

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 September 2018, 15.20 – 17.00,
Guildhall, West Wing, Committee Room 2, 2nd floor,
London EC2P 2EJ**

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	Welcome, introductions and apologies		Verbal	-	15.20
2.	Declarations of Interests	Chair <i>For noting</i>	2. ICB Register of Interests	3 - 5	
3.	Questions from the Public	Chair	Verbal	-	15.25
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i> <i>For noting</i>	4.1 Minutes of Joint ICBs meeting in common, 12 July 2018 (public session) 4.2 ICB Action Log	6 – 20 21	15.30
5.	Children, Young People and Maternity Workstream – Assurance Review Point 3	Angela Scattergood/ Amy Wilkinson <i>For discussion and approval</i>	5. ICB-2018-09-14 CYPM ASR3	22 - 98	15.35
6.	Recommendations from the Prioritisation and Investment Committee for funding of workstream proposals	<i>Yashoda Patel</i> <i>For endorsement</i>	6. ICB-2018-09-14 PIC recommendations	99 - 103	15.55

7.	Proposed short term funding projects from Better Care Fund underspend	Nina Griffith / Siobhan Harper/ Cindy Fischer <i>For endorsement</i>	7. ICB-2018-09-14 BCF underspend	104 - 130	16.05
8.	Vision Statement, Resident Value Statements, and Outcomes Framework workshop	Devora Wolfson/ Yashoda Patel <i>For approval</i>	8. ICB-2018-09-14 Vision, Resident value statements & outcomes framework	131 - 141	16.15
9.	Draft System Commissioning Intentions 2019/20 onwards	Devora Wolfson <i>For noting</i>	9. ICB-2018-09-14 Draft System Commissioning Intentions	142 - 159	16.30
10.	Consolidated Finance (income & expenditure) report as at July 2018 - Month 04	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	10. ICB-2018-09-14 Consolidated Finance Report M04	160 - 171	16.40
11.	Integrated Commissioning Escalated Risk Register – August 2018	Devora Wolfson/ Georgia Denegri <i>For noting</i>	11. ICB-2018-09-14 IC Risk Register	172 - 178	16.45
12.	AOB & Reflections	Chair <i>For discussion</i>	Verbal	-	16.55
	Date of next meeting: 11 October 2018, 10.00–12.00, Guildhall, West Wing (Committee Room 2, 2nd floor), London EC2P 2EJ	Chair <i>For noting</i>	Verbal	-	17.00
	Integrated Commissioning Boards Forward Plan	<i>For information</i>	ICB Forward Plan	179 - 180	-

Integrated Commissioning
2018 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	27/03/2017	Transformation Board Member - CoLC Planned Care Workstream SRO IC programme Sponsor	City of London Corporation	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
Sunil	Thakker		Transformation Board Member - CHCCG ICB attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Transformation Board Member - LBH Attendee - Hackney Integrated Commissioning Board	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Mark	Jarvis	10/04/2017	Transformation Board Member - CoLC	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH LBC/CCG ICB Attendee - LBH Prevention Workstream SRO IC Programme Sponsor	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 Deveopment	Pecuniary Interest
				City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	06/04/2017	GP Member of the City & Hackney CCG Governing Body	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	28/04/2017	Member, Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Demirci		Member, Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
Dhruv	Patel	28/04/2017	Member, City Integrated Commissioning Board	City of London Corporation	Deputy Chair, Community and Children's Services Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP	Pecuniary Interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of Buidling Engineers	Member	Non-Pecuniary Interest
				Institution of Engineering and Technology	Member	Non-Pecuniary Interest
				City & Guilds of London Institute	Associate	Non-Pecuniary Interest
				Association of Lloyd's members	Member	Non-Pecuniary Interest
High Premium Group	Member	Non-Pecuniary Interest				
Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest				
Randall	Anderson	13/06/2017	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Fredericks	Marianne		Member - City Integrated Commissioning Board	City of London Corporation	Member, 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
				n/a	Spouse works for FCA (fostering agency)	Indirect 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
					Board member: Global Action Plan	Non-Pecuniary Interest
					Social Value and Commissioning Ambassador: NHS England, Sustainable Development Unit	Non-Pecuniary Interest
					Council member: Social Value UK	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Mark	Rickets	16/05/2018	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			CCG Chair/Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair/ Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair/Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Rebecca	Rennison	11/12/2017	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Clapton Park Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
				Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest	
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
Chats Palace	Board Member	Non-Pecuniary Interest				
Jane	Milligan	02/01/2018	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Chartered Physiotherapist (non-practicing)	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to NHSE as London Regional Director for Primary Care	Indirect Interest
				Family Mosaic Housing Association	Non-Executive Director	Non-Pecuniary Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest				
Ellie	Ward	22/01/2018	Integration Programme Manager, City of London Corporation	City of London Corporation	Integration Programme Manager	Pecuniary Interest
Jon	Williams	29/03/2017	Transformation Board Member - City and Healthwatch Hackney	City and Healthwatch Hackney	Director	Pecuniary Interest
			Attendee - Integrated Commissioning Board		Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagement Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	

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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 12 July 2018

ATTENDANCE FOR HACKNEY ICB

MEMBERS

Hackney Integrated Commissioning Committee

Cllr Anntoinette Bramble, Deputy Mayor and Cabinet member for education, young people and children's social care, London Borough of Hackney

Cllr Rebecca Rennison, Cabinet Member for Finance and Housing needs, London Borough of Hackney

Philip Glanville, Mayor of Hackney

City and Hackney CCG Integrated Commissioning Committee

Mark Rickets, 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

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, Managing Director, City & Hackney CCG

STANDING INVITEES

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

London Corporation

OFFICERS PRESENT

Jonathan McShane, Integrated Commissioning Convenor
Georgia Denegri, Integrated Commissioning Governance Manager (minutes)
Siobhan Harper, Planned Care Workstream Director (item 8)
Jayne Taylor, Prevention Workstream Director (item 7)
Nina Griffith, Unplanned Care Workstream Director (item 9)

APOLOGIES

Cllr Feryal Demirci, Deputy Mayor and Cabinet member for health, social care, transport and parks, London Borough of Hackney
Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance
Sunil Thakker, Chief Financial Officer, City & Hackney CCG
Jake Ferguson, Chief Executive, Hackney Council for Voluntary Services
Jon Williams, Director, City and Hackney Healthwatch
Devora Wolfson, Programme Director, Integrated Commissioning

ATTENDANCE FOR CITY ICB

MEMBERS

City Integrated Commissioning Committee

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

Mark Rickets, 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
Simon Cribbens, Director of Commissioning and Partnerships, City of London Corporation

STANDING INVITEES

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

OFFICERS PRESENT

Jonathan McShane, Integrated Commissioning Convenor
Georgia Denegri, Integrated Commissioning Governance Manager (minutes)
Siobhan Harper, Planned Care Workstream Director (item 8)
Jayne Taylor, Prevention Workstream Director (item 7)
Nina Griffith, Unplanned Care Workstream Director (item 9)

APOLOGIES

Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance
Sunil Thakker, Chief Financial Officer, City & Hackney CCG
Jake Ferguson, Chief Executive, Hackney Council for Voluntary Services
Jon Williams, Director, City and Hackney Healthwatch
Devora Wolfson, Programme Director, Integrated Commissioning

1. Introductions

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

2. Declarations of Interest

- 2.1. Some standing declarations seemed to be missing.

ACTION: Georgia Denegri

- 2.2. The City ICB **NOTED** the Register of Interests.

- 2.3. The Hackney ICB **NOTED** the Register of Interests.

3. Questions from the Public

- 3.1. There were none.

4. Minutes of the Previous Meeting

4.1. The City Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held on 21 March 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 held on 21 March 2018; and
- **NOTED** progress on actions recorded on the action log

5. Extension of Community Health Services Contract with the Homerton University Hospital NHS Foundation Trust

5.1. David Maher introduced the report highlighting:

- The CCG has an obligation to ensure that commissioned Community Health Services (CHS) are adequate and that the service model is integrated with locally commissioned health and social care services. The current model of CHS is essentially the same model that was transferred from the PCT in 2013.
- The current CHS contract with the Homerton University Hospital NHS FT (HUHNFT) was awarded for an April 2017 to March 2019 term. The CHS contract will need to be extended for a further one year term to allow time for development of the Neighbourhood model and to allow for the completion of either a collaborative or competitive procurement before the service commences in 2020.
- NHS England may mandate the contract to be extended for two years as they did the previous time.
- It is important that the contract value for the 2019/20 period offers value for money for commissioners and provides adequate resource for the provider to deliver the services. Work has started on a rebasing of the CHS contract prior to the extension being confirmed. The rebasing will check cost assumptions which have not been reviewed since the last rebasing in 2014.

5.2. The following key comments were noted from the discussion:

- Cllr Patel sought reassurance that this one year extension would be sufficient to develop and put in place an integrated health and social care community services model. David Maher, Gary Marlowe and Mark Ricketts commented that extensive services are already provided and the aim is to integrate these services further for the benefit of patients whilst achieving better value for money.
- Cllr Rennison sought clarification about the possibility of NHS England mandating a two year extension. David Maher explained that this was the case the previous time the contract was considered and therefore it was likely that

NHS England may again mandate a similar term if a one year extension term is considered as not enough for the level of integration aimed to be achieved. ICB members would have the opportunity to discuss in more detail what Community Services 2020 should look like in City and Hackney at the forthcoming ICB Development session on 20 July 2018. The outcome of this discussion together with the outcomes of other workshops with clinicians, workstream directors, patients and the public will inform the project plan. The milestones will be presented to ICB in September.

- The ICBs discussed the tight timeframe and suggested that a risk to that effect is added on the IC Risk Register.

ACTION: Georgia Denegri

- Mayor Glanville queried how progress will be tracked to ensure timely delivery. It was reported that there will be regular updates following the project plan with the milestones which will be presented to ICB in September.
- Jon Williams expressed disappointment that plans for patient and public engagement were not included in the report. It was explained that the entire model is a co-production model with extensive patient and public engagement. Mayor Glanville echoed the importance of articulating patient and public involvement in all reports and communications so people are on board this journey to develop and procure the best possible model of community services that is relevant to everyone in our communities.

5.3. The City Integrated Commissioning Board:

- **NOTED** the content of the report
- **APPROVED** the recommendation for a one year extension of the HUHNT CHS contract where the budget is pooled.
- **ENDORSED** a recommendation to the CCG Governing Body that there is a one year extension to the HUHNT CHS contract where the budget is aligned.
- **NOTED** that competitive tendering and public procurement is not required provided that the contract value for 2019/20 does not exceed 50% of the original contract value (for 2017/19). The contract will be extended on the basis of the outcome of a rebasing exercise which is currently underway.
- **NOTED** that at the ICB Development meeting on 20 July 2018, ICB will start considering the scope of an integrated community service which will follow this contract extension and commence in 2020.

5.4. The Hackney Integrated Commissioning Board:

- **NOTED** the content of the report
- **APPROVED** the recommendation for a one year extension of the HUHNT CHS contract where the budget is pooled.
- **APPROVED** a recommendation to the CCG Governing Body that there is a one year extension to the HUHNT CHS contract where the budget is aligned.

- **NOTED** that competitive tendering and public procurement is not required provided that the contract value for 2019/20 does not exceed 50% of the original contract value (for 2017/19). The contract will be extended on the basis of the outcome of a rebasing exercise which is currently underway.
- **NOTED** that at the ICB Development meeting on 20 July 2018, ICB will start considering the scope of an integrated community service which will follow this contract extension and commence in 2020.

6. ICB Development Session

6.1. Jonathan McShane briefed ICB on the plans for the forthcoming ICB Development session highlighting the following:

- Since the previous Development meeting in March 2017, several members and officers have changed and the programme has progressed. It was thought timely for ICB to take some time off the formal meetings to reflect on how it operates in terms of its style and culture, whether it fulfils the original ambitions as discussed in March 2017 or whether any improvements are required and to have an early opportunity to discuss options for developing an integrated health and social care community services model. The session will be facilitated by Simon Standish.
- Simon Standish added that there will not be presentations during the session to allow for as much discussion as possible among members. A briefing and data pack with all background information will be circulated in advance of the meeting to help members prepare and maximize time during the session.
- Cllr Bramble welcomed the opportunity for a development session. She wondered if ICB could also reflect on the priorities it set previously particularly with regard to priority demographics, which aspects it has delivered and how the new community services model will fit with these priorities.

6.2. The Hackney Integrated Commissioning Board:

- **NOTED** the plan for the forthcoming development session

6.3. The City Integrated Commissioning Board:

- **NOTED** the plan for the forthcoming development session.

7. Building a movement to 'make every contact count' in Hackney and the City – proposed approach

7.1. Anne Canning and Jayne Taylor introduced the report which outlined a two year programme of work to empower all frontline staff to have conversations with

people about their health and wellbeing, to help embed prevention and support cultural change across the health and care system for lasting population health benefits. The proposed approach will build on existing good practice and will include: a) designing, testing and rolling out a tailored MECC training programme for frontline staff and b) taking action to stimulate a movement for change across the health and care system so that MECC becomes 'the way we do things around here'. Funding for the proposed programme of work has largely been secured. A business case is currently being prepared for CEPN (Community Education provider Network) transformation funding to support the training activity.

7.2. The following key comments were noted from the discussion:

- The proposal was developed using a co-production approach and resident representatives were also involved in its writing up.
- A comment made at the recent Transformation Board meeting was that in addition to staff training, the programme could also aim to instigate cultural change for patients to support themselves and other patients in taking responsibility for their health instead of solely expecting clinical staff to fix their problems. An organisational development approach could support such cultural and behavioural change.
- Honor Rhodes welcomed the comment about the cultural change development initiative for people to support themselves and others in taking responsibility for their health and reflected on the challenges with regard to prevention and having for example difficult conversations with parents about child obesity. Gary Marlowe echoed the importance for this cultural change but stressed that empowering/giving permission to staff to initiate these discussions as well as getting teachers involved is critical for people to understand the associated health risks.
- Anne Canning emphasized the importance of sustainability of such training.
- Cllr Bramble welcomed the approach towards a health and wellbeing lifestyle and wondered whether this approach could also be incorporated in the community services debate.
- Mayor Glanville shared the LBH experience from implementing health and wellbeing initiatives, including setting up health clubs, some of which worked well but others did not have the desired outcomes. Communications to staff with regard to the cultural permission and the public will be important. Also, collecting data in order to know if the initiative will be successful will be needed without however this turning to a bureaucratic exercise.
- Penny Bevan commented that prevention and MECC is important to be embedded also in social care - not only community.

- Cllr Patel queried about the long-term ambition. Using as an example the practice of the West Midlands Fire Service, David Maher explained how they changed their mission statement from providing a fire service to providing a public service. This had a corresponding impact on their staff who get involved in spotting frailty in people's homes when they carry out fire checks and following them through with other services such as housing and thus joining people up to services. It's that kind of cultural change that keeps the momentum and we would aspire to.

7.3. The City Integrated Commissioning Board:

- **NOTED** the content of the report
- **APPROVED** the proposed approach to embedding MECC principles across all health and care services.

7.4. The Hackney Integrated Commissioning Board:

- **NOTED** the content of the report
- **APPROVED** the proposed approach to embedding MECC principles across all health and care services.

8. Transforming Hackney's Integrated Learning Disabilities Service (ILDS) update

8.1. Siobhan Harper introduced the report which provided an update on progress with the implementation of the review of the Integrated Learning Disabilities Service (ILDS), which is jointly commissioned by City and Hackney Clinical Commissioning Group (CHCCG) and the London Borough of Hackney (LBH). The whole service went through a review in 2017/18 to look at improving the quality of health and social care provision and in doing so achieve a greater degree of integration and multi-disciplinary working between the various professionals involved and contribute to a financially sustainable operating model moving forwards. The scope of the review covered ILDS only and the outcome will be a more integrated service model and new service specification. The on-going co-production work with health and social care staff has led to further refinement of the 4 core care pathways: Transitions, Review and Move On, Long-term Care, and the Intensive Support Team.

8.2. The following key comments were noted from the discussion:

- Cllr Anderson and Andrew Carter queried the arrangements in the City given the small number of residents and reflected on the importance of getting these pathways right. Simon Cribbens commented that with regard

to the pooled budget, CoLC would be looking across all needs groups – not only learning disabilities as there are not many cases.

- Honor Rhodes reflected on the challenges faced by people with learning disabilities and their carers and families and asked about the longer-term vision. Siobhan Harper commented that at this stage the programme is integrating teams before it is in a position to provide its new offer. David Maher spoke about the inspirational service model provided in Thurrock where the entire model is owned and run by people with learning disabilities which has attracted national attention for its exemplary delivery. This is a model to aspire to.
- Anne Canning pointed at the poor employment data reported which is shaming for our values and urged ICB members to exercise their influence by championing the needs of people with learning disabilities in their respective organisations.
- Reflecting on the significant differences when visiting specialist housing providers where residents are empowered, Mayor Glanville echoed the importance of developing a comprehensive service by engaging with a range of other providers and employers to ensure that both the living environment and the other needs of people with learning disabilities are met.

8.3. The City Integrated Commissioning Board:

- **NOTED** the report

8.4. The Hackney Integrated Commissioning Board:

- **NOTED** the report

9. Neighbourhood Development Programme Update

9.1. Nina Griffith introduced the report which provided an update on the significant progress made with the planning, design and initial delivery of Neighbourhoods in Hackney and City, six months after the approval of the business case to secure Better Care Fund money. The key highlights from the presentation were:

- The approach being taken to develop the new ways of delivering care across eight neighbourhoods concentrates on facilitating “bottom up”/co-produced models of care using agreed quality improvement methodology and within a robust governance structure. The over-arching governance structure will prevent silo-working and also prioritise work based on system need, maintain pace and ensure that learning is formally collated so that local models can be scaled.

- The model ensures local person centred delivery of care by bringing together teams around the patient. The vision is likely to change over the next 4-6 weeks as further detail is added to clarify the link to social care and incorporate a Women's, Children's, Young People and Maternity perspective.
- The programme is being developed in three phases:
 - Phase 1 – Development of neighbourhood identities and collaboration across primary care. This phase was delivered successfully with great input from the GP Confederation.
 - Phase 2 –Development of a structure to support neighbourhood governance.
 - Phase 3 - Development of ways of working to deliver change across providers to deliver the neighbourhood vision/aims. Phase 3 has developed a strong co-production/bottom up approach to design. The Phase 3 discovery phase will formally link into Phase 4 where pilots from across the neighbourhoods will be drawn together so that they can be scaled up and rolled out across the system.
- The most significant progress made is the development of an early shared understanding of the potential of neighbourhood working and the benefits it might bring to City and Hackney residents. A communications plan has been developed to continue this work and to further enhance a shared sense of understanding of what neighbourhoods are and what they might do.
- Significant progress has also been made in developing relationships with the care workstreams, identifying how neighbourhoods might support the delivery of workstream priorities and the beginning of a way of operationalising these shared priorities.
- There is an ongoing commitment to ensuring that neighbourhoods deliver sustainable/cost effective models of care. The focus of work is using neighbourhoods and the structure to help existing teams to work in different ways rather than investing in new staff/roles
- There are likely to be strategic implications for some services once new models of care have been tested with respect to how future commissioning and contracts are drawn up.

9.2. The following key comments were noted from the discussion:

- Andrew Carter asked how ICB could support the programme in terms of capacity and pace. Further thinking and support would be helpful to get more local champions for the neighbourhood model across all providers in the patch. The next neighbourhood steering group would be discussing how we can gain more local knowledge and local understanding by involving more people.

- Honor Rhodes stressed the importance of involving fathers and taking their views into consideration.
- Cllr Bramble queried about the longer term engagement plans after neighbourhoods have been established. These are still being thought through. Jon Williams had commented at the recent Transformation Board meeting, whether we could start thinking how we can integrate practice participation groups which operate at primary care practice level within the neighbourhood setting. Whilst we have not yet thought this through, it can be the direction of travel as a longer term sustainable engagement plan.
- The Neighbourhood Patient Panels are taking a strong lead on what the identity of neighbourhoods looks and feels like and are helping to develop a logo and a tag line for neighbourhoods. The patient panels feel strongly that neighbourhoods need to be owned by the community. The patient panel of the south west neighbourhood (which includes the City) came up with an ambitious plan to engage widely with local residents to understand what neighbourhood means to them.
- The emerging thinking around the City and Hackney neighbourhood model is that neighbourhoods will be relationship based rather than geographically based polyclinics.

9.3. The City Integrated Commissioning Board:

- **NOTED** the report

9.4. The Hackney Integrated Commissioning Board:

- **NOTED** the report

10. Integrated Commissioning Evaluation Update

10.1. David Maher and Matt Irani introduced the report which updated ICB on the feedback given by stakeholders and the next steps of the programme.

10.2. The emerging themes from the interviews with stakeholders indicated:

- Governance: Stakeholders reported concerns that current programme governance structures are burdensome and inefficient due to a lack of agreement between partners regarding delegated authority and where decisions can be made. A governance review had been procured which would consider streamlining of arrangements and would assess the transformational capability of current structures.
- Workstream and programme structure: Stakeholders were positive regarding the progress of workstreams to date, with regular workstream

meetings reported. However, the structure of workstreams was highlighted by some as potentially problematic as it does not give enough emphasis to mental health or to specific cohorts of patients and service users. Stakeholders also had concerns about how workstreams would work together on services focused on particular groups of patients and service users, such as the frail elderly.

- Co-design was highlighted as a key strength of the programme to date, with public engagement reported to be strong, particularly from the CCG. However, it was also highlighted that patient and service user input is currently centred on board-level engagement, with suggestions that it would be more beneficial for all to have greater engagement instead in co-design processes. Stakeholders also suggested that there is a challenge with ensuring that input is received from a wide range of individuals to represent the range of different views of local people, and that ongoing work, particularly with partners from Healthwatch Hackney and City, is hoped to work toward improving this in future.
- The next steps are to develop an outcomes framework first for the overall IC programme, followed by individual outcomes frameworks for each workstream.

10.3. The City Integrated Commissioning Board:

- **NOTED** the report

10.4. The Hackney Integrated Commissioning Board:

- **NOTED** the report

11. IT Enabler Programme – IT Project leads proposal

11.1. David Maher introduced the report which was asking the City ICB to endorse and the Hackney ICB to ratify the decision of the senior sponsors and Chief Financial Officers to release £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 would be released from the Section 256 agreement between the CCG and the London Borough of Hackney.

11.2. The care workstream directors had 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

- 11.3. 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.
- 11.4. The Hackney Integrated Commissioning Board:
- **RATIFIED** 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.
- 11.5. The City Integrated Commissioning Board:
- **ENDORSED** 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.

12. City and Hackney system – Assessment of ICS Readiness

- 12.1. In order to check our progress towards becoming a mature Integrated Care System, a desktop assessment was carried out 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 the system.
- 12.2. The assessment identified the need for establishing a short-term independent leadership role to progress the ICS and this was endorsed by the Transformation Board. The CCG 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;
 - 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,
 - 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
 - Represent the City and Hackney system at a regional and national level to ensure our unique design and delivery model is recognised.
- 12.3. It was agreed at the Transformation Board on 15 May, that this methodology was a useful approach to assessing our readiness to become an ICS. The

Transformation 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 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.

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

12.5. The Hackney ICB:

- **NOTED** the report

12.6. The City ICB:

- **NOTED** the report

13. Consolidated Finance Budget Report as at May 2018 – Month 02

13.1. Jackie Moylan presented the update on finance (income & expenditure) performance for the period from April 2018 to May 2018 across the City of London Corporation, London Borough of Hackney and CCG Integrated Commissioning Funds.

13.2. The Month 2 forecast position for the Integrated Commissioning Fund as at Month 02 is £4.4m adverse. The adverse position is driven by Learning Disabilities commissioned care packages within the London Borough of Hackney.

13.3. The City Integrated Commissioning Board

- **NOTED** the report.

13.4. The Hackney Integrated Commissioning Board

- **NOTED** the report.

14. Integrated Commissioning Escalated Risk Register

14.1. The report included a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole.

- 14.2. The Children, Young People and Maternity Service Care Workstream (CYPM) has now reviewed its Risk Register and escalated a risk to the IC risk register relating to childhood immunisations.
- 14.3. The threshold for escalation of risks is for the inherent risk score (before mitigating action) to be 15 or higher (and therefore RAG-rated as red). Whilst in a number of cases, mitigating action has reduced the score by a significant margin, escalated risks will continue to be reported to the TB and ICB regardless of the residual risk score, until the ICB is satisfied that further reporting is not necessary.
- 14.4. Each of the four Care Workstreams has responsibility for the identification and management of risks within its remit.
- 14.5. The City Integrated Commissioning Board
- **NOTED** the Integrated Commissioning Register of Escalated Risks
- 14.6. The Hackney Integrated Commissioning Board
- **NOTED** the Integrated Commissioning Register of Escalated Risks

15. Any Other Business and Reflections on Meeting

- 15.1. Honor Rhodes reflected on the positive atmosphere of the meeting and the good linking across partners. Mark Ricketts reflected on the interesting discussion around neighbourhoods. Mayor Glanville echoed the positive comments.

16. Date of Next Meeting

14 September 2018, 3.00 – 5.00 pm, Committee Room 2, 2nd floor, West Wing, Guildhall, London EC2P 2EJ

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

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
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.
ICBJul18-1	Check ICB Register of interests	Georgia Denegri	City and Hackney Integrated Commissioning Boards	12/07/2018	14/09/2018	Closed	Completed
ICBJul18-2	IC Risk Register - Add risk relating to the tight timeframe for developing the Community Services 2020	Georgia Denegri	City and Hackney Integrated Commissioning Boards	12/07/2018	14/09/2018	Closed	Risk description added. The mitigation plan and risk assessment/score are being developed and will be reported at the next meeting as part of the regular report.

Title:	Children, Young People and Maternity Workstream Assurance Review Point 3
Date:	14 September 2018
Lead Officer:	Angela Scattergood, Senior Responsible Officer
Author:	Amy Wilkinson, Workstream Director
Committee(s):	Integrated Commissioning Steering Group - for review – 16 July 2018 Transformation Board – for decision – 01 August 2018 Integrated Commissioning Board – for decision – 14 September 2018
Public / Non-public	Public

Executive Summary:

The purpose of this report is to update the Integrated Commissioning Board on the progress of the Children, Young People and Maternity, and approve the response from the workstream to Assurance Review Point 3.

This submission has been reviewed by members of the Integrated Commissioning Steering Group (ICSG) and a summary of the points made by ICSG members are set out below.

Questions for the Transformation Board

The Transformation Board was asked to review the submission with particular reference to agreeing and approving plans for 2018/19, incorporating Business as usual, transformation and financial plans.

Issues from Transformation Board for the Integrated Commissioning Boards

The TB endorsed the Children, Young People and Maternity workstream Assurance Review Point 3 and agreed to recommend to ICB for approval.

Recommendations:

The City Integrated Commissioning Board is asked to:

- **NOTE** the progress being made by the CYPM workstream
- **APPROVE** the response for Assurance Review point 3

The Hackney Integrated Commissioning Board is asked to:

- **NOTE** the progress being made by the CYPM workstream
- **APPROVE** the response for Assurance Review point 3

Links to Key Priorities:

The CYPM workstream Plans link to, and deliver on a number of NHS statutory deliverables, as well as a number of Local Authority statutory deliverables, alongside a range of partners key priorities.

Specific implications for City

Workstream plans focus on delivery across City and Hackney, although there are specific plans for the City, including work with boys with autism, clarifying maternity pathways, and parity of health provision in schools.

Specific implications for Hackney

Workstream plans focus on delivery across City and Hackney, although there are also specific plans for Hackney, including a significant amount of CAMHS transformation, improving the quality of local maternity and early years provision and improving the health experience of children with SEND.

Patient and Public Involvement and Impact:

The involvement and impact of patient and public engagement is set out in the Engagement Plan (Appendix 3) and is a key priority of the workstream.

Clinical/practitioner input and engagement:

Clinical / Practitioner input and engagement is embedded in the workstream and set out in the Assurance response.

Impact on / Overlap with Existing Services:

No service specific issues to highlight.

Main Report

1. Review of Submissions by the Integrated Commissioning Steering Group (ICSG)

The ICSG reviewed the workstream submission on 16th of July 2018.

2. Feedback on Submission

The assurance response is comprehensive, and outlines:

- Progress in line with the delivery framework set out at earlier review points
- Transformation plans for 2018/19 and outcome ambitions:
 - *improving children and young people's emotional health and well-being*
 - *strengthened support for vulnerable groups and mitigation of adverse childhood events*
 - *improving the offer of care in maternity and early years*
- Detail on management and improvement of business as usual
- Detail on delivery of improved outcomes through Primary Care and an update on Quality and Safeguarding

- Line by line performance of business as usual and transformation priorities, risk, engagement plans, and a revised governance structure (as appendices)
- A summary of the outcomes from the workstream’s financial transparency exercise that sets out the financial position of the workstream and relevant budgets across organisations, alongside initial options for pooling / aligning.

ICSG requested that current financial pressures were reflected in the financial summary paper (Appendix 6), alongside some detail on benchmarking on spend against our London comparators. This information has been added to the paper.

Supporting Papers and Evidence:

- Appendix 1: Governance Diagram
- Appendix 2: Risk Register
- Appendix 3: CYPM Draft Engagement Plan
- Appendix 4: Performance Dashboard
- Appendix 5: Performance Tracker
- Appendix 6: Financial Summary Paper

Sign-off:

- Workstream SRO: Angela Scattergood, Head of Early Help, LBH
- London Borough of Hackney: Anne Canning, Group Director, CACH
- City of London Corporation: Simon Cribbens, Assistant Director, Commissioning and partnerships
- City & Hackney CCG : David Maher, Managing Director

Children, Young People and Maternity: Assurance Review Point 3 Submission

Assurance of 2018/19 work plans and financial plans

Review Date: May 2018

Integrated Commissioning Steering Group: 16 July 2018

Transformation Board: 01 August 2018

Integrated Commissioning Board: 14 September 2018

Planning and Delivery

1. Describe the key plans and outcomes for 18/19 and your proposed improvement trajectories for these outcomes. How do these align with the wider ELHCP plans?

Overview of Plans

Moving into 2018/19 the workstream has consolidated structures to support delivery of both business as usual, and transformation (See appendix 1). We have now recruited to our 3 Clinical lead / practitioner roles (for Maternity, Children, and CYP mental health and wellbeing), alongside our clinical leads for Long Term conditions (asthma, sickle cell and epilepsy), Maternity (pre-conception, antenatal pathways and patient experience) and two new clinical leads (Early years and SEND / wider children's pathways). These clinical expertise will support our wider children's services leadership and our head teacher representatives to drive forward integration.

Our top 3 deliverables, linked to our transformations plans, for 2018/19 are:

- Delivering the CAMHS transformation, including integrated work on exclusions
- Transforming pathways for children with SEND, in line with recommendations from inspections, and commissioning a new health offer for our Looked After Children
- Improving quality of maternity services at HUFT, and embarking on repatriating the significant numbers of births we have out of area

The workstream has made progress on delivery of the 4 functions outlined in the delivery framework, that support both the development of the workstream and the delivery of the CYPM integration and transformation agenda as below:

Delivery Framework

Deliverable	Progress to May 2018	18/19 Plans
Consolidating and streamlining of workstream budgets	Work in final stages. Budgets collated across LBH, CCG, CoL and HLT and recommendations drafted for pooling / aligning.	Proposals for pooling / aligning asap to go through IC governance Summer 2018. Further recommendations to come for 19/20 in Autumn.
Refreshing children's health governance across the system	Work complete. New streamlined workstream - based governance structure being implemented.	New structures in place. To be reviewed December 2018.
Improvement and oversight of Business as usual	BAU being managed through BPOG (as below). Integrated management of BAU functioning well. See performance tracker in appendices	Continue integrated oversight and management of BAU. Key areas will include delivery of QIPP, re-basing of HUFT CHS contract and support for implementation for changes in CHC (SEND) and maternity, implementation of the new School Based Health service, alongside examining acute performance and repatriation (linked to Transformation priority) and other BAU. Also see transformation priorities and big ticket items for alignment.
Identification and delivery of transformation priorities	Priorities agreed, early plans drafted and structures for delivery emerging.	Delivery of transformation priorities and big ticket items, aligned to BAU as above.

Key outcomes, current performance and trajectories (statutory / mandated functions)

The CYPM performance dashboard attached (Appendix 5) gives an overview of performance against our 'BAU' indicators and details our transformation priorities.

Business As Usual

Our business as usual is being managed by our Business, Performance and Oversight Group. Commissioners across all organisations (CCG, LBH and CoL) meet with clinical leads monthly to examine performance of commissioned contracts, issues with performance and contracting, delivery of statutory functions (including inspection co-ordination) and align with transformation work and big ticket items. This is becoming well embedded across the system and also does a monthly deep dive into specific areas on a rotating basis (ie, 0-5, CoL, maternity, etc.). This group deals with any new proposals or innovations, and has an overview of risk (Risk register attached appendix 2). A detailed overview of our Business as usual, including where transformation plans are part of this is attached in Appendix 5, and performance is monitored against this at each meeting.

Transformation Priorities

Transformation Priorities are beginning to beginning to deliver in an integrated way, and progress against these are also outlined in Appendix 5.

As an overview, our key transformation areas (linked to our workstream 'Asks') are:

Deliverables:	Outcome ambitions:
Priority 1: Improving Children and Young People's Emotional Health and Wellbeing across the system	
<p>Ensure the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed. Includes:</p> <ul style="list-style-type: none"> • Implementation of the CAMHS transformation plans, including schools work • Re-design of service system • Investigating the increase in self-harm presentation, and • Identify key trends / issues and making recommendations to address • Improving access to support to for children and young people in the City of London 	<p>Improved offer of, and access to CAMHS, demonstrated through:</p> <ul style="list-style-type: none"> • Increased diagnosis (linked to increased investment) • clearer pathways for residents and non-residents • improved access to support for crisis • CAMHS support in all schools by 2020 • Improved outcomes for those transitioning to adult mental health services through a pilot 18-25 yr service • Reduced waiting times to entering treatment within 6 weeks by Q3, 18/19 • Extended hours of Paediatric Psychiatric liaison in A&E to 10pm • Enhanced eating disorders service • Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare
Priority 2: Strengthening the Health and Wellbeing offer for Vulnerable groups to reduce health inequalities and the impact of adverse childhood events	
<p>Improve the health offer for Looked After Children: Re-design and procure integrated HLAC provision</p> <p>Oversight of the health elements of the SEND offer and targeted joint work. Includes:</p> <ul style="list-style-type: none"> • Pathway development, particularly around the offer at early years • Early health input mechanisms embedded into EHCPs (Education, Health and Care Plans) • Support at key transition points • Further development / use of personal health budgets 	<p>More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs through newly commissioned service</p> <p>Increased early health support for children with SEND, as evidenced through input to EHCPs</p> <p>Increased numbers of children and their families utilising Personal Health budgets and making effective transitions to adult services</p> <p>Increased representation of specific communities accessing SEND health support</p>

<ul style="list-style-type: none"> • work with partners including the OJ community to support access to provision • explore improving the health and wellbeing of boys with autism specifically for City of London <p>Support work with children to manage Long Term conditions. Includes:</p> <ul style="list-style-type: none"> • STP Integrated Asthma provision work • Epilepsy and Asthma specialist nurses • Develop local offer around allergy and dermatology • Explore increasing access to therapies for groups with barriers to access, and specifically for City of London children • Develop clear Primary Care pathways for children with unexplained medical symptoms (in conjunction with the Paediatric liaison service), and work with CAMHS on the Autism pathway <p>Scope potential for joint work across the CSE, harmful sexual behaviours and CSA agenda, and deliver on STP proposals for development of CSA hub</p> <p>Support integration and groups with disparities in health outcomes and higher levels of coming into contact with the Youth Justice system, alongside work to Explore links to reducing exclusions</p> <p>Improve the health and wellbeing offer for the most vulnerable groups of City of London children and young people</p>	<p>More families supported to manage long term conditions in the community, and through a closer relationship with Primary Care</p> <p>Further integration of social care and health, resulting in better identification and support for those at risk of sexual exploitation, and better and faster access to support for those who have experience sexual assault.</p> <p>Less disproportionate representation of specific vulnerable groups accessing health and wellbeing services</p> <p>Closer working across education, health and social care to support the most vulnerable young people to stay in school</p>
<p>Priority 3: Improving the offer of care across Maternity and Early Years</p>	
<p>Support improvement in quality of local maternity services and perinatal care. Includes:</p> <ul style="list-style-type: none"> • Explore and propose work to reduce rates of infant mortality • Explore and evaluate data around re-admissions and identify action plan • Reduce rates of smoking in pregnancy (Embed HUFT maternal 	<p>Reduction in rate of stillbirths, neonatal and maternal deaths, supported by:</p> <ul style="list-style-type: none"> • Increased early booking by 10 weeks of pregnancy, and improve continuity of care from their midwife • Improved pregnancy outcomes, specifically for women who have Long Term Conditions (LTCs) or other specific medical needs through our GP Early Years Contract, and targeted pre-conceptual care

<p>smoking pathway and explore UCL pathway)</p> <ul style="list-style-type: none"> • Support work to improve rates of immunisations (including antenatal flu and pertussis). Explore potential effectiveness of devolved commissioning. • Support work on choice of maternity care and perinatal mental health (with STP partners) • Clarify pathways for women following birth and discharge <p>Support work to improve rates of immunisations at 1 and 2 years, including exploring options for a devolved commissioning role</p> <p>Improve access to breastfeeding support</p> <p>Explore options for development of a 'supporting parents' pathway, linked to substance misuse. This includes exploring work with Fathers.</p> <p>Ensure the needs of families and young children are built into the new 'Neighbourhoods' model (above), and the interface with children's centres is effective</p>	<ul style="list-style-type: none"> • An increase in numbers of women taking folic acid, aspirin and healthy start vitamins for a healthy pregnancy and healthy growth and development of the child • Increased numbers of women who receive Pertussis and Flu jabs during their pregnancy • Increased referral of women early to local services when social or psychological risks are identified • Improved pregnancy outcomes for socially vulnerable women targeted support for women who may be socially vulnerable • Clearer pathways through services for women with a high Body Mass Index (BMI) • Ensure pregnant women, partners and parents have the opportunity to provide feedback on their experience of using maternity services • Increased identification of, and access to support for women around mental health in the perinatal period (alongside our STP partners)
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Some early highlights across both BAU and transformation priorities include the following, which will become embedded during 2018/19:

- Delivery of CAMHS Transformation plans : Over 40 schools engaged in joint CAMHS / Education workshops and 50 schools now have CAMHS workers in them
- All children with continuing healthcare needs now transferred to personal health budgets, and all those eligible now transferred from statements to EHCPs (linked to two positive SEND inspections)
- Baseline report completed on City and Hackney's Looked After Children's health arrangements, with resource identified to take forward into the new service design (for delivery September 2019)
- Early snapshot of factors affecting exclusions drafted, and resource identified to deliver a full analysis of factors affecting exclusions to begin August 2018
- Perinatal mental health bid across North East London was successful, and will roll out further mental health support for mums over the next year in City and Hackney
- Plans developing for how we will work with Unplanned Care to embed the 'neighbourhoods' model in a meaningful way for families. This will include support for families but also a focus on strengthening relationships around children across Primary care and other professionals.
- Successful re-commissioning of School Based Health services and Family Nurse Partnership. New integrated model to be delivered from September 2018.

Alignment with ELHCP

There are several areas of alignment with the East London Health and Care Partnership, and our close neighbours, including:

- Maternity: C&H play a key part in the East London local Maternity System, and have recently secured a bid to deliver increased perinatal mental health support across the partnership
- Vulnerable Children at risk of sexual exploitation and assault: Locally we are working across Children's Social Care and Health to strengthen our identification of children at risk of exploitation, and looking to further develop the pathway together. We will be part of the new East London Child House, providing a one - stop shop of treatment and support to children who have experienced sexual assault.
- CAMHS: Our CAMHS transformation plans include continued delivery of the tri - borough eating disorder service, with wider work and interface currently being identified as below:
 - Long Term Conditions: We are working as part of wider NEL STP Asthma work

The Workstream Director is nominated as a City and Hackney representative on the new ELHCP Children and Young People's Programme Board. As part of the former East London Paediatric Alliance, priorities for ELHCP wide work were identified and will be taken forward through the new Programme Board. Early ideas for a bid to Healthy London Partnership around transition between children and adults services, linked to neighbourhoods is being worked up.

Cross - Workstream Delivery

There are a number of areas where work is being developed together with agendas delivered across other work streams. These are:

- Strengthening links between Primary Care and Community health services for children and maternity. The neighbourhood model (Unplanned Care and whole system) provides a good opportunity to deliver this and a joint bid will be submitted to CPEN shortly. CYPM have set up a 'Neighbourhoods Working Group' with Unplanned Care, exploring how we can ensure it works - ie, is effective and appropriate for children and families. We are specifically looking at communications, alignment to other geographical structures, and data analysis. We will pilot work on immunisations in one neighbourhood area initially.
- Work with Planned Care around continuing health care budgets, agreeing a joint approach across the pathway for children and adults, focussing on areas of transition. This is linked to Personal Health budget work and our SEND work.
- Work with Prevention around evaluating our approach to under 18 conception prevention, and on scoping models for delivery of a whole life course weight management intervention.
- Work with Planned Care and Prevention on long term conditions, as below, including pathway work around transition.
- Work with Prevention on embedding MECC ('Making every contact count') across wider universal children's services

Primary Care

- Our newly appointed clinical lead for Children (Suki Francis) will lead on consolidating and developing clear pathways
- We have prioritised 'immunisations' work, and have a GP confederation contract on it. We are keen to also explore how we can develop this work through piloting a 'neighbourhood' approach
- We want to strengthen links across Primary Care and children's community nursing and other services (as above) - ie. school nurses, CAMHS
- We will look at the role of Primary Care as reflected through our SEND inspections, and at how we might strengthen this as part of the EHCP pathway
- Building on our GP confederation Long Term Conditions contracts, we would like to work on scoping a clear offer around Long Term Conditions - specifically dermatology and allergy. There is currently a specialist asthma nurse and specialist epilepsy nurse, and we want to see if there are any benefits to alternative ways to manage LTCs. This work will also link with Planned Care's outpatient transformation work. Our clinical leads for LTCs (Ben Saw and Olivia Giles) will lead this work.
- Linking to the Planned Care 'Outpatients Transformation', we will look at how we can better manage common childhood illness in the community, with the support of Primary Care, preventing unnecessary first attendances / presentations. We will also look at how we maximise the use of our Health visiting and other community services to strengthen education and confidence in families to manage their children's health (possibly through CPEN).

Quality and Safeguarding

Quality is monitored at contract and service level, through a number of KPIs and wider indicators, with the support of the CCG quality function. This information is garnered through a number of inspections and records of serious and untoward incidents, alongside safeguarding serious case reviews.

A children's quality report was recently presented to the CCG Board. Some Key findings are:

- Homerton acute and community services are rated "good" by CQC but services at Royal London for more specialist care and surgery are rated as "requires improvement". Specialist services at Great Ormond Street are good and many elements are now rated as "outstanding". Mental health services for children are rated "good" or "outstanding" at ELFT. All local GP practices are rated "good" or "outstanding".
- The annual CQC children's survey is positive about Homerton and GOSH and Barts is reasonable. There is more data about mental health services which is positive. Parent/Carer feedback for GP Confederation services is positive. SEND feedback from parents is somewhat negative for health services in City of London.
- Staffing levels on Homerton and ELFT paediatric wards is adequate but of some concern for Royal London. Occupancy levels are good for Homerton.
- Positive peer review for high dependency care for children at Homerton but resources are stretched.
- Positive national audit results for extended perinatal mortality.
- There are increasing numbers of children who need mental health services, particularly crisis support.

Additionally, our Hackney Children's Social Care services are rated 'good' with elements of outstanding (Ofsted 2016), and the majority of our local schools and early years services are rated good or outstanding.

We have recently had two generally positive SEND (Special Educational Needs and Disability) Inspections (Hackney Dec 2017 and CoL March 2018). Health services for this cohort were found to be good, with some specific recommendations around health and social care input to EHCPs, Primary Care in the CoL and capacity for Designated Medical Officers. These recommendations are being addressed as part of our transformation priority to improve SEND.

We are expecting a CQC report on Maternity services in July. Ahead of this the 'Picker annual maternity survey' for 2017 has been published (NHSE commissioned, it rates approx 50% of trusts in England through a service user survey). This showed significant improvement across a number of indicators since 2015, including HUFT being the highest performing trust on 'asking about mothers' emotional health and wellbeing'. Antenatal service feedback was very positive, labour and birth generally positive, and post-natal feedback requiring the most improvement.

Supporting these, a Peer review of High Dependency Care for CYP at HUFT was carried out in Oct 17 - as part of As part of CQUIN implementation process, NHS England and Paediatric Intensive Care Units (PICU) across London agreed there should be a baseline assessment of the delivery of the Healthy London Partnership Paediatric Critical Care Standards in London. While positive, this provides us with some actions to take forward locally, linked to how efficiently we transfer children in and out of critical care, across NEL.

The workstream is currently drafting a safeguarding framework, building on very strong joint City and Hackney child safeguarding arrangements. This will outline how we interface and incorporate safeguarding throughout our workstream business and joint plans. It will ensure we are responding to, and implementing recommendations from the Wood review, as outlined in the recently published Safeguarding guidance: 'Working together to Safeguard Children 2018', that outlines significant reforms to local and STP level safeguarding systems. HUFT have recently delivered a number of Safeguarding audits that also inform our understanding of what is happening in practise locally. The framework will be produced for end of July.

2. Describe progress with big ticket items and plans for transformation in these areas moving towards a more preventative / early intervention approach. Please also outline where and how you intend to use co-production

There are several 'Big Ticket Items' that were set out as part of the transformation priorities and some that have emerged as part of beginning delivery work. These are outlined more specifically in the progress and performance table in Appendix 5. As an overview, our big ticket items are progressing as follows:

Big Ticket Item	Objective / Milestone	Progress	Elements of Co-production
Working together to explore reducing exclusions	Delivery of an analysis of factors affecting exclusion, looking specifically at the role of health with a view to identifying areas for improvement. To be delivered Winter 2018.	Early snapshot work done, GP trainee to start full analysis August 2018	CYP/ the public will be involved in developing the framework for the analysis initially and then throughout the piece of work, including sense checking any recommendations
Implementing and consolidating the offer for children with SEND, particularly U5s (Part of key transformation priority on strengthening our offer for vulnerable groups)	Implementation of SEND inspection recommendations, including whole system pathway clarification and development for U5s. Includes implementing mechanisms for early involvement of health to EHCPs and embedding this in practise.	Resource being sought through transformation funding for initial system model / pathway change with a view to the new ways of working being sustainable in the medium term.	Several key forums will lead and support this work, with support from the Public representative. Work will begin with an initial consultation.
Working with Primary Care to support capacity to manage childhood illness in the community Supporting multi-professional working to streamline care	1. Closer links between primary care and children's community health professionals, including looking at alignment of systems and other ways of facilitating (eg. closer links with GPs and School nurses) 2. Work with parents and families around supporting their children's health in the community as much as possible through information and training (possibly also with GP practise managers). This work will be done with Unplanned Care through the	Initial discussions with UPC Neighbourhood leads, and a joint bid to be submitted to CPEN for support.	We have yet to design the full co-production elements of this but will do so alongside Primary Care colleagues and our Young Parents Advisory Group as a starting point.

	'neighbourhoods model'.		
Development of a new integrated health offer for our Looked After Children	Re-design and Re-commissioning of our Looked after children's health service. Go live September 2019.	Baseline report completed and resource identified to explore options for new models. New design to be agreed by early 2019 for re-commissioning to timescale.	Our Young Parent Advisors will support the co-production of this, working with our Children in Care council '(Hackney Get's Heard') to inform the new design, and lead our stakeholder involvement. Both these groups will be part of the commissioning process (tender panels, interviewing providers and recommend the appointment decision).

Co-production & Engagement

The workstream has drafted an Engagement Plan that includes a mapping of the existing groups across the system that regularly engage children, young people and parents (see appendix 3). We are now in the process of drafting an engagement strategy that will outline the ways we engage with children and young people. As part of this, our two public representatives (parents of very young and adolescent children) alongside our two VCS representatives (from Interlink and the Black Parents Forum) represent our more specific communities. We have set up a Young Parents Advisory Group (4 parents), who are working with us to inform and support engagement and co-production. This meets quarterly (has now met twice), in addition to attending workstreams and working on our transformation priorities. They have a standing update item on the full workstream agenda, and have begun to think about how they would like to take co-production forward across maternity (specifically the campaign to attract births back to HUFT - alongside the Maternity Voices Partnership), CAMHS (as part of evaluating delivery of transformation plans), and how they will be part of designing our new health offer for Looked After Children. They will support us in bringing our engagement strategy to life, and will be part of recruitment panels to key roles with the Workstream.

3. What support does your workstream need from other parts of the system in order to deliver the required transformation?

CYPM cuts across the other 3 workstreams, and interfaces with mental health and primary care and it is essential that we approach some key areas together as a system. There are plans underway for areas we can take forward together (see above). This is linked to some organisational and cultural development opportunities.

In addition to this we could be more effective with regular robust contract performance information alongside financial activity - ie, specific paediatric breakdowns of acute attendances etc. ideally in terms of out of area contracts, and contract and KPI activity. We have this to some degree but not in a high level of detail for all contracts / performance areas.

We would benefit from financial expertise around further QIPP and savings modelling, and this has started to take place.

We have several areas we are hoping to secure resource on:

- Support for implementing recommendations from the SEND inspections, including several statutory requirements. This is linked to the personalisation of health budgets and the development of this work.
- Support for workforce development around multi - professional working, specifically between Primary Care and a range of Children's community health services, and linked to Neighbourhoods work
- Support for workforce development in specific communities with high levels of need
- Support for work with families to encourage management of common childhood conditions in with community, with the support of Primary Care

CYPM draws in resource from the CCG Children's, maternity and mental health teams, alongside the LBH and CoL Public Health teams. We have secured resource specifically to support the workstream to take forward the transformation agenda and are recruiting to this currently.

Financial Planning

4. Outline your financial plans for 2018/19 including any QIPP and local authority savings and any further pooling plans

Financial plans

Having almost completed a consolidation exercise to look at all the workstream budgets (see appendix 6), we are now in a position to state exactly what they are, and what we would like to propose for pooling and aligning in the immediate term: see paper at Appendix 6. We envisage we would like to propose further areas for pooling in Winter 2018 for 2019/20.

There are no significant risks for financial delivery of contracts and services for 2017/18, related to the Asks, big ticket items or business as usual. Indicative QIPP targets are currently specified as £586,000 for 2018/19, although are likely to increase to £1,361,348. We are working with partners to identify these.

QIPP and System Savings

There workstream will achieve the 2018/19 £586,000 QIPP target through:

Repatriation: maternity and critical care

One of our key deliverables is a 2 pronged piece of work on repatriation to HUFT. We know a significant number of our maternity deliveries take place outside Hackney (significant volume at UCL) and there is an incentive to repatriate them back to HUFT particularly with the block contract and market forces factors. This is part of our maternity transformation work, and is closely linked to the maternity 'choice of provider' indicator. Initial modelling, linked to the 3 pathway tariffs suggests there might be as much as £31k of gross QIPP in

2018/19 before we consider any costs of delivering this QIPP, with a part year effect in 18/19. This is a pipeline QIPP that is currently being worked up.

We also know we have a number of children in High Dependency care outside the boroughs, who are not repatriated as quickly as they could be. This is also a key area of potential savings and figures a need to be modelled. HUFT may need some initial support around this. It is linked to the critical care pathway and the nationally mandated CQUIN, and these plans are being worked up currently as pipeline QIPP.

Elective Caesareans and Paediatric non - elective acute

Data is being sought and early ideas are being worked up linked to reducing numbers of elective caesareans at HUFT with the Head of Midwifery. This has the potential for savings and may form a pipeline QIPP dependant on early predictions. Paediatric non-elective acute spend will be analysed further to explore opportunities for savings.

Children's Community Health Services:

Through the re-design and re-commissioning of the Health Visiting Service, the system has secured savings of 1.5 million over the past 2 years. For 2018/19 this will return a further 500K savings. This complements small reductions in cost of other children's health services that have been re-commissioned. HUFT have demonstrated this as a SIP.

Outpatients:

There is a paediatric respiratory specialist nurse in place, delivering £20K of QIPP for 2018/19 (green rated), and £50K worth of outpatients transformation pipeline QIPP to be detailed.

CAMHS QUIPP

There is a CAMHS QIPP signed off through HUFT (First Steps), linked to increasing productivity (reducing backlog and new waiting time to enter treatment). This will return savings of £437,902 (18/19) and £162,601 (19/20). This QIPP is green rated (half definite, half pipeline QIPP to be delivered in the latter half of 2018/19).

Wider system savings

By the end of 2019/20 a number of key contracts across Children and Young People's health services will be ending, opening up the opportunity to design and commission an integrated 0-19yr. old or 0-25 yr. old service. Planning for this would need to start imminently. This also has the potential to deliver a significant level of 'efficiencies'.

Managing Risk

5. Outline key workstream risks and the mitigation and management plans in place

See attached full workstream risk register as Appendix 2. Our key areas of risk include:

- Immunisations (escalated to IC Risk register)
- Safeguarding (strong systems in place and largely mitigated with partners)
- Quality in delivery of maternity services (impact on attractiveness of local provision, given choice of provider indicator but improving - awaiting CQC inspection results in July)

- SEND (monitoring financial implications of SEND recommendations and moves to personalised budgets and EHCPs)
- Paediatric (doctor) vacancies in HUFT (starting to see impact on some services: needs mitigation plans / assurance.)
- Limitations on critical care beds for children across North East London (linked to recent SI - early discussions on plans for mitigation)

Contracting and Commissioning

6. What are your commissioning intentions for 18/19 and how have you / will you consult on these? If relevant, please include notice that will need to be served in terms of contractual agreements

Our contracting, commissioning and performance management is monitored monthly by our Business Performance Oversight Group (as above). This group also ensures our statutory obligations are delivered. All contracts have 6 month notices as standard. Alongside the LBH re-design and re-commission of all its Children's contracts over the past 4 years, our commissioning intentions sit within the context of a Community Health Service (HUFT) rebasing exercise which we hope will deliver a higher level of clarity on performance, activity and spend.

There are a number of large contracts and commissions that are rolling - ie. maternity services, Homerton Paediatric services, Health Visiting, CAMHS Alliance contracts, and these are outlined in the performance tracker in appendix 5.

Additionally there are some specific commissions / procurements relevant to 2018/19:

Contract	Amount & Deliverables	Status	Comments
Health of Looked After Children Service	TBC. Currently 293K pa. Delivers a number of statutory health functions for all Looked After Children (Annual health assessments, health reviews), in and out of borough.	State of play report presented to WS, resource secured to propose models for new design and commission.	High priority, long standing partnership contract. On track for delivery of new service (Go-Live) for September 2019
School Based Health Services	1.3m pa. Delivers a number of statutory and additional health functions for City and Hackney children aged 5-19.	A new integrated service was re-designed and re-commissioned through open tender to go live Sep 2018. Will be delivered by HUFT. Procurement led by LBH with heavy CCG input to design, spec, process and award.	Implementation on track. Commission went through IC governance Dec 2017. Part new provider.

Recurrent and Non - recurrent Primary Care contracts	Full envelope circa 900K. 3 contracts delivered through the GP confederation for 18/19: Separate specs for: Long term conditions, Maternity Early years and Vulnerable Children: Immunisations:	All 3 are non-recurrent contracts running for the second year (PIC approved)	Maternity, LTC and Early Years / Vulnerable children contracts performing well. Immunisations ran last year and performance was limited. Is being delivered 18/19 to a reduced funding envelope.
Audiology contract	Audiology Tier 2 and Tier 3 recommissioned in 2017. New services 18/19.	Tier 2 being delivered by HUHT (Comm Paeds) and Bart's (audiology) Tier 3 delivered by Bart's (audiology) and Hearline (Audiovestibular consultant - AVC)	Service bedding in.
Childhood obesity and physical activity services	Value of physical activity services TBC. Currently being reviewed alongside review of adult physical activity services. New tier 1 / 2 childhood obesity services were recommissioned and are live from April 2018. Approx 300K.pa.	Aiming to have new service design (possibly framework) for commissioning late 2018. Implementation and mobilisation on track. 2 new VCS providers.	Linked to Prevention workstream Some work being done to unpick CCG Dietetics contract, and links.
Family Nurse Partnership	425K pa. Re-commissioned to go live Sep 2018. Delivers wrap around intensive support to young families under 25 for 2 years from 26 weeks of pregnancy. Strong focus on work with fathers.	Re-commissioned through open tender to go live Sep 2018. Will be delivered by Whittington Health. Procurement led by LBH with heavy CCG input to procurement and award. Licensed model.	Implementation on track. Commission went through IC governance Dec 2017. Same provider as previous, service performs well.
New framework for	Provider framework	Procurement being	May affect CoL

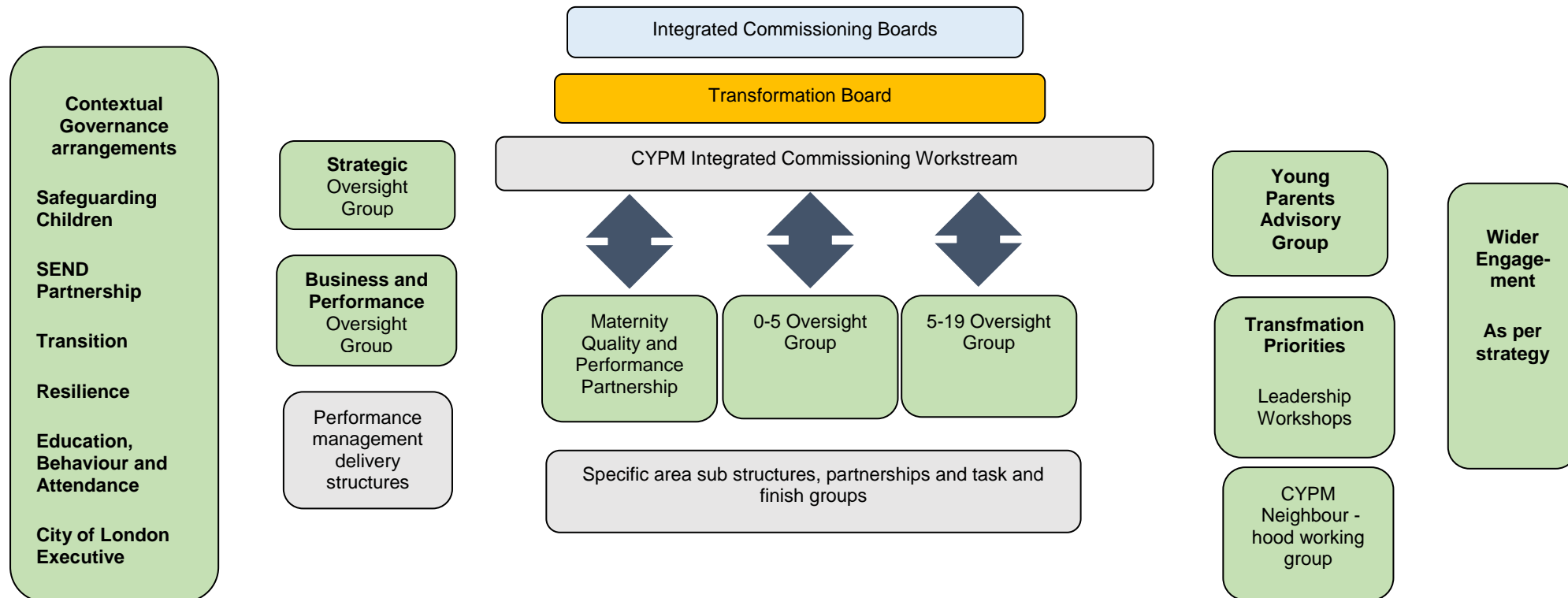
delivery of Short Breaks	to deliver short breaks for families of children with disabilities / SEND as appropriate.	led by LBH, and includes CCG providers. Some level of integration and joint procurement. Currently being worked up for LBH procurement committees. Timescales TBC.	Short breaks provision. Arrangements and values to be discussed.
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Additionally, NHSE are currently the commissioners of all immunisations. There maybe an opportunity to explore devolved commissioning of immunisations, although this will need some work to ascertain any financial risk.

Appendix 1: Children, Young People and Maternity

Overview

Integrated Commissioning Governance



May 2018 CYPM Risk Register

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description	Likelihood	Severity	Inherent Risk Score	Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate]	Monthly update on actions taken to mitigate risk and impact of actions	Likelihood	Severity	Inherent Risk Score	
1	CYPM	Pauline	Immunisations for pregnant women. There is very low	2	5	10	Risk currently being updated to reflect current activities to	Update actions taken Data is being collated by HUH at 20	1	4	4	N/A
2	CYPM	Sarah Darcy	Risk that governance processes for joint funded packages of care are still in development which may lead to increased costs for partners . This includes health EHCPs, out of borough packages and LAC / complex mental health packages	3	4	12	1. CYPM Workstream Transformation Priority Working Group [Vulnerable Young People] to prioritise development of governance arrangements and manage the impact of this risk through planned activities 2. Hackney SEND EHCP panel supports agreement to develop an integrated pathway from point of EHCP assessment request; cases being piloted in Q1 18/19	1. Real time review of three EHCP case studies led by DMO 2. Review of out of borough special school packages 3. Development of complex care funding panel (LAC and mental health)	3	4	12	N/A
3	CYPM	Sarah Darcy	Risk in speed at which the offer of Personal Budgets across the health, education and social care system is expanded	4	2	8	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	Current actions to expedite the offer of PBs across the C&H health System 1. Cross workstream strategic review of personal budgets offer 2. Personal budget offer part of short-breaks review	4	2		N/A
4	CYPM	Amy		2	2	4	1. Regular meetings for, and updates to partners on	Programme being led and delivered as designed. Strategic	1	1	1	N/A
5		Amy	Operational challenges associated with collaborative	2	2	4	Operational Businesss and Performance Oversight is	There are no key concerns currently. Risk to be assessed	1	1	2	
6	CYPM	new lead	Failure to have formal quality assurance processes for	3	4	12	Risk currently being updated - review governance	Update actions taken Link formally with primary care	2	4	8	N/A
7	CYPM	Mary Lee	Failure of NHS England and LETB to agree on the	3	4	12	Risk being updated to reflect safeguarding risks associated	Designated network collectively raising with NHSE	2	4	8	N/A
8	CYPM	Pauline	Risk that low levels of childhood immunisations in the	3	5	15	1. CYPMs Workstream closely involved in NHSE quarterly	1. Risk falls within CYPM Workstream Transformation	3	5	15	N/A
9	CYPM	Angela Scattergood	Gap in provision for children who require health plans in early years settings	3	4	12	Review on a case by case basis where issues are identified, involvement of Designated Medical Officer where appropriate	Actions currently scoped. Plans being drafted to secure funding to implement recommendations from 2x recent SEND inspections (CoL and LBH).	3	4	12	
10	CYPM	Amy	Transfer of children and young people using the current	3	3	9	A five month mobilisation period will allow time to	Risk currently being UPDATED to reflect wider risks re new	3	3	9	

Appendix 3: Children, Young People and Maternity Workstream

Draft plan for Engaging Children and Young People across City and Hackney

1.0 Background and Context

Work to date

At the December 2017 meeting of the CYPM Workstream it was agreed that an exercise to map engagement mechanisms across the Children Young People and Maternity (health and social care) system would be beneficial for the following reasons:

- a) To support the Workstream in better understanding what system partners were doing to engage children, young people and their families;
- b) To support the Workstream to identify gaps in our engagement mechanisms across the system;
- c) To support the development of a strategy for CYPM engagement

Since December information from the key system providers, partners and groups has been requested – a summary of this information is provided in Appendix A, a full list including detailed information about each of the groups is available on request from Olivia.katis@nhs.net.

What is the purpose of this exercise?

We intend to use this information to better understand what mechanisms are in place across the system which will support with the following:

- a) support us to identify any gaps in the type of service user we should be engaging with;
- b) support us in planning how we can better work with our existing groups and any additional groups or mechanisms we create through contributing to the Workstream Engagement Strategy

How should we manage engagement at a Workstream level?

The Workstream has representation from the Voluntary Sector through two representatives (Chaya Spitz, Interlink and Reverend Joyce Daley, Black Parent Forum) and has two Head teachers as part of its membership (one Secondary and one Primary). This paper focuses on engagement of the general public, and particularly workstream service users - ie. Parents, children and young people.

From a Workstream perspective, a deep dive on Workstream engagement will be carried out every six months by the Workstream. At this meeting, members should discuss the Engagement Strategy employed by the Workstream, and explore what is working well and what could be improved – the CYPM Engagement Strategy should be updated accordingly.

The named contacts and coordinators of groups across the CYPM engagement system should be invited to this focussed Workstream meeting should they be available.

Engagement of service users will be discussed on an ad hoc basis across CYPM Workstream meetings such as the Business Performance and Oversight Group (BPOG), respective 5-19 / 0-5s Oversight Group and other transformation working groups – these groups will be able to support the development of the CYPM Engagement strategy and make recommendations for ways this aspect of workstream business could be improved.

2.0 How we plan to engage with Workstream service users, and planned Workstream engagement activity

1. Direct consultation with Parents

The Workstream has worked with the Engagement Enabler Group to secure a first patient / service user representative - a parent with adolescent aged children and specific expertise in SEND.

The second post for a patient / service user representative has been filled by a Young Parent. The Engagement Enabler supported recruitment to this role, and the representative has recent experience of the maternity system, and of working in local early years provision. Both representatives are supported by 3 additional parent representatives - who form the 'Young Parent Advisory Group' (YPAG). The Young Parent representatives are invited to all workstream meetings, and separately will meet quarterly with key members of the Workstream to work on specific areas of interest. Additionally they are invited to work with the Workstream, CCG and other partners where their engagement would be valuable (ie. the 'Let's Talk' consultation event) and as their capacity allows.

These representatives will be crucial to the development of the wider engagement strategy.

2. Direct consultation with young people

Consultation on an ad hoc basis

We have a number of specialist advisory groups operating across the system, these include groups working with specific ethnic groups (for example, black parents participation group, HCVS's Talent Match Programme, which specialises in supporting young people into employment, and specific engagement groups which work with the OJ Community). We also benefit from a variety of monthly service-user engagement meetings which our partner organisations (ELFT, HUH) host.

From a commissioning perspective, commissioning colleagues who work across the workstream should be encouraged to consult with these specific groups where they have reason to. At a Workstream level, service users from these groups (via the appropriate professional) – or coordination professionals themselves could be invited to specific meetings relevant to areas our work.

Across all of the above, we could benefit from a forward plan of these monthly groups so we are aware what groups we can consult with and when.

Planned Engagement

As well as working with specific the Integrated Commissioning engagement mechanisms [Appendix B], it is proposed that the CYPM Workstream scope their own planned engagement work.

It is also proposed that a 'deep dive' engagement session with the following key groups takes place every calendar year:

- The OJ Community
- Care Leavers and LAC
- CAMHS and Mental Health
- Maternity
- Education

These deep dives would be an opportunity for specific groups of service users to report back on their experience using C&H service, any issues or concerns and suggestions for the future. Commissioners could also consider bringing draft proposals or plans to groups for consultation. This would take place in addition to ad hoc engagement activities by commissioners.

The Workstream will run quarterly meetings with the Young Parent Advisor Group.

Transformation Priorities

As we progress our transformation priorities [Early years and Maternity, Vulnerable Groups and Improving health and wellbeing]. We will scope planning and hosting bespoke engagement work with existing user groups. This will be outlined in our Engagement Strategy.

3. Direct consultation with CYPM providers

We have mapped mechanisms for engaging with CYPM providers as well as service users. From a commissioning perspective, commissioning colleagues who work across the workstream should be encouraged to consult with these specific provider groups where they have reason to. Further details are included in Appendix A.

3.0 Next steps & areas for consideration in the future

This is an ongoing piece – we envisage further engagement work taking place over the coming months, with a more detailed engagement strategy being developed in the summer months (2018).

We are aware that it is much easier to capture information about the 'visible' engagement groups, and far harder to ascertain information about smaller, more niche, community managed groups - which often include some of our hardest to reach cohorts. Over the coming months we will be looking to broaden the number of groups in our list. We will work with our voluntary sector representatives and our Young Parents Advisory Group to take this forward.

Resourcing engagement: The Workstream could benefit from a nominated Engagement Lead [not necessarily a full time post – perhaps a commissioning officer or coordinator] who

could support planning focussed engagement sessions and Workstream deep dives and coordinating the Young Advisors.

At both coordination and Director Level, developing strong working relationships across our C&H engagement mechanisms will be imperative.

Once Transformation areas are developed and engagement activities planned – the Workstream could consider commissioning a youth worker or other organisation to carry out service user focus groups or visit service users in care settings.

4.0 List of Appendices:

Appendix A: CYP Engagement mechanisms

Appendix B: Integrated Commissioning and wider health engagement mechanisms

Appendix C: Mapping of Engagement Mechanisms in detail

Separate Document

Appendix A:

CYPM Engagement Mechanisms

Generic advisory groups working directly with young people:

ELFT monthly participation group with young people ages 11-18

HUHFT monthly participation group with young people

Specialist advisory groups working directly with young people in a specific cohort:

Black Parents Community Forum

Work related - Talent Match programme Hackney CVS

Young Parents Advisor Group: mothers living in the borough with young children

Children's Disability Forum

Hackney Gets Heard (LAC and SEND)

Family Nurse Partnership – annual review w/ service users

CAMHS: School Focus Groups, Specialist CAMHS Young Person user group, CAMHS Disability, Sibling Group, CAMHS Service User Ref Group, Five to Thrive Workshops

The Advocacy Project – mental health service user group

Orthodox Jewish user groups: Young People with Diabetes, parents of children with ASD, parents of children with ADHD

City of London: Children in Care Council (CiCC), City of London Virtual School (for children in care), Care Leavers Group and Event, SEND Parents Group, Commissioned youth services from LB Tower Hamlets, Youth Council and Awards Young Mayor

Maternity Voices Partnership (MVP)

Generic groups working with a broad range of C&YP groups

Young Hackney

Virtual School

Hackney CVS Youth Programme – Talent Match Programme (employment)

Family Nurse Partnership – annual review w/ service users

ELFT Participation Group

HUH Youth Persons Services (CHYPS) Plus VOICES

Groups coordinating organisations who work with young people:

C&YP Providers Forum: Attendance from C&V Sector orgs

Orthodox Jewish provider consortiums: children and family voluntary and community organisations, early years providers, maternity providers, health/social care providers

Appendix B:

Integrated Commissioning & wider health engagement mechanisms

GP Patient Participation Groups (PPGs)

Patient User Experience Group (PUEG)

NHS Community Voice (NHSCV)

Patient and Public Involvement (PPI) Committee

LBH User and Carer Involvement Reference Group.

LBH Making it Real Board

CoL Adult Advisory Group

HUH User Engagement Group

St Joseph's Hospice carers group

Appendix C: Mapping of Mechanisms for Engaging Children and Young People across City and Hackney

February 2018

Organisation	Type of engagement including frequency of meeting, agenda	Named contact
Children's Disability Forum (CDF)	Run from Huddleston Centre to involve and consult children and young people with disabilities and their carers.	Contact anjie@huddlestoncentre.org.uk
Children and Young People Providers Forum	Hackney CVS supports the charity and voluntary sector in Hackney. There are over 350 organisations that work with children, young people and families. The sector comprise of small frontline organisations to larger commissioned providers. Key areas of work; Health, education, housing, employment. The children and family sector consist of distinct networks that engage the following interest groups; <ul style="list-style-type: none"> ● Migrant and Refugee, ● Children with disability, ● Play providers, ● Orthodox Jewish, ● Organisations that support young black men ● Women's led organisations Faith sector organisations.	Kristine@hcv.org.uk 020 7923 1962
Black Parents Community forum	Via Hackney CVS. Meets every two months The Black Parents Forum brings together African heritage parents to discuss key issues. Past meetings include education and knife awareness conferences.	Rev Joyce Daley bpcforum@yahoo.co.uk
Hackney CVS Youth Programme	Talent Match – have a group of Inspirational Peer Leaders Organise events for young people and employers where young people can find out what jobs are on offer, and have a chance to speak to different types of employers from diverse sectors. In addition the Inspirational Leaders co-ordinate key events to support young people- in secondary schools and in the community	monique@hcv.org.uk

Document Number: 20912479

Document Name: App 3 CYPM Draft plan for Engaging Children and Young People across C&H Document

Appendix C: Mapping of Mechanisms for Engaging Children and Young People across City and Hackney

February 2018

<p>Young Hackney</p>	<p>Universal provision is delivered through Young Hackney's youth hubs where a range of activities take place such as group work, cooking classes, boxing, wheelchair basketball and sessions specific to Juniors and Seniors. Staff at the youth hubs offer structured activities to aid children and young people's social and emotional development and help develop their decision-making and critical-thinking skills. Two of the youth hubs are managed by Young Hackney (Forest Road and The Edge) and three are commissioned to the community and voluntary sector (Hoxton Hall, Stoke Newington and Concorde). Positive activities are also delivered through adventure playgrounds and community sector youth clubs. All children and young people are able to access Young Hackney's universal services regardless of their needs.</p> <p>Co-production is valued strongly in Young Hackney as a means to achieve a child-centred and focussed provision. Opportunities are sought to support young people to become directly involved in service review and delivery as inspectors, peer educators, peer mentors, recruitment panellists, volunteering or through establishment of their own social enterprises. Engagement of young people at a local level is driven through the Hackney Youth Parliament, Hackney Gets Heard (Hackney's Children in Care Council), Youth Forums, Youth Opportunity Fund (YOF) Panels and youth-led inspections and can be facilitated at any level (universal, universal plus, targeted support). These opportunities are the platform for young people to be involved in decision making and social action locally, regionally and nationally, for example through the UK Youth Parliament and National Citizen Service.</p> <p><u>Youth Parliament</u>: Represents the views of young people to decision-makers in hackney. There are 24 elected members of youth parliament and four additional members from specialist forums (young people with disabilities, young carers, and looked-after children).</p>	<p>Chris Murray (Youth Programmes and Projects Manager, Young Hackney) chris.murray@hackney.gov.uk</p> <p>Peter Algacs (Youth Participation Manager, Young Hackney) peter.algacs@hackney.gov.uk</p>
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Document Number: 20912479

Document Name: App 3 CYPM Draft plan for Engaging Children and Young People across C&H Document

Appendix C: Mapping of Mechanisms for Engaging Children and Young People across City and Hackney

February 2018

	<p><u>Offer a variety of PSHE / SRE sessions</u> for young people (5-19, up to 25 for those with additional needs) in City and Hackney. Commissioned to operate in schools in the borough, FE colleges, Youth Clubs, alternative education providers and run ad hoc events areas. Sessions can be tailored to meet individual group's requirements, generally about 40-60mins in length. Issues covered include:</p> <p>Gender Roles & Normativity, Body Image, Healthy living, Smoking Prevention, Emotional Wellbeing, Consent and the Law, Relationships & Domestic Violence, Positive Sexuality, HIV and AIDS, Contraception, Sexuality & Gender, Pornography, Homophobia & Bullying, Internet Safety & Cyber Bullying, Personal Hygiene, Dental Hygiene, Healthy Eating, Puberty, Internet Safety/Cyber Bullying</p> <p>Also offer: Assemblies, Peer Educator Training, Training for Teaching Staff Youth Leadership Programme</p>	
<p>Children's Services [LAC, SEND]</p> <p>Adopted children in the borough</p>	<p>Hackney Gets Heard – Hackney's Children in Care Council</p> <p>Hackney Gets Heard (HGH) gives looked after children the opportunity to shape and influence the corporate parenting that they receive at every level. It gives young people the opportunity to have a say about the things that really matter in their lives, helping to shape the overall strategy for looked after children and young people in Hackney. HGH meets regularly at Forest Road Hub and focus on service design and peer leadership, as well as fun activities and consultations with other young people.</p>	<p>Peter Algacs (Youth Participation Manager, Young Hackney)</p> <p>peter.algacs@hackney.gov.uk</p>
<p>Family Nurse Partnership</p>	<p>FNP annual review happens once a year, usually in June. At the annual review clients that are on the programme attend the review to discuss the service and their experiences with stakeholders.</p>	<p>Kate Heneghan (Public Health)</p> <p>kate.heneghan@hackney.gov.uk</p> <p>Mel Green (FNP)</p> <p>melissagreen@nhs.net</p>

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Appendix C: Mapping of Mechanisms for Engaging Children and Young People across City and Hackney

February 2018

<p>Virtual School – Hackney Learning Trust (LHT)</p>	<p><i>To be updated</i></p>	<p>Nick Corker is the Virtual School Head in Hackney nick.corker@hackney.gov.uk</p>
<p>CAMHS</p>	<p>CAMHS Alliance Transformation Project - 5 Focus Groups in 5 schools with CYP where we will explain our transformation project and discuss with them:</p> <ul style="list-style-type: none"> a) What would they like to get from this project b) What are the things they believe are more important to work on c) What will success look like from their point of view <p>We will liaise with 5 schools: 1 primary school, 1 secondary school, 1 Sixth Form College, 1 Pupil referral unit, 1 Special Needs school</p> <p>In each of them we will work with a group of students (3-10 pupils), where existing Student Councils are in place we will use them as the Focus Group. The answers gathered from the Focus Groups will be included as part of the Evaluation Plan for the WAMHS project.</p> <p>CFS Clinical Team</p> <p>We tend to rely on the Young Hackney Participation Unit and liaise with them around our more formal engagement/consultation needs. They have several ongoing groups, including Hackney Gets Heard, which is the participation group for LAC. The Participation Unit support by convening a young people’s panel when we recruit new staff and we go out them for consultation on various service developments. We also convene focus groups ourselves, or consult with existing groups, around all new service developments. For example, we would consult with the Special Guardians group or Adopters Forum, or we would recruit to focus groups from young people attending the youth hubs. We did this recently to inform the development of CSE-related group work with families.</p> <p>Specialist CAMHS Young Person user group</p>	<p>Mariona Garcia Edo</p> <p>Laura Smith</p> <p>Vicky Rodriguez</p> <p>Susan Crocker</p>

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	<p>CAMHS Disability Sibling Group CAMGS Service User Ref Group – engaged on an ongoing basis. Involved in consultation with CAMHS across a number of areas</p> <p>Five to Thrive Workshops</p>	
East London Foundation Trust (ELFT)	<p>Monthly user participation group with young people ages 11-18 Parent forum ,engaging parents to shape services Workshops with hard to reach communities Parent support group Consultation opportunities for service developments within CAMHS</p>	Vicky.rodriques@nhs.net
HUHFT	<p>City and Hackney Youth Persons Services (CHYPS) Plus VOICES</p> <p>Monthly meetings with 5 – 10 young people Includes young people’s opinions in the running, shaping and evaluation of the service and also to help promote health matters for other young people</p>	<p>Charity Kanotangudza 07976739479/ 020 7683 4070 – Charity.kanotangudza@homerton.nhs.uk</p>
Maternity Voices Partnership	<p>Quarterly MVP meeting. Chaired by external users reps and has a multidisciplinary group of attendees including service users, midwives and consultant obstetricians. They also engage in walk the patch, collate feedback and send to CCG, Homerton midwives.</p>	<p>Sarah Weiss and Gitit Rottenberg sweiss@interlink-foundation.org.uk grottenberg.204@lgflmail.org</p>
The Advocacy Project	<p>Mental Health User Voice Group Mental Health coordinated by the Advocacy Project (contact: bonnie@advocacyproject.org.uk). Jointly commissioned by London Borough of Hackney (LBH) & CCG.</p>	
Children with Disabilities (LBH)		

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HSVS Children and Young People Providers Forum	HCVCS groups working with children and young people	Kristine@hcvcs.org.uk
OJ Groups	<p>Quarterly meetings with Orthodox Jewish children and family voluntary and community organisations, organised by Interlink Foundation. Participation from public sector is Children's Social Care, HLT and Public Health, with occasional participation from other departments.</p> <p>Quarterly meetings with Orthodox Jewish early years providers, organised by Interlink Foundation and Hackney Early Years.</p> <p>Quarterly meetings of HUHFT and Orthodox Jewish maternity providers and advocates, organised by Interlink Foundation. Also includes other London Hospitals frequented by OJ women, e.g. Whittington. Interlink also participates in SEND partnership board, and subpartnerships, to bring perspective of OJ providers, schools and parents.</p> <p>Quarterly meetings with OJ health/social care providers with senior staff at Homerton Trust organised by Bikur Cholim.</p> <p>Peer Support and Activities Group for Young People with Diabetes organised by Bikur Cholim.</p> <p>Peer Support Group for parents of children with Hearing Loss organised by Bikur Cholim.</p> <p>Peer Support Group for parents of children with ASD organised by Bikur Cholim.</p>	<p>mluknar@interlink-foundation.org.uk</p> <p>sweiss@interlink-foundation.org.uk</p> <p>mdavidovits@interlink-foundation.org.uk</p> <p>s.dee@bikurcholim.co.uk</p> <p>y.eiger@bikurcholim.co.uk</p> <p>y.eiger@bikurcholim.co.uk</p> <p>y.eiger@bikurcholim.co.uk</p> <p>y.eiger@bikurcholim.co.uk</p>

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	Peer Support Group for parents of children with ADHD organised by Bikur Cholim.	
Organisation	Type of engagement including frequency of meeting, agenda	Named contact
Hackney Independent Forum		
NHS Community Voice	Commissioned through the CCG, through PPI Delivered through Healthwatch	
City of London Corporation	Children in Care Council (CiCC) Pan-London CiCC City of London Virtual School (for children in care) Care Leavers Group and Event SEND Parents Group Commissioned youth services from LB Tower Hamlets Youth Council and Awards Young Mayor	Rose de Paeztron Rose.dePaeztron@cityoflondon.gov.uk Julia Hodson, Julia.hodson@cityoflondon.gov.uk Jo Henderson, jo.henderson@cityoflondon.gov.uk Theresa Shortland, Theresa.shortland@cityoflondon.gov.uk Monica Patel/Sarah Greenwood Monica.patel@cityoflondon.gov.uk

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	<p>Barbican Centre (Young Barbican and children's programming)</p> <p>Barbican and Communities Library (including Green Box)</p> <p>City of London Police (including community boxing club for children over 10 and volunteer police cadets)</p>	<p>Contact unknown</p> <p>Carol Boswarthack, Carol.Boswarthack@cityoflondon.gov.uk</p> <p>Jesse Wynne, Jesse.Wynne@city-of-london.pnn.police.uk</p>
City of London Family & Young People's Information Service	<p>The FYI manages an online directory of services, activities and events supporting the needs and aspirations of children and young people living in the city. Website: www.fyi.cityoflondon.gov.uk</p>	<p>Esther Olawande Esther.olawande@cityoflondon.gov.uk</p>
City of London's Local Offer	<p>The Local Offer provides information, advice and guidance about services, activities and events available in the city and local area for children and young people with special educational need and disabilities (SEND) www.localoffer.cityoflondon.gov.uk</p>	<p>Esther Olawande Esther.olawande@cityoflondon.gov.uk</p>
Prior Weston Primary/Golden Lane Family Centre	<p>Community primary school in Islington with high number of City resident children who attend; associated children's centre that accepts City residents: www.priorweston.islington.sch.uk</p>	
Sir John Cass/Cass Child and Family Centre	<p>Sustained primary school in City of London attended by City resident children, with associated children's centre: http://www.sirjohncassprimary.org/</p>	

More general mechanisms for engaging with service users, patients and the public can be found in Appendix A

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Appendix 4: Children, Young People and Maternity Provisional Dashboard

May 2018

Framework	Indicator	Latest data period	City and Hackney	England	London Cosmopolitan group	RAG rating:		
						Against comparator	Trend	Achieving target
IAF	Maternity clinical priority area rating	May-16	Needs improvement					
IAF	Neonatal mortality and stillbirths	2014	9.6	7.1	7.9		↓	
IAF	Women's experience of maternity services	2015	76.2%	79.7%	77.9%			
IAF	Choice in maternity services	2015	66.5%	65.4%	67.4%			
IAF/ PHOF	Maternal smoking at delivery	Q2 2016/17	2.8%	10.4%	4.1%		↓	
IAF	Personal health budgets - children							
NHS OF/ PH OF	Breastfeeding initiation	Q2 2016/17	91.7%	72.6%			↔	
NHS OF/ PH OF	Breastfeeding rates at 6-8 weeks	2014/15	81.5	43.8%				
Local	% of births at birth centre	Dec-16	14.6%				↓	<12%
Local	Planned/unplanned births at home	Dec-16	2.1%				↔	>1%
Local	C section rate	Dec-16	29.6%				↑	<35%
Local	Maternal mortality							
NHS OF	% of women booked by 12+6 *provisional data	Q2 2016/17	88.0%	89.7%	80.6%		↑	<70%
Local	% of women booked by 10 weeks	Dec-16	83.6%				↑	>40%
PH OF	Low birth weight babies	2015	3.2	2.77	3.18		↓	
Local	Unplanned NICU admissions for term babies	Dec-16	28				↑	<36
Local	Childhood imms (DTaP/IPV/Hib by 5 years old within 16/17)	16/17	86.8%					
IAF	CAMHS transformation indicator	Q2 2016/17	90%					
PH OF	% 10-11 children classified as obese	2014-15	41.3%	33.2%	40.5%			

Appendix 5: June 2018

CYPM contract monitoring summary: Performance Tracker

About: This paper is designed to provide a summary of the following:

- Contract name and value – both BAU and transformational activity
- Current contract performance, indicated using a RAG against available indicators
- Planned activities to improve or develop the contracts ‘transformation activities’
- Progression against transformation activities, indicated using a RAG

This document will be continually updated to reflect activities of the CYPM workstream; as further work to align contracts takes place. The intention is for this to be a ‘live’ document, which is update by contract / priority area leads on a regular basis.

Work areas covered: this document has been structured to reflect the services a child and their family born in City and Hackney might use from birth; beginning with Maternity and moving on chronologically. Safeguarding and Strategic Transformation Areas have been included in a sub section at the start of the document, as they straddle all our contracts.

- a. Safeguarding (p.2)
- b. Maternity (p.4)
- c. Children (p.15)
- d. Mental Health (p.23)
- e. Public Health (p.24)

Where appropriate, CYPM risks [with a score over 15¹] which relate to the CYPM contract portfolio have been included and have been included in an additional table under their relevant work area. Information about the risk owner, scoped programme of work and most recent monthly update has also been included for information.

¹ The Integrated Commissioning Programme has a central risk management policy which stipulates that any risks with a score of 15 or over are included on the central Integrated Commissioning Programme Board risk register, which is reported to the Transformation Board and the Integrated Commissioning Board every three months.

a. Safeguarding

Section 11 Children Act 2004 places a duty on a range of organisations including local authorities and health services in relation to safeguarding children. These are set out below as safeguarding standards. New guidance ‘Working Together to Safeguard Children’ 2018 has recently been announced and joint plans for implementation are being developed locally.

Commissioners of health services are responsible for quality assurance of safeguarding standards through contractual arrangements with all commissioned services. This includes:

- Mental health services
- Acute hospital services
- Community health services
- Small scale and specialist service providers including independent and third sector and social enterprises.

The NHS standard contract (service condition 32) covers safeguarding, mental capacity and Prevent and requires providers to adhere to specific legislation in relation to safeguarding. Where the standard NHS contract is not in place, safeguarding is specifically referenced within the contract and the same standards applied.

	Safeguarding children standards
1.	Senior management commitment to safeguarding and promoting children’s welfare
2.	Clear line of accountability and commitment to safeguarding and promoting children’s welfare
3.	Processes in place to enable the views, wishes, and feelings of children parents and carers to be used in individual decisions and the development of services
4.	Safeguarding strategies, policies and procedures to support inter agency working
5.	Processes for safe recruitment and managing allegations against staff that may pose a risk to children
6.	Effective safeguarding training of all staff, consistent with national guidance and local initiatives
7.	Effective supervision arrangements
8.	Provision of a named doctor and nurse for safeguarding and looked after children and a named midwife *
9.	Effective arrangements for information sharing and working in partnership with other agencies
10.	Annual safeguarding children report
11.	Annual looked after children report (if applicable)

*Not small organisations

Before entering into negotiations with providers for new, redesigned and / or decommissioned services, the designated professionals for safeguarding are consulted by commissioners / work stream leads to obtain advice and support in relation to the safeguarding standards.

Monitoring of safeguarding standards is conducted via a variety of methods including contract monitoring, scrutiny of safeguarding dashboards, annual review, audit, CQRM.

b. Maternity

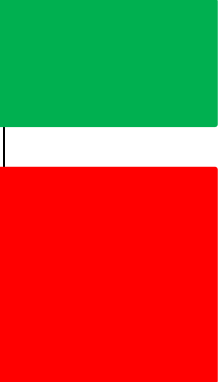

Contract Name	BAU Activities	System [LBH / CCG]	IAF Rating	Transformation Activities	Progress Against Transformation RAG	Comparative RAG across London
<p>HUHFT Maternity Contract</p> <p>HUHFT</p> <p>C. £25million HUFT and OOA</p> <p>Transformation Priority Area: Improving care in Maternity and Early Years</p>	<p>BAU includes:</p> <ul style="list-style-type: none"> - Pre-conceptual & Antenatal care - Mother and baby screening - Intra-partum care - New born & post natal screening - Maternity unit - Carbon Monoxide screening - Smoking cessation advice and support <p>Indicator: CQC maternity rating February 2016 'Requires Improvement' Core Service rating 'Good'</p>	CQC Core Service Rating		<p>To be updated – BAU areas where improvements could be made</p> <p>Choice – working with the ELLMS to promote choice of place of delivery</p> <p>Scoping case loading and ways to offer evening and weekend appointments to support women access services antenatal and post-natal care more easily This will help the work being done to improve continuity of carer Work more closely with them and explore their case loads</p> <p>Early Booking available for expectant mothers /information given to women about early booking at HUH</p> <p>Work with Maternity Voices Partnership to better understand needs of wider patient demographic in C&H. MVP Priority areas for 2018 are to promote deliveries at the Homerton through</p>	Set at amber as work on this priority has begun	

				<ul style="list-style-type: none"> - Choose Homerton Campaign, raising awareness of current services, - increasing access to triage and improving experiences in the Early Obstetric Unit and - gathering user feedback through walk the patch surveys and providing breastfeeding support 		
	<p>Increasing immunisation uptake in pregnant women (flu and pertussis)</p> <p>Indicator: NHSE targets from September 2016 are as follows:</p> <ul style="list-style-type: none"> - 100% offer for flu - 55% to 75% uptake for flu <p>70% uptake for pertussis</p>	<p>Flu Vaccine uptake 2017/18 was 36.9%. Pertussis uptake was 40.1% in 2017/18</p>		<p>Monitor the success of the NHSE & Homerton immunisation in pregnancy SLA, ensuring there has been a significant increase in the number of women who receive Pertussis and Flu jabs during their pregnancy.</p> <ul style="list-style-type: none"> • Two registered nurses in the scan department at the Homerton offering flu immunisation at the 20 week scan appointment in the flu season and the pertussis immunisation all year round. 	<p>Note: this will be hard to rate for 2017/18 as NHSE changed the denominator for collection and so data cannot be combined to give an accurate full year picture for 2017/18</p>	

	<p>Indicator: Reduction in rate of stillbirths, neonatal and maternal deaths and brain injuries caused during or soon after birth (IAF; reduce by 50% by 2025, but measurable reduction by 2020)</p>	<p>MBRRACE Jan to December 2016 data published in June 2017. The yellow rating means that it is up to 10% lower than the group average .</p>		<ul style="list-style-type: none"> • Implement recommendations from Public Health review of recent stillbirths and neonatal deaths, identifying preventable deaths and areas for service development • Strengthening the monitoring and escalation of raised blood pressure & increasing prescription of aspirin to women identified at risk of pre-eclampsia • Implement recommendations from the joint Homerton & CCG diabetes audit to ensure compliance with national standards and best practice management of diabetes in pregnancy. • Through Early Years contract with the GP confederation which aims to improve maternal health and pregnancy outcomes by offering pre-conception care (both opportunistic and targeted) and through early identification of health, wellbeing and social issues will facilitate prompt intervention and referral to support services where indicated. • Reduce number of women smoking at the time of delivery at HUH from 164 in 2016 to 80 in 2021. • Ensure recommendations from national “Savings Babies Lives” care bundle continue to be embedded: <ul style="list-style-type: none"> - Risk assessment and surveillance for fetal growth restriction. The process is covered in the Homerton antenatal care guidelines 2017. - Raising awareness with women of reduced fetal movement, by providing Mama Academy 		<p>CHIMAT data</p>
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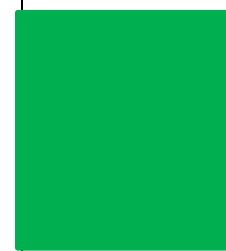
				<p>wallets to encourage women to take action when they experience reduced fetal movements.</p> <p>Effective fetal monitoring during labour - ensuring Homerton is committed to the continuation of the cardiotocography (CTG) midwifery posts, who deliver training and on the spot support to staff to evaluate CTG results effectively and escalate accordingly.</p>		
	<p>Indicator: Reduce maternal smoking at delivery</p> <p>In HUH the maternal smoking at delivery for Q3 2017/18 was 5.2%. This is lower than the average of comparator CCGs and lower than the England average of 10.8%. in 2016 there were 164 women who smoked at time of delivery. YTD figures (Q1-3 2017/18 data shows 166 women smoked at time of delivery at HUH (where 75% of C&H women deliver). For C&H to improve performance to match our similar CCGs a reduction to 80 women smoking at time of delivery by 2021 would be required.</p>	<p>In HUH the maternal smoking at delivery for Q3 2017/18 was 5.2%. This is lower than the average of comparator CCGs and lower than the England average of 10.8%. in 2016 there were 164 women who smoked at</p>		<p>The Early Years contract with the GP confederation includes pre-conception care (opportunistic and targeted) which will encourage women to give up smoking before pregnancy and refer to smoking cessation support services</p> <ul style="list-style-type: none"> • Midwives are monitoring CO levels in pregnant women at booking and 36 weeks, with swift referral processes in place to help women quit smoking as early as possible in pregnancy. • Continuation of midwifery led CO screening programme with pregnant women, and continuation of screening by Health Visitors postnatally. CO screening & referral to cessation services to reduce numbers of women smoking in pregnancy and at time of delivery 		

		<p>time of delivery. YTD figures (Q1-3 2017/18 data shows 166 women smoked at time of delivery at HUH (where 75% of C&H women deliver). For C&H to improve performance to match our similar CCGs a reduction to 80 women smoking at time of delivery by 2021 would be required.</p>		<ul style="list-style-type: none"> • More targeted work to support those identified as smokers to give up 		
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	<p>Indicator: Choice in maternity services – antenatal, intrapartum and post-natal</p>	<p>Homerton scored 62.9 out of 100 (2017 Maternity Survey). 7/11 amongst peers).</p>		<ul style="list-style-type: none"> Capacity in midwifery led birth settings (existing and additional) will be explored via ELHCP and ELLMS maternity network. FYFV and ELLMS initiative to ensure personalised care plans informing women of their choice of place of birth <p>Increasing capacity in community antenatal care as part of the continued collaboration with the ELLMS</p> <ul style="list-style-type: none"> More work to do with MVP to identify what “choice” means in practice for women, to further develop birth plans as tools to start choice discussions and to support GPs to describe women’s options at pregnancy appointment and 16w antenatal check. 		
	<p>Indicator: Women’s experience of maternity service Homerton has a score of 78.6 (2017 CQC National Maternity Services Survey). This is within the worst quartile in England and 9/11 amongst peers</p>	<p>Homerton has a score 78.6 (2017 CQC National Maternity Services Survey). This is in the worst quartile in England and 9/11 amongst peers.</p>		<p><u>Support with choice in pregnancy, labour and birth</u></p> <ul style="list-style-type: none"> Information regarding choices for antenatal care and place of birth is given verbally by midwives and supported by information leaflets, parent education classes, early pregnancy ‘place of birth’ drop in sessions, tours of the unit, VBAC sessions, Wednesday club for women with BMI including discussing birth options and additional support from supervisor/consultant midwives for more complex discussions around choices. The MVP will monitor women’s experience via our walk the patch patient experience surveys Improved experience for all women in NEL via the national CQC maternity survey by 2021 <p><u>Care in labour and birth</u></p>		

				<ul style="list-style-type: none"> ● Care in labour (triage) ongoing area of poor experience for local women. Actions include: <ul style="list-style-type: none"> ○ Reducing number of inappropriate referrals to triage to reduce waits and developing care bundles to enable midwives to discharge more women ○ Women booked for birth centre flagged with a sticker on their hand held notes and referred directly there when in labour, bypassing triage entirely. ○ Piloting extending the maternity helpline hours to 24/7 and including telephone triage service. (Currently 10am to 6pm) ○ Change name of 'Obstetric Assessment Unit' to 'Emergency Obstetric Unit' with clear criteria shared with women and referrers. <p><u>Being treated well postnatally</u></p> <ul style="list-style-type: none"> ● HUH implemented "partners overnight" project to enable birth partners to stay with mum and baby <p><u>Support with feeding</u></p> <p>The Homerton developed a set of actions to address key areas raised in the CQC survey; this included improving skin to skin support to help with bonding and breastfeeding from birth.</p>		
	Delivery of Better Births Five Year Forward View			<p>100% of women develop personalised care plan (using digital maternity tool; by 2020)</p> <ul style="list-style-type: none"> ● All women currently have birth plans and the template is being refreshed to ensure language and choices are women centred. ● Digital app to be developed nationally. 		

				<p>Women should have named midwife and continuity of care</p> <ul style="list-style-type: none"> ● In 2016/17 HUH had a CQUIN to increase continuity (and therefore consistency) of care provided to women in the ante and postnatal period and this is expected to continue as part of the care provision to women. Reviewing initiatives to increase continuity include having a named midwife for every GP clinic, a named midwife attending the same antenatal clinic each week and increase in clinical capacity in the community to allow all low risk City and Hackney women to be seen in a venue close to home. ● Long term plan to be developed to consider how women might receive continuity of carer through pregnancy, labour and birth and postnatally in line with ELLMS and NHSE Five Year Forward View. <p>Rapid referral protocols in place between professionals and across organisations</p> <ul style="list-style-type: none"> ● Homerton updated and ratified 'Antenatal Care Guideline – 2016' detailing their process for referral. ● Remote access to EPR allows midwives to make appointments from the community setting and GPs able to access certain level of Homerton patient information (with consent) via HIE system. <p>Women should have access to the desired amount of postnatal care</p> <ul style="list-style-type: none"> ● All women see a community midwife who will make an individual plan for postnatal visits and have direct access to telephone advice and 		
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				<p>support either through the maternity helpline or directly with their named community midwife.</p> <ul style="list-style-type: none"> • All women are seen on the day following discharge at home and at day 5-8, with the final visit taking place at day 10 when mother and baby will be discharged to the care of the GP and health visitor . • Further work to develop continuity of carer in the postnatal period and effective cross borough / Trust arrangements following Safer Transfer of Women process (STOW) and ensure effective communication during transfer of care. • Standardise clinical pathways across NEL to reduce variation of care in maternity services • Develop innovative workforce models in NEL by providing an opportunity for maternity staff to work across all NEL providers. <p>Smooth transition between midwife and obstetric and neonatal care</p> <ul style="list-style-type: none"> • The management of term babies who require neonatal intervention is under review <p>Local maternity systems developed covering populations of 0.5-1.5 million, with shared standards and protocols agreed by all. Larger clinical networks to share best practice etc.</p> <ul style="list-style-type: none"> • Senior midwives, obstetricians, neonatologist and CCG commissioners are members of the London maternity clinical network and the North East London (STP footprint) maternity network. This includes involvement with clinical, commissioning and thematic sub-groups such as patient experience and demand and capacity. 	
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				<ul style="list-style-type: none"> ● Standardisation of delivery pack across the ELLMS resulting in cost savings ● More to do locally to benchmark against London clinical toolkits standards. <p>Commissioners should commission against clear outcome measures</p> <ul style="list-style-type: none"> ● London maternity network exemplar service specification in place between CCG and Homerton. Local maternity dashboard and KPIs to be aligned with the London maternity dashboard outcomes set. 		
	<p>Meet 100% of perinatal mental health needs, ensure care NICE compliant. Measured via CCQI self-assessment (provision of treatment and outcomes)</p> <p>Increasing access to PMHS to 30,000 more women by 2020/21.</p> <p>Indicator:</p>			<ul style="list-style-type: none"> ● Successful STP wide NHSE bid for specialist community Perinatal Mental Health Services (PMHS). ● Perinatal MH Audit by Homerton completed for 2017/18. Perinatal MH training delivered to all maternity clinical staff and support staff. ● 70% maternity clinical staff and 50% support staff receive training in mental health awareness ● Number of women in perinatal period using a variety of mental health services to meet their need ● ELFT mother and Baby Unit located on Homerton site where midwives are able to care. Public Health midwives support the most vulnerable pregnant women, including those with substance misuse and other health issues. <p>We also have FNP, and an additional check through our health visiting service at 6-8 weeks, and 3 months for those identified as vulnerable.</p>		

				<p>Women in perinatal period with mild/moderate mental health needs start treatment within 28 days weeks of referral.</p> <ul style="list-style-type: none"> • Vulnerable Women’s Pathway launched and available on GP website • Key success measures will include • Education to midwives • Refresh GPs on service via CCF/Education session/GP website • Improve communication between GP & Public Health Midwives 		
	<p>Reducing all age mortality (maternal mortality)</p> <p>Indicator</p>			<p>Pregnant women continue to present with high levels of complexity (medical, obstetric, social and psychological) and in 2017/18 approximately 54% of deliveries at the Homerton fell under the category ‘with comorbidities and complications’.</p> <p>We will require the Homerton to deliver a number of actions and improvements to provide assurance that local maternity care is safe, effective and responsive to women’s needs:</p> <ul style="list-style-type: none"> • Audit of tariff coding to understand high levels of acuity in deliveries • Staffing review to ensure staffing levels and skill mix (medical & nursing) reflect reported increase in acuity. Additional midwives employed in 2018 to reach contracted staffing levels • Increase the number of midwifery led births (home births and at the birth centre) • increase the proportion of women booking for care by 10 weeks of pregnancy • Increase the numbers of women receiving continuity of care from their midwife and 		

				<p>develop midwifery offer for women receiving obstetric led care</p> <p>We will continue to input into NEL maternity network demand and capacity work stream to ensure there is adequate local maternity provision that is women centred and needs led.</p> <ul style="list-style-type: none"> Continue to improve accessibility and support for more vulnerable groups of women through our targeted antenatal classes and crisis and peer support services . 		
Maternity Voices Partnership	Bi-monthly meetings with aim to increase service user engagement and attendance at the meetings.			<ul style="list-style-type: none"> Updating current Walk the Patch to reach more representative demographic Choose Homerton Campaign to increase awareness of current services available through various communications and promotions channels Improve access to triage at the Homerton and improve patient experience in the Early Obstetric Unit Provide additional breastfeeding support 		
Bump Buddies Shoreditch Trust				<ul style="list-style-type: none"> Continue to provide crisis and peer support to vulnerable pregnant women in C&H through our joint commissioning contract. 		

c. Children

Provider, Contract Name Contract Value	BAU activities & Key performance indicator (quality and safety assurances)	System [LBH / CCG]	IAF Rating	Scoped transformation activities	Progress Against Transformati on RAG	London / National Comparator
<p>Health of Looked After Children (LAC)</p> <p>The Whittington Hospital (Nurse Reviews)</p> <p>HUHT Community Paediatrics (Initial assessments and reviews for under 5s)</p> <p>Value: Not disaggregated within the HUHT block community paediatrics contract</p> <p>Whittington Health: contract held by Public Health value £180k; 18/19 funding currently under review by CCG</p> <p>Transformation Priority Area: Strengthening our</p>	<p>All children coming into care must receive an initial health assessment. Reviews are delivered every 6 months for under 5s, and then annually. Initials, and reviews for under 5s are delivered by the Community Paediatrics service, reviews for over 5s are delivered by the Whittington LAC service. Where necessary, where LAC are placed out of borough, the local team may be commissioned by the CCG to deliver the review.</p> <p>The LAC Nurse contract is commissioned by Public Health on behalf of Corporate Parenting; however the CCG has agreed to assume funding responsibility from April 2018 –August 2018 when the contract expires.</p> <p>For the remainder of the contract period the contract will be jointly managed via the workstream. The Designated Nurse for LAC, employed by the CCG, is responsible for providing assurance of the service and has established a multi agency action plan task group to improve performance.</p>		Local IAF inclusion only	<ul style="list-style-type: none"> As recommended by CQC, the provision of the Designated Nurse for LAC has come back in house (from the Local Authority) to the CCG, as of November 2017 and now provides the assurance function Focused work with WH led by the Designated Nurse is intended to improve the operational management of the service Transformation priority is the future commissioning of the LAC service, including initials and reviews, delivery of health promotion, and ongoing monitoring of plans and care coordination The work will take account of increasing numbers of LAC, the majority of whom are placed out of borough, and their complex, holistic needs The CYPMS Integrated Workstream will continue work initiated in 2016/17 to further integrate LAC pathways with health pathways, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs, and to explore how we jointly commission and fund placements 	<Update>	<Update>

<p>offer for Vulnerable Groups</p>	<p>Performance in relation to reviews is rag rated amber, however performance and stability of the team is fragile. Performance in relation to initials is usually strong, however the vacancies within the comm paed team has impacted performance. The late notification of LAC by social care has an ongoing impact on performance.</p> <p>Indicator: Delivery of initial health assessments and review health assessments</p>					
<p>Obesity and Weight Management</p> <p>LEAP Service The Royal London</p> <p>Value: TBC</p> <p>Transformation Priority Area: Vulnerable Groups</p>	<p>BAU: Tier 1 and 2 Service runs weekly clinics to support a cohort of children to manage their weight</p> <p>Tier 3 clinic appointments are commissioned via PbR from the Royal London Hospital</p> <p>Indicator: % of children aged between 4-5 and 10-11 who are clinically obese</p> <p>Delivery against National Child Measurement Rates</p>	<p>43% (2015/16). Higher than London/England.</p>		<p>Continue to deliver against National Child Measurement Rates</p> <p>Work to develop contracting arrangements: repatriate data and activity from the Royal London –to identify gaps in provision and develop new pathways across primary and secondary care and provide an integrated service closer to home</p> <p>Explore the requirement for a local Tier 3 service (for delivery in 2018/19). Evaluation of Tier 3 service gap at 6 months post new services implementation. “</p>	<p><Update></p>	
<p>Acute Services:</p> <p>HUHFT</p> <p>Value: See budget paper</p>	<p>BAU: Delivery of the acute services within A&E, Starlight Ward and Acute out- patient Clinics</p>	<p>CHIMAT data re admissions and A&E</p>		<ul style="list-style-type: none"> Explore A&E attendances and increasing admissions, link with Unplanned Care Board to develop a reporting dashboard with HUH Planned service review of CCNT to inform preventative service model 	<p><Update></p>	

<p>Transformation Priority Area: Strengthening our offer for Vulnerable Groups</p>	<p>Quarterly contract meetings are held between the CCG (children’s and contracts teams) and HUHT. Weekly CSU A&E data is reviewed. 6 monthly deep dive into acute activity via FPC. Newly appointed CCG GP pathways lead to ensure focus on primary and secondary care joint working Bi-monthly provider forum with HUHT acute and Confed members to review pathways and activity</p> <p>Indicator:: <Update> CQC rating April 2014 ‘Good’ Core Service rating ‘Good’ CHIMAT 0-4 A&E attendances RAG orange</p>	<p>attendances</p>		<ul style="list-style-type: none"> ● Agree local critical care tariffs and quality assurance requirements [in line with HLP peer review recommendations] ● Improve KPIs and reporting for children’s acute services, to improve assessment of activity and flow through the system 		
<p>HUH Community Health Services Other providers:</p> <p>Total Value: See budget table</p> <p>Transformation Priority Area: Strengthening our offer for Vulnerable Groups</p>	<p>Community Paediatrics Service Focus of quarterly contract meetings with HUHT. Audiology commissioning arrangements across HUHT, Bart’s, Tower Hamlets and Newham – regular contract meetings. 17/18 audits to inform BAU recommendations, specifically in relation to referral pathway (schools) Ongoing monitoring of community paediatrics vacancy rates impacting capacity. Expected to improve from September 2018 when new trainees will start.</p>			<ul style="list-style-type: none"> ● Review of lead professional for CYP with complex needs ● Development of comprehensive reporting of SEND activities across community paediatrics and children’s services, in response to CQC OFSTED Inspections and the next phase of SEND reforms implementation ● Enhanced clinical strategic and operational input to SEND reforms via Designated Medical Officer (Community Paediatrician) and from July 2018 Designated Clinical officer (Health Visitor) – focus on oversight of EHCPs, input to plans, development of health pathway for CYP with complex health needs and no learning need. To inform current piloting of personal health packages 	<p><Update></p>	

	Indicator: Future indicators to be identified based on agreed 18/19 monthly reporting of all components of the service			<ul style="list-style-type: none"> NEL CSA Hub implementation:- community paed to contribute to clinical rota via existing block contract Intended transformation to an audiology only Tier 2 service, decommissioning community paed from this service 		
	<p>Speech and Language Therapy</p> <p>Commissioned separately by CCG, HLT and Early years, HUHT use this funding plus 'traded services' funding from schools as a single integrated budget.</p> <p>Contract review meetings have been established between HUHT, CCG and HLT to unpick current contracts, align reporting, to inform future integrated commissioning arrangements.</p> <p>Indicator:: <Update></p>			<ul style="list-style-type: none"> Explore potential to recommission therapy services as a system to prevent duplication across partners and to stabilise contracting arrangements, use this opportunity to strengthen needs and objectives of the contract Progress dialogue with Interlink regarding the inequity of provision for elements of the SLT service, for CYP in non -maintained schools. Note that any future approach to commissioning should consider other independent school cohorts, and will expand to other therapies such as OT Review of funding of health provision for City and Hackney children placed at out of borough special schools ; any agreement to fund will require cross charging arrangements to be established as CCG currently funds all provision within Hackney special schools 		
	<p>Occupational Therapy</p> <p>No detailed reporting currently in place.</p> <p>Indicator: <Update></p>			New reporting to be agreed as part of the SEND reporting		
	<p>Hackney Ark</p> <p>Service review initiated in 2017/18</p>			<ul style="list-style-type: none"> Explore staffing capacity and increasing referrals from schools In response to engagement with families, the role of care coordination is a transformation priority 		

	<p>Review of care coordination, lead professional and key working are priorities as part of BAU Indicator: <Update></p>			<ul style="list-style-type: none"> As part of the transformation work around transition, the Transition Health Outreach Team (THOT) proposal for expansion to 25 years will be considered by the workstream 		
	<p>Audiology Audiology Tier 2 and Tier 3 recommissioned in 2017. Tier 2 from HUHT (Comm Paeds) and Bart's (audiology) Tier 3 from Bart's (audiology) and Hearline (Audiovestibular consultant - AVC) Regular contract meetings; MOU agreed between HUHT and Bart's in relation to use of Hackney Ark Indicator: <Update></p>			<ul style="list-style-type: none"> CCG commissioning intentions in relation to commissioning an audiology only Tier 2 service Intention for Bart's to develop an AVC resource Discussion across NEL regarding an STP service 		
	<p>Children's Community Nursing Team (CCNT) Complex Care Since 2015 the CCG has commissioned nurse assessors from HUHT (part of the block contract from April 2018) and spot purchased continuing care package hours. From April 2018 no care hours are delivered by HUHT but from other providers via commissioned or direct payment personal budgets. The CSU chair the Joint Complex Care Panel and the CCG and CSU meet monthly to manage and monitor activity.</p>			<ul style="list-style-type: none"> Ongoing development of the Personal Health Budget offer, and monitoring of packages that transferred in Q4 17/18 Future commissioning of continuing care (management) to be progressed, in collaboration with planned care workstream The role of the joint complex care panel is evolving as requests for MDT review of children with complex needs (including challenging behaviour, EHCP and LAC) are increasing Contribute to transformation priority of integrated care plans and care planning processes wherever possible (e.g continuing care, EHCPs, LTC plans and school plans) 		

	<p>Indicator:: <Update></p> <p>Children's Community Nursing Team (CCNT) Generic</p> <p>The CCG commissions a 7 day 9am-5pm CCNT service. Enables timely discharge from acutes and reduces readmissions.</p> <p>Full review of the service has been delayed and is a transformation priority</p>			<ul style="list-style-type: none"> Explore potential of the CCNT service to support admission prevention (proactive rather than reactive) Explore further strengthening of LTC offer in the community, potential to divert from A&E with assurance of timely review in the community 		
<p>GP Confederation</p> <p>Early Years Contract</p> <p>£300,000</p> <p>Transformation Priority Area: Improving care in Maternity and Early years</p>	<p>BAU: delivery of the following;</p> <ul style="list-style-type: none"> antenatal and postnatal appointments Maintenance of vulnerable children list Joint action planning with Health Visitor Joint review of action plans Identification of child carers and onward referral Offer of 16th Birthday check <p>Indicator:: <Update></p>	CHIMIS data or contracting data		<ul style="list-style-type: none"> Review SLA with HUHT – different caseloads registered / resident; capacity in LINK meetings Clinical audit and impact of service <p>We have identified three focus areas where achieving success by the confederation is linked to 10% of the value for the total contract.</p> <ul style="list-style-type: none"> The three focus areas are <p>Targeted Preconception Pregnancy Presentation 6 Week post-natal</p>	<Update>	
<p>GP Confederation</p> <p>Long Term Conditions</p>	<p>BAU: delivery of the following;</p> <ul style="list-style-type: none"> Maintaining a register of children with asthma / epilepsy/diabetes/sickle cell 	CHIMIS data or contracting data		<ul style="list-style-type: none"> Focus on asthma planning in 2018/19, via local Network and HLP asthma network Improving care plan information received by primary care (diabetes) 	<Update>	

<p>[this contract is managed by the Prevention Workstream]</p> <p>Value £100k</p> <p>Transformation Priority Area: Strengthening our offer for Vulnerable Groups</p>	<ul style="list-style-type: none"> Asthma – personalised asthma care plans, follow up after unplanned care attendance, annual review Diabetes and epilepsy –offer of annual care contact Sickle cell – support access to primary care and support transition Provide health submission for EHCP assessment for 18-25 year olds <p>Indicator:: <Update> CHIMAT: hospital admissions caused by asthma Green Practice target of personalised asthma plans for CYPO on the register to be agreed for 18/19 linked to payment</p>			<ul style="list-style-type: none"> Links to integrating care planning processes for the family and professionals across secondary, primary care and schools 		
<p>GP Confederation</p> <p>Childhood Immunisations</p> <p>£92,000 for 2017/18, £25,000 for 2018/19</p> <p>Transformation Priority Area: Improving care in Maternity and Early years</p>	<p>BAU delivery of the following: Year 2 of a 2 year non recurrent CCG funded programme</p> <ul style="list-style-type: none"> Monthly dashboard showing practice and neighbourhood performance, commissioned from CEG Clinics held at extended hours hubs Domiciliary service for hard to reach, early focus on OJ community Review and support to implement call and recall 			<ul style="list-style-type: none"> Still not achieving herd immunity Continuing challenges in NE Hackney Still pockets of poor performance across Hackney Early Q1 activity shows increase in delivery compared to Q4 Performance in 18/19 will inform future workstream commissioning; likely to require adoption of core GMS contract ‘penalties’ where performance does not improve / there is insufficient engagement 	<p><Update></p>	


	<ul style="list-style-type: none"> Additional Nurse capacity across City and Hackney practices <p>Indicator: 95% herd immunity</p> <p>Note immunisations is an NHSE responsibility but such is the public health impact that it is a priority of the workstream</p>					
<p>Children's Disability Forum</p> <p>The Huddleston Centre</p> <p>Value £28k</p> <p>Transformation Priority Area: Strengthening our offer for Vulnerable Groups</p>	<p>BAU: Information sharing and peer support forum for parents/carers of children with Special Educational Needs and Disabilities, and complex health needs. Also mapping of and engagement with youth groups to enhance the 'voice of the child' in commissioning.</p> <p>Indicator:</p>			<ul style="list-style-type: none"> Raise the quality of our engagement with young people and families, integrating this with engagement across HLT, the Local Authorities and providers Clearly use the engagement feedback to inform our commissioning intentions and demonstrate this to families Consider future integrated engagement function to streamline our transformation work 		
<p>Short Breaks</p> <p>KIDS Adventure Playground</p> <p>Huddleston Centre</p> <p>Transformation Priority Area: Strengthening our</p>	<p>Provides 1:1 support for children with complex health needs</p> <p>Indicator: <Update></p>			Review alongside overall CYPM short breaks offer		

offer for Vulnerable Groups						
<p>Special Educational Needs and Disabilities (SEND)</p> <p>Relates to HUHT commissioned CHS services such as community paed, SLT, OT, CAMHS and Hackney Ark.</p> <p>Value Not disaggregated from CHS block contracts</p>	<p>BAU: Delivery of statutory SEND responsibilities (Children and Families Act 2014) including joint commissioning arrangements for EHCPs</p> <p>Indicator : Outcomes from both SEND inspections City (2017) and Hackney (2017)</p> <p>Positive inspections in relation to development of joint commissioning and particularly in relation to quality of health provision.</p>	<p>Local IAF only no national indicator</p> <p>Overall HUH Service Red Green</p>		<ul style="list-style-type: none"> ● The CYP Integrated Workstream will continue to develop and embed integrated commissioning arrangements across health and social care though the established SEND Partnership governance arrangements in both Hackney and the City ● Focus will be agreeing and implementing action plans arising from the Hackney and City SEND local area inspections undertaken in November 2017 and March 2018, respectively including: <ul style="list-style-type: none"> ➤ Pathway for agreeing funding for EHCPs where needs are predominantly health will be piloted from Q1 18/19 Information sharing and data reporting is a priority responding to the lack of local data in the Children’s Disability Needs Assessment (2017) and the need for greater strategic leadership at system level ➤ Streamlines and timely information sharing across agencies will reduce unnecessary delays that can impact statutory timeframes, families’ experience, and potentially provision of care to meet identified needs ➤ ● The significant increase in requests to the Hackney Learning Trust for EHCP assessments and the outlier position of Hackney as an area with a high number of plans proportionate to the 0-25 years population, indicates likely increasing demands on health provision to meet identified needs. This is seen currently in a number of areas including: 		

				<ul style="list-style-type: none"> - Impact on health services responding to requests for information and capacity for new assessments - Increasing caseload of CYP referred for autism assessment / subsequent care - Impact of education cost pressures and interdependent increases in health referrals linked to assessment of needs including challenging behaviour <ul style="list-style-type: none"> ● The CCG will continue to work with partners including the Orthodox Jewish community to address perceived gaps or inequity in provision for CYP who attend independent schools, impacting access to school based / coordinated health services Transformation work exploring the way we joint commission / fund placements & interventions for a variety of different groups, including: CHC, LAC, complex mental health needs, EHCP, IHCP, LTCs, SEND 		
	<p>Improvement plan to reduce number of children waiting 18 weeks for wheelchairs (reduce by 50% by end of 2017/18 and eliminate by 2018/19)</p> <p>Indicator: % waiting 18wks</p>	<p>Only 1 child waited more than 18 weeks in 2017/18</p>		<p>The HUHT wheelchair service submit monthly and quarterly reports to the CCG. Narrative for waits exceeding 18 weeks will be submitted from Q1 18/19</p>		
	<p>The CCG retains its responsibility to ensure CTRs (Care and Treatment Reviews) are conducted for children and young people who are placed in 52 week residential placements and / or who are at risk of placement breakdown and admission to hospital.</p>			<ul style="list-style-type: none"> ● A CYP process for CTR is still to be established ● Single register and visibility of this cohort is required, including those placed OOB and whether have a LD diagnosis ● Future NEL approach to children's CTR is a possibility once Transforming Care Partnership ends 		

	<p>The CCG now has a dedicated children's lead for this and will embed developed pathways in 2018/19.</p> <p>No assurance of delivery yet achieved.</p>			<ul style="list-style-type: none"> • Links with wider strategic work required around housing options for young people with complex needs • CTR agenda to be considered as part of the new post 16 governance framework (Hackney) • Access for this cohort to health promotion services such as sexual health , healthy eating and exercise to be reviewed • Other work initiated – LD partnership forum • Links with multiagency review of commissioning pathways for CYP with complex health needs and / or vulnerabilities 		
<p>Continuing Care Management</p> <p>NEL CSU</p>	<p>Service currently commissioned via the CSU contract</p>			<ul style="list-style-type: none"> • Planned transfer of management of continuing care, as per planned care workstream • As new care providers are spot purchased, the QA processes, including site visits, need to be re-specified • As all CYP with continuing care have Personal Health Budgets, and the intention is to extend the offer to EHCPs, additional management capacity will be required • The 'brokerage' function of the team will need to be commissioned as part of the new arrangements, and dialogise has started with LBH • New commissioning arrangements will need to consider the increasing number of children presenting with challenging behaviour, LAC cases, and children below the threshold for continuing care who require MDT review and complex care funding 		

Risks under Children’s Contracts which have a residual risk score of 15 or over [risks with a residual – after mitigations – score of 15 or over are included here for your information] Risks are calculated using a matrix where the likelihood of the risk occurring and the impact the risk would have if it happened are multiplied to give an overall score.

RISK	Risk Title	Overall Risk Score	Programme of work to manage this risk including monthly updates	Responsible officer	Risk Movement
Risks relating Immunisations	Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	a. CYPMs Workstream closely involved in NHSE quarterly steering group b. CCG NR investment in childhood immunisations in 2017/18 and 2018/19 to create capacity and enhanced access June 2018: <ul style="list-style-type: none"> • Risk falls within CYPM Workstream Transformation Priority: 0 -5 • Childhood Imms Domiciliary Service will be available from June 2018 • Reviewing joint work between primary care and community paed 	Programme Director of Children and Maternity	

d. Mental Health

Provider, Contract Name Contract Value	BAU activities & Key performance metrics	System [LBH / CCG]	IAF Rating	Scoped transformation activities	Progress Against Transformation RAG	London / National Comparator

<p>CAMHS</p> <p>Transformation Priority Area: Improving CYP Emotional Health and Wellbeing</p>	<p>Increase in number of CYP with diagnosable condition who have started and completed treatment (to achieve 32% of need by 2018/19)</p>			<ol style="list-style-type: none"> 1. Further Integration between children's health and social care, including: CAMHS + CSC, schools and Young Hackney 2. Retain the low number of admissions for children and young people in health / social care services <p>Ensure children and families are supported in the community where appropriate</p> <p>Need to keep an eye on why the numbers are so low (i.e is waiting time to long and people are dropping off).</p> <ol style="list-style-type: none"> 3. All schools are engaged in WAHMS work Funding Stay and Play initiative in Children's Centre (consider building from Solihull approach) City rolling out WAHMS 4. 'Transitional screening': for children at key points of transition (years 6 & 11) 		
	<p>All areas being part of CYP IAPT by 2018. Take part in the CYP IAPT workforce capability programme</p>					
	<p>24/7 community-based mental health crisis response for CYP</p>					
	<p>Achieve target of 95% of CYP receive treatment for eating disorder within 4 weeks (routine) or 1 week (urgent) – community eating disorder teams (waiting times and access measured through Unify then MHSDS)</p>			<ul style="list-style-type: none"> • Waiting times? 		

e. Public Health

Contract Name	BAU Activities	System [LBH / CCG] RAG rating	IAF Rating	Transformation Activities	Progress Against Transformation on RAG	London / National Comparator
Healthy Start Service Transformation Priority Area: Improving care in Maternity and Early Years	Providing pregnant and breastfeeding women, and children aged 0-4 years with free Healthy Start vitamins.	Number of repeat vitamins distributed – this would be the best overall indicator to use. The service started in April 2018 so we have no data yet.		Healthy Start provision has been incorporated into the 0-5s Healthy Eating and Obesity service (delivered by HENRY). This is the first time the Healthy Start vitamins will be distributed and managed by a provider outside of Public Health. The new service will distribute vitamins from children’s centres and pharmacies.	The service began distributing vitamins from Q2 2018/19.	
Health Visiting Service HUHFT Transformation Priority Area: Improving care in Maternity and Early Years	BAU: Delivery of: a service for both Hackney and City residents to all families with a child aged 0-5 years all pregnant women currently resident in the local authority areas that promotes positive family health through an accessible and flexible service, which is well-integrated with other local services works with and supports families during the crucial early years of a child’s life.			Future plans/improvements: <ul style="list-style-type: none"> • look into Ages and Stages Questionnaire (ASQ) outcomes and analyse findings • strengthen data sharing and analysis between Health Visiting and Hackney Learning Trust to improve uptake of 2.5 year integrated review • pilot a ‘stay & play’ initiative at Linden Children’s Centre with a focus on parental mental health • longer term plan to potentially commission a single 0-19 service (health visiting & school based health) 	Initial discussions being held to put these plans into place	

<p>School Nursing</p> <p>Transformation Priority Area: Emotional Health and Wellbeing / Vulnerable groups</p>	<p>There are currently two providers delivery the School Based Health (SBH) services:</p> <ul style="list-style-type: none"> Whittington Health deliver the safeguarding school health offer to Children in Need, children on Child Protection plans, and vulnerable children. Homerton deliver the National Child Measurement Programme (NCMP), school entry health check and support for children with disabilities and additional needs. 	<p>% vulnerable Children's health records complete and up to date with accurate data, including heights and weights recorded, within two weeks of assessments</p> <p>Number of individual health plans completed (Yearly at minimum)</p>		<p>The new SBH service will go live in September 2018, and will incorporate all three services into one, delivering the prioritised, safeguarding school health offer to Children in Need, children on Child Protection plans, and any 'vulnerable' children, delivery of the National Child Measurement Programme (NCMP) and support to meet the school health needs of children with disabilities and additional needs.</p> <p>Longer term there is a vision to recommission the 0-5's (Health Visiting) and SBH service into one 0-19's service at the end of the commissioned contracts.</p>		
<p>Family Nurse Partnership</p> <p>Transformation Priority Area: Vulnerable groups</p>	<p>BAU: Delivery of:</p> <p>structured home visits from early in pregnancy until the child is two covering the six domains of personal health, environmental health, life course development, maternal role, family and friends, and health and human services using a licensed programme guidelines, materials, methods and practical activities to work with the mother as well as the father and wider family, on</p>			<p>New service starts in September with the following changes/improvements:</p> <ul style="list-style-type: none"> increased eligibility age from 19 to 25 updated referral pathway improved prioritisation of intake using local need and vulnerabilities 	<p>Mobilisation meetings happening and task & finish group set up to have these in place by Sept 2018</p>	

	understanding their baby, making changes to their behaviour, increasing their parenting capacity, developing emotionally, and building positive relationships				
Public Health Midwives Transformation Priority Area: Vulnerable groups	The Service provides a Consultant Public Health Midwife whose role is to deliver senior clinical leadership for improving outcomes for vulnerable parents and their children across the Midwifery service.	High level of pregnant vulnerable women who receive appropriate ongoing support by a healthcare professional		Future plans/improvements: <ul style="list-style-type: none"> Bring the CCG midwifery contract, the HLT Public Health Midwife and the Public Health midwife contract from Public Health into one contract, through Integrated Commissioning. 	The merging of midwifery/public health midwifery contracts is likely to happen from 2019/20.
CHYPS+ Annual contract value: Transformation Priority Area: Emotional Health and Wellbeing / Vulnerable groups	BAU: The service delivers clinical and treatment services to children and young people (11-19 and 19-25 for those classed as vulnerable) to support their holistic health needs. This includes a comprehensive sexual health treatment services as well as emotional health support, smoking cessation services and referrals to specialist services around weight management. It also offers brief psychological support for mild to moderate mental health issues for young people who do not meet the threshold for CAMHS and swift and easy referral into those services where this is required.	PHOF indicator 3.02 Chlamydia detection rate (15-24 yr olds) which is 4,463 per 100,000 (better than average). On the whole thought I would say the contract is performing at amber.		Future plans/improvements: <ul style="list-style-type: none"> Fully developing the smoking cessation service (which has had low activity) through a pilot project in youth hubs Developing the offer for vulnerable over 19s – working out what vulnerability means in practice, with a potential referral for vulnerable 19-25 year olds from other services. Also looking into providing a sexual clinic at LAC health checks and for those leaving care. 	Implementation plan for smoking cessation pilot has been developed. Initial scoping meetings have taken place about the offer for vulnerable young people
YH Substance Misuse	BAU: Delivery of:	Number of Tier 3 clients		Future plans/improvements:	Bid currently being written

<p>Transformation Priority Area: Strengthening our offer for Vulnerable Groups</p>	<ul style="list-style-type: none"> ● Substance misuse treatment services for young people aged up to 25 (individual and group work) ● Substance misuse PSHE programmes in schools ● Work with children whose parents are misusing substances (Hidden Harm work) 	<p>leaving treatment in a planned way. Currently 70% against a target of 88%.</p>		<p>Public Health, Young Hackney and WDP (adult treatment provider) are bidding for some money from the Home Office Innovation Fund to expand work with young people whose parents are alcohol dependent. Bid currently being written and includes 1:1 work with children and parents and group work, as well as improving identification and onward referral.</p>	<p>– we will find out if we are successful in October</p>	
<p>YH H&W Team Annual contract value: £275, 000</p> <p>Transformation Priority Area: Emotional Health and Wellbeing / Vulnerable groups</p>	<p>BAU: Delivery of:</p> <ul style="list-style-type: none"> ● PSHE sessions for children and young people at primary schools, secondary schools, special schools, PRUs, youth hubs and community organisations. This includes sex and relationships, puberty emotional wellbeing, smoking, healthy eating and lifestyles etc. ● Drop ins for health support and advice at secondary schools ● Health and wellbeing survey ● Peer education sessions ● Training sessions for staff 	<p>Very good coverage of schools (all secondaries and more than 75% of primaries) so will mark them as green for this.</p>		<p>Future plans/improvements:</p> <ul style="list-style-type: none"> ● The team is still yet to complete the health and wellbeing survey we have asked for and this is in progress ● I have also asked the team to do a focus on primary schools as they have very good relationships with secondaries now. 	<p>Discussions in progress for survey. Strategy for next year to be discussed.</p>	
<p>0-5 Obesity Service</p> <p>Transformation Priority Area:</p>	<p>The Service delivers universal and targeted healthy eating and obesity services for children aged 0-5 years and their families in Hackney and the City of London with the overall aim of</p>	<p>Number and % of families who on completion of the</p>		<p>Future plans/improvements: Work with the CCG around 1:1 dietetic support for under 5's that require more intense support Potentially commission the 0-5's and 5-19's service together, after the contracts expire.</p>		

<p>Maternity and Early Years/ Vulnerable groups</p>	<p>preventing and reducing obesity in this population.</p>	<p>programme (3 months post completion): Improve their knowledge of healthy eating and physical activity recommendations Increase their fruit and vegetables intake Decrease the amount of time spent being sedentary Increase their levels of physical activity Increase their wellbeing</p>				
<p>5-19 Obesity Service Transformation Priority Area:</p>	<p>The Service delivers universal and targeted healthy eating and obesity services for 5-19 year olds (up to 25 years for children and young people (CYP) with Special Education and</p>	<p>Number and % of CYP and their families who on</p>		<p>Future plans/improvements: Work with the CCG around commissioning a tier 3 service Potentially commission the 0-5's and 5-19's service together, after the contracts expire</p>		

Vulnerable groups	Needs and Disabilities (SEND)) and their families in Hackney and the City of London, with the overall aim of preventing and reducing obesity in this population.	completion of the programme (3, 6 and 12 month post initiation) Maintain their BMI Decrease their BMI				
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Appendix 6

Children, Young People and Maternity Workstream Finance and Budget Scoping Outline

May 2018

1.0 Background and Context

The Children, Young People and Maternity Workstream has the scope to incorporate and align budgets from the City and Hackney Clinical Commissioning Group, the London Borough of Hackney (including Hackney Learning Trust), and the City of London. Partners also fund a range of Voluntary Sector and umbrella organisations for delivery. To better identify and understand the individual budget lines, contracts and opportunities for joint working, the workstream has been carrying out a full budget scoping exercise. Working with Directors of finance and their teams, the workstream has done an early desk top review of all budgets declared across the 3 organisations that pertain to children's health and wider wellbeing. The key aims for this piece of work were to:

- Ascertain what organisations are commissioning and spending on Maternity and Children's Health and wider wellbeing
- Identify exactly which budgets were in scope, and which budgets are out of scope currently, in terms of the potential to pool or align
- Identify gaps and duplication in commissioning
- Be transparent and articulate an accurate workstream financial position
- Consider and identify QIPP and potential system savings

Following the desktop review, initial recommendations for pooling and aligning will be collated and a series of workshops held with organisations to examine the impact of, and plan the implementation of joint budget lines. Key principles for delivery of this piece of work were agreed through Assurance Review Point 2 (March 2018). Very early thoughts on what might be pooled and / or aligned are detailed in this paper.

For clarity, there is more central work to be done on agreeing how savings achieved would be re-patriated to the system, or parts of the system (organisations). This is relevant across all workstreams.

As part of the initial desktop evaluation, we have also looked at spend on out of area contracts and the implications of this, specifically affecting acute, high dependency, A&E and maternity services.

1.1 Financial Pressures and Benchmarking

As per the main assurance document, the wider financial context for both the NHS and the Local Authority is that we are working to deliver efficiencies. This is articulated in terms of specified QIPP targets for the NHS, or the CCG budget lines: the CYPM workstream QIPP target is 586,000 for 18/19. There are a number of key areas of demand, leading to pressures

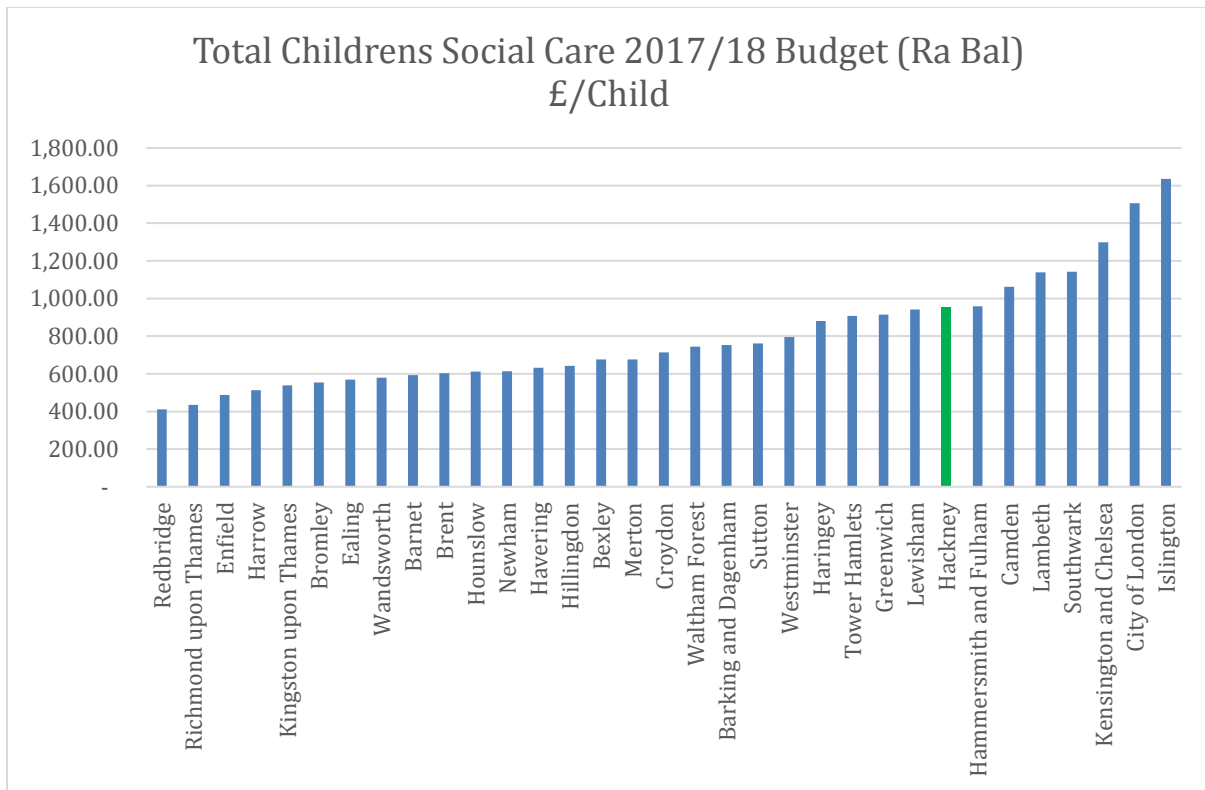
across the system. For the CCG these include (amongst others), out of area spend on maternity specifically, and followed by out of area spend on wider acute services. There is further work being done on how we mitigate these. A quick look at spend across other CCGs would suggest that spend on maternity is average in relation to our neighbours, but spend on mental health is amongst the highest generally - adults and children. This is likely to follow through to CAMHS, but will be confirmed in further work. An example is below:

Maternity Services (spend per head of population) 2015	C&HCCG	£57
	Waltham Forest	£39
	Newham	£63
	Barking & Dagenham	£59
	Redbridge	£52
	Tower Hamlets	£84
	Lewisham	£99
	Islington	£36
	Camden	£45
	National Average	£48
	Deprivation Decile	£57
	NHSE Cluster Average	£66
	Commissioning Region Average	£62
Mental Health Disorders (spend per head of population) 2015	C&HCCG	£202
	Waltham Forest	£138
	Newham	£167
	Barking & Dagenham	£156
	Redbridge	£127
	Tower Hamlets	£148
	Lewisham	£216
	Islington	£197
	Camden	£242
	National Average	£145
	Deprivation Decile	£159
	NHSE Cluster Average	£169
	Commissioning Region Average	£160

Source: Spend and outcome tool, Public health England: 2018

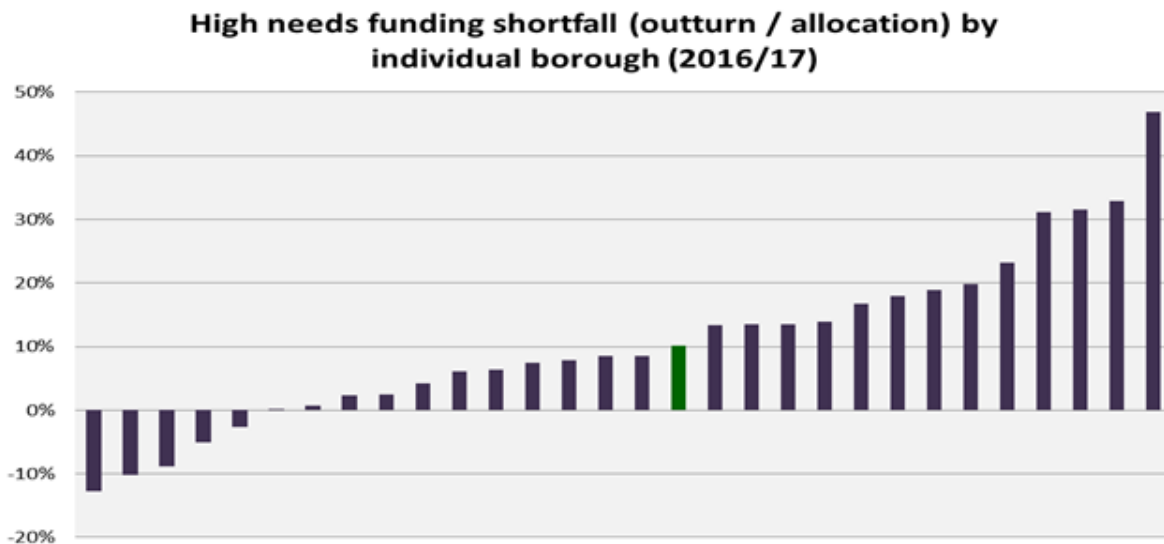
For the Local Authority, there are significant pressures on budgets across the Council's Children's Services, most significantly for Hackney in Special Educational Needs and within Children's Social Care mainly in respect of looked after children (LAC) placements and supporting families with no recourse to public funds (NRPF).

Benchmarking of Children's Social Care data shows LBH spend as amongst the highest in London, but in line with boroughs with similar demographics as below:



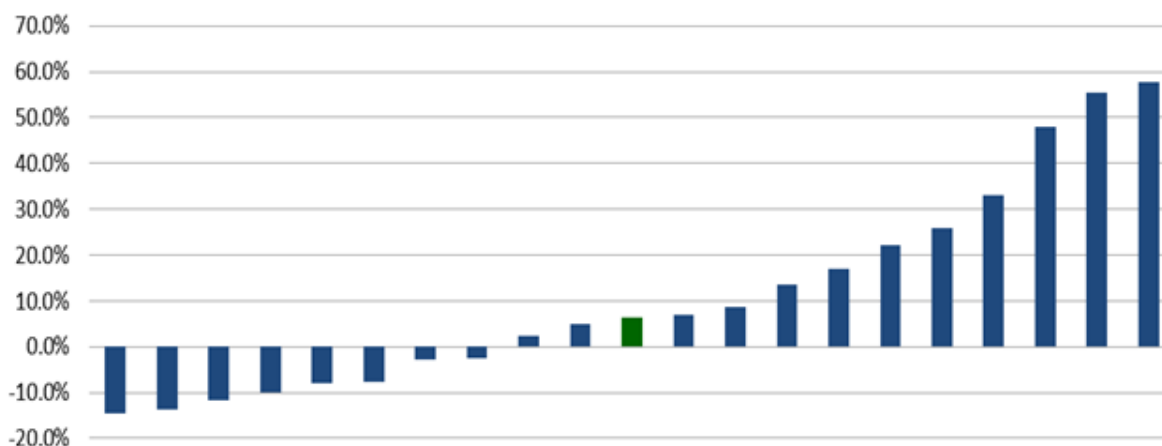
Source: Ministry of Housing, Communities and Local Government

A key pressure area is Special Educational Needs. The increase in number of SEN statements/ Education and Healthcare Plans (EHCP) as the pupil population has grown significantly, and the growing demands on the system since the reforms introduced by the Children and Families Act 2014 is driving a pressure of over £6m. The number of SEN statements/EHCP plans have increased by over a third since 2011 with minimal increases to funding levels. This has led to a funding shortfall not uncommon across London as the chart below shows.



Another pressure point is Children's Social Care: Despite the austerity agenda and the delivery of significant savings, like most other London boroughs, expenditure on Children's Social Care grew over the period 2013/14 to 2016/17 and continues to do so.

Change in children's social care spend (2013/14 to 2016/17) - by individual borough



The most significant cost pressure in Children's Social Care of approximately £3m, which is currently met by reserves, relates to the cost of LAC placements where expenditure has increased from just over £10m in 2012/13 to the current forecast for 2018/19 of over £15m. This growth in spend is driven by a combination of an increase in LAC numbers over the period but also a change in profile of LAC placements away from in-house foster carers to more costly independent fostering agencies, an increase in residential care particularly for vulnerable adolescents and also a rise in semi-independent placements where the young people require a high level of support.

The Council is also supporting over 100 families who have no recourse to public funds. These are vulnerable families whose immigration status means they have no access to the benefit system in this country, and due to restrictions on their ability to work, require financial assistance to pay for accommodation and subsistence. This is a pressure we have in common with many of our London neighbours and which is exacerbated by delays in the determinations made by the Home Office.

2.0 Scoping exercise: Financial outline and summary

This table shows an overview of local budgets relevant to the workstream across organisations. This does not include specialised commissioning done at a national level, but this will follow.

Full budgets broken down by individual contract line are available on request. For clarity, Hackney Learning Trust has an individual table but is technically part of the London Borough of Hackney. All values are rounded and approximate.

2.1 Budget Overview Tables

City and Hackney CCG

Budget / Contract Line	Value	Delivers	Commission / Provision
Child, Adolescent and perinatal Mental Health Services	6,408,584	CAMHS specialist services, CAMHS transformation funding and perinatal MH services	ELFT, HUFT, VCS - commissioned services
Children's community health services (0-19)	7,844,739	Audiology, community nursing, community paediatricians, SLT, safeguarding, physiotherapy, OT	HUFT - commissioned services
Primary Care	732,106	Immunisation, maternity, early years & vulnerable children and LTCs	GP Confederation, HUFT & CEC
Acute: HUFT	20,300,735	Largely maternity, some A&E and other acute	HUFT delivered. Largely maternity (approx. 1.5 million)
Acute: includes midwifery OOA	9,186,129 (Includes 4,604,514 UCLH)	Largely maternity, some A&E and other acute	Tariff based: Out of Area. Largely maternity (approx. 6 million).
Other	2,187,267	VCS Short breaks, antenatal classes, LSCB contribution	VCS
Total	46,659,560		

London Borough of Hackney: CYPS

Budget / Contract Line	Value	Delivers	Commission / Provision
Children's Social Care	44,011,000 (includes 15,968,000 CP placements)	CP placements, Fostering and Adoption, CIN and LAC, LSCB, Access & Assessment, FAST, Youth Justice	Mix of commissioned services and direct delivery
Young Hackney	7,089,000	Youth work, youth hubs, VSC activities	Mix of commissioned services and direct delivery

Public Health	8,485,000	Health Visiting, School Nursing, FNP, CHYPS plus, Oral health promotion	Largely commissioned services
Total	59,585,000		

London Borough of Hackney: Hackney Learning Trust

Budget / Contract Line	Value	Delivers	Commission / Provision
SEND	20,309,000	High needs placements, SLT, OT, Short breaks, Home and Nursing care, educational support	Mix of commissioned services, direct delivery and care packages
Early Years	33,715,954	Childcare including 2,3,& 4 year old free entitlement, children's centres, holiday childcare	Direct to Early Years settings
	6,278,232	MAT functions, early help, SLT, PH Midwives, Family support, VCS community support	Mix of EY delivery and commissioned services
Total	60,303,186		

City of London

Budget / Contract Line	Value	Delivers	Commission / Provision
Children's Social Care	216,170	CP placements, Fostering and Adoption, CIN and LAC, LSCB, Safeguarding	Combination
CYPS	690,000	Youth Justice & Services for Disabled Children	Combination
Total	906,170		

2.2 Integrated Healthier City and Hackney VCS Grants Programme / Innovation Fund

This joint innovation programme, with a funding pot of around 500K for 2018/19, funded a number of VCS organisations to deliver improved health and wellbeing outcomes to City and Hackney children, covering mental wellbeing, encouraging children with disabilities to be physically active, preventing obesity and support for new parents. There were a large number of strong applications from CYP organisations and spend on CYP was approx. 242,000.

2.3 Acute Spend and Apportionment

Further detail follows on the breakdown of acute spend for both Homerton University Hospital Foundation Trust and Out of Area Providers. This sets out the proportion that is maternity spend, as opposed to other acute spend.

Acute Provider	Year	Annual Budget	Apportionment Note	CYP -[Paed A&E, Paed EL & Maternity]
Homerton University Hospital NHS FT	2017/18	119,773,991	9% contract Trust value relates to maternity ie.£10.9m, balance relates to Acute Paed activity.	18,892,322
Homerton University Hospital NHS FT	2018/19	121,600,181		20,300,735
Barts Health Hospital NHS FT	2017/18	26,913,000	2% contract Trust value relates to maternity ie.£0.6m, balance relates to Acute Paed activity.	1,863,187
Barts Health Hospital NHS FT	2018/19	29,194,997		1,911,816
Great Ormond Street Hospital NHS FT	2017/18	554,450	100% Acute Paed activity.	554,450
Great Ormond Street Hospital NHS FT	2018/19	564,000		564,000
GUYS & ST THOMAS Hospital NHS FT	2017/18	2,983,507	Trust detail data unavailable so assumed same activity proportions as Imperial Healthcare	302,766
GUYS & ST THOMAS Hospital NHS FT	2018/19	3,051,000		316,905
IMP COLLEGE Hospital NHS FT	2017/18	986,584	6% contract Trust value relates to maternity ie.£60k, balance relates to Acute Paed activity.	100,119
IMP COLLEGE Hospital NHS FT	2018/19	941,000		119,638

KINGS COLLEGE Hospital NHS FT	2017/18	487,330	Trust detail data unavailable so assumed same activity proportions as Imperial i.e.6% maternity (£40k) and rest Paed acute.	49,454
KINGS COLLEGE Hospital NHS FT	2018/19	623,283		48,865
NORTH MID Hospital NHS	2017/18	1,417,999	12% contract Trust value relates to maternity ie.£220k, balance relates to Acute Paed activity.	311,234
NORTH MID Hospital NHS	2018/19	1,811,191		443,958
ROYAL FREE Hospital NHS FT	2017/18	2,668,376	Trust detail data unavailable so assumed same activity proportions as Imperial i.e.6% maternity (£160k) and rest Paed acute.	270,787
ROYAL FREE Hospital NHS FT	2018/19	2,714,000		351,939
UCLH Hospital NHS FT	2017/18	15,048,329	24% contract Trust value relates to maternity ie.£3.9m, balance relates to Acute Paed activity.	4,190,177
UCLH Hospital NHS FT	2018/19	16,262,006		4,604,514
Whittington Hospital NHS FT	2017/18	4,364,746	Trust detail data unavailable so assumed same activity proportions as North Mid i.e.12% maternity (£0.5m) and rest Paed acute.	952,520
Whittington Hospital NHS FT	2018/19	4,447,000		824,504

3.0 Opportunities for Integration: Proposals for aligning / pooling 18/19 and 19/20.

Potential Pooled Budgets (in the short term), as identified by organisations (stated as 'in scope for pooling') on budget returns:

Deliverable	Budgets in scope	Pool Value
Child and Adolescent Mental Health Services	CCG CYP mental health LBH (Clinical Services) CoL(Clinical Services)	6,408,584 1,318,481 23,000 7,750,065
Speech and Language Therapy	CCG SLT HLT SLT (SEN + EY)	1,374,051 688,216 2,062,267
Special Educational Needs and Disability (incl short breaks and OT)	CCG SEND / CWD LBH SEND / CWD HLT SEND / CWD CoL SEND	3,297,377 3,544,608 19,675,000 40,000 26,556,985
Children's Community Health Services	CCG CHS LBH PH & CoL	4,547,362 (SEND above) 8,485,000 13,032,362
Early Years Health and Wellbeing Services	LBH HLT CCG	247,117 20,000,000 20,247,117
Total value of pooled budgets proposed		69,648,796

Remaining CCG budget 'in scope' for pooling: **11,032,186**

Total: **80,680,982**

Potential Aligned Budgets:

Most other budgets in scope to be aligned (other than those with organisation-specific statutory deliverables), pending further pooling proposals for 19/20.

Title:	Recommendations from the Prioritisation and Investment Committee for funding of workstream proposals
Date:	14 September 2018
Lead Officer:	Yashoda Patel, Interim Head of Performance, CCG
Author:	Anna Garner, Head of Performance, CCG
Committee(s):	Transformation Board Integrated Commissioning Board, 14 September 2018 – for endorsement and recommendation to C&H CCG Governing Body for approval
Public / Non-public	Public

Executive Summary:

The report sets out:

- a. The process developed to prioritise funding bids from workstreams to allow best value use of £1.5M CCG non-recurrent allocated funds
- b. Recommendations made at the Prioritisation and Investment Committee meeting on 15 August 2018
- c. Final ranked list of schemes including which to be funded

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board agreed to recommend the PIC proposals to ICB for endorsement.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **ENDORSE** the schemes proposed to be awarded funding or not through the prioritisation process and **AGREE TO RECOMMEND** them to the City & Hackney CCG Governing Body for approval.

The Hackney Integrated Commissioning Board is asked:

- To **ENDORSE** the schemes proposed to be awarded funding or not through the prioritisation process and **AGREE TO RECOMMEND** them to the City & Hackney CCG Governing Body for approval.

Links to Key Priorities:

N/A

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Resident leads on workstreams were involved in developing and prioritising bids submitted by workstreams.

A Healthwatch representative is a member of the Systems Prioritisation and Investment Committee and was involved in the scoring of bids.

The CCG Governing Body PPI Lead co-chaired the Systems Prioritisation and Investment Committee meeting.

Clinical/practitioner input and engagement:

Clinicians/practitioners from provider and commissioner organisations across City and Hackney system were part of the scoring process.

Main Report

1. Process developed to prioritise funding bids from workstreams to allow best value use of £1.5M non-recurrent CCG allocated funds

- The process was developed in conjunction with workstreams, TB members and ICB members.
- Involved development of 8 value criteria (representative of all elements of value to the City and Hackney system, with the Weighting in brackets):
 - Physical health gain (15)
 - Mental health and wellbeing gain (15)
 - Supporting focus on prevention (10)
 - Reduction in health inequalities (5)
 - Social value (5)
 - Patient empowerment (5)
 - Equity in access (5)
 - Financial sustainability, including reducing waste in the system (30)
- A scoring committee was established with clinical/practitioner and managerial representatives from all TB partners organisations
- Workstreams submitted their bids at end June 2018. Total of £2.45M of bids received.
- Scoring committee members were asked to score each bid received 1-10 against each value criteria
- Bids were ranked on their total score for all of the value criteria. £1.5M funding available applied to top schemes.
- Prioritisation and Investment Committee held on 15th August
 - Terms of Reference for group agreed including policy that individuals will not score bids where funding would be awarded to their own organisation
 - Moderation of ranked list of schemes: whether any schemes should be moved up or down ranking, affecting which should be funded.

2. Final ranked list of schemes including which to be funded (following moderation at meeting)

Proposal	Funding (£ 000's)	Weighted Mean Total Value Score	Mean Value Score per £	Average score variation from the mean (Std. Dev.)	Agreement	Cumulative Funding
Falls prevention	35	8.7	0.25	1.0	High	£35
Housing First	225	8.6	0.04	1.4	High	£260
Hospice at home	511	8.3	0.02	1.8	High	£771
Mental health and substance misuse	67	8.1	0.12	2.4	Medium	£838
Greenhouse mental health outreach	87	7.0	0.08	2.4	Medium	£925
Group consultations	66	8.1	0.12	2.4	Medium	£991
SEND	100	7.8	0.08	1.6	High	£1,091
HIV CNS	148	7.4	0.05	3.4	Low	£1,239
Spirometry	20	6.4	0.09	3.0	Low	£1,259
Smoking cessation in ACERS	50	6.4	0.13	3.3	Low	£1,309
Healthier City and Hackney Fund	250	6.0	0.02	4.2	Low	£1,559
Greenhouse	112	6.8	0.06	2.2	High	-
Pulmonary rehab	96	6.6	0.07	2.8	Medium	-
Pressure ulcer prevention	43	6.0	0.14	3.3	Low	-
Stroke psychology input	280	6.0	0.02	2.8	Medium	-
62-day cancer patient engagement hotline	54	5.6	0.10	2.6	Medium	-
Vocational rehab for stroke	246	5.3	0.02	2.5	Medium	-

NB: Ranking of scores in above table not by total value score as following moderation where schemes were moved up and down ranking according to views of scoring committee members.

The following schemes were proposed to only be funded with conditions:

- Housing First: this will need reframing to ensure that it is obvious that this is a health promoting intervention (to enable CCG funding to be legally used for this scheme) and that works with existing services for effective delivery. There are opportunities to consider how this resource might be deployed under pooled arrangements.

- HIV CNS: the CCG will need assurance on the commissioning responsibility for this service provide before funding can be released
- Hospice at Home: need to ensure robust mechanism in place for measuring impact on acute care usage (to enable business case to be built for future funding)
- Mental Health and Substance Misuse and Greenhouse mental health outreach: The committee felt both served groups that were high need but that the proposed service was not quite right and felt they should be more joined up. The Committee agreed to award £154k across both schemes and asked workstreams to work together to plan develop period including coproduction to identify most appropriate and more effective service model
- Spirometry: committee felt service model not quite agreed with all partners, so partial funding of £20K awarded to do some development work to map out better service model more acceptable to all partners (including more robust costings).

Overall it should be noted that PIC Funding is non recurrent and will not be available next year. Also, if the CCG's financial position changes in year then the some schemes may not be taken forward.

Sign-off:

London Borough of Hackney ___Anne Canning, Group Director of Children, Adults & Community Health

City of London Corporation ___Simon Cribbens, Assistant Director, Commissioning & Partnerships

City & Hackney CCG _____David Maher, Managing Director

Title:	Proposed short term funding projects from Better Care Fund underspend
Date:	14 September 2018
Lead Officer:	Nina Griffith and Siobhan Harper
Author:	Cindy Fischer and Mark Watson
Committee(s):	Hackney BCF Steering Group 24 – July – for endorsement Planned Care Leadership Group –31 July – for approval Unplanned Care Board – 15 August – for approval TB – 29 August – for endorsement and recommendation to the Hackney ICB ICB – 14 September – for decision
Public / Non-public	Public

Executive Summary:

The Better Care Fund (BCF) allocation and 2017-19 partnership plan agreed by the City & Hackney Health and Wellbeing Boards was submitted to the BCF National team in 2017, covering two years.

The original expenditure plan for 2018-19 included £1,314,529 for the neighbourhood model (inclusive of £40K for the City of London), although only £816,000 was agreed for initial development and implementation of the model. This leaves of circa £500k.

The Hackney BCF partnership management team recommended use of a short application form used to steer any funding applications for use of this money during 2018-19. We amended the PIC short-list template to include the requirement of the BCF priorities. It was agreed that this should be treated as short-term one off funding.

Attached are a number of bids that the Hackney BCF partnership management team, Planned Care Leadership Group and Unplanned Care Board have agreed and are requesting endorsement from the TB before the recommendation to the Hackney ICB on 14 September 2018.

Part A

Summary of Bids:

1. Extension of the Neighbourhood Clinical Leads posts for an additional 6 months in order to show full benefit from these roles. The Neighbourhoods Steering group has endorsed the proposal. Cost £47,742
2. Employment of two Senior Social Work Practitioners to provide fixed term capacity to pilot new ways of working in social care as part of the neighbourhood model. The Neighbourhood Steering group has endorsed the proposal. Cost £90k

3. The extension of the Take Home and Settle service, which Age UK currently funds to meet additional demand above commissioned capacity. This requires further funding to ensure it can meet expected growth for patients being discharged. Cost £60k
4. Extension of Exercise After Stroke – Fit 4 Health (the only ‘step down’ specialist exercise service bridging the gap between clinical stroke rehabilitation and community exercise), following the ending of the Lottery Funding will allow the service to continue until the end of March 2019 and provide time for further development of the pathway. Cost £87,376.

Part B – Discharge to Assess

Challenges with recruitment have caused a delay in implementation of the D2A pilot which has resulted in an underspend in the allocated funding.

The BCF Team would like to propose that the funding remains allocated to this scheme but to use some of the money to allow an evaluation of the D2A model, including the interface between the Integrated Independence Team, the Integrated Discharge Service and capacity of social work and therapies provision in the community. This will enable us to look at the future design and funding of these services, reduce duplication and ensure value for money with quality service & performance. Cost £30k

The Workstream Directors for Prevention and Planned Care endorsed the Fit 4 Health proposal and the Planned Care Leadership Group approved the proposal. The Unplanned Care Board approved the other proposals.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board agreed to recommend the proposal to ICB for approval.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **ENDORSE** the funding of the projects listed above from the BCF underspend.
- To **ENDORSE** use of the D2A underspend to secure additional resource for an evaluation of the D2A pilot and planning for future modelling of integrated staffing structures.
- To **NOTE** that there is still some further underspend within the BCF (183k).

The Hackney Integrated Commissioning Board is asked:

- To **APPROVE** the funding of the projects listed above from the BCF underspend.
- To **APPROVE** use of the D2A underspend to secure additional resource for an evaluation of the D2A pilot and planning for future modelling of integrated staffing structures.
- To **NOTE** that there is still some further underspend within the BCF (183k).

Links to Key Priorities:

Each of the schemes link to one or more of the national Better Care Fund Metrics:

- A reduction in the number of unplanned acute admissions to hospital.
- Reducing inappropriate admissions of older people (65+) in to residential care
- Increase in effectiveness of reablement and rehabilitation services
- Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DT0C)

Specific implications for City

The funding for the proposals is not being utilised from the City BCF; however, the services are accessible to City patients.

The Neighbourhood model includes the City of London and as such, one of the clinical lead roles will support the city.

The addition of senior social workers are specific to the LBH; however, the City ASC team can determine suitable application of any developments.

The Take Home and Settle service is Homerton based, however, Age UK are also commissioned by other NEL CCGs to provide this service in out of borough hospitals and the staff can refer between hospital teams to help support City patients.

Fit 4 Health is available to anyone who has had a stroke or TIA and is resident in City and Hackney or registered with a City and Hackney GP.

Specific implications for Hackney

Funding for the proposals will be through the Hackney BCF and support service developments and integrated working arrangements within Hackney.

Patient and Public Involvement and Impact:

Each workstream includes patient and public representatives. The Neighbourhood and discharge steering groups also have patient representation who have agreed to their proposals.

The content of the report should have a positive impact on public perceptions of service providers, which include greater involvement of statutory bodies and the voluntary sector. Outcomes described in each to the proposals show direct benefits to patients.

Clinical/practitioner input and engagement:

Clinicians or practitioners from the individual services and workstream sub groups have participated in developing each of the proposals. The proposals also help to engage clinicians and practitioners from across the health, care and voluntary sectors.

Impact on / Overlap with Existing Services:

Each of the schemes within the paper have a significant positive impact on inter-relationships between NHS and Local Authority, acute, GP and community services.

The Neighbourhood model is about integrating clinicians and practitioners across our local system with co-development from patients. The clinical leads are critical for the further embedding of the primary care neighbourhood identity. The new scheme to appoint two senior social work practitioners will allow development of future models of integrated working that link adult social care to the neighbourhood model.

Age UK provide the Take Home and Settle service based at the Homerton. There are close working relationships with both health and social care staff and the service is included in the overall work of the discharge steering group.

The Fit 4 Health programme is hosted by the leisure and physical activity team at LBH and promotes close working between agencies, receiving referrals largely from NHS organisations and providing a valuable bridge for clients between a range of agencies such as social care and voluntary organisations.

Main Report

Background and Current Position

The Better Care Fund (BCF) allocation and 2017-19 partnership plan agreed by the City & Hackney Health and Wellbeing Boards was submitted to the BCF National team in 2017, covering two years.

The original expenditure plan for 2018-19 included £1,314,529 for the neighbourhood model (inclusive of £40K for the City of London), although only £816,000 was agreed for initial development and implementation of the model. This leaves an underspend of circa £500k.

The Hackney BCF partnership management team recommended use of a short application form used to steer any funding applications for use of this money during 2018-19. After discussion with the CCG Head of Performance and Alignment, we amended the PIC short-list template to include the requirement of the BCF priorities. It was agreed that this should be treated as short-term one off funding.

Attached are a number of bids that the Hackney BCF partnership management team, Planned Care Leadership Group and Unplanned Care Board have agreed and are requesting approval from the TB before submission to the ICB on the 14 September.

Summary of Bids:

1. Extension of the Neighbourhood Clinical Leads posts for an additional 6 months in order to show full benefit from these roles. The Neighbourhoods Steering group has endorsed the proposal. Cost £47,742
2. Employment of two Senior Social Work Practitioners to provide fixed term capacity to pilot new ways of working in social care as part of the neighbourhood model. The Neighbourhoods Steering group has endorsed the proposal. Cost £90k
3. The extension of the Take Home and Settle service, which Age UK has been funding to meet demand above commissioned capacity, and requires further funding to ensure it can meet expected growth for patients being discharged. Cost £60k
4. Extension of Exercise After Stroke – Fit 4 Health (the only ‘step down’ specialist exercise service bridging the gap between clinical stroke rehabilitation and community exercise), following the ending of the Lottery Funding until the end of March. This will allow the service to continue and provide time for further development of the pathway. Cost £87,376.00.

Part B – Discharge to Assess

Challenges with recruitment have caused a delay in implementation of the D2A pilot which has resulted in an underspend in the allocated funding.

The BCF Team would like to propose that the funding remains allocated to this scheme but to use some of the money to allow an evaluation of the D2A model, including the interface between the Integrated Independence Team, the Integrated Discharge Service and capacity of social work and therapies provision in the community. This will enable us to look at the future design and funding of these services, reduce duplication and ensure value for money with quality service & performance. Cost £30k

Please note the Workstream Directors for Prevention and Planned Care endorsed the Fit 4 Health proposal and the Planned Care Leadership Group have approved it. The Unplanned Care Board approved the other proposals.

Options

Options are included within each individual proposal below.

Equalities and other Implications:

Neighbourhood Clinical Leads

The neighbourhoods programme will address health inequalities through improved understanding of the different health and care needs and outcomes of our local population. This will be delivered through an integrated data pack for the borough and for each neighbourhood. Each neighbourhood will have a responsibility to address the health inequalities within their locality.

Neighbourhood Social Work Practitioners

The social work practitioners will be able to identify health inequalities as the work progresses and seek ways of mitigating these. They will also be able to ensure through observation and through a systematic review that developments have a positive impact on all protective groups.

Take Home and Settle

The scheme's main target is older adults 65 years or older; however, the service has accepted younger adults who have little to no support at home, are socially isolated and vulnerable.

Exercise After Stroke – Fit 4 Health

Stroke is strongly linked to deprivation and is the leading cause of disability in the UK. Stroke is estimated to cause 7% of all deaths in Hackney and City, an estimated 77 deaths each year of which 34% are calculated to be avoidable. Clients from black communities are twice as likely to suffer a stroke than white people. Stroke clients often experience social isolation, communication, cognitive and mobility difficulties,

which along with pain and reduced exercise tolerance restrict access to exercise and community provision.

D2A Evaluation

The evaluation will consider the extent to which current services are addressing health inequalities and meeting their obligations under the Equality Act and will make recommendation in this area.

Proposals

Neighbourhood Clinical Leads


2018/19 BCF Transformation Scheme underspend Funding Application Form

For funding from any underspend on the transformation scheme line, that gives the partnership opportunity to pump prime innovation in other parts of the system.

Scheme Title: Neighbourhoods Clinical Leads	Response
Sponsoring Organisation (CCG; LBH; Other)	CCG
Summary of Scheme <ul style="list-style-type: none"> • Is this a new scheme? • What will be provided • How this will be provided (model, pathway, provider etc) • Contracting mechanism (if known) 	<p>This scheme is to fund the 8 neighbourhoods Clinical Leads from 1 October 2018 to 31 March 2018.</p> <p>These posts were funded for 6 months in the initial neighbourhoods business case. They have been successfully recruited to and are now working to support neighbourhood developments. We are requesting that the funding is extended for 6 months so that they can continue to year end.</p> <p>The clinical leads will be hosted by the GP Confederation. The Confed will support and set objectives for the leads.</p>
Cost of Scheme (Breakdown)	The full cost of funding the clinical leads for 6 months would be £62,400. However, this bid is requesting £47,742 as there is an underspend on the current budget.
Anticipated start date	1 st October 2018
Case for change: <ul style="list-style-type: none"> • Evidence for current need/gap • Performance/outcomes data • Patient/practitioner feedback • What is impact of not starting the scheme? What risk to not having scheme in place? 	<p>These posts are critical for the delivery of the neighbourhoods programme</p> <p>The GP Confederation expects the following outputs as a return on the additional investment requested.</p> <p><u>Neighbourhood Infrastructure and Identity</u></p> <ul style="list-style-type: none"> - Further embedding of the primary care neighbourhood identity through the development of an agreed governance structure across neighbourhood practices <ul style="list-style-type: none"> o This will include:

	<ul style="list-style-type: none"> ▪ Developing a model for neighbourhood communication ▪ Creating a platform for shared learning and collaboration ▪ A forum for problem solving and priority setting ▪ A mechanism for monitoring progress against agreed goals <ul style="list-style-type: none"> - Using the neighbourhood information profile to create a set of neighbourhood specific improvement priorities - Implementing and testing a primary care leadership role and contributing to the development of this role by regular feedback to the City and Hackney GP Confederation <p><u>Delivering local neighbourhood improvement projects</u></p> <ul style="list-style-type: none"> - Leading (with support from the Primary Care Development Manager) specific improvement projects identified within the neighbourhood: <ul style="list-style-type: none"> ○ Creation of project plans and articulation of expected outcomes/goals ○ Examples already identified are: group consultations, single neighbourhood service for flu immunisation, developing weight management services for the neighbourhood, neighbourhood PPGs, purchasing at neighbourhood or Confed level to get greater discounts, better connections to all the voluntary sector groups working in the neighbourhood <p><u>Supporting the delivery of system wide change programmes</u></p> <ul style="list-style-type: none"> - Creating and delivering extended access hubs across each neighbourhood is our top priority - SE1 neighbourhood plan to pilot use of duty doctor to book in patients attending A&E who can then be seen in their practice that day
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	<p><u>Link roles to provider/work stream led neighbourhood change programmes</u></p> <ul style="list-style-type: none"> - Each clinical lead will work based on interests and expertise with a designated provider/work stream neighbourhood change programme <ul style="list-style-type: none"> o E.g. social care, community nursing, voluntary sector, mental health, Children Services <p><u>Co-production</u></p> <ul style="list-style-type: none"> - Providing neighbourhood leadership to support resident engagement work
<p>What is expected impact</p> <ul style="list-style-type: none"> • Health outcomes (mental and physical) • Health inequalities • Contribution to prevention • Social value • Patient empowerment • Equity of access 	<p>The extension of the clinical leads will contribute to the overall achievement of the programme vision through the work outlined above.</p> <p>Each change programme is being run using a quality improvement approach and as such the benefits can be easily tracked.</p> <p>At present, as with the entire programme, we are in the developmental stage, but as we progress in the second half of the year and beyond we will begin to align these ideas and plans to project plans and outcome metrics.</p>
<p>How does this scheme link to one or more of the BCF Metrics:</p> <ul style="list-style-type: none"> • A reduction in the number of unplanned acute admissions to hospital. • Reducing inappropriate admissions of older people (65+) in to residential care • Increase in effectiveness of reablement and rehabilitation services • Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DToC) 	<p>We expect neighbourhoods to support improvements on all of the BCF metrics, however, we will be looking for positive outcomes particularly related to:</p> <ul style="list-style-type: none"> -A reduction in NEL admissions – particularly for older / frail residents -A reduction in re-admissions
<p>How does the activities in the scheme address health inequalities in the area in line with duties in the Health and Social Care Act and reduce inequalities between people from protected groups in line with the Equality Act 2010</p>	<p>The neighbourhoods programme will address health inequalities through:</p> <ul style="list-style-type: none"> -improved understanding of the different health and care needs and outcomes of our local population. This will be delivered through an integrated data pack for the borough and for each neighbourhood.

	<p>-Each neighbourhood will have a responsibility to address the health inequalities within their locality.</p> <p>The clinical leads are key to delivering this, as they will need to bring together partners within each neighbourhood to review the data and agree local priorities to address inequalities.</p>
<p>How does the activities support the Care Act 2014, and the responsibility to provide both a preventative offer, and for NHS and social care services to work together locally. Ref: http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted</p>	<p>Neighbourhoods will deliver integrated teams with a clear remit to support prevention.</p> <p>One of the main drivers for neighbourhoods is to develop a platform for health and social care partners to work more closely together. We are currently developing a social care pilot which will test models for integrated working and assess the benefits.</p> <p>Neighbourhoods also provide a framework for delivering preventative interventions and also engaging the local community in the public health agenda. We are working closely with the prevention workstream on this.</p> <p>The neighbourhoods clinical leads will lead on different elements of the neighbourhood programme, including prevention and integration with social care.</p>
Signed:	
Name and Contact details	Nina Griffith, nina.griffith@nhs.net
Date:	7/08/18

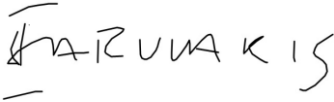
Neighbourhood Senior Social worker Practitioners

2018/19 BCF Transformation Scheme under-spend Funding Application Form

For funding from any underspend on the transformation scheme line, that gives the partnership opportunity to pump prime innovation in other parts of the system.

Scheme Title: Neighbourhood Senior Social worker Practitioners	Response
Sponsoring Organisation (CCG; LBH; Other)	LBH
Summary of Scheme <ul style="list-style-type: none"> ● Is this a new scheme? ● What will be provided ● How this will be provided (model, pathway, provider etc) ● Contracting mechanism (if known) 	New scheme to appoint 2 senior Social work practitioners, for 6 months, to work with the neighbourhood development Adult Social Care (ASC) Project Manager to look at future models of integrated working that link to the neighbourhood model. This will allow extra resources in the short term to test models, learn, and implement strength based approaches in supporting individuals alongside embedding learning from Safeguarding Adult Reviews (SARs) in addition to building up relationships within the neighbourhood.
Cost of Scheme (Breakdown)	2 x senior SW Practitioners plus employment costs for 6 months: £45k per post for 6 months = £90k The amount will depend on if the test and learn pilot will be trialed in one or two neighbourhoods (£45k if one)
Anticipated start date	1 st October 2018
Case for change: <ul style="list-style-type: none"> ● Evidence for current need/gap ● Performance/outcomes data 	The 2 posts will be used to develop a case for change, and a way of working within the neighbourhood model. They will be expected to look for evidence or current need in the new model and identify gaps and suggest how to fill

<ul style="list-style-type: none"> ● Patient/practitioner feedback ● What is impact of not starting the scheme? What risk to not having scheme in place? 	<p>these gaps. The workers will also be able to look at key performance indicators linked to the neighbourhood model and identify any risks and mitigations.</p>
<p>What is expected impact</p> <ul style="list-style-type: none"> ● Health outcomes (mental and physical) ● Health inequalities ● Contribution to prevention ● Social value ● Patient empowerment ● Equity of access 	<p>The impact of the 6 month trial will include the involvement of Social work Practitioners in developing the model, to ensure a balance of health and Social Care perspective in the development of the integrated model. To ensure equality of access, contribute to the prevention model and look at added social value that can be brought into the model. It should increase the visibility of Social Care in the model and help plan future Social Care plans.</p>
<p>How does this scheme link to one or more of the BCF Metrics:</p> <ul style="list-style-type: none"> ● A reduction in the number of unplanned acute admissions to hospital. ● Reducing inappropriate admissions of older people (65+) in to residential care ● Increase in effectiveness of reablement and rehabilitation services ● Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DToC) 	<p>This scheme links to improving the effectiveness of services and of joint working . In particular of joint working in the neighbourhood model that plans to bring local services together to work with smaller cohorts. The ability to look more at prevention and identify individuals to reduce hospital admissions. Social Care plays an invaluable role in hospital admission avoidance, promoting independence and reducing social isolation.</p>
<p>How does the activities in the scheme address health inequalities in the area in line with duties in the Health and Social Care Act and reduce inequalities between people from protected groups in line with the Equality Act 2010</p>	<p>By appointing 2 Senior SW Practitioners to support the development of the neighbourhood model. The practitioners will be able to identify health inequalities as the work progresses and seek ways of mitigating these. They will also be able to ensure through observation and through a systematic review that developments have a positive impact on all protective groups. This area of work will be important to monitor.</p>

<p>How does the activities support the Care Act 2014, and the responsibility to provide both a preventative offer, and for NHS and social care services to work together locally.</p>	<p>The neighbourhood model is an integrated model which is designed to help the partners meet their obligations under the Act and work locally together. This project allows for extra resources above the existing staff to allow these staff to consider how the preventative offer is established within the model long term.</p>
<p>Signed:</p>	
<p>Name and Contact details</p>	<p>Ilona Sarulakis</p>
<p>Date:</p>	<p>3rd August 2018</p>

Take Home and Settle Service

2018/19 BCF Transformation Scheme underspend Funding Application Form

For funding from any underspend on the transformation scheme line, that gives the partnership opportunity to pump prime innovation in other parts of the system.

Scheme Title: Take Home and Settle Service	Response
Sponsoring Organisation (CCG; LBH; Other)	Unplanned Care Workstream (CCG / LBH)
<p>Summary of Scheme</p> <ul style="list-style-type: none"> • Is this a new scheme? • What will be provided • How this will be provided (model, pathway, provider etc) • Contracting mechanism (if known) 	<p>Expansion of existing scheme.</p> <p>The main aim of the Take Home and Settle service provided by Age UK East London is to assist in the smooth transition from the hospital 'back home' and to prevent re-admittance of older people. The service provides support with Delayed Transfers of Care (DTOC) and it will also help prevent admission of those patients who are temporarily unable to cope during a period of acute illness that does not require admission.</p> <p>The Home and Settle scheme is a seven-day service operating Monday to Sunday within the Homerton Hospital and offers practical support and assistance to patients ready for discharge. The scheme was originally set up for older adults 65+ but due to pressure on beds, the service has accepted adults 50+ who have little to no support at home, are socially isolated, vulnerable and at risk of re-admission.</p> <p>The team consists of a team of 4 hospital based staff, 1 senior manager and 1 administrative support. The main tasks for our support workers are:</p> <ul style="list-style-type: none"> • Make sure there is shopping essentials in the home • Collect fresh clothes from your home prior to discharge • Housework e.g. laundry, ironing, cleaning etc. • Prepare patients a light snack • Help patients have a bath/shower when they arrive home and/or support to the toilet • Pop in for a regular chat ensuring wellbeing post discharge • Collect prescriptions or return to the ward to collect TTA's • Refer patients to other services e.g. advocacy, information & advice, community services

	<ul style="list-style-type: none"> Attend appointments with patient e.g. outpatients, GP etc. Support hospital in ensuring medical equipment is available e.g. we will practically support the set-up of micro-environments. <p>Referrals tend to come from the following staff: OT's – 38%, Nurses – 27%, Discharge Coordinators – 19%, IIT – 14%</p> <p>Various wards across the hospital refer to the service; however, 20% were from ED and 29% from ECU.</p> <p>There was no expected activity level set within the contract; however, the number of individuals supported has continued to grow significantly over the last number of years.</p> <p>The 2017-19 contract held by the CCG is for £100K per year. We will complete a contract variation if additional funding were granted.</p>
Cost of Scheme (Breakdown)	£60k to end of March 2019. This is on top of the current £100k contrac. See spreadsheet for detailed breakdown
Anticipated start date	1 October 2018
<p>Case for change:</p> <ul style="list-style-type: none"> Evidence for current need/gap Performance/outcomes data Patient/practitioner feedback <p>What is impact of not starting the scheme? What risk to not having scheme in place?</p>	<p>The elderly face a higher risk of an emergency admission and readmission following discharge from hospital than younger adults.</p> <p>During the 2017/18 the service supported 536 patients who were medically optimised. Included within the 536 are individuals who presented at A&E but could return home with short-term intervention and practical support in the home. Of these patients, 432 (81%) were living alone with little to no family/friends support. A small number were homeless or living in a bed & breakfast. This was a 7.6% increase in activity from 2016/17.</p> <p>During the first quarter of 2018/19 the service received 125 referrals. There was a 12% increase from Q1 in 2017/18 with 112 referrals and a 19% increase over 2 years comparing Q1 in 2016/17 with 105 referrals.</p> <p>Q1 Outcomes:</p> <ul style="list-style-type: none"> Reducing need for re-admission – only 4 of 125 referrals were readmitted in 7 days, 1 additional in 30 days, no additional by 60 days. Reducing need for admission – 20% of referrals were received from ED

- Supporting patients to link with existing community services – 12 onward referrals to PACT foods; 9 referrals for information and advice; 2 case studies highlight individuals who wouldn't accept support from adult social care accepted it after intervention with TH&S
- Reducing emergency bed days
- Supporting the reduction of delayed transfers of care
- Supporting elderly patients to spend less time in hospital

Social Worker Homerton Hospital – April 2017

“Just a quick line on how we would not be able to manage without this service. What a great service and without this:

1. *Discharges would take longer*
2. *Prompt to accept screening referral*
3. *Very flexible and quick in raising concerns*
4. *Work beyond their remit*
5. *Work well with difficult families*

The list goes on – fabulous team”

Service User quotes:


- *‘My house has been cleaned and tidied. I had a visitor every week, and I was happy to talk to the support worker, who understood me very well’*
- *‘I did not worry about shopping and cleaning. I felt positive and secure with the service.’*
- *‘My time with age UK has been great, and I am thankful with the service and help I received.’*

The service is estimating with an increase in funding they could accept between 580-689 clients in 2018/19, depending on the length of intervention. A cap at 4 weeks would enable the greater number. An increase to 580 is an 8% increase from last financial year.

The service is part of an integrated multidisciplinary approach to hospital discharge. The 7-day service enables greater interaction with health and social care, supports a “home first” approach and improves the flow of people through the system.

The impact of not providing additional funding is that the service would not be able to accept the growth in referral number that they have been doing. AUKEL is contributing

	<p>£35, 392 to finance the service on top of the commissioned contract, including 28 hours of support worker time to meet demand. To reach the anticipated demand they would increase an additional 19 hours to support weekend working more fully.</p> <p>The service take a flexible approach to support individuals, generally providing intervention within 6 weeks. AUKEL could limit the service to a maximum of 4 weeks; to ensure more patients are able to access services. This may limit support from more complex patients that require some additional help. Even at a 4-week model at the current contract value, the estimate is 439 patients, which is currently way under current provision. The service would also like to provide additional support at the front door for the frequent attender population, which could reduce emergency admissions further.</p>
<p>What is expected impact</p> <ul style="list-style-type: none"> • Health outcomes (mental and physical) • Health inequalities • Contribution to prevention • Social value • Patient empowerment • Equity of access 	<p>Older people who are frail, can become rapidly immobile or confused, suffer falls, or go very quickly from coping to not coping in the face of even minor acute illness or a worsening of an existing condition. Older people who are not frail can also suffer rapid deteriorations in their health and ability to cope. The elderly therefore face a higher risk of an emergency admission and readmission following discharge from hospital than younger adults.</p> <p>We know that for every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old, and building this muscle strength back up takes twice as long as it does to deteriorate. The service enables quicker discharge home for patients that are medically optimised.</p> <p>This service has enabled patients to remain at home with support and has educated 'frequent' users to be supported to attend GP appointment rather than presenting at A&E. Outcomes have shown that the service has provided patients with confidence in re-orientating within the home, practical help e.g. shopping, domestic duties etc. By providing this service to Hackney residents it also emphasised not only reduction of hospital re-admittance but has also reduced social isolation.</p>
<p>How does this scheme link to one or more of the BCF Metrics:</p> <ul style="list-style-type: none"> • A reduction in the number of unplanned acute admissions to hospital. 	<p>This service is aimed at the reducing re-admissions, although has also assisted with admission avoidance through pick up of patient in A&E.</p> <p>The service demonstrates effective joint working and supports the reduction of delayed transfers of care.</p>

<ul style="list-style-type: none"> • Reducing inappropriate admissions of older people (65+) in to residential care • Increase in effectiveness of reablement and rehabilitation services • Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DToC) 	
<p>How does the activities in the scheme address health inequalities in the area in line with duties in the Health and Social Care Act and reduce inequalities between people from protected groups in line with the Equality Act 2010.</p>	<p>The scheme's main target is older adults 65 years or older; however, the service has accepted younger adults who have little to no support at home, are socially isolated and vulnerable.</p> <p>In 17/18 25% were 70-79 years old and 35% were 80-89 years of age. 19% were from the Black Caribbean community.</p>
<p>How does the activities support the Care Act 2014, and the responsibility to provide both a preventative offer, and for NHS and social care services to work together locally. Ref: http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted</p>	<p>The programme is ran by a voluntary sector organisation situated within the acute hospital. There are close relationships between AUKEL, health, adult social care and other voluntary organisations such as Family Action who accept onward referrals.</p> <p>The service includes primary prevention to stop care and support needs from developing through action to reduce social isolation.</p>
<p>Signed:</p>	
<p>Name and Contact details</p>	<p>Nina Griffith, Unplanned Care Workstream Director Nina.griffith@nhs.net</p>
<p>Date:</p>	<p>20.07.2018</p>

Exercise After Stroke – Fit 4 Health

2018/19 BCF Transformation Scheme underspend Funding Application Form


For funding from any underspend on the transformation scheme line, that gives the partnership opportunity to pump prime innovation in other parts of the system.

Scheme Title: Exercise After Stroke – Fit 4 Health	Response
Sponsoring Organisation (CCG; LBH; Other)	Prevention Workstream (CCG / LBH)
Summary of Scheme <ul style="list-style-type: none"> ● Is this a new scheme? ● What will be provided ● How this will be provided (model, pathway, provider etc) ● Contracting mechanism (if known) 	<p>Extension and continued provision of existing scheme (hosted by Leisure and Physical Activity team at LBH and funded by Big Lottery - no further funding available)</p> <p>Evidence-based programme including an individual assessment and support to people who have had a stroke or TIA (at risk of stroke) via a bespoke 11 week exercise programme with one to one and group support. A follow up programme will offer slow paced walks, a gym programme and an 8 week circuit intervention.</p> <p>Referrals are received from hospital stroke units, GPs, self-referral or other healthcare services. 32 session programmes are delivered by specialist exercise instructors in line with evidence. On completion, clients are signposted to relevant exercise opportunities in the borough.</p> <p>Expected activity level: 124 referrals plus 72 unique users for the advanced follow on programme (gym, circuit and walk interventions)</p> <p>Contract would be via the LBH Leisure and Physical Activity team via a variation to the section 75 agreement.</p>
Cost of Scheme (Breakdown)	£87,376.00 to end of March 2019 – covering staff, venues, equipment and publicity. See spreadsheet for detailed breakdown
Anticipated start date	1 October 2018

<p>Case for change:</p> <ul style="list-style-type: none"> ● Evidence for current need/gap ● Performance/outcomes data ● Patient/practitioner feedback <p>What is impact of not starting the scheme? What risk to not having scheme in place?</p>	<p>In City and Hackney we have an increased rate of premature mortality through cardiovascular disease. This project would ultimately contribute to reducing premature mortality as well as reducing morbidity and improving quality of life.</p> <p>Fit 4 Health is the only 'step-down' exercise specialist service bridging the gap between clinical rehabilitation and community exercise. This service is currently provided but funding is coming to an end. If the scheme were discontinued there would be an increased strain on many areas including:</p> <ul style="list-style-type: none"> ● Increased strain on health services ● Insufficient specialist exercise provision to encourage physical activity amongst people who have had a stroke, TIA or at risk of stroke. ● Increased reliance of social adult care. ● Increased reliance on family/care support. ● Higher probability of client relapse / further stroke ● Increased likelihood of reoccurring co-morbidities ● Less support for people returning to work. <p>Outcomes:</p> <ul style="list-style-type: none"> ● People using the service will report greater levels of physical activity <i>2016/17 Target: 162 people; Achievement 211 people</i> ● People will report a greater independence and confidence in accessing community exercise facilities and programmes. <i>2016/17 Target 155; Achievement 171 people</i> ● People using the service will report a greater ability to socialise and meet people. <i>2016/17 Target 132 people; Achievement: 162 people</i> <p>People using the service will report greater exercise tolerance to help reduce the risk of cardiovascular disease. <i>2016/17 Target 122 people; Achievement 113 people (some people unable to complete fitness testing due to ill health)</i></p>
<p>What is expected impact</p>	<p>Physical health gains:</p>

<ul style="list-style-type: none"> ● Health outcomes (mental and physical) ● Health inequalities ● Contribution to prevention ● Social value ● Patient empowerment ● Equity of access 	<p>86% of completers had improvements in energy levels</p> <p>84% improved in stamina, strength and flexibility</p> <p>78% improved their ability to perform activities of daily living 43% felt more in control of their blood pressure</p> <p>Mental health outcomes:</p> <p>76% improved in self-confidence</p> <p>68% improved their social skills</p> <p>Health inequalities:</p> <p>Stroke is strongly linked to deprivation and is the leading cause of disability in the UK. Clients from black communities are twice as likely to suffer a stroke than white people. Stroke clients often experience social isolation, communication, cognitive and mobility difficulties, which along with pain and reduced exercise tolerance restrict access to exercise and community provision. This project specifically targets people who have had strokes and TIAs and are thus likely to suffer health inequalities.</p> <p>Contribution to prevention:</p> <p>This project will deliver secondary prevention benefits.</p> <p>Stroke is estimated to cause 7% of all deaths in Hackney and City, an estimated 77 deaths each year of which 34% are calculated to be avoidable. There are several risk factors related to stroke, inactivity is one such risk factor. According to the Stroke Association (2017) moderate physical activity can reduce the risk of stroke by 27%. 125 completers demonstrated a 59% increase in levels of physical activity.</p> <p>Social value:</p> <p>Fit 4 Health is the only 'step-down' exercise specialist service bridging the gap between clinical rehabilitation and community exercise. It also offers opportunities for volunteers and works to raise awareness of stroke in the community and with partner organisations</p>
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	<p>Patient Empowerment:</p> <p>Clients will be offered Enablement Day events in partnership with community services such as libraries, heritage, parks and faith groups. The role of these organisations will be to integrate clients into their services. Reward Day events will enable clients to celebrate their achievements, socialise and support each other. These events will provide a platform for clients to give feedback thus helping to design and shape the scheme.</p> <p>Equity of Access:</p> <p>Due to the varying needs of clients, sign-posting to community exercise provision may not always be suitable. To accommodate those who are not ready to move on, this proposal includes an additional 8-week circuit session. The production of an exercise video, which could be viewed at home/remotely, will also help clients sustain and increase activity levels.</p>
<p>How does this scheme link to one or more of the BCF Metrics:</p> <ul style="list-style-type: none"> • A reduction in the number of unplanned acute admissions to hospital. • Reducing inappropriate admissions of older people (65+) in to residential care • Increase in effectiveness of reablement and rehabilitation services • Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DToC) 	<p>This programme is aimed at preventing people having further strokes and reducing post-stroke complications, which should reduce hospital admissions and attendances. Evaluation findings showed 33% of Fit 4 Health clients had fewer visits to their GP/hospital in the long term (self-report from clients who have completed scheme).</p> <p>The programme is closely linked to the service in the Stroke Unit and TIA service at Homerton and forms part of the community provision and support available to stroke patients post discharge</p>
<p>How does the activities in the scheme address health inequalities in the area in line with duties in the Health and</p>	<p>Available to anyone who has had a stroke or TIA and is resident in City and Hackney or registered with a City and Hackney GP. Previous feedback has suggested that there</p>


<p>Social Care Act and reduce inequalities between people from protected groups in line with the Equality Act 2010.</p>	<p>is a need to offer transport so that non-ambulatory and housebound clients can benefit from the programme.</p>
<p>How does the activities support the Care Act 2014, and the responsibility to provide both a preventative offer, and for NHS and social care services to work together locally. Ref: http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted</p>	<p>This is a fully prevention-focused service – it reduces the risk of further cardiovascular events and complications after TIA and stroke, thus reducing the likelihood of future need for complex health and care packages.</p> <p>The scheme improves clients’ well-being by improvements to physical and mental health (through exercise) as well as offering a supportive group environment, which helps address low motivation and social isolation.</p> <p>The programme is hosted by the leisure and physical activity team at LBH and promotes close working between agencies, receiving referrals largely from NHS organisations (including via in-reach to the hospital stroke unit) and providing a valuable bridge for clients between a range of agencies such as social care and voluntary organisations. In addition, the service raises awareness of stroke and the needs of stroke patients amongst community organisations.</p>
<p>Signed:</p>	
<p>Name and Contact details</p>	<p>Jayne Taylor, Prevention Workstream Director Jayne.Taylor@hackney.gov.uk</p> <p>Siobhan Harper, Planned Care Workstream Director Siobhanharper@nhs.net</p>
<p>Date:</p>	<p>01.06.2018</p>

PART B – D2A Underspend**2018/19 BCF Transformation Scheme underspend Funding Application Form**

For funding from any underspend on the transformation scheme line, that gives the partnership opportunity to pump prime innovation in other parts of the system.

Integrated Independence Team (IIT) Evaluation

Scheme Title: Discharge 2 Assess Evaluation and Implementation of long-term model	Response
Sponsoring Organisation (CCG; LBH; Other)	LBH Homerton CCG
Summary of Scheme <ul style="list-style-type: none"> • Is this a new scheme? • What will be provided • How this will be provided (model, pathway, provider etc) • Contracting mechanism (if known) 	An evaluation of the “Discharge 2 Assess” model and the relationship between the Integrated Independence Team (IIT), the Integrated Discharge Service and capacity of social work and therapies provision in the community. This will identify good practice and make recommendations for future design and funding of a future model that reduces duplication, offers best value and reduces Delayed Transfers of Care and length of stay while maintaining a high quality, safe service.
Cost of Scheme (Breakdown)	£30,000 (plus any patient /user expenses) This would be taken from the underspend on the D2A Pilot
Anticipated start date	1 October 2018
Case for change: <ul style="list-style-type: none"> • Evidence for current need/gap • Performance/outcomes data • Patient/practitioner feedback • What is impact of not starting the scheme? What risk to not having scheme in place? 	The evaluation will be to assess the need for a case for change and present relevant supporting evidence and recommendations. The evaluation will look at the three schemes, which have organically developed over the last few years, allowing commissioners and providers to take stock of the current model, look for good practice, and identify a more streamlined approach that will increase quality and build on good practices and reduce any waste, dual

	running and increase performance and quality of service.
<p>What is expected impact</p> <ul style="list-style-type: none"> • Health outcomes (mental and physical) • Health inequalities • Contribution to prevention • Social value • Patient empowerment • Equity of access 	<p>The impact of the 12 month programme will include:</p> <ul style="list-style-type: none"> • A review of health outcomes following discharge, • Patient experiences • Equality of access, • The extent to which patients feel empowered • Opportunities for redesign • Reduction in waste or duplication • Use of resources
<p>How does this scheme link to one or more of the BCF Metrics:</p> <ul style="list-style-type: none"> • A reduction in the number of unplanned acute admissions to hospital. • Reducing inappropriate admissions of older people (65+) in to residential care • Increase in effectiveness of reablement and rehabilitation services <p>Effective joint working of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals (Reduction in DTtoC)</p>	<p>This scheme is fundamental to the reduction of the ambitions for reducing delayed transfers of care and the length of stay, which are set nationally by NHS England.</p> <p>It will also evaluate the effectiveness of existing services, leading to recommendations for improvement or re-design as appropriate.</p> <p>The evaluation will also comment on the effectiveness of joint-working, make recommendations for improvements and note good practice where it already exists.</p>
<p>How do the activities in the scheme address health inequalities in the area in line with duties in the Health and Social Care Act and reduce inequalities between people from protected groups in line with the Equality Act 2010</p>	<p>The evaluation will consider the extent to which current services are addressing health inequalities and meet their obligations under the Equality Act - the evaluator will also be asked to make recommendation in this area.</p>
<p>How does the activities support the Care Act 2014, and the responsibility to provide both a preventative offer, and for NHS and social care services to work together locally.</p>	<p>The scheme will evaluate and make recommendations on how secondary prevention is being enabled through the existing IIT and Discharge services, as well as how social care and health currently work together as part of these teams, and how their integrated approach can be developed.</p>
<p>Signed:</p>	

Name and Contact details	Gareth Wall 020 8356 3029
Date:	30 July 2018

Conclusion

Funding of the proposals described above would allow partners to continue efforts at integration of systems across health, social care, and the voluntary sector, across both acute and community settings. Benefits include direct support to increase health outcomes for service users living within City and Hackney. These schemes also clearly address national BCF metrics.

Supporting Papers and Evidence:

N/A

Sign-off:

Workstream SRO: Tracey Fletcher, Chief Executive of Homerton NHS FT; and Simon Cribbens, Assistant Director, Commissioning & Partnerships, City of London Corporation (each signing off on respective workstream areas)

London Borough of Hackney: Simon Galczynski, Director of Adult Services

Workstream Directors: Nina Griffith, Director Unplanned Care Workstream; and Siobhan Harper, Director Planned Care Workstream (each signing off on respective workstream areas)

Title:	Vision statement, Resident Value Statements, and Outcomes Framework workshop
Date:	14 September 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director Yashoda Patel, Interim Head of Performance, CCG
Author:	Anna Garner, Head of Performance, CCG Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Transformation Board, 29 August 2018 Integrated Commissioning Boards, 14 September 2018
Public / Non-public	Public

Executive Summary:

The report sets out:

- The draft vision for City and Hackney integrated commissioning and care
- A list of resident value statements.
- The process for developing an outcomes framework, including the method of engagement of local residents to identify what is of value to them.
- The key themes/priorities identified by attendees of the outcomes framework workshop on 16th August 2018.
- The proposed draft outcomes framework format.
- The next steps for developing the outcomes framework.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

The TB asked that the vision was structured to follow a typical patient journey starting with prevention and ending with hospital services.

TB also asked that the vision reflected the ambition to come together as system partners to address the underlying causes of poor health. These comments have been incorporated into the vision below.

Recommendations:

The City Integrated Commissioning Board is asked to:

- **APPROVE** the draft vision for integrated commissioning
- **COMMENT** on the priority themes; and
- **APPROVE** next steps on developing the outcomes framework

The Hackney Integrated Commissioning Board is asked to:

- **APPROVE** the draft vision for integrated commissioning
- **COMMENT** on the priority themes; and
- **APPROVE** next steps on developing the outcomes framework

Links to Key Priorities:

Integration is a key priority in both the City of London and Hackney Health and Wellbeing Strategies. Having a clear vision, priorities and outcome measures will help support the integration project going forward.

Specific implications for City

The vision and outcomes framework is relevant to both City and Hackney residents and City workers.

Specific implications for Hackney

The vision and outcomes framework is relevant to both City and Hackney residents.

Patient and Public Involvement and Impact:

Patients and the public have been involved throughout the development of the vision and the outcomes framework. Resident value statements were collected from residents at a workshop run by Healthwatch. The value statements from the workshop were consulted on with a range of community groups. Healthwatch and workstream public reps invited to the outcomes workshop to feed into the development of outcomes framework and priority themes.

Clinical/practitioner input and engagement:

Clinicians/practitioners from provider and commissioner organisations (TB members) invited to workshop to feed into development of outcomes framework and priority themes.

Impact on / Overlap with Existing Services:

N/A

Main Report

1. Developing the vision

At the February 2018 TB meeting, it was agreed that whilst the vision for integration was expressed in a number of documents, that a multi-partner Task & Finish Group is established to develop a succinct vision for Integrated Commissioning that could be communicated to residents and patients, as well as staff.

A workshop was held in the Spring 2018 and a draft vision was developed. The draft vision went through a number of iterations and was consulted on with residents and patients, most recently at the 'Let's Talk' event in June 2018.

The intention was that the vision would link with resident values (Section 4 of the report) and the outcomes framework (Section 5).

The draft vision is set out below:

Our City and Hackney vision

Our vision

By 2022 we will have a single approach across City and Hackney that supports people and their families to live the healthiest lives possible and looks to address the underlying causes of poor health, whatever they may be. For you this will mean:

- More support for you and your family to get healthy, be active and stay as independent as possible
- Neighbourhoods where people and communities are actively supported to help themselves and each other
- Joined up support that meets your physical, mental health and other needs
- Easier ways for you to be involved in decisions about your care
- High quality GP practices, pharmacies and community services that offer you more support closer to home
- A thriving local hospital there when you need it

Our values

Listening to and involving the public in everything we do
 Recognising and valuing **diversity** within our communities and our staff
 Building on local **community assets** and individuals' strengths
 Being **honest and involving** others with the challenges and opportunities ahead
 Staff and patients taking **responsibility** for their actions and choices
 Treating each other with **respect, compassion and dignity** at all times
Doing what's right for City and Hackney people rather than our own organisations

How will we know we've achieved this?

- Measurable improvements in people's health and wellbeing across City and Hackney
- People telling us their experience of care has got better and they have more control over their own lives
- Staff feeling more able to make a difference
- Reduced waste and more spent on services for local people

2. Process for developing an outcomes framework

We need to develop an outcomes framework for City and Hackney (to sit alongside the vision) that is co-owned by residents and system partners, in order to:

- a. Provide purpose and legitimacy to the work of the integrated commissioning system
- b. Provide motivation for staff– what they are working towards
- c. Frame measures to monitor the impact of work on health and care needs of residents and ensure progress

The process for defining an outcomes framework for City and Hackney (based on learning from elsewhere – other national and international models) is as follows:

- Ensure the system knows what values/outcomes are important to local residents associated with their health and care – and work with residents to obtain these (ensure wide range of residents involved)
- Align these with priorities based on population health data and needs assessments
- Agree the final list of priorities with all system partners
- Identify appropriate indicators to measure impact against these
- Agree these system measures with system partners
- Ensure consultation on these priorities and measures underneath has happened with wide range of residents
- Ensure processes are put in place to use the outcomes framework effectively: to hold system to account for improving these.

3. Engaging residents in identifying their key values

The City and Hackney Healthwatch engaged with residents over June/July 2018 to develop a set of statements showing what is important to residents and what they value for their health, care and wellbeing.

A focus group ‘Shape the future of the Hackney and City health and care system’ held in mid-June was attended by 28 people. The event was attended by a diverse segment of Hackney and City residents including younger and older people, those in work, black and ethnic minority, and disabled people. Attendees shared what was important to them and their vision for the future local health and care system. This event was independently facilitated by a Knowledge Ecologist who has worked in this way with other parts of the NHS and local councils across the country.

An initial list of public outcomes was drafted based on the original workshop. This was then consulted on with the following additional groups:

- Let's Talk (joint CCG, LBH, COLC event on integration), 26 June
- Hackney Council Adult Social Care's Making it Real Board, 10 July
- City and Hackney CCG Patient and Public Involvement Committee, 28 July
- Better Care Fund Patient user experience group, 28 July
- Healthwatch Hackney membership
- Healthwatch City of London membership
- Hackney CVS communications channels
- Homerton hospital communications channels

Based on this additional feedback, the public outcomes were revised and finalised.

To note: The full report of the outputs from the resident focus group available at: http://www.healthwatchhackney.co.uk/wp-content/uploads/2018/07/Public-feedback_Outcomes-framework-Hackney-City.pdf

4. Final resident value statements

What is important to me and what I value for my health, care and wellbeing:

1. Patient at the centre
2. Joined-up care
3. Equality between staff and the public - working together, clear communication and speaking the same language
4. People are listened to and heard
5. Responsible patients and staff
6. Money is used well
7. Community and neighbourhood
8. Accountable and transparent staff and politicians
9. Public are involved including in decisions
10. Properly funded services
11. Flexible support adapted to local and individual need
12. Equal for all including equitable access
13. Tackling causes and better prevention
14. One-to-one care
15. Equal treatment of mental and physical health
16. Greater happiness and wellbeing
17. Recognise people's skills and empower them to help themselves
18. More training, education and employment for people

19. Continuity of care
20. Free health care

A number of service-specific priorities and outputs were also identified by residents which need to be included in the way that we measure whether outcomes are being met:

- Reduced A&E waiting times
- Reduced waiting times for GP appointments.
- Easier for everyone to contact their GP.
- Reduced waiting times for referrals to specialists
- Reduced waiting times for treatment
- Coordinated actions between different departments and organisations
- Increased accessibility and communicating according to individual needs e.g. BSL interpreters, language interpreters, meeting Accessible Information Standard
- Longer consultation time at GPs
- More IT options for patients e.g. video consultation, online diagnostics
- Better hospital transport
- Easily accessible mental health services including reduced waiting times
- Better housing for health
- Increased awareness of healthy eating and living
- Better end of life care

5. Outcomes framework workshop – August 2018

An invitation to the outcomes framework workshop was extended to Transformation Board members, Integrated Commissioning Board members and all workstream resident representatives.

The aim of the workshop was to agree a list of priority outcomes (or groups of outcomes/themes) of the Integrated Commissioning Programme, by conducting a prioritisation process:

Each of 6 tables were asked to come up with 5 key themes an existing list of priorities including:

- Resident value statements
- Priorities from 2016 case for change for devolution
- Priorities from needs assessment and other population health data
- Current big ticket items across the workstreams

The criteria for prioritisation were:

- Themes that relate to an identified health need?
- Themes that working together as an integrated system can impact?

Groups fed back on their top 5 themes to the wider group, with comments on how groups found the process and the final list of all of the top themes from each group were combined and agreed.

6. Output from the workshop: priority themes

Priority themes are:

- Making sure all children and young people have a good start in life.
- Achieving a reduction in the present inequity in health and wellbeing (as well as contributing towards reducing inequity in other areas outside the remit of the Integrated Commissioning Programme). This includes closing the health and wellbeing gap for people with long term conditions and co-morbidities.
- Increasing the length of a healthy life, so that local people have both longer lives and more years spent free of ill-health and disability.
- Tackling the causes of poor health and wellbeing at an earlier stage, and putting in place measures to ensure better prevention.
- Creating 'services that work for me', or services that are more joined up and person centred.
- Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care.
- Helping local people to become resilient and empowered. This includes encouraging people to become involved in their own care and to understand and manage their own health better.
- Increasing people's sense of control, autonomy and self-efficacy, including their ability to exercise choice and control over where, when and how they use services.
- Reducing social isolation.
- Increasing employment.
- Creating a safe environment for everyone to live in, for example by linking in with housing services

Enablers of these outcomes/themes

Participants identified a range of priorities for the programme that are not in themselves outcomes but enablers of the outcomes the programme seeks to achieve. These are:

- Strong leadership to underpin change and galvanise staff.
- Working towards a system which local people experience as 'one public service', including health, local authorities and the voluntary sector.
- Using resources to get the best value, including transferring resources from one budget to another if it makes sense to do so to achieve a desired outcome, rather than protecting individual organisation's budgets.
- Changing the culture to one of genuine power sharing between residents and professionals.
- Joining up Integrated Commissioning ambitions with those of partner organisations
- Ensuring openness and transparency with residents about what it is reasonable to expect from health and care services and what the costs are.

7. Proposed format for the outcomes framework

Key themes	CYPM	Prevention	Planned Care	Unplanned Care
	<i>Outcomes and measures for each workstream relating to each theme</i>			
All children and young people have a good start in life				
Tackling the causes of poor health and wellbeing at an earlier stage, and putting in place measures to ensure better prevention				
Reduction in inequity in health and wellbeing (including closing the health and wellbeing gap for people with long term conditions and co-morbidities)				
Increasing the length of a healthy disability-free life				
Creating services that are more joined up and person centred: 'services that work for me'				
Improving the mental health and wellbeing of the local population				
Helping local people to become resilient and empowered (including encouraging people to				

become involved in their own care and to understand and manage their own health better)				
Increasing people's sense of control, autonomy and self-efficacy, including their ability to exercise choice and control over where, when and how they use services.				
Reducing social isolation				
Increasing employment				
Creating a safe environment for everyone to live in				

8. Next steps in developing the City and Hackney outcomes framework

- Obtain feedback on key themes generated by outcomes workshop from a broader set of stakeholders than were able to attend the workshop in August: via TB and ICB (August/September).
- Take outcomes mapped to resident value statements back to residents participating in resident value statement workshop – to check that it is a reasonable distillation of their values.
- Work with workstreams on which outcomes and measures fall under each theme for their workstream: this becomes the outcomes framework. Ensure service specific priorities from the resident values work are reflected in these outcomes. Ask workstreams whether they need to do some workstream specific resident engagement on what values important to residents in each workstream area.
- Draft outcomes framework (mapping outcomes/measures to priority themes for each workstream) to be consulted on at TB and ICB – agreement on final outcomes framework.
- Agree with stakeholders how the framework will be used to effect improvement in these outcomes
- The Evaluation team will then work with the workstreams on: what activities/outputs they are planning to contribute to these outcomes (as per evaluation recommendations): more robust project planning process including a robust value proposition and theory of change for each workstream.

Sign-off:

London Borough of Hackney ___Anne Canning, Group Director of Children, Adults & Community Health

City of London Corporation __Simon Cribbens, Assistant Director, Commissioning & Partnerships

City & Hackney CCG _____David Maher, Managing Director

Title:	Draft System Commissioning Intentions 2019/20 onwards
Date:	14 September 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Olivia Katis, Integrated Commissioning Programme Manager
Committee(s):	Transformation Board - 29 August 2018 Integrated Commissioning Board - 14 September 2018
Public / Non-public	Public

Executive Summary:

This paper provides the Integrated Commissioning Board with a summary of the System Commissioning Intentions for 2019/20 onwards which have been provided by the care workstreams.

Each year City and Hackney CCG is required to develop a set of commissioning intentions detailing their ambitions for the next financial year and contracting round and this year we are taking a systems approach to the commissioning intentions. The System Commissioning Intentions will align with partner's commissioning cycles

This year, we are required to submit items which we envisage could be commissioned at an STP level that could be considered for inclusion in the North East London (STP) Commissioning Strategy.

The Commissioning intentions set out in the slide pack are a first draft and will be worked up over the coming months

There will be full patient engagement on the commissioning intentions both at workstream and system level including at the September CCG AGM, through the Engagement Enabler Group on 26 September 2018, and at a systems commissioning engagement event in late October 2018.

Questions for the Transformation Board

The Integrated Commissioning Board is asked to consider the commissioning intentions, and provide any initial thoughts or comments

Issues from Transformation Board for the Integrated Commissioning Boards

The comments made by the Transformation Board have been incorporated in this version

Recommendations:

The City Integrated Commissioning Board is asked to:

- **CONSIDER** the draft system commissioning intentions
- **NOTE** the process for finalising the intentions in the attached slide pack

The Hackney Integrated Commissioning Board is asked to:

- **CONSIDER** the draft system commissioning intentions
- **NOTE** the process for finalising the intentions in the attached slide pack

Links to Key Priorities:

Commissioning intentions across the Care Workstreams link closely to a number of our key priorities including:

- Provision of a high quality CAMHS Service for children and young people
- Provision of high quality Maternity Services
- Development of the Neighbourhoods programme
- Providing high quality end of life care services
- Improving our offer to patients with Dementia
- Development of outpatients transformation
- Delivering high quality services to patients with cancer and improving our performance against cancer targets
- Working with patients, practices and providers to ensure we are prescribing appropriately

Specific implications for City

The commissioning intentions will ensure appropriate services are commissioned for City residents and workers

Specific implications for Hackney

The commissioning intentions will ensure appropriate services are commissioned for Hackney residents.

Patient and Public Involvement and Impact:

Commissioning intentions will be discussed at the CCG's Patient Public Involvement Committee, the CCG's Annual General Meeting and the Engagement Enabler Group on 26 September 2018. There will be a systems wide commissioning engagement event in late October 2018

Clinical/practitioner input and engagement:

The workstream clinical leads have been fully involved in the development of the draft commissioning intentions. Commissioning intentions will be discussed at the CCG's Clinical Commissioning Forums in October 2018 and November 2018 the CCG's Annual General Meeting in September 2018.

Impact on / Overlap with Existing Services:

N/A.

Equalities and other Implications:

The workstreams have considered the equalities implications of their commissioning intentions and there will be further consideration as the intentions are more fully worked up.

Proposals

N/A

Supporting Papers and Evidence:

Appendix 1 –Draft System Commissioning Intentions – September 2018

Sign-off:

Anne Canning, Prevention SRO

Simon Cribbens, Planned Care SRO

Angela Scattergood, CYPM SRO

Tracey Fletcher – Unplanned Care SRO

Draft System Commissioning Intentions 2019 - 20 onwards

September 2018



City and Hackney
Clinical Commissioning Group

System Commissioning Intentions: Context

- This presentation summarises the proposed systems commissioning intentions across the four care workstream portfolio areas; During 2019/20 the care workstreams will be the main vehicle for the delivery of commissioning activities and system savings.
- Each year City and Hackney CCG is required to develop a set of commissioning intentions detailing their ambitions for the next financial year and contracting round and this year we are taking a systems approach to the commissioning intentions in line with our integrated commissioning ambitions.
- It is an NHS England (NHSE) requirement that providers are given notice of potential variations to contracts at the end of September 2018 so that these can be negotiated and agreed no later than the end of March 2019.
- The System commissioning intentions will align with partner's commissioning cycles.
- This year, we are required to submit items which we envisage could be commissioned at an Sustainability and Transformation Partnership (STP) level that could be considered for inclusion in the North East London (NEL) Commissioning Strategy.
- The Commissioning intentions set out in this slide pack are a first draft and will be worked up over the coming months.
- There will be full patient engagement on the commissioning intentions both at workstream and system level.
- Commissioning Intentions are being worked into a full 2019/20 Commissioning Intentions Strategy and Commissioning Prospectus which we expect will be available in October 2018.

Next steps & timeline

To ensure these Commissioning Intentions are in line with the views of clinicians and patients across the system we will be discussing at the meetings listed below. The commissioning intentions will also be considered at the City and Hackney Health and Wellbeing Boards as well as through City of London Corporation (CoLC) and the London Borough of Hackney (LBH) where relevant.

- 29th August 2018: City and Hackney Transformation Board
- 5th September: CCG Annual General Meeting including resident/patient input
- 12th September 2018: CCG Clinical Executive Committee
- 12th September North East London Joint Commissioning Committee (NEL JCC)
- 14th September 2018: City and Hackney Integrated Commissioning Boards
- 17th September 2018 Children Young People and Maternity (CYPM) Workstream Meeting
- 18th September Planned Care Core Leadership Group
- 19th September 2018: CCG Finance and Performance Committee
- 26th September 2018: Engagement Enabler Group
- 28th September 2018: CCG Governing Body
- 28th September 2018 Unplanned Care Board
- 30th September 2018: Provider commissioning Intention letters are issued
- 2nd October 2018: Prevention Workstream Meeting
- October & November 2018 Clinical Commissioning Forum Meetings
- Late October 2018: Systems commissioning patient/public engagement event



NEL STP Commissioning Strategy - Intentions 1

We are exploring the potential to commission some of our services at a North East London level, including:

Workstream Area	Item
Unplanned Care	An cross-borough Hospice at Home Service for patients nearing the end of life
	A cross-borough approach to commissioning the Mildmay Community Centre
	Using the outcomes of the Health Based Places of Safety (HBPOoS) options appraisal to devise a new staffing model for East London Foundation Trust (ELFT's) HBPOoS sites
Planned Care	Potential to commission some early diagnosis and detection of Cancer support services via cross-borough arrangements
	Implementation of NHSE recommendations around prescribing including: <ul style="list-style-type: none">• Not prescribing Over the Counter (OTC) medicines in primary care for 35 minor, short-term conditions, medicines• Not prescribing from a list of 18 medicines considered to be of low value

NEL STP Commissioning Strategy - Intentions 2

Workstream Area	Item
Children Young People and Maternity	An STP wide perinatal mental health offer is being piloted, alongside proposals for some elements of maternity
	A North East London 'Child House' (multi-disciplinary support for children who have experienced sexual assault)
	Agree an approach to service user involvement (Maternity Voices Partnership and Patient Public Involvement)
	Look at developing a shared specification across maternity with some shared and some local Key Performance Indicators (KPIs)
	Jointly commissioned Audiology Service
	Peer Mentoring Project for Young People with Sickle Cell
	Ongoing work with Child and Adolescent Mental Health Services (CAMHS) specifically around standards of children and young people crisis with improved interfaces across tier 4 beds
Prevention	Proposal that the preventing ill health by risky behaviours [alcohol and tobacco] Commissioning for Quality and Innovation (CQUIN) target is included across KPIs at an NEL level
	We are working at an STP level to develop an NEL Suicide Strategy
	We are working to develop our local Individual Placement & Support (IPS) employment service in accordance with strategic work at an STP level

Children Young People and Maternity (CYPM) - Intentions (1)

Commissioning Intentions
Children
High quality acute and community paediatric services, incorporating delivery of new community baby clinics and input into the design of a new health offer for our Looked After Children
To agree tariffs and explore improving pathways for critical care
To develop a clear offer for children in need of continuing healthcare, and work towards continued development of personal health budget
To develop a specialist epilepsy nurse offer, alongside a new respiratory specialist nurse offer, embedded across A&E and Primary Care to support reductions in unplanned asthma attendances
Improve local pathways for children with Special Educational Needs (SEN) and Disabilities
Design and implement a new tier 2 and 3 Audiology Services
Improve care pathways and information sharing across primary care to improve diabetes care
Improve uptake of immunisations

Children Young People and Maternity (CYPM) - Intentions (2)

Commissioning Intentions

Maternity

Continued quality improvements in service delivery, building on the improvement trajectory and recent Care Quality Commission (CQC) inspection recommendations (August 2018), working toward an 'Outstanding' rating (now 'Good').

Maintaining our focus on reducing infant mortality and avoidable admissions to Neonatal Intensive Care Unit (NICU)

Explore carrying out clinical audits into deliveries with complications and emergency caesareans, looking to address our caesarean rates (potential new CQUIN)

Continue to promote the offer of the flu vaccination and pertussis for expectant mothers

Increase continuity of care (CoC) in line with NHSE recommendations, starting with an emphasis on CoC for high risk women

Continue to deliver a robust offer to women around perinatal mental health

Mental Health

Continue to ensure we have in place a system that meets the needs of every child in City and Hackney, delivering increases in assessment and identification of early mental health needs

Increase CAMHS access rates: we expect access rates to increase 35% by 2020/21 (an extra 70,000 children and young people nationally)

Support the development of the Phase 3 CAMHS Transformation Plan working with partners, focussing on schools, transition, parenting and crisis

To provide perinatal mental health service improvement

Unplanned Care - Intentions (1)

Commissioning Intentions

Urgent Care

Deliver a new GP Out of Hours service which better integrates with the Primary Urgent Care Centre (PUCC) and the new NEL 111 service

Improve our falls response and prevention services by developing a falls prevention exercise service (OTAGO) and reviewing the expansion of the paradoc service to include a falls response element (this service has been running since April 2018)

Ensure that we are maximising the opportunities for ambulatory care for our emergency admissions by undertaking a review of The Homerton Ambulatory Care Unit; the review will ensure that we are maximising the service the Care Unit offers and will inform a revised specification and potential tariff change from 2019 onwards.

Neighbourhoods

Continue to progress the development and delivery of the City and Hackney Neighbourhoods Model, scheduled activities over the next year include: significant engagement with local residents, continued work with providers to deliver local, integrated services within each Neighbourhood, and ensuring that neighbourhoods deliver on addressing the wider determinants of health in supporting the prevention agenda

Use the outputs of the planned review of the frail home visiting and proactive care services to inform the service specification for 2019/20, ensuring that this aligns to the emerging neighbourhood model

Discharge

Deliver the Discharge to Assess (D2A) Pilot this service will enabling patients to receive assessment for any ongoing care needs after discharge from hospital in their usual place of residence, our pilot will establish whether this model is effective at managing patient discharge

Improve intermediate care services by sourcing suitable space for 4 Intermediate care beds within the borough; these will be part of the wider intermediate care service delivered by the Integrated Independence Team

Work with Age UK to expand the Take Home and Settle service to assist in the smooth transition of patients from the hospital to 'back home', and prevent elderly patients being readmitted to hospital – on a 1 year non-recurrent basis initially

Undertake a review of our primary care nursing home contracts in 2018, outputs will inform 19/20 contract specifications

Unplanned Care - Intentions (2)

Commissioning Intentions

Mental Health

Improve our offer for patients with Dementia including: The Dementia Memory Clinic (ELFT) and Dementia Navigation and Support Service (Alzheimer's Society)

Pilot a single integrated pathway for those patients with complex needs who use A&E, 111 and London Ambulance Service (LAS) frequently

Use the outcomes of the Health Based Places of Safety (HBPOoS) options appraisal to devise a new staffing model for ELFTs HBPOoS sites which will align to recommendations that staff are trained, experienced and immediately available and that there is sufficient capacity to ensure new arrivals are not turned away

Review inpatient usage against recent increased investment into crisis services, we will be working collaboratively with our partners to agree the number of beds, the locations of beds and the distribution of savings arising from bed reductions or the use of local beds by non-City & Hackney patients

Pilot a Mental Health Neighbourhood Blueprint in 2019/20, the pilot will engage the Mental Health Alliances and will build on existing primary care mental health services

Prevention - Intentions (1)

Commissioning Intentions

Prevention

Incorporate the NHS Health Check schedule into the Primary Care at Scale contract

Update the Long Term Conditions schedule within the Primary Care at Scale contract to: update KPIs, improve case finding for Chronic Obstructive Pulmonary Disease (COPD) and asthma and implement recommendations from the asthma audit

Re-commission Social Prescribing Contract to reflect outcomes of a review of care navigation roles across City and Hackney

Embed the following 2018/19 (acute) CQUIN targets as service KPIs: preventing ill health by risky behaviours– alcohol and tobacco (screening advice / support & referral), also consider for inclusion in the Homerton community contract

Complete a review of the City and Hackney substance misuse service to inform recommissioning plans for 2020/21

Support the Planned Care Workstream to review the post stroke rehabilitation pathway to ensure patients are effectively supported in the community after having a stroke

Support the Planned Care Workstream to implement recommendations from the Type 2 Diabetes Healthcare Needs Assessment to ensure services are aligned with models of best practice and are providing optimal care for people living with type 2 diabetes in City and Hackney

Prevention - Intentions (2)

Commissioning Intentions

Mental Health

Embed the following 2018/19 (mental health inpatients) CQUIN targets as service KPIs: preventing ill health by risky behaviours– alcohol and tobacco (screening advice / support & referral)

Embed the following 2018/19 CQUIN targets as service KPIs: cardio metabolic assessment and treatment for patients with psychoses EIP BMI outcome indicator and EIP smoking cessation outcome indicator

Explore how we can improve access to psychological support services for clients with substance misuse services [part of a broader strategy to review substance misuse service]

Planned Care - Intentions (1)

Commissioning Intentions

Planned Care

Continue our Outpatients Transformation Programme [until March 2020]

Develop an online tool for patients which will enable them to refer into the Physiotherapy Service

Create a specialist referral review, advice on GP treatment, and referrals to the Minor Eye Condition service and to secondary care

Create a Women's Health Community Service encompassing: Gynae, Pelvic Floor Continence, Linked Sexual health, Fertility, Contraception, Breast and Menopause

Work with the Prevention Workstream to develop and implement an Obesity Pathway for City and Hackney

Undertake review of the Teledermatology Service, due to start in 2018/19 and its impact on community services

Upskill practices nurses so they can better support parents of children with eczema

Continue the successful virtual clinic service for renal patients

Support the Prevention Workstream to implement recommendations from the Type 2 Diabetes Healthcare Needs Assessment to ensure services are aligned with models of best practice and are providing optimal care for people living with type 2 diabetes in City and Hackney

Support the Prevention Workstream to review the post stroke rehabilitation pathway to ensure patients are effectively supported in the community after having a stroke

Planned Care - Intentions (2)

Commissioning Intentions

Cancer

Continue to work towards cancer targets with our providers, including: specialist within 7 days, referral-to-treatment in 62 day target and ITT to be completed in 38 days

Recognise living with cancer as a long term condition

Better recognition of those requiring 2 week colorectal cancer referral

Learning Disabilities

Continue to develop and deliver the Integrated Learning Disabilities Service (ILDS) model of integrated working

Undertake the following activities to ensure positive outcomes for people with LD: Implement a joint funding model for clients accessing health and social care, strengthen links with the emerging Neighbourhood model, develop the Shared Lives Scheme, develop a co-produced Learning Disabilities Charter and review day service provision

Continuing Healthcare (CHC)

Extend our CHC domiciliary care and nursing home providers with a 2-year extension. We will be reviewing the service specification and the KPIs in the contracts and reviewing rates jointly with NEL Commissioning Alliance and LBH/CoL and will confirm changes with contractors before March 2019

Consider whether to join the Domiciliary Care AQP contract for 2019/20

Review the options for provision of a CHC brokerage function to support the Homerton CHC team and our options for delivery of care within people's homes overnight to residents with CHC and fast track requirements

Residential Placement Options – as part of our work on pooled budgets we intend to review commissioning arrangements for local care homes beds. We want to develop a strategy for our bed base, which would allow greater flexibility for placements including interim, intermediate, residential and nursing care. We will also deliver CHC assessment in placements to facilitate faster discharge from hospital care

Planned Care - Intentions (3)

Commissioning Intentions

Mental Health

Develop more integrated pathway structures and systems across HUH psychological therapies to link together IAPT interventions and HMP with more complex and specialised intervention, also link with a clear identification of frequent attenders

Create a secondary care psychological therapies offer which includes psychotherapy, psychology and arts therapies

Review existing mental health accommodation contracts as part of a joint accommodation strategy

Develop a Primary Care Liaison Service that links with emerging structures such as Primary care Neighbourhoods and population mental health issues

Personal Health Budgets (PHB)

We will extend our PHB offer to all CHC eligible patients receiving care at home to receive a notional PHB with further promotion of the option for people to receive direct payments

The psychological Therapy and Wellbeing Alliance will pilot PHBs for patients frequently attending A&E due to Mental Health concerns

The Homerton Hospital Wheelchair service will pilot a PHB offer over the later part of 2018-19 with a full rollout by 2019

Planned Care - Intentions (4)

Commissioning Intentions

Prescribing

- Review prescribing across the following clinical areas: Opioids, Pregabalin and Gabapentin, Sip Feeds prescribing within Care Homes, Respiratory, Atrial Fibrillation, Hospital Only Drugs and Specials.
- In addition, the recommendations for the two recent NHSE consultations will be implemented:
 1. Not prescribing' OTC medicines in primary care for 35 minor, short-term conditions, medicines,
 2. Not prescribing from a list of 18 medicines considered to be of low value
- Medication reviews will be undertaken for: Hypertension, Polypharmacy Eye Drops, Dual Antiplatelets
- Non-clinical areas to be reviewed include: Repeat prescribing and 7 day prescriptions
- GPs will be supported to undertake and increase patient awareness of medication reviews and an increasing the number of reviews will be undertaken by Practice Support Pharmacists
- Review the following programmes:
 1. Antimicrobial Stewardship for improving quality and cost efficiency,
 2. Implementation of Shared Care Guidance with compliance and monitoring
- Continue to manage compliance to medicines safety by maintaining and improving the response of practices to MHRA alerts and prescribing error reporting
- Continue to review the prescribing of Sodium Valproate in women and girls of child bearing potential in line with the recommendations of the MHRA alert
- Continue to update the medication profile of the prescribing decision support tool used in GP practices – 'OptimiseRx®'
- Continue to promote GP Education and Training:
 1. Deliver training on usage of eye drops and to support recommendations highlighted from the respiratory audit
 2. Promote new face to face training sessions for GPs which will be hosted by PrescQIPP
 3. Develop bespoke webinars for prescribing e.g. Opioids and implement training on the recommendations from the respiratory audit
- Continue to support the Discharge to Pharmacy project and ensure that meetings between Community Pharmacies and GP Practices are facilitated

Introduce a 'Biosimilar CQUIN' which will help to HUHFT with the resources needed to enable the effective implementation of biosimilars into our health economy.

Title:	Consolidated Finance (income & expenditure) report as at July 2018 - Month 04
Date:	14 September 2018
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Integrated Finance Task & Finish Group CCG: Sunil Thakker, Chief Financial Officer CoLC: Mark Jarvis, Head of Finance, Citizens' Services LBH: Jackie Moylan, Director, Children's, Adults' and Community Health Finance
Committee(s):	Transformation Board – 29 August 2018 City Integrated Commissioning Board – 14 September 2018 Hackney Integrated Commissioning Board – 14 September 2018
Public / Non-public	Public

Executive Summary:

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

At Month 4 (July) the Integrated Commissioning Fund forecasts on overall adverse position of £4.4m, an adverse movement of £0.1m on the Month 3 (June) position. This is being driven by the London Borough of Hackney cost pressures, particularly in Children's Services due to overspend in Learning Disabilities services. City & Hackney CCG reports a year end break even position at Month 4, in line with the reported Month 3 forecast position. The City of London forecasts a small year-end favourable position of £0.06m, driven by the Prevention workstream.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

The Transformation Board noted the report with no comments.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report

Links to Key Priorities:

Links to all priorities.

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix 1 – Integrated Commissioning Fund Financial Performance Report
Month 04 (July) 2018 Year to date cumulative position

Sign-off:

London Borough of Hackney ___ Ian Williams, Group Director of Finance and Resources

City of London Corporation _____ Mark Jarvis, Head of Finance

City & Hackney CCG _____ Sunil Thakker, Chief Financial Officer



City and Hackney
Clinical Commissioning Group



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

Integrated Commissioning Fund Financial Performance Report

Month 04 (July) 2018 Year to date cumulative position

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- 4. Risks and Mitigations tracker – City and Hackney CCG**
- 5. Position Summary – City of London Corporation**
- 6. Position Summary – London Borough of Hackney**
- 7. Risks and Mitigations tracker – London Borough of Hackney**
- 8. Savings Performance**

Consolidated summary of Integrated Commissioning Budgets

			YTD Performance			Forecast		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,621	8,540	8,602	(62)	25,738	(117)
	London Borough of Hackney Council	LBH split between pooled and aligned not available.						
	City of London Corporation	210	-	26	(26)	209	1	1
Total		25,831	8,540	8,628	(87)	25,947	(117)	1
Aligned	City and Hackney CCG	379,585	122,744	122,682	62	379,468	117	-
	London Borough of Hackney Council	LBH split between pooled and aligned not available.						
	City of London Corporation	7,448	2,085	2,054	31	7,393	55	-
Total		387,033	124,829	124,736	93	386,861	172	-
ICF	City and Hackney CCG	405,206	131,284	131,284	(0)	405,206	(0)	-
	London Borough of Hackney Council	102,502	34,167	35,596	(1,429)	106,981	(4,480)	(4,364)
	City of London Corporation	7,658	2,085	2,079	6	7,602	56	45
Total ICF Budgets		515,365	167,536	168,959	(1,423)	519,789	(4,424)	(4,319)
	CCG Primary Care co-commissioning	45,574	14,312	14,312	-	45,574	-	-
Total		45,574	14,312	14,312	-	45,574	-	-

Summary Position at Month 4

- At Month 4 (July) the Integrated Commissioning Fund forecasts on overall adverse position of £4.4m, a movement of £0.1m on the Month 3 (June) forecast position driven by the London Borough of Hackney cost pressures.
- City & Hackney CCG reports a year end break even position at Month 4, in line with the reported Month 3 forecast position.
- The City of London forecasts a small year end favourable position of £0.06m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.5m. The adverse position is driven by cost pressures on Learning Disabilities budgets, primarily commissioned care packages.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to overspend by £0.1m at year end, this is being driven by Learning Disabilities Commissioned care packages.

Note

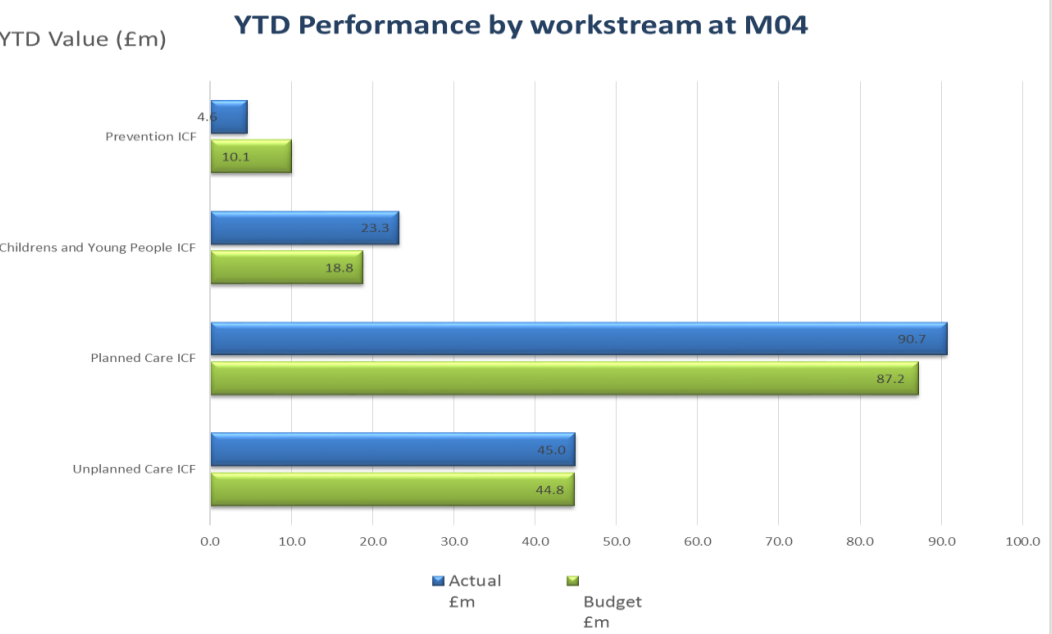
Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets have yet to be actioned.

Notes:

- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets

Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast		
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m	Prior Mth Variance £m
Unplanned Care ICF	134.9	44.8	45.0	(0.2)	133.3	1.6	0.7
Planned Care ICF	265.9	87.2	90.7	(3.5)	274.3	(8.3)	(5.4)
Childrens and Young People ICF	56.6	18.8	23.3	(4.4)	57.4	(0.8)	(0.1)
Prevention ICF	30.7	10.1	4.6	5.5	30.7	(0.0)	(0.1)
All workstreams	488.1	160.9	163.5	(2.6)	495.6	(7.5)	(4.9)
Corporate services	26.1	6.2	5.1	1.1	23.0	3.1	0.5
Local Authorities (DFG Capital and CoL income)	1.2	0.4	0.3	0.1	1.2	0.0	0.0
Not attributed to Workstreams	27.3	6.7	5.4	1.2	24.2	3.1	0.5
Grand Total	515.4	167.5	169.0	(1.4)	519.8	(4.4)	(4.4)



Performance by Workstream.

- The report by workstream combines 'Pooled' and 'Aligned' services but excludes chargeable income. CCG corporate services are also excluded and are shown separately as they do not sit within workstreams.
- The workstream position reflects the Integrated Commissioning Fund without the application of mitigating reserve, corporate running costs and non recurrent funding to offset over spends.
- The combined workstream forecast position excluding corporate services and Local authority income and capital budget) is an adverse position of £7.5m by the year end, an unfavourable movement of £2.6m on Month 3.
- Planned Care:** The in year movement of £2.9m is being driven by the £2.8m adverse movement in the CCG where the acute portfolio has been risk adjusted to include a number of over performing contracts, in particular, Homerton, Barts, UCLH, Whittington, Moorfields and Royal Free. This is after a detailed risk assessment, the deployment of the acute reserves of £1m and also releasing £2m from the main contingency reserve.
- The underlying Planned Care workstream variance continues to be driven by LBH, where Learning Disabilities has a £3m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for joint funded LD packages. This non recurrent drawdown was badged to support LD packages and is subject to the outcome of a review which is currently underway- the results of which are expected in September/ October. LBH are assuming 100% contribution in their forecast position but have also flagged this as a possible risk (see LBH risks and opportunities slide). The LD forecast is in line with the outturn of the previous financial year and LBH plan to mitigate any year end deficit with council reserve funding after a review has been undertaken.
- In addition to the LD forecast, over spends in LBH Housing related Support (£0.9m), LD related staffing pressures (£0.6m) and pressures in Physical and sensory support services (£0.6m) are contributing to the adverse planned care position.
- Unplanned Care:** The workstream is forecasting a year end under spend of £1.6m – a favourable movement of £0.9m on the M3 position - partially mitigating the overall workstream position. The CCG forecast position of £0.9m relates to acute underspends whilst LBH under spend relates to Interim Care £0.64m which is offset by overspends on care packages expenditure that sit in the Planned Care workstream (as above).

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

City and Hackney CCG – Position Summary at Month 04, 2018

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	19,094	6,365	6,365	0	19,094	0	0
		Planned Care	6,476	2,159	2,220	(62)	6,593	(117)	0
		Prevention	50	17	17	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
	Pooled Budgets Grand total			25,621	8,540	8,602	(62)	25,738	(117)

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Planned Care	193,376	63,132	64,104	(972)	196,488	(3,112)	(387)		
Prevention	3,790	1,263	1,263	0	3,790	0	0		
Childrens and Young People	46,531	15,510	15,761	(251)	47,283	(752)	(26)		
Corporate and Reserves	26,068	6,231	5,123	1,108	22,976	3,092	534		
Aligned Budgets Grand total			379,585	122,744	122,682	62	379,468	117	0
Subtotal of Pooled and Aligned			405,206	131,284	131,284	(0)	405,206	(0)	0

In Collab	Primary Care Co-commissioning	45,574	14,312	14,312	0	45,574	0	0
Grand Total		450,780	145,596	145,596	(0)	450,780	(0)	0
CCG Total Resource Limit		480,882						
SURPLUS		30,415						

Primary Care Co-Commissioning (outside of the ICB)

- Primary Care Co- commissioning services passed on to the CCG on 1 April 2017 with a budget of £43.9m. There has been a 4% increase on these budgets for 2018/19.
- At month 4, the Primary Medical Service is reporting a year to date breakeven position. However, the CCG is aware of and anticipating potential cost pressures in the areas of rent and rates and it will be mitigated using headroom.

- The Month 4 City & Hackney CCG position is breakeven. This is based on 3 months of activity data and early signs indicate a significant increase in acute activity at the beginning of the financial year with most of the main providers over-performing against plan.
- At Month 4 the CCG contained acute over performance through a combination of detailed risk assessment, deploying/releasing the acute reserve totalling £1.1m and also releasing £2m from the main contingency reserve. The latter means a large part of the 0.7% general contingency held has been utilised at month 4. The CCG is investigating the over performance and has issued an Activity Query Notice (AQN) to the Homerton (main acute provider) seeking to understand the situation in detail. Out of Area (OOA) provider activity scrutiny is also underway to understand the drivers of over performance and mitigations available.
- The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target. The surplus represents the cumulative brought forward surplus of £32.4m less £1.9m drawdown which has been approved by NHSE. This non recurrent drawdown was badged to support London Borough of Hackney Learning Disabilities packages (subject to review, with outcome of this joint piece of work expected in September/October) by the Governing Body in April 2018.
- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 4 Learning Difficulties is reporting a YTD overspend of £0.04m and forecast outturn overspend of £0.1m, based on LBH forecast outturn projections. These figures are driven by staff and inflationary uplifts.
- Unplanned Care** is forecasting a favourable forecast position of £0.9m relating to acute underspends (driven by UCLH & Homerton) relating to Adult A&E and Non Elective activity. The under spends are being off set by over spends in planned care.
- Planned Care** workstream is forecasting a year end adverse position of £3.1m. The movement on the M3 position is due to the acute portfolio being risk rated to include over performing contracts. The main contracts that are reporting significant variances are: Homerton (£1.1m); The Royal Free (£1.1m); Barts Health (£0.5m) and Imperial College Hospital (£0.2m).
- CYPM** workstream is forecasting a year end over spend of £0.8m. The main drivers for this spend are: Whittington (£0.8m) and Homerton (£0.3m). This spend is being off set by under performance in the Royal Free- £0.4m.
- Corporate and Reserves** is reporting a full year breakeven position with reserves declaring a release of £2m to fund acute over performance

Risks and Mitigations Month 04, 2018 - City and Hackney CCG

Summary and Progress Report on Financial Risks and Opportunities to Month 4 - 31 July 2018

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Homerton Acute performance	3,000	57%	1,700	0	Risk based on over-performance and claims.
2	Bart's Acute performance	1,430	25%	364	0	Risk based on under-delivery of QIPP, over-performance and claims.
3	Outer sector - Acute performance	2,000	67%	1,331	0	Risk based on out of area activity over-performance.
4	NCA performance	400	0%	0	0	Risk based on uncertainty of activity.
5	Continuing Healthcare, LD & EOL	650	18%	117	0	Risk relating to activity increase above plan, high cost packages and service provision.
6	Non Acute performance	450	2%	10	0	Over-performance across the portfolio.
7	Programme Costs	650	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8	Property Costs	500	0%	0	0	Gross risk attached to the Homerton CHS estates rebasing.
9	Non Recurrent Investment Programme	2,000	0%	0	0	NR investment programme.
10	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
11	Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
12	NEL CSU Stranded Costs	200	0%	0	0	Estimated CH risk associated with the transfer of NEL CSU POD services to NELCA
13	QIPP Under Delivery	450	0%	0	0	Under-delivery for schemes within the Operating Plan.
Total Risks		12,480	28%	3,522	0	
1	Acute Claims and Challenges	(2,000)	33%	(665)	0	Based on historic trend, revised to reflect current probability.
2	Acute Reserves	(1,056)	100%	(1,056)	0	Release of reserve to contain acute cost pressures.
3	Other Acute underspends - NCA	(550)	78%	(431)	0	Forecasted underspend in non contracted activity at month 4
4	Contingency	(6,625)	21%	(1,371)	0	Contingency release subject to contain acute over-performance and net of challenges.
5	Prescribing	(400)	0%	0	0	Possible underspend across the portfolio.
6	Running Costs	(800)	0%	0	0	Headroom to support and contain acute/non acute pressures.
7	Prior Year & Dispute Resolution	(3,000)	0%	0	0	Opportunities arising from settlement of disputes and balance sheet gains.
8	Non Recurrent Investment slippage	(650)	0%	0	0	Reviewed and risk assessed each month and managed accordingly.
9	QIPP Over Delivery	(200)	0%	0	0	Possible pipeline opportunities under consideration.
Total Opportunities		(15,281)	23%	(3,522)	0	
				(0)	0	
Headline brought forward surplus					(30,415)	
Drawdown for LD Business Case					1,965	
Underlying brought forward surplus					(32,380)	

City of London Corporation – Position Summary at Month 04, 2018

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Comm'ned & *DD		Unplanned Care	65	-	7	(7)	65	-	-
		Planned Care	145	-	19	(19)	144	1	1
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	-	26	(26)	209	1	1

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	3,864	1,199	1,186	13	3,795	69	120	
	Prevention	2,327	609	555	54	2,365	(38)	(101)	
	Childrens and Young People	1,088	307	354	(47)	1,088	-	-	
	Non - exercisable social care services (income)	(177)	(29)	(41)	12	(202)	25	25	
Aligned Budgets Grand total			7,448	2,085	2,054	31	7,393	55	44
Grand total			7,658	2,085	2,079	6	7,602	56	45

* DD denotes services which are Directly delivered .

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

* Comm'ned = Commissioned

- At Month 4 the City of London forecasts a small year end favourable position of £0.06m against its full year plan.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) ,Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to break even at year end.
- Aligned budgets** are forecast to be underspent by £0.06m at year end in the Prevention workstream. The Planned Care workstream will be under spent by £0.07m relating to under spend in Residential care for adults and older people.
- The Prevention workstream is forecasting a year end over spend of £0.04m due to a number of adverse variances on public health budget lines.
- Non-exercisable income is due to over – perform against its full year target by £0.03m.
- No additional savings targets were set against City budgets for 2018/19.

London Borough of Hackney – Position Summary at Month 04

Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
						Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	471	365	106	1,414	-	-
		LBH Capital subtotal	1,414	1,414	-	471	365	106	1,414	-	-
		Unplanned Care (including income)	5,529	1,139	4,390	1,843	2,178	(335)	4,827	702	798
		Planned Care (including income)	62,082	26,002	36,080	20,694	23,171	(2,477)	67,266	(5,184)	(5,164)
		CYPM	8,986	-	8,986	2,995	7,135	(4,139)	8,986	-	-
		Prevention	24,491	-	24,491	8,164	2,747	5,417	24,489	2	-
		LBH Revenue subtotal	101,088	27,140	73,948	33,696	35,230	(1,534)	105,569	(4,481)	(4,366)
Grand total			102,502	28,554	73,948	34,167	35,595	(1,428)	106,982	(4,481)	(4,366)

102,502

- There is a delay in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20 and it is anticipated that HRS savings targeted for 2018/19 and additional savings agreed for 2019/20 will be fully achieved in 2019/20. It should be noted that a challenging programme of savings was agreed for HRS and prior to the current year, savings totalling £1.8m were delivered on time and in full.
- **Unplanned Care:** The majority of the Unplanned care forecast under spend relates to Interim Care £0.65m and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.
- Substance Misuse has seen an increase in activity reducing the previous reported underspend to £17k
- In summary, the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.5m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 4 LBH reports a forecast over spend of £4.5m
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
- **Planned Care:** The Pooled Planned Care workstream is driving the LBH over spend.
 - Learning Disabilities Commissioned care packages within this work stream is the main area of over spend, with a £3m pressure after contribution of £1.9m from the CCG for joint funded LD packages and one off ASC grant of £0.9m. Ongoing discussions are occurring with the CCG and this could increase or decrease the contribution for the current financial year – the outcome is contingent on the results of the joint package review which is currently underway, due to finish in September/October. The council aim to mitigate any remaining over spends with its non recurrent reserve funding.
 - There was a slight improvement of £0.1m within the LD service primarily driven by a reduction in client activity, as two service users left the service. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.
 - The Physical & Sensory Support along with Memory/Cognition & MH (OP) has seen a sharp increase in the number of new clients (32) via hospital discharge resulting in an overspend of £0.6m.
 - The Care Management & Adults Divisional Support is forecasting a £0.6m overspend. The overall budget pressure breakdown is made up of staffing pressures of £0.8m within Integrated Learning Disabilities due to additional staffing capacity to manage demands within the service and improve annual review performance. The overall pressure has been partially mitigated by underspends of £0.2m across other Care Management Teams within the subdivision.
 - Provided Services position is a £0.2m overspend. This is largely due to staffing pressures The service is currently under strategic review to seek efficiencies and reduce costs without impacting negatively on service provision.

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

Risks and Mitigations Month 04, 2018- London Borough of Hackney

London Borough of Hackney	Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remain within Planned Care (mainly Learning Disabilities Commissioned care packages).	4,481	100%	4,481	100%
	Learning Disability Joint Funding	1,900		1,900	
	TOTAL RISKS	6,381	100%	6,381	100%
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Work with CCG to determine ongoing contributions for LD joint packages	TBC	TBC	TBC	TBC
	Review of non-recurrent LBH reserve funding	4,481	100%	4,481	100%
	Uncommitted Funds Sub-Total	4,481	100%	4,481	100%
Actions to Implement					
Actions to Implement Sub-Total	0	0	0	0	0
TOTAL MITIGATION	0	0	0	0	0

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

Integrated Commissioning Fund – Savings Performance Month 04, 2018

City and Hackney CCG

- The CCG has a net savings target of £5.1m, with a forecast to deliver on plan.
- The majority of the savings are reflected in contracts which aim to manage the CCG's activity baseline. At Month 4, a number of schemes are under achieving against their activity reduction targets with an adverse impact on the forecasted position. The workstreams continue to scope efficiency savings to mitigate the slippage. The current position is based on three months data and the CCG is querying provider positions to understand the root causes of reported planned and unplanned care under achievement of QIPP.
- To date, schemes which are not achieving their target are Outpatients Transformation (due to slippage in commencing this programme of work) and A&E Baseline (due to activity this year being greater than the planned reduction). These have mitigated by in-year savings from The Homerton Ambulatory Medical Unit (HAMU) scheme.
- London Borough of Hackney
- LBH has agreed savings of £2.7m for 2018/19 (this includes delayed telecare charging implementation of £0.36m), of this we are on course to deliver £1.8m (£300k one off income) for 2018/19. The shortfall in savings relates to delays in achieving Housing Related Support (HRS) savings that is resulting in a £908k overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20.

City of London Corporation

- The CoLC have not identified a saving target to date for the 2018/19 financial year

Title:	Integrated Commissioning Register of Escalated Risks
Date:	14 September 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Transformation Board, 29 August 2018 Integrated Commissioning Board, 14 September 2018
Public / Non-public	Public

Executive Summary:

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

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

Each of the four Care Workstreams has responsibility for the identification and management of risks within its remit.

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

The ICB and TB asked for a risk relating to the timely delivery of the Community Services 2020 programme to be added and this has been included as risk IC10. An assessment of the risk and the mitigation plans are currently under development and will be report to the next TB and ICB meeting.

Recommendations:

The City Integrated Commissioning Board is asked to:

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

The Hackney 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

Risk / Event Details			Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report	Target Score					
Reference Number	Workstream / Project	Lead Officer	Risk Description (Cause-Event-Effect)			Likelihood	Severity	Inherent Risk Score	Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.]	Monthly update on actions taken to mitigate risk and impact of actions	Likelihood	Severity	Residual Risk Score		Likelihood	Severity	Target Risk Score
IC5	IC Programme	David Maher / Anne Canning / Simon Cribbens	Workstreams not effectively delivering on their responsibilities leading to poor performance or failure of commissioned services within the scope of s75 agreements.			4	4	16	Rigorous process for development of workstreams; Clear governance systems to manage IC processes and provide rigorous oversight (Devora Wolfson)	Ongoing work on system and process design. Phased approach and piloting will limit the risk to delivery and allow time for lessons learned to be embedded across all workstreams. Transformation Board and ICBs provide oversight to ensure levels of performance are maintained. ICS Convenor appointed who will support the SROs. External reviews of the programme and its governance processes under way.	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
IC10	IC Programme	Jonathan McShane/ Lee Walker	There is a risk of delay in the planning or implementation of CS2020 project that could result in the service not starting on time or the aspirations of the project not being achieved.						Under development - It will be reported to September TB and October ICB					NEW			
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

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 urgent care referene group and are considering options for how to work together to better attract GPs into the range of services. We have benchmarked with neighbouring boroughs to borrow ideas	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

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

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 Unplanned 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)	The new joint funding process has been implemented as a pilot in LD service with the aim to assess 50 service users as an indicative sample for an increase to health funding into the current section 75 agreement. The service has not yet completed the required assessments thus the timescale has been extended to the end of September. This will form the basis of a proposal to the CCG GB and LBH which will conclude with the ICB in October. Maintaining this timetable is crucial to secure additional investment in the service. The longer term funding sustainability of the service is also dependent on the wider pooling of health and social care placement budgets as this increase the flexibility to deploy resources where they are most needed.	4	3	12	↓	3	3	9
PC7	Planned Care	Siobhan Harper / Sue Maugn	The CCG rating could be affected due to cancer 62 days target at Homerton having been missed for a number of months this year	4	4	16	There are weekly and fortnightly performance management discussions regarding Cancer position	The 62 day target was not met by HUH in July and has impacted on the NEL position as well as C&H. WD has discussed actions with the HUH COO for recovery on the breast pathway in particular and this is expected to improve for August and September though not yet confirmed. A new breast surgeon is now in place which will improve access to reconstruction with treatment. Patient choice concerns will be discussed with primary care and secondary colleagues at the CCF in November. C&H however failed the quarter 1 performance overall due also to the impact of Inter Trust (ITT) pathways. Active discussions across NEL on improving delivery of these pathways are in train with all Trusts and must be improved. Dissatisfaction at NHSE/I regional level may impact on the viability of our current ITT pathways	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 identification 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	Funding from LB Hackney Public Health and the ICT Enabler Group has been secured and the programme proposals have been agreed by TB and ICB. A business case is currently being prepared for CEPN transformation funding to support the training activity element of the service.	5	2	10	↔	5	1	5
CY8	CYPM	Pauline Frost	Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population	5	3	15	1. CYPMs Workstream closely involved in NHSE quarterly steering group 2. CCG NR investment in childhood immunisations in 2017/18 and 2018/19 to create capacity and enhanced access	1. Risk falls within CYPM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from June 2018 3. Reviewing joint work between primary care and community paed	5	3	15	↔	TBC	TBC	TBC

Integrated Commissioning Boards Forward Plan, 2018-19	
Title	Reporting Lead
11-Oct-18	
IC Evaluation report	Yashoda Patel/ Devora Wolfson
IC Governance Review - Draft highlight report	PwC / Devora Wolfson
C&H system - Assessment of ICS readiness: timelines and metrics	Jonathan McShane / Devora Wolfson
Integrated Care Partnership Framework	David Maher/ Jonathan McShane
Primary Care at scale	David Maher
Children's and Adults' Safeguarding IC approach	Devora Wolfson/ Olivia Katis
Communications enabler - Proposal from Engagement Enabler Group	Jon Williams / Catherine Macadam
CEPN enabler - proposals	Wendy Majewska/ Deborah Colvin
IT enabler - outline model	Tracey Fletcher/ Anita Ghosh
Update on the Neighbourhoods - including update on expenditure	Tracey Fletcher/ Nina Griffith
Community Services 2020	Jonathan McShane/ David Maher/ Lee Walker
Developing our financial system control total	Sunil Thakker / Ian Williams / Mark Jarvis
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
15-Nov-18	
Reprocurement of Carers Services	Anne Canning / Jayne Taylor / Simon Galczynski
Intermediate Care Service	Tracey Fletcher / Simon Galczynski
Discharge to Assess Progress Report	Simon Galczynski
ICS readiness workplan	Devora Wolfson
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
06-Dec-18	
Mainstreaming co-production within the Integrated Commissioning Programme	Jon Williams / Catherine Macadam
IC Evaluation Report	Anna Garner / Cordis Bright

Integrated Urgent Care delivery	David Maher
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
17-Jan-19	
Mental Health Strategy including crises intervention, suicide and veterans and Early Intervention in Psychosis	David Maher/Dan Burningham
IC Evaluation Report	Anna Garner / Cordis Bright
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
07-Feb-19	
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
14-Mar-19	
IC Evaluation Report	Anna Garner / Cordis Bright
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson