of which were women from Waltham Forest), compared to 1143 during Apr to Sept 2018/19 (526 from Waltham Forest). An increase of 47. 15 less women from WF over the same period

# Maternity tariff: trends

HUFT Deliveries only



HUFT Deliveries (All charts):

The most significant tariff issue is the change of allocations within the delivery tariff at the Homerton. The deliveries chart above shows the increasing trend in deliveries with comorbidities and complications since 2017/18.

The Homerton have given notice to the CCG of a change in their coding practices through the application of Z codes to certain deliveries with insufficient antenatal care and poor supervision during pregnancy. The CSU has challenged the use of these codes on behalf of the CCG with ongoing discussions underway.

Allocations to antenatal intermediate and postnatal intermediate tariff continue to increase in 2018/19

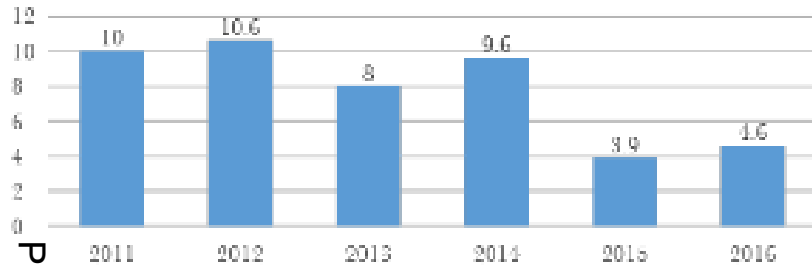
OOA Deliveries:

Total maternity pathway activity of City & Hackney women using other providers (UCLH, Whittington and Barts) in 2018 is forecast to decrease slightly to 2910 compared to 2993 in 2017. A decrease of 83.

The total cost of deliveries at other provider sites was £3,525,110 in 2017 and the forecast for 2018 is £5,816,054 a slight decrease of £49,147.

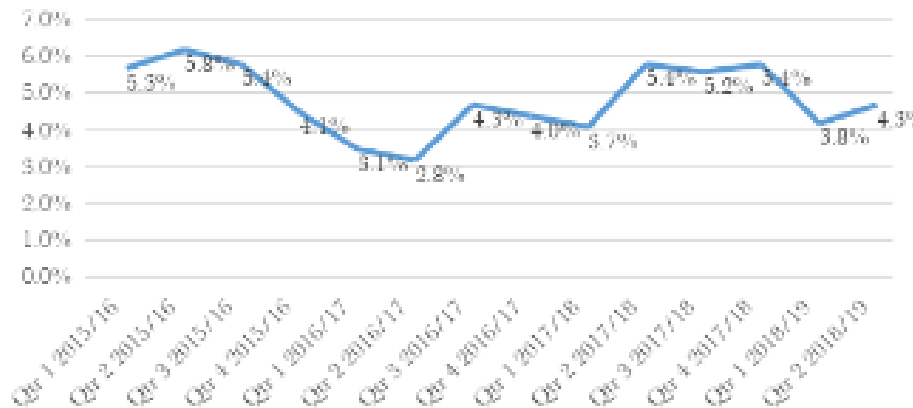
# Improvement and Assessment Framework

Rates of neonatal mortality and stillbirths (per 1000 live and still births)



NE: The Methodology for this Indicator changed between 2014 and 2015 (different data source: ONS in 2014 to EMBRACE in 2015, with some exclusions applied to 2015 data to exclude any still births / neonatal deaths that are a result of a congenital anomaly.

% C&H women who smoked at time of delivery (national data)



Latest HSCIC, MBRRACE and ONS data 2018/19

## Neonatal deaths and stillbirths

- This is measurement for CCGs is part of the improvement and assessment framework (IAF) set of measures that CCGs are assessed on.
- Locally our rates vary and we have undertaken work to understand the data for rates and numbers of stillbirths, neonatal mortality (<28 days) and infant mortality (<1 year). Reported data for C&H for 2016 is 4.6.
- In addition we have benchmarked against various guidance including the "Saving Babies Lives" care bundle. The Homerton are taking part in the GAP GROW pilot study but were not selected to undertake the GAP GROW programme. Instead the Homerton midwives undertake scans at 36 weeks to monitor fetal growth.

## Smoking at time of delivery

- Rates of self reported smoking at time of delivery are 4.3% for quarter 2 2018/19. This equates to 47 women reporting they smoked at delivery.
- 73% of women were CO screened at booking in Q2 2018/19.
- 22% of women were CO screened during the 3rd trimester in 2018/19.
- Further work ongoing increase screening, uptake and to identify reasons for declining onward referral.
- Smoking is the key modifiable factor in reducing stillbirths.
- From June 2018, the smoking cessation service is to be provided by Whittington Health.

Women's choice and experience, as measured through the CQC survey, for 2017 was 62.9% (down from 66.5% in 2015) and 78.6% (up from 76.2% in 2015) respectively. The HUH are part of the ELLMS Choice pilot scheme.

Homerton achieved the highest national score for women being asked about their emotional wellbeing.



# Children, Young People and Safeguarding

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# Unplanned acute activity

Fig 1 Paediatric A&E Attendance Numbers – Homerton and Other Providers

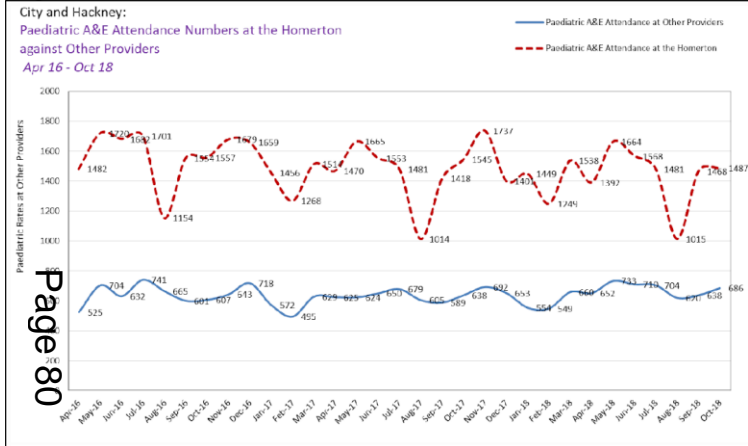
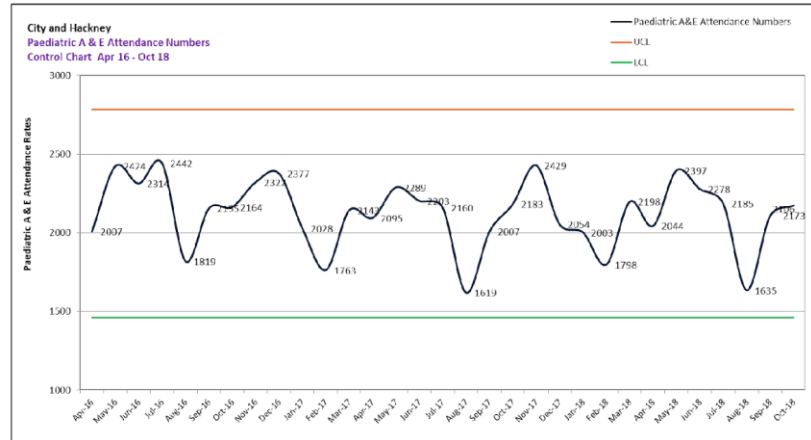


Fig 2 Paediatric A&E Attendance Numbers



**Key Message:** Seasonal fluctuations in A&E reflect similar patterns to previous years

# Unplanned admissions

Fig 3 Paediatric Emergency Admission - Control Chart

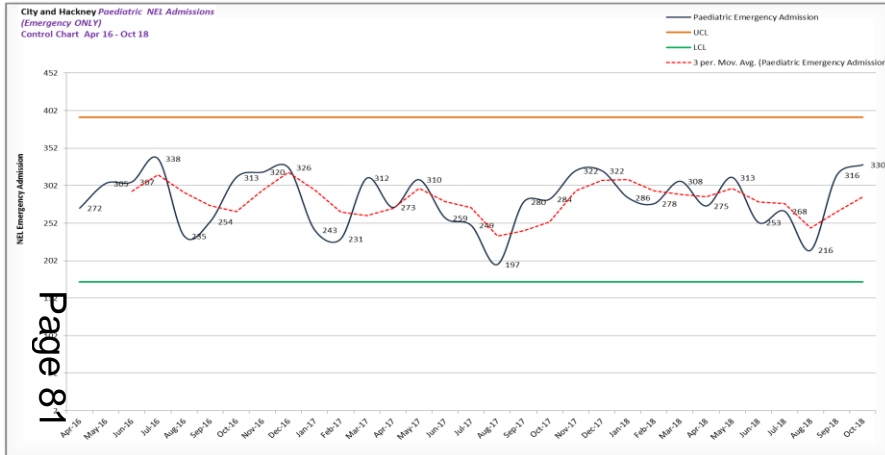
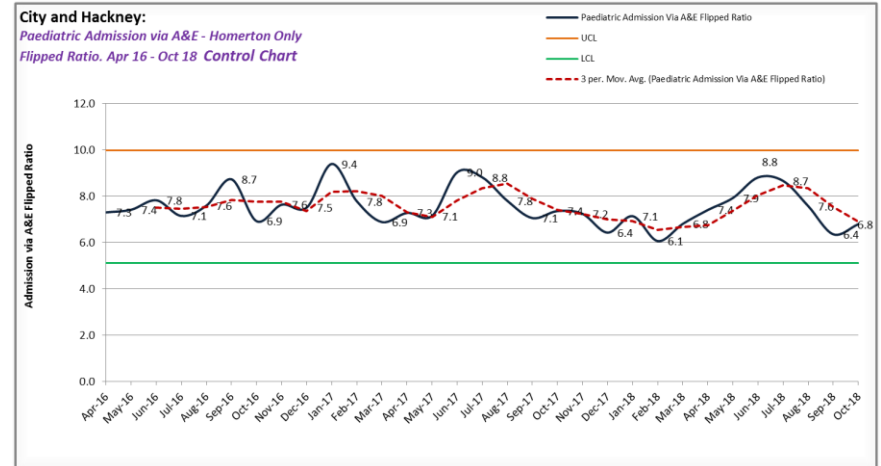


Fig 4 Paediatric Admission Via A&E - Homerton



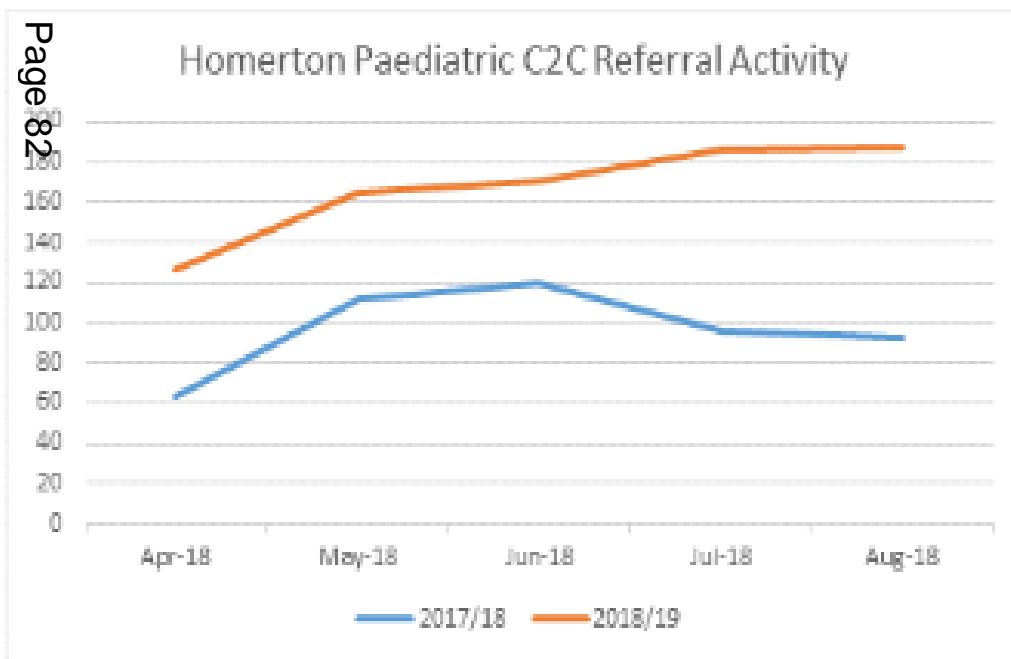
## Key messages:

- Unplanned admissions increased significantly between August and September. This is one of the peak seasons for respiratory and asthma related activity.
- The Respiratory Liaison Nurse, working across primary and secondary care, is now in post to support immediate follow up with children attending A&E / being admitted, and to provide preventative education support in partnership with primary care.
- A local asthma network has been established with HUHT, GP Confederation and CCG members, and the network will oversee pathway development and service reporting.
- Reporting will be submitted from January 2019 and will be included in the workstream's next detailed review.
- Work on a local tariff for critical care can be seen in additional slides.

# Outpatient activity: Consultant to consultant activity

Paediatrics					
	Apr-18	May-18	Jun-18	Jul-18	Aug-18
C2C	8				
2017/18	63	112	120	98	93
2018/19	126	165	171	186	187

Fig 5 HUHT Consultant to Consultant referral activity April 18-August 18



## Key Messages:

- CYPMF Clinical Lead has undertaken an audit of C2C activity with HUHT
- Draft findings indicate remedial coding work required
- Approx 50% coded as C2C were found to be internal follow ups and incorrectly coded
- Actions to be agreed and reported

# City and Hackney measles outbreak response

## Outbreak and Response

- 2018/19 is year two of a NR scheme funded by the CCG, to embed systems and provide additional capacity in primary care, in order to achieve 95% herd immunity coverage
- Despite enhanced access at a number of community clinics, activity remained low, particularly in the NE of Hackney where, in the Charedi community, many factors impact coverage
- A measles outbreak was declared in NE Hackney by PHE on 6<sup>th</sup> November.
- Owing to the CCG commissioned service already in place, the GPC were able to mobilise immediately upon the CCG agreeing to fund a 4 week outbreak response. Local partners worked closely with Public Health England and NHSE on a joint response, with local political and senior leadership support.
- The CCG agreed to fund a further 4 week response and it is expected that this total outbreak funding (**£64,730.40**) will support planned clinic activity until end January.
- The GPC has also been able to offer Haringey some support with delivering additional clinics
- Practices have worked extremely hard to optimise their access for childhood imms during this period.
- The GPC has offered full schedule catch up as opposed to only MMR.
- The response from the community in NE Hackney, and from Charedi community leaders has been incredible. The local partnership is committed to maximising this response to create sustained change in immunisation coverage.

## Activity

- Over 500 children were immunised by week 4 of the outbreak response (at GPC clinics / domiciliary service)
- The GPC Immunisations Hotline / Immunisation Lead Nurse had 233 phone calls for people to book appointments from 22/10/18 to 14/11/18

## Challenge

- The responsibilities of commissioning partners remains unclear and will be reviewed via a planned workshop with NHSE in February.

**Update 20 February:** There is still an ongoing issue with high numbers of measles circulating in the Orthodox Jewish community. This is being monitored closely locally, with Public Health England. It is expected that once the vaccine takes full effect this will stabilise (4-6 weeks). We are seeing some weeks with few notifications, but this is not consistent from week to week yet.

Following the positive workshop held in February a partnership immunisations action plan has been drafted and will be implemented over the next few weeks.

# CHS Performance Summary

## Community Paediatrics

- Although not at full establishment, new Consultants have been appointed to the service
- Detailed Monthly reporting is being submitted, disaggregated by clinic. Significantly high DNA / patient cancelled/ service cancelled stats that will be reviewed with the service
- Continued Consultant leadership of Tier 2 audiology but long term intention to commission an audiology led service remains

## Audiology

- Review across the STP to consider future joint commissioning arrangements for Tier 3

## Dietetics

- 0.2 WTE children's Centre Dietetic Clinic interim funding agreed whilst activity is assessed
- Community dietetics support is delivered at Hackney Ark and Kenworthy Road clinics; current review of activity and overlap in referral criteria in the context of new Public Health commissioned services (Everyone Health and HENRY)

## Speech Language Therapy

- Pilot of treatment pathway for CYP in independent schools with language and / or social skills

## Child Sexual Assault hub

- Delay to the (Royal London) paediatric assessment hub owing to service model review with NELFT. Tariff costs for assessment activity are under review.
- New emotional support service operational from April 2019.

# 5YFV and IAF Indicators

## Current priorities:

- Sharing of care plans across agencies and Trusts (IG considerations) – to support integrated care, GP oversight of vulnerable children, and repatriation to local services where appropriate
- Structured management / oversight of children's LTCs in the community, via the Confederation contract, to reduce avoidable unplanned attendances and admissions, and enhanced specialist nurse support in the community, with particular regard to asthma related activity
- Sustainability of general practice – support improved joint working with community paediatrics
- Development of local critical care tariff and pathway in response to HLP peer review against Critical Care Standards; intended to enable sustained high quality care to children and young people close to home
- Review of community nursing support to optimise preventative provision in the community, and provide assurance of appropriate levels of trained workforce
- Full integration of the continuing care, Personal Health Budget and EHCP services for eligible children and young people to reduce delays and inefficiencies across pathways

Page 85

## Priority areas aligned with the priorities of the CYPMS integrated workstream:

- Early years and immunisations
- Looked After Children
- SEND arrangements
- LD and Transforming care – including a risk register and CTR arrangements
- Obesity

## STP priorities:

Commitment to work on CSA Child House model; asthma pathways; and future audiology procurement

# Paediatric Critical Care

A Local tariff proposal for paediatric critical care activity delivered at HUHT has been submitted to the CCG. This follows Healthy London Partnership peer review against the Paediatric Critical Care Standards.

**'Commissioners are expected, where commissioning paediatric services, to provide funding for basic critical care (level 1) as a minimum. An uplift should be applied to the HRG for the patient episode to reflect the significant medical and nursing resource to support this level of care which may have been required during all or part of the child's admission spell where they meet the critical care criteria.'**

PCC level 1 is categorised as children requiring enhanced monitoring or interventions defined by PCC HRG 07Z. The patient complexity requires a nursing ratio of 0.5:1 (or 1:1 if in a cubicle).

The standards clearly define interventions considered appropriate as level 1 PCC and include:

- ✓ Care for children with established nasopharyngeal airway
- ✓ Delivery of intravenous bronchodilators or continuous nebulisers for severe asthma
- ✓ Delivery of Optiflow and CPAP
- ✓ Care of children recovering from status epilepticus

**The agreed tariff would be paid for all children admitted to Starlight Ward with a LoS > 1 day who has met the criteria for HDU at any point in their admitted spell.**

**This is an additional service cost and corresponding efficiencies will not be realized at other Trusts. The proposal is currently being explored, pending a final decision.**



# Transformation Priorities: Vulnerable Groups

## Looked After Children

- Contract value for the Looked After Children Nursing service was agreed in October 2018 (agreed retrospectively for the period April 2018 to August 2019). The CCG assumed funding responsibility for the service from April 2018.
- The current contract (originally commissioned by Public Health on behalf of Corporate Parenting) will be in place until August 2019
- The workstream is leading a service redesign to be completed by February 2019 to inform commissioning of a new service

## Performance

- In Q2 performance of Initial Health Assessments delivered on time ranged from 78% to 91%. Community Paediatric vacancies impacted performance.
- In Q2 performance of Review Health Assessments ranged from 75% to 77%  
Notification from social care impacts performance, in addition to service capacity. Staffing will be closely monitored in Q4 as posts are out to recruitment.

## Activity

- Numbers of Looked After Children continue to rise. As of December 2018 there are 409 looked after children across Hackney and the City (There were 393 in October 2018).
- 27 Review Health Assessments are due in January 2019; the majority of these children will be out of borough but within the M25

# Transformation Priorities: Vulnerable Groups

## Continuing Care

- Close monitoring of all packages transferred to new providers in April 2018 has continued throughout Q2 and Q3
- All packages are PHBs, and the clinical and financial governance arrangements for PHBs have been reviewed and implemented
- New transition governance structures are being operationalized; this is expected to support timely transition from the Joint Complex Care Panel (JCCP) to adults services

Page 88  
SEND

- LAC PIC funding in 2018/19 is supporting the pilot of health packages required in school for children with complex health needs, working with both the council SEND teams and the HUHT CCNT and school nursing services. Monthly case management meetings are led by the Designated Medical Officer (DMO) for SEND
- PIC funding will also support engagement work with families regarding support needed upon / following diagnosis, and improvements in coding and data collection (see slide 18)

## LAC Funding of children with complex needs

- Hackney corporate parenting services, the virtual school and the CYPMS workstream have reviewed a number of children for whom joint planning / review / funding should have been discussed at an earlier stage. A draft protocol for a joint panel to be convened as necessary will be piloted in Q4 and reported to the workstream.

# Safeguarding Children

**Working Together to Safeguard Children 2018** was published on Friday, 29th June 2018 along with transitional guidance. This statutory guidance sets out and requires 3 main changes:

## Safeguarding partnerships

**The abolition of local safeguarding children boards**, to be replaced by **Safeguarding Partnerships** comprising 3 statutory partners: the CCG, the local authority and the police.

These partners will work with local **relevant agencies** to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs.

The geographical footprint for the new arrangements is based on local authority areas. **Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.**

The safeguarding partners must set out in their **published arrangements by 29th June 2019**

## Changes to the Child Death Review Process

- National level – transferred to DOH from DfE
- Footprint – 60 + deaths per year
- Themed meetings where CDR partners arrange to collectively review child deaths from a particular cause or group of causes.
- Child death review partners – the LA and the CCG. Partners must agree locally how the child death review process will be funded in their area and are responsible for reviewing all deaths of children in their area
- Identify any matters that are relevant to the welfare of children in the area.
- Key worker – for bereaved
- Publish an annual report and collate data which should be sent to a national database.
- Transition period **29th June 2018 – 29th June 2019 when arrangements must be published.**

# Safeguarding Children

## Changes to the Serious Case Review Process:

- Local child safeguarding practice reviews should be undertaken when a child suffers serious injury or harm as a result of abuse or neglect. The reviews are to identify learning and improve practice
- Setting up of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.
- Commissioning and oversight of local reviews rests with the safeguarding partners.

These national changes will require us to work closely as a local partnership to establish our arrangements for City of London and Hackney.

## Current Local working with Providers:

### Primary Care

- Safeguarding children training programme for GPs has now completed for the year. The focus this year was on the importance of conducting '*Difficult Conversations*' and as a separate subject, self-harm and suicide of young people. This training incorporates learning from recent local case reviews.
- Both are viewed from a Primary Care perspective. The training has been well evaluated.
- The reflective learning forum for safeguarding GP leads continues to be held on a 3 monthly basis. Feedback is very positive
- Section 11 audits are due for completion in the new year.

### Homerton

- The Homerton have conducted a suite of audits in relation to safeguarding children practice. These give a good level of assurance in relation to safeguarding children practice in the Trust.

# Safeguarding Children

## Current Local working with Providers:

### ELFT

- ELFT has had a change of senior leadership in relation to safeguarding children.
- There has also been a change in operational safeguarding lead for City and Hackney.
- The vacancies, prior to recruitment, has had an impact on ELFT's attendances at LSCB sub group and on the Trust's training stats.
- The designated nurse along with her counterparts in Newham and Tower Hamlets met with ELFTs Executive lead for safeguarding and the new director of nursing.
- They have given assurance that they have a good grip on the issues and outlined a strategy for improvement.
- The designated nurse will attend ELFTs safeguarding children committee to review and support the planned improvements.
- This item will be raised at the ELFT CQRM in the new year

## Plans and Priorities:

- The CYPM workstream has set priority areas for the coming year. One priority is to ensure support is available for vulnerable children and young people.
- We will re design the Looked After Children service to ensure that these vulnerable children whose health outcomes are known to be poor have access to the best possible health offer.
- We will use the research in relation to ACE (Adverse Childhood Experiences) to help shape our services to enable earlier identification and intervention where there is vulnerability.
- We will work with our local partners to collectively establish a safe and effective local Safeguarding Partnership in line with the new legislation.

# Child and Adolescent Mental Health and Wellbeing

Page 92

The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to children's mental health:

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPoS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start
10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

# CAMHS Transformation Plans

## Key Objectives

- Increase access rates from 25% to 35% by 2020/21
- Increase community based capacity through joint workforce planning and CYP IAPT
- Reduce waiting times for assessment and treatment
- Elimination of all inappropriate in-patient bed use
- Establish 24/7 crisis resolution and liaison mental health service
- NICE concordant eating disorders service meeting access and waiting times standards
- Full age-range NICE concordant Early Intervention in Psychosis Service
- Collaborative commissioning of Youth Justice Liaison and Diversion Service
- Responding effectively to child sexual abuse
- Developing integrated and optimised perinatal mental health pathway
- Assuring NHS Digital submissions and contribution to the MHSDS
- Service redesign through innovation
  - Families ( previously Parenting)
  - Communities (previously Reach and Resilience)
  - Transition
  - Crisis
  - Schools

Page 93

NHS-England Self Reported Monthly Performance for CYP MH – Access (Currently above target (see next slide))

CCG Activity Total		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NB. CCG totals automatically calculated from provider totals inputted below	Total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period	278	296	218	194	171	157	145	0	0	0	0	0

ICB Page 93

# CAMHS Transformation Plans

Based on the latest local data (YTD September 2018), London is forecast to deliver a Children and Young People's Mental Health Access rate of 30%



Page 94

	Access Rate MHSDS (YTD Forecast)		Access Rate Local (YTD Forecast)			Planned Access Rate (Annual YTD Forecast)		
	Jul-18	Aug-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18
<b>LONDON</b>	<b>26.8%</b>	<b>26.8%</b>	<b>29.6%</b>	<b>29.9%</b>	<b>30.0%</b>	<b>24.2%</b>	<b>26.4%</b>	<b>27.8%</b>
<b>North Central London STP</b>	<b>34.3%</b>	<b>33.6%</b>	<b>42.0%</b>	<b>41.3%</b>	<b>42.0%</b>	<b>27.9%</b>	<b>29.5%</b>	<b>30.4%</b>
Barnet CCG	35.0%	34.7%	56.0%	54.1%	58.9%	23.1%	25.9%	27.7%
Camden CCG	46.0%	43.5%	31.2%	29.4%	28.3%	43.3%	42.9%	41.8%
Enfield CCG	24.8%	24.7%	27.5%	27.6%	27.9%	20.7%	23.3%	24.9%
Haringey CCG	34.7%	34.0%	43.2%	43.2%	41.0%	34.9%	34.6%	33.8%
Islington CCG	38.7%	37.9%	44.1%	44.6%	45.5%	24.3%	27.2%	29.0%
<b>North East London STP</b>	<b>22.4%</b>	<b>23.0%</b>	<b>24.3%</b>	<b>25.8%</b>	<b>26.6%</b>	<b>26.6%</b>	<b>28.5%</b>	<b>29.5%</b>
Barking and Dagenham CCG	17.9%	17.7%	23.7%	25.1%	27.5%	33.1%	33.6%	33.4%
City and Hackney CCG	34.0%	35.7%	33.7%	35.3%	35.7%	21.8%	24.4%	26.1%
Havering CCG	30.6%	30.6%	28.3%	30.2%	32.0%	33.9%	34.6%	34.6%
Newham CCG	13.1%	14.0%	14.1%	14.6%	14.2%	22.4%	25.1%	26.8%
Redbridge CCG	19.1%	20.0%	19.5%	21.3%	22.0%	31.9%	32.9%	33.1%
Tower Hamlets CCG	32.4%	33.8%	38.6%	43.0%	43.1%	22.8%	25.5%	27.2%
Waltham Forest CCG	19.8%	19.7%	22.9%	23.8%	24.3%	21.6%	24.2%	25.9%
<b>North West London STP</b>	<b>32.4%</b>	<b>31.7%</b>	<b>32.1%</b>	<b>32.2%</b>	<b>31.8%</b>	<b>21.4%</b>	<b>24.0%</b>	<b>25.6%</b>
Brent CCG	28.0%	27.4%	27.4%	27.3%	26.5%	21.3%	23.9%	25.5%
Central London (Westminster)	33.9%	33.7%	30.8%	31.6%	30.5%	21.3%	23.8%	25.5%
Ealing CCG	20.0%	19.5%	17.5%	17.3%	17.4%	21.4%	23.9%	25.5%
Hammersmith and Fulham CCG	41.6%	41.1%	37.4%	37.0%	36.8%	21.3%	23.8%	25.5%
Harrow CCG	28.1%	26.8%	43.3%	45.6%	46.0%	22.0%	24.7%	26.3%
Hillingdon CCG	26.7%	26.1%	15.2%	15.2%	14.7%	21.3%	23.9%	25.5%
Hounslow CCG	34.3%	33.8%	29.9%	30.2%	30.8%	21.3%	23.8%	25.5%
West London CCG	93.1%	90.8%	89.5%	87.0%	84.2%	21.3%	23.8%	25.5%
<b>South East London STP</b>	<b>23.5%</b>	<b>23.4%</b>	<b>27.3%</b>	<b>26.7%</b>	<b>26.2%</b>	<b>21.3%</b>	<b>24.0%</b>	<b>25.8%</b>
Bexley CCG	20.3%	20.4%	31.0%	30.7%	30.0%	25.6%	28.6%	30.5%
Bromley CCG	30.2%	29.5%	26.4%	25.3%	25.0%	21.2%	23.7%	25.4%
Greenwich CCG	21.4%	21.5%	35.5%	34.7%	33.4%	19.5%	23.0%	25.5%
Lambeth CCG	21.2%	21.5%	25.9%	25.9%	25.3%	21.3%	23.9%	25.5%
Lewisham CCG	21.1%	21.0%	23.2%	22.7%	22.3%	19.4%	21.7%	23.2%
Southwark CCG	26.5%	26.4%	22.3%	21.7%	21.5%	21.7%	24.2%	25.7%
<b>South West London STP</b>	<b>24.5%</b>	<b>25.1%</b>	<b>25.5%</b>	<b>25.9%</b>	<b>26.1%</b>	<b>22.9%</b>	<b>25.3%</b>	<b>26.9%</b>
Croydon CCG	13.8%	14.7%	16.5%	16.8%	17.6%	22.6%	25.3%	27.0%
Kingston CCG	19.7%	20.3%	18.0%	18.7%	18.7%	21.3%	23.9%	25.5%
Merton CCG	36.2%	36.5%	38.3%	38.6%	38.7%	21.5%	24.0%	25.6%
Richmond CCG	28.4%	28.4%	31.7%	31.6%	31.8%	21.3%	23.8%	25.4%
Sutton CCG	30.7%	31.7%	30.3%	31.3%	31.4%	29.4%	31.0%	31.7%
Wandsworth CCG	29.7%	29.8%	28.0%	28.3%	27.6%	21.3%	23.9%	25.5%

See Annexe 1 for a list of caveats

Note: City & Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHSDS submission. Additional.

The disparity between MHSDS and Locally submitted data is also one of the lowest in London meaning our reporting systems are functioning very well



# Finance and Activity

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Page 95 See appendix for full budget information. Highlights as below:

# Maternity Tariff: Spend

Chart 11: Tariff Case Mix Costs for all C&H women attending all maternity units

NEL CSU data analysis of SLAM data

Tariff	Homerton Maternity Costs	Homerton Maternity Costs	C&H Out of Area Maternity Costs - UCLH, Barts & Whittington	C&H Out of Area Maternity Costs - UCLH, Barts & Whittington
	2017/18	2018/19 FOT	2017/18	2018/19 FOT
<b>Total Deliveries</b>	<b>£10,853,693</b>	<b>£12,750,420</b>	<b>£3,525,110</b>	<b>£3,568,765</b>
Deliveries without CC	£4,142,344	£3,822,775	£1,705,122	£1,791,319
Deliveries with CC	£6,711,349	£8,927,645	£1,819,987	£1,777,446
<b>Total Antenatal</b>	<b>£7,159,036</b>	<b>£7,107,065</b>	<b>£2,071,876</b>	<b>£1,977,754</b>
Antenatal Standard	£2,012,739	£2,043,480	£1,002,136	£917,880
Antenatal Intermediate	£3,577,638	£3,618,428	£697,700	£690,184
Antenatal Intensive	£1,568,659	£1,445,157	£372,040	£369,690
<b>Total Postnatal</b>	<b>£1,054,612</b>	<b>£1,058,750</b>	<b>£268,215</b>	<b>£269,536</b>
Postnatal Standard	£750,185	£720,895	£185,923	£202,599
Postnatal Intermediate	£288,191	£323,649	£76,901	£62,566
Postnatal Intensive	£16,236	£14,206	£5,392	£4,370
<b>Planned Spend</b>	£20,113,225	<b>£20,375,000</b>	£5,474,842	<b>£5,944,732</b>
<b>FOT Total Spend</b>	<b>£19,067,341</b>	<b>£20,916,325</b>	<b>£5,865,201</b>	<b>£5,816,054</b>
<b>2018/19 Total Planned Spend</b>	<b>£26,319,732</b>			
<b>2018/19 FOT Overall Total Spend</b>	<b>£26,732,379</b>			
<b>2018/19 FOT 2018/19 Overspend</b>	<b>-£412,647</b>			
<b>Full year actual costs 2014/15 – 2018/19 FOT</b>				
	<b>Other units</b>	<b>Homerton</b>	<b>Totals</b>	
<b>2014/15</b>	£3,880,977.51	£16,137,318.00	<b>£20,018,295.51</b>	
<b>2015/16</b>	£4,346,128.45	£17,332,835.00	<b>£21,678,963.45</b>	
<b>2016/17</b>	£5,200,551.63	£17,302,984.00	<b>£22,503,535.63</b>	
<b>2017/18</b>	£5,865,201.06	£19,067,341.00	<b>£24,932,542.06</b>	
<b>2018/19 (FOT)</b>	£5,816,054.00	£20,916,235.00	<b>£26,732,289.00</b>	

The forecasted overall maternity tariff spend for City and Hackney CCG in 2018/19 is estimated at £26,732,379. This includes costs at the Homerton and UCLH, Whittington and Bart's. It does not include other OOA providers with smaller delivery activity i.e. *GSTT, North Mids, C&W Kings*

Homerton planned spend for 2018/19 is set at £20,375,000. Forecasted total actual spend is estimated to be £20,916,325 with estimated overspend of £541,325

The planned spend for C&H women seeking maternity care at UCLH, Whittington & Bart's in 2018/19 was set at £5,944,732. Forecasted total actual spend is £5,816,054, an underspend of £128,678 as we have seen a slight decline in deliveries to these providers.

**Forecasted Overall overspend against plan for 2018/19 is currently estimated at £412,647**

This relates primarily to increased complexity in the delivery case mix at the Homerton and changes in delivery coding practices at the Homerton.

# Additional Maternity Funding (M8 2018/19)

Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	Key Messages
GP Confed - Early Years - Maternity service (Antenatal and Postnatal Care)	326	217	217	326	-	<p>The Q2 GP Confederation 2018/19 report has been received and payment approved by the CCG Contracts Committee.</p> <p><b>Non-Recurrent Funding Schemes</b> Targeted antenatal classes were re-commissioned in 2018/19. There are four providers (including the Homerton) targeting women new to antenatal education and vulnerable women.</p> <p>The non-recurrent budgets of £50,000 for Bump Buddies peer support in pregnancy, was pooled with the Local Authority budget for this service and is managed by the local authority but monitored jointly with the CCG.</p> <p>The Local Authority verbally informed the Shoreditch Trust in August 2018 that this service will not be recommissioned from April 2019. This poses a risk as there will be a gap in service provision to support the most vulnerable residents who are pregnant and in crisis or isolated.</p> <p>The non recurrent element of the GP Confed Early Year contract funding will end in Mar 2019. Discussions are taking place with the GP Confed to determine which elements of the Early Years contract activity will be delivered within the remaining recurrent funding of £280,000.</p> <p>We are currently seeking a voluntary sector organisation to run our local MVP but have not yet received a expression of interest from an appropriate provider. Non Recurrent funding available is £5,800 for 2018/19.</p>
Maternity Targeted Antenatal Classes - Voluntary Sector Providers	24	16	16	24	-	
<b>Total Recurrent Funding</b>	<b>350</b>	<b>233</b>	<b>233</b>	<b>350</b>	<b>-</b>	
<p><i>Note: Figures excludes tariff contracts with Homerton, UCLH, Barts and Whittington.</i></p>						
Non-Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	
GP Confed - Early Years Contract: Vulnerable Children	272	181	181	272	-	
Shoreditch Trust - Bump Buddies	50	33	33	50	-	
Maternity Voice Partnership	6	4	4	6	-	
<b>Total Non-Recurrent Funding</b>	<b>322</b>	<b>215</b>	<b>215</b>	<b>322</b>	<b>-</b>	

# Children and Young People's spend (M8 2018/19)

## 2018/19 Childrens Forecast at Month 8

Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	Comments
CHC Childrens - Complex Care spot purchase / CCNT Equipment	1,403	935	935	1,403		
CHS - Barts (Paediatric Audiology Contract)	458	305	305	458	-	Tier 2 and Tier 3 Bart's costs
Community Services Short Breaks	39	26	26	39	-	
Kids Sunday Club (KIDS)						
GP Confed - LTC Elements of Vulnerable Children's Contract	100	67	67	100	-	
GP Confed - GP Confed	43	29	29	43	-	Audiovestibular costs for Tier 3 audiology
Huddleston Centre - Access Project	24	16	16	24	-	
Huddleston Centre - Children's Disability Forum	29	19	19	29	-	
Richard House Children's Hospice	104	69	69	104	-	
Safeguarding Board Contribution	24	16	16	24	-	
<b>Total Recurrent Funding</b>	<b>2,224</b>	<b>1,482</b>	<b>1,482</b>	<b>2,224</b>	<b>-</b>	

Additional immunisations funding has been agreed via the Primary Care Quality Committee for an 8 week response. Further detail following

### Notes:

Non-Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	Comments
Early Years Contract: Vulnerable Children PIC Approved in line with Activity - Homerton	34	23	23	34	-	Costs include HV capacity for GP Link meetings
GP Confed - Childhood Imms	25	17	17	25	-	Year 2 funding of two year NR scheme
<b>Total Non-Recurrent Funding</b>	<b>59</b>	<b>39</b>	<b>39</b>	<b>59</b>	<b>-</b>	

# GP Confederation Early Years contract

ACTIVITY	Confed Target	Total Q1 & Q2 Activity 2018/19	RATE	Total payment at end of Q2 2018/19
<b>MATERNITY</b>				
LTC Targeted Preconception	637	218	£40	£8,720
Pregnancy Presentation (65%)	3465	1878	£40	£75,120
16 Week Pre Natal Check (70%)	2277	1371	£40	£54,840
6 Week Post Natal Check (85%)	3432	1822	£40	£72,880
New UPP patient action plans (GP)	289	149	£64	£9,536
Review UPP patient action plan (GP)	1000	180	£30	£5,400
Careers Register				
New Patient Checks (5-17)	1145	519	£40	£20,760
16th Birthday Checks				
<b>Total QQ1&amp; 2 Payment</b>				<b>£247,256</b>
<b>Total Early Years Contract Value (maternity &amp; childrens activity)</b>				<b>£532,200</b>
<b>Total budget available</b>				<b>£284,944</b>

- The Budget for the early years contract for Maternity and Children's activity was £532,200 in 2018/19. Total activity cost at end of Q1 & 2 2018/19 was £247,256.

# QIPP assurance framework 2019/20 planning round

Children, Young People & Maternity workstream identified QIPP 5th December 2018

Scheme Name	High level scheme description	Director	Clinical lead	Gross QIPP 2019/20 £'000s	Investment 2019/20 £'000s	Net QIPP 2019/20 £'000s	Net QIPP 2019/20 £'000s	RAG	Deliverable?
First Steps - patient flow programme	Increase patient flow through the first step service		Ruth Kossoff			189	189	Green	Increase treatments within existing recurrent financial envelope
CAMHS transformation (HCH / ELFT)	Work with reserve around service redesign to release funding for further CAMHS services		Sharon Davies			662	442	Yellow	Increase treatments within existing recurrent financial envelope
Respiratory nurse – admissions avoidance	Use of a community respiratory trained nurse specialist to work with asthmatic children to avoid unnecessary unplanned care					20	20	Green	Yes, nurse in post
<b>Total Workstream identified QIPP</b>						<b>871</b>	<b>651</b>	Yellow	

An additional QIPP has been identified through re-patriation of births to HUFT from UCLH, to the value of 70,000.00. This is based on activity decreasing out of area during 2018/19. This is being worked up currently.

# CQUINS

## CAMHS CQUIN

There is a joint ELFT and HUFT CQUIN focussed on delivering a better transition between CAMHS and Adult Mental Health services being delivered during 2018/19. It is generally performing well.

## Safeguarding STP CQUIN

Informed by issues arising recurrently in safeguarding cases, this CQUIN will deliver a structured programme of co-produced staff training to enhance the knowledge, skills, confidence and approach of relevant staff to safeguarding vulnerable children with additional needs. CQUIN value is £100k.

The CQUIN requirements are:

- 101 Gather the views of young people, parents/carers and healthcare professionals on training needs for professionals working with children and families with additional needs and provide an evaluation report which will include recommendations for the content of the training programme. There will be at least one focus group for children/young people, one for parents/carers and one for healthcare professionals (at least three in total). This target to be completed by 31<sup>st</sup> December 2018.
- Create a train the trainer training programme by 31<sup>st</sup> January 2019 with built in evaluation.
- Deliver this training to at least ten staff by 31<sup>st</sup> March 2019 and provide a written plan with milestones and named staff leads as to how this training will be cascaded to other health and social care staff in 2019/20.

Learning from the service user engagement groups is to be presented to the SEND Partnership Boards and it is intended that a film will be produced to aid wider learning.

## Maternity CQUIN

A CQUIN to improve continuity of carer for women with diabetes has been agreed with HUFT. Further detail to follow.

# Engagement and Co-production

- There is a draft Engagement Strategy in place, developed by the workstream which will be finalised in consultation with young people during 2019. It outlines a vast range of groups with which we will engage going forward. A Young Parents Advisory Group has been up and running for around 9 months. This group feeds into the workstream as part of a public rep role, and also meet to design and deliver their involvement in workstream priorities. They are currently planning a Healthwatch 'enter and view' of Maternity services, and recently held a discussion with CAMHS transformation in schools and Maternity Voices Partnership leads
- A co-production and engagement action plan to support the re-design of the new Health of LAC is currently being delivered, led by Public Health and Young Hackney. It seeks input from a range of children, young people (including those in care), foster carers and professionals to the new design.
- Hackney SEND Partnership Board has endorsed the City and Hackney integrated commissioning Co- production Charter.
- In the City, parent/carer members of the City's SEND Programme Board co-chair the meetings, agree Agendas and have led Board presentations on co-production, priorities and proposed governance / working group structures
- Following feedback from service users during walk the patch activities in 2017/18, the CCG undertook a refresh of the MVP to identify priorities for 2018/19. Meetings now held bimonthly with four meetings a year located in Ann Taylor Children's centre to improve accessibility for parent/carers with children.
- Feedback from Walk the patch in 2018 indicates that women are reporting better experiences overall as compared to previous experiences they had at the HUH. The HUH maternity team in response to women's feedback about lack of breastfeeding support on the postnatal ward now have a breastfeeding specialist midwife on the ward every morning to offer support to women struggling with breastfeeding. There is also a morning matron ward round to speak to women who may have had difficult deliveries to offer support and debriefing.



<b>Title:</b>	Consolidated Finance (income & expenditure) report as at January 2019 - Month 10
<b>Date:</b>	14 March 2019
<b>Lead Officers:</b>	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
<b>Authors:</b>	Integrated Commissioning Finance Economy Group: Sunil Thakker, Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance & Corporate Resources, LBH
<b>Committee(s):</b>	Transformation Board, 27 February 2019 City Integrated Commissioning Board, 14 March 2019 Hackney Integrated Commissioning Board, 14 March 2019
<b>Public / Non-public</b>	Public

### Executive Summary:

This report on finance (income & expenditure) performance for the Integrated Commissioning Fund covers the period of April 2018 to January 2019 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 10 the Integrated Commissioning Fund has a forecast of £3.4m adverse against its annual budget. There has been a favourable movement of £0.4m on the Month 9 forecast. This movement is being driven by the London Borough of Hackney which has benefitted from a Public Health grant in Adult Social Care commissioning this month.

City & Hackney CCG reports a year-end surplus of £1m at Month 10. The surplus was declared in Month 9 to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised last month with a £3.0m adverse movement. This likely improvement in the CCG's forecast outturn had been previously factored into its risk assessment. The surplus will be transferred to WFCCG in Month 11 in line with the NEL Risk Share Framework.

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 £4.3m, 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 10 (January 2019) 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, Director of Finance

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

Page 105

## Integrated Commissioning Fund Financial Performance Report

Month 10 (January) 2018/19 Year to date Cumulative position

# Table of Contents

- 1. Consolidated summary of Integrated Commissioning Budgets**
- 2. Integrated Commissioning Budgets – Performance by Workstream**
- 3. Position Summary – City and Hackney CCG**
- 4. Risks and Mitigations tracker – City and Hackney CCG**
- 5. Position Summary – City of London Corporation**
- 6. Position Summary – London Borough of Hackney**
- 7. Risks and Mitigations tracker – London Borough of Hackney**
- 8. Wider Risks & Challenges – London Borough of Hackney**
- 9. Savings Performance**

Page: 106

# Consolidated summary of Integrated Commissioning Budgets

		YTD Performance				Forecast		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,621	21,350	21,451	(101)	25,742	(121)
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	210	158	72	86	204	6	6
<b>Total</b>		<b>25,831</b>	<b>21,508</b>	<b>21,523</b>	<b>(15)</b>	<b>25,946</b>	<b>(115)</b>	<b>(175)</b>
Aligned Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	385,465	313,322	313,221	101	384,344	1,121	1,181
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	7,453	5,264	5,448	(183)	7,626	(173)	(194)
<b>Total</b>		<b>392,918</b>	<b>318,586</b>	<b>318,668</b>	<b>(82)</b>	<b>391,970</b>	<b>948</b>	<b>987</b>
ICF	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	411,086	334,672	334,672	0	410,086	1,000	1,000
	London Borough of Hackney Council	102,502	85,418	95,120	(9,702)	106,783	(4,281)	(4,724)
	City of London Corporation	7,663	5,422	5,519	(97)	7,830	(167)	(188)
<b>Total ICF Budgets</b>		<b>521,250</b>	<b>425,512</b>	<b>435,311</b>	<b>(9,799)</b>	<b>524,698</b>	<b>(3,448)</b>	<b>(3,912)</b>
CCG Primary Care co-commissioning		46,282	36,371	36,371	-	46,282	-	-
<b>Total</b>		<b>46,282</b>	<b>36,371</b>	<b>36,371</b>	<b>-</b>	<b>46,282</b>	<b>-</b>	<b>-</b>

## Summary Position at Month 10

- At Month 10 the Integrated Commissioning Fund has a forecast of £3.4m adverse against its annual budget. There has been a favourable movement of £0.4m on the Month 9 forecast. This movement is being driven by the London Borough of Hackney which has benefitted from a Public Health grant in Adult Social Care commissioning this month.
- City & Hackney CCG reports a year end surplus of £1m at Month 10. The surplus was declared in Month 9 to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised last month with a £3.0m adverse movement. This likely improvement in the CCG's forecast outturn had been previously factored into its risk assessment. The surplus will be transferred to WFCCG in Month 11 in line with the NEL Risk Share Framework.
- Finance activity remains broadly in line with previous months and is managed through Acute and General reserves. The CCG has presented a proposal to the Homerton based on audit results, to adjust and reimburse finance and activity anomalies that have driven some of the over performance experienced at the Trust. The discussions are still ongoing with an aim to resolve by mid March. Most of the larger out of area providers such as Moorfields, UCHL and Whittington moved favourably in month and the CCG has agreed a year-end position with the Barts at the same forecast outturn agreed in Month 9.
- 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 £4.3m, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to over spend by £0.1m at year end, this is being driven by Learning Disabilities Commissioned care packages.

### Note

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

### Notes:

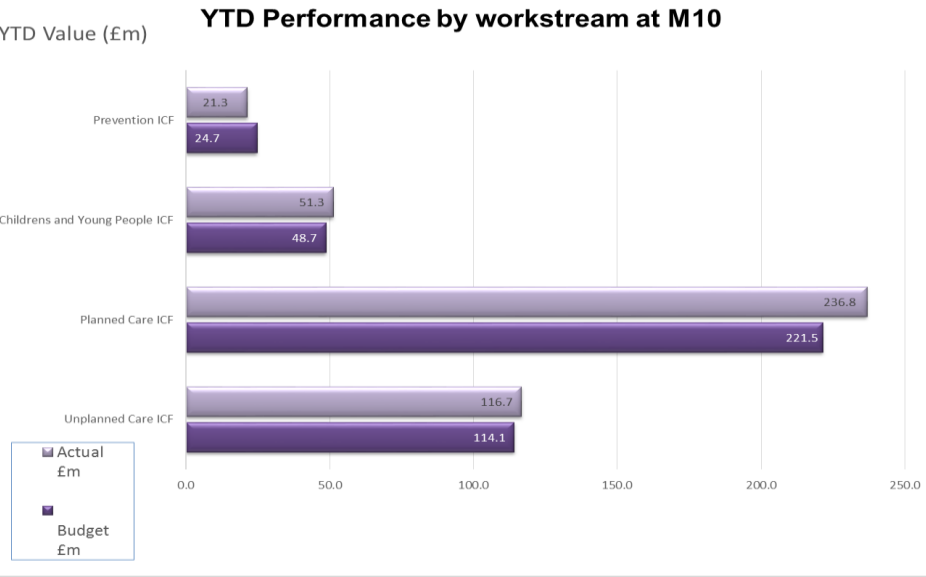
- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets
- \*Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services and therefore the split would not be representing the true position. LBH aim to**

# Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast			
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m	Movement Variance £m
Unplanned Care ICF	137.3	114.1	116.7	(2.5)	139.7	(2.4)	(2.2)	(0.1)
Planned Care ICF	268.0	221.5	236.8	(15.4)	277.1	(9.2)	(10.0)	0.8
Childrens and Young People ICF	58.5	48.7	51.3	(2.6)	59.6	(1.1)	(0.8)	(0.3)
Prevention ICF	30.3	24.7	21.3	3.4	30.5	(0.2)	(0.2)	0.0
<b>All workstreams</b>	<b>494.1</b>	<b>409.0</b>	<b>426.1</b>	<b>(17.1)</b>	<b>506.9</b>	<b>(12.9)</b>	<b>(13.3)</b>	<b>0.4</b>
Corporate services	26.0	15.5	8.6	6.8	16.5	9.4	9.3	0.1
Local Authorities (DFG Capital and CoL income)	1.2	1.0	0.6	0.4	1.2	0.0	0.0	0.0
<b>Not attributed to Workstreams</b>	<b>27.2</b>	<b>16.5</b>	<b>9.2</b>	<b>7.3</b>	<b>17.8</b>	<b>9.4</b>	<b>9.3</b>	<b>0.1</b>
<b>Grand Total</b>	<b>521.3</b>	<b>425.5</b>	<b>435.3</b>	<b>(9.8)</b>	<b>524.7</b>	<b>(3.5)</b>	<b>(3.9)</b>	<b>0.5</b>

## 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 10 is £9.2m adverse, an in month improvement of £0.8m.
- The in month movement is being driven by The London Borough of Hackney, who have benefitted from a £0.3m one off Public Health grant to support Voluntary Sector mental health provision within Adult Social care. In addition to this £0.3 Winter pressure funding has been allocated to the LA.
- The underlying Planned Care workstream variance is driven by LBH, where Learning Disabilities has a £4m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for the LD Joint Funding Pilot. This non recurrent drawdown was badged to support LD packages. The report from PWC on the work jointly undertaken by the CCG and LBH on the pilot joint LD programme of work is being considered by the CCG'S Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages .
- The London Borough of Hackney have assumed 100% of the 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. 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 £0.9m overspend.
- The CCG over spend is driven by the Homerton contract (£2.2m); Barts Health (£0.4m) due to regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m) .The position includes Continuing Health Care forecast overspend of £0.6m relating to Funded Nursing Care.
- Unplanned Care:** The workstream is forecasting a year end over spend of £2.4 which reflects the CCG adverse forecast position of £3.3m relating to acute over performance and the LBH under spend relating to Interim Care £0.9m. The LBH position 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 £1.1m driven by CCG acute activity at Barts (£0.2m), Guys (£0.3m) and the Homerton contract which is also over performing against budget (£0.2m).



\*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 10, 2018

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	19,094	15,912	15,912	0	19,094	0	31
		Planned Care	6,476	5,397	5,498	(101)	6,597	(121)	(212)
		Prevention	50	42	42	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		<b>Pooled Budgets Grand total</b>	<b>25,621</b>	<b>21,350</b>	<b>21,451</b>	<b>(101)</b>	<b>25,742</b>	<b>(121)</b>	<b>(181)</b>

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	195,381	161,072	164,217	(3,145)	199,284	(3,903)	(4,180)	
	Prevention	3,386	2,821	2,821	0	3,386	0	0	
	Childrens and Young People	48,439	40,365	41,274	(909)	49,539	(1,101)	(812)	
	Corporate and Reserves	25,960	15,467	8,625	6,841	16,535	9,425	9,344	
	<b>Aligned Budgets Grand total</b>	<b>385,465</b>	<b>313,322</b>	<b>313,221</b>	<b>101</b>	<b>384,344</b>	<b>1,121</b>	<b>1,181</b>	
<b>Subtotal of Pooled and Aligned</b>			<b>411,086</b>	<b>334,672</b>	<b>334,672</b>	<b>0</b>	<b>410,086</b>	<b>1,000</b>	<b>1,000</b>

In Collab	Primary Care Co-commissioning	46,282	36,371	36,371	0	46,282	0	0
<b>Grand Total</b>		<b>457,368</b>	<b>371,043</b>	<b>371,043</b>	<b>0</b>	<b>456,368</b>	<b>1,000</b>	<b>1,000</b>
<b>CCG Total Resource Limit</b>		<b>487,783</b>						
<b>SURPLUS</b>		<b>30,415</b>						

- CYPM** workstream is forecasting a year end over spend of £1.1m. The adverse forecast is being driven by the Homerton contract (£0.2m) where performance drivers are PbR Inpatients (Obstetrics, Paediatrics and Neonatology); Barts Health (£0.2); Guys (£0.3m) and Kings College (£0.3m)
- Corporate and Reserves** is reporting a forecast underspend of £9.4m, which reflects the release of acute reserves (£0.95m), contingency (£2.6m), corporate reserves (£1.3m), Non recurrent funding release (£1m to support NEL) and benefits from the resolution of prior year disputes (£2.7m).
- Primary Care Co-Commissioning (outside of the ICF):** At month 10, 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.

- In Month 10, City & Hackney CCG declared a surplus of £1m. This position includes the £1m additional surplus identified and declared in Month 9. City & Hackney CCG, Tower Hamlets CCG and Newham CCG, who all agreed to help support the wider NEL system control total with additional surplus have been requested to transfer the funds to Waltham Forest CCG in Month 11 in line with the NEL Risk Share Framework.
- The Risk Share Framework was deployed as a mitigation towards the loss of Quality Premium monies WFCCG were likely to experience if they declared an off plan position at M10, despite the system control total being achieved. In Month 11, the CCG will restate the full year forecast outturn to reflect the £1m transfer. The process to formalise the Risk Share Framework will be presented to the Governing Body for their consideration.
- Acute finance and activity over-performance continues broadly in line with the run rate trend and is being managed through Acute and General reserves. The CCG has presented a proposal to the Homerton based on audit results, to adjust and reimburse finance and activity anomalies that have driven some of the over performance experienced at the Trust. The discussions are still ongoing with an aim to resolve by mid March.
- Out of Area providers Moorfields, UCHL and Whittington moved favourably in month and the CCG has agreed a year-end position with the Barts at the same forecast outturn agreed in Month 9.
- 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 plus the additional £1.0m in-year surplus declared. The independent review of the Learning Difficulties Joint Funding pilot carried out by PwC will be presented to the Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages with the London Borough of Hackney.
- 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 10 these are forecast to over spend by £0.1m driven by Learning Difficulties staff and inflationary uplifts.
- Unplanned Care:** At Month 10 the £3.3m adverse forecast is being driven by over performance on a number contracts; Homerton (£1.8m) where a number of Audits have been completed following the Activity Query Notice that was issued at the beginning of the year. Based on the results of the audit the Trust has agreed to reimburse the CCG for activity incorrectly counted. The Trust has accepted the basis in principle and are working with the CCG to finalise the details which are yet to be included in the reported position. Barts Health (£1.2m) driven by non-elective activity in vascular surgery, nephrology, general surgery and clinical haematology and The London Ambulance Service (£0.5m) are also over spent against budget.
- Planned Care:** The £4m adverse position at Month 10 is a slight deterioration on Month 9, driven by the Homerton contract (£2.2m); Barts Health (£0.4m) driven by regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m). The position includes CHC\* forecast overspend of £0.6m relating to Funded Nursing Care.

# City and Hackney CCG - Risks and Mitigations Month 10, 2018

## Summary and Progress Report on Financial Risks and Opportunities to Month 10 - 31 Jan 2019

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Homerton Acute performance	4,600	93%	4,280	0	Risk adjusted over-performance.
2	Bart's Acute performance	1,800	100%	1,800	0	Year end deal agreed.
3	Outer sector - Acute performance	1,800	73%	1,306	0	Risk adjusted based on total out of area providers and their over-performance.
4	NCA performance	400	72%	286	0	Risk based on uncertainty of activity.
5	Continuing Healthcare, LD & EOL	900	75%	675	0	Risk relating to activity increase above plan, high cost packages and service provision.
6	Non Acute performance	150	52%	78	0	Over-performance across the portfolio.
7	Programme Costs	100	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8	Non Recurrent Investment Programme	1,600	100%	0	1,600	Approved non recurrent programme.
9	NELCSU POD Transfer to NELCA	400	100%	0	400	Risk associated with the transfer of NELCSU services to NELCA.
10	CHS 2020	1,794	100%	0	1,794	Transformation programme including co-production.
11	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
12	Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
13	Joint LD programme	1,965	100%	0	1,965	Programme currently work in progress subject to independent review.
<b>Total Risks</b>		<b>16,259</b>	<b>87%</b>	<b>8,425</b>	<b>5,759</b>	
1	Acute Claims and Challenges	(1,100)	45%	(499)	0	Based on historic trend, revised to reflect current probability.
2	Acute Reserves	(951)	100%	(951)	0	Release to contain acute over-performance.
3	Contingency	(7,935)	99%	(4,915)	(2,965)	Contingency net of challenges and increase in surplus.
4	Prescribing	(400)	0%	0	0	Breakeven declared.
5	Running Costs	(1,300)	100%	(1,300)	0	Release of reserves to underwrite acute programme costs.
6	Prior Year & Dispute Resolution	(5,000)	91%	0	(4,555)	Opportunities arising from settlement of disputes and balance sheet gains.
<b>Total Opportunities</b>		<b>(16,686)</b>	<b>91%</b>	<b>(7,665)</b>	<b>(7,520)</b>	
				<b>761</b>	<b>(1,761)</b>	
<b>Headline surplus</b>					<b>(31,415)</b>	
<b>In-Year Surplus</b>					<b>(1,000)</b>	
<b>Drawdown for Pilot LD Business Case</b>					<b>1,965</b>	
<b>Underlying brought forward surplus</b>					<b>(32,380)</b>	



# City of London Corporation – Position Summary at Month 10, 2018

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Comm'n'd & DD		Unplanned Care	65	33	19	13	65	-	-
		Planned Care	145	125	53	72	139	6	6
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	158	72	86	204	6	6

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	3,869	3,136	3,125	11	3,839	30	(4)	
	Prevention	2,349	1,429	1,461	(32)	2,535	(186)	(201)	
	Childrens and Young People	1,066	832	992	(160)	1,088	(22)	-	
	Non - exercisable social care services (income)	(177)	(133)	(148)	15	(182)	5	12	
Aligned Budgets Grand total			7,453	5,264	5,448	(183)	7,626	(173)	(194)
<b>Grand total</b>			<b>7,663</b>	<b>5,422</b>	<b>5,519</b>	<b>(97)</b>	<b>7,830</b>	<b>(167)</b>	<b>(188)</b>

\* DD denotes services which are Directly delivered .

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

\* Comm'n'd = Commissioned

- At Month 10 The City or London Corporation is forecasting a year end adverse position of £0.2m against its full year plan. This is a slight improvement on the Month 9 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 £0.2m and is driving the forecast. This is due to:
  - A forecast overspend on public health salaries due to staff movements including maternity cover - £0.1m. This will be met from the Public Health reserves
  - Adult Social Care occupational therapy services are also forecast to overspend - £0.04m
- The Unplanned Care aligned annual budget of £346k relates to the IBCF where spending plans have now been agreed and any unspent amount at the year end will be carried forward.
- No additional savings targets were set against City budgets for 2018/19.

# London Borough of Hackney – Position Summary at Month 10, 2018

ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
					Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mh Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	1,178	746	432	1,414	-	-
	LBH Capital subtotal	1,414	1,414	-	1,178	746	432	1,414	-	-
	Unplanned Care (including income)	5,529	1,139	4,390	4,608	4,455	152	4,618	911	913
	Planned Care (including income)	62,082	26,002	36,080	51,735	63,939	(12,204)	67,285	(5,203)	(5,639)
	CYPM	8,986	-	8,986	7,488	8,987	(1,499)	8,986		
	Prevention	24,491	-	24,491	20,409	16,993	3,417	24,480	11	1
	LBH Revenue subtotal	101,088	27,140	73,948	84,240	94,374	(10,134)	105,369	(4,281)	(4,724)
<b>Grand total</b>	<b>102,502</b>	<b>28,554</b>	<b>73,948</b>	<b>85,418</b>	<b>95,120</b>	<b>(9,702)</b>	<b>106,783</b>	<b>(4,281)</b>	<b>(4,724)</b>	

102,502

- There is a delay in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20 and it is anticipated that HRS savings targeted for 2018/19 and additional savings agreed for 2019/20 will be fully achieved in 2019/20. It should be noted that a challenging programme of savings was agreed for HRS and prior to the current year, savings totalling £1.8m were delivered on time and in full.
- **Unplanned Care:** The majority of the Unplanned care forecast under spend relates to Interim Care £0.7m and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.
- Safeguarding is forecast an underspend of £128k due to Deprivation of Liberty Safeguard (DoLS) assessment being lower than initially anticipated.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.3m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 10 LBH reports a forecast overspend of £4.3m
- **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 £4m pressure after contribution of £1.9m from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m. The CCG contribution is subject to work on joint funding arrangements being undertaken with the CCG. The programme of work which commenced earlier in the financial year is now complete and has been independently reviewed by PwC. The independent review of the Learning Difficulties Joint Funding pilot carried out by PwC will be presented to the Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages
  - It is anticipated that there should be a firm position agreed by the end of February 2019, delayed from December 2018. 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 £40k. The service has seen a sharp increase in the number of new clients (109 clients, full year impact £1.6m) 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.
  - Adult Social care commissioning has had improvement of £250k from previous month due to one off contribution from Public Health grant to support Voluntary Sector mental health provision.

\*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 10, 2018

London Borough of Hackney Page 113	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).	4,281	100%	4,281	100%
	Learning Disability Joint Funding	1,900		1,900	
	<b>TOTAL RISKS</b>	<b>6,181</b>	<b>100%</b>	<b>6,181</b>	<b>100%</b>
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Work with CCG to determine ongoing contributions for LD joint packages	TBC	TBC	TBC	TBC
	Review one off funding	4,281	100%	4,281	100%
<b>Uncommitted Funds Sub-Total</b>	<b>4,281</b>	<b>100%</b>	<b>4,281</b>	<b>100%</b>	
<b>Actions to Implement</b>					
<b>Actions to Implement Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL MITIGATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.
- Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Estimated Council budget gap of circa £30m up to and including 2020/21.
- Demand for services increasing particularly in Children’s Services, Adults and on homelessness services.
- Additional funding through IBCF and winter funding are one off and insufficient
- We await sustainable funding solution for Adult Social Care expected in the delayed Green Paper

# Integrated Commissioning Fund – Savings Performance Month 10, 2018

## City and Hackney CCG

- The CCG has a net savings target of £5.1m and is forecast to deliver on plan. At Month 9, 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 key adverse variances to plan are:
- OP transformation – Forecast variance to plan (£590k) This project was delayed by 3 months due to funding approval and a further 3 months due to Trust recruitment. Potential coding issues around first attendance have been raised with the Trust and are being investigated while the follow up component of the plan has delivered
- End of Life: Hospice at home – Forecast variance to plan (£140k) – Delays in sign off and stakeholder agreement pushed plans back into the fourth quarter, no forecast delivery is booked at this time.
- Minor eye conditions – Forecast variance to plan (£112k) Overall A&E performance at Moorfields is performing to plan, but, a new coding schema is making it hard to disinter the planned fall in low acuity activity – the delivery of this QIPP may be revised toward plan as we work with our partners on the data
- Termination of pregnancy - Forecast variance to plan (£101k) – Procurement of the AQP provider delayed implementation until the later part of the year
- Adverse performance to plan has been mitigated by changes to the HAMU tariff and primary care prescribing and estate benefits

## 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

<b>Title:</b>	Local System response to NHS Long-term Plan Submission
<b>Date:</b>	14 March 2019
<b>Lead Officers:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Committee(s):</b>	Integrated Commissioning Board 14 March 2019
<b>Public / Non-public</b>	Public

**Executive Summary:**

At the January ICB meeting, we discussed the newly published NHS long-term plan.

This report sets out the high-level time line for local system responses to the long-term plan and asks ICB how they would like to be involved in the shaping of our local system response.

**Issues from Transformation Board for the Integrated Commissioning Board**

N/A

**Recommendations:**

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

- To **NOTE** the timeline for the C&H response to the NHS long-term plan and **AGREE** how ICB would like to be involved in the development of the final submission

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

- To **NOTE** the timeline for the C&H response to the NHS long-term plan and **AGREE** ICB's involvement

**Links to Key Priorities:**

The Long Term Plan is expected to link to all our priorities going forward.

**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:**

The long-term plan was developed with involvement from the patients and the public nationally. Local Healthwatch organisations have been commissioned by NHS England and NHS Improvement to conduct local engagement activities on the long-term plan. As a system we will be holding some 'Let's Talk' events in City and Hackney on our local response to the long-term plan.

**Clinical/practitioner input and engagement:**

Some clinicians and practitioners were interviewed as part of the development of the plan. Clinicians and practitioners will be fully engaged in the development of the local response.

**Impact on / Overlap with Existing Services:**

N/A

**Supporting Papers and Evidence:**

N/A

**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

**Main Report****1. Introduction**

1.1 On 7 January 2019, the NHS long-term plan was published setting out key ambitions for the NHS over the next 10 years. The plan builds on the policy platform laid out in the NHS five year forward view which articulated the need to integrate care to meet the needs of a changing population.

1.2 Many areas of the LTP align to City and Hackney's ambitions including the focus on expanding community support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible.

1.3 The plan, however, focuses on the NHS rather than the wider health and care system with limited focus on the relationship that the NHS must have with external partners such as the local authority and the voluntary and community sector. It will be important that our local response sets out our system response recognising the contributions from all partners so it fully addresses the health, social care and wellbeing challenges facing our local communities.

## 2. Responding to the Plan

2.1 City and Hackney will be submitting their local response to the NHS Plan as a separate system within the North East London STP alongside the BHR (Barking Havering and Redbridge) and WEL (Newham, Waltham Forest and Tower Hamlets system)

2.2 In terms of the timeline, City and Hackney's draft initial submission comprising our draft workstream plans for 2019-20, was submitted to the STP in February 2019. The final plans will be submitted in April 2019.

2.3 The formal main response to the LTP will be submitted in September 2019 as part of the wider North East London (NEL) STP response and City and Hackney Integrated Commissioning Boards will want to help shape this response.

2.4 The NEL STP is currently considering its timetable for the September response and we will share this with ICB as soon as it becomes available.

2.5 Healthwatch has been commissioned by NHS England and NHS Improvement to conduct local engagement activities to undertake a range of engagement events locally on the long-term plan. As a system we will be holding 'Let's Talk' events in City and Hackney on our local response to the plan.

2.6 We will be focusing on the long-term plan, primary care networks and risk at the ICB development session in April 2019. At that point, we will know more about the overall NEL STP timetable for the September submission. It is proposed that we have further discussions about ICB's involvement in this at the development session.



## 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	

**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 in Public of the two ICB Boards**

**on Thursday 14 March 2019, 10.45 – 12.00,  
Room 102, Hackney Town Hall, Mare Street, London E8 1EA**

<b>Item no.</b>	<b>Item</b>	<b>Lead and action for boards</b>	<b>Documentation</b>	<b>Page No.</b>	<b>Time</b>
1.	<b>Welcome, introductions and apologies</b>		Verbal	-	10.45
2.	<b>Declarations of Interests</b>	Chair <i>For noting</i>	2. ICB Register of Interests	3 - 6	
3.	<b>Questions from the Public</b>	Chair	Verbal	-	
4.	<b>Minutes of the Previous Meeting and Action Log</b>	Chair <i>For approval</i>  <i>For noting</i>	4.1 Minutes of Joint ICBs meeting (in public), 15 February 2019  4.2 ICB Action Log	7 – 16  17	
5.	<b>Integrated Commissioning Risk Register – March 2019</b>	Devora Wolfson <i>For noting</i>	5. ICB-2019-03-14 IC Risk Register	18 - 28	10.50
6.	<b>IC Governance Review Implementation Plan Actions:</b> - Draft Terms of Reference of Accountable Officer Group - Output from Transformation Board Workshop	Devora Wolfson  <i>For approval and noting</i>	6. ICB-2019-03-14 AOG ToR and TB feedback	29 - 36	11.00
7.	<b>Community Care Grants</b>	David Maher / Anne Canning  <i>For approval</i>	7. ICB-2019-03-14 Community Care Grants	37 - 47	11.10
8.	<b>Health of Looked After Children &amp; Care Leavers assessment and nursing service redesign and procurement</b>	Anne Canning/ Amy Wilkinson  <i>For approval</i>	8. ICB-2019-03-14 HLAC	48 - 54	11.20

9.	<b>Children, Young People, Maternity and Families Workstream – detailed review</b>	Anne Canning/ Amy Wilkinson  <i>For noting</i>	9. ICB-2019-03-14 CYPMF detailed review	55 - 102	11.30
10.	<b>Consolidated Finance (income &amp; expenditure) report as at January 2019 - Month 10</b>	Sunil Thakker/ Ian Williams / Mark Jarvis  <i>For noting</i>	10. ICB-2019-03-14 Finance report M10	103 - 115	11.45
11.	<b>Local System response to NHS Long-term Plan Submission</b>	Devora Wolfson  <i>For noting and agreement</i>	11. ICB-2019-03-14 NHS long-term plan system response	116 - 118	11.50
12.	<b>AOB &amp; Reflections</b>	Chair  <i>For discussion</i>	Verbal	-	11.55
	<b>Date of next meeting:</b>  <ul style="list-style-type: none"> <li>• 11 April 2019, Development session</li> <li>• 9 May 2019, 10.00 – 12.00, Room 102, Hackney Town Hall</li> </ul>	Chair	Verbal	-	
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	IC Glossary	119 - 123	

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 City ICB advisor/ regular attendee	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker		Transformation Board Member - CHCCG City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Transformation Board Member - LBH Hackney ICB advisor/ regular attendee	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 ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH Hackney ICB advisor / regular attendee	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	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Relationships	Director of Strategic Deveopment	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 ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest



Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	28/04/2017	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Demirci	15/02/2019	Member - Hackney Integrated Commissioning Board (ICB Chair July 2018 - March 2019)	Hackney Council	Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks	Pecuniary Interest
				London Councils Transport and Environment Committee	Member	Pecuniary Interest
				London Waste recycling Board	Member	Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Hackney Health and Wellbeing Board	Chair	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Christopher	Kennedy	27/02/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
Local GP practice	Registered patient	Non-Pecuniary Interest				
Dhruv	Patel	28/04/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-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				

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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
Andrew	Carter	05/06/2017	City ICB advisor / regular attendee	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	Transformation Board Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
					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
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
Mark	Rickets	16/05/2018	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			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
Jon	Williams	29/03/2017	Transformation Board Member - Healthwatch Hackney	Healthwatch Hackney	Director	Pecuniary Interest
			Attendee - Hackney Integrated Commissioning Board		<ul style="list-style-type: none"> <li>- Hackney Council Core and Signposting Grant</li> <li>- CHCCG NHS One Hackney &amp; City Patient Support Contract</li> <li>- CHCCG NHS Community Voice Contract</li> <li>- CHCCG Patient User Experience Group Contract</li> <li>- CHCCG Devolution Communications and Engagement Contract</li> </ul> Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
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**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 15 February 2019,  
In Room 102 and 103, Hackney Town Hall, Mare Street, London EC2V 7HH**

**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
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Cllr Anntoinette Bramble	Deputy Mayor and Cabinet member for education, young people and children's social care	London Borough of Hackney
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Cllr Caroline Selman	Cabinet Member for Community Safety & Enforcement	London Borough of Hackney
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City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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David Maher	Managing Director	City & Hackney CCG
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**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
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Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation
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Dhruv Patel	Deputy Chairman, Community and Children's Services Committee	City of London Corporation
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City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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David Maher	Managing Director	City & Hackney CCG
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**In attendance**

Henry Black	Chief Financial Officer	NHS North East London Commissioning Alliance
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
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Georgia Denegri	Integrated Commissioning Governance	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Nina Griffith	Director, Unplanned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Tracey Fletcher	SRO, Unplanned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Stephanie Coughlin	Clinical Lead, Neighbourhoods	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 5)
Siobhan Harper	Director, Planned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 10)
Jayne Taylor	Director, Prevention	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 11)

**Apologies – ICB  
members**

Cllr Rebecca Rennison	Cabinet Member for Finance and Housing needs	London Borough of Hackney
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

### Apologies – key officers

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Sunil Thakker	Director of Finance	City & Hackney CCG
Mark Jarvis	Head of Finance	City of London Corporation

## 1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. Cllr Demirci welcomed members and attendees to the meeting and particularly Henry Black, new Chief Financial Officer for the seven North East London CCGs.
- 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. Cllr Demirci's interests were not listed so she declared the following: Pecuniary - Deputy Mayor and Cabinet member for health, social care, transport and parks, London Borough of Hackney; London Councils Transport and Environment Committee; London Waste Recycling Board; and non-pecuniary: Unison; member of Labour party; chair of Health and Wellbeing Board; registered patient at local GP practice.
- 2.3. The **City Integrated Commissioning Board**
  - **NOTED** the Register of Interests.
- 2.4. The **Hackney Integrated Commissioning Board**
  - **NOTED** the Register of Interests.

## 3. QUESTIONS FROM THE PUBLIC

- 3.1. The following question had been received in advance of the meeting from Michael Vidal: "As a result of the requirements in paragraph 1.52 of the Long Term Plan the membership of the ICB will need minor modification. While not necessary for this purpose would the ICB consider altering its membership to allow for lay members on the ICB."
- 3.2. Response: The ICBs currently comprise local authority members and the Chair, Accountable Officer and a lay member of the CCG Governing Body. As the ICB moves towards becoming an Integrated Care System Board, we will consider the make up of

the Board including PPI members. The Board will consider this at a future Development session.

#### 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 17 January 2019.
- **NOTED** the updates on the action log.

##### 4.2. The **Hackney Integrated Commissioning Board**:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 17 January 2019.
- **NOTED** the updates on the action log.

#### 5. NEIGHBOURHOODS YEAR 2 BUSINESS CASE

5.1. Tracey Fletcher, Nina Griffith, and Stephanie Coughlin introduced the Neighbourhoods Year 2 (2019/20) business case requesting £1,034,370 of non-recurrent funds from the Better Care Fund in order to continue to deliver the ambitions set out in the Neighbourhoods Strategic Framework. In their presentation they highlighted the progress achieved with regard to Year 1 aims and explained that during Year 2, a long term development and business plan will be developed to support the ongoing delivery of Neighbourhoods in a sustainable way. This will take into account the potential long term plan funding streams and contractual changes required to move the neighbourhood model from a phase of transformation to sustainable delivery.

5.2. In discussion, the following comments were noted:

- An element missing from the programme is linking political members in the neighbourhood process. It would be helpful both for the project and members to have an introductory training session to find out about the neighbourhood model and what it means for their wards as they are close to the ground meeting daily with their residents and businesses.

**ACTION: Devora Wolfson/ Nina Griffith**

- ICB noted the different priorities among neighbourhoods and asked how these will be set and managed in terms of governance. It was explained that as part of the year 2 programme of work, local priorities will be partly revisited within the context of the GP contract but also considered in terms of the long term plan and what will be the ongoing service model for neighbourhoods. There is general agreement that there should be a level of standard offer in line with the long term plan set centrally across all neighbourhoods and in addition some flexibility for local enhancements according to the particular needs of the local community, for example on the north west of the borough where the clinical lead works with the local rabbi and another faith leader to promote child immunisations in the local community. Some priorities will be set centrally across all neighbourhoods in line with the NHS Long-term plan and local authority priorities; some additional priorities will be set locally. The neighbourhoods project has an established governance structure with a steering group board and sub-groups to allow for the right decisions to be made at the right place.

- The new GP five year contract and the primary care networks will feed into the neighbourhoods through the existing governance structures once the funding streams are clarified. Further guidance is expected around March/April and at that point we will hold a series of workshops. We are currently exploring how these GP networks will align with the neighbourhoods.
- Frustration is being expressed by frontline clinicians for the overwhelming work and meeting time required due to the overlap between workstreams and particularly between the Neighbourhoods and the Neighbourhoods Health and Care Services (NHCS) projects. It was explained that the NHCS Task and Finish Group was set up to work specifically on the procurement but it is now timely to look at combining the work to minimize duplication.
- The Neighbourhoods project uses local teams to influence and change the way we work. Without this coordination, integration cannot be achieved.
- It was commented that the table at page 35 makes reference to the project working closely with the IT and estates enabler groups but misses the workforce, primary care and patient and public enabler groups.
- The importance of the cultural change required for neighbourhoods to develop strong identities where people feel pride to live or work for was emphasized.
- In response to a question on whether decision making will be at neighbourhood level or ICB, it was commented that the aim is for the right decision to be made at the right place. ICB has a more strategic role and decision making.
- With regard to the outcomes measures listed at page 37, it was confirmed that these are high level ones and they are underpinned by detailed measures.
- In response to a question about the resources requested to support the project, it was noted that the business case makes provision for a small central team with the rest of the resources being with the local providers to support them to implement the changes.
- It was further commented that from a local authority perspective, resources will be required as all adult social care activity will need to be aligned with neighbourhoods and relevant contracts to be reworked.
- From the point of view of lay people, it was suggested that a helpful technique to help clinicians and officers on the journey in integrating the services in each neighbourhood would be to keep on thinking what would that mean for the different groups in that local community, what it would mean for the children, elderly etc.

#### 5.3. The City Integrated Commissioning Board

- **APPROVED** the Neighbourhoods Business Case Year 2

#### 5.4. The City Integrated Commissioning Board

- **APPROVED** the Neighbourhoods Business Case Year 2

### 6. INTEGRATED COMMISSIONING RISK REGISTER – DECEMBER 2018

- 6.1. 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, and drew ICB's attention to the new risks escalated and changes in scores since the previous report.
- 6.2. Devora further reported that the CCG Governing Body asked that the scores reported in the previous meeting relating to the Unplanned Care Workstream Risk UC1 (about



the scoped programme of system savings for the financial year 2018/19) and the Planned Care Workstream Risk PC7 (relating to the CCG rating being affected due to cancer 62 days target at Homerton) are reconsidered or their description refreshed. The CCG Governing Body also requested that more evidence is provided as part of the reporting.

- 6.3. A session on risk management and the Integrated Commissioning risk register is planned for the next ICB development meeting in April.
- 6.4. ICB asked for progress with regard to the risk reported on elective activity. It was confirmed that an audit is underway. A note had been circulated to ICB in January and a further update will be provided at a future meeting.
- 6.5. The **City Integrated Commissioning Board**
- **NOTED** the report
- 6.6. The **Hackney Integrated Commissioning Board**
- **NOTED** the report

## 7. INTEGRATED COMMISSIONING VISION, VALUES, STRATEGIC OBJECTIVES AND OUTCOMES FRAMEWORK

- 7.1. Devora Wolfson introduced the report which set out the Integrated Commissioning revised vision, five strategic objectives based on the objectives set out in the Strategic Framework approved by ICB last year, and the outcomes framework for City and Hackney (to sit alongside the vision) that would be co-owned by residents and system partners. The links between vision, values, strategic objectives and the outcomes framework were illustrated in the Appendix of the report.
- 7.2. In discussion, the following comments were noted:
- With regard to the indicators at pages 73 and 74 relating to reducing domestic violence, work is also being carried out by the Council and it was suggested that these pieces of work are linked.
  - An outcomes dashboard to be developed and discussed first at an ICB development session.
- ACTION: Devora Wolfson/ Yashoda Patel**
- In response to a suggestion that it would be helpful for papers to show how the reported work links to the strategic objectives, it was confirmed that the report template will be adjusted accordingly from April 2019.
- ACTION: Devora Wolfson**
- 7.3. The City Integrated Commissioning Board
- **APPROVED** the revised vision, strategic objectives and outcomes framework for integrated commissioning
- 7.4. The Hackney Integrated Commissioning Board
- **APPROVED** the revised vision, strategic objectives and outcomes framework for integrated commissioning

## 8. CONSOLIDATED FINANCE (INCOME & EXPENDITURE) REPORT AS AT DECEMBER 2018 – MONTH 09

8.1. Ian Williams presented the report on financial (income & expenditure) performance for the Integrated Commissioning Fund for the period April 2018 to December 2018 across the City of London Corporation, London Borough of Hackney, and City and Hackney CCG, highlighting:

- At Month 9 (December) the Integrated Commissioning Fund has a forecast of £3.9m adverse against its annual budget, an improvement of £1m on the Month 8 position. The favourable movement in the forecast is being driven by the CCG, with the underlying forecast due to the London Borough of Hackney LD related cost pressures.
- City & Hackney CCG reports a year end surplus of £1m at Month 9. The surplus declared is to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised with a £3.0m adverse movement. Tower Hamlets CCG and Newham CCG also declared improvement against their control totals to mitigate the situation.
- 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, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).

8.2. The **City Integrated Commissioning Board**

- **NOTED** the report

8.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

## 9. HOUSING WITH CARE – SUMMARY OF THE CARE QUALITY COMMISSION (CQC) INSPECTION

9.1. Anne Canning introduced the paper which reported on the recent CQC inspection of the Housing with Care (HwC) service which was rated as 'inadequate', highlighting the following:

- HwC is an in-house provided service in Adult Services at LBH which supports just over 230 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. HwC is a regulated service by the Care Quality Commission (CQC).
- During the recent inspection in November and December 2018, the CQC identified a number of concerns, which they judged to be serious enough to issue a warning notice that more serious regulatory action will be taken if improvements are not made, which could lead to the service losing its registration. This has effectively placed the service in 'special measures.'

- The CQC inspectors noted that the service provided good and compassionate care. in many instances. However, some of the organisational and administrative practices needed to ensure safe and good quality delivery of care were not in place, and this represents a significant risk.
  - The CQC have asked LBH to ensure that the improvements they identified are in place by 8 March 2019. In a feedback meeting on 19 December 2018, the CQC lead inspector said that they had confidence in the willingness and the ability of the management team for HwC to make the required changes on time.
  - Service users and their families have been contacted by letter and offered face to face briefings with members of the Adult Services Senior Management Team to reassure them that their ongoing care and support needs will continue to be met and Healthwatch and other advocacy services have been invited to these briefings.
  - The Council is handling the matter with the upmost seriousness. A robust improvement plan was put in place immediately and the work is being monitored by two internal teams and an external consultant with CQC experience.
  - The HwC permanent staff have been deeply upset with the outcome as they are genuinely thoughtful and caring. The service also has a large number of agency staff.
  - It was felt that these issues were not picked up earlier as Adult Social Care did not undertake robust scrutiny of internal services as they do with external services. There is significant learning from this that is being applied across all the Council's services.
- 9.2. In discussion, the challenging work carried out by social care staff and the importance of supporting them and ensuring they are not demoralized by the negative judgment was stressed.
- 9.3. **The City Integrated Commissioning Board**
- **NOTED** the report
- 9.4. **The Hackney Integrated Commissioning Board**
- **NOTED** the report
- 10. UPDATE ON POOLED BUDGET PROPOSALS FOR CONTINUING HEALTHCARE AND ADULT SOCIAL CARE PACKAGES**
- 10.1. Simon Cribbens and Siobhan Harper presented the report which provided an update on the proposal to pool budgets between continuing health care (CHC) and adult social care packages. The following were highlighted:

Learning Disability (LD) Joint funding pilot and progress in other care groups

- The pilot has now concluded and the findings have been reviewed through an independent audit conducted by Price Waterhouse Coopers (PwC). The audit report was considered by the CCG Finance and Performance Committee and shared with the Chief Financial Officer for London Borough of Hackney. It is anticipated that the next steps following agreement by the Chief Financial Officers, will be to formalise the joint funding policy within the service supported by a broader move on progressing the wider pooling ambitions There have been wider discussions between the commissioning partners on applying a joint funding approach to older people and physical disability care groups with some exceptional cases already benefiting from this.

### Joint Brokerage

- The workstream has secured interim support from the CCG to implement brokerage within the CHC team. This is a time-limited resource for six months to fully scope how the brokerage function will both support care package delivery and integrate with local authority teams in both Hackney and the City. A specific input will also be provided to the LD team. Working with the provider market on a spot purchasing level is important in terms of managing quality, cost and demand but also to ensure that the CHC function is optimal for City and Hackney residents. Delays in process are cited as linked to the lack of this expertise in our system and the national emphasis on achieving the key targets for CHC assessment in community settings and within the 28 day timeframe are expected to be consistently maintained because of this investment. Longer term this function will ideally be secured by the wider approach of pooled budgets and shared functions in the local system.

10.2. The following comments were noted from the discussion:

- ICB expressed disappointment that the pooling of these budgets will not be ready from the start of the next financial year.
- The complexity of the financial position was discussed. A further update on the risk sharing will be provided to ICB in April followed by the operating model in July. ICB further noted that this will also need to be considered within the context of the NHS long term plan and the awaited green paper on adult social care.

10.3. The **City Integrated Commissioning Board**

- **NOTED** the report

10.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

## **11. PREVENTION WORKSTREAM REPORT**

11.1. Jayne Taylor presented the report which updated ICB on the prevention workstream progress, highlighting the following achievements and challenges in terms of performance:

- There has been very high performance on Quality and Outcomes Framework indicators, especially in relation to blood pressure management.
- There had been demonstrable progress in improving diabetes 'triple target' metric (well controlled blood pressure, cholesterol and blood sugar).
- Child obesity remains a significant challenge locally and requires action at all levels of the local system involving a broad partnership.
- Good progress with tobacco control plans, but more to be done to embed treatment of tobacco dependency within the NHS. Local Stop Smoking Services continue to provide high quality support for smokers to quit.
- Rates of sexual health screening remain high.
- Alcohol treatment completions have improved significantly in recent years, with local performance now in line with the national average.
- Employment rates among people with learning disability and mental health issues remain low. A bid has been made for NHS England 'wave 2' funding to develop Individual Placement and Support (IPS) services locally to address this.

11.2. In discussion, the following comments were noted:

- ICB discussed the need for more information and better understanding of the local Kurdish community in order to be able to support them.
- The City of London Corporation has carried out a lot of work on social isolation which has not been reflected in the report. A lot of work has also been carried out by the voluntary sector which will be shared with ICB.

11.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

11.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

## 12. AOB & REFLECTIONS

### Reflections

- The discussion was more open although some issues were still discussed in private. We need to keep our pledge for coproduction and openness at the front of our minds.
- The reports are clearer and members increasingly scrutinize proposals and system performance more. However, greater clarity on what members are called to champion is still needed.
- ICB will consider the handling of conflicts of interests by providers as the programme progresses.

### April development session

Devora Wolfson updated ICB that the programme will include discussion on risk, the NHS Long Term Plan and GP networks. The session will be facilitated by Simon Standish.

## 13. DATE OF NEXT MEETING

The next meeting will be held on 14 March 2019, 10.00 – 12.00, 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
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	11/04/2019	Open	In April 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
ICBJan19-1	Consider adding on risk register a risk relating to system IT/digital infrastructure	Devora Wolfson	City and Hackney Integrated Commissioning Boards	17/01/2019	14/03/2019	Closed	Added on the risk register.
ICBFeb19-1	Arrange introductory training session for political members on the neighbourhood model and what it means for their wards	Devora Wolfson/ Nina Griffith	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	Being planned
ICBFeb19-2	An outcomes dashboard to be developed and discussed first at an ICB Development session	Devora Wolfson/ Yashoda Patel	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	To be scheduled
ICBFeb19-3	Adjust report template to show how the reported work links to the IC strategic objectives	Devora Wolfson	City and Hackney Integrated Commissioning Boards	15/02/2019	Apr-19	Open	Due from April 2019. The report template has been adjusted and is being communicated to officers across the commissioning partners.

<b>Title:</b>	Integrated Commissioning Register of Escalated Risks
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Georgia Denegri, Integrated Commissioning Governance
<b>Committee(s):</b>	Integrated Commissioning Board, 14 March 2019
<b>Public / Non-public</b>	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 Risks**

- **Integrated Commissioning Programme**

Following ICB's request at its January meeting for a risk relating to the system's IT/digital infrastructure to be added on the risk register, the following new risk has been added

**IC11: Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions – Score 16**

Actions taken to mitigate the risk are:

- IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads; meetings every other month well attended to date
- Prevention digital lead in post; unplanned digital lead appointed
- £2.5m committed funds secured and initial digital outline framework approved by ICB; three projects underway

- **CYPMF**

The following risk has been escalated and added on the IC Risk Register. This risk had not been transferred from the previous Programme Board to the CYPMF and IC risk registers:

**CYPMF/IH09: HUHFT has experienced significant increases in CYP Crisis attendance at A&E, a large proportion of these cases relate to self-harm: Oct = 7; Nov=10; Dec = 9; Jan =17; Feb=21; Mar=20. Over half of those who die by suicide have a history of**

**self-harm; this increase in CYP who are presenting for self-harm significantly increases City and Hackney's risk of high suicide levels in our young people later in their childhood / adolescence, or in adulthood. This increase demand is also impacting on the A&E 4 hour target.**

Actions taken to mitigate the risk are:

We experienced a spike in self-harm presentations from Dec 16 – June 17 (often exceeding over 20 per month). This also corresponded to the cluster of child suicides we had at that time. These presentations reduced around July – August 2017 and have been sustained with average of 7.6 presentations per month to the current time.

These reductions have been secured through substantial investment in CAMHS transformation, £1.2M by 2021. We now have CAMHS workers and Wellbeing framework partners going in to 50% of City and Hackney schools – soon for 100% roll-out. We have also improved waiting times to First Steps through a productivity QIPP. This means the service can, and is, handling an additional 20% referrals. Finally at the time of the spike we put a dedicated CAMHS clinician in to the School which was experiencing the cluster in suicides.

### **Changes in risk scores and other changes**

There were no changes in risk scores.

The additional assurance and evidence which were sought by the CCG Governing Body have been addressed. Where updates were provided, these are reflected on the IC Risk Register.

A session on risk is planned at the ICB Development session in April 2019 alongside the refresh of the IC's risk register following the agreement of the strategic objectives.

### **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 – March 2019

#### 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
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	
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 implementation plan is being put in place.	3	4	12	↔
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	↔
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 ground implementation.  NELCSU's procurement function has been engaged to scope potential holdups with procurement and to make sure that the process is expedited to the best possible degree.  The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays.	4	3	12	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report			
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	
IC11	IC Programme	Tracey Fletcher	Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions.			4	4	16	<p>1. Secure a robust governance structure to oversee digital delivery</p> <p>2. Secure dedicated digital leads to research available digital solutions to support the requirements of the transformation programme and to take forward delivery</p> <p>3. Secure committed funds that are ring-fenced for new digital solutions.</p>	<p>1. IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads; meetings every other month well attended to date</p> <p>2. Prevention digital lead in post; unplanned digital lead appointed</p> <p>3. £2.5m committed funds secured and initial digital outline framework approved by ICB; three projects underway</p>	3	4	12	NEW
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	<p>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</p> <p>Regular System Savings updates and items at the Unplanned Care management Board</p> <p>Thorough investigation of Unplanned Care Acute 'Menu of Opportunities'</p> <p>Longer term, larger, system transformations will be required to deliver savings</p>	<p>Savings identified for 18/19 up to value of £1.2m, monthly reporting is in place to monitor delivery against these in detail. These are mainly community based schemes to support a reduction in demand in the hospital, including a new falls service, a primary care frailty service (proactive care), and a reduction in excess bed days due to improved discharge and step down services.</p> <p>Additional mitigation schemes have been identified to mitigate against any slippage.</p> <p>At month 9 this risk was down-graded as the workstream is reporting an on-plan position for delivery of QIPP</p> <p>Month 10 update: workstream are on track to deliver the planned QIPP - have delivered £1.19m of planned £1.2m QIPP YTD. Within this delivery, we have included the impact of 2 additional mitigation schemes; these are reduction in ambulatory care (HAMU) tariff and introduction of the new City street triage service to reduce hospital admissions for homeless / rough sleepers.</p> <p>We will continue to track these schemes through our monthly detailed reporting and workstream board reporting but do not foresee any significant change to the position in the final 2 months of the year.</p>	3	4	12	↔
UC2	Unplanned Care - Programme	Tracey Fletcher/ Nina Griffith	Workstream struggles to assume all responsibilities and deliver outcomes as required			4	4	16	<p>Introduction of more formal programme governance including risk register, workstream reporting and dashboards</p> <p>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</p>	<p>New governance system in place, OD consultation work on hold</p> <p>Assurance gateway 3 complete and passed through all committees</p> <p>Dementia alliance formally reporting into the unplanned care board</p> <p>New quarterly board seminar in place - to support strategy development and test work areas against this</p> <p>Monthly finance and QIPP monitoring report in place - though may need some development to make more user friendly</p>	3	3	9	↔

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
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	
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	<ul style="list-style-type: none"> <li>xIncrease the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract</li> <li>xIncrease support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV)</li> <li>xProvide C&amp;H patients with alternative methods of accessing Primary Care Services [not just A&amp;E] through the Duty Doc Service</li> <li>xReduce the number of inappropriate attendances at A&amp;E and unplanned admissions to hospital through Paradoc</li> <li>xDevelop and implement Neighbourhood model</li> </ul>	<p>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.</p> <p>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.</p> <p>X An enhanced dementia navigation service will be implemented in 2019/20.</p>	4	3	12	↔
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	<ul style="list-style-type: none"> <li>(i) Discharge working group established to develop proposals which will include discharge to assess</li> <li>(ii) Discharge actions included within A&amp;E Delivery plan and monitored by the urgent care board</li> <li>(iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge</li> <li>(iv) Weekly teleconference to discuss performance with Director</li> <li>X. Implement actions from Multi Disciplinary Case Notes Review relating to DTocS</li> <li>X. High impact Change Model (LBH and CoL) has been set up to monitor performance</li> </ul>	<p>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.</p> <p>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.</p> <p>X All reports are now required to report explicitly on activities in relation to patient and public involvement</p> <p>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.</p>	3	4	12	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report					
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	
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	<p>System Resilience Funding part of a wider investment and transformation plan has been signed off.</p> <p>1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways</p> <p>Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance</p> <p>DutyDoctor aim to improve patient access to primary care and manage demand on A&amp;E</p>	<p>X HUH have maintained strong operational grip through senior management focus on ED and hospital flow</p> <p>X Recent reduction in DTocS should support flow</p> <p>X Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan</p> <p>X 2018/19 Winter Planning has been undertaken, bringing together systems partners together round delivery of flow.</p> <p>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.</p>			3	4	12	↔
UC6	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	<p>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</p> <ul style="list-style-type: none"> <li>- Some technical errors mean not all electronic referrals get through, and some patients are transferred on the phone;</li> <li>- Demand for Primary Care 111 Services has decreased since the service has gone live, with no corresponding increase in Emergency Care admissions;</li> <li>- There is one known example of a failed referral since the launch of the service</li> </ul>			4	4	16	<p>Working with providers to get improved visibility at all stages of the process</p>	<p>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.</p> <p>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.</p>			3	4	12	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report			
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	
UC7	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	<p>Integrated Urgent Care (111) re-procurement risk of negative impact on quality of service and impact on other urgent care systems</p> <p>Local impact: Increased demand on C&amp;H acute services due to risk averse nature of 111 assessment</p> <p>Challenges recruiting GPs to the CAS</p> <p>Risk that patients will be attracted by quick call answering times from 111</p> <p>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</p>			4	4	16	<p>xExtensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners).</p> <p>xClinical involvement in service specification development.</p> <p>xRe-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream</p> <p>xService to be continually monitored post mobilisation</p> <p>xIUC service reporting requirements include audit of onward referral to local services to review appropriateness.</p> <p>xEnsure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]</p> <p>xInvestigate what existing providers may be able to support health system in event of delay</p> <p>xLocal promotion of Duty Doctor to encourage patients and health care professionals to choose this service over 111</p>	<p>The NEL 111 service went live on 1st August 2018.</p> <p>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.</p> <p>Work underway through the Urgent care reference group to agree the sustainable solution</p> <p>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.</p>	3	4	12	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report			
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	
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 DT0Cs 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 DT0Cs xCapacity to deliver plans and culture shift required [re High Impact Change Model]	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	↔

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report			
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	
UC	Unplanned Care	Whole Workstream	Issue of lack of service provision for City & Hackney residents who are registered with out-of-borough GPs, for escalation to the Transformation Board and Integrated Commissioning Board. This could lead to inequity of service provision for CH residents, where there are no comparable services in the neighbouring borough.			TBC	TBC	TBC	This issue was flagged in the January meeting of the Unplanned Care Workstream Board as an issue that cuts across a wide range of health and social care services and is a multi-workstream issue. The CCG Contracts team is currently looking into this issue to understand its scale and identify gaps. Risk scores and mitigating actions will be determined once this initial work has been carried out. In the meantime the Unplanned Care Workstream agreed that the issue should be escalated to the ICB for discussion.	TBC	TBC	TBC	↔	
PC1	Planned Care	Simon Galczynski / Siobhan Harper	Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments			5	4	20	Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper)	The 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	↔
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	↔
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	↔



Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
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	
CY8	CYPMF	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 3. A workshop with NHS England is planned for February for develop a strategic approach	1. Risk falls within CYPOM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from April 2018 3. Reviewing joint work between primary care and community paed  Oct 18-Jan 19 - The CCG funded an urgent response to a Measels outbreak. January 19 Update - We have non-recurrent funding for North East Hackney imms service agreed in principle for 2019/20	5	3	15	↔
CYPMF9	CYPMF	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	↔
CYPMF10	CYPMF	Amy Wilkinson	HUHFT has experienced significant increases in CYP Crisis attendance at A&E, a large proportion of these cases relate to self harm : Oct = 7; Nov=10; Dec = 9; Jan =17; Feb=21; Mar=20. Over half of those who die by suicide have a history of self harm; this increase in CYP who are presenting for self harm significantly increases City and Hackney's risk of high suicide levels in our young people later in their childhood / adolescence, or in adulthood. This increase demand is also impacting on the A&E 4 hour target.	5	4	20		We experienced a spike in self-harm presentations from Dec 16 – June 17 (often exceeding over 20 per month). This also corresponded to the cluster of child suicides we had at that time. These presentations reduced around July – August 2017 and have been sustained with average of 7.6 presentations per month to the current time.  These reductions have been secured through substantial investment in CAMHS transformation, £1.2M by 2021. We now have CAMHS workers and Wellbeing framework partners going in to 50% of City and Hackney schools – soon for 100% roll-out. We have also improved waiting times to First Steps through a productivity QIPP. This means the service can, and is, handling an additional 20% referrals. Finally at the time of the spike we put a dedicated CAMHS clinician in to the School which was experiencing the cluster in suicides.	5	4	20	NEW
CYPMF12	CYPMF	Toni Dawodu / Hackney Learning Trust	System SEND Overspend - There is a significant financial risk to partners relating to SEND overspend.	5	4	20	Following Cabinet steer, HLT have convened a co-production working group to inform proposals for SEND funded packages		5	4	20	↔
CYPMF13	CYPMF	Rhiannon England	Outpatient C2C Referrals for Paediatrics have been higher than normal, creating a cost pressure and financial risk to the workstream	5	3	15	The Planned Care workstream is carrying out wider audits of coding at HUFT.	Rhiannon England conducted an audit of coding for C2C paediatric referrals and the findings of the audit were ratified by Paediatricians. The data is currently with Planned Care for further action as part of their wider audit work.	5	3	15	↔

<b>Title:</b>	IC Governance Review Implementation Plan Actions: - Draft Terms of Reference of Accountable Officer Group - Output from the Transformation Board Workshop
<b>Date:</b>	14 March 2019
<b>Lead Officers:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Committee(s):</b>	Integrated Commissioning Board 14 March 2019 (for approval)
<b>Public / Non-public</b>	Public

**Executive Summary:**

Following from the Integrated Commissioning Governance Review implementation plan and actions agreed by ICB at its meeting in January 2019, this report presents:

- The draft terms of reference of the Accountable Officer Group (AOG) for approval by ICB
- The output from the Transformation Board workshop held on 27 March 2019

**Issues from Transformation Board for the Integrated Commissioning Board**

N/A

**Recommendations:**

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

- To **APPROVE** the terms of reference of the Accountable Officer Group
- To **NOTE** the feedback from the Transformation Board workshop

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

- To **APPROVE** the terms of reference of the Accountable Officer Group
- To **NOTE** the feedback from the Transformation Board workshop

**Links to Key Priorities:**

The governance review focused on whether our current integrated commissioning governance structure facilitates the delivery of our shared transformation priorities, and made recommendations for improvement.

This report presents the new arrangements as per the governance review recommendations.

**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.

PPI representatives are members of the Transformation Board.

**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: Terms of Reference of Accountable Officer Group

**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

**Main Report****1. Accountable Officer Group**

1.1 The Accountable Officer Group (AOG) met in shadow form on 20 February 2019. At its meeting, members considered the draft terms of reference for the AOG. The draft terms of reference for the AOG are set out in Appendix 1. The meeting recommended that Tim Shields be nominated as Integrated Commissioning Programme Senior Responsible Officer (SRO), subject to ICB approval.

1.2 The meeting discussed the requirement for regular reporting from the workstream and enabler groups. It was agreed to ask for monthly update reports from each of these groups which will be considered by the Accountable Officer group before being submitted to ICB.

## 2. Transformation Board Workshop

2.1 The workshop to discuss the future focus of the Transformation Board was held on 27 February 2019. The workshop was attended by the Transformation Board members and the workstream directors.

2.2 The workshop discussed what has been valuable about the Transformation Board to date and the focus of future work. It also discussed areas of duplication.

2.3 In terms of its future work, it was agreed that the Transformation Board should be reconstituted as a forum that focused on:

- Testing the work underway against the IC vision
- Ensuring all parts of the system are working together in the right way
- Raising our understanding and adapting thinking across the whole system when things change or when there are difficulties
- Creating new thinking
- Having longer discussions - taking one or two issues and working them through properly
- Exploring new issues whose impact reaches across the system

2.4 In terms of attendance, it was agreed that the right people were in the room – but we may sometimes want to involve others. It was also agreed that it would not duplicate the work of the workstreams – or business meetings.

2.5 It was agreed that the forum would meet every 2-3 months and would be run in workshop style rather than as a meeting. It was also agreed that Jonathan McShane, ICS Convenor, would chair the forum. A plan for the year will be drawn up over the coming month.

## 3. Terms of reference for ICB

3.1 The terms of reference for ICB will need to change to reflect the new governance arrangements, namely the AOG and new Transformation Forum.

3.2 A complete set of terms of reference together with the forward plan for the year for the business will be submitted to the next meeting of the ICB in May 2019.

# City & Hackney Accountable Officer Group

## Terms of Reference

### Purpose

The Accountable Officer Group (AOG) is established by the City and Hackney Integrated Commissioning Boards (ICB) with the following purpose:

- To ensure implementation of ICB priorities and decisions
- To ensure that there are robust delivery arrangements in place which fully integrate and align services to achieve improved outcomes and achieve financial balance and move towards an integrated care system
- To provide ICB with assurance concerning all aspects of delivering the vision, strategic direction of integrated commissioning and care
- To advise the ICB on strategic issues
- To make recommendations to the ICB on the current and future integrated commissioning and care operating model and deliver what is agreed.
- To ensure that any unintended consequences of transformational activity is identified and addressed.
- To support workstream SROs to deliver their responsibilities.
- To ensure relevant actions from the STP are implemented in City and Hackney.

### Objectives

- Ensure that the work of all the workstreams is aligned with the strategy set by the ICB
- Ensure cross workstream issues are being adequately addressed
- Ensure the five enabler groups are supporting the delivery of workstream and system priorities and that enabler group transformation monies is delivering value for money and required outcomes
- Receive monthly update report from the workstreams and enabler groups and report this on to ICB.
- Review and monitor the delivery of the outcomes framework
- Identify and mitigate risk by reviewing and monitoring the workstream risk registers and the IC Register of Escalated Risks, agreeing resourced action plans and ensuring their delivery
- Ensure financial balance as a system and achievement of financial plans through regular scrutiny of finances.
- Identify potential barriers and solutions to achieving the plans agreed by the ICB
- Communicate and discuss any changing requirements from the partner organisations, for example NHSE mid-year directives or new initiatives
- Ensure that the system can report on progress with implementing the NHS Long Term Plan, FYFV, STP and other priorities.
- Oversee the delivery of the Estates Strategy
- Oversee the IC business planning cycle and ensure coordination and alignment of decision making across the governance system
- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered
- Agree the staffing structure for integrated commissioning and care including how to make the best use of partner resources to support the workstreams and the overall programme, including how to enable the most effective use of partner teams to support the workstreams e.g. information, performance, PPI etc.

## **Accountability and reporting**

The Accountable Officer Group is accountable to the Integrated Commissioning Board and will submit recommendations to them for debate and approval.

## **Membership and attendance**

The membership of the Accountable Officer Group shall consist of key representatives of the three commissioning partners, the three main NHS providers and the programme SROs as follows:

		<i>SRO responsibility</i>
Chief Executive	London Borough of Hackney	Integrated Commissioning Programme SRO
Chief Officer/ Director Community and Children's Services Managing Director	City of London Corporation	Planned Care Workstream SRO
Chief Executive	City & Hackney CCG	
Chief Executive	Homerton University Hospital NHS FT	Unplanned Care Workstream SRO
Chief Executive	East London NHS FT	
Chief Executive Group Director, Children, Adults and Community Health	City & Hackney GP Confederation London Borough of Hackney	Prevention Workstream SRO; Children, Young People and Maternity Workstream SRO

Members are expected to attend at least three quarters of all meetings each financial year.

The Integrated Commissioning Programme Director and the Integrated Care System Convenor will be in attendance in all meetings.

The chair may request attendance by other relevant staff at any meeting.

The membership is listed at the Appendix.

## **Deputies**

All members may nominate a named deputy who will attend any meetings the member is unable to attend, however deputies should not attend routinely but only as a result of planned or unforeseen absence. Deputies will be counted for the purpose of the quorum.

The nominated deputies are listed at the Appendix.

## **Chairing arrangements**

The programme SRO will chair meetings of the Accountable Officer Group. In their absence, the Group shall agree the chair.

The Chair of the Group has the overall responsibility for the performance of the Group and also has the final decision on actions required in order to comply with these terms of reference.

## **Quorum and voting**

A minimum of four members of the Group need to be present for meetings to proceed.

## **Meetings and administration**

The Accountable Officer Group will routinely meet monthly. Additional meetings may be convened when the members deem it necessary.

The Group will be supported by the Integrated Commissioning Programme Director as the nominated lead officer.

The Group will be supported administratively by the Integrated Commissioning Governance Manager, whose duties in this respect will include:

- Agreement of the agenda with the Integrated Commissioning Programme Director and the Chair, collation and distribution of papers at least five working days before each meeting
- Taking the minutes and producing them within five working days
- Keeping a record of matters arising and issues to be carried forward
- Providing support to the Chair and members as required

The AOG will not meet in public and papers will not be routinely published, but all information associated with AOG meetings is subject to the Freedom of Information Act.

The AOG may determine to make 'virtual' decisions outside of the setting of a formal meeting if there is a pressing and urgent need to do so outside the agreed schedule. Reasonable efforts will be made in the scheduling of meetings and planning of business to avoid reliance on 'virtual' decision-making. The decision to convene a 'virtual' meeting will be taken by the Group at the previous meeting, or may be taken at any time by the Chair and Integrated Commissioning Programme Director.

The procedure for virtual meetings is as follows: Papers should state clearly the background to the matter at hand, the reason for urgency and a clear description of the decision to be made. Papers will be circulated by the Integrated Commissioning Governance Manager to all members of the Group and members will be asked to respond with comments and observations by email, clearly stating their approval or otherwise for the proposal. Members will be given no less than 5 working days to respond. Responses should be sent to all members of the Group to allow for open discussion.

All comments will be compiled by the Integrated Commissioning Governance Manager into a written report on the agreed decision, which will be presented at the next formal meeting of the Group for ratification. If there are any outstanding objections to the decision agreed by the majority, these shall be discussed in detail and addressed at this meeting.

## **Conflicts of Interests**

A declaration of interests will be completed by all members and attendees of this meeting and will be kept up to date in line with the Integrated Commissioning policy on Managing Conflicts of Interest. A register of interests will be brought to every meeting and included on the agenda as a matter of business.

Additionally all attendees should be reminded to review the agenda and consider whether any topics being discussed might present an area of interest. This means an item where a decision or recommendation made may advantage that person, their family and/or their workplace. These advantages might be financial or in another form, perhaps the ability to exert unseen influence.

Where anything on the agenda or raised in the meeting has the potential to create such a conflict, it should be raised with the Chair and the Programme Director, Integrated Commissioning. This means we can ensure that our decision, recommendations or actions can be guarded from the impact of any

possible conflict attendees could have and be seen to be so. Attendees should, where possible, raise such issues before the meeting, or as soon as a potential conflict becomes apparent. This openness is important so that all can discuss how to manage decision making in a complex environment and learn together how to manage these issues well.

**Review and changes**

The terms of reference will be reviewed not later than six months from initial approval and then annually thereafter, such annual reviews to coincide with reviews of the s75 agreements.

14 March 2019

<b>Date</b>	<b>Version</b>	<b>Changes made</b>	<b>Author</b>	<b>Agreed by</b>	<b>Agreed date</b>	<b>Next review</b>
12/02/2019	v01	First draft	Georgia Denegri/ Devora Wolfson	AOG	20/02/2019	
25/02/2019	V02	AOG comments incorporated	Georgia Denegri/ Devora Wolfson	ICB	14/03/2019	10/10/2019



## Accountable Officer Group – Membership 2018/19 and 2019/20

Tim Shields	Chief Executive IC Programme SRO	London Borough of Hackney (Chair)
Andrew Carter	Director Planned Care SRO	City of London Corporation
David Maher	Managing Director	City & Hackney CCG
Navina Evans	Chief Executive	East London NHS FT
Tracey Fletcher	Chief Executive Unplanned Care SRO	Homerton University Hospital NHS FT
Laura Sharpe	Chief Executive	City and Hackney GP Confederation
Anne Canning	Prevention SRO CYPM SRO	

### Regular attendees:

Devora Wolfson	Programme Director, Integrated Commissioning
Jonathan McShane	ICS Convenor

### Nominated Deputies

Anne Canning	Group Director	London Borough of Hackney
Simon Cribbens	Assistant Director	City of London Corporation
Sunil Thakker	Director of Finance	City & Hackney CCG
Steven Course	Deputy Chief Executive, London Services	East London NHS FT
Frances O'Callaghan	Director of Strategic Implementation and Partnerships	Homerton University Hospital NHS FT
TBC		City and Hackney GP Confederation

<b>Title of report:</b>	Community Grants Scheme
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	David Maher, Managing Director, NHS City and Hackney Clinical Commissioning Group Anne Canning, Group Director Children, Adults and Community Health
<b>Author:</b>	Claire Small, PPI engagement Manager Poppy Middlemiss, Public Health Strategist
<b>Committee(s):</b>	Integrated Commissioning Board, 14 March 2019 (for approval) London Borough of Hackney Cabinet, 25 March 2019 (for decision) CCG Governing Body, 28 March 2019 (for approval)
<b>Public / Non-public</b>	Public

**Executive Summary:**

This report outlines the recommendations for the second year of the joint Community Grant Scheme run by the Council's Public Health team and the City and Hackney Clinical Commissioning Group's funding projects which find new ways of meeting local health needs. The Healthier City and Hackney Fund brings together two former grant funds: the CCG Innovation Fund and Hackney Council's Healthier Hackney Fund to provide £450,000 for grant making in 2019/20.

This report outlines the extensive promotion of the scheme and rigorous shortlisting process. This report also presents the final list of recommended grantees for information.

**Recommendations:**

The City Integrated Commissioning Board is asked to:

- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

The Hackney Integrated Commissioning Board is asked

- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

**Links to Key Priorities:**

Working together increases our ability to implement ideas that will reach more people and help us achieve our joint health and well-being aims for communities in the City of London and Hackney. The programme invests in projects and services to realise the priorities of Hackney's Health and Well-being Strategy and of the City of London Joint Health and Wellbeing Strategy. The joint fund is aligned with the four key themes of the Integrated Commissioning programme and the priorities of the PPI forum, which have been co-produced with City and Hackney residents and service users. The priority issues that applicants were asked to address were developed by Integrated Commissioning Workstream directors (in consultation with the PPI forum), taking into account care workstream priorities.

**Specific implications for City**

One project will deliver solely in the City focussing on the mental health of workers and another will deliver across City and Hackney but with a particular focus on the City, addressing the health needs of homeless people and rough sleepers. Three other projects will deliver across City and Hackney.

**Specific implications for Hackney**

13 of the 14 recommended projects will be delivered in Hackney.

**Patient and Public Involvement and Impact:**

The Healthier City and Hackney Fund aims to look for solutions that are aligned with the four key themes of the Integrated Commissioning programme and the priorities of the CCG PPI Committee, which have been co-produced with City and Hackney residents and service users.

In particular, members of the PPI Committee have been involved in a number of ways throughout the process:

- The fund is aligned with the PPI forum's priorities;
- Lay leadership has been closely involved with the design, development, and decision-making process of the scheme;
- The Committee were consulted regarding the Fund's priority areas;
- The Committee were included in panels of volunteer assessors, who assessed pitch presentations that organisations were asked to deliver; and
- The Committee were involved in scoring the organisations' full applications and, subsequently, in moderation and ranking meetings.
- The content of the report is unlikely to impact on the public's and patients' perceptions of service providers.

**Clinical/practitioner input and engagement:**

Staff members from the London Borough of Hackney, City and Hackney CCG, and the City of London Corporation have been consistently involved throughout the whole process. In particular, priority issues were shortlisted by Integrated Commissioning Workstream directors and programme managers. The assessment process for the programme also benefited from the input of officers from across the Councils and the CCG.

**Equalities implications and impact on priority groups:**

The current programme invests in projects and services to contribute to the Hackney Council's Equality Objectives. The Equality Objectives were consulted on extensively before being adopted and progress has been kept under review and documented in the following Council website pages: <http://www.hackney.gov.uk/ce-pandc-equality-diversity-861.htm>

**Impact on / Overlap with Existing Services:**

Grant funding provides an opportunity to trial new approaches that address entrenched problems and identify issues that lie outside the remit of our commissioned services. Grant funding offers flexibility and a different interaction to commissioning, benefitting from the experience of the non-profit sector and its relationship with local communities. Priority funding

issues were shortlisted by Integrated Commissioning Workstream directors and agreed in consultation with the CCG's Patient and Public Involvement Committee. Applicants were asked to outline how their project is different to existing services as part of their long written application form. Applicants were also asked to state any partners they will need to work with and approach these partners prior to the recommendations for funding.

## Main Report

### 1. Background and current position

1.1 Both Hackney Council's Public Health service and the City and Hackney CCG are committed to operating community grant schemes to find ways of meeting entrenched local health needs. The joint fund looks for solutions that are aligned with the four key themes of the Integrated Commissioning programme and the priorities of the PPI forum, which have been co-produced with City and Hackney residents and service users. These are:

- Integrated services;
- Confident and informed users;
- Building independence; and
- Involving and listening to service users.

1.2 The principles of the fund are:

- Testing new approaches through grant-funded initiatives rather than commissioning in City and Hackney, in line with developing local accountable care and increasing local social value from health and care funding;
- Recognition of the reach of VCSE groups into communities and attracting new thinking to persistent health issues;
- Involving patients and the public in the design of health services, building independence, developing patient-centred services, and helping people feel more confident and informed;
- An opportunity for joint working and aligning priorities with those of the Integrating Commissioning workstreams;
- Delivering the NHS Five-Year Forward View; and
- Supporting local community resources to deliver improved outcomes for local people.

1.3 The total joint pot of funding is £500,000. £250,000 from the Council's Public Health function and £250,000 from the CCG forms the joint grant scheme. £450,000 is available from the joint fund for grant making, and the additional £50,000 is spent on administration.

1.4 The joint part of the fund is separated into two strands, aiming to attract different groups with a mix of expertise. The strands are:

- a. Healthy Activities grants of between £5,000 and £60,000 are available for projects to run practical activities that will achieve one of the following aims:
  - Workforce health;
  - Supporting families to manage childhood illnesses close to home;
  - Navigating health and social care for homeless people and rough sleepers; and
  - Supporting recovery following a life-changing illness or injury.
  
- b. Healthy Ideas funding of up to £20,000 are available to develop and pilot concepts/projects that will generate new approaches to tackling entrenched problems, relating to one of the following issues:
  - Tackling loneliness in the under 50s;
  - Identifying people at risk of falls;
  - Improving health services support for autistic people (none shortlisted); and
  - Oral health promotion for children and young people.

## 2. Approaches to grant funding

- 2.1 In combining the two funds, we agreed to review the design, publicity, and shortlisting approach for this scheme, taking into consideration feedback from the evaluations of both schemes in previous years and feedback from the first year of joint funding.

### *Application process*

- 2.2 The scheme was launched at an event in October, attended by 75 representatives from a broad range of non-profit organisations. The Public Health team and CCG published a regular newsletter (received by 300 individuals), and attended numerous events to present the principles and format of the fund to key stakeholders.
  
- 2.3 Applications opened to Voluntary and Community Sector organisations and social enterprises in mid-October, through online forms using the same software as the Council's corporate grant schemes. The first stage invited a short 'expressions of interest', which included an eligibility checklist (relating to their legal status, safeguarding, equality and diversity, and health and safety policies and liabilities cover), focussed on the key concept of the proposal, but did not ask applicants to cost their proposals.
  
- 2.4 After an initial sift of the 50 expressions of interest, submitted by topic by experts at the CCG and Council, 36 applicants were invited to deliver a pitch presentation to a panel of volunteer assessors from the Council, CCG, City of London Corporation, VCS, and academic partners over three days in December. This balances the scoring approach for those organisations that are not as proficient in written grant applications, providing a clearer understanding for assessors of the core aspects of the proposal, and offers an opportunity to provide feedback to applicants part-way through the application process. Feedback was emailed to applicants following the pitch presentations. This year, we hosted 'How to Pitch' sessions with the East London Business Alliance. All applicants who were invited to deliver a pitch presentation were encouraged to attend a session to further

level the playing field between applicants. Pitchers from the private sector volunteered their time and expertise to work with applicants on their pitch and provide them with feedback. The applicants gave positive feedback regarding these sessions.

- 2.5 Twenty-seven successful applicants were then invited to complete a full application (26 applicants completed their application), including the budget sheet and project schedule. At this stage, all shortlisted applicants were invited to attend 'How to Apply' sessions, which were delivered in partnership with Hackney Council for Voluntary Service and provided advice on how to complete the longer application form.

### ***Assessment of Applications***

- 2.6 Volunteers from across the Council, CCG, City of London Corporation and VCS scored a pack of second-stage applications in pairs or threes within a particular grant stream. Scores were then moderated and shortlisting sessions took place a week later, bringing together, onto a panel, all the volunteers who had scored submissions within a priority topic.
- 2.7 Along with the initial score, the scorers were asked to consider the following:
- Target cohort/high prevalence of the priority issue;
  - Likelihood that the intervention will have a positive impact;
  - 'Cumulative impact' (how many beneficiaries, and level of likely personal benefit);
  - Projects mix; and
  - Confidence in delivery, risk assessment, and sustainability.

- 2.8 The panel session for each funding stream ranked the projects that the scorers felt met these criteria and were most likely to achieve their stated outcomes. Information on funding history and recommendations/concerns from Workstream Directors were fed into this panel to help inform decisions.

### ***Wider support to projects***

- 2.9 Non-financial support, often described as 'funding plus', provides a way for the CCG and the Council to support the organisations it grant funds. We offer each successful organisation a Single Point of Contact who will assist the project from the Council, City of London Corporation, or CCG. Whilst this involves the commitment of extra resources, the knowledge shared by Council, City of London Corporation and CCG staff with the organisation they are assigned to will build their capacity and provide a different relationship between the agencies.

### ***Monitoring and evaluation***

- 2.10 As part of their bid application, applicants had to outline the outcomes they will expect to see following successful implementation of their project and their anticipated outputs. Quarterly monitoring of projects will be submitted to Hackney Council's grants officers, who will compile a report to share with CCG officers, Public Health, and officers from the City of London Corporation with any issues flagged. An end-of-grant report and a full evaluation report will be submitted at the end of the year's funding by each applicant.

2.11 The scheme will be evaluated, to decide whether to continue in this format in future years. This evaluation will also take into account the benefits and obstacles created by joint working.

2.12 Table 1 outlines the number of applications by priority issue and the total amount of funding.

**Table 1: Recommendations and funding by priority issue**

Fund	Priority Issue	Total bids	Recommended Applications	Total
Healthy Activities	Workforce Health	7	2	£77,835.34
	Supporting recovery for those with a life-changing illness/injury	5	2	£97,738
	Navigating Health and Social Care for homeless people and rough sleepers	1	1	£48,970
	Supporting families to manage common childhood illnesses	3	2	£99,947.40
	<b>Sub total</b>	<b>16</b>	<b>7</b>	<b>£324,490.74</b>
Healthy Ideas	Tackling loneliness in under the under 50s	7	4	£74,479.40
	Oral Health Promotion in specific communities	1	1	£18,751
	Identifying people at risk of falls	2	2	£39,830
	Improving health services support for autistic people	0	0	£0
	<b>Sub total</b>	<b>10</b>	<b>7</b>	<b>£133,060.40</b>
<b>Total</b>		<b>26</b>	<b>14</b>	<b>£457,551.14</b>

### 3. Proposals

#### ***Healthy Activities: Workforce Health***

- 3.1 We asked for bids for projects to work with and support micro-businesses (fewer than 10 employees) and the VCSE sector to develop an effective and sustainable workforce health offer and improve the physical and mental health of their employees.

Organisation	Project Title	Request Amount
Mental Fight Club	The Dragon Café in the City project is to offer a range of free creative well-being activities to promote, support mental well-being and recovery from mental ill health in an open, safe, and calm environment.	19,807
Turkish Cypriot Community Association	We want to empower Turkish Speaking employees in micro-businesses with the skillset, knowledge, and information that would improve their physical and mental health/well-being, reducing the periods of illness that are linked to in-work poverty.	58,028.34

#### ***Healthy Activities: Supporting recovery of those who had experienced a life-changing illness***

- 3.2 We asked for bids that aim to support residents recovering from a life-changing illness or injury (such as cancer patients and people who have suffered head injuries) following clinical treatment to aid their recovery and enable them to access mainstream services that will keep them well.

Organisation	Project Title	Request Amount
Islington Music Forum (Key Changes)	60 young adults who are learning to manage severe mental health conditions will be supported into mainstream social and leisure opportunities through a structured pathway supporting their transition from hospital back into community life.	38,214
Find Your Voice CIC	Momentum is a singing and music program of learning that enables adults living with physical disability to improve fitness, health, and well-being in a fun and safe environment, widening participation in arts and community activities.	59,524

#### ***Healthy Activities: Navigating Health and Social Care for Homeless people and Rough Sleepers***



- 3.3 We asked for bids from VCSE groups that support homeless people to confidently access the right care within our local systems.

Organisation	Project Title	Request Amount
Groundswell Network Support UK	Homeless Health Peer Advocacy (HHPA) is a peer support service enabling homeless people to tackle health issues. Peers provide practical support and build skills and confidence so clients can access services independently.	48,970

***Healthy Activities: Supporting families to manage common childhood illnesses closer to home***

- 3.4 We asked for applications for projects that will empower families to prevent and manage childhood illness and to support them using education and information, ensuring families are aware of pathways of appropriate points to access healthcare

Organisation	Project Title	Request Amount
Family Action	An adaptation of our successful Well Family model to support families with children with a low to moderate physical, behavioural, or mental health illness/disability, to manage health and well-being better from home, reducing inappropriate hospital attendance.	59,998
Hatzola Trust Limited	To empower parents and others, by providing information via multiple targeted channels, to confidentially, proactively, and independently avoid, prevent, and manage childhood illnesses and minor accidents, reducing dependence on emergency services and the NHS.	39,949,40

**Healthy Ideas: Tackling loneliness in under 50s**

- 3.5 We asked for bids that would identify the factors that lie at the heart of loneliness in the City in Hackney, to look at ways of identifying who is suffering, and, importantly, identify existing assets that alleviate loneliness, including how to make activities attractive to those who are lonely.

Organisation	Project Title	Request Amount
Renaissi	Which activities that aim to increase social connections and shared values, and develop a sense of belonging, have the greatest impact in tackling loneliness in under 50s from migrant communities?	19,941
Social Action for Health	Can a co-produced approach to peer support, utilising an award winning local asset and combining horticultural therapy and evidence – based self-management techniques, alleviate loneliness in unmarried or widowed under 50 with long term conditions?	19,533
Shoreditch Trust	Can the provision of facilitated activities based on narrative therapy address isolation in people aged 14–19 who are in education, employment or training but feel excluded from youth service provision in Hackney?	15,105.40
Volunteering Matters	There exists a lack of support for individuals with learning disabilities aged 25 plus, a group at increased risk of social isolation and loneliness. Can mentoring by short-term volunteer ‘activity buddies’ fill this gap effectively?	19,900

**Healthy Ideas: Oral health promotion in specific communities**

- 3.6 We wanted organisations to be funded to test and develop a pilot campaign focusing on preventing poor oral health and improving practice within communities in City and Hackney as a research project with tailored outcomes for their population group. We particularly welcomed applications for promoting a research-based pilot campaign for the Orthodox Jewish community, the Gypsy, Roma, travellers’ communities, or other groups with poorer oral health outcomes.

Organisation	Project Title	Request Amount
The Sonshine Club	Will an Oral Health week embedded in the curriculum of local schools increase awareness among OJ children of the importance of oral health?	18,751

**Healthy Ideas: Identifying people at risk of falls**

- 3.7 We asked for bids for research projects to help us better understand who is most at risk of a fall that causes injury, and how to make falls prevention training attractive to those who have not yet suffered.

Organisation	Project Title	Request Amount
Age UK East London	Which message(s) around preventative falls action are most attractive to older women in Hackney, who have yet to fall but who are maybe at risk? How effective are different channels at delivering the message(s)?	20,000
Anchor Hanover Group (formerly Hanover Housing Association)	Are Functional Fitness MOTs (FFMOT) delivered in retirement housing, effective in engaging those who may be at risk but who have not yet had a fall in preventative activities and evidence-based exercise?	19,830

**4. Conclusion and Recommendations**

- 4.1 This is the second year that Hackney Council's Public Health Service and the CCG have combined their grant funds to achieve joint aims.
- 4.2 The City Integrated Commissioning Board is asked:
- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20
- 4.3 The Hackney Integrated Commissioning Board is asked
- To **APPROVE** the schedule of grants awards totalling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

**Supporting Papers and Evidence:**

None
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**Sign-off:**

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director

<b>Title of report:</b>	Health of Looked After Children & Care Leavers assessment and nursing service redesign and procurement		
<b>Date of meeting:</b>	14 March 2019		
<b>Lead Officer:</b>	Amy Wilkinson, Integrated Commissioning Workstream Director		
<b>Author:</b>	Michelle Williams, Public Health Strategist, LBH		
<b>Committee(s):</b>	Patient & Public Involvement Committee	Endorse	10/1/2019
	Children, Young People, Maternity and Families (CYPMF) work stream	Endorse	21/1/2019
	CoL Safeguarding Sub Committee (Corporate Parenting Board)	Comment / Endorse	8/2/2019
	Clinical Executive Committee (CEC)	Endorse	13/3/2019
	Integrated Commissioning Board (ICB)	Approval	14/3/2019
	LBH Corporate Parenting Board (CPB)	Endorse	18/3/2019
	CCG Finance & Performance Committee	Approval	20/3/2019
	CCG Governing Body (GB)	Approval	29/3/2019
<b>Public / Non-public</b>	Public		

### Executive Summary:

The aim of the Health of Looked-After Children (HLAC) and Care Leavers' service is to ensure that children looked-after by the City of London (CoL) and the London Borough of Hackney (LBH) have their health needs addressed in line with statutory guidance issued to local authorities, CCGs and NHS England under Sections 10 and 11 of the Children Act 2004.

To support the drive for continued improvement, CoL, LBH and NHS CHCCG are redesigning and recommissioning the Health of Looked After Children and Care Leavers (HLAC) assessment and nursing service. The new service model will undertake delivery of the statutory HLAC functions with the addition of a number of strengthened and innovative areas informed by the evidence and good practice guidelines and quality assurance.

This report outlines the redesign process including consultation with service users, carers and stakeholders and the procurement strategy for the new HLAC service model.

### Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
- To **APPROVE** the re-design and commissioning approach

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** and **COMMENT** on the service redesign process stated in this report.
- To **APPROVE** the re-design and commissioning approach

**Links to Key Priorities:**

The re-design and procurement of integrated HLAC provision forms part of the key transformation areas. 'Development of a new integrated health offer for our Looked After Children' is one of the 'Big Ticket Items' that were set out as part of the Children, Young People, Maternity & Families (CYPMF) transformation priorities and is a deliverable under the following transformation priority 'Strengthening the Health and Wellbeing offer for Vulnerable groups to reduce health inequalities and the impact of adverse childhood events'.

**Specific implications for City**

This service is commissioned for City of London Looked After children. CoL officers are integral to, and active in the re-design, commission and mobilisation process. This service delivers key statutory elements for this cohort, placed both in and out of borough.

**Specific implications for Hackney**

This service is commissioned for Hackney Looked After Children. A range of LBH and Hackney Learning Trust officers are integral to, and active in the re-design, commission and mobilisation process. This service delivers key statutory elements for Hackney Looked after children placed both in and out of borough.

**Patient and Public Involvement and Impact:**

Service users, carers and stakeholders have been engaged to co-design the service model and produce an outcomes-based service specification. The consultation plan is being undertaken in three phases:

1. Consultation on the existing service arrangements (November 2018 – January 2019) - to understand users' experiences and identify gaps in the current service.
2. Consultation to develop and implement the new service model (February – August 2019).
3. Service user satisfaction feedback, engagement in service reviews and evaluation (September 2019 – March 2021).

The service provider is expected to demonstrate the following as part of the service delivery:

- Regular feedback from service users and carers.
- Improved service user experience and satisfaction via annual patient and carer surveys.
- Service user and carer involvement in regular service reviews and service evaluations.

**Clinical/practitioner input and engagement:**

The following clinicians have been involved in the development of the proposals as part of the HLAC service redesign Working Group:

- Designated Doctor for LAC (HUHT)
- Designated Nurse for LAC (CHCCG)
- Designated Nurse – Safeguarding Children & Young People (CHCCG)
- Head of Clinical Practice (CFS) and CYP Work stream clinical lead (LBH)
- CYPMF Workstream Clinical Lead (CHCCG)

**Equalities implications and impact on priority groups:**

No adverse effects to priority groups indicated

**Safeguarding implications:**

The service will be compliant with the duties to safeguard and promote the welfare of children and young people as set out under Section 11, Children Act 2004, DoH Working Together to Safeguard Children guidance (2018) and with City & Hackney Child Safeguarding Board (CHCSB)'s Minimum Expectations.

**Impact on / Overlap with Existing Services:**

Proposed delivery of a new HLAC health assessment and nursing service model from 1 September 2019 to 31 March 2021; the service will include aligned and integrated referral protocols and care pathways to universal, targeted and specialist health services including immunisations, physical, mental health and emotional wellbeing, substance misuse and sexual health as well as joint working with Children's social care and education services.

**Main Report****1. Background and Current Position**

- 1.1 The aim of the Health of Looked After Children (HLAC) and Care Leavers' service is to ensure that children looked-after by the City of London (CoL) and the London Borough of Hackney (LBH) have their health needs addressed in line with statutory guidance issued to local authorities, CCGs and NHS England under Sections 10 and 11 of the Children Act 2004.
- 1.2 As at 1<sup>st</sup> October 2018, there were 384 looked after children in Hackney and 9 in the City of London; total = 393 (compared to 364 in Hackney on 1<sup>st</sup> March 2018). Of the 40 looked after children who were due to receive an initial health assessment in Q2 2018, 33 (82.5%) had assessments completed – falling short of the 95% completion target. Work is being undertaken to address underperformance including actions to improve the timeliness and quality of health assessments.
- 1.3 To support the drive for continued improvement and integration, CoL, LBH and NHS CHCCG are redesigning and recommissioning the Health of Looked After Children (HLAC) and Care Leavers assessment and nursing service. The new service model will undertake the statutory HLAC functions with the addition of a number of strengthened and innovative areas informed by the evidence base, good practice and quality assurance standards. This includes the provision of:
  - Detailed, timely and high quality Initial Health Assessments of children and young people who are received into care including those placed outside of the City and Hackney.

- Robust follow-up of the health care plan to ensure that looked after children are fully engaged in health services in order to meet their identified health needs.
- Aligned and integrated referral procedures and care pathways to universal, targeted and specialist health services including immunisations, physical, mental health and emotional wellbeing, substance misuse and sexual health.
- A Review Health Assessment conducted annually for children over the age of 5 years of age and 6-monthly for those under 5 years of age to monitor and improve health outcomes.
- Appropriate transition planning and support for care leavers aged 18-21 (and up to 25 if SEND).

1.4 The contract for the existing HLAC service expires on 31<sup>st</sup> August 2019. A new service agreement is expected to be in place from 1<sup>st</sup> September 2019. The new service will be outcomes-focused and aligned or integrated with wider health, social care and education services and care pathways as appropriate, ensuring that looked-after children and care leavers have equitable access to comprehensive health provision in order to meet their identified and emerging health and wellbeing needs.

1.5 This report outlines the redesign process for the new service model including consultation with service users, carers and stakeholders, and the proposed procurement strategy.

## 2. Options

2.1 In developing the procurement strategy for the new service the options are currently being appraised. Currently options include: Doing nothing, extending current provision, contract negotiation with an existing provider, or an open procurement.

2.2 The current service budget is approximately £350,000 per year. We will be confirming the budget available for the period 1<sup>st</sup> September 2019 to 31<sup>st</sup> March 2021 (18 months), in line with the new service specification. As part of the redesign process, the funding is being reviewed in line with the recommendations from the Royal College of General Practitioner’s (RCGP) Intercollegiate guidance for staffing capacity for looked after children health assessment services including the Named and Designated Nurse and Doctor roles.

## 3. Service Redesign Process

3.1 The service redesign and proposed procurement is divided into the following stages:

Stage	Timescales	Activity
1	Nov 2018 – Jan 2019	<ul style="list-style-type: none"> <li>• HLAC service redesign Working Group to design an optimal core HLAC service model based on HLAC statutory guidance, NICE recommendations, evidence base, good practice and informed by service user and carer consultation.</li> <li>• An outcomes-based service specification will be co-designed by the Working Group, service users and carers and shared with appropriate strategic groups (including Corporate Parenting Officers Group (CPOG) and the CYPMF BPOG) at the end of January 2019 for input and agreement.</li> </ul>



Stage	Timescales	Activity
		<ul style="list-style-type: none"> <li>Approval of the procurement strategy for the HLAC service will be sought via the CHCCG and integrated commissioning governance routes for CoL and Hackney.</li> </ul>
2	Feb – Aug 2019	<ul style="list-style-type: none"> <li>Redesign and develop the service pathways for improved outcomes for looked after children and carer leavers in regards to health, mental health emotional wellbeing, sexual health, and identify opportunities for integration / multi-agency/ multi-disciplinary working between health and social care services.</li> <li>Procurement and award of the HLAC contract to a suitably qualified provider.</li> <li>Mobilisation of the new service model.</li> </ul>
3	Sep 2019 – Mar 2021	<ul style="list-style-type: none"> <li>The service provider is to work with health and social care partners to implement agreed service changes and the recommendations of the service user and carer consultation, monitored via contract management meetings, and overseen by the HLAC Working Group, CYPMF BPOG and the CPOG.</li> </ul>

3.2 The following redesign activities are currently underway:

- Development of a health needs profile of looked after children and carer leavers in City and Hackney, identifying their existing emerging health needs and demand for services.
- Service / pathway mapping and gap analysis to identify current service delivery issues and challenges, and benchmarking / comparison of HLAC service models in Hackney's statistical neighbours to identify good practice / what works.
- Planning the model by outlining the staffing infrastructure and resources required in line with the budget and minimum statutory requirements. This includes:
  - Clearly defined and agreed operational processes for initial and review health assessments, health care plans and care leavers' health summaries,
  - Aligned or integrated service pathways and protocols (e.g. agreed placement notification process with social workers, GP liaison, clear arrangements for looked-after children placed out-of-borough, transition planning for care leavers, referral pathways to universal, targeted and specialist services).
  - Robust quality assurance and safeguarding arrangements; and
  - Data management and IT processes and information sharing protocols in line with the General Data Protection Regulation (GDPR).
  - A performance framework with integrated outcomes indicators.

3.3 Service users, carers and stakeholders are also being engaged to co-design the service model. The consultation plan is being undertaken in three phases:

- Consultation on the existing service arrangements (Nov 2018 – Jan 2019) - to understand users' experiences and identify gaps in the current service.
- Consultation to develop and implement the new service model (March – August 2019).
- Service user satisfaction feedback, engagement in service reviews and evaluation (September 2019 – March 2021).

- 3.4 For Phase 1 (Nov – Dec 2018) service users, carers and health and social care professionals were engaged to develop the service prototype (including the service delivery requirements, operational processes and care pathways) and a detailed outcomes-focused service specification:

Participants	No of participants	Engagement method	Consultation feedback**
Service users (Looked after children)	4	Focus group	<p>Examples of changes / interventions proposed by service users / carers:</p> <ul style="list-style-type: none"> <li>• Young people's rights regarding privacy and confidentiality to be clarified with them before the health assessment is conducted.</li> <li>• Better communication with foster carers about the health assessment process in formats appropriate to the audience.</li> <li>• Convenient / flexible appointment dates / times / venues for users.</li> <li>• Implement robust care pathways for looked after children and care leavers with follow-up and tracking of outcomes by nominated persons.</li> </ul>
Service users (Looked after children – unaccompanied asylum seekers)	5	1:1 interviews and a focus group	
Foster Carers	13	2 focus groups and email feedback	
Professionals*	23 + 5	Survey completion + focus group	

*\*Professionals (survey completion): 23 (1 x GP, 2 X social worker, 6 x designated looked after children nurse (cross borough), 1 x designated nurse safeguarding, 1 x Virtual Head Teacher, 1 x Occupational Therapist, 11 x Unit Coordinators (Children's Social Care) and Youth Justice Practitioners: 5 (focus group))*

*\*\* Refer to the consultation feedback report for full outcomes of the Stage 1 consultation.*

#### 4. HLAC service model

- 4.1 The service model will adopt a caseload allocation approach. This will mean that following the initial health assessment the child will be allocated to a nursing caseload.
- 4.2 The nurse will be responsible for chasing the health actions but not exclusively delivering them. It will also ensure that the child has a named health professional
- 4.3 At present there is not a consistent approach to following up on actions and audit has shown that many are not completed. The model will ensure that there is follow-up of the recommendations in the health care plan, appropriate referral to health care services and robust monitoring of health outcomes.

- 4.4 This approach is consistent with good nursing practice (Intercollegiate and NICE guidance), will ensure that the child is held in mind, it will result in a less task-orientated approach and ensure that there is responsibility for review of actions and outcomes.
- 4.5 There is currently occupational health input commissioned as part of this service, and it is intended that this will continue, alongside strengthened input around emotional health and wellbeing

**5. Conclusion and Recommendations**

- 5.1 The City Integrated Commissioning Board is asked:
  - To **NOTE** and **COMMENT** on the service redesign process stated in this report.
  - To **APPROVE** the re-design and commissioning approach
- 5.2 The Hackney Integrated Commissioning Board is asked:
  - To **NOTE** and **COMMENT** on the service redesign process stated in this report.
  - To **APPROVE** the re-design and commissioning approach

**Supporting Papers and Evidence:**

None

**Sign-off:**

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director

<b>Title of report:</b>	Detailed Review: Children, Young People, Maternity and Families
<b>Date of meeting:</b>	14 March 2019
<b>Lead Officer:</b>	Anne Canning: Senior Responsible Officer Amy Wilkinson: Workstream Director
<b>Author:</b>	Amy Wilkinson with contributions from CCG and LA teams
<b>Committee(s):</b>	Clinical Executive Committee 9 <sup>th</sup> January 2019 Public Patient Involvement Committee 10 <sup>th</sup> January 2019 Finance and Performance Committee: 23 <sup>rd</sup> January 2019 Transformation Board: 27 <sup>th</sup> February 2019 Integrated Commissioning Board: 14 <sup>th</sup> March 2019 All for information / endorsement.
<b>Public / Non-public</b>	Public

### Executive Summary:

This paper is the detailed workstream review outlining progress to date, and direction of travel for the Children, Young People, Maternity and Families workstream. This paper builds on what was presented in Assurance Review point 3 in September 2018.

This paper 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, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward

Transformation Board is asked to note in particular the following concerns and issues:

#### Performance

- Quality metrics have improved across Maternity significantly over the past year, and the Trust has now been rated as 'Good' (August 2018 CQC), moving on from 'Needs Improvement' previously. IAF indicators are improving with patient experience indicators also generally improving. The service scored highest in country in the CQC commissioned Picker Patient experience survey for enquiring about emotional wellbeing, but has work to do to improve feedback on postnatal care.
- Deliveries with complications and co-morbidities are increasing year on year at HUFT. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This is being investigated through external audit due to a change in coding practice and financial impacts will be re-assessed.
- The CAMHS transformation continues to support impressive CAMHS performance : City & Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHS submission

#### Activity

- Linked to the above, maternity activity is increasing at HUFT and decreasing out of area, likely linked to quality and reputational improvements.

- There are discussions around a locally agreed paediatric critical care tariff to account for activity already undertaken and to support further work on this
- There are a range of transformational integrated priorities being delivered across the partnership currently, including a 0-25 strategy, an emotional wellbeing strategy, a 2 year immunisations action plan, a City and Hackney approach to Adverse Childhood Events, clarification of SEND pathways, and the redesign and commission of our Health of Looked After Children's service
- A third of the contracts forming the HUFT community health services contract deliver on outcomes for children and families, and these are being re-designed as part of the 'Neighbourhood Health and Care' work, in line with our transformational and collaborative ambitions.

### Financial

- Linked to the points above, over performance in paediatric outpatients, and significant changes in complexity of maternity deliveries are being investigated (through internal and external audit, with a view to being clear on, and mitigating the financial implications.
- Several areas of savings have been identified and are being implemented, including reducing duplication of payment across the maternity pathway, CAMHS productivity QIPP and a new QIPP linked to reductions in births at UCLH.
- Work is underway to establish an integrated financial strategy across the system
- Other key areas of financial pressure that impact across the system include spend on SEND, increases in numbers of children in care and reductions in the Public Health grant.

Additionally it would be useful to discuss the alignment with, and way forward around the NHS Long Term Plan.

### 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 outlines how the workstream supports the Health and Wellbeing Strategy, the Integrated Care Strategic Framework, and the NHS Long term plan in addition to a number of more specific strategies and initiatives delivered across City and Hackney.

### Specific implications for City

City of London specific priorities have been revisited during January 2019 and it has been agreed that CYPMF transformation work will focus on supporting an integrated deep dive of current CYPMF health and wellbeing contracts and commissions, with a view to extrapolating best value and outcomes for children and their families going forward.

### Specific implications for Hackney

A large proportion of the detailed review pertains directly to Hackney, its partners, and improving outcomes for its children and families.

**Patient and Public Involvement and Impact:**

This review has been to the PPI committee, and was well received with key queries on breastfeeding, looked after children, children with SEND and maternity provision. Several examples of co-production are outlined in the review.

**Clinical/practitioner input and engagement:**

Our three workstream clinical leads (Rhiannon England: Children and Young People, Laura Smith: CAMHS and wellbeing, Balvinder Duggal: Maternity) have been integral in pulling the review together, in steering the work of the workstream and in fronting its work. A number of other clinical leads feed into and deliver specific pieces of work to support the workstream's outcomes. This review has also been presented at CEC, as per earlier in the cover sheet.

**Equalities implications and impact on priority groups:**

Our second transformation priority actively seeks to improve health outcomes for vulnerable groups, including Looked After Children, those at risk of sexual exploitation, those in contact with the Youth Justice System and those with SEND. We are also prioritising work with Young Black Men, including co-chairing the YBM Mental health partnership and match funding a VCSE (HCVS and Family Action) emotional wellbeing project bid to work specifically with African and Caribbean heritage young people at key transition points in their lives. We are developing a strategic approach across City and Hackney to improve resilience for those who have experienced adverse childhood events.

Embedded in our other two priorities is a range of work to improve emotional wellbeing and CAMHS for key groups, including those who identify as LGBTQ+, and improving the maternity pathway for vulnerable families. We are also working to actively improve immunisation rates in our specific communities with low uptake.

**Safeguarding implications:**

There is a specific section on safeguarding, including our approach to supporting changes outlined in the new 'Working together to Safeguard Children 2018' Guidance' embedded in the review.

**Impact on / Overlap with Existing Services:**

The review reports on both business as usual and transformational work delivered through the workstream, and takes into account work being delivered across the breadth of all three key commissioning organisations, and through a range of delivery partners.

**Sign-off:**

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Services

City & Hackney CCG: David Maher, Managing Director

# Children, Young People and Maternity: **Families**

Page 181

Detailed Review January 2019



City and Hackney  
Clinical Commissioning Group

# Contents

Page 182

Overview : Headlines	Slides 3-5
Overview: Opportunity, Risk and mitigation	Slides 6-8
Transformation	Slides 9-11
Performance: Indicators and Outcomes (IAF, FYFV)	
ELHCP / NEL Alignment	Slides 13-14
- Maternity detail	Slides 15-21
- CYP and Safeguarding detail	Slides 23-34
- CYP Emotional Wellbeing detail	Slides 35-37
Finance and Activity	Slides 39-44
- QIPP	Slide 43
- CQUINs	Slides 44
Engagement and Co-production	Slide 45



# Overview and Exec Summary: Current strategic approach

## To date (18/19):

In supporting implementation of an integrated care system for our children and families, the workstream continues to focus on delivering transformation through improvement in quality, performance, alignment and efficiency. This year we have:

- Delivered a financial transparency exercise that shows all relevant system budgets in one place and highlights areas for alignment and pooling, for implementation 2019/20. Budgets of approx 60m are currently aligned (largely CCG and LA Public Health), with agreement for pooling of an additional 3-4 m as a pilot (likely to cover Health of Looked After Children and Speech and Language Therapy services initially). Plans are underway for further alignment.
- Developed and implemented a streamlined governance structure. Joint structures in place and working well for integrated strategic oversight and Business and Performance Management. Close working with Unplanned Care around taking neighbourhood ways of working forward for families.
- Progressed delivery and impact of our key transformation priorities (detail following)
- Improved the way we manage our core business in an integrated way to deliver higher quality services with better outcomes (detail following)
- Aligned our work with the wider NELCA system as part of specific workstreams on Children and Young People, Maternity and CYP Mental health (detail following). First CYP STP Board Dec 18 shows C&H to be in a positive place compared to neighbours. ELLMS link strong for maternity, and C&H leading CAMHS work across NEL. Good partnerships across NEL through safeguarding and designated safeguarding professionals structures. Recent analysis of our position against the NHS Long term plan confirms that we are making good progress in line with the key maternity and children's priorities.

## Moving forward (19/20):

With these things in place, moving forward we will focus on ensuring we:

- Have a robust performance and outcomes dashboard in place that is fit for purpose
- Have an integrated, efficient and sustainable financial strategy in place
- Are delivering transformation priorities that are working for the City of London

# Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Maternity Page 184</p>	<ul style="list-style-type: none"> <li>■ Forecast static delivery numbers for Homerton with evidence of increasing antenatal intermediate care tariff</li> <li>■ Improvement in quality performance of midwifery services at HUFT, verified through CQC inspection August 2018 (moved from 'needs improvement' to 'good').</li> <li>■ Deliveries with complications and co-morbidities increasing year on year at HUH. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This increase appears to be due to a coding change by the HUH whereby they have been applying Z codes to some delivery activity. This is currently being challenged through the CSU.</li> <li>■ Activity has decreased on OOA providers and complexity profile has remained static at UCLH, Whittington &amp; Barts</li> <li>■ Good performance shown on maternity dashboard in areas such as early booking and maternal and neonatal observations.</li> <li>■ Family and Friends Test continues to be an area for improvement.</li> <li>■ Increasing caesarean rates also an area of concern. This is being monitored through the Maternity Quality Performance Group and the CYPM workstream</li> <li>■ Refreshed Maternity Voices Partnership with increasing user engagement and progress on identified priority areas.</li> <li>■ Review of the current maternity pathway at the HUH to ensure Continuity of Carer and therefore patient outcomes.</li> <li>■ Maternity unit working towards providing Continuity of Carer for women in intrapartum. Initial focus on vulnerable women through introducing meet the midwife where a link is created with intrapartum midwife and PH midwives.</li> <li>■ Agreed CQUIN to provide Continuity of Carer for women with gestational diabetes.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Children and Young People</p>	<ul style="list-style-type: none"> <li>■ Robust provider and partnership response to measles outbreak in NE Hackney. Confirmed measles outbreak in October 2018, with 55 cases in the Hackney Charedi community. The CCG commissioned the GP confederation to deliver an increased number of clinics to support immunisation delivery in the north of the borough. The CCG, GP Confederation and Public Health continue to work together in responding to the outbreak.</li> <li>■ No significant budget variances forecast at month 8</li> <li>■ Looked After Nursing Service Contract agreed for April 2018-August 2019</li> <li>■ Previous identified financial risk of out of borough special school costs resolved. All Whittington Health special school costs are met within the existing Whittington Health CHS block contract. Impact on HLT now quantified and future placement costs agreed.</li> <li>■ Co-production and engagement models of SEND Partnership Boards reviewed</li> </ul>

# Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAMHS &amp; Wellbeing</p>	<ul style="list-style-type: none"> <li>■ The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to children’s mental health:</li> <li>■ City &amp; Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHSDS submission.</li> <li>■ The disparity between MHSDS and Locally submitted data is also one of the lowest in London meaning our reporting systems are functioning very well</li> <li>■ Key focus on Increasing access rates from 25% to 35% by 2020/21, and reducing waiting times for assessment and treatment</li> <li>■ Work begun on drafting of a system wide children and Young People’s Wellbeing Strategy, led by the workstream</li> <li>■ Establishment of 24/7 crisis resolution and liaison mental health service on track</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SG</p>	<ul style="list-style-type: none"> <li>■ Work is underway to implement new legislative guidance on Safeguarding ‘Working together to Safeguard Children 2018’. System changes to be articulated by June 2019. This includes changes to the Serious Case Review process and Child Death Overview Panel.</li> <li>■ Early discussions taking place with partners in order to explore a system wide approach to work around ACE’s</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Public Health Services</p>	<ul style="list-style-type: none"> <li>■ The Health Visiting service and Children’s Centre gained the UNICEF breastfeeding Stage 1 accreditation. Work has commenced across the Homerton and Hackney Learning Trust in working towards achieving level 2 accreditation. Health visiting continues to perform well.</li> <li>■ From 1st September 2018, School Based Health Services in Hackney and the City of London have been integrated, and delivered as one service.</li> <li>■ A new Family Nurse Partnership service was commissioned in September 2018, with an extended age range of clients up to 24 years old (previously 19 years old) for those with additional vulnerabilities.</li> <li>■ The London Borough of Hackney, City of London and the CCG are redesigning and recommissioning the Health of Looked After Children nursing service, with a new service to be in place in September, 2019.</li> </ul>

# Retrospective Performance Issues

Issues and Risks	Progress / Actions being taken to address:
<p>Deliveries with complications and co-morbidities increasing year on year at HUH. YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018. This increase appears to be due to a coding change by the HUH whereby they have been applying Z codes to some delivery activity. This is currently being challenged through the CSU and may or may not be linked to the recent outsourcing of maternity coding.</p>	<p>A maternity coding audit commissioned by the CCG will take place shortly, and an action plan will be developed and delivered in agreement with the CSU and HUFT. This is being monitored with fortnightly meetings of WS leads and contract managers.</p>
<p>Increasing caesarean rates also an area of concern. This is being monitored through the Maternity Quality Performance Group and the CYPM workstream.</p>	<p>This will continue to be monitored and an action plan developed, linked to the above risk</p>
<p>Family and Friends Test continues to be an area for improvement.</p>	<p>Work is underway through HUFT as part of their Maternity Action and Improvement Plan</p>
<p>A recent audit of C2C outpatient paediatric activity with HUHT indicates remedial coding work required. Approx 50% coded as C2C were found to be internal follow ups and incorrectly coded</p>	<p>Action plan to be agreed with HUFT, and reported</p>
<p>Transfer of Health of Looked After Children's service</p>	<p>Safe transfer achieved with funding envelope agreed. Design and commission of new service on track.</p>
<p>City and Hackney saw 2 health protection outbreaks in the last 6 months - s measles outbreak in the North East of Hackney, with cases in Haringey and Enfield, and number of CPE resistant cases in NICU.</p>	<p>A quick outbreak response to the measles outbreak was commissioned by the CCG (delivered by the GPC), for 8 weeks. Impact to be reviewed early Jan. NICU outbreak dealt with effectively by HUFT, eradicated and NICU now open.</p>

# Prospective challenges

## Challenges

## Mitigations

<p>The WS QIPP target is 938,000 (including 19/20 stretch).</p>	<p>The WS is on track to deliver approx 871,000 of this currently. Further QIPP opportunities are being sought. General efficiencies are also being identified across delivery budgets, largely through reducing duplication.</p>
<p>The implementation of a clear workstream financial strategy that maximises pooling and aligning opportunities to work more efficiently</p>	<p>A financial transparency and scoping exercise has taken place with key budgets identified. Currently there is approx 60 million of aligned budgets and agreement to pilot a pooling arrangement. This work is progressing.</p>
<p>The implementation of family work through the neighbourhood model, specifically agreeing an effective way forward that ensures close working with a 6 cluster area safeguarding and CHS structure</p>	<p>The CYPM neighbourhoods working group (with UPC) meets monthly and is working with key stakeholders on a range of ways to take this forward, strategically and at pilot level</p>
<p>Financial pressures on funding SEND across the system</p>	<p>A deep dive is currently being conducted into SEND pathways and funding packages, with a view to some case study pilots and protocols being developed.</p>
<p>Current over performance in paediatric outpatients</p>	<p>A recent coding review is delivering an action plan to understand and address this</p>
<p>Current coding issues, linked to reported over performance in Maternity. If confirmed and correct, this forecasts an overspend in the region of 400,000 for 18/19..</p>	<p>A coding audit is being commissioned currently, with close scrutiny by CCG and CSU teams, with an action plan to follow</p>
<p>Retaining quality improvements across Maternity services at HUFT</p>	<p>Close support and management by the WS Maternity Quality &amp; Performance Group, and a range of mitigations in place post inspection to support continued improvement</p>
<p>Addressing current low uptake of immunisations and vaccinations, particularly in the north of Hackney, but also more generally, exacerbating levels of risk around health protection outbreaks. This is complicated by centralised commissioning arrangements and lack of clarity centrally on outbreak funding arrangements.</p>	<p>An 'Improving immunisations' action plan will be drafted shortly, capitalising on the recent surge in demand for vaccinations following the measles outbreak in the North West of the borough. This will be monitored by the local partnership, alongside NHS England and Public Health England, as will management of any further outbreaks and the impact of the plan on vaccination rates.</p>

# Prospective opportunities

To continue to support the **quality improvement trajectory** of HUFT **midwifery services**, from Good to Outstanding (CQC), including supporting the implementation of the national Continuity of Carer agenda

To build on momentum and the surge in demand and take up of **immunisations** in the North West of Hackney with the development of a local **immunisations action plan**. This will include supporting the GPC to roll out call/recall across City and Hackney as per national funding decisions. We also have the opportunity to build on local political support to explore a co-commissioning arrangement for immunisations and vaccinations locally.

To work with our NELCA partners to explore streamlining, quality improvement and efficiencies in **paediatric critical care**. HUFT have drafted a business case for local consideration which would benefit from dovetailing into wider NEL work.

To re-work our vision for children and young people's **community health services** as part of the wider 'Neighbourhood health care' re-design and commissioning process. This will be a key delivery element of our wider plans for drafting and implementation of an **integrated 0-19/25 health and wellbeing strategy**.

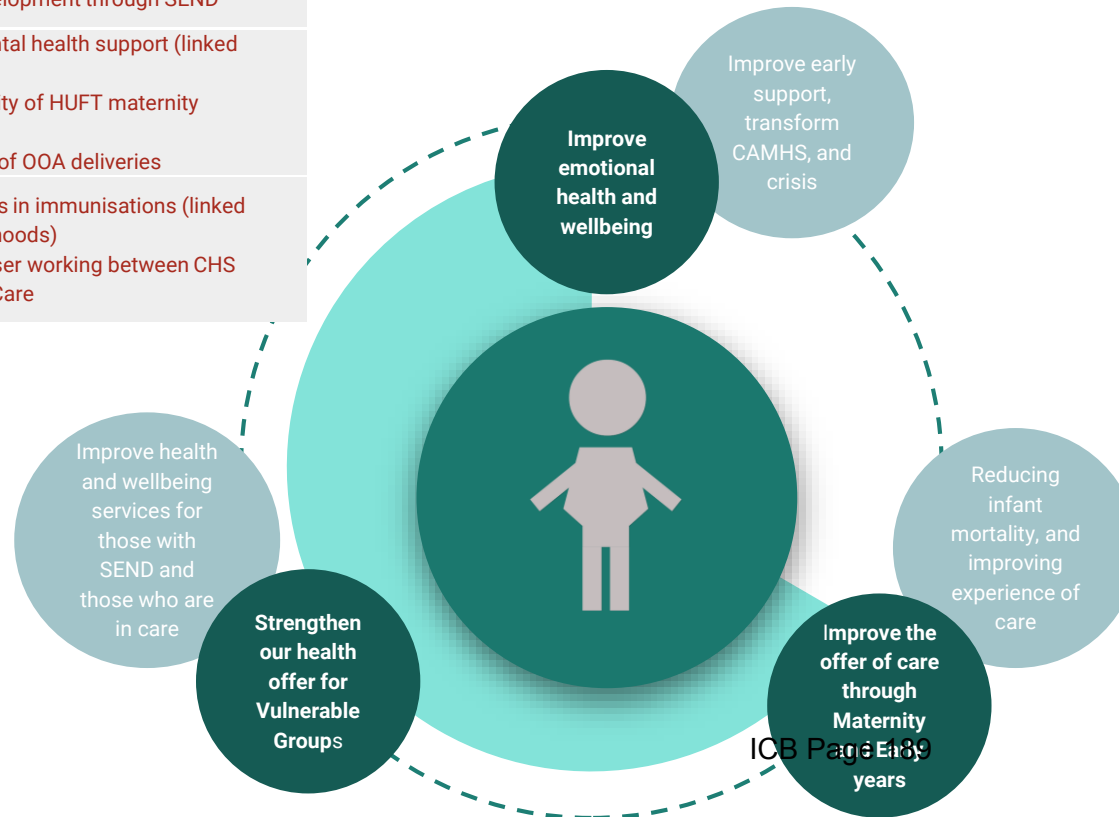
Also a key challenge, there are significant gains to be made from clarifying and agreeing funding protocols for children with **Special Educational needs and disabilities**.

Changes linked to new safeguarding guidance may bring new opportunities to work in a more aligned way across NEL, and also to look at how we approach work around **Adverse Childhood Events** in a useful and joined up way.

The development of an **integrated Emotional Health and Wellbeing Strategy** that frames the CAMHS Transformation and places the Alliance in a strong position going forward across all partners is a significant opportunity.

# 18/19 transformation priorities and deliverables

<b>Improve emotional wellbeing</b>		<ul style="list-style-type: none"> <li>• Delivery of CAMHS Transformation - schools / prevention, parenting and crisis</li> <li>• Work to reduce self harm and suicide</li> <li>• Pathway work to reduce exclusions</li> </ul>
<b>Improve health offer for vuln groups</b>	Looked after and socially vulnerable children & YP	<ul style="list-style-type: none"> <li>• New integrated service designed and delivered, to go live September 2019</li> <li>• Develop clear pathways and support for those at risk of sexual exploitation (linked to STP) and YJS</li> </ul>
	Children with SEND	<ul style="list-style-type: none"> <li>• Safe transitions to PHBs and of CHC</li> <li>• Implementation of SEND recommendations</li> <li>• Pathway development through SEND</li> </ul>
<b>Improve offer of care at Maternity and Early Years</b>	<b>Pre-conception to Birth</b>	<ul style="list-style-type: none"> <li>• Perinatal mental health support (linked to STP)</li> <li>• Improve Quality of HUFT maternity service</li> <li>• Re-patriation of OOA deliveries</li> </ul>
	Early years +	<ul style="list-style-type: none"> <li>• Improvements in immunisations (linked to neighbourhoods)</li> <li>• Facilitate closer working between CHS and Primary Care</li> </ul>



# Overview of 18/19 transformation plan progress

Priority	18/19 Deliverables	Progress Dec 2018
Improving emotional health and wellbeing of children and young people	<ul style="list-style-type: none"> <li>- Development of an integrated children and young people's emotional wellbeing strategy</li> <li>- Co-ordinating delivery of the CAMHS transformation agenda</li> <li>- Improving delivery of CAMHS for those in contact with Youth Justice</li> </ul>	<ul style="list-style-type: none"> <li>- Draft workplan for delivery of strategy agreed. Aim for draft strategy March 2019</li> <li>- CAMHS transformation progressing well</li> <li>- Early discussions on service development / design for YJ cohort</li> </ul>
Strengthening our health offer for vulnerable groups	<ul style="list-style-type: none"> <li>- Re-design and delivery of our Health of LAC service</li> <li>- Developing clear and effective integrated pathways, including identifying gaps and sustainable ways to address these for our SEND cohort</li> <li>- Data capture and analysis (scoping) work on 17/19 exclusions cohort</li> <li>- Early work on a City and Hackney approach to adverse childhood events</li> </ul>	<ul style="list-style-type: none"> <li>- On track and progressing well (see Big Ticket)</li> <li>- On track (see Big Ticket)</li>   <li>- Delivered (see Big Ticket)</li> <li>- Scoping discussion taken place. Way forward being drafted and agreed as a whole system approach</li> </ul>
Improving the offer of care at Maternity and Early Years	<ul style="list-style-type: none"> <li>- Supporting HUFT to move toward delivery of an 'outstanding' midwifery service</li> <li>- Working with 'Prevention' to reduce smoking in pregnancy</li> <li>- Supporting implementation of the national 'continuity of carer' agenda</li> </ul>	<ul style="list-style-type: none"> <li>- Quality of service improving (see performance detail)</li> <li>- Progressing</li>   <li>- CQUIN agreed and work on 16 week check progressing. COC work plan in place.</li> </ul>



# Progressing Big Ticket Items

Big Ticket Item	Objective / Milestone	Progress Dec 2018
Working together to explore reducing exclusions	Delivery of an analysis of factors affecting exclusion, looking specifically at the role of health with a view to identifying areas for improvement. To be delivered Winter 2018.	Delivered – dissemination plan being implemented through governance structures
Implementing and consolidating the offer for children with SEND, particularly U5s (Part of key transformation priority on strengthening our offer for vulnerable groups)	Implementation of SEND inspection recommendations, including whole system pathway clarification and development for U5s. Includes implementing mechanisms for early involvement of health to EHCPs and embedding this in practise.	NR Resource agreed and work being scoped.
Working with Primary Care to support capacity to manage childhood illness in the community  Supporting multi-professional working to streamline care	Closer links between primary care and children’s community health professionals, including looking at alignment of systems and other ways of facilitating (eg. closer links with GPs and School nurses)  This work will be done with Unplanned Care through the ‘neighbourhoods model’.	Being worked through with the ‘Neighbourhoods’ working group and likely to be taken forward through a joint CEPN bid
Development of a new integrated health offer for our Looked After Children	Re-design and Re-commission of our Looked after children’s health service. Go live September 2019.	Progressing well. Robust stakeholder engagement plan and re-design process in place. Draft spec on track for Jan 2019.

# Performance and Alignment

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Page 192  
General Overview

# Alignment with NEL and STP Plans

## Maternity

Progress is positive against maternity priorities outlined in the NHS Long Term Plan and confirms our direction of travel.

- **Safety:** Perinatal Mortality Review Tool review process and structure currently being developed across NEL.
- ELLMS Trusts all engaged with PreCept wave 1 *around administration of magnesium sulphate to eligible preterm mothers*
- Maternal Medicine Network progressing and is led in East London by Rehan Khan
- Perinatal mortality trajectories to be submitted for Q2 data to NHSE.
- **Continuity of Carer;** Ongoing plans to develop models of care and reorganise services to ensure EL are on trajectory to reach the national target of 20%.Providers exploring different models of care and delivery
- **Women's experience** framework developed by Bart's and supported by the LMS to jointly measure women's experience of CoC.
- **Choice and Personalisation;** Ongoing mapping of current choices for women across all provider sites, in terms of individualised birth plans, management plans and information provision.
- **Co-design and co-production:** Ongoing recruitment process of ELLMS Band 7 Maternity PPI Lead.
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- **Choice and Personalisation;** Ongoing mapping of current choices for women across all provider sites, in terms of individualised birth plans, management plans and information provision.
- **Co-design and co-production:** Ongoing recruitment process of ELLMS Band 7 Maternity PPI Lead.
- **MVPs:** Option to commission MVPs on a STP footprint is no longer an option given that all CCGs are unable to commit financially. This will be a WEL / Bart's plan.

# Alignment with NEL and STP Plans

## Children and Young People

Progress is positive across a range of children and young people's priorities outlined in the NHS Long term Plan, with key areas around Learning Disabilities and SEND more widely that we need to address.

- First meeting of the **ELHCP CYP Board** December 2018 (WSD is a member). Currently agreeing priorities for adding value, on areas of joint challenge. Some discussion of auditing critical care and exploring appetite for this. WSD invited to take part in **ELHCP Prevention Board**.
- NEL wide work taking place on **asthma** (including network) with C&H representation. Making solid progress.
- Development of **Child Sexual Abuse Hub** still in planning stages. Agreement for emotional wellbeing pathway and paediatric contribution from HUFT.

Page 194

## Safeguarding

- A working group of **designated health professionals** from the 7 CCGs are meeting on a 8 weekly basis to consider elements of safeguarding that can be produced that would work across the STP footprint.
- Terms of reference have been established and there are 3 work streams.
- The work streams cover **LAC, governance and accountability and policies and strategies**.
- It is established that effective safeguarding provision requires local context but there are identified areas where there is a possibility of working collectively.
- This group also establishes a supportive **network** which provides cover for absence as required. The group has provided feedback to Jane Milligan and SMT.

## CAMHS

- City and Hackney leading NEL wide work - further detail in MH Detailed review.

# Maternity

## Shared Maternity Care

### Pathway change:

Current C&H maternity antenatal pathway involves GPs in the care of the pregnant woman through a GP Confederation contract providing Targeted Preconception care to women with LTC, Pregnancy presentation appointments to a pregnant women who present to the GP, 16 week antenatal checks and 6 week post natal checks. The Homerton maternity unit is also paid a tariff for the antenatal care of all C&H women who deliver there. There is a duplication of payment in the system. To promote Continuity of Carer and also improve safety in the delivery of antenatal care this pathway is currently under review.

Following discussions with the GP Confederation and the Head of midwifery at the Homerton, it was proposed that the pregnancy presentation and 16 week antenatal activity currently performed by GPs in C&H is moved back to the midwifery team. This will support the NHSE better Births mandate for Continuity of Carer and also will ensure that there is clear oversight of pregnant women along the antenatal pathway. This has been agreed. No other significant changes to the pathway have been agreed.

HUFT will commence full delivery of the 16 week antenatal check from April 2019.

# Performance overview: Maternity indicators

Area	Indicator	Latest data period	City and Hackney	Hackney	City of London	England	Significant difference - comparator group (London Cosmopolitan group)	Trendline	Achieving target
Maternity	Maternity clinical priority area rating	2017/18	Good						
	Women's experience of maternity services	2017	78.6%			83.0%	79.3% (NEL STP)		
	Choice in maternity services	2017	62.9%			60.8%	62.5% (NEL STP)		
	Maternal smoking at delivery	Q3 17/18	5.2%			10.8%	5.5% (NEL STP)		
	% of births at birth centre	Sep-18	18.18%						>15%
	Unplanned births at home	Jul-18	0.21%						
	C section rate	Sep-18	30.95%						<32%
	% of women booked by 12+6 *provisional data	Sep-18	92.03%						<70%
	Women booked by 10+0 weeks (who were referred by 8+0 weeks)	Aug-18	75.6%						50%
	Low birth weight babies	2016		3.17%	5.77%	2.79%	3.01% (London Region)		
	Unplanned NICU admissions for term babies	Sep-18	7						<28
	Neonatal mortality and stillbirths	2016	4.6				5.69 (NEL STP)		
	Breastfeeding initiation	2016/17		92.2%	90.6%	74.5%			
	Breastfeeding rates at 6-8 weeks	2016/17				44%			

# Performance Overview: Children and Young People indicators

Area	Indicator	Latest data period	City and Hackney	Hackney	City of London	England	Significant difference - comparator group (London Cosmopolitan group)	Trendline	Achieving target
Children and Young People	Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2016/17	86.8%			95.1%	91.6% (London Region)		
	CAMHS transformation indicator								
	Year 6: Prevalence of obesity	2016/17		27%		20%	24% (London Region)		
	Personal health budgets - children								
Safeguarding and Personal Health Budgets	Number/% adults referred for safeguarding whose expressed outcomes are fully/partly met	Q2 18/19		94%	71%			Up	
	Personal health budgets (adults; IAF)	Q4 17/18	11.9			44.98	18.55 (NEL STP)		

## NOTE on Clinical Priority Area – Maternity:

- The current clinical priority rating for the clinical for the Maternity Clinical Priority Area, from the MyNHS website, is shown as 'Good' based on a 2017/18 assessment. However, indicator 125b – Experience of Maternity Services shows that we are in the 'worst' quartile in England. This indicator based on the score associated with 6 indicators from a long list of indicators that are part of the maternity survey. The current overall response rate is quite low and sits at 37%. The refresh of the maternity voices partnership in 2018 by the CCG, the Homerton and the service user groups indicates a change in the way service engages with women. The feedback received from the walk the patch surveys in the maternity voice partnership are acted on in as soon as received and preliminary feedback from the walk the patch surveys indicate that women are already reporting noticeable improvements in the service and care they receive.
- Considerable work has been done with the Homerton on improving the areas identified by CQC. Part of this focuses on consistency of care including variable staff attitude, poor postnatal ward experience, and delays in triage & admission when in labour and limited space to labour, and insufficient breastfeeding support which contribute to these limited patient experience indicators. The action plans are monitored through the Maternity Quality and Performance Meetings. It should also be noted that considerable work has been done within the maternity pathways which has improved this clinical priority area from a rating of 'Needs Improvement' to the 'Good'.

# Infant mortality and morbidity

## Achievements and Work in progress

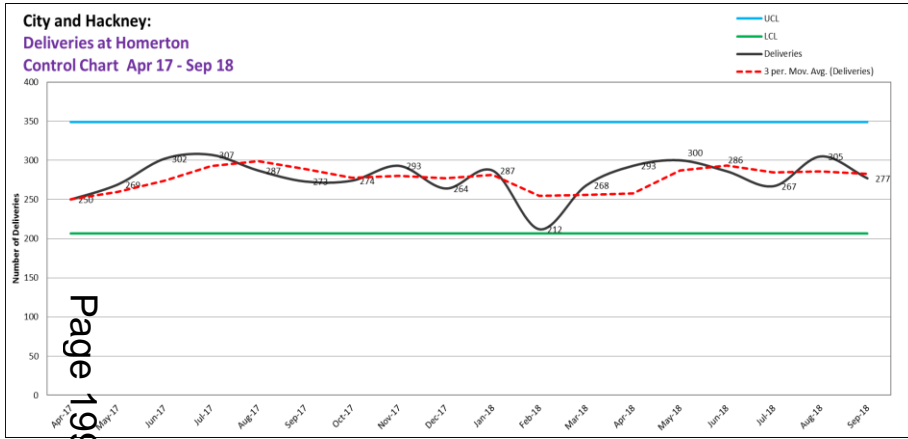
- Audited VTE risk assessment process, Hypertension readmission and Perinatal MH screening. Steps taken to improve VTE risk assessment and documentation following audit and women now discharged with full course of treatment. Perinatal MH screening performing well. Recommendations for more training for community midwives around managing hypertension and importance of liaising with GP prior to referral to hospital
- Comprehensive reviews of mortality data, trends and guidance
- Low levels of reported smoking in pregnancy and Carbon Monoxide (CO) screening in place in maternity to help identify women and support them to quit
- 3/4 Saving Babies Lives initiatives in place (CTG monitoring, fetal movements publicity, CO screening)
- Increasing numbers of women booking by 10 and 12w
- Service developments delivered around perinatal mental health support
- Preconception guidelines for primary care in place ( GP Confed auditing quality of preconception appointments in 2018/19)
- Women from deprived communities at greater risk in C&H - targeted antenatal care, peer support and postnatal groups in place for vulnerable women
- Neonatal observation and early warning tool (NEWTT) and maternal observations and early warning score (MEOWS) well embedded at Homerton with improved performance in documentation and action taken.
- Ongoing work to increase uptake of flu and pertussis vaccinations with GPs and at 20 week antenatal scan
- High rates of maternal obesity (GPC identified 18% at booking with BMI>30) – working with Public Health, Obstetric lead and Communications team to develop evidence based messages
- Reviewing local performance against guidance and other local maternity networks on reducing avoidable NICU admissions

## Further work / consideration needed

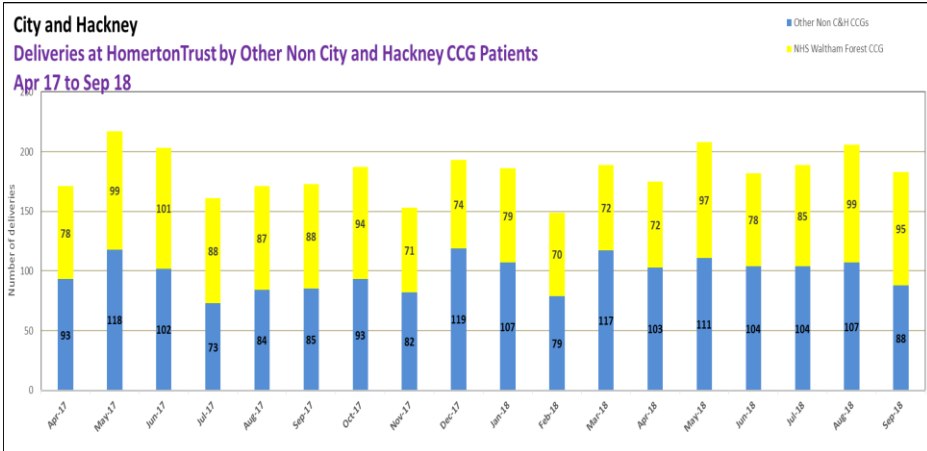
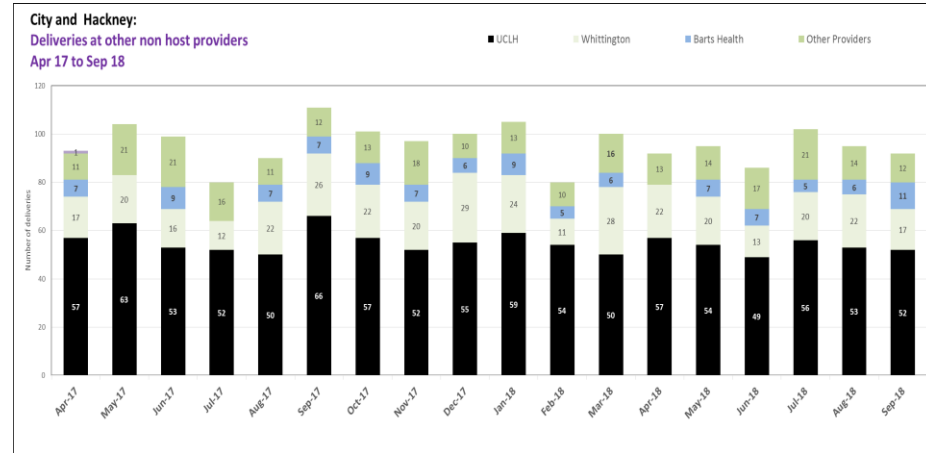
- GAP and GROW tools not being used at Homerton. These tools help identify reduced fetal growth which contributes to stillbirth. HUH have added an additional scan at 36 weeks and will offer a scan if reporting reduced fetal movements.
- Greater numbers of women from BME & Asian backgrounds or born abroad in C&H – increased risk factors for mortality. LMS reviewing latest MBRRACE data and reviewing ways to improve support for these groups.
- Crisis and Peer support provision through Bump Buddies contract will end in March 2019. Potential gap in capturing most vulnerable and isolated women and providing support
- Maternity service looking at providing bilirubin meters to community midwives and currently scoping cost to purchase/lease equipment



# Activity: Deliveries April 2017 - August 2018



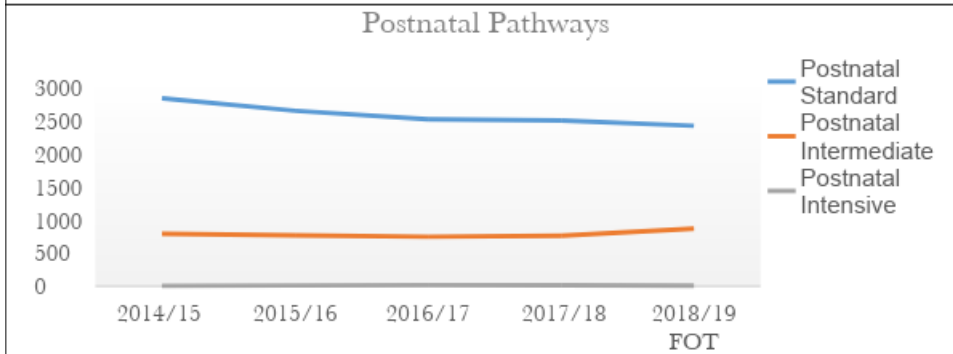
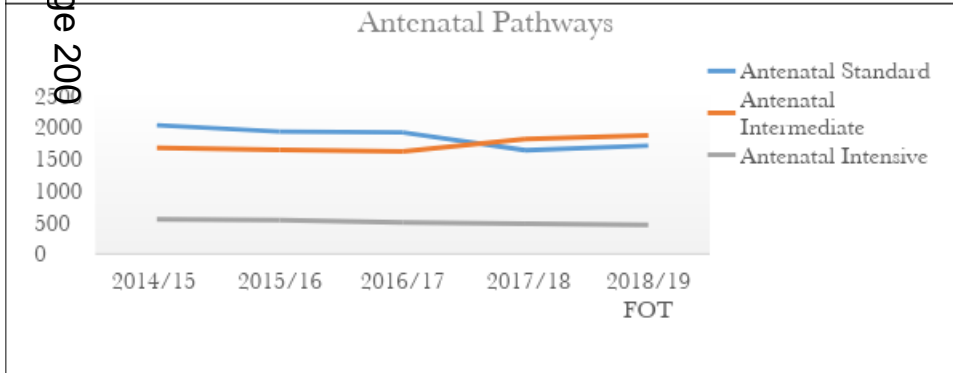
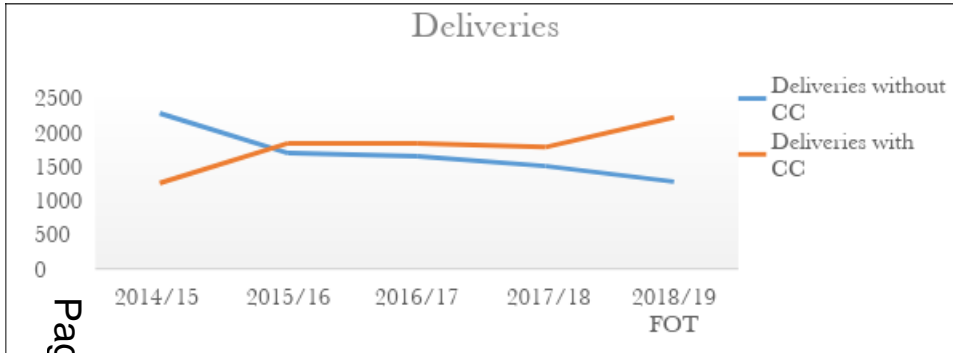
Page 199



- There were 1728 deliveries at Homerton to C&H women in M01 – M06 2018/19 compared to 1688 in same period 2017/18. An increase of 40.
- There were 576 deliveries of C&H women at other providers from Apr 2017 – Sept 2017 compared to 562 from Apr 2018 – Sept 2018. A decrease of 14 in the same time period over the past year.
- There were 1096 deliveries at Homerton by other non C&H CCG patients in Apr to Sept 2017/18 (541 of which were women from Waltham Forest), compared to 1143 during Apr to Sept 2018/19 (526 from Waltham Forest). An increase of 47. 15 less women from WF over the same period

# Maternity tariff: trends

HUFT Deliveries only



HUFT Deliveries (All charts):

The most significant tariff issue is the change of allocations within the delivery tariff at the Homerton. The deliveries chart above shows the increasing trend in deliveries with comorbidities and complications since 2017/18.

The Homerton have given notice to the CCG of a change in their coding practices through the application of Z codes to certain deliveries with insufficient antenatal care and poor supervision during pregnancy. The CSU has challenged the use of these codes on behalf of the CCG with ongoing discussions underway.

Allocations to antenatal intermediate and postnatal intermediate tariff continue to increase in 2018/19

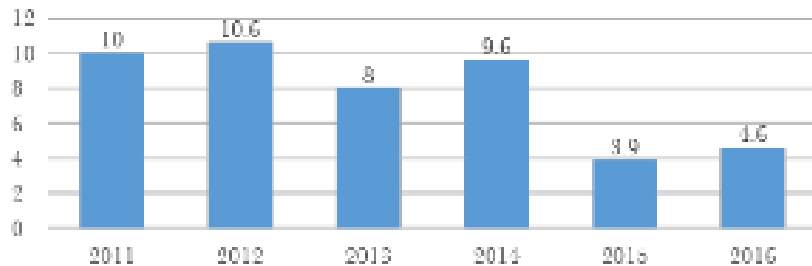
OOA Deliveries:

Total maternity pathway activity of City & Hackney women using other providers (UCLH, Whittington and Barts) in 2018 is forecast to decrease slightly to 2910 compared to 2993 in 2017. A decrease of 83.

The total cost of deliveries at other provider sites was £3,525,110 in 2017 and the forecast for 2018 is £5,816,054 a slight decrease of £49,147.

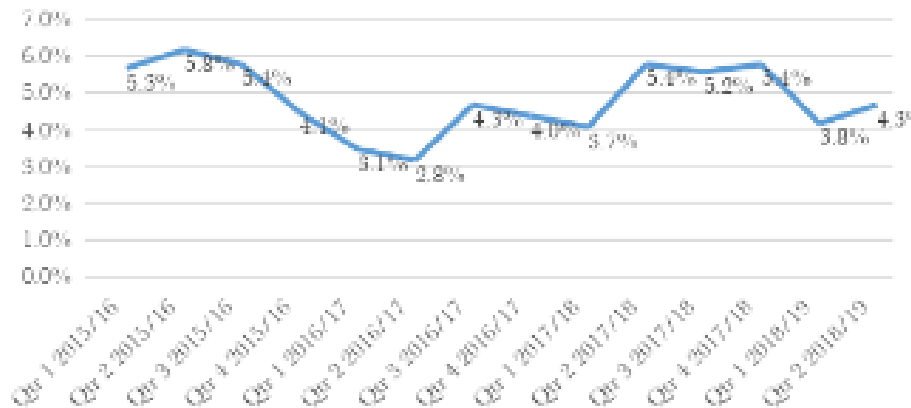
# Improvement and Assessment Framework

Rates of neonatal mortality and stillbirths (per 1000 live and still births)



NE: Methodology for this indicator changed between 2014 and 2015 (different data source: ONS in 2014 to EMBRACE in 2015, with some exclusions applied to 2015 data to exclude any still births / neonatal deaths that are a result of a congenital anomaly.

% C&H women who smoked at time of delivery (national data)



Latest HSCIC, MBRRACE and ONS data 2018/19

## Neonatal deaths and stillbirths

- This is measurement for CCGs is part of the improvement and assessment framework (IAF) set of measures that CCGs are assessed on.
- Locally our rates vary and we have undertaken work to understand the data for rates and numbers of stillbirths, neonatal mortality (<28 days) and infant mortality (<1 year). Reported data for C&H for 2016 is 4.6.
- In addition we have benchmarked against various guidance including the "Saving Babies Lives" care bundle. The Homerton are taking part in the GAP GROW pilot study but were not selected to undertake the GAP GROW programme. Instead the Homerton midwives undertake scans at 36 weeks to monitor fetal growth.

## Smoking at time of delivery

- Rates of self reported smoking at time of delivery are 4.3% for quarter 2 2018/19. This equates to 47 women reporting they smoked at delivery.
- 73% of women were CO screened at booking in Q2 2018/19.
- 22% of women were CO screened during the 3rd trimester in 2018/19.
- Further work ongoing increase screening, uptake and to identify reasons for declining onward referral.
- Smoking is the key modifiable factor in reducing stillbirths.
- From June 2018, the smoking cessation service is to be provided by Whittington Health.

Women's choice and experience, as measured through the CQC survey, for 2017 was 62.9% (down from 66.5% in 2015) and 78.6% (up from 76.2% in 2015) respectively. The HUH are part of the ELLMS Choice pilot scheme.

Homerton achieved the highest national score for women being asked about their emotional wellbeing.

# Children, Young People and Safeguarding

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# Unplanned acute activity

Fig 1 Paediatric A&E Attendance Numbers – Homerton and Other Providers

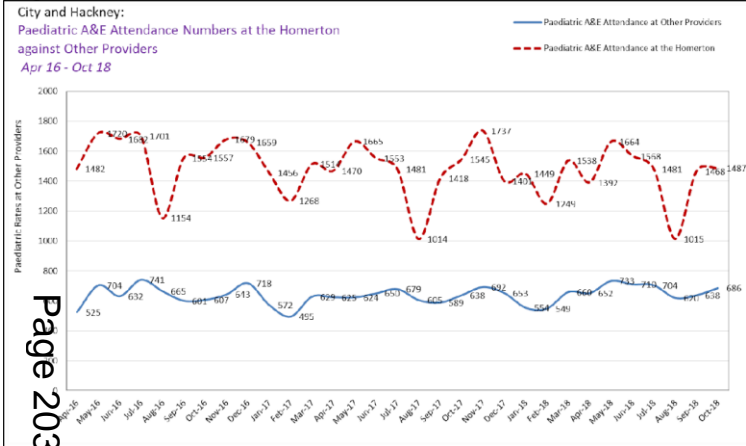
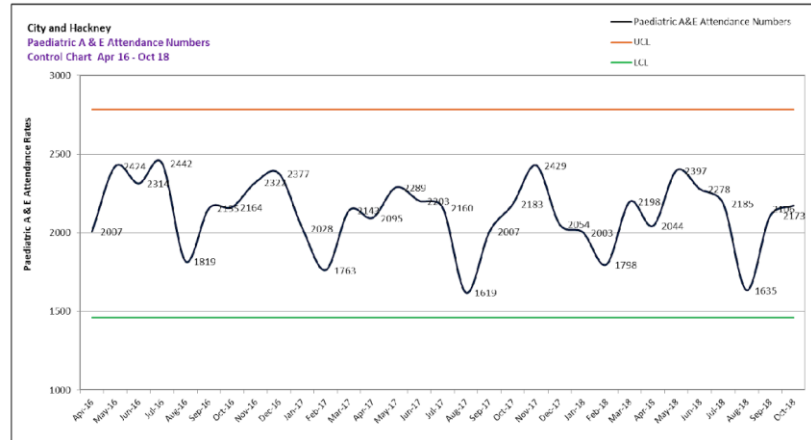


Fig 2 Paediatric A&E Attendance Numbers



**Key Message:** Seasonal fluctuations in A&E reflect similar patterns to previous years

# Unplanned admissions

Fig 3 Paediatric Emergency Admission - Control Chart

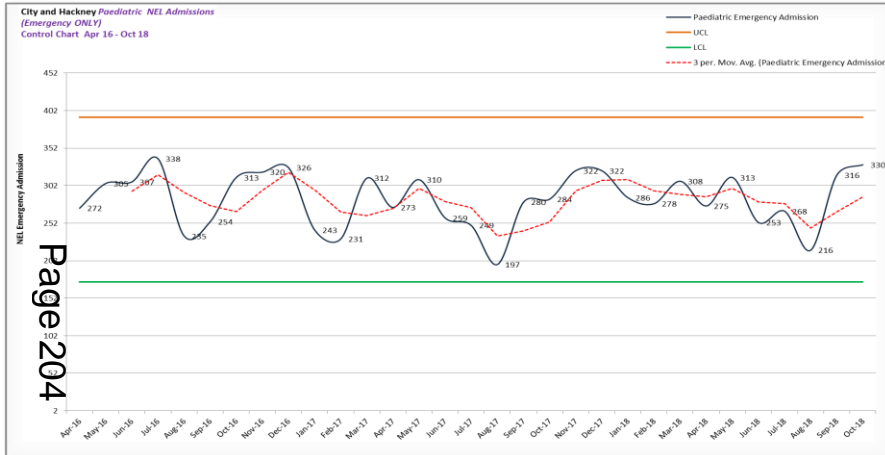
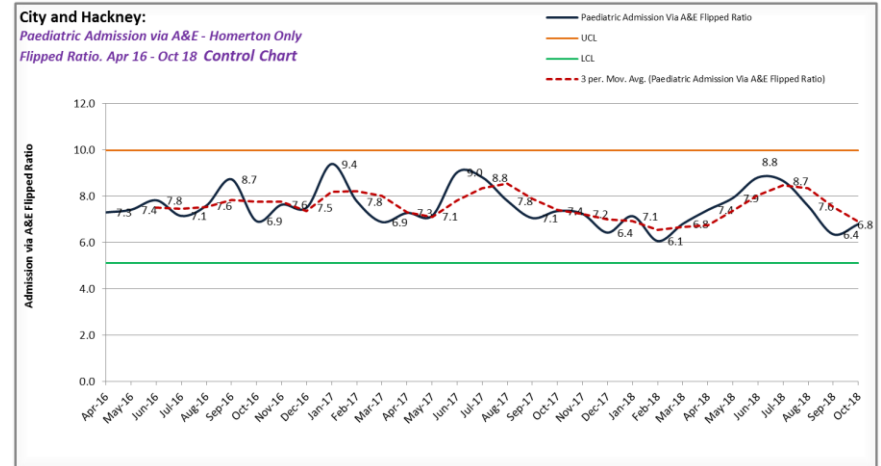


Fig 4 Paediatric Admission Via A&E - Homerton



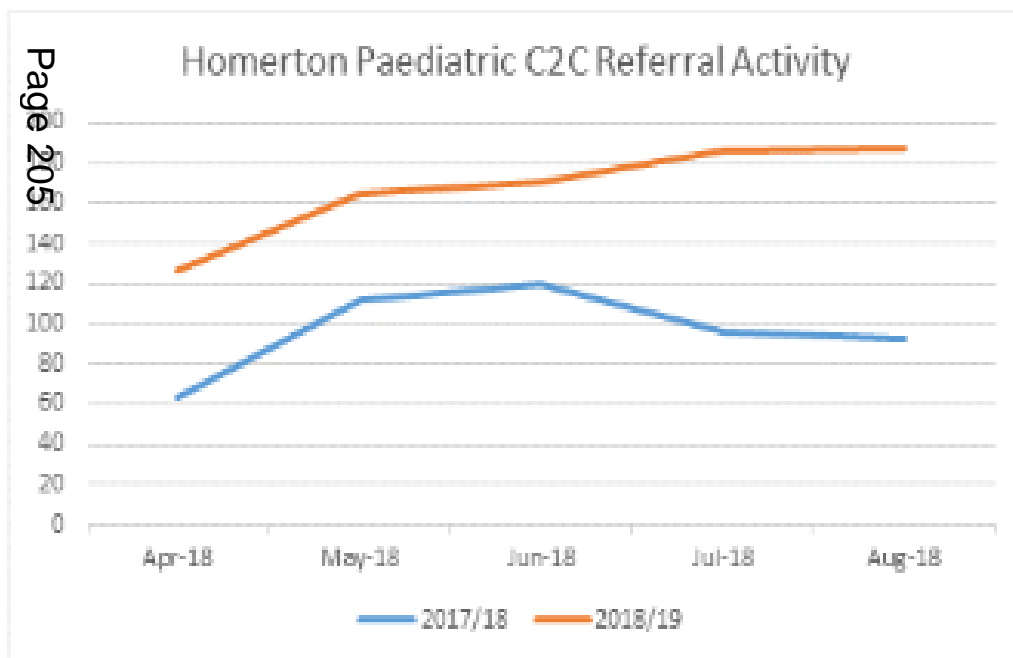
## Key messages:

- Unplanned admissions increased significantly between August and September. This is one of the peak seasons for respiratory and asthma related activity.
- The Respiratory Liaison Nurse, working across primary and secondary care, is now in post to support immediate follow up with children attending A&E / being admitted, and to provide preventative education support in partnership with primary care.
- A local asthma network has been established with HUHT, GP Confederation and CCG members, and the network will oversee pathway development and service reporting.
- Reporting will be submitted from January 2019 and will be included in the workstream's next detailed review.
- Work on a local tariff for critical care can be seen in additional slides.

# Outpatient activity: Consultant to consultant activity

Paediatrics					
C2C	Apr-18	May-18	Jun-18	Jul-18	Aug-18
2017/18	63	112	120	96	93
2018/19	126	165	171	186	187

Fig 5 HUHT Consultant to Consultant referral activity April 18-August 18



## Key Messages:

- CYPMF Clinical Lead has undertaken an audit of C2C activity with HUHT
- Draft findings indicate remedial coding work required
- Approx 50% coded as C2C were found to be internal follow ups and incorrectly coded
- Actions to be agreed and reported

# City and Hackney measles outbreak response

## Outbreak and Response

- 2018/19 is year two of a NR scheme funded by the CCG, to embed systems and provide additional capacity in primary care, in order to achieve 95% herd immunity coverage
- Despite enhanced access at a number of community clinics, activity remained low, particularly in the NE of Hackney where, in the Charedi community, many factors impact coverage
- A measles outbreak was declared in NE Hackney by PHE on 6<sup>th</sup> November.
- Owing to the CCG commissioned service already in place, the GPC were able to mobilise immediately upon the CCG agreeing to fund a 4 week outbreak response. Local partners worked closely with Public Health England and NHSE on a joint response, with local political and senior leadership support.
- The CCG agreed to fund a further 4 week response and it is expected that this total outbreak funding (£64,730.40) will support planned clinic activity until end January.
- The GPC has also been able to offer Haringey some support with delivering additional clinics
- Practices have worked extremely hard to optimise their access for childhood imms during this period.
- The GPC has offered full schedule catch up as opposed to only MMR.
- The response from the community in NE Hackney, and from Charedi community leaders has been incredible. The local partnership is committed to maximising this response to create sustained change in immunisation coverage.

## Activity

- Over 500 children were immunised by week 4 of the outbreak response (at GPC clinics / domiciliary service)
- The GPC Immunisations Hotline / Immunisation Lead Nurse had 233 phone calls for people to book appointments from 22/10/18 to 14/11/18

## Challenge

- The responsibilities of commissioning partners remains unclear and will be reviewed via a planned workshop with NHSE in February.

**Update 20 February:** There is still an ongoing issue with high numbers of measles circulating in the Orthodox Jewish community. This is being monitored closely locally, with Public Health England. It is expected that once the vaccine takes full effect this will stabilise (4-6 weeks). We are seeing some weeks with few notifications, but this is not consistent from week to week yet.

Following the positive workshop held in February a partnership immunisations action plan has been drafted and will be implemented over the next few weeks.



# CHS Performance Summary

## Community Paediatrics

- Although not at full establishment, new Consultants have been appointed to the service
- Detailed Monthly reporting is being submitted, disaggregated by clinic. Significantly high DNA / patient cancelled/ service cancelled stats that will be reviewed with the service
- Continued Consultant leadership of Tier 2 audiology but long term intention to commission an audiology led service remains

## Audiology

- Review across the STP to consider future joint commissioning arrangements for Tier 3

## Dietetics

- 0.2 WTE children's Centre Dietetic Clinic interim funding agreed whilst activity is assessed
- Community dietetics support is delivered at Hackney Ark and Kenworthy Road clinics; current review of activity and overlap in referral criteria in the context of new Public Health commissioned services (Everyone Health and HENRY)

## Speech Language Therapy

- Pilot of treatment pathway for CYP in independent schools with language and / or social skills

## Child Sexual Assault hub

- Delay to the (Royal London) paediatric assessment hub owing to service model review with NELFT. Tariff costs for assessment activity are under review.
- New emotional support service operational from April 2019.

# 5YFV and IAF Indicators

## Current priorities:

- Sharing of care plans across agencies and Trusts (IG considerations) – to support integrated care, GP oversight of vulnerable children, and repatriation to local services where appropriate
- Structured management / oversight of children's LTCs in the community, via the Confederation contract, to reduce avoidable unplanned attendances and admissions, and enhanced specialist nurse support in the community, with particular regard to asthma related activity
- Sustainability of general practice – support improved joint working with community paediatrics
- Development of local critical care tariff and pathway in response to HLP peer review against Critical Care Standards; intended to enable sustained high quality care to children and young people close to home
- Review of community nursing support to optimise preventative provision in the community, and provide assurance of appropriate levels of trained workforce
- Full integration of the continuing care, Personal Health Budget and EHCP services for eligible children and young people to reduce delays and inefficiencies across pathways

Page 208

## Priority areas aligned with the priorities of the CYPMS integrated workstream:

- Early years and immunisations
- Looked After Children
- SEND arrangements
- LD and Transforming care – including a risk register and CTR arrangements
- Obesity

## STP priorities:

Commitment to work on CSA Child House model; asthma pathways; and future audiology procurement

# Paediatric Critical Care

A Local tariff proposal for paediatric critical care activity delivered at HUHT has been submitted to the CCG. This follows Healthy London Partnership peer review against the Paediatric Critical Care Standards.

**'Commissioners are expected, where commissioning paediatric services, to provide funding for basic critical care (level 1) as a minimum. An uplift should be applied to the HRG for the patient episode to reflect the significant medical and nursing resource to support this level of care which may have been required during all or part of the child's admission spell where they meet the critical care criteria.'**

PCC level 1 is categorised as children requiring enhanced monitoring or interventions defined by PCC HRG 07Z. The patient complexity requires a nursing ratio of 0.5:1 (or 1:1 if in a cubicle).

The standards clearly define interventions considered appropriate as level 1 PCC and include:

- ✓ Care for children with established nasopharyngeal airway
- ✓ Delivery of intravenous bronchodilators or continuous nebulisers for severe asthma
- ✓ Delivery of Optiflow and CPAP
- ✓ Care of children recovering from status epilepticus

**The agreed tariff would be paid for all children admitted to Starlight Ward with a LoS > 1 day who has met the criteria for HDU at any point in their admitted spell.**

**This is an additional service cost and corresponding efficiencies will not be realized at other Trusts. The proposal is currently being explored, pending a final decision.**

# Transformation Priorities: Vulnerable Groups

## Looked After Children

- Contract value for the Looked After Children Nursing service was agreed in October 2018 (agreed retrospectively for the period April 2018 to August 2019). The CCG assumed funding responsibility for the service from April 2018.
- The current contract (originally commissioned by Public Health on behalf of Corporate Parenting) will be in place until August 2019
- The workstream is leading a service redesign to be completed by February 2019 to inform commissioning of a new service

## Performance

- In Q2 performance of Initial Health Assessments delivered on time ranged from 78% to 91%. Community Paediatric vacancies impacted performance.
- In Q2 performance of Review Health Assessments ranged from 75% to 77%  
Notification from social care impacts performance, in addition to service capacity. Staffing will be closely monitored in Q4 as posts are out to recruitment.

## Activity

- Numbers of Looked After Children continue to rise. As of December 2018 there are 409 looked after children across Hackney and the City (There were 393 in October 2018).
- 27 Review Health Assessments are due in January 2019; the majority of these children will be out of borough but within the M25

# Transformation Priorities: Vulnerable Groups

## Continuing Care

- Close monitoring of all packages transferred to new providers in April 2018 has continued throughout Q2 and Q3
- All packages are PHBs, and the clinical and financial governance arrangements for PHBs have been reviewed and implemented
- New transition governance structures are being operationalized; this is expected to support timely transition from the Joint Complex Care Panel (JCCP) to adults services

## SEND

- NR PIC funding in 2018/19 is supporting the pilot of health packages required in school for children with complex health needs, working with both the council SEND teams and the HUHT CCNT and school nursing services. Monthly case management meetings are led by the Designated Medical Officer (DMO) for SEND
- PIC funding will also support engagement work with families regarding support needed upon / following diagnosis, and improvements in coding and data collection (see slide 18)

## LAC Funding of children with complex needs

- Hackney corporate parenting services, the virtual school and the CYPMS workstream have reviewed a number of children for whom joint planning / review / funding should have been discussed at an earlier stage. A draft protocol for a joint panel to be convened as necessary will be piloted in Q4 and reported to the workstream.

# Safeguarding Children

**Working Together to Safeguard Children 2018** was published on Friday, 29th June 2018 along with transitional guidance.

This statutory guidance sets out and requires 3 main changes:

## Safeguarding partnerships

**The abolition of local safeguarding children boards**, to be replaced by **Safeguarding Partnerships** comprising 3 statutory partners: the CCG, the local authority and the police.

These partners will work with local **relevant agencies** to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs.

The geographical footprint for the new arrangements is based on local authority areas. **Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.**

The safeguarding partners must set out in their **published arrangements by 29th June 2019**

## Changes to the Child Death Review Process

- National level – transferred to DOH from DfE
- Footprint – 60 + deaths per year
- Themed meetings where CDR partners arrange to collectively review child deaths from a particular cause or group of causes.
- Child death review partners – the LA and the CCG. Partners must agree locally how the child death review process will be funded in their area and are responsible for reviewing all deaths of children in their area
- Identify any matters that are relevant to the welfare of children in the area.
- Key worker – for bereaved
- Publish an annual report and collate data which should be sent to a national database.
- Transition period **29th June 2018 – 29th June 2019 when arrangements must be published.**

# Safeguarding Children

## Changes to the Serious Case Review Process:

- Local child safeguarding practice reviews should be undertaken when a child suffers serious injury or harm as a result of abuse or neglect. The reviews are to identify learning and improve practice
- Setting up of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.
- Commissioning and oversight of local reviews rests with the safeguarding partners.

These national changes will require us to work closely as a local partnership to establish our arrangements for City of London and Hackney.

## Current Local working with Providers:

### Primary Care

- Safeguarding children training programme for GPs has now completed for the year. The focus this year was on the importance of conducting '*Difficult Conversations*' and as a separate subject, self-harm and suicide of young people. This training incorporates learning from recent local case reviews.
- Both are viewed from a Primary Care perspective. The training has been well evaluated.
- The reflective learning forum for safeguarding GP leads continues to be held on a 3 monthly basis. Feedback is very positive
- Section 11 audits are due for completion in the new year.

### Homerton

- The Homerton have conducted a suite of audits in relation to safeguarding children practice. These give a good level of assurance in relation to safeguarding children practice in the Trust.

# Safeguarding Children

## Current Local working with Providers:

### ELFT

- ELFT has had a change of senior leadership in relation to safeguarding children.
- There has also been a change in operational safeguarding lead for City and Hackney.
- The vacancies, prior to recruitment, has had an impact on ELFT's attendances at LSCB sub group and on the Trust's training stats.
- The designated nurse along with her counterparts in Newham and Tower Hamlets met with ELFTs Executive lead for safeguarding and the new director of nursing. They have given assurance that they have a good grip on the issues and outlined a strategy for improvement.
- The designated nurse will attend ELFTs safeguarding children committee to review and support the planned improvements.
- This item will be raised at the ELFT CQRM in the new year

## Plans and Priorities:

- The CYPM workstream has set priority areas for the coming year. One priority is to ensure support is available for vulnerable children and young people.
- We will re design the Looked After Children service to ensure that these vulnerable children whose health outcomes are known to be poor have access to the best possible health offer.
- We will use the research in relation to ACE (Adverse Childhood Experiences) to help shape our services to enable earlier identification and intervention where there is vulnerability.
- We will work with our local partners to collectively establish a safe and effective local Safeguarding Partnership in line with the new legislation.



# Child and Adolescent Mental Health and Wellbeing

The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcomes for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to children's mental health:

Page 215

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPoS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start
10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

# CAMHS Transformation Plans

## Key Objectives

- Increase access rates from 25% to 35% by 2020/21
- Increase community based capacity through joint workforce planning and CYP IAPT
- Reduce waiting times for assessment and treatment
- Elimination of all inappropriate in-patient bed use
- Establish 24/7 crisis resolution and liaison mental health service
- NICE concordant eating disorders service meeting access and waiting times standards
- Full age-range NICE concordant Early Intervention in Psychosis Service
- Collaborative commissioning of Youth Justice Liaison and Diversion Service
- Responding effectively to child sexual abuse
- Developing integrated and optimised perinatal mental health pathway
- Assuring NHS Digital submissions and contribution to the MHSDS
- Service redesign through innovation
  - Families ( previously Parenting)
  - Communities (previously Reach and Resilience)
  - Transition
  - Crisis
  - Schools

NHS-England Self Reported Monthly Performance for CYP MH – Access (Currently above target (see next slide)

CCG Activity Total		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NB. CCG totals automatically calculated from provider totals inputted below	Total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period	278	296	218	194	171	157	145	0	0	0	0	0

# CAMHS Transformation Plans

Based on the latest local data (YTD September 2018), London is forecast to deliver a Children and Young People's Mental Health Access rate of 30%



Page 217

	Access Rate MHSDS (YTD Forecast)		Access Rate Local (YTD Forecast)			Planned Access Rate (Annual YTD Forecast)		
	Jul-18	Aug-18	Jul-18	Aug-18	Sep-18	Jul-18	Aug-18	Sep-18
<b>LONDON</b>	<b>26.8%</b>	<b>26.8%</b>	<b>29.6%</b>	<b>29.9%</b>	<b>30.0%</b>	<b>24.2%</b>	<b>26.4%</b>	<b>27.8%</b>
<b>North Central London STP</b>	<b>34.3%</b>	<b>33.6%</b>	<b>42.0%</b>	<b>41.3%</b>	<b>42.0%</b>	<b>27.9%</b>	<b>29.5%</b>	<b>30.4%</b>
Barnet CCG	35.0%	34.7%	56.0%	54.1%	58.9%	23.1%	25.9%	27.7%
Camden CCG	46.0%	43.5%	31.2%	29.4%	28.3%	43.3%	42.9%	41.8%
Enfield CCG	24.8%	24.7%	27.5%	27.6%	27.9%	20.7%	23.3%	24.9%
Haringey CCG	34.7%	34.0%	43.2%	43.2%	41.0%	34.9%	34.6%	33.8%
Islington CCG	38.7%	37.9%	44.1%	44.6%	45.5%	24.3%	27.2%	29.0%
<b>North East London STP</b>	<b>22.4%</b>	<b>23.0%</b>	<b>24.3%</b>	<b>25.8%</b>	<b>26.6%</b>	<b>26.6%</b>	<b>28.5%</b>	<b>29.5%</b>
Barking and Dagenham CCG	17.9%	17.7%	23.7%	25.1%	27.5%	33.1%	33.6%	33.4%
City and Hackney CCG	34.0%	35.7%	33.7%	35.3%	35.7%	21.8%	24.4%	26.1%
Havering CCG	30.6%	30.6%	28.3%	30.2%	32.0%	33.9%	34.6%	34.6%
Newham CCG	13.1%	14.0%	14.1%	14.6%	14.2%	22.4%	25.1%	26.8%
Redbridge CCG	19.1%	20.0%	19.5%	21.3%	22.0%	31.9%	32.9%	33.1%
Tower Hamlets CCG	32.4%	33.8%	38.6%	43.0%	43.1%	22.8%	25.5%	27.2%
Waltham Forest CCG	19.8%	19.7%	22.9%	23.8%	24.3%	21.6%	24.2%	25.9%
<b>North West London STP</b>	<b>32.4%</b>	<b>31.7%</b>	<b>32.1%</b>	<b>32.2%</b>	<b>31.8%</b>	<b>21.4%</b>	<b>24.0%</b>	<b>25.6%</b>
Brent CCG	28.0%	27.4%	27.4%	27.3%	26.5%	21.3%	23.9%	25.5%
Central London (Westminster)	33.9%	33.7%	30.8%	31.6%	30.5%	21.3%	23.8%	25.5%
Ealing CCG	20.0%	19.5%	17.5%	17.3%	17.4%	21.4%	23.9%	25.5%
Hammersmith and Fulham CCG	41.6%	41.1%	37.4%	37.0%	36.8%	21.3%	23.8%	25.5%
Harrow CCG	28.1%	26.8%	43.3%	45.6%	46.0%	22.0%	24.7%	26.3%
Hillingdon CCG	26.7%	26.1%	15.2%	15.2%	14.7%	21.3%	23.9%	25.5%
Hounslow CCG	34.3%	33.8%	29.9%	30.2%	30.8%	21.3%	23.8%	25.5%
West London CCG	93.1%	90.8%	89.5%	87.0%	84.2%	21.3%	23.8%	25.5%
<b>South East London STP</b>	<b>23.5%</b>	<b>23.4%</b>	<b>27.3%</b>	<b>26.7%</b>	<b>26.2%</b>	<b>21.3%</b>	<b>24.0%</b>	<b>25.8%</b>
Bexley CCG	20.3%	20.4%	31.0%	30.7%	30.0%	25.6%	28.6%	30.5%
Bromley CCG	30.2%	29.5%	26.4%	25.3%	25.0%	21.2%	23.7%	25.4%
Greenwich CCG	21.4%	21.5%	35.5%	34.7%	33.4%	19.5%	23.0%	25.5%
Lambeth CCG	21.2%	21.5%	25.9%	25.9%	25.3%	21.3%	23.9%	25.5%
Lewisham CCG	21.1%	21.0%	23.2%	22.7%	22.3%	19.4%	21.7%	23.2%
Southwark CCG	26.5%	26.4%	22.3%	21.7%	21.5%	21.7%	24.2%	25.7%
<b>South West London STP</b>	<b>24.5%</b>	<b>25.1%</b>	<b>25.5%</b>	<b>25.9%</b>	<b>26.1%</b>	<b>22.9%</b>	<b>25.3%</b>	<b>26.9%</b>
Croydon CCG	13.8%	14.7%	16.5%	16.8%	17.6%	22.6%	25.3%	27.0%
Kingston CCG	19.7%	20.3%	18.0%	18.7%	18.7%	21.3%	23.9%	25.5%
Merton CCG	36.2%	36.5%	38.3%	38.6%	38.7%	21.5%	24.0%	25.6%
Richmond CCG	28.4%	28.4%	31.7%	31.6%	31.8%	21.3%	23.8%	25.4%
Sutton CCG	30.7%	31.7%	30.3%	31.3%	31.4%	29.4%	31.0%	31.7%
Wandsworth CCG	29.7%	29.8%	28.0%	28.3%	27.6%	21.3%	23.9%	25.5%

See Annexe 1 for a list of caveats

Note: City & Hackney is the 3<sup>rd</sup> Best Performing CCG in the region for CYP MH Access by MHSDS submission. Additional.

The disparity between MHSDS and Locally submitted data is also one of the lowest in London meaning our reporting systems are functioning very well

# Finance and Activity

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Page 218

See appendix for full budget information. Highlights as below:

# Maternity Tariff: Spend

Chart 11: Tariff Case Mix Costs for all C&H women attending all maternity units

NEL CSU data analysis of SLAM data

Tariff	Homerton Maternity Costs	Homerton Maternity Costs	C&H Out of Area Maternity Costs - UCLH, Barts & Whittington	C&H Out of Area Maternity Costs - UCLH, Barts & Whittington
	2017/18	2018/19 FOT	2017/18	2018/19 FOT
<b>Total Deliveries</b>	<b>£10,853,693</b>	<b>£12,750,420</b>	<b>£3,525,110</b>	<b>£3,568,765</b>
Deliveries without CC	£4,142,344	£3,822,775	£1,705,122	£1,791,319
Deliveries with CC	£6,711,349	£8,927,645	£1,819,987	£1,777,446
<b>Total Antenatal</b>	<b>£7,159,036</b>	<b>£7,107,065</b>	<b>£2,071,876</b>	<b>£1,977,754</b>
Antenatal Standard	£2,012,739	£2,043,480	£1,002,136	£917,880
Antenatal Intermediate	£3,577,638	£3,618,428	£697,700	£690,184
Antenatal Intensive	£1,568,659	£1,445,157	£372,040	£369,690
<b>Total Postnatal</b>	<b>£1,054,612</b>	<b>£1,058,750</b>	<b>£268,215</b>	<b>£269,536</b>
Postnatal Standard	£750,185	£720,895	£185,923	£202,599
Postnatal Intermediate	£288,191	£323,649	£76,901	£62,566
Postnatal Intensive	£16,236	£14,206	£5,392	£4,370
<b>Planned Spend</b>	£20,113,225	<b>£20,375,000</b>	£5,474,842	<b>£5,944,732</b>
<b>FOT Total Spend</b>	<b>£19,067,341</b>	<b>£20,916,325</b>	<b>£5,865,201</b>	<b>£5,816,054</b>
<b>2018/19 Total Planned Spend</b>	<b>£26,319,732</b>			
<b>2018/19 FOT Overall Total Spend</b>	<b>£26,732,379</b>			
<b>2018/19 FOT 2018/19 Overspend</b>	<b>-£412,647</b>			
<b>Full year actual costs 2014/15 – 2018/19 FOT</b>				
	<b>Other units</b>	<b>Homerton</b>	<b>Totals</b>	
<b>2014/15</b>	£3,880,977.51	£16,137,318.00	<b>£20,018,295.51</b>	
<b>2015/16</b>	£4,346,128.45	£17,332,835.00	<b>£21,678,963.45</b>	
<b>2016/17</b>	£5,200,551.63	£17,302,984.00	<b>£22,503,535.63</b>	
<b>2017/18</b>	£5,865,201.06	£19,067,341.00	<b>£24,932,542.06</b>	
<b>2018/19 (FOT)</b>	£5,816,054.00	£20,916,235.00	<b>£26,732,289.00</b>	

The forecasted overall maternity tariff spend for City and Hackney CCG in 2018/19 is estimated at £26,732,379. This includes costs at the Homerton and UCLH, Whittington and Bart's. It does not include other OOA providers with smaller delivery activity i.e. *GSTT, North Mids, C&W Kings*

Homerton planned spend for 2018/19 is set at £20,375,000. Forecasted total actual spend is estimated to be £20,916,325 with estimated overspend of £541,325

The planned spend for C&H women seeking maternity care at UCLH, Whittington & Bart's in 2018/19 was set at £5,944,732. Forecasted total actual spend is £5,816,054, an underspend of £128,678 as we have seen a slight decline in deliveries to these providers.

**Forecasted Overall overspend against plan for 2018/19 is currently estimated at £412,647**

This relates primarily to increased complexity in the delivery case mix at the Homerton and changes in delivery coding practices at the Homerton.

# Additional Maternity Funding (M8 2018/19)

Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	<b>Key Messages</b>  The Q2 GP Confederation 2018/19 report has been received and payment approved by the CCG Contracts Committee.  <b>Non-Recurrent Funding Schemes</b> Targeted antenatal classes were re-commissioned in 2018/19. There are four providers (including the Homerton) targeting women new to antenatal education and vulnerable women.  The non-recurrent budgets of £50,000 for Bump Buddies peer support in pregnancy, was pooled with the Local Authority budget for this service and is managed by the local authority but monitored jointly with the CCG.  The Local Authority verbally informed the Shoreditch Trust in August 2018 that this service will not be re-commissioned from April 2019. This poses a risk as there will be a gap in service provision to support the most vulnerable residents who are pregnant and in crisis or isolated.  The non recurrent element of the GP Confed Early Year contract funding will end in Mar 2019. Discussions are taking place with the GP Confed to determine which elements of the Early Years contract activity will be delivered within the remaining recurrent funding of £280,000.  We are currently seeking a voluntary sector organisation to run our local MVP but have not yet received a expression of interest from an appropriate provider. Non Recurrent funding available is £5,800 for 2018/19.
GP Confed - Early Years - Maternity service (Antenatal and Postnatal Care)	326	217	217	326	-	
Maternity Targeted Antenatal Classes - Voluntary Sector Providers	24	16	16	24	-	
<b>Total Recurrent Funding</b>	<b>350</b>	<b>233</b>	<b>233</b>	<b>350</b>	<b>-</b>	
<i>Note: Figures excludes tariff contracts with Homerton, UCLH, Barts and Whittington.</i>						
Non-Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	
GP Confed - Early Years Contract: Vulnerable Children	272	181	181	272	-	
Shoreditch Trust - Bump Buddies	50	33	33	50	-	
Maternity Voice Partnership	6	4	4	6	-	
<b>Total Non-Recurrent Funding</b>	<b>322</b>	<b>215</b>	<b>215</b>	<b>322</b>	<b>-</b>	

# Children and Young People's spend (M8 2018/19)

## 2018/19 Childrens Forecast at Month 8

Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	Comments
CHC Childrens - Complex Care spot purchase / CCNT Equipment	1,403	935	935	1,403		
CHS - Barts (Paediatric Audiology Contract)	458	305	305	458	-	Tier 2 and Tier 3 Bart's costs
Community Services Short Breaks King Sunday Club (KIDS)	39	26	26	39	-	
GP Confed - LTC Elements of Vulnerable Children's Contract	100	67	67	100	-	
GP Parline	43	29	29	43	-	Audiovestibular costs for Tier 3 audiology
Huddleston Centre - Access Project	24	16	16	24	-	
Huddleston Centre - Children's Disability Forum	29	19	19	29	-	
Richard House Children's Hospice	104	69	69	104	-	
Safeguarding Board Contribution	24	16	16	24	-	
<b>Total Recurrent Funding</b>	<b>2,224</b>	<b>1,482</b>	<b>1,482</b>	<b>2,224</b>	<b>-</b>	

Additional immunisations funding has been agreed via the Primary Care Quality Committee for an 8 week response. Further detail following

### Notes:

Non-Recurrent Funding	2018/19 Annual Budget (£000's)	YTD Budget at Month (£000's)	YTD Actuals at Month (£000's)	Full-Year Forecast (£000's)	Full-Year Forecast (Under)/Overspend (£000's)	Comments
Early Years Contract: Vulnerable Children PIC Approved in line with Activity - Homerton	34	23	23	34	-	Costs include HV capacity for GP Link meetings
GP Confed - Childhood Imms	25	17	17	25	-	Year 2 funding of two year NR scheme
<b>Total Non-Recurrent Funding</b>	<b>59</b>	<b>39</b>	<b>39</b>	<b>59</b>	<b>-</b>	

# GP Confederation Early Years contract

ACTIVITY	Confed Target	Total Q1 & Q2 Activity 2018/19	RATE	Total payment at end of Q2 2018/19
<b>MATERNITY</b>				
LTC Targeted Preconception	637	218	£40	£8,720
Pregnancy Presentation (65%)	3465	1878	£40	£75,120
16 <sup>th</sup> Week Pre Natal Check (70%)	2277	1371	£40	£54,840
6 <sup>th</sup> Week Post Natal Check (85%)	3432	1822	£40	£72,880
New UPP patient action plans (GP)	289	149	£64	£9,536
Review UPP patient action plan (GP)	1000	180	£30	£5,400
Carers Register				
New Patient Checks (5-17)	1145	519	£40	£20,760
16th Birthday Checks				
<b>Total QQ1&amp; 2 Payment</b>				<b>£247,256</b>
<b>Total Early Years Contract Value (maternity &amp; childrens activity)</b>				<b>£532,200</b>
<b>Total budget available</b>				<b>£284,944</b>

- The Budget for the early years contract for Maternity and Children's activity was £532,200 in 2018/19. Total activity cost at end of Q1 & 2 2018/19 was £247,256.



# QIPP assurance framework 2019/20 planning round

Children, Young People & Maternity workstream identified QIPP 5th December 2018

Scheme Name	High level scheme description	Director	Clinical lead	Gross QIPP 2019/20 £'000s	Investment 2019/20 £'000s	Net QIPP 2019/20 £'000s	Net QIPP 2019/20 £'000s	RAG	Deliverable?
First Steps - patient flow programme	Increase patient flow through the first step service		Ruth Kossoff			189	189	Green	Increase treatments within existing recurrent financial envelope
CAMHS transformation (HPT / ELFT)	Work with reserve around service redesign to release funding for further CAMHS services		Sharon Davies			662	442	Yellow	Increase treatments within existing recurrent financial envelope
Respiratory nurse – admissions avoidance	Use of a community respiratory trained nurse specialist to work with asthmatic children to avoid unnecessary unplanned care					20	20	Green	Yes, nurse in post
<b>Total Workstream identified QIPP</b>						<b>871</b>	<b>651</b>	Yellow	

An additional QIPP has been identified through re-patriation of births to HUFT from UCLH, to the value of 70,000.00. This is based on activity decreasing out of area during 2018/19. This is being worked up currently.

# CQUINS

## CAMHS CQUIN

There is a joint ELFT and HUFT CQUIN focussed on delivering a better transition between CAMHS and Adult Mental Health services being delivered during 2018/19. It is generally performing well.

## Safeguarding STP CQUIN

Informed by issues arising recurrently in safeguarding cases, this CQUIN will deliver a structured programme of co-produced staff training to enhance the knowledge, skills, confidence and approach of relevant staff to safeguarding vulnerable children with additional needs. CQUIN value is £100k.

The CQUIN requirements are:

- Gather the views of young people, parents/carers and healthcare professionals on training needs for professionals working with children and families with additional needs and provide an evaluation report which will include recommendations for the content of the training programme. There will be at least one focus group for children/young people, one for parents/carers and one for healthcare professionals (at least three in total). This target to be completed by 31<sup>st</sup> December 2018.
- Create a train the trainer training programme by 31<sup>st</sup> January 2019 with built in evaluation.
- Deliver this training to at least ten staff by 31<sup>st</sup> March 2019 and provide a written plan with milestones and named staff leads as to how this training will be cascaded to other health and social care staff in 2019/20.

Learning from the service user engagement groups is to be presented to the SEND Partnership Boards and it is intended that a film will be produced to aid wider learning.

## Maternity CQUIN

A CQUIN to improve continuity of carer for women with diabetes has been agreed with HUFT. Further detail to follow.

# Engagement and Co-production

Page 225

- There is a draft Engagement Strategy in place, developed by the workstream which will be finalised in consultation with young people during 2019. It outlines a vast range of groups with which we will engage going forward.
- A Young Parents Advisory Group has been up and running for around 9 months. This group feeds into the workstream as part of a public rep role, and also meet to design and deliver their involvement in workstream priorities. They are currently planning a Healthwatch 'enter and view' of Maternity services, and recently held a discussion with CAMHS transformation in schools and Maternity Voices Partnership leads
- A co-production and engagement action plan to support the re-design of the new Health of LAC is currently being delivered, led by Public Health and Young Hackney. It seeks input from a range of children, young people (including those in care), foster carers and professionals to the new design.
- Hackney SEND Partnership Board has endorsed the City and Hackney integrated commissioning Co- production Charter.
- In the City, parent/carer members of the City's SEND Programme Board co-chair the meetings, agree Agendas and have led Board presentations on co-production, priorities and proposed governance / working group structures
- Following feedback from service users during walk the patch activities in 2017/18, the CCG undertook a refresh of the MVP to identify priorities for 2018/19. Meetings now held bimonthly with four meetings a year located in Ann Taylor Children's centre to improve accessibility for parent/carers with children.
- Feedback from Walk the patch in 2018 indicates that women are reporting better experiences overall as compared to previous experiences they had at the HUH. The HUH maternity team in response to women's feedback about lack of breastfeeding support on the postnatal ward now have a breastfeeding specialist midwife on the ward every morning to offer support to women struggling with breastfeeding. There is also a morning matron ward round to speak to women who may have had difficult deliveries to offer support and debriefing.



**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 10 (January 2019) 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, Director of Finance

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

Page 228

## Integrated Commissioning Fund Financial Performance Report

Month 10 (January) 2018/19 Year to date Cumulative position

# Table of Contents

1. **Consolidated summary of Integrated Commissioning Budgets**
2. **Integrated Commissioning Budgets – Performance by Workstream**
3. **Position Summary – City and Hackney CCG**
4. **Risks and Mitigations tracker – City and Hackney CCG**
5. **Position Summary – City of London Corporation**
6. **Position Summary – London Borough of Hackney**
7. **Risks and Mitigations tracker – London Borough of Hackney**
8. **Wider Risks & Challenges – London Borough of Hackney**
9. **Savings Performance**

Page 229

# Consolidated summary of Integrated Commissioning Budgets

		YTD Performance				Forecast		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,621	21,350	21,451	(101)	25,742	(121)
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	210	158	72	86	204	6	6
<b>Total</b>		<b>25,831</b>	<b>21,508</b>	<b>21,523</b>	<b>(15)</b>	<b>25,946</b>	<b>(115)</b>	<b>(175)</b>
Aligned Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	385,465	313,322	313,221	101	384,344	1,121	1,181
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	7,453	5,264	5,448	(183)	7,626	(173)	(194)
<b>Total</b>		<b>392,918</b>	<b>318,586</b>	<b>318,668</b>	<b>(82)</b>	<b>391,970</b>	<b>948</b>	<b>987</b>
ICF	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	411,086	334,672	334,672	0	410,086	1,000	1,000
	London Borough of Hackney Council	102,502	85,418	95,120	(9,702)	106,783	(4,281)	(4,724)
	City of London Corporation	7,663	5,422	5,519	(97)	7,830	(167)	(188)
<b>Total ICF Budgets</b>		<b>521,250</b>	<b>425,512</b>	<b>435,311</b>	<b>(9,799)</b>	<b>524,698</b>	<b>(3,448)</b>	<b>(3,912)</b>
CCG Primary Care co-commissioning		46,282	36,371	36,371	-	46,282	-	-
<b>Total</b>		<b>46,282</b>	<b>36,371</b>	<b>36,371</b>	<b>-</b>	<b>46,282</b>	<b>-</b>	<b>-</b>

## Summary Position at Month 10

- At Month 10 the Integrated Commissioning Fund has a forecast of £3.4m adverse against its annual budget. There has been a favourable movement of £0.4m on the Month 9 forecast. This movement is being driven by the London Borough of Hackney which has benefitted from a Public Health grant in Adult Social Care commissioning this month.
- City & Hackney CCG reports a year end surplus of £1m at Month 10. The surplus was declared in Month 9 to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised last month with a £3.0m adverse movement. This likely improvement in the CCG's forecast outturn had been previously factored into its risk assessment. The surplus will be transferred to WFCCG in Month 11 in line with the NEL Risk Share Framework.
- Finance activity remains broadly in line with previous months and is managed through Acute and General reserves. The CCG has presented a proposal to the Homerton based on audit results, to adjust and reimburse finance and activity anomalies that have driven some of the over performance experienced at the Trust. The discussions are still ongoing with an aim to resolve by mid March. Most of the larger out of area providers such as Moorfields, UCHL and Whittington moved favourably in month and the CCG has agreed a year-end position with the Barts at the same forecast outturn agreed in Month 9.
- 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 £4.3m, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to over spend by £0.1m at year end, this is being driven by Learning Disabilities Commissioned care packages.

### Note

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

ICB Page 230

### 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. LBH aim to**

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

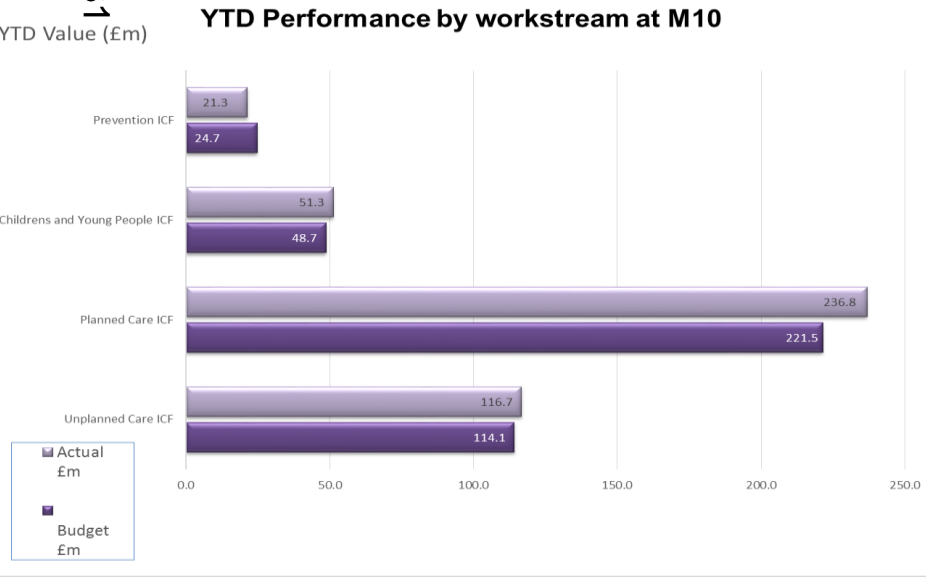


# Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast			
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m	Movement Variance £m
Unplanned Care ICF	137.3	114.1	116.7	(2.5)	139.7	(2.4)	(2.2)	(0.1)
Planned Care ICF	268.0	221.5	236.8	(15.4)	277.1	(9.2)	(10.0)	0.8
Childrens and Young People ICF	58.5	48.7	51.3	(2.6)	59.6	(1.1)	(0.8)	(0.3)
Prevention ICF	30.3	24.7	21.3	3.4	30.5	(0.2)	(0.2)	0.0
<b>All workstreams</b>	<b>494.1</b>	<b>409.0</b>	<b>426.1</b>	<b>(17.1)</b>	<b>506.9</b>	<b>(12.9)</b>	<b>(13.3)</b>	<b>0.4</b>
Corporate services	26.0	15.5	8.6	6.8	16.5	9.4	9.3	0.1
Local Authorities (CFG Capital and CoL income)	1.2	1.0	0.6	0.4	1.2	0.0	0.0	0.0
<b>Not attributed Workstreams</b>	<b>27.2</b>	<b>16.5</b>	<b>9.2</b>	<b>7.3</b>	<b>17.8</b>	<b>9.4</b>	<b>9.3</b>	<b>0.1</b>
<b>Grand Total</b>	<b>521.3</b>	<b>425.5</b>	<b>435.3</b>	<b>(9.8)</b>	<b>524.7</b>	<b>(3.5)</b>	<b>(3.9)</b>	<b>0.5</b>

## 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 10 is £9.2m adverse, an in month improvement of £0.8m.
- The in month movement is being driven by The London Borough of Hackney, who have benefitted from a £0.3m one off Public Health grant to support Voluntary Sector mental health provision within Adult Social care. In addition to this £0.3 Winter pressure funding has been allocated to the LA.
- The underlying Planned Care workstream variance is driven by LBH, where Learning Disabilities has a £4m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for the LD Joint Funding Pilot. This non recurrent drawdown was badged to support LD packages. The report from PWC on the work jointly undertaken by the CCG and LBH on the pilot joint LD programme of work is being considered by the CCG'S Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages .
- The London Borough of Hackney have assumed 100% of the 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. 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 £0.9m overspend.
- The CCG over spend is driven by the Homerton contract (£2.2m); Barts Health (£0.4m) due to regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m) .The position includes Continuing Health Care forecast overspend of £0.6m relating to Funded Nursing Care.
- Unplanned Care:** The workstream is forecasting a year end over spend of £2.4 which reflects the CCG adverse forecast position of £3.3m relating to acute over performance and the LBH under spend relating to Interim Care £0.9m. The LBH position 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 £1.1m driven by CCG acute activity at Barts (£0.2m), Guys (£0.3m) and the Homerton contract which is also over performing against budget (£0.2m).



\*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 10, 2018

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	19,094	15,912	15,912	0	19,094	0	31
		Planned Care	6,476	5,397	5,498	(101)	6,597	(121)	(212)
		Prevention	50	42	42	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		<b>Pooled Budgets Grand total</b>	<b>25,621</b>	<b>21,350</b>	<b>21,451</b>	<b>(101)</b>	<b>25,742</b>	<b>(121)</b>	<b>(181)</b>

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	195,381	161,072	164,217	(3,145)	199,284	(3,903)	(4,180)	
	Prevention	3,386	2,821	2,821	0	3,386	0	0	
	Childrens and Young People	48,439	40,365	41,274	(909)	49,539	(1,101)	(812)	
	Corporate and Reserves	25,960	15,467	8,625	6,841	16,535	9,425	9,344	
	<b>Aligned Budgets Grand total</b>	<b>385,465</b>	<b>313,322</b>	<b>313,221</b>	<b>101</b>	<b>384,344</b>	<b>1,121</b>	<b>1,181</b>	
<b>Subtotal of Pooled and Aligned</b>			<b>411,086</b>	<b>334,672</b>	<b>334,672</b>	<b>0</b>	<b>410,086</b>	<b>1,000</b>	<b>1,000</b>

In Collab	Primary Care Co-commissioning	46,282	36,371	36,371	0	46,282	0	0
<b>Grand Total</b>		<b>457,368</b>	<b>371,043</b>	<b>371,043</b>	<b>0</b>	<b>456,368</b>	<b>1,000</b>	<b>1,000</b>
<b>CCG Total Resource Limit</b>		<b>487,783</b>						
<b>SURPLUS</b>		<b>30,415</b>						

- CYPM** workstream is forecasting a YTD end over spend of £1.1m. The adverse forecast is being driven by the Homerton contract (£0.2m) where performance drivers are PbR Inpatients (Obstetrics, Paediatrics and Neonatology); Barts Health (£0.2); Guys (£0.3m) and Kings College (£0.3m)
- Corporate and Reserves** is reporting a forecast underspend of £9.4m, which reflects the release of acute reserves (£0.95m), contingency (£2.6m), corporate reserves (£1.3m), Non recurrent funding release (£1m to support NEL) and benefits from the resolution of prior year disputes (£2.7m).
- Primary Care Co-Commissioning (outside of the ICF):** At month 10, 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.

- In Month 10, City & Hackney CCG declared a surplus of £1m. This position includes the £1m additional surplus identified and declared in Month 9. City & Hackney CCG, Tower Hamlets CCG and Newham CCG, who all agreed to help support the wider NEL system control total with additional surplus have been requested to transfer the funds to Waltham Forest CCG in Month 11 in line with the NEL Risk Share Framework.
- The Risk Share Framework was deployed as a mitigation towards the loss of Quality Premium monies WFCCG were likely to experience if they declared an off plan position at M10, despite the system control total being achieved. In Month 11, the CCG will restate the full year forecast outturn to reflect the £1m transfer. The process to formalise the Risk Share Framework will be presented to the Governing Body for their consideration.
- Acute finance and activity over-performance continues broadly in line with the run rate trend and is being managed through Acute and General reserves. The CCG has presented a proposal to the Homerton based on audit results, to adjust and reimburse finance and activity anomalies that have driven some of the over performance experienced at the Trust. The discussions are still ongoing with an aim to resolve by mid March.
- Out of Area providers Moorfields, UCHL and Whittington moved favourably in month and the CCG has agreed a year-end position with the Barts at the same forecast outturn agreed in Month 9.
- 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 plus the additional £1.0m in-year surplus declared. The independent review of the Learning Difficulties Joint Funding pilot carried out by PwC will be presented to the Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages with the London Borough of Hackney.
- 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 10 these are forecast to over spend by £0.1m driven by Learning Difficulties staff and inflationary uplifts.
- Unplanned Care:** At Month 10 the £3.3m adverse forecast is being driven by over performance on a number of contracts; Homerton (£1.8m) where a number of Audits have been completed following the Activity Query Notice that was issued at the beginning of the year. Based on the results of the audit the Trust has agreed to reimburse the CCG for activity incorrectly counted. The Trust has accepted the basis in principle and are working with the CCG to finalise the details which are yet to be included in the reported position. Barts Health (£1.2m) driven by non-elective activity in vascular surgery, nephrology, general surgery and clinical haematology and The London Ambulance Service (£0.5m) are also over spent against budget.
- Planned Care:** The £4m adverse position at Month 10 is a slight deterioration on Month 9, driven by the Homerton contract (£2.2m); Barts Health (£0.4m) driven by regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m). The position includes CHC\* forecast overspend of £0.6m relating to Funded Nursing Care.

# City and Hackney CCG - Risks and Mitigations Month 10, 2018

## Summary and Progress Report on Financial Risks and Opportunities to Month 10 - 31 Jan 2019

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Homerton Acute performance	4,600	93%	4,280	0	Risk adjusted over-performance.
2	Bart's Acute performance	1,800	100%	1,800	0	Year end deal agreed.
3	Outer sector - Acute performance	1,800	73%	1,306	0	Risk adjusted based on total out of area providers and their over-performance.
4	NCA performance	400	72%	286	0	Risk based on uncertainty of activity.
5	Continuing Healthcare, LD & EOL	900	75%	675	0	Risk relating to activity increase above plan, high cost packages and service provision.
6	Non Acute performance	150	52%	78	0	Over-performance across the portfolio.
7	Programme Costs	100	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8	Non Recurrent Investment Programme	1,600	100%	0	1,600	Approved non recurrent programme.
9	NELCSU POD Transfer to NELCA	400	100%	0	400	Risk associated with the transfer of NELCSU services to NELCA.
10	CHS 2020	1,794	100%	0	1,794	Transformation programme including co-production.
11	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
12	Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
13	Joint LD programme	1,965	100%	0	1,965	Programme currently work in progress subject to independent review.
<b>Total Risks</b>		<b>16,259</b>	<b>87%</b>	<b>8,425</b>	<b>5,759</b>	
1	Acute Claims and Challenges	(1,100)	45%	(499)	0	Based on historic trend, revised to reflect current probability.
2	Acute Reserves	(951)	100%	(951)	0	Release to contain acute over-performance.
3	Contingency	(7,935)	99%	(4,915)	(2,965)	Contingency net of challenges and increase in surplus.
4	Prescribing	(400)	0%	0	0	Breakeven declared.
5	Running Costs	(1,300)	100%	(1,300)	0	Release of reserves to underwrite acute programme costs.
6	Prior Year & Dispute Resolution	(5,000)	91%	0	(4,555)	Opportunities arising from settlement of disputes and balance sheet gains.
<b>Total Opportunities</b>		<b>(16,686)</b>	<b>91%</b>	<b>(7,665)</b>	<b>(7,520)</b>	
				<b>761</b>	<b>(1,761)</b>	
<b>Headline surplus</b>					<b>(31,415)</b>	
<b>In-Year Surplus</b>					<b>(1,000)</b>	
<b>Drawdown for Pilot LD Business Case</b>					<b>1,965</b>	
<b>Underlying brought forward surplus</b>					<b>(32,380)</b>	

# City of London Corporation – Position Summary at Month 10, 2018

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Comm'n'd & DD		Unplanned Care	65	33	19	13	65	-	-
		Planned Care	145	125	53	72	139	6	6
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	158	72	86	204	6	6

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		Planned Care	3,869	3,136	3,125	11	3,839	30	(4)
		Prevention	2,349	1,429	1,461	(32)	2,535	(186)	(201)
		Childrens and Young People	1,066	832	992	(160)	1,088	(22)	-
		Non - exercisable social care services (income)	(177)	(133)	(148)	15	(182)	5	12
Aligned Budgets Grand total			7,453	5,264	5,448	(183)	7,626	(173)	(194)
<b>Grand total</b>			<b>7,663</b>	<b>5,422</b>	<b>5,519</b>	<b>(97)</b>	<b>7,830</b>	<b>(167)</b>	<b>(188)</b>

\* DD denotes services which are Directly delivered .

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

\* Comm'n'd = Commissioned

- At Month 10 The City or London Corporation is forecasting a year end adverse position of £0.2m against its full year plan. This is a slight improvement on the Month 9 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 £0.2m and is driving the forecast. This is due to:
  - A forecast overspend on public health salaries due to staff movements including maternity cover - £0.1m. This will be met from the Public Health reserves
  - Adult Social Care occupational therapy services are also forecast to overspend - £0.04m
- The Unplanned Care aligned annual budget of £346k relates to the IBCF where spending plans have now been agreed and any unspent amount at the year end will be carried forward.
- No additional savings targets were set against City budgets for 2018/19.

# London Borough of Hackney – Position Summary at Month 10, 2018

ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
					Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	1,178	746	432	1,414	-	-
	LBH Capital subtotal	1,414	1,414	-	1,178	746	432	1,414	-	-
	Unplanned Care (including income)	5,529	1,139	4,390	4,608	4,455	152	4,618	911	913
	Planned Care (including income)	62,082	26,002	36,080	51,735	63,939	(12,204)	67,285	(5,203)	(5,639)
	CYPM	8,986	-	8,986	7,488	8,987	(1,499)	8,986		
	Prevention	24,491	-	24,491	20,409	16,993	3,417	24,480	11	1
	LBH Revenue subtotal	101,088	27,140	73,948	84,240	94,374	(10,134)	105,369	(4,281)	(4,724)
<b>Grand total</b>	<b>102,502</b>	<b>28,554</b>	<b>73,948</b>	<b>85,418</b>	<b>95,120</b>	<b>(9,702)</b>	<b>106,783</b>	<b>(4,281)</b>	<b>(4,724)</b>	

102,502

- Page 235 CCG
- 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.
  - Safeguarding is forecast an underspend of £128k due to Deprivation of Liberty Safeguard (DoLS) assessment being lower than initially anticipated.
  - **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.3m
  - **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 10 LBH reports a forecast overspend of £4.3m
- **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 £4m pressure after contribution of £1.9m from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m. The CCG contribution is subject to work on joint funding arrangements being undertaken with the CCG. The programme of work which commenced earlier in the financial year is now complete and has been independently reviewed by PwC. The independent review of the Learning Difficulties Joint Funding pilot carried out by PwC will be presented to the Governing Body in February for agreement of the level of non-recurrent monies to be deployed this year to support the health needs of LD packages
  - It is anticipated that there should be a firm position agreed by the end of February 2019, delayed from December 2018. 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 £40k. The service has seen a sharp increase in the number of new clients (109 clients, full year impact £1.6m) 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.
  - Adult Social care commissioning has had improvement of £250k from previous month due to one off contribution from Public Health grant to support Voluntary Sector mental health provision.

\*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 10, 2018

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).		4,281	100%	4,281	100%
Learning Disability Joint Funding		1,900		1,900	
<b>TOTAL RISKS</b>		<b>6,181</b>	<b>100%</b>	<b>6,181</b>	<b>100%</b>
Mitigations		Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Work with CCG to determine ongoing contributions for LD joint packages		TBC	TBC	TBC	TBC
Review one off funding		4,281	100%	4,281	100%
<b>Uncommitted Funds Sub-Total</b>		<b>4,281</b>	<b>100%</b>	<b>4,281</b>	<b>100%</b>
Actions to Implement					
<b>Actions to Implement Sub-Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL MITIGATION</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

London Borough of Hackney Page 236

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

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.
  - Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Page 237
- Estimated Council budget gap of circa £30m up to and including 2020/21.
- Demand for services increasing particularly in Children’s Services, Adults and on homelessness services.
  - Additional funding through IBCF and winter funding are one off and insufficient
  - We await sustainable funding solution for Adult Social Care expected in the delayed Green Paper

# Integrated Commissioning Fund – Savings Performance Month 10, 2018

## City and Hackney CCG

- The CCG has a net savings target of £5.1m and is forecast to deliver on plan. At Month 9, 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 key adverse variances to plan are:
- OP transformation – Forecast variance to plan (£590k) This project was delayed by 3 months due to funding approval and a further 3 months due to Trust recruitment. Potential coding issues around first attendance have been raised with the Trust and are being investigated while the follow up component of the plan has delivered
- End of Life: Hospice at home – Forecast variance to plan (£140k) – Delays in sign off and stakeholder agreement pushed plans back into the fourth quarter, no forecast delivery is booked at this time.
- Moor eye conditions – Forecast variance to plan (£112k) Overall A&E performance at Moorfields is performing to plan, but, a new coding schema is making it hard to disinter the planned fall in low acuity activity – the delivery of this QIPP may be revised toward plan as we work with our partners on the data
- Termination of pregnancy - Forecast variance to plan (£101k) – Procurement of the AQP provider delayed implementation until the later part of the year
- Adverse performance to plan has been mitigated by changes to the HAMU tariff and primary care prescribing and estate benefits

## 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



<b>Title:</b>	Local System response to NHS Long-term Plan Submission
<b>Date:</b>	14 March 2019
<b>Lead Officers:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Author:</b>	Devora Wolfson, Integrated Commissioning Programme Director
<b>Committee(s):</b>	Integrated Commissioning Board 14 March 2019
<b>Public / Non-public</b>	Public

**Executive Summary:**

At the January ICB meeting, we discussed the newly published NHS long-term plan.

This report sets out the high-level time line for local system responses to the long-term plan and asks ICB how they would like to be involved in the shaping of our local system response.

**Issues from Transformation Board for the Integrated Commissioning Board**

N/A

**Recommendations:**

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

- To **NOTE** the timeline for the C&H response to the NHS long-term plan and **AGREE** how ICB would like to be involved in the development of the final submission

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

- To **NOTE** the timeline for the C&H response to the NHS long-term plan and **AGREE** ICB's involvement

**Links to Key Priorities:**

The Long Term Plan is expected to link to all our priorities going forward.

**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:**

The long-term plan was developed with involvement from the patients and the public nationally. Local Healthwatch organisations have been commissioned by NHS England and NHS Improvement to conduct local engagement activities on the long-term plan. As a system we will be holding some 'Let's Talk' events in City and Hackney on our local response to the long-term plan.

**Clinical/practitioner input and engagement:**

Some clinicians and practitioners were interviewed as part of the development of the plan. Clinicians and practitioners will be fully engaged in the development of the local response.

**Impact on / Overlap with Existing Services:**

N/A

**Supporting Papers and Evidence:**

N/A

**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

**Main Report****1. Introduction**

1.1 On 7 January 2019, the NHS long-term plan was published setting out key ambitions for the NHS over the next 10 years. The plan builds on the policy platform laid out in the NHS five year forward view which articulated the need to integrate care to meet the needs of a changing population.

1.2 Many areas of the LTP align to City and Hackney's ambitions including the focus on expanding community support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible.

1.3 The plan, however, focuses on the NHS rather than the wider health and care system with limited focus on the relationship that the NHS must have with external partners such as the local authority and the voluntary and community sector. It will be important that our local response sets out our system response recognising the contributions from all partners so it fully addresses the health, social care and wellbeing challenges facing our local communities.

## 2. Responding to the Plan

2.1 City and Hackney will be submitting their local response to the NHS Plan as a separate system within the North East London STP alongside the BHR (Barking Havering and Redbridge) and WEL (Newham, Waltham Forest and Tower Hamlets system)

2.2 In terms of the timeline, City and Hackney's draft initial submission comprising our draft workstream plans for 2019-20, was submitted to the STP in February 2019. The final plans will be submitted in April 2019.

2.3 The formal main response to the LTP will be submitted in September 2019 as part of the wider North East London (NEL) STP response and City and Hackney Integrated Commissioning Boards will want to help shape this response.

2.4 The NEL STP is currently considering its timetable for the September response and we will share this with ICB as soon as it becomes available.

2.5 Healthwatch has been commissioned by NHS England and NHS Improvement to conduct local engagement activities to undertake a range of engagement events locally on the long-term plan. As a system we will be holding 'Let's Talk' events in City and Hackney on our local response to the plan.

2.6 We will be focusing on the long-term plan, primary care networks and risk at the ICB development session in April 2019. At that point, we will know more about the overall NEL STP timetable for the September submission. It is proposed that we have further discussions about ICB's involvement in this at the development session.

## 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	