Hackney

NHS
City and Hackney
Clinical Commissioning Group

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

Meeting on Thursday 13 June, 10.00 am
Guildhall West Wing
Committee Room 4
London EC2V 7HH

1 **London Borough of Hackney Integrated Commissioning Board Agenda** (Pages 1 - 184)

Contact Alex Harris, Integrated Commissioning Governance Manager – alex.harris2@nhs.net

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City Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

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

Joint Meeting in public of the Integrated Commissioning Board on Thursday 13 June 2019, 10.00 – 12.00,
Guildhall, West Wing, Committee Room 4, London EC2V 7HH

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	2. ICB Register of Interests	3-6	
3.	**Questions from the Public**	Chair	Verbal	-	
4.	**Minutes of the Previous Meeting and Action Log**	Chair *For approval* *For noting*	4.1 Minutes of Joint ICBs meeting (in public), 9 May 2019 4.2 ICB Action Log	7-17 18	
Governance					
5.	**Terms of Reference of ICB**	Devora Wolfson *For endorsement*	Paper	19-32	10.10
6.	**Safeguarding** - **Safeguarding children: new arrangements** - **Child Death Review**	Amy Wilkinson / Mary Lee *For noting*	Paper	33-47	10.20
7.	**Integrated Commissioning risk report**	Devora Wolfson *For noting*	Paper	48-51	10.30
8.	**Reporting** - **IC programme & workstream report**	Devora Wolfson *To note*	Paper	52-64	10.40

	- **IC Finance report**	Sunil Thakker / Ian Williams / Mark Jarvis	Paper		
Strategies & Transformation					
9.	**Neighbourhood health and care**	Jonathan McShane *To approve the proposed approach*	Paper	65-72	10.55
10.	**Mental Health Strategy**	Dan Burningham *To note*	Paper	73-131	11.10
11.	**Integrated Commissioning and Care Roadmap**	Devora Wolfson *Approval*	Paper	132-136	11.25
Performance updates					
12.	**Unplanned Care Detailed Review**	Nina Griffith *To note*	Paper	137-179	11.45
13.	**AOB & Reflections**	Chair	Verbal	-	11.55
-	**Integrated Commissioning Glossary**	*For information*	IC Glossary	180-184	

Date of next meeting:

11 July 2019, Hackney Town Hall Rooms 102 & 103

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
				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
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Demirci	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)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional 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 Commisioning 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 Engagment Contract	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
					Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	

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 9 May 2019,
In Room 102, Hackney Town Hall, Mare Street, London EC2V 7HH

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Caroline Selman	Cabinet Members for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney
Cllr Anntoinette Bramble	Deputy Mayor and Cabinet member for education, young people and children's social care	London Borough of Hackney
Cllr Chris Kennedy	Cabinet Member for Families, Early Years and Play	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair (ICB Chair)	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Member, Community and Children's Services Committee	City of London Corporation
Dhruv Patel	Deputy Chairman, Community and Children's Services Committee	City of London Corporation

City & Hackney CCG Integrated Commissioning Committee

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

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
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Matt Hopkinson	Integrated Commissioning Transformation Officer (minutes)	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Siobhan Harper	Director, Planned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG (item 10)
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Mark Jarvis	Head of Finance	City of London Corporation
Charlotte Painter	Long Term Conditions Programme Manager	City & Hackney CCG
Jubada Akhtar-Arif	Programme Manager, Neighbourhood Health and Care Services	Integrated Commissioning Programme

Penny Heron	Joint Strategic Commissioner for Learning Disabilities	Planned Care Worsktream

Apologies – ICB members

Cllr Rebecca Rennison	Cabinet Member for Finance and Housing needs	London Borough of Hackney
Cllr Feryal Demirci	Deputy Mayor and Cabinet member for health, social care, transport and parks	London Borough of Hackney
Cllr Caroline Selman	Cabinet Member for Community Safety & Enforcement	London Borough of Hackney
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

Apologies – key officers

None.

1. WELCOME, INTRODUCTIONS AND APOLOGIES

1.1. Mark Rickets welcomed members and attendees to the meeting.

1.2. It was noted that both boards were quorate and that decisions made by the two boards would be done so separately and independently, and this would be reflected in the minutes.

1.3. Apologies were noted as listed above.

2. DECLARATIONS OF INTERESTS

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

2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions from members of the public.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

4.1. Action ICBOct18-3 was closed.

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

- **APPROVED** the minutes of the Joint ICB meeting held in public on 14 March 2019.
- **NOTED** the updates on the action log.

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

- **APPROVED** the minutes of the Joint ICB meeting held in public on 14 March 2019.
- **NOTED** the updates on the action log.

5. INTEGRATED RISK REGISTER

5.1. Devora Wolfson introduced the report, which presented a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole, and drew ICB's attention to the new risks escalated and changes in scores since the previous report. Risk scores for PC7 and PC11 (concerning the Cancer 62 day standard and Elective activity at the Homerton Hospital, respectively) had both been reduced following mitigating action taken over the previous month.

5.2. The City Integrated Commissioning Board

- **NOTED** the integrated commissioning risk register.

5.3. The Hackney Integrated Commissioning Board

- **NOTED** the integrated commissioning risk register.

6. INTEGRATED COMMISSIONING AND RISK – PROPOSED NEW APPROACH

6.1. Devora Wolfson reported that following on from previous ICB discussions and cnages to the governance structure of the Integrated Commissioning Programme, a review of the risk management approach has been carried out, and a number of proposals made in support of aligning risk management templates with those used by the CCG and refocusing the escalation process from the workstreams to the ICB. It was proposed that escalation to the ICB should be based on residual (current) rather than inherent risk scores and that a detailed review of risks should be carried out on a quarterly basis. Those risks which have actualized to become ongoing issues will be reported in a separate log. Addditionally, the paper proposed the appointment of a risk champion from within the ICB membership, to promote and raise awareness of good practice,

as well as to provide support and challenge to the management of Integrated Commissioning risk.

6.2. Members nominated Cllr Randall Anderson for the position of ICB Risk Champion, and Cllr Anderson accepted this nomination.

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

- **APPROVED** the proposals for the new risk and issue reporting arrangements; and
- **APPROVED** the appointment of Cllr Randall Anderson as ICB Risk Champion.

6.4. The **Hackney Integrated Commissioning Board**

- **APPROVED** the proposals for the new risk and issue reporting arrangements; and
- **APPROVED** the appointment of Cllr Randall Anderson as ICB Risk Champion.

7. LEARNING DISABILITIES COMMISSIONING STRATEGY AND ILDS SPECIFICATION

7.1. Siobhan Harper, Charlotte Painter and Penny Heron presented two papers; the first setting out a strategic vision for Learning Disabilities (LD) in City and Hackney from 2019 to 2024, and the second a service specification for the Integrated Learning Disabilities Service (ILDS).

Learning Disabilities Strategy

7.2. The strategy outlined a vision for all people with LD in City and Hackney. It has been designed based on feedback from users, carers and stakeholders and is structured around four key themes: Independence; Where I Live; My Community; and My Health. The next step following approval of the strategy will be to co-produce an action plan with service users to take the strategy forward.

7.3. Honor Rhodes welcomed the strategy, but noted that this is a strategy for people with LDs, rather than for LDs themselves. The nuance of wording is important, and Honor offered to help in amending the strategy so it is more readable and relatable.

7.4. Honor Rhodes also noted that people with LDs are often profoundly disadvantaged in terms of their intimate relationships, which are as important to them as they are to everyone. It is important that the strategy should reflect this and lay the foundation for us to be progressive and innovative in this regard.

7.5. It was noted that the City of London is not a borough and should not be referred to as such in the strategy. Also, insofar as the strategy refers to the ILDS, since that service is not the prime way City LD services are delivered, the City is left out. Siobhan Harper responded that the strategy is much broader than ILDS, but acknowledged that the strategy could reflect more clearly the fact that the City of London and Hackney have different service delivery models.

7.6. Andrew Carter asked whether an equalities impact assessment has been carried out in terms of gender identity and ethnicity, and suggested that greater emphasis on integration and equality could be included in the strategy.

7.7. The Boards asked what work has been carried out to date on engaging people with LDs. Siobhan Harper reported that a group called Hive was set up as a micro-social enterprise to support self-advocacy. There is also a regular partnership forum for service-users and carers, involving HCVS, Healthwatch, the CCG and other stakeholders, which meets on a quarterly basis. The co-production of an action plan will enhance this partnership approach going forward.

7.8. It was noted that more work could be done to identify and engage with people who are masking their learning disabilities, who face difficulties such as social anxiety.

7.9. Ian Williams noted the scope and ambition of the strategy, but questioned how it will be resourced. Delivery of a strategy has to be something that we can afford. The strategy has not yet been costed, and Siobhan Harper acknowledged that we need to look at how we can integrate all of the diverse resources that feed into services around LD. Of the approximately 5,000 people on the LD register within City and Hackney, 40% are in nursing or residential homes. There is potential for better, more integrated care within family and community settings, which could make better use of the resources available. It was also noted that the poor health and social care outcomes for people with LDs in general creates high costs. If we deliver better, more integrated services in line with the strategy, then it should considerable proxy savings for the system as a whole.

7.10. Costing of the strategy should include differentiation between costs related to health and social care, and to help us to differentiate cost from value, given the current overspend on LD. We need to be clear on whether we are over-spent or under-resourced.

7.11. Sunil Thakker recognized the financial concerns raised, but was mindful that if we do not aspire to do things differently, we will end up in a worse position as a system. We cannot carry on as we are.

7.12. It was noted that while the Board agreed with the direction of travel, the strategy itself should be revised in light of the discussion, with particular focus on financial modelling.

ILDS Specification

7.13. The Integrated Learning Disabilities Service covers 500 residents; about 10% of the LD population in City & Hackney. Penny Heron presented the specification for an integrated service model, which was co-produced with service users, carers, staff and stakeholders. The specification aligns with the strategy, including a focus on improving links with primary care and enhancing accessibility for people with learning disabilities in order that they can achieve independence and their full potential.

7.14. Cllr Chris Kennedy welcomed the specification, and was glad to see the focus on people aged 14 plus, since that will fit with pathways and support transition between children and adult services. He noted, however, that SEND is a significant cost pressure for the LBH, and ILDS itself is flagged as a cause for concern in the finance report. He supported Ian Williams' statement, above, that we need to look again at how we can resource LD in City & Hackney.

7.15. The **City Integrated Commissioning Board**

- **ENDORSED** the direction of travel in relation to the Learning Disabilities Strategy for City & Hackney as set out in the report and to note that further updates to the report including affordability will come to future meetings.

- **AGREED** the work undertaken to date in relation to the service specification for ILDS as set out in the report and to note that further updates to the report including affordability will come to future meetings.

7.16. The **Hackney Integrated Commissioning Board**

- **ENDORSED** the direction of travel in relation to the Learning Disabilities Strategy for City & Hackney as set out in the report and to note that further updates to the report including affordability will come to future meetings.

- **AGREED** the work undertaken to date in relation to the service specification for ILDS as set out in the report and to note that further updates to the report including affordability will come to future meetings.

8. PLANNED CARE WORKSTREAM – DETAILED REVIEW

8.1. Siobhan Harper presented the detailed review of the work of the Planned Care workstream over the last 6 months. It provided a summary of the latest

performance, challenges, issues and risks alongside an update on transformation plans and the delivery of the workstream asks.

8.2. It was noted that there is an aspiration to progress to a pooling arrangement for Adult Social Care package and Continuing Healthcare budgets. This is contingent, however, upon the progression of a number of issues around Learning Disabilities. Andrew Carter is leading on developing a timeline for resolving issues and pooling budget, and it was noted he will report back to the ICB on this in July 2019.

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report

8.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

9. LONG TERM PLAN – PRODUCING THE LOCAL SUBMISSION AND ENGAGEMENT

9.1. Devora Wolfson provided an update on the process for developing the local submission for the Long-Term Plan (LTP) and the planned engagement on our local submission. The initial City and Hackney local response to the LTP was submitted in March 2019 focusing on delivery during 2019/20 and formed part of the wider north East London STP submission. The detailed guidance on the LTP has been delayed and will not be received until mid-May at the earliest. It is likely that the final submission date for local plans will be October 2019 (rather than September 2019); this will be confirmed when we receive the guidance.

9.2. City and Hackney has begun working through its longer-term response to the LTP priorities and we will be engaging with key stakeholders, we are aligning our LTP engagement events to the 10 resident priority areas and 5 Integrated Commissioning strategic objectives. In terms of the wider system and ICS, the NHS regional director for London outlined the plans for there to be 5 ICS across London matching the 5 STPs in London with a very strong focus on integrated care delivery at place –level.

9.3. The Long Term Plan was discussed at the Healthwatch meeting on 8 May and another event was being held in the City of London on 10 May. It was noted that at the recent consultation event on Community Health Services, City residents had not felt they had had an adequate opportunity to be heard, as Hackney-based groups had been very vocal.

9.4. Cllr Randall Anderson asked whether there are issues with the alignment of Primary Care Networks (PCNs) and the Neighbourhoods. We need to strive to be as closely aligned as possible. Gary Marlowe noted that City and Hackney

are well advanced in the development of PCNs, because of the Neighbourhoods programme. The GP Confederation are working on producing a governance model. The PCNs will be sovereign bodies, but there is commitment across the board to continuing integrated working in line with the Neighbourhoods. These issues will be discussed with the clinical leads and the CCG Clinical Executive Committee in June, and an update will be brought back to the ICBs in July.

9.5. The **City Integrated Commissioning Board**

- **NOTED** the next steps for the development of the local submission
- **NOTED** the planned local engagement on the LTP priorities

9.6. The **Hackney Integrated Commissioning Board**

- **NOTED** the next steps for the development of the local submission
- **NOTED** the planned local engagement on the LTP priorities

10. CONSOLIDATED FINANCE REPORT – MONTH 12

10.1. The ICB received a report on finance (income & expenditure) performance for the Integrated Commissioning Fund covering the period of April 2018 to March 2019 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG. At Month 12 Integrated Commissioning Fund has an outturn of £4.1m adverse against its annual budget. This is a £0.4m favourable movement on the Month 11 forecast. During the financial year the CCG was able to manage and contain cost pressures across the acute and non-acute portfolio totalling £8.9m net, and was reporting a beak-even position as planned. The CCG was also able to support the wider NEL system as part of the Risk Share framework with £1.0m to support Waltham Forest CCG. It was noted that there were still some amendments to be made to the position set out in the report, but these were cost-neutral.

10.2. The City of London reported a year-end favourable position of £0.2m, driven by the Unplanned Care workstream where iBCF funding is mitigating worksteam over spends.

10.3. The London Borough of Hackney reported a year-end adverse position of £4.3m in line with its previous month's forecast. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and reflects £1.9m funding from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m. Ian Williams reported that there is continuing uncertainty relating to Brexit delay, and no clear picture on when the Government Comprehensive Spending Review is going to happen, which is very challenging, for the purposes of financial planning.

10.4. The **City Integrated Commissioning Board**

- **NOTED** the report

10.5. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

11. AOB & REFLECTIONS

Jake Ferguson reported that there is concern from voluntary sector representatives about the extent to which they are enabled to participate in a meaningful way or feel excluded from decision-making. Jake asked how the ICB can support better co-design within the workstreams (particularly around Prevention and Discharge) and within the Neighbourhood Care Alliance.

Jonathan McShane noted that the Neighbourhood Care Alliance is at a very early stage, but that he spoke to Vanessa Morris about voluntary sector involvement the previous week. Once the priority areas have been agreed, the vast majority of work will be done through the workstreams, which is where voluntary sector involvement will take place.
Anne Canning noted that the Prevention workstream, and all of the workstream directors, have worked very hard to get voluntary sector representatives involved. Nevertheless there is clearly some work to be done to improve the level of engagement and the clarity on the role of voluntary sector representatives.
Tim Shields noted that there is tension between the transformation agenda of the workstreams and their roles in delivering business-as-usual, which does not always involve co-production and engagement in the same way. There is a huge amount of work happening in the workstreams, often in addition to the 'day job', and the ICB should be mindful of the fact that in areas such as Neighbourhoods, City & Hackney is further on than most of the country.

It was agreed that a meeting between the Workstream Directors and SROs and the Voluntary Sector representatives should be arranged to talk through how to address the concerns raised, improve relations and make the engagement with VCS more fruitful.

12. DATE OF NEXT MEETING

The next meeting will be held on 13 June 2019, 10.00 – 12.00, Guildhall, West Wing, Committee room 4, London EC2V 7HH.

13. INTEGRATED COMMISSIONING GLOSSARY

Circulated for reference.

14. ICB FORWARD PLAN

Circulated for reference.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
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	Dec-19	Open	See ICB 19-2
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	Jul-19	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	Jul-19	Open	To be reported at the July ICB.
ICBMay19-1	A costed strategy for learning disabilities to be brought back to ICB.	Siobhan Harper / Charlotte Painter / Penny Heron	City and Hackney Integrated Commissioning Board	09/05/2019	Sep-19	Open	To be reported at the September ICB.
ICBMay19-2	Andrew Carter was developing a timeline for resolving issues and pooled budgets in relation to pooling budgets for adult social care and continuing healthcare packages.	Andrew Carter	City and Hackney Integrated Commissioning Board	09/05/2019	Jul-19	Open	To be reported at the July ICB.
ICBMay19-3	An update on the alignment of PCNs with Neighbourhoods to be brought back to the ICB, including reflections on the June meeting of the CCG Clinical Executive Committee and other discussions with clinical leads.	Gary Marlowe	City and Hackney Integrated Commissioning Board	09/05/2019	Jul-19	Open	To be reported at the July ICB.
ICBMay19-4	ICS Convenor to arrange a meeting between workstream directors, SROs and voluntary sector representatives to address concerns from the voluntary sector regarding their involvement in integrated commissioning decisions.	Jonathan McShane	City and Hackney Integrated Commissioning Board	09/05/2019	Jun-19	Open	Discussions ongoing, date to be confirmed.

Title:	Integrated Commissioning Board Terms of Reference
Date:	Integrated Commissioning Board 13 June 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	London Borough of Hackney Full Council 26 June City of London Community & Children's Services Committee 7 June CCG governing 28 June 2019
Public / Non-public	Public

Executive Summary:

This report sets out the proposed terms of reference for the Integrated Commissioning Board (ICB).

The most substantive changes to this document come in the new "Purpose" and "Objectives" sections at the beginning of the terms of reference. These relate to the establishment of the Accountable Officers Group and the new role for the Transformation Board, namely as forum for discussion about big transformation areas and wider engagement. There have also been revisions to the structure of the document.

The terms of reference for the Integrated Commissioning Board are due to be considered by the London Borough of Hackney Full Council on 26 June 2019 and the CCG Governing Body on 28 June 2019.

At the time of the meeting, the terms of reference will have been considered by the City of London Community & Children's Services Committee on 7 June 2019.

Recommendations:

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

- To **ENDORSE** the revised terms of reference for the Integrated Commissioning Board, **NOTING** their consideration at the Friday 7 June CoLC Community & Children's Services Committee and the CCG Governing Body on 28 June 2019.

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

- To **ENDORSE** the revised terms of reference for the Integrated Commissioning Board, **NOTING** that they will be considered at the London Borough of Hackney Full Council meeting on 26 June 2019 and the CCG Governing Body on 28 June 2019.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The amended governance structures streamline reporting and take some pressure of ICB agendas by enabling items which require high-level executive support but not necessarily ICB approval to still be received at the appropriate-level forum.
Empower patients and residents	☐	

Specific implications for City

Creates new reporting and accountability structures and provides the ICB with executive support and administrative buy-in.

Specific implications for Hackney

Creates new reporting and accountability structures and provides the ICB with executive support and administrative buy-in.

Patient and Public Involvement and Impact:

None directly however the patient voice is represented on the Board by Healthwatch.

Clinical/practitioner input and engagement:

None directly however there is clinical representation on the ICB.

Equalities implications and impact on priority groups:

None directly.

Safeguarding implications:

Reference is made to the ICB's responsibilities for safeguarding in the terms of reference.

Impact on / Overlap with Existing Services:

None

City of London Corporation Integrated Commissioning Sub-Committee, London Borough of Hackney Integrated Commissioning Committee, and NHS City & Hackney Clinical Commissioning Group Integrated Commissioning Committee
(known collectively as the "Integrated Commissioning Board")

Terms of Reference

Background and Authority

The City of London Corporation ("COLC") has established an Integrated Commissioning Sub-Committee ("the COLC Committee") under its Community and Children's Services Committee. The London Borough of Hackney ("LBH") has established an Integrated Commissioning Sub-Committee reporting to its Cabinet ("the LBH Committee") and NHS City & Hackney Clinical Commissioning Group ("the CCG") has also established an Integrated Commissioning Committee ("the CCG Committee"). These committees are the principal fora through which the CCG, LBH and COLC will integrate their commissioning of certain services.

This document is the terms of reference for the CCG Committee, the COLC Committee, and the LBH Committee.

The COLC Committee, the LBH Committee and the CCG Committee will meet in common and shall when doing so be known together as the Integrated Commissioning Board ("the ICB").

The COLC Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The LBH Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The CCG Committee has authority to make decisions on behalf of the CCG, which shall be binding on the CCG, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

Except where stated otherwise (in which case the terms "the COLC Committee" and/or "the LBH Committee" and/or "the CCG Committee" or "the committees" are/is used), all references in this document to the "ICB" refer collectively to the three committees described above. The objectives of the ICB, as described below, are the objectives of the individual committees insofar as they relate to the individual committee's authority.

The members of the COLC Committee and the CCG Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the CCG ("City Pooled Funds").

The members of the LBH Committee and the CCG Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the CCG ("Hackney Pooled Funds").

The LBH Committee shall have no authority in respect of City Pooled Funds. The management of City Pooled Funds is assigned to the CCG Committee and the COLC Committee. The COLC Committee shall have no authority in respect of Hackney Pooled Funds. The management of Hackney Pooled Funds is assigned to the CCG Committee and the LBH Committee.

For Aligned Fund services the ICB acts as an advisory group making recommendations to the CCG Governing Body, or the COLC Community and Children's Services Committee, or the LBH Cabinet as appropriate, in accordance with the relevant s75 agreement.

Purpose

The ICB is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan (NEL STP). It is the forum for decision making and monitoring of activity to integrate the commissioning activities of the CCG, COLC and LBH (to the extent defined in the s75 agreement).

The ICB's remit is in respect of services that are commissioned using Pooled Funds (including the Better Care Fund budgets) within the Integrated Commissioning Fund (ICF). The ICB also has a remit with regard to Aligned Funds, whereby it is an advisory group making recommendations to the CCG Governing Body or the LBH Cabinet or the COLC Community and Children's Services Committee as appropriate.

The CCG and COLC, and the CCG and LBH, shall determine the funds, and therefore the services, that are to be the City Pooled Funds and the Hackney Pooled Funds respectively (to include requirements in respect of Better Care Fund budgets) subject to the s75 agreements between the CCG and COLC and the CCG and LBH. The CCG and the COLC, and the CCG and LBH, shall determine their respective Aligned Funds. Once defined, the remit will be stated in these Terms of Reference or in another appropriate document that is provided to the ICB.

In performing its role the ICB will exercise its functions in accordance with, and to support the delivery of, the City and Hackney Locality Plan and the City of London supplement and the North East London Sustainability and Transformation Plan (NEL STP).

The responsibilities for the ICB will cover the geographical area of the LBH and COLC. It is noted that there will need to be decisions made about how to address the issues of resident and registered populations across the CCG and COLC and LBH and workers who travel into the City of London.
In carrying out its role the ICB will be supported by the Accountable Officers Group.

The objectives of the ICB defined below are subject to the Scheme of Delegation, and subject to the financial framework (a schedule in each of the two s75 agreements). The s75 agreements define the budgets that are City Pooled Funds, Hackney Pooled Funds, and Aligned Funds.

Objectives

Specifically, the ICB will:

Commissioning strategies and plans

- Lead the commissioning agenda of the locality, including inputs from, and relationships with, all partners
- Ensure financial sustainability and drive local transformation programmes and initiatives
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level
- Ensure that the Locality plan is delivering the local contribution to the ambitions of the NEL STP
- Lead the development and scrutiny of annual commissioning intentions as set out in the Integrated Commissioning Strategy, including the monitoring, review, commissioning and decommissioning of activities
- Provide advice to the CCG about core primary care and make recommendation to the CCG's Local GP Provider Contracts Committee
- Ensure that the locality plan delivers constitutional requirements, financial balance, and supports the improvement in performance and outcomes established by the Health and Wellbeing Boards
- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans.
- Ensure that local plans can demonstrate their impact on City residents and City workers where appropriate.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes
- Ensure that services are designed and delivered, using “design lab” principles – i.e. co-developed by residents and practitioners working together

Contracting and performance

- Oversee the annual contracting and planning processes and ensure that contractual arrangements are supporting the ambitions of the CCG, LBH and COLC to transform services, ensure integrated delivery and improve outcomes
- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans

Stakeholder engagement

- 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
- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans

Programme management

- Oversee the work of the Accountable Officers Group including their work on the workstreams and enabler groups ensuring system wide implications are considered
- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG, LBH and COLC.

Safeguarding

- In discharging its duties, act such that it supports the CCG, LBH and COLC to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

Accountability and reporting

The ICB will report to the relevant forum as determined by the CCG, LBH and COLC. The matters on which, and the arrangements through which, the ICB is required to report shall be determined by the CCG, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets). The ICB will present for approval by the CCG, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the CCG and/or COLC and/or LBH (including in respect of aligned fund services). The ICB will also provide advice to the CCG about core primary care and make recommendation to the appropriate CCG Committee.

The ICB will receive reports from the CCG, LBH and COLC on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the ICB.

The ICB will provide reports to the Health and Wellbeing Boards and other committees as required.

Membership and attendance

The membership of the COLC Committee shall be as follows:

- The Chairman of the Community and Children's Services Committee (Chair of the COLC Committee)
- The Deputy Chairman of the Community and Children's Services Committee
- 1 other Member from the Community and Children's Services Committee who is a Member of the Court of Common Council

The membership of the LBH Committee shall be as follows:

- LBH Lead Member for Health, Social Care, Transport and Parks (Chair of the LBH Committee)
- LBH Lead Member for Children's Services
- LBH Lead Member of Finance and Corporate Services

The membership of the CCG Committee shall be as follows:

- Chair of the CCG (Chair of the CCG Committee)
- CCG Governing Body Lay Member
- CCG Accountable Officer

As the three committees shall meet in common, the members of each committee shall be in attendance at the meetings of the other two committees.

The membership will be kept under review and through approval from the CCG's Governing Body, COLC's Community and Children's Services Committee and LBH's elected Mayor as appropriate. Other parties may be invited to send representatives to attend the ICB's meetings in a non-decision making capacity.

The ICB may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

The following shall be expected to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- CCG Managing Director
- CCG Chief Financial Officer
- The Director of Community and Children's services (Authorised Officer for COLC)
- The City of London Corporation Chamberlain
- LBH Group Director – Finance and Corporate Services
- LBH Group Director – Children, Adults and Community Services

The following will have a standing invitation to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- LBH and COLC Director of Public Health (which is a joint post)
- A person nominated by the Chief Financial Officers of the CCG and COLC
- Representative of City of London Healthwatch
- A person nominated by the Chief Financial Officers of the CCG and LBH
- Representative of London Borough of Hackney Healthwatch
- Representative of Hackney Voluntary and Community Services.

Deputies

Any member of the CCG Committee who is unable to attend a meeting of the ICB may appoint a deputy, who shall be a member of the CCG's Governing Body, provided that the deputy has authority equivalent to the member that he/she represents.

Any member of the LBH Committee may appoint a deputy who is a Cabinet Member.

The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Committee.

Any member appointing a deputy for a particular meeting of the ICB must give prior notification of this to the Chair.

Leading and facilitating the discussion

When the three committees are meeting in common as the ICB, the Chair of the LBH Committee shall lead and facilitate the discussions of the ICB for the first six months after its formation; the Chair of the CCG Committee shall perform the same role for the following six months; and the Chair of the COLC Committee shall perform the same role for the six months after that. Thereafter the role shall swap between three Chairs, with each performing it for six months at a time.

If the Chair nominated to lead and facilitate discussions in a particular meeting or on a particular matter is absent for any reason – for example, due to a conflict of interests – another of the committees' Chairs shall perform that role. If all three Chairs are absent for any reason, the members of the COLC Committee, the LBH Committee and the CCG Committee shall together select a person to lead and facilitate for the whole or part of the meeting concerned.

Quorum and voting

For the CCG committee the quorum will be two of the three members (or deputies duly authorised in accordance with these terms of reference).

For the COLC committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference).

For the LBH committee the quorum will be two of the three Council members (or deputies duly authorised in accordance with these terms of reference).

Each of the COLC, LBH and CCG committees must reach its own decision on any matter under consideration, and will do so by consensus of its members where possible. If consensus within a committee is impossible, that committee may take its decision by simple majority, and the Chair's casting vote if necessary.

The COLC Committee, the LBH Committee and CCG Committee will each aim to reach compatible decisions.

Matters for consideration by the three committees meeting in common as the ICB may be identified in meeting papers as requiring positive approval from all three committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Committee, the LBH Committee and the CCG Committee.

These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Meetings and administration

The ICB's members will be given no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five clear days before the date of the meeting. In urgent circumstances the requirement for five clear days' notice may be truncated.

The ICB shall meet whenever COLC, LBH and the CCG consider it appropriate that it should do so but the 3 committees meeting as the ICB would usually meet every month. When the Chairs of the CCG, LBH and COLC Committees deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as they shall specify.

Meetings of the ICB shall be held in accordance with Access to Information procedures for COLC, LBH and the CCG, rules and other relevant constitutional requirements. The dates of the meetings will be published by the CCG, LBH and COLC. The meetings of the ICB will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (June 2014).

Secretarial support will be provided to the ICB and minutes shall be taken of all of its meetings; the CCG, COLC and LBH shall agree between them the format of the joint minutes of the ICB which will separately record the membership and the decisions taken by the CCG Committee, the COLC Committee and the LBH Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

Decisions made by the CoLC Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Executive decisions made by the LBH committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Executive decisions made by the CCG committee may be subject to review by the CCG's Governing Body and/or Members Forum in accordance with CCG's constitution. However, the CCG, LBH and COLC will manage the business of the ICB, including consultation with relevant fora and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of interests

The partner organisations represented in the ICB are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. ICB members will comply with the Conflicts of Interest policy statement developed for the ICB, as well as the arrangements established by the organisations that they represent.

A register of interests will be completed by all members and attendees of the ICB and will be kept up to date in line with the policy. Before each meeting each member or attendee will examine the agenda to identify any matters in which he/she has (or may be perceived to have) an interest. Such interests may be in addition to those declared previously. Any such conflicts should be raised with the Chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interest to be debated and the Chair (on the basis of advice where necessary) may give guidance

on whether any conflicts of interest exist and, if so, the arrangements through which they may be addressed.

In respect of the CCG Committee, the members will have regard to any such guidance from the Chair and should adopt it upon request to do so. Where a member declines to adopt such guidance it is for the Chair to determine whether a conflict of interests exists and, if so, the arrangements through which it will be managed.

In respect of the COLC Committee and the LBH Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate.

In some cases it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. Where the nominated Chair (or another person selected to lead and facilitate a meeting) has a conflict of interests, the arrangements set out above (under Leading and facilitating the discussion) shall apply.

When considering any proposals relating to actual or potential contractual arrangements with local GP providers the ICB will seek independent advice from the CCG Local GP Provider Contracts Committee who provide a scrutiny function for all such matters, particularly that the contract is in the best interests of local people, represents value for money and is being recommended without any conflict of interest from GPs.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the ICB have a collective responsibility for the operation of it. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from the Accountable Officers Group and from other advisors where relevant.

The ICB functions through the scheme of delegation and financial framework agreed by the CCG, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the ICB is operating within all relevant requirements.

The ICB may assign tasks to such individuals or committees as it shall see fit, provided that any such assignments are consistent with each party's relevant governance arrangements, are recorded in a scheme of delegation for the relevant committee, are

governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Review

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

Date	Version	Changes made	Author	Agreed by	Agreed date	Next review
14/12/2017	v01	Final				
10/04/2019	V02	References to Transformation Board replaced with AOG Paragraphs, text, and headings reordered to align with IC terms of reference template without altering the substantive authority or text.	Devora Wolfson	ICB	13/06/2019	30/04/2020

Title of report:	**Safeguarding Arrangements in the City of London & Hackney**
Date of meeting:	13 June 2019
Lead Officer(s):	Anne Canning (Hackney Council / Andrew Carter (CoL Corp) / David Maher (CCG) / Commander Sue Williams (Met Police) / Detective Chief Superintendent Maria Woodall (City Police)
Author:	Rory McCallum
Committee(s):	-
Public / Non-public	**Public.** However, arrangements are awaiting compliance check from DfE prior to publication (before 29 June 2019)

Executive Summary:

In 2015, the government commissioned Sir Alan Wood to review the role and functions of Local Safeguarding Children Boards (LSCBs). The Wood Report was published in March 2016, with the government formally responding in May 2016. The Wood Report recommendations were subsequently embedded in statute in April 2017 with the granting of Royal Assent to the Children and Social Work Act 2017. As a consequence, four important areas of change have followed.

Firstly, LSCBs, set up by local authorities, will be replaced. Three safeguarding partners (*local authorities, clinical commissioning groups and chief officers of police in a local area*) must now make **new safeguarding arrangements** to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

Secondly, the current system of Serious Case Reviews will be replaced. Safeguarding partners must now make arrangements to identify and review **serious child safeguarding cases**.

Thirdly, a **National Child Safeguarding Practice Review Panel** has been created and operational since June 2018. The panel is responsible for identifying and overseeing the review of serious child safeguarding cases which raise issues that are complex or of national importance.

Fourthly, two partners (*local authorities* and *clinical commissioning groups*) have been specified as 'child death review partners' and must set up new **child death review arrangements**.

This report provides an overview of the proposed safeguarding arrangements for the City of London and Hackney.

Recommendations:

The **City Integrated Commissioning Board** is asked: • To **NOTE** the report The **Hackney Integrated Commissioning Board** is asked: • To **NOTE** the report

Strategic Objectives this paper supports:

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

Specific implications for City

New statutory duties for the City of London Corporation, Police & CCG and expectations for relevant agencies.

Specific implications for Hackney

New statutory duties for Hackney Council, Police and CCG and expectations for relevant agencies.

Patient and Public Involvement and Impact:

-

Clinical/practitioner input and engagement:

-

Equalities implications and impact on priority groups:

We will be monitoring the impact of the changes on all children, young people and families and in particular on priority groups and will report this to ICB at the relevant point.

Safeguarding implications:

As detailed in the main report.

Impact on / Overlap with Existing Services:

-

Main Report

1. Introduction & Background

1.1 In 2015, the government commissioned Sir Alan Wood to review the role and functions of Local Safeguarding Children Boards (LSCBs). The Wood Report[1] was published in March 2016, with the government formally responding[2] in May 2016.

1.2 The Wood Report recommendations were subsequently embedded in statute in April 2017 with the granting of Royal Assent to the Children and Social Work Act 2017. As a consequence, four important areas of change have followed.

- Firstly, LSCBs, set up by local authorities, will be replaced. Three safeguarding partners (*local authorities, clinical commissioning groups and chief officers of police in a local area*) must now make **new safeguarding arrangements** to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

[1] The Wood Report March 2016
[2] The Government response to the Wood Review May 2016

- Secondly, the current system of Serious Case Reviews will be replaced. Safeguarding partners must now make arrangements to identify and review **serious child safeguarding cases** which, in their view, raise issues of importance in relation to their area. They must commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken.

- Thirdly, a **National Child Safeguarding Practice Review Panel** has been created and operational since June 2018. Chaired by former Minister of State (Education), Edward Timpson, the panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance.

- Fourthly, two partners (*local authorities* and *clinical commissioning groups*) have been specified as 'child death review partners' and must set up new **child death review arrangements**. These new arrangements should facilitate a wider geographic footprint and respond to the statutory guidance defining how deaths will be reviewed and how the bereaved will be supported.

2. Timescales

2.1 Statutory guidance[3] covering the transition from LSCBs to the new safeguarding and child death review arrangements was issued in July 2018.

2.2 For new safeguarding arrangements, safeguarding partners have been given up to **12 months** (from 29 June 2018), to agree their local arrangements and which relevant agencies they consider appropriate should work with them to safeguard and promote the welfare of children in their area.

2.3 Safeguarding partners must publish their arrangements by **29 June 2019** but may do so at any time before the end of that period. The arrangements require to be subject to a '*compliance check*' by the DfE prior to publication.

2.4 Following publication of their arrangements, safeguarding partners have up to **three months** from the date of publication to implement them.

2.5 All new local arrangements must have been implemented by **29 September 2019**.

2.6 LSCBs must continue to make decisions on initiating and publishing SCRs until the new safeguarding arrangements have been published and are in place in a

[3] Working Together – Transitional Guidance July 2018

local area. At this point, safeguarding partners will operate the response to serious child safeguarding cases consistent with Working Together 2018.

2.7 Pending implementation of the new approach to reviewing serious child safeguarding cases, transitional guidance covers how existing processes engage the Child Safeguarding Practice Review Panel.

2.8 Child death review partners must work to the same timescale set for safeguarding arrangements. They must publish arrangements for the review of each death of a child normally resident in their area, including arrangements for the analysis of information about deaths reviewed, by **29 June 2019** and implement those arrangements by **29 September 2019**.

2.9 Safeguarding partners across both the City of London and Hackney have been meeting regularly to develop the new arrangements and plan for their implementation.

3. The Purpose of the New Safeguarding Arrangements

3.1 The purpose of the new arrangements is set out in Chapter 3 of Working Together 2018 (para 3). Safeguarding arrangements aim to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families.

3.2 Statutory guidance (WT 2018 Chapter 3, para 9) also sets out that the safeguarding partners with other local organisations and agencies should develop processes that:

- facilitate and drive action beyond usual institutional and agency constraints and boundaries
- ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.

3.3 To achieve the best possible outcomes, statutory guidance is also clear that children and families should receive targeted services that meet their needs in a co-ordinated way. The responsibility for this join-up locally rests with the *three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.*

4. Local Flexibility

4.1 Whilst legislation and statutory guidance has set out clear requirements, there remains a degree of freedom for safeguarding partners to determine how they organise themselves to meet those requirements and improve outcomes for children locally. For local safeguarding partners, this is undoubtedly an important starting point given the CHSCB was the first LSCB to be judged as Outstanding by Ofsted in 2016. Indeed, whilst acknowledging both the statutory requirements and opportunities for improvement, there is a need to ensure that we don't dismantle what has been evidenced as working well.

4.2 The naming convention for the new safeguarding arrangements has been agreed as **The City & Hackney Safeguarding Children Partnership**. Most areas appear to be naming their arrangements along similar lines.

5. Statutory Guidance

5.1 Working Together 2018 includes statutory guidance on the following areas that must be included in the written arrangements.

Safeguarding Partners

5.2 The safeguarding partners are defined in statute and agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. Safeguarding partners include the following.

- For Hackney: Hackney Council, the City & Hackney Clinical Commissioning Group and the Metropolitan Police Service
- For the City of London: The City of London Corporation, the City & Hackney Clinical Commissioning Group and the City of London Police

Leadership

5.3 The lead representatives for safeguarding partners are:

- the local authority chief executive
- the accountable officer of a clinical commissioning group and

- the chief officer of police.

5.4 Similar to the current LSCB arrangements, the lead representatives can delegate their functions, although they remain accountable for any actions or decisions taken on behalf of their agency. If delegated, it is the responsibility of the lead representative to identify and nominate a senior officer in their agency to have responsibility and authority for ensuring full participation with these arrangements.

5.5 Working Together 2018 sets out the need for the new arrangements to link to other strategic partnership work happening locally to support children and families. This includes other public boards including Health and wellbeing boards, Adult Safeguarding Boards, Channel Panels, Improvement Boards, Community Safety Partnerships, the Local Family Justice Board and multi-agency public protection arrangements.

Geographic Area

5.6 The CHSCB currently covers the City of London and the London Borough of Hackney. This arrangement will continue.

Relevant Agencies

5.7 Safeguarding partners are obliged to set out within their arrangements which organisations and agencies are required to work as part of those arrangements to safeguard and promote the welfare of local children. These organisations and agencies are referred to as relevant agencies and have a statutory duty to act in accordance with the arrangements.

5.8 A schedule of relevant agencies can be found under part 4 of the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018. It should be noted that the safeguarding partners may include any local or national organisation or agency in their arrangements regardless of whether they are named within the regulations. Locally defined agencies will be included.

5.9 The new guidance does not include a requirement to have either Lead Members or Lay Members but safeguarding partners have committed to their ongoing inclusion in the arrangements.

Schools, Colleges and other Education Providers

5.10 Local safeguarding partners have named schools, colleges and other educational providers as relevant agencies, with existing forums / support being judged sufficient to establish the active engagement of individual institutions.

Information Requests

5.11 Safeguarding partners may require any person or organisation or agency to provide them, any relevant agency for the area, a reviewer or another person or organisation or agency, with specified information. This will be clearly set out in the written arrangements.

Independent Scrutiny

5.12 This is a key aspect of the new arrangements that safeguarding partners have considered. Safeguarding partners need to ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.

5.13 In addition to the work of the various inspectorates, independent scrutiny is currently discharged through the role of the independent chair and the CHSCB's Learning & Improvement Framework *(i.e. such as through the existing SCR / review process, multi-agency case audits, Section 11 audits, peer reviews etc).*

5.14 The independence provided by the CHSCB has worked well to date, with relevant recognition of these driving a strong culture of constructive challenge, debate and improvement. They have also ensured the necessary rigour to provide challenge to the named safeguarding partners. Safeguarding partners have agreed an independent person will be retained in the new arrangements to provide the necessary independent scrutiny and independent leadership for the local safeguarding agenda.

Funding

5.15 The funding arrangements for the new arrangements for 2019/20 will be maintained at the same level as that previously provided to the CHSCB in 2018/19. A review of the funding will be undertaken during 2019 to enable the safeguarding partners to consider the future resourcing requirements, agree the level of funding provided by each safeguarding partner and any contributions from relevant agencies.

Publication of Arrangements

5.16 Published arrangements will also reference each of the following points.

- how the arrangements will include the voice of children and families
- arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area

- arrangements for commissioning and publishing local child safeguarding practice reviews and for embedding learning across organisations and agencies,
- how any youth custody and residential homes for children will be included in the safeguarding arrangements.
- how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help
- how inter-agency training will be commissioned, delivered and monitored for impact and how they will undertake any multiagency and interagency audits
- how the threshold document setting out the local criteria for action aligns with the arrangements.

Dispute Resolution

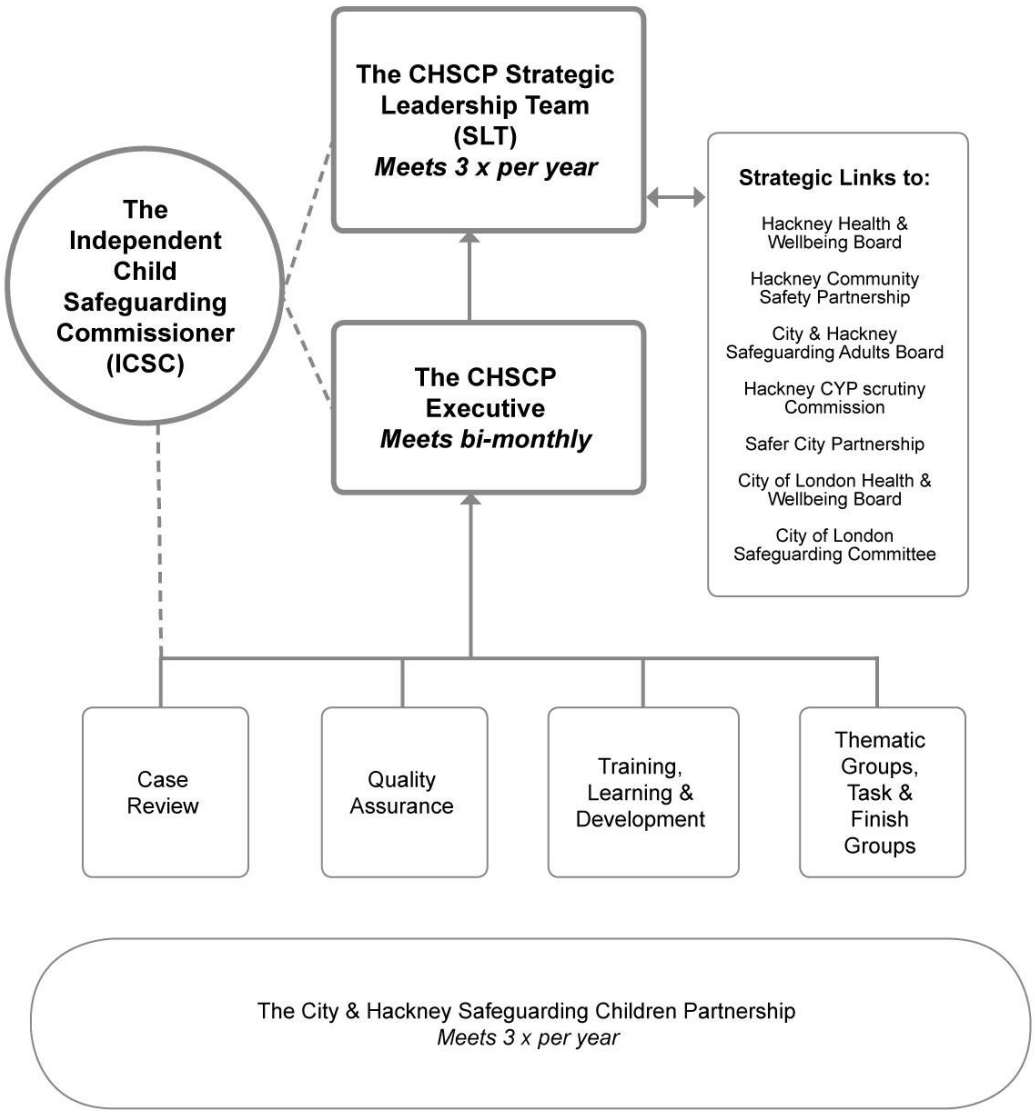
5.17 Safeguarding partners and relevant agencies must act in accordance with the arrangements for their area and will be expected to work together to resolve any disputes locally. Locally, an existing escalation protocol sets out how operational disputes are resolved, and this will be used as the basis for this requirement.

Reporting

5.18 Safeguarding partners will be responsible for producing an annual report. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

6. Partnership Structure

6.1 Safeguarding partners have agreed the following structural arrangements through which they can deliver on the statutory requirements set out within Working Together 2018.



Supporting Papers and Evidence:

Sign-off:

Title of report:	**Child Death Review Arrangements in the City of London & Hackney**
Date of meeting:	13 June 2019
Lead Officer:	Anne Canning (Hackney Council / Andrew Carter (COL Corp) / David Maher (CCG)
Author:	Mary Lee, Designated Nurse Safeguarding Children & Young People, City & Hackney CCG
Committee(s):	-
Public / Non-public	**Public.** However, arrangements are awaiting publication (before 29 June 2019)

Executive Summary:

In 2015, the government commissioned Sir Alan Wood to review the role and functions of Local Safeguarding Children Boards (LSCBs). The Wood Report was published in March 2016, with the government formally responding in May 2016.

The Wood Report recommendations were subsequently embedded in statute in April 2017 with the granting of Royal Assent to the Children and Social Work Act 2017.

Two partners (*local authorities* and *clinical commissioning groups*) have been specified as 'child death review partners' and must set up new **child death review arrangements**. Child death review partners must make arrangements to review all deaths of children normally resident in the local area.

The purpose of the review is to identify any matters relating to the death that are relevant to the welfare of children in the area or to public health and safety and to consider whether action should be taken in relation to any matters identified.

The geographical footprint of the child death review partners should be locally agreed but must extend to at least one local authority. They should typically review at least 60 deaths per year.

There is also a responsibility to ensure support for bereaved families.

In INEL we are planning one child death review panel to cover City and Hackney, Newham, Tower Hamlets and Waltham Forest.

Child death review partners should **publish their arrangements by 29th June 2019** and have up to three months to **implement the arrangements by 29th September 2019.**

Recommendations:

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

- To **NOTE** the report;

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

- To **NOTE** the report;

Strategic Objectives this paper supports:

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

Specific implications for City

New statutory duties for the City of London Corporation & CCG.

Specific implications for Hackney

New statutory duties for Hackney & CCG.

Patient and Public Involvement and Impact:

-

Clinical/practitioner input and engagement:

-

Equalities implications and impact on priority groups:

-

Safeguarding implications:

-

Impact on / Overlap with Existing Services:

-

Main Report

1.0 Background and Introduction

1.1 In 2015, the government commissioned Sir Alan Wood to review the role and functions of Local Safeguarding Children Boards (LSCBs). The Wood Report[1] was published in March 2016, with the government formally responding[2] in May 2016.

1.2 The Wood Report recommendations were subsequently embedded in statute in April 2017 with the granting of Royal Assent to the Children and Social Work Act 2017. As a consequence, four important areas of change have followed.

1.3 This report deals with the new **child death review arrangements**. (*Local authorities* and *Clinical Commissioning Groups*) have been specified as 'child death review partners' and must set up new arrangements. These new arrangements should facilitate a wider geographic footprint and respond to the statutory guidance defining how deaths will be reviewed and how the bereaved will be supported.

2.0 Timescales

2.1 Statutory guidance[3] covering the transition from LSCBs to the new safeguarding and child death review arrangements was issued in July 2018.

2.2 Statutory and operational guidance[4] was published in October 2018 to assist the child death review partners by setting out the key features of what a good child death review process should look like.

2.3 Child death review partners must work to the same timescale set for safeguarding arrangements. **They must publish arrangements** for the review of each death of a child normally resident in their area, including arrangements for the analysis of information about deaths reviewed, by **29 June 2019** and implement those arrangements by **29 September 2019**.

3.0 The Purpose of the New Child Death Review Arrangements

3.1 The purpose of the new arrangements is set out in Chapter 5 of Working Together 2018 (para 1). **The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families with the intention of learning what happened, and why, and preventing future deaths.**

- Under the new legislation Local authorities and Clinical Commissioning Groups are named as 'child death review partners' and must make arrangements for the review of each death of a child normally resident in the local authority area.

[1] The Wood Report March 2016
[2] The Government response to the Wood Review May 2016
[3] Working Together – Transitional Guidance July 2018
[4] Child Death Review - Statutory and Operational Guidance (England) October 2018

- Formal collaboration between responsible partners for child death reviews will be undertaken at greater scale, enabling the formation of Child Death Review systems - comprising of provider delivered Child Death Review Meetings (CDRM) and Child Death Overview Panels covering larger operational footprints with a minimum case review level of 60 cases per annum.
- The purpose of setting out key features of a robust child death review process is to enable the standardisation of outputs from Child Death Reviews as much as possible.
- This in turn should enable effective thematic learning from reviews, i.e. a local review may be able to identify specific learning but trends analysis at a national level may identify modifiable factors that could be altered to prevent future deaths.
- The aim is to do this by setting out standardised approaches to:
  - Immediate decision making and notifications
  - Investigating and information gathering
  - The child death review meeting
  - The Child Death Overview Panel
  - Family engagement and bereavement support

4.0 Local Arrangements for City and Hackney

4.1 *Child Death Review; Statutory and Operational Guidance (England)* states that the child death review footprint, whilst locally agreed, **should typically cover 60 child deaths per year,** thereby enabling appropriate thematic learning to take place. This means that any future Panel needs to be across a wider geographical footprint than just City and Hackney.

4.2 As the new guidance requires the review process to review a minimum of 60 deaths per year child death review partners are required to come together over a larger population footprint. **For City and Hackney this will require us to link with our colleagues in Tower Hamlets, Newham and Waltham Forest to form one CDOP across this geographical footprint.**

4.3 To this end, discussions have been taking place between Health (CCGs and Local Authority partners across the inner north east London (INEL) footprint, comprising City and Hackney, Newham, Tower Hamlets and Waltham Forest and they have agreed to work together to develop a joint Panel, acknowledging that this needs to be formally approved by respective Boards / Committees.

4.4 Child death review partners across the 4 CCGs and 5 local authorities have been meeting regularly to develop the new arrangements and plan for their implementation. **We are on track to comply with the required timeframe.**

5.0 Funding

5.1 The electronic case management system (eCDOP) has supported

standardisation of processes and effective collation of data across London CDOPs and is currently used by Partners across the INEL geography. Healthy London Partnership (HLP) have confirmed that they will cover the costs of this system across the WELC geography for 2019/ 2020 – c£13k.

5.2 From 2020/ 2021, Health and Local Authorities, will need to cover the costs of this system.

Sign-off:

Workstream SRO: Anne Canning Group Director London Borough of Hackney

London Borough of Hackney: Anne Canning Group Director London Borough of Hackney

City of London Corporation: Andrew Carter Chief Officer/Director Community & Children's Services City of London

City & Hackney CCG: David Maher Managing Director

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	13 June 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Board, 13 June 2019
Public / Non-public	Public

Executive Summary:

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

The next report in the agenda pack proposes a new approach to managing IC risks and issues.

Background

The threshold for escalation of risks is for the residual risk score (after mitigating action) to be 15 or higher (and therefore RAG-rated as red).

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

PC3 - For 2018/19 the significant known cost pressures on prescribing budgets nationally & the local impact of these pressures are as follows:-

A. £15M monthly cost pressure spread across all CCGs came into effect from August 2018. This increase is due to DH ceasing previous system of reducing Category M drugs costs by £15M/ mth which had been in place from Aug2017 to recover estimated excess margin delivered to pharmacies in 2015/16 & 2016/17 on CatM reimbursement prices. The estimated cost pressure from this for C&H for Aug 2018- Mar 2019 is £432,379
B. Drug Tariff prices for drugs have increased. For C&H CCG based on Apr-June 2018 drug costs, the estimated full year (2018/19) impact of increased Drug Tariff costs for the CCG is £514,532
C. There are ongoing cost pressures for NCSO. For C&H CCG based on Apr-Jun2018 drug costs, the estimated full year (2018/19) impact of NCSO cost pressure for the CCG is £291,080

Incorrectly reported change in risk scores at previous meeting

PC11 regarding elective activity at Homerton University Hospital NHS Foundation Trust (HUHFT) was reported to the May 2019 Integrated Commissioning Board (ICB) with a total score of 9 and reduced to an amber rating. On later review, it was found that an incorrect value had moved from the Workstream Risk Register to the ICB report. In the
following CCG BAF reported at the previous City & Hackney CCG governing body meeting, the correct score of 20 – no movement from previous months is reported.

This risk has since been taken off the risk register and replaced with PC2, which notes a risk of over-performance on elective activity.

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The risk register supports all the programme objectives
Empower patients and residents	☒	The risk register supports all the programme objectives

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 – May 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 Board Assurance Framework

Jun-19

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
IC1	Insufficiently robust framework of assurance provided by the ICBs to statutory bodies delegating authority whilst retaining responsibility could result in them not delivering their legal duties.	15	TBC	15	15	15	10	↓	Agreed implementation plan in response to the Price Waterhousecooper (PWc) review in place and work underway. The plan was further discussed at the March 2019 CCG Audit Committee and alongside the items arising out of the results of the review, further work has taken place to refine risk reporting and escalation between IC and the CCG, with the IC structure adopting the format of the CCG BAF to allow for easier escalation and wider collection of information. An Accountable Officers Group (AOG) has been formed and has been meeting through April and May 2019. Potential further items for work include refinement of the role of the CCG Finance and Performance Committee to more suitable cover performance management of integrated commissioning services and consideration of any need for any assurance framework for the CCG GB and NE London Joint Commissioning Committee.	15				✓	
CYPMF1	Risk that low levels of childhood immunisations in the Borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	TBC	15	10			↓	Following a CCG-funded outbreak response across partner organisations, the Measles outbreak is waning, with low levels of notifications as of May 2019. An plan for ongoing action to maintain low levels has been drafted and a communicaitons plan has been implemented.	10	✓			✓	
CYPMF2	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.	16	TBC	16	4			↓	As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Turst and the Homerton Hospital have set up a partnership approach to identify the small number of childre effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.	4				✓	
CYPMF3	System SEND Overspend - At the meeting on 21 January 2019 Workstream noted that there is a significant financial risk to partners relating to SEND overspend, and there is no local mitigation, since it is a question of structural resources. It was agreed that the risk should be red-rated for escalation to the Integrated Commissioning Board.	20	TBC	20	15			↓	This issue was highlighted by the CYPMF Workstream but it is a system wide issue and the workstream recommends this should be held at programme level. Given that the risk is system-wide rather than workstream level, it is also recommended that the severity level should be rated as moderate, rather than severe (based on the scoring guidelines)	15			✓		
PC1	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.	20	9	20				↔	Joint funding arrangements will now be formally implemented and this will enable a consistent approach to additional health funding for individual care packages where a health need is identified. Further financial planning to support the implementation of the agreed strategy for people with Learning Disabilties will also support a move to an community asset based model of service rather than more traditional models of care. The impact of SEND and transition also needs to be carefully modelled for future years.	20	✔	✔	✔	✔	✔
PC2	There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance.	20	10	20				↔	Relationships with our main provider are strong and continue to develop through shared mitigation plans by auditing and understanding demand and activity flows and the management of RTT and patient waiting lists. We are also exploring new payment mechanisms to contain risk. Our Outpatient Transformation programme is also being reviewed and refreshed and we expect to be increasingly assured of our risk mitigation by the end of Q2.	20	✔	✔	✔	✔	✔
PC3	For 2018/19 the significant known cost pressures on prescribing budgets nationally & the local impact ofthese pressures are as follows:- a. £15M monthly cost pressure spread across all CCGs came into effect from August 2018. This increase is due to DH ceasing previous system of reducing Category M drugs costs by £15M/ mth which had been in place from Aug2017 to recover estimated excess margin delivered to pharmacies in 2015/16 & 2016/17 on CatM reimbursement prices. The estimated cost pressure from this for C&H for Aug2018-Mar2019 is £432,379 b. Drug Tariff prices for drugs have increased. For C&H CCG based on Apr-Jun2018 drug costs, the estimated full year (2018/19) impact of increased Drug Tariff costs for the CCG is £514,532 c. There are ongoing cost pressures for NCSO. For C&H CCG based on Apr-Jun2018 drug costs, the estimated full year (2018/19) impact of NCSO cost pressure for the CCG is £291,080	20	9	20				↔	There are no QIPP activities that can be implemented that will have an impact on these cost pressures because they are DH/ NHSE directives on national pricing strategies to address national drug shortages and shortages in funding for community pharmacy contracts. We are unable to manage this direct risk, but have wider QIPP plans for the overall primary care prescribing budget which will deliver savings to enable impact of this drug pricing risk to be better tolerated [During 2017/18 the total year end impact for C&H was £1.2M NCSO - however the wider QIPP work delivered savings higher than the £1.2M cost pressure]	TBC			✔		
UPC1	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 aer thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	TBC	16				↔	X 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. X Benchmarking of GP rates of pay undertaken in collaboration with TH CCG X Issue has been raised/acknowledged at STP level X The Workstream SRO sits on the the NEL Workstream Advisory Board (WAB), which is currently discussing how to manage the recruitment issues across the whole STP footprint.	16				✓	

Title:	Integrated Commissioning Programme Dashboard Reporting
Date:	11 July 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Olivia Katis, Integrated Commissioning Programme Manager
Committee(s):	None.
Public / Non-public	Public

Executive Summary:

We have produced a reporting Dashboard for the Integrated Commissioning (IC) Programme which covers the following areas:

- IC Programme/PMO
- Workstreams
- Enabler Groups
- System finance.

Progress will be reported monthly to the Accountable Officers Group (AOG) and then on to the Integrated Commissioning Board (ICB), Dashboard content will form the basis of our monthly updates to the East London Health & Care Partnership, the CCG Governing Body, and other ad hoc reports as required. Updates are collected from workstream and Enabler Group leads at the end of each month.

The template covers:

- Progress on key activities in the previous month
- Planned activities for the coming month
- Progress against strategic milestones [as set by the ICB];
- Key risks and issues [these include all risks with a scope of 15+ from the ICB Risk Register and new risks provided by system, leads as part of their monthly update];
- Any items which require a decision to be made by the AOG or the ICB.

<u>Risk</u>

We have included a summary of IC Risks and Issues in the Dashboard – these will be pulled directly across from the IC Risk and Issues Register, this part of the document will be populated monthly by the IC Governance Manager. Enabler Groups are also required to send over risks relating to their portfolio areas monthly as part of their Dashboard updates.

<u>Milestones</u>

We have included all 19/20 IC milestones from the IC 19/20 & 20/21 Roadmap.

Decisions for AOG and ICB Any portfolio areas which require a decision from the AOG or the ICB will be required to provide a summary of what they need a decision on here in this section. Finance A finance update is provided by the IC Finance Team

Recommendations:

The **City Integrated Commissioning Board** is asked: • To **NOTE** the April 2019 IC Dashboard • To **NOTE** the May 2019 IC Dashboard The **Hackney Integrated Commissioning Board** is asked: • To **NOTE** the April 2019 IC Dashboard • To **NOTE** the May 2019 IC Dashboard

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	Each of the milestones included in the Roadmap relate to IC Programme Strategic Objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

The dashboard summarises programmes of work which will impact City residents

Specific implications for Hackney

The dashboard summarises programmes of work which will impact Hackney residents

Patient and Public Involvement and Impact:

All programmes of work referenced in the Dashboard will impact patients and members of the public in the future, many of these programmes of work will have:

- their own programmes of resident consultation planned, and
- will feed into governance arrangements which will involve patient and public representatives

Clinical/practitioner input and engagement:

All programmes of work referenced in the Dashboard relate to programmes of work which will feed into parts of the IC governance system which involve clinicians

Equalities implications and impact on priority groups:

Some of the Programmes of work referenced in the Dashboard will impact specific priority groups, for example: young parents, young people and mental health

Safeguarding implications:

All Programmes of work referenced in the Dashboard will interface appropriately with safeguarding governance and assurance across the City and Hackney system

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix A: April 2019 Integrated Commissioning Reporting Dashboard
Appendix B: May 2019 Integrated Commissioning Reporting Dashboard

Sign-off:

London Borough of Hackney: Anne Canning

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher

C&H Integrated Commissioning and Care Programme – Monthly dashboard report

To the Integrated Commissioning Board and Accountable Officer Group

To be returned to the IC Programme Team by the 30th of every month

April 2019

Overall progress	Current status
• Positive performance in service areas including: Cancer - It is confirmed that Homerton is sustainably delivering the 62 day urgent GP standard and Personal Health Budgets - CCG revised target of 50 was exceeded with a cumulative total of 68 PHB's • Launch of there Unplanned Care services including GP OoH, Frequent Attenders and Dementia Services – good progress in our development of PCNs • Progress with IC Programme communications and branding, branding workshop held and design of IC logo underway, Comms and Engagement Strategy under development • Recruitment to Planned Care's CHC Brokerage Lead and Outpatient Transformation Programme Project Lead complete	

1. Key activities in April 2019

Workstream / Programme of Enabler Group	Activity	Progress
IC Programme	• IC Programme Manager job description finalised and published • Programme reporting template agreed and introduced • Branding / logo for Integrated Commissioning has begun	Green
Prevention CW	• MECC - programme manager in post, project plan and key milestones defined • Social Prescribing - re-commissioning put on hold • Supported employment - awarded NHSE wave 2 IPS funding following successful bid, ambitious workplan developed for Supported Employment Network	Green
Planned Care CW	• Mental Health Strategy agreed by CLG in April • Recruitment of a CHC Brokerage Lead complete • Learning Disability Strategy and Integrated Learning Disability Service Specification agreed • Outpatient Transformation Project Manager has begun	Green
Unplanned Care CW	• Launch of new GP out of hours service provided by Homerton • Launch of new frequent attenders service • Launch of new City and Hackney dementia service • Launched the community pharmacy workstream within neighbourhoods • Agreed new 2019/20 blended payment tariff for non-elective care with Homerton and Barts	Green
CYPMF CW	• IC System response to measles outbreak nominated for NHS Parliamentary award. Measles outbreak waning: see below. • New Health of Looked After Children service draft specification agreed, and permission to procure secured for September launch. • 16 week antenatal check transferred completely to HUFT, to begin April 2019 • CAMHS transformation continues with the implementation of the extended young people's crisis offer and new transition (16 year olds) service	Green
Engagement and Comms Enb	• ICCEE Group meeting held on 24 April 2019 • Rewards & Recognition policy under development • Integrated commissioning Communication and Engagement strategy produced	Amber
Primary Care Enb	• Draft PCN applications indicate all on track; 3 out of 8 clinical directors (CDs) confirmed; Progress with draft STP PC strategy • CCG met with Waltham Forest CCG re online consultations and other digital initiatives	Green
Estates Enb	• St Leonards – OPE funds of £150,000 to be made available subject to Soft Market Testing - Soft Market Testing successful • Kenworthy Health Centre – Ground Floor letting to Wick Surgery relieving CCG of cost of old Wick Surgery	Green
IT Enb	• Development of Directory of Services project • Work on population health options appraisal • MSK Self-referral algorithm business case	Green
CEPN	• Value for Money review completed on 7 of 8 prioritised proposals • Clinical Practitioner Forum held 1st May – very positive feedback received • Transitioned management and responsibility of C&H Nursing SuperHub to CHCEPN • Agreed that a Project Monitoring Group for Workforce Enabler funded projects will be created	Green

2. Key activities planned for May 2019

Workstream / Programme of Enabler Group	Activity	Progress
IC Programme PMO	• Continue recruitment to new IC PMO Team • Begin work to develop a set of Milestones for the IC Programme • Develop guidance for the IC Reporting Dashboard	Green
Prevention CW	• Making Every Contact Count: continue scoping, logic model & evaluation framework Social Prescribing: engagement with PCN Clinical Directors to explore options for integrating new link worker roles with future plans for re-commissioned VCS provided service • Supported employment - priority is recruitment of new programme manager for the network	Green
Planned Care CW	• Continue Healthcare (CHC): NEL external review tender currently underway • Evaluate the housing tender for the jointly commissioned Housing First service	Green
Unplanned Care CW	• Commission external evaluation of discharge to assess pathway • Working with INEL partners to form the programme plan for the INEL Urgent Care Programme • Mobilisation of the new Urgent End of Life (hospice at home) service - will go live in summer • Launching the re-direction pathway at Homerton ED; patients will be safely re-directed to the most appropriate care setting including primary care	Green Amber
CYPMF CW	• Shortlisted to deliver VCSE "Mind the Gap" with NHSE, PHE, HVCS, Family Action and Off-centre: supporting Black African and Caribbean young people at key transition points. Outcome to be confirmed • Measles outbreak waning: First week in May there were 0 notified cases in City and Hackney. Updates to continue, and communications campaign to launch • Children and Families neighbourhood partnership work (similar to MDTs) project scoping work to begin, including recruitment to project manager	Green
Engagement and Comms Enb	• Sign off Comms and Engagement Strategy • Continue IC branding work	Green
Primary Care Enb	• PCNs – deadline for draft applications 15/5; INEL panel to assess 17/5; PCCC sign off 24/5 Online consultations and other digital initiatives – C&H connected to NHS App from 13/5	Green
Estates Enb	• St Leonards – Procurement of Professional Team to define Clinical Need to remain on site • Kenworthy Health Centre – Basis for Workshop with LIFT Co to consider how LIFT buildings can improve their offer	Green
IT Enb	• Scoping of Patient Knows Best • Begin options appraisal of interoperability options for St Joseph's Hospice • Health Information Exchange Upgrade phase 2	Green
CEPN	• Phase 1 release of funds for 7 of Workforce Enabler projects • Complete Value for Money Review for 1 of 8 Workforce Enabler Proposal • Decision to be made regarding approval for outstanding proposal at Board meeting 18th May • Production of Annual Report for HEE • Delivery of 1st stage training to GP Training Scheme Educational Supervisors and Trainees • Produce report on CEPN priorities • Obtain agreement on ToR and hold first meeting of Project Monitoring Group	Green

C&H Integrated Commissioning and Care Programme – Monthly dashboard report

To the Integrated Commissioning Board and Accountable Officer Group

To be returned to the IC Programme Team by the 30th of every month

April 2019

3. Delivery of and change to any key ICB Milestones Q1-4 2019/20

Milestone	Target	Forecast	Status
IC Programme: New governance for aligned Neighbourhood Programme and Neighbourhoods Health and Care in place, Long Term Plan (LTP) engagement plan agreed	Q1 2019/20	Q1 2019/20	On Track
Planned Care: External review of Continuing Health Care (CHC), Commence Procedures of Limited Clinical Effectives (PoLCE) engagement on draft policy	Q1 2019/20	Q1 2019/20	On Track
Unplanned Care: The following to go live: New service for High Intensity Users of A&E, Dementia Services, Falls Prevention Pilot	Q1 2019/20	Q1 2019/20	On Track
Prevention: New City Early Intervention and Prevention Service goes live, new Primary Care Sexual Health Service mobilising			
CYPMF: CAMHS Stage 3 Transformation Plan launched: crisis offer live & implementation of the extended YP crisis offer and new transition service, 16 week antenatal check transferred completely to HUFT, action plan for Childhood Immunisations Programme in place	Q1 2019/20	Q1 2019/20	On Track
Primary Care: PCN (Primary Care Network) Clinical Directors appointed	Q1 2019/20	Q1 2019/20	On Track
Neighbourhoods: Neighbourhood Programme Pilots launched	Q1 2019/20	Q1 2019/20	On Track
IC Programme: Agree the following: local submission for LTP, new financial risk sharing arrangements, Comms and Engagement Strategy & IC Programme Brand, produce summary of feedback of engagement on LTP & agreed actions	Q2 2019/20	Q2 2019/20	On Track
Unplanned Care: Conclusion of duty doctor service review, evaluation of discharge to assess pilot	Q2 2019/20	Q2 2019/20	On Track
Planned Care: Complete PoLCE engagement & agree monitoring arrangements with Providers /CSU	Q2 2019/20		
CYPMF: the following to go live: New Community Nursing Model goes live, Looked After Children (LAC) service, CAMHS mental health and wellbeing program wider roll-out to schools	Q2 2019/20	Q2 2019/20	On Track
IC Programme: ICB meets in partnership with providers, system medium term Financial Plan developed, agree model for population risk stratification, map primary care workforce profile, deliver City & Hackney linked data sets	Q3 2019/20	Q3 2019/20	On Track
Planned Care: amend/update POLCE policy as per engagement outcomes & formally agree policy, evaluate the housing tender for the jointly commissioned Housing First Service	Q3 2019/20		
Unplanned Care: the following to go live: New Discharge Model, new Urgent End of Life Care Model, evaluate the housing tender for the jointly commissioned Housing First Service	Q3 2019/20	Q3 2019/20	On Track
CYPMF: Implementation of City & Hackney approach to Adverse Childhood Events, costed Learning Disability Strategy approved & implementation to begin, Children & families Neighbourhood partnership project work to begin	Q3 2019/20	Q3 2019/20	On Track
Prevention: City Alcohol Strategy to be published, Hackney Carers Service live, New City and Hackney Adult Substance Misuse Service goes live	Q3 2019/20	Q3 2019/20	On Track
IC Programme: Governance agreed for C&H Commissioner and Provider Board, review strategic IC Safeguarding Approach, New Neighbourhoods H&SC contracting arrangements in place, develop a financial model for Community Services to support identification of system efficiencies	Q4 2019/20	Q3 2019/20	On Track
Planned Care: Implement POLCE Policy, sign off new Housing First Service at ICB, the following to go live: Mental Health Accommodation High Needs Pathway, CHC service	Q4 2019/20	Q3 2019/20	On Track
Unplanned Care: Delivery of IC Winter Plan	Q4 2019/20	Q3 2019/20	On Track
Neighbourhoods: Neighbourhood Programme to go live, Neighbourhood pilots for adult community nursing, mental health and adult social care to be evaluated and agreed roll out plan	Q4 2019/20	Q3 2019/20	On Track

C&H Integrated Commissioning and Care Programme – Monthly dashboard report

To the Integrated Commissioning Board and Accountable Officer Group

April 2019

4. Key issues & risks

Workstream / programme of enabler group	Description	New or existing	Rating
Unplanned care	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 are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	Existing	16
Unplanned care	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. Moved to the issue log.	Existing	TBC (moved to issues log)
CYPMF	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population.	Existing	15
CYPMF	Gap in provision for children who require independent healthcare plans in early years settings; and development of Educational Healthcare Plans for children in these settings.	Existing	16
CYPMF	HUHFT experience significant increase in CYP in crisis.	Existing	12
CYPMF	System SEND overspend	Existing	20
CYPMF	Outpatient C2C referrals for paediatrics have been higher than normal, creating a cost pressure & financial risk to the workstream	Existing	15
Engagement & Comms E	Estates plans - strategic external engagement & communication regarding the estates plans may need to be organised as rumours are becoming significant and generating public unease with the lack of transparency / clarity in respect of intention	New	
Primary Care Enabler	None to report	N/A	
Estates Enabler	St Leonards - successful procurement of professional team Kenworthy Health / LIFT - LIFT Co's work with CCG / STP to deliver improved utilisation of their properties	New	
IT Enabler	St Joseph's Hospice - interoperability for shared care planning	Existing	
IT Enabler	HUH Skype pilot for diabetes	Existing	
IT Enabler	Primary care links to community pharmacies	Existing	
CEPN	Lack of capacity is high risk due to staffing levels	New	
CEPN	Delays in return of key milestones from Workforce Enabler Proposal leads will delay	New	

6. Decisions required by the ICB / Items for the attention of the AOG [delete as appropriate]

Programme Area	Decision required
Neighbourhoods	• Need to agree the new governance structure for the neighbourhoods health and care services programme
Comms and Engagement	• The extension of a PPI committee that incorporates Integrated Commissioning Board decisions

5. Finance Update (£'000)

	Organisation	Annual Budget	Outturn	Outturn Variance	YTD Budget	YTD Spend	YTD Variance	RAG
Pooled Budgets	City and Hackney CCG	£25,621	£25,994	(373)	£25,621	£25,994	(373)	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£210	£138	72	£210	£138	72	
Total		**£25,831**	**£26,132**	**-£301**	**£25,831**	**£26,132**	**-£301**	
Aligned Budgets	City and Hackney CCG	£386,996	£386,620	376	£386,996	£386,620	376	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£7,373	£7,252	121	£7,373	£7,252	121	
Total		**£394,369**	**£393,872**	**£497**	**£394,369**	**£393,872**	**£497**	
ICF	City and Hackney CCG	£412,617	£412,613	4	£412,617	£412,613	4	
	London Borough of Hackney Council	£102,502	£106,790	(4,288)	£102,502	£106,790	(4,288)	
	City of London Corporation	£7,583	£7,391	192	£7,583	£7,391	192	
Total ICF Budgets		**£522,702**	**£526,794**	**-£4,092**	**£522,702**	**£526,794**	**-£4,092**	
CCG Primary Care co-commissioning		£46,282	£46,282	-	£46,282	£46,282	-	
Total		**£46,282**	**£46,282**	**£0**	**£46,282**	**£46,282**	**£0**	

C&H Integrated Commissioning and Care Programme – Monthly dashboard report

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May 2019

Overall progress — Current status

- The Homerton Maternity Services have achieved 28.9% of women booked onto a Continuity of Carer pathway, this exceeds the national ambition of reaching 20%, the C&H response to its 18/19 Measles outbreak has been nominated for an NHS Parliamentary award in the 'Tackling Health Inequalities' category, and a 2 year immunisations action plan is under way & C&H CAMHS Programme has been shortlisted for a HSJ award
- Plans for Co-production Week 1-5 July 2019 are underway as is the development of a co-production self assessment tool, the Estates Lead has joined the Comms and Engagement Enabler Group
- Progress with the development of Primary Care Networks have been made with geographical locations confirmed and recruitment of Clinical Directors is underway

1. Key activities in May 2019

Workstream / Programme of Enabler Group	Activity	Progress
IC Programme PMO	• Ongoing recruitment to new IC PMO Team • Programme Milestones have been developed & are being agreed by ICB • NEL CSU Consultant in post to project manage the C&H LTP response	Green
Prevention CW	• Prevention strategic workshop held- outputs to inform programme/plans for 2019/20 & beyond • Making Every Contact Count: scoping activity ongoing, first steering group meeting 28.05.19 • Social Prescribing: ongoing engagement w/ primary care on recruitment of PCN link workers • Supported employment - unsuccessful attempt to recruit new PM for the supported employment network	Green Amber
Planned Care CW	• Care Workstream has agreed its objectives • Community Services Development Group being established • Finalised audit work on elective activity at HUH • Secured agreement for a Darzi Fellow to work with Transforming Care • Continue Healthcare (CHC): Tender complete & reviewer appointed, review to begin	Green
Unplanned Care CW	• Recruitment underway for the Urgent End of Life Care Service - there are ongoing risks to recruitment • Progressing implementation of the Streaming and Redirection model & working with surgeries on how patients can access core primary care services, Urgent Care Falls Prevention Pilot grant agreement – signed. • PCN Boundaries and Clinical Directors have been confirmed and ratified by the CCG. • Work to establish how new PCN contract fits w/ Neighbourhoods. • Discharge – we have appointed a partner to review D2A services to inform future service model.	Amber Green
CYPMF CW	• Agreed the New Health of Looked After Children service will be mobilised by HUH in Sept 2019 • Shortlisted to deliver VCSE "Mind the Gap" with NHSE, PHE, HVCS, Family Action and Off-centre: supporting Black African and Caribbean young people at key transition points. Outcome to be confirmed • Measles outbreak waning: First week in May there were 0 notified cases in City and Hackney. • Children and Families neighbourhood partnership work (similar to MDTs) project scoping work to begin	Green
Engagement and Comms Enb	• Reviewed Group ToRs, and IC Communications and Engagement Strategy at May Group meeting • Also discussed the Estates Communications and Engagement Plan – Estates Lead has joined the Group • TAF Group to progress the review of the Patient Representative Reward and Recognition Policy has met • Ongoing work to scope the next tranche of Lets Talk Events & IC Logo and Branding • Work to develop a co-production self assessment tool is underway	Green
Primary Care Enb	• Agreed PCN applications • NHS App went live in C&H; London wide comms promoting uptake scheduled for Sep • Site surveys for migration to HSCN • Started notes digitisation programme	Green Amber
Estates Enb	• There has been no Estates Enabler Meeting this month to report upon.	Green
IT Enb	• Scoping of Patient Knows Best • Begin options appraisal of interoperability options for St Joseph's Hospice • Health Information Exchange Upgrade phase 2	Green
CEPN	• Phase 1 release of funds for 7 of Workforce Enabler projects inc. MECC workforce development • Applied for funding to secure Sustainability of C&H Training Hub for workforce development • Delivered Cancer Clinical Practitioner Forum • Produced Annual Report for HEE • Delivery of 1st stage training to GP Training Scheme Educational Supervisors and Trainees • ToRs and Project Reporting agreed for new Project Monitoring Group	Green

2. Key activities planned for June 2019

Workstream / Programme of Enabler Group	Activity	Progress
IC Programme PMO	• Finalise 19/20 Commissioning Prospectus • Deliver first draft LTP submission to NEL by the end of June	Green
Prevention CW	• MECC - completion of scoping activity, development of draft logic model and evaluation framework, commence market testing for training provider and planning for early adopter testing phase • Social Prescribing - ongoing engagement with primary care, planning for meeting with PCN Clinical Directors in early July to discuss options for integrating new link worker roles into current VCS provision • Community navigation (joint Neighbourhoods project) - recruitment of programme manager • Supported employment - re-advertise for programme manager post	Green Amber
Planned Care CW	• Continue re evaluate housing tender for the jointly commissioned Housing First service • Carry out local engagement re NEL Procedures of Low Clinical Value (PoLC) policy • Set up Respiratory Working Group to respond to London Wide standards for Resp Pathway	Green
Unplanned Care CW	• The Neighbourhoods Programme will be working with Housing Regeneration and Parks & Leisure services at LBH on how to work together on the Neighbourhoods footprint. • Discharge – We are starting to look at improving discharge pathways for homeless residents and pulling together a system-wide response.	Green
CYPMF CW	• Agree Project Plan for approach to Adverse Childhood Experiences, covering three strands of work (Workforce; Parenting & Early Years and a Resource Portal) • We will receive confirmation of CAMHS access performance for Q1. We are anticipating this will show we are performing well and exceeding targets.	Green
Engagement and Comms Enb	• Ongoing work to scope the next tranche of Lets Talk Events & IC Logo and Branding • Working up plans for 'Co-Production Week 1-5 July 2019 • Continue work on co-production self-assessment tool	Green
Primary Care Enb	• STP PCN development event 19 June followed by first local CCG/PCN session • Agree new ToR for PC Enabler • Draft C&H PC strategy at June PC Enabler Group • Continue with site surveys for migration to HSCN	Green Amber
Estates Enb	• There has been no meeting with activities for June.	Green
IT Enb	• Directory of Services project review • MECC project: establishing local vision • Health Information Exchange Upgrade phase 2	Green
CEPN	• Launch of Workforce Website • Work to map C&H's Primary care Workforce Profile • Continue work to complete Value for Money Review for 1 of 8 Workforce Enabler Proposal	Green

C&H Integrated Commissioning and Care Programme – Monthly dashboard report

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C&H Integrated Commissioning and Care Programme – Monthly dashboard report

To the Integrated Commissioning Board and Accountable Officer Group

May 2019

4. Key issues & risks

Workstream / programme of enabler group	Description	New or existing	Rating
Integrated Commissioning	Insufficiently robust framework of assurance provided by ICBs to statutory bodies delegating authority whilst retaining responsibility could result in them not delivering their legal duties.	Existing	15
CYPMF	Risk that low levels of childhood immunisations in the Borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	Existing	10 (to be removed next month)
CYPMF	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.	Existing	4 (to be removed next month)
CYPMF	System SEND Overspend	Existing	15
Planned Care	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.	Existing	20
Planned Care	Cost pressures on national prescribing budgets	New	TBC
Planned Care	There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance.	New	20
Unplanned Care	Ongoing difficulties in recruiting GP staff	New	16
Engagement & Comms Enabler	Estates plans - strategic external engagement & communication regarding the estates plans may need to be organised as rumours are becoming significant and generating public unease with the lack of transparency / clarity in respect of intention	New	
Primary Care Enabler	None to report	N/A	
Estates Enabler	St Leonards - successful procurement of professional team Kenworthy Health / LIFT - LIFT Co's work with CCG / STP to deliver improved utilisation of their properties	New	
IT Enabler	St Joseph's Hospice - interoperability for shared care planning	Existing	
IT Enabler	HUH Skype pilot for diabetes	Existing	
IT Enabler	Primary care links to community pharmacies	Existing	
CEPN	Lack of capacity is high risk due to staffing levels	New	
CEPN	Delays in return of key milestones from Workforce Enabler Proposal leads will delay	New	

6. Decisions required by the ICB / Items for the attention of the AOG [delete as appropriate]

Programme Area	Decision required
Comms and Engagement Enabler Group	PUEG reform: Begin process of transition for Patient User Experience Group to form wider Public Representative Group. The exact format of the group to be decided with Public Reps and will include IT solutions for ease of remote access. Initiative for group to be Public Rep chaired

5. Finance Update (£'000)

	Organisation	Annual Budget	Outturn	Outturn Variance	Outturn Budget	Outturn	Outturn Variance	RAG
Pooled Budgets	City and Hackney CCG	£25,621	£25,621	(0)	£25,621	£25,621	(0)	
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CCG Primary Care co-commissioning		£46,282	£46,282	-	£46,282	£46,282	-	
Total		**£46,282**	**£46,282**	**£0**	**£46,282**	**£46,282**	**£0**	

Title of report:	Consolidated Integrated Commissioning Fund Budgets
Date of meeting:	13 June 2019
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Andrew Carter, City of London Corporation (CoLC)
Author:	Sunil Thakker, Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	Integrated Commissioning Finance Economy Group
Public / Non-public	Public

Executive Summary:

The Integrated Commissioning Fund totals £538.4m for 2019/20.

The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. For the year 2019/20 The pooled budgets total £59.1m.

The aligned budget totals £479.3m and is made up of budgets that cannot legally be pooled or budgets where partners are not yet ready to pool, but want to work collectively to plan their use. It is planned that there will be further incremental pooling over time.

This report is in place of the regular finance income & expenditure report which is not reported on by the CCG or Local Authority/City of London Corporation in Month 1 of the financial year.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local	☐	

people and address health inequalities		
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

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

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

[This section should draw together and summarise the key points of the report.]

Supporting Papers and Evidence:

CCG Budget M1 2019/20

Sign-off:

Integrated Commissioning Finance Economy Group 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

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

Integrated Commissioning Fund

Budget Summary by organisation, Pooled, Aligned & by workstream 2019/20

Fund type: Pooled Vs Aligned	CCG £'000	LBH £'000	CoLC £'000	TOTAL £'000
A. S75 'Pooled' Budgets				
1. Unplanned Care				
-BCF	15,647		65	15,712
-IIT	3,789			3,789
-iBCF		1,029		1,029
	19,436	**1,029**	**65**	**20,530**
2. Planned Care				
-BCF *(LA figs is funding from DGF Capital)*	914	1,525	85	2,524
-Learning Disabilities	6,063	14,546		20,609
-iBCF Local Authority allocation*		13,714		13,714
-Winter Pressures Local Authority allocation*		1,405		
	6,978	**31,190**	**85**	**38,253**
3. Prevention				
-BCF	51			51
4. iBCF				
-iBCF Local Authority allocation	-		265	**265**
Total Contribution into **'Pooled'** budgets	**26,465**	**32,219**	**415**	**59,099**
B. 'Aligned' Budgets				
Aligned - Planned Care*	198,119	34,281	4,291	236,691
Aligned - Unplanned Care	118,891	4,270	29	123,190
Aligned - Children/Young people	51,103	9,049	1,532	61,684
Aligned - Prevention	3,521	23,554	1,507	28,582
Aligned - Corporate**	29,119			29,119
Total Contribution into **'Aligned'** budgets	**400,753**	**71,154**	**7,359**	**479,266**
Total Contrib into 'Integrated Comm Fund (ICF)'	**427,218**	**103,373**	**7,774**	**538,365**

Note:

* Aligned - Planned care budgets for the CCG includes services not exercisable under S75 (surgery, endoscopy, termination of pregnancies and level 4 laser treatments). CCG exclusion on surgery was specifically non-elective surgery.

** Aligned - Corporate for the Local Authorities relates to services not excercisable under S75 (income resulting from 'power to charge').

+ Please note that the budgets may shift/change in year e.g. to reflect additional investment/efficiency savings, transfer of services from one workstream to another. Process for budget 'virements' (changes)is specified in the financial framework (schedule 3).

Title of report:	City and Hackney Neighbourhood Health and Care Services – update
Date of meeting:	13 June 2019
Lead Officer:	Jonathan McShane, Integrated Commissioning Convenor
Author:	Jonathan McShane, Integrated Commissioning Convenor
Committee(s):	Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

Local providers (ELFT, GP Confederation and the Homerton) presented to ICB recently on their work to develop a partnership capable of delivering integrated community services in future. They and undertook to return to the September meeting to update the board on progress.

In May the IC Convenor and CCG Managing Director met with providers to agree a way forward. It was agreed that a task and finish group comprising the three providers and senior CCG representatives would meet between now and September to agree the following:

- Overall scope of any future community services offer
- The financial envelope for community services and any medium-term efficiency and investment requirements
- The role of Corporation of London and London Borough of Hackney social care services in any future model
- The impact of Primary Care Networks and mental health implementation guidance on any future model
- How the providers will structure themselves to deliver integrated community services
- The approach to be taken by the CCG in securing future provision of community services

The Community Services Development Board will present their conclusions to the September ICB meeting.

Recommendations:

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

- To **NOTE** the report;
- To **CONSIDER** how it wishes to be kept informed of progress in this area.
- To **APPROVE** the approach set out in the presentation.

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

- To **NOTE** the report;
- To **CONSIDER** how it wishes to be kept informed of progress in this area.
- To **APPROVE** the approach set out in the presentation.

Strategic Objectives this paper supports [Please check box including brief statement]:

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

Specific implications for City

The City and Hackney Neighbourhood Health and Care Services project aims to improve services and outcomes for both City and Hackney residents.

Specific implications for Hackney

The City and Hackney Neighbourhood Health and Care Services project aims to improve services and outcomes for both City and Hackney residents.

Patient and Public Involvement and Impact:

There was patient and public representation at the workshops that have influenced our thinking on community services. There will be significant patient and public involvement in any service redesign that is part of a future community services offer.

Clinical/practitioner input and engagement:

Clinicians and practitioners from across the health and care system in City and Hackney took part in the workshops that influenced our thinking on community services. There will be significant clinical and practitioner input .into any service redesign that is part of a future community services offer.

Equalities implications and impact on priority groups:

None anticipated.

Safeguarding implications:

None anticipated.

Impact on / Overlap with Existing Services:

None envisaged.

City & Hackney Neighbourhood Health and Care Services Programme

Next Steps

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

Context

- City and Hackney commissioners and providers have been working collaboratively for several years through ICB structures which in some ways are amongst the most developed in the country
- System performance is good, in some areas best in class
- There is broad consensus on the high-level delivery model for primary and community services with neighbourhoods/PCNs at the heart of the new approach
- The Long Term Plan, including the GP Contract and forthcoming mental health implementation guidance, gives us an opportunity to go further faster
- Providers have committed to working collaboratively with a view to developing a formal partnership (form to be determined) which would support the delivery of community services.

Issues to be addressed

The Homerton, ELFT and the GP Confederation have been working together for several months on how they could deliver community services as a partnership. They have agreed to come to ICB in September 2019 to update the board on their progress.

In their discussions with commissioners they have identified some key barriers to progress:

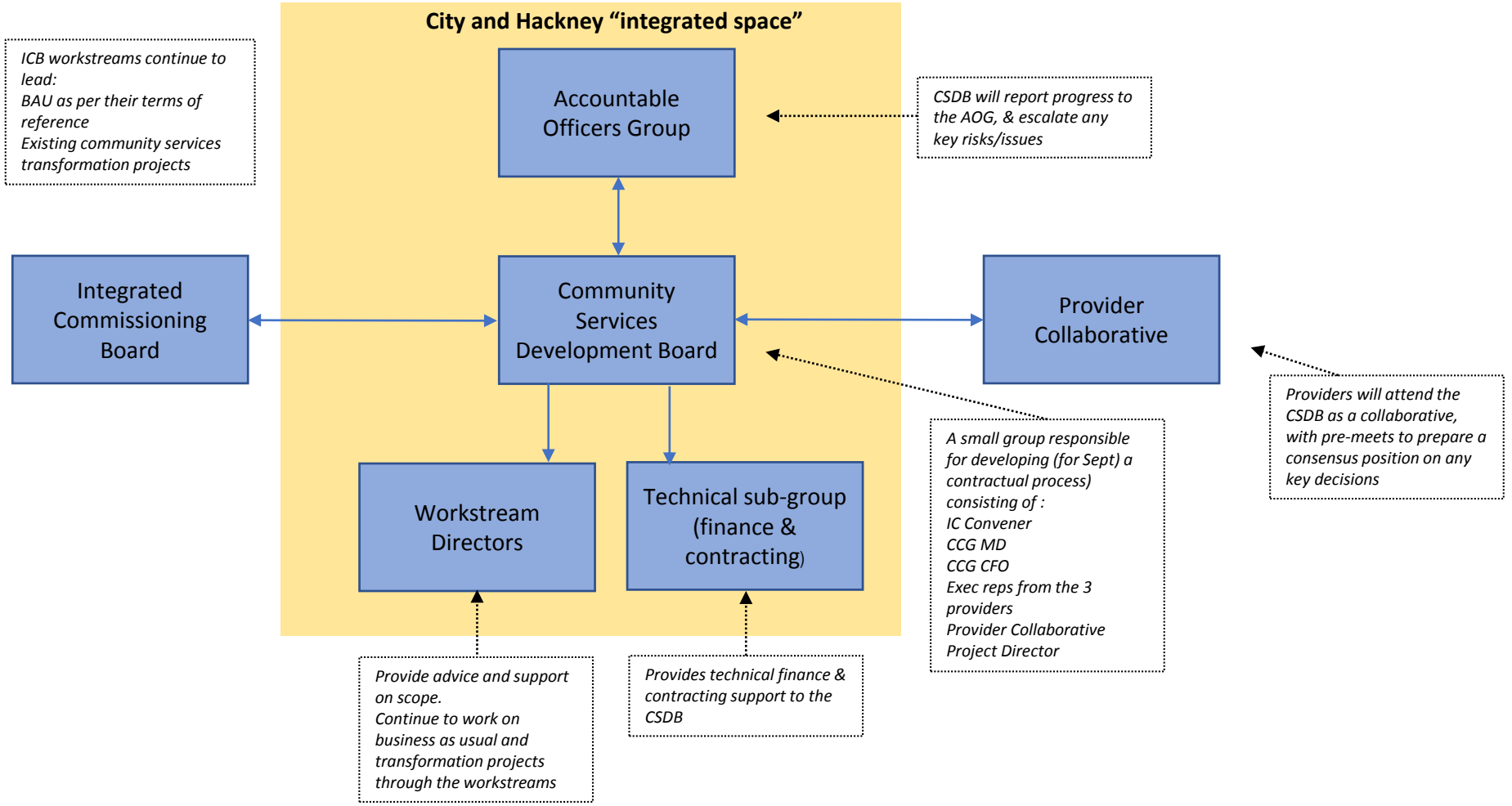
- Clarity over scope of services, what outcomes are to be achieved, or key quality requirements
- It is not clear what the future financial envelope is, including any medium term efficiency requirements
- There is a need for clarity on the position of LBH and Corporation of London provided and commissioned services in future models of integrated care
- More thought is needed on how the GP Contract (and forthcoming mental health implementation guidance) will shape the future delivery model

Providers would also seek to agree the best approach to organising themselves to deliver community services in future.

Providers are keen to resolve these issues before the September ICB meeting.

Proposed approach and structure (May – Sep)

Set up a commissioner and provider task and finish group to develop a process for securing future community services delivery, for tabling at the ICB in September 2019. This is proposed as temporary structure with a focus on co-producing the process.



Timeline

MAY 2019 – SEPTEMBER 2019
Community Services Development Board will be set up involving commissioners and providers. Between now and September it will seek to achieve clarity on the following:

- Scope of the community services contract
- Financial envelope and any medium term efficiency requirements
- Clarity on broad outcomes and quality requirements
- Clarity on how and when LBH and Corporation of London social care services will be involved in any future model

In addition, the providers (ELFT, Homerton and GP Confederation) will have signed an MOU/confidentiality agreement that allows them to share information necessary to make decisions about how they work together in future.

SEPTEMBER 2019
Integrated Commissioning Boards make an assessment of progress to date and agree a way forward.

OCTOBER 2019 – MARCH 2020
In this phase of the programme we would seek to continue the collaborative and consultative working practices from the preceding phases of the programme.

Any thinking on closer partnership working will need to take account of the national contracting guidance produced for that year and the NHS Long Term Plan. This will be clearer as the contracting deadline approaches and may need to reflect requirements to have 5 year integrated system financial plans (which are net neutral), provider-commissioner system control totals and emerging requirements for increasing investment in community / network services. Any impact of Primary Care Networks and forthcoming mental health implementation guidance would need to be factored into any plans.

Title of report:	Mental Health Joint Strategy Draft
Date of meeting:	13th June 2019
Lead Officer:	Dan Burningham – Mental Health Programme Director
Author:	The Mental Health Voice Service User group
Committee(s):	

ICB Meeting	13 June 2019
City of London Health and Wellbeing Board	14th June 2019
CoL Summit Group (our senior officers group)	25th June 2019
Hackney Health and Wellbeing Board	12th July 2019 tbc
Children and Community Services Grand Committee.	12th July 2019
Governing Body Meeting	26 July 2019

Public / Non-public	Public

Executive Summary:

This report presents a draft *City and Hackney Mental Health Strategy 2019-23*. The strategy has been developed in partnership with City and Hackney CCG, City of London Corporation and London Borough of Hackney, working with service providers and service users.

Background

1. The draft *City and Hackney Mental Health Strategy 2019-23* has been developed as part of the Integrated Commissioning system. The work has been overseen by a Mental Health Coordinating Committee, and supported by a joint editorial group, including service user representatives. The strategy has also been approved by the ach of the four care workstreams. PPI and voluntary sector are represented on the workstreams and on the Mental Health Coordinating Committee and have been i9nvolved in this way.

2. The strategy should be considered alongside the City and Hackney joint health and wellbeing strategies and suicide prevention strategies and the *Local Transformation Plan for Child and Adolescent Mental Health Services*. It has been shaped by national policy initiatives, including the *Five Year Forward View for Mental Health* (2016) and the *NHS Long Term Plan* (2019).

Draft City and Hackney Mental Health Strategy 2019-23

3. The Strategy provides a shared framework to shape, inform and drive further improvements in mental health support across the City and Hackney, setting out a shared vision, approach and priorities. It has a focus on four key groups:

    - Residents
    - People who work in the City and Hackney
    - The most vulnerable in our communities (including the homeless)
    - All sections of our diverse populations.

4. It assesses the needs of these populations, maps challenges and opportunities, highlights current best practice (e.g. Mental Health Street Triage and Community Builders) and explains how we will work collaboratively as partners and with service users and carers to improve mental health.

Vision, approach and priorities

5. The *vision* for City and Hackney is that: *'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible'*.

6. The *approach* takes the form of a commitment: *'to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners.'*

7. The five strategic priorities are:

    - *Prevention*: 'We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do'.

    - *Access*: 'We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs'.

    - *Neighbourhoods*: 'We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services'.

    - *Personalisation and co-production*: 'We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services'.

- *Recovery*: 'We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks'.

8. In addition, four *building blocks* to support delivery of the priorities are identified:

    - *People* and workforce development;
    - *Engagement* with experts by experience, practitioners and partners;
    - *Data and digital*; and
    - *Evidence-based policy* and practice.

Key activities

9. Key areas of activity will include:
    - Implementation of phase 3 of the transformation plan for CAMHS services;
    - Working with employers on workplace mental health and wellbeing;
    - Improving access for people with complex and multiple needs;
    - Improving mental health pathways for under-represented groups;
    - Developing the role of GP and primary care services and the voluntary and community sector;
    - Increased use of personal health budgets; and
    - Improved housing and employment support for people in recovery.

Delivery

10. An Action Plan is in development to set out how we will deliver our aspirations in practice and to enable us to monitor – and be accountable for - our progress. The finalised strategy will also be informed by an Equality Impact Assessment.

11. Implementation of the Action Plan will be overseen by the Mental Health Co-ordination Committee. The Action Plan will also assign responsibility for the delivery of actions to one of the four 'workstreams': *'prevention'*, *'planned care'*, *'unplanned care'* and *'children, young people and maternity'*.

12. Progress will be reported to the Health and Wellbeing Board at least annually, as well as to the City of London Corporation Community and Children's Services Grand Committee. It is anticipated that councillors serving as Mental Health Champions will provide a voice for the strategy, ensuring its visibility and appropriate scrutiny.

Recommendations:

The **City Integrated Commissioning Board** is asked: • To **NOTE** the report. The **Hackney Integrated Commissioning Board** is asked: • To **NOTE** the report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The strategy explains how we will develop and apply the 'neighbourhood model' to mental health in City and Hackney, supporting people in their homes and communities wherever possible and mobilising community assets, whether that's carers and friendship networks, the local GPs surgery or voluntary and community sector services.
Ensure we maintain financial balance as a system and achieve our financial plans	☒	By working together, intervening earlier, empowering 'experts by experience', removing barriers to support and moving to neighbourhood models of care, we believe that we have an opportunity to improve outcomes in a way that will also help us to manage the pressures on budgets, resources and services.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	Our approach will be to work together 'to develop a whole system approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners' to address the physical, mental health and social needs of our diverse communities .

Empower patients and residents	☒	We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.

Specific implications for City

City of London Corporate Plan 2018-23

This strategy links to the following City Corporation strategies: Alcohol, Children and Young People's Plan, Homelessness and Rough Sleeping, Housing, Joint Health and Wellbeing, Local Plan, Local Transformation Plan for CAMHS services, Safeguarding, Safer City Partnership, Social Wellbeing and Suicide Prevention.

Specific implications for Hackney

Hackney Council Corporate Plan 2018-22

This strategy links to the following Hackney Council strategies: Homelessness Strategy, Joint Health and Wellbeing Strategy, Hackney Carers Strategy, Local Transformation Plan for CAMHS services, Safeguarding, and Suicide Prevention.

Patient and Public Involvement and Impact:

Service Users representatives sit on the Mental Health Coordinating Committee, and have co-authored the strategy as members of the editorial group.

Clinical/practitioner input and engagement:

Clinical input and engagement across the workstreams, providers and the mental health coordinating committee.

Equalities implications and impact on priority groups:

The finalised strategy will be informed by an Equality Impact Assessment.

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

Impact and overlap across a range of City and Hackney CCG and Local Authority commissioned services. This includes but not limited to:

IAPT service
Community Dementia Service
CAMHS Services
LBH Wellbeing Network
Mental Health Accommodation (LBH Housing Related Support and CH CCG Look Ahead Contract)
Personal Health Budgets Pilot
Crisis Services (SUN, Crisis Helpline, Crisis Café)
Primary Care and neighbourhoods
Individual Support and Placement (IPS) service

Sign-off:

CITY AND HACKNEY MENTAL HEALTH STRATEGY 2019-23

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Executive Summary

Our vision: *'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible'.*

Our approach: '*We are committed to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners'.*

Our five strategic priorities:

Prevention: *We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do.*	**Access:** *We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs*	**Neighbourhood** *We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services.*	**Personalisation and co-production:** *We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.*	**Recovery:** *We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.*
We will: • Develop a 'health in all policies' approach • Implement a local transformation plan for CAMHS services • Work with employers on workplace mental health and wellbeing • Help people at the earliest opportunity • Prevent suicide	We will • Expand open access to support • Improve access for people with complex needs like addictions and homelessness, physical health problems and a history of offending. • Work with community organisations to reach under-represented groups and protected characteristics and ensure earlier access to mental health pathways.	We will • Develop the role of GP and primary care services • Develop multi-disciplinary teams around the person in neighbourhoods • Develop Community Dementia support in neighbourhoods	We will: • Expand the use of personal budgets • Develop service user led goals and care plans • Develop personalised online support • Involve service users in the commissioning, design and monitoring of local mental health services	We will • Develop the role of the Recovery College • Improve housing support and accommodation pathways • Support service users into training and work • Help people to build and maintain social networks

Our building blocks:

People: *Develop our workforce capacity and skills and support carers, peer mentors and volunteers*	**Engagement:** *Listen and learn by working with experts by experience, practitioners and partners*	**Data and digital:** *Share data, building a shared evidence base and develop digital options*	**Evidence-based policy**: *Be guided by research and best practice, and monitor the impact of what we do*

1. Introduction

1.1. This strategy sets out our priorities for mental health support and services across City and Hackney for 2019-2023. It has been developed and will be implemented as part of our Integrated Commissioning System. It provides a framework to shape, inform and support improvements in mental health care in City and Hackney. It sets out a vision, priorities and direction of travel, and builds in the flexibility to develop them collaboratively going forward.

1.2. It should be read alongside other key strategies. These include the *Joint Health and Wellbeing Strategies* and *Suicide Prevention Strategies* for both the City of London and Hackney and our *Local Transformation Plan* for Child and Adolescent Mental Health Services and the ELHCP Operating Plan.

What is covered by this strategy?

1.3. The strategy assesses the needs of our population, maps the challenges, identifies the opportunities, and explains how we will work collaboratively as partners and with service users to deliver our priorities, as well as how we will monitor our progress.

1.4. It considers how we will support the mental health and wellbeing of:

- Our residents
- The most vulnerable – e.g. the homeless and rough sleepers
- All sections of our diverse populations
- People who work in the City of London and Hackney.

It is also intended as a contribution to the development of national and pan-London mental health policy.

1.5. It considers mental health and wellbeing as part of the new integrated commissioning system for City and Hackney, which is organised around four workstreams: '*prevention*', '*planned care*', '*unplanned care*' and '*children, young people and maternity'*. The strategy sets out the approach to mental health across this system and seeks to ensure 'parity of esteem' with physical health in all that we do.

1.6. It also explains how we will develop and apply the 'neighbourhood model' to mental health in City and Hackney, supporting people in their homes and communities wherever possible and mobilising community assets, whether that's carers and friendship networks, the local GPs surgery or voluntary and community sector services.

What is not covered in this strategy?

1.7. We are committed to developing an all-age approach to mental health and wellbeing in City and Hackney, and are working through the integrated commissioning system to improve transitions from adolescent to adult services, particularly for our most vulnerable young adults.

1.8. Our plans are set out in detail in the City and Hackney local transformation plan (LTP) for Children and Adolescent Mental Health Services (CAMHS). The Children, Young People and Maternity Workstream within the City and Hackney integrated commissioning programme is overseeing the development and implementation of the LTP, as well as looking at other key areas of mental health provision, including peri-natal care and support. A brief summary of our approach to children and young people is provided as appendix 2 of this document.

How was the strategy developed?

1.9. We have developed this strategy collaboratively, bringing together the City of London Corporation, the London Borough of Hackney, the NHS, local government, voluntary and community sector and other partners, working co-productively with mental health service users.

1.10. It has been informed by an *Equality Impact Assessment* (EQIA), which will shape our approach to addressing the diversity of our communities going forward.

1.11. It has been overseen by a Mental Health Coordinating Committee (MHCC) of senior officers, providers and service users, supported by a Joint Mental Health Action Team, as part of the City and Hackney Integrated Commissioning Programme. The MHCC will be accountable for the delivery of the strategy, monitoring progress against an Action Plan. Further political oversight and accountability will be provided by the City of London and Hackney Health and Wellbeing Boards. The MHCC will co-ordinate an annual review of progress and developments, to ensure we are responding to new learning, challenges and opportunities.

1.12. It is our expectation that this strategy and the accompanying Action Plan will be naturalised within the planning and strategic processes of partner organisations as appropriate, to inform and drive delivery of objectives for which they have a lead responsibility.

2. Vision, approach and priorities

2.1. Our local vision is that *'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.'*

2.2. Our approach will be to work together *'to develop a whole system approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners'*.

2.3. Our focus will be on five strategic priorities:

- ✓ Prevention: *We will prevent people from developing mental health problems in the first place and provide help at the earliest opportunity when they do.*
- ✓ Access: *We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, the most vulnerable and those whose mental health needs are masked by other needs or complexity.*
- ✓ Neighbourhood: *We will aim to support people in the community wherever we can, working at 'neighbourhood' level, with schools, GPs and voluntary and community services.*
- ✓ Personalisation and co-production: *We will continue to shift power and control to service users, giving them control of their own care and recovery, and working with them to identify their goals.*
- ✓ Recovery: *We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.*

2.4. We will also focus on four building blocks, which will underpin our strategic priorities:

- ✓ People: *We will develop our workforce capacity and skills, recognise and support the role of carers and work in partnership with peer mentors and volunteers.*
- ✓ Engagement: *We will listen and learn by working with experts by experience, practitioners and partners*
- ✓ Data and digital: *We will improve arrangements for sharing and learning from our data and be innovative in developing the use of digital and technological resources.*
- ✓ Evidence-based policy: *We will be guided by research and best practice, and monitor the impact of what we do*

2.5. We do not underestimate the challenges that we will face in the next four years, and the need to be *both* realistic *and* innovative. They include rising demand for mental health care at a time of increasing pressures on NHS and local government budgets. By working together, intervening earlier, empowering 'experts by experience', removing barriers to support and moving to neighbourhood models of care, we believe that we have an opportunity to

improve outcomes in a way that will also help us to manage the pressures on budgets, resources and services.

3. Where are we now? The strategic environment

National policy

3.1. Our approach in City and Hackney is shaped by NHS England's *Five Year Forward View for Mental Health* (2016), which champions the principle of 'parity of esteem' for mental and physical health and identifies three Priorities for Action:

- *A seven-day NHS – right care, right time, right quality* – e.g., community-based crisis care
- *An integrated mental and physical health approach* – e.g., better physical health for people with severe mental health problems and better mental health for people who are physically unwell
- *Promoting good mental health and preventing poor mental health* - e.g., mentally healthy communities and improving employment rates.

3.2. This strategy also addresses priorities set out in the *NHS Long Term Plan* (2019):

- *The neighbourhood model* with care delivered at neighbourhood level by multi-disciplinary teams of GPs, other primary care services, pharmacies and through the mobilisation of community services and assets
- *Personalised care,* including the use of online therapies and digital support and the roll out of Personal Health Budgets. To give people greater choice and control over their care.
- *Severe Mental Illness* (SMI) *and complex needs*, with a focus on integrating primary and community mental health services to improve access to psychological therapies, medicines management, physical health care, trauma informed care, employment support, access to drug and alcohol treatment and support for self-harm. 'This includes maintaining and developing new services for people, who have the most complex needs.'
- *Reduced accident and emergency use and admission by people with SMI* with alternative support for those in crisis including sanctuaries and safe havens, crisis cafes, crisis houses, acute day services, host families and Clinical Decision Units.
- *Children and Young People* with a focus on the Green Paper *Transforming Children and Young People's Mental Health* (2017), with an enhanced role for schools and a comprehensive offer for 0-25-year olds to support transition to adulthood.

3.3. The strategy will support the aims of the NHSE's London Mental Health Compact for access to inpatient services launched in April 2019. The Compact sets targets for timely access to mental health crisis services.

3.4. We will also build on local arrangements to support partnership responses to people in mental health crisis through the *Mental Health Crisis Care Concordat* (2014). We will adopt Public Health England's *Prevention Concordat for Better Mental Health* in City and Hackney to support our focus on prevention and early intervention. Our politicians will provide leadership with designated Mental Health Champions at the City Corporation and Hackney, engaging with the Local Authority Mental Health Challenge.

4. Where are we now? Understanding the needs of our communities

4.1. City and Hackney provides many excellent mental health, public health and social care services that are highly rated and, in some instances, have received national recognition.

4.2. Our services face challenges, including:

- A relatively high number of people with severe and enduring mental health problems many of whom are in primary care settings and require ongoing support.
- A relatively high number of people with complex problems who are not accessing the right services either because their mental health problems are undiagnosed or because the different kinds of care they need are not well integrated. Many are high frequency users of A&E and primary care. Mental health issues may be masked by physical complaints, addiction, homelessness and chaotic lifestyles.
- In our richly diverse area some communities are less able to access care and support than others.

Mental health in City and Hackney: Key Numbers

Fifth highest rate of psychotic and bipolar disorders in England, with c4,500 on the Serious Mental Illness (SMI) register.

Around 2,200 engaging with specialist mental health services in City and Hackney in the previous 12 months.

Three quarters of people with SMI managing their condition in the community supported by GP and primary care services, often with voluntary and community sector involvement.

Smoking rates among people with SMIs are 36% higher than the general population, and obesity rates 50% higher.

Life expectancy is between 8 and 18 years lower than for the general population.

An estimated 11,000 people in City and Hackney with a personality disorder

6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, with 1,089 admitted as in-patients.

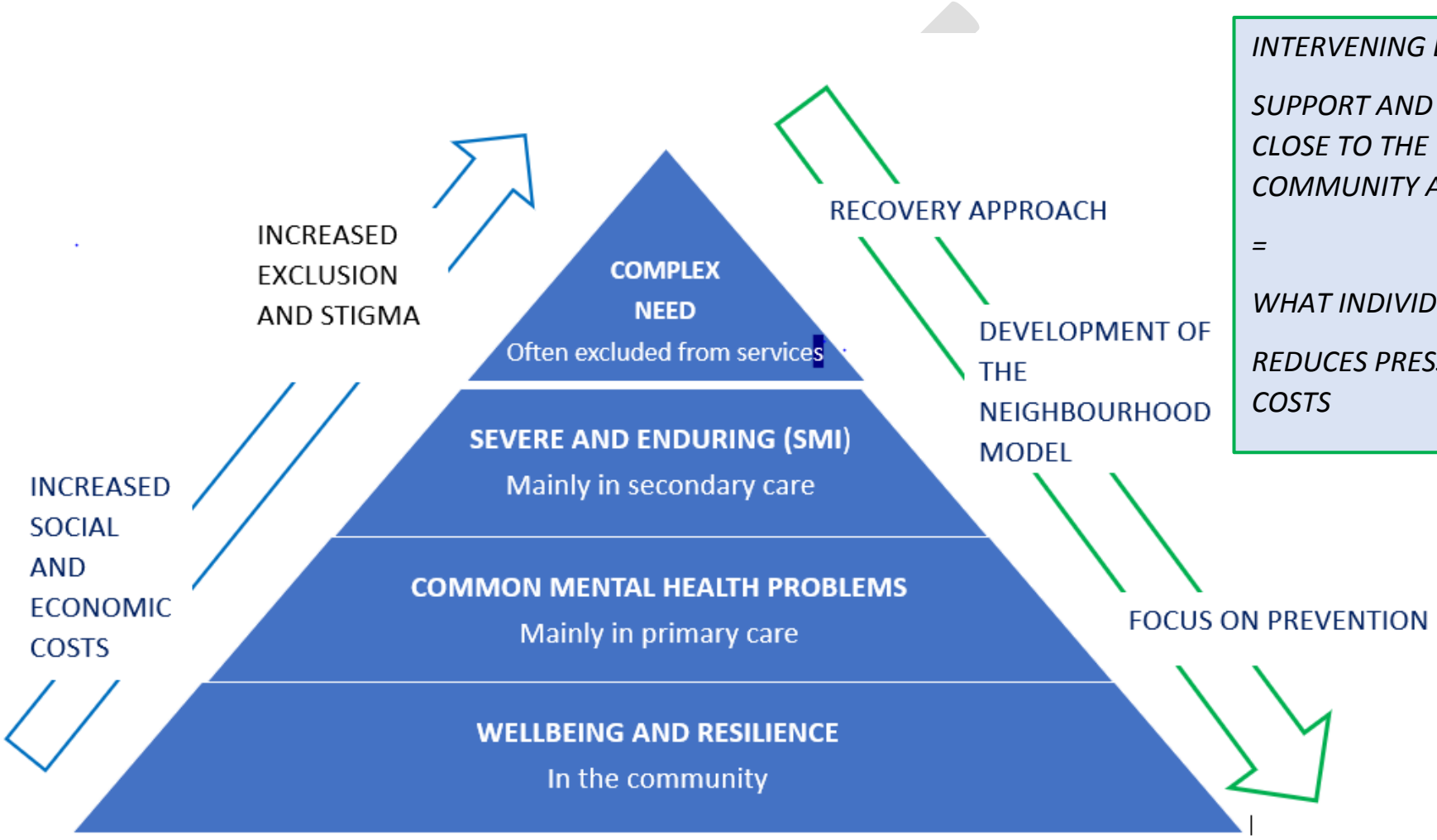
33,000 people in City and Hackney are experiencing depression and/or anxiety disorders at any one time

14,000 people are receiving repeat prescriptions of anti-depressants and around 1 in 5 accessing 'talking therapies' through the IAPT programme

The number of residents with dementia is expected to increase by one third by 2025, from 1,290 to 1,890

See appendix 1 for a more detailed needs analysis for City and Hackney

Implementing our approach to meet the needs of our population



INTERVENING EARLIER

SUPPORT AND CARE AS CLOSE TO THE COMMUNITY AS POSSIBLE

=

WHAT INDIVIDUALS WANT

REDUCES PRESSURES AND COSTS

5. Delivering our Priorities

Our Priorities 1: Prevention

We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do

Why it matters

5.1. By preventing mental health problems from developing in the first place and from getting worse when they do, we will improve outcomes for individuals while reducing the pressures on specialist mental health services, as well as the wider economic and social impact of mental illness (e.g. for costs of acute and crisis care).

We also have a responsibility for suicide prevention and recognise the importance of this priority given the devastating and wide-ranging impact on people and services.

What we will do

5.2. Mental resilience, well-being and the prevention of mental illness is not just – or even primarily – an issue for NHS services. Our prevention agenda recognises the vital contribution of public health, schools, neighbourhoods and communities, the voluntary sector, businesses and employers, criminal justice agencies, the built and natural environments and services like planning, transport, leisure and culture.

KEY ACTIVITIES	WE WILL …. (See Action Plan, Section 11 for detailed targets)
Mental health in all policies	✓ Develop our built and green environment to promote mental health ✓ Work across service departments to promote their role in mental health and to develop this (e.g., planning, transport, leisure and culture) ✓ Adopt and apply the national Mental Health Prevention Concordat ✓ Develop a dementia friendly community across City and Hackney
Early years, families and young people	✓ Develop perinatal support ✓ Develop designated senior mental health teams in schools and Mental Health Support Teams for early intervention and ongoing help at school ✓ Develop our offer to children with Special Educational Needs and Disabilities ✓ Implement the third phase of our Local Transformation Plan for Children and Young People's Mental Health Services (CAMHS)
Workplace	✓ Work with businesses and employers on workplace mental health ✓ Support NHS workforce to access mental health wellbeing support ✓ Support national campaigns like Release the Pressure
Mental health crisis and suicide prevention	✓ Implement the City and Hackney suicide prevention strategies ✓ Samaritans-led Suicide Prevention Training, working with employers ✓ Strengthen our crisis pathway with more accessible services that reach beyond statutory mental health services

Awareness and Information	✓ Improving online information and use of digital channels and social media ✓ Develop communications campaigns to support mental wellbeing
Get support to people quicker	✓ Develop open access and low threshold services (see priority 2 – Access) ✓ Ensuring everyone in the City and Hackney with dementia can be diagnosed early with access to the right level of care at the right time

CASE STUDIES - SOME EXAMPLES of our work on PREVENTION

Preventing suicide …

. The City of London Street Triage team works with police and aims to reduce suicide and unnecessary admissions. Other initiatives include the Crisis Café, rolling out Samaritan-led suicide prevention training and reducing the environmental risks (e.g. by signposting people to specialist help services on bridges and railway platforms). When suicides do occur, the circumstances and lessons are subject to review by Safeguarding Board, so lessons can be learned.

Coping with life events

LB Hackney is publishing a series of 'Life Events' support packs that provide ideas, advice, contact numbers and links to videos and online resources to help people to stay mentally resilient when they face big changes in their lives.

Supporting mental health in the workplace

The City Corporation's Business Health network is a community and online resource for business leaders committed to improving the health and safety of their workforce. A recent survey of City employers found that mental health was their number one priority, and this is being reflected in the planning and development of network resources, events and activities from 2019.

Five ways to thrive – simple mental wellbeing tips for everyone

Across City and Hackney we are embedding our local 'Five Ways to Thrive' initiative into our communications resources, for a variety of audiences, including our residents, businesses and workers. This is based on the Five Ways to Mental Wellbeing Model that was developed by the New Economics Foundation. The five ways to thrive are to 'connect', 'be active', 'take notice', 'keep learning' and 'give'.

Tackling social isolation and loneliness …

The City and Hackney Safeguarding Adults Board is helping to lead and co-ordinate activity to address loneliness and social isolation among our residents. The Connect Hackney initiative has focused on social connectivity for older adults in the Borough. The City Corporations Social Wellbeing Strategy has driven a range of initiatives, including a Community Builders programme using resident volunteers on City Estates to connect people to each other and to services on the City.

6. Our priorities 2: Access

We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, and to the most vulnerable.

Why it matters

6.1. It matters because needs can remain undiagnosed and untreated where people are unable to access care and support, often with serious negative impact on people's lives (e.g., alcohol and drug problems, loss of employment, debt, housing problems and homelessness), families and communities (e.g. family breakdown, crime or anti-social behaviour) and other services (e.g. A&E departments). People with complex needs have some of the worst health, wellbeing and social outcomes. However, our current services, which are often focused on a particular range of need often lack the experience, skill or capacity to address complex needs. The result is many people with complex are unable to access mental health services despite the fact that the issues they face may be partly a consequence of underlying mental health problems.

6.2. In City and Hackney we have high numbers of A&E, ambulance and 111 frequent attenders, placing significant additional pressures on NHS services. Evidence suggests that undiagnosed mental health problems are often a factor in complaints about physical illnesses. Untreated mental health problems are also a barrier to recovery from addictions and to pathways out of homelessness. People with complex needs can find themselves excluded from and passed between services.

6.3. It also matters because some groups in our diverse communities are under-represented in our services, including young black boys and men, LGBTQ people and older adults. Furthermore, whilst some BME groups such as young black men are under-represented in terms of engagement in earlier stages of the pathway e.g. psychological therapies access, they are over represented at the more acute end in terms of inpatient admissions and the use of the Mental Health Act.

Key figures

Nearly 275 people in City and Hackney have attended hospital and A&E services 10 times or more in a year without a clear physical cause, over 3,000 attendances.

In Hackney in 2017-18, 58 of 118 rough sleepers (49%) had mental health needs

In the City of London, 151 of 265 rough sleepers (57%) had mental health needs, The Mental Health Foundation reported that in 2014, 80% of homeless people in temporary accommodation, accessing accommodation services and people sleeping rough in England said they had mental health issues, with 45% having been diagnosed with a mental health condition.

15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes.

Only 15% of the street homeless population across City and Hackney have no identified alcohol, drug or mental health need. In City and Hackney, 386 people who started drug and/or alcohol treatment in 2017-18 had a mental health need (over 40%) – over a third of this group were receiving no treatment.

This is also likely to be a significant underestimate (UK studies suggest the prevalence rates for co-existing mental health and substance misuse problems within mental health services are between 32% and 46%, while rates have been recorded at 75% in drug services and 86% in alcohol services. Furthermore, a history of alcohol or drug use is also recorded in 54% of all suicides).

40% of ELFT inpatients detained under the Mental Health Act were from an african/afro-caribbean heritage background.

What we will do

We will develop 'open access' mental health support and focus on addressing the (often undiagnosed) mental health needs of four key groups who may be excluded from services: frequent A&E, ambulance and 111 services; the homeless and rough sleepers; people with and in recovery from addictions; and equalities groups.

KEY ACTIVITIES	WE WILL …. (See Action Plan, Section 11 for detailed targets)
Open access	✓ Introduce whole school approaches to mental health and wellbeing ✓ Develop our no wrong door approach to CAMHS services ✓ Develop open access services like the Recovery College ✓ Provide timely access to high quality crisis services in line with Compact ✓ Expand immediately accessible crisis services in City and Hackney ✓ Improve access for people in crisis through mental health street triage
Physical health and mental health	✓ Develop assessment, referral and integrated care pathways to diagnose and address the mental health needs of people presenting with physical illness ✓ Target action to reduce numbers of frequent users of A&E, ambulance and mental health services by addressing undiagnosed mental health need ✓ Build on our programme of physical health reviews for people with SMIs, by increasing their frequency and strengthening the support offer for those at risk of physical illness ✓ Pilot sport and healthy eating programmes for people with SMIs
Dual diagnosis and complex need	✓ Invest in Multiple Needs Service for those with multiple and complex needs ✓ Develop communication and partnership working across all organisations that work with local people who have complex needs, including providing relevant training to enable them to work flexibly across service and professional boundaries ✓ Jointly develop a new substance misuse contract that better integrates substance misuse and mental health services including: the integration of substance misuse into psychiatric liaison; a seamless pathway between mental health services and substance misuse services and ensuring that people with substance misuse problems have access to support for their mental health needs. ✓ Improve the offer of tailored support for people, who are homeless or sleeping rough taking account of chaotic lifestyles and complex need integrated mental health, substance misuse and physical health services ✓ Develop the 'housing first' approach to rough sleeping ✓ Work with businesses to improve understanding and address the links between alcohol and drug misuse and mental health in the workplace

Addressing diversity	✓ Develop effective pathways and provision for key equalities groups, with a focus on young black boys and men, the LGBTQ community and older adults through links with communities, community champions and community organisations ✓ Monitor equalities in assessing delivery of our strategic priorities and actions and performance of our services and those we commission ✓ Ensure under-represented groups are better represented in the workforce ✓ Ensure that services meet the needs of under-represented groups and do not prevent barriers to access.

CASE STUDIES – SOME EXAMPLES of our approach to ACCESS

Physical and mental health

City and Hackney is piloting a new service for people who make intensive use of A&E or London ambulance services, where physical illness may reflect underlying psychological issues. The service will be accessible to anyone who is a frequent user of these services, regardless of whether they have a formal mental health diagnosis and offer psychological, emotional and practical support.

Releasing the pressure …

The Dragon Café welcomes anyone who is feeling the pressures of work or life in and around the City of London. It is hosted in Shoe Lane Library in the City, and offers a programme of activities designed to release pressure, reduce stress and build resilience. It is free, open to all and with no requirement to register or book in advance.

New Mental Health Centre ….

The City Corporation is commissioning a provider for a new Mental Health Centre, offering rent-free premises in the Square Mile for over three years, to provide low cost sessions for low income workers and residents, and long-term therapies that are not readily available through the NHS. It is intended that providers will charge those most able to pay and offer subsidised sessions to those on lower wages or not able to pay for other reasons.

Supporting the most vulnerable …

A dual diagnosis treatment pilot at the Greenhouse Clinic has been commissioned targeting people with mental health and substance misuse problems, who are likely to be excluded from mental health services due to their drug or alcohol misuse. There will be specialist mental health practitioners in both the Greenhouse Clinic and the Hackney Recovery Service, who will work to identify and provide appropriate support to this cohort. The pilot will inform the re-commissioning of an integrated adult substance misuse services.

Helping people in crisis get timely help…

After a successful pilot the City Corporation, City of London Police and City and Hackney CCG are funding a Mental Health Triage System to operate in the City for seven days a week. Mental health professionals accompany police on patrol and can intervene where people are experiencing a crisis that might otherwise lead to them being 'sectioned' under the Mental Health Act. By getting the right support in the community, this improves outcomes for individuals and reduces the pressures on acute and crisis services.

7. Our priorities 3: Neighbourhood

Why it matters

We will aim to support people in the community wherever we can, working at neighbourhood level with schools, GPs and voluntary and community services

7.1. The City and Hackney Integrated commissioning programme is implementing a neighbourhood model of health and social care, and this is also at the heart of the *NHS Long Term Plan*. This model will align local services at a neighbourhood level with responsibility for population based health covering 30,000-50,000 people. NHS England is making £4.5 billion available nationally to support the development of this model locally over the next five years.

7.2. Shifting the balance of care into neighbourhoods offers significant opportunities for improved integration between primary and secondary care, between social care and health services and between mental health and physical health services.

7.3. City and Hackney has comparatively advanced primary care mental health services. They include an Enhanced Primary Care (EPC) and a Primary Care Liaison (PCL) service, along with a Primary Care Psychotherapy Consultation Service. We also have a high performing IAPT service, delivering 'talking treatments' with a focus on common mental health problems, particularly anxiety and depression. However, there are still many gaps particularly for people with complex or severe and enduring mental health problems, who are outside a secondary care setting.

7.4. Working with the voluntary and community sector, and further integrating local authority and NHS services, we also have plans to improve the level of social support available in GPs surgeries and other primary care settings – this could include, for example, help with debt and financial management, housing and employment support.

7.5. There is a concern about the over-representation of black men within crisis and forensic services. Developing the neighbourhood model provides an opportunity to start to address this, by working closely with local communities and providing an integrated wrap around service that should be well adapted to address the social determinants that impact the emotional wellbeing of this group.

What we will do

7.6. Building on the emerging neighbourhood model we will shift the balance of care provision from secondary to primary care by strengthening community-based provision in primary care practices, schools and other community organisations,

developing care navigation at local level and creating inter-organisational teams and approaches.

KEY ACTIVITIES	WE WILL …. (See Action Plan, Section 11 for detailed targets)
Neighbourhood teams	✓ Develop 'teams around the person' with virtual teams from different organisations formed around the patient - teams will have a designated lead professional but will put the patient at the centre of their care plan
Focal points for care	✓ Develop the roles of navigators, care co-ordinators, social prescribers and coaches in an integrated way to create a 'seamless service' for the service user ✓ Reduce the unnecessary use of secondary care mental health services ✓ Ensure everyone diagnosed with dementia has a named navigator from diagnosis to end of life where VSO are a key part of the community wraparound support ✓ Develop transition services and pathways in the community, especially for young people falling out of conventional mental health services
Culture, skills and confidence	✓ Implement recovery and co-production models for neighbourhood mental health provision ✓ Continue to improve the care provided in primary care and through community organisations and networks through mental health training and awareness initiatives
Dementia	✓ Create a neighbourhood-based dementia service with continuity of care from diagnosis to death

CASE STUDIES – SOME EXAMPLES of our approach to NEIGHBOURHOODS

Stepping down …

The City and Hackney Enhanced Primary Care (EPC) Service supports people with severe and enduring mental health problems to 'step' down from specialist, secondary NHS services and be supported in the community, with regular GP reviews and input from a mental health liaison worker. Since widening access to more people with more complex problems - like personality disorders – it is now working with 500 to 600 people a year. Recovery Plans, produced with service users to reflect their goals, will be developed so they can be carried over as people step down into primary care services. We want to expand to cover discharge packages for a great number of people - c6,000 per annum.

… And Stepping Up

For Assessment and Brief Treatment we want to expand and provide more ongoing support for people with severe and enduring mental health problems including people with psychotic bipolar, personality disorders and trauma.

We want to explore and pilot models for a step-up service to provide timely interventions in the community for people with severe and enduring mental health issues, who may otherwise need secondary care services. VSO's in City and Hackney will be a key part of community wraparound support people will receive.

Community Dementia Service

A neighbourhood based dementia service will offer continuity of care for patients diagnosed with dementia, from initial assessment and diagnosis through to end of life provision. People with Dementia will benefit from community based services which offers timely diagnosis where residents and their carers receive the right level of care and support at the right time.

8. Our priorities 4: Personalisation and co-production

We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.

Why it matters

8.1. Involving service users in the development of local plans and services ensures that we are addressing need and using the experiences of service users to improve the quality of support provided. Listening to 'experts by experience' is also critical if we are to design and deliver services that work for people and as part of an integrated commissioning programme.

8.2. Co-production is also critical to the development of the neighbourhood model in City and Hackney (see priority 3). This model depends on partners working collaboratively to organise care around the needs and assets of individuals in a way that is service user led.

8.3. A person centred approach will be taken to address people's mental wellbeing. Service users will be involved in decisions concerning their care and recovery and will have choice and control over the support they receive. Care and recovery planning will be personalised, considering people's assets with a focus on their goals and aspirations.

'Shaping the services you use is empowering. It's refreshing to know they want to hear from people using services.'

It is:

'A stronger voice in the community with the support of peers'

'A constructive way of getting things done and being listened to'

"Service user involvement can improve routines, confidence and raise self-esteem and self-awareness."

Feedback from Mental Health Voice members (MH service user involvement project in City & Hackney)

What we will do

8.4. We will continue to pilot and develop the use of personal health budgets in City and Hackney, working with service users to ensure they have greater choice and more control over their care. We will develop our culture, practices and networks to develop the principles and practice of co-production. We will create multi-disciplinary 'teams around the person' as we develop the neighbourhood model across City and Hackney.

KEY ACTIVITIES	WE WILL …. (See Action Plan, Section 11 for detailed targets)
Putting service users at the centre of their care	✓ Embed service user led care planning and setting of recovery goals in our culture and practice ✓ Expand the use of Personal Health Budgets in City and Hackney, and support service users to make their own decisions about their care ✓ Continue to develop the use of Direct Payments for adult social care
Involvement of families and carers	✓ Implement our Carers Strategies, recognising need and improving support ✓ Involvement of carers of people with dementia as much as they would like to be ✓ Continue to use the Open Dialogue approach, involving family, social networks and a whole systems approach
Personalised support	✓ ✓ Develop online therapies and digital support ✓ Build 'teams around the person' in neighbourhoods (see Priority 3) to help people to address their goals and aspirations ✓ Offer a choice of services to support people's mental wellbeing and actively signpost service users to the services available
Co-productive practice	✓ Implement the *City and Hackney Co-Production Charter* for mental health ✓ Co-productive approaches to developing and monitoring services (e.g. design of Personal Health Budget agreements) ✓ Commission service user involvement opportunities to make sure experts by experience are involved in the design, commissioning and monitoring of services

CASE STUDIES – SOME EXAMPLES of our approach to PERSONALISATION AND COPRODUCTION

Piloting the use of Personal Health Budgets …

A personal health budget is an amount of money to support the healthcare and wellbeing needs of the individual and to give them more choice and control over how it is spent. The use of Personal Health Budgets for people with SMIs will be piloted by the East London NHS Foundation Trust (ELFT) in 2019-20, with a focus on people leaving specialist mental health services. In 2020-21 we hope to bring together Personal Health Budgets and social care direct payments to increase flexibility to build care and support packages around the needs and goals of individuals. We are also interested in expanding the use of personal budgets to people receiving 'step up' support in neighbourhoods. We are looking at how we best involve service users in developing this offer, and the role of the Mental Health Network.

A charter for co-production

Partners have committed to the first-ever *Co-Production Charter for Health and Social Care in Hackney and the City*. The principles include involving people from start to finish in service design and valuing them as equal partners. The charter requires people co-producing services to work together with mutual trust and response, and to share information with the wider community. The Integrated Commissioning Programme is implementing co-production principles, with public representatives on the boards of all the four workstreams. Service users are represented on the Mental Health Co-ordinating Committee and have been partners in developing this strategy.

Reviewing care & recovery planning

City & Hackney CCG asked a team of service users to review the care & recovery planning process in City & Hackney and compare existing care and recovery plans from across services. The aim of the project was to determine whether this is a helpful process and what needs to be in place to make sure the process is effective for the individual and person centred. Some key observations from the group were that people need to involved in the process, plans need to be aspiration and goal orientated, people need to have access to their plans and plans should be monitored and reviewed. The feedback will be used to embed service user led care planning and setting of recovery goals in our culture and practice.

9. Our priorities 5: Recovery

Why it matters

We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks

9.1. Above all, a recovery approach is about recognising the strengths and assets of people affected by mental health problems, their families, their support networks and the community – and tapping into these to support people to live meaningful and fulfilled lives, regardless of diagnosis or mental health status. It is about encouraging people with mental health problems to have positive aspirations and ambitions for themselves, and supporting them to achieve them.

9.2. The Recovery approach addresses the needs of the whole person and ensures that those with complex needs do not have problems addressed in isolation.

9.3. It is also about addressing the barriers to social inclusion. Work or other meaningful activity, housing, relationships and social networks matter as much to people with mental health problems as they do for everyone else.

Recovery means enabling people to the live the lives they want with or without the symptoms of mental health problems.

Centre for Mental Health

9.4. Employment rates are still lower for people with SMIs, than for those with any other health condition. Rethink estimates that 43% of all people with mental health problems are in employment, compared to 74% of the general population. Just under 4% of working age adults in City and Hackney on the Care Programme Approach (CPA) are in paid employment – and 6.5% of those with high needs mental health conditions.

9.5. One in five adults in England in a Shelter survey (2017) said that a housing issue had negatively impacted on their mental health in the last five years, with housing affordability the most frequently cited issue. Lack of appropriate housing is a cause of delays in discharging people from hospitals and other specialist care services, which can hold back recovery and is costly for our health and social care systems.

What we will

9.6. We will work with service users to identify their goals and aspirations and help them to realise them, working with a wide range of partners – in the public, private and voluntary and community sectors - on issues like access to appropriate housing, employability, leisure

KEY ACTIVITIES	WE WILL …. (See Action Plan, Section 11 for detailed targets)
Access to housing	✓ Review and, where appropriate, redesign housing related support and mental health accommodation pathways ✓ Develop pathways out of homelessness that can work with complex needs by using a person-centred, trauma informed and recovery focused approach ✓ Pilot the Housing First approach
Employability and meaningful activity	✓ Secure funding from NHS England so people in specialist mental health services can access supported employment in City and Hackney businesses ✓ Develop and strengthen the City and Hackney Mental Health Employment Support Network, establishing outcome measures and monitoring impact
Friendships and networks	✓ Focus on social wellbeing with a focus on loneliness and social isolation ✓ Encourage, support and engage with service user networks ✓ Involve the voluntary and community sector as a key partner in providing integrated mental health care

CASE STUDIES – SOME EXAMPLES of our approach to RECOVERY

Pioneering employment support …

The City Corporation and LB Hackney are partners in the Central London Works initiative. This is a £51 million initiative which replaces the national employment support programmes in London (i.e. the Work Programme), and will support up to 21,000 residents across 12 Central London boroughs to find work and manage their health condition. Central London Works has a strong focus on mental health issues.

City and Hackney is also developing its delivery of Individual Placement and Support (IPS) in preparation for a further investment of NHS funding to support this approach locally. IPS has a proven track record of supporting people with severe mental health difficulties into employment, with a combination of rapid job search, placement in paid employment and in-work support for both employee and employer.

Students in self-care and wellbeing …

The Recovery College in the LB Hackney provides courses to empower people to become experts in their own self-care and wellbeing. Students are given tools to manage their mental health and to help families, friends, carers, professionals and the public to better understand their conditions and support their recovery journey. It is a self-referral service, based on an enrolment form. To make the college as accessible as possible a 'buddy system' is available to support students.

Accommodation pathways …

The LB Hackney is recommissioning its Mental Health Accommodation Pathway. It will improve support for people with a high level of complex need (including piloting a Housing First approach). Residential services will be provided for people with severe mental illness and co-morbidity. Following a deep dive review of Health and Homelessness the City Corporation will develop the role of specialist mental health practitioners to provide therapeutic intervention, referral and guidance to outreach practitioners.

10. Four building blocks

10.1 The delivery of our five strategic priorities will be supported by four key building blocks.

WORKFORCE: *We will develop our workforces, and support for carers, peer mentors and volunteers*

To support integrated healthcare we will both expand mental health skills amongst a wider workforce and expand the skills of mental health staff to deal with wider determinates such as physical health substance misuse & homelessness. This involves training staff in primary care, schools and community organisations to understand mental health problems, treat people with dignity and respect and sign-post when appropriate. We will also improve support for our carers and continue work with the voluntary and community sector to facilitate the work of peer networks, community champions, befriending, mentoring and volunteering.

For example, we will:

- ✓ Train GPs and other primary care staff as we roll out of the neighbourhood model
- ✓ Develop mental health first aid (e.g. for schools and businesses)
- ✓ Implement ambitious Carers strategies and involve carers networks and forums

DATA AND DIGITAL: *Share data, building a shared evidence-base and develop digital options*

We will respond to the national call for a data and transparency revolution that brings together clinical and social data, with better linkage across the NHS, local authorities, education and other sectors. We will develop the pivotal role of new technologies in driving changes in mental health services.

For example, we will:

- ✓ Explore and develop data sharing protocols and practices and exchange information through our integrated commissioning structures that support integrated pathways
- ✓ Develop on-line support to improve personalisation and autonomy in the delivery of care. We are piloting new uses for online therapies to support a wider access
- ✓ Continue to develop shared care plans that support virtual integrated teams around the patient

ENGAGEMENT: *Listen and learn by working with experts by experience, practitioners and partners*

We have developed this strategy with 'experts by experience' as part of an Integrated Commissioning Programme, and look forward to working with them at every stage of its implementation. People with direct and indirect experience of mental health problems and those close to them have unique insights into their conditions, the experience of seeking and accessing help and the delivery of services. This is a vital resource for system and service improvement.

For example, we will:

- ✓ Continue to ensure service users have an effective voice on the Mental Health Co-ordination Committee

EVIDENCE-BASED POLICY: *Be guided by research and best practice, and monitor the impact of what we do*

We note that the NHS Long-Term Plan highlights the importance of 'further progress on care quality and outcomes' and ensuring that taxpayer investment is used for 'maximum effect, both require an evidence-based approach'. We will ensure we invest in services that deliver outcomes and offer value for money. This strategy will be supported by detailed action planning and the specification of performance indicators.

For example, we will

- ✓ Continue to develop best commissioning practice
- ✓ Undertake deep dives on key strategic issues to inform policy and practice

✓ Work with the voluntary and community sector to support service user networks ✓ Commit to the City and Hackney Co-Production Statement for mental health	✓ Ensure our politicians and senior leaders are briefed on research and best practice findings.

11 Development, oversight and accountability

11.1 This strategy is supported by an action plan with SMART performance indicators (see table below)The Action Plan will be overseen and managed by a Joint Mental Health Team, reporting to the Mental Health Co-ordination Committee (MHCC) of senior officers, partner representatives and service users. Each target will be assigned an MHCC lead. Service user engagement and oversight within the MHCC will be provided by the Advocacy Project. The Action Plan also aligns each target to a Workstream and progress against the targets will be reported to the relevant Workstream. Accountability for achieving the target ultimately will rest with the relevant Workstream.

11.2 Progress will also be reported to the City and Hackney Health and Wellbeing Boards, at least annually, and to other key committees, including the City and Hackney Adult Safeguarding Board. A short and accessible annual progress report will be produced and published on our websites, as well as disseminated through our service user networks, with opportunities to feed back.

11.3 Councillors serving as Mental Health Champions will provide a voice for the mental health strategy and ensure proper scrutiny within the City Corporation and LB Hackney. We expect that partners will incorporate relevant priorities and outcomes from this strategy in their own work and business planning.

11.4 The environment is changing all the time, with new opportunities and challenges emerging, and we are committed to an evidence-based approach that incorporates new data and research findings, learns from experience and through engagement, and adapts to new circumstances. The Mental Health Co-ordination Committee will therefore oversee an annual review and of the strategy, alongside progress reporting.

Draft Joint Mental Health Strategy: Action Plan 2019/23					
PRIORITY 1: PREVENTION					
KEY ACTIVITIES	**WE WILL ….**	**WORKSTREAM GIVERNANCE**	**TARGETS**	**DEADLINE**	**MHCC LEAD**
	□ Work across service departments to promote their role in mental health and to develop this (e.g., planning, transport, leisure and culture)		1) MHFA offered to all front line workers in C&H 2) Embed mental health early identification and support to workplace mental health within the council.	Achieved end of year 1 and then monitored thereafter	NK
	□ Adopt and apply the national Mental Health Prevention Concordat		1) Signing of MH Concordat by December 2019 2) training of Mental Health Member champion	Achieved end of year 1 and then monitored thereafter	NK

	□ Develop a dementia friendly community across City and Hackney		1. Expand the membership of Dementia Friendly Hackney 2. Coordinate a programme of activates for the Hackney Dementia Festival 3. Launch the Hackney User Involvement group 4. Engage with local youth organisations, including Scouts and Guides, to make them aware of dementia-friendly resources 5. Plan the delivery of a 'Dementia-friendly Churches' conference 6. Organise the first Dementia Friendly Hackney	Q3 19/20	BG

			housing group meeting and a programme of activities for housing with care schemes		
	□ Develop perinatal support	Children and Maternity	Expand support in line with NHSE target	Q1 2019-20	GC

Early Years, Families and Young People	□ Develop designated senior mental health teams in schools and Mental Health Support Teams for early intervention and ongoing help at school		1) 100% of State maintained Schools with WAMHS by 2020 2) 50% of state maintained schools with MHSTs by 2020 3) 50% of Faith Schools completed mapping by 2020	Q4 2020-21	GC
	□ Develop our offer to children with Special Educational Needs and Disabilities		1) Fully evaluate and implement recommendations of Neurodevelopmental Pathways by April 2020 2) Set priorities for on-going mapping for other disabilities and SEND pathways	Q4 2020-21	GC
	□ Implement the third phase of our Local Transformation Plan for Children and Young People's Mental Health Services (CAMHS)		All objectives for Phase 3 delivered by April 2020 / Part B by April 2021	Q4 2020-21	GC

Workplace	□ Work with businesses and employers on workplace mental health	Prevention	1) Work with Business Healthy in the City 2) Encourage businesses to compete the Healthy Workplace Charter 3) improve workplace mental health in Hackney Council and appropriately signpost staff	Achieved end of year 1 and then monitored thereafter	NK
	□ Support NHS workforce to access mental health wellbeing support		All staff to have access mental health wellbeing support	Q3 2020-21	FB
	□ Support national campaigns like Release the Pressure		1) support national campaigns such as World Mental Health Day, Mental Health awareness week 2) develop specific local campaigns where appropriate e.g. Release the	Achieved end of year 1 and then monitored thereafter	NK

			Pressure Campaign		
Mental health crisis and suicide prevention	□ Implement the City and Hackney suicide prevention strategies	Unplanned Care	1) Up to date suicide audits for City and Hackney 2) develop an action plan for both the City and for Hackney Suicide Prevention Multi-agency groups 3) 10% reduction in suicides in City and Hackney. Hackney: 2012-2014 7.5 per 100,000 population	On-going annual target	NK

	□ Samaritans-led Suicide Prevention Training, working with employers		1) continue partnership between the City of London Corporation and the Samaritans to deliver suicide prevention training to City businesses	tbc	NK
	□ Strengthen our crisis pathway with more accessible services that reach beyond statutory mental health services		Pilot high intensity/frequent attender service based on use not diagnosis	Q4 2019-20	DB
Awareness and Information	□ Improving online information and use of digital channels and social media.	Prevention	Growth in online therapy by 50% to 1,500 IAPT and non IAPT	Q4 2020-21	DB
	□ Develop communications campaigns to support mental wellbeing		Delivery of a Five to thrive website/communications with up to date and relevant content of resources, activities and courses available in the borough which is maintained to ensure on-going use	Q1 2020-21	FB

Get support to people quicker	□ Develop open access and low threshold services (see priority 2 – Access)	Unplanned Care	Expand use of crisis café and SUN project by 30%	Q4 2020-21	DB
	□ Ensuring everyone in the City and Hackney with dementia has access to the right level of care at the right time		Launch Community Dementia service	Q2 2019-20	FB
PRIORITY 2: ACCESS					
KEY ACTIVITIES	**WE WILL ….**	**WORKSTREAM GIVERNANCE**	**TARGETS**	**DEADLINE**	**MHCC LEAD**
Open Access	□ Introduce whole school approaches to mental health and wellbeing through CAMHS Transformation Plan	Children and Maternity	1) 100% of State maintained Schools with WAMHS by 2020 2) 50% of state maintained schools with MHSTs by 2020 3) 50% of Faith Schools completed mapping by 2020	Q4 2020-21	GC

	□ Develop our no wrong door approach to CAMHS services	Children and Maternity	Develop single point of entry and patient journey navigation system by April 2020. Delivered by the IT and Tech WS in the CAMHS Alliance	Q4 2020-21	GC
	□ Develop open access services	Planned Care	Expand use of crisis café, SUN project and Recovery college use by 30%	Q4 2020-21	DH
	□ Improve timely access to good quality crisis services in line with London MH Compact	Unplanned Care	Refurbished HBPoS/136 suite with additional staffing. Compliance with London Compact targets for timely access.	Q4 2019-20	DH
	□ Improve access for people in crisis through mental health street triage	Unplanned Care	Create referral pathway between street triage and rough sleeping healthcare	Q4 2019-20	DB

Physical health and mental health	□ Develop assessment, referral and integrated care pathways to diagnose and address the mental health needs of people presenting with physical illness	Prevention	50% increase in LTC psychological support access rate from 2018-19 baseline. 20% of the 2,471 with poor control diabetes will access IAPT services.	Q4 2020-21	DB
	□ Target action to reduce numbers of frequent users of A&E, ambulance and mental health services by addressing undiagnosed mental health need	Unplanned Care	50% reduction p.a. from baseline of 400 frequent attenders 10X + p.a.	Q4 2020-21	DB
	□ Build on our programme of physical health reviews for people with SMI by increasing their frequency and strengthening the support offer for those at risk of physical illness	Prevention	70%+ of SMI population receive a physical healthcheck	On-going annual target	DB
	□ Pilot sport and healthy eating programmes for people with SMIs	Prevention	150 people with SMI referred into pilot	Q4 2019-20	FB
Dual diagnosis and complex need	□ Invest in Multiple Needs Service for those with multiple and complex needs	Planned Care	Complete and evaluate complex needs pilot and embed best practice in recurrently funded services	Q2 2020-21	DB

	□ Equip and develop our workforces to work collaboratively and flexibly across service and professional boundaries	All Workstreams	Expand MH training to cover HCAs, practice nurse & social prescribers	Q4 2020-21	RE
	□ Jointly develop a new substance misuse contract that better integrates substance misuse and mental health services including: psychiatric liaison; a seamless pathway between MH and substance misuse services and ensuring that people with substance misuse problems have access to support for their mental health needs.	Unplanned Care	Create a new integrated health and social care substance misuse contract which embeds services in Psychiatric Liaison team and offer access to therapy with specialist support.	Q2 2019-20	NK/DB
	□ Improve tailored support for people who are homeless or sleeping rough taking account of chaotic lifestyles and complex need integrated mental health, substance misuse and physical health services	Planned Care	Offer mental health services through Greenhouse practice and satellite in the City	Q4 2019-20	NK/CP
	□ Develop the 'housing first' approach to rough sleeping	Planned Care	Complete housing first 2 year pilot	Q2 2021-22	BG

	□ Work with businesses to improve understanding and address the links between alcohol and drug misuse and mental health in the workplace	Prevention	1) Programme of work in the City through Business Healthy. 2)Encourage business to complete Healthy workplace charter	Achieved end of year 1 and then monitored thereafter	NK
Addressing diversity	□ Develop effective pathways and provision for key equalities groups, with a focus on young black boys and men, the LGBTQ community and older adults through links with communities, community champions and community organisations	All Workstreams	Appoint YBM and LGBTQ leads in IAPT services.	Q3 2019	DB
	□ Monitor equalities in assessing delivery of our strategic priorities and actions and performance of our services and those we commission		1. YBM IAPT access rate increase by 100% .2. Older adult increase in access rate or achieve quality premium. 3. Male access rate increase by 5%	Q4 2019	DB
	□ Ensure under-represented groups are better represented in the workforce		Monitor workforce diversity for CYP and adult IAPT	Q4 2019	GC/DB

	□ Ensure that services meet the needs of under-represented groups and do not prevent barriers to access		Report identifying underrepresented groups and barriers to access	Q3 2019-20	tbc
PRIORITY 3: NEIGBOURHOODS					
KEY ACTIVITIES	**WE WILL ….**	**WORKSTREAM GIVERNANCE**	**TARGETS**	**DEADLINE**	**MHCC LEAD**
Neighbourhood teams	□ Develop 'teams around the person' with virtual teams from different organisations formed around the patient - teams will have a designated lead professional but will put the patient at the centre of their care plan	Unplanned Care	Pilot MH care coordinators & virtual teams for complex cases in neighbourhoods	Q4 2019-20	DB
Focal points for care	□ Develop the roles of navigators, care co-ordinators, social prescribers and coaches in an integrated way to create a 'seamless service' for the service user	Unplanned Care	Pilot MH care coordinators and virtual teams working with complex cases in neighbourhoods	Q4 2019-20	??
	□ Reduce unnecessary secondary care use		Reduction in no. entering secondary care community and inpatient services	Q4 2020-21	DB
	□ Ensure everyone diagnosed with dementia has a named navigator from diagnosis to end of life where VSO are a key part of the community wraparound support		In place by Q2 2019	Q2 2019-20	FB

	□ Develop transition services and pathways in the community, especially for young people falling out of conventional mental health services		18-25 YP 'super- hub' operational	Q3 2019-20	GC
Culture, skills and confidence	□ Implement recovery and co-production models for neighbourhood mental health provision	Unplanned Care	MH service user engagement in neighbourhoods.	Q4 2020-21	DB
	□ Continue to improve the care provided in primary care and through community organisations and networks through mental health training and awareness initiatives		MH training delivered to navigators, social prescribers, HCAs	Q4 2020-21	DB
Dementia	□ Create a neighbourhood-based dementia service with continuity of care from diagnosis to death	Unplanned Care	Launch Community Dementia service	Q2 2019-20	FB
	□ Support and work with community organisations to support people living with dementia, their carers and families		Launch Community Dementia service	Q2 2019-21	FB
PRIORITY 4: PERSONALISATION AND CO-PRODUCTION					
KEY ACTIVITIES	**WE WILL ….**	**WORKSTREAM GIVERNANCE**	**TARGETS**	**DEADLINE**	**MHCC LEAD**

Putting service users at the centre of their care	□ Embed service user led care planning and setting of recovery goals in our culture and practice	Planned Care	All service users with multiple/complex needs to have service user led recovery care plans	Inpatient Q4 2019-20. Community Teams Q4 2020-21. Neighbourhoods: Q4 2021-22	DB
	□ Expand the use of Personal Health Budgets in City and Hackney, and support service users to make their own decisions about their care	Planned Care	180 personal health budgets	Q4 2019-20	DB
	□ Align mental health personal health and social care budgets within an integrated pathway	All Workstreams	Aligned or integrated budgets	Q2 2020-21	tbc
Involvement of families and carers	□ Implement our Carers Strategies, recognising need and improving support	All Workstreams	Reported increase in quality of life of carers of people with mental health problems in adult social care (Survey of Adult Carers in England -SACE)	Year-on-year improvement and this will be measured using SACE data.	MR
Personalised support	□ Continue to use the Open Dialogue approach, involving family, social networks and a whole systems approach	Planned Care	Expand use beyond CRHT	Q4 2019-20	DB
	□ Develop online therapies and digital support	Planned Care	Growth in online therapy by 50%	Q4 2020-21	DB

			to 1,500 IAPT and non IAPT		
	□ Build 'teams around the person' in neighbourhoods (see Priority 3)	Unplanned Care	Pilot MH care coordinators and virtual teams working with complex cases in neighbourhoods	Q4 2019-20	DB
Co-production practice	□ Implement the *City and Hackney Co-Production Charter* for mental health	All Workstreams	Implement all agreed charter tasks through MH Advocacy project	Q4 2019-20	FB/CM
	□ Co-productive approaches to developing and monitoring services (e.g. design of Personal Health agreements)	Planned Care	180 co-produced personal health budgets	Q4 2019-20	Tbc
PRIORITY 5: RECOVERY					
KEY ACTIVITIES	**WE WILL ….**	**WORKSTREAM GIVERNANCE**	**TARGETS**	**DEADLINE**	**DEADLINE**

Access to housing	□ Review and, where appropriate, redesign housing related support and mental health accommodation pathways	Planned Care	Recommission a brand new, fit for purpose pathway embodying the principles of recovery, service user autonomy and value for money.	Q1 2020-21	BG
	□ Develop pathways out of homelessness that can work with complex needs by using a person-centred, trauma informed and recovery focused approach		Offer recovery planning and psychological support Inc. trauma informed at Greenhouse and City satellite	Q4 2019-20	Tbc
	□ Pilot the Housing First approach		20 people supported through Housing First Pilot	Q2 2021-22	BG
Employability and meaningful activity	□ Develop primary care employment support offer in each neighbourhood	Prevention	Access to employment support in primary care for people with mental health problems	Q2 2021-22	FB
	□ Secure funding from NHS England so people in specialist mental health services can access supported employment in City and Hackney businesses		120 people with SMI supported into employment	Q4 2020-21	FB

	□ Develop and strengthen the City and Hackney Mental Health Employment Support Network, establishing outcome measures and monitoring impact		Access to employment support in each neighbourhood for people with mental health problems	Q4 2019-20	FB
Friendships and networks	□ Focus on social wellbeing with a focus on loneliness and social isolation	Prevention and Unplanned Care	GP's to assess for social isolation for people with Mental Health problems	Q1 2020-21	FB
	□ Encourage, support and engage with service user networks		Access to peer support and social activities for people with Mental Health problems	Q1 2020-21	FB
	□ Involve the voluntary and community sector as a key partner in providing integrated mental health care		Voluntary and community sector provision available within the integrated mental health care offer	Q3 2020-21	DB

Mental Health Coordinating Committee	
Key:	
Nicole Klynman (NK)	Beverley Gachette (BG)
Dan Burningham (DB)	Greg Condon (GC)
Fawzia Bakht (FB)	Dean Henderson (DH)

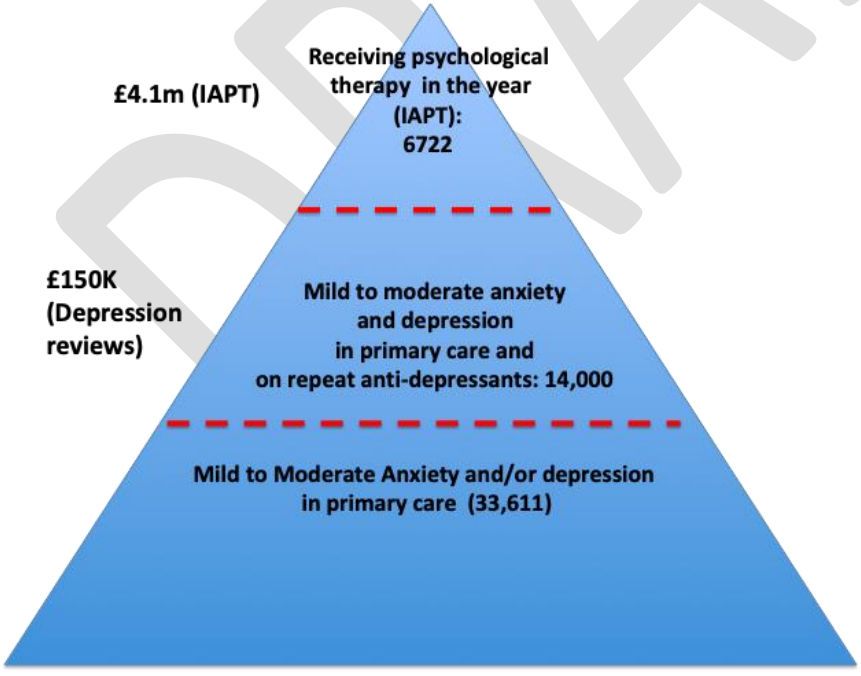
Appendix 1: City and Hackney Needs Analysis

Population: Overview

Overall, City and Hackney has a relatively young, growing and ethnically diverse population. There are significant differences in demographics and in levels of affluence and deprivation across the area, and contrasts between Hackney and the City of London. For example, the City of London has an aging residential population, and an exceptionally large working population that is not resident in the Square Mile. There are significantly higher levels of deprivation in Hackney, and there is greater ethnic diversity.

Across City and Hackney, there is a relatively large cohort of people with serious mental health problems compared to other local areas, and high numbers of A&E, ambulance and 111 frequent attenders.

Adults with common mental health disorders. It is estimated that over 33,000 people across City and Hackney are experiencing depression and anxiety disorders at any one time, and that 14,000 are on repeat prescriptions for antidepressants. About 1 in 5 of these residents will access 'talking therapies' through the NHS's Improving Access to Psychological Therapies (IAPT) programme in the 12 month period from April 2018 to April 2019. The diagram below shows the pyramid of service usage with some indicative CCG spend figures.



Of those accessing IAPT treatments some groups are under-represented. Older people are under-represented. People over the age of 65 make up 7.4% of the population (LBH July 2018) however IAPT access rate are only 4% and we are struggling to achieve our quality premium target of 5%. Men are under-represented in

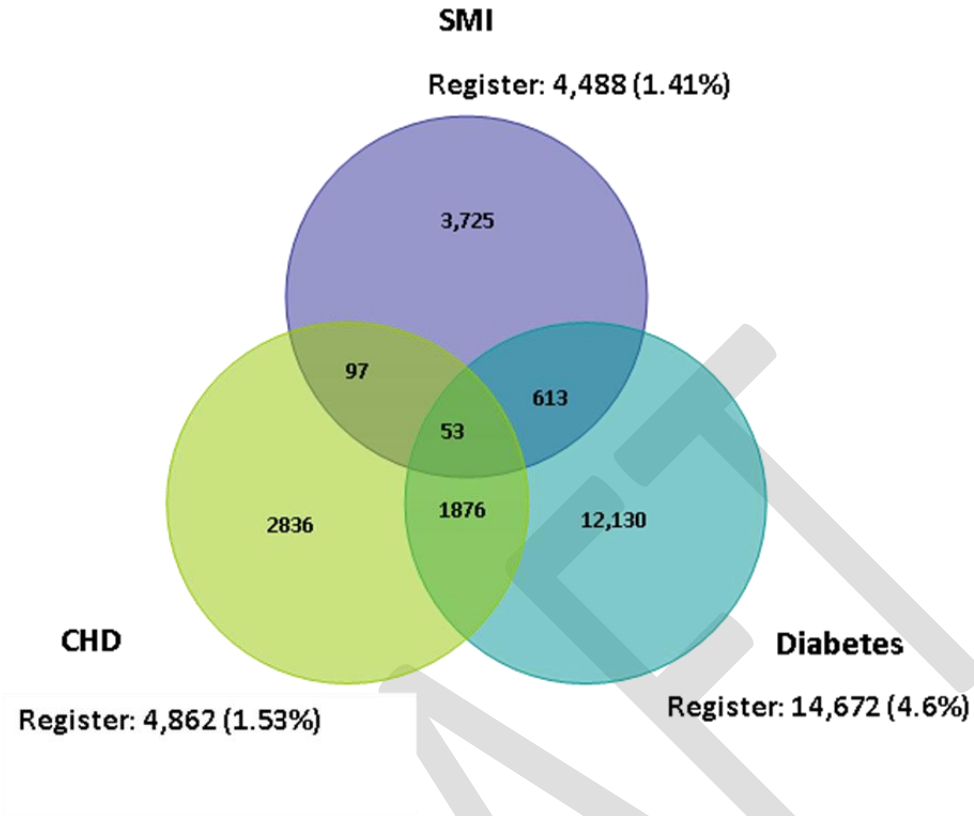
access rates. Only 32% of those accessing IAPT are male. Young men are under-represented making up just 3.3% of the IAPT access rate, whilst they make up 5.7% of the population. Young Black Men are very strongly under-represented making up just 0.4% of the IAPT access rate. Based on population prevalence the figure should be 1.4% (3.5 times the actual figure.)

Adults with severe and enduring mental ill health

Severe and enduring mental illnesses (SMIs) include bipolar disorder, schizophrenia (and other psychosis) and personality disorders and severe trauma. SMIs also include more extreme manifestations of depression, anxiety and other common disorders.

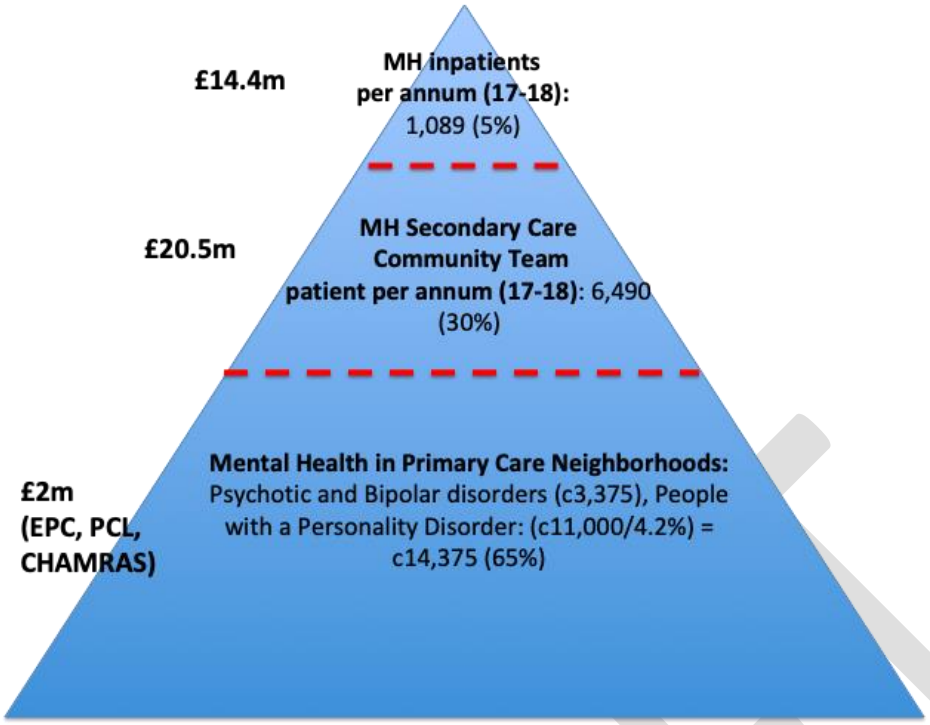
City and Hackney has a high prevalence of psychotic and bipolar disorders, with the fifth highest rate in England, and over 4,500 people on the Serious Mental Illness (SMI) Register. About three quarters of this group will be managing their condition with the support of GP and other primary care services, often with some voluntary and community sector involvement. However, nearly half of this group (2,200) engaged with secondary mental health services in City and Hackney at some point over a 12 month period.

This group has far poorer physical health than the general population. Smoking rates are 36% and obesity is 50% higher, and life expectancy is between 8 and 18 years lower. Co-morbidity with long term conditions is far higher than in the general population. The figure below shows that 17% of those on the SMI register (763) have either diabetes or CHD.



Based on estimates for the UK as a whole, we estimate that there are about 11,000 adults in City and Hackney with a personality disorder, such as borderline personality disorder and antisocial personality disorder (PD). People with PD may have other problems in their lives, such as alcohol and drug misuse, and will overlap with the 'complex need' group (see below).

Taking all these groups together, 6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, of which 1,089 were inpatients on the acute wards or Psychiatric Intensive Care Unit (PICU). Service use by people with severe and enduring mental health problems is captured in the diagram below.



It is assumed that most people with a personality disorder will be within the primary care setting. We have not included people with severe and enduring anxiety and depression in primary care within this data set, but this is also a significant number.

People with SMI often have other challenges in their lives, including lack of employment, financial problems, issues with benefits and housing problems.

Employment rates are lower for people with mental health problems, than for any health condition. Rethink estimates that only 43% of all people with mental health problems are in employment, compared to 74% of the general population. Only 8% of people with schizophrenia are in work. Most people with mental health problems say that they want employment. People with SMIs are also over-represented in the homeless population (see below), while others may find themselves in insecure or inappropriate accommodation.

Complex needs and undiagnosed mental health problems

A national report estimates that there are around 58,000 people across England experiencing severe and multiple disadvantage involving substance misuse, homelessness and/or contact with the criminal justice system. Over half (55%) had a diagnosed mental health problem and nearly all (92%) had a self-reported mental health issue. This group can find it difficult to get the holistic help they need to address their needs, and may be 'bounced between' services - e.g. mental health and substance misuse services.

Drug and alcohol misuse. UK studies suggest that the prevalence of co-existing mental health and substance misuse problems in mental services is between 32% and 46%. While rates have been recorded at 75% in drug services and 86% in alcohol services. Furthermore, a history of alcohol or drug use is also recorded in 54% of all suicides.

In City and Hackney, 386 people who started drug and alcohol treatment in 2017-18 (over 40%) had a mental health treatment need. Over a third (37%) of them were receiving no treatment at all, with 20% engaging in specialist services, and 42% receiving treatment from their GP. Women's substance misuse issues are often particularly complex and linked to a variety of issues including childcare, maternity, prostitution, physical and sexual abuse, stigmatisation, as well as mental health. Research shows that nearly half of female dual diagnosis service users have experienced sexual abuse in their lives.

Homelessness. 80% of homeless people[1] in England have a mental health problem, with 45% diagnosed, according to the Mental Health Foundation. In Hackney in 2017-18, 58 of 118 rough sleepers who were assessed (49%) had mental health needs; the equivalent figure for the City of London was 151 of 265 (57%). 58% in Hackney and 47% in the City of London had alcohol treatment needs. The respective figures for drug treatment need were 49% and 51%. Only 15% of the street homeless population across City and Hackney had no identified alcohol, drug or mental health needs.

Crime and offending. HM Chief Inspector of Prisons Annual Report 2017-18 concluded that 79% of women and 71% of men in prison said they had mental health problems. The majority of prisoners who are drug dependent have a least two mental health problems. A significant proportion of police time and resource is spent dealing with mental health related problems, including the detention of people in crisis for assessment under s. 136 of the Mental Health Act.

Mental health and physical health comorbidity. Mental health problems may be undiagnosed and untreated where people present to health professionals with unexplained physical symptoms. In City and Hackney there are currently 272 people who have attended hospital A&E services ten times a year or more without a clear physical causation, over 3,000 A&E attendances. The pressure on A&E services could be alleviated and outcomes improved if these frequent attenders were receiving appropriate psychological, emotional or practical support. Additionally there are 15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes as they are unable to manage their long term condition. This cohort may also benefit from appropriate psychological emotional or practical support.

Children and young people's mental health

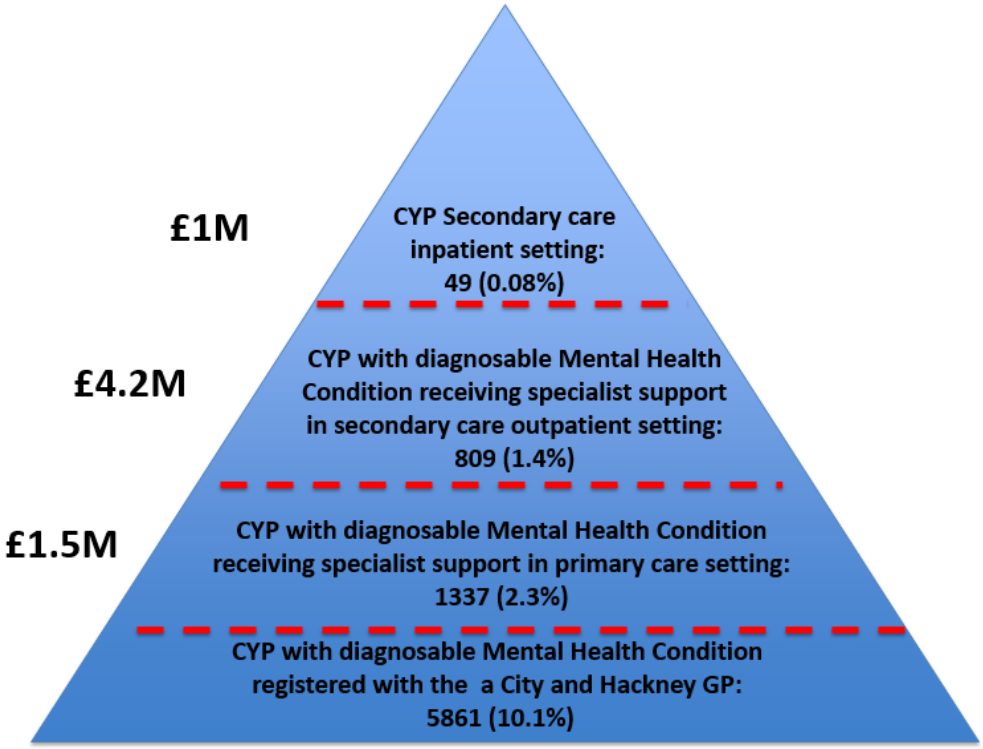
City and Hackney has a relatively young population that has grown significantly in recent years, and will continue to grow. This is an ethically and culturally diverse population, with significant variations in levels of affluence and deprivation.

Compared to similar areas of London, Hackney has significantly higher numbers of children and young people with Special Education Needs - including more with Social, Emotional and Mental Health Needs - more looked after children, more in Pupil Referral Units and more 16-18 year olds who are not in education, training and employment. While the number of vulnerable children and young people is relatively

[1] 'Homeless People' defined as people living in temporary accommodation, people accessing accommodation services and people who are street homeless.

low in the City of London, this includes some with high risk of emotional and mental health problems - for example, looked after children in the City of London are generally unaccompanied asylum-seeking children.

Across City and Hackney in 2017-18 49 children and young people required inpatient care, over 2,000 received specialist support in the community, and nearly 6,000 were treated for a diagnosable mental health problem by their GP. NOTE: JG to add in non NHS spend/ GC to add in data on exclusion rates etc. 07 02 19



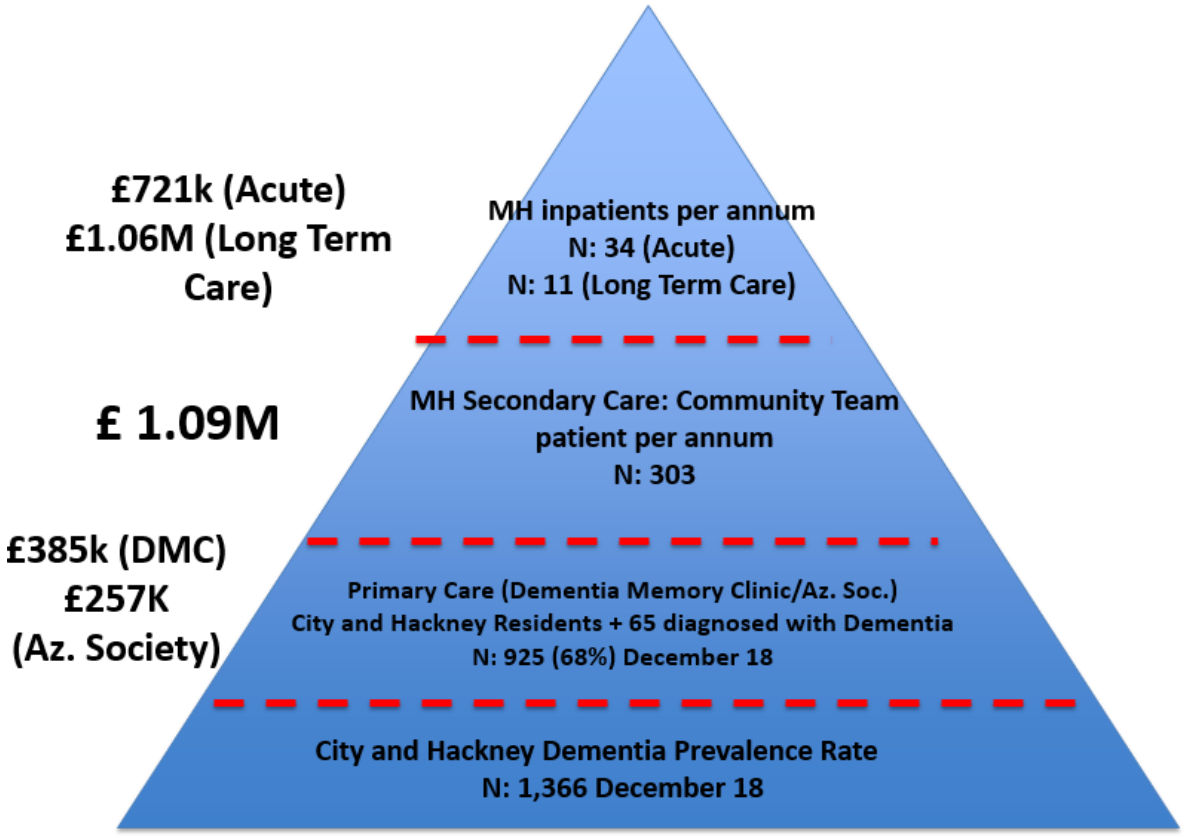
Dementia

Dementia is one of the main causes of disability in later life. It is characterised by progressive memory loss, behavioural and personality changes, impaired reasoning and ability to care for oneself. In the later stages, people become increasingly frail, may have difficulty eating and swallowing, experience incontinence and lose communication skills, including powers of speech, and become increasingly dependent on others. This also impacts the emotional wellbeing and mental health of carers.

It is estimated that approximately 1,300 Hackney and 90 City of London residents aged 65+ have dementia. Around half of those affected have their condition recorded by their GP. In addition, 40 Hackney and City residents *under* the age of 65 have dementia recorded by their GP. These residents are almost all aged 50-64.

Assuming the prevalence of dementia remains the same, the number of people living with dementia in Hackney is expected to increase by one third between 2015 and 2025, from 1,200 to 1,700. The number of people with dementia in the City of London is expected to more than double in this period, from 90 to 190.

Hackney has high rates of dementia detection, compared to both London and England. The diagnosis rate for January 2018 was 71.2% again a target of 66.7%.



Appendix 2: City and Hackney CAMHS Transformation Plan (Phase 3) - Implementation (2019-20)

Executive Summary

Our vision is that by 2020/21 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending in to schools and the wider community. It will be seamless and child / family centred, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental problems developing or escalating. Every intervention given will be supported

by the robust evidence as every service becomes part of the CYP IAPT Programme. In doing so, it will be highly cost effective, making best use of every penny spent.

City and Hackney has a relatively young population which has grown significantly in recent years and is projected to continue to grow. The City of London and London Borough of Hackney are both ethnically diverse and are projected to become increasingly diverse with extreme variances in levels of deprivation across the area. Although children in City and Hackney are reporting relatively good levels of happiness there are a number of underlying issues that make it stand out from similar local authorities in London. Hackney has significantly higher numbers of children in SEMH and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN), 16-18 year olds who are not in education, employment or Training (NEET) and looked after children. These children are likely to have increased mental health need when compared to others.

City and Hackney has a relatively high quality and comprehensive provision of CAMHS available to all children and young people in the area. The CCG has historically invested significantly in CAMHS and this investment continues to grow through the CAMHS Alliance and CAMHS Transformation Programmes, both of which are transformational. 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 on 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

The table below provides a summary of CAMHS investments increases from 2014/15 baseline. CAMHS transformation represents an increase of £1.7m.

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
ELFT: Specialist CAMHS	£3,413,106	£3,467,000	£3,964,502	£3,968,602	£4,211,540	£4,215,752	£4,219,967
ELFT: Perinatal Services	£215,373	£287,793	£288,000	£288,288	£331,068	£331,399	£331,730
HUH: CAMHS Enhanced ASD	£41,000	£42,000	£45,000	£46,817	£47,566	£47,614	£47,661
HUH: First Steps	£1,080,670	£1,070,000	£1,082,000	£1,085,970	£1,103,346	£1,104,449	£1,105,554
HUH/ELFT: CAMHS Disability	£455,508	£451,000	£458,000	£459,854	£460,314	£460,774	£461,235
Well Family Plus	£0	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000
Sub Total (CCG funded)	**£5,205,657**	**£5,602,793**	**£6,122,502**	**£6,134,531**	**£6,438,834**	**£6,444,988**	**£6,451,148**
Reach and Resilience	£0	£82,766	£66,355	£66,355	£66,421	£66,488	£66,554
Developing CYP Outcomes	£0	£52,260	£0	£0	£0	£0	£0
Perinatal	£0	£36,472	£67,568	£67,568	£67,636	£67,703	£67,771
NICU Trauma	£0	£39,105	£36,978	£36,978	£37,015	£37,052	£37,089
ASD Ed Psych	£0	£77,090	£59,141	£59,141	£59,200	£59,259	£59,319
Psych and Paed Liaison	£0	£30,091	£80,548	£80,548	£80,629	£80,709	£80,790
Off-Centre YIAC	£0	£10,205	£39,316	£39,316	£39,355	£39,395	£39,434
Youth Offending	£0	£6,623	£26,491	£26,491	£26,517	£26,544	£26,571
Information Systems	£0	£41,785	£0	£0	£0	£0	£0
Eating Disorder Service	£0	£190,000	£175,000	£150,000	£213,476	£213,848	£213,848
Parenting	£0	£0	£38,000	£168,000	£0	£0	£0
Child to Adult Transition	£0	£0	£38,000	£70,500	£0	£0	£0
Phase 2 Crisis Pathway	£0	£0	£38,000	-	£267,000	£184,000	£117,000
Interfaces with Schools	£0	£0	£88,000	£324,469	£0	£249,000	£500,000
Project & Evaluation Costs	£0	£0	£48,000	£88,361	£0	£255,902	£248,702
Off-Centre Clinical Pilot	£0	£0	£18,350	£0	£0	£0	£0
Waiting List Initiative	£0	£0	£134,000	£0	£0	£164,000	£0
Youth Justice	£0	£0	£48,733	£0	£0	£0	£0
Conduct Disorder Pathway	£0	£0	£27,000	£0	£0	£0	£0
CAMHS Alliance	£0	£352,000	£0	£0	£0	£0	£0
Outcomes Phase 2	£0	£0	£0	£0	£0	£28,000	£0
Digital Interventions	£0	£0	£0	£0	£0	£49,000	£0
Training and Development	£0	£0	£0	£0	£0	£42,000	£42,000
Family Action (Schools)	£0	£458,351	56,250	£0	£0	£0	£0
First Step Access	£0	75,000	£0	£0	£0	£0	£0
Building Reach and Resilience	£0	186,868	£0	£0	£0	£33,000	£0
ASD Pathway Improvement	£0	£0	£0	£0	£67,000	£67,000	£67,000
Primary Care Step Down	£0	£0	£0	£0	£67,000	£90,000	£90,000
Child Bereavement	£0	£0	£0	£0	£0	£0	£0
Children's ASD	£0	£0	£0	£0	£0	£0	£0
CAMHS Transformation	**£0**	**£1,638,616**	**£1,085,730**	**£1,177,727**	**£991,249**	**£1,752,900**	**£1,656,077**
Sub Total CCG	**£5,205,657**	**£7,241,409**	**£7,208,232**	**£7,312,258**	**£7,430,083**	**£8,197,888**	**£8,107,225**
Sub Total LBH: CFS Clinical Services and other CFS	**£1,409,138**	**£1,587,020**	**£1,628,641**	**£1,716,973**	**TBC**	**TBC**	**TBC**

This local increase in investment equates to significant increase in front line clinical staff providing direct interventions

	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase one		17/18 Post transformation plan phase two	
Service	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5
HUH CAMHS Disability	8.3	1.0	9.9	1.0	11.2	1.2
HUH Children's ASD	0	0	0	0	1.2	0
ELFT Specialist CAMHS	34.7	10.1	36.0	10.1	38.8	10.9
Off-Centre	0	0	0.2	0	0.2	0
Family Action	0	0	0	0	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0
Total	**70.86**	**12.6**	**80.9**	**12.6**	**95.2**	**14.4**

Increased capacity has allowed us to increase the number of new CYP seen per year and meet increasing demand

	14/15	15/16	16/17	17/18
Referrals	1749	1874	2170	2422 (38% increase)
Referrals Accepted	1644	1553	1733	1842
New Patients Seen	1452	1494	1657	1782 (22% increase)
Contacts	12798	15019	16856	18605

Title of report:	Integrated Commissioning Programme Roadmap
Date of meeting:	13 June 2019
Lead Officer:	David Maher/Anne Canning/Simon Cribbens
Author:	Devora Wolfson - Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Board: 13 June 2019
Public / Non-public	Public

Executive Summary:

We have produced a Roadmap for the Integrated Commissioning (IC) Programme using 2019/20 and 2020/21 delivery and commissioning milestones from across the IC Programme.

We will be bringing a report setting out our trajectory for the improvement of resident experience and outcomes in September 20i9.

Content for the Roadmap has been provided by each of the IC care workstreams, the IC Programme Management Office (PMO), and each System Enabler Group

Recommendations:

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

- To **NOTE** the 2019/20 and 2020/21 Roadmap in APPENDIX A

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

- To **NOTE** the 2019/20 and 2020/21 Roadmap in APPENDIX A

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	Each of the milestones included in the Roadmap relate to IC Programme Strategic Objectives
Deliver proactive community based care closer to home and outside of	☒	

institutional settings where appropriate		
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

The milestones included in the Roadmap relate to programmes of work which will impact City residents

Specific implications for Hackney

The milestones included in the Roadmap relate to programmes of work which will impact Hackney residents

Patient and Public Involvement and Impact:

The milestones included in the Roadmap relate to programmes of work which will impact patients and members of the public, many of these programmes of work will have:

- their own programmes of resident consultation planned, and
- will feed into governance arrangements which will involve patient and public representatives

Clinical/practitioner input and engagement:

Each of the milestones included in the Roadmap relate to programmes of work which will have:

- their own programmes of resident consultation planned, and
- will feed into parts of the IC governance system which involve clinicians

Equalities implications and impact on priority groups:

Some of the milestones included in the Roadmap relate to programmes of work which will impact specific priority groups, for example, young parents, young people and mental health

Impact on / Overlap with Existing Services:

N/A

Main Report

1. Background and Current Position

1.1 At the ICB Away session earlier in the year it was agreed that we would develop a set of programme milestones. Our initial draft of the Roadmap is attached at APPENDIX A. It should be noted that the roadmap will be further developed over the coming months and an updated version will be presented to ICB in September together with our draft submission for the long-term plan. The roadmap will be a live document and will continue to be updated at regular intervals and reported to the ICB.

1.2 In the Autumn 2019 further work to develop a set of IC Programme 'outcome' milestones will be carried out, this aligns to the development of the IC Programme Outcomes Framework which is taking place currently

1.3 The IC milestones in the Roadmap will feed into a number of other documents used across the programme including the monthly IC dashboard report.

Sign-off:

Programme SRO: Tim Shields London Borough of Hackney: Anne Canning City of London Corporation: Andrew Carter City & Hackney CCG: David Maher

2019/20	Q1	Q2	Q3	Q4
System architecture & financial management	• Programme milestones agreed, launch of new monthly IC Programme reporting • New governance for aligned Neighbourhood Programme and Neighbourhoods Health & Care in place • Long-term-plan (LTP) engagement plan agreed	• Local submission for LTP developed • New financial risk-sharing arrangements agreed • Comms and Engagement strategy and IC branding agreed • Summary of feedback of engagement on LTP produced & actions agreed	• Integrated Commissioning Board (ICB) meets in partnership with providers • System Medium-term Financial Plan developed • Agree model for population risk stratification • Map primary care workforce profile • Deliver C&H linked data sets	• Governance agreed for C&H Commissioner and Provider Board • Review strategic IC safeguarding approach • New Neighbourhoods Health and Social Care contracting arrangements in place • Develop a financial model for community services to support identification of system efficiencies
Delivery of integrated care	• External review of Continuing Healthcare (CHC) • Action plan for Childhood Immunisation Programme in place ▪ The following to go live: New service for High Intensity Users of A&E, Dementia Services, Falls Prevention Pilot • New Child & Adolescent Mental Health Services (CAMHS) crisis offer goes live • 16-week antenatal check transferred completely to HUFT, to begin April 2019 • New City Early Intervention & Prevention Service goes live	• New Community Nursing Model goes live • Looked-after Children's (LAC) Service goes live • CAMHS Mental Health and Wellbeing Program wider roll-out to schools	• New Discharge Model live • New Urgent End Of Life Care Model goes live • Implementation of C&H Approach to Adverse Childhood Events • Costed Learning Disability Strategy approved & implementation to begin • Children & Families Neighbourhood Partnership Work project • Publish City Alcohol Strategy • New Hackney Carers Service goes live	• Mental Health Accommodation High Needs Pathway goes live • CHC service goes live • Delivery of Winter Plan • Evaluation and roll-out of neighbourhood pilots for Adult Community Nursing, mental health and Adult Social Care delivering the anticipatory care as part of the PCN contract plans
Leadership, partnerships & change capability	• PCNs (Primary Care Networks) clinical directors leads appointed • Neighbourhood Programme pilots Launched	• PCNs to go live		• Neighbourhood Health & Care established

2020/21	Q1	Q2	Q3	Q4
System architecture & financial management	• New Integrated Care Board begins to meet • Deliver population health management for Neighbourhoods • Implement new outpatient payment mechanism			• One CCG & Integrated Care System across North East London
Delivery of integrated care	• New Integrated Commissioning arrangement for speech & language therapy in place • Perinatal mental health offer increased to children up to two years of age • New processes for care treatment reviews (learning development & autism) in place	• Strong links established with community pharmacy • Housing First Services go live	• C&H Adult Substance Misuse Service live	
Leadership, partnerships & change capability				

Title:	Unplanned Care Workstream Report
Date:	13 June 2019
Lead Officer:	Nina Griffith – Workstream Director Tracey Fletcher - SRO
Author:	Nina Griffith – Workstream Director
Committee(s):	CCG Finance & Performance Committee – 22 May 2019 CCG Clinical Executive – 8 May 2019 CCG Patient and Public Involvement Committee – 9 May 2019
Public / Non-public	Public

Executive Summary:

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

- Delivery of the workstream 'asks' and transformation priorities (covering Neighbourhoods, improving discharge, Dementia, End of Life Care and Urgent Care)
- Performance against national Constitution standards, Integrated Assessment Framework standards, ASCOF measures, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward.

Recommendations:

The City Integrated Commissioning Board is asked to:

- **NOTE** the report.

The Hackney Integrated Commissioning Board is asked to:

- **NOTE** the report.

Strategic Objectives this paper supports:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Resident representatives are members of the unplanned care board and each of the sub-groups. Co-production and ongoing engagement is in train or in development throughout the workstreams current projects. Further work with patient and public representatives will be incorporated in the plans for 2019/20.

Clinical/practitioner input and engagement:

Our work is strongly clinically led. We have three clinical/practitioner leads who are leading on the different transformation areas of our work. We also have clinical representation from a number of our partners on the board and on the subgroups.

Equalities implications and impact on priority groups:

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

Impact on / Overlap with Existing Services:

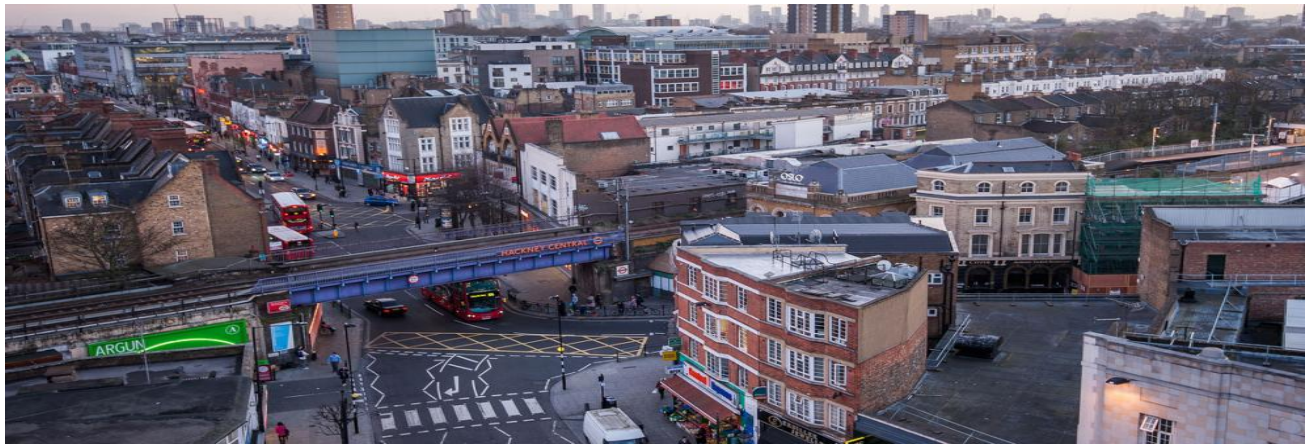
Some of our transformation initiatives are much broader than just unplanned care – neighbourhoods spans all of the workstreams and we have established neighbourhood working groups with each of the workstreams to address this.

Supporting Papers and Evidence:

Appendix 1 – Unplanned Care Workstream report

Sign-off:

Workstream SRO: Tracey Fletcher



Unplanned Care Workstream
Detailed Review
May 2019 - FPC

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Unplanned Care Workstream- Who is involved?

East London NHS Foundation Trust

City of London

City & Hackney GP Confederation
A community interest company

NHS
City and Hackney Clinical Commissioning Group

CHUHSE
City & Hackney Urgent Healthcare Social Enterprise

healthwatch City of London

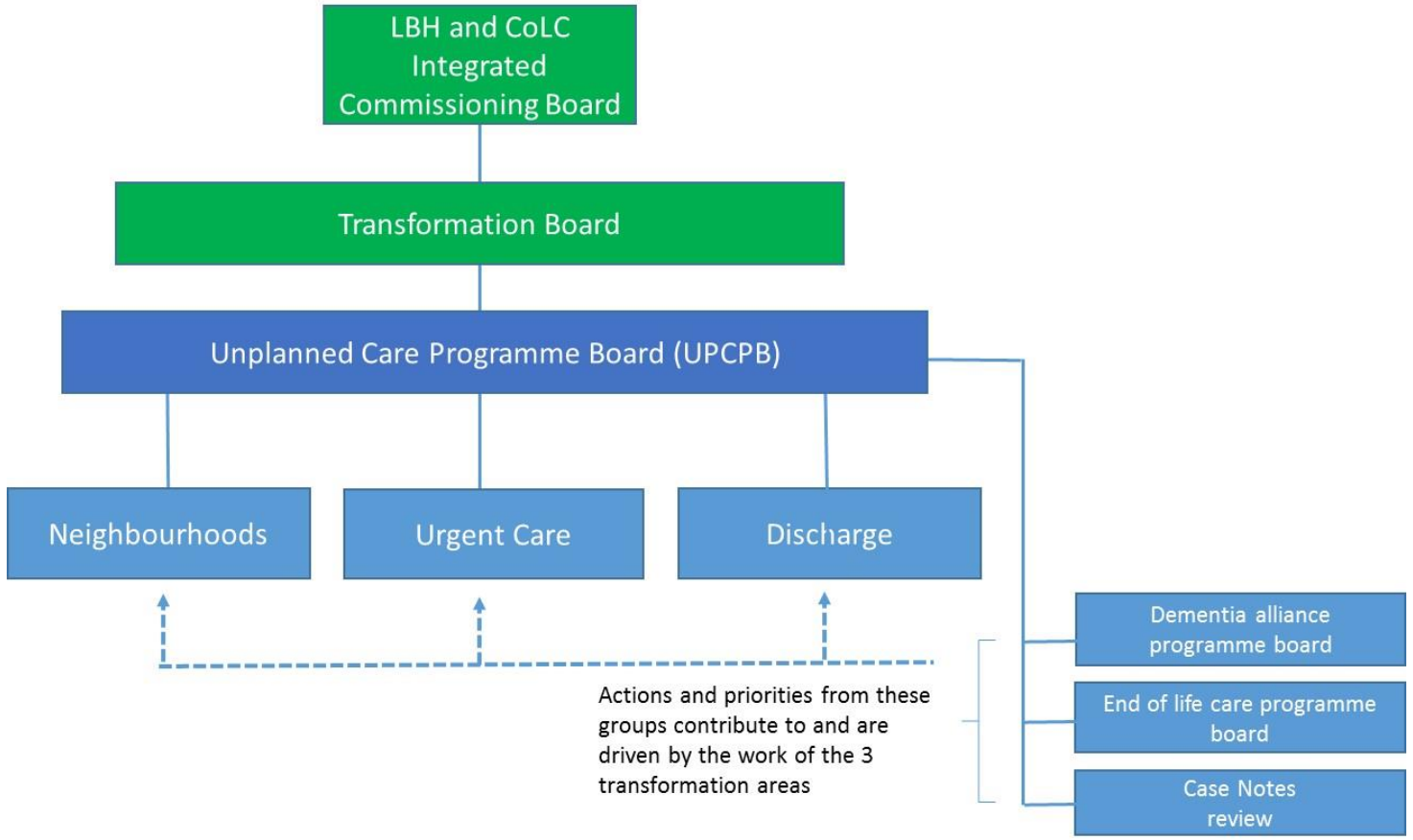
healthwatch Hackney

Homerton University Hospital NHS Foundation Trust

Hackney

#FairerHackney hackney CVS

Unplanned Care Workstream structure



Unplanned Care Workstream - Priorities

Delivery of a **neighbourhood** model in City and hackney to provide locally integrated services that support patients with complex needs and address the wider determinants of health

Deliver an **urgent care** system in City and Hackney which best meets patients' urgent needs at all times and joins up the range of different services on offer.

Improve how we **discharge** people from hospital by ensuring that they can access the community care that they need and that that they do not stay in acute or mental health trusts for longer than is medically required

Transformation Programmes – Activities and Achievements last 6 months

Neighbourhoods

- **8 Neighbourhoods fully established**, named and with clinical leads
- All Neighbourhoods have **data profiles** which have been analysed to create a list of opportunities/priority areas
- All Neighbourhoods have **primary care quality improvement projects** in place these include work on group consultations, childhood immunisations and mental health champions
- A model to test the way we support residents with **complex and diverse needs** has gone live in two neighbourhoods
- **Adult social care has senior practitioners working** directly with primary care in MDT in 4 neighbourhoods to help develop a long term sustainable model for adult social care in Neighbourhoods
- A neighbourhood model has been developed in community nursing creating **neighbourhood community nursing teams**
- **Community Pharmacy** is in the process of appointing lead pharmacists for each neighbourhood to lead on the integration of community pharmacy with other services and support collaboration across pharmacies
- There is a strong **mental health change programme** in place with work beginning to develop and strengthen how neighbourhoods better support residents with serious mental illness
- Strong **coproduction model** in place across the neighbourhood programme led by the Neighbourhood Resident Involvement Group
- The **Voluntary Sector** is a critical partner in the Neighbourhoods programme and has gone live to develop and strengthen links between statutory services and voluntary sector organisations and community groups
- There is a **strong focus on prevention** in the Neighbourhood programme with work on community navigation, community asset mapping, housing, volunteering, immunisation and obesity in place within Neighbourhoods to deliver this
- An **outcome framework** has been developed to understand the impact of the work in neighbourhoods (sitting as part of the integrated commissioning framework) and this will go live in 2019
- The Neighbourhoods programme continues to work with the **Integrated Commissioning care workstreams** to ensure that the programme is aligned and supporting their priorities
- The programmes has successfully tested and delivered a method of delivering **interprofessional education** in a neighbourhood setting which was excellently evaluated and will now be rolled out

Transformation Programmes – Activities and Achievements last 6 months

Improving Discharge

- Implementation of a Discharge to Assess (D2A) pilot which includes Independence Assistants who deliver care at home, and a CHC D2A nurse to conduct CHC assessments in the community.
- Implementation of the Services without Prejudice funding agreement between CCG and London Borough of Hackney
- Implementation of the DTOC Case Notes Review action plan which aims:
  - To improve staff information, communication and resources to deliver efficiencies within discharge planning processes across acute inpatient wards.
  - To ensure that discharge plans are focused on what matters to the patient and they are involved and informed during admission
  - To ensure that patients and families receive clear and consistent information about their discharge
- Healthy London Partnership supported the workstream to do a review of our GP Enhanced Provision to Nursing Homes Contracts. The service review included analysis of four areas: data; service models and specifications; GP and nursing staff feedback; and resident and relative feedback. We will continue to commission this service, with some changes to the specification that allow for greater clarity in expectations, flexibility with visits, and interdependencies with other services.
- Provision of local authority enhanced packages of care, including twilight and overnight packages of care to enable more patients to return home.
- LBH and Homerton have been meeting to review issues with the homecare market and the existing contractual framework. A more robust process is now in place to escalate those cases where the provider declines to take on the package - with a phone call straight to the owner/senior manager.
- We have been meeting with St Mungo's Hostel to improve the discharge pathway for terminally ill homeless clients.

Transformation Programmes – Activities and Achievements last 6 months

Urgent Care

- **Integrated Urgent Primary Care / Homerton New OOH Base service** - Homerton took the contract for the Out of Hours Service for base appointments and the new service went live on 1st April. Service delivery has gone well and there has been no major issues, similar levels of activity to those seen within CHUHSE
- **Integrated Urgent Primary Care / Tower Hamlets OOH Home Visiting Service –** Tower Hamlets took the contract for Out of Hours Service for home visiting appointment and the new service went live on 1st April. We have been working closely with TH GP Care Group to monitor service delivery and resolve issues that become apparent.
- **Integrated Urgent Primary Care / NEL III IUC -** Service went live on the 1st August 2018 and has been running for 9 months. The workstream has been working hard at ensuring the provision of more meaningful activity data from within the service as well as performance against national KPI's. As of March improvement has been seen in performance and percentage of calls answered within 60 seconds was above the London average. The percentage of calls that result in an ambulance being dispatched has been consistently lower than the London average.
- **HIU** – We commissioned and supported development of the High Intensity User Service which started 1st April 2019 to support frequent attenders to A&E and frequent callers to 111 and 999.
- **A&E Analysis and Action Plan-** We undertook analysis to understand the increase in A&E attendance rates in year (18/19) and developed an action plan with a range of short term actions that we can take to address the changes in the rates seen in C&H.
- **HAMU** – We undertook a financial evaluation of Homerton Ambulatory Care Unit which showed it is cost-effective.
- **Blended Payment Model –** We implemented new national approach for payment of CCG commissioned emergency care activity whereby payment is moving from payment by results (PbR) to a blended payment model.
- **Evaluation of Proactive Care Home Visiting Service –** In Collaboration with the GP Confederation we undertook an evaluation of the PCHV service and made amendments to the service specification and KPIs as a result.
- **Extended Funding for Proactive Care Practice Based Service 2019/20** – with additional capacity for referrals from HIU service from April
- **CMC Urgent Care Users** – continuous work to improve quality of care plans being created in primary care, a refresh of the governance protocol has been undertaken and will be circulated. Improvement seen in LAS uptake – February 2019 47% of CMC plans reviewed.

Urgent Care in Focus – Development of High Intensity User Service

- In August 2018 the Unplanned Care Board endorsed the proposed approach for a Frequent Attenders Service, now known as the High Intensity Users service. The pilot is funded from investment from the Mental Health Investment Standard allocation. The workstream facilitated the development of the service model and service specification. The High Intensity User Service started on the 1st April 2019. The service will be funded for one year on a pilot basis.
- Delivered jointly by East London NHS Foundation Trust, Homerton University Hospital NHS Foundation Trust, Tavistock and Portman NHS Foundation Trust, Volunteer Centre Hackney and Family Action.
- The key measurable objectives of the service are to:
  - Identify High Intensity Users across A&E, 999 and 111
  - Proactively manage a rolling cohort of High Intensity Users using a truly personalised approach.
  - Coordinate, sign post and oversee identified High Intensity Users
  - Reduce inappropriate use of health service including A&E, 999 and 111 for cohort of patients under the service
- Each patient under the service will be allocated a case manager and a range of interventions including psychological and psychotherapy, befriending and peer support to support loneliness and isolation and practical, emotional and financial support will be provided.
- The High Intensity User service will be expected to consider which patients under their service would benefit from Primary Care Involvement and the creation of a CMC care plan, and for those patients where this would be beneficial make a recommendation to the GP Practice that the patient is accepted into the Proactive Care Practice Based.
- The HIU service will run a bi-monthly collaborative multi-disciplinary forum in which the case managers of the service will bring complex patients for discussion where an MDT discussion would progress the management of the patient.

Urgent Care in Focus – A&E Analysis and Action Plan

- We undertook analysis to understand the increase in A&E attendance rates in year (18/19) and developed an action plan with a range of short term actions that we can take to address the changes in the rates seen in C&H
- The key messages from the analysis were:

  Rate of A&E Attendance: There is wide difference across neighbourhoods and GP Practices in both the rate of attendance in 2018/19 and the change in rate from the previous year. Our good rate of A&E performance benchmarked against NEL CCGs can mask the variation that we see locally between practices.

  Factors Driving Higher Attendance Rates: Multi-morbidity is a key factor affecting the variation in rate of A&E attendance between practices with correlating A&E Rates and percentage of patients within a practice with 2 or more long term conditions (LTCs). Additionally, practices with a high rate of frequent attendance of A&E also had a high rate of A&E attendance.

  Where have we seen an Increase in Activity in Year: There were two key findings from the work which were i) the growth in activity at Barts and ii) increase in proportion of patients arriving by ambulance rather than on foot.
- **Actions** were identified which have short term timescales where the Unplanned Care work stream can have a direct impact, these included:
  - Evaluation of Proactive Care Home Visiting Service delivered to Unplanned Care Board ✓
  - Development of the neighbourhood model for complex and frail patients with multi-morbidity (ongoing)
  - Analysis to establish level of impact which frequent attenders have on a GP Practices A&E attendance rate ✓
  - Establishment of C&H High Intensity User Service ✓
  - LBH Public Health to undertake analysis to identify whether any practices have unexplained variation in A&E Attendance (May 2019)
  - Share analysis with GP Practices at a neighbourhood level, discussion to be led by each neighbourhood clinical lead (Summer 2019)
  - Undertake analysis of the change in access arrangements by Practices (May/June 2019)
  - Review of Duty Doctor Service post introduction of 111 Service (June – August 2019)
  - Introduction of re-direction at Homerton and Royal London (discussions underway)
  - Roll out of MiDOS (discussions underway)
  - Work with North East London LAS Demand Management Group to deliver a reduction in conveyances and increased utilisation of ACPs (ongoing)
  - Establish referral pathway between ParaDoc and Telecare
  - Review of Business case for Specialist local ACP Despatcher to increase referrals from LAS CHUB to ACPs (May – June2019)
  - Exploration of possible TRAC (Team Reviewing Ambulance Conveyances) at the Homerton (underway)

Urgent Care in Focus – HAMU Financial Review

During April – July 2018 if HAMU had not been available, expenditure on 1170 patients seen under HAMU would have been **£133,022 more expensive to commissioners**, this was forecast year end and estimated that the CCG would spend an additional £399,067.

While overall HAMU is cost-effective to commissioners, under the current payment model whether either more or less is spent on the patient is dependent on which flow the patient is seen under.

- Flow 1 (*ED majors encounter admitted to HAMU*) is likely to cost more to the commissioner than traditional management.
- Flow 2 (*Referred from ED to HAMU*) costs less to the commissioner than the traditional management.
- Flow 3 (*Referred from the ward to HAMU*) likely to cost more to the commissioner than traditional management.

Overall analysis shows that the current payment model for ambulatory care is cost-effective for commissioners.

Note – the financial analysis is part of a wider review of HAMU which is taken place currently. An example of this is:

The first HAMU to follow up ratio is 0.52. This seems relatively low; however it does hide the variance within this. The number of follow ups really varies depending on presentation, with some patients only attending HAMU once and some patients attending HAMU over 7 times. Further work under the review is exploring follow ups which could potentially be done in primary care. Note that Primary Care raised that INRs and B12 deficiency should be done in Primary Care. HAMU Protocol is to refer to Primary Care for B12 and INR Injections. The HAMU review group looked into the issues raised and identified that there was only one case of B12 deficiency which was managed in HAMU. On this case, there was a specific comment noted by the HAMU team that Primary Care reported that they had no capacity.

Urgent Care in Focus – 19/20 Blended Payment Contract

Background

NHS England set a new default approach for payment of CCG commissioned emergency care activity whereby payment is moving from payment by results (PbR) to a blended payment model. This is being applied from 2019/20, initially for one year. The blended payment approach applies to any CCG/acute trust contract whereby the total forecast cost of emergency activity (based on PbR) exceeds £10 million. For C&H this is for Homerton and Barts.

The blended payment model will cover non-elective admissions (excluding maternity and transfers), emergency admission excess bed days, A&E attendances and ambulatory/same day emergency care. It is comprised of a fixed baseline with a variable element.

- A fixed element based on locally agreed planned activity levels. Payment will be based on planned activity levels x HRG price.
- A variable element that reflects actual levels of activity:
  - Where actual priced activity is higher than the forecast level of priced activity, the provider would receive an agreed % of the difference between the fully priced value (based on activity x HRG price or local price) of this activity and the agreed fixed amount.
  - Where actual priced activity is below the forecast level of priced activity, the provider would retain an agreed % of the difference between the fixed payment and the fully priced value of this activity.

Establishing the Baseline

Guidance set out that providers and commissioners should work together to agree realistic forecast levels of activity for emergency admissions, A&E attendances and ambulatory/same day emergency care for 2019/20. Agreed forecast activity should reflect the effects of demographic pressures as well as realistic assessment of the impact of system efforts to reduce demand. This forecast would then be used to calculate the fixed payment by applying the 2019/20 HRG prices for emergency activity.

Ensuring an accurate baseline was considered vital for the introduction of the new Blended Payment Model. The Unplanned Care Workstream agreed with Homerton and the CCG a methodology for establishing the baseline. The value of planned activity for emergency activity under the blended payment model, excluding CQUIN, was agreed £49,441,251. As part of blended payment negotiations Homerton agreed to a QIPP of £591K.

The CSU are negotiating the contract with Barts Health. The approach and agreement of Emergency Care (EC) Blended Payment currently sits within the longstop proposal to the Barts Health Contract and is expected to be signed off by May 29th 2019.

Big Ticket Items - Activities and Achievements last 6 months

As well as the 3 transformation areas, we have 2 big ticket items: dementia and end of life care.

Dementia

The dementia alliance now reports into the unplanned care board. We have a number of its objectives which feed into the transformations areas, work has included:

Development of an integrated model of care which prevents crisis, facilitates care navigation, and improves dementia diagnostic rates. (see box below)

- Developing a dementia carers' crisis tool
- The Carers Centre have secured funding to deliver a Dementia Discussions project which will provide carers with relevant and timely information, crisis management training, future planning and social support; all delivered online.
- Improving navigation services for residents with dementia (which should reduce the number of instances of crisis).
- Providing an urgent response service for people with dementia in crisis when it does arise
- Training package for care homes/home care providers and better sharing and of care plans across organisations.

New CH Community Dementia Service

- Following development by the Dementia Alliance the CCG have funded a comprehensive service for City & Hackney residents diagnosed with dementia. It will hold patients from point of diagnosis to death or out of borough placement with each patient having a named Community Psychiatry Nurse or named Dementia Navigator. It will act as a single point of access for all dementia services.
- The new model has been designed to facilitate navigation, improve diagnostic rates and prevent crisis by ensuring timely access to diagnosis and assessment; ongoing post diagnostic support and treatment. This will include regular reviews; easy access to medical review, good liaison with social services and a clearly defined pathway with Out of Hours crisis response and hospital admissions avoidance services.

Expected outcomes: Improvements in diagnostic rates, patience experience, and carers' satisfaction. Reduction in avoidable hospital admissions and out of hour's crisis for Patients with Dementia.

Big Ticket Items - Activities and Achievements last 6 months

As well as the 3 transformation areas, we have 2 big ticket items: dementia and end of life care.

End of life care:

We hold a quarterly end of life care board which will feeds into and oversees the delivery of end of life care objectives in each of the other three transformation areas. Key updates on the work include:

Urgent End of Life (EoL) Care

- We are piloting a 24/7 rapid response team of trained nurses and health-care assistants to provide a rapid and planned response to patient need, regardless of diagnosis at end of life. The service will facilitate a comfortable and dignified end of life for patients whose preferred place of death is their home, reduce inappropriate admissions and enable patients to be discharged from hospital or hospice where appropriate, particularly in the last few weeks of life.
- We have developed a service specification and draft outcomes framework, and are currently recruiting the team, with the intention of launching the service in June.

Education

- We are working with our local care partners (as part of the enhanced health in care homes project) to provide training for staff in End of Life care. We are utilising training resources from UCL Partners, known as ‘What’s Best for Lily’. Three ‘What’s Best for Lily’ training sessions will be delivered to care homes across North East London between June and September 2019.

Unplanned Care Activities & Opportunities over Next 6 Months

Urgent Care

- Falls focus to continue with commissioning of Otago (falls prevention service), starting end of May 2019
- Review of GP pay rates for out of hours services across north east London STP
- Analysis of A&E frequent attenders data mapped to EMIS to better understanding our patients and provide valuable insight for future commissioning and developing collaborative approach on FAs across INEL
- Continue review of HAMU review and potential service specification development
- Funding has been secured for 11 month pilot on redirection at HUH, focus will be developing and agreeing approach on redirection back to primary care. Discussions at RLH on redirection will also be progressed.
- Work to improving RLH and UCLH links to C&H admission avoidance links services
- Delivery against agreed Unplanned Care Board A&E activity action plan
- A review of the Duty Doctor service will take place post introduction of the new 111 IUC service
- Utilising linked data sets we will undertake analysis of our A&E attendances and emergency admissions mapped to primary care registers and QOF indicators to better understand the cohort of patients attending.
- Present case to CCG for decision on system/winter resilience funding for Homerton 2019/20.
- Feed into recommissioning of LBH/CoL Substance Misuse service to ensure robust A&E provision
- Monmouth with the CSU have undertaken an audit of Barts emergency admissions and ambulatory care over 2018/19, next step is to review audit results and consider change in payment approach for Barts ambulatory care services

Discharge

- Continued implementation of the High Impact Change Model and the DTOC case notes review action plan.
- Implementation of Trusted Assessor pilot with 2 nursing homes in order to reduce the time a patient spends in a hospital bed waiting for assessments from Care Homes. Trust staff will do the assessment using the Care Homes assessment forms. The project will also focus on creating a hospital transfer protocol to enable more effective communication of patient needs for care homes staff.
- LBH are reviewing the home care framework with a view to re-tender in 2020/21. There will be 3 workshops in 2019-20 to engage providers, assessors and wider stakeholders. The first event in May is with existing home care providers to review what provision we have in place, unpick issues causing delays and consider how a re-design could occur to meet future needs.
- Clinicians are completing a case review of a homeless person who was terminally ill and whose discharge was not planned correctly resulting in him being discharged to the streets. St Mungo's Palliative Care Coordinator is attending the May Discharge Steering Group for a wider discussion.

Unplanned Care Activities & Opportunities over Next 6 Months

Neighbourhoods

- The Neighbourhoods programme has now been funded from the Better Care Fund following a business case for a second year, we will
  - Complete the test and learn projects funded through the business case in three key areas:
    - Creation of local Neighbourhood teams across provider teams (e.g. mental health, community nursing, adult social care)
    - Develop ways of working to support strong integrated working within the Neighbourhoods (e.g. MDT working including a process for the most complex, connecting services to the community and voluntary sector)
    - Deliver enabling projects to support new ways of working and Neighbourhood teams (IT, information, asset mapping, resident involvement)
  - Work with the emerging PCNs to ensure that the neighbourhood structure supports PCN integration with wider teams and that objectives are aligned
  - Ensure that Neighbourhoods are supporting and have the structure in place to support the delivery of relevant integrated care workstream priorities

There are plans in development to combine Neighbourhoods and the redesign of community services into a single change programme which will establish a provider alliance with the workstreams as the basis of the City and Hackney ICS. This will provide greater clarity, coherence and scale to the programme and formalise the Neighbourhood approach to delivery across a wide range of services. This will also include the Primary Care Networks (PCNs) as a key strategic partner.

Collaborative work with other Workstreams

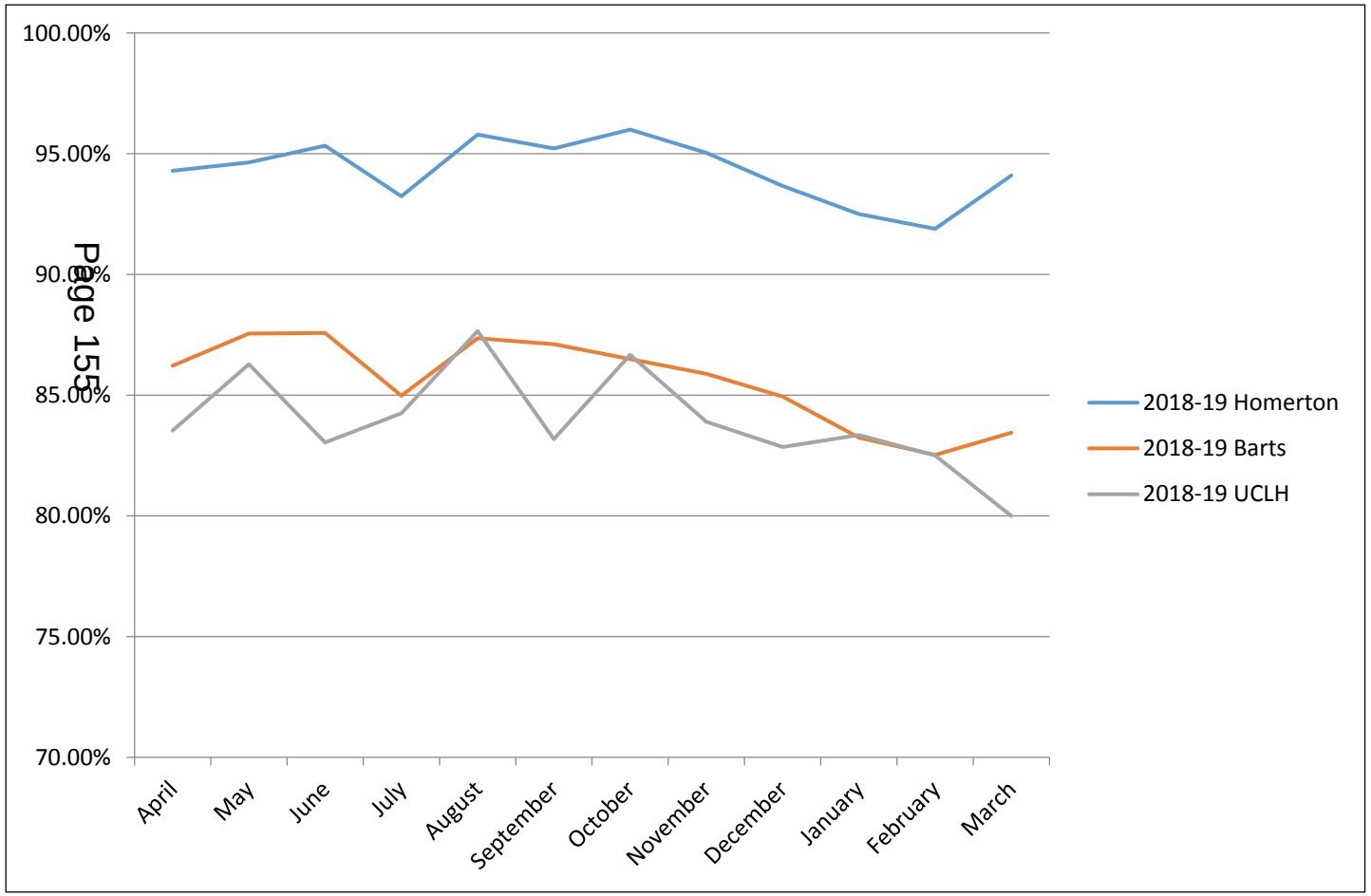
- Working alongside Prevention Workstream to consider how MECC could be adopted in our urgent care services
- Better understanding of long term condition emergency admissions and explore options with Planned Care workstream for areas where we could target for improvement
- Explore opportunities with the Children's and Maternity workstream to potentially extend or replicate admission avoidance services for children

NEL / INEL LEVEL

- We continue to work with NEL partners to support delivery and improvement in services that work across NEL; 111 and LAS
- The new Inner north east london (INEL) system transformation board has identified urgent care as one of its priority areas. This work is still being scoped but we are working with CCG and provider partners to establish where an INEL approach would be beneficial.
- Whilst we have commissioned a local urgent end of life care service for one year, based on the outcomes of the pilot and the demands on the service, we may see a benefit to commissioning a cross INEL service going forward beyond 19/20

A&E 4 Hour Performance

Homerton												
	April	May	June	July	August	September	October	November	December	January	February	March
2018-19	94.30%	94.64%	95.34%	93.24%	95.79%	95.22%	96.00%	95.03%	93.67%	92.50%	91.89%	94.10%



Homerton achieved an average of 94.32% over 2018/19.

Homerton consistently perform exceptionally well on this target and are one of the top performers in London (second highest in London)

Benchmarking against North East London

We have benchmarked City and Hackney non-elective activity including A&E attendances, non-elective emergency admissions and the number excess bed days.

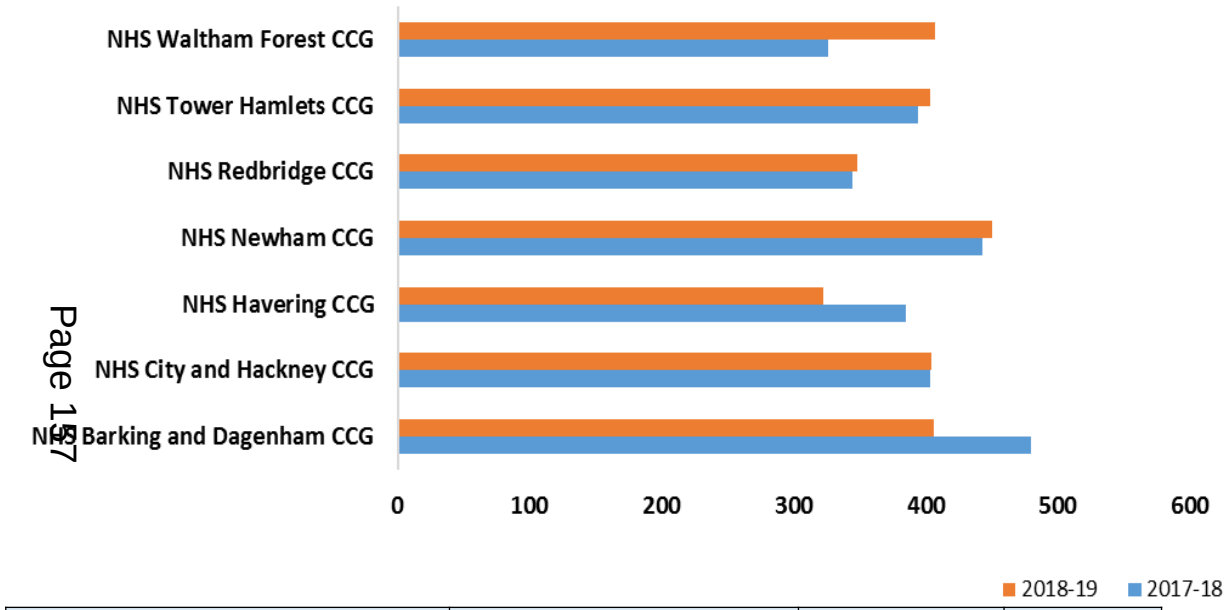
Caveats which should be noted include:

- The rates are calculated on activity where the patient is recorded as being registered with a City and Hackney GP **and** when GP registration was not recorded but the patient is reported to live within City or Hackney boundaries.
- The rates are calculated on expected population sizes which are provided nationally.
- Rates provided for C&H at benchmarked level differ from what we report locally at a workstream level. Unplanned care Board report rate by using activity which is for patients registered to C&H GPs only and registered population sizes are taken from EMIS (CEG list sizes).
- This means that the rates used within benchmarking should be utilised for a comparison only and not an accurate report of rates for the CCG.
- In addition, a like for like comparison with NEL CGs is not possible when comparing due to a differences in coding emergency activity, therefore this should be used as a general comparison only.

Benchmarking: All hours, A&E attendances rate per 1000 population

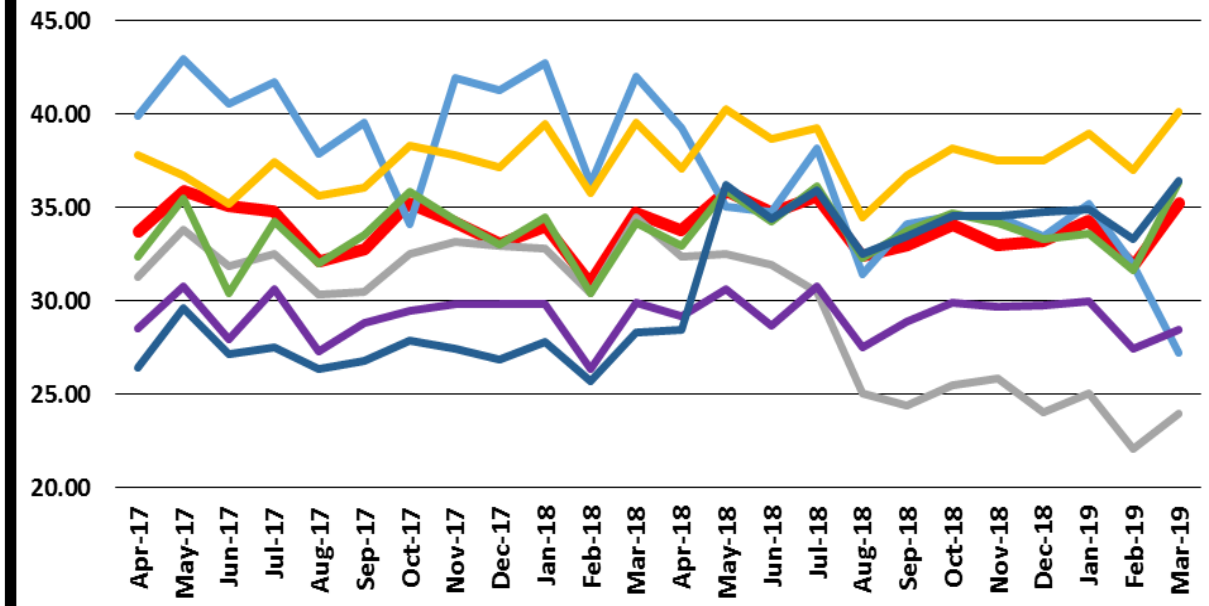
NHS Barking and Dagenham CCG | NHS City and Hackney CCG | NHS Havering CCG | NHS Newham CCG | NHS Redbridge CCG | NHS Tower Hamlets CCG | NHS Waltham Forest CCG

Graph 1: A&E Atttendaces per 1000 rate by FY



	2017-18	2018-19	Difference
NHS Barking and Dagenham CCG	480	406	-15.4%
NHS City and Hackney CCG	403	404	0.2%
NHS Havering CCG	385	322	-16.4%
NHS Newham CCG	443	450	1.6%
NHS Redbridge CCG	344	348	1.2%
NHS Tower Hamlets CCG	394	403	2.3%
NHS Waltham Forest CCG	326	407	24.8%

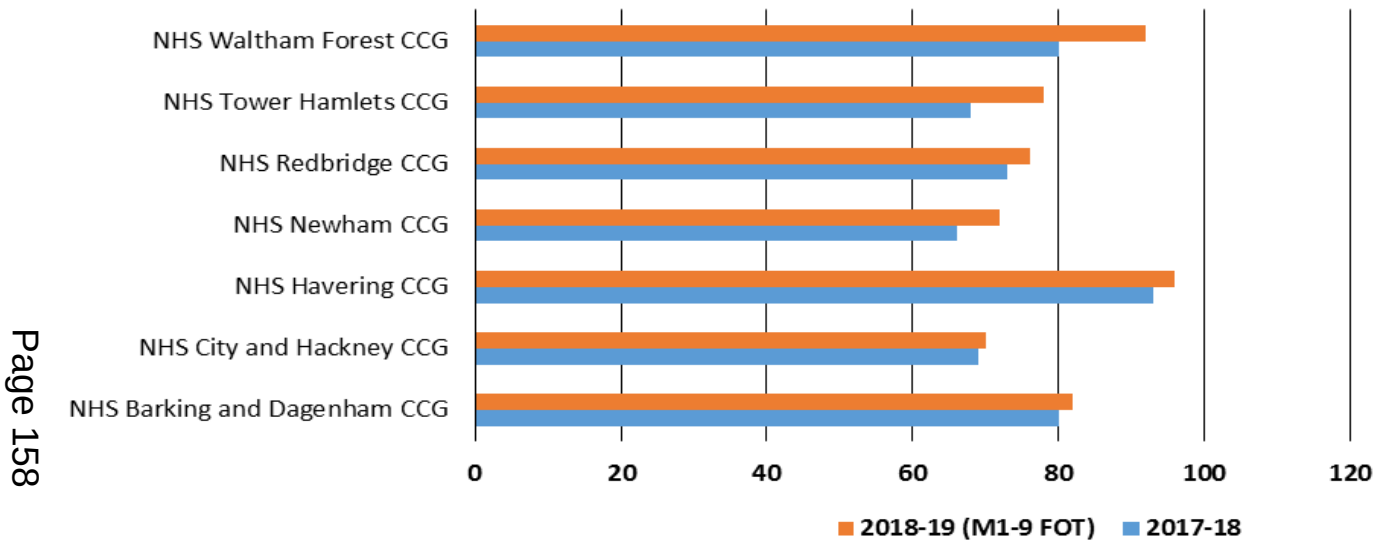
Graph 2: A&E all hours, rate per 1000 population



City and Hackney rate of A&E attendance is in line with North East London CCGs.

In comparison to inner north east London CCGs, C&H has seen a lower increase in rate of A&E attendances.

Benchmarking: Non-elective emergency admissions rate per 1000 population

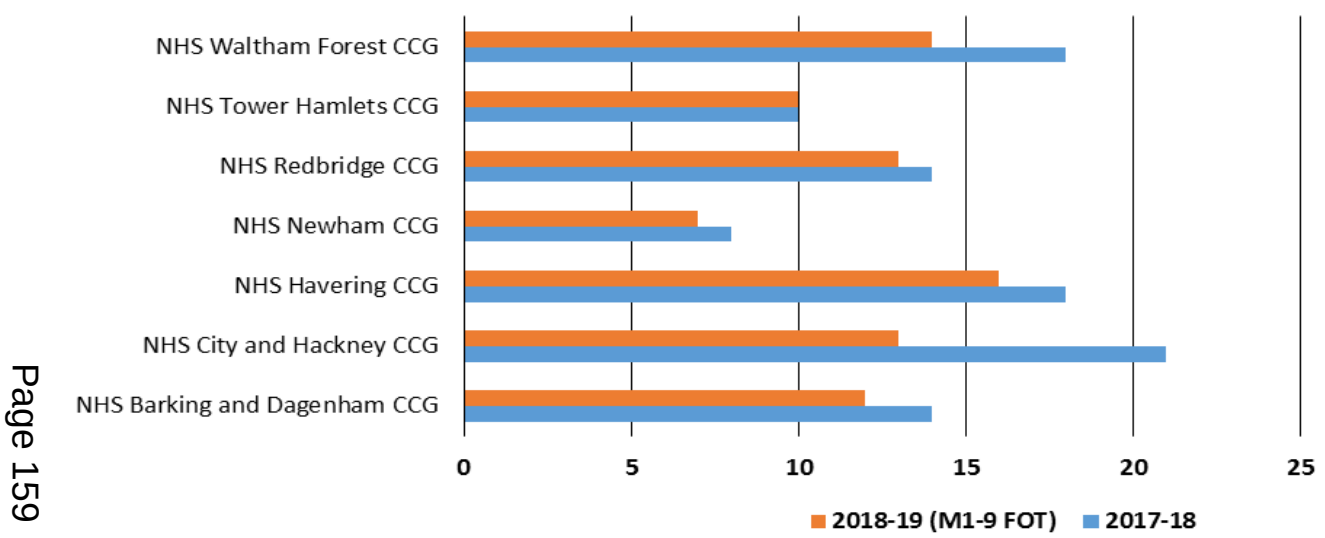


	2017-18	2018-19 (M1-9 FOT)	Difference
NHS Barking and Dagenham CCG	80	82	2.5%
NHS City and Hackney CCG	69	70	1.4%
NHS Havering CCG	93	96	3.2%
NHS Newham CCG	66	72	9.1%
NHS Redbridge CCG	73	76	4.1%
NHS Tower Hamlets CCG	68	78	14.7%
NHS Waltham Forest CCG	80	92	15.0%

M1-9 FOT (SUS+) has been used because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.

- Although C&H is forecasting an increase of 1.4% in the rate of emergency admissions we have the lowest increase in rate in north east London and the lowest rate in 2018/19

Benchmarking: Excess Bed days rate per 10000 population



	2017-18	2018-19 (M1-9 FOT)	Difference
NHS Barking and Dagenham CCG	14	12	-14.3%
NHS City and Hackney CCG	21	13	-38.1%
NHS Havering CCG	18	16	-11.1%
NHS Newham CCG	8	7	-12.5%
NHS Redbridge CCG	14	13	-7.1%
NHS Tower Hamlets CCG	10	10	0.0%
NHS Waltham Forest CCG	18	14	-22.2%

M1-9 FOT (SUS+) has been used because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.

Please note that excess bed days is a volatile indicator therefore the final picture might be very different once the full (M1-12) dataset is available.

Obvious outliers have been removed (2017/18 there were two patients from Homerton with over 4000 excess bed days each, who were excluded from the figures so as not to inflate the figures)

C&H is forecast to see the greatest reduction in excess bed days across north east London, although still has one of the higher rates of excess bed days in the area.

C&H A&E Attendances by Provider 2017/18 v 2018/19

City and Hackney GP Registered Patients (42 Practices) / SUS data						
Provider	All A&E (PbR and PUCC) 17/18	All A&E (PbR and PUCC) 18/19	Actual difference between 17/18 and 18/19	% change between 17/18 and 18/19	% of total C&H Hackney A&E attendances (2018/19)	17/18 -18/19 difference as a proportion of increase
Homerton	79273	80803	1530	1.9%	65%	43.0%
Barts	12450	13052	602	4.8%	11%	16.9%
UCLH	4803	5105	302	6.3%	4%	8.5%
Other	23371	24499	1128	4.8%	20%	31.7%
All	**119897**	**123459**	**3562**	**3.0%**	**100%**	**100%**

- Homerton has seen an increase of 1.9%
- UCLH has an increase of 6.3%, a higher than expected increase but the actual numbers are relatively small
- Barts has seen an increase of 4.8% - the rise in Barts A&E attendances is disproportionate to the size of the contract
  - C&H attendances at Barts A&E have grown considerably from 17/18 to 18/19
  - 88.3% of C&H Barts A&E attendances is at The Royal London Hospital (RLH) and therefore this should be our area of focus
  - In year we undertook in-depth analysis of C&H A&E activity, from SUS SEM data at M7 we found that the majority of NEL CCGs have seen a rise in Barts activity, C&H are not an outlier
  - We also found that both in-hours and out of hours ambulance and walk-ins had increase and identified that growth in registered population near RLH may have impacted on the increased activity at RLH A&E although may not be the only factor.

C&H Emergency Admissions by Provider 2017/18 v 2018/19 (M9 FOT)

Non elective admissions						
*** City and Hackney GPs only / SUS Data (POD = NEL,NELST)						
Provider	All Emergency admission 17/18	All emergency admissions 18/19 M9 FOT	Actual difference between 17/18 and 18/19 M9 FOT	% change between 17/18 and 18/19 M9 FOT	% of total C&H Hackney Emergency admissions(2018/19 M9 FOT) eg. HUH is X% of total admissions	17/18 -18/19 M9 FOT difference as a proportion of increase eg. HUH admissions make up X% of increase
Homerton	14479	14652	173	1.2%	66.55%	20.19%
Barts	3341	3840	499	14.9%	17.44%	58.23%
UCLH	1036	1107	71	6.9%	5.03%	8.28%
Other	2302	2416	114	5.0%	10.97%	13.30%
All	21158	22015	857	4.1%	100.00%	100.00%

- M1-9 FOT (SUS+) has been used because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.
- SUS+ M9 FOT shows a 1.2% increase in Homerton emergency admissions, however this is indicative, we need to wait until year end figures for an accurate picture. SLAM year end figures is showing a 0.45% increase for Homerton.
- Barts is showing the largest percentage increase in emergency admissions, however an audit has been undertaken by Monmouth Partners to investigate coding and counting, this is likely to reduce the rise.
- However in the meantime we have started work with the RLH to consider how we can raise awareness of C&H locally commissioned admission avoidance services (Duty Doctor, IIT, ACERS) with their A&E team.

C&H Excess Bed Days by Provider 2017/18 v 2018/19 (M9 FOT)

excess bed days						
*** City and Hackney GPs only / SUS Data (POD = NEL,NELST) This data excludes extreme outliers						
Provider	All Emergency admission, excess bed days17/18	All emergency admissions, excess bed days 18/19 M9 FOT	Actual difference between 17/18 and 18/19 M9 FOT	% change between 17/18 and 18/19 M9 FOT	% of total C&H Hackney Emergency admissions excess bed days (2018/19 M9 FOT) eg. HUH is X% of total excess bed days	17/18 -18/19 M9 FOT difference as a proportion of increase eg. HUH excess bed days make up X% of decrease
Homerton	5042	3281	-1761	-34.9%	79.56%	75.35%
Barts	900	497	-403	-44.8%	12.05%	17.24%
UCLH	157	101	-56	-35.7%	2.45%	2.40%
Other	362	245	-117	-32.3%	5.94%	5.01%
All	6461	4124	-2337	-36.2%	100.00%	100.00%

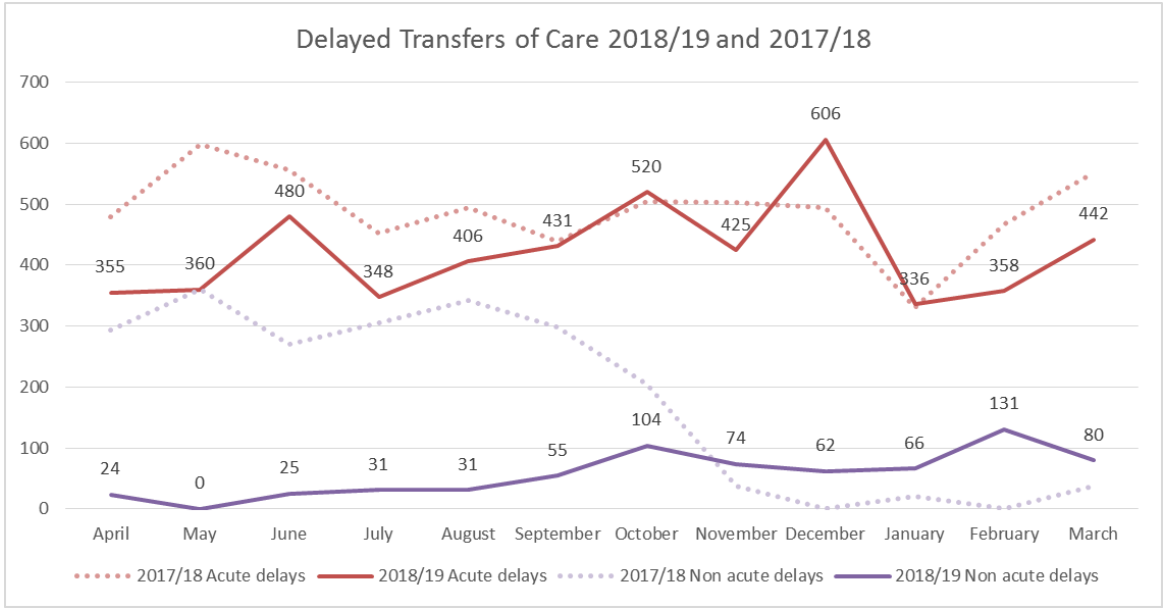
- M1-9 FOT (SUS+) has been used because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.
- For C&H registered patients we have seen a reduction in excess bed days across all providers
- While there has been a significant focus on reducing length of stay, given that there has been such a large reduction in excess bed days from 2017/18 to 2018/19 M9 FOT it could be questioned whether there has been a change in coding which has led to the change in reporting or whether there is an issue with SUS+ data.
  - When SLAM data is used for Homerton for example, XBDs are 3852 in 2017/18 and reduce to 3374 in 2018/19, a reduction of 478 days, 12.4% decrease. It is therefore possible that SUS figures reported over inflates the reduction.

2018/19 DTOC Performance

Table 1: Published delays and targets

Values	month_year											
	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019
Actual NHS Bed Delays	183	146	258	164	265	306	380	288	388	259	243	268
NHS target	294	304	294	304	304	294	304	294	304	304	274	304
Actual Social Care Delays	196	214	247	215	172	180	244	211	280	143	246	254
Social care target	165	171	165	171	171	165	171	165	171	171	154	171
Actual Both bed delays	0	0	0	0	0	0	0	0	0	0	0	0
Both target	0	0	0	0	0	0	0	0	0	0	0	0
Actual Total Bed delays	379	360	505	379	437	486	624	499	668	402	489	522
Total target	477	493	477	493	493	477	493	477	493	493	445	493
Av. Total Bed delays Per 100K Pop	5.9	5.4	7.8	5.7	6.5	7.5	9.3	7.7	10.0	6.0	8.1	7.8
Av SC Delays Per 100K Pop	3.0	3.2	3.8	3.2	2.6	2.8	3.7	3.3	4.2	2.1	4.1	3.8
Non active admissions over 60 years	743	734	711	705	0	0	0	0	0	0	0	0
Non active admissions over 19 years	1617	1660	1562	1585	0	0	0	0	0	0	0	0

Chart 1: Published bed day delays - acute and non-acute



The bed day targets were set by NHS England through the Better Care Fund. The maximum daily delays as specified are: 15.9 (7.4 days per 100,000 population) of which 5.5 (2.6 days per 100,000 population) can be social care related (table 1).

Finding suitable care home placements is main reason which causes social care delays. Patient and family choice accounts for most of the NHS delays.

Whilst there continue to be fluctuations with DTOC, the system is more robust and better able to respond to peaks in delays. Overall, our DTOC performance has improved significantly over the last few years.

Unplanned Care Performance Issues – summary

111 IUC Performance: Key national performance targets not consistently achieved -

- Call answer (abandon rate & answer within 60seconds)
  - Performance improvement plan in place – review via 111 CRM & CQRG
  - Escalated to LAS CEO
  - Director of Operations assigned to 111 for improved executive oversight
- Call back times from the CAS
  - Clinical audit/review of CAS pathways – streamline symptom groups with maximum likelihood of closure
  - CAS clinical queue escalation process implemented
  - Oversight from CQRM

Significant improvement in call answering metrics during second half of April 2019

LAS Overperformance: LAS activity is overplan with a overspend of £606K. Workstream and LAS liaising to improve utilisation of alternative care pathways eg. Paradoc, Crisis line, IIT. Other work includes:

- Introduction of Paradoc into telecare referral pathway to reduce LAS
- IPADs with DoS rolled out to frontline LAS crew
- Close working with LAS on frequent callers

Barts NEL Overperformance: Significant overperformance on non elective emergency admissions for C&H patients at Barts. Monmouth Partners have been undertaking an audit of emergency admission activity. Figures are still to be discussed and validated. The audit looked at:

- Admission type with 1005 spells audited i.e should emergency admission have been A&E only or elective
- Ambulatory Care with 338 records auditing i.e should ambulatory case have been A&E only
- Counting and coding desk-top based exercise

GP Confed Contract, Duty Doctor: KPI requires that 17/18 rate per 1000 A&E attendance (8am - 6.30pm Monday to Friday) is maintained. At year end this KPI was not achieved, during core hours the rate grew by 0.6% (EMIS list sizes and registered population only). However, when benchmarked data is reviewed, rate of A&E attendance has increased across INEL, providing sufficient mitigation for full payment on the KPI to be recommended to Unplanned Care Board and Contracts Committee. Along side this GP Practices have been asked to set out how they have tried to manage their A&E attendances and will be asked to participate in neighbourhood discussions on the variation in rate of A&E attendance.

Unplanned Care Prospective Challenges and Risks Ahead

- The Unplanned Care Board risk register has one red-rated risk, relating to ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care. This puts pressure on the whole C&H health system and there is a risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost.

  Mitigation - 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. At the Unplanned Care Board in January, the workstream took away an action to consider setting up a C&H workforce summit following the anticipated publication of the National Workforce Strategy.

- The NHS 111 service has now been in operation for nine months, but full data on activity and performance has not been available to CCGs until recently. The Unplanned Care Board received a comprehensive report on performance in April. Overall performance has been poor, but has improved significantly since the beginning of the January. Further work is required to ensure that this improvement is maintained and work will continue to verify and develop this analysis over the coming months.

Improvement Assessment Framework [IAF]

C&H CCG	Mental Health (2017/18 assessment)	Dementia (2017/18 assessment)	EoLC (2017)	Urgent and Emergency Care (2018/2019)
Metrics	% people attending IAPT who are moving to recovery % of people with first episode of psychosis starting treatment within 2 weeks	Estimated diagnosis rate for people with dementia* % of pts who have had a face-to-face review of their care plan in the last 12m	% of deaths with 3+ emergency admissions in last three months of life	Percentage of patients admitted, transferred or discharged from A&E within 4 hours Population use of hospital beds following emergency admission
CCG rating for performance	**Good**	**Outstanding**	**Requires Improvement** 6.90% - Ranking: 165/194 (lowest performing quartile in England)	**Requires Improvement** A&E admission, transfer, discharge within 4 hours , 95% target not met For XBD indicator - City and Hackney CCG: 467 (Q2 2018/19) England: 499 (Q2 2018/19)
Actions to Improve			• We are implementing a palliative urgent response service (similar to hospice at home) in order to provide 24/7 community based palliative care to our local residents • We use CMC care plans for patients identified at end of life • We are working with primary care to improve identification of people at end of life	• Improving discharge is key priority for the unplanned care workstream – see programme of work within sludes • Piloting a discharge to assess pathway currently • Implementing all recommendations in the high impact change model, and are well progressed with this • We undertook a case notes review of 50 DToCs which informed an action plan which is being implemented

Better Care Fund Metrics

National Metrics	Hackney Metrics		
	Position reported	Activity against Target	Narrative
Reduction in non-elective admissions	Met target	Actual – 4242 Target – 5663	Figures are tentative as Q4 SUS reporting has to be resubmitted due to inaccuracies in the data. Annual performance at month 9 was 17, 057.
Permanent admissions to residential care per (65+)	Did not meet target	Actual - 102 Annual target – 86	An audit is being undertaken to ensure interim placements were not recorded as long-placements in error. Overall, the number of older people living permanently in a care home has reduced over the last 12 months.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Did not meet target	Actual – 90.7% Annual target – 91.3%	More older people have received reablement and rehabilitation services during 2018/19 than in 2017/18.
Delayed Transfers of Care (delayed days)*	Did not meet target	Actual - 1413 Target – 1300	There was a significant reduction in bed day delays compared to the previous quarter (1791). Annual figure of 5750 against target of 5296.

Better Care Fund Metrics

National Metrics	City Metrics		
	Position reported	Activity against Target	Narrative
Reduction in non-elective admissions	Did not meet target	Actual - 196 Target – 175	Figures are tentative as Q4 SUS reporting has to be resubmitted due to inaccuracies in the data. Annual performance at month 9 was 513.
Permanent admissions to residential care per (65+)	Met target	Actual - 4 Annual target – 10	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Met target	Actual - 96% Annual target - 85%	
Delayed Transfers of Care (delayed days)*	Did not meet target	Actual – 77 Target - 63	Annual figure of 359 against a target of 252. 86% of the delays were NHS delays. There have been 29 incorrectly attributed DTOCs which we have challenged.

Quality Premium at 2018/19 M11 (awaiting M12)

Emergency Demand Management Indicators			
Measure	**2018/19 (YTD M11)**	**Standard (no greater than planned)**	**Measure achieved**
A1 – Type 1 A&E attendances	118,749	118,332	No
A2 – Non-elective admissions with zero length of stay	5,771	5,924	Yes
B – Non-elective admissions with length of stay of 1 day or more	15,055	15,307	Yes

CQUIN Performance 2018/19

Indicator name	Targets 18/19	CCG rating	Comments
Sepsis - Screening Timely identification of patients with sepsis in emergency departments and acute inpatient settings	90% of patients eligible for screening in ED and were screened and got treated within 60 mins. 90% of inpatients eligible for screening and were screened.	Met. Results below combine A&E and Inpatients Q1 – 97% Q2 – 99% Q3 – 100% Q4 – 97%	
Sepsis - Timely treatment of sepsis in emergency departments and acute inpatient settings (IV treatment within 1 hour)	90% of patients who were found to have sepsis in sample 2a and received IV antibiotics within 1 hour.	Met. Results below combine A&E and inpatients Q1 – 95% Q2 – 82% Q3 – 76% Q4 – 92%	The Trust continues to view sepsis with the utmost importance. The following activities are currently taking place: • Sepsis lift wraps are being installed (within 4/6 weeks) These are designs that are placed on the front of the lift which will be sepsis based. • Regular training on wards and in community services • Twitter updates for staff and the community where the Trust updates people on what is being done at the Homerton University Hospital NHS Foundation Trust to tackle sepsis • Doctor training dates set for 2019 • SIM training on the wards • Resus officer and sepsis nurse creating sepsis scenarios leading to an arrest- rolled out to the Trust
Improving services for people with mental health needs who present to A&E	1. Where a 20% reduction of attendances for the cohort of frequent attenders was achieved in year 1, the number of attendances in the group remains at least 20% less than the baseline level in 2016/17 2. 20% reduction in 2018/19 among the new cohort of frequent attenders from the baseline level in 2017/18 (moved from Q1 19/20 to Q4 18/19)	Met	The new High Intensity User service builds on this work into 2019/20

Patient Engagement undertaken in last 6 Months

Neighbourhoods

The Neighbourhood Development Programme has a Neighbourhood Resident Involvement Group which meets monthly and ensures that coproduction is embedded across the whole Neighbourhood programme, provides advice and guidance to projects as needed on engagement activities, undertakes specific project work as required and provides representatives to sit on the key groups within the Neighbourhood governance structure

- The Neighbourhood Resident Involvement Group has six resident members and has undertaken the following work recently:
    - Development of a job description and participation in a recruitment process for a Neighbourhood Involvement Lead
    - Early work on the development of thinking about the role that councillors might play in Neighbourhoods
    - Feedback and endorsement of community nursing pilot on proposed coproduction
    - Use of and feedback on Neighbourhood data profiles and priorities
    - Feedback on communication to residents and work required to develop this and planned work to develop a set of agreed communication materials for residents
    - Attendance and contribution to: Neighbourhood Steering Group, Outcomes Framework Workshop and the Provider Design Group
    - Re-naming of Patient Panel to Neighbourhood Resident Involvement Group

Urgent Care

- Update on Integrated Urgent Care – Out of Hours Homerton proposal presented to PPI in November 2018
- LAS are providers of 111 for north east London and have set up a Patient and Public Involvement Group but so far have had little interest from patients on the Reference Group for the Procurement. Further details have been requested from LAS on time commitment, travel, re-reimbursement with a view to promoting the group to try and get C&H representation.

End of Life Care

- Staff from the CCG and St Joseph's Hospice met with the Patient and User Experience Group on the 25 April to discuss the new Urgent End of Life Service that will be in place in July 2019.
- The plans for the service were supported overall; however, the group raised concerns about not relying on agency staff and ensuring the service was joined up with other service providers delivering care for patients at end of life.

Discharge

- The Discharge group service user representative and Healthwatch staff co-chaired a meeting with Making it Real and the Patient and User Experience Group (PUEG) on the 27 September . The group were able to discuss their experiences of discharge and the D2A pilot.
- Two new 'experts by experience' joined the Discharge Group in November 2018.
- A discharge co-production workshop took place on the 26 November with members of PUEG, Making it Real and key staff.
- Staff met with members of PUEG, Making it Real and the Mental Health Voices Advocacy Project on the 25 April. A task and finish group has now been established to create an action plan and continue to develop information that is provided to patients upon admission and discharge from hospital and determine how we better evaluate their patient and carer experiences.

Acute Spend Focus - Year on Year Comparison

	2017/18			2018/19			Variance
Accident and emergency			14,078,393			15,137,678	1,059,285
	Homerton	8,991,552		Homerton	9,748,399		756,847
	Barts	1,930,729		Barts	2,028,432		97,703
	UCLH	830,260		UCLH	893,272		63,012
	Other providers	2,325,852		Other providers	2,467,575		141,723
Non-elective (excluding XBD)			43,247,165			46,764,173	3,517,008
	Homerton	26,975,251		Homerton	28,456,837		1,481,586
	Barts	9,768,893		Barts	11,504,429		1,735,536
	UCLH	2,731,409		UCLH	2,751,054		19,645
	Other providers	3,771,612		Other providers	4,051,853		280,241
XBD only			1,568,478			1,287,137	-281,341
	Homerton	1,082,687		Homerton	943,520		-139,167
	Barts	323,078		Barts	218,847		-104,231
	UCLH	32,638		UCLH	36,666		4,028
	Other providers	130,075		Other providers	88,104		-41,971
Total spend			**58,894,036**			**63,188,988**	**4,294,952**

Homerton data source
17/18 - Month 12 HUH SLAM data - freeze version
18/19 - Month 12 HUH SLAM data - flex version

Other provider data source
17/18 - Nelie system - month 11 forecast data
18/19 - Nelie system - month 11 forecast data

Homerton NEL spend consists off
PbR inpatients - NEL
PbR inpatients - NEL - Marginal rate credit
PbR inpatients - NEL - Readamission creidt
PbR inpatients - NEL - same day
PbR inpatients - NEL - short stay
Non PbR – NEL

- Acute PbR spend has increased by £4,294,952, an increase of 7%
- Note this includes adult and children
- A&E spend does not include PUCC

Summary of Unplanned Care Budgets 2018/19

Summary of Pooled and Aligned budgets

					Outturn		YTD		
Organisation	Month	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Outturn Spend £000's	Outturn Variance £000's	YTD Budget £000's	YTD Spend £000's	YTD Variance £000's
City and Hackney CCG	M12	19,094	113,196	131,997	132,110	(113)	131,997	132,110	(113)
City of London	M12	65	346	411	66	345	411	66	345
London Borough of Hackney	M12	1,139	4,389	5,528	4,697	831	5,528	4,697	831
Grand Total		**20,298**	**117,931**	**137,936**	**136,873**	**1,063**	**137,936**	**136,873**	**1,063**

Summary

At Month 12, the Unplanned Care work-stream has an outturn position of £1.1m favourable against a full year budget of £137.9m. The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities and have a combined budget of £20.2m.

City and Hackney CCG

The CCG Unplanned Care Work stream has an outturn forecast position of £0.1m which is a movement of £3.2m on its previously reported forecast outturn variance of £3.3m at Month 11.

The movement in the forecast position is driven by the correction of Re-admission credit allocations (Homerton, Bart's Health and UCLH) that had previously been attributed to other work-stream in year.

At Month 12 the London Ambulance Service is also over spent against budget - £0.7m.

City of London

The CoL are reporting a year end favourable position of £0.3m at month 12. The position is being driven by the IBCF budgets where in year unspent amounts supported the CoL's overall position.

London Borough of Hackney

The majority of the Unplanned care under spend of £0.8m relates to Interim Care and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.

Safeguarding reflects an underspend of £0.2 which was due to Deprivation of Liberty Safeguard (DoLS) assessments being lower than initially anticipated.

Performance by service line

							Forecast Outtun 2018/19		YTD Performance		
Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget	Outturn	Outturn Variance	YTD Budget	YTD Actual	YTD Variance
CCG	BCF	12	Pooled	LBH-Homerton CHS -Adult Community Nursing	Homerton CHS	4,512	4,512	(0)	4,512	4,512	(0)
CCG	BCF	12	Pooled	LBH-Integrated Independence Team (IIT)	LBH	3,723	3,723	0	3,723	3,723	0
CCG	BCF	12	Pooled	LBH-Maintaining eligibility criteria	LBH	2,912	2,912	0	2,912	2,912	0
CCG	BCF	12	Pooled	LBH-End of Life - St Joseph's Hospice Hackney	St. Joseph's Hospice	2,423	2,423	(0)	2,423	2,423	(0)
CCG	BCF	12	Pooled	LBH-Neighbourhood Care Model	Neighbourhood Care Model	1,274	1,274	0	1,274	1,274	0
CCG	BCF	12	Pooled	LBH-Community equipment and adaptations	LBH	1,079	1,079	0	1,079	1,079	0
CCG	BCF	12	Pooled	LBH-Services to support carers	LBH	728	728	0	728	728	0
CCG	BCF	12	Pooled	LBH-Paradoc	City & Hackney Urgent Healthcare Social Enterprise	604	604	0	604	604	0
CCG	BCF	12	Pooled	LBH-Bryning Day unit/Falls Prevention	Homerton Acute	431	431	0	431	431	0
CCG	BCF	12	Pooled	LBH-Targeted preventative services	LBH	402	402	0	402	402	0
CCG	BCF	12	Pooled	LBH-LA bed based interim beds	LBH	363	363	0	363	363	0
CCG	BCF	12	Pooled	LBH-Telecare	LBH	267	267	0	267	267	0
CCG	BCF	12	Pooled	CoL-Homerton CHS -Adult Community Nursing	Homerton CHS	238	238	(0)	238	238	(0)
CCG	BCF	12	Pooled	CoL-Reablement Plus	CoL	65	65	0	65	65	0
CCG	BCF	12	Pooled	CoL-Neighbourhood Care Model	Neighbourhood Care Model	41	41	0	41	41	0
CCG	BCF	12	Pooled	CoL-Paradoc	City & Hackney Urgent Healthcare Social Enterprise	19	19	0	19	19	0
CCG	BCF	12	Pooled	CoL-Bryning Day Unit/Falls Prevention	Homerton Acute	14	14	(0)	14	14	(0)
CCG	Acute	12	Aligned	Homerton University Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Homerton University Hospital NHS Foundation Trust	37,516	36,146	1,370	37,516	36,146	1,370
CCG	Acute	12	Aligned	Barts Health Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Barts and the London NHS Trust	11,974	12,287	(313)	11,974	12,287	(313)
CCG	Acute	12	Aligned	Adult Acute	East London NHS Foundation Trust	11,018	11,018	0	11,018	11,018	0
CCG	Acute	12	Aligned	UCLH Hospital NHS FT Unplanned (Adult A&E +NEL activity)	University College London NHS Foundation Trust	3,117	3,266	(149)	3,117	3,266	(149)
CCG	Acute	12	Aligned	NCA (Non Contracted Activity - Various)	(blank)	3,090	3,370	(279)	3,090	3,370	(279)
CCG	Acute	12	Aligned	Whittington Hospital NHS Unplanned (Adult A&E +NEL activity)	Whittington Hospital NHS Trust	1,532	1,625	(93)	1,532	1,625	(93)
CCG	Acute	12	Aligned	CH MHCOP ACUTE (50% Leadenhall)	East London NHS Foundation Trust	1,076	1,076	0	1,076	1,076	0
CCG	Acute	12	Aligned	Moorfields Eye Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Moorfields Eye Hospital NHS Foundation Trust	1,061	942	119	1,061	942	119
CCG	Acute	12	Aligned	CH MHCOP C-CARE (Thames - Ex Cedar)	East London NHS Foundation Trust	1,011	1,011	0	1,011	1,011	0
CCG	Acute	12	Aligned	ROYAL FREE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Royal Free London NHS Foundation Trust	846	944	(98)	846	944	(98)
CCG	Acute	12	Aligned	NORTH MID Hospital NHS Unplanned (Adult A&E +NEL activity)	North Middlesex University Hospital NHS Trust	790	702	88	790	702	88
CCG	Acute	12	Aligned	GUYS & ST THMAS Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Guys and St. Thomas' Hospital NHS Foundation Trust	621	703	(82)	621	703	(82)
CCG	Acute	12	Aligned	IMP COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Imperial College Healthcare NHS Trust	301	375	(74)	301	375	(74)
CCG	Acute	12	Aligned	KINGS COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Kings College Hospital NHS Foundation Trust	230	211	19	230	211	19
CCG	CHS	12	Aligned	Homerton CHS - Adult Community Nursing (incl Intermediate Care -Section 75)	Homerton University Hospital NHS Foundation Trust	3,603	3,603	0	3,603	3,603	0
CCG	CHS	12	Aligned	Homerton CHS -Adult Community Rehabilitation Team	Homerton University Hospital NHS Foundation Trust	2,581	2,581	0	2,581	2,581	0
CCG	CHS	12	Aligned	Homerton CHS - PUCC	Homerton University Hospital NHS Foundation Trust	923	923	0	923	923	0
CCG	CHS	12	Aligned	Homerton CHS - Enhanced PUCC - (Homerton PUCC) NR	Homerton University Hospital NHS Foundation Trust	643	643	0	643	643	0

Performance by service line

							Forecast Outtun 2018/19		YTD Performance		
Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget	Outturn	Outturn Variance	YTD Budget	YTD Actual	YTD Variance
CCG	CHUHSE	12	**Aligned**	Out of Hours - CHUHSE	City & Hackney Urgent Healthcare Social Enterprise	1,775	1,775	(0)	1,775	1,775	(0)
CCG	CHUHSE	12	**Aligned**	Out of Hours - pension - CHUHSE	City & Hackney Urgent Healthcare Social Enterprise	150	137	13	150	137	13
CCG	CHUHSE	12	**Aligned**	Out of Hours - KPI - CHUHSE	City & Hackney Urgent Healthcare Social Enterprise	73	73	(0)	73	73	(0)
CCG	End Of Life	12	**Aligned**	Mildmay Mission	Mildmay Mission Hospital	415	422	(8)	415	422	(8)
CCG	End Of Life	12	**Aligned**	End of Life Care (GP contract)	GP Confederation	194	194	0	194	194	0
CCG	End Of Life	12	**Aligned**	End of Life - St Joseph's Hospice Hackney	St. Joseph's Hospice	136	136	0	136	136	0
CCG	End Of Life	12	**Aligned**	End of Life - Medicines Project	Local Pharmaceautical Committee	0	(0)	0	0	(0)	0
CCG	End Of Life	12	**Aligned**	End of Life - Medicines Project	PSP LTD	20	20	0	20	20	0
CCG	End Of Life	12	**Aligned**	Namaste Service - St Joseph	St Joseph Hospice - Namaste Service	0	26	(26)	0	26	(26)
CCG	End Of Life	12	**Aligned**	Proactive Care: Home Visiting (Frail Home Visiting) - N/A	GP Confederation	0	0	0	0	0	0
CCG	End Of Life	12	**Aligned**	Dementia Memory and Wellbeing Project and HECO BME Outreach Coordinator	Hackney Caribbean Elderly Organisation	0	49	(49)	0	49	(49)
CCG	End Of Life	12	**Aligned**	End of Life Care (GP contract) - N/A	GP Confederation	0	0	0	0	0	0
CCG	GP Confed	12	**Aligned**	Duty Doctor	GP Confederation	1,542	1,542	0	1,542	1,542	0
CCG	GP Confed	12	**Aligned**	Proactive Care: Home Visiting (Frail Home Visiting)	GP Confederation	1,412	1,412	0	1,412	1,412	0
CCG	Mental Health	12	**Aligned**	HTT & Emergency Services	East London NHS Foundation Trust	2,778	2,778	0	2,778	2,778	0
CCG	Mental Health	12	**Aligned**	PICU	East London NHS Foundation Trust	2,386	2,386	0	2,386	2,386	0
CCG	Mental Health	12	**Aligned**	CH MHCOP CMHT	East London NHS Foundation Trust	1,810	1,810	0	1,810	1,810	0
CCG	Mental Health	12	**Aligned**	C&H Commissioning	East London NHS Foundation Trust	1,389	1,389	0	1,389	1,389	0
CCG	Mental Health	12	**Aligned**	MH Services (Out of Area) - Camden	Borough Border Contracts (CANDI,BEH & NELFT)	787	787	0	787	787	0
CCG	Mental Health	12	**Aligned**	MH Services (Out of Area) - BEH FT	Borough Border Contracts (CANDI,BEH & NELFT)	516	516	(0)	516	516	(0)
CCG	Mental Health	12	**Aligned**	Psychological Therapies Alliance	Mind (Fund Holder) - PTWA	476	446	30	476	446	30
CCG	Mental Health	12	**Aligned**	Psychological Therapies Alliance	Mind (Fund Holder) - PTWA NR	0	112	(112)	0	112	(112)
CCG	Mental Health	12	**Aligned**	CEOV weighted share	CEOV weighted share	458	497	(39)	458	497	(39)
CCG	Mental Health	12	**Aligned**	MH Services (Out of Area) - Camden overperformance allowance	Borough Border Contracts (CANDI,BEH & NELFT)	100	0	100	100	0	100
CCG	Mental Health	12	**Aligned**	MH Services (Out of Area) - NELFT	Borough Border Contracts (CANDI,BEH & NELFT)	88	88	0	88	88	0
CCG	Mental Health	12	**Aligned**	Psychological Therapies Comms and Engagement	Psychological Therapies Comms and Enagement	75	75	0	75	75	0
CCG	Mental Health	12	**Aligned**	HBPoS implementation support	Lambeth CCG - HBPoS implementation support	0	(17)	17	0	(17)	17
CCG	Mental Health	12	**Aligned**	Mental Health Year-End Accruals	Mental Health Year-End Accruals	0	(412)	412	0	(412)	412
CCG	Mental Health	12	**Aligned**	Dementia Alliance - Project Mgt	Dementia Alliance	0	75	(75)	0	75	(75)
CCG	Mental Health	12	**Aligned**	Enhanced Well Family Pilot	Family Action - Enhanced Well Family Pilot	0	116	(116)	0	116	(116)
CCG	Nursing Homes	12	**Aligned**	Community Matron Service - Elsdale Street Surgery	Elsdale Street Surgery	139	139	0	139	139	0
CCG	Nursing Homes	12	**Aligned**	Community Matron Service - Shoreditch Park Surgery	Shoreditch Park Surgery	129	129	0	129	129	0
CCG	Nursing Homes	12	**Aligned**	Nursing Homes (LES) Acorn Lodge - Latimer	Latimer Health Centre	73	73	0	73	73	0
CCG	Nursing Homes	12	**Aligned**	Nursing Homes (LES) BIES Pinchas	(blank)	41	41	0	41	41	0
CCG	Nursing Homes	12	**Aligned**	Nursing Homes (LES) Barton House - St Anne's	St Anne's	24	24	0	24	24	0
CCG	Other	12	**Aligned**	London Ambulance Service (LAS)	London Ambulance Services	11,334	11,306	28	11,334	11,306	28
CCG	Other	12	**Aligned**	NHS 111 Service - LAS Contact	Partnership Of East London Co-Operatives Ltd	746	746	0	746	746	0
CCG	Other	12	**Aligned**	Homerton System resilience (part of Non Recurrent funding)	Homerton University Hospital NHS Foundation Trust	678	678	0	678	678	0
CCG	Other	12	**Aligned**	NHS 111 Service - Voluntary sector charge	Partnership Of East London Co-Operatives Ltd	267	213	54	267	213	54

Performance by service line

							Forecast Outtun 2018/19		YTD Performance		
Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget	Outturn	Outturn Variance	YTD Budget	YTD Actual	YTD Variance
CCG	Other	12	**Aligned**	Targeted Preventative Dementia Service (Alzheimer's)	Alzheimers' Society	257	257	0	257	257	0
CCG	Other	12	**Aligned**	Take Home and Settle	Age UK	160	160	0	160	160	0
CCG	Other	12	**Aligned**	Triangle Community Services Ltd (Palliative Care out of hospital service)	Triangle	141	126	15	141	126	15
CCG	Other	12	**Aligned**	Overseas visitor NonReciprocal agreement and 1/3 risk share	Charge Exempt Overseas Visitors	100	0	100	100	0	100
CCG	Other	12	**Aligned**	Other Social Care - Handyperson (Home from Hospital)	London Borough of Hackney	65	65	0	65	65	0
CCG	Other	12	**Aligned**	NHS 111 Service - CSU charges	CSU	45	0	45	45	0	45
CCG	Other	12	**Aligned**	Frequent Attenders Team Lead	Homerton University Hospital NHS Foundation Trust	30	30	0	30	30	0
CCG	Other	12	**Aligned**	SOS No-Wait Crisis Therapy Service	SOS No-Wait Crisis Therapy Service	0	143	(143)	0	143	(143)
CCG	Other	12	**Aligned**	MRS Independent Living - Otago pilot - Falls Prevention	(blank)	0	35	(35)	0	35	(35)
CCG	Other	12	**Aligned**	Year-End Accruals	(blank)	0	(35)	35	0	(35)	35
CCG	Other	12	**Aligned**	MH Services (Out of Area) - Camden overperformance allowance 2018-19	MH Services (Out of Area) - Camden overperformance allo	0	100	(100)	0	100	(100)
CCG	Other	12	**Aligned**	London Ambulance Service (LAS) over / under performance	(blank)	0	729	(729)	0	729	(729)
CCG	Other	12	**Aligned**	GP Out of Hours service Set Up	(blank)	0	44	(44)	0	44	(44)
CCG	PARADOC	12	**Aligned**	ParaDoc Service	City & Hackney Urgent Healthcare Social Enterprise	96	96	0	96	96	0
CCG	PARADOC	12	**Aligned**	PARADOC (Pension)	City & Hackney Urgent Healthcare Social Enterprise	63	60	3	63	60	3
City and Hackney CCG Total						**131,997**	**132,110**	**(113)**	**131,997**	**132,110**	**(113)**
CoL	BCF	12	**Aligned**	provision of out of hours emergency care for ASC & Mental health services.	Local Authority	29	29	0	29	29	0
CoL	IBCF	12	**Pooled**	Reablement Plus (BCF)	Local Authority	65	19	46	65	19	46
CoL	Other	12	**Aligned**	IBCF funding	Private sector	317	18	299	317	18	299
City of London Total						**411**	**66**	**345**	**411**	**66**	**345**
LBH	BCF	12	**Aligned**	Rehabilitation Social Work	London Borough of Hackney	312	277	35			
LBH	BCF	12	**Aligned**	Emergency Duty Service	London Borough of Hackney	169	156	13			
LBH	BCF	12	**Aligned**	Approved Social Workers Pool	London Borough of Hackney	98	106	(8)			
LBH	Adult Social Care	12	**Aligned**	Home Treatment Team	London Borough of Hackney	37	(7)	44			
LBH	Adult Social Care	12	**Aligned**	VULNERABLE PEOPLE Housing Related Support - Single homeless/Rough Sleepers	London Borough of Hackney	1,710	1,734	(23)			
LBH	Adult Social Care	12	**Aligned**	Information & Assessment	London Borough of Hackney	893	949	(56)			
LBH	Adult Social Care	12	**Pooled / Aligned**	Hospital Social Work Team	London Borough of Hackney	1,375	1,376	(1)			
LBH	Adult Social Care	12	**Aligned**	Unit Co-ordination (Front Office)	London Borough of Hackney	98	128	(30)			
LBH	Adult Social Care	12	**Pooled / Aligned**	Safeguarding	London Borough of Hackney	692	553	139	**Information not available**		
LBH	Adult Social Care	12	**Aligned**	City & Hackney SAB	London Borough of Hackney	201	201	(0)			
LBH	Adult Social Care	12	**Aligned**	City & Hackney SAB	London Borough of Hackney	(130)	(130)	(0)			
LBH	Adult Social Care	12	**Aligned**	Substance Misuse rehabilitation	London Borough of Hackney	358	361	(3)			
LBH	Adult Social Care	12	**Pooled / Aligned**	Interim care accommodation	London Borough of Hackney	1,273	500	773			
LBH	Adult Social Care	12	**Aligned**	Integrated Independence Team	London Borough of Hackney	3,771	3,771	(0)			
LBH	Adult Social Care	12	**Aligned**	Integrated Independence Team	London Borough of Hackney	(1,000)	(1,000)	0			
LBH	Adult Social Care	12	**Aligned**	Accident Prevention	MOBILE REPAIR SERVICE	60	60	0			
LBH	Adult Social Care	12	**Aligned**	Removal Of BCf Unplanned Care To Avoid Double Count With CCG Figures		(4,388)	(4,388)	0			
London Borough of Hackney Total						**5,529**	**4,697**	**832**	**5,529**	**4,697**	**832**
GRAND TOTAL						**137,936**	**136,873**	**1,063**	**137,936**	**136,873**	**1,063**

In Focus – Recurrent Urgent Care Reporting: Spend versus Budget

RECURRENT FUNDING					
Contract	**18/19 Full year budget (£000's)**	**18/19 Year to date budget (£000's)**	**18/19 Year to date spend (£000's)**	**18/19 Forecast out turn spend (£000's)**	**18/19 Forecast out turn variance (£000's)**
Homerton A&E	9,471	9,471	9,743	9,743	272
Homerton Emergency excess bed days	1,193	1,193	911	911	-282
Homerton Emergency bed days	44,224	44,224	43,156	43,156	-1,068
Barts A&E	1,963	1,963	2,028	2,028	65
Barts Emergency excess bed days	331	331	219	219	-112
Barts Emergency bed days	9,692	9,692	10,770	10,770	1,078
Other A&E	3,308	3,308	3,360	3,360	52
Other Emergency excess bed days	229	229	124	124	-105
Other Emergency bed days	9,007	9,007	9,122	9,122	115
London Ambulance service (excl. Paradoc)	11,429	11,429	12,035	12,035	606
NHS 111 Service	1,013	1,013	959	1,013	0
Out of hours - CHUHSE	1,997	1,997	1,997	1,997	0
Duty Doc GP contract (GP Confed)	1,542	1,542	1,542	1,542	0
Paradoc (CHUHSE)	781	781	779	781	0
Winter resilience	678	678	678	678	0
Total	**96,858**	**96,858**	**97,423**	**97,479**	**621**

- The urgent care budget shows that the majority of the overspend in the Unplanned Care Workstream comes from Barts Emergency Beds Days and the London Ambulance.
- Note that the IC Budget covers adults only (in line with workstreams) whereas this covers all ages

QIPP Performance 2018/19

The CCG financial QIPP plan for 2018/19 is to deliver £5.1m by year end. The Unplanned Care Board are required to deliver **£1,680,950** QIPP in 18/19.

At M11 the Unplanned Care Board were below target, which has been set by the CCG by £182,844. While there is underperformance against the QIPP schemes which were submitted to NHS England, the workstream has provided a number of QIPP schemes as mitigation to help off-set the underperformance. Note that in line with NHSE QIPP reporting where schemes are not delivering and are a cost pressure eg.A&E baseline, this is calculated as a zero saving.

Awaiting M12 figures.

2018/19 Schemes Submitted to NHS England in Operating Plan With Mitgiations	Full year Plan	M11 Planned Savings	M11 YTD Savings
2018/19 Schemes Submitted to NHS England in Operating Plan	£1,678,400	£1,538,533	£581,841
2018/19 Schemes developed to cover non-delivery and workstream shortfall	£627,350	£575,070	£776,185
Total Unplanned Care QIPP (unplanned care QIPP requirement)	£1,680,950	£1,540,870	£1,358,026

2019/20 QIPP Schemes

The Unplanned Care workstream is required to deliver £1,680,950 QIPP in 2019/20 and £1,473,908 has been identified with schemes. We are awaiting confirmation on agreed QIPP with LAS.

QIPP Initiatives (Scheme Name)	Provider Activity reduced from;	POD	Total Net QIPP Target £	Yearend Financial Delivery Risk RAG	RAG - Comment
ParaDoC Telecare Referrals	Homerton - acute	A&E and NEL	£69,632	Green	Scheme in place awaiting month 1 data to inform on actual performance
Ambulatory Care -Barts	Barts- acute	NEL	£132,244	Amber	Savings dependent on agreement of local price by Bart's awaiting information on how this will be progressed. QIPP in longstop expected to be agreed by the 31st of May 2019.
End of life rapid response	Homerton - acute	NEL	£231,947	Amber	Scheme financial savings expected to start end of quarter 1. Implementation in progress
XBD HUH	Homerton - acute	NELXBD	£119,107	Green	Awaiting to month 1 to assess deliverability of savings
XBD Reduction - Barts	Barts - acute	NELXBD	£93,635	Amber	Scheme currently in longstop still to be agreed. Savings target and methodology of measurement still to be agreed with Bart's in longstop. QIPP in longstop expected to be agreed by the 31st of May 2019.
XBD Reduction - UCLH	UCLH - acute	NELXBD	£20,365	Green	Scheme agreed in principle in block contract
HIS service – A&E Frequent Attendances	Homerton - acute	A&E	£85,697	Green	Awaiting actual delivery data to assess deliverability of savings
Redirection from A&E Barts (royal london)	Barts – acute	A&E	£46,800	Red	Scheme currently in longstop still to be agreed. Savings target and methodology of measurement still to be agreed with Bart's in longstop. Barts keen to pursue redirection for C&H however front door redesign taking place at RLH A&E which may delay negotiations and implementation.
Dementia service	ELFT – mental health	Mental Health	£102,769	Blue	Block contract reduction. Savings delivered
Barts Reduction in Emergency Admissions	Barts - acute	A&E and NEL	£311,720	Amber	Scheme currently in longstop still to be agreed. Savings target and methodology of measurement still to be agreed with Bart's in longstop. QIPP in longstop expected to be agreed by the 31st of May 2019.
LTC IAPT	Homerton - acute	NEL	£64,563	Green	Awaiting actual delivery data to assess deliverability of savings
Reduction Emergency Admissions UCLH	UCLH – acute	NEL	£54,635	Green	Scheme agreed in principle in block contract
Reduction in Out of Area Cost - BEH	BEH- acute	Mental Health	£140,794	Blue	Block contract reduction. Savings delivered
			1,473,908		

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	