

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 Friday 16 November 2018, 14.45 – 16.00,
Room 102, Hackney Town Hall, Mare Street, London E8 1EA**

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	Welcome, introductions and apologies		Verbal	-	14.45
2.	Declarations of Interests	Chair <i>For noting</i>	2. ICB Register of Interests	3 - 5	
3.	Questions from the Public	Chair	Verbal		
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, 11 October 2018 (public session) 4.2 ICB Action Log	6 – 14 15	
5.	Integrated Commissioning Risk Register – October 2018	Devora Wolfson <i>For noting</i>	5. ICB-2018-11-16 IC Risk Register	16 - 26	14.55
6.	IT Enabler - Outline Digital Model and governance	Tracey Fletcher / Niall Canavan <i>For endorsement / approval</i>	6. ICB-2018-11-16 IT Enabler – outline digital model	27 - 57	15.05
7.	Report on Joint Action Plan regarding over performance in elective care at Homerton Hospital University NHS Trust	Simon Cribbens/ Siobhan Harper/ Mark Logan <i>For noting</i>	7. ICB-2018-11-16 elective care action plan	58 - 65	15.15

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
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
Fredericks	Marianne		Member - City Integrated Commissioning Board	Neaman Practice	Registered Patient	Non-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	

Meeting-in-common of the Hackney Integrated Commissioning Board
(comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

**Minutes of meeting held in public on 11 October 2018,
at the Golden Lane Community Centre, Fann Street, London EC1Y 0RN**

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Feryal Demirci	Deputy Mayor and Cabinet member for health, social care, transport and parks (ICB Chair)	London Borough of Hackney
---------------------	--	---------------------------

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

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

City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
------------------	---	----------------------------

Dhruv Patel	Deputy Chairman, Community and Children's Services Committee	City of London Corporation
-------------	--	----------------------------

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

City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	Chair	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance

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
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Ellie Ward	Integration Programme Manager	City of London Corporation
Penny Bevan	Director of Public Health	London Borough of Hackney & City of London Corporation
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Heather Finlay	Board member	City & Hackney Healthwatch
Catherine Perez Phillips	Deputy Director	City & Hackney Healthwatch
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Georgia Denegri	Integrated Commissioning Governance Manager	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Siobhan Harper	Planned Care Workstream Director	City & Hackney CCG (item 6)
Olivia Katis	Integrated Commissioning Programme Manager	London Borough of Hackney, City of London Corporation, City & Hackney CCG (item 7)

Apologies

Sunil Thakker	Chief Financial Officer	City & Hackney CCG
---------------	-------------------------	--------------------

1. WELCOME, INTRODUCTIONS AND APOLOGIES

1.1. Cllr Demirci welcomed members and attendees to the meeting.

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

1.3. Apologies were noted as listed above.

2. DECLARATIONS OF INTERESTS

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

2.2. Mark Rickets reiterated that he is a member of the CHCEPN Board but was not involved in any bids (agenda item 5).

2.3. Jake Ferguson declared that he was involved in the CHCEPN proposal 6 (agenda item 5).

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

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

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

4.1. The City Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 14 September July 2018, subject to adding Heather Finlay, Healthwatch, to the list of attendees, and
- **NOTED** the action log.

4.2. The Hackney Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 14 September 2018 subject to adding Heather Finlay, Healthwatch, to the list of attendees and
- **NOTED** the action log.

5. CITY AND HACKNEY COMMUNITY EDUCATION PROVIDER NETWORK (CEPN) WORKFORCE ENABLER - FUNDING OF PROPOSALS

5.1. Wendy Majewska joined the meeting to present the report and outlined the process developed to prioritise funding bids from within City and Hackney to allow best value use of Workforce Enabler non-recurrent allocated funds of £1.3 million.

5.2. The following comments were noted from the discussion:

- Assurance was sought on whether the projects would be sustainable after the funding period ended given the monies are non-recurrent. It was explained that sustainability was addressed in each application and was one of the evaluation criteria. All recommended proposals relate to transformation activity already under way through the workstreams and the neighbourhood programme so they aim to strengthen these activities.
- There was discussion about the proportion of the overall submission that was allocated to children and young people.
- ICB discussed the consistency of the approach between the different non-recurrent funding streams. It was agreed that there would be a common framework and timing should there be any future non-recurrent funding available. ICB would want to consider the framework before it is finalised.
- The importance of how we articulate the system priorities from the outset was stressed. ICB should have discussed the priorities before the start of the process to ensure the fairness of the process and the equitable distribution of funds.
- It was explained that all proposals had been prepared with patient and service user input and that in future patients/service users will also be involved in the evaluation process.
- It was agreed that additional scrutiny of the proposed recommendations is carried out by the Chief Financial Officers of the CCG and the London Borough of Hackney, but there was no requirement to bring this back to the ICB. Board members stressed the importance that this work is undertaken quickly in order not to cause undue delay for the projects.

5.3. The Hackney ICB:

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

5.4. The City ICB

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

6 PLANNED CARE WORKSTREAM MONITORING REPORT

- 6.1 Siobhan Harper joined the meeting to present the report which provided an update on workstream progress in respect of a number of areas, including

- Delivery of the workstream 'asks'
- Performance against national Constitution standards, Integrated Assessment Framework standards, ASCOF measures, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and commissioning intentions for next year

6.2 The following issues were highlighted:

- **Cost pressures** - An over performance for City and Hackney CCG against the agreed Operating Plan in elective activity at the Homerton Hospital (non- GP referrals and Day case in particular) is a concern. This has been escalated to Chief Executive level to ensure proposed actions are taken in a system approach.

The joint funding learning disabilities pilot will conclude by the end of October 2018 and will confirm the required level of joint funding. Further work will be undertaken to finalise the figure for 19/20 and the sustainability of the funding will need to be determined by the partners, together with the plans for further pooling of budgets for social care and health care packages. A further update on this will be provided to the ICB in November 2018.

- **Performance** - Delivery of the **62 day Cancer** standard by the Homerton continues to fluctuate.
- **Continuing Care Premium** We have yet to deliver the standard for assessments in community settings though we have actions in place to achieve this. The 28 standard for completion of assessment has dipped temporarily whilst we clear long waiting patients and we expect this to improve
- **Learning Disability Health checks** – we are putting actions in place to improve our delivery on this standard whilst exploring the data discrepancy between local and national data sources.

6.3 The following comments were noted from the discussion:

- ICB discussed the over performance in elective admissions set out in the report. ICB asked to be kept updated on progress with addressing this and mandated the Transformation Board to request a recovery plan for this. This will be brought to the November ICB for discussion.

ACTION: Simon Cribbens

- The delay to progress the pooling of health and social care budgets for care and nursing home placements, continuing healthcare budgets and care packages was discussed; this pooling was approved by ICB in February 2018. A meeting was scheduled the following week to consider the causes of the delay and the underlying factors and an update would be brought to the next ICB meeting.

ACTION: Simon Cribbens

- It was reported that there is a quality premium in place relating to psychological therapies to ensure that the provider encourages access and deliver.

- ICB raised concern about the limited progress relating to learning disability employment. Meaningful employment of people with learning disabilities is important in terms of life opportunities and quality of life. An initiative is in place in Homerton - project SEARCH which is a supported internship programme to help young people with learning disabilities to secure and keep paid permanent jobs. Employment is being taken forward by the Prevention workstream.
- ICB received reassurance that services will be commissioned and put in place following the 'Housing First' model for homeless clients as this is a highly vulnerable group with complex needs.

6.4 The City ICB

- **NOTED** the report.

6.5 The Hackney ICB

- **NOTED** the report

7 SAFEGUARDING AND THE INTEGRATED COMMISSIONING PROGRAMME

7.1 Olivia Katis joined the meeting to present the report which set out the proposed approach to integrating safeguarding into the activities of the Integrated Commissioning programme and the work for the Care Workstreams between September to March 2019 to address safeguarding in their workstream responsibilities and share the learning from serious adult and children reviews. The proposals were developed collaboratively with colleagues from across the City and Hackney system. The proposals have been endorsed by the City and Hackney Adults Safeguarding Board and the leads from the Children's Safeguarding Board.

7.2 The following comments were noted from the discussion:

- ICB welcomed the approach.
- The programme of work will be completed in March 2019 and an update will be brought back to ICB in June 2019.
- With regard to maternity services, the importance of involving fathers and taking their views into consideration was stressed. The Children, Young People and Maternity workstream's board have been reflecting on this point and a change to its name to acknowledge fathers is being considered.

7.3 The City ICB:

- **NOTED** the proposed activities to integrate safeguarding within the integrated commissioning programme
- **APPROVED** the Integrated Commissioning Safeguarding proposal

7.4 The Hackney ICB:

- **NOTED** the proposed activities to integrate safeguarding within the integrated commissioning programme.

- **APPROVED** the Integrated Commissioning Safeguarding proposal.

8 ICS READINESS ASSESSMENT

8.1 Jonathan McShane introduced the report and highlighted that ELHCP has set out criteria for tracking progress on ICS development; the three systems were asked to complete templates about their position and plans to progress in advance of a meeting with ELCHP leads on 2 October 2018 to review systems' progress. Representatives from the Transformation Board attended a peer review meeting in October where these plans were considered.

8.2 At the meeting, our significant progress was noted and other systems were keen to learn more about our approach.

8.3 The following comments were noted from the discussion:

- ICB felt the template was NHS focused and placed insufficient emphasis on local government and other parts of the system. The template also gave little opportunity to talk about our extensive work around patient and public involvement and our commitment to co-production. ICB's feedback will be passed to ELHCP and future iterations of the assessment will take a broader systems approach.
- Jane Milligan explained that this is a national template which was developed to achieve consistency across the country. So comments from the Transformation Board and ICB will be fed back to improve the template. She further noted that following the publication of the NHS ten year long term plan to be published in mid-November, we may need to revise our priorities to ensure alignment to national priorities.
- The notes/feedback from the ELHCP meeting on 2 October 2018 to be circulated to ICB.

ACTION: Jonathan McShane

8.4 The City ICB:

- **NOTED** the report.

8.5 The Hackney ICB:

- **NOTED** the report.

9 CONSOLIDATED FINANCE (INCOME & EXPENDITURE) REPORT AS AT AUGUST 2018 – MONTH 05

9.1 Ian Williams and Mark Jarvis presented the report and highlighted:

- At Month 5 (August) the Integrated Commissioning Fund forecasts on overall adverse position of £4.6m, a movement of £0.2m on the Month 4 (July) forecast position. This is being driven by the City of London the London Borough of Hackney cost pressures.

- City & Hackney CCG reports a year end break even position at Month 5, in line with the reported Month 4 forecast position.
- The City of London forecasts a small year-end adverse position of £0.04m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.6m. The adverse position is driven by cost pressures on Learning Disabilities budgets, primarily commissioned care packages.
- As discussed earlier in the meeting, the CFOs will work closely to address the overspend in the learning disabilities budget and the over performance in elective admissions.
- It was noted that the over performance in elective admissions will be reflected in next month's report.

9.2 The City ICB

- **NOTED** the report

9.3 The Hackney ICB

- **NOTED** the report

10 INTEGRATED COMMISSIONING ESCALATED RISK REGISTER

10.1 Devora Wolfson introduced the report which presented a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole.

10.2 The ICB had 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. The assessment of the risk and the mitigation plans had been completed and they are now included.

10.3 The following actions were noted from the discussion:

- The risk register to be moved earlier on future agendas to allow sufficient scrutiny.
ACTION: Georgia Denegri
- The risk management process (alignment of reporting) to be reviewed so that emerging risks such as the over performance in elective admissions to be brought to ICB's attention as soon as they are identified. It was agreed that these can be covered in the executive summary. It was also agreed that ICB would have a strategic discussion about risk at a future development session.
ACTION: Devora Wolfson

10.4 The City ICB:

- **NOTED** the report

10.5 The Hackney ICB:

- **NOTED** the report

11 AOB & REFLECTIONS

11.1 ICB Development session

- Due to difficulties in identifying a date for the session that everyone could attend. it was agreed that the next ICB development session will be held on 6 December 2018 9.00–11.30 followed by a half hour ICB meeting in public.

11.2 City of London report on rough sleepers

- Marianne Fredericks reported that the City of London Corporation had commissioned a report on rough sleepers which had just been published. It was agreed that the report will be circulated to ICB.

ACTION: Georgia Denegri

11.3 Angela Scattergood

- Anne Canning reported that Angela Scattergood, Senior Responsible Officer for the Children, Young People and Maternity workstream was moving on. Angela had made a huge contribution to integrated commissioning. ICB extended their thanks and best wishes to Angela.

11.4 Reflections

- The meeting was positive with open discussion among partners.
- Informative meeting with relevant information.
- Reference to outcomes relating to our priority ethnic groups and diversities is helpful.

12 DATE OF NEXT MEETING

16 November 2018, 10.00 – 12.00, Room 102, Hackney Town Hall (now rescheduled for 2.00-4.00).

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.
ICBOct18-3	The notes/feedback from the ELHCP meeting on 2 October to be circulated to ICB	Jonathan McShane	City and Hackney Integrated Commissioning Boards	10/11/2018		Open	They are not available yet.
ICBOct18-5	Schedule strategic discussion about risk at a future development session.	Devora Wolfson	City and Hackney Integrated Commissioning Boards	10/11/2018	14/03/2019	Open	Due by March 2019

ICBOct18-1	Over performance in elective admissions - The recovery plan to be brought to November ICB	Simon Cribbens	City and Hackney Integrated Commissioning Boards	10/11/2018	16/11/2018	Closed	On the agenda.
ICBOct18-2	Budget pooling - An update to be brought to November ICB	Simon Cribbens	City and Hackney Integrated Commissioning Boards	10/11/2018	16/11/2018	Closed	On the agenda.
ICBOct18-4	The risk register to be moved earlier on future agendas to allow sufficient scrutiny	Georgia Denegri	City and Hackney Integrated Commissioning Boards	10/11/2018	16/11/2018	Closed	Scheduled as item 5 after the minutes of previous meeting.
ICBOct18-6	Circulate to ICB the City of London Corporation's 'Healthcare for people sleeping rough in the City of London'.	Georgia Denegri	City and Hackney Integrated Commissioning Boards	10/11/2018	16/11/2018	Closed	Circulated.

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	16 November 2018
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Transformation Board, 31 October 2018 Integrated Commissioning Board, 16 November 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.

Background

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.

New risk

As highlighted at the October ICB meeting, the Planned Care Workstream has escalated the following new risk:

Risk PC11: There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend.

Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity is being investigated as a matter of urgency. Contingency planning is underway and the Joint Action plan will be implemented to address the causes of the over performance.

Risks remaining RED after mitigation

Unplanned Care Workstream

Risk UC1: Failure to deliver the scoped programme of System Savings for financial year 2018/19 – Score remained 16

Monthly update on actions taken to mitigate risk and impact of actions:

- Savings have been identified for 2018/19 up to the value of £1.3m. These are being 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
- A recent increase in A&E Attendance at the Homerton Hospital is currently being analysed.

Risk UC15: Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUC 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] – Score remained 16

Monthly update on actions taken to mitigate risk and impact of actions:

- 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

Planned Care Workstream

Risk PC 7: The CCG rating could be affected due to cancer 62 days target at Homerton having been missed for a number of months this year – Score remained 16

Monthly update on actions taken to mitigate risk and impact of actions:

- 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/ regional level may impact on the viability of our current ITT pathways

Children, Young People and Maternity Workstream

Risk CY8: 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 – Score remained 15

Monthly update on actions taken to mitigate risk and impact of actions:

- Risk falls within CYPM Workstream Transformation Priority: 0 -5
- Childhood Immunisations Domiciliary Service will be available from June 2018
- Reviewing joint work between primary care and community paediatrics.

Changes in risk scores

The score of the Unplanned Care Workstream's Risk UC6 relating to the 111 service was reduced to 12 following the mitigation plan.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Links to Key Priorities:

The 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

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.			4	4	16	There is a Task and Finish group tasked with monitoring the risks around the implementation of 2020. This steering group has representation from both Contracting and Procurement. The task of the Task and Finish Group is to mitigate risks around implementation.	A full time programme manager has been recruited to drive the co-ordination of the project and co-ordinate key functions. This programme manager starts on the 22nd of October, and will be supervised by the existing programme management resource. This is supported by a programme support function to co-ordinate tasks related to the timely implementation of the project. Key senior stakeholders have been and continue to be engaged by membership of the Task and Finish Group with the aim of creating strong senior project ownership. Links with existing programmes of work (ie Neighbourhoods) have been created in order to create a landing spot for the on the ground implementation. NELCSU's procurement function has been engaged to scope potential holdups with procurement and to make sure that the process is expedited to the best possible degree. The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays.	4	3	12	↔	4	2	8

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
UC1	Unplanned Care - Programme	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 A recent increase in A&E Attendance at the Homerton Hospital is currently being analysed.	4	4	16	↔	TBC	TBC	TBC
UC2	Unplanned Care - Programme	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 work on hold Assurance gateway 3 complete and passed through all committees Dementia alliance formally reporting into the unplanned care board New quarterly board seminar in place - to support strategy development and test work areas against this Monthly finance and QIPP monitoring report in place - though may need some development to make more user friendly	3	3	9	↔	2	3	6
UC3	Unplanned Care - Programme	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	September 2018 updates: x extended paradoc Service has been operating since April and early evidence shows that the service is providing an effective attendance / admission avoidance function for patients; there is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. A proposal for 2019/20 will be brought to the UC board in October/ November 2018 x In August 2018 the UC board endorsed a proposal to continue investment of PMS Premium money into the Proactive Care Patient-based service for 2019/20. for recommendation to the Primary Care Quality Board and the CCG Contracts Committee.	4	3	12	↔	2	4	8

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
UC4	Unplanned Care - Programme	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	<p>Ensure the Unplanned Care Board is plugged-in to Integrated Commissioning related PPI / co-production activities, and utilises the IC Co-production Charter</p> <p>Ensure the Unplanned Care Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI Lead</p> <p>Ensure the Unplanned Care Board has a patient or healthwatch representative at every Board meeting</p> <p>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.</p> <p>Ensure PPI and co-production is a standing item on workstream Board agendas</p> <p>Review PPI activities quarterly at the UPCM Board</p> <p>Neighbourhoods programme has convened a patient panel and secured some resources to support patient engagement</p>	<p>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.</p> <p>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.</p> <p>A quarterly report showing the totality of all involvement activities is taken to the UPCPB to give assurance that we are involving users.</p> <p>All reports are now required to report explicitly on activities in relation to patient and public involvement.</p> <p>Members of the Unplanned Care team will be undertaking advanced co-production training in October as part of work led by Healthwatch.</p>	3	4	12	↔	1	4	4
UC5	Unplanned Care - Programme	Tracey Fletcher/ Dylan Jones	Risk that Homerton A&E will not maintain delivery against four hour standard for 18/19.	5	4	20	<p>System Resilience Funding part of a wider investment and transformation plan has been signed off.</p> <p>1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways</p> <p>Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance</p> <p>DutyDoctor aim to improve patient access to primary care and manage demand on A&E</p>	<p>HUH have maintained strong operational grip through senior management focus on ED and hospital flow.</p> <p>Recent reduction in DToCs should support flow.</p> <p>Work to produce a PC admission avoidance DoS (via MiDos) underway - part of the Case Notes Review action plan.</p> <p>2018/19 Winter Planning commenced in August, and will bring together system partners around delivery of flow.</p> <p>The Discharge Steering Group is overseeing a winter preparedness plan to ensure all discharge services are ready for winter and to minimise delayed discharges and support hospital flow.</p>	3	4	12	↔	2	4	8

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
UC6	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	Risk that pathway development through the North East London IUC and new 111 service are not successfully delivered and patients are not being booked into our local primary care service - Some technical errors mean not all electronic referrals get through, and some patients are transferred on the phone; - Demand for Primary Care 111 Services has decreased since the service has gone live, with no corresponding increase in Emergency Care admissions; - There is one known example of a failed referral since the launch of the service	4	4	16	Working with providers to get improved visibility at all stages of the process	It has been agreed that LAS will provide a failsafe report and this is being piloted, with a report being produced and sent to CHUHSE on an hourly basis. As of mid-September, referral numbers from NHS111 are in line with planned expectations,	3	4	12		TBC	TBC	TBC
UC7	Unplanned Care - Urgent Care	Nina Griffith/ Urgent Care Reference Group	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	xExtensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). xClinical involvement in service specification development. xRe-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream xService to be continually monitored post mobilisation xIUC service reporting requirements include audit of onward referral to local services to review appropriateness. xEnsure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] xInvestigate what existing providers may be able to support health system in event of delay xLocal promotion of Duty Doctor to encourage patients and health care professionals to choose this service over 111	The NEL 111 procurement has now been finalised and went live in August 2018. We have extended the CHUHSE contract for a standalone GP out of hours service until March 2019. CHUHSE are supporting the workstream to find a sustainable solution. Work underway through the Urgent care reference group 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

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
UC9	Unplanned Care - Discharge	Simon Galczynski/ Discharge Steering Group	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 x Implement actions from Multi Disciplinary Case Notes Review relating to DTOCs x High impact Change Model (LBH and CoL) has been set up to monitor performance	xWeekly 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. xMeeting 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 xCapacity to deliver plans and culture shift required [re High Impact Change Model]	4	2	8	↔	4	2	8
UC15	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 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
UC	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

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
UC16	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
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 Maign	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
PC11	Planned Care	Siobhan Harper	There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend.	5	4	20	Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity has not been fully explained (there has not been an increase in primary care referrals) and the situation is being investigated as a matter of urgency. Contingency planning is underway and an action plan will be implemented to address the causes of the overperformance.	xThe issue has been raised with the Homerton senior management and urgent investigations are underway. xAn action plan is being developed and engagement with key stakeholders is underway. xThis risk was highlighted to the ICB on 11.10.2018 via the Planned Care Detailed Review Report and has been added to the ICB/TB Risk Register	5	4	20	NEW	TBC	TBC	TBC

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
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 has been submitted 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 20181/9 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

Title of report:	IT Enabler – Outline Digital Model and governance
Date of meeting:	16 November 2018
Lead Officer:	Tracey Fletcher
Authors:	Nina Griffith, Amy Wilkinson, Siobhan Harper, Jayne Taylor
Committee(s):	IT enabler board – for decision – 11 th September 2018 Transformation Board – for endorsement – 31 October 2018 ICB – for decision – 16 th November 2018
Public / Non-public	Public

Executive Summary:

This paper presents a plan for utilisation of phase 3 of the IT enabler monies, which come from the four workstreams, for approval by TB. This proposal was approved by the IT enabler board in September.

These projects are well defined in terms of the expected outcomes and benefits to the system, however, the detail of the digital solution required will be subject to an options appraisal and market testing. Therefore, in many cases the costs are an estimate based on current costs of similar digital solutions or indicative costs provided by potential suppliers.

TB and ICB are asked to approve draw down of the funds as requested, on the basis that they deliver the outcomes defined. The IT enabler board will then have delegated authority to approve the detailed expenditure. If there is a change to the expected outcomes, or if costs change significantly this will be brought back to TB and ICB for further approval.

The total maximum costs for delivery of the projects is £2,478,817 (this includes the £283,000 previously approved)

Delivery Plan Summary

The delivery plan (Phases 1 and 2) from the IT enabler focused on delivery of the Local Digital Roadmap for City and Hackney including the HIE (Health Information Exchange), introduction of a shared care planning across the system via the Co-ordinate my Care (CMC) platform, and supporting improved digital and analytics capability within mental health and the voluntary sector. The Phase 3 plan, presented here, builds on Phases 1 and 2 to further support transformation and integration across City and Hackney.

This delivery plan will support delivery of our big ticket items within each of the four workstreams, notably:

- **Neighbourhoods and dementia support** within unplanned care
- **Outpatient transformation and continuing healthcare** within planned care;
- **Making every contact count, improved self-management and supported employment** in prevention
- **Improving emotional health and wellbeing of CYP, strengthening our wellbeing offer for vulnerable groups and improving the offer of care at maternity and early years** in CYPM.

Whilst the projects are split between the workstreams, there are synergies across all of them, and they will support the following digital objectives across the borough:

- Information sharing between partners to enable integrated care
- Better join up between systems to support patient pathways
- Supporting and empowering patients and carers to self-care and to navigate our complex health and care services
- Embedding the prevention agenda across our system
- Closer working with wider range of non-statutory partners
- Digital solutions to save clinical and administrative time
- Digital solutions to support patient access to services.

Discussion at the Transformation Board

The paper was considered by the Transformation Board on 31 October 2018. The Transformation Board resolved to recommend to the ICB the release of the funds falling within 2018/19 (although the projects do not necessarily run in financial years) and have a stocktake in February/March before agreeing to recommend the release of the rest. By that stage we will also have clarity on how we will be taking forward any recommendations of the IC Governance review relating to the streamlining of the decision making.

Issues from Transformation Board for the Integrated Commissioning Boards

- Whilst acknowledging the protracted decision making processes in the current governance arrangements, objection was raised about the IT Enabler Board to have delegated authority to approve detailed expenditure as the other enabler groups are in a similar situation. The IC governance review is expected to report to the ICB and TB in November with recommendations agreed and implemented in April 2019.
- Whilst the high level plan felt reasonable, TB members sought assurance that detailed products would be delivered.
- The report lacked reference to patient involvement and co-production in developing the plan. It was clarified that there is patient representation on the enabler group and workstreams which developed the detailed plan.
- It was noted that the plan is based on the needs of the workstreams to support/enable their work. Any delays or non-delivery of IT solutions will impact on their delivery.
- A challenge that will need to be addressed in future is that the IT enabler does not have an ongoing stream of funding. At this stage the focus is on developing the technology to enable the work of the workstreams on a non-recurrent basis. Discussions will be required to identify the longer term funding solution.
- Whether the system is investing sufficiently in analytic capability to support its future needs as an ICS was discussed. The IT enabler group is closely involved in the IT technology developments in North East London and beyond which do not move as fast as we would wish. However, it would be too expensive for City and Hackney to attempt to proceed independently.
- Using local children to design the website instead of commissioning it externally was suggested.
- In response to issues raised with regard to financial accountability, it was reported that the Finance and Economy Group which was constituted to support the delivery of the s256 and s75 monies, could be monitoring and reporting on this expenditure. A challenge

identified is that we do not currently have a clear blueprint which we could compare with the blueprint of the future integrated services as a way of measuring delivery.

- In conclusion, the Transformation Board
 - **ENDORSED** the outline digital model as set out in the report and **AGREED TO RECOMMEND** this to ICB
 - **ENDORSED** the release of funding relating to deliverables in 2018/19 and **AGREED TO RECOMMEND** this to ICB

Recommendations:

The recommendations from the IT Enabler Board to the City Integrated Commissioning Board are:

- To **NOTE** the report
- To **APPROVE** the outline digital model as set out in the report
- To **ENDORSE** the proposal to draw down this money and give the IT Enabler Board delegated authority to oversee its expenditure
- To **APPROVE** the proposed governance arrangement as set out in the report
- To **ENDORSE** the proposed plans and associated use of £2,478,817 of the total £25m of phase 3 IT enablement monies. *The TB however recommended the **APPROVAL** of funding for the deliverables of 2018-19 subject to a stocktake in February.*

The recommendations from the IT Enabler Board to the Hackney Integrated Commissioning Board is:

- To **NOTE** the report;
- To **APPROVE** the outline digital model as set out in the report
- To **APPROVE** the proposal to draw down this money and give the IT Enabler Board delegated authority to oversee its expenditure
- To **APPROVE** the proposed governance arrangement as set out in the report.
- To **APPROVE** the proposed plans and associated use of £2,478,817 of the total £25m of phase 3 IT enablement monies. *The TB however recommended the **APPROVAL** of funding for the deliverables of 2018-19 only subject to a stocktake in February.*

Links to Key Priorities:

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

Specific implications for City

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

Specific implications for Hackney

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

Patient and Public Involvement and Impact:

The IT Enabler Board, from which this report originates, includes patient and public representation. The proposals were put forward by the workstreams, and have as such been considered by the workstream user representatives.

Digital solutions proposed have the potential to significantly improve service user engagement with health and care services.

The last Caldicott review highlighted that public trust in the way personal data is used has been eroded.

Communication and awareness events will be coordinated with “One London” activities to ensure the public is aware of how personal data is used and to secure their confidence in the system.

Clinical/practitioner input and engagement:

The IT Enabler programme board, from which this report stems, includes clinical and practitioner representation. The proposals were put forward by the workstreams, and have as such been considered by the workstream clinical leads and members.

Equalities implications and impact on priority groups:

The digital capabilities described in the report support the priority groups identified by each care work stream.

Safeguarding implications:

Many of these projects will support greater integrated working through shared access to systems, and increased system interoperability. This should support improved safeguarding processes across the borough by reducing the likelihood of vulnerable people ‘falling through the net’.

Impact on / Overlap with Existing Services:

Digital solutions will introduce new ways and adoption will be delivered through strong change management.

IT Enabler – Outline Digital Model and governance

1. Introduction

Phase 3 of the IT enabler fund has £2.5m worth of monies to support digital developments required to deliver our system transformation objectives.

The IT enabler board agreed that the bids for these monies should come via the workstreams, and over the past few months the IT enabler team has been supporting the development of proposals against the fund. Planned, unplanned and prevention workstreams presented a set of outline proposals to the May IT enabler board, and subsequently to TB and ICB. At that point the board approved funding for the IT project management posts associated with the bid which totalled £283k. The remaining bids were in varying stages of development. It was therefore felt that approving the full allocation could disadvantage projects that were not yet as fully evolved as others. There was a commitment at this stage to return to TB and ICB with clearer proposal against the rest of the fund.

This paper presents a plan for utilisation of the IT enabler monies, which come from the four workstreams, for approval by TB and ICB. This proposal was approved by the IT enabler board in September.

These projects are well defined in terms of the expected outcomes and benefits to the system, however, the detail of the digital solution required will be subject to options appraisal and market testing. Therefore, in many cases the costs are an estimate based on current costs of similar digital solutions or indicative costs provided by potential suppliers. Therefore, the request to TB and ICB is to approve draw down of the funds as requested, on the basis that they deliver the outcomes defined. The IT enabler board will then have delegated authority to approve the detailed expenditure. If there is a change to the expected outcomes, or if costs change significantly this will be brought back to TB and ICB for further approval.

The total maximum costs for delivery of the projects is £2,478,817 (this includes the £283,000 previously approved).

2. Delivery Plan Summary

The delivery plan (Phases 1 and 2) from the IT enabler focused on delivery of the Local Digital Roadmap for City and Hackney including HIE, introduction of a shared care planning across the system via the Co-ordinate my Care (CMC) platform, and supporting improved digital and analytics capability within mental health and the voluntary sector. The phase 3 plan presented here builds on phases 1 and 2 to further support transformation and integration across the borough.

This delivery plan will support delivery of our big ticket items within each of the four workstreams, notably, **neighbourhoods and dementia** within unplanned care, **outpatient transformation and Continuing healthcare** within planned care, **Making every contact count, improved self-management and supported employment** in prevention and **improving emotional health and wellbeing of CYP, strengthening our wellbeing offer**

for vulnerable groups and improving the offer of care at maternity and early years in CYPM.

Whilst the projects are split between the workstreams, there are synergies across all of them, and they will support the following digital objectives across the borough:

- Information sharing between partners to enable integrated care
- Better join up between systems to support patient pathways
- Supporting and empowering patients and carers to self-care and to navigate our complex health and care services
- Embedding the prevention agenda across our system
- Closer working with wider range of non-statutory partners
- Digital solutions to save clinical and administrative time
- Digital solutions to support patient access to services

The Following table summarises the main project areas that support these objectives.

Work-stream	Project areas	Objectives they will deliver
Planned	Outpatient transformation Use of technology to give improved access to clinical records and diagnostics between primary and secondary care and digitisation of letters.	Information sharing between partners to enable integrated care Better join up between systems to support patient pathways Digital solutions to save clinical and administrative time
	Continuing healthcare Implementing a new system for CHC which integrates health and local authority systems and enables provision of joint funding packages and fit for purpose case management. The system will include a tool to support use of personal health budgets within CHC.	Better join up between systems to support patient pathways Supporting and empowering patients and carers to self-care and to navigate our complex health and care services Digital solutions to save clinical and administrative time
Un-planned	Integrated urgent care Implementation of the system solutions required to deliver our aims of a fully integrated urgent care system. This means that patients can be directly booked from 111 into our local services, and also that ED can re-direct and book appropriate patients into primary care.	Better join up between systems to support patient pathways Digital solutions to save clinical and administrative time
	Neighbourhoods The emerging Neighbourhood model will need to be supported by a system solution that enables joined up working. There will be a full options appraisal to understand	Information sharing between partners to enable integrated care Closer working with wider range of non-statutory partners

	<p>whether this will be achieved through improved record sharing, improved interoperability between systems and/or streamlining systems. We will also explore how technology can support improved population health management.</p>	<p>Embedding the prevention agenda across our system</p> <p>Closer working with wider range of non-statutory partners</p>
	<p>Dementia Development of a dementia carers' support tool which will include online resources and a social platform for peer support</p>	<p>Supporting and empowering patients and carers to self-care and to navigate our complex health and care services</p>
Children, Young People and Maternity	<p>Vulnerable groups Improving care co-ordination for young vulnerable people, through implementation of an electronic care planning tool and through use of digital passports. Improved access to a range of therapies for these cohorts of young people.</p>	<p>Supporting and empowering patients and carers to self-care and to navigate our complex health and care services</p> <p>Information sharing between partners to enable integrated care</p> <p>Digital solutions to support patient access to services</p>
	<p>Improving care at maternity and early years Digital solutions should support a range of different agencies to work better with patients and together, these include: improved immunisation systems, digital childhealth information records and development of an app to support pregnant women to navigate our services. Some infrastructure (tablets, digital pens) will also need to be put in place in maternity services and childrens centres to give staff access to digital records.</p>	<p>Digital solutions to support patient access to services</p> <p>Supporting and empowering patients and carers to self-care and to navigate our complex health and care services</p> <p>Information sharing between partners to enable integrated care</p> <p>Digital solutions to save clinical and administrative time</p>
	<p>CYP Emotional health and wellbeing Implementation of an integrated patient journey management system across CAMHS services. Investment in analytics support to CAMHS and investment in the development of the CAMHS website to support patients and their families.</p>	<p>Better join up between systems to support patient pathways</p> <p>Supporting and empowering patients and carers to self-care and to navigate our complex health and care services</p>
Prevention	<p>Making every contact count Technology may be able to support implementation and tracking of our MECC agenda across a range of partners. At this stage, the solution is yet to be defined but this project will undertake a full scoping to explore what is possible in advance of options appraisal and implementation.</p>	<p>Embedding the prevention agenda across our system</p>

	<p>Social prescribing</p> <p>There is a need to develop improved links between primary care and non-statutory providers to support our social prescribing agenda. This project will deliver improved information sharing and improved referral pathways between primary care and a range of non-statutory services</p>	<p>Embedding the prevention agenda across our system</p> <p>Supporting and empowering patients and carers to self-care and to navigate our complex health and care services</p> <p>Better join up between systems to support patient pathways</p> <p>Closer working with wider range of non-statutory partners</p>
--	---	--

Appendix A shows the full range of plans across each workstream, including the associated costs.

The total expected value of these projects is £2,478,817

Approach to delivery

We have combined the required project management resources across the workstream projects into one central IT enabler team. This approach will ensure that the opportunities for shared approaches and shared learning is maximised and ensure that the different project areas complement each other, where they can.

The IT enabler board will get updates against all projects to each of its meetings to ensure close monitoring of the deliverables as described within the funding envelope.

Given the bid is for the maximum expected value, if the required resources reduce, this will be reported to TB and the money will be considered for reinvestment in other digital projects.

Supporting Papers and Evidence:

Appendix A Outline of proposed projects by workstream, with costs.

Sign-off:

IT Enabler Group, Chair, Tracey Fletcher

Appendix A: Care Work stream plans

These are outline plans. Detailed plans were submitted to the It enabler board and can be provided on request.

Overarching project management support:

In order to support delivery of all of the below plans we have already had approval to recruit a small IT enabler team to work with the workstreams. This was for four posts, who are currently being recruited.

This totalled £283,000.

Workstream Level Plans

Planned

How does the requirement meet workstream aims:		SRO	<i>Simon Cribbens - City of London Corporation</i>
<p>Transforming Outpatient services is a key ask of the workstream and by making services more responsive to the needs of patients and staff through the use of technology has been identified as a priority to enabling this transformation.</p> <p>Continuing Healthcare – Support the integration and efficient management of services – expansion of the offer and supporting individual care budgets.</p>		Delivery Lead	<i>Siobhan Harper, Planned care work stream director – C & H CCG.</i>
	Initiatives	Deliverables	Description and anticipated outcomes
1.	Outpatient transformation	<ul style="list-style-type: none"> Viewer for virtual referral reviews 	<p>The proposal is to enable specialist review of diagnostics, medicines and outcomes to determine next steps without face to face contact with the patient. This will:</p> <ul style="list-style-type: none"> Improve patient pathway and service satisfaction Free specialist time for more complex work Manage demand and resources more efficiently
2.	Outpatient transformation	<ul style="list-style-type: none"> Digitalisation – Letters/DNA processes etc 	Implement digitalisation of all outpatient communications that will:

			<ul style="list-style-type: none"> • Improve efficiency – reduce admin and check in times • Allow patient choice in the formats and delivery systems of patient information/communications • Reduce costs (post and stationary) • Reduce Did Not Arrive (DNA) activity
3.	Msk Self-Referral	<ul style="list-style-type: none"> • Online self-referral Msk platform 	<p>To deliver a platform to enable appropriate self-referral to Msk physiotherapy services (Locomotor) that will support:</p> <ul style="list-style-type: none"> • Patient Access & Choice • Support Primary Care capacity-releasing GP appointments for LTC and other complex work • Reduce GP referrals • Enable more patient triage to appropriate services
4.	Continuing Healthcare	<ul style="list-style-type: none"> • IH & SC Resource Allocation System 	<p>To develop the functionality within the FACE system embedded within Mosaic for an integrated health and social care Resource Allocation System (RAS). This will facilitate the provision of joint funding packages of care which is a key workstream aim.</p>
5.	Continuing Healthcare	<ul style="list-style-type: none"> • CHC Case management system 	<p>To review the functionality within the current CHC case management system, Broadcare, and develop an options appraisal with alternative systems including integration with LBH Mosaic or transferring to Imosphere's Care Partner system. A fit for purpose case management system will facilitate digitisation of the CHC process, helping to develop a new cost-effective operating model for CHC as well as resolving current operational and data quality/management issues.</p>
6.	Continuing Healthcare	<ul style="list-style-type: none"> • RAS for PHB 	<p>To develop a RAS for CHC which will be used to facilitate required Personal Health Budget processes and can be utilised as a brokerage tool to ensure to ensure that CHC packages of care are cost effective. The tool can be utilised by the new brokerage service to assist with market management and effectively challenge provider costs</p>

			which will help facilitate a new cost-effective operating model for CHC.
7.	Communication	<ul style="list-style-type: none"> Clinical website 	Improve CCG Clinical website content to ensure GPs and secondary care specialists can share forums, information on services can be communicated through the website and updated more regularly and information on neighbourhood and other service providers are more accessible to secondary care.
8.	Project management	<ul style="list-style-type: none"> Options appraisals and implementation of agreed systems 	<p>Work closely with the Transformation managers to assess and implement IT related needs to deliver the projects identified for outpatient transformation programme. This will help to ensure:</p> <ul style="list-style-type: none"> Appropriate systems and solutions are implemented IT issues and solutions are identified early Projects are delivered on time and to budget All stakeholders are supported to appropriately for the best outcomes

Summary funding allocation for Planned:

Initiative	Deliverable	18/19	19/20	20/21	Allocation
OP Trans'n	Viewer for Virtual referral review	£50,000	£45,000		£90,000
OP Trans'n	Digitalisation – Letters/DNA processes etc	£40,000	£80,000		£120,000
Msk Self-Referral	Platform and connectivity to enable self-referral	£100,000	£30,000		£130,000
CHC	IH & SC Resource Allocation System	£5,900	£900		£6,800
CHC	CHC Case management system		£14,550	£7,500	£22,050
CHC	RAS for PHB	£13,150	£7,550		£20,700
Communication	Clinical Website	£2,000	£3,000		£5,000
Project management	Extend post by 3 months to March 2020				£18,000
Total:					£412,550

Unplanned

<p>How does the requirement meet workstream aims: The following projects support delivery of two of the workstreams main areas of transformation; integrated urgent care and neighbourhoods. In both cases digital solutions can support integrated working and support patient pathways between organisations. Dementia is one of the workstream’s big ticket items. 75% of people with dementia live at home, with support from unpaid carers. There is an opportunity to utilise a digital platform to provide a bespoke dementia carers support tool which provides trusted advice and facilitates mutual support between carers.</p>	SRO	Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Foundation Trust
	Delivery Lead	Nina Griffith, Unplanned care work stream director

	Initiatives	Deliverables	Description and anticipated outcomes
1.	Integrated Urgent Care: New GP out of hours service	<ul style="list-style-type: none"> IT Project Management New system implementation 	<p>We are mobilising a new GP out of hours service within the borough, which will form part of our wider integrated urgent care system. This will need to have a fit for purpose clinical system which allows patients to be directly booked from 111, therefore better supporting patient pathways between providers.</p> <p>Technical project management resource is required to support the project and undertake the following:</p> <ul style="list-style-type: none"> An appraisal of current systems against requirements A review of approaches used in other areas An appraisal of potential IT solutions (including liaising with relevant system providers) Support for the implementation of agreed solution <p>It is anticipated that this would be a part time requirement of approximately 2 days / week at band 8b or equivalent.</p> <p>We also require some non-recurrent resource is to cover the implementation costs, support and training from the system provider as part of the new service mobilisation</p>

<p>2.</p>	<p>Integrated Urgent Care: streaming and re-direction</p>	<ul style="list-style-type: none"> • EMIS community set up and 1 year license for 7 users • 3 x tablets 	<p>We are implementing a streaming and re-direction model in Homerton ED. This means that patients that attend ED will be assessed, and if another service can better meet their needs they will be directed to this service. This supports our wider aims to reduce inappropriate A&E attendances by educating and supporting patients to get to the most appropriate care setting.</p> <p>One of the places where patients may be re-directed to is primary care. This bid is to enable ED to have access to EMIS so that they can directly book patients into primary care appointments.</p> <p>Tablets are also required so that the ED team can book the appointments when they are with the patients in the department. This will be done by the non-clinical navigators (NCNs) in ED. The tablets will also give the NCNs access to the North East London directory of services, known as MiDOS, so that they have a live list of the range of services that exist across the patch and therefore which one would best meet their needs.</p>
<p>3.</p>	<p>Neighbourhoods</p>	<ul style="list-style-type: none"> • IT Project Management • New system implementation for primary care solution and wider community solution 	<p>The emerging Neighbourhood model will need to be supported by a system solution that enables the intended level of joined up working.</p> <p>The IT solution will be delivered in a number of phases. In phase 1, we will need to implement a system that enables general practice to operate at a neighbourhood level. This would most likely use the current primary care system, but across neighbourhoods rather than practices.</p> <p>In the second phase, in 2019/20 we will look to find a solution across all partners. This may also result in</p>

			<p>rationalisation of the range of systems that other partners are using, improving interoperability between systems or improving record sharing between systems.</p> <p>At this stage we cannot estimate the cost of the second phase, therefore maximum costs are given for the most radical solution.</p> <p>Given the complexity of the programme, a technical project management resource is required to support phase 1 of this work.</p> <p>This resource is expected to do the following:</p> <ul style="list-style-type: none"> • Scope options for a primary care system solution • Work with the agreed provider to implement this solution • Scope the longer term solution for neighbourhoods systems across all partners • Support system partners to reach agreement on the broader solution • Develop a plan for implementation of the broader solution <p>We will also be looking for consultancy support to optimise implementation of year 1, and to help us scope out the requirement for phase 2.</p>
4.	Clinical Champion for HIE	<ul style="list-style-type: none"> • Clinical champion for HIE- 1 session / week 	<p>The Health Information Exchange is a fantastic resource that enables health and social care partners across NEL to view each other's systems to support joined up care. Whilst usage is increasing there is still scope to work with clinical teams to get maximum benefit from HIE. This bid is to recruit a clinical champion to work alongside existing project resources in order to support increased usage. This post will:</p>

			<ul style="list-style-type: none"> • Be a spokesperson for HIE, show case its benefits • Engage the wider clinical community in how it can help them • Attend and speak at engagement events
5.	Extended access in primary care	<ul style="list-style-type: none"> • One year license costs • Implementation support 	We are piloting 5 extended access primary care hubs across City and Hackney to provide GP appointments until 2000, 7 days / week. There is limited ability to audit the outcomes from these appointments, and they fall outside of the usual practice level reporting. This bid is to implement as audit tool. Clinical Guardian to provide an electronic audit function. This will avoid more costly, time-consuming manual solutions for auditing our extended access hubs.
6.	Dementia Carers support tool	<ul style="list-style-type: none"> • Dementia carers' support tool-PM • Dementia carers' support tool-infrastructure 	75% of patients with dementia live in the community supported by unpaid carers. This bid is to develop an online tool to support carers. It will include both online resources for carers and also act as a social platform for carers to connect to each other.

Funding allocation for Unplanned:

Initiative	Deliverable	18/19	19/20	20/21	Allocation
1.	New system implementation	£20,000			£20,000
2.	EMIS community set up and 1 year license for 7 users	£7,625			£7,625
3. ...	3 x tablets	£1,800			£1,800
4. ...	New system implementation for primary care solution and wider community solution (phase one costs)	£96,000	£96,000		£192,000
5. ...	Phase 2 New system implementation costs for wider community solution		£338,496		£338,496
6. ...	Y2 PM costs for implementation		£137,500		£137,500
7. ...	One year license costs	£9,600			£9,600
8. ...	Implementation support	£5,000			£5,000
9. ...	Dementia carers' support tool-PM	£31,159	£31,159		£62,318
10. ...	Dementia carers' support tool-Sys	£10,256	£7,972		£18,228
11.				Total:	£792,567

Notes:

Additional implementation resources e.g. system analysts, trainers etc. are included in the costings above

The above are the maximum costs if we decide to undertake wide-stream system change across a range of partners to support neighbourhood working. If this is not required the costs in line items 6 and 7 will be significantly reduced

Children, Young People and Maternity

<p>How does the requirement meet workstream aims:</p> <p>The proposals outlined below support the key transformation priorities of the workstream, specifically, improving emotional health and wellbeing (including mental health) of CYP, strengthening our wellbeing offer for vulnerable groups and improving the offer of care at maternity and early years – these are aligned below. Additionally, they push forward our integrated work, including our work to expedite young people through swift and effective pathways, supporting them to have as positive an experience of care as possible. Digital solutions are key for children and young people and these proposals will support us to work more effectively with more young people to support them to access healthcare early and improve their wellbeing. The scope of these proposals will also support our ‘wrap around’ (including safeguarding) work with our most at risk families.</p>		<p>SRO</p> <p><i>Angela Scattergood</i></p>												
		<p>Delivery Lead</p> <p><i>Amy Wilkinson, Children and Young People care work stream director</i></p>												
<table border="1"> <thead> <tr> <th></th> <th>Initiatives</th> <th>Deliverables</th> <th>Description and anticipated outcomes</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Whole system integrated care dashboard for children (building on any work currently in development across the system) <i>(Whole System)</i></td> <td> <ul style="list-style-type: none"> A pilot scheme based on existing models, linking health, social care and education </td> <td>Better information flow and closer working between agencies; reduction of gaps in provision, with better outcomes for service users</td> </tr> <tr> <td>2.</td> <td>Develop facility for sharing of active care plans for vulnerable children</td> <td> <ul style="list-style-type: none"> <i>Digital Health Passports</i> linked to health and social care records for vulnerable children <i>It is anticipated that outputs of the project currently underway around School Exclusions will recommend /</i> </td> <td>Better information sharing between professionals including better communications between primary care and children’s services and improved support for case conferences, etc., leading to better health outcomes for patients and service users.</td> </tr> </tbody> </table>				Initiatives	Deliverables	Description and anticipated outcomes	1.	Whole system integrated care dashboard for children (building on any work currently in development across the system) <i>(Whole System)</i>	<ul style="list-style-type: none"> A pilot scheme based on existing models, linking health, social care and education 	Better information flow and closer working between agencies; reduction of gaps in provision, with better outcomes for service users	2.	Develop facility for sharing of active care plans for vulnerable children	<ul style="list-style-type: none"> <i>Digital Health Passports</i> linked to health and social care records for vulnerable children <i>It is anticipated that outputs of the project currently underway around School Exclusions will recommend /</i> 	Better information sharing between professionals including better communications between primary care and children’s services and improved support for case conferences, etc., leading to better health outcomes for patients and service users.
	Initiatives	Deliverables	Description and anticipated outcomes											
1.	Whole system integrated care dashboard for children (building on any work currently in development across the system) <i>(Whole System)</i>	<ul style="list-style-type: none"> A pilot scheme based on existing models, linking health, social care and education 	Better information flow and closer working between agencies; reduction of gaps in provision, with better outcomes for service users											
2.	Develop facility for sharing of active care plans for vulnerable children	<ul style="list-style-type: none"> <i>Digital Health Passports</i> linked to health and social care records for vulnerable children <i>It is anticipated that outputs of the project currently underway around School Exclusions will recommend /</i> 	Better information sharing between professionals including better communications between primary care and children’s services and improved support for case conferences, etc., leading to better health outcomes for patients and service users.											

	<i>(Strengthening our health offer for vulnerable groups)</i>	<p>require the development of such facilities</p> <ul style="list-style-type: none"> This would also explore use of technologies for secure sharing of electronic documents to expedite this across partners organisations 	
3.	<p>Directory of Services</p> <p><i>(Whole system)</i></p>	<ul style="list-style-type: none"> Integration of CYPM Health and Social Care services within existing DoS managed by NELCSU across NEL/NCL Consideration of configuration / enhancement of DoS as public facing resource, and links with other service directories across the system 	<p>Better referral practices between health and social care agencies; clearer pathways and better support for patients and service users.</p> <p>Facilitated access for CYP and families</p>
4.	<p>Co-ordinate My Care Child Friendly Care Plan Page</p> <p><i>(Strengthening our health offer for vulnerable groups)</i></p>	<ul style="list-style-type: none"> Accessible resource for CYPs, promoted through commissioning of services to ensure engagement by providers 	Facilitated access for CYP and families
5.	<p>Digitally Managed Integrated Front Door / Entry System for CAMHS</p> <p><i>(Improving Emotional Health and Wellbeing)</i></p>	<ul style="list-style-type: none"> Improving CYP Emotional Health & Wellbeing – IT & Digital Opportunities Facilitating Seamless, well managed patient flow 	Better management and understanding of CAMHS patient flow through the system
6.	<p>Integrated Patient Journey Management System for the CAMHS Alliance</p> <p><i>(Improving Emotional Health and Wellbeing)</i></p>	<ul style="list-style-type: none"> Improving CYP Emotional Health & Wellbeing – IT & Digital Opportunities Facilitating Seamless, well managed patient flow 	
7.	<p>Increased capacity for provider informatics teams to deliver new national data requirements for Mental Health Services Data Set</p>	<ul style="list-style-type: none"> Improving CYP Emotional Health & Wellbeing – IT & Digital Opportunities Delivering new national data requirements for Mental Health Services Data Set 	Meeting data demands / improved reporting metrics to NHS Digital, meeting new outcomes measures for 2018/19

	<i>(Improving Emotional Health and Wellbeing)</i>		
8.	Redevelopment of CAMHS Website, and developing a CYP Element of the Five to Thrive Website <i>(Improving Emotional Health and Wellbeing)</i>	<ul style="list-style-type: none"> Improving CYP Emotional Health & Wellbeing – IT & Digital Opportunities Ensuring everyone is aware what services are available so more needs are met 	CYP and Young Adults aware of what services are available and how to access them.
9.	Social Media and Digital Interventions <ul style="list-style-type: none"> Exploring Digital 1:1 Face to Face Therapies (using Silver Cloud) CYP Digital Marketing Strategy Addressing Social Media issues Using technology to improve access to services by vulnerable groups <i>(Whole system)</i>	<ul style="list-style-type: none"> Improving CYP Emotional Health & Wellbeing – IT & Digital Opportunities Maximise opportunities to use digital-based therapies to reach CYP Ensuring everyone is aware what services are available so more needs are met Use social media to counter the negative impact social media can have on CYP mental health 	Increased opportunities to access services for CYP Develop understanding and begin to address adverse impact of social media on CYP mental health.
10.	Scope information pathways to implement timely e-referral system from A&E to Children's Community Health Services <i>(Whole system)</i>	<ul style="list-style-type: none"> A referral pathway for community CYP services along the lines of what is now being done in Health Visiting services. 	More joined up services and better continuity of care for children and young people.
11.	Uptake of Immunisations services in Primary Care (improved Call/Recall systems)	<ul style="list-style-type: none"> An immunisations call/recall pilot at Neighbourhood level 	Higher uptake of childhood immunisations in primary care Reduced DNA rate for Childhood Immunisations

	<i>(Improving care at maternity and early years)</i>		
12.	Piloting / Implementation of electronic Red Book (early childhood health information record) <i>(Improving care at maternity and early years)</i>	<ul style="list-style-type: none"> • Neighbourhood level pilot of Red Book, tying into maternity services at HUHFT 	Increased efficiencies across the CYP healthcare systems and more effective alignment of care
13.	Support mobile working of health partners from Children's Centres and other Early Years setting <i>(Improving care at maternity and early years)</i>	<ul style="list-style-type: none"> • Better and more reliably consistent access for health providers to electronic systems 	Increased ability to work in a co-located and multi agency way across education, health and social care that is not dependant on a physical location
14.	Healthy Start Electronic Card System (programme for distribution of vitamins to pregnant mothers & under-2s) <i>(Improving care at maternity and early years)</i>	<ul style="list-style-type: none"> • Digital card to replace paper system of healthy start registrations at access points – pharmacy, children's centres, etc. 	Increased ease of distribution of vitamins, encouraging uptake and improvement in early health outcomes
15.	Trust Maternity App for patients (info on their care, services on offer and linked to appointments to reduce DNAs) <i>(Improving care at maternity and early years)</i>	<ul style="list-style-type: none"> • All pregnant women to be offered maternity app as standard support 	Easier access to pregnancy and birth support, improved signposting to services, and easier negotiation of care appointments, leading to an improved and more efficient care experience alongside reductions in DNA's.
16.	Introduction of tablets to record and report data on weekly maternity compliance rounds; and	<ul style="list-style-type: none"> • All maternity compliance recording to be carried out using an electronic data collection tool; 	Streamlined analysis and reporting findings would greatly enhance the mode in which the findings are shared with the staff and link into the recent CQC report which made comment to the compliance rounds, checking of equipment, hand hygiene etc.

<p>Digital Pens for community postnatal data collection <i>(Improving care at maternity and early years)</i></p>	<ul style="list-style-type: none">• All postnatal community clinicians to be issued with tablets and digital pens to facilitate recording.	<p>Improved community postnatal data collection.</p>
--	--	--

Funding allocation for Children and Young People

Initiative	Deliverable	18/19	19/20	20/21	Allocation
Whole system transforming support systems	Whole system integrated care dashboard for children	TBC	TBC	TBC	TBC
	Directory of Services	TBC	TBC	TBC	TBC
	Scope information pathways to implement timely e-referral system from A&E to Children's Community Health Services	TBC	TBC	TBC	TBC
Improving emotional health and well being	Digitally Managed Integrated Front Door / Entry System for CAMHS	£16,000 initial costs (system analysis, scoping and mapping)	TBC	TBC	Minimum £16,000
	Integrated Patient Journey Management System for the CAMHS Alliance	£16,000	TBC	TBC	Minimum £16,000
	Increased capacity for provider informatics teams to deliver new national data requirements for Mental Health Services Data Set	£93,000 (informatics resources at HUH, ELFT, LBH and Family Action/Off-Centre)	TBC	TBC	Minimum £93,000
	Redevelopment of CAMHS Website,	£14,000	-	-	£14,000

	including 5 to thrive elements				
	Social Media and Digital Interventions <ul style="list-style-type: none"> • Exploring Digital 1:1 Face to Face Therapies (using Silver Cloud) • CYP Digital Marketing Strategy • Addressing Social Media issues 	£64,000 (system analysis, scoping and mapping and Digital Marketing Strategy)	TBC	TBC	Minimum £64,000
Strengthening our health offer for vulnerable groups	Develop facility for sharing of active care plans for vulnerable children	-	TBC	TBC	
	Co-ordinate My Care Child Friendly Care Plan Interface	£4,000	-	TBC	Minimum £4,000
	Explore use of technology to improve access to services by vulnerable groups	£10,000	£10,000	TBC	Minimum £20,000
Improving care at maternity and early years	Uptake of Immunisations services in Primary Care (improved Call/Recall systems)	TBC	TBC	TBC	TBC
	Piloting / Implementation of electronic Red Book (early childhood health information record)	TBC	TBC	TBC	TBC

	Support mobile working of health partners from Children's Centres and other Early Years setting Healthy Start Electronic Card System (programme for distribution of vitamins to pregnant mothers & under-2s)	TBC	TBC	TBC	TBC
	Trust Maternity App for patients	-	TBC	TBC	TBC
	Introduction of tablets to record and report data on weekly maternity compliance rounds; and Digital Pens for community postnatal data collection	TBC	TBC	TBC	TBC
				Total:	Up to £500,000 approx.

Prevention

How does the requirement meet workstream aims:		SRO	<i>Anne Canning</i>
<p>Most of the proposed projects described below support delivery of one of the Prevention workstream's three 'big ticket items': making every contact count, improving self-management/social prescribing, supported employment.</p> <p>Reducing the harm from tobacco (including improving uptake of stop smoking services) is another priority, as smoking is the main preventable cause of premature death and health inequalities.</p>		Delivery Lead	<i>Jayne Taylor, Prevention care work stream director</i>
	Initiatives	Deliverables	Description and anticipated outcomes
1.	Making every contact count	<ul style="list-style-type: none"> MECC digital/project lead (0.5 FTE) System prototyping fund Digital system support/implementation 	<ul style="list-style-type: none"> Development and testing of systems to support MECC delivery – to be confirmed during scoping phase. May include use of open-access systems, adaptation of current systems, or development of new systems. Implementation and roll-out of digital systems (as needed) to support MECC delivery across the health and care system – to be confirmed following testing phase.
2.	Social Prescribing platform	<ul style="list-style-type: none"> Scoping project 	<ul style="list-style-type: none"> Scoping/options appraisal of available SP platforms to improve sharing of information between GP practices and VCS providers of self-management support services Stakeholder engagement to identify requirements for the platform and reach agreement on how it should be implemented
3.	Social prescribing platform	<ul style="list-style-type: none"> Implementation of ICT/digital platform 	<ul style="list-style-type: none"> Implementation of a SP platform to support improved referral pathways from GPs to VCS providers and facilitate feedback on patient progress and outcomes
4.	Project management – other priority projects	<ul style="list-style-type: none"> Digital/project lead (0.5 FTE) Options appraisal and digital systems development 	<ul style="list-style-type: none"> Development and testing of systems to support priority Prevention projects – including 'work passport' (see below) and self-management apps

5.	Digital systems - other priority projects	<ul style="list-style-type: none"> Digital system support/implementation 	<ul style="list-style-type: none"> Implementation of digital systems (as needed) to support priority Prevention projects – including self-management apps
6.	National Referral System – stop smoking services	<ul style="list-style-type: none"> Implementation of NRS 	<ul style="list-style-type: none"> Support achievement of healthy behaviours CQUIN Efficiency savings - automated referrals Improve timeliness, number and quality of referrals to local SSS – supporting higher quit rates and reduced smoking prevalence
7.	Supported employment 'work passport'	<ul style="list-style-type: none"> Creation/extension of a digital 'work passport' for people using supported employment services in City and Hackney 	<ul style="list-style-type: none"> Minimise assessment duplication for people using multiple supported employment services locally Improve ability of services to provide tailored employment support to people with learning disability and/or mental illness (based on a single, up-to-date client information resource)
8.	Smart Care Technology programme	<ul style="list-style-type: none"> Proof of concept interoperability software development 	<ul style="list-style-type: none"> Development and testing of an integrated open platform for assisted technologies The software developed will support interoperability across technologies, creating rich intelligence to inform service delivery and strategic commissioning decisions. This is part of a wider Smart Care Technology programme within LBH to promote new and pioneering models of integrated health, social care and housing related services. The programme aims to test out new technologies through several proof of concepts that will then be mainstreamed into business as usual.

Funding allocation for Prevention:

Initiative	Deliverable	18/19	19/20	20/21	Allocation
MECC	System prototyping fund	£25,000	£25,000	-	£50,000
MECC	Digital system support	-	TBC	TBC	£TBC up to £100k
Social Prescribing platform	Scoping project	£37,200	£18,600	-	£55,800
Social Prescribing platform	Digital platform (includes licensing, training, support and management costs – ballpark TBC following scoping)	-	£36,450	£36,450	£72,900
National Referral System – stop smoking services	Implementation of NRS	£15,000	£2,000	£2,000	£19,000
Supported employment 'work passport'	Creation/extension of a digital 'work passport' for people using supported employment services	-	TBC	TBC	£TBC
Smart Care Technology programme	Proof of concept interoperability software development	£100,000			£100,000
				Total:	£397,700

Shared projects

<p>There are 2 overarching additional bids, both of which have been approved by the IT enabler board:</p> <ol style="list-style-type: none"> 1. To utilise the infrastructure developed in Tower Hamlets to access a linked data set for City and Hackney. 2. To invest in the NEL integrated care analytics project which will build a deep understanding of how mental health conditions and learning disability are associated with outcomes, activity and spend across the wider health and care system. This is in partnership with Tower Hamlets CCG, Healthy London Partnership and Queen Mary University as the academic partner. <p>These projects will provide a vastly improved understanding of how individual and cohorts of patients utilise different parts of the system. Having this data quickly and easily at hand will vastly improve the intelligence that the workstreams base their decision making on.</p> <p>Project 2 specifically will support all of the work-streams in vastly improving their understanding of how mental health impacts the rest of the system, and in understanding how different mental health initiatives could benefit the wider system.</p>	<p>SRO Delivery Lead</p>	<p>n/a Richard Fradgley – Director of Strategy, ELFT Nina Griffith – Workstream Director, Unplanned Care</p>
---	--	--

	Initiatives	Deliverables	Description and anticipated outcomes
1.	Linked data set	City and Hackney will have access to a data set which links primary care, secondary care and mental health data at patient level	<p>Tower Hamlets CCG have developed a linked data set which allows them to track how different patients or patients groups use different parts of the system. For example, we will be able to track how someone on a particular GP register utilises hospital services.</p> <p>The TH team can feed City and Hackney data flows into this data warehouse to give the same intelligence to City and Hackney.</p>

			They can also provide some analyst resource (40 days) to do bespoke analysis using this data set.
2.	NEL integrated care analytics	City and Hackney will benefit from a vastly improved understanding of how mental health impacts the rest of the system, and access to sophisticated scenario modelling.	<p>The project has defined 4 expected outputs, City and Hackney will get the benefit of local borough outputs for items 1-3:</p> <ol style="list-style-type: none"> 1. Detailed, descriptive analysis of use of resources (finances and activity) of mental health, LD and substance misuse service users across all services (noting that the linked dataset contains significant depth, including primary care READ codes, secondary care HRGs etc.) 2. A population segmentation model which shows how mental health conditions are associated with utilisation across all services, identifying key population segments where mental health is a factor 3. An impact model that allows us to forecast future activity and spend, and to scenario model the impact across all services of integrated mental and physical health and preventative interventions within specific pathways. The initial analysis will determine which pathways are used. 4. An analytic tool that CCGs and STP around England can use to estimate likely demand for mental health care given local factors, and estimate potential impacts on physical health care demand of investing in physical health. <p>Each partner within the project has contributed £80k, this will be used for:</p> <ul style="list-style-type: none"> -a band 7 data analyst -a QMUL academic -supporting the Clinical reference group
3.	Patient/service user access	<ul style="list-style-type: none"> • Apps for appointment management, symptom checker and signposting 	
4.			
5.		

Initiative	Deliverable	18/19	19/20	20/21	Allocation
Linked data set	C+H access to the linked data set Some bespoke analytics from the data set provided by the TH analytics team	£13,000			£13,000
NEL integrated care analytics	C+H involvement in shaping the project. C+H level outputs from the project	£80,000			£80,000
				Total:	£93,000

Title of report:	Report on Joint Action Plan regarding over performance in elective care at Homerton Hospital University NHS Trust
Date of meeting:	16 November 2018
Lead Officer:	Siobhan Harper - Director Planned Care Workstream Mark Logan – Head of Performance and Contracting Homerton Hospital
Author:	Siobhan Harper – Director Planned Care Workstream
Committee(s):	N/A It should be noted that this action plan has been extensively discussed at the Planned Care Core Leadership Group, the Homerton Contract Review Group (CRG) North East London (NEL) Demand and Capacity planning meeting and the NEL Operational Development Group and reported to NHS England.
Public / Non-public	Public

Executive Summary:

The Integrated Commissioning Board (ICB) received a report from the Planned Care workstream in October 2018 regarding the over performance against City and Hackney Clinical Commissioning Group's (CCG) contract with the Homerton Hospital in regards to elective care. The over performance is most prevalent in outpatient first attendances, day case and elective procedures, though the source of the increase in outpatient activity is not yet confirmed. The ICB were informed that the potential financial risk to the local health and social care economy could amount to as much as £4m by the end of the financial year 18/19. The ICB subsequently requested from the Transformation Board a formal response from the relevant partners and sight of the joint action plan already in progress. This report provides the response to date and the detail of the action plan.

The most recent finance update suggests that the current unmitigated full year outturn position with the Homerton is at £3.4m over plan. This is largely made up of elective activity and could be as much as £2.5m though it may still be too early to say whether this trend will continue. The aim is to see activity returning towards plan for the remainder of the year and the action plan is key to supporting this aim. It is also important to ensure the action plan further improves the accuracy of the joint planning process for next year.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

Recommendations:

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report;
- To **CONSIDER** whether future specific updates are required or whether this can be included as part of the usual finance reporting.

The City Integrated Commissioning Board is asked:

- To **NOTE** the report;
- To **CONSIDER** whether future specific updates are required or whether this can be included as part of the usual finance reporting

Links to Key Priorities:

Delivery of NHS National Constitution standards on Referral to treatment waiting times
Delivery of Outpatient Transformation programme for City and Hackney

Specific implications for City

None

Specific implications for Hackney

None

Patient and Public Involvement and Impact:

The action plan was discussed at the Planned Care Core Leadership (CLG) meeting in October with our patient representative present. We have confirmed that the actions are not designed to place any limits on access to services.

Clinical/practitioner input and engagement:

The Planned Care Clinical Lead and associated CCG speciality clinical leads have been involved in the development and will be integral to the implementation of the action plan. There may be some implications for clinicians in referral practice or care pathways which may be derived from the clinical audit work.

Equalities implications and impact on priority groups:

There are no specific equalities implications expected from this work.

Safeguarding implications:

There are no specific safeguarding implications expected from this work.

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

The Integrated Commissioning Board (ICB) received a report from the Planned Care workstream in October 2018 regarding the over performance against City and Hackney Clinical Commissioning Group's (CCG) contract with the Homerton Hospital in regards to elective care. The over performance is most prevalent in outpatient first attendances, day case and elective procedures, though the source of the increase in outpatient activity is not yet confirmed. The ICB were informed that the potential financial risk to the local health and social care economy could amount to as much as £4m by the end of the financial year 18/19. The ICB subsequently requested from the Transformation Board a formal response from the relevant partners and sight of the joint action plan already in progress. This report provides the response to date and the detail of the action plan.

The most recent finance update suggests that the current unmitigated full year outturn position with the Homerton is at £3.4m over plan. This is largely made up of elective activity and could be as much as £2.5m though it may still be too early to say whether this trend will continue. The aim is to see activity returning towards plan for the remainder of the year and the action plan is key to supporting this aim. It is also important to ensure the action plan further improves the accuracy of the joint planning process for next year.

The Planned Care workstream team have been actively working on this issue with the CCG finance and contracts teams and with the Homerton. The over performance is already subject to NHS England monitoring and reported through NEL Commissioning Alliance structures on a monthly basis. The main objectives for this additional monitoring is to provide assurance that plans to reduce the over performance where possible are in place, that financial balance is achieved without any disruption of waiting time standard delivery.

Description of the action plan

The action plan has been constructed from robust analysis of the available data and has identified areas for further examination. The actions are focused on a number of areas: specific clinical audit of areas of unexplained increased activity, particularly in day case procedures where referral pathways are not clear from the data and which clinical concern may have instigated the referral; identified growth in consultant to consultant referrals within specific specialties will be jointly audited by primary and secondary care clinicians to evaluate accuracy of referral source recording, clinical appropriateness and compliance with the existing clinical protocol, and to identify and appropriate specific developments which could create new pathways to manage referrals. In addition there are a number of actions to both forecast variance against plan in the current and future years as well as to adequately manage the planning round for 19/20.

Some of the actions have already been concluded as the relevant question has been answered – for example coding misattribution or genuine growth versus a coding change clarified. These have already been closed but are shown on the plan for completeness.

Conclusion

The plan is to be concluded by the end of November 2018. The Planned Care CLG will be supported by the CCG contracts team in implementing the action plan. The Contract Review Group will act as the escalation point should there be any requirement to do so.

The action plan is appended to this report. The ICB is asked to confirm if any further specific updates are required or if monitoring through monthly finance reports provides sufficient assurance.

Supporting Papers and Evidence:

Joint action plan – appendix 1

Sign-off:

Workstream SRO: Simon Cribbens

City & Hackney CCG: David Maher, Managing Director

	Task	Milestones	Status as at 31/10/18	Status Update	Workstream	Owner	Date Agreed	Completion Due	Days	Reporting Month
1	Joint Action Plan	To agree the following joint action plan and the timescales for implementation	Agreed	Confirming with HUHFT the detail requirements of the plan	ALL	HUHFT/C&HCCG	31/10/18	9/11/18	9	N/A
2	C2C Referrals	Analyse C2C Referrals to determine whether there is a seasonal trend or an identifiable growth	Closed	<p>This appears to be identifiable (still to be explained by audit) growth and can be closed</p> <p>Internal Consultant activity has increased 16% over Apr-Aug compared to 2017/18: Significant areas of increase to note are:</p> <ul style="list-style-type: none"> · Referrals to Gastroenterology increased by 100 or 15% · Referrals to General Surgery increased 113 or 28% · Referrals for Cardiology increased by 90 or 27% · Referrals for Thoracic Medicine increased by 94 or 19% · Referrals to Paediatrics increased by 351 or 42% · Referrals to Diabetic Medicine increased 75 or 55% 	Planned Care	HUHFT	28/09/18	26/10/18	28	M9
3	Non-GP referrals	Analyse non-GP referrals to assess whether the growth in these referrals is due to changes in recording of referral sources or whether there is evidence of a change in clinical pathway and to review the impact of e-RS implementation on the recording of the non-GP referrals	Closed	<p>This can be closed as answer is:</p> <p>Non GP referrals (excluding consultants) have increased by 56% or 450 referrals. An analyses of this activity concludes that activity concerning AHPs and NSP referrals where the increase is most noticeable do not show that significant change overall and in most cases show a change from GP to these sources. It is therefore concluded that most of this activity is due to improved coding instead of defaulting to GPs primarily because of the implementation of e-RS.</p>	Planned Care	HUHFT	28/09/18	12/10/18	14	M9

	Task	Milestones	Status as at 31/10/18	Status Update	Workstream	Owner	Date Agreed	Completion Due	Days	Reporting Month
4	Joint Operational Planning	CRG agreed to develop a process of aligning the development of operating plan and to develop an agreed set of metrics to analyse performance.	Agreed to progress	Implementing stage 1 of this development- reviewing databases and agreeing on a common database for developing operational plan forecasts and contract baseline. Stage 1 schedule for completion by 30th Nov.	All	C&HCCG	31/10/18	30/11/18	30	M9
5	Prior Approval Process for Waiting list Initiatives	Agreement at CRG to develop a process for prior approval by the CCG of certain capacity modifications by the Trust. Details of this process are currently being worked through.	Agreed to progress	Proposal in the process of development.	All	HUHFT/ C&HCCG	31/10/18	30/11/18	30	M9
6	Virtual Clinic	To develop a business case and proposed pathway for virtual Fracture clinic for T&O activity	In Progress	ML advised that the business case will be submitted by 2nd Nov 2018	Planned Care	HUHFT	28/09/18	30/11/18	63	M10
7	Referral Source	Undertake a review of General Surgery activity being referred under 2ww and identify areas of increase and audit referral source/priority code recording for accuracy within the specialty.	In progress	Large unexplained growth in 2WW – over 100% identified. Analysis of this progressing.	Planned Care	HUHFT/ INDEPENDENT REVIEWER	28/09/18	30/11/18	63	M10
8	Audits	Hysteroscopy activity to identify non-GP referral source and opportunities to simplify pathway	In progress	Proposed Audit criteria to be communicated to HUHFT- Referred activity May and June 2018. Non GP referrals (Include NSP & Internal referrals) Key questions: Source of referral - was the protocol followed if consultant. What referral pathway was followed if non GP or Consultant eg diagnostic service referral reason. The CCG lead for this audit is Anita Coutinho	Planned Care	HUHFT/ INDEPENDENT REVIEWER	28/09/18	30/11/18	63	M10

	Task	Milestones	Status as at 31/10/18	Status Update	Workstream	Owner	Date Agreed	Completion Due	Days	Reporting Month
		Colposcopy referrals be audited for referral source and to ensure pathways are appropriate and streamlined	In progress	Proposed Audit criteria to be communicated to HUHFT- Referred activity May and June 2018. Non GP referrals (Include NSP & Internal referrals) Key questions: Source of referral - was the protocol followed if consultant. What referral pathway was followed if non GP or Consultant eg diagnostic service referral reason. The CCG lead for this audit is Anita Coutinho	Planned Care	HUHFT/ INDEPENDENT REVIEWER	28/09/18	30/11/18	63	M10
		To audit against the current C2C referral protocol -The audit to ensure that the following condition is adhered to 'In the event of a Consultant to Consultant referral the referring Consultant should inform the patient's GP of the referral and the reason for it.'	In progress	Proposed Audit criteria to be communicated to HUHFT - Referred activity May and June 2018. Internal C2C only - Key questions: Was the protocol fully followed. How did case get to referrer. Specific other Questions to be advised by leads: General Surgery - Chris Carvalho Gastroenterology - Rob Palmer Paediatrics - Rhiannon England Thoracic - Gary Marlowe	Planned Care	HUHFT/ INDEPENDENT REVIEWER	28/09/18	30/11/18	63	M10
9	Review of activity	Review and verify daycase activity in Gastroenterology as CCG contracted - Queries over bowelscope etc being incorrectly coded to the CCG.	In Progress	HUHFT have made an initial response regarding bowel scope indicating there was misattribution to CCGs of bowel scope activity in M5.	Planned Care	HUHFT/ INDEPENDENT REVIEWER	22/10/18	9/11/18	21	M10
10	Early Pregnancy Assessment Unit (EPAU)	Examine the general increase in referrals to EPAU over time (all sources) with Primary Care and look in more detail at potential changes in pathways and coding.	In Progress	HUHFT are defining the pathways into EPAU.	CYPM	HUHFT	28/09/18	30/11/18	63	M10

	Task	Milestones	Status as at 31/10/18	Status Update	Workstream	Owner	Date Agreed	Completion Due	Days	Reporting Month
11	Primary Care	To continue the work with primary care to understand the difference between GP practices relating to A&E activity	No Homerton Involvement		Unplanned Care	CCG	28/09/18	9/11/18	42	M10

Title of report:	Update on pooling of Continuing Healthcare (CHC) and social care funding for residential care and packages
Date of meeting:	16 November 2018
Lead Officer:	Simon Cribbens, SRO Planned Care
Author:	Simon Cribbens, SRO Planned Care Siobhan Harper, Director Planned Care
Committee(s):	N/A
Public	Public

Executive Summary:

This report sets out the progress to date on the ICB's decision to pool Continuing Healthcare (CHC) and social care budgets for residential placements and care packages in the home. Implementation has not progressed as anticipated. However, partners have committed to a number of actions to address barriers and an agreed programme plan will support delivery of pooling across all client cohorts in 2019/20.

Agreed actions include:

- to conclude the outstanding actions in relation to the joint funding of learning disabilities by 31 December 2018
- to reconvene the Finance and Economy Group to enable and lead this work
- to progress wider pooling arrangements in 2019/20 across other needs groups - as set out in the programme plan (appended)
- to assess current clients due to move off CHC or vice versa to understand the collective financial impact/ risk of this group in the short term
- to resource a dedicated programme manager to implement the programme plan.

Questions for the Transformation Board

N/A

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

Recommendations:

The City Integrated Commissioning Board is asked

- To **NOTE** the report

The Hackney Integrated Commissioning Board is asked

- To **NOTE** the report

Links to Key Priorities:

The work to pooling of Continuing Healthcare (CHC) and social care budgets for residential placements and care packages in the home is derived from the asks of the Planned Care Workstream to:

- Develop a new cost effective operating model for Continuing Healthcare which delivers efficiency savings and achieves national plan to deliver 85% of CHC assessments in the community (in line with national guidance in relation to Fast Track Continuing HealthCare and as per Quality Premium target)
- The current NHS, Social Care and Public Health metrics associated with this workstream are attached and the commissioners will want to agree with the system the improvements which will be achieved and the improvement trajectories. In particular, the system will be expected to:
 - Maintain or improve admissions to residential and nursing care homes
 - Maintain or improve user satisfaction with social care services

Specific implications for City

A separate section 75 budget will need to be maintained for City of London residents

Specific implications for Hackney

A separate section 75 budget will need to be maintained for Hackney residents

Patient and Public Involvement and Impact:

Feedback on pooling budgets has been gathered from the Patient User Advisory Group facilitated by Healthwatch Hackney. There was broad support for the principles the proposal and a wish for continued engagement in developing the model and participating in training of staff. Further plans for wider engagement and co-production will be developed with the Planned Care Resident/Patient representative and the Engagement Group. Furthermore, there has been specific engagement with service users of ILDS as part of a review of ILDS and although this was more focused on the delivery model for the service there was significant support for more integrated working practices moving forward.

Clinical/practitioner input and engagement:

Clinician and practitioner views have been gathered from the Planned Care Core Leadership group and from the Clinical Lead for CHC in the CCG.

Equalities implications and impact on priority groups:

There are no specific equalities implications expected from this work

Safeguarding implications:

There are no specific safeguarding implications expected from this work

Impact on / Overlap with Existing Services:

Once agreed and developed, these proposals will replace the existing arrangements for the commissioning of CHC and social care funding for Residential, Nursing and Domiciliary packages of care

Main Report

Background

1. In February 2018 a business case was presented to the ICB that proposed the pooling of Continuing Healthcare (CHC) and social care budgets for residential placements and care packages in the home.
2. Members of the ICB approved the decision to:
 - extend pooling arrangements across CHCCG, LBH and CoL and the timetable for agreeing a new joint funding mechanism for the Integrated Learning Disability Service (ILDS).
 - delegate authority to relevant chief financial officers to finalise and agree the detailed financial arrangements for 2018/19 as part of the agreement of 2018/19 budgets, subject to normal governance approvals for each partner
 - submit the business case to NHS England to establish the extended pool for 2018/19 and the focused work on ILDS within this.
3. The supporting business case proposing pooling made clear a specific focus on - and a priority to revise - some of the arrangements supporting learning disability services. The establishment of a new methodology for the funding for clients with learning disabilities was therefore identified as the first stage of this work.
4. It is intended that the learning, agreements and processes developed from this work will inform the approach to wider pooling of CHC and relevant social care budgets. This will follow in a staged manner across other Hackney client groups, while for the City of London roll out will be across all client groups due to the smaller scale.

Current Position

5. The implementation of pooled arrangements has not progressed as quickly as anticipated in the business case presented to the ICB. It has required the development and validation of a new methodology for the joint funding of clients with learning disabilities. The methodology will provide the basis for jointly funding packages with health and social care needs. The methodology has been proposed and applied to current cases that are funded through social care and remains subject to due diligence through an independent review by PwC before final agreement.
6. A meeting was convened by the Planned Care SRO on 16 October 2018 to review progress of the pooled budgets programme at which finance leads from LB Hackney, the CCG and City were present. At this meeting it was agreed:

- to conclude the outstanding actions in relation to the joint funding of learning disabilities by 31 December 2018 including finalisation of the methodology developed and joint contributions to LD packages for the current year
- to reconvene the Finance and Economy Group to enable and lead this work
- to progress wider pooling arrangements in 2019/20 across other needs groups - as set out in the programme plan (appended).

7. These actions are being led by Ian Williams, Group Director - Finance & Corporate Resources (LBH), Sunil Thakker – Chief Financial Officer (C&H CCG) and Mark Jarvis, Head of Finance (CoL).

Wider Implementation

8. While the completion and agreement of processes and methodology for jointly funding clients with learning disabilities has been identified as a first stage, partners from the two local authorities and CCG met on 23 October 2018 and agreed a programme plan to support the roll out of pooled arrangements for other client cohorts subject to CHC and social care funding for residential care. The joint funding process for learning disability is concluding in December 2018 with clear recommendations expected for in year funding arrangements and plans for wider implementation for 19/2020. The findings from this process will help to inform the application of joint funding to other care groups.
9. The programme plan supporting this roll out is appended. It recognises that there are cross cutting processes and functions such as brokerage, procurement and some commissioning that work across client cohorts and can progress as such.
10. Within Hackney it was agreed that the next specific client group for which a renewed pooled funding methodology will be agreed will be for older people. This will progress more quickly as it can draw on the learning and approach developed for learning disabilities.
11. There are also actions that can be implemented in advance of pooling budgets – such as joint brokerage – which will deliver efficiencies and improved processes for the system and residents.
12. As a priority, partners agreed to ask the Finance and Economy Group to lead an assessment of current clients due to move off CHC and vice versa to understand the collective financial impact/collective risk of this group in the short term.
13. It was also noted that the process supporting the pooling of budgets and integration of functions should sit within wider work to develop new practice and culture change within adult social care delivery in City and Hackney.
14. To provide structure, oversight and pace to the implementation of the programme plan, partners have agreed to jointly resource a dedicated programme manager.

Challenges

15. Partner remains committed to delivering the ICB's agreement to pool CHC and social care funding for residential placements and packages. The progress experienced in implementing this decision reflects widely acknowledged challenges. The National Audit Office reported in July 2018 several challenges to integration including:

- financial pressures
- short term and mis-aligned funding arrangements
- separate accountability arrangements set by legislation
- differing eligibility requirements.

The report notes “unrealistic expectations of the pace at which the required change in working practices can progress.”

16. However, it is also noted that pooling and integration are critical to the local system and should be progressed at pace in order to complement developments within the wider STP.

17. Whilst planning guidance for 2019/20, the 5-year commissioner allocations and details of the 10-year plan are yet to be issued by NHSE, there is an expectation of increased efficiencies to allow increased investment in patient care. STPs and ICSs are also expected to develop joint strategic plans through well thought-out risk mitigation strategies that are aligned to the NHS 10 year Long Term Plan. These will need to provide robust and credible solutions to challenges ahead.

Proposal

18. The following timescales and leads are identified to take the work forward to enable pooling for 19/2020 to take place.

Phase 1: Delivery November 2018 – January 2019

- Learning Disabilities: : This has established an ongoing procedure for joint funding, aligning assessment processes and beginning to inform the wider cultural change for integrating health and social care which would be need to be business as usual. This work is led by Charlotte Painter and Penny Heron
- Phase 1 will deliver some of the key projects including a Joint Brokerage Service and Placement without Prejudice. These projects are led by Cindy Fischer, Matt Stafford and Gareth Wall.

Phase 2: Delivery December 2018 – March 2019

- Financial oversight and risk: A Financial Oversight group will be formed to outline risks and develop a financial framework for pooling budgets. This will include specifically developing and agreeing financial risk sharing agreements between the partners. This will be led by Sunil Thakker, Ian Williams and Mark Jarvis.
- Older Adults: this will take the learnings from the joint funding Learning Disabilities and implement this across the Older Adults client group. Specifically, this will include establishing a joint funding process for older adults and physical disabilities. For Hackney

this is led by Siobhan Harper, Ilona Sarulakis and Gareth Wall. For City of London this will apply to all client groups and be led by Ellie Ward.

- Transition between CHC and ASC: There is also a distinct piece of work looking at those waiting for assessment that are due to move off CHC and vice versa to understand the collective financial impact/collective risk of this group in the short term. This is led by Siobhan Harper and Ilona Sarulakis and Gareth Wall.

Phase 3: April 2019 onwards

- Pooled Budgets: Based upon the learning and specifically the agreed financial framework and risk sharing agreements developed, the third phase will formally pool together the agreed health and social care budgets into a S75 agreement for each local authority. This will be led by the LA and CCG finance teams and the integrated commissioning finance lead.
- Continuing Healthcare In-Housing: With the Continuing Healthcare Support services in-housed to the CCG by February 2019, phase 3 will also look to integrate these key back off health and social care functions with LBH. As defined within the in-housing project plan, this will involve contracts, quality, finance, invoice processing and performance reporting. This is led by Siobhan Harper and Cindy Fischer.

Conclusion

19. The ICB is asked to note the complexity of the work to date and agree the revised timescales whilst recognising the ambition to ensure a new approach is implemented remains and is supported by the partners.

Supporting Papers and Evidence:

Appendix 1 - Programme Plan for Pooling Health and Social Care Budgets

Appendix 2 – Pooled Budgets Programme Governance Structure

Sign-off:

London Borough of Hackney:

Anne Canning, Group Director, Children, Adults & Community Health
Ian Williams, Group Director, Finance & Corporate Services

City of London Corporation:

Simon Cribbens, Assistant Director, Commissioning & Partnerships
Mark Jarvis, Head of Finance

City & Hackney CCG:

David Maher, Managing Director
Sunil Thakker, Chief Financial Officer

Appendix 1: Programme Plan for Pooling Health and Social Care Budgets in City and Hackney

1. Background and Context

Establishing pooled budgets supports the ambitions of our local system partners to increase the scope and scale of integration between health and social care. This proposal has been supported and endorsed by the Transformation Board (TB), the Integrated Commissioning Board (ICB) and also agreed by CHCCG Governing Body in March 2018.

This will be an ambitious piece of work that extends beyond just changing processes and the flow of money between organisations: the programme will aim to achieve wider scale cultural change to how services are delivered and fundamentally change practice within front line delivery. The London Borough of Hackney are about to embark on a transformation of social care practice transitioning towards a “Three Conversations” practice model. This new approach incorporates a holistic and person-centred approach to working with people and encourages multidisciplinary working looking at the person as a whole rather than individual practitioner assessments. This will be a significant cultural change and aligns with the intentions of this programme to join up health and social care, reduce duplication and create a less fragmented system that promotes individual independence.

2. Pooled Budgets Programme Vision

As our population’s health and social care needs become more complex and more interdependent, the local health and social care system must respond by providing joined up arrangements that better supports each individual in a personalised way. It is anticipated that these pooled budget arrangements will provide the infrastructure to enable the required person centred and multidisciplinary approach to health and care. Ultimately, the aim is that our local system is able to provide a better experience for each service user through joined up personal centred care planning; greater efficiency through better utilisation of resources and reduced duplication; and increased flexibility including sharing funding of care packages across care groups where required, particularly to prevent an escalation of care needs.

3. Core Programme Objectives

- To establish pooled budget arrangements focusing on all client groups receiving domiciliary care, nursing home care, residential care or continuing health care.
- To achieve wider scale cultural change to how services are delivered and fundamentally changing practice within front line delivery. This includes a transition towards more holistic and multidisciplinary working reducing duplication and creating a less fragmented system.
- To establish a financial framework that enables pooling with effective financial governance and oversight arrangements for the pooled budgets
- To establish joint commissioning arrangements. This involves the joint commissioning of any new service developments and working jointly on service reviews which may draw on the pooled budget to provide robust provision which can support residents with care needs.
- To establish joint processes for agreeing joint care packages and placements, joint funding for packages, joint brokerage and joined up Direct Payments and Personal Health Budgets where appropriate.

4. Core Programme Workstreams

Workstream 1: Programme Planning and Governance

Workstream 2: Financial Framework for Pooling Budgets

Workstream 3: Continuing Healthcare In-housing Project

Workstream 4: Establishing processes for joint funding packages of care

Workstream 5: Establishing opportunities for joint processes and joint working across commissioning and procurement activity

5. Cross Cutting Projects

There are a number of cross cutting projects with the Pooled Budgets Programme Plan which will interact across each of the client group areas. These projects represent some of the tangible activities that will be delivered as key steps towards health and social care integration.

- **Joint Brokerage Service** – Each task and finish group will review current brokerage and placement provision processes; however an overarching development is in progress to implement a joint health and social care brokerage service.
- **Integrated Direct Payment Service** – Direct payment support is currently provided by the CSU for Personal Health Budgets, by the Direct Payment Support Team in LBH and by Pendrulls Trust for CoL. This project will explore the opportunity of an integrated direct payment support service.
- **Continuing Healthcare In-housing Project** – This project reports independently into the Planned Care CLG however the outcome of the in-housing the CHC Support Service will influence the development of joint working and integration of key functions with each local authority.
- **Development of Integrated Personal Budgets** –Both the CCG and the local authorities have targets to increase the availability of PHBs/Personal Budgets. With the development of joint funding and an integrated direct payment support service, this project will assess the potential of developing integrated personal budgets for people in City and Hackney.
- **Placement without Prejudice Project** – A project to reduce delayed transfers of care from hospital. Patients are discharged to a nursing home and full CHC assessment completed in the community within 28 days. Social care fund the initial placement however this period is recharged to the CCG if they end up being CHC.
- **Neighbourhoods** – A social care pilot is currently being initiated as part of the neighbourhood programme to trial a new multidisciplinary approach to neighbourhood working with primary care. This will be an opportunity to trial more integrated ways of working which can help shape the development of the pooled budget programme. This work feeds into the Neighbourhood Steering Group but a Planned Care Neighbourhood Working Group will actively manage the interdependencies with this work and the Pooled Budgets programme.

6. Establishing a Financial Framework for Pooling Budgets

Finance leads across the CCG, City of London and the London Borough of Hackney will be expected to establish a financial framework that enables pooling with effective financial governance and oversight arrangements. This would form a sub-section the existing financial risk sharing agreements already in place to take forward the work around devolution.

The framework will include clear roles and responsibilities of each organisation and an outline risk sharing agreement defining how overspends and underspends in the pools will be managed. A risk assessment must be completed across all budgets and discussed between each of the partners. This programme will also need to ensure that charging for council provided support is built into any future model for pooled arrangements in line with current legal requirements.

The development of the financial framework, set out in the context of a Section 75 agreement, must consult across all partners including Chief Finance Officers, with a final proposal taken to the Planned Care Core Leadership Group for agreement. Once agreed, the financial activity across the pooled budget spend will be reported into the Section 75 meetings with each local authority.

7. Task and Finish Groups

Task and Finish groups will be established across each client group, with a single group set up across City of London, to take forward the work on health and social care integration. As detailed above, Mental Health will be incorporated into existing meetings reporting into the Planned Care Workstream. Within the broad structure detailed below, each task and finish group will be responsible for defining the milestones and specific areas of focus to further integrated working and commissioning activity. These areas of focus will vary across client groups; however, each group will be responsible for progressing their defined milestones and reporting back into the planned care governance structure. The broad areas that each group will explore are:

- **Clearly mapping current process and activity:** The extent to which current processes are known and clearly defined through from referrals and assessments to brokerage and budgetary management will vary across client groups. Each group will first clearly map out their end to end process in order to identify opportunities for joint working.
- **Implement joint funding processes:** Building upon and learning from the experience implementing the joint funding pilot within Learning Disabilities, each group will explore and establish individual processes for jointly funding packages of care.
- **Assess opportunities for joint processes across commissioning and procurement activity:** This may include opportunities for joint working across placement provision, contract and quality management of providers, framework agreements and service development/review.

8. Phased implementation Period

Due to the wide-reaching nature and ambitious scale of this programme, the work will be delivered through a phased implementation approach. This approach prioritises some of the 'quicker win' integration projects such as Brokerage, whilst phasing the integration across each of the client group areas. There will be elements of each phase that will inevitably run concurrently with each other.

Pooled Budgets Phase 1: Delivery November 2018 – January 2019

- **Learning Disabilities:** The first phase will take the achievements and learning established from the LD Joint Funding Pilot to agree an ongoing procedure for joint funding within business as usual for the ILDS. This will include aligning assessment processes and beginning to inform the wider cultural change for integrating health and social care that will be taken and applied across the other client groups.
- **Financial oversight and risk:** A Financial Oversight group, under the direction of the Finance and Economy Group, will also be formed to outline risks and develop a financial framework for pooling budgets. This will include specifically developing and agreeing financial risk sharing agreements between the partners.
- **Projects:** Phase 1 will deliver some of the key projects including a Joint Brokerage Service and Placement without Prejudice.

Pooled Budgets Phase 2: Delivery December 2018 – March 2019

- **Older Adults:** Phase 2 will take the learning from the work with LD Joint Funding Pilot and implement this across the Older Adults client group. Specifically, this will include establishing a joint funding process for older adults and physical disabilities.
- **Transition between CHC and ASC:** There is also a distinct piece of work looking at those waiting for assessment that are due to move off CHC and vice versa to understand the collective financial impact/collective risk of this group in the short term.
- **Projects:** Phase 2 will align the pooled budgets programme with the developing Neighbourhoods projects and also progress the integration of a Direct Payment Service.

Pooled Budgets Phase 3: Delivery April 2019 onwards

- **Pooled Budgets:** Based upon the learning and specifically the agreed financial framework and risk sharing agreements developed, the third phase will formally pool together the agreed health and social care budgets into a S75 agreement for each local authority.
- **Continuing Healthcare In-Housing:** With the Continuing Healthcare Support services in-housed to the CCG by February 2019, phase 3 will also look to integrate these key back office health and social care functions with LBH. As defined within the in-housing project plan, this will involve contracts, quality, finance, invoice processing and performance reporting.

9. Governance

The Pooled Budgets Programme will be governed through an updated schedule within the existing S75 arrangement between the CCG and each Local Authority and the financial schedule would be amended to reflect new pooling arrangements. This will be administered through individual S75 meetings reporting into the Planned Care Core Leadership Group meeting which retains overarching governance of this work.

The workstream activity will be delivered through a combination of individual Task and Finish groups for each client group (single group for City of London) and a number of cross cutting projects that interact across all care groups. Specifically for Mental Health there is already an established structure of joint commissioning meetings and governance. Rather than duplicate the existing activity, the Mental Health tasks within this programme will be implemented through these established structures reporting into planned care.

Activity and workstream progress across each of the client task and finish groups will report into the respective S75 meeting. The governance reporting includes a combination of the project delivery governance, which will conclude once the changes are implemented, and the ongoing governance which will include reporting of financial activity across the pooled budget spend.

10. Service User Engagement

Each of the Task and Finish groups, and each of the individual cross cutting projects, will be asked to define the patient/user involvement opportunities across the programme activity and build these into the programme plan.

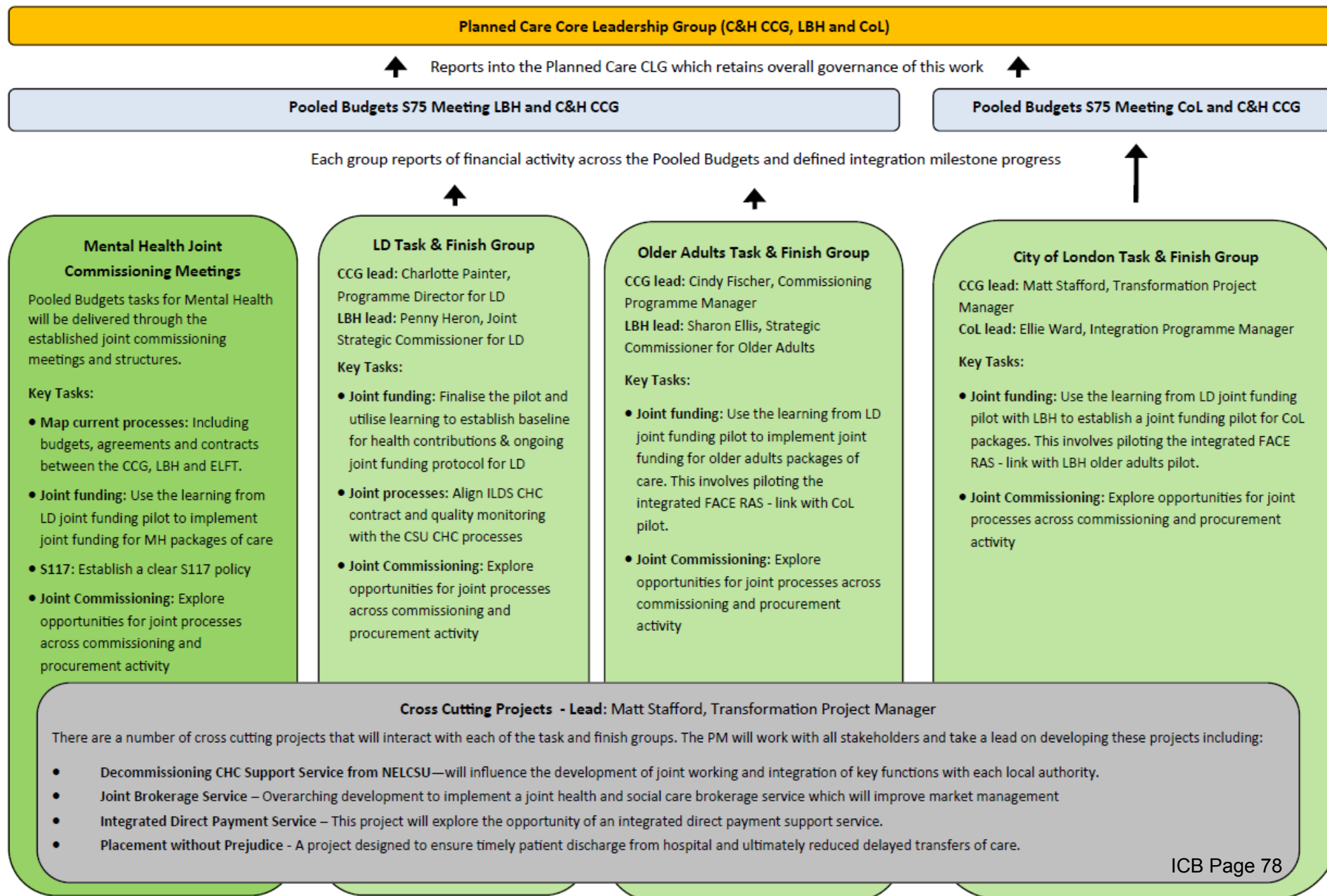
For some of the already established projects, service user engagement plans have already been developed and are in action. This includes – but not limited to - plans for a Wheelchair User Focus Group for the development of Personal Wheelchair Budgets, plans for to recruit an expert by experience to assist with the development of Personal Health Budgets for Mental Health, and easy read informational material sent to users within the joint funding pilot for LD providing an opportunity for feedback regarding new the new process.

11. Programme Resources Required

Resource	Responsibility	Timeframe
Project Manager	<ul style="list-style-type: none"> Continuing Healthcare In-housing Project Joint Brokerage Service Joint Funding Integrated Direct Payment Service PHB/Integrated Personal Budgets development 	Currently in post with City and Hackney CCG until April 2019
IT Enabler Project Manager	<p>Will be working across a range of projects within the Planned Care IT Enabler Bid. There are three projects where this PM will be able to support and work with the Pooled Budgets Programme team. This includes the development of:</p> <ul style="list-style-type: none"> Exploring whether there is an approach within Mosaic for piloting joint funding 	Planned 12-month post to begin Nov-Dec 18

	<ul style="list-style-type: none"> • A fit for purpose case management system for CHC – this will explore potential for integration with Mosaic • A method for allocating resource for CHC packages the potential for a CHC RAS, Care Funding Calculator or alternative method. 	
Programme Manager	Working across the CCG, CoL and LBH this post will take an overall lead on the programme development including specifically driving workstream activity within the individual task and finish groups. They will work with each of the individual client groups to implement identified joint processes and joint commissioning, and will ensure overall governance of the programme including crucially the development of the financial framework for pooling.	ASAP

Appendix 2: Pooled Budgets Programme Governance Structure



Title of report:	Better Care Fund underspend – Continuing Healthcare Discharge to Assess Beds Proposal
Date of meeting:	16 November 2018
Lead Officer:	Siobhan Harper and Nina Griffith
Author:	Cindy Fischer
Committee(s):	Discharge Steering Group 25 September 2018 – for endorsement Hackney BCF Partnership 2 October 2018 – for endorsement Planned Care Leadership Group – 23 October – for endorsement
Public / Non-public	Public

Executive Summary:

Following the paper “Proposed short term funding projects from Better Care Fund underspend” received by the ICB on the 14 September 2018, there is an additional proposal to utilise this funding.

The proposal is to fund 3-5 discharge to assess (D2A) interim beds for 6 months specifically for patients who are medically fit to leave hospital who have had a positive checklist indicating the need for a full continuing health care (CHC) assessment, and are not able to go home. These beds will provide a safe, community-based place for patients whilst we assess their needs and organise their long-term care provision.

The purchase of these beds will mean this group of patients will be able to move out of hospital on time, avoiding delayed transfers of care and also allowing the CHC assessment to be carried out away from the hospital.

The interim beds will be block purchased for 6 months to allow partners to test the pathway and plans put in place for further commissioning arrangements for the Discharge to Assess (D2A) model. The cost of 5 beds for 6 months will be £104,000.

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

Recommendations:

The Hackney Integrated Commissioning Board is asked:

- To **APPROVE** the use of the BCF underspend to block commission five beds in a nursing home to facilitate discharge for patients prior to completion of a CHC assessment. 5 beds for 6 months = £104,000

The City Integrated Commissioning Board is asked:

- To **NOTE** the use of the BCF underspend to block commission five beds in a nursing home to facilitate discharge for patients prior to completion of a CHC assessment.

Links to Key Priorities:

This proposal will help the CCG to meet the CHC Quality Premium target of ensuring less than 15% of CHC assessments are completed in an acute environment.
The proposal links to one of the national Better Care Fund Metrics – reduction in delayed transfers of care.

Specific implications for City

The funding for the proposal is coming from the Hackney BCF only.

Specific implications for Hackney

Funding for the proposals will be through the Hackney BCF and support discharge of Hackney residents.

Patient and Public Involvement and Impact:

Patient representatives attended the discharge steering group and the Planned Care Core Leadership Group that agreed to the proposal.

The proposal will reduce time that patients remain in an acute setting, once they are medically fit for discharge.

Clinical/practitioner input and engagement:

Clinicians and practitioners from the trust and community services have participated in developing the proposal.

Having extra bed capacity in the community will make it easier for the Integrated Discharge Service and brokerage to prepare for discharge.

Equalities implications and impact on priority groups:

There are no specific equalities implications. The beds will be available to any patient going through the D2A CHC pathway.

Safeguarding implications:

There are no safeguarding issues.

Impact on / Overlap with Existing Services:

The block purchase of CHC beds enables an additional pathway within our discharge to assess model. This will have a positive impact on discharge planning and brokerage teams.

Main Report

Background and Current Position

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: D2A Beds for CHC Assessments	Response
Sponsoring Organisation (CCG; LBH; Other)	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>The proposal is to fund 3-5 discharge to assess (D2A) interim beds for 6 months specifically for medically optimised patients who have had a positive checklist indicating the need for a full CHC assessment, and are not able to go home. These beds will provide a safe, community-based place for patients whilst we assess their needs and organise their long-term care provision.</p> <p>The purchase of these beds will mean those medically optimised will be able to move out of hospital on time, avoiding DTOC and also allowing the CHC assessment to be carried out away from the hospital.</p> <p>This will be block purchased for 6 months to allow partners to test the pathway and plans put in place for further commissioning arrangements for the D2A model.</p> <p>Upon ward staff determining a patient is medically optimised, a referral should be made to the CHC D2A Nurse as part of plans for discharge. Full assessment (including verification by the CCG) will take place in the D2A bed by health and social care staff within 28 days of checklist completion.</p> <p>Placement in the interim bed will not be permanent. A patient placed into interim care MUST leave on an agreed end date of the</p>

	<p>placement. On occasion, it may be possible for the individual to move to a permanent bed at the nursing home but they cannot remain permanently in an interim bed.</p> <p>There is the option of the CCG commissioning directly or the CCG transferring the funding to the LBH through the BCF section 75. The LBH brokerage team would then arrange placements.</p>
Cost of Scheme (Breakdown)	<p>Current cost of beds range from £850 plus Funded Nursing Care (FNC) @ £158 down to £557 plus FNC.</p> <p>Until the funding is agreed it's difficult to negotiate with providers an exact cost therefore we are asking for a budget equivalent to:</p> <p>£800 per bed per week x 26 weeks = £20,800 per bed</p> <p>5 beds for 6 months = £104,000</p>
Anticipated start date	Ideally the week of the 19 November 2018 (ICB meeting 14 November).
<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 CCG is not currently meeting the national quality premium target of <15% of Continuing Healthcare (CHC) assessments completed in acute setting.</p> <p>Despite agreement at a strategic level to implement a placement without prejudice (PWP) agreement between the CCG and LBH, there have been blocks with implementation at an operational level. Part of the local challenge is the lack of nursing home beds available locally and no formal Discharge to Assess (D2A) pathway for complex pathway 3 patients.</p> <p>While our DToC performance has significantly improved, there remains pressures which are likely to increase over the winter period. When social care attempts to find long-term placement options and explore this with patients and families, bed day delays start to accumulate, and hospital staff</p>

	<p>end up completing CHC assessments on the wards.</p> <p>We know assessment will generally be more accurate if completed outside of hospital so discharge for most people should be back home or to another setting in the community. Other CCG's in North East London and North Central London have found having commissioned D2A beds has allowed them to meet the targets.</p> <p>The impact of not block purchasing beds is continued failure of the CHC quality premium and an increase in avoidable DToC.</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 expected outcomes will be:</p> <ul style="list-style-type: none"> (a) More accurate assessment of an individual's long-term needs (b) More time to explore with a patient and family their preferred placement options (c) Reduction of DToC for people awaiting residential or nursing home placement (ASC) and patient choice (NHS). (d) Increased number of CHC assessments carried out in the community - financial incentive if we meet the quality premium targets.
<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 these services whilst ensuring that those offered service does not decrease ● Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. 	<p>The scheme directly links to :</p> <p>An increase in effectiveness of services, being able to move people out of hospital as soon as they are medically fit, instead of waiting for a CHC assessment and then looking at options for long-term care in an acute bed.</p> <p>This funding will help address winter pressures in the acute system, and help meet key performance indicators of DToC and percentage of CHC assessments carried out in the community.</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>Available to anyone who resident in City and Hackney or registered with a City and Hackney GP, and who needs a CHC assessment and does not have a placement to move to as soon as they are medically optimised.</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 scheme supports the NHS and social care services to work together locally to undertake the responsibilities of the care act and NHS CHC Framework.</p>
<p>Name and Contact details</p>	<p>Simon Galczynski, Director of Adult Services simon.galczynski@hackney.gov.uk Siobhan Harper, Planned Care Workstream Director Siobhanharper@nhs.net Nina Griffith Workstream Director, Unplanned Care, City and Hackney ninagriffith@nhs.net</p>
<p>Date:</p>	<p>6th September 2018</p>

Sign-off:

Workstream SRO: Simon Cribbens

London Borough of Hackney: Simon Galczynski

City & Hackney CCG: David Maher

Title of report:	Safeguarding Children Update
Date of meeting:	16 November 2018
Lead Officer:	Amy Wilkinson, CYPM Workstream Director
Author:	Mary Lee
Committee(s):	Transformation Board – for information – 31 October 2018 Integrated Commissioning Board – for information – 16 November 2018
Public / Non-public	Public

Executive Summary:

A raft of legislative changes to child safeguarding have been introduced by the government. The Children and Social Work Act 2017 has led to a re-write of the statutory guidance Working Together 2018. A fifteen month period of transition to embed these new arrangements started on 29th June 2018.

- Over this time, local Safeguarding Children Boards will be replaced by new local partnership arrangements between three safeguarding partners. These are the CCGs, Local Authorities and Police who are equal and have joint responsibility to put into place the local safeguarding arrangements based on the borough geographical footprint.
- There are changes to the Child Death Review Process transferring responsibility from DfE to DOH and the LA.
- Changes are also made to the serious case review process which will be replaced by local child safeguarding practice reviews and the setting up of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.

By the 29th June 2019 the safeguarding partners are required to agree and publish their new arrangements for

1. Safeguarding partnership arrangements
2. Child death review process
3. Child safeguarding practice reviews

This report is to update ICB about o the changes in safeguarding children legislation and to consider the implications for us locally.

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

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:

This report outlines a key priority for us as a partnership

Specific implications for the City

This report applies equally to City of London and Hackney

Specific implications for Hackney

This report applies equally to City of London and Hackney

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

As set out in the report

Impact on / Overlap with Existing Services:

The safeguarding partners are required to identify the relevant agencies that they will work with. Operational provision is unlikely to be impacted upon.

Main Report

Background and Current Position

A raft of legislative changes to child safeguarding have been introduced by the government. The Children and Social Work Act 2017 has led to a re write of the statutory guidance, Working Together 2018. A fifteen month period of transition to embed these new arrangements started on 29th June 2018. Over this time, local safeguarding children boards will be replaced by new local partnership arrangements between three safeguarding partners. These are the CCGs, Local Authorities and Police who are equal and have joint responsibility to put into place the local safeguarding arrangements based on the borough geographical footprint.

Working Together to Safeguard Children 2018 was published on Friday 29th June 2018 along with transitional guidance. This statutory guidance sets out and requires:

Safeguarding partnerships

- **The abolition of local safeguarding children boards**, to be replaced by **Safeguarding Partnerships** comprising 3 statutory partners: the CCG, the local authority and the police.
- These partners will work with local **relevant agencies** to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs.
- The geographical footprint for the new arrangements is based on local authority areas. **Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.**
- The safeguarding partners must set out in their **published arrangements by 29th June 2019**
- The framework for the 2 child death review partners (the LA and the **CCG**) to make arrangements to review all deaths of children normally resident in the area.
- Changes to the serious case review process are required with the setting up of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.

Changes to the Child death Review process

- National level – transferred to DOH from DfE
- Footprint –60 + deaths per year
- Themed meetings where CDR partners arrange to collectively review child deaths from a particular cause or group of causes.
- Child death review partners – the LA and the CCG
- Partners must agree locally how the child death review process will be funded in their area.
- Responsible for reviewing all deaths of children in their area
- Identify any matters that are relevant to the welfare of children in the area.

- Key worker – for bereaved
- Publish an annual report
- Collate data which should be sent to a national database.
- Transition period **29th June 2018 – 29th June 2019 when arrangements must be published.**

Changes to the serious case review process

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

Conclusion

The Integrated Commissioning Board is asked to consider the paper in relation to the statutory responsibilities and timelines for publication of plans. There may be a change in the financial implications but this will depend on the final position agreed locally.

Supporting Papers and Evidence:

N/A

Sign-off:

Anne Canning, Interim SRO, CYPM workstream

Title:	Consolidated Finance (income & expenditure) report as at September 2018 - Month 06
Date of meeting:	16 November 2018
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
Author:	Integrated 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 – 31 October 2018 City Integrated Commissioning Board – 16 November 2018 Hackney Integrated Commissioning Board – 15 November 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 September 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 6 (September) the Integrated Commissioning Fund forecasts on overall adverse position of £4.8m, an adverse movement of £0.2m on the Month 5 (August) reported position. The overall forecast is being driven by the City of London the London Borough of Hackney cost pressures.

City & Hackney CCG reports a year end break even position at Month 6. Acute over performance continues in the three largest providers - Homerton, Barts and UCLH .Whilst work is under way with the Trusts to address the situation, the over performance has been contained through a combination of risk assessments, acute reserves (£1.06m) and general reserves (£1.8m),thus depleting a large part of the 0.7% general contingency held at month 6.

The City of London forecasts a small year-end adverse position of £0.2m, driven by the Prevention workstream.

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

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:

N/A

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix 1 – Integrated Commissioning Fund Financial Performance Report Month 06 (September) 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 06 (September) 2018 Year to date cumulative position

Table of Contents

- 1. Consolidated summary of Integrated Commissioning Budgets**
- 2. Integrated Commissioning Budgets – Performance by Workstream**
- 3. Position Summary – City and Hackney CCG**
- 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	12,810	12,869	(59)	25,738	(117)
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	105	36	69	204	6	6
Total		25,831	12,915	12,905	11	25,942	(112)	(111)
Aligned	City and Hackney CCG	379,783	183,948	184,253	(305)	379,666	117	117
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,448	3,148	3,318	(170)	7,608	(160)	(44)
Total		387,231	187,096	187,571	(475)	387,274	(43)	73
ICF	City and Hackney CCG	405,404	196,758	197,122	(364)	405,404	-	-
	London Borough of Hackney Council	102,502	51,251	53,115	(1,864)	107,183	(4,681)	(4,583)
	City of London Corporation	7,658	3,253	3,353	(100)	7,812	(154)	(38)
Total ICF Budgets		515,563	251,262	253,591	(2,329)	520,399	(4,836)	(4,621)
CCG Primary Care co-commissioning		46,282	21,822	21,822	-	46,282	-	-
Total		46,282	21,822	21,822	-	46,282	-	-

Notes:

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

*** Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services and therefore the split would not be representing the true position**

Summary Position at Month 6

- At Month 6 (September) the Integrated Commissioning Fund forecasts on overall adverse position of £4.8m, an adverse movement of £0.2m on the Month 5 (August) reported position. The overall forecast is being driven by the City of London the London Borough of Hackney cost pressures.
- City & Hackney CCG reports a year end break even position at Month 6. Acute over performance continues in the three largest providers - Homerton, Barts and UCLH . Whilst work is under way with the Trusts to address the situation, the over performance has been contained through a combination of risk assessments, acute reserves (£1.06m) and general reserves (£1.8m), thus depleting a large part of the 0.7% general contingency held at month 6.
- The City of London forecasts a small year end adverse position of £0.2m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.7m. The 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 over spend by £0.1m at year end, this is being driven by Learning Disabilities Commissioned care packages.

Note

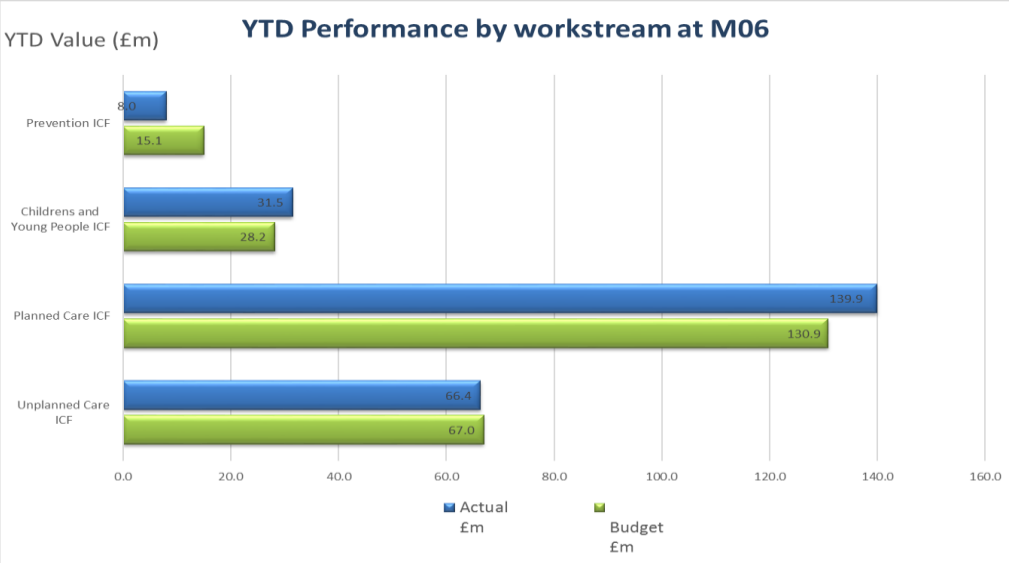
Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets have yet to be actioned.

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	Movement
Unplanned Care ICF	134.2	67.0	66.4	0.6	132.5	1.7	1.5	0.2
Planned Care ICF	265.9	130.9	139.9	(9.0)	275.6	(9.7)	(8.9)	(0.8)
Childrens and Young People ICF	56.7	28.2	31.5	(3.3)	57.7	(1.0)	(0.4)	(0.6)
Prevention ICF	30.7	15.1	8.0	7.0	30.8	(0.1)	(0.1)	(0.0)
All workstreams	487.3	241.2	245.8	(4.7)	496.5	(9.2)	(7.9)	(1.3)
Corporate services	27.0	9.5	7.5	2.0	22.6	4.3	3.2	1.1
Local Authorities (DFG Capital and CoL income)	1.2	0.6	0.3	0.3	1.2	0.0	0.0	0.0
<i>Not attributed to Workstreams</i>	<i>28.2</i>	<i>10.1</i>	<i>7.8</i>	<i>2.3</i>	<i>23.9</i>	<i>4.3</i>	<i>3.2</i>	<i>1.1</i>
Grand Total	515.6	251.3	253.6	(2.3)	520.4	(4.8)	(4.7)	(0.1)

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
- Planned Care:** The in month movement of £0.8m is being driven CCG (£0.6m movement) where the acute portfolio includes a number of over performing contracts, in particular, Homerton, Barts, UCLH, Whittington, Moorfields and Royal Free. The LBH position has also deteriorated in month (£0.2m) driven by LD.
- The underlying Planned Care workstream variance is 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 December (subject to any external scrutiny). 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.
- The CCG over spend is driven by Homerton (£1.3m); The Royal Free (£1m); Barts Health (£1.2m); Guys & St Thomas' (£0.3m) and Imperial College Hospital (£0.2m). The workstreams are working to address the situation to manage and contain year to date demand and therefore spend.
- Unplanned Care:** The workstream is forecasting a year end under spend of £1.7m – a small deterioration on the M5 position. This is partially mitigating the overall workstream position. The CCG forecast position of £0.8m relates to acute underspends whilst the LBH under spend relates to Interim Care £0.6m which is offset by overspends on care packages expenditure that sit in the Planned Care workstream (as above).
- CYPM:** The workstream is forecasting a year end over spend of £1m – an adverse movement of £0.6m on the M5 position. This is being driven by the Whittington (£1m) and Homerton (£0.4m) acute lines and are being partially mitigated by the Royal free (£0.3m).



*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 06, 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
Commissioned		Unplanned Care	19,094	9,547	9,547	0	19,094	0	0
		Planned Care	6,476	3,238	3,297	(59)	6,593	(117)	(117)
		Prevention	50	25	25	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		Pooled Budgets Grand total	25,621	12,810	12,869	(59)	25,738	(117)	(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	193,283	94,678	96,659	(1,981)	197,313	(4,030)	(3,403)	
	Prevention	3,790	1,895	1,895	0	3,790	0	0	
	Childrens and Young People	46,594	23,271	23,769	(499)	47,591	(997)	(435)	
	Corporate and Reserves	26,977	9,463	7,467	1,996	22,647	4,330	3,208	
	Aligned Budgets Grand total	379,783	183,948	184,253	(305)	379,666	117	117	
Subtotal of Pooled and Aligned			405,404	196,758	197,122	(364)	405,404	(0)	0

In Collab	Primary Care Co-commissioning	46,282	21,822	21,822	0	46,282	0	0
Grand Total		451,686	218,581	218,944	(364)	451,686	(0)	0
CCG Total Resource Limit		482,101						
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 6, 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 6 City & Hackney CCG position is breakeven. The position is based on 5 months of activity (four months of freeze data and one month of flex data). Whilst there has been a marginal downward trend in-month in acute activity, the three largest providers continue to over-perform against plan (Homerton, Barts and UCLH).
- The Activity Query Notice (AQN) issued to the Homerton and the resultant action plan from this, is now underway. With regards to out of area providers, the Barts 28 day action plan and the imminent AQN to be issued to Whittington will address most of the over-performance in the OOA portfolio.
- 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 6 these are forecast to over spend by £0.1m driven by Learning Difficulties staff and inflationary uplifts.
- Unplanned Care** is forecasting a favourable position of £0.8m relating to acute under performance (driven by Royal Free and Whittington) driven by Adult A&E and Non Elective activity.
- Planned Care** is forecasting a year end adverse position of £4m. A deterioration of £0.6m on the M5 position. The main contracts that are reporting significant variances are: Homerton (£1.3m); The Royal Free (£1m); Barts Health (£1.2m); Guys & St Thomas' (£0.3m) and Imperial College Hospital (£0.2m). A number of measures are being taken to address the over performance (see above).
- CYPM** workstream is forecasting a year end over spend of £1m, a deterioration of £0.6 on Month 5. The movement in forecast is being driven by the Whittington (£1m adverse forecast). The Homerton contract is also over performing against budget (£0.4m).
- Corporate and Reserves** is reporting a full year breakeven position with reserves declaring a release of £2m to fund acute over performance.

ICB Page 95

*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 06, 2018 - City and Hackney CCG

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Homerton Acute performance	4,700	47%	2,189	0	Risk adjusted over-performance.
2	Bart's Acute performance	1,500	67%	1,001	0	Risk adjusted over-performance and under delivery of QIPP.
3	Outer sector - Acute performance	2,800	56%	1,556	0	Risk adjusted based on total out of area providers and their over-performance.
4	NCA performance	400	0%	0	0	Risk based on uncertainty of activity.
5	Continuing Healthcare, LD & EOL	400	26%	102	0	Risk relating to activity increase above plan, high cost packages and service provision.
6	Non Acute performance	200	0%	0	0	Over-performance across the portfolio.
7	Programme Costs	500	0%	0	0	Non-recurrent costs in support of the integrated commissioning programme.
8	Property Costs	500	0%	0	0	Risk attached to the Homerton CHS estates rebasing.
9	Non Recurrent Investment Programme	1,600	100%	0	1,600	Approved non recurrent programme.
10	NELCSU POD Transfer to NELCA	400	75%	0	300	Risk associated with the transfer of NELCSU services to NELCA.
11	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
12	Primary Care - Rates	250	0%	0	0	Increased rateable value on estate.
13	QIPP Under Delivery	200	0%	0	0	Under-delivery for schemes within the Operating Plan.
14	Joint LD programme	1,965	100%	0	1,965	Programme currently work in progress subject to independent review
Total Risks		15,915	30%	4,847	3,865	
1	Acute Claims and Challenges	(2,000)	33%	(663)	0	Based on historic trend, revised to reflect current probability.
2	Acute Reserves	(1,056)	100%	(1,056)	0	Release to contain acute over-performance.
3	Other Acute underspends - NCA	(600)	80%	(480)	0	Underspend at month 6.
4	Contingency	(6,630)	46%	(1,107)	(1,965)	Contingency release net of challenges.
5	Non Acute performance	(150)	27%	(40)	0	Non acute underspend.
6	Prescribing	(400)	0%	0	0	Breakeven declared.
7	Running Costs	(981)	82%	(800)	0	Release of reserves to underwrite acute programme costs.
8	Prior Year & Dispute Resolution	(4,000)	65%	0	(2,602)	Opportunities arising from settlement of disputes and balance sheet gains.
9	Non Recurrent Investment slippage	(300)	0%	0	0	Risk assessed opportunity.
10	QIPP Over Delivery	(200)	0%	0	0	Pipeline opportunities under consideration.
Total Opportunities		(16,317)	53%	(4,145)	(4,567)	
				702	(702)	
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 06, 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
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	33	9	24	65	-	-
		Planned Care	145	73	27	45	139	6	6
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	105	36	69	204	6	6

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	1,869	1,923	(54)	3,894	(30)	5		
Prevention	2,327	885	944	(59)	2,468	(141)	(82)		
Childrens and Young People	1,088	468	552	(84)	1,088	(0)	-		
Non - exercisable social care services (income)	(177)	(74)	(101)	27	(188)	11	33		
Aligned Budgets Grand total			7,448	3,148	3,318	(170)	7,608	(160)	(44)
Grand total			7,658	3,253	3,353	(100)	7,812	(154)	(38)

* DD denotes services which are Directly delivered .

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

* Comm'ned = Commissioned

- At Month 6 the City of London forecasts a small year end adverse position of £0.2m against its full year plan. This is a movement on £0.1m on the Month 5 position.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. Pooled budgets are forecasting a small under spend of £6k at year end. This relates to the Better Care fund Care Navigator service.
- Aligned budgets** are forecast to be over spent by £0.2m at year end.
- The Prevention workstream is forecasting a year end over spend of £0.1m and is driving the in month movement. This is due an overspend on public health salaries due to staff movements including maternity cover. This will be met from the Public Health reserves.
- Non-exercisable income is due to over – perform against its full year target by £0.0qm which is due to changes in client circumstances and their ability to contribute towards their care.
- No additional savings targets were set against City budgets for 2018/19.

London Borough of Hackney – Position Summary at Month 06

					YTD Performance			Forecast			
Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
	Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	707	387	320	1,414	-
		LBH Capital subtotal	1,414	1,414	-	707	387	320	1,414	-	-
		Unplanned Care (including income)	5,529	1,139	4,390	2,765	2,343	421	4,675	854	784
		Planned Care (including income)	62,082	26,002	36,080	31,041	38,017	(6,976)	67,619	(5,537)	(5,367)
		CYPM	8,986	-	8,986	4,493	7,184	(2,691)	8,986	-	-
		Prevention	24,491	-	24,491	12,246	5,183	7,062	24,489	2	-
		LBH Revenue subtotal	101,088	27,140	73,948	50,544	52,728	(2,184)	105,769	(4,681)	(4,583)
Grand total			102,502	28,554	73,948	51,251	53,115	(1,864)	107,183	(4,681)	(4,583)

➤ 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.

➤ There is a favourable forecast underspend in Substance Misuse £71k due to declining activity levels

■ **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.7m

■ **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

■ At Month 6 LBH reports a forecast over spend of £4.7m

■ **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 £3.3m pressure after contribution of £1.9m from the CCG for joint funded LD packages and one off ASC grant of £0.9m. The CCG contribution is subject to work on joint funding arrangements being undertaken with the CCG and the £1.9m figure could go up or down. This work is nearing completion and will be subject to external review such that there should be a firm position agreed by the end of the calendar year. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.

➤ The service is also utilising the care fund calculator to ensure value for money is achieved on some of the more expensive packages of care. Furthermore the Group Director of Finance and Corporate Resources is reviewing the use of one-off resource to manage the remaining position, although the extent that this will be required is dependent on the year-end position of the Council as a whole.

➤ The Physical & Sensory Support along with Memory/Cognition & MH (OP) has seen a sharp increase in the number of new clients (51 clients, full year impact £1m) 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 £0.7m 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 £0.1m 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.

Risks and Mitigations Month 06, 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).	4,681	100%	4,681	100%
	Learning Disability Joint Funding	1,900		1,900	
	TOTAL RISKS	6,581	100%	6,581	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 one off funding	4,681	100%	4,681	100%
Uncommitted Funds Sub-Total	4,681	100%	4,681	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 06, 2018

City and Hackney CCG

- The CCG has a net savings target of £5.1m, with a forecast to deliver on plan. At Month 6, schemes continue to be risk assessed and the forecast adjusted to reflect true delivery. In turn, mitigations have been identified to ensure full year forecast of £5.1m.
- The majority of the savings are reflected in contracts which aim to manage the CCG's activity baseline. At Month 6, a few 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.
- To date, schemes which are not achieving their target are:
 - Outpatients Transformation: the forecast outturn has been reduced by £590k from the original planned target due to slippage in commencing this programme of work although the follow up component of this work appears to be performing to plan. Any under achievement of initial plan will form part of 2019/20 target.
 - Hospice at Home: a recovery plan to activate the scheme is yet to be developed and therefore the slippage. Investment needed to deliver this scheme was approved at the August 2018 PIC.
 - A&E Baseline: the activity is greater this year than the planned reduction. This is recovered partially by a £148k claw back written into the contractual KPIs, as such the forecast outturn has been revised down to £148k – a £99k reduction
- These have mitigated by in-year savings from The Homerton Ambulatory Medical Unit (HAMU) scheme and in year estates dispute resolution.

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 (£0.3m 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 £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.

City of London Corporation

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

Integrated Commissioning Glossary

CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features

		include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.
ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
	Multidisciplinary/MDTs	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and

		care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty vanguard sites were established and allocated funding to improve care for people in their areas.
	The City	City of London geographical area
CoLC	City of London Corporation	
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LBH	London Borough of Hackney	
NHSE	NHS England	

NHSI	NHS Improvement	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
CPA	Care Programme Approach	
CYP	Children and Young People's Service	
LAC	Looked After Children	

Integrated Commissioning Boards Forward Plan, 2018-19	
Title	Reporting Lead
06-Dec-18	
IC Governance Review - implementation plan	Devora Wolfson
CCG Estates Strategy	Sunil Thakker/ Amaka Nnadi
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
17-Jan-19	
IC Outcomes Framework	Yashoda Patel
Mental Health Strategy including crisis intervention, suicide and veterans and Early Intervention in Psychosis	David Maher/Dan Burningham
Update on the Neighbourhoods - including update on expenditure and blueprint	Tracey Fletcher/ Nina Griffith
Outpatient transformation programme update	Simon Cribbens/ Siobhan Harper
Intermediate Care Beds - short to medium term options	Tracey Fletcher / Nina Griffith
Procurement approach of Carers' Services	Anne Canning / Jayne Taylor / Simon Galczynski
Learning Disabilities - commissioning strategy and joint packages	Simon Cribbens/ Siobhan Harper
Mainstreaming co-production within the Integrated Commissioning Programme	Jon Williams / Catherine Macadam
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
07-Feb-19	
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
14-Mar-19	
Adult Safeguarding	Devora Wolfson/ Olivia Katis
IC Evaluation Report	Anna Garner / Cordis Bright
Integrated Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis
IC Risk Report	Devora Wolfson
Unscheduled Items	
IC Communications Strategy	