Hackney

NHS
City and Hackney
Clinical Commissioning Group

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

Meeting on Thursday 8 October 2020 9am

Until further notice, this meeting will be held remotely

1. London Borough of Hackney Integrated Commissioning Board Agenda

Contact Alex Harries, Integrated Commissioning Governance Manager – alex.harries2@nhs.net;

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

City & Hackney Local Outbreak Board

Joint Meeting in public of the two Integrated Commissioning Boards and the Community Services Development Board on
Thursday 8 October
09:00-09.50
Microsoft Teams

Join Microsoft Teams Meeting

Chair – Cllr Christopher Kennedy

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	
2.	**Declarations of Interests**	Chair *For noting*	Paper	-	
3.	**Minutes of the previous meeting**	Chair *For approval*	Paper	-	09:30
4.	**Questions from the Public**	Chair	None	-	
5.	**Papers for discussion (to follow)**	Chair *For noting*	Papers	-	

Date of next meeting:

12 November, Format TBC

This page is intentionally left blank

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 8 October 2020, 10.00 – 12.00
Microsoft Teams

Join Microsoft Teams Meeting

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	Paper	3-7	
3.	**Questions from the Public**	Chair	None	-	
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper	8-15	
Covid-19 response					
5.	**Integrated Care Operating Model & CCG Merger Update**	David Maher *For discussion*	Paper	16-54	10.05
6.	**Winter Planning**	Nina Griffith *For noting*	Paper	55-66	10.30
7.	**Flu Vaccinations Update**	Richard Bull *For noting*	Paper	67-72	11.00
8.	**Learning Disabilities Strategy**	Siobhan Harper *For noting*	Paper	73-134	11.20
9.	**Integrated Commissioning Register of Escalated Risks**	Matthew Knell *For noting*	Paper	135-145	11.45

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

10.	**M5 Finance Report**	Sunil Thakker / Ian Williams / Mark Jarvis *For noting*	Paper	146-157	11.50
11.	**AOB & Reflections**	All	None	-	11.55
For information items					
-	**Integrated Commissioning Glossary**	*For information*	Paper	158-163	-
-	**City of London Healthwatch Annual Report**	*For information*	Paper	Annex	-

Date of next meeting:

12 November, Format TBC

Integrated Commissioning
2020 Register of Interests

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Simon	Cribbens	12/08/2019	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
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	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
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				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
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	07/11/2019	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	21/07/2020	Hackney ICB advisor / regular attendee Accountable Officers Group member SRO - CYPMF Workstream	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	27/08/2020	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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of 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 in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	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
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	09/07/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Randall	Anderson	15/07/2019	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
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	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	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board	Freelance Project Work		Pecuniary Interest
			Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuinary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	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
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party Member, Unite Trade Union Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest Non-financial personal interest Non-financial personal interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Non-pecuniary interest
Sandra	Husbands	26/08/2020	Director of Public Health	Association of Directors of Public Health Faculty of Public Health Faculty of Medical Leadership and Management	Member Fellow Member	Non-Pecuinary Interest Non-Pecuinary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	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 10 September 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Director of Adult Social Care	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation

Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Laura Sharpe	CEO	City & Hackney GP Confederation
Matthew Knell	Head of Governance & Assurance	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Richard Fradgley	Director of Integrated Care	ELFT
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Simon Cribbens	Deputy Director, Community and Childrens' Services	City of London Corporation
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Sunil Thakker	Director of Finance	City & Hackney CCG
Apologies – ICB members		
Other apologies		
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Cllr Chris Kennedy, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.2. 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 the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. Integrated Care Partnership Board / Neighbourhood Health and Care Partnership Board Development

5.1. David Maher introduced the item.

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

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

6. Integrated Commissioning Operating Model & CCG Merger

6.1. David Maher introduced the report, stating the key deliverables and associated timelines. We were currently looking at consolidating CCGs, which would operate primarily at an Integrated Care System (ICS) level. There were also further discussions ongoing with Primary Care Networks as these were major strategic enablers.

6.2. Other discussions being carried out in different areas include leadership, HR support and governance. There was also a robust assurance framework in place, and we were doing significant engagement with our local Healthwatch partners.

6.3. As part of the new Integrated Care Operating Model and CCG Merger, a proposal presented to ICB in August recommended that as a local system we would need to work-up the practical details of how the new arrangements might operate by running a time-limited development process, concluding at the end of October 2020. To develop these proposals, two Transition Groups (the ICPB Transition Group and the NH&CB Transition Group) will operate during September and October, publishing a list of areas for consideration and inviting feedback. The outputs of the two Groups will be brought together at a follow-up ICB development session at the end of October. A third development session is also being scheduled in January 2021.

6.4. We also needed to ensure the emerging thinking of the PCNs guides the construction and delivery of the NH&CB and shapes our plans in the delivery of Neighbourhoods'

as well as continue to work in partnership with workstream colleagues to provide quality improvement healthcare for our residents.

6.5. Workstreams had been operating under the mandate that we would be established as an Integrated Care Partnership. There was an opportunity to re-think the role and remit of the workstreams in the context of the Neighbourhood Health and Care Board.

6.6. There had been some engagement challenges, particularly in relation to pay differentials across London, with some people receiving more due to inner London weighting. There were also technical issues in relation to procurement of business support services.

6.7. Henry Black added that 98% of the previous allocation to City & Hackney would be delegated to the local system. Some elements of corporate services would be delivered at scale but there would be a small amount of contingency in order to manage risk. We would not be moving money around the system – allocations would be used to track delegated budgets; no CCG would be worse-off as a result of the merger.

- **David Maher, Randall Anderson and Mark Rickets would draft a piece which would crystallise the objectives of the City & Hackney ICP.**

6.8. Terms of reference would also need to be looked at in order to see how provider colleagues and other partners could join meetings without being part of the formal decision-making structure. The CCG constitution is being circulated to Partners.

6.9. Further conversations needed to happen to clarify the role of the Health and Wellbeing Board in relation to the ICB. David Maher added that this dovetailed with our work as an anchor partnership.

6.10. Helen Fentimen stated that whilst there was a lot of discussion around restructuring, we were hearing less about what the impact on services would be.

6.11. There had always been something of an inherent conflict of interest in CCGs being led by GPs but this had been abrogated by a triumvirate model, with triangulation being realized through the Clinical Executive Committee and the Finance & Performance Group, the latter of which was led by a lay member. This role could be filled by the People & Places Group in the new structure.

6.12. Jake Ferguson stated that we needed to shift power towards communities and furthermore towards prevention. David Maher stated that we needed to have a debate with the Neighbourhoods about how we could empower people locally. He also added that the Prevention Investment Standard would need to come back to ICB as this was a crucial part of our work.

6.13. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.14. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. Childhood Adversity, Trauma and Resilience (ChATR/ ACEs) - Draft City & Hackney Approach

7.1. Amy Wilkinson introduced the item. This was about improving our awareness of ACEs, and was focused on resilience.

7.2. Cllr Kennedy stated that we needed to think about school-based mentoring for people who had reached their third, fourth or fifth ACE. It was crucial that we did not have a scenario where interactions with authorities became a further ACE.

7.3. Honor Rhodes complimented the report. She stressed the need to highlight parental relationships. If we got that right, some of the earliest ACEs would be worked out.

- **It was agreed that a further report on evaluation would be brought back to the ICB.**

7.4. Marianne Fredericks stated that relationship training should be mandatory. ICB members themselves could also be inducted on these courses.

7.5. Jake Ferguson stated that we had done a lot of work around the ambitions for parents of African and Caribbean heritage. There had been concerns raised about trust in authorities. People believed that referral forms would lead to children people taken away. There was also widespread belief in the institutional racism of the state.

- **Amy Wilkinson to provide details of relationship training.**

7.6. The **City Integrated Commissioning Board**

- **NOTED** the report.
- **APPROVED** the approach to Childhood Adversity, Trauma and Resilience.

7.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.
- **APPROVED** the approach to Childhood Adversity, Trauma and Resilience.

8. Find Support Services

8.1. The report was introduced by David Maher. The IT Enabler board element of this report would likely be brought back to a future ICB.

8.2. Cllr Kennedy stated that he was glad to hear there was work being done to link to the support services map itself.

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report..

8.4 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.

9. Digital Divide

9.1. The report was introduced by David Maher. Simon Cribbens also added that digital exclusion had been a priority for City of London members. In lockdown, we had acted to provide data to low-income households. We had also opened up access to public libraries.

- **David Maher to respond to Jake Ferguson on the find support services map and the ability of organisations to handle the number of referrals received.**

9.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

9.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.

10. Register of Escalated Risks

10.1. The item was introduced by Matthew Knell. The October registers would be further updated as some workstreams were still reviewing all their risks.

- **Cllr Kennedy requested that an immunisations update be brought to the next meeting.**

10.2. Marianne Fredericks highlighted the importance of ensuring we had a high update of flu vaccinations given the context of covid-19 infections.

10.3. Randall Anderson highlighted that there were issues insofar as we had intention to expand access to a vaccination that was not yet available.

10.4. There were concerns around heightened morbidity during flu season – particularly as there was a risk of co-existing flu and covid-19 infection. However this may be abrogated by social distancing reducing the spread of flu and hand washing reducing the spread of norovirus.

11. M4 Finance Report

11.1. Sunil Thakker introduced the report. He reminded people that we were currently on an emergency funding allocation. We were on a deficit of just under £1.4m however the bulk of this related to covid-19 expenditure. This would be reimbursed which would therefore take us back to a break even position.

11.2. Ian Williams added that there was a shortfall of £9m from the LBH perspective. Future reports would be similar to reports received by Cabinet on the overall financial position.

- **Update on financial pressures in relation to revenue items to be brought back to ICB after Ian Williams has discussed with Mark Jarvis and Peter Kaine.**

AOB & Reflections

- It was agreed that the Local Outbreak Board would begin at 9am and run for 50 minutes for the foreseeable future.
- An interim report on voluntary sector grants would be brought back in six months' time.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-4	Sunil Thakker to bring back updated progress report on **CCG contracting position.**	Sunil Thakker	14/05/2020	Aug-20	Open	Guidance still not received - on the forward planner for November
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the **provider alliance approach to service delivery, outcomes and patient experience.**	Jonathan McShane	14/05/2020	Jul-20	Open	
LOBSep-1	Jon Williams offered support from Healthwatch Hackney on testing **comms regarding contact tracing** before they go out to residents.	Jon Williams	10/09/2020	Oct-20	Closed	Sandra Husbands to bring in Jon Williams as requred.
LOBSep-2	A **budget projection** for additional costs likely to be incurred by a second peak to be submitted to the next Local Outbreak Board meeting.	Sandra Husbands	10/09/2020	Oct-20	Closed	Due to be submitted to October meeting.
ICBSep-1	David Maher, Randall Anderson and Mark Rickets would draft a piece which would crystallise the **objectives of the City & Hackney ICP**.	David Maher, Randall Anderson, Mark Rickets	10/09/2020	Oct-20		The objectives of the ICB is being developed to form the basis of a letter of support to the NEL CCG merger which will be circulated before the meeting.
ICBSep-2	It was agreed that a further report on **ACEs evaluation** would be brought back to the ICB.	Amy Wilkinson	10/09/2020	Dec-20	Open	ETA December 2020.
ICBSep-3	Amy Wilkinson to provide details of **relationship training.**	Amy Wilkinson	10/09/2020	Dec-20	Open	Details to follow Nov / Dec 2020.
ICBSep-4	David Maher to respond to Jake Ferguson on the **find support services map** and the ability of organisations to handle the number of referrals received.	David Maher	10/09/2020	Oct-20	Closed	Verbal update to be provided at Oct ICB.
ICBSep-5	Update on **financial pressures in relation to revenue items** to be brought back to ICB after Ian Williams has discussed with Mark Jarvis and Peter Kaine.	Ian Williams	10/09/2020	Nov-20	Open	Detailed update to be provided to November meeting.

Title of report:	Integrated Care Operating Model & CCG Merger: An Update
Date of meeting:	8 October 2020
Lead Officer:	David Maher – CCG Managing Director
Author:	Carol Beckford – Transition Director (Interim)
Committee(s):	Integrated Commissioning Board - for noting
Public / Non-public	Public

Executive Summary:

The purpose of this report is to present the Integrated Commissioning Board with an update on progress towards the establishment of the City & Hackney Integrated Operating Model and the North East London CCG merger. We report on:

- Stakeholder engagement on City & Hackney's Integrated Care Operating Model and the CCG Merger during September and plans for October 2020.
- Progress towards defining the role, remit, terms of reference and membership of City & Hackney's Integrated Care Partnership Board (ICPB) and the Neighbourhood Health & Care Board (NH&CB)
- Remaining areas of discussion
- Preparation for the CCG GP Members vote in October 2020
- Next steps

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 [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The engagement seeks to ensure that Primary Care/Neighbourhood services are at the core of the Integrated Care Operating Model. A particular focus has been/is being given to understanding how we strengthen the primary care voice in the new system and the relationship with the NEL CCG

Ensure we maintain financial balance as a system and achieve our financial plans	☒	The work looks at how to ensure that City & Hackney retains good financial governance and retains or improves on its financial allocation
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The ethos of the Integrated Care Operating model is focused on addressing *all* the healthcare needs of City & Hackney residents
Empower patients and residents	☒	The engagement seeks to ensure that patients and residents retain a strong voice in the infrastructure of the City & Hackney Integrated Care Operating model and decision making processes.

Specific implications for City

There are no specific implications for the City of London at this stage

Specific implications for Hackney

There are no specific implication for LB Hackney at this stage

Patient and Public Involvement and Impact:

It is important that Patients and the Public are involved in the development of IC Operating Model and CCG proposals. We discuss this at the PPI Committee at least monthly as well as use other opportunities to engage patient representatives and the public

Clinical/practitioner input and engagement:

During September:

- GPs have been engaged at Consortia meetings
- There has been a City & Hackney GP Members Forum
- Primary Care Network Clinical Directors have engaged at workshops during September
- There have been discussions at the Clinical Executive Committee

Communications and engagement:

During September

- Engagement sessions were held with the IC Communications & Engagement Enabler
- The IC Operation Model development and CCG Merger is embedded in the Communications and Engagement work-programme

Comms Sign-off
Alice Beard – CCG Communications Lead – contributed to the development of communications and engagement documentation.
Eeva Huoviala – CCG Engagement Lead – contributed to the development of communications and engagement documentation

Equalities implications and impact on priority groups:

No explicit equalities implications to be drawn out from this report. NEL is undertaking an Equalities impact assessment to cover the scope of the whole CCG Merger

Safeguarding implications:

No explicit safeguarding implications to be drawn out from this report

Impact on / Overlap with Existing Services:

This report will not impact on existing services. Once agreed the IC Operating Model will have an impact on service deliver. The scope of this is to be defined.

Main Report

Background and Current Position

This report is a progress update on the development of Integrated Care Operating Model and CCG Merger.

Options

There are no options to be considered.

Proposals

There are no new proposals set out in this report.

Conclusion

The ICB is invited to note the progress report.

Supporting Papers and Evidence:

Appendices CCG Merger – Frequently Asked Questions (FAQs) NEL CCG Merger – Frequently Asked Questions (FAQs) City & Hackney specific questions

Sign-off:

David Maher – CCG Managing Director

Integrated Care Operating Model & CCG Merger: An Update

September/October 2020

Integrated Care Operating Model and & CCG Merger

The purpose of this paper is to provide Members of the ICB with an update on:

- Stakeholder engagement on City & Hackney's Integrated Care Operating Model and the CCG Merger
- Progress towards defining the role, remit, terms of reference and membership of City & Hackney's Integrated Care Partnership Board (ICPB) and the Neighbourhood Health & Care Board (NH&CB)
- Remaining areas of discussion – October onwards
- Preparation for the CCG GP Members vote in October 2020
- Next steps

Stakeholder engagement

As planned, **the focus in September was on engagement** on the Integrated Care Operating Model and the CCG Merger proposals. We engaged with City & Hackney Clinicians, Partners, City of London, London Borough of Hackney, CCG Governance Boards and CCG Staff. In September Mark Rickets and David Maher held meetings and workshops with the stakeholders groups listed below:

1. Integrated Commissioning Board (ICB)
2. CCCG Governing Body
3. CCG Lay members
4. CCG Members Forum
5. CCG Patient and Public Involvement Committee (PPI)
6. Integrated Care Public & Patient Representatives Group
7. City & Hackney London Medical Committee
8. Accountable Officer Group (AOG)
9. Clinical Executive Committee (CEC)
10. Primary Care Network Clinical Directors
11. City & Hackney GP Consortia (Rainbow & Sunshine, South West, Well, , North & Klear)
12. Hackney CVS
13. City of London Health & Wellbeing Board
14. LB Hackney Health & Wellbeing Board
15. Health in Hackney Scrutiny Commission
16. CCG Staff Council

Stakeholder feedback (1 of 2)

- In summary, those we have engaged with really focused on seeking answers to the following questions:

  - Where will **accountability** reside within City & Hackney? What decisions will be made where?
  - How do we ensure that City & Hackney does **not lose out financially** to other parts of the NEL system? What is the flow of resources?
  - What are the clinical leadership arrangements to ensure that **City & Hackney still has a strong clinical voice** and ensure Primary Care Network Clinical Director representation at all decision-making forums within the system?
  - What are the **implications for staff**?
  - What is the **proposed membership of** the City & Hackney Integrated Care Board **(ICPB)** and the Neighbourhood Health & Care Board **(NH&CB)**?
  - What will happen if GP Members do not **vote** in favour of the CCG Merger?

- We have responded to these questions and the answers are documented in the current draft of the **FAQ document** attached at (Annex A). This document has NEL wide FAQs and City & Hackney Specific FAQs.
- As a result of stakeholder feedback, all seven CCGs Chairs within NEL have agreed a set of **31 Principles** against which the merged NEL CCG will be governed and judge itself (see Annex B). Feedback is being invited on these principles.

Stakeholder feedback (2 of 2)

- **There is considerable trust in the leadership within the City & Hackney system** to protect the future interests of the stakeholders in the local system. However, there is concern regarding whether commitments made now on behalf of the NEL CCG can be guaranteed. Work is taking place to document these commitments in the Declaration of Principles and a NEL CCG Governance Handbook.

- The date for the **voting window for GP Members has been deferred from 5-9 to 12-16 October** 2020 to allow more time for further engagement with stakeholders and address outstanding questions.

- The **documentation which will be published in advance of the vote** to support GP Members in making their decision is as follows:
  - NEL Case for Change document
  - City & Hackney local context document
  - Constitution, including
    - Standing Orders
    - Terms of reference (for statutory/mandated committees)
  - NEL CCG Governance Handbook, including
    - Scheme of Reservation & Delegation (SoRD)
    - Standing Financial Instructions (SFIs)
    - The Transition Arrangements

Defining the terms of reference for the Integrated Care Partnership Board and the Neighbourhood Health & Care Board

- The **working groups** established following the ICB Development Session to **facilitate the development of the ICPB and NH&CB terms of reference** are up-and-running. Interviews are taking place with system leaders, Partner organisation non-executive directors, clinicians, Care Workstream Directors and other key stakeholders from across the local system. In addition, we are undertaking a number of workshops to focus on ensuring that we continue to have strong clinical representation and strong voice of the resident and patient built into local strategic planning, governance, assurance and service delivery within City & Hackney.

- The slide overleaf (draft for discussion) outlines the **potential key functions** within the City & Hackney system, including the ICPB and the NH&CB. We are testing this with a range of stakeholders to ensure that emerging proposals are robust and take account of the core principles, values and ways for working within City & Hackney.

- In response to engagement feedback we intend to have **a mid-year review in 2021/2022 to** examine if the IC Operating Model is delivering in line with our aspirations. The scope of the review is yet to be defined but could include an assessment of the impact on:
  - Residents and patients
  - Governance arrangements
  - Impact on staff

Outline of key functions in the City and Hackney system

Draft for discussion…

PCNs and Neighbourhoods

- Works in partnership with community organisations, developing local solutions to complex social problems
- Delivery of specific primary care services that require bigger population than single GP practice
- Designs / delivers proactive programmes to manage care of people and families with different levels of health risk
- Coordinated care of individuals through user empowerment, multi-disciplinary and multi-agency working
- Form partnerships with community groups to support and develop interventions that fill gaps in care
- Empower and prepare residents to manage their care
- Deliver at scale services which serve populations larger than individual GP practices

Local system partnership

Neighbourhood Health and Care Board

- Tailors/delivers health and care transformation plans and new care models within framework set by ICPB
- Enhanced sharing of data to undertake population care management of demand and early intervention
- Removes barriers and shifts resources to produce greater value and better outcomes
- Supports the development of PCN / Neighbourhoods and mobilises community resources to meet the needs of residents
- Delivers at scale services which serve City and Hackney population
- Focus on wider determinants of health and care including housing, business, leisure and employment
- Escalate issues and risks to ICPB for resolution or wider learning

Integrated Care Partnership Board

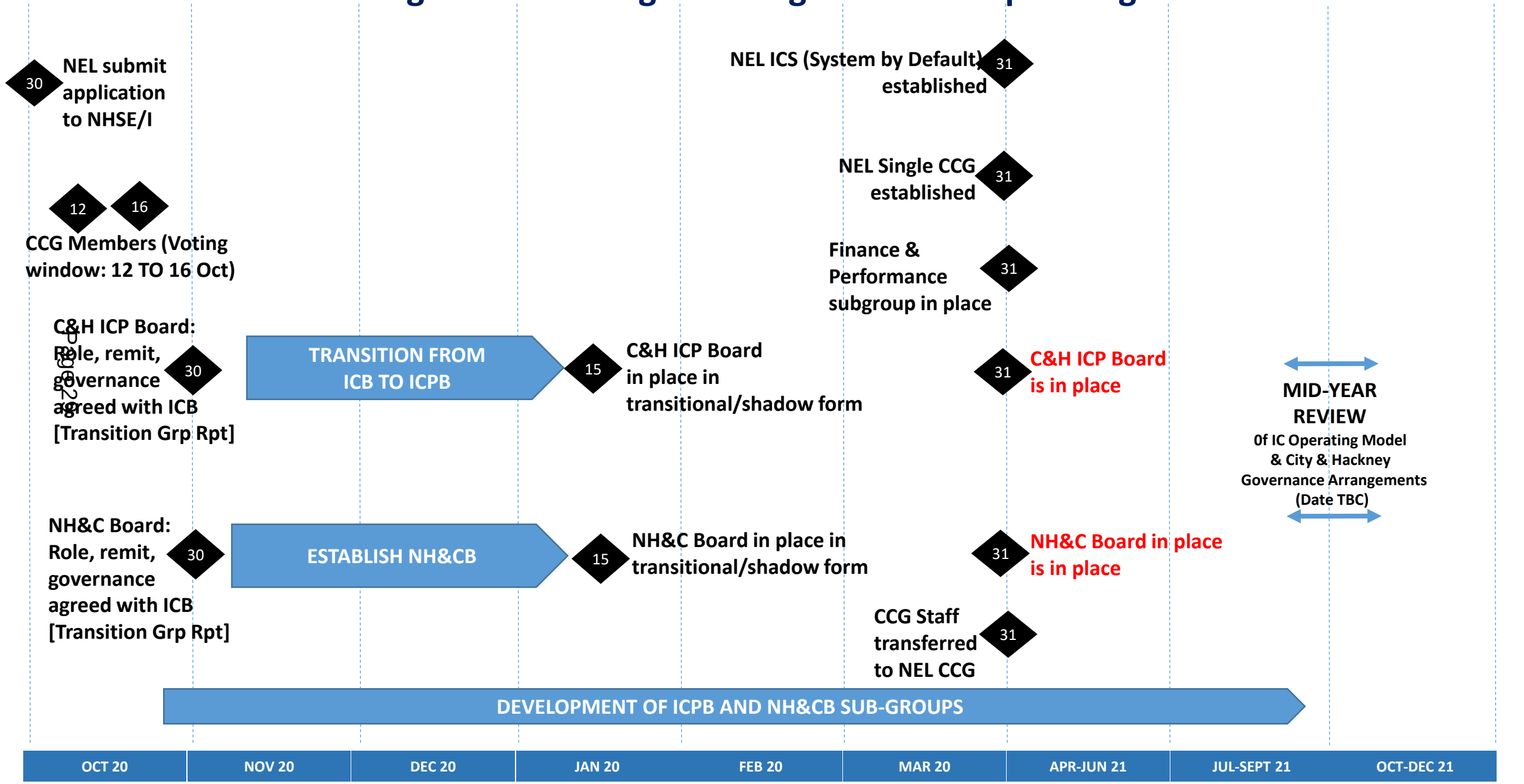
Population Health Hub

- Overall responsibility for how City and Hackney system works in practice
- Overall strategy development supported by Population Health Hub and local transformation and planning functions
- Set outcomes framework, quality and performance standards
- Receives full NHS allocation for City and Hackney and develops financial strategy, resource allocations, collective risk management approaches within NEL framework
- Assures Neighbourhood Health and Care Board and their delivery of effective, efficient care and support
- Custodian of partnership approach – involvement of all key partners in spirit of co-production

North East London ICS / North East London CCG

- Ensures that commitments set by NHSE / DHSC are funded and delivered
- Delivering on enablers to support system development including digital, workforce and estates
- Holds systems to account for delivery of outcomes-based care
- Leads on planning and commissioning of service change best planned across NEL ELH&C
- Overall financial strategy including transformation funds and risk management

Timeline for establishing and reviewing the Integrated Care Operating Model



Stakeholder engagement – October 2020

Our **engagement in October** will focus on aiming to address the outstanding questions raised by stakeholders. Stakeholders have asked for further information and engagement on:

- **Draft terms of reference for the ICPB and NH&CB** (Integrated Partnership Board Neighbourhood Health & Care Board) with draft proposals for membership and chairmanship.
- How the **clinical voice** of general practice would continue in a newly-constituted Clinical Executive Committee (CEC).
- A **commitment to a mid-year review (2021/22)** to assess how these new arrangements are working and a commitment to change if that is needed
- Exploration with NEL on what is described as **the "triple lock" for primary care** which includes commitments to:
    1. **Maintain or increase** investment in core primary care
    2. **Maintain or increase** investment in enhanced primary care
    3. **Ensuring GP voice is embedded** at all levels of decision making with a specific executive forum for PCN and GP leadership in addition to the existing Members Forum.

Stakeholder engagement – October 2020

Before GP Member vote

1. PCN Clinical Directors - workshop
2. CCG Members Forum
3. Primary Care (i.e. Primary Care Network Clinical Directors, GP Confederation, LMC)
4. East London FT, Homerton UFT
5. Accountable Officer Group (AOG)
6. Integrated Commissioning Board (ICB)
7. City of London Health & Social Care Scrutiny Committee (TBC)
8. CCG Staff

After GP Members vote

9. Integrated Commissioning Board (ICB) – Development session
10. CCCG Governing Body
11. CCG Patient and Public Involvement Committee (PPI)
12. CCG Staff
13. Integrated Care Public & Patient Representatives Group
14. Clinical Executive Committee (CEC)
15. Primary Care Network Clinical Directors

C&H Integrated Care Partnership & CCG Merger – key milestones

- ❑NEL's application to NHSE to become a single NEL CCG – September 2020
- ❑City & Hackney Members hold an *indicative* vote on CCG merger – early October 2020
- ❑City & Hackney Members hold a *formal* vote on CCG merger – 12th to 16th October 2020
- ❑NHSE approve NEL's application to become a single NEL CCG – end October 2020
- ❑City & Hackney's Integrated Care Partnership Board (ICPB) in place – Winter 2020
- ❑City & Hackney's Neighbourhood Health and Care Partnership Board (NH&CB) in place – Winter 2020
- ❑City & Hackney's ICPB subgroups put in place - Autumn 2020 to Summer 2021
- ❑NEL single CCG in place April 2021

Annexes

Annex A:
Frequently Asked Questions (P49 of pack)

Annex B:
Declaration of Principles

Declaration of principles (1 of 3)

1. **Continuous quality improvement.** Develop a culture and ways of behaving and working that promote continuous improvement in the health, care and wellbeing of the whole population.

2. **Transparent and accountable.** Act transparently with and between provider organisations - planning, decision making, accountabilities and spend (£) for whole population health outcomes. We will ensure contracts involving the spend of public money are made publicly available

3. **Reducing inequalities.** Focus on outcomes in terms of quality of care, performance, safety, reducing health inequalities and experience for both patients and staff. The delivery of these outcomes will be the focus of provider organisations (statutory, voluntary and community)

4. **Delivery, delivery, delivery.** Focus will be on delivery by provider organisations, including statutory bodies and the voluntary and community sector and the CCG.

5. **Holding each other to account and actively seeking local accountability.** Working as an ICS, establish a robust assurance framework that clearly shows where accountabilities and responsibilities sit for delivering high performing services and meeting national standards. Within this ensure local providers and systems hold NEL to account and NEL holds the local systems and providers to account.

6. **Distributed leadership.** Provide strategic commissioning leadership, lead strategic planning with partners and support the development of the ICS for north east London.

7. **We are all commissioners**. When making commissioning decisions, ensure all hospital and out-of-hospital organisations work together in the planning of services (including the adoption of commissioning behaviours).

8. **Being led by our communities.** Ensure there is the relevant skill set and appropriate balance on the partnership boards to deliver population health gains. This will include hospital/out of hospital representation, users and diversity of staff.

9. **Out of hospital care.** Ensure year on year an increase (in absolute and relative terms) in the quantum of financial resource (across NEL) for out-of-hospital health services.

10. **Equity.** Ensure equity of funding systems within all the providers

Declaration of principles (2 of 3)

11. **Co-production and power devolved to communities.** Ensure user involvement, co-production and clinical engagement throughout the CCG and our wider ICS.

12. **GP member voice.** NEL CCG to be formed by the membership of each of the current seven CCGs, electing a local clinical chair (during the period of transition the current CCGs will assume this role) who will sit on the single CCG Governing Body to reflect the membership voice (as part of a democratic process) and act to connect local systems with the NEL CCG and with the NEL ICS.

13. **Localising personalised services.** Support place and local authority-based integrated care partnerships (ICPs) to flourish in accordance with the 80:20 principle of CCG resource distribution.

14. **Decisions and delivery close to people.** Governance structure characterised by delegating: planning, accountability and financial decisions consistent with the 80:20 principle. Budgets will be devolved to a local level in accordance with the national allocation formula.

15. **Integration.** Support all provider organisations to work in integrated systems at the place/local authority and multi borough level (where locally agreed) and to come together at NEL STP level as a single ICS.

16. **Levelling up.** Act to reduce unwarranted variation and reduce inequity across NEL, ensuring that decisions, including those for new investments, are taken based on population health need, are supported by outcome data and seek to address legacy issues from the previous seven CCGs

17. **Acting as leaders across our communities.** Support all partners' roles as anchor institutions (working collaboratively with one another in forming an 'anchor system')

18. **Prevention.** Enhance opportunities to prevent ill health; address the wider determinants of health; promote the development of self-supporting communities with increasing social capital.

19. **Local focus.** Ensure placement of CCG employed staff and sessional clinical leads will adopt the 80:20 principle of resource distribution, so that the vast majority of staff time will be managed and directed in local systems. However everyone will have a responsibility to deliver for the whole population. Local trusted contacts and relationships will be respected and built upon.

20. **Speaking up and being heard.** Invest in staff recruitment, retention, wellbeing, development and career progression to ensure high standards of care are delivered by a workforce that is healthy and feels able to speak up when things aren't going as well as they should.

Declaration of principles (3 of 3)

21. **Growing our own.** Support at all levels a focus on promoting equality and the ambition of "growing our own" workforce that better reflects the populations we serve - recruiting and retaining people from our local communities.

22. **Our people.** Support year on year improved diversity of leadership to ensure diversity of protected characteristics, population representation and different clinical professions.

23. **Working as teams together making the most of our expertise.** We describe this as the triumvirate leadership model of a patient, a clinician and a manager shaping and leading change. Benefit from promoting a strong Lay Voice on the Governing Body and throughout the committee structures that support the governing body.

24. **Co-production.** Support clinicians and practitioners to work with managers when planning services and care pathways, with patients and the public involved throughout the process – continuing to make co-production a reality.

25. **Making it easier for patients.** Facilitate structural integration between all organisations across NEL ICS including enhanced communication; simplified record keeping; and joint executive posts and shared non-executives to make interfaces between organisations as seamless as possible.

26. **Systems that work for patients and staff.** Develop high functioning and responsive IT systems across the whole of NEL which support integrated working and improved care.

27. **Modern healthcare facilities.** Ensure all estates, particularly new developments, are designed around a holistic approach to health improvement.

28. **Making every contact count.** Ensure that everyone working in the system holds a responsibility to improve the physical, mental and social health of the population.

29. **Social and environmental sustainability.** Ensure that sustainability is core to everything we do and that this is the responsibility of everyone within the system

30. **Our people supported to grow and thrive.** On the merger, staff of the seven CCGs will be employed by the North East London CCG. We will enable our staff to work on CCG and ICS priorities across organisational boundaries, ensuring that they have opportunities to develop professionally and maximise delivery of health and health care outcomes. We can do that for example by using 'honorary contracts' to enable full access to different organisation's systems.

31. **Clinical leadership** budgets for each CCG will be maintained for all seven local systems, with no cut to the clinical leadership budget in any local system. The single CCG will lead to a reduction in bureaucratic processes, freeing clinical leaders up to lead clinical transformation of services. Clinical leadership will exist at every level within the ICS and will be key to our success.

Annex C:
Major milestones to April 2020

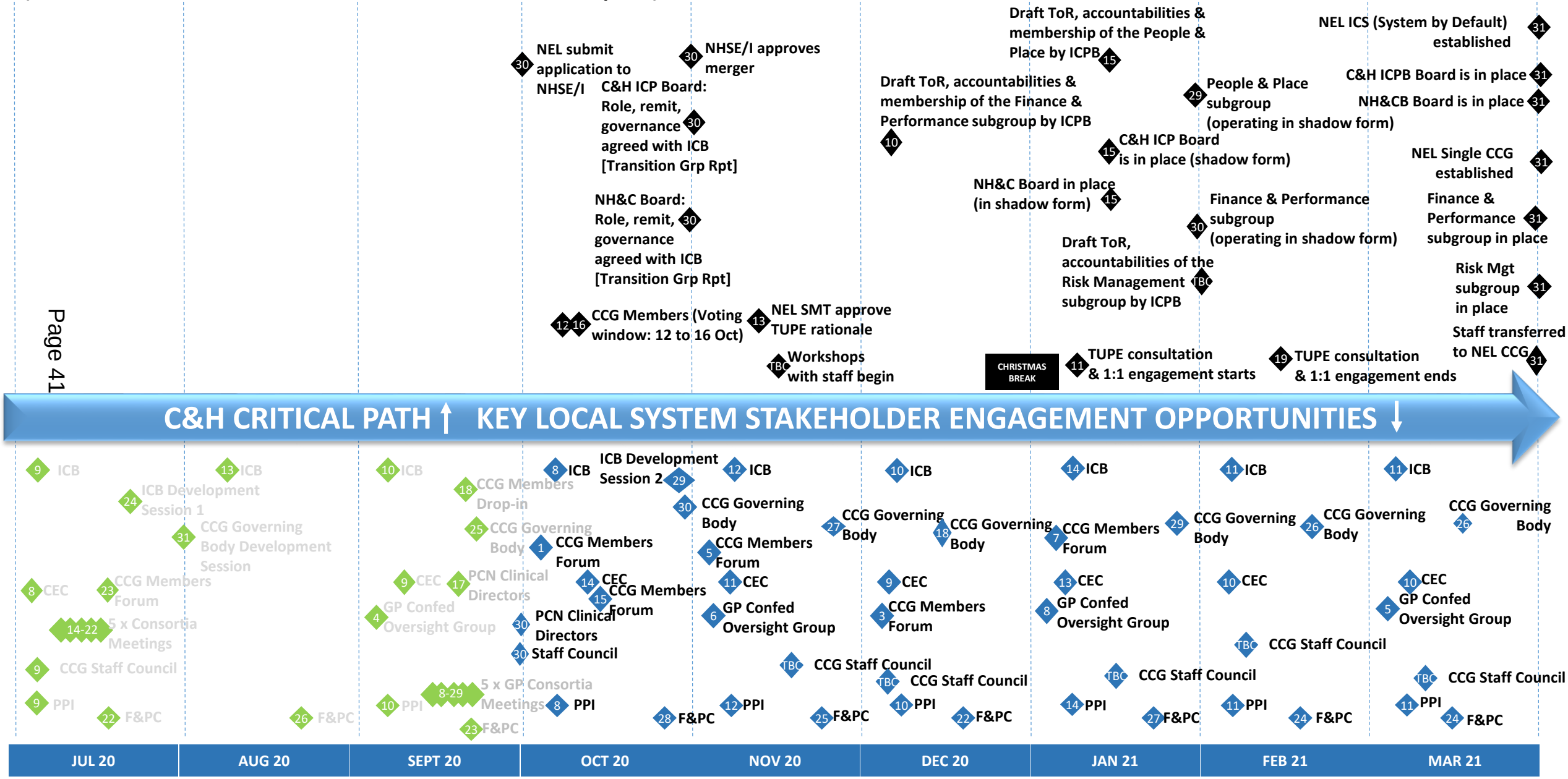
DRAFT: October 2020

City & Hackney's Proposed Integrated Care Operating Model & NEL CCG Merger

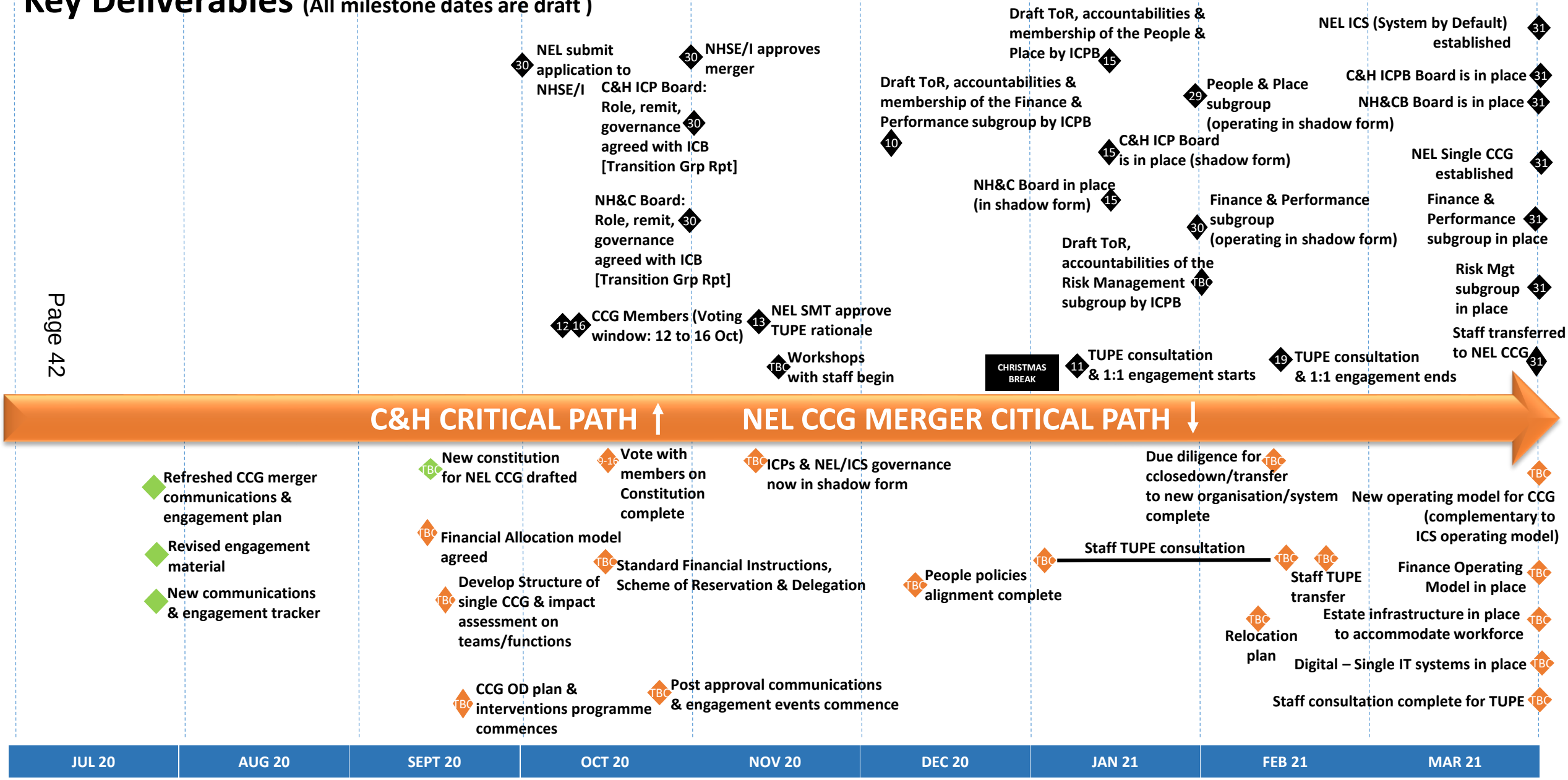
Major Milestones to April 2021 – Early Draft

City & Hackney's Integrated Care Operating Model – Major Milestones

(All black milestone dates are draft. Green milestones = complete)

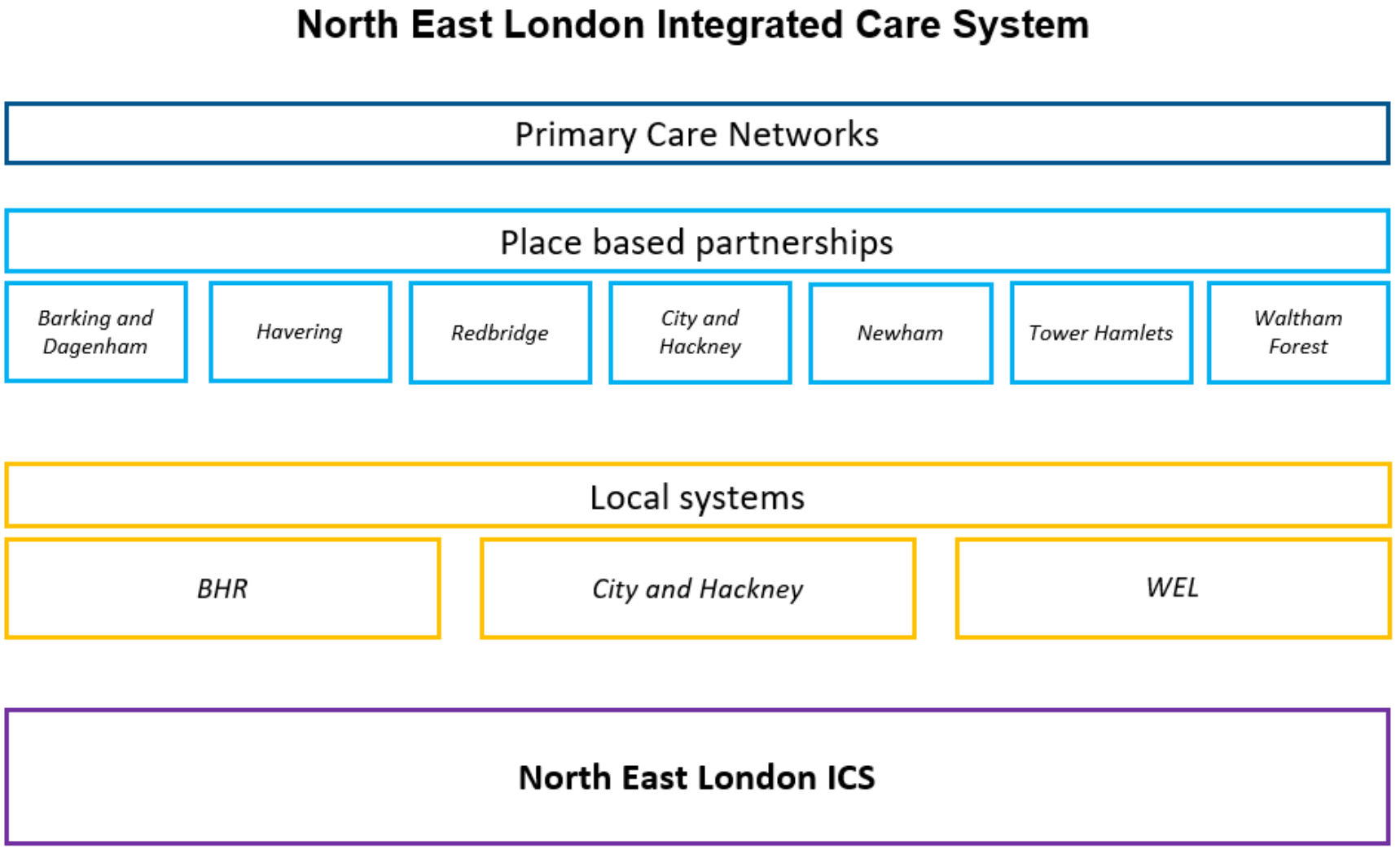


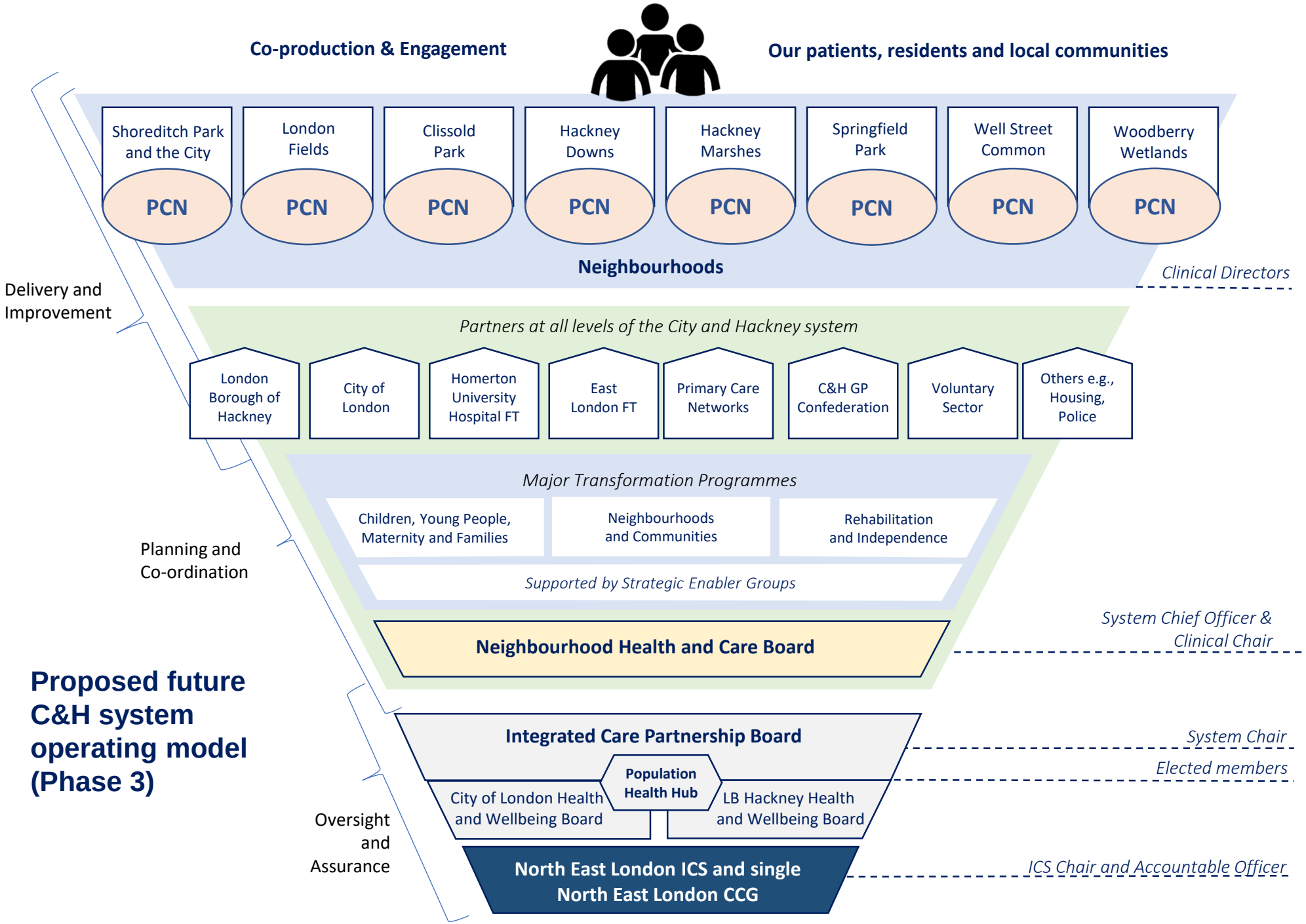
City & Hackney's Integrated Care Operating Model – Major Milestones & NEL CCG Merger Key Deliverables (All milestone dates are draft)



Annex D:
NEL Integrated Care System & City & Hackney Local System

What will a NEL Integrated Care System (ICS) look like?





Proposed future C&H system operating model (Phase 3)

Frequently Asked Questions

Engagement on the proposals

Why are you not formally consulting on these changes?

We believe it is important to hear people's views to help us shape our proposal, which is why we are keen to involve as many stakeholders as possible over the coming months.

The stakeholder engagement and communication plan has been designed to ensure that the CCG is discharging its statutory duty under section 14Z2 of the NHS Act 2006 (as amended) to involve patients and the public when planning its commissioning arrangements and when developing, considering and making decisions about changes to its commissioning arrangements. In addition, if the proposal to join our CCGs proceeds and is submitted to NHS England for approval, then NHS England will consider a number of factors, including the likely impact of the proposals on those for whom the CCG has a responsibility and the extent to which the CCG has sought the views of individuals to whom relevant health services are or may be provided, and how they have been taken into account.

Has this happened elsewhere?

These discussions are taking place across the country. The last round of CCG mergers took place on 1 April 2020 when NHS England approved the merger of 74 existing CCGs to establish 18 new ones. This means the total number of CCGs fell from 191 to 135 — a 29 per cent drop. In London three of the five STP areas became single CCGs.

Why merge, why not just work differently?

We have been working in a more integrated way over the last few years, but there are still constraints placed by having seven CCGs rather than one and this can create variation in service and additional time and cost in running so many organisations. For example seven different sets of legal governance has created fragmentation and difficult decision making which has at times held up progress where there is a common interest to bring about change. We feel that the time has come to make the move to a more streamlined and effective organisational form.

What will happen if the outcome of the GP membership vote on the proposal to form a single NEL CCG is 'no'

We hope that through the engagement led by the CCG Chairs that we can address any issues raised by GP members in advance of the vote. They are leading engagement with their members and encouraging them to vote to merge. The LTP and recent 'phase 3' letter makes it clear that a move to one CCG per ICS is the expectation. In areas where there has for example been a vote of no in one area for the new CCG but the majority are in favour, there have been further discussions to understand more about the position and the areas of concern.

What are the details of the proposals that GP members will be asked to vote on in October?

Do you support the proposal for [current CCGs] to merge and form a new, single CCG "NHS North East London CCG"? YES/NO

Have you made up your mind already?

We do believe this is the right thing to do, but any responses from this engagement process will be considered and form part of our submission to NHS England alongside the outcome of the vote. Ultimately, NHSE will decide on the merits of the proposal and whether this is the right thing to do for local people.

Integrated Care System for NEL

What is an Integrated Care System?

The Long Term Plans signals a move to a new way of working in Integrated Care Systems (ICSs), which are partnerships of NHS, local government and community and voluntary organisations. It builds on evidence elsewhere and what our staff and partners already know, which is that a partnership approach provides a better chance to change service for the better than the old method of contracting.

How would a single CCG fit within an Integrated Care System?

The ICS is a partnership made up of its constituent members. CCGs, alongside NHS Trusts, are still statutory bodies with defined legal roles. A single CCG will provide an opportunity for a single, more streamlined commissioning voice operating at a more strategic level, working together with other partners inside the ICS.

Will commissioning plans change because of this?

No. We are already working to a system wide plan, but the single CCG will be better able to make sure that plan becomes a reality.

Flow of resources

How do we know that one area won't lose out to others?

We recognise that each of our areas is different, with different challenges. We will be looking to tackle inconsistencies and make our resources go further, but not at the expense of any of our populations. We intend to raise our standards to the level of the best across the whole area.

However, we will ensure that no CCG will be worse off financially as a result of the merger. To achieve this, we have committed to tracking the previously published NHS Long Term Plan (LTP) allocations when calculating the delegated place-based budgets. We will also preserve the legacy cumulative surplus / deficit position of each CCG and any future access to surplus drawdown will be allocated to place based

budgets accordingly. It should be noted that in practice, access to drawdown of historic surpluses has been extremely constrained in recent years and is highly unlikely in future to be relaxed by NHSE.

The CCG will still be a member led organisation, made up of all the GP practices across north east London and we know that any reductions in service would not be tolerated.

To that end we are proposing a Triple Lock on primary care as part of this evolution of integrated care. This includes commitments to:

1. **Maintain or increase** investment in core primary care
2. **Maintain or increase** investment in enhanced primary care
3. **Ensuring GP voice is embedded** at all levels of decision making with a specific executive forum for PCN and GP leadership in addition to the existing Members Forum.

With the ambition to deliver more care closer to people's homes, will there be a shift of resource to support this?

Partners are working to ensure that local people are supported to access more services, closer to home, with, for example, proposals for the development of Community Based Care. By working in a more integrated way we can target our resources at helping people stay well in the community and reducing the pressure on our hospitals. The opportunity of working together as a north east London footprint is that we can pool the CCG resources to achieve economies of scale where it makes sense to do things once, and focus more resource on supporting the delivery of care closer to home.

Will the move to a single NEL CCG ensure that primary care across the seven CCGs is funded equitably in line with population need?

The flow of money will match the existing allocations (e.g. there won't be in instant redistribution) – over time resource will be directed at the areas of greatest need.

We will ensure that no CCG will be worse off financially as a result of the merger. To achieve this, we have committed to tracking the previously published NHS Long Term Plan (LTP) allocations when calculating the delegated place-based budgets. We will also preserve the legacy cumulative surplus / deficit position of each CCG and any future access to surplus drawdown will be allocated to place based budgets accordingly. It should be noted that in practice, access to drawdown of historic surpluses has been extremely constrained in recent years and is highly unlikely in future to be relaxed by NHSE.

Isn't this just about saving money?

No, the overall funding for north east London will not change with one CCG rather than seven but we will be able to free up more resources for front line service through greater efficiency and better commissioning.

Clinical leadership

What difference will it make to GPs, and how can we measure the benefits? Won't we have a reduced clinical input with the loss of clinical roles in the CCGs?

One of the key benefits of CCGs is that they are clinically led and clinical leadership is critical to delivering improved services. However, the machinery of administering seven CCGs is not an efficient use of valuable clinical time. That administrative burden would reduce with one CCG and we still intend to have very strong clinical engagement and leadership in our service improvement programmes. We have committed to retention of our current GP clinical leadership resource, but these leaders – and our pipeline of new GP leaders – will not be burdened with some of the bureaucracy that is currently required in the running and governance of seven organisations. They will be freed up to focus even more on transformation of care.

What will the Clinical Leadership arrangements be in the single NEL CCG?

The CCG will be clinically led and will operate on the basis of equal clinical leadership. The Borough Clinical Chairs (who will all be GPs) will elect the chair from amongst their number. The Governing Body will have majority clinical leadership, including the two mandatory Secondary Care Consultant and Nurse roles.

The CCG will retain a strong local voice across the eight local authorities, with local autonomy respected and supported.

We are also confirming the local clinical leadership arrangements in the local partnerships, where we expect our GP clinical leaders to continue the good work that they have begun over the past few years. There is a commitment to continuation of clinical leadership resources in our new system arrangements.

What happens where

Won't the local voice be lost?

We are very mindful of this risk and are determined to keep decision-making as local as possible. This is not about centralising power but putting decision-making where it is best placed. Most decisions about health and care should be made at the local neighbourhood level, by clinicians working in integrated teams alongside patients. Where there is advantage in working at a larger scale, for example around estates or information technology, or some specialist services like maternity or cancer, then we will work at that level.

What decisions will be made where under the new proposals for a single NEL CCG?

The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the members for the exercise of their delegated functions.

The CCG Constitution and handbook are in development and will be shared with members shortly. These will set out which decisions are reserved for the membership as a whole; and which decisions have been delegated to local systems and place (or borough) governance. This will be done in line with the 80:20 local:NEL split.

How will the 80/20split of functions across NEL/local work?

The 20% of proposed functions at a NEL level are intended to focus on where it makes sense to do things once across the seven CCGs, for example, back office functions like HR, and some commissioning functions, such as the commissioning of NHS 111. 80% of the CCGs resources and functions will be delegated to local integrated care partnerships so there will be local decision-making and planning with the bulk of the resource across all health and care partners.

Why is City and Hackney an ICP on its own?

It is important that a single CCG in NEL supports natural partnerships to continue to grow and flourish around local footprints; BHR partners have been working together for at least 10 years as a partnership, and Newham, Waltham Forest and Tower Hamlets are building on their partnership work to come closer together. City and Hackney have historically worked well together, and wish to continue to do so for their local populations. It is worth remembering that the area covers two distinct places – the City of London and the London Borough of Hackney.

Frequently Asked Questions

A FOCUS ON CITY & HACKNEY'S FAQS

Have you made up your mind already?

Our history in City and Hackney is one of consistent investment in primary care, and robust clinical and patient leadership in pathway development. Neighbourhoods built around strong Primary Care Networks provides us with a radical way of addressing the wider determinants of health. This ambition to really get to the heart of prevention through community action was one of the founding principles of the initial Integrated Commissioning Board (ICB).

The original plan (which members endorsed in 2016) was that almost all of our commissioning would be done through the ICB with our partners under a pooled budget arrangement. We were asked to pause this by NHSE at the time whilst they undertook a governance review.

Since then we have been working to bring providers and social care together to form the basis of a strong delivery unit for neighbourhoods, and we have made good progress on the framework being adopted by Local Authority partners and the voluntary sector. We have also continued to strengthen the ICB and we are committed to turning the ICB into a strong partnership board to which the City and Hackney resources can be delegated. Some of those changes include widening the membership to include PCNs and providers, and revising the sub-committee structure so that we can make delegated decisions with good due diligence.

We believe that a strong governance structure through this new Integrated Care Partnership Board will persuade regulators that we have the right infrastructure in place to operate in an autonomous way and thus be the custodians for the City and Hackney resources as a partnership

We also believe that strong governance can only be as good as strong, integrated delivery. To ensure our delivery continues to drive excellence for our patients, we are looking to establish a Neighbourhood Health and Care Board which will bring all of our delivery partners together in one place to co-produce effective plans for our residents. We envisage much of our CCG human resources working within this partnership and continuing their work with clinicians and patients on pathway improvements.

We do believe this is the right thing to do, but any responses from this engagement process will be considered and form part of our submission to NHS England alongside the outcome of the vote. Ultimately, NHSE will decide on the merits of the proposal and whether this is the right thing to do for local people.

Where will power reside in City & Hackney?

Each sub-system (WEL, CH, BHR), will have CCG sub-committee (for City & Hackney) this is the Integrated Care Partnership Board (ICPB)), through which delegated decisions will be made. Almost 98% of the C&H historical allocation will be made through this forum and be implemented through the Neighbourhood Health and Care Board (NH&CB)

City & Hackney will continue to have a GP Members Forum and this will form the overall Members Forum for the NEL CCG.

All GP Practices within City & Hackney are currently members of the City & Hackney CCG Members Forum.

All GP Practices within City & Hackney will be members of the NEL CCG.

Each Member Practice will have a nominated lead healthcare professional who will represent their practice in dealing with the CCG. This will be set out explicitly in the system Handbook.

Members will elect a chair to the City & Hackney Members Forum and that Chair will represent City & Hackney at the NEL CCG Clinical Commissioning Group and on the local Integrated Care Partnership Board.

The Chair of the City & Hackney Clinical Members Forum will be a member of the NEL Governing Body

Isn't power being pulled away from Primary Care Networks and becoming more centralised?

The Primary Care Networks (PCNs) working within Neighbourhoods form the basis of much of the leadership framework, with clinical leads and clinical directors shaping our plans in partnership with managers and patients. These improvement programmes will be coordinated across C&H through a new Neighbourhood Health and Care Board, which will be clinically led. The Integrated Care Partnership Board will provide oversight of risk, outcomes and performance.

Work is underway with Primary Care Network Clinical Directors to participate in the co-production of the role remit, terms of reference and membership of the Integrated Care Partnership Board and the Neighbourhood Health and Care Board. They will have representation on both boards.

Primary Care Networks are at the heart of determining the health population health outcomes the local system wants to achieve as well as managing the delivery of the services for the residents of City &Hackney. This means that PCN Directors will be members of all sub-groups of the ICPB and NH&CB. This where decisions are made on engagement with residents and patients, how to work effectively with local partners across the integrated care system, ensure that quality standards remain high and that we have the right allocation of resources to deliver the services and programmes. Current thinking is that City & Hackney will have five sub-groups

accountable to the ICPB and/or the NH&CB. The system will also be supported by 5 Enabler Groups. PCN Directors should be represented on the Enabler Groups:

NEL CCG Sub-committees

- City and Hackney GP Members Forum

Sub-groups:

- Clinical Executive Group (PCN/Primary Care Leadership Group)
- Practitioner forum
- Quality Group
- Resources and Outcomes Group
- Risk Management Group

Enabler Groups

- Information Technology
- Workforce
- Estates
- Primary Care
- Communications & Engagement

Why can't the 80:20 principles be embodied in the Constitution?

The 80:20 rule cannot be embodied in the Constitution because it relates primarily to how human resources will be deployed across the partnerships. Considering the ~98% of financial resources are intended to flow to local Integrated Care Partnerships, the principle has in that sense already been recognised.

The 80:20 rule on resource distribution will be embodied in the Handbook.

Single CCG will be the statutory body receiving a single set of NEL allocations

- Programme allocation (commissioning budget):
- Primary care
- Running costs (RCA)

Budgets will be devolved to borough based partnerships – NHSE will not set allocations at a borough level through the national formula, ***however***

- We will track published CCG allocations, so the principle of population based capitation will remain
- This will maintain stability of existing plans and ensure no one is made worse off by the merger

Circa 98% of commissioning budgets will be devolved to place

The single CCG will retain a corporate budget for head office costs, based on the functions that have been agreed

0.5% contingency + 0.5% risk reserve held centrally to manage risk in areas of financial pressure and support overall sustainability

Some NEL CCGs have prior year surpluses in the case of City & Hackney this amounts to some £30m. Other NEL CCGs have prior year deficits. How will these be treated and what will happen to the surpluses?

We will ensure that no CCG will be worse off financially as a result of the merger. To achieve this, we have committed to tracking the previously published NHS Long Term Plan (LTP) allocations when calculating the delegated place-based budgets. We will also preserve the legacy cumulative surplus / deficit position of each CCG and any future access to surplus drawdown will be allocated to place based budgets accordingly. It should be noted that in practice, access to drawdown of historic surpluses has been extremely constrained in recent years and is highly unlikely in future to be relaxed by NHSE.

Where is the clinical voice in City & Hackney?

The clinical voice within City & Hackney will be heard and represented on the following forums:

- Integrated Care Partnership Board
- Neighbourhood Health & Care Board
- Clinical Executive Group
- Primary Care Networks/Neighbourhood
- Members Forum
- Practitioner Forum
- ICPB sub-groups x 5
- Enabler Groups x 5

What is the membership of the City & Hackney Integrated Care Partnership Board?

The Governing Body of the NEL CCG will establish sub-committees for BHR, WEL and City and Hackney. These will be decision-making bodies exercising the functions delegated to it by NEL CCG. It will also operate as the City and Hackney ICP Board. The ICP Board is a non-statutory partnership body that will bring together representatives from across the system to make decisions on policy matters relating to the City and Hackney ICP and on any matters the CCG Sub Committee asks it to manage on its behalf.

We will migrate from our current Integrated Care Board (ICB) to the ICPB to maintain clinical leadership and democratic accountability. Membership of our current board is as follows:

City & Hackney CCG

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

City of London

- 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

LB Hackney

- LBH Lead Member for Health, Adult Social Care and Leisure (Chair of the LBH Committee)
- LBH Lead Member for Education, Young People and Children's Social Care
- LBH Lead Member of Finance, Housing Needs and Supply

The ICPB will also include representation from providers across the system. This could include:

- PCNs
- Homerton
- Social care provider representative
- City and Hackney GP Confederation
- ELFT
- Voluntary and community representative
- City of London Healthwatch
- LB Hackney Helathwatch

Discussions around membership will take place with all key stakeholders to ensure we have the right representation from across the system whilst having a board that is of a manageable size.

What is the membership of the Neighbourhood Health and Care Board?

The Neighbourhood Health and Care Board (NH&CB) will be led and managed by a clinician and executive from within City & Hackney. They will lead on coordinating local CCG and integrated teams to continue our work on the Long Term Plan and Phase 3 planning.

Building on the maturity of relationships between local partner organisations, the ICPB will delegate a budget for the local system to the NHCB through a contract or contracts with a partnership of local health and care organisations, which will include the crucial structural and leadership role of PCNs.

Any system leadership arrangements or executive functions would be built on top of a partnership agreement between local sovereign organisations, including PCNs, and be designed and agreed by collaboration between system partners.

Work to establish the board's initial composition is currently part of the discussions we are having locally with partners.

NHCB early proposal on potential initial membership:

- System chief officer
- System clinical chair
- System lay member and patient representative
- System Finance Lead
- Representatives from the Neighbourhood Health and Care Partnership / Alliance:
  - Accountable officer / exec representative for East London FT
  - Accountable officer / exec representative for City and Hackney GP Confed
  - Accountable officer / exec representative for Homerton University Hospital FT
  - Group Director with responsibility for social care, London Borough of Hackney
  - Group Director with responsibility for social care, City of London Corporation
  - Exec representative for Hackney CVS
  - Primary Care Network Clinical Directors
  - Programme director(s) for major transformation programmes

Title of report:	*City and Hackney Winter Plan*
Date of meeting:	8th October
Lead Officer:	Nina Griffith
Author:	Nina Griffith
Committee(s):	SOCG – 17th July and 17th September CCG FPC – *23rd September* *CCG Governing Body – 25th September*
Public / Non-public	Public

Executive Summary:

The ongoing pandemic, the potential for a second peak of CoVID 19 and the risk of a concurrent flu outbreak mean that this winter could bring unprecedented challenges. Winter planning this year is particularly important.

Historically winter planning has been a discrete exercise involving mainly urgent and emergency care (UEC) services/partners, based predominately on a template and approach set by NHSE. This year, we are taking a whole system approach to minimising the risks from the coming winter.

This paper presents the Winter plan for the system in 2020/21.

The winter 'plan; is not a single detailed plan for winter, rather, it is an assurance document that identifies the key risks and outlines all of the areas that we need to address for winter and described where these are being addressed and identifies any challenges. Some of the actions sit within single organisations, some are a responsibility of partners within the City and Hackney system and some are NEL or even London-wide.

Recommendations:

e.g. 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 [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	

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

Specific implications for City

The plan describes a range of actions and services that support both City and Hackney residents.

However- there are some specific areas that are pertinent to the City:

-City residents use hospital services at UCLH and Barts predominantly. Therefore the acute preparedness in the Homerton is less likely to support the City. As part of the NEL Acute Alliance we are able to influence winter preparedness across NEL, and Barts are following similar preparations to support winter. We are also undertaking a NEL-wide demand and capacity analysis to ensure that both individual hospitals and the NEL hospital system have sufficient capacity.

-The discharge services and pathways are distinct to each borough area.
The City have a reablement service that will link with discharge hubs in UCLH and the Royal London.
We have met with NCL colleagues to agree a protocol for out of area discharges across NCL hospitals.

Specific implications for Hackney

The plan describes a range of actions and services that support both City and Hackney residents.

However- there are some specific areas that are pertinent to Hackney

-Hackney will run the discharge hub that is based at the Homerton, in partnership with Homerton colleagues.

Patient and Public Involvement and Impact:

There has been no specific public involvement in the development of this over-arching winter plan.

However, this represents a pulling together of a range of more detailed projects / groups which have had resident involvement to varying degrees.

In reality – many of the actions described on this report are about assuring robust delivery of existing services rather than new service developments or service changes, so would not include resident involvement.

Clinical/practitioner input and engagement:

Clinicians/practitioners are fundamental to delivery of these plans and have been involved in all elements of these plans.

Communications and engagement:

We are developing a winter communications plan to support our winter plan. **Comms Sign-off** Alice Beard has supported this work, and updated the Communications and Engagement enabler in September. Our local communications will also support national, regional and NEL comms in winter.

Equalities implications and impact on priority groups:

A fundamental objective of the winter planning process is to ensure that all residents have good access to services through the winter period, and that all residents are supported to stay well if possible. The flu and immunisations plan, for example, has targeted a wide range of communities through focus groups and different locations for provision. We are also working to ensure that our winter communications can reach all communities. Each topic area on the plan will have done more detailed work to support addressing inequalities. It is worth noting that there is a national drive to increase use of 111 as the common entry point into all urgent care services. Locally, we are doing some focused work to consider how this may or may not work for different groups. We have also ensured that other entry points are still available and promoted.

Safeguarding implications:

n/a

Impact on / Overlap with Existing Services:

This report provides a summary and assurance of what a wide range of different services are doing to support winter,

City and Hackney Winter Plan 2020/21

This presents the draft winter plan for 20/21. To note: this is not yet complete, and is being shared with SOC for comments and additions. We are working to have a full document by end September

Introduction

The ongoing pandemic, the potential for a second peak of CoVID 19 and the risk of a concurrent flu outbreak mean that this winter could bring unprecedented challenges. Winter planning this year is particularly important.

Historically winter planning has been a discrete exercise involving mainly urgent and emergency care (UEC) services/partners, based predominately on a template and approach set by NHSE. This year, we are taking a whole system approach to minimising the risks from the coming winter.

We have recently updated the integrated action plan that the C+H SOCG oversees, and winter is one of the specific lenses through which we developed this plan.

The Winter Planning Process

Members of the unplanned care workstream did a review of winter planning over the past few years, and summarised the key elements of what should be kept and what should be done differently:

Things we have kept

- System plan – includes input from a wide range of system partners
- Focuses on admission avoidance, discharge and community services as well as acute capacity

Things we have changed

- Considers winter across all of our programmes of work – rather than a standalone exercise undertaken with UEC partners.
- Historically has been undertaken in September / October – this year we have started much earlier
- The plan has been driven by our local system needs, rather than criteria set by NHSE.
- We have considered wider community based support – beyond just admission avoidance or discharge
- There is a much stronger focus on flu to really tackle longstanding challenges in this area.

The Plan

The winter 'plan; is not a single detailed plan for winter, rather, it is an assurance document that identifies the key risks and outlines all of the areas that we need to address for winter and described where these are being addressed and identifies any challenges. Some of the actions sit within single organisations, some are a responsibility of partners within the City and Hackney system and some are NEL or even London-wide.

Critical Risks for winter 2020/21:

- Risk that demand on healthcare services exceeds capacity – either through a spike in CoVID infections or other through crisis or deteriorating health from other conditions
- Risk that we cannot discharge patients quickly and safely when they are medically optimised
- Risk that we cannot support our vulnerable residents to stay well through winter
- Risk of increased demand on services and mortality from a flu outbreak

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
Acute services readiness and capacity (Homerton)	Homerton	Dylan Jones and Osian Powell	Homerton has a strong track record of delivering good performance through winter. However, this year presents specific challenges given the context of a recent CoVID peak and potential for a second.	Homerton winter planning process in place to support all elements of acute care, includes: -Capacity and escalation plans -Workforce planning - Improving flow through ED and the hospital -Delivery of ambulatory care
Acute services readiness and capacity (NEL)	NEL Acute Alliance	Tracey Fletcher	Modelling shows that there are likely to be bed capacity pressures. The need to segregate CoVID and non-CoVID work further limits	The acute alliance winter planning, CoVID preparedness and critical care workstream are delivering the following: -Modelling of bed demand and capacity across NEL -Developing plans to try to mitigate demand and deliver sufficient bed capacity.

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
			capacity, and how flexible we can use capacity.	-The Critical Care Hub has taken a NEL-wide approach to planning and delivery of critical care capacity. -Agreeing any pathway of service changes that may need to be enacted in the result of winter pressures or a second CoVID peak
Ensuring sufficient mental health capacity and pathways	ELFT	Dean Henderson	There has been an increase in mental health demand as a result of the response to the pandemic.	ELFT operational teams working to ensure sufficient service capacity within ED hospital liaison team and community based crisis response teams. Work underway across NEL to minimise delays accessing beds (mainly an out of area issue).
Improving Urgent and Emergency Care pathways across North East London	NEL Restoration and Recovery of Urgent and Emergency Care Steering Group	Emma Rowland, Ben Molyneux and Clara Rutter	There is a need to reduce demand on acute hospital services – both to reduce pressures on acute trusts and to reduce the risk of large volumes of patients arriving at EDs leading to risk of nosocomial infections.	The NEL UEC group are overseeing all of the work to drive the 'Think 111 First' agenda within NEL. This has the overall aim to support improved pathways from 111 and reduce demand on hospital services. Key actions include: -Increasing 111 capacity and capability to hear and treat or effectively navigate patients to the right point in the system- LAS -Maximising use of community based rapid response services – Paradoc and IIT -Maximising pathways into primary care – both core primary care and into Duty Doctor
Primary care readiness		Laura Sharpe	-There are expected to be significant demands on primary care through a combination of supporting people who's health and well being deterioriated in the first	Primary urgent care: there will be a change in provision of GP out of hours home visiting – the new service will go live on 1st November. Whilst this is not ideal for winter preparedness, we have confidence that the new provider has significant experience and credibility. Core primary care

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
			peak, 'catching up' with all routine health checks, LTC management and supporting people away from the hospital setting wherever possible.	The increase in expected colds and flu which can present like covid may also put a strain on home visiting services. One hot hub and associated doorstep assessment service (DAS) is in place and will continue through winter. We will continue to review this provision,
High Intensity Users	Unplanned care team with psychological therapies alliance	Clara Rutter, Breda Spillane	City and Hackney has the highest levels of frequent attenders to ED in NEL	The high intensity users (HIU) service based at Homerton is provided in partnership between Homerton and ELFT. The service was limited during CoVID in its ability to run face to face MDTs and support patients face to face. Work is underway to ensure that the service is fully operational (albeit with some changes to practice) and realising its expected benefits by supporting people away from ED where appropriate.
End of life	End of life Care Board	Matt Hopkinson	City and Hackney has lower levels of people dying at home than in England and London.	A range of services and initiatives have been put in place to support people to die in their preferred place – -Continued use of CMC to support end of life care planning. There was a specific ask this year to update all CMC plans by end of Q2. -Primary care end of life service -Urgent end of life care service provided by Marie Curie started in November and has seen increasing levels of activity month on month since then. -We have provided access to end of life medicines to Paradoc
Improving pathways and services for children in winter	CYPMF Leadership group	Amy Wilkinson	There is normally seasonal rise in paediatric respiratory and flu-like illnesses in winter. This year it is	There is a paediatrics hot line available for primary care clinicians to use to support management of children, this will be publicised. The paediatricians are delivering an education session to primary care colleagues.

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
			increasingly important to try to support children and parents within primary care and the community so that they only go to hospital when it is required.	
Support for people in the community	City and Hackney SOCG	Various – leads named against each initiative	We need to enhance the support that we provide to people in the community in order to help them stay well and avoid crises.	There are a range of different pieces of work underway to support more vulnerable people in the community :- Review and re-focus on primary care support to people with LTCs (Siobhan Harper) Neighbourhoods teams supporting people with more complex needs who require a multi-agency response through the Neighbourhood MDTs (Mark Golledge) We have been using the Neighbourhoods conversations to identify specific areas of concern within communities and to spread important public health messages (Katie Barton) We are continuing the humanitarian assistance response that was put in place during CoVID through winter. This means that vulnerable individuals can reach out to the local authority to access support as required. This will include issues that are specific to winter such as cold housing or falling on icy streets (Claire Witney)
Support for care home residents	City and Hackney SOCG	Cindy Fischer	We need to ensure that care home residents have good access to a range of services to support them to stay well	We will continue to CoVID services that was put in place across all of our nursing and residential care homes – this provides dedicated primary care and community services to each home

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
				We have good primary care services to our nursing homes, and this is being maintained.
Reducing delayed discharges	City and Hackney Integrated Discharge Group	Denise D'Souza/ Chris Pelham	Historically we have had high levels of delayed discharges through winter months. There is an underlying shortfall in care home and domiciliary care capacity in C+H. There has been a recent change to national discharge guidance which may present further risks locally.	The integrated discharge group are overseeing delivery of improved discharge pathways in line with the new national discharge guidance. This includes: -Identified executive system lead for discharge -Embedding a discharge to assess mode -Setting up a discharge hub in Homerton CoLC are linking with the discharge hubs being established in UCLH and Barts. We still need to agree what additional step down capacity and packages will be needed for winter and to identify this resource. The group is also developing an improved service and discharge pathways for homeless people.
Whole system flu plan	City and Hackney Flu group	Richard Bull, Laura Sharpe and Amy Wilkinson	Risk of flu outbreak, which, if coupled with a second CoVID peak could be catastrophic	We have convened a system flu group that is overseeing a whole system approach to flu:- -Comprehensive and wide-ranging flu comms plan in place -including community focus groups led by LBH -GP confederation leading programme to deliver flu jabs through primary care -Increasing flu vaccinations rates through Frail Home Visiting service -Team in place to deliver CoVID testing to care homes and supported living will also deliver flu jabs -Plan in place to respond to potential outbreaks, including specific support to care homes.

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
				Planned car workstream are also overseeing delivery of health checks and delivery of flu vaccinations to people with learning disabilities and autism.
Readiness for a second CoVID peak	Within each organisation	All SOC leads.	Very likely risk of a second peak in CoVID infections and associated demand on health and care services. Testing capacity and provision of PPE are likely to be critical issues.	-All partners have undertaken learning from CoVID and have plans in place in readiness for a second peak -Key areas where partners can work together have been identified from the first peak and will be enacted again. These include: PPE, IPC guidelines, clinical guidelines/training on specific areas such as end of life.
Pharmacy support to the wider system		Rozalia Enti	There are a range of areas where community pharmacists and the CCG medicines management team can support the wide system	-Community pharmacists will continue to provide the minor ailments service, the access to end of life medicines service out of hours and support to care homes. -The CCG medicines management team will support PCNs in delivery of structured medication reviews, anti-microbial stewardship and other prescribing matters. -The CCG medicines management team have developed further proposals to deliver support to PCNs on management of specific conditions (respiratory and diabetes)
Public communications	At all level from National through to City and Hackney		The public comms challenge this year is more challenging than is previous years as we need to address both of the following resident behaviours: -patients attending ED or other settings	There is a national campaign that will launch imminently – this will aim to persuade people to access healthcare services if they are worried about anything, it will also promote 111 as the access point into urgent care services. There will also be associated London and NEL comms that reflect this message.

Topics	Where this is being overseen	C+H Lead	Challenges or concerns*	What is being done
			inappropriately and putting pressure on services -Patients avoiding accessing healthcare when they need it because of perceptions around CoVID,	We have developed a City and Hackney winter comms plan that compliments this message but will target specific communities. We will also have significant local communications around flu.
Minimising risk of and managing potential outbreaks of CoVID	City and Hackney Outbreak Control Board	Sandra Husbands	Very likely risk of a second peak in CoVID infections and associated demand on health and care services.	System outbreak control plan and process in place – being led by public health – this includes -governance structure to oversee key data and delivery of plans -Local outbreak control plan in place -Exercise to test outbreak control plan undertaken -Local contact tracing team in place -SOPs for nursing homes, schools and work places to reduce risk of nosocomial infection -Focused work with orthodox Jewish community

*The challenges have been RAG rated according to their likely impact on the system and the level to which we have plans to address them

NHSE Winter Planning Process

There will certainly be an NHSE led winter planning process. This will likely comprise of each STP providing assurance to NHSE (through a set template and follow up meeting) that they are addressing the priority areas defined by NHSE. These priority areas are not yet defined. If it is the case that the NHSE set priorities for 2020/21 were not already areas identified locally, we will have to add these to the plan at that stage.

Next Steps

- **SOC is asked to review the current draft plan and respond with comments or additions.**

- **The Plan will continue to be developed through the rest of September.**
- **We will oversee its continued delivery and other key metrics related to winter through the SOCG**
- **This will form part of the wider NEL winter plan**

Title of report:	Flu Immunisations Update
Date of meeting:	8 October 2020
Lead Officer:	Richard Bull (Programme Director - Primary Care) and Nicole Klynman
Author:	L Sharpe, R Bull and N Klynman
Committee(s):	City & Hackney ICB
Public / Non-public	Public

Executive Summary:

All systems are required to run more ambitious seasonal flu programmes this year – more ambitious in terms of a widening of the eligibility criteria for a free vaccine and in terms of the rates of uptake of the vaccine systems should be aspiring to achieve.

This comes at a particularly challenging time when practices are currently busier than usual with a post wave-one C19 catch-up, more stringent infection control considerations and issues with vaccine supply.

Challenges aside C&H has a comprehensive plan in place which includes a comms plan informed by strong resident engagement.

The Integrated Commissioning Board(s) is/are asked:

- To **NOTE** the report

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

Specific implications for City

If NHS England decide that there is sufficient vaccine to vaccinate all 50-64 year olds then that has implications for the daytime non-resident workforce. Eligible pts who are also registered with the Neaman practice will be able to be vaccinated there as well as any community pharmacy. City workers not registered with the Neaman will be able to go to their own GP practice or nearest community pharmacy. As more City workers are working from home this places less of a burden on community pharmacy in the City.

Specific implications for Hackney

Nil.

Patient and Public Involvement and Impact:

Patients and the public have helped shape the comms plan.

Clinical/practitioner input and engagement:

Plans have been shaped by the CCG clinical lead for flu, clinical leads within the GP Confederation, clinicians on the two local flu groups and PCN clinical directors.

Communications and engagement:

Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners? Yes.

Equalities implications and impact on priority groups:

There is differential uptake by ethnic/religious group and this is being addressed through targeted comms.

Safeguarding implications:

NA

Impact on / Overlap with Existing Services:

NA

Report to the Integrated Commissioning Board about Seasonal Flu Campaign

1. Governance

NHS England/Improvement and Public Health England are the lead commissioner for flu and local public health teams and CCGs are charged with overseeing the local flu campaign across all settings. Nicole Klynman chairs a fortnightly meeting of all key players – ToRs embedded.

Flu group TOR

2. Role of primary care and other services

The vast majority of flu immunisations are given by general practice. They order the vaccinations/nasal sprays and work through their registered list and are reimbursed (nationally) accordingly.

Community pharmacists are the second highest provider and account for about 10 % of vaccinations given. Adult Community Nursing provides for the housebound service within Borough. Maternity services are asked to vaccinate pregnant women.

Hospital Trusts have a duty to vaccinate their own staff.

Vaccination UK have been commissioned by Public Health England to provide flu vaccinations to school aged children. Preschool age children (2 and 3 year olds) are vaccinated by their GPs. Children who are for religious reasons, unable to have nasal flu, which contains porcine, also may request vaccination from their GP.

Adult and children's social workers are entitled to receive flu vaccine by their employers/occupational health which often poses a challenge to meet the needs in a timely manner.

Red Whale have produced a hand summary covering flu

Flu-GEMS-17.09.20.pdf

3. Particular challenges this year

Historically C&H does not do well on flu and the national aspiration (target) is 75% for each cohort:

- 65 and over
- 6m to 64y with underlying health condition
- children - 2y and 3y olds (schools programme cover children up to year seven)
- pregnant women

These targets would be extremely challenging at the best of times. This year they are complicated by needing to do this in a Covid safe way, and the need to persuade patients to come in for their jabs. Opportunities for opportunistic vaccination are less this year given foot fall into practices is reduced.

General practice have made their seasonal orders for flu prior to a government announcement of a new cohort for vaccination from November 2020. This will include those aged 50-65, school year 7 and a range of carers. There are real concerns about the supply of vaccines and anecdotal reports have shown an increase in update compared to previous years. Flu communication has specifically not signposted patients to private providers where they do not meet the criteria of eligibility, due to real concerns about the supply chain. Boots pharmacy has suspended vaccinating those that do not meet the current criteria for vaccination.

4. Greatest risks this year

- Vaccine supply. Practices did not order sufficient vaccine to meet a 75% target because the orders went in a year before and the target only came out this year. The GP Confed has managed to buy additional vaccines for the 65 and over. However, the supply of vaccine for under 65 is a big risk, particularly as new eligibility criteria have been introduced from November. It is currently unclear whether NHSE has order additional supplies to meet this need
- Flu vaccine is likely to be taken up this year by a greater proportion of the eligible population
- Private providers are likely to immunise those not eligible for vaccination, further eroding the limited stocks
- A prolonged second wave of coronavirus will provide additional challenges with vaccinating the most vulnerable
- There are always concerns about the efficacy of the vaccine and if it is not very effective so conveys little benefit to residents and services.

5. What have local partners been doing?

The CCG has commissioned the GP Confederation to support primary care (for flu and all imms). The GPC have a fortnightly flu steering group. To this end we are:

5.1 Funding practices to be able to pay overtime/agency staff to offer more clinics/walk in sessions
5.2 Purchasing additional vaccine as mentioned above
5.3 Commissioning massive comms and publicity from LBH comms team – leaflets, video messages from local doctors, messages for websites, features in Hackney Today, Gazette, social media posts, leaflet through all doors in C&H
5.4 Discussing with key agencies how to manage vaccination of the homeless population (in partnership with Greenhouse practice and ELFT)
5.5 Later in the season, some big events (subject to vaccine supply – eg LBH has given us town hall assembly rooms for free for a weekend, event in Kingsmead area (hot spot for very low uptake), an event in a children's centre in the City.
5.6 Training for primary care so that more staff than ever can vaccinate including receptionists (training also for ACN and HVs)
5.7 A Friday Flu Bulletin to practices sharing good practice , advising them on what to do.

Examples of comms and information:

Pg 18-19 HEALTH_AM.pdf

vaccine letter from Rabbi Adler.pdf

Hackney Flu 2020 FAQ V2.pdf

GP Flu toolkit Sept 2020 .pdf

6. **Adult Community Nursing and wider Homerton work**

The Confed have been working really closely with Sallie Rumbold and Stella Timms to create a more streamlined, tighter system for ACNs. This means that the Confed will provide data to the ACNs (as opposed to 40 individual practices providing data on who is housebound and needs to be vaccinated). ACNs are planning a FLU FORTNIGHT during October and planning is well advanced. We know that there are plans in place for maternity services to vaccinate. Other Homerton vaccination plans include:

- Regional Neuro Rehabilitation Unit (RNRU
- Bryning Day Unit
- Elderly Care Unit (North and South Wards)
- Graham Ward (stroke unit)
- Long stay inpatients on other medical wards over 21 days
- Mary Seacole and HTNRU (in conjunction with the Lawson Practice)

7. **Data**

As usual, the issue that is driving us all crazy. We now have a system (first in London) whereby the data from community pharmacists activity will be sent both to the practice and to the GP Confederation so that we can be sure it is uploaded into the record in as near as possible real time so that practices do not try to call in people who have already been vaccinated by the pharmacists.

We have an agreement with Sallie and Stella that they will send us ACN activity every night so that we can upload this also.

The Clinical Effectiveness Group (CEG) is commissioned to provide weekly searches of practice records so that we can see how practices are doing every week and can publish this to all practices. Latest dashboard embedded.

CEG dashboard

8. PPE

Fortunately the guidance got changed so that it is possible to run walk in flu vaccination clinics without gloves and aprons but with a mask and use of hand sanitiser. Ironically, before the guidance was changed we bought lots of gloves and aprons for primary care ….. but at least they are now secure in a back up supply through the winter.

9. Protecting Care Home residents and staff

We have agreed that community pharmacists will carry out all the vaccinations for the care homes. We are due to look at this plan in some detail at the next flu meeting.

10. Issues

- There is a strong indication that supplies of vaccine will be delayed/in short supply even before the eligibility criteria is widened. Delays will drag out the programme at a time when practices are most stretched.
- Is the flu messaging sufficient to reach the most susceptible and most isolated communities.

Title of report:	*Learning Disabilities – Strategy Papers (Revised)*
Date of meeting:	8th Oct 2020
Lead Officer:	Siobhan Harper
Author:	Penny Heron
Committee(s):	Integrated Commissioning Board – for Approval Papers previously submitted to: ICB May 2019; Planned Care Core Leadership Group Oct 2019 & Sept 2020) - endorsement
Public / Non-public	The Strategy and Equalities Impact Assessment – Public Appendix Report on Expenditure and Cost Modelling – Public

Executive Summary:

The City and Hackney Strategy for Learning Disabled People was originally brought to ICB for approval in May 2019. A number of recommendations were made by the Board that have been incorporated into the enclosed revised edition of the strategy:

- The wording has been reviewed and with the use of 'learning disabled people' as opposed to people with learning disabilities. This also supports the social model approach to the strategy and was agreed by the Partnership Forum.
- Additions have been included throughout following requests from City of London officers.
- Case examples have been included.
- A section on relationships has been developed.

A request was also made by the Board to complete an Equalities Impact Assessment (EIA) and to provide associated costings around the strategy, these are also included.

The EIA highlights specific inequalities issues in relation to the learning disabled population. An Addendum Report has also been completed in light of the Covid-19 Pandemic that highlights the key issues and effects of the pandemic on this group and mitigations, most of which are in line with the Strategy.

The Strategy was coproduced with learning disabled people and stakeholders. It lays out the direction of travel for the next 5 years using a whole systems approach that focuses on the key themes of:

- Independence
- Where I Live
- Community
- My Health

It promotes a preventative approach that encourages accessible, learning disabilities friendly communities and enable learning disabled people to achieve their potential.

To Note: An accessible version of the Strategy has also been drafted to be made available once approval of the Strategy gained. As an Appendix to the Strategy a report on costs and expenditure has also been included. This highlights current and potential expenditure on learning disabilities services with a view to shifting to more personalised and mainstream services plus promoting increased community integration.

Recommendations:

The **City & Hackney Integrated Commissioning Board** is asked: ● To **APPROVE** the Strategy for Learning Disabled People and associated recommendations

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	☒	The strategy is very much about addressing the significant health inequalities experienced by learning disabled people. It promotes good health and wellbeing including the wider determinants of health and address health inequalities through increased accessibility of health and other services.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The focus is on community settings and move away from institutional ones
Ensure we maintain financial balance as a system and achieve our financial plans	☒	Though this will require some investment in the first instance is should support long term financial stability by reducing the need for specialist services.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	This is an integrated strategy that cuts across health, care and third sector systems.
Empower patients and residents	☒	The strategy was developed from patients and residents' engagement. Empowerment is key to ensuring personalisation and independence.

Specific implications for City

This strategy covers the City both from a local authority and health perspective.

Specific implications for Hackney

This strategy covers Hackney both from a local authority and health perspective.

Patient and Public Involvement and Impact:

Learning disabled people, their carers and stakeholders have been involved throughout; this has included co-produced development of the four key themes, how 'we want' City and Hackney to be accessible to learning disabled people. The outcomes for the Strategy have been co-produced. Consultation and coproduction events have included:

- The Big Do (service user & carer event) – to identify what the key themes would be.
- The quarterly held Learning Disabilities Partnership Forum – whereby for learning disabled people, carers, ILDS, health and social care stakeholders attended workshops on developing the key themes. A feedback session of 'You said, we did' also took place at the Forum to demonstrate how their work had been incorporated into the strategy.

Further consultation and engagement sessions on the strategy have also taken place since its development to agree it with learning disabled people, carers and other stakeholders across City and Hackney. Feedback from these sessions was incorporated into the strategy.

The next step will be to coproduce an action plan and Learning Disability Charter (of standards) of how the aims of the strategy will be achieved, this will include promoting positive public perceptions of learning disabled people.

Clinical/practitioner input and engagement:

Clinicians and practitioners have been involved throughout. For example, the strategy was developed through the Learning Disabilities Partnership Forum which clinicians and practitioners are part of and the strategy was shared with ILDS at their Nov 2018 away day where it was well received. ILDS will be an integral part of supporting the delivery of the strategy and this has been incorporated into the ILDS specification e.g. supporting mainstream services to make reasonable adjustments and be more accessible to learning disabled people.
Learning disabilities' provider organisations have also been involved in the development and review through the Partnership Forum and the LD Provider Forum (where it was well received and providers keen to develop personalisation further).
The strategy has been reviewed by practitioners in both City & Hackney and they have provided input into the strategy. For example, the GP Clinical lead, the SEND Leads in both City and Hackney and Social Work Lead in the City.

The strategy aims to support and ensure that mainstream practitioners and clinicians make reasonable adjustments for learning disabled people and that they buy in to the aims and outcomes behind the strategy.

Communications and engagement:

[Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners? Yes/No. If yes, please explain what communications and engagement has been undertaken or will be undertaken. If no – please state why not.]

Comms Sign-off

[Which Communications and Engagement team member has contributed to the communications and engagement thinking which underpins this work? If not applicable - please state why this is not applicable.]

Equalities implications and impact on priority groups:

This strategy focuses upon learning disabled people who are some of the most vulnerable in society and a group identified as part of the NHS long term plan. It crosses all cultural groups in City & Hackney. It aims to address some of the significant health inequalities faced by this cohort.
(See EIA also)

Safeguarding implications:

The proposals relate to some of the most vulnerable people in society and are designed to have a positive effect on their lives, making services more accessible and enabling people with learning disabilities to have a greater role in their community. Safety and safeguarding are included as part of the Strategy.

Impact on / Overlap with Existing Services:

Existing service provision should become more accessible for learning disable people.

Main Report

Background and Current Position

[This section should include a brief explanation of the context, including reference to previous committee decisions, and an outline of the current situation, key issues and why the report is necessary.]

There is no current strategy for learning disabilities in City and Hackney. The strategy outlines the need and vision for making City and Hackney learning disabilities friendly places.
In addition to the NHS Long Term Plan, the Covid-19 Pandemic has further highlighted significant health inequalities in relation to learning disabled people. Promoting accessibility and positive health and wellbeing approaches, such as those recommended in the Strategy should help address many of these.

Options
Refer to enclosed Strategy.

Proposals
Refer to enclosed Strategy.
The next steps will be to co-develop an action plan and a Learning Disabilities' Charter (set of standards) for City and Hackney.

Conclusion
The strategy outlines a vision in City and Hackney to break down barriers faced by learning disable people and to enable them to become active citizens.

Approval and endorsement of this strategy is requested of the Board.

Supporting Papers and Evidence:

City and Hackney Strategy for Learning Disabled People **Plus Appendices: Addendum Report on Expenditure and Cost Modelling** **Equalities Impact Assessment**

Sign-off:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group. If there are any legal implications which require consultation with legal counsel, please make reference to that below. Please ensure you have appropriate sign off for your report, along with the papers. Papers which have not been signed-off by the appropriate officers will not be considered] Workstream SRO - Andrew Carter London Borough of Hackney: Denise D'Souza -Interim Strategic Director of Adult Social Services, Health and Integration City of London Corporation: Simon Cribbens

City & Hackney CCG: Siobhan Harper - Director Planned Care

CITY & HACKNEY STRATEGY FOR LEARNING DISABLED PEOPLE

2019 -2024

City of London

Hackney

NHS
City and Hackney Clinical Commissioning Group

hackney learning trust

Contents:

STRATEGY FOR LEARNING DISABLED PEOPLE: CITY & HACKNEY

2019 - 2024

1. Introduction:

This Strategy has been developed with a range of people including those who have learning disabilities, their carers, and services that work with learning disabled people in City and Hackney. It has been pulled together by Commissioners for Learning Disabilities, who look at services and needs in City & Hackney. It takes a social model approach to disability locally; one where it is the barriers and obstacles that are put in people's way that are disabling i.e. people are 'disabled' by these. The approach of the strategy is therefore more preventative with a view to breaking down these barriers to enable learning disabled people to have opportunities laid out below.

2. Vision:

Learning disabled people are active and valued in a community which is accessible and enabling, with the same opportunities as anyone else in the community. They lead full, healthy and happy lives, achieving their potential.

3. Aspirations:

- City and Hackney are enabling places for learning disabled people. People can develop their independent living skills.
- Services are personalised and work in an integrated way to make things better for people with learning disabilities.
- Learning disabled people are able to access necessary services, including universal services, health and employment.
- Services focus upon people's strengths yet make reasonable adjustments for those who have disabilities.
- People live in the least restrictive environment and are able to take positive risks but still feel safe.
- Learning disabled people have the opportunity to lead normal lives and people have the same expectations of them (as others who do not have a learning disability), positively challenging discrimination.
- Carers of people with learning disabilities are valued.
- Learning disabled people have the opportunity to lead healthy active lives.

4. Outcomes:

1. Learning disabled people have access to good quality housing and have a place they call home.
2. Learning disabled people are able to get into and retain employment.
3. Learning disabled people are able to have choice and control over the services they receive.
4. Learning disabled people can access and use digital technology.
5. Learning disabled people are valued for the contribution they make to society.
6. Learning disabled people have good access to the health services they need.
7. Learning disabled people are part of social networks.
8. Learning disabled people are able to access life opportunities.

5. BACKGROUND & CONTEXT:

This strategy is for people who have what is classed as a learning disability. This is a health term (associated with cognition) and different to a learning difficulty e.g. which incorporates reading, writing and maths difficulties which as not associated with intellectual skills. There are differences in intensity e.g. it can be defined in a range, mild to profound. It should be noted that many people who are learning disabled sometimes prefer to use the term 'learning difficulties' (People First, Self-advocacy Group). It is hoped that by adopting some of the changes in this strategy, a wider cohort than those who are learning disabled is likely to benefit too.

5.1 Definitions:

Definition of learning disability:

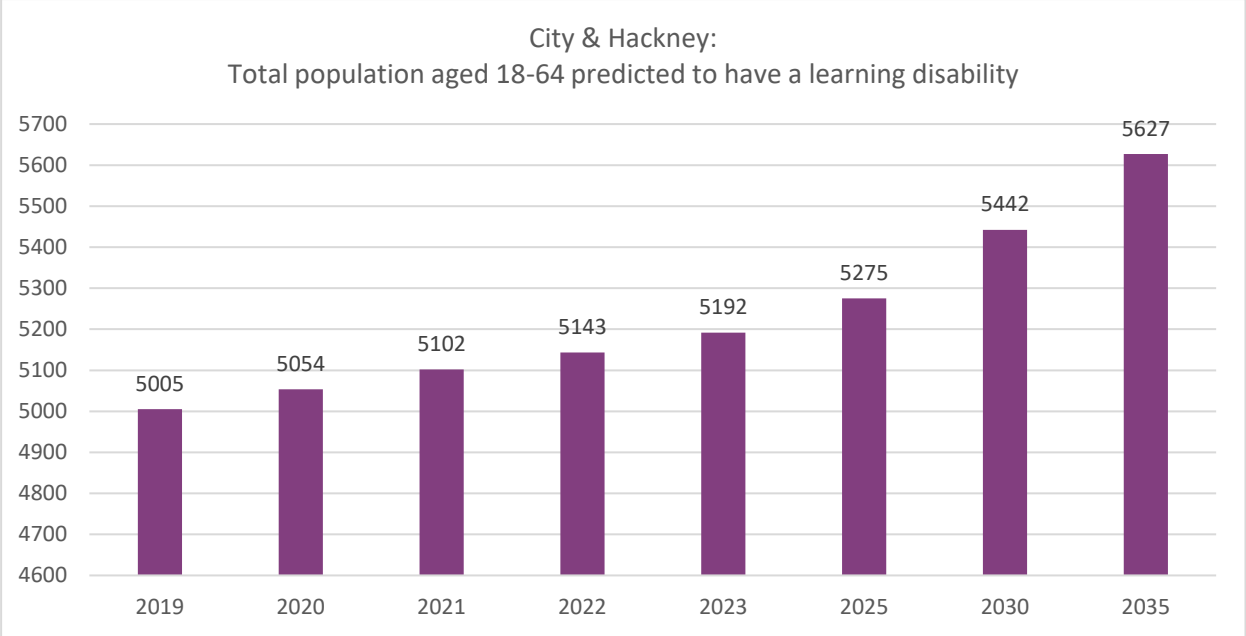
1. Significant impairment of intellectual functioning;
2. Significant impairment of adaptive/social functioning;
3. Age of onset before adulthood (before 18 years of age).

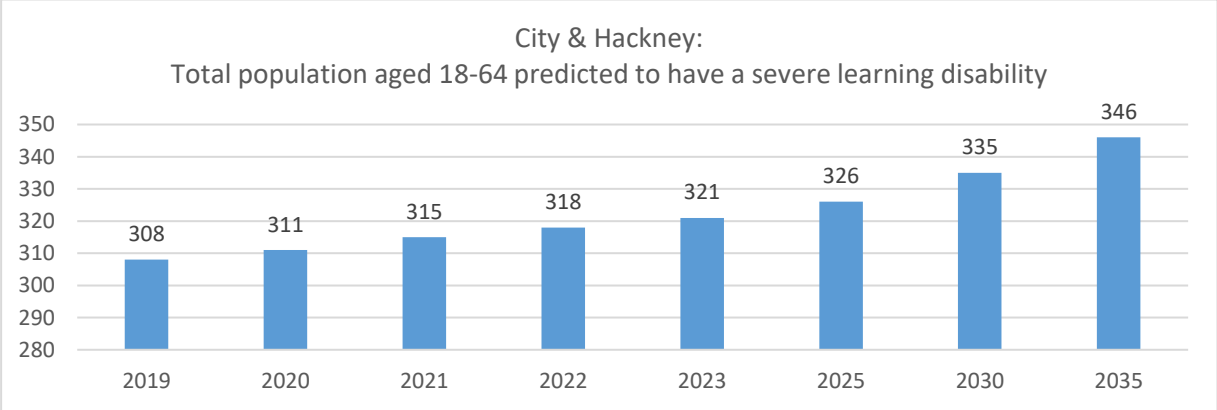
(*British Psychological Society, 2000*)

5.2 Demographics:

There are approximately 1.5million people with a learning disability in the UK. In England (2011) 1,191,000 people were estimated to have a learning disability. This included 905,000 adults aged 18+ (530,000 men and 375,000 women) – Source: *People with Learning Disabilities in England, 2011*.

It is expected that the learning disabled population will grow not only in number but also in complexity, which is due to the fact that people are living longer and advances in medical treatment.





(https://www.pansi.org.uk/index.php?pageNo=412&areaID=8344&loc=8344)

Locally, information from City & Hackney's Joint Strategic Needs' Assessment JSNA (2017) identified the following:

- Approximately 2.4% of adults in the City and Hackney population have a learning disability; this equates to 4,937 people in Hackney and 177 people in the City in 2015.
- The size of the local adult learning disabled population is expected to grow by around 900 people (or 17%) to 2030. Around 200 people are expected to be living locally with a moderate/severe learning disability by 2030.
- The greatest proportion of adults with learning disability in contact with local services are classified as British/White British/Mixed British/English (around 30%). A relatively high proportion of adults receiving a care package in Hackney identify as Jewish.
- In City & Hackney many have comorbid conditions. For example, there are significantly higher rates of serious mental illness (SMI) in adults with learning disability, around 14% of learning disabled patients affected locally (in comparison with around 1% of the total adult patient population). Provisional national data indicates that local rates are higher

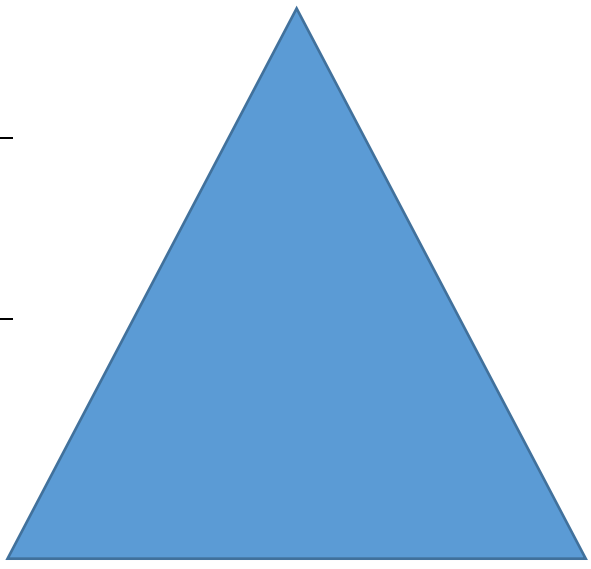
than might be expected (around 9% of learning disabled patients nationally coded with SMI).

- Many learning disabled people have poor physical health outcomes such as problems with their weight, diabetes and respiratory diseases.
- People with a learning disability are more likely to be living in the most deprived local neighbourhoods compared with the total population.
- Adults with learning disability who are in contact with social care services are unlikely to be in paid employment. In Hackney, the employment rate is significantly lower than comparable areas in London (Hackney rate 2.9%, CIPFA comparator group rate 6.2%).
- Around 40% of adults with learning disability are estimated to be living with their parents. This is much more common in younger age groups. The predicted ageing of the local adult learning disabled population is likely to create additional support and housing needs over the next 15 years and beyond.
- Overall, almost 40% of learning disabled adults with a care package in Hackney are in residential or nursing care; almost all of these adults are placed out of borough.
- Local learning disabled adults are at significant risk of social isolation.
- Carers must be supported in their caring responsibilities and to engage in social and leisure activities of their own. Carers must have access to regular breaks. The health needs of carers must be understood and addressed.

City & Hackney JSNA (2017)

With the above in mind this strategy seeks to address the issues across the learning disabled population and who are resident in City & Hackney.

It is expected that most clients will fall into universal services and there are much fewer complex clients. For some they may go up and down this spectrum, dipping in and out of services.



Whilst this strategy focusses on people with learning disabilities, there are a number of other strategies and programmes being developed that will also have a positive effect and influence on the City & Hackney and accessibility. These include:

- The City & Hackney Autism Strategy
- The Joint Mental Health Strategy
- The Older People's Strategy (Hackney) and the work of the City & Hackney Dementia Alliance
- The Supported Employment Strategy for City & Hackney
- Special Educational Needs and Disability (SEND) Joint Strategy – already in place.

KEY COHORT CHECKLIST

▪ Transforming Care ▪ Transition to adulthood ▪ Mental Health & Forensic ▪ Older people ▪ Physical Disabilities	▪ Profound & Multiple Learning Disabilities [PMLD] ▪ Mild Learning Disabilities ▪ Moderate-Severe Learning Disabilities ▪ Autism

This strategy focuses on learning disabled adults (those aged 18 and over), however, it also incorporates those aged 14+ years, as part of transitioning into adulthood and general good practice around this.

5.3 Relevant Legislation:

Autism Act, 2009 Care Act, 2014 Children & Families Act, 2014 Equality Act, 2010 Human Rights Act, 1998 Mental Capacity Act, 2005 Mental Health Act, 2016	*Other Relevant Documents & Programmes*: Valuing People & Valuing People Now. Transforming Care Leder – Prevention of Premature Deaths Programme NHS Long Term Plan Personalisation The Neighbourhoods Model A Fair and Supportive Society

6 Financial Context

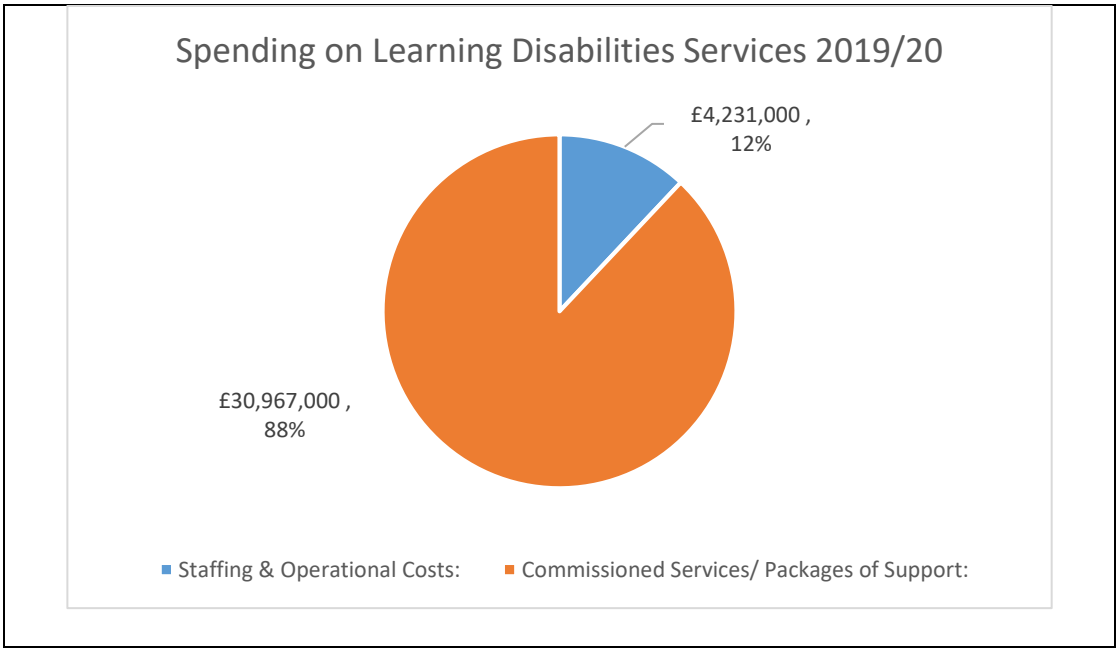
The costs of providing learning disabilities services has increased substantially. These increases are likely due to the increase in the learning disabled population and complexity, though inflation may play a small part too.

Currently, learning disabilities within adult social care accounts for 10.5% of all local government expenditure in England. The costs of caring for adults with learning disabilities is projected to increase by almost £2bn by 2025 (County Councils' Network CCN, 2018).

In 2019/20 Hackney Local Authority and City & Hackney CCG Hackney Learning Disabilities' Services spent £**35,198,000** on learning disabilities services.

Of this, £4,231,000 was on staffing of ILDS operational service, and £30,967,000 on commissioned services i.e. packages of care purchased through private and voluntary sector organisations.

Staffing & Operational Costs:	£4,231,000
Commissioned Services/ Packages of Support:	£30,967,000
	£35,198,000



Historically, over the past three years there has been a substantial and increasing overspend/ under-resource for the specialist Integrated Learning Disabilities Service (ILDS). The overspend for the previous year 2018/19 was £9.8million. This cost pressure was partly since the costs of commissioned packages of care, e.g. supported living, day care, Direct Payments etc., in Hackney have increased. The City faces similar increased spending issues too.

The budget has recently been reviewed and adjusted to accommodate the change in the increased demand and complexity of needs of this cohort.

We want to make sure that learning disabled people get good value for money in the services they receive.

In addition to the redesign of ILDS, joint funding for support packages has begun (providing money from health to help pay for health needs). We want to make sure that we look at health and social care funding for integrated packages of care from now and in the future.

We want to try and address these cost pressures through a number of methods; looking at processes in the service but also more strategically through mitigating the pressure on costly care packages to have more focus on independent living, positive move-on, improved access to mainstream services, and more flexible and personalised packages for those who need them.

This strategy is looking at how we in City and Hackney can try and do things differently, shift our way of thinking to give learning disabled people more opportunities, draw on their strengths, address the wider determinants of health and prevent the need for more specialist service uptake.

7. Developing Services for People with Learning Disabilities

7.1 Pathway for People with Learning Disabilities:

We want to achieve seamless and clear pathways for learning disabled people; so that they can be as independent as possible and, when needed, they can get the right support at the right time.

The below diagram represents when those with a learning disability may require services at key stages Dipping in and out):						
Transition to Adulthood (18+)	↓		↑	Discharge from Services		
						
Training, Work, Leisure	↓	Health & Co-morbidities Support from Services	↑		↓	End of Life Care

The focus of services for learning disabled people are outlined in Building the Right Support – Golden Threads:

1. Quality of life
2. Keeping people safe
3. Choice and control
4. Support and interventions should always be provided in the least restrictive manner.

5. Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework.

We want to incorporate these golden threads into what we want to achieve with the strategy (see also Appendix I for Model).

Within the City & Hackney there are a range of services that work with people who have learning disabilities, some of which are specialist. We want to ensure that learning disabled people have their needs and difficulties identified early, are able to access the services they need and promote life opportunities. There is still a bit of work to do to make this happen and address inequalities for people with learning disabilities.

This strategy seeks to redress that balance setting out what 'we want' to happen to make things better for learning disabled people.

7.2 Specialist Learning Disabilities Service

In City and Hackney, the Integrated Learning Disabilities Service, ILDS, work with adults aged 18+ who have a diagnosis of learning disabilities. Not everyone with a learning disability needs this specialist service. Of the estimated 4,937 people in Hackney and 177 people in the City, the number of adults with a learning disability receiving a care package via this service in Hackney (2016) was 438 (269 males, 169 female). Of these, a third were having their care needs met through services out of the borough. The City tends to work in a separate way (care managing their service users separately) and use the ILDS for health support only.

Although it only works directly with approximately 9% of the learning disabled population in City and Hackney, the ILDS has an important role in supporting and advising other services about needs and accessibility requirements for people with learning disabilities more widely.

This service has recently been redesigned to help provide a seamless and joined up specialist service for learning disabled people.

8. THE KEY THEMES

In 2017-18 a number of events were held with service users and carers and people who work with individuals with learning disabilities. We looked at what learning disabled people said is important to them. These fell into four main themes:

1. Independence
2. Where I live
3. My community
4. My health

Some examples, are included within this strategy of achievements in these areas. In some cases, their names have been changed and some have not at their own request. All are based on real learning disabled residents of City & Hackney.

8.1 Learning Disabilities Partnership Forum

The Learning Disabilities Partnership Forum consists of service users, carers, support providers and other stakeholders working in partnership to make City & Hackney a learning disabilities friendly place. They are working with a specific remit to develop a Learning Disabilities Charter and to be a vehicle for coproduction locally. The charter is being developed to look at the working on the four main themes (above) to make City & Hackney learning disabilities friendly places. It should be noted that the work on the charter and ongoing work of the Partnership Forum should be incorporated into the strategic plan in future.

The work of the partners in the Partnership Forum is crucial for making this strategy happen.

8.2 Independence:

Many learning disabled people have told us that they want to be independent. They want to do things for themselves, have the same opportunities as others to lead a full life. With this comes responsibilities too.

We want services that develop that enable people with learning disabilities encouraging them to be active participants in daily living and life skills. For some this may mean achieving full independence within the community, for others it may mean achieving their potential and being as independent and engaged as they can be. It is important that these positive expectations are instilled at a young age. For many of us, moving on from the family home is an exciting and daunting time, learning new experiences and trying to find one's way in the world. We want learning disabled people to experience these valuable, positive learning opportunities.

8..2.1 Life Skills and Domestic Activities

Development of life skills is critical to this, both in the home and in the community.

We want people to be involved in home skills and develop their independence where possible. This includes cooking; laundry; cleaning and managing money. For some these are skills that can be developed outside the family home, but where possible the opportunity to develop and maintain them before leaving the family home is beneficial.

Carers, support workers and occupational therapists have key roles in enabling learning disabled people to develop their independent living skills.

There are also some courses available in the community to support with learning e.g. the Cook and Eat Courses at local community centres, or a number of literacy, numeracy or money management courses run by colleges and voluntary organisations. These courses also provide an opportunity for social interaction. We want learning disabled people to know about these and access them.

We want learning disabled people to develop independent living skills and achieve their full potential.

For those who cannot be fully independent, we want them to be given the opportunity to always be involved and engaged.

8.2.2 Travel & Transport

Many learning disabled people have a Freedom Pass meaning they get free travel on public transport in London. A lot of the public transport is now accessible. Some people may get support through their benefits to help with travel. We want public transport to be accessible to learning disabled people.

There are some special schemes which help disabled people to get around too.

London Taxi cards provides subsidised door-to-door travel in taxis and private-hire vehicles for people who have a long term or permanent illness or disability, which significantly limits/ prevents them from using public transport.

Dial-A-Ride is a free, door-to-door transport service for people with a permanent or long-term disability which means they are unable to use public transport some or all of the time, and who are a member of Dial-a-Ride.

We want more learning disabled people to be able to travel independently and safely.

This will mean support with travel training for some. There are different places learning disabled people can get this support including Transport for London Travel Mentoring; the Integrated Learning Disabilities Service; or, in some cases, from the paid support they already get.

Case Example: Independence

Ali is a young man who wanted to be able to go out and about by himself and use public transport. Ali had some sessions with an Occupational Therapist to learn how to do this safely. He practiced taking the bus and they talked about keeping safe. Ali's parents were a bit worried at the start, but now Ali is able to get around by himself, traveling to college, the shops and other places independently. He loves being able to do this and he regularly goes and buys groceries for the house.

8.2.3 Choice and Control

We want learning disabled people to have choice and control over things that affect them; includes who supports them, when and how.

We want to increase the uptake of personalised budgets such as Direct Payments, Personal Health Budgets etc. This means supporting people to make informed choices and know what is offer while giving them the means and ability to make personalised choices.

We want there to be a good offer and wide range of good quality options for learning disabled people to choose from. As part of this we want a range of mechanisms for people to exert different levels of choice making such as personal budgets, individual service funds etc.

We want people who work with learning disabled people to have a good understanding of mental capacity and support with decisions effectively.

8.2.4 Advocacy:

Advocacy supports and enables vulnerable people to have a voice; it empowers them to be heard and involved in decisions that affect them. Advocacy in Hackney is currently provided by The Advocacy Project and their community partners. They provide Care Act Advocacy; Independent Mental Health Act advocacy; Independent Mental Capacity Act advocacy and other advocacy. PoHwer provide Care Act Advocacy; Independent Mental Capacity Advocacy and NHS Advocacy within the City.

There are a number of other organisations in City & Hackney who also provide different advocacy and some of these will offer advocacy to learning disabled people.

We want learning disabled people to be empowered and where possible, become and act as advocates to others within their community. Some of the work The Advocacy Project, Hackney People First and Hackney Independent Voices Enterprise (HIVE) are doing will help support this.

8.2.5 Employment

Engaging in good quality work, being paid a fair wage and good working conditions are important for both positive health outcomes and social equality. It provides a purpose to life and an income for living. In City & Hackney the number of people with learning disabilities in paid employment is lower than nationally (0% in City, 3.4% in Hackney, compared with 6% of the national LD population) and very low compared with the non-learning disabled population.

There are several challenges for people with learning disabilities going into employment:

- It may affect their State benefits
- Some have low expectations of people with learning disabilities going into employment.
- Finding the right job.
- Getting a job through standard recruitment processes can be problematic, e.g. if reasonable adjustments are not made at interviews or if employers don't offer alternatives to interviews.
- Retaining a job can be problematic

In City and Hackney there are services which seek to support people with learning disabilities into employment. These include:

- London Borough of Hackney Supported Employment Service
- Hackney Council for Voluntary Service (HCVS) Supported Employment Network – this is a group of different third sector, council and voluntary organisations who want to support disabled people into employment.
- Disability Employment Advisors at Job Centre Plus
- Prospects (for young people)
- Working Capital pilot aimed at getting people with long term health conditions back into work.
- Central London Works which is a programme to help Central London residents who have a been unemployed for a long time as well as those with health conditions into work.

These services support a wider employment strategy for disabled people locally and look at: job coaches; direct support with recruitment and retention; incentives for employers; opportunities for apprenticeships; and ensuring young people have vocational and work experience.

This strategy is being developed further and we want to make sure people with learning disabilities are part of this.

In addition to these organisations there are schemes which can support people to have reasonable adjustments in the workplace, this can include job coaches and funding through Access to Work.

We want to support employers to be more accessible and to employ more learning disabled people.

We especially want to see the big employers in City and Hackney recruiting and retaining learning disabled people.

Case Example: Employment

Ryan has been working at Haggerston Perk Cafe, a supported internship café, set up under the Tower Project, as an employment enterprise. He works there doing catering and works hard serving customers tea & coffee. He really excited that he has another year working there. This year the Haggerston Perk also provided catering for some big Council events, and Ryan was a key part of the team.

8.3 Where I live:

8.3.1 Accommodation & Housing

We want people with learning disabilities to have access to good quality housing and accommodation in City and Hackney.

Housing in London can be a problem to get due to the increased demand and less affordable provision.

We want to work with people in Housing and Housing Associations to make sure there are good accommodation opportunities for people with learning disabilities in Hackney.

In 2018 there were around 20 providers of learning disabilities supported accommodation and residential care placement, with an estimated 215 placements available in Hackney. This did not include homecare packages, which many receive as support in their own or family home.

There are just over 300 people in placements made by Hackney. Of these 130 are in residential/nursing care, with 15 are placed in Hackney and 114 placed out of the borough e.g. in neighbouring boroughs or places such as Kent or Buckinghamshire. 195 learning disabled service users are in supported living accommodation. In the City there are 12 people with learning disabilities in receipt of services from the City Corporation, of which 10 are in placements out of the area e.g. in in neighbouring boroughs or places such as Surrey.

We want to reduce the number of people who are in residential placements, so people can live in settled accommodation (e.g. have their own tenancy) and make sure if people with learning disabilities want to live locally that they can.

We want to make sure there is a good supported living offer in City and Hackney.

8.3.2 Carers

Families and friends who care for people with learning disabilities have a very important role to play and it's important to value this.

Carers have the right to an assessment and may have their own support needs.

Sometimes carers may need a break from their caring responsibilities, we want to ensure there are flexible ways for people to choose when they take a break.

Many carers are concerned about what will happen to their loved one when they are not around. We want to make sure there are opportunities for people with learning disabilities and their carers and that they are able to find out about them.

The City and Hackney Carers Centre provides advice and support for carers. They run a number of support groups including Valuing Carers for Carers of People with Learning Disabilities. In the City there is a Parent Carer Forum too. These groups play an important role in supporting carers, providing a network and with accessing services.

We want to support carers in their caring role and enable people with learning disabilities to live with or near to their family and friends.

We want carers to be involved in shaping services for people with learning disabilities. Some of this will be done through the Learning Disabilities Partnership Forum.

8.3.3 Hackney Shared Lives Service:

This is a service run by the Hackney Council for people with a learning disability to get care and support by individuals, couples and families and to live in their homes. These Shared Lives carers have been trained and approved for the role.

This type of placement can be a good option for some people with a learning disability. There are 12 placements for people with learning disabilities, five of these are in Hackney.

We want to explore if this option could be developed further for learning disabled people.

8.3.4 Making my home my own.

There are a number of options for people who want to live independently, these include:

- Supported living schemes – this is where someone has a tenancy but receives support. This may be where support is present on site or where someone comes to visit. These can be shared or where a person lives on their own.
- Shared ownership – this is where someone owns their home in part then have support coming in.

We want learning disabled people to have a place they call home; this may be somewhere they have a tenancy or that they own.

We want to make sure they are successful living independently, maintaining a tenancy and being free from debt.

Case Example: Where I Live

Bruno lives in a supported living scheme. He has profound and multiple learning disabilities. He has sight problems but likes different lights and will wheel himself in his wheelchair to windows to flap the curtains. He can often reach out for objects he wants. The staff at the scheme know Bruno, his likes and dislikes well. Bruno paid for it himself following a best interests' meeting with the Council. Staff worked with Bruno to create a sensory wall in his bedroom, made up of different textures and colours in the design of an underwater seascape. In his room Bruno chooses and loves interacting with the different textures whilst sitting under his fibre optic curtain. It makes him happy and it provides an opportunity for interaction.

8.3.5 Using technology

Many people use technology as part of their daily life. We want people with learning disabilities to have the same opportunities as others to use technology regularly; this includes being able to access the internet safely.

Technology is developing to help people with learning disabilities to live more independently, keep safe and to communicate with others.

We want to ensure there is a good range and choice of equipment and technologies that learning disabled people can access to live independently, communicate better and enjoy a good quality of life.

8.4 Community:

With City and Hackney's diverse communities comes a range of opportunities for learning disabled people to engage in. It's important that people play a part in their community are able to avoid admission to hospital, remain in their own home for as long as possible, and prevent social isolation.

8.4.1 Holidays

Many of us have to budget and save up to go on holidays, often at least once a year. People with learning disabilities have consistently fedback that they would like to go on regular holidays too.

We want to make sure that holidays are factored in to people's support planning to give them the option take holidays if that is important to them.

Case Example: Holidays

David really enjoys going on holiday to Exmoor and going horse riding while there. He has keyrings to show people which horses he likes to ride there and writes in a notebook to share his holiday experience with others.
For David's 37th Birthday he is going to go on holiday there again to celebrate.

8.4.2 Making Friends and Relationships

Learning disabled people often experience social isolation and for many, they only have relationships with people they live with and support staff.

Day services offer some people the opportunity to socialise with others whilst often providing respite for family carers. In Hackney, Oswald Street Day Centre supports those with complex needs living in the family home, offering different activities within and out of the building, this is Council run. There are day services operating locally; these include The Hub Club, and Kisharon (specialises in the Charedi community) within Hackney, there are none in the City.

Social networks should be considered and included as part of people's health, social care and education plans.

We want to look at where integration works well in communities and see if we can develop this further.

We want to make activities accessible so learning disabled people can engage in them and expand their social networks.

We know that getting to/from social events can be a significant barrier for learning disabled people so we want to explore ways to overcome this e.g. Buddying System.

Relationships are a key feature of people's lives, whether this is finding a partner, having or being part of a family. There is a specialist dating agency/club called Stars in the Sky that some learning disabled people use.

We want to make that learning disabled people are empowered to form and keep meaningful relationships that are safe and healthy. This includes safe sex and /or family planning where appropriate; same sex and heterosexual relationships.

We want to make sure that parents and support staff of learning disabled people are able to access the right support and advice to support this. Organisations, such as Mencap, have some different resources that can help inform people of this.

Case Example: Relationships & Family

Jennifer is in her early twenties. After meeting her the boyfriend, she went out to dinner with him and other dates. Earlier this year they got married, having a big Nigerian proposal and wedding ceremony. Jennifer never expected to settle down to have a family as she was a very busy person. Jennifer gave birth to a baby boy a few months ago. He sleeps well, chatters in his own way and gives big smiles. She and her husband are very proud of their son, and now looking to move to a bigger home for their family. They are planning their second child.
Jennifer did a live interview at a service user event about her experience. She had an important message to share with other learning disabled people:

'Don't let anyone tell you that you can't do something; because you can'

8.4.3 Religion and Culture

City and Hackney has a diverse population. For example, in Hackney:

- Just over half the population are White; just over 20% Black African/Caribbean/British.
- English is the main language (76%), followed by Turkish 5%
- The predominant religions are Christian (39%); Islam (14%), and Jewish (6%).

Whereas in the City:

- The resident population is predominantly White, but the second largest ethnic group is Asian (13%); fairly evenly divided between Asian-Indian, Asian-Bangladeshi, Asian-Chinese, Asian-Other.
- Migrant labour in the City is significant, (one third) travelling in and out of the City for a specific job or employer rather than resident. It is not clear how many of these have a learning disability.
- The predominant religions are Christian (45%); those stating No Religion (34%); Islam 5%; Jewish (2%).

(*Census, 2011*)

We want to make sure that learning disabled people have access to a range of cultural and religious options to meet their needs and as they wish.

We want people with learning disabilities to be able to access culturally sensitive services.

8.4.4 Leisure

London is one of the most visited cities in the world and has many free activities. This in conjunction with an increasingly accessible public transport system provides lots of leisure opportunities for people with learning disabilities. We want learning disabled people to have the same range and opportunities to engage in leisure activities as everyone else within the City & Hackney and London more widely. We want opportunities that can be tailored for and chosen by individuals.

Learning disabled people are significant customers for many leisure services. Many people with learning disabilities regularly access eating and drinking establishments locally.

Some of the entertainment venues such as theatres and cinemas offer special screenings to cater for those who may have specific sensory needs.

Some music and theatre groups provide additional special sessions for learning disabled people e.g. London Symphony Orchestra, Access All Areas, Spinning Yarn, to allow them to participate to allow them to learn and participate in music, using musical instruments, dance and drama.

Some gyms e.g. Better Health offer reduced membership rates for disabled people. There are cycling groups, such as Pedal Power, that offer inclusive cycling sessions. There are also a range of fitness cheap or free fitness options in the City & Hackney, such as £1 fitness classes in the Community Hubs. Some learning disabled people who are over the age of 50 access the New Age Games locally.

We want sports clubs and activities to be accessible for learning disabled people.

Case Example: Community

Paul went to meet Graeae, a theatre group (which champions deaf and disabled artists) to talk about staging his sitcom project.

Case Example: Leisure

Bonnie attended the Pedal Power Cycling Group in the local park and learnt to ride a bike for the first time. She now attends regularly and hasn't fallen off once. She's thinking of getting a bike of her own.

8.4.5 Volunteering

Many learning disabled people volunteer and give to their local community. Some volunteer in charity shops, gardening and on farms to name but a few. They make a valuable contribution giving their time and energy to make a positive difference to the community.

We want to ensure that there are good opportunities for learning disabled people to volunteer and contribute with others.

Case Example: Community

Dovid regularly goes to Shul and has the role of organising all the books. This role is really valued by the Rabbi and others who attend Shul.

8.4.6 Education & Training

There are several specialist schools in Hackney for children and young people who have Special Educational Needs and Disability (SEND); these include The Garden School for autistic children and Ickburgh School for significantly learning disabled children. Learning disabled children from the City who require specialist provision attend schools in neighbouring boroughs, including Hackney.

The New City College is a further education college in Hackney that offers different SEND courses. However, some learning disabled students go out of the borough/City to other colleges e.g. CONEL.

We want learning disabled people to have the opportunity to access education and further education and training to set them up for the future.

Case Example: Training

Mary has completed her Level 1&2 in Catering at college and is about to start the Level 3 course. Last year she won an Outstanding Achievement at college for all the work she'd done on the course. She's also taken the skills home with her and has been making lots of different dishes for family and friends, including a very tasty chicken and mushroom pie (that gets requested repeatedly) and she even made Welsh cakes which went down really well at a meeting she attended.

8.4.7 Knowing What is Out There

One of the big challenges that learning disabled people and their carers have told us that they face in City and Hackney, is knowing what services there are out there and knowing how to navigate them. The Local Offer is often a good starting point for younger people but there is little for others.

We want information to be accessible both in terms of format for those with communication difficulties and availability.

We want to increase the uptake of social prescribing by learning disabled people.

We want to support services to understand the needs of learning disabled people and make the right reasonable adjustments to allow them to access such services.

8.4.8 Keeping safe:

Learning disabled people are more likely to experience discrimination, hostility and violence and this can reinforce social disadvantage. The police provide sessions to some community groups around keeping safe.

We want to keep people safe from avoidable harm, and we want this to include development of designated safe zones.

8.4.9 Safeguarding

In City and Hackney there is a Safeguarding Adult's Board. This involves different agencies working together to make sure there are good safeguards in place for vulnerable people.

We want to make safeguarding personal so people have a voice and control over ensuring their safety.

We want to change attitudes to people with learning disabilities so there is less discrimination. We want to do this by reaching out to the community, integrating people with a learning disability into the community.

8.4.10 People Who Have Behaviour that Challenges

Accessing and being part of the community can be difficult for some people who have behaviour that challenges. The Transforming Care Programme was set up to try and ensure such people were able to stay in the community. One approach to making this happen is through Positive Behavioural Support. This where people around the person work in a certain way and the environment is changed to help reduce the behaviours that challenge.

We want people working with people who have challenging behaviour to use such an approach and to support people to remain in the community in a positive way.

We want those who come under the Transforming Care cohort to have the same opportunities whilst being supported to stay safe.

We want to make sure we are compliant with the STOMP & STAMP Campaign, which is about stopping the over-medication of people with antipsychotic medication. We want to think of other ways of supporting people with behaviour that challenges e.g. through psychological interventions such as 'Positive Behaviour Support'

Case Example: Community

Mustafar regularly goes to his local café for breakfast or lunch. The staff there all know him well. One day Mustafar had been to the bank to get his money out and a couple had been intimidating him asking him for his money. Mustafar went into the café where he felt safe; the couple realised the people knew Mustafar so left the café. The staff at the café phoned Mustafar's support worker to let her know what had happened and she met Mustafar at the café and supported him to report the incident to the police and raised a safeguarding alert.

8.5 Health:

Learning disabled people are at higher risk of poor health factors than the non-learning disabled population, and this is no different in City & Hackney:

- Local learning disabled GP patients are almost twice as likely to be obese as adult patients in general, primarily in younger age groups (<44 years). 'Underweight' is also much more common in learning disabled adults locally than in the wider GP patient population.
- Learning disabled GP patients in Hackney and the City are twice as likely to have diabetes as people in the total patient population (age 18-34).
- Respiratory disease is a major cause of premature death in the learning disabled population. The prevalence of asthma is significantly higher amongst local learning disabled GP patients than in the total adult patient population. Locally, as nationally, dysphagia is likely to be significantly under-reported in the local adult learning disabled population.

(City & Hackney JSNA, 2017)

We want to make sure learning disabled people experience good health and wellbeing.

All learning disabled should be offered an annual health check and a health action plan. The health action plan needs to be a meaningful plan of how someone should have their health needs met.

There are currently about 1,221 people on the GP LD registers (December 2018; EMIS via CEG). Health checks at the moment are around 52% with differences ranging across the GP localities. We

want to achieve a target of 75% health checks and increase the number of meaningful health action plans.

This target is often achieved locally in City and Hackney but sometimes there are differences in the data that gets sent to NHS England because they have a different system for recording this.

We need to make sure learning disabled people continue to have regular health checks and are included in screening programmes. This should include an annual health check at their GP and a meaningful health action plan that is followed up.

Case Example: Health

Pete went for a blood pressure check at his doctors as part of his annual health check and found out he had high blood pressure, which can cause problems with his health. He was given advice to lose weight. He joined the 'Be Active Stay Healthy Group' and managed to learn about healthy eating and do exercise. He lost weight and his blood pressure was lower as a result. He also felt better for doing it. This can be something good the GP can update on Pete's Health Action Plan.

8.5.1 Equal Access to Health

Learning disabled people tend to have worse health and die younger (often 20 years younger than the non-learning disabled population).

We want to reduce health inequalities and promote good health for learning disabled people.

Health professionals in mainstream services, often need training and advice around learning disabilities so learning disabled people can get the help and care they need. Reasonable adjustments also need to be made for people with learning disabilities attending health appointments. This includes being clear about appointment information, communicating in a way the person can understand (e.g. Easy Read letters); giving them longer for routine appointments, getting information from carers, and checking back understanding. Some people have accessible documents, such as hospital passports, they can bring to health appointments to support understanding and communication. Health professionals need to make sure they consider running any necessary tests in order to eliminate physical causes of ill health before ascribing it to a learning disability or behaviour.

We want people with learning disabilities to access the health services they need.

We want learning disabled people to have a positive experience of care, this will also include good end of life care.

We would like to keep people well and out of hospital. A local plan has been developed to help learning disabled people who have behaviour that challenges stay in the community. This links into the wider Transforming Care Programme.

Promoting good health and wellbeing is very important. We want learning disabled people to be physically active, have a healthy balanced diet and feel happy. Some people may need support to understand about healthy foods and how to make healthy meals and choices. We want leisure facilities, such as gyms and community centres to be accessible to learning disabled people and for learning disabled people to be confident to use them. We want people to have the right psychological support when they need it.

We want people who support learning disabled people (carers, paid support, social workers etc.) to have a good understanding of health needs and promote good health in people with learning disabilities.

We want learning disabled people to be enabled to manage their health and any long-term conditions effectively e.g. diabetes, mental health.

8.5.2 Navigating and accessing services

Many learning disabled people have difficulty accessing the right service and in a timely way. There is a liaison nurse at Homerton Hospital, who has the role of supporting secondary/hospital services to better understand the needs of people with learning disabilities. This can include making reasonable adjustments, such as appropriate communication methods.

16% of City residents are registered with Tower Hamlets' GP and so receive health services from there. Learning disabled people in the City also have issues accessing local services due to lack of availability of services e.g. there is one GP practice in the City and secondary care outside the City is often accessed in places such as Tower Hamlets.

We want learning disabled people to have good access to mainstream preventative and health promoting services.

8.5.3 Gathering the Data and Identifying Needs

We need to understand what some of the health issues are for learning disabled people so we can try and prevent ill health and make things better. To do this we need to gather information and explore ways we can do this – e.g. LD register, Mosaic, GP information on conditions.

9. Throughout the Lifespan:

We want learning disabled people to have positive experiences, including good experience of the services they need, throughout their lifespan.

9.1 Preparation for Adulthood -

Preparing for adulthood means a time of transition and change, from being a child to becoming an adult. For many this is a time of fulfilling expectations, taking on new roles and responsibilities and the opportunity to develop independence. It means leaving school and moving on to something else, such as further education, gaining work experience or getting a job.

We want learning disabled young people to have the same opportunities as other young people.

We want to challenge expectations and attitudes in a positive way, to enable learning disabled young people to access employment.

The Children and Families Act (2014) introduced planning for Preparation for Adulthood from the earliest years for children with an Education, Health and Care Plan. From Year 9 (age 13-14) local authorities must ensure a focus on preparing for adulthood and the four pathways: Employment, Independent Living, Community Inclusion and Health.

There have been some new processes and multi-agency groups set up to look at this and develop pathways for young people with special educational needs and disabilities (SEND). This has involved the Learning Trust, health and social care services. This is a key priority for the City and involves partnerships across Education, Health and Social Care.

There is a 'Local Offer' published which provides information on education, health and social care for young people with special educational needs and/or disabilities (age 0-25) to help planning ahead.

We need to start planning earlier and look at future agreed goals and clear outcomes for people and how to achieve them.

We want to plan ahead so young people do not have to leave the area to have their needs met.

9.2 Getting Older -

People are living longer and some of those who have more complex needs are living longer too. We need to prepare for this. This will mean supporting people to live in their own homes for as long as possible, preparing for retirement, promoting good health in older age and also ensuring good end of life care.

We want to make sure that older people who are learning disabled are able to access older people's services when they need them.

Case Example: Aging Well

Lana reported that she had attended the New Age Games over the past year, doing different exercise classes, such as walking and archery. As a result, she felt fitter and healthier plus it helped her feel mentally well too.

Case Example: Older People's Services

Molly and Bob moved into a Housing with Care scheme when they were in their 50s. Bob had developed serious problems with his breathing and a long-term chest problem. Molly was a very sociable lady and made lots of friends at the scheme; often pushing the wheelchairs for those who couldn't walk by themselves. When Bob died Molly was very upset but grateful for the friends she had made and didn't feel quite so alone. These friendships continued and they would often help her with reading and writing problems.

The Plan

Making City and Hackney learning disabilities friendly places

We want to help make City and Hackney a Place for Everyone and achieve the best possible health outcomes for residents. To do this we need to break down barriers and promote accessibility for learning disabled people in City and Hackney.

1. Breaking Down Barriers

We want to break down the barriers in society to learning disabled people. These will focus on:

- The Environment: Promoting accessibility, including physical and social environments.
- Attitudes: Tackling prejudice and discrimination; promoting a positive attitude towards learning disabilities. Increasing awareness and acceptance of learning disabilities.
- Organisations: Addressing inflexible policies, procedures and practices to ensure reasonable adjustments.

We want learning disabled people to be a valued part of their community and able to tap into community assets.
Once developed and agreed by the Learning Disabilities Partnership Forum, The Learning Disabilities Charter will form a set of standards and expectations of how people with learning disabilities should be treated in City and Hackney. It is hoped that organisations will sign up to this as part of a gold standard approach to being learning disabilities friendly.
Where possible we want community champions for people with learning disabilities. These will be people who identify themselves as wanting to make a positive change for people with learning disabilities and champion the cause and develop community assets. They will be given support and assistance in this role, such as training and advice.

2. Priorities

The following identifies the key priorities for the first two years.

Giving young people the best start in life
Seamless transition while preparing for and entering adulthood Daytime activities / Day opportunities – providing choice and control. Support for carers
Addressing health inequalities
Preventative health services – Improving access to universal/ Public Health for learning disabled people Leder programme – learning from mistakes and preventing future mistakes. Reducing and preventing admission to hospitals Getting the data right
Getting a job/employment
Challenging expectations and changing attitudes to make learning disabled people being in employment the norm.

Supported employment – supporting and engaging with the work of the Supported Employment Network Targeting City and Hackney's big employers and supporting them to recruit and retain learning disabled people. Supporting learning disabled people to find out and understand their employment options and act on these.
Making the community an integrated one
Personalisation – ensuring there are good offers and people can choose how they are supported, increasing the opportunity for people to take control of their personal budget/personal health budget. Ensuring there is a good choice of high quality supported accommodation that offers settled accommodation and enables learning disabled people achieve their goals. Making sure learning disabled people are able to find out about and access activities in the community. The Learning Disabilities Charter – Partners will be asked to sign up to this, and it is anticipated that other organisations may to also.

We want to break down the barriers to learning disabled people in these areas. Partnership working is key to addressing these priorities. Therefore, we need to continue to engage with learning disabled people, their carers and other stakeholders to develop the action plan further. Sessions were arranged to make this happen, through the Learning Disabilities Partnership Forum.

As part of achieving the above a Learning Disabilities' Charter has been codeveloped. This provides a set of accessibility standards we want organisations to sign up to.

3. Commissioning Intentions

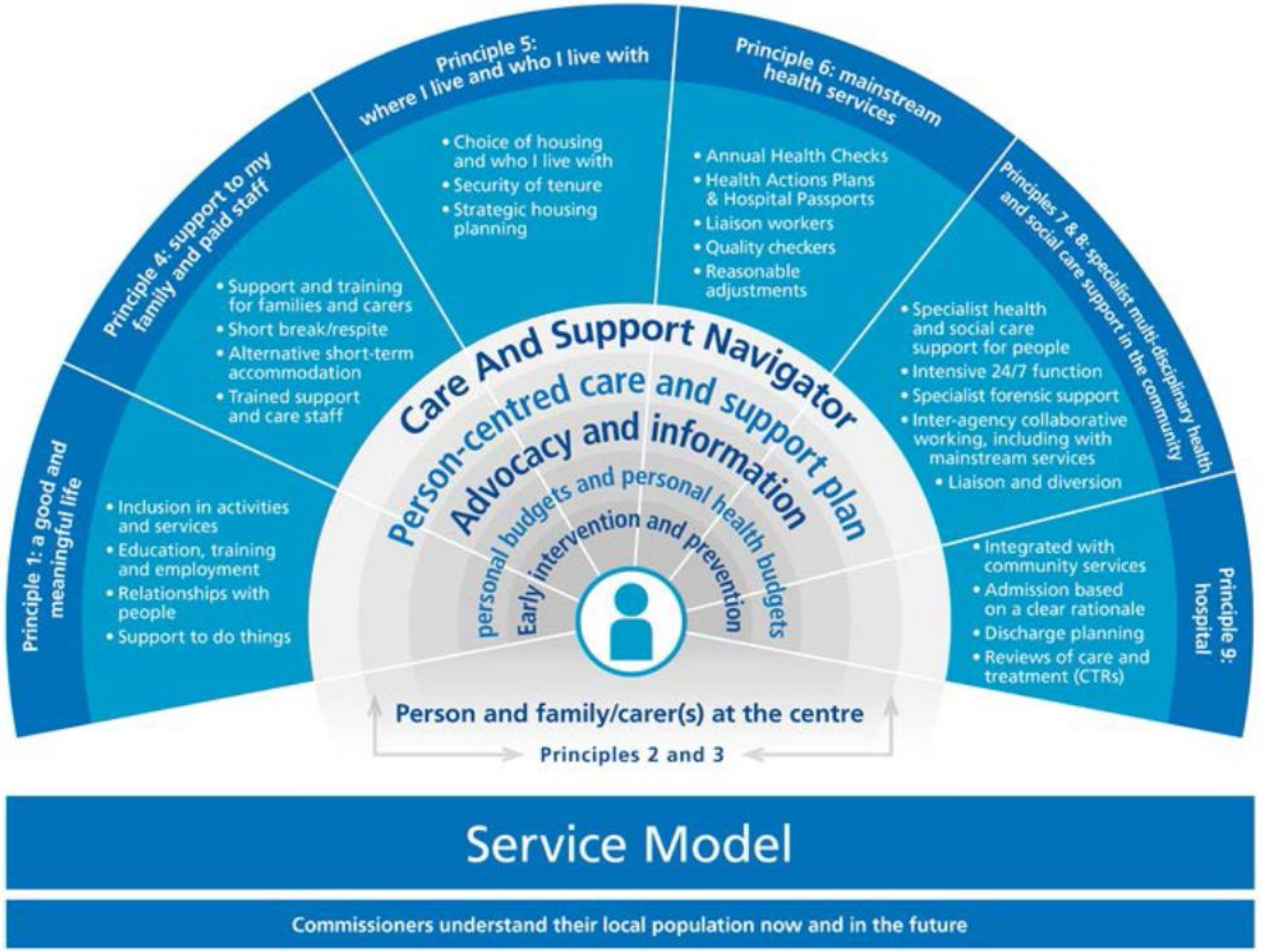
Commissioners from London Borough of Hackney and City & Hackney Clinical Commissioning Group (CCG) have put this strategy together.

Commissioning is a process to develop services and make them better for people with learning disabilities. In this case, Commissioners have been put in charge to look at needs and promote the interests of people with learning disabilities.

Using coproduction, the Commissioners have identified what the next steps will be to put this strategy in place and what we want to do. This is called a Strategy Implementation Plan. Learning disabled people and other stakeholders have identified what the priorities are to work on first to inform this plan.

Commissioners will use the vision, aspirations and outcomes to shape future services for learning disabled people, such as through inclusion in contracts and monitoring of services to help implement the plan too.

Appendix I: Building the Right Support Service Model



THE STRATEGY FOR LEARNING DISABLED PEOPLE IN CITY & HACKNEY APPENDIX REPORT

LEARNING DISABILITIES' SERVICES ADDENDUM ON EXPENDITURE & COST MODELLING

Date of Report:	Sept 2020
Author:	Penny Heron Joint Strategic Commissioner for Learning Disabilities
Workstream:	Planned Care

Hackney

CITY OF LONDON

NHS City and Hackney Clinical Commissioning Group

CONTENTS:

Learning Disabilities Strategy, Demand Modelling and Costs

Introduction

A request was made by City & Hackney Integrated Commissioning Board (ICB) in 2019 to explore the costs associated with learning disabilities services and potential costs and savings associated with the proposed Strategy for Learning Disabled People.

Background

The learning disabilities service is seen as financially high risk. There has been a history of overspend in learning disabilities services over recent years, resulting from:

- An increase in demand for services
- An increase in complexity of need
- Changes in methods of service delivery
- Undelivered savings from previous years

A number of exercises have been undertaken to look at how to reconcile this and consider future costs.

Picture Across London

Primary Support Reason CASSR Name	Learning Disability Support 18 to 64	 65 and Over
.CIPFA Group	£1,520	£1,045
Brent	£1,230	£1,018
Camden	£1,371	£1,147
Ealing	£1,228	£1,021
Greenwich	£2,076	£1,207
Hackney	£1,415	£810
Hammersmith and Fulham	£1,124	£1,187
Haringey	£1,485	£1,086
Hounslow	£1,913	£1,273
Islington	£2,510	£800
Lambeth	£1,387	£967
Lewisham	£1,667	£968
Newham	£1,288	£979
Southwark	£1,567	£1,029
Tower Hamlets	£1,414	£883
Waltham Forest	£1,400	£1,093
Wandsworth	£1,527	£1,136

Benchmarking exercises have identified that City & Hackney's actual spend on LD services is in line with other Local Authorities across London, including unit costs. There are similar numbers accessing long term services.

Hackney pays less for residential care overall compared with neighbouring boroughs and most other London boroughs. This may be due to a move away from placing individuals in residential placements, to enable people to live in settled accommodation. However it may also indicate that there are those with lower needs in residential placements, rather than high cost high needs.

The cost of supported living services (SLS) is higher for Hackney residents compared with neighbouring boroughs, possibly as a result of placing those with higher and complex needs in such settings

Unit Costs

Based on research (Mencap, 2018) estimates costs to the State on placements are:

- £1,760 per week on average for a residential care placement
- £1,569 average per person per week for Specialist Supported Housing, care and housing costs

City of London

The number of service users is much smaller in the City and therefore data more prone to being affected by outliers. Out of the 12 service users, two were in a state of placement transition and so no costs were available (one in residential, one supported living). The majority of spend, 65%, goes on supported living placements:

Unit Costs -The City:	
Average weekly cost for **residential services**:	£1,357
Average weekly cost for **supported living**:	£1,164

Hackney .

Number of service users = Circa 618

In Hackney the following were identified as current average weekly costs -

service	Number of Current Clients	Weekly Cost (Current Clients)	Average Weekly Unit Cost (Current Client)
Residential	127	203,035	1,599
Supported Living	197	196,430	1,155
Nursing	5	10,723	2,074
Direct Payments	147	55,615	381
Total:	**476**	**465,803**	**979**

Unit cost for Nursing clients includes x3 CHC funded clients with high cost packages which skews overall unit cost.

The numbers of service users have also been increasing year on year at a rate of around 39 new users/ year (around 7% growth/annum).

Month and Year	No of users	Total weekly cost	Average weekly cost/user
Mar-2017	501	£446,723	£891
Mar-2018	540	£498,063	£922

Mar-2019	583	£562,344	£964
Mar-2020	618	£610,650	£988

Source: Mosaic (Demand Tool)

Supported Living

Supported living schemes (SLS) are preferred to residential as they offer tenancy rights for the individual and are more personalised.

- Supported living users = Circa 186 are in supported living schemes (SLS); 11 are in Shared Lives Scheme.
- Most SLS placements cost £500-£999/ week, closely followed by £1000-£1,499/ week, with some outliers where costs exceed £3,000/week.
- Housing Related Support (HRS), tenancy related support to reduce the need for long term services = 50 (approx). Average client cost = £247/week
- There are slight upward fluctuations in the numbers of SLS users, however, the weekly costs are increasing at a more significant rate.

Homecare

The number of service users using homecare services have increased substantially and almost doubled since 2015. This may be linked to those coming through transition requiring more homecare packages and an increase within the packages if needs are more complex.

Day Services

Day services cover day centres and some educational provision. There was a move away from 'daycare' as focus tends to be on care rather than engagement in meaningful activities. However, the number of service users using day services are increasing as are the unit costs.

- Oswald Street is in-house day service provision; daily rate= £150/person inclusive of transport.
- A recent review of day services identified an estimated 30 organisations, supporting about 151 service users. Estimated spend = £2.5m against a budget of £1.7m (2020/21).

Day service average annual spend per user =	*£16,556*

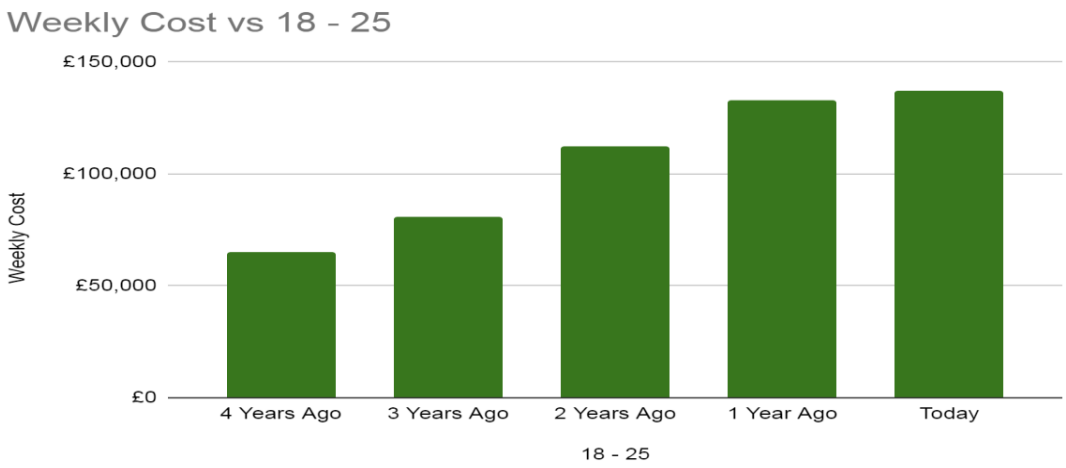
Direct Payments

Those in receipt of Direct Payments (DP), a personalised form of support payment, have increased slowly over recent years. Overall increases in DP costs are due to an increase in the number of DP hours people are getting rather than an increase in unit cost i.e. individual packages are increasing. Under the strategy this and other personalised forms of payments will be used as an alternative support provision for those who want more choice and control.

Transition to Adulthood - Projections & Trends

Transition (those aged 18-25) is a key area influencing future need and spend; with increased use of SLS; homecare and daycare. Some daycare increases from 2017/18 are likely to be a result of

changes to the Hackney Learning Trust's policy, limiting funding to 600 learning hours (3 days/week max), with social care paying for additional days.



Trends indicate increases in those of transition age entering the service over the past 5 years (at a rate of x1.5). The weekly cost has also increased but at a higher rate (x2).

- The average cost /user 4 years ago: £784 /week
- The average cost /user current: £1055 /week.

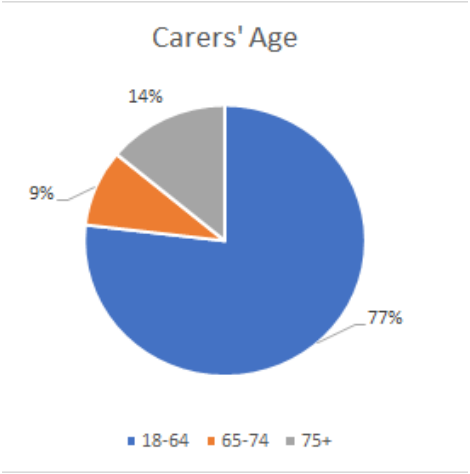
Employment

93% of the current users are of working age but only around 4% in City & Hackney are in paid employment and therefore the remainder are dependent on income from elsewhere.

Costs of unemployment are often unclear and inconclusive; with costs to the welfare system around benefits, plus other associated (health) costs of unemployment affecting this cohort. An aging learning disabled population is also more likely to be reliant on state pensions too. The strategy seeks to increase employment to help prevent such costs. Commissioners are linking with the Supported Employment Network around increasing employment opportunities.

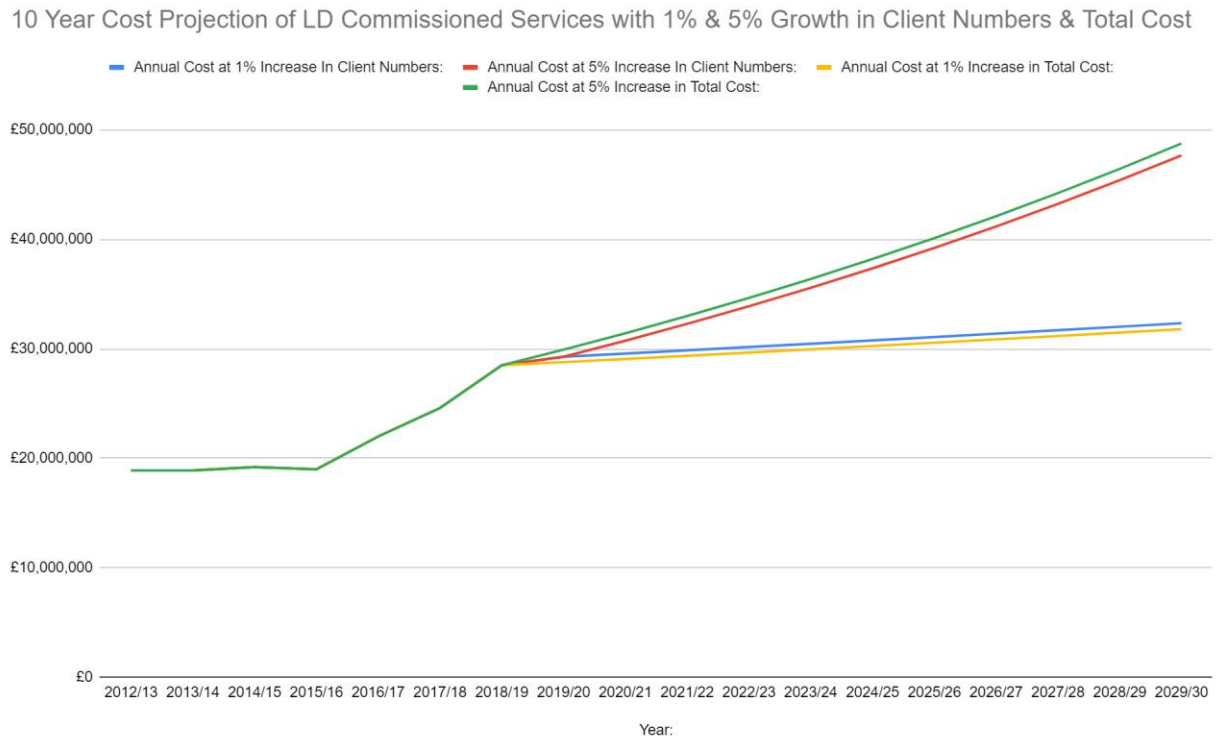
Carers

- Number of Carers = 186
- Average age carers (family member in receipt of a package of care) = 58 years of age.

143 carers are of working age i.e. 18-64; (average age 52 years old). 17 in the older age range of carers between 65-74 years of age (average age 68). 26 are aged 75+ years (average age 82). The caring population is also aging which brings risks of sustainability and cost pressures e.g. additional support services needed, placements required if breakdown in the family home etc.	

Costs, number of service users and complexity of need will continue to grow adding more intense cost pressures.For example, there are increasing numbers of those with behaviours that challenge requiring 2:1 support for safety in the community or those with complex health needs living longer and requiring more intensive packages of support and care hours.

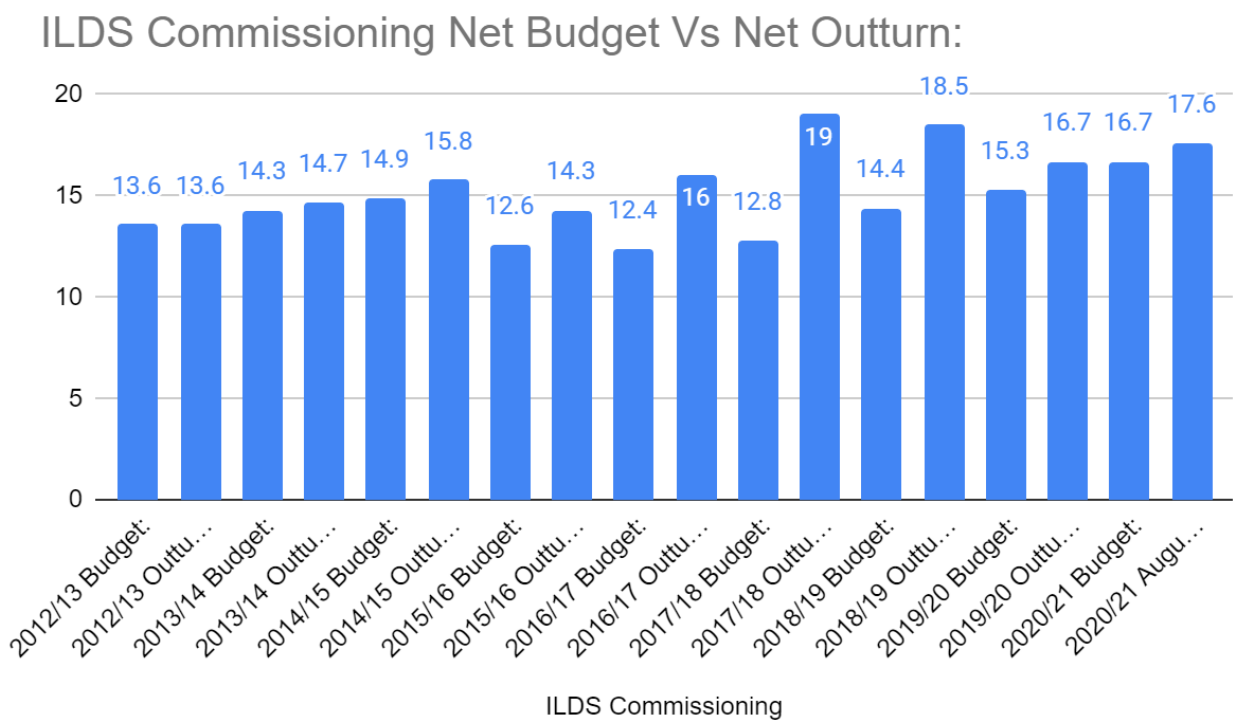
Graph: Predications & Permutations for Do Nothing Approach



The graph illustrates the potential impact on costs if the number of service users were to increase by either 1% (blue) or 5% (red) and if placement costs were to increase by either 1% (yellow) or 5% (green). This provides a realistic indication of the potential range of costs if no action is taken.

Current Budget Position

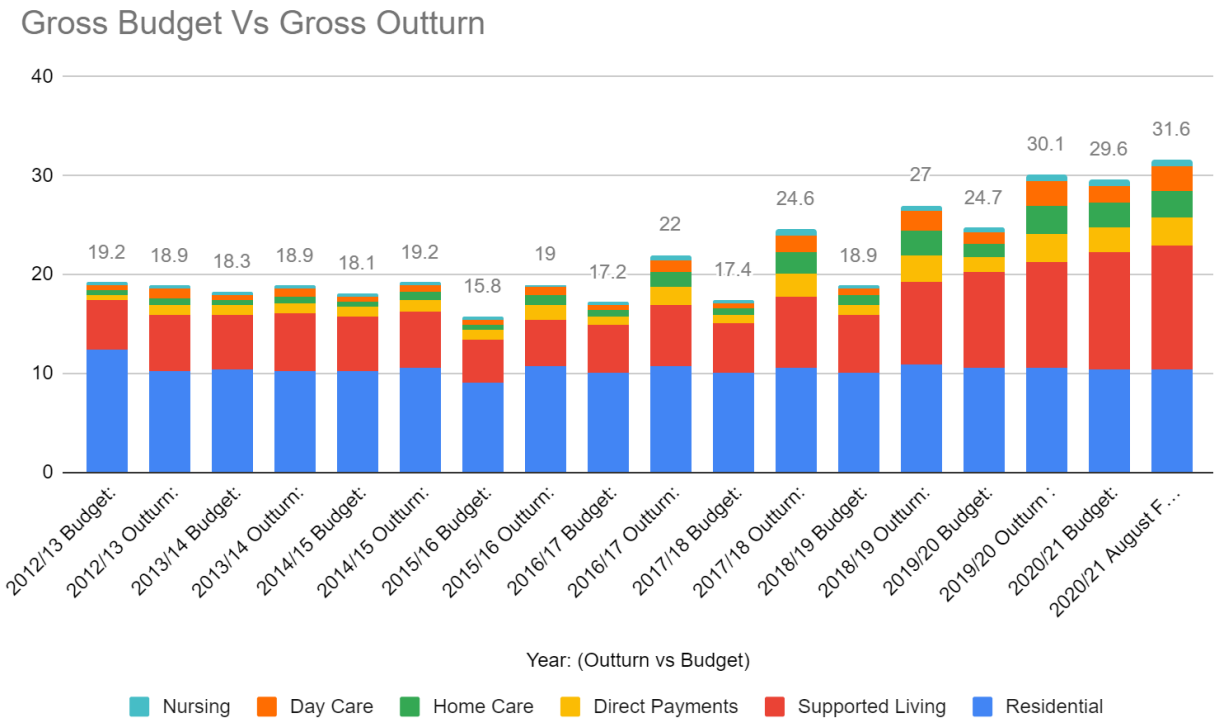
ILDS Commissioning Net BudgetVs Net Outturn & Variance



The Learning Disabilities (LD) outturn position last year was a net budget overspend of £1.4m. This was significantly less than the previous year due to the application of budget growth, one-off funds and the ongoing work in embedding the joint funding model for high cost LD packages as business as usual. A health contribution of £2.1m was agreed last year based on all cases agreed at the end of March 2020. Remaining cases still to be assessed for Joint funding will be reviewed in 2020/21 as agreed by all partners.

The current forecast position (Aug20) for the Learning Disabilities service is £17.6m against a net budget of £16.7m, resulting in a £0.9m budget overspend. There continues to be increased budget pressures as a result of growth in client activity and increasing complexity of care needs for Learning Disability clients. To note the LD budget for 2020/21 now incorporates the following funding items; recurrent Joint Funding of £2.2m, Improved Better Care Fund (IBCF) of £1m, and the Social Care grant funding of £4.6m.

The graph below reflects the Gross budget v Gross outturn spend on different care services. With the exception of residential, spend on other types of packages has increased.



Joint Funding of Health & Care Packages:

As highlighted above work continues to be completed to fully embed the Joint Funding model and though the process is currently still being finalised ultimately a financial contribution from the health (via the CCG) is made towards health needs met through individuals' care/support packages. In 2019/20 the Health financial contribution was £2.1 million for the individual care needs assessed and this funding will be recurrent.

Shifting Placement Demand

Realistic target modelling was undertaken using average costs and typical values, based on moving people from more traditional, unsecured placements such as residential, into more settled and personalised accommodation, such as supported living placements. Some potential efficiencies were identified but estimates were in the thousands; even cumulatively they would not address the overspend.

Joining with Waltham Forest Supported Living Framework

A competitive tender exercise (led by Waltham Forest) is undertaken to select SLS providers for a framework. Once this is in place, LB Hackney will have the opportunity to call off it for SLS placements. Doing this will help control some of the costs of any new placements through price control measures on the framework.

Nevertheless, these measures will only go some way to addressing the overspend and the residual problem of reconsidering the budget still needs to be addressed.

Aligning the Budget to the Strategy

Although the above exercises have helped to improve the situation to an extent, there is still a gap in the budget, especially in light of the Pandemic and associated additional costs e.g. financial support to purchase PPE etc. Therefore, a number of other transformational steps need to be taken. The strategy recommends a whole system approach to reduce the need for and dependence upon specialist services and with longer term benefits.

Potential Cost Mitigations: As Identified in the Strategy

- **Prevention**: The health issues and potential cost pressures associated with this cohort have not been included in this report as their implications and costs are more difficult to quantify (e.g. the costs of diabetes, obesity, etc.). Addressing the wider determinants of health; increasing the numbers in paid employment is key within the strategy. Such measures e.g. helping to tackle social deprivation, will have wide reaching positive effects on both the current and future population.

- **Increase Personalisation**: The strategy promotes service user choice and control. There is very limited evidence for any associated cost savings but some indications that this is possible; e.g. DP hourly rate= £13 versus average homecare rate= £17/hour; or through claw backs from people not using their full personal budget.

- **Ensure Accessibility**: Developing accessible communities and (mainstream) services promotes and supports independence. For example, though some may still require some support, having accessible community day opportunities can reduce the need for daycare. Increasing community participation means people can also use natural support networks rather than require services.

- **Assets Based Approaches:** Develop community-owned assets supporting economic growth, local economic resilience and general wellbeing. The approaches are relatively new and come with some risk but there may be some savings opportunities if upfront investment made (Kings Fund, 2018).

Implementing the strategy therefore means changing the way things are done for long term gains through enablement and prevention. There needs to be investment in setting up systems. It is impossible to quantify the costs and benefits of implementation, many will take time, likely years, to be realised.

Recommendations

- Review the learning disabilities budget and ensure ongoing monitoring. - Work on this has already started.
- Implement the strategy.

APPENDIX - Examples of Investing in Learning Disabilities' Friendly Communities:

1. Changing Places Toilets -

These meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities e.g. spinal injuries, muscular dystrophy; who would otherwise struggle to go out and use the toilets (even disabled ones) in the community. These toilets provide the right equipment, such as height adjustable adult-sized changing table, tracking hoist system, adequate space for a disabled person and carer, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor.
Currently there is one in Hackney (Hackney Marshes Centre) and one in the City (Barbican Centre) that open when these venues are open. Investing in more of these promote the opportunities for people with severe physical disabilities to go out and access the community and to do so with dignity.

The cost of adapting existing facilities vary, but are around £15,000.
Modular extensions to buildings are also available but these cost more, around £50,000

Potentially a Facilities' Grant or similar could be used to fund these at community venues.
The Government will also be making £2 million available to install over 100 Changing Places toilets in NHS hospitals throughout England, so there's potential to use this e.g. for Homerton/ Barts.
If the other 7 neighbourhoods were to have these toilets costs would likely be from £105,000 upward.
The cohort this is most likely to benefit are those who currently use homecare, day services and higher needs SLS and residential.

2. Personalisation Options -

To extend the Direct Payments offer there is the opportunity to adopt prepayment cards to promote choice, control and reduce bureaucracy. This simple form of implementing DP makes it easier for both the service user to use and the Council to monitor. There is also potential to use this approach for Personal Health Budgets. Cohorts who may benefit most from this include those in daycare e.g. there is scope to move people from daycare to DP; carers and homecare users.

These cards cost approximately £5/card to set up; there is already a staff team in place to monitor this and it would take less time than current monitoring processes but have the same effectiveness. To give context the cost saving of moving someone from homecare to DP = (£17-£13) a saving of £4/hour so the money for the card is paid back within the first two hours support. A more simplified approach and increased choice for users will make DP more enticing and so may increase uptake. This is just one example of personalisation.

3. Day Opportunities - Alternatives

Personalised day opportunities are a key area of focus for the strategy. The aim is to enable existing community services in the borough to be accessible to learning disabled people to provide an alternative for daycare provision. This may lead to increased use of social prescribers and further increases in homecare as individuals use personal assistants (PAs) to enable access to these. The plan is to develop a pool/catalogue of PAs that can be selected by an individual using a personal budget (e.g. DP, Individual Service Funds, ISF).

In Thurrock this approach was used via a Community Interest Company. Individuals can choose from a range of PAs to match their interests and use an ISF to purchase these services. For example, an individual used an ISF and chose someone who supported the same football team so they could go to matches together; so the individual and the PA would see their team play and get front row seats plus the football club let the support worker go in for free. The approach in Thurrock increased the community presence of learning disabled people within the community, promoted choice and control and reduced the need for day centre provision.

4. Accessible Information: Reasonable Adjustments -

Many learning disabled people are unable to read or write which poses an obvious barrier to accessing services and opportunities e.g. if sent an appointment letter, having written notices etc. Making information more accessible is one way to overcome this and often benefits others too, such as those who have English as a second language. Furthermore, it is now law for the NHS and adult social care services to comply with the Accessible Information Standard.

Easy Read is one method that can be used to put information into an accessible format; training in this costs circa = £550 for a day.
Photosymbols is an example of a photo library to use when developing accessible information. Licences costs = £150 (individual), Medium Organisation £900 (25 accounts), Large Organisation £2,000 (100 accounts).

The strategy goes beyond health and care services being accessible and would seek that community organisations and neighbourhoods services are too. So in addition to training for health and care staff to ensure legal compliance having some equalities champions trained up within the neighbourhoods and community services. Costs would vary pending numbers but there may be scope to bulk buy and get economies of scale.

Equality Impact Assessment Form

The Equality Impact Assessment Form is a public document which the Clinical Commissioning Group uses to demonstrate that it has complied with the Equality Duty when making and implementing decisions which affect the way the Clinical Commissioning Group works. In this instance it is used for the same purposes to cover the Local Authorities' duty to so too.

The form should show how equality considerations have informed key decisions.

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

The form must be reviewed and agreed by the relevant Programme Director, who is responsible for ensuring it is made publicly available and is in line with guidance. Guidance on completing this form is also available.

Title of this Equality Impact Assessment:

Equality Impact Assessment for the Strategy for Learning Disabled People in City & Hackney 2019-2024

Purpose of this Equality Impact Assessment:

● To ensure that City and Hackney CCG and the local authorities comply with public sector equalities duties with the implementation of the learning disabilities strategy. ● To consider and understand the effects (impact) that the learning disabilities strategy may have on people with different protected characteristics. ● To consider how the strategy can reduce inequalities faced by certain groups. ● To ensure the strategy supports the vision of the CCG and local authorities to ensure equal opportunities for a diverse range of residents, making City & Hackney a place for everyone.

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

Name:	**Penny Heron**
Position:	**Joint Strategic Commissioner for Learning Disabilities**

Director: Siobhan Harper – Planned Care **Date:** **Comment:**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. **Please summarise the service you are commissioning or the policy or initiative.** Describe the key objectives and outcomes you expect. Make sure you highlight any proposed changes. You will need to make sure that this summary describes how you have considered the equality analysis that you describe in this EIA and explains how the Action Plan will address any negative impacts you have identified.

There are approximately 1.5million people with a learning disability in the UK (People with Learning Disabilities in England, 2011). 2.4% of City and Hackney adult population have a learning disability; 4,937 people in Hackney and 177 people in the City (2015). This number is expected to grow.

It has been identified in both health and social care sectors that learning disabled people face greater inequalities in health and the wider determinants of health. As such NHS England has developed specific programmes, such as Transforming Care and identified key issues to be addressed via The Long Term Plan:

1. *Tackle preventable deaths: stopping overmedication and improving health checks*
2. *Improve understanding of learning disabilities and autism within the NHS (though this also applies to education and social care settings too).*
3. *Increase investment in community support: reducing inpatient admissions (emphasis on care in the community that is personalised and closer to home)*
4. *Improve quality of inpatient care across NHS and independent sector (e.g. By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standard)*

The purpose of the learning disabilities strategy is to help address such inequalities faced by many learning disabled people in City & Hackney and support compliance with the above.

It has been developed with learning disabled people and their carers. The strategy uses a social model of disability to think how we can do things differently and break down the barriers faced by learning disabled people. Taking a more preventative approach, it seeks to promote good health, independence, choice and participation while preventing people from needing long term, more specialist services.
No negative impacts have been identified. It is identified that by addressing the issues faced by learning disabled people there are likely positive knock on effects to the wider population.

2. Who are the main people that will be affected? Consider staff, service users, residents, clinical stakeholders and other external stakeholders.

- The main focus of the strategy is learning disabled people in City & Hackney. Some of these people will be service users, others may be those who do not require specialist learning disabilities' services, but who would still benefit from having reasonable adjustments made when accessing other services such as GPs. The strategy seeks to enable this group to be better able to access goods and services and have access to positive life opportunities.

● Carers of learning disabled people will also be affected by the strategy. Supporting and enabling carers in their caring role is a key feature of the strategy.

● Providers of services to learning disabled people more widely e.g. community groups and health services. Possible changes to such services in their accessibility and approach to learning disabled people.

● Specialist service providers to learning disabled groups, such as the Integrated Learning Disabilities Service (ILDS), supported living services and advocacy services. They will have a significant role in supporting learning disabled users both as part of their direct work but also strategically accessing other services.

It should also be noted that this strategy runs concurrently with a number of other strategies and approaches in City & Hackney (e.g. the Autism Strategy, SEND Strategy and Dementia Friendly Communities) and many of the aims and outcomes to promote accessibility will compliment a range of these and other groups.

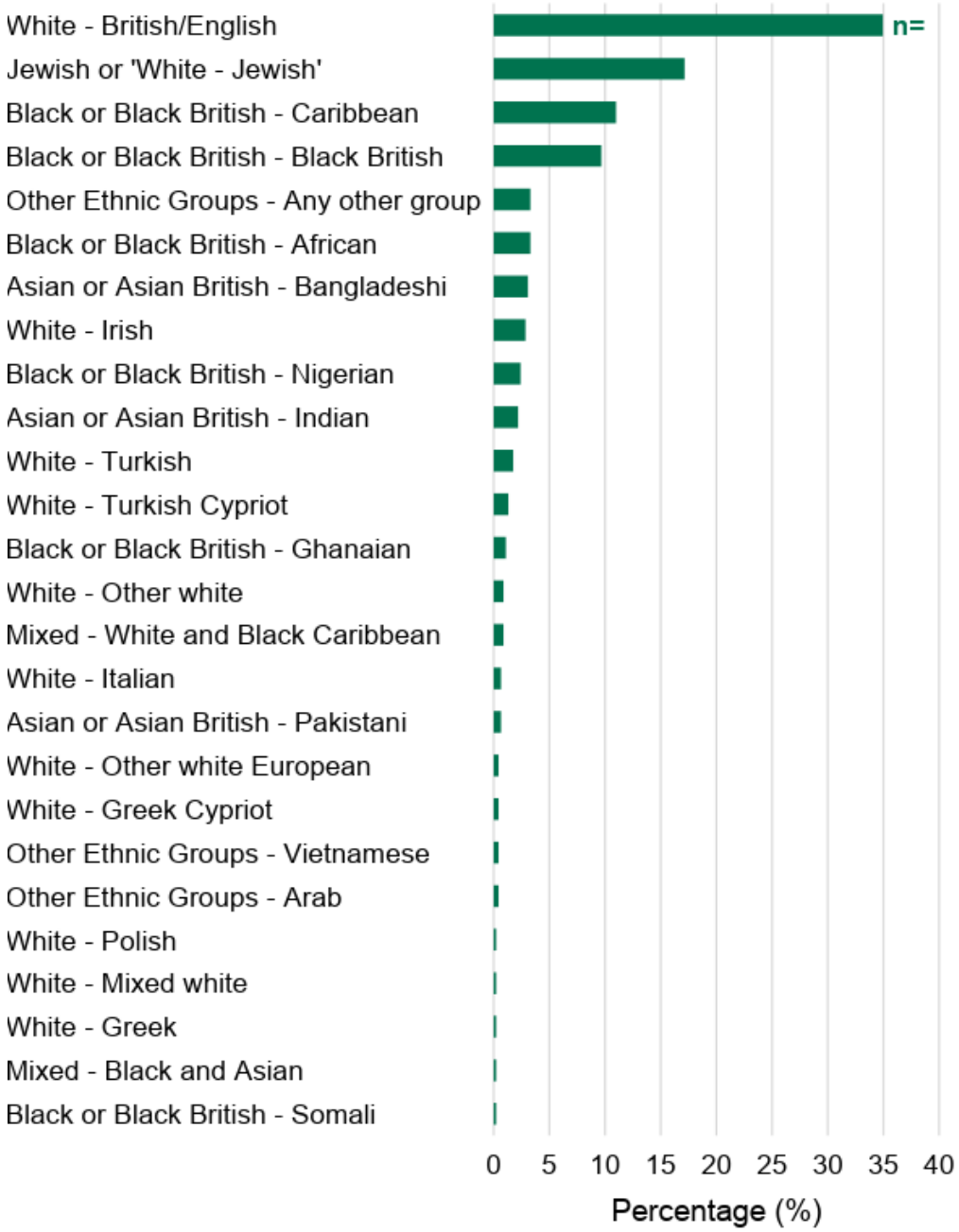
3. What research or consultation(s) have been carried out? Please provide more details, together with a summary of what you learned.

Research:
Various reports, such as the Joint Strategic Needs Assessment (JSNA), were reviewed and a literature search completed to inform this and the strategy (references available on request/linked). The JSNA has informed the local picture and further research has informed the implications of this.

According to the City & Hackney JSNA (2017):

- Estimates suggest that 2.4% of adults in the City and Hackney population have a learning disability (ranging from 2.6% in those aged under 45, to 1.8% in those aged 85+) - this equates to 4,937 people in Hackney and 177 people in the City in 2015.
- The greatest proportion of adults with learning disability in contact with local services are classified as British/White British/Mixed British/English (around 30%). A relatively high proportion of adults receiving a care package in Hackney identify as Jewish. The graph below outlines the ethnicity of the learning population.

- Chart demonstrating ethnicity:



Health & Other Inequalities:

Many learning disabled people in City & Hackney have comorbid conditions. Learning disabled people are more likely to face health inequalities than non-learning disabled groups and have shorter life expectancy. Although some measures exist to help manage this situation e.g. GP annual health checks, The NHS Improvement Standards for Trusts etc. the strategy aims to manage this better with a more localised and preventative approach. Local information below has been gathered from the JSNA.

- Serious Mental Illness

There are significantly higher rates of serious mental illness (SMI) in adults with learning disability, around 14% of learning disabled patients affected locally (in comparison with around 1% of the total adult patient population). Provisional national data indicates that local rates are higher than might be expected (around 9% of learning disabled patients nationally coded with SMI).

Nationally this is also reflected; people with learning disabilities present with a higher prevalence of mental health problems compared to those without. 54% have a mental

health problem. Increased risk of exposure to social disadvantage has been associated with increased prevalence of mental health problems. Learning disabled people are also more likely to be prescribed an antipsychotic, an antidepressant or both without appropriate clinical justification (Mental Health Foundation, 2016). This strategy seeks to address some of the causal factors, such as the wider determinants and aligns with good practice, such as preventing unnecessary admissions and the STOMP campaign (to stop overuse of antipsychotics).

Dementia: People with a learning disability are three times more likely to develop Dementia than the rest of the population. For people with Down's syndrome, this increased prevalence begins in their 30s. Should they live to age 70, it has been calculated that nearly 70% of older adults with Down's syndrome are likely to develop dementia symptoms (Foundation for People with Learning Disabilities, 2018). Adults with a learning disability make up an estimated 6.5% of the total estimated number of dementia cases in the City and Hackney. Local GP data shows 11% of all adults (65+) with a learning disability are recorded with dementia. As part of the strategy work has been and will continue to be done to link in with The Dementia Friendly Communities as much if the work will be mutually beneficial to learning disabled people, people with dementia or both.

- Poor Physical Health

Many learning disabled people have poor physical health outcomes such as problems with their weight, diabetes and respiratory diseases. This can be for a variety of reasons including poor lifestyle choices e.g. only one in four people with a learning disability take part in physical activity each month, compared to over half of those without a learning disability (PHE, 2016) or a lack of access to healthcare (Emerson, 2012).

Obesity: Obesity rates are increasing nationally and starting at a younger age. Adults with learning disabilities are more likely than the general population to be obese and, to a lesser degree, underweight than a 'healthy weight' (based on BMI measurement). Local GP data shows that 31.8% of learning disabled adult patients are recorded as obese, compared to 17.2% of all GP patients. On average, obesity deprives an individual of an extra 9 years of life, with the overall cost of obesity to wider society is estimated to be £27 billion per year. (JSNA & Public Health England: Health Matters).

Malnutrition: Less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet. Many carers have poor nutritional knowledge about public health recommendations on dietary intake and healthy eating. Learning disabled people are at higher risk of having poor nutritional status and eating and drinking difficulties (BDA, 2017). This can further lead to complications with respiratory issues.

Diabetes: The prevalence of diabetes is estimated to rise to 4 million by 2025 in the wider population; with the current costs of diabetes to the NHS is >£1.5m an hour or 10% of the NHS budget for England and Wales (Diabetes.co.uk, 2019). Learning disabled GP patients in Hackney & the City are twice as likely to have diabetes as people in the total patient population aged 18-34 (11.2% compared with 5.7% in the total patient population).

Respiratory disease: affects one in five people and is the third biggest cause of death in England (after cancer and cardiovascular disease). In total, all lung conditions (including lung cancer) directly cost the NHS in the UK £11billion annually (NHS E, 2019). Respiratory system disease admissions in adults with LD are more frequent, of

longer duration and a higher likelihood of recurrence (BMJ, 2017). Furthermore, the NHS Long Term Plan set outs the ambitions for the NHS over the next 10 years, identifying respiratory disease as a clinical priority.

The strategy seeks to address many of the health inequalities taking a more preventative approach. This includes promoting and enabling access to sports and leisure services, health services, in addition to trying to tackle the deprivation issue, e.g. through employment and suitable housing.

Consultation & Engagement:
Themes identified by service users, carers and stakeholders at the Big Do (celebration event) at the end of 2017 were worked on in the learning Disabilities Partnership Forum (LDPF) throughout 2018. This formed the foundation of the strategy.
The strategy itself was codeveloped in the Learning Disabilities Partnership Forum, with service users, carers and stakeholders developing the key themes and objectives.
Once the strategy was drafted, further consultation was undertaken with other key groups and stakeholders to ensure a broad range of views and additional comments could be incorporated:

Who?	Where?	When?	How?
Service Users	LDPF	Dec 2018	Presentation & workshops
Integrated Learning Disabilities Service - ILDS	ILDS Away Day	Nov 2018	Presentation
Carers - Hackney	City & Hackney Carers' Centre	28 Feb	Presentation & Discussion 11 people
Carers - City	Harshita Patel	28 March	Send document and T/C
The City - Social Care & Education	Meeting 1:1	21 March 2019 11 June 2019	Iain Tweedie Ellie Ward, Iain Tweedie, Sharon Cushnie
Providers	LD Provider Forum	9th Jan	Presentation & Discussion
Partners: Healthwatch HCVS Transition to adulthood	LDPF as above Strategy also raised in Supported Employment Network Meeting	Dec 2018 March 2019	Presentation
HCVS	HCVS Forum	24 June 2019	Presentation & Discussion
Public Health - Jane Taylor	HSC	Mar 2019	Meeting

Supported Employment - Colin Brummage	HSC	28 Mar 2019	Meeting
Prevention Core Leadership Group	City of London	9th April	Meeting
SEND & Learning Trust- Toni Dawodu	HSC	11 April 2019	Meeting
City - SEND, prevention & others	virtual	April 2019	Strategy circulated for comments
CCG - Honor Rhodes	Email Correspondence	Oct 2019	Revised Strategy circulated for comments

(HSC = Hackney Service Centre)

4. Equality Impacts

This section requires you to set out the positive and negative impacts that this decision or initiative will have on equalities. You should also refer to the detailed guidance on how to consider the impacts on equalities is also available.

4 (a) What positive impact could there be overall, on different equality groups, and on cohesion and good relations?

The rationale behind the strategy is help address the inequalities faced by many learning disabled people and to develop community options accessible to them.

Protected Characteristic	Impact
▪ Age	The strategy focuses on adults and those aged 14+ transitioning into adulthood. For children there are separate strategies (such as Special Educational Needs & Disabilities, SEND Strategy). The upper age range of 85+ years is low in the learning disabled population. Females with learning disabilities on average die 20 years earlier than the general population and males on average 13 years earlier (Confidential Inquiry into Premature Deaths of People with Learning Disabilities, 2011). This is in part due to health inequalities and so the strategy seeks to address this and work in line with the Leder (premature deaths) programme. It also identifies and supports the need for access to age appropriate services e.g. housing with care.

	The strategy seeks to support older carers too, who may be more likely to seek additional services for their cared for. Appropriate day opportunities, such as paid employment, is a key element within the strategy. This is to enable learning disabled adults to have the same life opportunities throughout the lifespan as others.
▪ Disability, including those associated with disabled people, i.e. carers	After housing costs, the proportion of working age disabled people living in poverty (30%) is much higher than the proportion of working age non-disabled people (18%). The disability charity Scope's research suggests that life costs on average £550 more on average a month for a disabled person. Disabled people are significantly less likely to participate in cultural, leisure and sporting activities and to engage in formal volunteering than non-disabled people (Local Government, 2018). *Carers:* Around 40% of adults with learning disabilities are estimated to be living with their parents. In a survey, carers providing >50 hours of care per week are: twice as likely to report ill-health as those not providing care, and were associated with a 23% higher risk of stroke. It also identified links between not being able to take a break and mental ill-health of carers (Carer's Trust, 2019). This strategy is positively biased towards learning disabled groups and their carers. Since learning disabled groups are more likely to experience other health conditions, this strategy will likely have a positive impact on those groups (see Heath & Other Inequalities section).
▪ Gender reassignment	There is a dearth of data as to numbers of people with this characteristic who have a learning disability. It is therefore unclear what effect the strategy may have on this group. However, since the ethos of the strategy is inclusion and accessibility there is no reason to think the effects will be negative or adverse.
▪ Pregnancy and maternity	There is very little evidence to inform rates of pregnancy in learning disabled people. A consistent finding of the available research into the needs and experiences of parents with a learning disability is that learning disabled mothers learn parenting skills when education and support are individually tailored to their own particular circumstances and learning need (Mencap, 2010). The strategy explores relationships, promotes personalised care and reasonable adjustments to services including those which may be accessed by pregnant learning disabled women so promotes such approaches.

<table>
<tr><td>▪ Race -this includes ethnic or national origins, colour or nationality</td><td>The largest percentage of learning disabled GP patients in the City and Hackney are in the ‘British, white British or mixed British’ category. A slightly higher percentage fall into this category than the general GP patient population. Other ethnic groups that are over-represented in the learning disabled patient population include ‘Caribbean’, ‘White Turkish or Turkish Cypriot’, ‘Black British’ and ‘other - Jewish’. (see chart above)

The strategy seeks to address culturally appropriate issues and services, incorporating all people with a learning disability regardless of race or ethnicity. Personalisation is a key part of ensuring this along with the development of relevant and accessible community services.</td></tr>
<tr><td>▪ Religion or belief – this includes lack of belief</td><td>Just over a third of Hackney’s residents are Christian. This is a lower percentage than London and England averages. Hackney has significantly more people of Jewish and Muslim faiths and a higher proportion of people with no religion & those who did not state a religion than London and England. Limited information was available for City of London.
Of 233 of those using the Integrated Learning Disabilities Service who had their religion recorded it was as follows:
<table><tr><th>RELIGION</th><th></th></tr><tr><td>Christian</td><td>117</td></tr><tr><td>Not Stated</td><td>72</td></tr><tr><td>Jewish</td><td>50</td></tr><tr><td>Islam</td><td>23</td></tr><tr><td>Other/ Refused</td><td>43</td></tr></table>This however may not be a true reflection of the wider learning disabled population in City & Hackney.

Community partners such as religious groups will play a key role in enable the strategy’s vision to happen.</td></tr>
<tr><td>▪ Sex</td><td>There are a greater number of men than women with learning disability known to local services (a ratio of 1.4:1 on GP records and 1.6:1 on the adult social care caseload)</td></tr>
<tr><td>▪ Sexual orientation</td><td>Many people with a learning disability say that relationships are important to them. But only 3% of people with a learning disability live as a couple, compared to 70% of the general adult population (Mencap, 2016). No information was found to inform what the local demographics are for learning disabled people who are heterosexual or LGBTQ.
There is limited research into LGBTQ and learning disabilities but those that do highlight issues with</td></tr>
</table>

	accessing LGBTQ services, getting the right information and getting the right support. The strategy has a designated section on relationships regardless of sexual orientation.

No negative impacts have been identified from above in relation to the strategy. Indeed, the main purpose behind the strategy is to try and address inequalities. Breaking down barriers and promoting accessibility is likely to have positive wider, indirect effects on others. For example, making information more accessible is likely to promote and enable understanding for those who have significant communication problems due to another disability or those who speak little or no English. Developing assets within the community may mean others will benefit from the initiatives. These, in turn, are likely to foster positive relations and help tackle prejudice.

4 (b) What negative impact could there be overall, on different equality groups, and on cohesion and good relations?

Where you identify potential negative impacts, you must explain how these are justified and/or what actions will be taken to eliminate or mitigate them. These actions should be included in the action plan.

The negative impacts should be limited through the various consultation and engagements undertaken with a wide range of groups. In order to further mitigate these the action plan for the strategy will also be codeveloped with involvement from a range of groups.

The strategy should also be implemented in conjunction with other strategies and approaches e.g. the Mental Health Strategy, Autism strategy and Dementia Friendly Communities. This is to ensure an efficient coordinated approach to addressing the situation and achieving shared aims.

5. Equality and Cohesion Action Planning

Please list specific actions which set out how you will address equality and cohesion issues identified by this assessment. For example,

- Steps/ actions you will take to enhance positive impacts identified in section 4 (a)
- Steps/ actions you will take to mitigate again the negative impacts identified in section 4 (b)
- Steps/ actions you will take to improve information and evidence about a specific client group

All actions should have been identified already and should be included in any action plan connected to the supporting documentation, such as the delegate powers report, saving template or business case. You need to identify how they will be monitored. The Director is responsible for their implementation.

No	Objective	Actions	Outcomes highlighting how these will be monitored	Timescales / Milestones	Lead Officer
1	Learning disabled children though not included in the learning disabilities strategy, are included in SEND Strategies	The strategy does cover those preparing for adulthood and identifies links with the SEND Strategies for City & Hackney. Liaison has and will continue to take place with children's' services.	Continued engagement with children's and young people's services. Continued alignment of strategies.	Ongoing	Learning Disabilities Commissioner & SEND Leads
2	Ensure those affected by the strategy continue to be involved	Maintain consultation and engagement during implementation of the strategy. Coproduce an action plan.	Prioritisation of key areas identified with users, carers and stakeholders. An Action Plan is coproduced	March 2020	Learning Disabilities Commissioner
3	To ensure each action plan works towards meeting the diverse needs of the local learning disabled population	Review key indicators/annual plan to determine strategy's success (i.e.to determine if there have been positive effects to addressing inequalities).	Reporting through the learning Disabilities Partnership Forum. Key indicators will be matched to Adult Social Care, Public Health & NHS Outcomes Frameworks.	Dec 2022 & Jan 2024	Learning Disabilities Commissioner

			Analysis of reporting – e.g. Transforming Care, Leder Programme		
4					
4					
5					
6					

Remember

- Directors are responsible for ensuring agreed Equality Impact Assessments are published and for ensuring the actions are implemented.
- Equality Impact Assessments are public documents: remember to use at least 12 point Arial font and plain English.
- Make sure that no individuals (staff or residents) can be identified from the data used.

EIA Addendum Report Learning Disabilities - Learning from Covid-19 Pandemic

Since the Strategy and associated papers were developed the Coronavirus (Covid-19) Pandemic has highlighted a range of issues and inequalities within the learning disabled population.

The Leder (mortality) review programme was established to understand avoidable inequalities and improve the standard of care. During the Covid-19 pandemic, the Leder programme saw the number of notifications (of death) increase to more than double compared with the April in previous years, and North East London (NEL) seeing four times more, with 39 cases. Of these, City and Hackney had six deaths, four were Covid-19 related. Rapid Reviews were undertaken where Covid19 contributed to the cause of death to ensure timely learning across NEL. Key learning points included:

- Seeking hospital assistance early to get the right help in time
- Need for improved communication of Covid diagnosis and accurate testing.
- Access to Personal Protective Equipment, especially within supported living schemes.
- Hospital passports provided vital information.

Annual Health Checks

Annual Health Checks (AHCs) by GPs have a key role in identifying and helping to address health inequalities and prevention so these play a critical role. At a national level plans are underway to explore a 'blended approach' to enable these crucial checks to take place, considering how others can contribute to the checks that GPs undertake for those on their LD registers. Work is ongoing locally to ensure AHCs happen in a meaningful way and to help limit the impact of the Pandemic in those with LD:

- The number of patients on the learning disabilities register has increased by 7% since March 2020. This is important as there may be many who are not known to services more widely but who do have a learning disability so entitled to an AHC.
- 22% of patients on the Learning Disability Register over 14 years old have received an annual health check between April - June 2020. Work is ongoing to achieve the 75% target.
- A new Annual Health Check template is being piloted by GPs in City & Hackney
- A welfare check template was developed and used by GPs during the pandemic to support learning disabled people and similar checks were undertaken by the Integrated Learning Disability Team.
- A Personal Health Budgets Pilot is taking place to support needs identified in Health Action Plans

- As part of this and more widely a new digital offer is being put in place to support learning disabled people connecting with others and accessing support remotely to accommodate the Covid-19 restrictions. This also includes plans to mitigate risks from digital exclusion.

For many during the Pandemic who had a support package there would have been changes. For some this meant that day service provision was ceased or altered. Work has begun on cautiously reopening some of these provisions but also reviewing the overall situation to explore how future support can be delivered in a more personalised way.

Winter planning is essential and measures are being put in place e.g. a campaign promoting the uptake of flu vaccinations, to help prevent future ill health within this population, especially within care homes plus ensuring they are tested regularly for Covid-19.

A proposal is being developed to enhance primary care support with additional clinical leadership and capacity to the community in working with people with a learning disability and embed the learning from the Leder reviews.

The Pandemic also saw the involvement of more volunteers and voluntary groups in supporting the needs of the community. This poses opportunities to enable a more integrated community for learning disabled people and work is underway to support such groups and organisations in a sustainable way. For example, online resources have been developed to provide advice and guidance on working with learning disabled people.

The overall effect of the Covid-19 Pandemic has flagged significant inequalities in the learning disabled population; however, it has also brought opportunities to help address some of these through alternative approaches such as those identified and proposed within the Strategy.

Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	8 October 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 10 September 2020
Public / Non-public	Public.

Executive Summary:

This report presents the escalated risks for the three Integrated Care Workstreams and the IC Operating Model / CCG Merger Program.

Updated Risks from Previous Meeting

- CYPMF8 regarding childhood immunisation rates has increased in score from 10 to 15 (an amber to red rating, returning it to the BAF) from Q1 to Q2 2020/21 and since being revised for this exercise;
- CYPMF20 regarding safeguarding and looked after children is a new red rated risk which covers the local impacts of a NEL wide risk. Detailed information for this risk is under development and is not included in this circulation of the detailed reports;
- UC20 regarding the impact of health inequalities in unplanned care for local populations is a new red rated risk;
- Risks ICOM1 through ICOM 12 are included in the following BAF, although these risks are rated amber, and as such, would not normally qualify for inclusion on the BAF. These risks have replaced the old CCG01 and CCG02 that covered similar ground:
    - Feedback from the GB on whether all these risks need to be included on the BAF, or whether we chose a subset of key risks to cover this area of work would be appreciated. The September 2020 Audit Committee recommended that all risks stay present on the BAF for the time being, acknowledging that they should be removed as and when the risks turn green.
- PCTBC1 regarding access to service for vulnerable patients has decreased in score from 20 and a red status to 12 and amber. Due to the change in rating, this risk will be removed from the BAF next month, unless any changes cause a return to a red status.
- PCTBC2 regarding continuing healthcare assessments has reduced from a red status and a score of 15 to amber and a score of 12. Due to this change in rating, this risk will be removed from the BAF next month, unless any changes cause a return to a red status.
- PCTBC3 regarding access to elective service and PCTBC4, regarding elective and diagnostic capacity have been closed by the Planned Care Team and replaced with risk PCTBC5, which covers the risks present around the elective restart programme. This risk is currently scored 12 and an amber status – unless

this risk moves into a red scoring status, it will not appear on the BAF from next month.

- PC6, regarding the cancer 62 day target has reduced in score from 20 to 16, but remains in a red rated status.
- PC7 regarding No Cheaper Stock Obtainable (NCSO) medications has increased in score from a 4 to 20 (green to amber from Q1 to Q2 2020/21) to indicate its return to a cost pressure status;
- PC8, reading financial pressures in the adult learning disability service has decreased in score from 20 to 16, but remains in a red rated status;
- PC12 regarding a local adult complex obesity service has decreased in score from 9 to 5 (amber to green status from Q1 to Q2 2020/21). Unless any changes in the next month bring this back to a red status, this risk will be removed from the next iteration of the BAF;
- PC13 regarding funding for the Housing First programme has reduced in score from 25 to 20, but remains in a red rated status.

Recommendations:

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

- To **NOTE** the registers.

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

- To **NOTE** the registers.

Strategic Objectives this paper supports:

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

Empower patients and residents	☒	The risk register supports all the programme objectives

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Siobhan Harper – Director: Planned Care Amy Wilkinson – Director: Children, Maternity, Young People and Families Nina Griffith – Director: Unplanned Care Carol Beckford – Transition Director

Integrated Commissioning Board managed risks

Ref#	Description	Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
CYPMF8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	10	15	↑	Since the changes in health commissioning in 2013 Health and Social Care Act, responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels, and this is a double blow to imms uptake given that it was already relatively poor. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes: - 1.commissioning of GP confederation catch programme to support primary care ahead of winter 2020 (agreed July 2020); 2.Proposal being devleoped for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom); 3.Comms campaign go live September 2020; 4. New system governance and delivery structures in place, led by public health; 5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored.	15		✓		✓	

CYPMF20	During Covid-19 a combined NEL Safeguarding and 'Looked After Children' risk register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. These risks are mitigated in part by the mitigations relating to other LAC and safeguarding risks on the City and Hackney CYPMF Register (risks 2,5,11 and 15) but a NEL-level decision has been taken that until schools are back in September and we can see children, the risk level should be considered high. The CYPMF Strategic Oversight Group will be reviewing the risks and mitigations in detail for City & Hackney in September. The have not yet been fully scoped yet from a local perspective.	TBC	TBC	N/A	N/A	N/A	TBC	*	This risk is being held across NEL as well as locally, and the mitigations and ratings will be updated once schools have returned (October 2020).	TBC	✓			✓	
UC19 (UCTBC2)	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	n/a	n/a	16	16	↔	Delivery of the 'Think 111 First' to reduce A&E attendances SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Condition Management Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Plans Need to ensure robust escalation plan in place in advance of further covid peaks Bed modelling being undertaken across North East London to understand demand andd capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	TBC			✓	✓	
UC20	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the COVID-19 Pandemic.	20	12	n/a	n/a	n/a	16	*	The neighbourhoods programme is focused on addressing inequalities: -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are suppporting identification of inequalitie and in-reach into particular communities.	TBC	✓	✓		✓	✓
ICOM 1	Covid-19 and winter pressures If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	15	TBC	N/A	N/A	12	12	↔	Accept this risk – if the programme is paused						

ICOM 2	Creating clarity for CCG Members If we do not put in place a specific and targeted engagement programme for clinicians and CCG Members: There is a risk that CCG Members are unclear regarding what they are being asked to vote on in October 2020 The consequence is... C&H Members do not vote for the dissolution of the City & Hackney CCG in favour of a single NEL CCG	16	TBC	N/A	N/A	12	12	↔	Develop a comprehensive stakeholder engagement plan (draft in place July 2020) Engage with GP Consortia and Members in Sept 2020 ~~Provide sufficient data for a meaningful "soft vote" in early October – to test opinions with a the official vote taking place by mid-October 2020~~. The voting timetable developed by NEL does not allow City & Hackney to have a soft ballot 1 October as planned. More detail and effort will need to be placed on GP engagement during September 2020. Additional GP engagement meetings have been organised.						
ICOM 3	Support from Residents and Patients If Residents and Patients are not engaged on the proposed changes: There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	12	TBC	N/A	N/A	12	12	↔	Develop a comprehensive stakeholder engagement plan (draft in place July 2020) Publish the NEL vision document locally week commencing 3 Aug 2020 (Completed - published on time) Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020 (Completed - published on time) Put in place an initial programme of ongoing engagement though to end Oct 2020 (Feedback at Public and Patient Involvement Committee so far has been supportive)						
ICOM 4	Support from Partner organisations If we do not engage with all system Partner organisations: There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	8	TBC	N/A	N/A	8	8	↔	Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Dec 2020)						
ICOM 5	Alignment of SOC and new Operating Model We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	8	TBC	N/A	N/A	8	8	↔	David Maher and Tracey meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020 The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020 New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020						

ICOM 6	Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB) The scope role and remit of the ICPB is not clear yet therefore: There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB It will be hard to plan in detail for either Board because it will not be clear how power is devolved	12	TBC	N/A	N/A	12	12	↔	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020							
ICOM 7	Neighbourhood health and care service delivery infrastructure The scope role and remit of the NH&CB is not clear yet therefore: There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	12	TBC	N/A	N/A	9	12	↔	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 SOCG Is establishing transitional structures, including a transitional NHCB, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NHCB – by mid-September 2020							
ICOM 8	CCG Merger - lack of clarity for staff and impact on staff morale If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: There is a risk that staff become disillusioned and morale falls during the period of transition The consequence is... Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger	12	TBC	N/A	N/A	12	12	↔	Seek clear direction from NEL People & OD team on detailed plans from now to April 2021 Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020) Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021)							
ICOM 9	ICPB and NH&CB Subgroups If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	12	TBC	N/A	N/A	9	12	↔	Finance & Performance, Risk management, Quality are already embedded in the transitional NH&CB governance arrangements (from August 2020). The role of remaining sub-groups to be confirmed by October 2020							

ICOM 10	Coherent system-wide culture If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: There is a risk that... The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures	12	TBC	N/A	N/A	12	12	↔	Develop an OD plan (by mid-Oct 2020) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear							
ICOM 11	80:20 principle The 80:20 rule [i.e. that the majority of the money and decision-making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: There is a risk that the 80:20 principle may be eroded over time in the light of NEL -wide pressures resulting in more budget/money and decision-making is retained by the NEL CCG The consequence is... The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City & Hackney	12	TBC	N/A	N/A	12	12	↔	Investigate whether this can be embodied in the Constitution (by September 2020)							
ICOM 12	PCN/Neighbourhood governance and accountability GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: There is a risk that PCN/Neighbourhood governance and accountability remains unclear The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	12	TBC	N/A	N/A	12	12	↔	Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia and will report before mid-September 2020							

PCTBC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services. Vulnerable patient is defined as a patient who needs regular health input from primary care, who may struggle to access this due to COVID-19 service changes, For example, a patient with a long term condition who is having issues with managing it or a patient with a learning disability.	16	9	N/A	N/A	20	12	↓	Targets for the Long Term Conditions Contract has been agreed with the GP Confederation and Practices. Practices are actively inviting patients in for LTC checks- expecting all patients to be offered an appointment before winter- with necessary follow-up. Proactive care has been implemented for other at-risk groups. Patients with a learning disability have been followed up by the Integrated Learning Disability Service and GP Practices. CEG searches and welfare check structure has been developed to support this. Plans for a domicilliary service have been signed off by Planned Care and FPC. These are ready to be stood up - if there is a COVID resurgence that means patients need to shield/self-isolate again. Patients are no longer being requested to shield by central government and so are more willing to attend practices. Winter planning underway to provide support to vulnerable patients. GB will be updated with developments.	12					
PCTBC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	9	N/A	N/A	15	12	↓	There are approximately 160 individuals on the list of individuals who were discharged from hospital between the 19 March and 31 August that still have a care package in place and may require a CHC checklist which is the first stage of CHC assessment. All patients have had a care plan developed by relevant clinicians and a package of care is in place. the list is being refined by the LBH as some individuals may be under the threshold for requiring a checklist. The CCG has been notified that it will receive £269K to support recruitment of staff to help complete the deferred assessments. The phase 3 letter and new CHC and Discharge guidance instructs the NHS to resume assessments from 1st September 2020. There is now national funding for up to 6 weeks of care during which time any Care Act Assessment and CHC Assessments must be undertaken.	12					
~~PCTBC3~~	~~Patients do not access elective acute services due to services being moved outside City and Hackney in order to reduce the COVID infection risk.~~	~~15~~	~~9~~	~~N/A~~	~~N/A~~	~~15~~	~~10~~	~~X~~	~~Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access. City and Hackney have developed a workplan for engagement to promote engagement at local level. This work will be undertaken with partners including Healthwatch, LBH and PPI Committee.~~ ~~Phase 3 letter sets significant targets for CCG/NEL to meet in terms of activity, which will lead on a push for greater activity at out of area sites.~~	~~10~~					

~~PCTBC4~~	~~Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients~~	~~20~~	~~9~~	~~N/A~~	~~N/A~~	~~20~~	~~20~~	✗	~~At June 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 30% of pre-COVID activity.~~ ~~CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.~~	~~15~~					
PCTBC5	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter This risk covers the recovery of elective services, including patients accessing hot/cold sites and longer elective waiting times. As a result, we have closed PCTB3 and PCTB4.	15	9	N/A	N/A	N/A	12	*	Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need. However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways and when services are out-of-area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change. Self-isolation requirements before elective surgery have been changed and now are less strict. This should promote reduce patients declining elective procedures.	TBC					
PC6	The 62 day target to begin cancer treatment is not consistently achieved	10	8	6	6	20	16	↓	C&HCCG met 7 out of 8 cancer waiting targets in July. 31 day surgery metric not met. 2 previous months were at 100% and July is at 91%- target: 94%. There is an ongoing risk with access to endoscopy. Comms to GPs on FIT tests have been shared and HUH reporting increasing capacity. Mile End opening an early diagnosis service and rapid diagnostics centre models are being reviewed. Strong recovery of 2ww referrals/activity for C&H patients across all providers. Cancer Collaborative are developing a recovery plan as per the NHSE Phase 3 Letter- this will set the direction for coming months.	10					
PC7	B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	15	4	4	4	4	20	↑	For 2020/21, as of Sept2020 prescribing data is only available for April -Jun2020. Based on the 3 months data, the estimated annual cost pressure for NCSO is **£764,896** in addition to a cost pressure of **£223,051** for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG for June 2020-Mar2021 will be provided with the next update of this register. Previous low scores was due to it these cost pressures being mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjuction with practices. budget in. These costs remain an ongoing cost pressure in 20/21.	15					

PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	16	↓	Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual. A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard. Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. To be presented at the ICB in October. A joint budget review to consider the long term needs of the population maybe required in order to fully secure financial stability.	15					
PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	5	↓	Delay in commissioning adult specialist weight management service due to COVID. We have found a way forward to fund the service outside the current block arrangements with the Homerton which should enable for commissioning the service from April 21. Contracts are in discussions to bring this forward to January but that is yet to be agreed.	10					
PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	20	5	N/A	25	25	20	↓	A bid has been made to central government (MHCLG) for funding to include costs of funding the Housing First model. Both LBH and CoL continue to provide additional accommodation to rough sleepers in response to COVID. Lack of clarity on how this will be funded. A Rough Sleeper and Health Partnership Group is meeting and will coordinate the response.	20					

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 5
Date of meeting:	08/10/20
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for Integrated Commissioning Finance Economy Group
Presenter:	Sunil Thakker, Executive 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 5, the CCG reported a YTD overspend of £1.763m against a YTD allocation of £203.795m. This position includes an allocation top-up of £3.688m to fully cover all COVID and other overspends from M1 to M4. In line with the new financial regime, these reimbursements are made on a retrospective basis, therefore the top-up allocations for M5 are expected to be made in M6.

At Month 5, LBH is forecasting an overspend of £6.6m inclusive of £4.9m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.7m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out within the report.

At Month 5, the City of London Corporation is forecasting a year end favourable position of £0.3m.This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).

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 [Please check box including brief statement]:

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

Specific implications for City

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

Sign-off:

[London Borough of Hackney: Ian Williams, Group Director of Finance and Corporate Resources City of London Corporation: Mark Jarvis, Head of Finance City & Hackney CCG: Sunil Thakker, Director of Finance

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

Integrated Commissioning Fund
Financial Performance Report

Month 5 - 2020/21

Table of Contents

City and Hackney CCG – Position Summary at Month 05, 2020/21

- In response to COVID-19, a temporary financial regime had initially been put in place to cover the period 1 April 2020 to 31 July 2020. This has now been extended for a further two months, whilst the restart plan for NEL is being developed. The ICB will be updated in due course on planning arrangements on a year to go basis.
- The revised financial regime and service changes will likely have an impact on the CCG's financial position and affordability against the revised 6 month allocation provided by NHSE/I.
- The difference between projected monthly net expenditure and the 2020/21 monthly allocation will be retrospectively adjusted by NHSE/I, ensuring the CCG's cumulative surplus is not impacted for the period.
- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure

Table 1

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
- **Acute** - **Mental health** - **Community health** - **Continuing care** - **Prescribing** - **Other primary care** - **Other programme services** - **Primary care delegated** - **Running costs**	NHS Trusts	Block contract value covering all NHS services
	Independent sector providers included within the scope of national contracts (Appendix 2)	Baseline adjustments to exclude spend on acute services for suppliers included in the national IS contract
	Other providers	Growth assumptions have been applied to adjusted baseline positions to calculate expected 2020/21 spend

City and Hackney CCG – Position Summary at Month 05, 2020/21

				YTD Performance			Forecast	
	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	9,230	5,612	5,612	0	9,230	0
		Planned Care	3,341	2,745	2,738	7	3,334	8
		Prevention	133	111	111	0	133	0
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		12,704	8,467	8,460	7	12,697	8

	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Aligned	Commissioned	Unplanned Care	60,679	50,956	50,800	156	60,690	(11)
		Planned Care	105,635	89,097	88,939	158	105,650	(15)
		Prevention	1,811	1,509	1,509	0	1,811	0
		Childrens and Young People	28,466	24,388	24,568	(180)	28,466	0
		Corporate and Reserves	10,021	8,963	10,866	(1,903)	12,249	(2,228)
	Aligned Budgets Grand total		206,613	174,912	176,682	(1,770)	208,867	(2,254)
Subtotal of Pooled and Aligned			**219,317**	**183,380**	**185,142**	**(1,763)**	**221,563**	**(2,246)**
In Collab	Primary Care Co-commissioning		24,498	20,415	20,415	0	24,498	0
Grand Total			**243,815**	**203,795**	**205,557**	**(1,763)**	**246,061**	**(2,246)**
CCG Total Resource Limit			**243,815**					
SURPLUS			**0**					

- **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 05 these are expected to break even.
- **Aligned budgets:** The adverse £1.903m YTD and £2.228m forecast within Corporate and reserves is being driven by Covid 19 related expenditure per above.
- Non-recurrent schemes and QIPP Transformation schemes continue to be on-hold.
- Primary Care commissioning is reporting a break even position at Month 5.

- At month 5, the CCG reported a YTD overspend of £1.763m against a YTD allocation of £203.795m.
- This position includes an allocation top-up of £3.688m to fully cover all COVID and other overspends from M1 to M4.
- In line with the new financial regime, these reimbursements are made on a retrospective basis, therefore the top-up allocations for M5 are expected to be made in M6.
- At Month 5, the Acute portfolio is reporting a break even position which is in line with planned values as the current financial arrangement has been extended to August and September. In accordance with NHS response to covid-19, NHS Provider's block payments for M1-M6 will remain unchanged, allowing a break even position for M5 and M6. However, the M7- M12 block payments will be flexed meaningfully to reflect delivery on activities and performance.
- Mental Health and Community Services also broke even against the block payments in month 5. In addition, the Prescribing budget has managed to contain increases relating to cost pressures from high cost drugs and drug tariff increases. This position may be revised once the national forecasting data is made available in August. The remainder of the allocation was deployed to fund the balance of the CCG's portfolio of commitments.
- In Month 5, COVID related expenditure contributed to the majority of the overspend. The declared deficit will be retrospectively adjusted to breakeven.
- Following the Phase 3 planning guidance, all STPs were required to produce financial plans for the remainder of the year. CHCCG produced a draft financial plan from M7-M12 that indicated a deficit position of £6.8m once the annual allocation was top-sliced by £14.4m. The CCG and NELSTP system gap remains work in progress. A further revision to this forecast is due with NHSE/I on the 5th October 2020 by which point all the CCGs and the Trusts will have further refined their plans based on the M7-M12 financial envelopes issued on the 16th September 2020.

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

London Borough of Hackney – Position Summary at Month 05, 2020/21

	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Variance £000's	Forecast Prior Mth Variance £000's
Pooled and Aligned Budgets	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	636	125	510	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	636	125	510	1,525	-	-
		Unplanned Care (including income)	6,697	1,238	5,460	2,791	2,790	1	6,484	213	181
		Planned Care (including income)	71,668	35,803	35,864	29,861	34,023	(4,161)	78,486	(6,818)	(6,772)
		CYPM	9,539	-	9,539	3,975	1,358	2,616	9,539	-	-
		Prevention	24,559	-	24,559	10,233	9,486	747	24,546	13	13
		LBH Revenue subtotal	112,463	37,041	75,422	46,860	47,657	(798)	119,055	(6,592)	(6,579)
Grand total			113,988	38,566	75,422	47,495	47,782	(287)	120,580	(6,592)	(6,579)
				113,998							

- At Month 5, LBH is forecasting an overspend of **£6.6m** inclusive of £4.9m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.7m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out below.

- Government Funding announced to date (£21.35m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it stops expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

In addition, to funding referred to above the Council has been allocated specific funding for care homes and NHS Track and Trace Services:

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19 of which the council received £0.5m. The Council is required to passport the majority of these funds to care homes.

- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid-19 outbreak plans. A working group has been established and plans are being developed to allocate these funds accordingly.

Forecast positions in relation to the workstreams are as set out below:

- **CYPM & Prevention Budgets:** Public Health constitutes the vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities on a flat basis, with each given the same percentage growth in allocations from 2019/20.

- **Unplanned Care:** forecasting a small underspend in this area with underspends being offset by additional costs within the Hospital Social Work Team and Information and Assessment Teams.

- **Planned Care:** The Planned Care workstream is driving the LBH overspend. This is primarily due to:

  - Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure, with a £0.9m overspend after a contribution of £2.7m forecasted (actual position currently is £2.4m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 as agreed by all partners.

  - Physical & Sensory Support reflects an overspend of £2.9m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £1m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid-19 related expenditure.

  - Mental Health is forecasted to overspend by £1.1m and this is due to externally commissioned care packages (£1.4m) which is offset by an underspend on staffing (£0.3m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

- Management actions to mitigate the cost pressures include *My Life, My Neighbourhood, My Hackney* and increasing the uptake of direct payments. These actions are subject to ongoing review.

***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 05, 2020/21

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	6,592	100%	6,592	100%
Coronavirus expenditure	TBC	100%	TBC	TBC
TOTAL RISKS	**6,592**	**200%**	**6,592**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
My Life, My Neighbourhood, My Hackney	TBC	TBC	TBC	TBC
Review one off funding	6,592	100%	6,592	100%
Uncommitted Funds Sub-Total	**6,592**	**100%**	**6,592**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

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

London Borough of Hackney – Wider Risks & Challenges

- Covid 19 is having a major impact on the operation and financial risk of the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totaling £72m with £44m being in relation to loss of income. To date, the Government has only allocated £21.35m of Emergency Grant Funding to Hackney. In respect of the Scheme to compensate for loss of income Councils will bear the first 5% of loss compared to budgeted income. Beyond this, 75p in the £ will be compensated, further detailed guidance is to be sent out imminently to local authorities but we currently anticipate that c£10m in compensation could be drawn down. We have set out in a report to Cabinet in July a detailed position for the current and future years and will update this Board in September.

- 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, although delayed due to Covid-19, could redistribute already shrinking resources away from most inner London boroughs including Hackney.

- Demand for services increasing particularly in Children's Services, Adults and on homelessness services.

- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient.

- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper.

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

City of London Corporation – Position Summary at Month 05 , 2020/21

				YTD Performance			Forecast Outturn	
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	30	4	26	65	-
		Planned Care	118	45	-	45	85	33
		Prevention	60	30	-	30	60	-
Pooled Budgets Grand total			243	105	4	101	210	33

	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
Aligned Budgets	Comm'ned & *DD	Unplanned Care	342	78	48	30	342	-
		Planned Care	4,214	1,760	1,486	274	4,048	166
		Prevention	1,270	390	453	(62)	1,270	-
		Childrens and Young People	1,391	499	525	(27)	1,526	(135)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,217	2,727	2,511	215	7,186	31
Grand total			**7,460**	**2,832**	**2,515**	**316**	**7,396**	**64**

* DD denotes services which are Directly delivered .

* Aligned Unplanned Care budgets include iBCF funding - £313k

* Comm'ned = Commissioned

- At Month 05, the City of London Corporation is forecasting a year end favourable position of £0.3m.
- **Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend at year end.
- **Aligned budgets** are forecast to under spend at year end. This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).
- No additional savings targets have been set against City budgets for 2020/21.

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

Integrated Commissioning Fund – Savings Performance Month

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 05, these schemes continue to be on-hold.

London Borough of Hackney

- Savings proposals are currently being reviewed, as to date no savings have been agreed for LBH

City of London Corporation

- The CoLC did not *identify a saving target to date for the 2020/21 financial year.*

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	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.
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.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
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.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
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.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
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.
IPC	Integrated Personal Commissioning	
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.
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
MDT	Multidisciplinary team	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.

MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
MI	Myocardial Infarction	Technical name for a heart attack.
	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.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	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.
PD	Personality Disorder	
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.
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.
QOF	Quality Outcomes Framework	
	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.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
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.
VCSE	Voluntary Community and Social Enterprise	

This page is intentionally left blank

Annual report 2019-20

Guided by You

healthwatch City of London

Contents

Message from our Chair

Gail Beer, Healthwatch City of London, Chair

> In the City we are trying to do something different. We have created a Healthwatch run for and by the people who make up the City of London, be they residents, our workforce or those studying here'

I am delighted to present the first Healthwatch City of London annual report since being awarded the contract to deliver Healthwatch services in September 2019. It was an eventful year for us and, as it turned out, for the country too.

Setting up a Healthwatch proved to be more taxing than we thought. Since the creation of Healthwatch in 2013 most new contract awards have gone to existing providers of Healthwatch services. In the City we are trying to do something different. We have created a Healthwatch run for and by the people who make up the City of London, be they residents, our workforce or those studying here. Many of you will recall that this meant we had to go offline for six months whilst we created our new organisation. Over the past year we have established our Constitution in accordance with statutory requirements, entered into a contract with our commissioner, the City of London Corporation, reached out to our community via our revamped website and new social media channels, held our launch event in Portsoken Street back in January 2020. We have also created our new volunteer roles and launched a recruitment campaign to entice as many of you as possible to work with us to make sure your voice is heard. Earlier this year we held our first AGM and Board meetings in Public. In the background we are working with partner organisations to influence and shape what matters to you.

In these increasingly difficult and unusual times it is imperative that all your voices are heard. The delivery of Health and Social services is changing, and at speed, and we will ensure that you have your say, finding new ways to make sure that those without digital access are able to participate. We will hold to account those who provide our services, working with them to improve what matters to us.

Finally, I would like to extend my thanks to Mark Drinkwater who helped us achieve CIO status, and to Ana Lekaj and Stella Rranxi who worked hard to set us up during the first six crucial months of our existence. Moving forward we have a hugely supportive and hardworking Board, and a new team in place that I am certain will deliver our vision 'For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London'.

Thank you for reading this report
Gail Beer
Healthwatch City of London, Chair

Our priorities

Last year people told us about the improvements they would like to see health and social care services make in 2019-20. These are our six priorities for the year ahead based on what you told us.

- We are committed to ensuring that every voice is heard and all of our diverse communities are represented, that our Board reflects that diversity.

- Encourage our communities to volunteer with us so that we can have a greater impact when representing your views.

- Work in partnership with the local hospitals, primary care and mental health and social care services, creating the best outcome for the City of London.

- Reflect your priorities, concerns and requirements in research driven by you. Our research will be City specific but will help to shape the wider landscape.

- Work collaboratively with other local Healthwatches on the big issues shaping the outcome for the City, including the development of the NEL CCG, NEL Integrated Care System and the Covid-19 response.

- Ensure that the City of London Corporation and the City and Hackney CCG know and listen to the voice of the City of London people, in particular on the development of the St Leonard's site, Neighbourhoods project and getting the City safely back to work.

About us

Here for the residents, workers and students of the City of London

Healthwatch City of London (HWCoL) is a statutory body funded by the Corporation of London, and is run for the residents, workers and students of the City of London. HWCoL is your health and social care champion. Our Board and volunteers largely comprise people who live, work or study in the City and surrounding areas. They have a genuine interest in delivering the objectives of Healthwatch and are passionate about the City.

Our current organisation gained charitable incorporated organisation status on 5th August 2019, and we were licenced by Healthwatch England from 1st September as the local Healthwatch for the City of London. The contract from the City of London Corporation took effect from 1st September 2019 for three years.

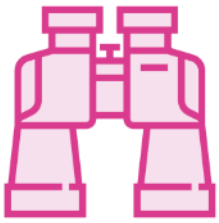
Our mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City

Our six priorities for 2020/21 underpin this mission and will support us in delivering our objectives, which you will find later on the report.

We recognise that the City has a small number of residents compared to other local authorities and as a consequence most health and social care services are provided outside the City. Whilst social care and primary care are mainly, but not exclusively, provided by City and Hackney CCG, secondary care is largely provided outside the CCG's boundaries. The challenge for HWCoL is to influence a wide range of stakeholders in multiple settings, to ensure that the needs, experiences and concerns of people who use these health and social care services are met. HWCoL is here to make sure that those running services put people first, and that we provide challenge and are a critical friend when changes or new services are developed.

HWCoL delivers on this commitment by speaking out on your behalf. We believe it's important that services continue to listen, so please do keep talking to us. Let's strive to make our local NHS and social care services the best that they can be.

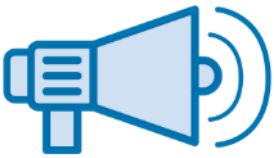
> Our mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City
>
> Gail Beer, Healthwatch City of London, Chair



Our vision

For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London.

Our mission



Is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

The work of the Board

Governance: maintaining a robust, trusted and respected organisation and ensuring that Healthwatch City of London meets its objectives in an open and transparent manner.

Listening and signposting: understanding the needs of the people of the City, supporting them with opportunities to voice their views and providing them with information.

Influencing: supporting and influencing those who have the power to change, design and deliver services so they better meet patients' and service users' needs and rights.

Our values

- respecting and encouraging diversity
- valuing everyone's contributions
- maintaining integrity
- creating inclusiveness

Find out more about us and the work we do

Website: www.healthwatchcityoflondon.org.uk
Twitter: @HealthwatchCoL
Facebook: @CoLHealthwatch

Our aims

City Focused - relentlessly championing the voice of the user and would-be user, in the health and social care system ensuring that we give an opportunity for all voices from our diverse populations to be heard.

Accountable - being open and transparent in all we do, actively involving residents and users of services in our work and the evaluation of our performance.

Connected - helping our populations to access high quality information about how their health and social care is delivered

Networked - recognising that the unique position of the City requires collaboration with other organisations, working with partners openly, constructively and inclusively to support our shared purpose of improving health and social care services the City.

Value added - being outcome focused in our work complementing, rather than duplicating, existing structures, within the resources available.

Evidence based - gathering and using local evidence to underpin our priorities, and listening to all our local communities to target our efforts.

Find out more about us and the work we do

Website: www.healthwatchcityoflondon.org.uk
Twitter: @HealthwatchCoL
Facebook: @CoLHealthwatch

Our statutory duties

As a local Healthwatch we have a statutory duty to:

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatches make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, helping them to carry out their role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.

Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchcityoflondon.org.uk

Telephone: 020 3745 9563

Email: info@healthwatchcityoflondon.org.uk

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.

Health and care that works for you

We have

10 volunteers

helping to carry out our work.

We employed

3 staff

(1.4 full time equivalence)

We received

£42,065.17 in funding

from the City of London Corporation in 2019-20

Reaching out

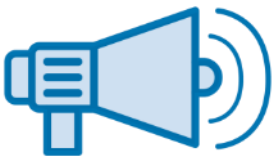
1,260 people

engaged with us through our website. New social media channels were created.

1,700 people

receive our newsletters and bulletins every week

Providing support



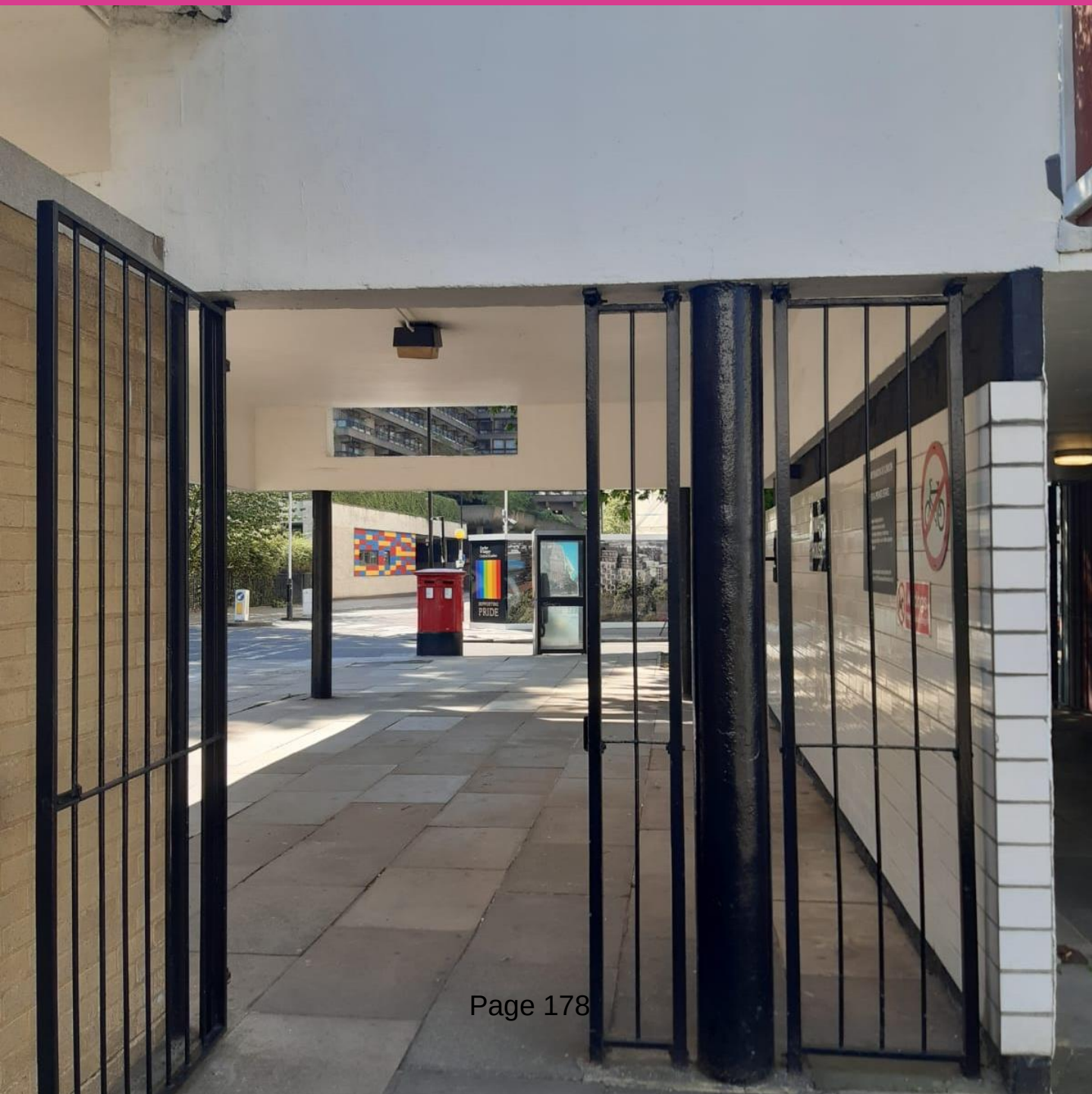
We have supported a small number of people with very complex needs through some difficult situations.

We are acutely aware that not everyone has access to online services which can be disempowering. We need to work harder to create inclusivity.

Making a difference to care

We responded to the draft City Plan, held consultation events on the NHS long term plan. We worked with the Neaman practice to implement the recommendations from our Enter and View visit to the practice.

How we've made a difference



The first step to change is speaking up about your experiences of health and social care services.

We represent you on the following boards and committees, and also attend meetings on your behalf:

St Leonard's Focus Group
This group gains impact and advice from key stakeholders on the redevelopment of the site and services.

City and Hackney Patient and Public Involvement Committee
The committee gains the views and voices of patients and the public during the clinical commissioning cycle.

Integrated Care Communications and Engagement Enabler Group (ICCEEG)
This group supports and facilitates effective engagement with key stakeholders in the development of the Integrated Care System (ICS) in the City of London and Hackney.

City and Hackney Integrated Commissioning Board
This board is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration.

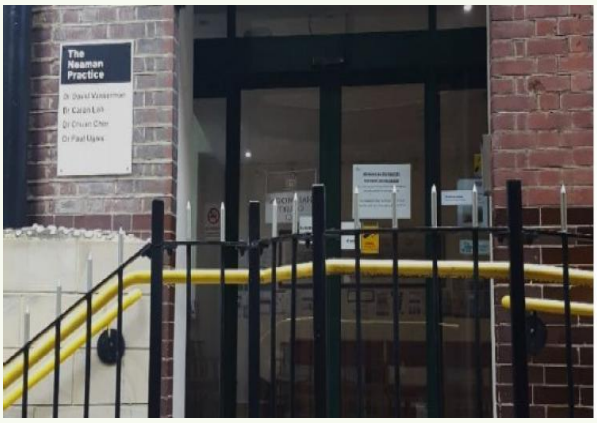
City and Hackney CCG Governing Body
This body aims to govern effectively thereby building local public and stakeholder confidence that their health and healthcare is in safe hands.

Healthwatch and Barts Health fortnightly briefing
This creates dialogue between Barts Health and the Healthwatches in North East London.

Neaman Practice Patient Participation Group
The group discuss the services of the practice, and how improvements can be made for the benefit of patients.

North East London (NEL) CCG Governing Body in common meeting
This body was established by all seven NEL CCGs – City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge – to discuss common issues and, in a limited number of areas, take decisions on services that are commissioned once across NEL.

City of London Health and Wellbeing Board
This board aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework through improving the integration of services. Positively influencing the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.



How we've made a difference continued..

Committees, Boards and strategic meetings we attend (continued)

Health and Social Care Scrutiny Committee
This committee fulfils the City's health and social care scrutiny role in proactively seeking information about the performance of local health services and institutions; challenging the information provided to it by commissioners and providers of services for the health service and in testing this information by drawing on different sources of intelligence.

City of London Adult Safeguarding Sub-Committee
This committee oversees the discharge of the City of London's responsibilities to safeguard adults who have been identified as requiring support and protection.

Response to the draft City Plan

To maximise our impact and in line with our main concerns we restricted our input to Section Four of the plan 'Flourishing City', which contains the comment on the City's approach to health.

The areas we commented on were as follows:

Inclusive buildings and space
Air pollution
Noise and light pollution
Location and protection of social and community facilities
Public conveniences
Sport and recreation
Play areas and facilities
Location of new housing
Residential environment
Older persons housing

Message from David Maher, Managing Director, NHS City and Hackney CCG

City and Hackney was delighted to be recognised as one of three Outstanding CCGs in London in the national assessment framework for CCGs in 18/19. We await the results for 19/20. The feedback we received emphasised our commitment to patient and public involvement and highlighted the strong partnerships we have in place with residents and our 2 Healthwatch organisations. Our values of co-production, and partnership working were flagged as exemplar.

This feedback says more about the partnership in City and Hackney, than it does about the CCG. We are the sum of our partners, and the contribution from our Healthwatch partners has been foundational to our ability to ensure our services are safe, effective and of the highest quality. Your contribution has kept our focus on the City as an equal partner, and increasingly we are building closer relationships with major hospital sites such as UCH and Barts Health as part of our work with partners across North East London (NEL). Your leadership on improving access for our City homeless, and better support for City workers has contributed to new services for those populations, and your consistent appraisal of primary care services is shaping our plans as we begin to develop services which are optimal for our residents in the context of Covid.

I am personally grateful for your support and leadership, and look forward to further productive work as we develop our local Integrated Care Partnership as part of a wider NEL Integrated Care System. These are challenging times, but I know our shared values and purpose will ensure we do our best work for all our residents.

Congratulations on such a productive year.

Healthwatch City of London attended a number of events to listen to your views and make your voice heard.

St Bartholomew's Open day
Held at St Bartholomew's Hospital where services provided were discussed with staff who made suggestions for improvement and to highlight the new Healthwatch City of London.

LSE Volunteers event
The event was part of the LSE Student Volunteer Programme. Staff and Board Members introduced students to Healthwatch City of London and the various roles available for volunteering.

VC Square Mile event
We attended the City of London Corporation's engagement event with their voluntary sector which included a co-production workshop, information on grants available as well as an opportunity to network with our voluntary sector partners.

Age UK East London Engagement Programme
HWCoL attended events organised as part of the Age UK East London engagement programme in the Artizan Library, to inform residents and service providers of the new Healthwatch City of London and to provide us an opportunity to network with providers.

City Residents Day
Held by the City of London, this event allows us to meet a large number of residents, raising awareness about what's happening in health locally.

East London Mental Health transformation event
As one of 12 national early adopter sites for transformation of mental health services, East London NHS Foundation Trust (ELFT) invited colleagues and partners to an interactive day to help shape the design and delivery of the programme for the next 18 months and beyond.

The event was aimed at service users, carers, teams from ELFT, Clinical Commissioning, primary care, social care and the voluntary sector.

Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.
Website: www.healthwatchcityoflondon.org.uk
Telephone: 020 3745 9563
Email: info@healthwatchcityoflondon.org.uk

Getting to know us. We held events to increase our engagement with our communities.

Healthwatch City of London Launch Event

Healthwatch City of London held its launch event in January 2020 in the Portsoken Street Community Centre.

We were joined by City residents, charity partners and representatives from local Health and Social Care providers.

The event gave residents the opportunity to hear about our work and meet the team. We were really encouraged by the number of people who attended.

You told us that you are concerned about access to services and information, for those who have no or limited access to the internet; social isolation and access to social care.

We recognise your concerns and will ensure these are raised with service providers.

Public Board Meeting

We held a very well attended Public Board Meeting in February.

A presentation was given on the City of London's update on the Neighbourhoods programme.

The key aims of the programme, as outlined in the presentation:

- Services to be more integrated and joined up
- More coordination between services
- More personalised care and support which understands what is important for patients and supports building on their relationships and connections
- A better understanding of what local community support already exists (including an improved link with the voluntary sector)
- The ability to tailor support to local areas based on identified need within that community
- An opportunity to address the wider determinants of health by drawing together health and social care services with wider Neighbourhood community assets and services

A lively discussion took place with all participants given a chance to air their views and raise concerns.

Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchcityoflondon.org.uk
Telephone: 020 3749 9563
Email: info@healthwatchcityoflondon.org.uk

Long Term Plan

#WhatWouldYouDo

Healthwatch England Network

More than 40,000 people shared their views nationally with Healthwatch.

The Healthwatch network held over 500 focus groups reaching different communities across England.

Nationally Healthwatch attended almost 1,000 community events.

NHS Long Term Plan

As part of the national engagement of the NHS Long Term Plan Healthwatch City of London held two public meetings to hear people's views on the Plan.

What matters most to people in the City of London?

These round table events focused on five subject areas related to the Long Term Plan: disease prevention, mental health, cancer screening and cancer services, digital solutions and the development of Neighbourhoods.

Throughout the discussion, some key themes emerged across all groups such as the need for improved information education about disease prevention and improving access to services for mental health. Social isolation was a big issue and participants were keen to see the development of community groups as a support mechanism and community spaces where people are able to meet. There was a vibrant discussion on the impact of the environment on the health of City people e.g. tall buildings, noisy bars and cafes and a perceived lack of green spaces. Attendees were open to digital approaches to the delivery of healthcare but it was clear that more support is needed to make digital healthcare accessible to all.

A major concern for City residents is referral to services that are some distance from the City, not easy to reach either by public transport or car and is expensive in a taxi. Participants were keen to understand why they were being referred to these services when there are other large hospitals much closer to the City that are far more convenient in terms of journey time and access. City residents were concerned about the lack of ability to choose which hospital they attend.

Helping you find the answers

Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care, and find services that will provide them with the right support.

This year we helped people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people's queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.

Our Board


healthwatch
City of London
your
voice
counts
Have your say on health and care
services in the City of London
www.healthwatchcityoflondon.org.uk

Our Board

Our board is made up of volunteers who bring a wide range of experience and expertise to guide the organisation.

Gail Beer, Chair

Gail has over 40 years' experience in healthcare. A Bart's trained nurse, her association with the City goes back a long way.

After working extensively in London Hospitals, including the Royal London, Gail moved into management, becoming an executive director on the board of Barts and the London. Leaving Barts, Gail worked as an independent consultant before moving into 2020health, a Westminster-based think tank. She has returned to the NHS and is currently at Guy's and St Thomas' as a director working on special projects.

As a long term City resident, she feels strongly that the voice of local residents and workers must be heard and that holding health and social care providers to account is an essential part of the Healthwatch role.

Steve Stevenson, Trustee

Steve has been a City resident since 1988. He was a member of the City of London's Common Council from 1994 to 2009, serving on the community services committee covering housing, social services and health. Steve has considerable experience of patient engagement and involvement first as a member of the Community Health Council and then at Links. He has been a member of the City of London's health and social care scrutiny committee since 2012. Steve was the sole carer for his wife who had Alzheimer's from 2000 to 2014. Steve joined the board in October 2014.

Lynn Strother, Trustee

Lynn managed the first Healthwatch City of London contract and offers a wealth of knowledge and understanding of Healthwatch. She also has experience and knowledge of the NHS, Social Services and Older Peoples Charities, having worked in these sectors for several years. Lynn has been part of the London Ambulance Service Patients Forum for many years and is a member of the Executive Committee and on the End of Life Care Steering Group. She is also a member of the Patient Involvement Collaborative at Kingston Hospital.

Our Board

Malcolm Waters, Trustee

Malcolm retired in 2019 after 41 years in practice at the Chancery Bar in London. He was appointed a QC in 1997. In his professional life, he specialised in retail financial services and mutual institutions, taking a particular interest in the law relating to unfair contract terms and the various ways in which consumers can obtain redress if they have been treated unfairly by financial institutions. He lives with his wife in the Barbican. He is a member of the PCC at St Giles' Cripplegate.

Cynthia White, Associate Board Member

Cynthia joined Healthwatch City of London as an Associate Board Member in January last year. She chairs the City & Hackney Older People Reference Group; sits on the City of London Adult Safeguarding Sub-Committee and represents the Neaman Practice on the CCG's Patient and Public Involvement Committee.

Cynthia is a Barbican resident who is well known across the City for her voluntary work, dedication and commitment in the improvement of Health and Social Care provision in the City.

Janet Porter, Associate Board Member

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs Lloyd's List's editorial board, as well as continuing to write about the maritime industry. Janet was born in London and has an economics degree from London University.

As a resident of the City of London, she is keen to ensure that health and social care services in the Square Mile are world class and meet the needs of the local community. Janet is an authorised Enter and View representative.

Stuart Mackenzie, Associate Board Member

Stuart is retired, and a Barbican resident since 2005. He held principal consultant and senior European marketing roles in leading UK and US management, high technology and product design consultancies.

He is interested in improving the user/service provider interface and the quality of communications in the NHS and social care. Stuart is an authorised Enter and View representative.

.

Volunteers

Healthwatch City of London developed its volunteer strategy in 2019/20 in order to have additional support for the purpose of finding out what the community thinks is working, and what improvements people would like to see for local health and social care services.

The values underpinning the strategy are:

- To be a trusted organisation that genuinely involves volunteers.
- That we value diversity and offer flexibility.

Our volunteer strategy

At the heart of Healthwatch City of London's ability to achieve its mission and objectives are volunteers. The organisation already owes much to the dedication and drive of its current volunteers whom we thank wholeheartedly.

Volunteers are the face and voice of Healthwatch City of London. Their contributions are various and include; raising awareness of the organisation, influencing service design and delivery by representing the views and issues of the City public to key decision makers, providing information, and supporting the public to have their say.

Our strategy has been developed to provide a solid foundation for Healthwatch City of London in offering a quality volunteering experience to its volunteers; and supporting the organisation to meet its objectives through the recruitment and retention of volunteers.

Our Chair and Board are all volunteers giving their time freely to make Healthwatch City of London a success.

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch City of London.

Website: www.Healthwatchcityoflondon.org.uk

Telephone: 020 3745 9563

Email: info@healthwatchcityoflondon.org.uk

Volunteer roles

We could not function without volunteers. Here is a brief overview of their roles.

Service Assessors

We train volunteers to report on and recommend how local health and care services could or ought to be improved via our enter and view powers. They might be observing the service, gathering the views of patients, residents and staff, and contributing to reports which highlight their findings.

Public Representatives

Public representatives would use the opinions and information that has been gathered by Healthwatch City of London to present the views of City residents and workers, in order to influence decision-makers and shape service development and delivery. They are encouraged to use their own relevant experiences where appropriate.

Policy Assistants

Policy assistants analyse national and local health and social care policy and issues on behalf of the board. Their role is to identify the possible impact on the local community, draft responses to relevant policy consultations enabling Healthwatch City of London to influence service design and delivery.

Community listeners and influencers

Listeners and influencers speak to local people about their experiences and give them the opportunity to share their views and ideas for how services can be improved. Volunteers spend time in the community finding out what people think of local services and raising awareness of Healthwatch.

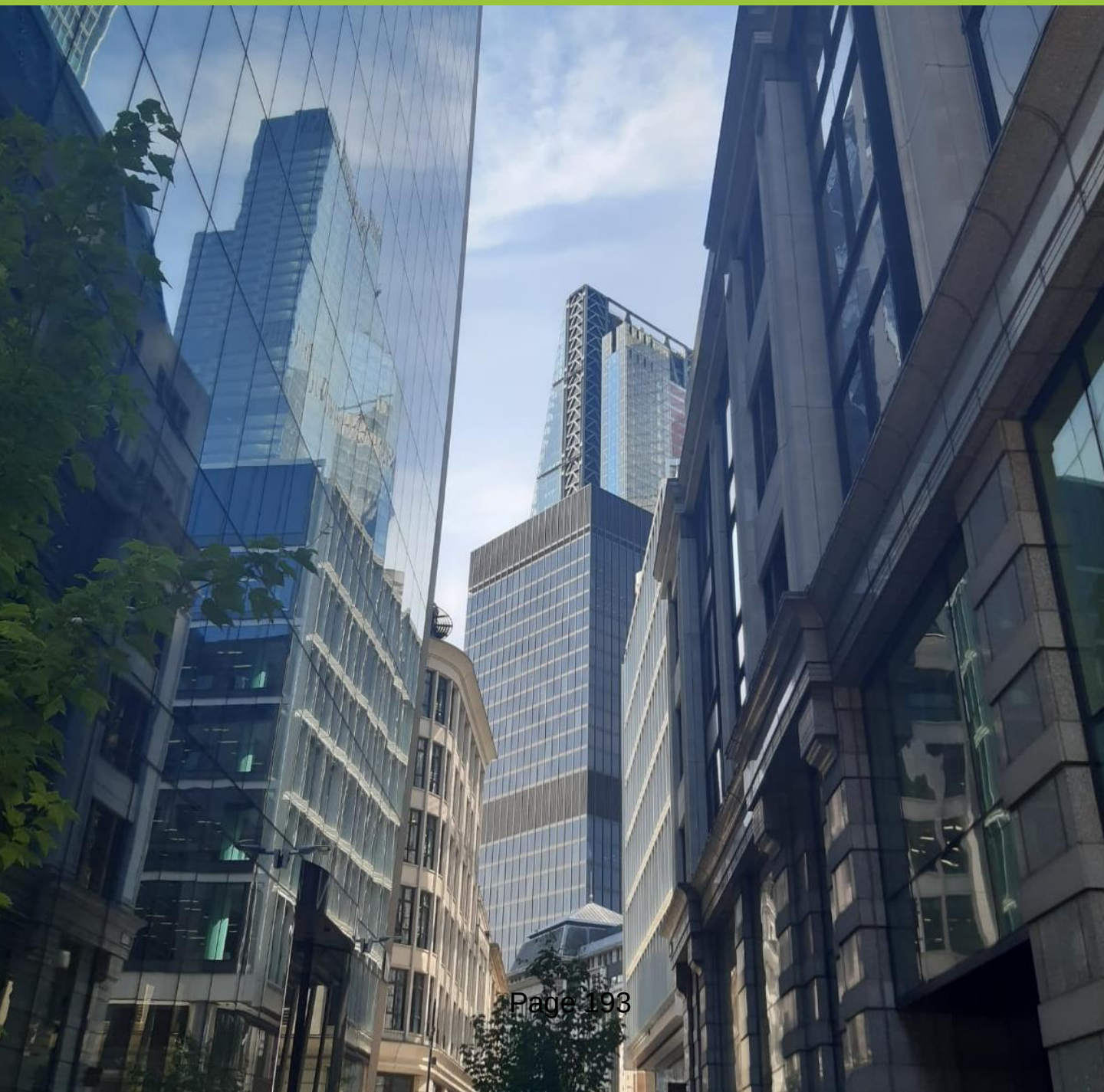
Information Analysts

Information analysts study, analyse and interpret the information and data gathered during meetings and discussions with members of the local community, enabling reports to be produced based on those findings

Communications and Digital Support Assistant

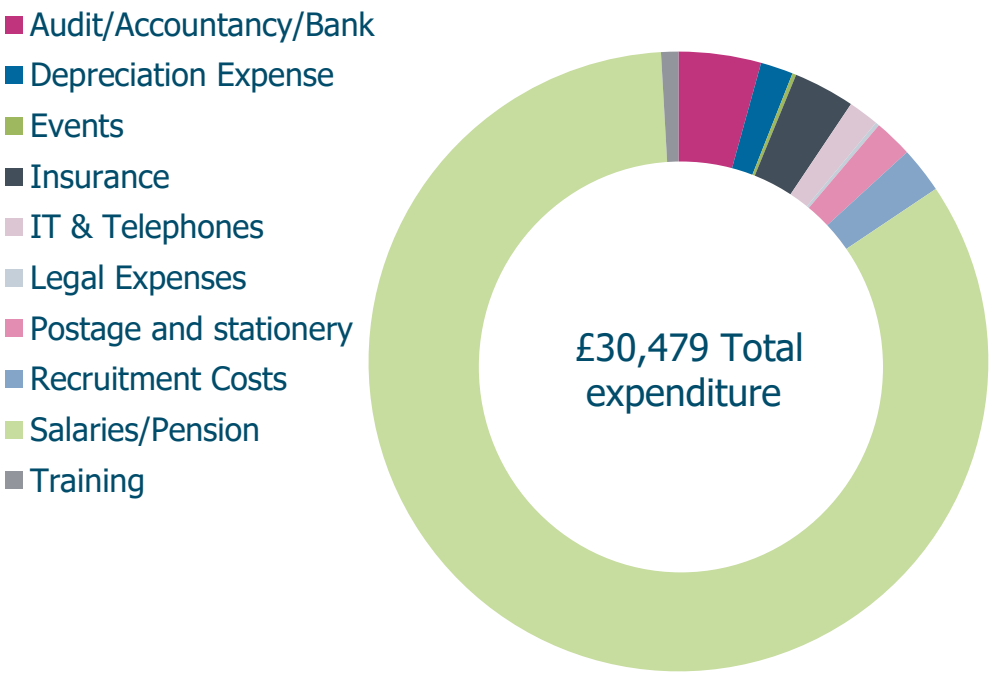
Communications and digital support assistants assist the team through day-to-day communication activities including researching and writing news stories for the website, compiling newsletters/e-bulletins, and helping with distribution, writing and posting on Social Media, maintaining and developing content for the website.

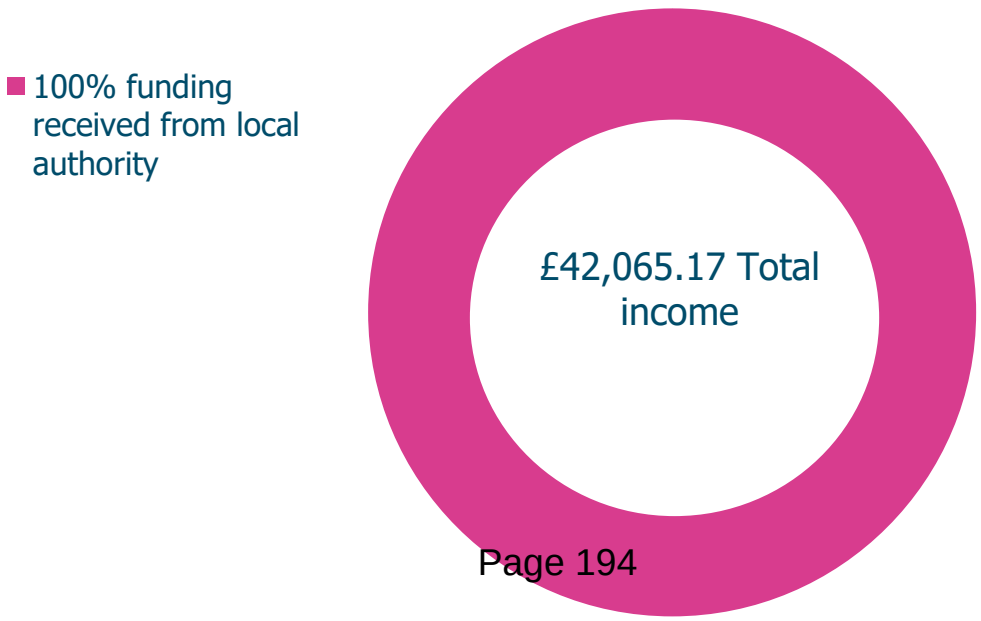
Finances



We are funded by the City of London Corporation under the Health and Social Care Act (2012). In 2019-20 we spent £30,479

"I would like to echo our Chair's comments on how taxing it was to set up Healthwatch City of London. I was determined in the set up phase that the Board would remain in control of our finances and I am pleased to say we have. I believe we have set a solid financial platform to support our work going forward. As Trustees we continue to review our financial processes to ensure they remain fit for purpose, and that our contractual arrangements with suppliers provide us with the best value." Steve Stevenson, Chair of the Finance sub-committee





Our plans for next year

At Healthwatch City of London we are embarking on our first full year. With our team now in place and our volunteer base growing, we have many opportunities to look forward to.

Looking ahead our immediate focus is on our response to Covid-19 and the repercussions on both our community, in terms of its effects on mental health and wellbeing, and in the provision of Health and Social care services.

We have identified our main priorities for the upcoming year, which are ensuring that every voice is heard; fostering an environment where all of our communities wish to volunteer with us; working with our local health providers to create better outcomes for the City of London; carrying out City specific research projects, driven by you; working collaboratively with our local Healthwatch partners on the big issues that affect us all, and ensuring that the City of London Corporation and the City and Hackney CCG know and listen to your voice, the City of London people.

This year, the merger of local CCG's, and the creation of the City and Shoreditch Neighbourhoods scheme will revolutionise our local service provision. We will ensure your voice as the residents, students and workers of the City of London is part of the conversation. We will be working to understand the impact on you of changes to NHS services across London that have become the adopted norm as a result of Covid-19. Due to the pandemic these were enacted with little consultation and we will be seeking opportunities on your behalf to influence any further change.

I look forward to working with our supporters and the communities that make up the City of London.

Thank you

I'd like to thank our Board for their support and the hard work they have undertaken in establishing our great charity. I'd also like to thank our volunteers for their valued contribution to our work. I look forward to delivering on the challenging objectives we have set ourselves for the forthcoming year.

Paul Coles

Healthwatch City of London

> we will ensure your voice as the residents, students and workers of the City of London is part of the conversation

Thank you

Our Board would like to thank everyone that is helping us put people at the heart of social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.

Contact us

Healthwatch City of London

Contact number: 020 3745 9563

Email address: info@healthwatchcityoflondon.org.uk

Website: www.healthwatchcityoflondon.org.uk

If you need this in an alternative format please contact us.

Charity number: 1184771

Healthwatch City of London
Portsoken Community Centre
14 – 16 Somerset Street
London
E1 8AH

www.healthwatchcityoflondon.org.uk

t: 020 3745 9563

e: info@healthwatchcityoflondon.org.uk

@HealthwatchCoL

Facebook.com/CoLHealthwatch

This page is intentionally left blank