

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

**Committee Rooms 102 & 103
Hackney Town Hall
Mare Street
E8 1EA**

Meeting on Thursday 11 July, 10 am – 12.pm

- 1 London Borough of Hackney Integrated Commissioning Board Agenda (Pages 1 - 152)**

Contact: Alex Harris, Integrated Commissioning Governance Manager –
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Agenda Item 1

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 two Integrated Commissioning Boards on
Thursday 11 July 2019, 10.00 – 12.00,
Hackney Town Hall, Room 102 & 103**

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 <i>For noting</i>	Paper	3-6	
3.	Questions from the Public	Chair	Verbal	-	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>	Paper	7-16	
Governance					
5.	Terms of Reference of ICB	Carol Beckford <i>For endorsement</i>	Paper	17-27	10.05
6.	Integrated Commissioning risk report	Carol Beckford <i>For assurance</i>	Paper	28-31	10.10
7.	Reporting 7.1 IC programme progress report	Carol Beckford <i>For noting</i>	Paper	32-38	10.20
	7.2 IC Integrated Commissioning M2 Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	39-51	
Strategies & Transformation					
8.	Outline long-term plan submission	Nicholas Ib <i>For noting</i>	Paper	52-56	10.30
9.	Aligning Commissioning Policies	Siobhan Harper <i>For noting</i>	Paper	57-75	10.50

Performance updates					
10.	Update on VFM Review for CPEN Bids	Amaka Nnadi <i>For noting</i>	Paper	76-81	11.15
11.	CYPMF detailed review	Amy Wilkinson <i>For noting</i>	Paper	82-117	11.30
12.	Prevention detailed review	Jayne Taylor <i>For noting</i>	Paper	118-147	11.45
.	AOB & Reflections	Chair <i>For discussion</i>	Verbal		
-	Integrated Commissioning Glossary	<i>For information</i>	IC Glossary	148-152	

Date of next meeting:

12 September 2019, Guildhall, West Wing, Alderman's Dining Room

Integrated Commissioning
2019 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	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	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	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	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
					Partner 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	25/06/2019	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	Clark	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, Leisure 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	25/06/2019	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	Accountable Officers Group 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
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
				Jane	Milligan	26/06/2019
North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest				
n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect 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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagement Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	Pecuniary Interest

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 13 June 2019,
In Committee Room 4, Guildhall, City of London, London EC2V 7HH**

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Feryal Clark	Deputy Mayor and Cabinet Member for Health, Social Care, Leisure and Parks	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member, Finance and Housing Needs	London Borough of Hackney
Cllr Caroline Selman	Cabinet Member, Community Safety, Policy and the Voluntary Sector	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	East London Health and Care Partnership

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee (Substitute ICB Chair)	City of London Corporation
Ruby Sayed	Member, Community and Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

City & Hackney CCG Integrated Commissioning Committee

Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	

In attendance

David Maher	Managing Director	City & Hackney CCG
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
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
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Nina Griffith	Director, Unplanned Care	London Borough of Hackney, City of London Corporation and City & Hackney CCG
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
Dr Nikhil KATIYAR	Governing Body GP member	City & Hackney CCG
Mary Lee	Designated Nurse, Safeguarding Children	City & Hackney CCG
Amy Wilkinson	Children, Young People & Maternity Workstream Director	City & Hackney CCG

Apologies – ICB members

Mark Ricketts	Chair (ICB Chair)	City & Hackney CCG
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Other apologies

Gary Marlowe	Governing Body GP member	City & Hackney CCG
Tim Shields	Chief Executive	London Borough of Hackney

1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. The Chair, Randall Anderson, opened the meeting.
- 1.2. At the start of the meeting, City of London's Integrated Commissioning Board was inquorate due to lateness of one of its members, however it was agreed that the meeting would proceed on an informal basis to enable discussions to commence, and any actions would be ratified once the meeting was quorate.
- 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. The ICB was informed that training for members on the Neighbourhoods programme was to be scheduled in for July.
- 4.2. There was also a forthcoming meeting regarding voluntary sector involvement in integrated commissioning scheduled for later in June.
- 4.3. Ruby Sayed requested that the minutes be amended to reflect her position as deputy chair of the Community & Children's Services Committee.
- 4.4. The **City Integrated Commissioning Board**:
 - **APPROVED** the minutes of the Joint ICB meeting held in public on 9 May 2019.
 - **NOTED** the updates on the action log.
- 4.5. The **Hackney Integrated Commissioning Board**:
 - **APPROVED** the minutes of the Joint ICB meeting held in public on 9 May 2019.

- **NOTED** the updates on the action log.

5. Terms of Reference of ICB

- 5.1. Devora Wolfson introduced the report, noting that all terms of reference for committees, workstreams and enabler groups had been structured in the same format. And outlined the key changes to the ICB Terms of Reference.
- 5.2. Jake Ferguson noted the need to have a programme-wide examination of where the main equalities issues were.
 - **Agreed that there would be an item on equalities brought back to ICB in September – Devora Wolfson/Alex Harris**
- 5.3. Jonathan McShane noted that NHS England were keen for equalities to be a focus of the long-term plan, and that we further set out where we are in terms of key health inequalities. Randall Anderson added that EqIAs needed to be given greater consideration when drafting papers.
- 5.4. Honor Rhodes stated that there needed to be a greater focus on both patient benefit and co-production in ICB papers.
- 5.5. Randall Anderson added that it was paramount that EqIAs did not become tick box exercises. Simon Cribbens observed that it may be more pragmatic to have an EqIA for the whole IC programme so that we could address the strategies on a more specific level.
- 5.6. Devora Wolfson agreed that the bullet point on service redesign would be re-drafted to reference co-production principles. Randall Anderson requested that the amended terms of reference then be brought back to the July ICB meeting for re-endorsement.
- 5.7. **The City Integrated Commissioning Board**
 - **ENDORSED** the ICB terms of reference, noting the changes requested in paragraph 5.6 above.
- 5.8. **The Hackney Integrated Commissioning Board**
 - **ENDORSED** the ICB terms of reference, noting the changes requested in paragraph 5.6 above.

6. Safeguarding Arrangements in the City of London & Hackney

- 6.1. Anne Canning introduced the item, noting that one of the issues was that the authority for safeguarding arrangements had been transferred from the Local Safeguarding Children Boards to officers.
- 6.2. One of the main ambitions for City & Hackney within these new arrangements would be to maintain partnerships that have been instrumental to date in child safeguarding, whilst keeping clear that safeguarding responsibility was devolved to the key agencies.

- 6.3. It was noted that there had yet to be a formal discussion about the financial arrangements for the new safeguarding proposals.
- 6.4. Randall Anderson noted that the LSCB had worked well in City & Hackney and therefore the challenge was to ensure compliance with the new arrangements without damaging what was perceived as working positively in City & Hackney.
- 6.5. The **City Integrated Commissioning Board**:
- **NOTED** the report.
- 6.6. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

Child Death Review Arrangements in City of London & Hackney

- 6.7. Mary Lee introduced the item, noting that the changes had also arisen from the same legislative changes in the previous paper.
- 6.8. It was noted that whilst these changes were limited to children that had died, there was scope within the sub-committee structure to also examine cases of near death.
- 6.9. The **City Integrated Commissioning Board**:
- **NOTED** the report.
- 6.10. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

7. Integrated Commissioning Risk Register

- 7.1. Devora Wolfson introduced the report.
- 7.2. Members questioned why risk PC3 pertaining to prescribing costs had not shown up before. Sunil Thakker commented that it was included in the CCG Board Assurance Framework (BAF) and added that the medicines management team were reviewing the risk and it was possible that it would be downgraded within the coming months. Operationally, it was being managed within acceptable parameters.
- 7.3. David Maher responded to a query from a City member about broadband speeds. He stated that there was a modernization programme being rolled out that would address, amongst other things, hospital broadband speeds.
- **An item on hospital ICT modernization to be brought back to a future ICB meeting.**
- 7.4. The **City Integrated Commissioning Board**
- **NOTED** the risk register.
- 7.5. The **Hackney Integrated Commissioning Board**
- **NOTED** the risk register.

8. IC Programme Reporting

- 8.1. Devora Wolfson introduced the report and added that in future reports the RAG rating system would be included within the report. Monthly reports would normally be first reported at AOG for assurance and then considered by ICB to provide assurance to the board.
- 8.2. Marianne Fredericks stated that the reports did not have sufficient focus on patient impact. Devora Wolfson explained that ICB would be receiving a paper at its September meeting which will set out the framework for measuring resident impact and would have targets for improvements.
- 8.3. After questions from City of London members, Councillor Rennison assured the ICB that the Housing First joint tender was moving forward in a timely way.
- 8.4. **The City Integrated Commissioning Board**
 - **NOTED** the Integrated Commissioning Programme Report
 - **NOTED** the Integrated Commissioning Consolidated Finance Report
- 8.5. **The Hackney Integrated Commissioning Board**
 - **NOTED** the Integrated Commissioning Programme Report
 - **NOTED** the Integrated Commissioning Consolidated Finance Report

9. City & Hackney Neighbourhood Health & Care Services update

- 9.1. A task and finish group has been set up, called the Community Services Development Board with representation from HUHFT, ELFT and the GP Confederation and the CCG. A memorandum of understanding between partners was close to being signed.
- 9.2. David Maher added that we were on a good trajectory to have a solid partnership in place in order to deliver services locally. The pricing framework would also be agreed with the finance team.
- 9.3. Randall Anderson stated that there needed to be some sort of light governance model for the neighbourhoods that would include to resident involvement.
- 9.4. Councillor Clark highlighted the need to include social care within this work, and asked for some reassurance that social care partners were involved with this.
 - **A formal meeting with social care partners on neighbourhood health and care to be set up – Jonathan McShane.**
- 9.5. Jake Ferguson noted that from the perspective of the voluntary sector there was nervousness around not being able to influence the shape and scope of this work.
- 9.6. Randall Anderson also added that the financial envelope, whilst mostly a CCG issue, was still an open question. Jonathan McShane responded that some modelling had been done. One of the challenges for the local authorities is that the medium-term

financial plan for them was unclear, which made them nervous about becoming involved in new partnership arrangements.

- **It was agreed that at the next development session of the board in September, clinical directors would be invited to meet with the committee – Alex Harris to schedule.**

9.7. The **City Integrated Commissioning Board**

- **NOTED** the report.
- **APPROVED** the approach set out in the presentation.

9.8. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.
- **APPROVED** the approach set out in the presentation.

10. **Mental Health Strategy**

10.1. This item was deferred with the consent of the Chair as it had not been through the proper governance procedures in Hackney Council.

11. **Integrated Commissioning and Care Roadmap**

11.1. Devora Wolfson noted that as the long-term plan was developed there would be more milestones added to the roadmap and that the development of the roadmap should be seen as an iterative process.

11.2. Randall Anderson noted that there were some items here that the ICB had not been made aware of. Devora Wolfson responded that the roadmap would form the basis of the ICB work plan. Each item would be subject to ICB review in some form.

11.3. David Maher added that we should be thinking backwards from Q4 2021, when it was anticipated we would be operating as a single integrated care system. Devora Wolfson also responded that we would bring the roadmap back to each meeting, with a detailed focus in September.

11.4. The **City Integrated Commissioning Board**

- **NOTED** the roadmap.

11.5. The **Hackney Integrated Commissioning Board**

- **NOTED** the roadmap.

12. **Unplanned Care Detailed Review**

12.1. Nina Griffiths noted that we had missed the delayed transfer of care target but improvements had been made in the past 18 months.

12.2. When City residents had been spoken to, it was clear that they did not feel that Homerton was their local hospital, however the workstream had tried to make sure that our range of admission avoidance pathways were relevant to City residents who used

other hospitals, for example there was good engagement with the Royal London and Barts Hospital on front door and discharge pathways.

- 12.3. It was noted that University College London Hospital had capacity pressures and had expressed interest in working with City and Hackney in managing demand on their front door. There was also a Chief Executive group that was beginning to meet across the patch which would pick up some of these issues.
- 12.4. Randall Anderson added that Moorfields was consulting on moving out of their STP footprint into a different one. However, part of the consultation process going forward would involve looking at satellite clinics and seeing if there was enough satellite provision within the NEL footprint.
- 12.5. Councillor Clark asked if it was possible to improve rates on delayed transfer of care. There was a lot of political interest in this, and councilors wanted to know what role they could play. Nina Griffiths responded that a lot of work had been done to understand the DTOC position, and system partners were working together closely. There was a spike in discharges two years ago and it took a long time to get back to the baseline position; there was a shorter recovery period following each spike. The biggest challenge right now was around nursing home capacity as there was a shortage of nursing home beds. There had also been a more intensive homecare model commissioned which was being offered to residents instead of a nursing home placement.
- 12.6. Nina Griffiths noted that A&E attendance increase was slightly higher than the level of population growth. There had been attempts to analyse this but no direct causal factor had been identified. GP colleagues were being worked with to produce a data pack, but there was not any singular practice that was driving this phenomenon.
- 12.7. Anne Canning noted that there was pressure on care providers, and that the market was fragile.
- 12.8. Councillor Clark asked if there was understanding around what was needed for a step-down service and if there could be work done to understand what our need was. Anne Canning responded that there was a lot of data and work was taking place. Randall Anderson added that he hoped some real gains could be gained through integrated commissioning and working together.
- **It was agreed that an item would be brought back in autumn in order to look at some of the work that had happened since the discussion today.**
- 12.9. What was also needed was a stable workforce that could provide continuity of care that would give the best stability gains. Randall Anderson also proposed that some care homes should be given longer-term contracts.
- 12.10. The **City Integrated Commissioning Board**
- **NOTED** the report.
- 12.11. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

13. AOB & REFLECTIONS

- 13.1 Honor Rhodes stated that there should be greater focus on case studies of patients in reports.
- 13.2 The Committee also thanked Devora Wolfson for all her hard work in bringing together the Integrated Commissioning Programme and helping the programme to progress well.

14. DATE OF NEXT MEETING

The next meeting will be held on 11 July 2019, 09.00 – 12.00, Hackney Town Hall.

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 Board	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 Board	15/02/2019	Jul-19	Open	Briefing session provisionally booked for 9 September.
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 Board	15/02/2019	Jul-19	Open	To be reported at the July AOG & September 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 October 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 AOG, October 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 October 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.
ICBJun-1	A formal meeting with social care partners on Neighbourhoods to be set up.	Jonathan McShane	City & Hackney Integrated Commissioning Board		Sep-19	Open	

Title of report:	Integrated Commissioning Board Terms of Reference
Date of meeting:	11 July 2019
Lead Officer:	Carol Beckford, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	City of London Community & Children's Services Committee 7 June City & Hackney Integrated Commissioning Board 13 June London Borough of Hackney Full Council 26 June CCG Governing Body 28 June 2019
Public / Non-public	Public.

Executive Summary:

The terms of reference of the Integrated Commissioning Board were submitted and endorsed at the 13 June meeting-in-common of the City and Hackney Integrated Commissioning Boards.

Members, however, requested that a minor change be made to the terms of reference, which can be found under "Objectives" on page 3 of the terms of reference. The second bullet point under "Commissioning Strategies and Plans" now reads as follows:

- [The ICB will] Ensure that co-production is embedded across all areas of commissioning in line with the city and Hackney co-production charter.

Recommendations:

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

- To **ENDORSE** the revised terms of reference of the Integrated Commissioning Board.

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

- To **ENDORSE** the revised terms of reference of the Integrated Commissioning Board.

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	<input type="checkbox"/>	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	

Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	

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 that co-production is embedded across all areas of commissioning in line with the city and Hackney co-production charter
- 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 co-designed by residents and practitioners working together and adhere to the principles set out in the City and Hackney Co-production charter.

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, Leisure 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 from 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.

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	11 July 2019
Lead Officer:	Carol Beckford, Integrated Commissioning Programme Director
Author:	Alex Harris, Integrated Commissioning Governance Manager
Committee(s):	Integrated Commissioning Board, 11 July 2019
Public / Non-public	Public.

Executive Summary:

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

Background

The threshold for escalation of risks is for the 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

There have been no new risks added to the risk register since it was last reported to the ICB in June.

Changes in risk scores and risks removed

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.* – This risk now has a post-mitigation score of 10 (from 15) and has thus been removed from the register of escalated risks.

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.* This risk now has a post-mitigation score of 4 (from 16) and has thus been removed from the register of escalated risks.

System SEND Overspend – This has been moved from the CYPMF workstream into the IC programme as it is a system-wide risk.

Other information

IC1 – The risk relating to risk reporting and assurance frameworks has had further proposed mitigating action following a meeting between the PMO team and the ICB Risk Champion. The ICB is asked at this meeting to sign-off on the creation of a Risk Management Working Group, which will meet every six months and oversee the implementation of and adherence to the risk management protocol amongst the workstreams and enabler groups. The first meeting of the group will be in Q3 2019.

Prevention workstream risks – There continues to be no escalated risks from the Prevention workstream due to all risks having a post-mitigation score below 15.

Recommendations:

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

- To **NOTE** the report.
- To **APPROVE** the creation of a City & Hackney Integrated Commissioning Risk Management Working Group.

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

- To **NOTE** the report.
- To **APPROVE** the creation of a City & Hackney Integrated Commissioning Risk Management Working Group.

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	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives

Empower patients and residents	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
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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 – July 2019

Sign-off:

Siobhan Harper – Director: Unplanned Care
 Amy Wilkinson – Director: Children, Maternity, Young People and Families
 Nina Griffith – Director: Planned Care
 Jayne Taylor – Director: Prevention
 Carol Beckford – Interim Director: Integrated Commissioning

Integrated Commissioning Programme Register of Escalated Risks

as at 1 July 2019

Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective						
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	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	Risk Reporting An insufficiently robust framework of risk management provided by the ICBs to statutory bodies could result in them not delivering their legal duties. There is also a risk that an insufficiently robust risk reporting mechanism could lead to programme-wide risks being inconsistently reported.	15	TBC	15	15	15	10	↓	At the May meeting of the ICB a risk champion was appointed in order to firm up issues relating to risk reporting. The risk champion has now met with the integrated commissioning team and some steps towards better managing risks were agreed. The ICB in July will be asked to approve the creation of a working group to further refine risk management across the workstreams and enabler groups.	15				✓	
IC2	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). It has also been agreed that this will be considered an Integrated Commissioning Programme Risk as opposed to a solely CYPMF workstream risk as the issue is system-wide.	15			✓		
PC1	Adult Learning Disability Finances 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 Disabilities 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	Overperformance on elective activity 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	National prescribing budgets 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 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	GP Staff Recruitment 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	16	TBC	16				↔	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. Benchmarking of GP rates of pay undertaken in collaboration with TH CCG Issue has been raised/acknowledged at STP level 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 Progress Report
Date:	11 July 2019
Lead Officer:	Carol Beckford, Integrated Commissioning Programme Director
Author:	Carol Beckford, Integrated Commissioning Programme Director Jubada Akhtar-Arif, Programme Manager, Neighbourhood Health and Care Services Alex Harris, Integrated Commissioning Governance Manager
Committee(s):	None.
Public / Non-public	Public

Executive Summary:

We have produced a progress report 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), progress report 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.

Risk

We have included a summary of IC Risks and Issues in the Progress report – 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 Progress report updates.

Milestones

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 June 2019 Integrated Commissioning Progress Report.

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

- To **NOTE** the June 2019 Integrated Commissioning Progress 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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	
Empower patients and residents	<input checked="" type="checkbox"/>	

Specific implications for City

The progress report summarises programmes of work which will impact City residents.

Specific implications for Hackney

The progress report summarises programmes of work which will impact Hackney residents.

Patient and Public Involvement and Impact:

All programmes of work referenced in the Progress report 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 Progress report 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 Progress report will impact specific priority groups, for example: young parents, young people and mental health

Safeguarding implications:

All Programmes of work referenced in the Progress report 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:

June 2019 Integrated Commissioning Progress Report

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 IC progress report

For the Integrated Commissioning Board – 11 July ICB

Overall progress

Reports from the Care Workstreams and Enabler Groups indicate that their programmes of work and milestones were on track as at the end of Q1. The IC Programme PMO is reported as amber for June 19. There are two reasons for this: 1) closer inspection of the draft of the Commissioning Prospectus (the document targeted at the IC system which describes who we are, what we do and what we plan to do) requires more work to be completed. 2) NHSE issued the guidance for developing the Long Term Plan 27th June and we are working in line with NEL's timeline for production of the content and engagement.

The Prevention workstream has a green RAG status but with amber attached to the fact the recruitment of the programme manager did not happen on schedule.

Over the next couple of months IC Programme Director intends to work with the Care Workstream Directors and the Enabler Leads to ensure the IC programme reporting is focused on their major deliverables and milestones which underpin the IC programmes strategic objectives, intended outcomes and programme plan.

The Communications & Engagement Enabler Group is in Amber because further work is required to undertake public engagement in July on the logo options for the City & Hackney partnership.

1. Key activities in June 2019			2. Key activities planned for July 2019		
Workstream / Programme of Enabler Group	Activity	Progress	Workstream / Programme of Enabler Group	Activity	Progress (RAG Score)
IC Programme PMO	<ul style="list-style-type: none"> Planned: Finalise 2019/20 Commissioning Prospectus. Status: After a review, an outline plan has been put in place to complete the two documents (summary and long version) along with associated stakeholder engagement by September 2019. Planned: Deliver first draft Long Term Plan submission to NEL by end of June 2019. Status: NHSE issued guidance on submission of LTP 27 June. C&H submission to NEL LTP under development. Agenda item for 11 July ICB. 	Amber	IC Programme PMO	<ul style="list-style-type: none"> Agree plan and start work to coordinate City & Hackney System Intentions Further development of first draft LTP and early engagement with key stakeholders on emerging priorities Commence engagement to secure evidence to complete the integrated care self-assessment maturity matrix Commence the development of a IC programme plan 	Green
	<ul style="list-style-type: none"> First iteration of IC Roadmap presented to ICB New IC Programme Director and Programme Manager started. Work started on integrated care self-assessment system maturity matrix 	Green	Prevention CW	<ul style="list-style-type: none"> MECC: completion of scoping activity; continued work on draft logic model and evaluation framework; start procurement of training provider; ongoing planning for early adopter testing phase Social Prescribing: commence digital pilot (to support referrals and outcomes monitoring) in 2/3 neighbourhoods; meeting with PCN Clinical Directors to discuss options for integrating new link worker roles into current VCS provision; commence engagement activity to inform re-commissioning of current VCS provision (survey of current/past service users) Supported employment: new programme manager starts Directory of services: costed proposals to be taken to ICT enabler board Prevention investment standard: commence scoping with finance colleagues 	Green
Prevention CW	<ul style="list-style-type: none"> Making Every Contact Count: scoping activity ongoing; drafting of training spec Social Prescribing: contract extension to Sep 2020; developing engagement plan to inform re-commissioning/service re-design Supported employment: appointment of new programme manager Directory of services: partnership meeting to agree scope 	Green	<ul style="list-style-type: none"> Community navigation (joint Neighbourhoods project): meeting of design group; recruitment of programme manager (delayed) 	Amber	
Planned Care CW	<ul style="list-style-type: none"> Appointment of Darzi Leadership Fellow to work with Transforming Care Carry out local engagement re NEL Procedures of Low Clinical Value (PoLC) Policy Tender evaluation for the jointly commissioned Housing First service Set-up Respiratory Working Group to respond to London wide standards for Respiratory Pathway Agreement on elective activity audit at HUH Commencement of NEL CHC review 	Green	Planned Care CW	<ul style="list-style-type: none"> Completion of NEL CHC Review Completion of Housing First tender evaluation Presentation and agreement of Liberty Safeguarding Review options paper 	Green
Unplanned Care CW	<ul style="list-style-type: none"> The Neighbourhoods Programme met with Housing Regeneration and Parks & Leisure services at LBH to scope how to work together to address the wider determinants at a neighbourhood level Discharge – We are starting to look at improving discharge pathways for homeless residents and pulling together a system-wide response. We commenced a review of the Duty Doctor service 	Green	Unplanned Care CW	<ul style="list-style-type: none"> We are holding a workshop with key partners across the neighbourhoods programme to scope and plan delivery of the anticipatory care service which is part of the PCN contract. This brings together a number of different streams already progressing with the neighbourhoods programme The external evaluation of the Discharge to Assess service will be completed and fed back We are holding a stall on Ridley road market to engage with people on urgent care services 	Green
CYPMF CW	<ul style="list-style-type: none"> Agreed Project Plan for approach to Adverse Childhood Experiences, covering three strands of work (Workforce; Parenting & Early Years and a Resource Portal). Launch workshop 22 July. CAMHS Transformation phase 3 roll out – Wellbeing in schools work, crisis, transition and parenting programmes delivering. Shortlisted for 2x bids – (NHSE £) Mental health support teams in schools (clinicians, building on strategic work), and VCSE "Mind the Gap" with NHSE, PHE, HCVS, Family Action and Off-centre: supporting Black African and Caribbean young people at key transition points. Awaiting confirmation of outcomes. Measles outbreak almost over. Notifications continue to decrease. C&H immunisations comms campaign launched. Thinking is developing on LD & Autism LTP deliverables with Planned Care. Early protocol discussions across system. HUFT midwives awarded 4x midwifery awards for service by Chief midwife for England (mid June). 	Green	CYPMF CW	<ul style="list-style-type: none"> Adverse Childhood Event workshop 22 July to agree C&H approach and programme Starting work on development of CYP Integrated Speech Language service, aiming for a pooling arrangement April 2020 Continuing to scope / design CYP families work with Neighbourhoods / PCNs Post publication of new C&H Safeguarding arrangements (29 June), work to implement them is under way Agreed HUFT pilot paediatric critical care offer. Implementation underway. 	Green

C&H Integrated Commissioning and Care Programme – Monthly IC progress report

For the Integrated Commissioning Board – 11 July ICB

1. Key activities in June 2019 (cont.)

Workstream / Programme of Enabler Group	Activity	Progress
Engagement and Comms Enb	<ul style="list-style-type: none"> (April Item) Rewards & Recognition policy working groups initiated to task and finish the IC Rewards and Recognition policy – On-going ICCEE Group meeting held on the 26th June 2019. ICCEE Terms of Reference has been revised – final adjustments to completed by 5th July IC Branding – Internal feedback has been sought. Public feedback on logo options was collected within Hackney. The 2 most popular logos together with the three most prevalent straplines will be presented to ICB for final decision 	Amber
Primary Care Enb	<ul style="list-style-type: none"> Agreed new ToRs for PCEG – to be signed off by AOG Sorsby practice closed 30/6/19 Further consultation on 19/20 headroom spending plans PCEG agreed scope of a Practice Participation Group project Primary Care Networks (PCNs) signed off; Chair and Unplanned Care leads met with CDs on 21/6/19 to start to discuss development needs and wider system working; agreed additional roles workforce baseline 	Green
Estates Enb	<ul style="list-style-type: none"> An Availability/Requirement schedule is to be maintained by LBH Strategic property Services for all stakeholders in the NHS/LA family so requirements can be matched to availability. Vacant Property Notices (PVN) have been prepared to return vacant, surplus and unusable accommodation to NHSPS under their Handback scheme. LBH Capital and Investment Board (CIB) have approved the expenditure of £200,000 to confirm, or otherwise, the viability of the development of two new surgeries for Springhill and Lower Clapton Practices. Interest has been shown in the transfer of property to a Trust under the DHSC Guidance for Transfer of property from NHSPS and CHP 	Green
IT Enabler	<ul style="list-style-type: none"> Directory of Services project review MECC project: establishing local vision Health Information Exchange Upgrade phase 2 	Green
CEPN	<ul style="list-style-type: none"> Mapping of C&H Primary Care Workforce Profile Completed Value for Money Review Participated in NEL PC Network event Consolidation of GP HEE Fellows/SPIN programme x 4 across specialist and PC 	Green

2. Key activities planned for July 2019 (cont.)

Workstream / Programme of Enabler Group	Activity	Progress
Engagement and Comms Enb	<ul style="list-style-type: none"> Co-Production Week 1-5 July – ICCEE Group ICCEE group to review Co-production with use of Self-Assessment tool (By end of July). On-going NHS Community Voice – Urgent health care event – What's your story – 7th July NHS Community Voice & Let's talk about event ... Ageing Well (talk changes / 5 to thrive) - 11th July 24th July – next ICCEE Group meeting. 	Green
Primary Care Enb	<ul style="list-style-type: none"> Further consultation on 19/20 headroom spending plans – CC Forum and PPI Cttee Respond to new national consultation on digital first primary care Agee with PCNs a seasonal flu improvement plan Plan for list dispersal of Abney practice due to single hander GP retiring (confidential – not yet public) Drafting co-production plan for C&H primary care strategy 	Green
Estates Enabler	<ul style="list-style-type: none"> Commence procurement of Project Manager for the two surgery capital projects Serve PVNs on NHSPS to hand back a number of properties with savings in excess of £300,000 after a 3/6month period. Go to tender for the consultancy to analyse and assess the clinical need to be reprovided on the St Leonards site. 	Green
IT Enabler	<ul style="list-style-type: none"> T-Quest/ EMIS Proxy Server Migration Discharge to Pharmacy project review Skype for Diabetes options appraisal 	Red
		Amber
		Red
CEPN	<ul style="list-style-type: none"> Engagement with schools and colleges for planning of NHS and Social Care Careers Fairs fin C&H Consolidation and validation of Workforce profile database Bi-monthly CHCEPN Board meeting Workforce Enabler Project Monitoring Group meeting Out of Hospital Nurse Education Steering Group Out of Hospital Nurse Education Conference planning meeting for Autumn 2019 with HUH 	Green

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

For the Integrated Commissioning Board – 11 July ICB

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 – moved from Q1 to Q2 as guidance has been released.	Q1 2019/20	Q2 2019/20	On Track
Planned Care: External review of Continuing Health Care (CHC) – ongoing, to be reported to ICB Q3 2019, Commence Procedures of Limited Clinical Effectives (PoLCE) engagement on draft policy – consultation complete Q2 2019.	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	Q1 2019/20	Q1 2019/20	On Track
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	Q2 2019/20	On Track
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	Q3 2019/20	On Track
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

For the Integrated Commissioning Board – 11 July ICB

4. Key issues and risks			
Workstream / Programme of Enabler Group	Description	New or existing	Rating
IC Programme-wide	<ul style="list-style-type: none"> Insufficiently robust framework of risk management provided by the ICBs to statutory bodies could result in them not delivering their legal duties. SEND overspend issue has moved from CYPMF to the IC Programme as it is a system-wide risk. 	Existing but re-worded	15
		Moved to IC from CYPMF	15
Prevention CW	<ul style="list-style-type: none"> No risks to escalate to the ICB or AOG 	N/A	
Planned Care CW	<ul style="list-style-type: none"> Financial pressures in Adult Learning Disability Service Overperformance on elective activity Cost pressures on national prescribing budgets 	Existing	20
			20
			20
Unplanned Care CW	<ul style="list-style-type: none"> GP workforce pressures across core and urgent care services 	Existing	16
CYPMF CW	<ul style="list-style-type: none"> No risks to escalate to the ICB or AOG. The previous risk relating to SEND overspend has been moved to the IC programme. 	N/A	
Engagement and Comms Enb	<ul style="list-style-type: none"> Reward and Recognition policy + backdated payments. - Whilst there is agreement for public reps to receive money as a token of reciprocity for their involvement, there is question as to whether reps will receive back dated payment from October 2018 to present. RAG = amber 	New	Amber
Primary Care Enb	<ul style="list-style-type: none"> None to report. 	N/A	TBC with Enabler Groups
Estates Enb	<ul style="list-style-type: none"> New Dept of Health policy on 'Transfer of NHS PS and CHP assets to NHS and Foundation Trusts' Ongoing invoice disputes yet to be resolved by NHS PS and CHP (these are also being addressed at an STP level) 	New New	TBC with Enabler Groups
IT Enabler	<ul style="list-style-type: none"> St Joseph's Hospice – interoperability for shared care planning HUH Skype Pilot for diabetes Primary care links to community pharmacies 	Existing Existing Existing	TBC with Enabler Groups
CEPN	<ul style="list-style-type: none"> Lack of capacity is high risk due to staffing levels 	Existing	TBC with Enabler Groups

5. Finance Update (£'000)								
	Organisation	Annual Budget	Forecast Outturn	Forecast Variance	YTD Budget	YTD Spend	YTD Variance	RAG
Pooled Budgets	City and Hackney CCG	£25,865	£25,865	-	£4,311	£4,311	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£210	£210	-	£0	-£15	15	
Total		£26,075	£26,075	£0	£4,311	£4,296	£15	
Aligned Budgets	City and Hackney CCG	£401,521	£401,521	-	£64,395	£64,395	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£7,641	£7,641	-	£1,050	£1,010	39	
Total		£409,162	£409,162	£0	£65,444	£65,405	£39	
ICF	City and Hackney CCG	£427,386	£427,386	-	£68,705	£68,705	-	
	London Borough of Hackney Council	£103,373	£106,503	(3,131)	Information not available		-	
	City of London Corporation	£7,851	£7,851	-	£1,050	£995	54	
Total ICF Budgets		£538,609	£541,740	-£3,131	£69,755	£69,701	£54	
CCG Primary Care co-commissioning		£48,081	£48,081	-	£6,916	£6,916	-	
Total		£46,282	£46,282	£0	£6,916	£6,916	£0	
6. Decisions required by the ICB / Items for the attention of the AOG								
Programme Area	Decision required							
Integrated Commissioning PMO	<ul style="list-style-type: none"> Creation of a Risk Management Working Group 							
Finance	<ul style="list-style-type: none"> Endorsement of the S75 Agreement between City & Hackney CCG, LBH and City of London 							

Title of report:	Integrated Commissioning M2 Finance Report
Date of meeting:	11 July 2019
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
Author:	Integrated Commissioning Finance Economy Group: Sunil Thakker, Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At Month 2 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.1m.

It remains early in the year to identify trends, but at month 2, City & Hackney CCG declared a breakeven position. The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target. The surplus represents the cumulative brought forward surplus from 2018/19. Drawdown of prior year surplus is not available.

The London Borough of Hackney is reporting a year-end adverse position of £3.1m. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and challenges around Housing Related Support (HRS) service redesign.

The City of London is reporting a year-end break even position.

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	<input type="checkbox"/>	
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Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

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

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

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Integrated Commissioning Fund Financial Performance Report

Month 02 - 2019/20

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Consolidated summary of Integrated Commissioning Budgets

		YTD Performance				Forecast Outturn		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,865	4,311	4,311	-	25,865	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	-	15	(15)	210	-	-
Total		26,075	4,311	4,326	(15)	26,075	-	-
Aligned	City and Hackney CCG	401,521	64,395	64,395	0	401,521	-	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,641	1,050	995	54	7,641	-	-
Total		409,162	65,444	65,390	54	409,162	-	-
ICF	City and Hackney CCG	427,386	68,705	68,705	0	427,386	-	-
	London Borough of Hackney Council	103,373	17,229	12,358	4,871	106,504	(3,131)	-
	City of London Corporation	7,851	1,050	1,010	39	7,851	-	-
Total ICF Budgets		538,610	86,984	82,074	4,910	541,741	(3,131)	-
CCG Primary Care co-commissioning		48,081	6,916	6,916	-	48,081	-	-
Total		48,081	6,916	6,916	-	48,081	-	-

Summary position at Month 02

- At Month 2 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.1m.
- It remains early in the year to identify trends, but at month 2, City & Hackney CCG declared a breakeven position. The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target. The surplus represents the cumulative brought forward surplus from 2018/19. Drawdown of prior year surplus is not available. The London Borough of Hackney is reporting a year-end adverse position of £3.1m. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and challenges around Housing Related Support (HRS) service redesign.
- Prior year disputes and planned audits will be concluded in 2019/20. Known risks identified with adequate provision were made ensuring compliance with the year-end audit. Any in-year benefits realised will be reviewed on a case by case basis.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.

Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets are expected to be actioned this financial year .

Notes:

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

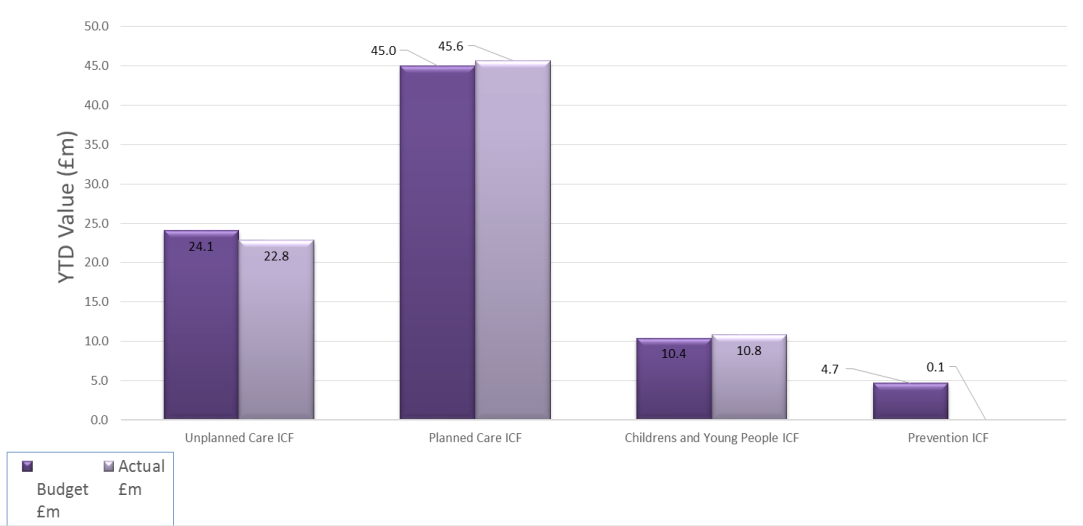
Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast Outturn			
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m	Movement Variance £m
Unplanned Care ICF	145.3	24.1	22.8	1.3	144.6	0.7	0.0	0.0
Planned Care ICF	273.6	45.0	45.6	(0.6)	277.4	(3.8)	0.0	0.0
Childrens and Young People ICF	63.3	10.4	10.8	(0.4)	63.3	(0.0)	0.0	0.0
Prevention ICF	28.7	4.7	0.1	4.6	28.7	(0.0)	0.0	0.0
All workstreams	510.9	84.3	79.4	4.9	514.0	(3.1)	0.0	0.0
Corporate services	26.4	2.5	2.5	0.0	26.4	0.0	0.0	0.0
Local Authorities (DFG Capital and CoL income)	1.3	0.2	0.2	0.0	1.3	0.0	0.0	0.0
Not attributed to Workstreams	27.7	2.7	2.7	0.0	27.7	0.0	0.0	0.0
Grand Total	538.6	87.0	82.1	4.9	541.7	(3.1)	0.0	0.0

Performance by Workstream.

- The report by workstream combines ‘Pooled’ and ‘Aligned’ services but excludes chargeable income. CCG corporate services are also excluded and are shown separately as they do not sit within workstreams.
- The workstream position reflects the Integrated Commissioning Fund without the application of mitigating reserve and corporate running costs.
- The £3.8m adverse Planned Care position is driving the consolidated forecast. This is being driven by the London Borough of Hackney due to a number of factors;
 - Learning Disabilities Commissioned care packages, although much reduced from the 2018/19 position due to the application of both budget growth and one-off funds, is reporting £1m adverse against year end budget.
 - Physical & Sensory Support is forecasting an overspend of £0.5m.
 - Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £0.6m
 - Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.8m overspend.
- **Unplanned Care:** At year end the workstream is forecasting an under spend of £0.7m mainly relating to Interim Care and is offset by over spends on care packages expenditure which sit in the Planned Care work stream.
- All other workstream are forecast to break even at Month 2.

YTD Performance by Workstream at M02



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

City and Hackney CCG – Position Summary at Month 02, 2019/20

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	18,754	3,126	3,126	0	18,754	0	0
		Planned Care	7,060	1,177	1,177	0	7,060	0	0
		Prevention	51	8	8	0	51	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		Pooled Budgets Grand total	25,865	4,311	4,311	0	25,865	0	0

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	197,922	32,453	32,453	0	197,922	0	0	
	Prevention	3,576	596	596	0	3,576	0	0	
	Childrens and Young People	52,751	8,745	8,745	(0)	52,751	(0)	0	
	Corporate and Reserves	26,371	2,490	2,490	0	26,371	0	0	
	Aligned Budgets Grand total	401,521	64,395	64,395	0	401,521	(0)	0	
Subtotal of Pooled and Aligned			427,386	68,705	68,705	0	427,386	(0)	0

In Collab	Primary Care Co-commissioning	48,081	6,916	6,916	0	48,081	0	0
Grand Total		475,467	75,621	75,621	0	475,467	(0)	0
CCG Total Resource Limit		505,885						
SURPLUS		30,418						

- Primary Care Co-Commissioning (outside of the ICF):** The Primary Care Co-Commission portfolio of budgets were reported on plan, but with risk attached to headroom following NHS London's direction to London CCGs to underwrite Hammersmith and Fulham CCG for costs relating to GP at Hand. For CH CCG the amount currently stands at £489k.

- At month 2 City & Hackney CCG declared a breakeven position. While it remains early in the year to identify trends in finance and activity, the acute portfolio was reviewed and risk assessed using month 1 freeze data to declare the position.
- The recurrent QIPP target for the year as per the Operating Plan is £5m. At month 2, the delivery of this target is assumed to be on plan.
- Prior year disputes and contract query notices issued in 2018/19 will be concluded in 2019/20. Known risks identified with adequate provision were made ensuring compliance with the year-end audit. Any in-year benefits realised will be reviewed on a case by case basis.
- The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target
- Non-Acute expenditure including Continuing Health Care and Funded Nursing Care were reported on plan. CHC and FNC plans have been set on 2018/19 outturn and expected to stay within plan during the year. This includes efficiency savings of £400k.
- Following the 2018/19 Learning Disabilities joint funding pilot and subsequent negotiations, the 2019/20 programme will include an in-year review process that will determine the health contributions to LBH and will form the basis of ongoing work in this area. The cost associated with this has now been included in the financial plans for the year.
- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 2 these are expected to break even.

Areas on ongoing work, pressure and risk at the time of writing this report are:

- The LD joint funding programme for 2019/20 with an estimated contribution ranging from £1.9m to £2.7m funded from CCG reserves. The amount is capped. A lesser amount would also be payable if the outcome of the review determines this.
- NHS London instruction to London CCG to underwrite Hammersmith and Fulham CCG for the costs relating to GP at Hand totalling £489k. This is a call on Primary Care Commissioning headroom.
- The ILDS transfer from Homerton to ELFT has highlighted c. £0.5m pressures relating to staff and management fees that are being investigated with LBH.

City and Hackney CCG - Risks and Mitigations Month 02, 2019/20

Summary and Progress Report on Financial Risks and Opportunities to Month 2 - 31 May 2019

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative
1	Homerton Acute performance	2,000	0%	0	0	Risk of over-performance and PTL impact.
2	Homerton System Resilience	700	0%	0	0	Subject to CCG review.
3	Bart's Acute Performance	600	0%	0	0	Risk based on month one over-performance.
4	Outer Sector - Acute Performance	1,000	0%	0	0	Risk of cost pressure emerging.
5	Non Contract Activity	400	0%	0	0	Risk of cost pressure emerging during the year.
6	Continuing Healthcare, LD & EOL	400	0%	0	0	Risk attributable to high cost packages.
7	Joint LD programme	2,700	0%	0	0	Agreed Planned Care Workstream programme.
8	Integrated Learning Disability Service	450	0%	0	0	Risk of cost pressure emerging following the transfer of service from the Homerton to ELFT.
9	Non Acute	700	0%	0	0	Contract rebasing and overspend risk.
10	Programme Costs	500	0%	0	0	Integrated commissioning programme development.
11	Estates	500	0%	0	0	Development of Primary Care estate infrastructure.
12	NELCSU to NELCA Transfer	200	0%	0	0	Cost pressure once transfer formalised.
13	QIPP Under Delivery	750	0%	0	0	Under delivery of approved schemes.
14	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
15	Primary Care - Rates	300	0%	0	0	Increased rateable value on estate.
16	Primary Care - Digital First	500	0%	0	0	CH CCG contribution to Hammersmith & Fulham CCG.
Total Risks		12,200	0%	0	0	
1	Acute Claims and Challenges	(1,000)	0%	0	0	Based on historic trend.
2	Acute Reserves	(2,000)	0%	0	0	To manage and contain acute cost pressures.
3	Strategic Reserve	(2,106)	0%	0	0	Reserve release subject to risk review and assessment.
4	Contingency	(2,377)	0%	0	0	Contingency release subject to risk review and assessment.
6	Running Costs	(1,130)	0%	0	0	Estimated end of year underspend
7	Prior Year and Dispute Resolution	(5,757)	0%	0	0	Opportunities arising from settlement of disputed items and accruals.
8	QIPP Over Delivery	(100)	0%	0	0	Over delivery of approved or new schemes.
Total Opportunities		(14,470)	0%	0	0	
				0	0	
In-Year Surplus					0	
Brought Forward Underspend					(30,418)	
Carried Forward Underspend					(30,418)	

City of London Corporation – Position Summary at Month 02, 2019/20

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast Outturn		
				Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
Comm'n'd & DD*		Unplanned Care	65	-	-	-	65	-	-
		Planned Care	85	-	-	-	85	-	-
		Prevention	60	-	15	(15)	60	-	-
Pooled Budgets Grand total			210	-	15	(15)	210	-	-

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
	Planned Care	4,548	725	651	74	4,548	-	-	
	Prevention	1,447	167	167	0	1,447	-	-	
	Childrens and Young People	1,532	172	189	(16)	1,532	-	-	
	Non - exercisable social care services (income)	(180)	(15)	(11)	(4)	(180)	-	-	
Aligned Budgets Grand total			7,641	1,050	995	54	7,641	-	-
Grand total			7,851	1,050	1,010	39	7,851	-	-

- * DD denotes services which are Directly delivered .
- * Aligned Unplanned Care budgets include IBCF funding - £265k
- * Comm'n'd = Commissioned

- At Month 02 the City of London forecasts a year end break even position.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) ,Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to break even at year end.
- Aligned budgets** are forecast to break even at year end.
- No additional savings targets were set against City budgets for 2019/20

London Borough of Hackney – Position Summary at Month 02, 2019/20

ORG Split	WORKSTREAM				YTD Performance			Forecast		
		Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	254	222	32	1,525	-	-
	LBH Capital subtotal	1,525	1,525	-	254	222	32	1,525	-	-
	Unplanned Care (including income)	5,299	1,029	4,270	883	(403)	1,286	4,628	671	
	Planned Care (including income)	63,946	29,665	34,281	10,658	11,361	(703)	67,745	(3,800)	
	CYPM	9,049	-	9,049	1,508	1,911	(403)	9,049	-	
	Prevention	23,554	-	23,554	3,926	(733)	4,659	23,556	(2)	
	LBH Revenue subtotal	101,848	30,694	71,154	16,975	12,136	4,839	104,978	(3,131)	-
Grand total	103,373	32,219	71,154	17,229	12,358	4,871	106,504	(3,131)	-	

103,373

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- The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £576k. The overall position is made up of two main elements - a £720k overspend on externally commissioned care services and (£143k) underspend across staffing-related expenditure.
- Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.8m overspend.
- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £671k relates to Interim Care and is offset by overspends on care packages expenditure which sit in the Planned Care work stream.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £3.1m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small overspend.

- At Month 2 LBH reports a forecast overspend of £3.1m
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
- **Planned Care:** The Planned Care workstream is driving the LBH over spend.
 - Learning Disabilities Commissioned care packages within this work stream is the most significant area of pressure with a £987k overspend. This is significantly less than last year due to the application of both budget growth and one-off funds in this area.
 - Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. There is an agreement between both parties for all packages to be reviewed for joint funding. A process of quarterly reconciliation and financial reimbursement will be managed through the Learning Disability Section 75 review group on behalf of the Planned Care Workstream. The CCG have committed to ringfence £1.9-£2.7m within their financial planning for 2019/20 and a contribution of £1.9m has been factored into the forecast.
 - Physical & Sensory Support is forecasting an overspend of £476k, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £619k. The cost pressures being faced in both service areas has been driven by the significant growth in client numbers as a result of hospital discharges. A set of management actions have been agreed to mitigate the ongoing cost pressures within the service as follows:
 - Multidisciplinary Team Review (MDT) of Care Packages.
 - Review of Home Care processes.
 - Promoting Personalisation and increasing uptake of direct payments.
 - Three conversations
- To note the potential impact of the above actions on the overall finance position is dependant on additional demand coming into the service.

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

London Borough of Hackney - Risks and Mitigations Month 02, 2019/20

London Borough of Hackney	Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remains within Planned Care	3,131	100%	3,131	100%
	Learning Disability Joint Funding	1,900		1,900	
	TOTAL RISKS	5,031	100%	5,031	100%
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. There is an agreement between both parties for all packages to be reviewed for joint funding.	TBC	TBC	TBC	TBC
	Multidisciplinary Team Review of Care Packages	TBC	TBC	TBC	TBC
	Review of Home Care processes	TBC	TBC	TBC	TBC
	Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
Three Conversations	TBC	TBC	TBC	TBC	
Review one off funding	3,131	100%	3,131	100%	
Uncommitted Funds Sub-Total	3,131	100%	3,131	100%	
Actions to Implement					
Actions to Implement Sub-Total	0	0	0	0	0
TOTAL MITIGATION	0	0	0	0	0

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

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.
- Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Estimated Council budget gap of circa £30m up to and including 2022/23.
- Demand for services increasing particularly in Children’s Services, Adults and on homelessness services.
- Additional funding through IBCF and winter funding are one off and insufficient
- We await sustainable funding solution for Adult Social Care expected in the delayed Green Paper

Integrated Commissioning Fund – Savings Performance Month 02, 2019/20

City and Hackney CCG

- At month 2 the CCG is reporting £0.729m savings against a year-to-date plan of £0.750m.
- Overall the forecast outturn (FOT) is on target to deliver the full £5m. The Acute HRG driven schemes are based on April freeze data and will have a full set of monitoring data once the schemes are settled into the contracts.

Under-delivery and Mitigations:

- Savings delivery slippage is currently reported for the following schemes:
- **Homerton Methotrexate Pathway** - this scheme is to be implemented as part of the Outpatient Transformation programme (Rheumatology) and not as a savings scheme this year.
- There are however, some mitigations being reported in the Outpatient Transformation Programme - Virtual clinic, which is expected to be implemented in quarter 2.
- **Pathology Credit** - Reduction in full year savings expected from £400k to £311k following receipt of confirmation from Homerton on credit due.

London Borough of Hackney

- LBH has agreed savings of £0.9m for 2019/20 of this we have delivered £0.1m in 2019/20. The shortfall in savings relates to delays in achieving Housing Related Support (HRS) savings that is resulting in a £0.8m overspend. The service continues working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning of HRS services during 2019/20.

City of London Corporation

- The CoLC did not identify a saving target to date for the 2019/20 financial year.

Title of report:	City and Hackney's response to the NHS Long Term Plan: An Update
Date of meeting:	11 July 2019
Lead Officer:	David Maher, Managing Director, City & Hackney CCG
Author:	Nicholas Ib, Long-Term Plan Response Co-ordination
Committee(s):	None prior to ICB.
Public / Non-public	Public

Executive Summary:

During August and September the CCG will engage with key local partners on the City and Hackney elements of the STP response to the NHS Long Term Plan. We will require sign-off from ICB and the two local authorities; we intend to brief elected members and formally take the STP document to the LB Hackney cabinet and members in the the City of London. We are working with the integrated commissioning team to map out engagement and sign-offs.

It will be challenging over the next few months to ensure that all stakeholders are fully engaged with the local plans for the City and Hackney system. As crucial guidance has only been recently released (and some has yet to be released) and we are part of a system-wide process to draft and iterate the STP response to the NHS Long Term Plan, it will be crucial that system stakeholders feel ownership of what is being contributed to the STP plan.

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	<input checked="" type="checkbox"/>	This is a central objective of the NHS Long Term Plan
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	This is a central objective of the NHS Long Term Plan
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	This is a central objective of the NHS Long Term Plan

Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	This is a central objective of the NHS Long Term Plan
Empower patients and residents	<input checked="" type="checkbox"/>	This is a central objective of the NHS Long Term Plan

Specific implications for City

The LTP response document will articulate and distinguish the public health characteristics and local health and care priorities that have been identified as specific to residents of the City of London.

Specific implications for Hackney

The LTP response document will articulate and distinguish the public health characteristics and local health and care priorities that have been identified as specific to residents of the London Borough of Hackney.

Patient and Public Involvement and Impact:

21 local engagement events and focus groups have been held on a number of different topics directly related to the NHS Long Term Plan, as well as an STP event held in June. Feedback from patients, service users and residents is being incorporated into our response.

Clinical/practitioner input and engagement:

As soon as a draft is complete at the beginning of August, the Long Term Plan response for ELHCP will be widely circulated to clinical groups with feedback invited.

Equalities implications and impact on priority groups:

A comprehensive equalities impact assessment is planned at STP level as part of the process for drafting and getting feedback on the Long Term Plan response.

Safeguarding implications:

There are no specific safeguarding implications.

Impact on / Overlap with Existing Services:

The NHS Long Term Plan response will set out five year trajectories for how national access targets and funding priorities will be delivered locally, which will involve transformation programmes at local and STP/ICS level.

Main Report

Background and Current Position

The NHS Long Term plan was published in January this year by NHSE and set out a 10-year vision for the transformation of health and care, and a strategy for ‘a new service model for the 21st century’. Each STP/ICS area is required to submit a signed-off response, detailing how the local system will implement the Long Term Plan, to NHSE by Friday 27th September 2019. A final submission will be made by 15th November 2019. There is a requirement for a public version of the plan to be published before the November deadline.

City and Hackney CCG is currently contributing to the East London Health and Care Partnership response to the NHS Long Term Plan, as one of the three local systems that will make up the future ELHCP Integrated Care System. During July, the STP will collate responses from the three local systems and circulate a single STP-wide draft strategic plan to local partners at the beginning of August.

The LTP response will be in two parts, an overall narrative strategic plan document, and a number of accompanying spreadsheets setting out finance, activity and workforce trajectories for achievement of specific LTP outcomes. NHSE guidance for the narrative part of the LTP response only arrived on the 27th of June, and we are currently working with NEL to contribute to the first draft of the STP document. The templates and guidance for the finance and activity elements are expected during July.

City and Hackney Governance and Sign-off

During late August and September the CCG will engage with key local partners on the City and Hackney elements of the STP response to the LTP. We will require sign off from ICB and the two local authorities, and intend to brief members and formally take the STP document to the ICBs, and relevant committees and governance meetings in LB Hackney and The City, as well as the Health and Wellbeing Boards and CCG Governing Body and Accountable Officers’ Group Meetings. We have worked with the integrated commissioning team to map out engagement and sign-offs.

We recognise that it will be challenging over the next few months to ensure that all stakeholders are fully engaged with the local plans for the City and Hackney system. As crucial guidance has been delayed and we are part of a system-wide process to draft and iterate the STP response to the NHS Long Term Plan, it will be crucial that residents, members and system stakeholders in the City and LB of Hackney feel ownership of what is being contributed to the STP plan. We also recognise that some formal meetings will not fit with this timetable and we are working to establish how we ensure appropriate engagement and sign-off.

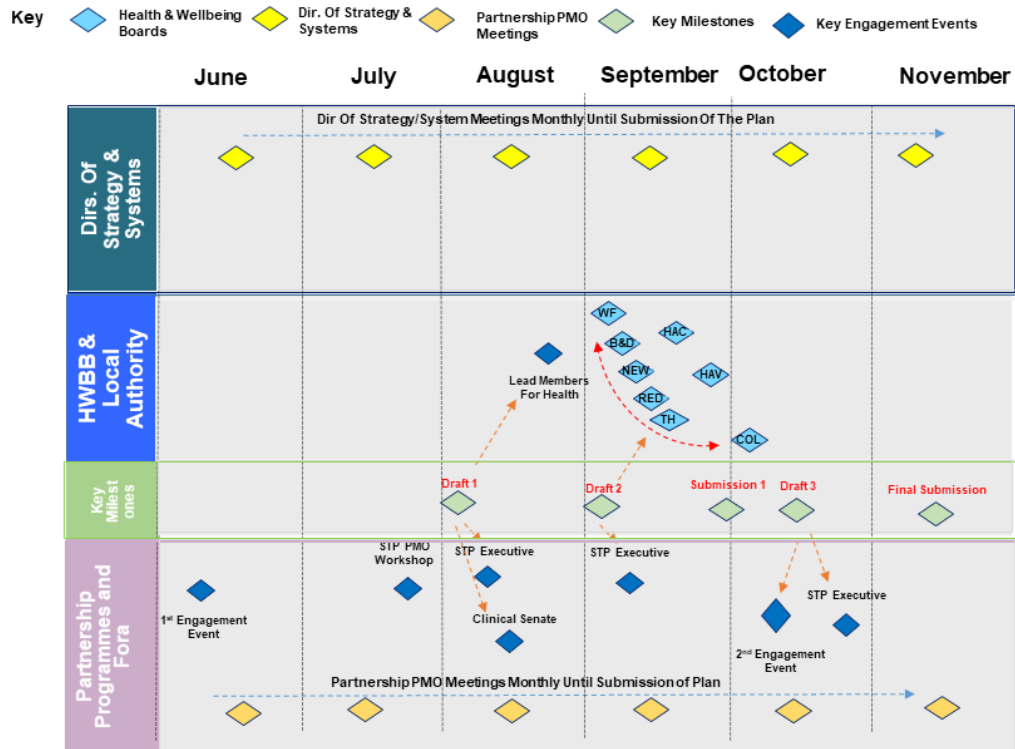
STP Governance and Sign-off

In August a draft of the STP LTP response will go to the STP Executive, the Clinical Senate, and the Lead Members for Health meeting. A further revised draft in September will go to Health and Wellbeing Boards and the STP Executive.

The following diagram sets out the STP engagement timetable:

Long Term Plan Engagement Timetable

Map Of How Narrative Of Plan Will Be Developed



Supporting Papers and Evidence:

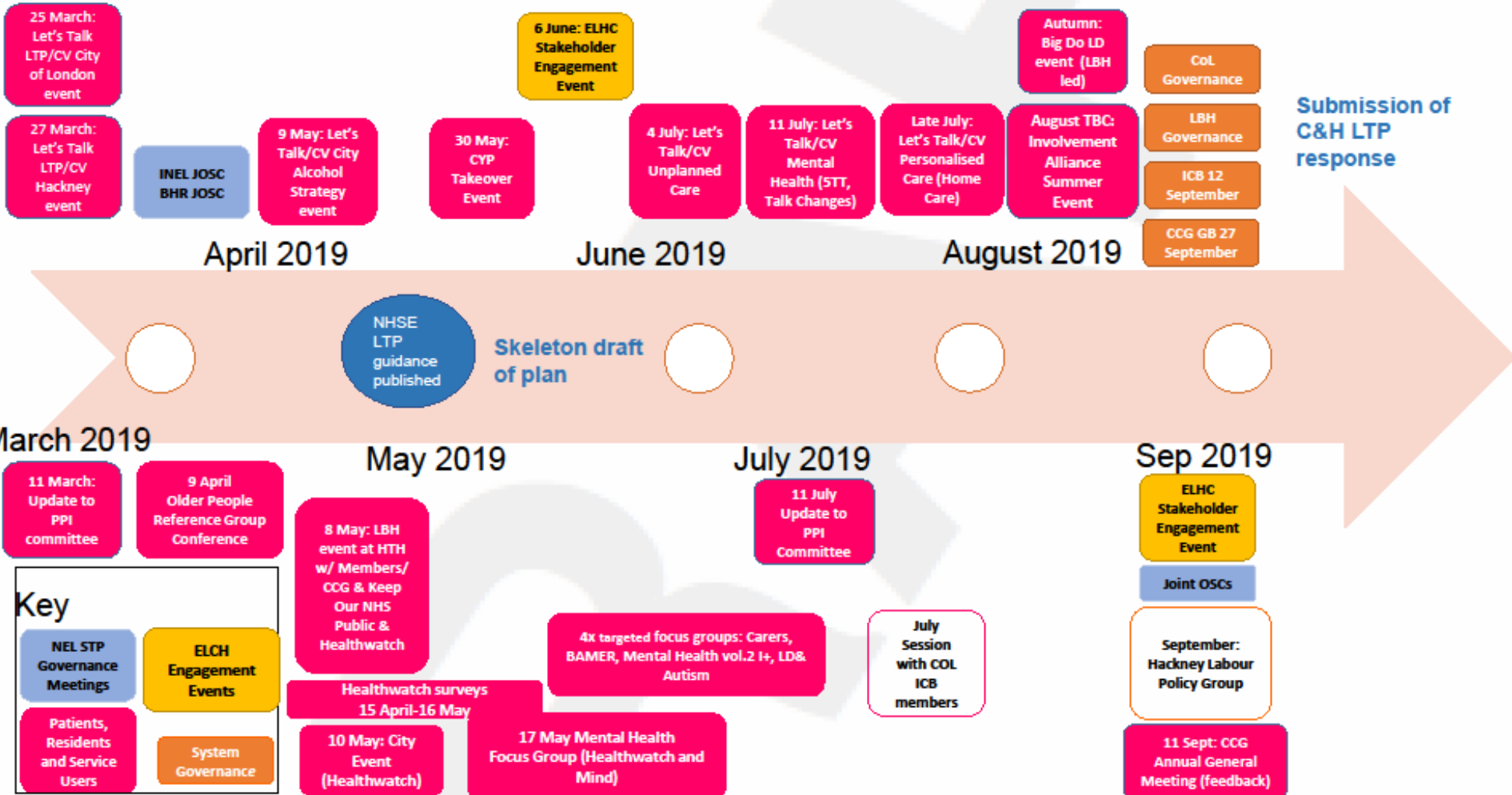
Appendix 1 of this paper details the various local engagement events that have also been taking place around the Long Term Plan. We are currently developing a specific plan for engagement and sign-off with local authority partners which is not reflected yet in this diagram.

Sign-off:

Sign-off has not been sought yet as this paper is an update on the process, and the first draft of the LTP response is currently still in development. Formal sign-off of the LTP response document will be submitted to September ICBs.

C&H Long Term Plan – draft consultation and engagement timeline 2019/20

Appendix A



Title of report:	Aligning Commissioning Policies
Date of meeting:	11 July 2019
Lead Officer:	Siobhan Harper, Director of Unplanned Care, City & Hackney CCG
Author:	Alison Glynn, Deputy Director, Transformation Delivery, NEL
Committee(s):	The document was discussed at the City and Hackney CCG Governing body on the 28 th June 2019
Public / Non-public	Public

Executive Summary:

The following paper sets out NEL CCGs approach to making changes to the local commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them. The paper also sets out how the changes were developed and provides details on the public engagement process that is currently underway.

The public engagement document is available at <http://tiny.cc/6p118y>

Recommendations:

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

- To receive and discuss the following paper; and
- To **NOTE** that the engagement outcome document and the new policy will then be taken to the Governing Body for discussion and agreement.

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

- To receive and discuss the following paper; and
- To **NOTE** that the engagement outcome document and the new policy will then be taken to the Governing Body for discussion and agreement.

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	<input type="checkbox"/>	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Patient Public Engagement of the policy is taking place and due to complete on the 3 rd July 2019.

Clinical/practitioner input and engagement:

A north east London wide clinical review group (CRG) was formed. Dr Gary Marlowe and Dr Suresh Tibrewal were the City and Hackney representatives.
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The group met monthly between July 2018 and March 2019 to compare the different policies from the National and the London programmes and the existing local policies in North East London and decide which ones were the clearest and based on the best evidence.

Gary and Suresh also consulted with 7 other clinical leads in the CCG for particular areas of the policy eg Gynaecology

Equalities implications and impact on priority groups:

None noted where mitigations were not already in place.

An equality impact assessment has been undertaken – the assessment is publically accessible here:

http://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Our%20work/ACP_equality_impact_assessment.pdf

Safeguarding implications:

None noted

Impact on / Overlap with Existing Services:

No direct impact has been noted at this stage although through the engagement process issues may be raised.

Sign-off:

Workstream SRO: Siobhan Harper, Director of Unplanned Care
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City & Hackney CCG: Governing Body 28 June
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Aligning commissioning Policies Engagement

Background

- There are currently two commissioning policies in north east London; one that covers City and Hackney, Newham, Tower Hamlets and Waltham Forest and one that covers the outer north east London CCGs.
- The policy for CCGs in inner north east London covers 53 treatments and has been in place since 2014/15 and therefore needs review.
- There has been a national consultation on 'Evidence Based Interventions' that has resulted in recommendations for CCGs to change their current commissioning policies. The development of these policies involved patient groups, professional bodies (Royal Colleges etc) and specialists in each of the fields.
- In addition, NHS England (London) has led an extensive programme of work called London Choosing Wisely looking at latest clinical evidence for certain treatments. They were also advised by clinicians, patient representatives and professional bodies.



What is happening locally?

- CCGs have been working together to look at how to make sure current commissioning policies are up to date with latest clinical practice and consistent with national and London policies.
- As part of this work, GPs in north east London including representatives from City and Hackney have said that there are a number of procedures that could benefit from more clearly defined criteria so they are clear about treatment options.
- To do this in a consistent way we need to make changes to the local commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them.

Why we are doing this.

To ensure that:

- The care patients receive is in line with the most up to date clinical guidance and is undertaken at the right point in their care pathway.
- Patients do not have treatments that carry unnecessary risk, don't work, or aren't the best option for them.
- All patients living in London, nationally and in NEL have the same access to the treatments that are outlined in this policy
- Making the changes we're proposing would save some money which will help the CCG stay within their budget and enable them to spend money on high priority clinical services.
- More importantly we estimate 2000 surgical theatre slots across inner north east London. These slots can be freed up to treat patients thereby improving waiting times and making the most effective use of valuable staff time and skills.
- Hospitals and GPs can be clear with patients about what treatments are available and for whom.

How did we go about this.

- A north east London wide clinical review group (CRG) was formed. Dr Gary Marlowe and Dr Suresh Tibrewal were the City and Hackney representatives.
- The group met monthly between July 2018 and March 2019 to compare the different policies from the National and the London programmes and the existing local policies in North East London and decide which ones were the clearest and based on the best evidence.
- Gary and Suresh also consulted with 7 other clinical leads in the CCG for particular areas of the policy eg Gynaecology
- Where the CRG required input from specialists, a total of 32 consultants from across Homerton, Barts, BHRUT, Moorfields, East London Foundation Trust & North East London Foundation Trust provided their clinical expertise to the group in order to help form clinical consensus as to the most clinically appropriate policy.
- Following extensive clinical discussions the proposed policy was formed.
- Quality and Equality Impact Assessments were undertaken in conjunction with the clinicians on the proposed changes.

Best practice and NICE guidelines

- NICE guidance provides a very useful framework for commissioning policy, so where there is NICE guidance (such as for managing low back pain or weight management), we have followed that guidance.
- NICE hasn't produced guidance for all these treatments so other peer reviewed national and international research has been used when that is the case.
- The exception to this is the London policy on cataracts which does recommend a threshold of 6/9 or worse for visual acuity and to take into account impact on a patient's daily life. Whilst this isn't strictly in line with NICE guidance, we have consulted local clinicians and they say this is their existing practice. It is worth noting that you can still drive with vision of 6/12 which is poorer eyesight than 6/9. This will ensure that all Londoners get the same access to treatment.
- The evidence in the London work suggests that patient satisfaction with outcomes of cataract surgery is reduced if procedures are done too early.

Exclusions

The changes we're proposing would not apply to:

- Patients diagnosed with cancer or suspected of having cancer
- Patients that have survived cancer e.g. breast reconstruction post cancer
- Children (aged under 18) unless otherwise stated within the individual policy
- People receiving emergency or urgent care
- Where NHS England is responsible for commissioning the care.

What we want to do – new policies



We want to introduce the following policies, most of which have come from the London and National work which will mean that people get access to the same treatment.

- Chalazia removal (lumps on the eyelid) in line with the national policy
- Shoulder decompression surgery with the national policy
- Interventional treatments for back pain (without sciatica) in line with the London policy
- Haemorrhoidectomy in line with the national policy
- Cataract surgery in line with the London policy
- Hip replacement in with the London policy
- Knee replacement in line with the London policy
- Spinal surgery in line with the London policy
- Functional electrical stimulation for foot drop in line with the rest of north east London
- Abdominal wall hernia management and repair in line with the rest of north east London
- Weight loss surgery in line with NICE guidance

What we want to do – change and clarify criteria)

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for:

- Ear surgery
- Nose surgery
- Dupuytren's contracture release
- Female breast reduction
- Grommets for glue ear in children
- Trigger finger treatment

This is so that only people who are likely to benefit from these types of surgery can have it.

In some of these treatments, we are relaxing criteria so more patients can access them eg Grommets, Dupuytren's contracture and Trigger finger treatment

What we want to do – not routinely fund



- GPs have identified some treatments that they think the local NHS should no longer routinely fund
- This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources.
- The treatments identified are:
 - Injections for non-specific low back pain in line with the national policy
 - Surgical interventions for snoring in line with the national policy
 - Laser surgery for short sightedness

Example: Hip and Knee replacements



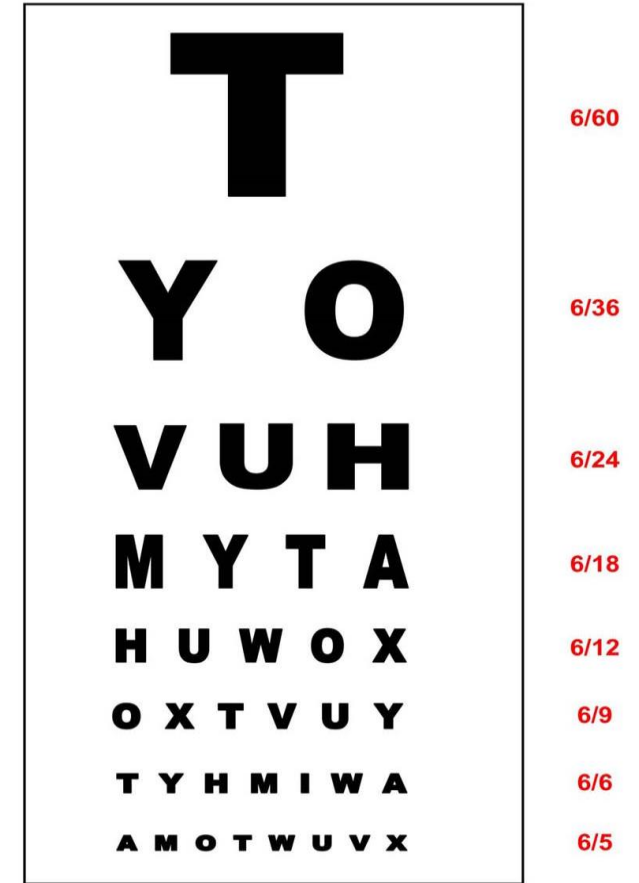
- The proposed policy is one that has been recommended to be applied across London.
- It asks that clinicians makes sure the patient has a confirmed diagnosis of osteoarthritis and that they have discussed all the options with the patient.
- We are not proposing time limits or restrictions related to weight but are asking that patients first try pain relief medicine, exercise and weight loss to relieve their symptoms.
- There is some evidence that this may also improve recovery rates if they do go on to have surgery.

Example: Cataracts



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- We are proposing to use the policy that the rest of London are using.
- This will ensure that there is equality of access for patients and that it is clearer for hospitals, GPs and optometrists.
- The proposed policy asks that before an operation, the clinician assesses that a patient has a best corrected (ie with glasses or contact lenses) vision of 6/9 in either eye and that the cataract is affecting the patient's day to day activities and increases the risk of a falls.
- According to the DVLA, you can drive with vision of 6/12 or better.



NB. This is for demonstration only. You shouldn't use this chart to test your sight as it is much smaller than the chart used by Ophthalmic practitioners

Example: Back Pain Injections



- The changes we are proposing follow the national recommendation backed up by NICE guidance on the management of low back pain.
- It proposes that clinicians should not offer local anaesthetic and steroid injections for patients with non specific low back pain because it doesn't work in the long term.
- Other options such as exercise and attending a specialised back pain clinic have better outcomes for patients.
- This won't apply to people with sciatica, infection, tumour, osteoporosis, lumbar spine fracture, structural deformity and other specific causes of low back pain.

What does this mean for patients?

- Whatever happens, there will always be exceptions.
- GPs and hospital doctors can make a request for treatment if:
 - they believe that their patient is clearly different to other patients with the same condition, or
 - the patient might significantly benefit from the treatment in a different way to an average patient with the same condition.

A panel of clinicians will review and decide if funding should be granted.

How many treatments will this affect?



- Last year City and Hackney CCG commissioned 1588 treatments in the categories that could change under these proposals. Of that number, we estimate 365 treatments may not fit the proposed criteria.
- This compares to over 56,280 planned daycase, inpatient and outpatients procedures commissioned by City and Hackney CCG last year.
- These estimates are based on audits and projections from the national data.
- We will continue to monitor and audit hospitals to make sure that they are following the guidelines.

How many treatments will be affected?

Treatment	Proposed policy based on	Number of treatments (Apr-18 to Mar-19)	Cost of treatments (Apr-18 to Mar-19)	Estimated activity reduction over a 12 month time frame	Estimated cost reduction over a 12 month time frame	Effective % change in activity	Effective % change in cost
Spinal Surgery and Interventional treatments for back pain	NHS England – London Choosing Wisely	214	£ 239,904	106	£119,951	49.5%	50.0%
Chalazia removal	National – NHS England Evidence Based Interventions	114	£ 60,068	101	£53,256	88.6%	88.7%
Spinal Injections	National – NHS England Evidence Based Interventions	66	£ 43,896	66	£43,896	100.0%	100.0%
Haemorrhoidectomy	National – NHS England Evidence Based Interventions	70	£ 81,104	34	£39,532	48.6%	48.7%
Cataract surgery	NHS England – London Choosing Wisely	595	£ 528,708	29	£26,041	4.9%	4.9%
Inguinal hernia management and repair	North East London aligned policy	219	£ 385,262	10	£18,649	4.6%	4.8%
Hip and Knee Arthroplasty	NHS England – London Choosing Wisely	172	£ 1,247,728	7	£59,417	4.1%	4.8%
Trigger Finger	National – NHS England Evidence Based Interventions	18	£ 26,588	5	£8,867	27.8%	33.4%
Grommets for glue ear in children	National – NHS England Evidence Based Interventions	34	£ 35,486	3	£3,353	8.8%	9.4%
Rhinoplasty/Septoplasty/Rhinoplasty (surgery to reshape the nose)	North East London aligned policy	27	£ 65,705	3	£9,072	11.1%	13.8%
Bariatric Surgery	North East London aligned policy	35	£ 239,380	1	£9,149	2.9%	3.8%
Breast reduction and correction of breast symmetry	National – NHS England Evidence Based Interventions	6	£ 19,052	0	£0	0.0%	0.0%
Dupuytren's contracture release	National – NHS England Evidence Based Interventions	15	£ 53,623	0	£0	0.0%	0.0%
Shoulder decompression	National – NHS England Evidence Based Interventions	2	£ 11,553	0	£0	0.0%	0.0%
Surgical interventions for snoring in the absence of obstructive sleep apnoea	National – NHS England Evidence Based Interventions	1	£ 1,632	0	£0	0.0%	0.0%
City & Hackney		1,588	£ 3,039,689	365	£ 391,184	23.0%	12.9%

Key	Description
	New - with clinical criteria
	New - not routinely fund
	Changed - current policy with updated clinical

What happens next.

- We are now in the middle of an engagement process with local people and clinicians which ends on 3 July.

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Any questions? Contact us: nelcsu.nelsmw@nhs.net

- After the engagement ends, we will take all the feedback and produce an outcome document.
- The Clinical Reference Group will review the feedback received and where clinically appropriate make changes to the policy.
- The outcome document and the new policy will then be taken to CCG Governing Bodies for discussion

Title of report:	Update on Value For Money Review for CPEN Bids
Date of meeting:	11 th July 2019
Lead Officer:	Sunil Thakker, CFO City & Hackney CCG & Ian Williams, Group Director of Finance & Corporate Resources, London Borough of Hackney
Author:	Amaka Nnadi, Finance & Estates Consultant, City & Hackney CCG
Committee(s):	Integrated Commissioning Board, October 2018
Public / Non-public	Public.

Executive Summary:

In October 2018, the a report on prioritised bids for funding from the City & Hackney CEPN (Community Education Provider Network) Workforce Enabler non-recurrent funds was presented to the ICB.

The prioritisation had been approved by the CHCEPN Board and endorsed at the Sept 2018 Transformation Board prior to presentation at ICB.

Both Hackney and City ICBs APPROVED the City and Hackney CEPN Scoring Group recommendations of the eight proposals for Workforce Enabler funding to help deliver transformation and integrated care across City and Hackney as approved by the CHCEPN Board, **subject to scrutiny in relation to sustainability and value for money by the two Chief Financial Officers, Ian Williams and Sunil Thakker.**

The review was carried out by the Integrated Commissioning Finance Task & Finish Group, with the CEPN Programme Director/CEPN Project Manager/the individual bid leads/workstream Directors present. The review process included a desk-top review of the bid documents, pre-view of queries to bid leads via email and, face to face discussions. All revisions to costings have been confirmed in writing between bid leads and CPEN Programme Director following the VfM review.

Please note that 7 of the 8 schemes reviewed have completed the VfM review and are recommended to progress to funding stage. One of the bids is going through the VfM review process currently. This bid as such is not recommended for approval to funding stage until the VfM process has been completed.

This report presents the outcome of the sustainability and value for money (VfM) review of the prioritised bids. Risks associated with the bids are provided within the body of the main report along with recommendations to mitigate the risks.

Recommendations:

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

- To **CONSIDER** the risks and recommendations set out in the report;
- To **ENDORSE** the recommendations as set out in the report.

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

- To **CONSIDER** the risks and recommendations set out in the report;

- To **ENDORSE** the recommendations as set out in 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	<input checked="" type="checkbox"/>	The CEPN Workforce Enabler bids support all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	The CEPN Workforce Enabler bids support all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	The CEPN Workforce Enabler bids support all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The CEPN Workforce Enabler bids support all the programme objectives
Empower patients and residents	<input checked="" type="checkbox"/>	The CEPN Workforce Enabler bids support 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

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

The CHCEPN Board following a prioritisation exercise for funding bids from within City and Hackney to allow best value use of allocation of £1.3m non-recurrent Workforce Enabler allocated funds of £1.3 million. The CHCEPN Board prioritised 8 out of 17 submitted bids and these were endorsed by Transformation Board (Sept 2018).

The 8 schemes approved were on the basis that they address key challenges including the NHS Five Year Forward View workforce position, innovation, and delivering care Closer to Home and at a neighbourhood level, with increased capacity for local communities.

The funding proposal for the 8 schemes was provisionally approved by both Hackney and City ICBs in October 2018 to help deliver transformation and integrated care across City and Hackney as approved by the CHCEPN Board. **The Oct 2018 ICB approval was subject to scrutiny in relation to sustainability and value for money by the two Chief Financial Officers, Ian Williams and Sunil Thakker.**

The bids approved by CHPEN Board and by the ICBs subject to a Value for Money review were:

Bid ref	Bid description
# 1	Improving multidisciplinary working and communication for community teams
# 2	Embedding a strengths based approach to practiced in Hackney (Social Care)
# 3	Group Consultations for patients with Long Term Conditions in primary care
# 4	Making every contact count (MECC)
# 5	Pilot 'Focused Cared Practitioner' model
# 6	Developing Community navigation skills within a neighbourhood framework
# 7	Developing a primary care based partnership approach (children's health)
# 8	Neighbourhood development events

All bids had undergone the value for money (VfM) review by January 2019 with the exception of bid #3 (Group Consultations for patients with Long Term Conditions in primary care). Bid 3 only went through the VfM review in June 2019 due to outstanding information available to undertake review. Please note that recommendations to maximise VfM for bid #3 is currently in progress.

VfM recommendations

Following the VfM review, the VfM panel and bid leads agreed revisions to the bid resource costings such as re-banding of posts and correction of transposition errors. This resulted in a

reduction of costs by £75k with further reductions expected with recommendation (i) below and, completion of the outstanding VfM on bid #3.

Below are the recommendations from the VfM review:

- i. **Training costs** - CHCPEN Programme Director and bid leads to undertake a training review to ensure a joint and collaborative whole system approach to common themes with training structured to maximise learning; minimise service impact; and strengthen relationships across health/care/neighbourhoods.

Consideration should be given to ring-fencing the c£500k total training & evaluation costs (as appropriate) and to be co-ordinated by CPEN leads until outcome of the joint review above.

[The original bids excluding bid #3 add up to c150 training sessions over 18months on average. This equates to 4 training sessions in every 10 working days. The training review will identify efficiencies whilst supporting high quality training delivery.]

- ii. **Evaluation** - CPEN leads should ensure best value, independent evaluation of proposals to deliver whole system learning and inform future planning. Disparate evaluation plans may not best serve these linked and inter dependent proposals which feature multi-disciplinary working, upskilling staff to maximise patient/service user contact, improving navigation and neighbourhood development.

- iii. **Underspends** – any underspend against the schemes should be retained centrally by CEPN and applied to existing/new bids as prioritised by the CHCEPN Board. As most bids are for projects spanning c18months, it is recommended a spending audit is conducted at the end of the financial year 2019/20 to ascertain any projected under-spend. The spending audit may be carried out by internal auditors or other suitable mix of finance persons.

[Organisations 'hosting' the bid projects will be required to record only allowable project costs using appropriate cost centre/project codes on the ledger. Allowable costs are as defined within the bid document costing section approved by the ICB]

- iv. **Operating and Monitoring** - there should be structures and processes in place for operational delivery and for monitoring performance against project deliverables. Operationally, projects should be anchored to workstreams to ensure holistic oversight.

Performance monitoring should be formal and with clear escalation protocols to management (CHCEPN board). Monitoring group could be a CHCEPN sub -group led by the CEPN Programme Director and supported with performance/finance /contract monitoring expertise drawn from existing personnel within the City & Hackney Partnership. The monitoring group should work to support project leads to deliver project targets through provision of regular scrutiny, financial analysis and support with escalating cross-organisational issues for resolution.

The following risks are flagged for the bids however, recommendations above will help mitigate these risks.

Risks:

- Sustainability/Recurrent costs: A number of bids are anticipated to trigger recurrent financial demands that as yet cannot be quantified given that the bids are pilot schemes, with projected outcomes theoretical and untested widely in many cases. E.g. Bid #5 'Focused Care practitioners'- this seeks to employ 6 new type of staff in one of the 8 neighbourhoods. If successful, funding of this new type of staff is expected by the project leads to come from new ways of commissioning across health and care partners, this potentially triggering staffing restructures.
- Accountability structure: the bids cut across commissioning and Provider organisations, multiple staffing groups, health and care teams. To ensure accountability and effective working across multiple partners, projects should be aligned to work streams with work streams ultimately accountable for the bid. This should facilitate better performance management as workstreams will have sight of all projects within their workstream and manage these from a whole-system perspective. There is significant risk of duplication and silo working if the projects are not anchored with the relevant work-streams.
- Inter-dependent project timelines: There is some inter-dependency between bids. These need to be worked through by the project leads to ensure project timelines are lined up appropriately for efficiency and to avoid time lags. E.g. Outcome of bid #6 on community navigation is a key input to other projects thus, project management oversight at work stream level per the point above will help with cross project communication [especially as work streams directors meet monthly at the Care Work stream Directors Group – CWDG].
- Cross-organisational working: Integrated commissioning arrangements have facilitated partnership working across commissioning and service delivery model however this does not fully extend to back-office/support functions across partners. Most of the bids cover health and care, and relies on partnership working which includes communication and process improvements, staffing re-configurations and possibly new commissioning arrangements. Cross-organisational working across support functions such as Communications, HR, Finance and Contracting services to support delivery will be key (timelines, processes, flexibilities around bottlenecks etc.).
- Performance & finance risks: Robust and timely monitoring will mitigate this risk. Please see recommendation (iv) above re: Monitoring group that should be able to provide support such as escalation of cross-organisational issues. It should be noted that the financial risk is not limited to the c£1m investment, but the anticipated benefits stated in the bids - recurrent multi-million pound savings across the health and care systems, work force benefits such as staff retention & job satisfaction, patient gains in terms of more joined up/accessible and effective services.

Conclusion

Following successful completion of the VfM review, funding release is recommended for the bids (except bid #3 until completion of the VfM review) per the revised costing per below (see green column):

C& H Community Education Provider Network (CEPN) Workforce Enabler Bid Title	CPE N Rank	Total Funding Requested	Approved Funding per paper to 11 Oct 2018 ICB	Revised costing post VfM review	Change to costing
Improving MDT working and communication for community teams in Neighbourhood setting	1	£ 142,997	£ 142,997	£ 109,657	-£ 33,340
Developing PC based partnership improving children's health outcomes through the Neighbourhood model	7	£ 86,505	£ 43,253	£ 56,105	£ 12,852
A pilot to explore a City and Hackney 'Focused Care Practitioner' model	5	£ 371,866	£ 371,866	£ 371,866	£ -
Embedding a strengths based approach to practice in Hackney	2	£ 230,000	£ 230,000	£ 200,000	-£ 30,000
Developing community navigation skills within a neighbourhood framework	6	£ 166,759	£ 166,759	£ 142,359	-£ 24,400
Group Consultations for patients with Long Term Conditions in Primary Care	3	£ 274,956	£ 208,956	£ -	-£ 208,956
Making every contact count (MECC) co-design and delivery of a training programme for City and Hackney	4	£ 70,100	£ 70,100	£ 70,100	£ -
Neighbourhood Development Events	8	£ 45,096	£ 45,096	£ 45,096	£ -
		£ 1,388,279	£ 1,279,027	£ 995,183	-£ 283,844
			Adj outstanding bid #3:		£ 208,956
			Reduction as at Jan 2019:		-£ 74,888

The ICBs are asked to review the recommendations above and approve these to support Value for Money of the bid proposals, and mitigate the risks identified above.

Sign-off:

London Borough of Hackney: **Ian Williams, Director of Finance & Corporate Resources**

City & Hackney CCG: **Sunil Thakker, Finance Director**

Title of report:	Detailed Review - Children, Young People and Maternity: Families
Date of meeting:	11 July 2019
Lead Officer:	Anne Canning: Senior Responsible Officer Amy Wilkinson: Workstream Director
Author:	Amy Wilkinson with contributions from CCG and LA teams
Committee(s):	Clinical Executive Committee 12 th June 2019 Public Patient Involvement Committee 13 th June 2019 Finance and Performance Committee: 19 th June 2019 All for information / endorsement.
Public / Non-public	Public

Executive Summary:

This paper is the detailed workstream review outlining progress to date, and direction of travel for the Children, Young People, Maternity and Families workstream.

This paper provides an update to the Integrated Commissioning Boards on the workstream progress in respect of a number of areas. These include:

- Delivery of the workstream 'asks'
- Performance against national Constitution standards, Integrated Assessment Framework standards, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward

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

Performance

- Quality metrics are continuing to improve across Maternity, building on the Trust CQC 'Good' rating (August 2018, CQC) and now working toward achieving 'Outstanding'. IAF indicators, including patient experience continue to need focus. The service recently (June 2019) received 4 awards from the Chief Midwife for England (the only trust to achieve 4).
- 28.9% of women booked on Continuity of Carer pathway in March 2019 – exceeding national ambition of 20%. Aiming for 35% by March 2020, and HUFT are supporting other trusts with models. Agreed CQUIN to provide Continuity of Carer for women with pre-existing diabetes pathway well under way.
- Deliveries with complications and co-morbidities increasing year on year at HUH. Final year data shows an increase from 54% in 2017/18 to 63% in 2018. Suspected impact of coding changes (increased use of 'Z' and '009' codes – reflecting 'complexity') confirmed by external audit June 2019, resulting in significant financial impacts. Resolution of this is currently being negotiated between the CCG and HUFT, supported by NELCSU.
- The CAMHS transformation continues to support impressive CAMHS performance: City & Hackney is performing well for CYP MH Access by MHSDS submission, and reducing wait times. We have been shortlisted for 2x bids – (NHSE £) Mental health

support teams in schools (clinicians, building on strategic work), and VCSE "Mind the Gap" with NHSE, PHE, HCVS, Family Action and Off-centre: supporting Black African and Caribbean young people at key transition points. We are awaiting confirmation of outcomes.

Activity

- Linked to the above, maternity activity continues to increase at HUFT and decrease out of area, likely linked to quality and reputational improvements.
- A locally agreed paediatric critical care tariff to account for activity already undertaken and to support further work on this has been agreed and will be implemented during 2019/20
- There are a range of transformational integrated priorities being delivered across the partnership currently, including a 0-25 strategy, an emotional wellbeing strategy, a 2 year immunisations action plan, a City and Hackney approach to Adverse Childhood Events, clarification of SEND pathways, and the redesign and commission of our Health of Looked After Children's service.
- Work has begun to develop an integrated commission of the CYP Speech Language Therapy service, aiming to have a pooling arrangement in place for April 2020.
- A third of the contracts forming the HUFT community health services contract deliver on outcomes for children and families, and these are being re-designed as part of the 'Neighbourhood Health and Care' work, in line with our transformational and collaborative ambitions.
- Work on key priorities aligned to the NHS Long Term Plan continues, including (with Planned Care), the development of a draft local protocol for delivery of 'Care, Education and Treatment Reviews' for children at risk of residential placements.

Financial

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

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Links to Key Priorities:

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

Specific implications for City

City of London specific priorities have been revisited during early 2019 CYPMF has supported an integrated deep dive of current CYPMF health and wellbeing contracts and commissions, with a view to extrapolating best value and outcomes for children and their families going forward. Specific priorities are emerging.

Specific implications for Hackney

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

Patient and Public Involvement and Impact:

This review has been to the PPI committee, and was well received with key queries on maternity, looked after children, and CAMHS. There were congratulations on co-production work in the CoL with families of children with SEND. Several other examples of co-production are outlined in the review.

Clinical/practitioner input and engagement:

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

Equalities implications and impact on priority groups:

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

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

Safeguarding implications:

There is a specific section on safeguarding, including our approach to supporting changes outlined in the new 'Working together to Safeguard Children 2018' Guidance' embedded in the review. Changes have now been accepted and published by national government.

Impact on / Overlap with Existing Services:

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

Sign-off:

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health
London Borough of Hackney: Anne Canning; Group Director Children, Adults and Community Health
City of London Corporation: Andrew Carter, Director of Communities and Children's Services
City & Hackney CCG: David Maher, Managing Director

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

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Detailed Review July 2019
Integrated Commissioning Board



City and Hackney
Clinical Commissioning Group

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Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">88 86e dMaternity</p>	<ul style="list-style-type: none"> ■ Slight increase in deliveries in 2018/19 at the Homerton with evidence of increasing coding of deliveries with complexities and comorbidities ■ Sustaining improvements in quality performance of midwifery services at HUFT, verified through CQC inspection August 2018 (moved from 'needs improvement' to 'good'). HUFT received 4x Chief Midwifery Officer for England awards June 2019. ■ 28.9% of women booked on Continuity of Carer pathway in March 2019 – exceeding national ambition of 20%. Aiming for 35% by March 2020, and HUFT are supporting other trusts with models. Agreed CQUIN to provide Continuity of Carer for women with pre-existing diabetes pathway well under way. ■ Deliveries with complications and co-morbidities increasing year on year at HUH. Final year data shows an increase from 54% in 2017/18 to 63% in 2018. Suspected impact of coding changes (increased use of 'Z' and '009' codes – reflecting 'complexity') confirmed by external audit June 2019, resulting in significant financial impacts. Resolution of this is currently being negotiated between the CCG and HUFT, supported by NELCSU. ■ Activity continues to decrease with OOA providers and complexity profile has remained static at UCLH, Whittington & Barts ■ Good performance shown on maternity dashboard in areas such as early booking and maternal and neonatal observations. ■ Family and Friends Test continues to be an area for improvement. IAF indicators reflect work needed on improving patient experience (note, data collected Jan 2018, prior to HUFT midwifery re-organisation) ■ Increasing caesarean rates continue to be high, but not wildly so, and not likely to be linked to coding issues. This is being monitored through the Maternity Quality NRF schemes continue to show good performance and Performance Group and the CYPM workstream ■ Refreshed Maternity Voices Partnership increasing user engagement and progressing well
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Children and Young People</p>	<ul style="list-style-type: none"> ■ Robust provider and partnership response to measles outbreak in NE Hackney continued from October to January. The CCG commissioned the GP confederation to deliver an increased number of clinics to support immunisation, 1000 imms were delivered in addition to increased primary care activity. Local system response nominated for an NHS Parliamentary award. Outbreak now waning, with local campaign rolling out June 2019. ■ No significant budget variances at year end ■ Block contract arrangement agreed for HUHT paediatric critical care Level 1 and Level 2 activity for 2019/20 ■ Continuing SEND pressures across the system, with financial impact on LBH and high media profile, operational impact of increased activity demands on HUHT community paediatrician and therapy services –under review ■ Improved performance of personalised asthma plans delivered by primary care ■ Joint work (with Planned Care and across system partners) begun to develop City and Hackney protocol and process to deliver 'Care, Education and Treatment Reviews' in line with LTP drive on autism and LD. Includes development of a register.

Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAMHS & Wellbeing Page 89</p>	<ul style="list-style-type: none"> ■ Work continues on drafting of a system wide children and Young People’s Wellbeing Strategy, led by the workstream ■ Establishment of 24/7 crisis resolution and liaison mental health service on track ■ City and Hackney achieved the Mental Health Investment Standard in 2017-18. Our planned programme of investment will ensure that we achieve the mental health investment standard in 2018-19 whilst staying within our envelope of affordability. This is supported through the delivery in 2018-19 of £249,000 in CYP mental health QIPP savings. Planned QIPP savings for 2019-20 are £631,000 ■ Phase three of the CAMHS Transformation Programme is under way. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to children’s mental health ■ Based on locally collected data we are predicting an end of year CYP MH Access rate of c40%. We are likely to be one of the highest performing CCGs in the region (published data due around July 2019). ■ City and Hackney achieved full compliance with all FVFV CYP MH targets.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SG</p>	<ul style="list-style-type: none"> ■ City and Hackney are on track to implement new legislative guidance on Safeguarding ‘Working together to Safeguard Children 2018’. System changes on track to be published June 2019. This includes changes to the Serious Case Review process and Child Death Overview Panel (agreed NEL approach). ■ Work to design and implement a City and Hackney approach to ACE’s underway with local partnership workshop July 2019.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Public Health Services</p>	<ul style="list-style-type: none"> ■ Co-ordination of new Immunisations 2 year action plan begun, with local comms campaign ■ Health visiting continues to perform well and work toward unicef baby friendly accreditation ■ From 1st September 2019, Hackney and the City of London’s new integrated Health of Looked After Children’s service will go live, delivered by HUFT. ■ Joint work is beginning on drafting a City and Hackney 0-25 Strategy

Performance: Risk, Issues and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>The WS QIPP target is 938,000 (including 19/20 stretch).</p>	<p>The WS is on track to deliver approx 871,000 of this currently. Further QIPP opportunities are being sought. General efficiencies are also being identified across delivery budgets, largely through reducing duplication.</p>
<p>The implementation of a clear workstream financial strategy that maximises pooling and aligning opportunities to work more efficiently</p>	<p>A financial transparency and scoping exercise has taken place with key budgets identified. Currently there is approx 60 million of aligned budgets and agreement to pilot a pooling arrangement. This work is progressing, with the piloting of a pooling arrangement for Speech Language therapy. This is scheduled to go live April 2020.</p>
<p>The implementation of family work through the neighbourhood model, specifically agreeing an effective way forward that ensures close working with a 6 cluster area safeguarding and CHS structure</p>	<p>The CYPM neighbourhoods working group (with UPC) meets monthly and is working with key stakeholders on a range of ways to take this forward, strategically and at pilot level</p>
<p>CYP school exclusions and self-harm remain high. Hackney has significantly higher numbers of children in Social Emotional and Mental Health and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN). Demand for CAMHS continues to increase by 15-18% per year for each of our local services</p> <p>Gaps in 18-25 services remain but are being addressed as part of CAMHS Transformation Phase 3 – Transitions Workstream</p>	<p>CAMHS transformation programme is tackling a range of these challenges with strong partnerships in place across the LA and HLT. We are also piloting a 16-25 year old transition service.</p> <p>We have submitted a bid to deliver 2x Mental health support teams in schools through the national trailblazer</p> <p>We have also been shortlisted to deliver increased support for Black African and Caribbean heritage young people at points of change with VCS partners (900K over 3 years).</p>

Performance: Risk, challenges and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>Maternity deliveries with complications and co-morbidities increasing year on year at HUH as per YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018 (see previous detailed review). We suspected some of this was due to a coding change by the HUH whereby they have been applying Z (complexity) codes to some delivery activity.</p>	<p>Independent coding audit confirmed changes in coding practise during 2017/18, leading to significant financial impacts. A resolution is being negotiated across the CCG and HUFT with the support of NELCSU.</p>
<p>Increasing caesarean rates an area of concern. This is being monitored through the Maternity Quality NRF schemes, and the Business and Performance Group and the CYPM workstream.</p>	<p>This will continue to be monitored and an action plan developed, linked to the above risk</p>
<p>Family and Friends Test continues to be an area for improvement linked to IAF indicators</p>	<p>Work is underway through HUFT as part of their Maternity Action and Improvement Plan</p>
<p>A recent audit of C2C outpatient paediatric activity with HUHT indicates remedial coding work required. Approx 50% coded as C2C were found to be internal follow ups and incorrectly coded</p>	<p>HUH credited some activity for 2018/19 and wider in depth audits on counting/coding are to be conducted in Q2 (led by Planned Care workstream) to ensure costs are appropriate.</p>
<p>Transfer of Health of Looked After Children's service</p>	<p>Safe transfer on track to be achieved from WH to HUFT with funding envelope agreed. Implementation of new service underway. Partnership redesign group continues to develop the care pathways underpinning the agreed specification. Incumbent provider has committed to close working with commissioners and the new provider to safely transfer the service. No requirement for transfer of records.</p>

Performance: Risk, Issues and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>City and Hackney's recent measles outbreak is now waning.</p> <p>Addressing current low uptake of immunisations and vaccinations, particularly in the north of Hackney, but also more generally, exacerbating levels of risk around health protection outbreaks. This is complicated by centralised commissioning arrangements and lack of clarity centrally on outbreak funding arrangements.</p> <p>Page 92</p>	<p>A quick outbreak response to the measles outbreak was commissioned by the CCG (delivered by the GPC), for 8 weeks with over 1000 imms delivered through the GPC service. Some imms activity data transfer (on practice systems) is still outstanding, impacting full performance analysis. GPC is leading on this with practices with a June deadline.</p> <p>The local partnership 'Improving immunisations' action plan and targeted public health campaign have been agreed with partners, capitalising on the recent surge in demand for vaccinations following outbreak. The targeted public health campaign will go live in June 2019.</p> <p>The CCG has commissioned a targeted service offer for NE Hackney practices in 2019/20. This, with the NHSE commissioned call and recall pilot for NW Hackney, will help inform network plans for 20/20.</p>
<p>The Long Term plan outlines Care Education and Treatment Review (CETRs) processes that are the responsibility of the CCG are not yet fully embedded. These cross -agency arrangements are intended to prevent avoidable admissions to long stay specialist hospitals for children and adults with LD and / or autism who are displaying challenging behaviour.</p> <p>The coordination and chairing of children's CETRs, no baseline of activity levels whilst robust dynamic risk register is developed with partners)</p>	<p>Work across the CYPMF and planned care workstream with LBH, City and education colleagues to establish a dynamic risk register and CETR arrangements is progressing well.</p> <p>Lay Board Member has offered leadership to the early children's CETRs, supporting the agreement of governance processes and raising the profile of this Agenda.</p> <p>NEL Sector Programme support and learning from STP CCGs and adults' processes.</p> <p>Engaged partnership working to draft governance protocols.</p>
<p>Financial pressures on funding SEND across the system</p>	<p>Current PIC funded pilot work is supporting integrated funding arrangements across health education and social care</p>

Prospective opportunities

To maximise our City and Hackney position as an emerging ICP in line with priorities identified around ensuring the '**Best start in life**' through the **NHS Long Term Plan**. We are making good progress against priorities in the plan, including maternity transformation, CAMHS transformation and starting early partnership work on LD and autism (ie. CETRAs). There is also opportunity to build on immunisation discussions (co-commissioning arrangements?) and digital priorities with our ICT enabler and new digital lead (being recruited to).

To work closely with Prevention on piloting delivery of **MECC (Making Every Contact Count)**. The midwifery service will be an early adopter with Health visiting following shortly.

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

To re-work our vision for children and young people's **community health services** as part of the wider 'Neighbourhood health care' re-design and commissioning process. This will be a key delivery element of our wider plans for drafting and implementation of an **integrated 0-25 health and wellbeing Strategy**. This presents a good opportunity to re-design CAMHS, more closely linked to neighbourhoods, building on the Paediatric Psychiatric Liaison pilot.

Our City and Hackney **neighbourhood approach and the development of PCNS** provides us with the opportunity to target resources more effectively. We are exploring this through our CYPM Neighbourhood Co-ordination group, piloting neighbourhood work on immunisations and paediatric psych liaison initially. We will begin our work to roll out CYP and a families MDTs across each neighbourhood during 2019/20. We will strengthen joint working between community paediatrics and primary care, specifically in the transfer of two community baby clinics to two practices in NE Hackney with very high child lists. Also piloting the move to an 8 week baby check that includes the first immunisation.

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

To work with our NELCA partners to explore streamlining, quality improvement and efficiencies in **paediatric critical care**. The CCG has agreed a block contract for critical care level 1 and Level 2 in 2019/20, and the HUHT is working towards completed delivery of a staff training CQUIN to enhance the knowledge, skills and confidence of staff to care for babies who are transferring from NICU to Starlight.

The development of an **integrated Emotional Health and Wellbeing Strategy** that frames the CAMHS Transformation and places the Alliance in a strong position going forward across all partners is a significant opportunity. Changes linked to new safeguarding guidance may bring new opportunities to work in a more aligned way across NEL, and also to look at how we approach work around **Adverse Childhood Events** in a useful and joined up way.

Transformation: Progress against priorities

Priority	Deliverables	Progress Dec 2018	Progress May 2019
Improving emotional health and wellbeing of children and young people	<ul style="list-style-type: none"> - Development of an integrated children and young people's emotional wellbeing strategy - Co-ordinating delivery of the CAMHS transformation agenda - Improving delivery of CAMHS for those in contact with Youth Justice 	<ul style="list-style-type: none"> - Draft workplan for development of the strategy agreed. - CAMHS transformation progressing well - Early discussions on service development / design for YJ cohort 	<ul style="list-style-type: none"> - Draft progressing, due summer 2019 - CAMHS transformation progressing with application for MHSTs pathfinder and VCSE programmes submitted. Recruiting to project team for phase 3 - C&H CAMHS shortlisted for HSJ award (pathway development)
Strengthening our health offer for vulnerable groups	<ul style="list-style-type: none"> - Re-design and delivery of our Health of LAC service - Developing clear and effective integrated pathways, including identifying gaps and sustainable ways to address these for our SEND cohort - Data capture and analysis (scoping) work on 17/19 exclusions cohort - Early work on a City and Hackney approach to adverse childhood events 	<ul style="list-style-type: none"> - On track and progressing well - Scoping discussion taken place. Way forward being drafted and Delivered (see Big Ticket) - agreed as a whole system approach - On track 	<ul style="list-style-type: none"> - Service specification with strengthened case management agreed, contract negotiations on track for service commencement September 2019 - On track (see Big Ticket items). Protocol being developed for CETRs as per LTP - On track – some funding secured and workshop July 2019. Good buy in to working group
Improving the offer of care at Maternity and Early Years	<ul style="list-style-type: none"> - Supporting HUFT to move toward delivery of an 'outstanding' midwifery service - Working with 'Prevention' to reduce smoking in pregnancy - Supporting implementation of the national 'continuity of carer' agenda 	<ul style="list-style-type: none"> - Quality of service improving (see performance detail) - Progressing - CQUIN agreed and work on 16 week check progressing. COC work plan in place. 	<ul style="list-style-type: none"> - Quality of service continuing to improve (see performance detail) - Progressing with ELLMS - Solid performance on CoC (29.5% against national target of 20%).

Transformation: Progress against 'big tickets'

Big Ticket Item	Objective / Milestone	Progress Dec 2018	Progress May 2019
Working together to explore reducing exclusions	Delivery of an analysis of factors affecting exclusion, looking specifically at the role of health with a view to identifying areas for improvement. To be delivered Winter 2018.	Delivered – dissemination plan being implemented through governance structures	
Implementing and consolidating the offer for children with SEND, particularly U5s (Part of key transformation priority on strengthening our offer for vulnerable groups)	Implementation of SEND inspection recommendations, including whole system pathway clarification and development for U5s. Includes implementing mechanisms for early involvement of health to EHCPs and embedding this in practise.	NR Resource agreed and work being scoped.	Joint funding agreed for a number of children via monthly case management meeting between CCG, HLT and HUHT (Pathway available but no eligible City children to date) Speech and language pilot for independent school children developed and planned for Q3
Working with Primary Care to support capacity to manage childhood illness in the community Supporting multi-professional working to streamline care	Closer links between primary care and children's community health professionals, including looking at alignment of systems and other ways of facilitating (eg. closer links with GPs and School nurses) This work will be done with Unplanned Care through the 'neighbourhoods model'.	Being worked through with the 'Neighbourhoods' working group and likely to be taken forward through a joint CEPN bid	Being worked through with the 'Neighbourhoods' working group and likely to be taken forward through a joint CEPN bid Healthier Hackney 19/20 scheme awarded to Hatzola (volunteer ambulance service highly trusted in the Orthodox Jewish community) to promote management of childhood illness in the community
Development of a new integrated health offer for our Looked After Children	Re-design and Re-commission of our Looked after children's health service. Go live September 2019.	Progressing well. Robust stakeholder engagement plan and re-design process in place. Draft spec on track for Jan 2019.	Outcome of governance process is approval to negotiate a new contract. Specification agreed and new service start date of September 2019 on track.

Alignment with NHS LTP, NEL / STP and ELLMS Plans

Maternity

- City and Hackney on track to delivery maternity transformational deliverables outlined in **Long Term Plan** (see separate doc)
- **Safety**: Perinatal Mortality Review Tool review process and structure in place across NEL.
- ELLMS Trusts all engaged with PreCept wave 1 *around administration of magnesium sulphate to eligible preterm mothers*
- Maternal Medicine Network progressing and is led in East London by Rehan Khan
- Perinatal mortality trajectories to be submitted for Q2 data to NHSE.
- **Continuity of Carer**; Ongoing plans to develop models of care and reorganise services to ensure EL are on trajectory to reach the national target of 20%. ELLMS exceeding target, achieving of 26.9% in 2018/19
- **Women's experience** framework developed by Bart's and supported by the LMS to jointly measure women's experience of CoC.
- **Choice and Personalisation**; 100 percent of women across ELLMS were offered choice and 66% had a personalised care plan by the end of Q3 2018/19
- **Co-design and co-production**: Ongoing recruitment process of ELLMS Band 7 Maternity PPI Lead.
- **MVPs**: MVP lead in place, tender out for delivery of MVP for NEL neighbours.

Children and Young People

- There is now a formal CYP (0 to 25 years) STP workstream in place. Initial priorities agreed are **asthma, urgent and emergency care, and mental health**. Further priorities to be agreed will align with the Long Term Plan
- In addition to the NEL asthma network, City and Hackney have established a **local asthma network** comprising the HUHT Consultant and Nursing leads, specialist respiratory pharmacist, GP confederation and CCG clinical and commissioner leads.
- The **Child Sexual Abuse Hub** has progressed with the paediatric assessment clinic starting at the Royal London in April. The emotional support service commissioned from Barnardos (*Tiger Light*) has also started with further communication planned to clarify the referral links with borough based CAMHS services.
- In addition to the STP workstream, we continue to progress our integrated commissioning plans for Audiology with Tower Hamlets and Newham CCGs

Alignment with NHS LTP, NEL / STP and ELLMS Plans

Safeguarding

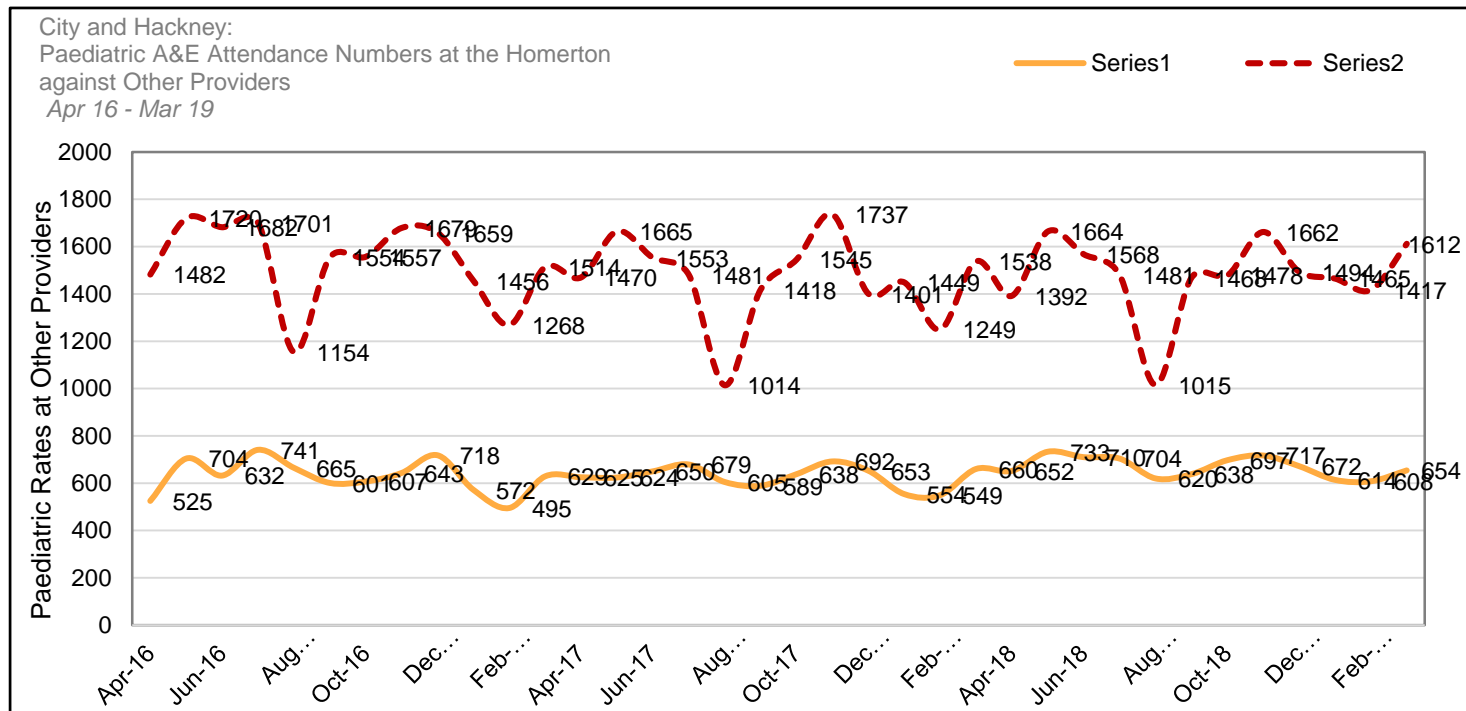
- A working group of **designated health professionals** from the 7 CCGs are meeting on a 8 weekly basis to consider elements of safeguarding that can be produced that would work across the STP footprint.
- Terms of reference have been established and there are 3 work streams.
- The work streams cover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

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CAMHS

- Delivering in line with the national CAMHS transformation
- City and Hackney leading NEL wide work - further detail in MH Detailed review.

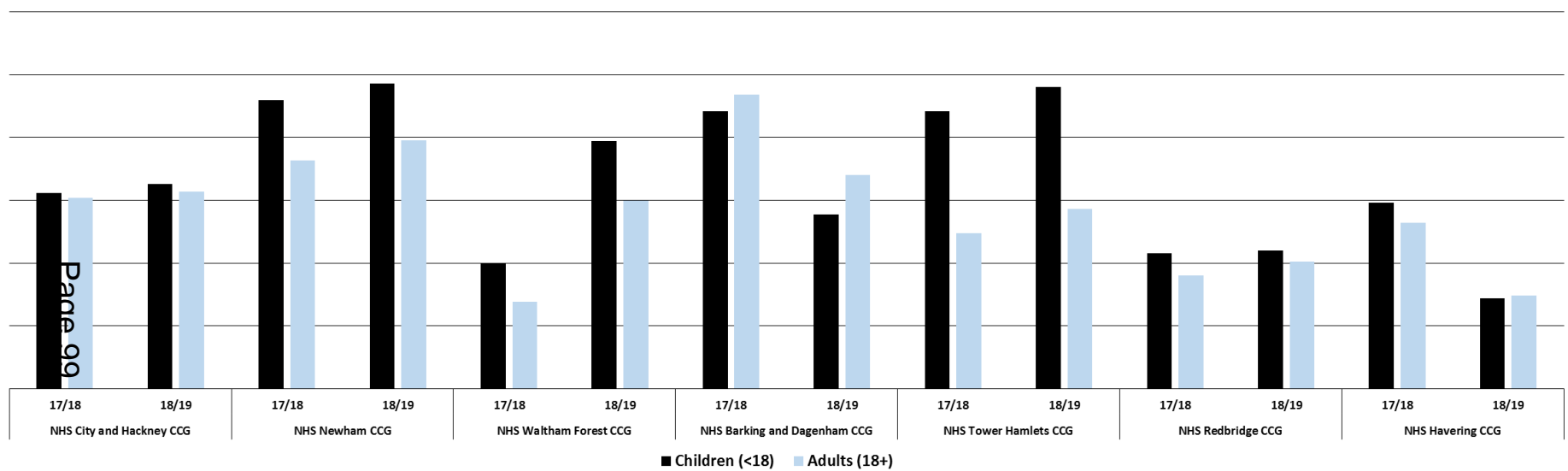
Children, Young People and Safeguarding

Unplanned attendances



Unplanned attendances

A&E attendance rate per 1000; benchmarking



Work is being planned with the Unplanned Care work stream to review CYP activity / scope within the following commissioned services:

- 111
- duty doctor
- GP OOH
- hubs
- proactive care home visiting and proactive care practice based

Targeted work planned for the Orthodox Jewish community through the Hatzola Healthier Hackney project (common childhood illnesses).

Immunisations and Outbreak Response

Outbreak and Response

2018/19 is year two of a NR scheme funded by the CCG, to embed systems and provide additional capacity in primary care, in order to achieve 95% herd immunity coverage

- During the commissioned 8 week outbreak response October –December 2018 the GP Confederation delivered over 1,000 immunisations
- Owing to the CCG commissioned service already in place, the GPC were able to mobilise immediately upon the CCG agreeing to fund a 4 + 4 week outbreak response (total funding £64,730.40). Local partners worked closely with Public Health England and NHSE on a joint response, with local political and senior leadership support.
- The GPC offered Haringey some support with delivering additional clinics
- Practices have worked extremely hard to optimise their access for childhood imms during this period.
- The GPC has offered full schedule catch up as opposed to only MMR.
- The response from the community in NE Hackney, and from Charedi community leaders has been incredible. The local partnership is committed to maximising this response to create sustained change in immunisation coverage.

Sustaining Performance

- Led by PH Hackney, the partnership has agreed a local network draft action plan, and a task group has developed a public health campaign targeting NE Hackney initially. This is due to go live in Q2 and is closely aligned with the priorities of the NE networks

Challenge

- The responsibilities of commissioning partners remains unclear but there is commitment from NHSE to review arrangements through a workshop with immunisations and primary care NHSE teams

SHOULD YOU IMMUNISE YOUR CHILD?

Immunisation uptake in our community is very low, which has led to the recent measles outbreak. Immunising on time is the best way to protect your child and your community.

1 MEASLES IS A SERIOUS DISEASE

Measles starts with cold-like symptoms, but a rash then develops. Common complications such as pneumonia can become serious and make your child very unwell. Measles can also cause deafness, brain damage and even death.

2 IMMUNISATIONS ARE SAFE

Immunisations have been tested repeatedly before they are given. A lot of research has been carried out to ensure that they are safe and effective to protect you and your child against deadly diseases. There is no evidence that the MMR vaccine causes autism or other disabilities.

3 PROTECT YOUR CHILD AT THE RIGHT TIME

We need to give immunisations at exactly the right age so that your child is protected. Leaving it too late, even by a month, puts your child at risk. Please attend immunisation appointments on time when you are invited by your surgery.



4 IMMUNISATION SIDE-EFFECTS ARE COMMON AND MILD

Minor side-effects are common after immunisations such as fever, pain and redness around the injection site, but these can be controlled and will get better. They are not usually serious.

5 IMMUNISATIONS WILL NOT OVERLOAD YOUR CHILD'S BODY

Every day, a child's immune system deals with over 10,000 different viruses and bacteria when they eat or play. Giving a few inactive viruses in the form of a vaccination will not overwhelm your child, but it will protect them.

6 RABBIS ENDORSE IMMUNISATIONS

Rabbi Pinter has stated that the Rabbinate of the UOHC strongly recommend that everyone gets vaccinated on time as per the childhood immunisation schedule.

7 BOOK YOUR IMMUNISATION WITH YOUR GP NOW!

Contact your GP surgery today to book in for your immunisations.

Appointments are also available at the Lubavitch centre.



Care, Education and Treatment Reviews (CETRs)

These responsibilities come from the national NHS Transforming Care agenda (2015), improving health and care services so that more people can live in the community, with the right support, and close to home. The joint working across health, social care and education is integral to the achievement of these outcomes. The Long Term Plan (NHSE January 2019) further details the expectations of health and care in supporting people with LD and autism

CCG responsibilities

- An agreed policy and RAG system for risk stratification of people with a learning disability, autism or both who display behaviour that challenges Development of a dynamic register of 'those at risk of admission' (to a specialist mental health / learning disability hospital either in the NHS or in the independent sector). Consent must be gained for inclusion on the register. The register should inform the commissioning of support services and at an individual level will identify those who may go on to or are starting to display behaviour that challenges.
- The convening of care education and treatment review meetings for children and adults who are at immediate risk of admission (NHSE convene meetings for those who are already inpatients) and all necessary follow up and coordination of recommendations

Actions

- Draft protocol to be submitted to the CYPMG Strategic Oversight Group and the Transitions Steering Group in June 2019
- Proposal is for CETR risk register to be monitored as part of the monthly Transitions Case Management Group with commitment from all agencies
- NHSE training / joint event to be agreed
- Mapping of service offer for CYP with LD / autism / challenging behaviour underway to inform workstream review of local provision
- Early PPI work to inform co-produced action planning against the Long Term Plan

Performance 2018/19

Children's GPC Long Term Conditions Contract

Asthma

89% of CYP on the register had a personalised asthma plan
All practices met the minimum target of 70% of their register having a plan
24.69% of CYP had contact with their practice following unplanned care attendance

Diabetes

96.43% of CYP on the register received a care contact with their practice
All practices met the minimum target of 60% of their register receiving a care contact

Sickle Cell

85.71% of CYP on the register received a care contact
All practices met the minimum target of their register receiving a care contact

Epilepsy

92.06% of CYP on the register received a care contact
All practices met the minimum target of 60% of their register receiving a care contact
96.99% of CYP agreed / declined a referral to the specialist nurse in order to build a C&H epilepsy register
All practices met the minimum target of 80% of their register being asked for consent to refer to the specialist nurse

Community Health Services Contract HUFT

Community Paediatrics

- Now the service is close to fully staffed, plans to transfer two community baby clinics to primary care will be progressed
- The Child Sexual Assault hub is operational for City and Hackney CYP delivered from the Royal London hub, HUHT community paediatricians contribute to the rota; emotional support pathway also in operation (Tiger Lite delivered by Barnardo's)

Audiology

- Plans to jointly commission Tier 3 audiovestibular consultant from Bart's Health are on track

Speech Language Therapy

- Workstream review of integrated commissioning arrangements for SLT, with intention to commission a single specification across the CCG and local authorities initiated in Q1
- Pilot of treatment pathway for CYP in independent schools with language and / or social skills on track for Q3

Safeguarding Children

Working Together to Safeguard Children 2018 was published on Friday, 29th June 2018 along with transitional guidance. This statutory guidance sets out and requires 3 main changes, as below. City and Hackney are on track to publish on time.

Safeguarding partnerships

The **abolition of local safeguarding children boards**, to be replaced by **Safeguarding Partnerships** comprising 3 statutory partners: the CCG, the local authority and the police. These partners will work with local **relevant agencies** to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs. The geographical footprint for the new arrangements is based on local authority areas. Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement. The safeguarding partners must set out in their **published arrangements by 29th June 2019**.

Changes to the Child Death Review Process

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

Changes to the Serious Case Review Process

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

Maternity

Perinatal Mental Health

- We currently have a Multidisciplinary team at the Homerton maternity unit who support high risk women with pre birth delivery planning
- Women with severe mental illness are referred to the Obstetric lead for Perinatal mental health in the antenatal clinic
- The Homerton have a specialist midwife for perinatal mental health
- Public health midwives support vulnerable women who have mental ill health and social vulnerabilities
- The Homerton maternity team are currently scoping plans to have joint antenatal and perinatal mental health clinics

Shared Maternity Care

The C&H maternity antenatal pathway involves GPs in the care of pregnant woman through a GP Confederation contract providing Targeted Preconception care to women with LTC, pregnancy presentation appointments to pregnant women who present to the GP, and 6 week post natal checks. Since April 2019, 16 weeks checks previously delivered as part of this contract that were duplicated by the antenatal maternity tariff have now moved to being delivered completely by midwifery providers (largely HUFT). This promotes Continuity of Carer, improves safety in the delivery of antenatal care and reduces duplication in payments across the system.

Next Steps for discussion (including risk):

- Throughout 2019/20 there will be ongoing monitoring of this change through the Maternity Quality & Performance Group (MQPG) meetings, CYPMF and maternity contract meetings.
- Currently the Homerton have not reported any issues with delivering the 16 week appointments
- Some GP practices have indicated that they will no longer have capacity to allow the Homerton midwives to utilise their venues for antenatal care. This is being monitored.

Shared maternity care continued:

Midwives and Obstetricians Prescribing:

- It is expected that midwives are able to provide Gaviscon, Lactulose, Iron tablets and Canestan to a pregnant woman if a test result indicates the need. Homerton midwives are currently unable to fulfil this need as they report challenges in storing medications at the various antenatal care locations and cannot prescribe these for women as they do not have prescribing licences. Therefore women are asked to see the GP for these medications.
- Some GPs have indicated that they no longer wish to provide medication that midwives should be providing to pregnant women as they are not involved in antenatal care..
- This issue has been discussed extensively at CEC, Joint prescribing group meeting and at the Maternity Quality & Performance Group meetings. The current short term plan is for midwives to print out the test results with a note for the woman to present to the GP for the medication. We have put a long stop in the maternity contract for the Homerton to work towards a solution whereby they will take full responsibility for providing these medications. This is an ongoing issue that will require joint working.

VTE Clexane: Although formal VTE risk assessment is completed by midwives at booking appointment, if a patient is identified as at high risk of VTE by the GP, where appropriate GPs may initiate Cleaxane at their discretion, and refer the patient to the consultant lead at the antenatal clinic, or refer patient urgently to Obstetrician lead via e- mail.

Homerton Hospital will prescribe Cleaxane for required patients as follows:

Antenatal up to 20 days--full course will be issued by Hospital.

Antenatal for >20days--hospital will supply for 20 days and then GPs to issue.

Postnatal up to 6 weeks-hospital will supply full course.

Postnatal->6weeks-hospital to supply for 20 days and then GPs to follow.

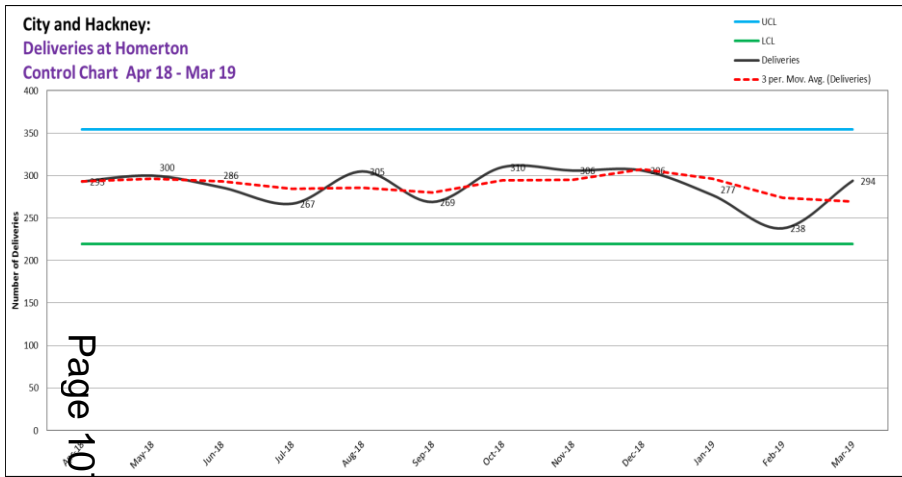
The hospital is to issue a letter regarding details for dose, schedule and duration for prescribing cleaxane

Risks: There are still a number of women who are not completing the full course of Cleaxane despite midwives assuring that they inform the women of associated risks. The MGPG and Maternity team are regularly reviewing ways to improve women's compliance with completing the full course.

Health Visitors and Midwives at GP Link Meetings: Its been agreed that these meeting are necessary and will continue in 2019/20.

Maternity Deliveries Apr 2018 to Mar 2019

Fig 22.1 Homerton Births – City and Hackney



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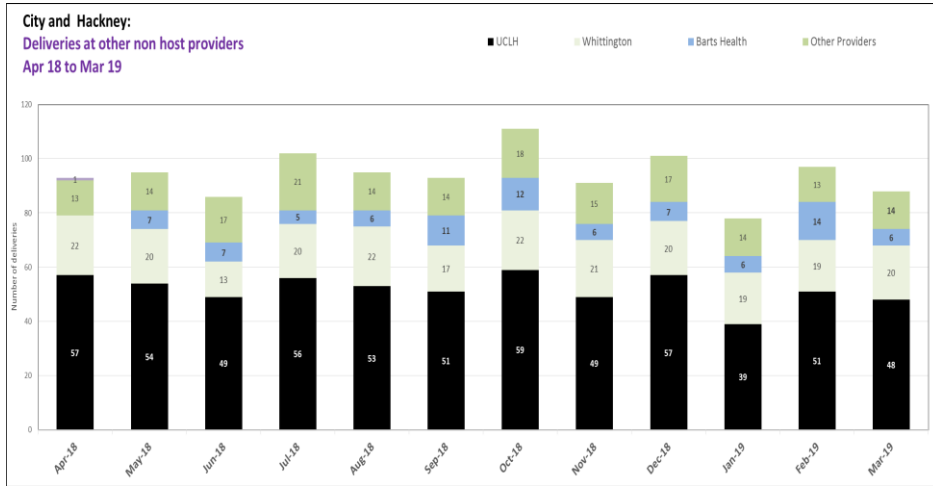
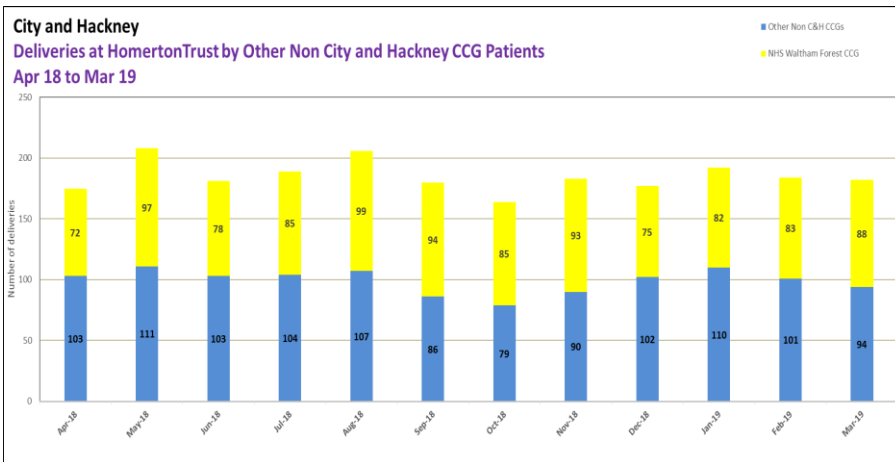


Fig 22.2 Homerton Births – Other CCGs

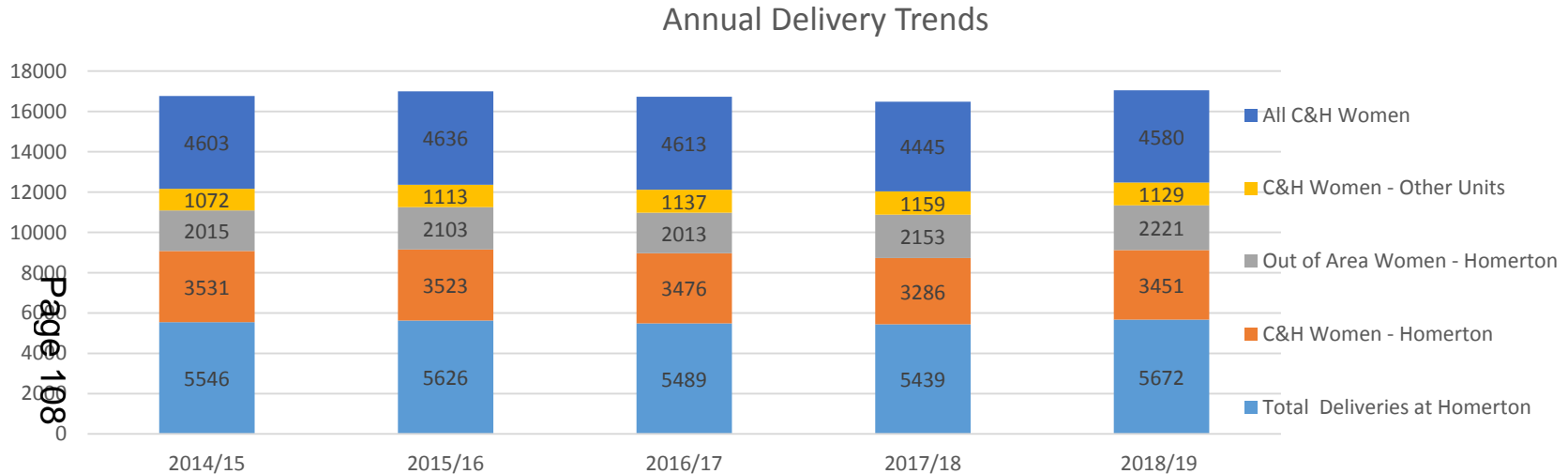


Data Source for charts on this slide: SUS NEL CSU Sandpit

- There were **3451 deliveries at Homerton** to C&H women in 2018/19 compared to 3286 in 2017/18. An increase of 165.
- There were **1129 deliveries of C&H women at other providers** in 2018/19 compared to 1159 in 2017/18. A decrease of 30.
- There were **2221 deliveries at Homerton by other non C&H CCG patients** in 2018/19 compared to 2153 in 2017/18.
- 1001 of these women were from **Waltham Forest** in 2017/18 compared to 1031 in 2018/19.

Annual Delivery Trends – 2014 - 2018

Annual Delivery Trends for C&H women and Homerton 2014/15 to 2018/19



- In **2018/19 there were 5672 deliveries at Homerton**. Deliveries at the Homerton in 2014 were approximately 5500. This increased to 5600 in 2015 and 5400 in 2017.
- **There were 3451 deliveries to C&H women in 2018/19, an increase of 165 from 2017/18**. Deliveries to C&H women at the Homerton had been steadily falling. There were 3531 deliveries in 2014, dropping by 8 deliveries to 3523 in 2015, by 47 deliveries to 3476 in 2016 and by 190 to 3286 in 2017. In 2018, the chief nurse at Homerton set an objective to reduce attrition rates and ongoing work to support this includes the Choose Homerton campaign which aimed at addressing attrition and increasing the profile of Homerton Maternity services. The campaign will be launched formally in Q3 of 2019/20 when all other supporting initiatives have been finalised.
- **C&H women delivering at other units decreased in 2018/19 to 1129**, a decrease of 30 women compared to 2017/18. Deliveries of C&H women at other maternity units had previously been steadily increasing. In 2014, 1072 C&H women delivered at other units, increasing by 41 to 1113 in 2015, by 24 to 1137 in 2016 and by 17 to 1159 in 2017.

Performance 2018/19

Improvement & Assessment Framework Performance

Indicator Name	CCG Rating	Period
Maternal smoking at delivery	3.10%	Q3 2018/19
Neonatal mortality and stillbirths	4.6	2016
Women's experience of maternity services	78.2	2018
Choices in maternity services	58	2018

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Neonatal Mortality & stillbirths data from MBRRACE report showing CCG rating of 4.6 is based on the crude data. The table in slide 16b shows figures for Homerton and City & Hackney as a whole over 2015 and 2016.

MBRRACE data for City & Hackney						
	Total Births	Stillbirth Rate	Neonatal Mortality	Extended Perinatal	Stabilised and adjusted Perinatal Mortality Rates	Rating
2015	4590	3.72	1.79	5.5	Up to 10% lower than the UK average	
2016	4596	3.87	1.72	5.59	Up to 10% lower than the UK average	
MBRRACE data for Homerton						
2015	5844	4.83	2.3	7.13	More than 10% Higher than the group average	
2016	5732	4.04	1.93	5.95	Up to 10% lower than the UK average	

Homerton's CQC survey results in 2018

- Homerton's results in the 2018 CQC **Patient Experience** survey were mostly within the expected range, with 86% of question scores being benchmarked as such. Four scores were rated as worse than expected, whilst two were better than expected.
- One of the two scores which were better than expected was regarding antenatal check-ups. HUH scored better than expected for this section as a whole, one of only two trusts to do so.
- Two of HUH's worse than expected scores were regarding care in hospital after the birth, and the other two were regarding care at home after the birth.
- HUH scored the lowest score (7.39) for F11 regarding confidence and trust in midwives.
- HUH showed significant increase around whether during antenatal check-ups, a midwife asked how women were feeling emotionally (8.03 in 2017 to 8.91 in 2018)
- HUH showed no significant decreases. This is therefore an encouraging set of results, although it is recommended that areas of poor performance are reviewed with a view of improving below expected scores.

Choices in maternity Services: Performance in choice in maternity care is worse than 2017 (62.9%) down to 58% in 2018. NHSE target for 2018/19 was 100% which HUH reported as achieving.

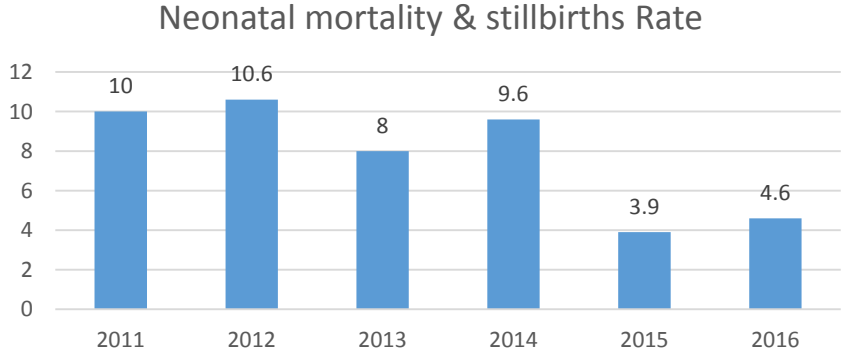
Homerton Maternity service have an **action plan in place to address the areas for improvement** and this is reported back to the Maternity Quality & Performance Group meeting.

Improvement and Assessment Framework (IAF)

Infant mortality and morbidity

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

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

Ongoing Monitoring and Improvement

- The Maternity Performance and Quality Partnership continues to scrutinise local data on stillbirths, neonatal deaths (up to 28 days after births) and infant deaths (up to 1 year after birth).
- Locally our rates vary and we have undertaken work to understand the data for rates and numbers of stillbirths, neonatal mortality (<28 days) and infant mortality (<1 year). Reported data for C&H for 2016 is 4.6. The Methodology for this indicator changed between 2014 and 2015 (different data source: ONS in 2014 to EMBRACE in 2015, with some exclusions applied to 2015 data to exclude any still births / neonatal deaths that are a result of a congenital anomaly).

Infant mortality and morbidity

Achievements and Work in progress

- Audited category 1,2 73 caesarean sections and maternal readmission to A&E. Recommendations are around importance of discussing with consultant prior to completing caesarean sections and auditing of out of hours caesarean sections at any stage of labour. Also the importance of liaising with GP prior to referral to hospital and more awareness
- Low levels of reported smoking in pregnancy for City & Hackney although noted that Orthodox Jewish demographic may distort the data. Midwives and health visitors are continuing to screen women for Carbon Monoxide (CO support them to quit through referrals.
- 3/4 elements of the Saving Babies Lives initiatives were in place (CTG monitoring, raising awareness of reduced foetal movements and CO screening). In 2018/19. As part of the NHS Maternity contracts for 2019/20 an additional element for reducing preterm births has been added and providers must fully implement all 5 Saving Babies Lives Care Bundle elements by March 2020.
- Increasing numbers of women booking by 10 and 12w
- Service developments delivered around perinatal mental health support
- Women from deprived communities at greater risk in C&H - targeted antenatal care, peer support and postnatal groups in place for vulnerable women
- Neonatal observation and early warning tool (NEWTT) and maternal observations and early warning score (MEOWS) well embedded at Homerton with improved performance in documentation and action taken.
- Reviewing local performance against guidance and other local maternity networks on reducing avoidable NICU admissions

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Further work / consideration needed

- Greater numbers of women from BME & Asian backgrounds or born abroad in C&H – increased risk factors for mortality. LMS has reviewed latest MBRRACE data and reviewing ways to improve support for
- Ongoing work to increase uptake of flu and pertussis vaccinations with GPs and at 20 week antenatal scan.
- Homerton to implement all aspects of the saving babies lives care bundle for 2019/20
- Improve offer and uptake of CO screening by midwives and pregnant women.

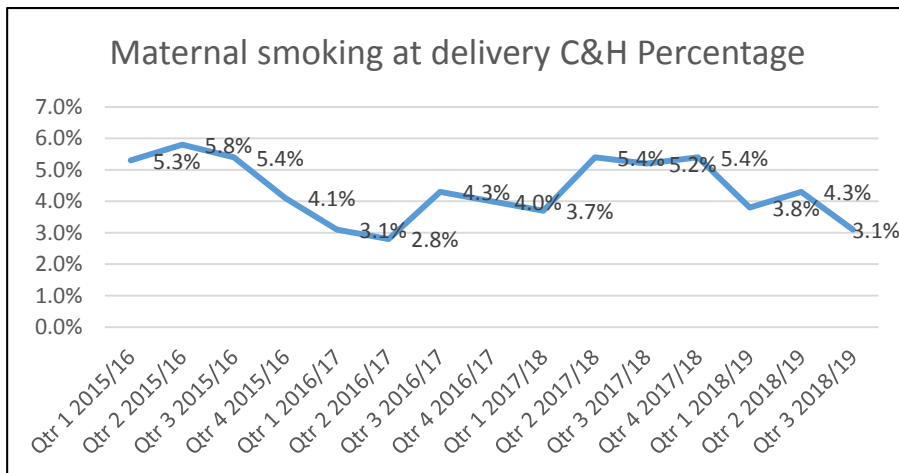
Improvement and Assessment Framework (IAF)

Smoking, choice and experience

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

- Rates of self reported smoking at time of delivery were 3.1% for quarter 3 2018/19. This equates to 37 women reporting they smoked at delivery and is within the highest performing quartile of our IAF indicator.
- In total 64% of women were CO screened at booking in 2018/19. but only 20% of women were CO screened during the 3rd trimester in 2018/19.
- Maternity leads at HUH are doing further work to increase screening offer and uptake and to identify reasons for declining onward referral. CCG has also included KPI targets in the maternity service specification to progress this.
- Smoking is the key modifiable factor in reducing stillbirths.

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Women's choice and experience as measured through the CQC survey.

- Choice in 2018 was 58% **down** from 62.9% in 2017 (within the interquartile range of the IAF indicator). Local data from the Homerton indicate that 100% of women are given advise on choice.
- Patient experience in 2018 was 78.2% (**down** from 78.6 in 2017). This is in the lowest performing quartile of the IAF indicator. Homerton have an action plan in place to improve this and ongoing work with MVP will support improvement.
- Homerton again achieved the highest national score for women being asked about their emotional wellbeing in 2018.

Child and Adolescent Mental Health and Wellbeing

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

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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

Transformation Plans in detail: CAMHS 19/20

Online **counselling offer** for CYP in development

Comprehensive specialist **16-25 Transition services** in development

Expansion of **Reach and Resilience (R&R)**

- Programme to be extended to include LGBTQ+
- Expansion of R&R to improve access to African & Caribbean communities (Mind the Gap – joint programme between off-centre and Hackney CVS)
- Recruit to train new clinicians from our local communities to improve cultural diversity of staff

Digital single point of entry and patient journey management through CAMHS Alliance

First Steps SOS **pre-Crisis Service** in development

ELFT **ADHD Step Down** Service to primary care

Expansion of **WAMHS** (CAMHS in Schools) and bid for Mental Health Support Teams in Schools (award notification July 2019)

Detailed multiagency **demand capacity review** / including pathway efficiency review

On-going development of our **CYP crisis services** - aim to have 24/7 outreach / HTTs

Early pipeline work to develop **Youth super hub** – Pembury Community Centre to include MH provision enhancement

CYP **access data** to be improved to include nationally reported outcome data (C&H in relatively advanced stage)

Digital marketing to develop awareness and target **vulnerable groups**

Performance: Five Year Forward View Objectives and Delivery

Service Area	Year	Description	National Target	RAG
PoE	All	Meet Parity of Esteem requirements	Yes	
IAPT	18/19	Access Rate	19%	
IAPT	18/19	Recovery Rate	50%	
CAMHS T2-3	18/19	Access Rate (Diagnosable MH Condition)	32%	
CAMHS T2-3	18/19	Increase Capacity	2.6WTE	
CAMHS T2-3	18/19	Increase net investment	£ 150,000	
CAMHS T2-3	18/19	All providers CYP IAPT compliant	Yes	
CAMHS T2-3	18/19	All providers submitting to NHS Digital MHMDS	Yes	
CAMHS T2-3	18/19	24/7 community-based MH crisis response	Yes	?*
CAMHS T2-3	18/19	All CYP Eating Disorders standards met	Yes	**
EIS	18/19	% of people receiving treatment within 2 weeks	53%	
EIS	18/19	% of people receiving treatment over 2 weeks	Grade 2 moving to Grade 3	
SMI	18/19	People with SMI receive full annual Physical Health check	50% by end Q4	***
SMI	18/19	Doubling the number of people accessing placement and support	25% increase	
Dementia	18/20	Diagnostic rate against prevalence	67%	
CORE 24	18/21	Psychiatric Liaison service compliant with CORE 24 standards and staffing	Fully implemented	
24/7 CRHT	18/22	24/7 Crisis response accepting self referrals and capable of assessment at patient's home	Fully implemented	

*CH has expanded cover in the psychiatric liaison team and uses on call professionals post 10 p.m. NHSE still in process of clarifying definition of compliance and whether our service fits this.

** All standards were met apart from a breach in waiting times. The provider is submitting narrative on breaches, which is monitored by CCG. NB the low number of service users means complex appointments can lead to waiting times being vulnerable to breaches.

*** SMI physical health checks are currently at 30% and are on track to achieve 50% by end Q4

Current performance position against indicators and clinical priority areas

Page 116	Mental Health Prov. Comm	CHRT	Children and Young People's Eating Disorders		Children and Young People's Increased Access Rate
	2018-19 Q2	2018-19 Q2	Q1 & Q2 2018-19 (6 monthly rolling average in line with national guidance due to low numbers being seen)		Cumulative provisional performance at Oct-19
	Patients on CPA followed up within 7 days after discharge from psychiatric inpatient care (95%)	Admissions to acute wards gatekept by the CRHT teams (95%)	Urgent cases waiting 1 week or less from referral to start of NICE approved treatment	Routine cases waiting 4 weeks or less from referral to start of NICE approved treatment.	% CYP aged 0-18 with diagnosable mental health condition receiving treatment from NHS funded community services (32%)
	85.5	1.0	80.0%	86.3%	25.1%

- CPA 7 day follow-up:** ELFT has not meet the 95% at Quarter 2 2018/19 at either provider or commissioner level due a change in reporting practice by ELFT during Q3 2017 /18 to ensure that the Trust will be reporting its CPA performance precisely in line with national guidance. As a result of this change in practice, the volume of patients being followed-up at provider level has increased threefold from 474 in Q2 2017/18 to 1272 in Q2 2018/19. The underperformance at Q2 2018/19 is mainly due to difficulties in following-up out of sector patients. ELFT performance was discussed at the Dec-18 CCG Consortium/ ELFT TSG meeting, and the Trust was reminded to provide commissioners with an improvement plan and supporting recovery trajectory, as well as confirm whether it is still on track to recover performance by end Q3 2018/19.
- Children and Young People's Eating Disorders:** In line with national guidance due to low numbers of patients being seen.
- NHS-England Self Reported Monthly Performance for CYP MH – Access (Currently above target (34%) at 40%**

CAMHS: NHS-England Self Reported Monthly Performance for CYP MH – waiting times

97% individual children and young people are seen under 18 weeks from referral to first contact.

90% individual children and young people are seen under 18 weeks from referral to second contact.

Engagement and Co-production

There is a draft Engagement Strategy in place, developed by the workstream which will be finalised in consultation with young people during 2019. It outlines a vast range of groups with which we will engage going forward.

The Young Parents Advisory Group is currently being refreshed. This group feeds into the workstream as part of a public rep role, and also meet to design and deliver their involvement in workstream priorities

Following request from parents we are exploring a PHB peer support session / forum for families in receipt of a continuing care PHB

Co-production meeting held with the Neaman practice regarding SEND arrangements in the City. The City Parent Carer Forum, CCG, CoL Principal Educational Psychologist and SEND Advisor agreed greater joint review of complex cases and closer working on literature and pathway review

The CCG contributed to the review of the City Carers' Strategy and this will be reviewed via the City SEND co production working group

There has been a strong co-production and engagement plan supporting the re-design of the new Health of LAC service, led by Public Health and Young Hackney. Key input from a range of children, young people (including those in care), foster carers and professionals features in the new design.

Title of report:	Prevention Workstream Detailed Review
Date of meeting:	11 July 2019
Lead Officer:	Anne Canning SRO, Jayne Taylor Workstream Director
Author:	Jayne Taylor – Workstream Director
Committee(s):	City & Hackney CCG Clinical Executive Committee - 10 July 2019 City & Hackney CCG PPI Committee - 11 July City & Hackney CCG Finance & Performance Committee - 24 July
Public / Non-public	Public.

Executive Summary:

Summary of progress and achievements since December 2018:

- MECC programme manager in post; scoping phase underway
- New services mobilising - City Early Intervention and Prevention Service, primary care sexual health service
- Fully collaborative and co-produced approach to re-commissioning adult substance misuse service
- Improvement in diabetes 'triple target' performance and corresponding IAF rating - now rated as 'good'
- Good early progress to integrate commissioned Social Prescribing service with PCN funded link worker posts
- Successful bid for NHSE wave 2 IPS funding - supported employment in community mental health services
- New, co-produced healthy weight 'framework' developed - consultation underway
- Peer review complementary of our tobacco control activity
- Good progress on key digital enabler projects (including directory of services)
- Hackney Council achieved 'excellence' in London Healthy Workplace Award

New/ongoing risks and issues*:

- Contradiction of high quality care/treatment of long-term conditions and continued high rates of premature mortality (cardiovascular disease and respiratory disease esp.)
- Increasing volume and complexity of referrals affecting a number of services - including Social Prescribing, weight management, bereavement service
- Recent fall in number of referrals to stop smoking service, in line with national trends (local data validation underway) - quality of service (quit rate) remains high
- Funding uncertainty for bereavement service from 2020/21 – plans in place
- New uncertainty over sustainable funding for HIV clinical nurse specialists (non-recurrently funded)
- Supported employment action plan stalled by loss of programme manager – new programme manager now in place

* None of the risks identified in this report meet the threshold for escalation on the IC Risk Register, but are recorded as appropriate on the local workstream register.

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	✓	This is the primary focus of the work programme of the Prevention workstream.
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	✓	The long-term sustainability of the local health and care system hinges on delivering a system shift in resources to prevention. Work is underway to scope out options for a local Prevention Investment Standard (as described in the attached report).
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓	All of our plans seek opportunities to integrate approaches to primary and secondary prevention wherever possible
Empower patients and residents	✓	Supporting people to take control of their own health and wellbeing is one of the workstream's three key aims

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

We have recently appointed two new public representatives and created a 'prevention resident reference group'. A summary of our co-production and engagement work is outlined in the attached report.



City and Hackney
Clinical Commissioning Group

Clinical/practitioner input and engagement:

Our two clinical leads continue to lead on key workstream priorities (e.g. mental health, long-term conditions) and shape the wider programme of work through their membership of the Prevention Core Leadership Group.

A number of clinicians/practitioners from partner organisations are Associate Members of the workstream and/or are members of various steering groups overseeing our key programmes of work.

Equalities implications and impact on priority groups:

All of our programmes are focused on reducing inequalities through targeted preventative action, based on local evidence of need (using the JSNA as a basis for our commissioning plans and other activities).

There are no specific equalities issues addressed through this report. Impact assessments will be undertaken on any new plans taken forward by the workstream in 2019/20.

Safeguarding implications:

No specific safeguarding issues arising from the report.

The April meeting of the Prevention Core Leadership Group included a focused discussion on safeguarding in line with agreed policy.

Impact on / overlap with existing services:

One of our priorities is to support other workstreams to embed prevention principles in their plans. A number of joint projects are being taken forward currently, and more are planned in 2019/20.

Sign-off:

Workstream SRO: Anne Canning

Getting the message right for non-therapist volunteers is tricky & requires careful messaging.

Director of Services
 - say they making services in the hospital.
 - publicity & comms is an issue

Medical permission from different communities to engage - e.g. physio, in white coats & white lab coats etc.

Group committee
 - putting presentation at the front end of my consultation

Contracts that define volume rather than quality need to be broken. Quality of care is better used as a metric rather than quantity of care.

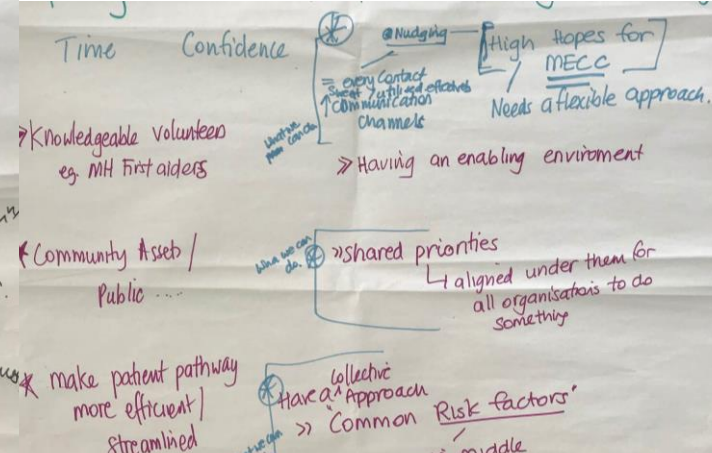
Half control to some extent, but we need a coalition of different stakeholders.

Better understanding of changes others can make (not PH). Helping others being able to include prevention - Relationships (swier management) make it part of JDs. People feel it is 'extra' currently so our manager needs to endorse

Value of prevention - influence + clear message: Central Govt. need to stop cutting prevention.

Intelligence + data modelling.
 - The - treatment vs not + outcomes (sub. misuse)

Pilots can work for this (longer than 12 months)



PHARMACIES - CHA but need national NEED FUNDING AND OPPORTUNITY

GP PRACTICES - a different member of staff

Prevention Workstream Detailed Review - July 2019

Advocacy services
 National shift/ changing behaviours faith of public.

Reablement services → shift into the community

Loneliness → opp for assisted digital support
 e.g. blood pressure control, social care etc.

Challenge for patients who can't engage. (Wider support across family, friends)

Should be involved in...
 Acknowledging VSOs are key players in prevention approaches.

Moving away from team specific roles/respons across Adult social care.

ASC 3 CONVO PILOT - TAKING A TRANSFORMATIVE APPROACH TO SOCIAL WORK.
 → CAN WE ROLL OUT TO OTHER HEALTH (NON-HEALTH) PEOPLE.
 → NEED CAPACITY TO THINK PROACTIVELY ABOUT PREVENTION

PUBLIC NARRATIVE - ENTITLEMENT VS PUBLIC RESPONSIBILITY.
 - RESPONSIBILITY TO ADHERE TO TREATMENT.

CLEAR TANGIBLE DELIVERABLES FOR DIFFERENT PROVIDERS
 TAKING AN ASSETS - BASED APPROACH (WHAT INFLUENCES DO WE HAVE?)

AGREEMENT OF PRIORITIES + POOLING OF RESOURCES TO TACKLE THEM SYSTEM WORKING.

ITERATIVELY MOVING UPSTREAM WITH PROGRESSIVELY LESS VULNERABLE GROUPS - OR PHASE PROJECT

FAMILY APPROACHES + CONTEXTUAL - SERVICES POINT WORK

THIS LEVEL, BUT THEY NEED TO → RETHINKING KPIS TO LOOK @

WHOLE PERSON APPROACH
 WHOLE FAMILY APPROACH
 CONTEXTUAL + ENVIRONMENTAL TOUCHPOINTS

Content

1. Context - why prevention (a reminder!)
2. Overview of workstream priorities & plans
3. Six month progress update (since Dec 2018)
 - (a) Summary of successes and challenges
 - (b) Co-production and resident engagement update
 - (c) Achieving a system (& resource) shift to prevention
 - (d) Key programme updates
4. Prevention and the NHS Long Term Plan
5. Outcomes and performance
6. Finances

1. Why prevention?

Main causes of death (as elsewhere) are cancer, CVD and respiratory disease - 35% of all deaths are avoidable

Main behavioural risk factors for mortality and morbidity (GBD) are smoking, diet and alcohol - huge scope for preventative action

Our behaviours are rarely free 'choices' - we are influenced by the circumstances and places in which we live and work

An integrated care system is necessary, but not sufficient on its own, to improve population health and reduce inequalities - action is required on the wider determinants of health (a 'whole system' preventative approach)

2. Overview of Prevention workstream priorities & plans

Purpose & aims

City & Hackney IC strategic objective 1: "Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities"

3 core (overlapping) workstream aims:

- reduce the harms from the main preventable causes of poor health
- take early action to avoid or delay future poor health
- support and enable people to take control of their own physical/mental health and wellbeing

2 overarching ambitions (for population health improvement):

- support all workstreams and other IC partners to embed prevention principles in their plans
- work with wider partners to better understand/improve the social, economic & environmental drivers of health

Areas of work

- Whole system approaches to tackling the main behavioural risk factors for poor health (tobacco, obesity, inactivity, alcohol, drugs)
- Early intervention & risk factor management for the main preventable LTCs (CVD, diabetes, respiratory)
- Preventing poor mental health and promoting positive mental wellbeing
- Sexual health - prevention and treatment
- Improving staff health and wellbeing
- Earlier intervention support for vulnerable groups (including carers, rough sleepers)

2019/20 in focus

Thematic priority areas

- Embed **treatment of tobacco dependency** in the NHS (building on opportunities in the NHS LTP)
- Whole system action on **alcohol**
- Better **self-management** for people with/at risk of physical & mental health conditions (+navigation)
- Improve **employment** & volunteering opportunities for people with support needs
- Review & refresh local action on **CVD prevention**

Enabling a system shift to prevention

- **MECC** - owned and 'loved' across the system
- **Co-production** - real & meaningful dialogue, equal partnership working with local people
- Explore/develop **digital** solutions to help people take control of their own health and wellbeing
- Implement **cross-workstream prevention plans**

3. Six month progress update (since Dec 2018)

(a) Summary of successes and challenges

Achievements and progress

- MECC programme manager in post; scoping phase underway
- New services mobilising - City Early Intervention and Prevention Service, primary care sexual health service
- Fully collaborative and co-produced approach to re-commissioning adult substance misuse service
- Improvement in diabetes 'triple target' performance and corresponding IAF rating - now rated as 'good'
- Good early progress to integrate commissioned Social Prescribing service with PCN funded link worker posts
- Successful bid for NHSE wave 2 IPS funding - supported employment in community mental health services
- New, co-produced healthy weight 'framework' developed - consultation underway
- Peer review complementary of our tobacco control activity
- Good progress on key digital enabler projects (including directory of services)
- Hackney Council achieved 'excellence' in London Healthy Workplace Award

Ongoing and emerging risks & issues

- Contradiction of high quality LTC care/treatment and continued high rates of premature mortality (CVD and respiratory disease esp.)
- Increasing volume and complexity of referrals affecting a number of services - including Social Prescribing, weight management, bereavement service
- Recent fall in number of referrals to stop smoking service, in line with national trends (local data validation underway) - but quality of service (quit rate) remains high
- Funding uncertainty for bereavement service from 2020/21
- New uncertainty over sustainable funding for HIV clinical nurse specialists (non-recurrently funded)
- Supported employment action plan stalled by loss of programme manager

(b) Co-production and resident engagement update

- 2 new Prevention public reps appointed
- Prevention resident reference group established; working with Co-production and Resident Engagement lead to align with wider IC engagement strategy
- Key service co-design activity since Dec 2018:
 - complex obesity service re-design - patient stories and contributions to design workshop
 - service user involvement in co-design of new adult substance misuse service
 - ongoing involvement of carers co-production group in re-design of Hackney carers service

Other ongoing and future priorities for co-production include:

- MECC
- obesity strategy ('healthy weight framework')
- Social Prescribing re-commissioning
- developing a Neighbourhoods community navigation model
- Session on 'meaningful co-production' at strategy workshop in May - working with resident reps to take recommendations forward
- Learning from 'Moving Together' pilot in Kings Park (community development approach)

(c) Achieving a system (& resource) shift to prevention

Early development work underway on defining a **prevention investment standard** for City and Hackney - establishing a baseline for system prevention spend against which future performance can be measured

Joint plans and projects:

CYPMF	<ul style="list-style-type: none"> ● Joint workshop held in May - plans being progressed around smoking in pregnancy and child obesity
Planned Care	<ul style="list-style-type: none"> ● Complex obesity service design in progress ● Integrated women's health commissioning model - scoping underway ● Review/refresh of approach to CVD prevention - comprehensive strategy to be developed during 2019/20
Unplanned Care	<ul style="list-style-type: none"> ● Neighbourhood care navigation pilot - CEPN funded programme manager recruitment underway ● Falls prevention pathway - aligning commissioning plans
Primary Care	<ul style="list-style-type: none"> ● Joint sessions on prevention and primary care with PC Quality Board

(d) Key programme updates

- 'Making every contact count' (MECC)
- Supporting people to take control of their own health
- Supported employment
- Update on digital projects
- Tackling the main behavioural risk factors for poor health
- Early intervention and risk factor management
- Preventing poor mental health and promoting positive mental wellbeing
- Earlier intervention & support for vulnerable people

MECC programme overview

Our ambition

is to empower all health and care staff to have healthy conversations with patients and the public, signpost them to local preventative services and other sources of wellbeing support.

MECC is about

stimulating a movement for change across the health and care system to ensure the approach is embedded, sustainable and becomes **‘the way we do things around here’**.

MECCs not about

adding to already busy workloads, staff becoming specialists or experts in behaviour change, or telling people what to do and how to live their life.

Our commitment

is to ensure that we achieve our shared objectives, we will: co-design the programme with residents and staff; continually test and learn; consider sustainability from the outset and start to embed a local approach across Hackney and the City.

Where we are now

Established a MECC steering group.

The first meeting was on 30th May and will be held on a quarterly basis. Members are from key partners across Hackney and the City and will act as MECC champions, coordinate actions on behalf of their organisation and help to unblock operational and strategic barriers to implementation.

Scoping interviews commenced

Ten 1:1 interviews have been completed with stakeholders (from heads of service and commissioners to clinical leads).

Workshops have been conducted with frontline social workers and with residents/community groups. City-specific workshop also organised. Seeking alignment with existing programmes so we build on effective practice (e.g. smoking VBA, ‘3 conversations’ model in adult social care (Hackney)).

Project plan finalised.

Milestones have been defined and are aligned with steering group meetings for timely sign off.

What we've learnt (so far...)

1. There is substantial system-wide support for the programme and many opportunities for trialling/implementing MECC.
2. Competence and confidence of frontline staff to initiate MECC conversations varies across and within teams.
3. No mandatory training in behaviour change/motivational interviewing/very brief advice (VBA) identified so far, but specialist practitioners operate within some services.
4. Those implementing MECC or existing ‘MECC-like’ programmes and initiatives across the system would benefit from being part of a network of practitioners, to share learning and good practice.
5. Staff find it difficult to signpost/refer people to local services due to the lack of reliable information and knowledge of what support is available locally.
6. Current infrastructure does not support monitoring of MECC activity or onward referrals to preventative services.

What's next?

1. Complete initial scoping phase by August 2019.
2. Compile an assessment report describing ‘readiness’ for MECC in Hackney and the City, with recommendations on how to progress to the next phase.
3. Finalise logic model and evaluation framework (map objectives and outline measures of success to understand if the programme achieves its objectives).
4. Develop a service specification and commence market testing for a service provider to help co-design and test different formats of MECC training.
5. Produce an initial comms and engagement plan (with recommendations for establishing a community of practice and build a movement for change).

Supporting people to take control of their own health

Social Prescribing service

- 1600+ annual referrals, 75% report improved health and wellbeing
- Current contract ends Sep 2020, service review/re-design underway
- Working collaboratively with PCNs to integrate provision across City and Hackney

Peer support pilot evaluation complete and findings currently being reviewed

Group consultations pilot started - training underway, clinical lead appointed

'3 conversations' model being rolled out in Hackney adult services

- A new model of social work practice, focused on early identification of needs and a strengths-based approach
- Very positive early results from 'innovation site'

Developing a **Neighbourhood community navigation model**

- CEPN funded programme manager recruitment underway
- Mapping of various related programmes and development of Neighbourhood navigation model

Supported employment

Successful bid for NHSE wave 2 Individual Placement and Support (IPS) funding

VCS-led Supported Employment Network has agreed a programme of work

Programme manager re-recruitment underway

<p>Page 3</p> <p>Network Aims</p>	<ul style="list-style-type: none">• Disabled people have a choice of career opportunities and sustainable jobs• Clarity of offer – there is clear offer of support for service users and employers which meets their needs• Partnership working and a seamless service – all services referring to each other as appropriate			
<p>Priorities</p>	1. Local 'standard' for supported employment providers (includes IPS 'fidelity')	2. Employer engagement (including employer 'offer')	3. System-wide communication strategy (challenge stigma and celebrate successes)	4. Client-owned digital 'employment passport'
<p>Outcomes</p>	<ul style="list-style-type: none">• More inclusive service offer• Greater partnership working• A more inclusive labour market• Greater choice of career opportunities and sustainable employment for disabled people			

Update on digital projects

Digital Social Prescribing Platform

- Aim is to improve SP referral and outcomes monitoring, and build VCS capacity to support this
- Business case approved to progress to next stage (to develop/test a 'minimal viable product')
- IT supplier procurement process to commence shortly

City and Hackney Directory of Services

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- Agreement to proceed with this priority project, building on development work completed to date
- Review meeting held in June with system partners - intention is to link up with/complement Digital Social Prescribing project
- Specific, costed plans to be presented to July IT enabler board meeting

Assistive Technology (Adult Social Care)

- Ambitious programme of work to develop and test new approaches to AT to support greater independence and improve health and care outcomes
- Business case for Personal Alarm Watch pilot approved

Tackling the main behavioural risk factors for poor health

Smoking

- 'CLear' self-assessment complete and peer review workshop held (Hackney) - recommendations to be taken forward by new Tobacco Control Alliance
- Enforcement - recruitment of Trading Standards (alcohol & tobacco) officer, numerous seizures made
- Stop smoking services: fall in referrals in line with national trends (but quit rates remain high), improvement plan in place; service in the City is being reviewed, exploring opportunities for (partial) integration with Hackney service; partnership with vape stores
- New City and Hackney stop smoking advisor recruited by ELFT
- Recruitment underway for dedicated stop smoking advisor in ACERS service (pilot)
- Joint work with CYPMF workstream to improve maternity pathways
- Work commenced on joint NEL proposal to embed treatment of tobacco dependency in NHS

Obesity and physical activity

- New place-based healthy weight framework has been co-produced, informed by strategy workshop and targeted insight - engagement ongoing
- Healthier Together service continues to perform well. New Healthy Eating & Physical Activity Provider Alliance.
- Bariatrics audit complete and multi-agency complex obesity workshop held to inform re-commissioning of adult obesity pathway; plans to model this approach for CYP and maternity pathways
- Sport England 'Moving Together' pilot is progressing - links established with Prevention workstream and Neighbourhoods programme

Alcohol and drugs

- Whole system action on alcohol selected for specific workstream focus this year
- Hackney Alcohol Action Plan progressing and new City Alcohol Strategy under consultation
- Targeted research on cocaine use in the City being commissioned
- Co-design of new joint (City and Hackney) adult substance misuse service - planned start date Oct 2020
- GP with Special Interest (GPwSI) in process of being appointed

Early intervention and risk factor management

Long-term conditions

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- LTC contract continues to perform well in terms of risk management and evidence-based treatments (2018/19 LTC contract achievement report, QOF) – plans to shift focus more towards prevention from 2019/20
- NHS Health Check performance improved significantly in recent years, but scope for better risk communication and onward referrals
- Plans to integrate NHS Health Check and LTC contract postponed to 2020/21
- Spirometry training being rolled out in primary care (non-recurrent/PIC funded project)
- 1000+ referrals to NHS Diabetes Prevention Programme in 2018/19; ‘conversion’ rates significantly improved with new provider; moving to wave 5 in July 2021 (with digital offer)
- Very low calorie diet (VCLD) pilot ongoing within Homerton diabetes service - early results are encouraging

Sexual health

- New GP service currently mobilising (STI screening and LARC ‘hub’ model)
- Sexual health strategy in development
- Case to be made for a joint gynae/sexual health clinical lead to take forward plans to develop an integrated women’s health service
- Non-recurrent funding for HIV CNS comes to an end in November

Preventing poor mental health & promoting positive mental wellbeing

Joint City & Hackney Mental Health Strategy	<ul style="list-style-type: none"> ● Key prevention priority = promoting positive mental health for all, reducing stigma around mental health, targeted help and support at the earliest opportunity for those who need it
Joint LBH/CCG Public Mental Health Action Plan	<ul style="list-style-type: none"> ● Work is ongoing, overseen by the Joint Public Mental Health/5 to Thrive Steering Group
Suicide prevention	<ul style="list-style-type: none"> ● New Hackney strategy due to be published in the autumn, shaped by a multi-agency stakeholder workshop ● City suicide prevention action plan currently being implemented
Mental Health First Aid	<ul style="list-style-type: none"> ● Programme re-commissioned in Hackney - during 2019/20, MIND will train 275 professionals in Hackney who work with people most at risk of poor mental health ● MHFA being rolled out in the City to all line managers (in-house provision)
Wellbeing Network	<ul style="list-style-type: none"> ● Service currently under review to inform service re-design and improvements to the prevention offer - to be informed by evaluation report and Hackney budget scrutiny report on mental health spend (currently being finalised)
SMI Physical Health Recovery Pilot	<ul style="list-style-type: none"> ● 12 month pilot aimed at improving the physical health of people with SMI who are obese/have poor diet/low physical activity
'Dragon cafe'	<ul style="list-style-type: none"> ● Wellbeing hub for City workers and residents - further 2 year funding secured

Earlier intervention & support for vulnerable people

Support for carers

- Procurement of Prevention, Early Intervention and Outreach Service for unpaid adult carers in Hackney now complete - contract award imminent
- City Early Intervention and Prevention Service currently mobilising (includes support for young/adult carers and people who are socially isolated), first outcomes delivery board in June

Bereavement service

- New support groups for people bereaved by suicide and those bereaved of a child set up in 2019
- Most activity is funded non-recurrently - initial discussions held with Mental Health Team about the service model, links with IAPT and future sustainability

Rough sleepers and people with multiple needs

- Health needs of rough sleepers a priority for INEL System Transformation Board - Simon Cribbens is SRO
- Hackney homelessness strategy currently being refreshed
- Scoping options for improving access to primary care for City rough sleepers
- Various pilots being funded/bid for - coordination meeting recently held between LBH, CoLC and CCG
 - Healthier City and Hackney funded care navigation project being delivered by Groundswell (City)
 - CCG (PIC) funded complex mental health pilot (partnership between ELFT, Greenhouse & HRS)
 - GLA funded mental health outreach pilot being delivered by ELFT
 - MHCLG funded project for mental health practitioner and navigators in Hackney
 - Bid being submitted to PHE fund to tackle co-occurring mental ill-health and drug misuse
 - Links to Planned Care Housing First pilot
- Rebranded Multiple Needs Service (now called Supporting Transitions and Empowering People Service, or STEPs) is building on learning from 2 year pilot to support adults with complex/multiple needs to move from frequent crisis admissions to stable, planned service use - with a particular focus on supporting safe transition back into the community

STP and INEL alignment - summary

STP Prevention priorities

Diabetes prevention and self-management	<ul style="list-style-type: none"> ● City and Hackney involved since wave 1 (originally an INEL consortium, now NEL wide provision) ● NHSE funded project to achieve triple treatment target has been successful locally ● NHSE funded structured education project ongoing
Smoking and tobacco control	<ul style="list-style-type: none"> ● Working with STP Prevention Workstream on a collaborative NEL bid to implement 'Ottawa model' of bedside support to quit in acute trusts (NHS Long Term Plan priority)
Workplace health	<ul style="list-style-type: none"> ● LB Hackney achieved 'excellence' in London Healthy Workplace Award ● CoL Corporation working towards 'excellence' over next 12 months ● CCG scoping action required to reach 'achievement' level ● Homerton previously awarded 'excellence'

STP mental health priorities

Supported employment (IPS)	<ul style="list-style-type: none"> ● Successful bid for NHSE wave 2 funding to implement IPS in community mental health services
Mental Health First Aid	<ul style="list-style-type: none"> ● Being rolled out locally
Suicide prevention	<ul style="list-style-type: none"> ● Multi-agency suicide prevention action plans in place in both the City and Hackney

INEL Transformation priorities

INEL	<ul style="list-style-type: none"> ● City and Hackney leadership (SRO) of rough sleepers strategic plans
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4. Prevention and the NHS Long-Term Plan (1)

LTP prevention priorities	Current projects and plans
<p>Make the most of patient contacts as positive opportunities to help people improve their health</p>	<p>MECC programme resourced and currently in scoping phase.</p>
<p>Social Prescribing - increase access to link workers nationwide, 900k referrals by 2023/24</p>	<p>Social Prescribing available via all GP practices since 2016, based on link worker model. Digital pilot underway to improve referral and outcome monitoring. Re-commissioning plans on pause while implications of PCN funded posts are worked through - working closely with Clinical Directors to optimise integration.</p>
<p>CVD prevention - working with local authorities and PHE to improve effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions</p>	<p>Hackney NHS Health Check service - provided by GP Confed. City will soon join this delivery model. Uptake has improved significantly in recent years. Plans to integrate the NHS Health Check and LTC contracts, in order to improve opportunities for CVD prevention. Plans to review and refresh local action on CVD prevention being developed - in partnership with Planned Care workstream.</p>
<p>Smoking</p> <ul style="list-style-type: none"> - by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded 'bedside' tobacco treatment services (Ottawa model) - new smoke-free pregnancy pathway - new universal cessation offer for long-term specialist mental health service users & in learning disability services (+ inpatient e-cigarette offer) 	<p>New SSS (lead provider Whittington Health) is working with Homerton Smokefree Group to improve pathways into community cessation support. Working with STP Prevention Workstream to explore funding options for early development of Ottawa delivery model across NEL. Smoking in pregnancy pathway established; CO monitoring in maternity contract. ELFT has secured fixed term funding for inpatient specialist SS advisors (Hackney advisor will cover forensics and CMH). Opportunities through new Learning Disability Strategy to improve access to support to quit.</p>

4. Prevention and the NHS Long-Term Plan (2)

LTP prevention priorities	Current local projects and plans
<p>Obesity</p> <ul style="list-style-type: none"> - access to primary care weight management services for people who are obese (BMI 30+) with type 2 diabetes or hypertension - very low calorie diets (VCLD) pilot for obese people with type 2 diabetes - by 2022/23 'expect' to treat a further 1,000 children a year for severe obesity-related complications - hospital food standards as requirement in NHS standard contract 	<p>LBH and CoLC commission an integrated weight management/exercise on referral service - main referral route is via primary care. Adult obesity pathway review underway, focused on addressing the gap in support for people with complex needs.</p> <p>Small scale VCLD pilot at Homerton is showing positive results. We have expressed an interest at STP level to lead a bid for NEL.</p> <p>Child obesity pathway review planned (with CYPMF workstream), focused on addressing the gap in support for CYP with complex needs.</p> <p>Homerton has made excellent progress against these standards through the Healthy Food CQUIN.</p>
<p>Diabetes prevention - doubling of the NHS Diabetes Prevention Programme over next 5 years</p>	<p>New NEL-wide NDPP provider in place since May 2018 - local performance improved. Referrals incentivised through LTC contract.</p>
<p>Alcohol - hospital-based Alcohol Care Teams to be established in trusts with highest rates of alcohol-related admissions</p>	<p>Service provided at Homerton by clinical nurse specialists employed by Hackney Recovery Service. Plans underway to improve referral pathways and treatment outcomes. Awaiting confirmation of trusts identified with highest admissions.</p>
<p>Tackling inequalities</p> <ul style="list-style-type: none"> - rough sleepers - carers 	<p>Numerous local pilots underway to inform development of effective care pathways for rough sleepers. New services providing support for carers in Hackney and the City, with strong co-production focus.</p>

5. Outcomes and performance

Key outcomes (latest available data) - (1)

Indicator	Latest outturn	Trends and comparisons
Smoking prevalence (PHOF)	Hackney (2017): 21.4% City: data not available	Significantly above London average Similar to peer group Little change since 2012
Child obesity (Year 6, age 10-11) prevalence (IAF)	City and Hackney (2017/18): 40.2%	Significantly above London average Similar to peer group Trends relatively stable since records began
Alcohol and substance misuse treatment completions (PHOF)	City and Hackney (2017): 39.5% alcohol treatment completions City and Hackney (2017): 7.1% drug treatment completions (opiates)	Similar to London and peer group Significant improvement recent years Similar to London and peer group Recent trend relatively stable
Uptake of NHS Health Check (PHOF)	Hackney (2013/14-2017/18): 60.2% of eligible population receiving NHS Health Check City (2013/14-2017/18): 56.5%	Higher than London average Improving trend Higher than London average Improving trend

Key outcomes (latest available data) - (2)

Indicator	Latest outturn	Trends and comparisons
Diabetes - CCG assessment (IAF)	IAF overall all assessment: GOOD - 42.5 % achieved treatment targets - 8.8 % newly diagnosed attended structured education	Comparable to peer group and STP Improving trend (treatment target)
People with a LTC feeling supported to manage their condition (NHSOF)	Hackney (2017/18): 55% City: data not available	Similar to London Data not comparable with recent years
Sexual health - chlamydia detection rate age 15-24 (PHOF)	Hackney (2018): 5,757 per 100,000 City: data not available	Above London and peer group average Increasing trend*
HIV late diagnosis (PHOF)	Hackney (2015-17): 37.4% newly diagnosed City: data not available	Similar to London and peer group Stable trend

*increasing trend a measure of 'success' in detecting infection

Key outcomes (latest available data) - (3)

Indicator	Latest outturn	Trends and comparisons
Age-standardised mortality rate from suicide and injury of undetermined intent (PHOF)	Hackney (2015-17): 10.2 per 100,000 City: data not available	Similar to London and peer group Stable trend*
Proportion of adults in secondary mental health services in paid employment (ASCOF)	Hackney (2017/18): 3.0% City: data not available	Significantly below London average Stable trend**
Proportion of adults with learning disability in paid employment (ASCOF)	Hackney: 3.7% City: data not available	Significantly below London average Stable trend**
Carers with a LTC feeling supported to manage their condition (IAF)	City and Hackney (2018): 55%	Below England average Worsening trend since 2017

*non-significant increase most recent year of data

** based on gap between overall employment rate and employment rate of people accessing secondary mental health services/with learning disability

CQUIN performance 2018/19

	2018/19 targets	2018/19 achievement
1a. Staff health & wellbeing	<ul style="list-style-type: none"> ● 5 percentage point improvement in selected staff survey questions 	Not achieved (Homerton) Not achieved (ELFT)
1b. Healthy food for NHS staff, visitors and patients	<ul style="list-style-type: none"> ● 80% drinks sugar free ● 80% confectionary <250kcal ● 75% pre-packed meals <400kcal/<5g sat fat per 100g 	Achieved (Homerton) N/A ELFT
1c. Flu vaccination uptake for frontline staff	<ul style="list-style-type: none"> ● 75% 	Partially achieved (Homerton) Achieved (ELFT)
9a-e. Risky behaviours - tobacco & alcohol screening, brief advice, referral	<ul style="list-style-type: none"> ● Tobacco screening - 90% ● Tobacco very brief advice - 90% ● Tobacco referrals/medication offer - 30% ● Alcohol screening - 50% ● Alcohol brief advice & referral - 80% 	Achieved (Homerton) Achieved (Homerton) Achieved (Homerton) Achieved (Homerton) Achieved (Homerton)
Personalised care & support planning	<ul style="list-style-type: none"> ● Evidence of care & support conversations - 75% of cohort ● Demonstrable improvement in patient activation - 50% 	Achieved (Homerton) N/A ELFT

6. Finances

2019/20 Prevention budget - overview

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<i>Fund type: Pooled vs Aligned</i>	CCG £000	LBH £000	CoLC £000	TOTAL £000
Pooled budgets				
Pooled - Prevention	301			
Aligned budgets				
Aligned - Prevention	3,521	23,554	1,507	28,582
Total budgets	3,822	23,554	1,507	28,883
Total Annual Budget	3,822	23,554	1,507	28,883

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	