City Integrated Commissioning Board

Meetings in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

Hackney Integrated Commissioning Board

Meetings in-common of the City and Hackney Clinical Commissioning Group and the London Borough of Hackney

Joint Meeting

on Thursday 14 June 2018, 10.20-12.00, West Wing, Guildhall, Aldermanbury, London EC2V 7HH

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	Welcome, introductions and apologies		Verbal		10.20
2.	Declarations of Interests	Chair *For noting*	2. ICB Register of Interests	3 - 4	
3.	Questions from the Public	Chair	Verbal		10.25
4.	Minutes of the Previous Meeting and Action Log	Chair *For approval* *For noting*	4.1 Minutes of Joint ICBs meeting in common, 21 March 2018 (public session) 4.2 ICB Action Log	5 – 17 18	10.30
5.	IT Enabler Programme- IT project leads proposal	Tracey Fletcher *For approval*	5. IT Enabler Proposals	19 – 25	10.35
6.	Improvement Opportunities – Stroke (RightCare)	David Maher *For approval*	6. Improvement Opportunities – Stroke	26 – 32	10.45

7.	City and Hackney system – Assessment of ICS Readiness	David Maher/ Devora Wolfson *For noting*	7. C&H system – assessment of ICS readiness	33 – 41	11.00
8.	Consolidated Finance Budget Report as at April 2018 - Month 1	Philippa Lowe / Ian Williams / Mark Jarvis *For noting*	8. Consolidated Finance Report M01	42 – 46	11.15
9.	Integrated Commissioning Escalated Risk Register	Devora Wolfson *For noting*	9. IC Risk Register	47 – 53	11.25
10.	ICB Development session	Devora Wolfson	Verbal		11.35
11.	Integrated Commissioning Boards Forward Plan	Chair *For noting*	11. ICB Forward Plan	54 – 55	11.45
12.	AOB & Reflections	Chair *For discussion*	Verbal	-	11.50
13.	Date of next meeting: 12 July 2018, 10.00–12.00, The Tomlinson Centre, Queenbridge Road, London E8 3ND				12.00

Integrated Commissioning
2018 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Jon	Williams	29/03/2017	Transformation Board Member - Healthwatch Hackney Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagment Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	Pecuniary Interest
Simon	Cribbens	27/03/2017	Transformation Board Member - CoLC	City of London Corporation	Acting Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Penny	Bevan	25/03/2017	Transformation Board Member - DPH, LBH & CoLC	London Borough of Hackney	Director of Public Health	Pecuniary Interest
				City of London Corporation	Director of Public Health	Pecuniary Interest
				Association of Directors of Public Health	Member	Non-Pecuniary Interest
				British Medical Association	Member	Non-Pecuniary Interest
				Faculty of Public Health	Member	Non-Pecuniary Interest
				National Trust	Member	Non-Pecuniary Interest
Philippa	Lowe	22/12/2016	Transformation Board Member - CHCCG CoLC ICB Attendee - CHCCG LBH ICB Attendee - CHCCG	City & Hackney CCG	Joint Chief Finance Officer	Non-Pecuniary Interest
				GreenSquare Group	Board Member, Group Audit Chair and Finance Committee member for GreenSquare Group, a group of housing associations. Greensquare comprises a number of charitable and commercial companies which run with co-terminus Board.	Non-Pecuniary Interest
				NHS Oxford Radcliffe Hospital	Member of this Foundation Trust	Non-Pecuniary Interest
				PIQAS Ltd	Director at PIQAS Ltd, dormant company.	Non-Pecuniary Interest
Sunil	Thakker		Transformation Board Member - CHCCG	City & Hackney CCG	Joint Chief Finance Officer	Non-Pecuniary Interest
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
Mark	Jarvis	10/04/2017	Transformation Board Member - CoLC	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH LBC/CCG ICB Attendee - LBH	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
				Petchey Academy & Hackney/Tower Hamlets College	Governing Body Member	Non-Pecuniary Interest
					Spouse works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	05/04/2017	Member - City / Hackney Integrated Commissioning Boards	Tavistock Relationships	Director of Strategic Devleopment	Pecuniary Interest
Gary	Marlowe	06/04/2017	GP Member of the City & Hackney CCG Governing Body	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Haren	Patel	10/04/2017	GP Member of the City & Hackney CCG Governing Body	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
Anntoinette	Bramble	28/04/2017	Deputy Mayor, Hackney Council	Hackney Council	Deputy Mayor	Pecuniary Interest
Dhruv	Patel	28/04/2017	Chair - City of London Corporation Integrated Commissioning Sub-Committee	n/a	Landlord	Pecuniary Interest
Peter	Kane	12/05/2017	Attendee - City Integrated Commissioning Board	City of London Corporation	Chamberlain	Pecuniary Interest
Geoffrey	Taylor	26/04/2017	Member - Hackney Integrated Commissioning Board	London Borough of Hackney	Member	Pecuniary Interest
Randall	Anderson	13/06/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chair, Community and Children's Services Committee	Pecuniary Interest
Andrew	Carter	05/06/2017	Attendee - City Integrated Commissioning Board	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
David	Maher	20/01/2017	Managing Director & Programme Sponsor	City and Hackney Clinical Commissioning Group	Member of Cross sector Social Value Steering Group	Non-Pecuniary Interest
Rebecca	Rennison	11/12/2017	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
Ruby	Sayed	13/12/2017	Member - City Integrated Commissioning Board	City of London Corporation	Elected member	Pecuniary Interest
Jane	Milligan	02/01/2018	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
Ellie	Ward	22/01/2018	Integration Programme Manager, City of London Corporation	City of London Corporation	Integration Programme Manager	Pecuniary Interest
Mark	Rickets	16/05/2018	CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
Feryal	Demirci	TBC	Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks	London Borough of Hackney	TBC	TBC

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

Hackney Integrated Commissioning Board

and the

Meeting–in- common of the City & Hackney Clinical Commissioning Group and City of London Corporation

City Integrated Commissioning Board

Meeting of 21 March 2018

ATTENDANCE FOR HACKNEY ICB

MEMBERS
Hackney Integrated Commissioning Committee
Cllr Jonathan McShane, Chair, Lead Member for Health, Social Care and Devolution, London Borough of Hackney
Cllr Anntoinette Bramble, Lead Member for Children's Services, London Borough of Hackney

City and Hackney CCG Integrated Commissioning Committee
Clare Highton - Chair, City & Hackney CCG Governing Body
Honor Rhodes – Governing Body Lay Member, City & Hackney CCG
Haren Patel - Governing Body GP Member, City & Hackney CCG

FORMALLY IN ATTENDANCE
Philip Glanville - Mayor of Hackney
Anne Canning – Group Director, Children, Adults and Community Health, London Borough of Hackney
Ian Williams - Group Director, Finance and Corporate Services, London Borough of Hackney
David Maher - Acting Managing Director, City & Hackney CCG
Philippa Lowe – Joint Chief Finance Officer, City & Hackney CCG

STANDING INVITEES

Penny Bevan – Director of Public Health, London Borough of Hackney and City of
London Corporation

Jake Ferguson – Chief Executive, Hackney Council for Voluntary Services

Jon Williams – Director, Hackney Healthwatch

OFFICERS PRESENT

Devora Wolfson –Programme Director, Integrated Commissioning

Matt Hopkinson - Integrated Commissioning Governance Manager (minutes)

Siobhan Harper - Planned Care Workstream Director

Amy Wilkinson - CYPM Workstream Director

Angela Scattergood - CYPM Workstream Senior Responsible Officer

Nina Griffith - Unplanned Care Workstream Director

Jackie Brett - Hackney VCS Representative

Sonia Khan - Head of Policy & Partnerships, London Borough of Hackney

Joanne Blackwood - London Borough of Hackney

APOLOGIES

Jane Milligan - Accountable Officer, NHS North East London Commissioning
Alliance

Cllr Rebecca Rennison, Cabinet Member for Finance & Housing Needs

ATTENDANCE FOR CITY ICB

MEMBERS

City Integrated Commissioning Committee

Cllr Randall Anderson – Deputy Chairman, Community and Children's Services
Committee, City of London Corporation (Chair)

Cllr Dhruv Patel – Chairman, Community and Children's Services Committee, City
of London Corporation

Cllr Marianne Fredericks – Member, Community and Children's Services
Committee, City of London Corporation

City and Hackney CCG Integrated Commissioning Committee

Clare Highton - Chair, City & Hackney CCG Governing Body

Honor Rhodes – Governing Body Lay Member, City & Hackney CCG

Gary Marlowe – GP Member, City & Hackney CCG Governing Body

FORMALLY IN ATTENDANCE

Andrew Carter - Director of Community and Children's Services, City of London
          Corporation

Philippa Lowe – Joint Chief Finance Officer, City & Hackney CCG

STANDING INVITEES

Penny Bevan – Director of Public Health, London Borough of Hackney and City of
          London Corporation

OFFICERS PRESENT

Simon Cribbens - Assistant Director of Commissioning and Partnerships, City of
London Corporation

Mark Jarvis - Head of Finance, City of London Corporation

Devora Wolfson –Programme Director, Integrated Commissioning

Ellie Ward - Integration Programme Manager, City of London Corporation

Matt Hopkinson - Integrated Commissioning Governance Manager (minutes)

Siobhan Harper - Planned Care Workstream Director

Amy Wilkinson - CYPM Workstream Director

Angela Scattergood - CYPM Workstream Senior Responsible Officer

Nina Griffith - Unplanned Care Workstream Director

Jackie Brett - Hackney VCS Representative

Sonia Khan - Head of Policy & Partnerships, London Borough of Hackney

Joanne Blackwood - London Borough of Hackney

APOLOGIES

Jane Milligan - Accountable Officer, NHS North East London Commissioning
Alliance

1. Introductions

1.1. Randall Anderson welcomed members and attendees to the meeting. It was
NOTED that decisions made by the two boards would be done so separately
and independently, and this would be reflected in the minutes.

2. Declarations of Interest

2.1. Clare Highton, Haren Patel and Gary Marlowe declared an interest, as GPs,
relating to Item 8 - Proposal for Award of a Single Outcomes-Based Contract
for Clinical Locally enhanced Services. It was agreed that Randall Anderson
would chair the meeting for the duration of that item.

2.2. Jake Ferguson and Jon Williams declared an interest relating to Item 9 - Enabler Funding Proposals.

2.3. The City ICB **NOTED** the Register of Interests.

2.4. The Hackney ICB **NOTED** the Register of Interests.

3. Questions from the Public

3.1. Michael Vidal, a patient representative, submitted the following question:

'Either within the various workstream budgets of funded centrally what provision has been made for the funding of engagement activities. I note from the papers from the planned care workstream that there will be a significant number of engagement activities that would be needed.'

3.2. Devora Wolfson responded that the programme has been providing funding to Healthwatch for an engagement post, and Item 9 sought the ICBs' consent to continue with this arrangement. There is also significant commitment within the workstreams for community and user engagement, drawing on the resources of the partner organisations.

4. Minutes of the Previous Meeting (Public Session)

4.1. The City Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting on 28 February 2018;

- **APPROVED** the minutes of the Joint ICB meeting held in private on 31 January 2018; and

- **NOTED** progress on actions recorded on the action log

4.2. The Hackney Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting on 28 February 2018;

- **APPROVED** the minutes of the Joint ICB meeting held in private on 31 January 2018; and

- **NOTED** progress on actions recorded on the action log

5. Transformation of Outpatients Services

5.1. Siobhan Harper presented the report on outpatient transformation (OPT), which is one of 'Asks' of the Planned Care Workstream. A plan has been developed for the Homerton and partners to systematically review up to 12 outpatient

specialties from April 2018 to September 2019 (18 months). The report identified specific funding requirements of £450k to pay for 4 members of staff to deliver the review and to pay for clinical backfill.

5.2. An earlier draft of the report was discussed at the Transformation Board on 9 March. There was overall support amongst Board members for the principle and ambition of the plans for outpatient transformation. There were concerns amongst HUHFT colleagues about the timing of proposals, but these areas have been mitigated by revising the plan's timescales and allowing for additional flexibility in plan delivery.

5.3. Dhruv Patel asked whether there was a clear picture of the impact on City residents, given that the Homerton Hospital (HUHFT) accounted for only 9% of secondary care for City residents. It was noted that this may be an opportunity for the Neighbourhood model to have an impact, and the Planned Care team is discussing the localisation of delivery with the Neighbourhoods team.

5.4. Gary Marlowe noted that if the work on OPT is successful, the knowledge and experience gained will be applicable by other trusts. Also, the project is about improving patent involvement, which effects City and Hackney residents equally.

5.5. From the perspective of changing clinical behaviours and culture, it was noted that the project will be led by HUHFT, and they are keen to ensure that the work is done properly and is a foundation for culture change. It is essential that the review creates a strong consensus.

5.6. Jonathan McShane noted that it would be helpful for board papers to be explicit about the impact on service users and to express this in an accessible way. Siobhan Harper assured members that putting patient experience at the forefront of outpatient services is the primary driver of this project. It was noted much of this work would be invisible to patients as it is relayed through the GPs, but it will radically improve the quality of care.

5.7. Anntoinette Bramble asked for future reports to make explicit reference to the focus on priority demographics. It was noted that this would be raised within the forthcoming IC governance review.

5.8. The Hackney Integrated Commissioning Board:

- **CONSIDERED** and **APPROVED** the proposal and project plan; and

- **APPROVED** the delegation of decisions regarding investment in the context of these proposals to the CCG Joint Director of Finance, with oversight by Dr Mark Rickets.

5.9. The City Integrated Commissioning Board:

- **CONSIDERED** and **APPROVED** the proposal and project plan; and

- **ENDORSED** the delegation of decisions regarding investment in the context of these proposals to the CCG Joint Director of Finance, with oversight by Dr Mark Rickets.

6. London Borough of Hackney Advice and Debt Review

6.1. Sonia Khan provided an update on the Advice and Debt review carried out by Hackney Council and grant funded Social Welfare advice providers and set out the next steps as we move towards a newly commissioned service in April 2019. The review has produced a number of key findings which are informing immediate responses as well as contributing to the re-design of the advice model from April 2019.

6.2. The review includes widespread engagement; all organisations delivering advice in Hackney have been invited to participate, and LBH is paying to backfill people's time to enable this.

6.3. Ellie Ward noted that the City of London Corporation is also reviewing its advice services and it would be useful to have a discussion with LBH.

6.4. **ACTION ICBMar18-1:** To meet and consider whether there is any learning or approaches that can be shared between the advice reviews in LBH and CoLC. (Ellie Ward / Sonia Khan)

6.5. **ACTION ICBMar18-2:** To discuss how the advice services of Hackney and the City can fit into the Neighbourhoods model of care. (Nina Griffith / Sonia Khan / Ellie Ward)

6.6. The Mayor of Hackney noted that the driver for the advice services is the evolution of best practice and the improvement of outcomes for services users. It is not motivated by a savings agenda.

6.7. The Hackney Integrated Commissioning Board:

- **NOTED** the work carried out on the review so far particularly the analysis and methodology and the new approach to working with providers.

7. Care Workstream Assurance Review

7.1. Devora Wolfson introduced the reports on the progress that the care workstreams are making and their plans for the coming year (including the updated 'asks' for 2018/19). The submissions had been reviewed by members

of the Integrated Commissioning Steering Group (ICSG) and reviewed and endorsed by the Transformation Board on 9 March 2018.

<u>CYPM</u>

7.2. Clare Highton noted that 'business as usual' (BaU) was not clearly reflected in the CYPM submission. Amy Wilkinson responded that a business performance and oversight group has been set up within the workstream to look at BaU, and although it was not reflected in this particular Assurance Review point 2 submission, there is a lot of work being done, which will be shown in the point 3 submission.

7.3. Gary Marlowe noted that there is a need to change the relationship culture between primary and secondary care in terms of paediatrics. There is also a challenge in convincing parents that primary care practitioners have the skills and resources to look after child patients.

7.4. The boards noted that there is significant provider representation on the workstream and a task and finish group is being set up to build on this with greater clinical input. The boards also noted the progress made on patient engagement within the workstream, especially with young people.

<u>Prevention</u>

7.5. Jake Ferguson asked a question about the decision making process for making cuts with regards the projected £1m of savings from the re-commissioning of contracts. Anne Canning responded that the focus is on improving outcomes and reducing costs through evidence-based interventions, rather than making cuts. There was a large piece of co-production work done with resident representatives, and we are committed to this.

<u>Unplanned Care</u>

7.6. It was noted that urgent care pathways are confusing for patients, especially within London. Nine Griffith reported that the workstream is engaging widely to understand user behavior and will be commissioning a piece of work to focus on this issue.

7.7. The City Integrated commissioning Board:

- **APPROVED** the responses from the Children, Young People and Maternity Services for Assurance Review point 2 (Appendix 1);
- **APPROVED** the responses from the Prevention, Unplanned Care and Planned Care workstreams for Assurance Review Point 3 (Appendix 1);
- **NOTED** the progress that has been made by the workstreams;

- **APPROVED** the proposal that the Transformation Board receives quarterly reports on performance against key workstream metrics and that summary reports and any recovery plans are submitted to the ICB.
- **APPROVED** the requirements set out in the asks for each workstream (including ensuring that nothing is missing from the document that needs delivering in 2018/19).

7.8. The Hackney Integrated commissioning Board

- **APPROVED** the responses from the Children, Young People and Maternity Services for Assurance Review point 2 (Appendix 1);
- **APPROVED** the responses from the Prevention, Unplanned Care and Planned Care workstreams for Assurance Review Point 3 (Appendix 1);
- **NOTED** the progress that has been made by the workstreams;
- **APPROVED** the proposal that the Transformation Board receives quarterly reports on performance against key workstream metrics and that summary reports and any recovery plans are submitted to the ICB.
- **APPROVED** the requirements set out in the asks for each workstream (including ensuring that nothing is missing from the document that needs delivering in 2018/19).

8. Proposal for Award of a Single Outcomes-Based Contract for Clinical Locally Enhanced Services

8.1. *Randall Anderson agreed to act as chair for the duration of this business item, as Clare highton declared a Conflict of Interest.*

8.2. This paper summarised the contract award recommendation that was made by the CCG Contracts Committee on 26th February to award a single 7 year contract to the GP Confederation for all of the clinical services currently commissioned by the CCG. As a result of discussions with the Transformation Board, the workstreams had been made more prominent in the design of the contract, and assurance was given that in future years of the contract workstreams would be proactively engaged in the design and redesign.

8.3. The City Integrated Commissioning Board:

- **REVIEWED** and **ENDORSED** the recommendation from the Local GP Provider Contracts Committee to award the single contract to the GP Confederation.

8.4. The Hackney Integrated Commissioning Board:

- **REVIEWED** and **ENDORSED** the recommendation from the Local GP Provider Contracts Committee to award the single contract to the GP Confederation.

9. Enabler Funding Proposals

<u>IT Enabler support for VCS - including introducing scoping for Social Prescribing Software</u>

9.1. Jackie Brett presented this proposal, approved by the IT Enabler Board and Transformation Board, to fund a post for 18 months to scope out the best platform to underpin Social Prescribing in Hackney and City of London, and to engage the stakeholders to facilitate the implementation of the digital platform and working closely with our partners for continual service improvement and shaping an agreed common outcomes framework.

9.2. It was noted that the proposals were focused on health, rather than social care, using EMIS.

9.3. Members asked about ongoing costs for the project after the scoping phase. Jackie Brett advised that costs would come from software license fees, and support would be needed from procurement to limit these costs. A business case for future costs would need to be submitted in due course and considered separately, on its own merits. It was noted that any endorsement given here by the ICBs would not be a commitment to future funding.

9.4. The City Integrated Commissioning Board:

- **ENDORSED** funding of £55,800 for a Professional Level 3 post for 18 months, part time (0.8 wte); and
- **NOTED** that a further request for funding in the region of £75,000 for the platform will be submitted after the scoping exercise.
    a. Licensing, training and support costs for Social Prescribing platform 2 years - £ 57,900 Exc. VAT (EMIS connection fees £200 per practice for 1 year)
    b. Staff training, venue hire, and management costs - £15,000

9.5. The Hackney Integrated Commissioning Board:

- **APPROVED** funding of £55,800 for a Professional Level 3 post for 18 months, part time (0.8 wte); and
- **NOTED** that a further request for funding in the region of £75,000 for the platform will be submitted after the scoping exercise.
    c. Licensing, training and support costs for Social Prescribing platform 2 years - £ 57,900 Exc. VAT (EMIS connection fees £200 per practice for 1 year)
    d. Staff training, venue hire, and management costs - £15,000

<u>Engagement Enabler Funding</u>

9.6. Jon Williams presented proposals seeking to ensure effective public engagement and involvement in the care work streams and associated work beyond March 2018. This includes supporting the public and patient representatives involved in the programme and the use of co-production to the support development and review of services.

9.7. **ACTION ICBMar18-3:** To bring a report back to the ICBs in December 2018 with recommendations to safeguard the mainstreaming of co-production within the IC Programme. (Jon Williams / Catherine Macadam)

9.8. The Hackney Integrated Commissioning Board:

- **APPROVED** the continuation of the non-recurrent funding of the post of Communications and Engagement Manager - Transformation for 2018-19, with the remit to support, grow and develop public representative and co-production for 2018/19 in line with workstream requirements;

- **APPROVED** this work with identified funding of £45,000 from within existing resources Integrated Commissioning s256 agreement between the CCG and London Borough of Hackney; and

- **NOTED** plans will also be developed during this time period for how the functions of the Engagement Enabler Group can continue in a sustainable way.

9.9. The City Integrated Commissioning Board:

- **ENDORSED** the continuation of the non-recurrent funding of the post of Communications and Engagement Manager - Transformation for 2018-19, with the remit to support, grow and develop public representative and co-production for 2018/19 in line with workstream requirements;

- **ENDORSED** this work with identified funding of £45,000 from within existing resources Integrated Commissioning s256 agreement between the CCG and London Borough of Hackney; and

- **NOTED** plans will also be developed during this time period for how the functions of the Engagement Enabler Group can continue in a sustainable way.

10. Proposal to Merge Cedar Lodge with Thames House

10.1. Dan Burningham present an outline proposal to merge the 13-bed Cedar Lodge with the 18-bed Thames house (both of which are long term dementia wards for people with behavioural and psychiatric symptoms) to create a shared older adult dementia inpatient ward at Thames House. This proposal

is intended to improve ward environments, reduce risk to patients, to improve the skill mix of staff and to improve the utilisation of Mile End Hospital.

10.2. Honor Rhodes asked whether there are travel issues for carers relating to the change in ward location. Dan Burningham responded that carers receive transport assistance from ELFT, and there are no significant changes to carer journey time (which would see an average increase of 10 minutes).

10.3. **ACTION ICBMar18-4:** To give consideration to extending provisions for carers to enable overnight stays on wards or hotel provision where it is appropriate. (Dan Burningham)

10.4. The City Integrated Commissioning Board **ENDORSED** the proposal.

10.5. The Hackney Integrated Commissioning Board **ENDORSED** the proposal.

11. Mental Health Investment

11.1. Dan Burningham presented three recurrent funding proposals (totaling £295,880 of investment) for 2018-19 to help the achievement of NHSE 5YFV targets. All proposals could be funded within the 2018-19 budget allocation, ensuring the CCG achieves the NHSE's Mental Health Investment Standard. Each proposal also embodies principles of integrative care and had been developed through extensive consultation within the workstreams and alliances.

11.2. It was noted that the City of London is represented in the CAMHS alliance, and whilst services may be based in Hackney, there is provision of those services in the City. It was noted that it would be helpful if there were IAPT outreach services based in the Neaman practice.

11.3. **ACTION ICBMar18-6:** to discuss VCS support to targeting particular BME groups in order to improve access to mental health services. (Dan Burningham / Jake Ferguson)

11.4. The City Integrated Commissioning Board:

- **NOTED** all Recurrent Investments – to meet 18/19 Mental Health Investment Standard
- **ENDORSED and RECOMMENDED** the Primary Care Step Down ADHD Service (CYP Workstream)
- **ENDORSED and RECOMMENDED** the VSO IAPT Service (Planned Care Workstream)
- **ENDORSED and RECOMMENDED** the SMI Secondary Care Physical Health Checks (Primary Care MH Alliance/Unplanned Care)

11.5. The Hackney Integrated Commissioning Board:

- **NOTED** all Recurrent Investments – to meet 18/19 Mental Health Investment Standard
- **ENDORSED and RECOMMENDED** the Primary Care Step Down ADHD Service (CYP Workstream)
- **ENDORSED and RECOMMENDED** the VSO IAPT Service (Planned Care Workstream)
- **ENDORSED and RECOMMENDED** the SMI Secondary Care Physical Health Checks (Primary Care MH Alliance/Unplanned Care)

12. Integrated Commissioning Governance Review Specification

12.1. Devora Wolfson set out proposals for the commissioning of a short term piece of work to review the governance arrangements of the Integrated Commissioning Programme and make recommendations for how to improve systems and ways of working. A draft specification set out the aims and scope of the review, as well as specific lines of enquiry.

12.2. It was suggested that the governance review should include safeguarding within its scope. Members noted that we need to be careful about the range of scope and the expectations of the review. The proposal should have a very clear focus on outcomes.

12.3. Members were divided on the value of spending money on an external review. Some felt that a better approach would be for leaders to get together and agree solutions to the issues we already know about; while others noted the merits of bringing in an external perspective to produce independent recommendations, and felt that the £25,000 proposed would not actually be enough to carry out the review properly.

12.4. It was **AGREED** that the decision on the governance review should be postponed until a further paper could be considered at the ICB meeting in June.

12.5. It was **AGREED** that the IC Governance Review Steering Group (set up by the Transformation Board) should refine the scope and deliverables for the review and bring a more detailed proposal to the ICBs for decision in June 2018.

13. Integrated Finance Report - Month 10

13.1. Philippa Lowe presented the update on finance (income & expenditure) performance for the period from April 2016 to January 2017 across the CoLC, LBH and CCG Integrated Commissioning Funds. The forecast variance for the Integrated Commissioning Fund as at Month 10 (January) is £3.6m adverse, which was unchanged from the Month 09 forecast position. Driving the overall adverse forecast outturn is the London Borough of Hackney spend on Learning Disabilities commissioned care packages.

13.2. The City Integrated Commissioning Board **NOTED** the report.

13.3. The Hackney Integrated Commissioning Board **NOTED** the report.

14.   Reflections on Meeting

14.1. The Chair expressed thanks to Haren Patel and Jonathan McShane, who would no longer be on the ICB membership in June, for their contributions as members of the Integrated Commissioning Board since its inception in March 2017, and for their work in the wider health and social care system.

14.2. Honor Rhodes led the ICB in thanking Clare Highton for her skill, enthusiasm and passion in leading the CCG since its foundation, and her commitment to improving the lives of Hackney and City residents in her long career as a GP and as a leader within the health and social care system.

14.3. Philip Glanville echoed this praise on behalf of the London Borough of Hackney, noting that the success of the partnership working in Hackney and the City are a tribute to the innovation and intellectual vigour shown by Clare Highton.

15.   Any Other Business

15.1. There was no other business.

City and Hackney Integrated Commissioning Boards Action Tracker - 2018/19

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBFeb18-1	To discuss with the other workstreams how they will interact with and contribute to the neighbourhoods model, and to include content on this in the next report to the TB/ICB	Nina Griffith	City and Hackney Integrated Commissioning Boards	28/02/2018	12/07/2018	Open	Update on the neighbourhood model and workstream input will be provided at the July ICB.
ICBMar18-1	Advice and Debt review - to meet and consider whether there is any learning or approaches that can be shared between the advice reviews in London Borough Hackney and City of London Corporation.	Ellie Ward / Sonia Khan	City and Hackney Integrated Commissioning Boards	21/03/2018		Open	In progress.
ICBMar18-2	To discuss how the advice services of Hackney and the City can fit into the Neighbourhoods model of care	Nina Griffith / Sonia Khan / Ellie Ward	City and Hackney Integrated Commissioning Boards	21/03/2018		Open	In progress. Nina Griffith and Sonia Khan have met to explore how neighbourhoods could fit with the advice and debt review. They agreed to re-convene at the point that the review is starting to form recommendations so they can consider how this fits into neighbourhoods.
ICBMar18-3	Engagement enabler funding - To bring a report back to the ICBs in December 2018 with recommendations to safeguard the mainstreaming of co-production within the IC Programme.	Jon Williams / Catherine Macadam	City and Hackney Integrated Commissioning Boards	21/03/2018	06/12/2018	Open	Due in December 2018.
ICBMar18-4	Merger of Cedar Lodge with Thames House - To give consideration to extending provisions for carers to enable overnight stays on wards or hotel provision where it is appropriate. ()	Dan Burningham	City and Hackney Integrated Commissioning Boards	21/03/2018		Closed	Dan Burningham has discussed this request with the ELFT Borough Director and the OP Medical Lead. It was felt that the ward environment would not be an appropriate place for visitors to stay overnight due to high levels of challenging behaviour on the ward.
ICBMar18-4	Mental Health Investment - To discuss VCS support to targeting particular BME groups in order to improve acess to mental health services.	Dan Burningham / Jake Ferguson	City and Hackney Integrated Commissioning Boards	21/03/2018		Closed	Dan Burningham met with Jake Ferguson and colleagues on 30 April 2018. It was agreed that VCS support would be further pursued in the mental health alliances. The CAMHS Alliance is currently liaising with HCVS over BME engagement. The Psychological Therapies Alliance will also be engaging VSO BME representatives and groups.

Title:	IT Enabler programme – IT project leads proposal
Date:	14 June 2018
Lead Officer:	Tracey Fletcher, SRO, IT Enabler Group
Author:	Anita Ghosh
Committee(s):	Transformation Board - 15 May 2018 Integrated Commissioning Board – 14 June 2018
Public / Non-public	Public

Executive Summary:

The care workstream directors have outlined digital solutions to support new models of care.

These solutions will collectively help to streamline the patient journey, empower patients, facilitate care closer to the patient's home and better collaboration across health and social care providers

This proposal is for ICB to **APPROVE** the release of £280k to fund four IT project managers to meet the immediate ICT detailed planning requirement for each of the four care workstreams as part of the IT Enabler programme. This money will be released from the Section 256 agreement between the CCG and the London Borough of Hackney.

The project managers will be responsible for working up detailed IT specifications and recommendations aligned with new models of care and our emerging integrated care system.

The project managers will work collectively as a team to ensure shared learning and reduce any duplication. This will help ensure all future investment in digital solutions is optimised and systems are cohesive across the sector.

This early investment is deemed essential to guard against the procurement of IT systems that do not offer maximum levels of integration and/or delays in implementation.

Issues from Transformation Board for the Integrated Commissioning Board

The IT enabler proposal for release of the funding was endorsed by the Transformation Board.

Recommendations:

The Hackney Integrated Commissioning Board is asked to

- **APPROVE** the release of £280k to fund four IT project managers to meet the immediate ICT detailed planning requirement for each of the four care workstreams.

The City Integrated Commissioning Board is asked to

- **APPROVE** the release of £280k to fund four IT project managers to meet the immediate ICT detailed planning requirement for each of the four care workstreams.

Links to Key Priorities:

This proposal will facilitate the delivery of workstream priorities including:

- Integrated Urgent Care service
- Neighbourhood development
- Outpatient transformation
- Making Every Contact Count (MECC)
- Self-management
- Supported employment
- Improving emotional health and wellbeing
- Support for vulnerable groups
- Improving care in maternity and early years

Specific implications for City

The interface for healthcare staff and patients/service users in the City will change when new digital solutions are introduced. Strong change management will be required to ensure these solutions are accepted and adopted in full.

Specific implications for Hackney

The interface for healthcare staff and patients/service users in Hackney will change when new digital solutions are introduced. Strong change management will be required to ensure these solutions are accepted and adopted in full.

Patient and Public Involvement and Impact:

The IT Enabler programme board includes patient and public representation who fully support this proposal.

Clinical/practitioner input and engagement:

The IT Enabler programme board includes clinical and practitioner representation who fully support this proposal.

Each care workstream director has also engaged with clinicians and practitioners in forming their outline proposals.

Impact on / Overlap with Existing Services:

Digital solutions will introduce new ways of working and delivering services.

.

Supporting Papers and Evidence:

Attached:

IT Enabler programme – IT Project Leads proposal

Sign-off:

IT Enabler Group SRO _____Tracey Fletcher_____

Hackney

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NHS

City and Hackney Clinical Commissioning Group

Main Report

1. Proposal:

The care workstream directors have started to formulate digital requirements to support their respective workstreams to deliver the Hackney and City Transformation programme.

Digital solutions identified to date include:

Virtual consultations, shared care records, integrated care record system to support neighbourhoods, electronic referrals and bookings, electronic ordering and prescribing, mobile apps, "signposting" applications, interoperability across provider systems including social prescribing to the voluntary sector, citizen held records and audit tools to measure and manage outcomes.

These solutions support key initiatives around integrated urgent care, neighbourhoods, outpatient transformation, continuing healthcare (CHC), making every contact count (MECC), supporting vulnerable groups and improving care in maternity and early years.

Collectively the proposed digital solutions will help streamline the patient journey, empower patients, facilitate care closer to the patient's home and better collaboration across health and social care providers.

This proposal, previously agreed by the Transformation Board, is to invest £280,000 for the recruitment of IT project managers.

Securing these resources will also provide assurance to the east London heath and care partnership (ELHCP, north east London STP) that the City and Hackney digital programme is resourced and underway.

The project managers will be responsible for working up detailed IT specifications and recommendations aligned with new models of care and our emerging integrated care system.

The project managers will work collectively as a team to ensure shared learning and reduce any duplication. This will help ensure all future investment in digital solutions is optimised and systems are cohesive across the sector.

This early investment is deemed essential to guard against the procurement of IT systems that do not offer maximum levels of integration and/or delays in implementation.

2.   Brief Options appraisal

The workstream directors have presented initial outline proposals for IT systems at the March and May 2018 IT Enabler programme board meetings, and highlighted the need for project managers to take the work forward.

IT project managers recruited to support the IT enabler programme will have specific workstream projects to deliver against over the forthcoming months. However they will all have common deliverables in the form of requirements specifications and options appraisals of IT systems from a range of possible suppliers, including systems that need to be delivered across workstreams.

The model will adopt a team approach that will provide the transformation programme with a rich source of subject matter expertise and a team that can expertly analyse workflow and identify opportunities where IT can support new models of care for both care professionals and patients/service users alike.

The appointment of dedicated resources will expedite overall delivery of IT systems in line with implementation of new models of care rather than afterwards.

3.   Evidence base

The City and Hackney IT Enabler programme to date has a proven track record of delivering digital solutions that have transformed the way care professionals work across organisational boundaries. Some of these solutions are now being recognised London-wide.

The solutions have been delivered with the support of dedicated project managers who first and foremost understood the needs of the care model and worked closely with IT system suppliers to ensure the IT solutions satisfy the need.

Success achieved to date would not have been achieved without dedicated "people" resources.

4.   Anticipated benefits

The benefit of an IT Enabler team approach and appointment of dedicated resources are set out in the sections above.

Dedicated resources will secure delivery of IT to support new models of care without delay while providing a strong pool of subject matter expertise.

It is essential that the IT project managers work as a unit to ensure the most appropriate IT systems are procured and support the care workstreams in a way that is both joined up and economical.

It can also be noted that digital solutions identified to date will strengthen levels of integration across health and social care and will also support patients and service users in better access to health and care services including the provision of care closer to their homes.

Ultimately, it is the patient who will benefit the most from the deployment of IT systems at the earliest opportunity to support new models of care.

Without dedicated IT project management resources to take these solutions forward, the transformation programme will inevitably suffer a delay in identifying and subsequently adopting IT to support new ways of working.

5. Project risks

Delays in recruitment: the process to recruit can be lengthy. Flexibility will be applied to ensure resources are secured as quickly as possible.

6. Project timeline

- Appointment of project leads – Q2 2018/19
- Project leads deliver initial proposals for IT Enabler Phase 3 (Hackney and City Transformation): Q3 2018/19

7. Resources required and how they will be managed/governed:

The Integrated Commissioning Board is asked to approve funding of £280,000 to be allocated as follows:

			2018/19	2019/20	
Workstream	Project	Resource	Total	Balance	Grand Total
Unplanned	Integrated Urgent Care	(Snr) IT Project Manager	£21,750	£7,250	**£29,000**
Unplanned	Neighbourhoods	(Snr) IT Project Manager	£54,375	£15,125	**£69,500**
Unplanned	Dementia	Carer support tool - PM	£31,159	£0	**£31,159**
Prevention	Making Every Contact Count	MECC IT PM	£25,000	£25,000	**£50,000**
Planned	CHC/Old People's Transition	IT Project Manager	£50,000	£0	**£50,000**
CYP		IT Project Manager	£50,000	£0	**£50,000**
			£232,284		**£279,659**

The variation in allocation across the workstreams is due to the varying levels of maturity; also, the planned workstream for example has already secured some transformation resource.

The team will be managed by the senior IT project manager to ensure all members deliver against common objectives with an IT focus. It is expected that project managers will support one another during the course of working.

Regular progress reports will be made available to the IT Enabler programme board.

Title:	Improvement Opportunities – Stroke (RightCare)
Date:	14 June 2018
Lead Officer:	David Maher, Managing Director, City and Hackney CCG
Author:	Anna Garner, Head of Performance, City and Hackney CCG
Committee(s):	Prevention Workstream, October and November 2017
	Transformation Board, April 2018
	Integrated Commissioning Board, June 2018
Public / Non-public	Public

Executive Summary:

RightCare is a national NHS programme. There is a requirement of all CCGs to identify and implement improvements around three focus areas within the scope of Right Care.

Stroke was identified as focus area for City and Hackney given our high numbers of admissions and the fact that we have the highest number of bed days in England.

A pathway event was held in September 2017 at which stakeholders from the Homerton Stroke Unit, Primary Care, Medicines Management, Public Health, Stroke Association and the Integrated Independence Team (IIT) attended. Some high level ambitions and activities were identified at the event. Given the high level of current work and future plans, prioritisation of these has been difficult; - the prioritisation process involved pathway event attendees as well as the Prevention workstream.

This report sets out our high level ambitions along with a summary of current activities that contributing to achieving these, and our prioritised future plans.

Issues from Transformation Board for the Integrated Commissioning Boards

The recommended ambitions and activities in the report were endorsed by the Transformation Board.

Recommendations:

The Hackney Integrated Commissioning Board is asked

- To **NOTE** the report;
- To **APPROVE** the inclusion of the recommended future activities in the delivery plan submitted to NHS England

The City Integrated Commissioning Board is asked

- To **NOTE** the report;
- To **APPROVE** the inclusion of the recommended future activities in the delivery plan submitted to NHS England

Links to Key Priorities:

Stroke is one of the Prevention workstream priorities.

A stroke is a significant driver of premature deaths from cardio-vascular disease (CVD). The rates in City and Hackney are higher than elsewhere in the country.

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

The original pathway event involved patient representatives from the Stroke Association.
Resident leads from the Prevention workstream were also involved in discussions.

Clinical/practitioner input and engagement:

Clinicians from Homerton stroke unit, pharmacists and GPs attended the pathway event and the Homerton stroke unit meeting.
Clinical leads from the Prevention workstream were also involved in discussions.

Impact on / Overlap with Existing Services:

The report sets out our current services, and how our future plans will relate to these.

MAIN REPORT

Improving outcomes from stroke for people in City and Hackney

High level ambitions

Our high level ambitions for stroke prevention and care in City and Hackney are to:

1. Reduce the incidence of stroke
   a. Diagnosis of risk factors
   b. Commencement of and adherence to treatment for risk factors
   c. Management of risk factors in those with previous stroke

2. Improve rehabilitation of people who have had stroke – reduce the impact of stroke on people's lives and that of their carers
3. Ensure optimal treatment (and access to this) at the Royal London HASU
4. Reduce length of stay at Homerton stroke unit

Activities to achieve our ambitions

The activities to achieve our ambitions are

1. <u>Reducing the incidence of stroke</u>

Current activities:

a) GP Long Term Conditions contract
   - Targeted screening for hypertension at younger ages: 30-40 year olds
   - Atrial Fibrillation (AF) template and review of anticoagulation exceptions in the GP annual review
   - Review and consolidate statin targets
   - Lower blood pressure target incentivised: <140/90mmHg in people under 85 years
   - Different targets for management of blood pressure post-stroke (<130/80mmHg)
   - 90% target for over 65s with pulse check
   - Use of tools in primary care to find undiagnosed Atrial Fibrillation (AF)
   - Introduce triple treatment target for people with AF: BP, anticoagulation, high intensity statin

b) Expansion of primary care anticoagulation service starting in 2018

c) Dashboard on aspirin monotherapy levels by practice

d) NHS Health Checks (routine screening for 40-74 year olds), improving access for high risk groups, ensuring correct follow up and prescribing

e) New hypertension pathway, including patient information and decision aids

f) Revise pathway post-discharge (from Homerton stroke team),

The new activities identified are:

- Screening of target population in community pharmacies – blood pressure monitoring and mobile ECG (electrocardiagram) devices (to detect undiagnosed hypertension and AF)
- Develop strategy for improving compliance with hypertension and AF medication. Work with GPs on ensuring correct prescribing and adherence to HTN medication for all ethnic groups (differences in levels of BP control for black ethnic groups, despite similar levels of BP screening/recording for all ethnic groups)
- Use of new medicines review to support adherence to AF and hypertension medication
- Improving access to peer support early in pathway (e.g. group consultations) in both primary and secondary care

2. <u>Improving rehabilitation of people who have had a stroke</u>

Current activities:

a) Review psychology capacity within stroke ward (and across the stroke pathway) – particularly in relation to adjustment post stroke.
b) Integrated Independence Team (IIT) commence vocational skills within 6 weeks and then ensure timely referral onwards to vocational rehab pathway at Adult Community Rehab Team (ACRT) and to Stroke Project for financial & practical support.
c) Review capacity, access to and pathways for ACRT led therapy including onward referral to Stroke Project. Clarify pathways and options available (including eligibility and timeliness of referral).
d) Review of shared health & social care goals: IIT joint therapy and reablement caseload and care plans and rehab goals are reviewed within weekly multi-disciplinary meetings.
e) Bridges/Self-Management training completed by teams across the Stroke pathway. Self-Management champions have been identified and team specific working groups have been set up to develop the approach.
f) Review format, content and access to 6-month post-stroke review (
g) Reviews need to ensure access to and impact of current vocational rehab.

New activities identified:

- Increase psychology support into Integrated Independence Team (Early Supported Discharge Service)
- Review final stages of community rehabilitation pathway to improve and consolidate provision, including vocational rehabilitation
- Commission new Fit4Health service: for stroke rehab patients
- IIT to build links with local Hyper Acute Stroke Unit for more robust stroke pathway

- Improve links between stroke and rehab teams with social prescribing, Connect Hackney, Five to Thrive, Health coaches and other community wellbeing provision to support patients to access range of community rehab options

3.   <u>Ensuring optimal treatment (and access to this) at the Royal London Hyper Acute Stroke Unit</u>

- Ensuring 24/7 access to evidence-based treatment as part of Hyper Acute Stroke Unit including thrombectomy
- Working with Tower Hamlets CCG if treatment targets decline

4.   <u>Reducing the length of stay on Homerton stroke unit</u>

a) Analysis of median vs mean length of stay (LOS) and analysis of causes of long LOS: Homerton current LOS delivery plan.
b) IIT in-reach onto the acute stroke unit (supporting effective discharge planning, meeting the patient on the ward and again within 24hrs of discharge home). Improve communication links between IIT and ward multi-disciplinary team and to facilitate earlier discharge from ward to community. Review of facilitated discharges from Stroke Ward to IIT
c) Comprehensive neuro referral screening pathways for IIT leads
d) IIT leads to complete in-service teaching on Early Supported Discharge with Acute Stroke Unit MDT on a regular basis.
e) Analysis of outcomes for Early Supported Discharge

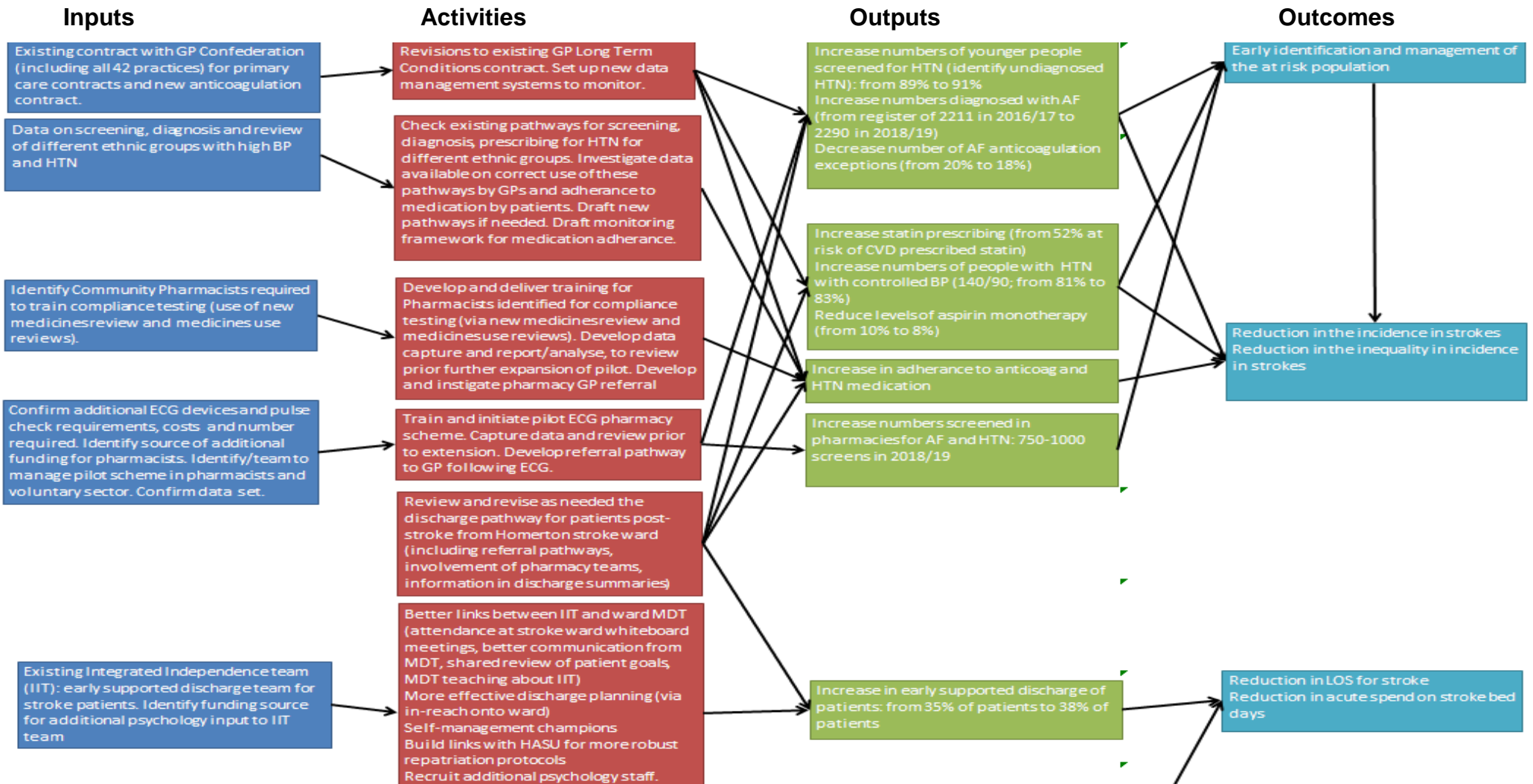**Sign-off:**

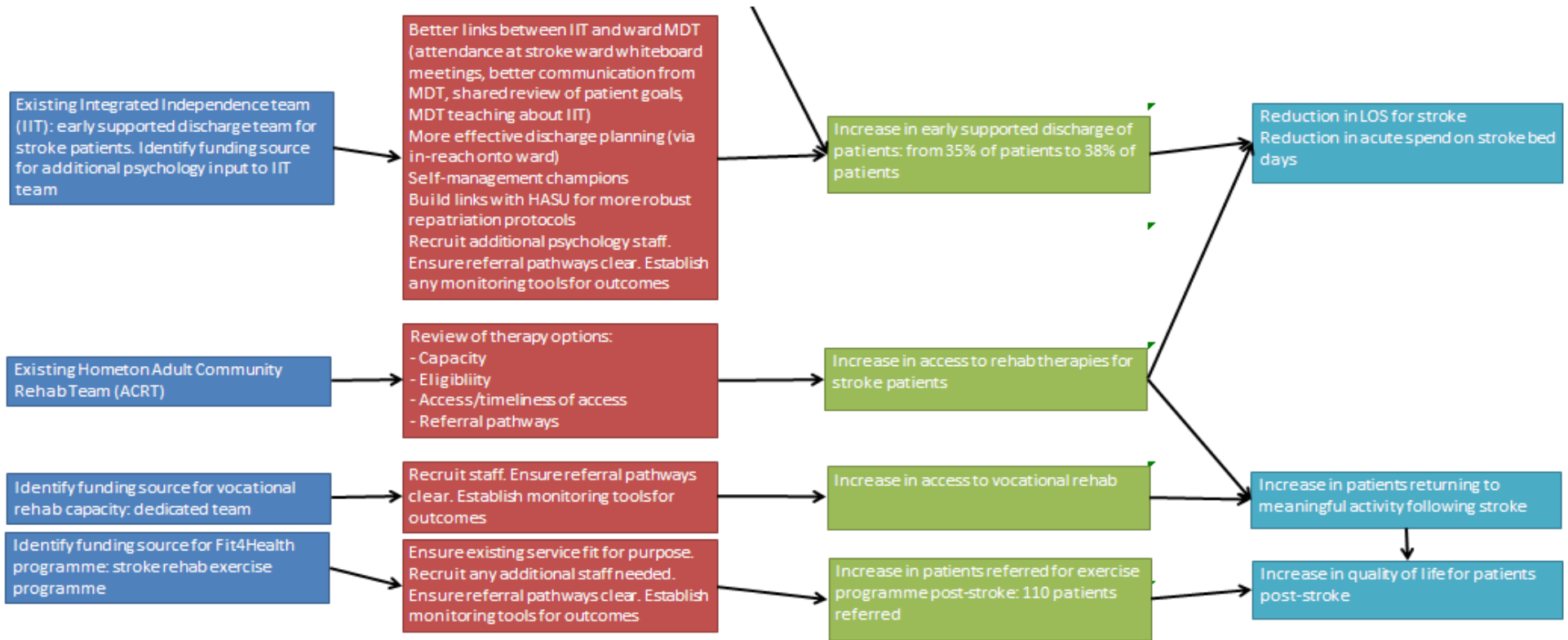| |
|---|
| Workstream SRO_____Anne Canning, Prevention SRO

 City of London Corporation _____Simon Cribbens, Assistant Director, Commissioning and Partnerships

 City & Hackney CCG_____ David Maher, Managing Director |

Appendix - Screenshots of logic model submitted to NHS England detailing the links in the work above:

Inputs	Activities	Outputs	Outcomes

Existing contract with GP Confederation (including all 42 practices) for primary care contracts and new anticoagulation contract.

Data on screening, diagnosis and review of different ethnic groups with high BP and HTN

Identify Community Pharmacists required to train compliance testing (use of new medicines review and medicines use reviews).

Confirm additional ECG devices and pulse check requirements, costs and number required. Identify source of additional funding for pharmacists. Identify/team to manage pilot scheme in pharmacists and voluntary sector. Confirm data set.

Existing Integrated Independence team (IIT): early supported discharge team for stroke patients. Identify funding source for additional psychology input to IIT team

Revisions to existing GP Long Term Conditions contract. Set up new data management systems to monitor.

Check existing pathways for screening, diagnosis, prescribing for HTN for different ethnic groups. Investigate data available on correct use of these pathways by GPs and adherence to medication by patients. Draft new pathways if needed. Draft monitoring framework for medication adherence.

Develop and deliver training for Pharmacists identified for compliance testing (via new medicines review and medicines use reviews). Develop data capture and report/analyse, to review prior further expansion of pilot. Develop and instigate pharmacy GP referral

Train and initiate pilot ECG pharmacy scheme. Capture data and review prior to extension. Develop referral pathway to GP following ECG.

Review and revise as needed the discharge pathway for patients post-stroke from Homerton stroke ward (including referral pathways, involvement of pharmacy teams, information in discharge summaries)

Better links between IIT and ward MDT (attendance at stroke ward whiteboard meetings, better communication from MDT, shared review of patient goals, MDT teaching about IIT)
More effective discharge planning (via in-reach onto ward)
Self-management champions
Build links with HASU for more robust repatriation protocols
Recruit additional psychology staff.

Increase numbers of younger people screened for HTN (identify undiagnosed HTN): from 89% to 91%
Increase numbers diagnosed with AF (from register of 2211 in 2016/17 to 2290 in 2018/19
Decrease number of AF anticoagulation exceptions (from 20% to 18%)

Increase statin prescribing (from 52% at risk of CVD prescribed statin)
Increase numbers of people with HTN with controlled BP (140/90; from 81% to 83%)
Reduce levels of aspirin monotherapy (from 10% to 8%)

Increase in adherence to anticoag and HTN medication

Increase numbers screened in pharmacies for AF and HTN: 750-1000 screens in 2018/19

Increase in early supported discharge of patients: from 35% of patients to 38% of patients

Early identification and management of the at risk population

Reduction in the incidence in strokes
Reduction in the inequality in incidence in strokes

Reduction in LOS for stroke
Reduction in acute spend on stroke bed days

Hackney

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Existing Integrated Independence team (IIT): early supported discharge team for stroke patients. Identify funding source for additional psychology input to IIT team

Better links between IIT and ward MDT (attendance at stroke ward whiteboard meetings, better communication from MDT, shared review of patient goals, MDT teaching about IIT)
More effective discharge planning (via in-reach onto ward)
Self-management champions
Build links with HASU for more robust repatriation protocols
Recruit additional psychology staff.
Ensure referral pathways clear. Establish any monitoring tools for outcomes

Increase in early supported discharge of patients: from 35% of patients to 38% of patients

Reduction in LOS for stroke
Reduction in acute spend on stroke bed days

Existing Hometon Adult Community Rehab Team (ACRT)

Review of therapy options:
- Capacity
- Eligiblity
- Access/timeliness of access
- Referral pathways

Increase in access to rehab therapies for stroke patients

Identify funding source for vocational rehab capacity: dedicated team

Recruit staff. Ensure referral pathways clear. Establish monitoring tools for outcomes

Increase in access to vocational rehab

Increase in patients returning to meaningful activity following stroke

Identify funding source for Fit4Health programme: stroke rehab exercise programme

Ensure existing service fit for purpose. Recruit any additional staff needed. Ensure referral pathways clear. Establish monitoring tools for outcomes

Increase in patients referred for exercise programme post-stroke: 110 patients referred

Increase in quality of life for patients post-stroke

Hackney

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City and Hackney
Clinical Commissioning Group

Title:	City and Hackney System - Assessment of ICS Readiness
Date:	14 June 2018
Lead Officer:	David Maher, Managing Director, City & Hackney CCG
	Anne Canning, Group Director, Children, Adults and Community Health, London Borough of Hackney
	Simon Cribbens, Assistant Director, Commissioning & Partnerships, Community and Children's Services
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Boards
Public / Non-public	Public

Executive Summary:

In order to check our progress towards becoming a mature Integrated Care System, an assessment was made based on a combination of the criteria set out in the national NHS ICS development programme and the criteria proposed by North East London STP for their system.

This report provides a desktop assessment of our position and what we may need to do next to develop into a more mature ICS.

The assessment identifies that we need to establish a short-term independent leadership role to progress the ICS and this was endorsed by the Transformation Board. The CCG has approved funding for a short term ICS convenor role to facilitate this work.

The focus of this role is to:

- Support our work with local clinical leaders to implement service improvements that require a system-wide effort; for example, implementing new primary care networks or increasing system-wide resilience ahead of next winter;
- Facilitate the identification of system-wide efficiency opportunities such as reducing avoidable demand and unwarranted variation, or sharing clinical support and back office functions;
- Support the ongoing strategic review of our estates, developing a plan that supports investment in integrated care models in City and Hackney and

across NEL maximises the sharing of assets, and the disposal of unused or underutilised estate;

- Help all partners to take further steps to enhance the capability of the system including stronger governance and collective decision-making
- Convene an Executive Forum of provider chairs, non-executive directors and elected members, to help drive integration across partners and finalise our efforts to set a local 'system control total' from within which our workstreams will manage demand and mitigate growth.
- Represent the City and Hackney system at a regional and national level to ensure our unique design and delivery model is recognised and that we continue the momentum we have gained in integrating our services.

It was agreed at the Transformation Board on 15 May 2018, that this methodology was a useful approach to assessing our readiness to become an ICS. The Board also agreed that further actions required in order to become a mature ICS should be set out in a workplan with timescales and performance metrics for approval by the ICB. We will also consider the best way to develop a gateway/assurance process to formally assess our progress as a system and how this dovetails with the workstream assurance. Progress with the plan will be overseen by the Transformation Board and reported to the ICB.

This more detailed plan will brought to a future Integrated Commissioning Board meeting.

Issues from Transformation Board for the Integrated Commissioning Board

The overall approach was endorsed by the Transformation Board.

Recommendations:

The Hackney ICB is asked: • **NOTE** the report and **COMMENT** on the initial assessment of our position (Appendix 1)   • **AGREE** that a further more detailed report will be brought to a future meeting.   The City ICB is asked: • **NOTE** the report and **COMMENT** on the initial assessment of our position (Appendix 1)   • **AGREE** that a further more detailed report will be brought to a future meeting.

Links to Key Priorities:

N/A

Specific implications for City

The assessment will consider whether the needs of City residents and workers are being addressed through our process.

Specific implications for Hackney

The assessment will consider whether the needs of Hackney residents are being addressed through our process.

Patient and Public Involvement and Impact:

The involvement of patients, residents and service users is being assessed through the criteria.

Clinical/practitioner input and engagement:

Clinical and practitioner involvement is being assessed through the criteria.

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Attached report

Sign-off:

London Borough of Hackney _____Tim Shields, Chief Executive and Governance Review SRO
London Borough of Hackney _____Anne Canning, Group Director, Children, Adults and Community Health

Hackney   **CITY OF LONDON**   **NHS**
City and Hackney Clinical Commissioning Group

City of London Corporation _____Simon Cribbens, Assistant Director, Commissioning and Partnerships

City & Hackney CCG_____ David Maher, Managing Director

Assessment of Position against ICS Criteria

Area	Current Position in City and Hackney	What we need to do
A clear proposal of what we are trying to achieve	• Strategic document in place for integrated commissioning • Vision currently being developed	Need to finalise our vision/proposal and ensure its sets out what and how things will change Develop our IC clinical strategy and commissioning strategy.
Coherent and defined population that reflects patient flows and broadly co-terminus /Scope. Good understanding of the needs of the population	• Population coverage (all residents in City and Hackney) • All services in scope • Working on patient flows outside the system • Some data available. More detailed local data will become available through neighbourhood work	Produce a narrative that sets this out Further mapping of patient/service user flows outside and back into the system and quality assuring the effectiveness of these flows More detailed local data will become available through neighbourhood development work. We need to access other sources of analytics and pull together.
Partnership Form	We have had a number of workshops about this including facilitated workshops by Kings Fund and Beachcroft. Some agreement that we would use alliance contracts at least in the medium-term. Agreement that our work should not be held up whilst we agree the partnership model.	We need further discussions about this at different levels, Board/Councillor/level, ICB and TB etc. The ICS convenor role will facilitate this. Further discussions about this at TB and ICB in June/July

Strong leadership with mature relationships involving wider stakeholders and patients. Strong Governance	- Wide range **of** health and care partners including voluntary sector, parts of education and pharmacy already involved in the proposal – *set out in devolution business case and strategic framework* - Strong patient and user engagement through our planning and governance - Our neighbourhood model will lead to more engagement of smaller, local providers and community groups and the development of local partnerships and bring further opportunities to pull in wider determinants of health – e.g. housing and schools – *already considered in the workstreams* - Housing becoming involved through planned care - Developing strong leadership teams at different levels, e.g. non exec, Members etc. - Clinical leads on all the workstreams (both health and social care) and establishment of wider Systems clinicians and practitioner forum - Role descriptions developed for some leadership roles, e.g. clinical leads and ICB members - Established governance structure and framework - *this will be refined through the governance review* - MOUs being developed between workstreams and for workstreams etc. – *although not legally binding* - Need to streamline our reporting and governance process to reduce duplication and reporting in different places – *Governance review specification is being finalised*	Set out our current and future partnership plans in a single document We have agreed that we need to commission independent leadership to progress the ICS: – The CCG is hosting a short term ICS convenor role to facilitate the discussions on behalf of the system Our partnership and leadership arrangements are well established but the accountability between the different levels of governance need further development and strengthening Implement recommendations from the governance review
Track record of delivery with evidence of progress towards Five year Forward View (5YFV)	- We are delivering on many of the 5YFV although not others, for example, cancer measures, childhood obesity, use of e-referrals, some CHC targets, childhood immunisations - The CCG and partners are assuring itself of workstream plans to achieve all requirements not being met	Further development, review and evaluation detailed improvement plans

priorities and NHS constitution standards.	currently and are working across system to improve outcomes where performing poorly	
Compelling plans /Outcomes and Objectives	- Workstream plans for 18-19 onwards and in the longer-term - IC Programme Plan in place - Our neighbourhood model will integrate primary care, social care, mental health and hospital services based on populations. - Prevention and self-care are well embedded; we have a specific prevention workstream and prevention is embedded in the other three workstreams too - Seven-day working in place	Pull together outcomes document once this work is complete Produce a single document covering all workstream plans for 18/19 onwards including outline plans to achieve our vision including neighbourhood plans Implementation of plans to deliver our current 'Big Ticket' items and other priorities
Workforce	- Pieces of work being carried out around workforce shortages locally especially primary care and community nurses - Have looked at models such as Buurtszorg and combining practice and community nurse roles but waiting in development of neighbourhood model to consider workforce models locally - Our CEPN (Community Education Provider Network) Enabler Group provides leadership on this. They have appointed an inter professional educator (currently for 1 year) to develop training for the multi-disciplinary workforce	Overall workforce approach needs further development and may need additional resourcing.
Culture of quality improvement	- We have appointed a team of evaluators to work with us over the coming three years to test our approach and the impact of the change working closely with patients and users and staff. - We are looking at developing a common QI approach for system) including reporting of progress and recording of learning	Developing our systems QI approach

IT systems / connected data	• IT Enabler Group well established with resources to support transformation • HIE in place for limited data sharing • LDR work around East London Health and care Plan	Further implementation of digital solutions and shared platforms
Engagement and communications	• Co-production is key underlying principle in local system work • Health and social care co-production charter • Patient and service user reps on each workstream • Involvement alliance being developed • Two enabler groups – one for communications and one for engagement • Dedicated integration communication resource (ET) • Communications and Engagement plans in place	Further embedding of co-production in all our work Clear and regular information to residents about how services are changing through IC Implementing the neighbourhood model in way that increases local resident participation and engagement
Strong financial management Payment models, risk sharing and resources	• The CCG and the local authorities are delivering their operation plans within budget • Working in a challenging financial climate • Working towards develop a systems financial control total • Assurance processes in place that new model operates within financial budget • PIC model for transformation investment / disinvestment decisions • How budgets are aligned / pooled in relation to workstreams • Responsibilities of workstreams to stay in financial balance and to achieve QIPP and local authority savings • Estates strategy agreed and being refreshed by Autumn 2018 • Working together / the 'rules' of the proposal would be set out in MOUs. S75 for any pooled budget is stronger in terms of conflicts of interests etc but covers less about how we work together	Comprehensive mapping of all contracts across workstreams – in place for some workstreams Further work towards systems financial control total planned for 2018-2019. This is a significant piece of work and will affect all levels of governance. Move to further pooling of budgets Review current financial risk share arrangement in relation to Section 75 agreements

	• OD work important in terms of how we shape working together • Risk share process in place for Section 75 agreements	

Title:	Consolidated Finance Budget report as at April 2018 - Month 1
Date:	14 June 2018
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbins, City of London Corporation (CoLC)
Authors:	Integrated Finance Task & Finish Group CCG: Dilani Russell, Deputy Chief Finance Officer CoLC: Mark Jarvis, Head of Finance, Citizens' Services LBH: Jackie Moylan, Director – Children's, Adults' and Community Health Finance
Committee(s):	Integrated Commissioning Board, 14 June 2018
Public / Non-public	Public

Executive Summary:

This reports sets out the consolidated budgets that make up the Integrated Commissioning Fund (ICF) across the City of London Corporation, London Borough of Hackney Local Authority and City and Hackney Clinical Commissioning group at Month 01.

The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. The combined Pooled budgets for the ICF at Month 01 is £54.4m.

The total combined Aligned budgets at Month 1 are £458.2m across the four Care Workstreams and includes corporate services. The total integrated Commissioning Fund at Month 1 is £512.6m which is inclusive of the CCG 2018/19 QIPP (Quality Innovation Productivity and Prevention) Target of £5.1m. Local Authority savings targets, and the CoLC budgets for the CYPM workstream are to be confirmed in Month 02.

The CCG took on Primary Care Co- commissioning 1 April 2017, the budget for this financial year is £45.8m at Month 01 which sits outside of the Integrated Commissioning Fund.

*Budgets may shift/change in year to reflect additional investment/efficiency savings or the transfer of services from one workstream to another, these will be reflected in the monthly reporting.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

Comments from TB to be provided verbally at meeting.

Recommendations:

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

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

Links to Key Priorities:

N/A

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position
N/A

Options
N/A

Equalities and other Implications:
N/A

Proposals
N/A

Conclusion
N/A

Supporting Papers and Evidence:

N/A

Sign-off:

London Borough of Hackney _____Ian Williams

City of London Corporation _____Mark Jarvis

City & Hackney CCG _____Sunil Thakker

2018/19 Budget Summary by organisation

Fund Type: Pooled VS Aligned	CCG £'000	LBH £'000	CoLC £'000	Total £'000
POOLED BUDGETS				
1. Unplanned Care				
-BCF	14,995		65	15,060
-IIT	3,723			3,723
-iBCF		1,139		1,139
	18,718	**1,139**	**65**	**19,922**
2. Planned Care				
-BCF *(LA figs is funding from DGF Capital)*	1,274	1,414	145	2,833
-Learning Disabilities	5,578	15,140	0	20,718
-iBCF Local Authority allocation*		10,599		10,599
	6,852	**27,153**	**145**	**34,150**
3. Prevention				
-BCF	50			**50**
4. iBCF				
-iBCF Local Authority allocation			317	**317**
Total Contribution into **'Pooled'** budgets	**25,620**	**28,292**	**527**	**54,439**
ALIGNED BUDGETS				
Aligned - Planned Care*	192,693	36,033	3,864	232,590
Aligned - Unplanned Care	111,553	4,390	29	115,972
Aligned - Children/Young people	46,551	8,986	tbc	55,537
Aligned - Prevention	3,790	24,801	2,147	30,738
Aligned - Corporate**	23,368			23,368
				0
Total Contribution into **'Aligned'** budgets	**377,956**	**74,210**	**6,040**	**458,206**
Total Cont' to **'Integrated Comm Fund (ICF)'**	**403,575**	**102,502**	**6,567**	**512,644**

For Information Only	
In Collaboration - CCG Core Primary Care (Total)	45,898
Grand Total	**449,473**

Note:
- Budgets are inclusive of QIPP savings which total £5.1m for the CCG, savings targets for LA's tbc.
* Aligned - Planned care budgets for the CCG includes services not exercisable under S75 (surgery, endoscopy, termination of pregnancies and level 4 laser treatments). CCG exclusion on surgery was specifically non-elective surgery.

** Aligned - Corporate for the Local Authorities relates to services not excercisable under S75 (income resulting from 'power to charge').
+ Budgets may shift/change in year e.g. to reflect additional investment/efficiency savings, transfer of services from one workstream
to another. Process for budget 'virements' (changes)is specified in the financial framework (schedule 3).

Title:	Integrated Commissioning Register of Escalated Risks
Date:	14 June 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Governance Director
Committee(s):	Transformation Board, 7 June 2018 Integrated Commissioning Board, 14 June 2018
Public / Non-public	Public

Executive Summary:

This report presents the Integrated Commissioning Board (ICB) with a summary of risks escalated from three of the four care workstreams and from the Integrated Commissioning programme as a whole.

The Children, Young People and Maternity Service Care Workstream (CYPM) is currently reviewing its Risk Register so any CYPM escalated risks will be added to the July IC risk register.

The threshold for escalation of risks is for the inherent risk score (before mitigating action) to be 15 or higher (and therefore RAG (red, amber or green) rated as red). Whilst in a number of cases, mitigating action has reduced the score by a significant margin, escalated risks will continue to be reported to the TB / ICB regardless of the residual risk score, until the ICB is satisfied that further reporting is not necessary.

Each of the four care workstreams has responsibility for the identification and management of risks within its remit.

All risks identified are associated with a particular area of work, be it a care workstream, a cross-cutting area such as mental health, or the overall Integrated Commissioning Programme.

Further work will be undertaken to align the risks to the over-arching objectives of the Integrated Commissioning Programme. Consideration will also be given to determining an overall statement of risk appetite across the partnership.

The ICB is asked to **NOTE** the register of escalated risks within the Integrated Commissioning Programme and Care Workstreams.

Recommendations:

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the Integrated Commissioning Escalated Risk Register.

The City Integrated Commissioning Board is asked:

- To **NOTE** the Integrated Commissioning Escalated Risk Register.

Links to Key Priorities:

The risk register is a mechanism for ensuring the continued delivery of priorities in the City Joint Health & Wellbeing Strategy including:
- Good mental health for all
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

and the continued delivery of the priorities in the Hackney Joint Health & Wellbeing Strategy including::
- Improving the health of children and young people
- Controlling the use of tobacco
- Promoting mental health
- Caring for people with dementia

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

As part of the transfer of responsibilities from the CCG Programme Boards to the Integrated Commissioning Care Workstreams, certain risks have been transferred,

or are in the process of being transferred. The 'safe' transfer of risk from programme board to workstream will be managed by the CCG Programme Director and the workstream director.

Supporting Papers and Evidence:

Appendix 1 - Integrated Commissioning Escalated Risk Register

Sign-off:

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

City of London Corporation _____Simon Cribbens, Assistant Director, Commissioning and Partnerships

City & Hackney CCG_____David Maher, Managing Director

Integrated Commissioning Programme Escalated Risks

Reference Number	Workstream / Project	Lead Officer	Risk Description (Cause-Event-Effect)	Inherent Scores [pre mitigation]		Inherent Risk Score	Mitigation Plan — Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.]	Action Taken — Monthly update on actions taken to mitigate risk and impact of actions	Residual Scores [post mitigation]		Residual Risk Score	Risk Direction since last report	Target Score		Target Risk Score
				Likelihood	Severity				Likelihood	Severity			Likelihood	Severity	
IC5	IC Programme	David Maher / Anne Canning / Simon Cribbens	Workstreams not effectively delivering on their responsibilities leading to poor performance or failure of commissioned services within the scope of s75 agreements.	4	4	16	Rigorous process for development of workstreams; Clear governance systems to manage IC processes and provide rigorous oversight (Devora Wolfson / Matt Hopkinson)	Ongoing work on system and process design. Phased approach and piloting will limit the risk to delivery and allow time for lessons learned to be embedded across all workstreams. Transformation Board and ICBs provide oversight to ensure levels of performance are maintained. ICS Convenor appointed who will support the SROs.	3	4	12	↔	2	4	8
IC9	IC Programme	David Maher / Anne Canning / Simon Cribbens	Failure to agree on a collaborative model to the Integrated Care System (e.g. payment system, risk share model, organisational form) resulting in impact on delivery of services and financial viability of partner organisations.	4	4	16	Develop appropriate model in collaboration with full range of stakeholders; Use current phase of Integrated Commissioning to develop partnerships in City & Hackney health and social care networks;	A series of workshops to collaboratively discuss models is underway with engagement from all commissioners and providers. Providers are also meeting together to discuss options and there will be further system-wide discussions. ICS Convenor appointed to support building relationships between partners in health and social care organisations and their commitment to collaboration and integrated service delivery.	3	4	12	↔	2	4	8
UC1	Unplanned Care	Tracey Fletcher/ Dylan Jones	Risk that Homerton A&E will not maintain delivery against four hour standard for 18/19.	5	4	20	System Resilience Funding part of a wider investment and transformation plan has been signed off. 1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance DutyDoctor aim to improve patient access to primary care and manage demand on A&E	HUH have maintained strong operational grip through senior management focus on ED and hospital flow. Recent reduction in DToCs should support flow. Work to produce a PC admission avoidance DoS (via MiDos) underway - part of the Case Notes Review action plan.	3	4	12	↓	2	4	8

ID	Category	Owner	Risk				Mitigating Actions	Update / Progress				Trend			
UC2	Unplanned Care	Tracey Fletcher/ Nina Griffith	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system risk that patients and are thus seen in acute settings such as A&E [impacts HUH 4hour target and cost]	4	4	16	Ongoing work to develop a new model which better utilises and integrates all Primary Care services – expectation that this will protect GP resource GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OoHs GPs Consider how partners can work together to make an attractive offer to GPs Explore ways to address challenges recruiting GPs through CPEN	The providers have met together a number of times through the integrated urgnet care referene group and are considering options for how to work together to bettter attract GPs into the range olf services. We have benchmarked with neighbouring boroughs to borrow ideas	4	4	16	⟷	3	4	12
UC3	Unplanned Care	Tracey Fletcher/ Nina Griffith	Integrated Urgent Care (111) re-procurement risk of negative impact on quality of service and impact on other urgent care systems Local impact: Increased demand on C&H acute services due to risk averse nature of 111 assessment Challenges recruiting GPs to the CAS Risk that patients will be attracted by quick call answering times from 111 Risk that the new service increases demand for urgent care services, as new patients who were not previously using urgent care services begin using 111	4	4	16	Extensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). Clinical involvement in service specification development. Re-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream Service to be continually monitored post mobilisation IUC service reporting requirements include audit of onward referral to local services to review appropriateness. Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] Investigate what existing providers may be able to support health system in event of delay Local promotion of Duty Doctor to	The NEL 111 procurement has now been finalised, with go live expected in August 2018. We have agreed to extend the CHUHSE contract for a standalone GP out of hours service until March 2019. CHUHSE are supporting the workstream to find a sustainable solution. Urgent care reference group established to agree the sustainable solution. The 111 contract includes a range of reporting requirements and KPIs that will allow us to monitor the impact of the service and manage 111 closely against their outcomes.	3	4	12	⬇	2	4	8
UC4	Unplanned Care	Simon Galczynski	Improved DTOC levels are not maintained	5	4	20	(i) Discharge working group established to develop proposals which will include discharge to assess (ii) Discharge actions included within A&E Delivery plan and monitored by the urgent care board (iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge (iv) Weekly teleconference to discuss performance with Director Implement actions from Multi Disciplinary Case Notes Review relating to DToCs High impact Change Model (LBH and CoL) has been set up to monitor performance	Weekly teleconference continues and performance continues to improve. London BDF Team confirmed Hackney will not be subject to special measures of risk of loss of funding. Meeting with Principle Head of Adult Social Care taken place, action plan being developed to design and deliver a small-scale Case Note Review for DToCs Capacity to deliver plans and culture shift required [re High Impact Change Model]	4	2	8	⟷	4	2	8
UC5	Unplanned Care	Nina Griffith	Programme Management and Provider resources (managerially and clinical) are insufficient to deliver the design phase of the neighbourhood model	5	4	20	Recruit to central Neighbourhoods Programme Team Tap into Clinical and Project resource across the system to support Monitor programme activity via Neighbourhoods Steering Group	The business case for a small central programme team with dedicated information support and a small non-pay budget was approved at the December Integrated Commissioning Board. Work is now underway to develop the job descriptions for this team and recruit to these posts. Additionally clinical and project management resources were approved across each of the main providers (based on their own identified needs) to allow them to design and plan their contribution to the neighbourhood model. This will significantly reduce the risk of non-delivery of the design phase of the neighbourhood programme. Progress will be closely monitored via the Steering Group.	2	3	6	⬇	2	3	6

ID	Workstream	Owner	Risk	L	I	Score	Action	Progress	L	I	Score	Trend	L	I	Score
UC8	Unplanned Care	Tracey Fletcher/ Nina Griffith	Inability to identify, recruit and engage diverse and representative patient engagement	4	4	16	Support patient engagement work through Neighbourhoods Business Case Neighbourhoods patient panel to work closely with UPC Workstream and Neighbourhoods Programme	An initial sum to support patient engagement work has been approved through the Business Case. A patient panel has already been convened with four members representing a range of communities and interests. Further patients are being actively recruited. The patient group will work closely with the overall workstream patient enabler group to ensure excellent communication. The first patient panel meeting was held in December with full attendance and excellent participation.	2	4	8	↓	2	4	8
UC9	Unplanned Care	Tracey Fletcher/ Nina Griffith	Workstream struggles to assume all responsibilities and deliver outcomes as required	4	4	16	Introduction of more formal programme governance including risk register, workstream reporting and dashboards Commissioned external piece of OD facilitation so that the workstream can jointly form their vision and strategy, and consider what behaviours are required to deliver	New governance system in place, OD consultation under way. Went through assurance gateway 3 successfully.	3	4	12	↓	2	4	8
UC12	Unplanned Care	Tracey Fletcher/ Nina Griffith	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	5	4	20	Increase the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract Increase support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV) Provide C&H patients with alternative methods of accessing Primary Care Services [not just A&E] through the Duty Doc Service Reduce the number of inappropriate attendances at A&E and unplanned admissions to hospital through Paradoc Develop and implement Neighbourhood model	Progress is being made on the development of the Neighbourhood model Creation of a DoS (via IT interface MiDos) for primary care admission avoidance services underway as part of Case notes Review Action Plan Urgent care workstream will include focus group with patient to understand what drives them to access different services Proposal to extend paradoc operational hours approved at UPCPB in February	4	3	12	↔	2	4	8
UC14	Unplanned Care	Nina Griffith	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	4	4	16	Ensure the Unplanned Care Board is plugged-in to Integrated Commissioning related PPI / co-production activities, and utilises the IC Co-production Charter Ensure the Unplanned Care Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI Lead Ensure the Unplanned Care Board has a patient or healthwatch representative at every Board meeting Unplanned Care Board to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information. Ensure PPI and co-production is a standing item on workstream Board agendas Review PPI activities quarterly at the UPCM Board Neighbourhoods programme has convened a patient panel and secured some resources to support patient engagement	A second patient representative has been appointed to the board. Workstream director presented to the CCG PPI forum and met with both Healthwatch City and Hackney to gain support in identifying broader range of users across our workstreams. All of the programme workstreams have at least one patient representative, and are talking to these individuals about how we involve expert users for more detailed service re-design. A quarterly report showing the totality of all involvement activities is taken to the UPCPB to give assurance that we are involving users.	3	4	12	↓	1	4	4

				L	C	Rating	Controls	Update	L	C	Rating	Trend	L	C	Rating
UC15	Unplanned Care	Tracey Fletcher/ Nina Griffith	Failure to deliver the scoped programme of System Savings for financial year 2018/19	4	4	16	Programme of System Savings meetings including reps from HUH, ELFT, CCG, LBH and CoL arranged for period x6 months, Terms of reference for this group agreed by all partners. Regular System Savings updates and items at the Unplanned Care management Board. Thorough investigation of Unplaned Care Acute 'Menu of Opportunities'. Longer term, larger, system transformations will be required to deliver savings	Savings have been identified for 2018/19 up to the value of £1.3m. These will be monitored monthly at the system savings group. Further areas for savings to be worked up have been identified. Neighbourhoods, discharge and urgent care will need to develop more transformational system changes to deliver longer term system savings from 19/20 onwards. Working with CCG QUIPP team to develop effective monitoring reports to track progress and quickly identify slippage	4	4	16	⟷	TBC	TBC	TBC
PC1	Planned Care	Simon Galczynski / Siobhan Harper	Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments	5	4	20	Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper)	Scheduled for discussion at Transformation Board on 27 June 2018 when a comprehensive update on the shared transformation and recovery plan will be provided.	5	4	20	⟷	3	3	9
PC2	Planned Care	Simon Galczynski / Siobhan Harper	IAF Targets: a) IAPT - a data submission has been missed by the provider b) Cancer 62 day targets at the Homerton have been missed for a number of months this year. This could impact on CCG rating.	4	4	16	Submit request to NHSE for the data point be reopened to submit the IAPT report (Siobhan Harper)	a) Provider and CCG have written to NHSE to request the data point be reopened to submit the IAPT report - Rejected. Currently awaiting NHS Digital data to be published. However, based on local data, we have met the IAPT target despite the reporting issue. So for a) the re-evaluted rag rating is now 8. b) WD has escalated performance to the CCG FPC and has written formally to the provider. The 62 day cancer target continues not to be met and thus the score remains 16.	4	4	16	⟷	3	3	9
Pv4	Prevention	Jayne Taylor	Risk of no resources being allocated to the delivery of the Big Ticket Item, 'Making Every Contact Count' - without additional resources progress is likely to be limited.	5	3	15	Full scoping for delivery of this Big Ticket item to take place in Q3 and Q4 2017/18, including identificaiton of virtual team and potential funding. Ability to make use of contract variations and re-procurements to require the provision of MECC training to all provider organisations	Initial scoping workshop has been completed, including stakeholder engagement. Potential funding streams have been identified and work is progressing on the development of a Business Case.	5	3	15	⟷	5	1	5

Integrated Commissioning Boards Forward Plan 2018-19		
Title	**Summary of Decision**	**Reporting Lead**
12-Jul-18		
Community Health Services contract	For endorsement of one year extension	David Maher
Supporting LD Service Change	To endorse direction of travel	Simon Cribbens/ Siobhan Harper / Simon Galczynski
Update on the Neighbourhood Model and workstream input	For endorsement	Tracey Fletcher/ Nina Griffith
CYPM APR3	For approval	Angela Scattergood/ Amy Wilkinson
MECC Transformation	For approval	Anne Canning / Jayne Taylor
ICS readiness workplan	For discussion and approval	Devora Wolfson
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
13-Sep-18		
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Integrated Commissioning Strategic Vision and Objectives	For discussion and approval	Devora Wolfson
Intermediate Care Service	For discussion and approval	Tracey Fletcher / Simon Galczynski
Draft systems Commissioning Intentions 2019/20	For endorsement	David Maher / Anne Canning / Simon Cribbens / Devora Wolfson
System prioritisation / PIC funding recommendations	For discussion and approval	David Maher / Anna Garner
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
11-Oct-18		
Reprocurement of Carers Services	For approval	Anne Canning / Jayne Taylor / Simon Galczynski
IC Governance review - draft report	For discussion and approval	Devora Wolfson
Developing our financial system control total	To approve refined approach	Sunil Thakker / Ian Williams / Mark Jarvis
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson
15-Nov-18		

ICS readiness update	For endorsing direction of travel	Devora Wolfson
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson

06-Dec-18		
Mainstreaming co-production within the Integrated Commisisoning Programme		Jon Williams / Catherine Macadam
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
IC Risk Report	For discussion and approval	Devora Wolfson

17-Jan-19		
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson

07-Feb-19		
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson

14-Mar-19		
IC Evaluation Report	For discussion and noting	Anna Garner / Cordis Bright
Integrated Finance Report	For noting	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	For discussion and approval	Devora Wolfson